Infant and Young Child Feeding Counselling

An Integrated Course

Director's Guide

Ministry of Health

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CONTENTS

1. Introduction to the course

1.1 Why this course is needed

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

However, many children are not fed in the recommended way. Many mothers, who initiate breastfeeding satisfactorily, often start complementary feeds or stop breastfeeding within a few weeks of delivery. In addition, many children, even those who have grown well for the first six months of life, do not receive adequate complementary feeds. This may result in malnutrition, which is an increasing problem in many countries. More than one-third of under-five children are malnourished – whether stunted, wasted, or deficient in vitamin A, iron or other micronutrients – and malnutrition contributes to more than half of the 10.5 million deaths each year among young children in developing countries.

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

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

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

There are three existing courses available from WHO/UNICEF/UNAIDS:

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

This 6-day *Infant and Young Child Feeding Counselling: An Integrated Course* does not set out to replace these courses. In fact, most of the material in this integrated course is taken from the three existing courses. However, it is recognized that in many situations there is simply not enough time available to allow health workers to attend all of the above courses. Given the urgency of training large numbers of health workers and counsellors, this integrated course has been developed to train those who care for mothers and young children in the basics of good infant and young child feeding.

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

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

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

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

1.2 Target audience

This course is aimed at the following groups of people:

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

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

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

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

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

1.3 Course objectives

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

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

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

see that the table is divided into three columns: the competency, the knowledge required and the skills required.

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

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

Take time to read through this table of competencies before the course. All the theory ('knowledge') required is found in the *Trainer's Guide* and will be covered in the lecture sessions of the participants' 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	• List the 6 Listening and Learning skills • Give an example of each skill	• Use the Listening and Learning skills appropriately when counselling a mother on feeding her infant or young child
2. Use Confidence and Support skills to counsel a mother	• List the 6 Confidence and Support skills • Give an example of each skill	• Use the Confidence and Support skills appropriately when counselling a mother on feeding her infant or young child
3. Assess a breastfeed	• Explain the contents and arrangement of the BREASTFEED OBSERVATION JOB AID	• 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	• 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	• 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	• Describe the relevant anatomy and physiology of the breast and suckling action of the baby • Explain the 4 key points of attachment	• 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	• Describe the physiology of breast milk production and flow • Describe unrestricted (or demand) feeding, and implications for frequency and duration of breastfeeds and breast usage	• Explain to a mother about the optimal pattern of breastfeeding and demand feeding
7. Help a mother to express her breast milk by hand	• 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	• 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 of 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	• List the advantages of cup-feeding • Estimate the volume of milk to give a baby according to weight • Describe how to prepare a cup hygienically for feeding a baby	• Demonstrate to a mother how to prepare a cup hygienically for feeding • Practise with a mother how to cup-feed her baby safely • Explain to a mother the volume of milk to offer her baby and the number of feeds in 24 hours
9. Plot and interpret a growth chart	• Explain the meaning of the reference curves • Describe where to find the age and the weight of a child on a growth chart	• Plot the weights of a child on a growth chart • Interpret a child's individual growth curve

Competency	Knowledge	Skills
10. Take a feeding history for an infant or young child 0-24 months	• Describe the contents and arrangement of the Feeding History Job Aid	• Take a feeding history using the job aid and appropriate counselling skills according to the age of the child
11. Teach a mother the 10 Key Messages for complementary feeding	• 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)	• 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)
12. Counsel a pregnant woman about breastfeeding	• 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	• 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
13. Help a mother to initiate breastfeeding	• Discuss the importance of early contact after delivery and of the baby receiving colostrum • Describe how health care practices affect initiation of exclusive breastfeeding	• 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
14. Support exclusive breast feeding for the first six months of life	• Describe why exclusive breastfeeding is important • Describe the support that a mother needs to sustain exclusive breastfeeding	• Apply competencies 1 to 10 appropriately

Competency	Knowledge	Skills
15. Ability to conduct BFHI self appraisal	• Conduct a BFHI self apppraisal of health facilities	• List 10 steps to successful breastfeedong • State how the International Code of marketing of breastmilk substitutes and the Zambian legislation help to protect breastfeeding • Describe how mother friendly care helps promote successful breastfeeding • Explain IYCF recommendations in the context of HIV • Apply commpentencies 22, 24, 25, 26 and 27
15. Help a mother to sustain breastfeeding up to 2 years of age or beyond	• Describe the importance of breast milk in the 2nd year of life	Apply competencies 1, 2, 9 and 10, including explaining the value of breastfeeding up to 2 years and beyond
16. Help a mother with „not enough milk'	• 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	• Apply competencies 1, 3, 9 and 10 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
17. Help a mother with a baby who cries frequently	• List the causes of frequent crying • Describe the management of a crying baby	• Apply competencies 1, 3, 9 and 10 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
18. Help a mother whose baby is refusing to breastfeed	• List the causes of breast refusal • Describe the management of breast refusal	• Apply competencies 1, 3, 9 and 10 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
19. Help a mother who has flat or inverted nipples	• Explain the difference between flat and inverted nipples and about protractility • Explain how to manage flat and inverted nipples	• 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

Compentency	Knowledge	Skillls
20. Help a mother with engorged breasts	• Explain the differences between full and engorged breasts • Explain the reasons why breasts may become engorged • Explain how to manage breast engorgement	• Recognize the difference between full and engorged breasts • Apply competencies 2, 4, 5, 6 and 7 to manage the difficulty
21. Help a mother with sore or cracked nipples	• 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	• Recognize sore and cracked nipples • Recognize candida infection of the breast • Apply competencies 2, 3, 4, 5, 7 and 8 to manage these conditions
22. Help a mother with mastitis	• 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 • Explain the difference between treating mastitis in an HIV-negative and HIV-positive mother	• 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 appropriately • Refer mastitis in an HIV-positive mother appropriately
23. Help a mother to breastfeed a low-birth-weight baby or sick baby	• 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 • Estimate the volume of milk to offer a low-birth-weight baby per feed and per 24 hours	• Help a mother to feed her LBW baby appropriately • Apply competencies, especially 7, 8 and 9, to manage these infants appropriately • Explain to a mother the importance of breastfeeding during illness and recovery
24. Counsel an HIV-positive woman antenatally about feeding choices	• Explain the risk of mother-to-child transmission of HIV • Outline approaches that can prevent MTCT through safer infant feeding practices • State infant feeding recommendations for women who are HIV+ve and for women who are HIV –ve or do not know their status • List advantages and disadvantages of these feeding options	• Apply competencies 1 and 2 to counsel an HIV-positive woman • Use the Flow Chart and the Counselling Cards to help an HIV-positive woman to come to her own decision about how to feed her baby

Compentency	Knowledge	Skillls
25. Support an HIV-positive mother in her feeding choice	• List the different types of replacement milks available locally and how much they cost • Explain how to prepare the milks • Describe hygienic preparation of feeds and utensils • Explain the volumes of milk to offer a baby according to weight • Explain exclusive breastfeeding and stopping early • Explain how to heat-treat and store breast milk • Describe the criteria for selection of a wet-nurse	• Help a mother to prepare the type of replacement milk she has chosen • Apply competency 8-cup feed a baby • Show a mother how to prepare replacement feeds hygienically • Practise with a mother how to prepare replacement feeds hygienically • Show a mother how to measure milk and other ingredients to prepare feeds • Practise with a mother how to measure milk and other ingredients to prepare feeds • Explain to a mother the volume of milk to offer her baby and the number of feeds per 24 hours • Apply competencies 1, 2, 3, 4, 5, and 6 to support a mother to breastfeed exclusively and optimally • Show a mother how to heat-treat breast milk and apply competencies 7 and 8 • Apply competencies 1, 2, 3, 4, 5 and 6 to support the wet-nurse • Use the Counselling Cards and Flyers appropriately
26. Follow-up the infant of an HIV-positive mother 0-6 months who is receiving replacement milk	• Describe hygienic preparation of feeds • Explain the volumes of milk to give to a baby according to weight • Explain when to arrange follow-up or when to refer • Explain about feeding during illness and recovery	• Show a mother how to prepare replacement feeds hygienically • Practise with a mother how to prepare replacement feeds hygienically • Apply competency 8-cup feed a baby • Recognize when a child needs follow-up and when a child needs to be referred • Explain to a mother how to feed her baby during illness or recovery • Use the Counselling Cards and Flyers appropriately

Competency	Knowledge	Skills
27. Help an HIV-positive mother to cease breastfeeding early and make a safe transition to replacement feeds	• Describe the difficulties a mother may encounter when she tries to stop breastfeeding over a short period of time • Explain how to manage engorgement and mastitis in a mother who stops breastfeeding over a short period of time • Show the ways to comfort a baby who is no longer breastfeeding • List what replacement feeds are available & how to prepare them • Explain when to arrange follow-up or when to refer	• Explain to a mother how she should prepare to stop breastfeeding early • Practise with a mother how to prepare replacement feeds hygienically • Apply competencies 7 and 8 • Manage breast engorgement and mastitis in an HIV-infected woman who is stopping breastfeeding (competencies 20 and 22) • Explain to a mother ways to comfort a baby who is no longer breastfeeding
28. Help mothers whose babies are over six months of age to give complementary feeds	• 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 • List recommendations for feeding a non-breastfed child, including quantity, quality, consistency, frequency and method of feeding at different ages	• Apply competencies 1, 2, 9 and 10 • Use the Food Intake Job Aid to learn how a mother is feeding her infant or young child • Identify the gaps in the diet according to the Food Intake Job Aid • Explain to a mother what foods to feed her child to fill the gaps, applying competency 11 • Demonstrate preparation of a meal for an infant or young child at different ages (8, 10, 15 months) • Practise with a mother how to prepare meals for her infant or young child • Show a mother how to prepare feeds hygienically • Explain to a mother how to feed a non-breastfed child
29. Help a mother with a breastfed child over six months of age who is not growing well	• Explain feeding during illness and recovery • Describe how to prepare feeds hygienically	• Apply competency 15 to help a mother to sustain breastfeeding up to 2 years of age or beyond • Apply competencies 1, 2, 9, 10 and 11 • Explain to a mother how to feed during illness and recovery • Demonstrate to a mother how to prepare feeds hygienically • Recognize when a child needs follow-up and when a child needs referral
30. Help a mother with a non-breastfed child over six months of age who is not growing well	• Explain about the special attention to give to children who are not receiving breast milk • List the recommendations for feeding a non-breastfed child, including quantity, quality, consistency, frequency and method of feeding • Explain feeding during illness and recovery • Describe how to prepare feeds hygienically	• Apply competencies 1, 2, 9, 10 and 11 • Explain to a mother how to feed a non-breastfed child • Explain to a mother how to feed during illness and recovery • Demonstrate to a mother how to prepare feeds hygienically • Recognize when a child needs follow-up and when a child needs referral

1.5 Course structure

The *Infant and Young Child Feeding Counselling: An Integrated Course* training is for 16-24 participants, and 4-6 trainers, in groups of three - four participants each with one trainer plus a course director. The course takes approximately 40 hours not including meal breaks or the opening and closing ceremonies.

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

There are 40 sessions which use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of three to four participants with one trainer, with role-play, practical work and exercises. The sessions are structured around four 2-hour practical sessions, during which participants practise counselling and technical skills with mothers or caregivers and young children.

There is a pretest at the start of the course and a post test at the end. The pretest is conducted in order to gauge participants knowledge on infant and young child feeding. The post test demonstrates whether learning has taken place or not. Learning is considered to have taken place if a participant scores 85% in the post test. There is also continous assessment of the participants knowledge and skills during the training. This is done in order for facilitators and the Course Director to know which areas need emphasis/strengtheneing.

1.6 Where to hold the course - overview

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

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

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

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

1.7 Course materials

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

Director's Guide

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

The Trainer's Guide

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

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

Slides

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

Participants' Manual

One copy is provided for each participant. This contains:

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

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

Answer sheets

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

Forms and checklists

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

- BREASTFEED OBSERVATION JOB AID
- FEEDING HISTORY JOB AID
- LISTENING AND LEARNING SKILLS CHECKLIST
- COUNSELLING SKILLS CHECKLIST
- Sets of HIV and Infant Feeding Counselling Cards
- PRACTICAL DISCUSSION CHECKLIST (for trainers only)
- FOOD INTAKE JOB AID.
- BFHI IDEAL POLICY
- Zambian legislation on the code of marketing of breastmilk substitutes

Story Cards

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

Recepes

Sample recepes are used in a session which allows participants to prepare a complementary meal

Action plan framework

An aid to action planning for the participants

BFHI self assessment materials

- A copy of an "ideal" breastfeeding policy
- The first 2 pages of the self appraisal questionnaire will be given to each group
- Copy of step 1-10 of the appraisal
- A sample BFHI self assessment summary sheets

Training aids

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

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

HOW TO MAKE A MODEL DOLL

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

HOW TO MAKE A MODEL BREAST

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

1.8 Resource materials

RESOURCE MATERIALS

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

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

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

- Global Strategy for Infant and Young Child Feeding Geneva, 2003.
- Protecting, Promoting and supporting breast-feeding: the special role of maternity services. A joint WHO/UNICEF Statement, Geneva, 1989
- International Code of Marketing of Breast-milk Substitutes. Geneva, 1981.
- Evidence for the Ten Steps to Successful Breastfeeding WHO/CHD/98.9
- Annex to the Global Criteria for Baby-friendly Hospitals: Acceptable Medical Reasons for Supplementation
- Annex to the Global Criteria for Baby-friendly Hospitals on Breastfeeding and Maternal Medication: Recommendations for drugs in the Essential Drugs List
- Relactation – a review of experience and recommendations for practice WHO/CHS/CAH/98.14
- Mastitis: causes and management WHO/FCH/CAH/00.13
- Community-Based Strategies for Breastfeeding Promotion and Support in Developing Countries WHO 2003
- Complementary Feeding – family foods for breastfed children. WHO/NHD/00.1
- Guiding Principles for Complementary Feeding of the Breastfed Child. 2003, PAHO/WHO, Division of Health Promotion and Protection/Food and Nutrition Program, Washington, DC, USA.
- Complementary Feeding of Young Children in Developing Countries: a review of current scientific knowledge. WHO/NUT/98.1
- The optimal duration of exclusive breastfeeding: a systematic review. WHO/NHD/01.08
- Breastfeeding Counselling: A training course. WHO/CDR/ 93.4; UNICEF/NUT/93.2
- HIV and Infant Feeding Counselling: a training course WHO/FCH/CAH/00.3
- Complementary Feeding Counselling: a training course WHO
- A critical link-interventions for physical growth and psychological development, a review. WHO/CHS/CAH/99.3
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1.9 Clerical and logistical support

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

1.10 Funds required

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

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

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

1.11 Opening and closing ceremonies

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

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

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

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

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

1.12 Role of the Course Director

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

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

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

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

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

2. Arranging Where To Hold A Course

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

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

2.1 Classroom facilities

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

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

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

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

2.2 Accommodation and meals

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

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

2.3 Sites for Practical Sessions

Choosing sites for the Practical Sessions

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

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

- **Practical Session 4**: Child health centre or paediatric outpatient service, with enough mothers/caregivers and young children for each participant to talk to at least two mothers.

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

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

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

- **Practical Session 1** must be timetabled to occur after Sessions 4, 5 and 6 'Assessing a Breastfeed,' 'Listening and Learning' and 'Listening and Learning exercises' have been completed.

- **Practical Session 2** should occur after Sessions 8, 10 and 11 'Positioning a Baby at the Breast', 'Building Confidence and Giving Support', and 'Building Confidence and Support exercises' have been completed.

- **Practical Session 3** should occur after Sessions 22 and 23 'Hygienic preparation of feeds' and 'Preparation of milk feeds – measuring amounts'.

- **Practical Session 4** should occur after Sessions 32 and 33 'Building confidence and support exercises' and 'Gathering information on complementary feeding practices'.

Visit the health facility

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

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

Prepare the facility staff

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

At the meeting, explain:

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

Leave some copies of reference materials for staff to read.

Example of an Information sheet for practical site

Infant and Young Child Feeding Counselling: An Integrated Course

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

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

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

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

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

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

Thank you for your assistance.

Course Organizers:[1]
.....

Course Venue: .....

Course Dates: .....

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

[1] e.g. Child Health Service

3. Selecting Trainers and Participants

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

3.1 Selecting trainers

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

Profile of a trainer

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

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

Inviting trainers

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

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

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

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

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

3.2 Preparation of trainers

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

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

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

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

Outline course training methods

Distribute materials

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

Explain the course structure and timetable

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

Explain what will happen during the preparation days

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

Explain the objectives of the preparation

The objectives are:

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

Explain the principles of the course methods

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

Instruction should be performance based.

Instruction should teach participants the tasks that they will be expected to do on the job. This course is based on experience of what those involved in infant feeding counselling need to be able to do to help mothers to optimally feed children who are 0-24 months of age.

Active participation increases learning.

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

Immediate feedback increases learning.

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

During the training of trainers, feedback will be given to each participant by their peers (their fellow participants). Whenever a participant is called upon to perform the function of a facilitator, the remainder of the class will give him/her a feedback on the merits of their facilitation.

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.

Explain the use of the pre- and post test

The pretest and posttest questions are one and the same. The pretest is conducted at the beginning of the course and it gives facilitators an idea about the level of knowledge on IYCF in the group. It will also assist facilitators to know which areas in the course they need to emphasize and correct. The post test will determine the extent of lerning that has taken place. A participant needs to attain 85% in the post test in order to be considered a graduate of the IYCF course.

Discuss teaching various kinds of session

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

Presentations

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

Group work

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

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

Methods used and training skills required

Three methods are used to demonstrate and practise teaching procedures:

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

Practise different kinds of sessions

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

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

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

Summarize the main training skills required

Giving lectures and using visual aids

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

Giving individual feedback

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

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

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

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

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

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

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

Preparing and giving a demonstration

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

Conducting small group sessions (practising counselling skills)

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

Helping participants

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

Review the Trainer's Guide and the other materials

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

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

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

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

Read the introduction to the Trainer's Guide

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

Ask the trainers to look at page 23 in the *Trainer's Guide*, and to look at the box WHAT THE SIGNS USED IN THIS GUIDE INDICATE. Explain that these signs are used throughout the guide, and they will soon become familiar.
Find an example of each sign in the *Trainer's Guide*.
Ask the trainers to look at that example, to see how the sign is used.
Explain that if trainers follow the instructions in the *Trainer's Guide* carefully they will be able to conduct efficient and interesting sessions.
Explain that the *Trainer's Guide* is their most essential tool for teaching the course. Suggest that they write their names clearly on their copy, and keep it with them at all time. They can write notes in the Guide that may be useful for training in future.

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

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

Practising the sessions

Assign practice sessions to trainers

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

Conduct the preparation

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

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

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

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

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

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

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

Help trainers who have difficulty

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

Review the timetable

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

Visit sites for practical sessions

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

Check the equipment

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

Make the following clear:

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

Thank them for their efforts

Thank the trainers for their work during the preparation.
Encourage them to continue working hard during the course itself, and promise to help them in any way that they need.

Trainers' Meetings

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

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

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

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

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

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

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

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

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

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

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

3.3 Selecting participants

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

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

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

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

3.4 Example of Course Announcement

Infant and Young Child Feeding Counselling: An Integrated Course

Date: .....

Venue:
.....

Course Organizers:[2]
.....

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

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

Outline of course: The course is full time for 6 days. There are 39 sessions which use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of four participants with one trainer, with role-play, practical work and exercises. The sessions are structured around four 2-hour practical sessions, during which participants practise counselling and technical skills with mothers, caregivers and young children.

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

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

[2] (e.g. Child Health Service)

4. Checklists for Planning

4.1 Overall Planning Checklist

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

Initial planning

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

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

Arrangements at the course site, before the course begins

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

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

Actions during the preparation of trainers:

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

Actions during the course

22. After registration, assign groups of three to four participants to one trainer. Post up the list of names where everyone can see it.
23. Provide all participants and trainers with a Course Directory, which includes names and addresses of all participants, trainers and the Course Director.
24. Arrange for a course photograph, if desired, to be taken.
25. Prepare a course completion certificate for each participant.
26. Make arrangements to reconfirm or change airline, train, or bus reservations for

trainers and participants, if necessary.

27. Allocate a time for payment of per diem and for travel/lodging arrangements that does not take time from the course.

Add any other points you need to check:

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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 Directors' Guides	8	✓	-
Trainers' Guides	8	✓	-
Set of slides or overheads (NB: if slides are used, slide 9/2 needs to be photocopied)	1	per course	-
Participants' Manuals	34	✓	✓
Copy of National IYCF Strategy	1	✓	-
Copy of Global IYCF Strategy	1	✓	-
Copy of poster "Ten steps to Breastfeeding"	1	per course	-

Items to be photocopied

Item and page number where found	Total	Director & Trainers	Participants
Trainer's preparation timetable (5 day course) **P. 47**	8	✓	-
Course timetable, participants (6 days, practicals in hospital) **P. 48**	36	✓	✓
Course timetable, participants (6 days practicals at HC) **P. 49**			
IYCF Evaluation form for participants **P. 83**	36	✓	✓
IYCF Evaluation form for trainers (for ToT only) **P.84**	24	✓	3 per trainer in ToT
BREASTFEED OBSERVATION JOB AID (Session 4) **P. 88**	72	✓	✓
Copies of Demonstrations: 5.B – 5.O; 10.A – 10.D; 13.A; 26.A; 27.A; 33.A; 36.A, 38.A (Sessions 5, 10, 13, 33, 36, 38) **P. 89-102**	2 of each		For participants helping with demonstrations.
PRACTICAL DISCUSSION CHECKLIST (with counselling skills on back) **P. 86**	8	✓	-
LISTENING AND LEARNING SKILLS CHECKLIST **P. 103**	36	✓	✓
COUNSELLING SKILLS CHECKLIST **P. 103**	36	✓	✓
Counselling stories (Session 27) **P. 104**	8		1 set per group of 4
HIV AND INFANT FEEDING COUNSELLING CARDS (bound in the form of a separate booklet)	36	✓	✓
EXERCISE 30.A: What is in the bowl (Session 30) **P. 106**	8		1 per group of 4
Consistency pictures * (Session 33) **P. 107**	36	✓	✓
FOOD INTAKE JOB AID (Session 33) **P. 108**	120	-	5 per participant
FOOD INTAKE REFERENCE TOOL * (Session 33) **P. 109**	36	-	✓
Counselling stories and growth charts (Session 33) **P.110**	8		1 set per group of 4
EXERCISE 38.A: Prepare A Young Child's Meal (Session 38) **P. 114**	8	-	1 per group of 4
PRE- AND POST TEST **P. 65 (FOR PARTICIPANTS)**	50	✓	✓
PRE- AND POST TEST **P. 53 (FOR FACILITATORS)**	7	✓	-
COPIES LEGISLATION ON CODE OF MARKETING	32	✓	✓
BREASTFEEDING POLICY	36	✓	✓
COPIES OF THE BHFI HOSPITAL SELF APPRAISAL FORMS AND SUMMARY SHEETS **P. 119-141**	8	✓	1 set per group of 4
ACTION PLAN GUIDLEINES AND FRAMEWORK **P. 142**	8		1 set per group of 4
RECIPES (A SEPARATE BOOKLET)	1		1 recipe per group
Answer sheets	24	-	1 per participant

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

4.3 Checklist of equipment and stationery

Items needed	Number needed
Projector Thin markers for transparencies – water soluble	1 2
Equipment for typing Photocopying equipment Photocopying paper	Access to this equipment Two reams (200 sheets) just for timetables and other incidentals. More if worksheets, etc. done at course
Flipchart stands or blackboards Flipchart pads Markers for flip chart – black blue red green Chalk (if using black board) Chalk erasers	2 3 3 3 3 3 2 boxes 2
Name tags and holders Pads or notebooks of ruled paper No 2 pencils Erasers Ballpoint pens – blue or black Hand-held staplers Staples Scissors Pencil sharpeners Paper clips, large Masking tape to stick flip chart sheets onto walls or other surface Simple files for trainers to store papers Registration forms IYCN registration form	34 34 34 34 34 2 1 box 2 pairs 5 approx. 100 2 rolls 10 30 1

4.4 Checklist of items needed for demonstrations

General:

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

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

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

1 model breast – this can be made yourself if necessary

Individual Sessions

Session 8
A doll
Pillows and a blanket
Somewhere for the 'mother' to lie down e.g. a bed or a table
A model breast.

Session 9
Examples of local growth chart – 1 per participant

Session 15
Some examples of suitable containers to collect expressed breast milk, which would be available to ordinary mothers (for example, cups, jam jars)
Some examples of locally available breast pumps (if any are used in your area)

Session 16
A small cup (available locally) which is suitable for cup feeding a young baby. The cup should hold at least 50-100mls of fluid
A cloth or bib
A doll

Session 20
A 20ml disposable syringe

Session 21
Tins/packets of commonly used formula, milk powder, liquid milk or other products used as breastmilk-substitutes, whether suitable for use or not, marked with current prices. (Empty tins/packets are suitable. Keep them to use at other courses).
Examples of locally available micronutrient supplement (note cost).
Extra table for placing the milks on.

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

Session 23
A set of equipment for the trainer to use for the demonstration consisting of:
Graduated measuring utensil easily available locally
Plastic feeding bottles with graduations of volume (1 for course, 1 for preparation, 1 spare)
Sharp knife or scissors to cut the feeding bottle
Easily available see-through small containers - jars, glasses
Marker suitable for glass - ask permission before using a permanent marker on a participant's glass
Cloth for mopping spilt water
Large table to work on
Water – about three litres of drinking water plus water for washing-up
Commercial or generic infant formula (or other milks you have decided to use).

Each group also needs:
Set of measuring items for the measuring method chosen before the course
Marker suitable for glass
Table or space to practise measuring water and milk powder.

Session 24
Cooking equipment – fireplace, charcoal or paraffin stove or other locally used fuels and stoves (check stoves work, wood is dry)
Matches, kindling and other equipment needed to use stoves, firewood
Mat or newspapers to make a clean surface
Source of water near to cooking area
Pots and pans for heating water
Measuring utensils from Session 23
Infant formula and fresh milk
Sugar and animal milk – if you are making home-modified formula
Small cup holding approximately 50-100mls in volume.

Session 25
Breastfeeding policy for local Baby-friendly Hospital if available
Poster with the 'Ten Steps' on it

Session 29
Consistency demonstration:
Extra table or tray in case of porridge spills
Two see-through containers that each holds 200 ml (not more) when filled to the top for the 'stomach' This could be a drinking glass, or a plastic container such as a used soft drink bottle, cut to the right size
Sharp scissors or knife to cut the soft drink bottles if needed
Measuring jug to measure 200 ml
300 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 100 ml) to dilute porridge
A large eating spoon

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

Session 30
Examples of locally available industrial produced complementary foods (empty packets are suitable). This could include brand name 'baby foods' and/or special fortified cereal products made locally or subsidized food programme items.

Session 31
Determine the local measures to use in Box: AMOUNTS OF FOODS TO OFFER. Show approximate amounts using common local cup, bowl or other containers.

Session 33
Typical child's bowl as used locally. One for each group of 4 participants.

Session 34
Teaspoon, medium size spoon and a very large spoon
Feeding bowl with some mashed food in it, (for example, banana)
Piece of bread or other finger food
Cloth to use as a bib
Basin, water, soap and towel for hand washing (as part of the demonstration)
Mat or chairs to sit on while demonstrating how to feed a young child.

Session 35
Typical children's bowl as used locally. One for each group of four participants.

Session 38
A room in which you can bring food. This session can be conducted in the canteen following lunch, if suitable
A table for each group to work at
Variety of common foods (cooked if needed) that young children would eat, enough to make a child size bowlful for each group, from the kitchen at the course facilities or elsewhere. Include some inappropriate food, if possible. Do not divide the food for the groups. Cover the food until you are ready to use it
One small bowl, knife, fork and eating spoon for each group. A plate to prepare food on or a chopping board
A local measure that holds 250 ml as used in Session 31. Do not distribute this until after the plate of food is prepared by the group
Facilities for washing hands before and after preparing food
Waste container and materials for cleaning up afterwards.

4.5 Checklist of background information needed

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

4.6 Timetables

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

The Training-of-Trainers timetable is flexible and should be adjusted depending on the experience of the trainers and which of the previous WHO feeding courses they have participated in. It is recommended that trainers on this course are trained on all 39 sessions even if they will be conducting the course without the HIV sessions. This will mean that the trainers fully understand the issues involved in HIV and infant feeding.

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

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

Trainers Preparation Timetable (TOT)

Day 1	Day 2	Day 3	Day 4	Day 5
08:30 – 09:30 Welcome and distribution of materials Distribution of timetable	08:30 – 09:15 Positioning a baby at the breast 09:15 – 10:00 Classroom practical: positioning dolls Session 8	08:30 – 09:15 Breast-milk options for HIV-infected women Session 19	08:30 – 09:15 Importance of complementary feeding Session 28	08:30 – 10:30 Practical Session 4 Session 35
09:30 – 10:30 Introduction to the course - target audience, logistics and overview		09:15 – 10:00 Replacement feeding in the first 6 months Session 21	09:15 – 09:45 Foods to fill the energy gap Session 29	
10:30 – 11:00 Tea	10:00 – 10:30 Tea	10:00 – 10:30 Tea	09:45 – 10:15 Tea	10:30 – 11:00 Tea
11:00 – 11:30 Facilitator skills-Teaching the course	10:30 – 11:15 Confidence and Support exercises – part 1 Session 11	10:30 – 11:00 Hygienic preparation of feeds Session 22	10:15 – 11:15 Foods to fill iron and vitamin A gap Session 30	11:00 – 11:45 Food demonstration Session 38
11:30-12:30 Discussion of competencies participants are expected to learn				11:45 – 12:30 Follow-up after training Session 39
12:30 – 13:30 Lunch	11:15 – 13:00 Practical Session 2 Session 12	11:00 – 11:30 Preparation of milk feeds – measuring amounts Session 23	11:15 – 12:00 Quantity, variety and frequency of feeding Session 31	12:30 – 13:30 Lunch
13:30 – 13:50 An introduction to infant and young child feeding Session 1	13:00 – 14:00 Lunch	11:30 – 13:00 Practical session 3 – preparation of milk feeds Session 24	12:00 – 12:45 Confidence and Support exercises – part 2 Session 32	13:30 – 16:00 Discussion of follow-up session and distribution of guidelines and materials for the follow-up assessment
13:50 – 14:50 Assessing a breastfeed Session 4	14:00 – 14:30 Taking a feeding history Session 13	13:00 – 13:45 Lunch	12:45 – 13:45 Lunch	
14:50 – 15:50 Listening and learning Session 5	14:30 – 15:15 Overview of HIV and infant feeding Session 17	13:45-14:15 Health care practices BFHI Session 25a	13:45 – 15:15 Gathering information on complementary feeding practices Classroom scenario practice Session 33	
		14:15-15:30 International Code of Marketing of breast milk substitutes Session 26 Conducting a self assessment practical session 5 continued Session 25b		
15:50 – 16:20 Growth charts Session 9	15:15 – 15:45 Counselling for infant feeding decisions Session 18	15:30 – 17:00 Counselling Cards and Tools Classroom practical session Session 27	15:15 – 15:45 Feeding techniques Session 34	

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

Example - Course Timetable Participants (practical sessions at a hospital)

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
08:00 – 09:00 Welcome and opening ceremony Introductions, expectations and group norms	08:00-10:00 Introduction to action planning Practical session 1 Session 7	08:00 – 11:00 Building confidence and giving support; positioning a baby At the breast . Practical session 2 Session 24	08:00-08:45 Preparation of milk feeds – measuring amounts Session 23	08:00-08:45 Feeding techniques Session 34	08:00-08:30 Feeding during illness and Low-birth-weight babies Session 37
			08:45-09:30 Preparation of milk feeds. Practical session 3. Session 24		
09:45 – 9:30 Introduction to the course - Objectives, materials, teaching methods	10:00 – 10:45 Positioning a baby at the breast		09:30 – 10:40	08:45-09:15	08:30-09:30 Post test
09:30-10:30 pre-test			Importance of complementary feeding Session 28	09:15-10:15 Practical session 7 Gathering information on complementary feeding practices Session 35	09:30 – 10:15 Food Demonstration Session 38
10:30-10:50 An introduction to infant and young child feeding Session 1					10:15 -10:30 Checking understanding and 10:30 -11:00 Arranging follow up Session 36
10:50-11:15 Tea	10:45 – 11:00 Tea	11:00-11:30 Tea	10:40-11:00 Tea	10:15-10:45 Tea	11:00-11::30 Tea
11:15 – 11:45 Why breastfeeding is important Session 2	11:00-11:45 classroom practical Session 8	11:30-12:15 Overview of HIV and infant feeding Session 17	11:00-11:45 Foods to fill the energy gap Session 29	10:45-11:15 Health care practices Session 25a	11:30 – 12:15 Follow-up after training Session 39
11:45 – 12:20 How breastfeeding Works Session 3	11:45-12:30 Growth charts Session 9	12:15-12:45 Counselling for infant feeding decisions Session 18	Foods to fill iron and vitamin A gap Session 30 Quantity, variety and frequency of feeding Session 31	11:15-12:00 International Code of Marketing of breast milk substitutes Session 26	12:15 -13:00 Writing an action plan Session 40
12:20-13:20 Assessing a breast feed Session 4	12:30-13:15 Building confidence and giving support Session 10	12:45-13:30 Breast-milk options for HIV-infected women Session 19	11:45-13:30 Confidence and Support exercises – part 2 Session 32	12:00-13:30 Conducting a self assessment practical Session 5 Session 25b	
13:20-14:00 Lunch	13:1 5-14:00 Lunch	13:30-14:15 Lunch	13:30-14:00 Lunch	13:30-14:15 Lunch	13:00-14:00 Lunch
14:00 – 15:00 Listening and learning Session 5	14:00-14:45 Building confidence and giving support exercises Part 1 Session 11	14:15-15:10 Breast conditions Session 20	14:00-16:00 Gathering information on complementary feeding practices Classroom scenario practice Session 33	14:15 - 16:20 Counselling cards and tools classroom practical Ssession 6 Session 27	14:00-16:00 Closing ceremony
15:00-16:00 Listening and learning exercises Session 6	14:45-16:45 Taking a feeding history Session 13 Common breastfeeding difficulties Session 14 Expressing breast milk Session 15 Cup feeding Session 16	15:10-15:55 Replacement feeding in 1st 6 months Session 21 15:55-16:25 Hygienic preparation of feeds Session 22			13:30 – 16:00 Discussion of follow-up session and distribution of guidelines and materials for the follow-up assessment
16:00-16:30 Recap, tea and end of day	16:45-17:00 Recap, tea and end of day	16:25 Recap, tea and end of day	16:00 Recap, tea and end of day	16:45 Recap, tea and end of day	

Example - Course Timetable Participants (practical sessions at health centre)

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
08:00 – 09:00 Welcome and opening ceremony Introductions, expectations nad group norms	08:00-08:10 Re-cap & Introduction to action planning 08:10-10:00 Practical session 1 **Session 7**	07:55-08:00 Re-cap 08:00-08:30 Taking a feeding history **Session 13**	07:55-08:00 Re-cap 08:00-08:45 Preparation of milk feeds – measuring amounts **Session 23** 08:45-09:35 Health care practices **Session 25a**	07:55-08:00 Re-cap 08:00-08:45 Importance of complementary feeding **Session 28**	07:55-08:00 Re-cap 08:00-08:35 Feeding techniques **Session 34** 08:35-09:50 Food demonstration **Session 38**
09:45 – 9:30 Introduction to the course - Objectives, materials, teaching methods	10:00 – 10:45 Positioning a baby at the breast	08:30-09:45 Common Breastfeeding difficulties **Session 14**	09:35 -10:20 International Code of Marketing of breast milk substitutes **Session 26**	08:45-09:15 Foods to fill the energy gap **Session 29**	09:50-10:05 Checking understanding and arranging follow-up **Session 36**
09:30-10:30 pre-test		09:45-10:30 Expressing breast milk **Session 15**		09:15-10:15 Foods to fill iron and vitamin A gap **Session 30**	10:05 –10:35 Feeding during illness and Low-birth-weight babies **Session 37**
10:30-10:50 An introduction to infant and young child feeding **Session 1**		10:30-11:00 Cup feeding **Session 16**			
10:50-11:15 Tea	10:45 – 11:00 Tea	11:00-11:30 Tea	10:20-11:00 Tea	10:15-10:45 Tea	10:35-11:00 Tea
11:15 – 11:45 Why breastfeeding is important **Session 2** 11:45 – 12:20 How breastfeeding Works **Session 3**	11:00-11:45 classroom practical **Session 8** 11:45-12:30 Growth charts **Session 9**	11:30-12:30 Overview of HIV and infant feeding **Session 17** 12:30-13:00 Counselling for infant feeding decisions **Session 18**	11:00-12:45 Conducting a self assessment practical session 5 **Session 25b**	10:45 -11:35 Quantity, variety and frequency of feeding **Session 31**	11:00-12:00 Post test 12:00 –12:45 Follow-up after training **Session 39**
12:20-13:20 Assessing a breast feed **Session 4**	12:30-13:15 Building confidence and giving support **Session 10**			11:35-12:15 Confidence and Support exercises – part 2 **Session 32**	12:45-13:00 Action plans **Session 40**
13:20-14:00 Lunch	13:1 5-14:00 Lunch	13:00-14:15 Lunch	12:45-13:45 Lunch	12:15-13:15 Lunch	13:00-14:00 Lunch
14:00 – 15:00 Listening and learning Session 5	14:00-14:45 Building confidence and giving support exercises Part 1 **Session 11**	14:00-14:45 Breast-milk options for HIV-infected women **Session 19** 14:45-15:50 Breast conditions **Session 20**	13:45-15:45 Counselling cards and tools classroom practical session 6 **Session 27**	13:15-14:45 Gathering information on complementary feeding practices Classroom scenario practice **Session 33**	14:00- 14:30 Action plans **Session 40** 14:30-14:45 Evaluation 14:45-15:15 Feedback on post test
15:00-16:00 Listening and learning exercises **Session 6**	14:45-16:45 Building confidence and Giving support positioning a baby at the breast. Practical session 2 **Session 12**	15:50-16:35 Replacement feeding in 1st 6 months **Session 21** 16:35-17:05 Hygienic preparation of feeds **Session 22**	15:45-17:30 Preparation of milk feeds. Practical session 3. **Session 24**	14:45-16:45 Practical session 7 Gathering information on complementary feeding practices **Session 35**	15:15 – 16:45 Discussion of follow-up session and distribution of guidelines and materials for the follow-up assessment 16:45-17:15 Closing ceremony
16:00-16:30 **Recap, tea and end of day**	**16:45-17:00** **Recap, tea and end of day**	**17:05-17:30** **Recap, tea and end of day**	**17:30-17:45** **Recap, tea and end of day**	**16:45-17:15** **Recap, tea and end of day**	**17:15-17:30** **Recap, tea and end of day**

5. Guidelines for Follow-up After Training

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

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

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

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

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

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

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

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

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

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

6. Items to Photocopy

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

1. Trainers timetable (8 copies)
2. Course timetable for participants (36)
3. Evaluation form for participants (36)
4. Evaluation form for Trainers (10)
5. BREASTFEED OBSERVATION JOB AID (72)
6. Copies of DEMONSTRATIONS: 5.B – 5.O; 10.A – 10.D; 13.A; 26.A; 27.A; 33.A; 36.A, 38.A (2 of each for participants taking part)
7. PRACTICAL DISCUSSION CHECKLIST (8)
8. LISTENING AND LEARNING SKILLS CHECKLIST (36)
9. COUNSELLING SKILLS CHECKLIST (36)
   a. Counselling stories for Session 27 (8)
10. HIV and INFANT FEEDING COUNSELLING CARDS AND FLYERS - bound in the form of a booklet (one set per participant and trainer). From WHO Geneva.
11. EXERCISE 30.A: What is in the bowl for Session 30 (8)
12. Consistency pictures for Session 33 (36)
13. FOOD INTAKE JOB AID for Session 33 (120)
14. FOOD INTAKE REFERENCE TOOL for Session 33 (36)
15. Counselling stories and growth charts for Session 33 (8)
16. EXERCISE 38.A: Prepare a Young Child's Meal for Session 38 (8)
18. BREASTFEEDING POLICY 36
19. COPIES OF THE BHFI ASSESSMENT FORMS AND SUMMARY SHEETS 8
20. ACTION PLAN FRAMEWORK 8
21. Answer sheets (one set for each participant)
22. PRE- AND POST TEST 50
23. COPIES OF THE BHFI ASSESSMENT FORMS AND SUMMARY SHEETS (5 COPIES PER 2 STEPS)
24. Copies legislation on code of marketing 32

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

7. Pre/Post test

7..1 Pre/Post Test with answers (facilitators copy)

	Question	Answer
	Session 1	
1	Which of these is not a target of the Innocenti Declaration a. Ensure that every facility providing maternity services fully practises all the „Ten steps to successful breastfeeding' set out in the WHO/UNICEF statement on breastfeeding and maternity services b. Implement the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions c. Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement d Ensure that health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require	d
2	The Infant and Young Child Feeding Global Strategy was launched in a. 1981 b. 2002 c. 2000 d. 1991	b
3	Zambia aims to increase exclusive breastfeeding rates between 2006 and 2010 from a. 41% to 66%. b. 40% to 65%. c. 35% to 60%. d. 41% to 60%.	d
4	When complementary feeds are introduced, breastfeeding should still continue for up to a. 1 year 6 months b. 2 years of age or beyond. c. 2years d. 1 year 9 months	b
5	Exclusive breastfeeding should be for the first a. 4 months b 4 – 6 months c. 6 months d. 5 months	c

	Session 2	
6	A breastfed baby has higher chances of survival than an artificially fed baby because of the following **EXCEPT** a. breast milk is easily digested and used by the baby's body b. breast milk contains exactly the nutrients that a baby needs c. breast milk protects the mother from getting ill. d. breast milk contains antibodies against infections	c
7	Which milk has the highest content of protein? a. Hind milk b. Mature milk c. Colostrum d. Fore milk	c
8	Which milk has the highest fat? a. Hind milk b. Mature milk c. Fore milk d. a and c	a
9	It is important that breast feeding continues beyond six months of age because: a. there is less food in the country b. the mothers breast will get engorged c. breast milk is still an important source of energy and high quality nutrients d. complementary feeding should start at 7 months	c
10	In a developing country what are the chances of an artificially fed child having diarrhoea compared to an exclusively breastfed one? a. 17 times b. 12 times c. 30 times d. 6 times	a
	Session 3	
11	Which statement is false about small breasts a. Contain about the same amount of gland tissue as large breasts b. Small breasts produce less milk than large breasts c. Has less fat and other tissues that differentiates them from large breasts d. Are as easy to breastfeed from as large breasts	b

12	Which of the following is **NOT** true of Prolactin a. is produced by the pituitary gland b. makes the milk secreting cells to produce milk c. makes the mothers uterus to contract quickly after delivery d. More prolactin is produced during the night so breastfeeding at night is especially helpful for keeping up the milk supply.	c
13	Which of the following is not associated with oxytocin a. Works before or during feed to make milk flow b. Makes mothers uterus contract quickly after delivery can cause pain c. It suppresses ovulation d. Baby suckling stimulates its secretion from the pituitary	c
	Session 4	
14	Which of the following is **NOT** the result of **POOR** attachment to the breast? a. Damaged nipples b. Engorgement. c. Painful nipples d. Deep slow sucks	d
15	Which of the following is true about reflexes a. When someone touches a baby's palate and baby sucks, it's called the swallowing reflex b. Babies have to learn how to root and swallow c. Stress hinders the oxytocin reflex d. Sounds of baby do not help the oxytocin reflex	c
16	Assessing a breastfeed helps you to decide a. if a mother needs help or not b. what help the mother needs c. both of the above d. none of the above	c

17	Which of these is **FALSE** a. Slow deep sucks is an important sign that a baby is getting breast milk and suckling effectively b. If baby is taking quick shallow sucks all the time, this is a sign that the baby is suckling effectively c. If baby is making smacking sounds as he sucks it is a sign that he is not well attached d. None of the above	b
	Session 5	
18	Which of the following are helpful non-verbal communication skills a. Appropriate touching b. Taking time c. Removing physical barriers between the counsellor and the client d. All of the above	d
19	Which of the following is an open ended question a. Does your baby breastfeed? b. How do you feed your baby? c. Are you going to come back next week? d. Have you understood what to do when you get home?	b
20	The following statement is **TRUE** a. Empathy is feeling sorry for a person but looking at it from your point of view b. Using gestures which show interest is a useful verbal communication skill c. Showing eye contact has no cultural bearing during communication d. Open ended questions are useful for continuing a conversation	d
21	Read the following scenario: Health worker: „Good morning, Mukuka. You wanted to talk to me about something?' Mukuka: "I tested for HIV last week and am positive. I am worried about my baby." Which of the following health worker's answer is empathetic? a. Yes, I know how you feel, my sister has HIV b. You are worried about what's going to happen? c. I feel for you, because I was in a similar situation two years ago d. I can relate as it happened to my close friend	b
22	Which of the following is a judging sentence? a. Are you feeding your child correctly? b. Is he getting enough milk? c. You are breastfeeding wrongly? d. All of the above	d

	Sessions 6,7,8	
23	Which of the following is NOT true about positioning a baby for breastfeeding? a. Baby's head only supported b. Baby held close to mother's body c. Baby's head and body in line d. Baby approaches breast nose to nipple	a
24	Growth charts tell us the following except a. How well the child is growing b. Nutritional status of a child c. That a child had malaria d. That a child needs further investigation	c
	Sessions 9,10,11	
25	The following skills are involved when building confidence and giving support to a breastfeeding mother except a. Accept what she thinks b. Use technical language c. Recognize and praise what a mother and baby are doing right d. Give a little, relevant information	b
26	Why is it important to build confidence in a mother who is breastfeeding a. To stop her thinking that she is a failure b. To prevent her from giving in to pressure from family and friends c. To help her not to stop breastfeeding d. All of the above	d
27	When building confidence, in which ways can practical help to a breastfeeding mother **NOT** be helpful? a. Help to make her clean and comfortable b. Give her a drink, or something to eat c. Take the baby from her and demonstrate with your own body d. Hold the baby yourself while she gets comfortable or washes or goes to the toilet	c
28	Mother of a six month old baby says: „My baby has diarrhoea so it is not good to breastfeed now'. Which of the following responses from the counsellor accepts what a mother says a. It is quite safe to breastfeed a baby when he has diarrhea b. You do not like to give him breast milk just now c. It is often better to stop breastfeeding a baby when he has diarrhea d. None of the above	b

	Session 12,13	
29	The following, except one, are important in taking a breastfeeding history a. Questions on feeding b. Questions on family and social situation c. Mother's condition and family planning d. Mother's grandparent's name	d
	Session 14	
30	Which of the following is a reliable sign that a baby is **NOT** receiving enough breast milk a. Passing concentrated urine of less than 6 times per day b. Mother's breast too soft c. Crying a lot after breastfeeding d. Suckling too often from the breast	a
31	The following are **COMMON** causes of a baby not getting enough milk **EXCEPT** a. Delayed start of breastfeeding b. Poor attachment c. Lack of confidence in mother d. Poor breast development in mother	d
32	Some of the common reasons babies cry a lot include a. Hunger due to growth spurt b. Colic c. Mothers food irritates baby d. All of the above	d
33	Babies can refuse the breast because of the following reasons except a. Blocked nose b. Use of bottles and pacifiers whilst breastfeeding c. Change in smell of mother d . Milk has turned sour	d
34	The following are common breastfeeding difficulties a. „not enough milk' b. Crying baby c. Breast refusal d. All of the above	d

	Sessions 15,16	
35	When is it useful to express breast milk? a. Cleansing the breast before the first breastfeed b. To use for an older sibling c. To feed a sick baby who cannot suckle enough d. To use for the family tea	c
36	Which of the following is not helpful to a mother for stimulating the oxytocin reflex in preparation for expressing breast milk a. Take a cold drink b. Sitting quietly and privately in a quiet place c. Warming her breasts d. Massage her breasts	a
37	How would you estimate the volume of milk to be given to a baby? a. By what the baby takes every day b. By body weight c. By just looking at the size of the baby d. By comparing with a baby who looks the same	b
38	Which of the following is not an advantage of cup feeding a. Easy to clean b. Interferes with suckling at the breast c. Enables a baby to control his own feeding d. Associated with less risk of diarrhea as compared to bottle feeding	b
	Sessions 17	
39	Which of the following is **NOT** a mode of mother-to-child transmission of HIV? a. Breastfeeding from an HIV infected mother b. During pregnancy across the placenta from an HIV infected mother c. Sexual intercourse with an infected partner d. At the time of labor and delivery through blood and secretions from an HIV infected mother	c
40	In your district, if HIV **prevalence** among women is 20% and the mother-to-child **transmission rate** through breastfeeding is estimated to be 15 %, the number of babies infected through breastfeeding are a. 20 babies b. 4 babies c. 3 babies d. 1 baby	c

41	The following are risk factors that increase the risk of mother-to-child transmission of HIV through breastfeeding except a. Recent infection of HIV b. Replacement feeding c. Breast conditions e. Condition of babies mouth	b
42	Strategies for prevention of mother-to-child transmission include the following except a. HIV testing and counseling b. Use of ant retroviral prophylaxis AZT and NVP for PMTCT c. Counseling and support on safe infant feeding d. None promotion of condom use during pregnancy	d
	Session 18	
43	Which of the following is true on infant feeding counselling in relation to HIV? a. Infant feeding counseling is only given to HIV infected mothers for PMTCT. b. Women who do not know their HIV status need to be counselled on infant feeding options. c. Group education for antenatal mothers should include infant feeding options d. All mothers should be counselled on safe infant feeding practices regardless of the HIV status.	d
44	When should the counselling of HIV infected women about infant feeding options take place? a. During pregnancy b. Soon after birth c. When the baby is older d. All above is correct	d
45	Which of the following is the criterion for replacement feeding option? a. Replacement feeding must be acceptable with the cultural norms of infant feeding b. Replacement feeding must be feasible to enable a mother prepare feeds any time c. Replacement feeding must be affordable d. All of the above are correct	d
46	Counseling process to help mothers decide on the infant feeding option includes the following except a. Advising an HIV infected mother to choose replacement feeding b. Explaining to mothers the risk of mother- to-child transmission c. Stating available infant feeding options d. Exploring the mother's home situation	a

47	Which of the following is **NOT TRUE** in relation to early infant diagnosis of HIV and breastfeeding? a. If a baby is breastfeeding and tests HIV positive, continue breastfeeding b. If a breastfed baby tests HIV negative, counsel and reassess AFASS c. If a baby tests negative tell mother to stop to breastfeeding d. If the baby's HIV results are not ready, encourage mother to continue with earlier chosen option	c
	Session 19	
48	Which of the following is a **disadvantage** for choosing breastfeeding as an option when a mother is HIV positive? a. Exclusive breastfeeding increases the risk of passing HIV to the infant b. New born infants are not fed on colostrum which is greatly needed c. As long as the HIV infected mother breastfeeds, her baby is exposed to HIV d. HIV infected mothers should not feed their babies on hind milk.	c
49	Which of the following is not true about **transitioning from** breastfeeding? a. It requires that the mother expresses breast milk b. Does not mean abrupt weaning c. Mother alternates breastfeeds with formula feed to let the baby get used to new feeds. d. Duration for stopping breastfeeding ranges between 2 – 3 days to 3 weeks	c
50	Which of the following is **NOT** T**RUE** about wet nursing? a. The wet nurse must know the risk of getting HIV infection from an HIV infected baby b. The wet nurse must be tested for HIV at least 3 months after the last unprotected sex. c. Wet nursing should not be routinely recommended in Zambia d. If the wet nurse is a grand mother; there is no need for her to have an HIV test.	d
51	Which of the following is **TRUE** on expressed and heat treated breast milk from an HIV infected woman? a. It is not as nutritious as infant formula b. It destroys HIV in breast milk and makes safer to feed the baby on. c. It increases anti infective components in breast milk d. It should be given using a feeding bottle	b
	Session 20	
52	The best support a health worker can give to a mother with inverted nipples is a. To advise the mother to stretch out the nipples 3 times a day during pregnancy b. To counsel the mother on the need to buy formula to feed just in case the nipple fails to stretch out c. Counsel the mother so that she accepts the fact that it will be impossible to breastfeed d. To build confidence and support the mother to position the baby attach better to the breast	d

53	The following are causes of breast engorgement **EXCEPT**: a. Delay in starting to breastfeed soon after delivery b. Drinking too much fluids to increase breast milk supply c. Poor attachment to the breast d. Restricting length of breastfeeds	b
54	The following are signs of mastitis except: a. The affected breast feels hard and painful to touch b. The affected area looks red c. Mothers feels ill and has fever d. There is pus draining from the affected area	d
55	What is the most appropriate management of candida infection of the breast. a. Treatment of mother alone since she is the one with the infection b. Treatment of baby **ONLY** since the baby may be the source of infection c. Treatment of both baby and mother with nystatin d. Treat both baby and mother using 1% hydrocortisone cream	c
56	What are the 2 main feeding options for an HIV positive mother a. Exclusive breastfeeding and home modified animal milk b. Exclusive breastfeeding and infant formula c. Exclusive breastfeeding and wet nursing d. Exclusive breastfeeding and heat treated breast milk	b
	Session 21	
57	Which of the following is **NOT** one of the ten steps to successful breastfeeding? a. Have a written breastfeeding policy that is routinely communicated to all health care staff b. Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants c. Practice rooming-in only for non HIV positive mothers d. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants	c
	Session 25	
58	Which of the following is **NOT TRUE** about antenatal preparation for breastfeeding? a. Explain the benefits of breastfeeding especially exclusive breastfeeding b. Talk about early initiation of breastfeeding c. Group education on formula preparation d. Give simple relevant information on how to breastfeed	c
59	Which of the following is **TRUE** about a prelacteal feed? a. It is given after a first breastfeed b. It is good for fast removal of meconium c. It facilitates establishment of breastfeeding d. It increases chances of infections such as diarrhea in an infant	d

60	The components of BFHI include the following a. Ten steps to successful breastfeeding b. The code of marketing of breast milk substitutes c. HIV and Infant Feeding d. All of the above	d
61	Which of the following statements is not true about children and feeding a. Children under two years of age need assistance with feeding b. A child may eat more if he is allowed to pick up foods with his newly learned finger skills from about 9 – 10 months of age c. A 15 month old child must be able to feed himself unassisted with utensils d. A child's ability to pick up a piece of solid food, hold a spoon, or handle a cup increases with age and practice	c
	Session 34	
62	All the following are responsive feeding techniques **EXCEPT** a. Respond positively to the child with smiles, eye contact and encouraging words b. Feed the child slowly and patiently with good humour c. Stick to the food that is on the plate to avoid confusion d. Minimise distractions if the child loses interest easily	c
63	Which feeding practice does **NOT** encourage children to eat a. Sitting with the family or other children at mealtimes b. Using a separate bowl to feed the child c. Leaving the child to feed themselves d. Encouraging the entire family to help with responsive feeding practices	c
64	How much does breastfeeding contribute to the child's nutritional needs for a child 6 to 12 months? a. ¼ or more b. 1/3 c. ½ or more d. ¾	c
	Session 28	
65	Which of the following statement is **NOT TRUE** about complementary feeds? a. they are additional foods to breast milk b. they supplement breast milk c. complement breast milk d. provide the additional nutrients the child needs	b

66	The following are disadvantages of introducing complementary foods too soon except: a. Makes it difficult to meet the child's nutritional needs b. Increases chances of illness c. Increases the risk of wheezing and allergic conditions d. It will help the baby to grow better	d
67	Which of these will not improve the energy value of complementary foods? a. Roasting cereal grains for porridge before grinding them b. Mashing the solid pieces in soup or stews to feed the child c. Replace some of the cooking water in soups/stews with sour milk d. Making the porridge thin and running	d
68	Why is it **NOT** advisable to add a large amount of oil to feeds? a. Oil makes nutrients easily available to the body quickly. b. The child may get the energy from the oil but less of the other nutrients c. Oils make thicker porridge softer d. Oil will make a child develop diarrhoea	b
	Session 29	
69	What is **NOT TRUE** about micronutrients for children 6-24 months: a. Egg yolk is a rich source of vitamin A. b. Iron absorption is increased by vitamin C rich foods eaten in the same meal c. Iron rich foods are a good source of zinc d. Vitamin A supplementation is not required for a breastfed child	d
70	What additional feeds should be given to a non breast fed child aged 6-24 months? a. 1-2cups (of 250mls) of infant formula +1-2 meals per day b. 1-2 cups (of 250mls) of full cream boiled fresh milk + 1-2meals per day c. 1-2cups (of 250mls) of modified animal milk + 1-2meals per day d. 1-2 cups (of 100ml) of full cream boiled fresh milk + 1-2 meals per day	b

7.2 **Pre/Post test**

	Question	**Answer**
	Session 1	
1	Which of these is not a target of the Innocenti Declaration a Ensure that every facility providing maternity services fully practises all the „Ten steps to successful breastfeeding' set out in the WHO/UNICEF statement on breastfeeding and maternity services b. Implement the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions c. Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement d Ensure that health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require	
2	The Infant and Young Child Feeding Global Strategy was launched in a 1981 b 2002 c 2000 d 1991	
3	Zambia aims to increase exclusive breastfeeding rates between 2006 and 2010 from a. 41% to 66%. b. 40% to 65%. c. 35% to 60%. d. 41% to 60%.	
4	When complementary feeds are introduced, breastfeeding should still continue for up to a. 1 year 6 months b. 2 years of age or beyond. c. 2years d. 1 year 9 months	
5	Exclusive breastfeeding should be for the first a. 4 months b 4 – 6 months c. 6 months d. 5 months	

	Session 2	
6	A breastfed baby has higher chances of survival than an artificially fed baby because of the following **EXCEPT** a. breast milk is easily digested and used by the baby's body b. breast milk contains exactly the nutrients that a baby needs c. breast milk protects the mother from getting ill. d. breast milk contains antibodies against infections	
7	Which milk has the highest content of protein? a. Hind milk b. Mature milk c. Colostrum d. Fore milk	
8	Which milk has the highest fat? a. Hind milk b. Mature milk c. Fore milk d. a and c	
9	It is important that breast feeding continues beyond six months of age because: a there is less food in the country b the mothers breast will get engorged c breast milk is still an important source of energy and high quality nutrients d complementary feeding should start at 7 months	
10	In a developing country what are the chances of an artificially fed child having diarrhoea compared to an exclusively breastfed one? a 17 times b 12 times c 30 times d 6 times	
	Session 3	
11	Which statement is false about small breasts a. Contain about the same amount of gland tissue as large breasts b. Small breasts produce less milk than large breasts c. Has less fat and other tissues that differentiates them from large breasts d. Are as easy to breastfeed from as large breasts	

12	Which of the following is **NOT** true of Prolactin a. is produced by the pituitary gland b. makes the milk secreting cells to produce milk c. makes the mothers uterus to contract quickly after delivery d. More prolactin is produced during the night so breastfeeding at night is especially helpful for keeping up the milk supply.	
13	Which of the following is not associated with oxytocin a. Works before or during feed to make milk flow b. Makes mothers uterus contract quickly after delivery can cause pain c. It suppresses ovulation d. Baby suckling stimulates its secretion from the pituitary	
	Session 4	
14	Which of the following is **NOT** the result of **POOR** attachment to the breast? a. Damaged nipples b. Engorgement. c. Painful nipples d. Deep slow sucks	
15	Which of the following is true about reflexes a. When someone touches a baby's palate and baby sucks, it's called the swallowing reflex b. Babies have to learn how to root and swallow c. Stress hinders the oxytocin reflex d. Sounds of baby do not help the oxytocin reflex	
16	Assessing a breastfeed helps you to decide a. if a mother needs help or not b. what help the mother needs c. both of the above d. none of the above	

17	Which of these is **FALSE** a. Slow deep sucks is an important sign that a baby is getting breast milk and suckling effectively b. If baby is taking quick shallow sucks all the time, this is a sign that the baby is suckling effectively c. If baby is making smacking sounds as he sucks is sign that he is not well attached	
	Session 5	
18	Which of the following are helpful non-verbal communication skills a. Appropriate touching b. Taking time c. Removing physical barriers between the counsellor and the client d. All of the above	
19	Which of the following is an open ended question a. Does your baby breastfeed? b. How do you feed your baby? c. Are you going to come back next week? d. Have you understood what to do when you get home?	
20	The following statement is **TRUE** a. Empathy is feeling sorry for a person but looking at it from your point of view b. Using gestures which show interest is a useful verbal communication skill c. Showing eye contact has no cultural bearing during communication d. Open ended questions are useful for continuing a conversation	
21	Read the following scenario: Health worker: „Good morning, Mukuka. You wanted to talk to me about something?' Mukuka: "I tested for HIV last week and am positive. I am worried about my baby." Which of the following health worker's answer is empathetic? a. Yes, I know how you feel, my sister has HIV b. You are worried about what's going to happen? c. I feel for you, because I was in a similar situation two years ago d. I can relate as it happened to my close friend	
22	Which of the following is a judging sentence? a. Are you feeding your child correctly? b. Is he getting enough milk? c. You are breastfeeding wrongly? d. All of the above	

	Sessions 6,7,8	
23	Which of the following is NOT true about positioning a baby for breastfeeding? a. Baby's head only supported b. Baby held close to mother's body c. Baby's head and body in line d. Baby approaches breast nose to nipple	
24	Growth charts tell us the following except a. How well the child is growing b. Nutritional status of a child c. That a child had malaria d. That a child needs further investigation	
	Sessions 9,10,11	
25	The following skills are involved when building confidence and giving support to a breastfeeding mother except a. Accept what she thinks b. Use technical language c. Recognize and praise what a mother and baby are doing right d. Give a little, relevant information	
26	Why is it important to build confidence in a mother who is breastfeeding a. To stop her thinking that she is a failure b. To prevent her from giving in to pressure from family and friends c. To help her not to stop breastfeeding d. All of the above	
27	When building confidence, in which ways can practical help to a breastfeeding mother **NOT** be helpful? a. Help to make her clean and comfortable b. Give her a drink, or something to eat c. Take the baby from her and demonstrate with your own body d. Hold the baby yourself while she gets comfortable or washes or goes to the toilet	
28	Mother of a six month old baby says: „My baby has diarrhoea so it is not good to breastfeed now'. Which of the following responses from the counsellor accepts what a mother says a. It is quite safe to breastfeed a baby when he has diarrhea b. You do not like to give him breast milk just now c. It is often better to stop breastfeeding a baby when he has diarrhea d. None of the above	

	Session 12,13	
29	The following, except one, are important in taking a breastfeeding history a. Questions on feeding b. Questions on family and social situation c. Mother's condition and family planning d. Mother's grandparent's name	
	Session 14	
30	Which of the following is a reliable sign that a baby is **NOT** receiving enough breast milk a. Passing concentrated urine of less than 6 times per day b. Mother's breast too soft c. Crying a lot after breastfeeding d. Suckling too often from the breast	
31	The following are **COMMON** causes of a baby not getting enough milk **EXCEPT** a. Delayed start of breastfeeding b. Poor attachment c. Lack of confidence in mother d. Poor breast development in mother	
32	Some of the common reasons babies cry a lot include a. Hunger due to growth spurt b. Colic c. Mothers food irritates baby d. All of the above	
33	Babies can refuse the breast because of the following reasons except a. Blocked nose b. Use of bottles and pacifiers whilst breastfeeding c. Change in smell of mother d . Milk has turned sour	
34	The following are common breastfeeding difficulties a. „not enough milk' b. Crying baby c. Breast refusal d. All of the above	

	Sessions 15,16	
35	When is it useful to express breast milk? a. Cleansing the breast before the first breastfeed b. To use for an older sibling c. To feed a sick baby who cannot suckle enough d. To use for the family tea	
36	Which of the following is not helpful to a mother for stimulating the oxytocin reflex in preparation for expressing breast milk a. Take a cold drink b. Sitting quietly and privately in a quiet place c. Warming her breasts d. Massage her breasts	
37	How would you estimate the volume of milk to be given to a baby? a. By what the baby takes every day b. By body weight c. By just looking at the size of the baby d. By comparing with a baby who looks the same	
38	Which of the following is not an advantage of cup feeding a. Easy to clean b. Interferes with suckling at the breast c. Enables a baby to control his own feeding d. Associated with less risk of diarrhea as compared to bottle feeding	
	Sessions 17	
39	Which of the following is **NOT** a mode of mother-to-child transmission of HIV? a Breastfeeding from an HIV infected mother b During pregnancy across the placenta from an HIV infected mother c Sexual intercourse with an infected partner d At the time of labor and delivery through blood and secretions from an HIV infected mother	
40	In your district, if HIV **prevalence** among women is 20% and the mother-to-child **transmission rate** through breastfeeding is estimated to be 15 %, the number of babies infected through breastfeeding are a 20 babies b 4 babies c 3 babies d 1 baby	

41	The following are risk factors that increase the risk of mother-to-child transmission of HIV through breastfeeding except a Recent infection of HIV b Replacement feeding c Breast conditions d Condition of babies mouth	
42	Strategies for prevention of mother-to-child transmission include the following except a HIV testing and counseling b Use of ant retroviral prophylaxis AZT and NVP for PMTCT c Counseling and support on safe infant feeding d None promotion of condom use during pregnancy	
	Session 18	
43	Which of the following is true on infant feeding counselling in relation to HIV? a Infant feeding counseling is only given to HIV infected mothers for PMTCT. b Women who do not know their HIV status need to be counselled on infant feeding options. c Group education for antenatal mothers should include infant feeding options d All mothers should be counselled on safe infant feeding practices regardless of the HIV status.	
44	When should the counselling of HIV infected women about infant feeding options take place? a During pregnancy b Soon after birth c When the baby is older d All above is correct	
45	Which of the following is the criterion for replacement feeding option? a Replacement feeding must be acceptable with the cultural norms of infant feeding b Replacement feeding must be feasible to enable a mother prepare feeds any time c Replacement feeding must be affordable d All of the above are correct	
46	Counseling process to help mothers decide on the infant feeding option includes the following except a Advising an HIV infected mother to choose replacement feeding b Explaining to mothers the risk of mother- to-child transmission c Stating available infant feeding options d Exploring the mother's home situation	

47	Which of the following is **NOT TRUE** in relation to early infant diagnosis of HIV and breastfeeding? a If a baby is breastfeeding and tests HIV positive, continue breastfeeding b If a breastfed baby tests HIV negative, counsel and reassess AFASS c If a baby tests negative tell mother to stop to breastfeeding d If the baby's HIV results are not ready, encourage mother to continue with earlier chosen option	
	Session 19	
48	Which of the following is a **disadvantage** for choosing breastfeeding as an option when a mother is HIV positive? a. Exclusive breastfeeding increases the risk of passing HIV to the infant b. New born infants are not fed on colostrum which is greatly needed c. As long as the HIV infected mother breastfeeds, her baby is exposed to HIV d. HIV infected mothers should not feed their babies on hind milk.	
49	Which of the following is not true about **transitioning from** breastfeeding? a. It requires that the mother expresses breast milk b. Does not mean abrupt weaning c. Mother alternates breastfeeds with formula feed to let the baby get used to new feeds. d. Duration for stopping breastfeeding ranges between 2 – 3 days to 3 weeks	
50	Which of the following is **NOT** T**RUE** about wet nursing? a. The wet nurse must know the risk of getting HIV infection from an HIV infected baby b. The wet nurse must be tested for HIV at least 3 months after the last unprotected sex. c. Wet nursing should not be routinely recommended in Zambia d. If the wet nurse is a grand mother; there is no need for her to have an HIV test.	
51	Which of the following is **TRUE** on expressed and heat treated breast milk from an HIV infected woman? a. It is not as nutritious as infant formula b. It destroys HIV in breast milk and makes safer to feed the baby on. c. It increases anti infective components in breast milk d. It should be given using a feeding bottle	
	Session 20	
52	The best support a health worker can give to a mother with inverted nipples is a. To advise the mother to stretch out the nipples 3 times a day during pregnancy b. To counsel the mother on the need to buy formula to feed just in case the nipple fails to stretch out c. Counsel the mother so that she accepts the fact that it will be impossible to breastfeed d. To build confidence and support the mother to position the baby attach better to the breast	

53	The following are causes of breast engorgement **EXCEPT**: a. Delay in starting to breastfeed soon after delivery b. Drinking too much fluids to increase breast milk supply c. Poor attachment to the breast d. Restricting length of breastfeeds	
54	The following are signs of mastitis except: a. The affected breast feels hard and painful to touch b. The affected area looks red c. Mothers feels ill and has fever d. There is pus draining from the affected area	
55	What is the most appropriate management of candida infection of the breast. a. Treatment of mother alone since she is the one with the infection b. Treatment of baby **ONLY** since the baby may be the source of infection c. Treatment of both baby and mother with nystatin d. Treat both baby and mother using 1% hydrocortisone cream	
56	What are the 2 main feeding options for an HIV positive mother a. Exclusive breastfeeding and home modified animal milk b. Exclusive breastfeeding and infant formula c. Exclusive breastfeeding and wet nursing d. Exclusive breastfeeding and heat treated breast milk	
	Session 21	
57	Which of the following is **NOT** one of the ten steps to successful breastfeeding? a. Have a written breastfeeding policy that is routinely communicated to all health care staff b. Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants c. Practice rooming-in only for non HIV positive mothers d. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants	
	Session 25	
58	Which of the following is **NOT TRUE** about antenatal preparation for breastfeeding? a. Explain the benefits of breastfeeding especially exclusive breastfeeding b. Talk about early initiation of breastfeeding c. Group education on formula preparation d. Give simple relevant information on how to breastfeed	
59	Which of the following is **TRUE** about a prelacteal feed? a. It is given after a first breastfeed b. It is good for fast removal of meconium c. It facilitates establishment of breastfeeding d. It increases chances of infections such as diarrhea in an infant	

60	The components of BFHI include the following a. Ten steps to successful breastfeeding b. The code of marketing of breast milk substitutes c. HIV and Infant Feeding d. All of the above	
61	Which of the following statements is not true about children and feeding a. Children under two years of age need assistance with feeding b. A child may eat more if he is allowed to pick up foods with his newly learned finger skills from about 9 – 10 months of age c. A 15 month old child must be able to feed himself unassisted with utensils d. A child's ability to pick up a piece of solid food, hold a spoon, or handle a cup increases with age and practice	
	Session 34	
62	All the following are responsive feeding techniques **EXCEPT** a. Respond positively to the child with smiles, eye contact and encouraging words b. Feed the child slowly and patiently with good humour c. Stick to the food that is on the plate to avoid confusion d. Minimise distractions if the child loses interest easily	
63	Which feeding practice does **NOT** encourage children to eat a. Sitting with the family or other children at mealtimes b. Using a separate bowl to feed the child c. Leaving the child to feed themselves d. Encouraging the entire family to help with responsive feeding practices	
64	How much does breastfeeding contribute to the child's nutritional needs for a child 6 to 12 months? a. ¼ or more b. 1/3 c. ½ or more d. ¾	
	Session 28	
65	Which of the following statement is **NOT TRUE** about complementary feeds? a. they are additional foods to breast milk b. they supplement breast milk c. complement breast milk d. provide the additional nutrients the child needs	

66	The following are disadvantages of introducing complementary foods too soon except: a. Makes it difficult to meet the child's nutritional needs b. Increases chances of illness c. Increases the risk of wheezing and allergic conditions d. It will help the baby to grow better	
67	Which of these will not improve the energy value of complementary foods? a. Roasting cereal grains for porridge before grinding them b. Mashing the solid pieces in soup or stews to feed the child c. Replace some of the cooking water in soups/stews with sour milk d. Making the porridge thin and running	
68	Why is it **NOT** advisable to add a large amount of oil to feeds? a. Oil makes nutrients easily available to the body quickly. b. The child may get the energy from the oil but less of the other nutrients c. Oils make thicker porridge softer d. Oil will make a child develop diarrhoea	
	Session 29	
69	What is **NOT TRUE** about micronutrients for children 6-24 months: a. Egg yolk is a rich source of vitamin A. b. Iron absorption is increased by vitamin C rich foods eaten in the same meal c. Iron rich foods are a good source of zinc d. Vitamin A supplementation is not required for a breastfed child	
70	What additional feeds should be given to a non breast fed child aged 6-24 months? a. 1-2cups (of 250mls) of infant formula +1-2 meals per day b. 1-2 cups (of 250mls) of full cream boiled fresh milk + 1-2meals per day c. 1-2cups (of 250mls) of modified animal milk + 1-2meals per day d. 1-2 cups (of 100ml) of full cream boiled fresh milk + 1-2 meals per day	

8.0 Course Evaluation Questionnaire for Participants

Evaluation Questionnaire for Participants

Infant and Young Child Feeding Counselling: An Integrated Course

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

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

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

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

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

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

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

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

Title of session	Very useful	Useful	Some-what useful	Not useful	Comments
Session 12 Practical Session 2					
Session 13 Taking a feeding history					
Session 14 Common breastfeeding difficulties					
Session 15 Expressing breast milk					
Session 16 Cup-feeding					
Session 17 Overview of HIV and infant feeding					
Session 18 Counselling for infant feeding decisions					
Session 19 Breast milk options for HIV-infected women					
Session 20 Breast conditions					
Session 21 Replacement feeding in the first 6 months					

Title of session	Very useful	Useful	Some-what useful	Not useful	Comments
Session 22 Hygienic preparation of feeds					
Session 23 Preparation of milk feeds					
Session 24 Practical Session 3					
Session 25 Health care practices					
Session 26 International Code of Marketing of Breast-milk Substitutes					
Session 27 Counselling Cards and Tools					
Session 28 Importance of complementary Feeding					
Session 29 Foods to fill the energy gap					
Session 30 Foods to fill the iron and vitamin A gaps					
Session 31 Quantity, variety and frequency of feeding					

Title of session	Very useful	Useful	Some-what useful	Not useful	Comments
Session 32 Confidence and Support exercises 2					
Session 33 Gathering information on complementary feeding					
Session 34 Feeding techniques and strategies					
Session 35 Practical Session 4					
Session 36 Checking understanding and arranging follow-up					
Session 37 Feeding during illness and low-birth-weight babies					
Session 38 Food demonstration					
Session 39 Follow-up after training					

7.4 IINFANT AND YOUNG CHILD FEEDING COUNSELLING: AN INTEGRATED COURSE EVALUATION FORM FOR PARTICIPANTS AND TRAINERS

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

Legend:

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

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

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

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

Legend:

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

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

PRACTICAL DISCUSSION CHECKLIST

Practical skills are best developed by introducing and demonstrating the skills, observing participants as they practice 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 practiced:
- 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)[3]

- 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)[4]

- 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?

[1] See list of skills on the following page
[2] 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 3 meals and snacks: give a variety of foods.
8. A growing child needs increasing amounts of food.
9. A young child needs to learn to eat: encourage and give help… with lots of patience.
10. Encourage the child to drink and to eat during illness and provide extra food after illness to help the child recover quickly.

BREASTFEED OBSERVATION JOB AID

Mother's name _____ Date _____

Baby's name _____ Baby's age _____

Signs that breastfeeding is going well:	**Signs of possible difficulty:**
GENERAL	
Mother:	*Mother:*
☐ Mother looks healthy	☐ Mother looks ill or depressed
☐ Mother relaxed and comfortable	☐ Mother looks tense and uncomfortable
☐ Signs of bonding between mother and baby	☐ No mother/baby eye contact
Baby:	*Baby:*
☐ Baby looks healthy	☐ Baby looks sleepy or ill
☐ Baby calm and relaxed	☐ Baby is restless or crying
☐ Baby reaches or roots for breast if hungry	☐ Baby does not reach or root
BREASTS	
☐ Breasts look healthy	☐ Breasts look red, swollen, or sore
☐ No pain or discomfort	☐ Breast or nipple painful
☐ Breast well supported with fingers away from nipple	☐ Breast held with fingers on areola
BABY'S POSITION	
☐ Baby's head and body in line	☐ Baby's neck and head twisted to feed
☐ Baby held close to mother's body	☐ Baby not held close
☐ Baby's whole body supported	☐ Baby supported by head and neck only
☐ Baby approaches breast, nose to nipple	☐ Baby approaches breast, lower lip/chin to nipple
BABY'S ATTACHMENT	
☐ More areola seen above baby's top lip	☐ More areola seen below bottom lip
☐ Baby's mouth open wide	☐ Baby's mouth not open wide
☐ Lower lip turned outwards	☐ Lips pointing forward or turned in
☐ Baby's chin touches breast	☐ Baby's chin not touching breast
SUCKLING	
☐ Slow, deep sucks with pauses	☐ Rapid shallow sucks
☐ Cheeks round when suckling	☐ Cheeks pulled in when suckling
☐ Baby releases breast when finished	☐ Mother takes baby off the breast
☐ Mother notices signs of oxytocin reflex	☐ No signs of oxytocin reflex noticed

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

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

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

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

DEMONSTRATION 5.C OPEN QUESTIONS

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

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

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

DEMONSTRATION 5.D STARTING AND CONTINUING A CONVERSATION

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

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

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

DEMONSTRATION 5.E USING RESPONSES AND GESTURES WHICH SHOW INTEREST

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

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

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

DEMONSTRATION 5.F CONTINUING TO ASK FOR FACTS

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

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

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

DEMONSTRATION 5.G REFLECTING BACK

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

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

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

DEMONSTRATION 5.H SYMPATHY

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

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

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

DEMONSTRATION 5.I EMPATHY

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

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

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

DEMONSTRATION 5.J SYMPATHY

Health worker: "Good morning, (name). You wanted to talk to me about something?" *Smiles.*
Mother: "I tested for HIV last week and am positive. I am worried about my baby."
Health Worker: "Yes, I know how you feel. My sister has HIV."

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

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

DEMONSTRATION 5.K EMPATHY.

Health worker: "Good morning, (name). You wanted to talk to me about something?" *Smiles.*
Mother: "I tested for HIV last week and am positive. I am worried about my baby."
Health Worker: "You're really worried about what's going to happen."
Mother: "Yes I am. I don't know what I should do?"

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

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

DEMONSTRATION 5.L ASKING FACTS

Health worker: "Good morning, (name). How are you and (child's name) today?"
Mother: "He is refusing to breastfeed since he started eating porridge and other foods last week – he just pulls away from me and doesn't want me!"
Health worker: "How old is (child's name) now?"
Mother: "He is seven months old".
Health worker: "And how much porridge does he eat during a day?"

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

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

DEMONSTRATION 5.M EMPATHY

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

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

Comment: **The health worker is not learning anything useful, but is making the mother very worried.**

DEMONSTRATION 5.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: *What did the health worker learn about the mother's feelings?*

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 10.A ACCEPTING WHAT A MOTHER THINKS

Mother:	"My milk is thin and weak, and so I have to give bottle feeds."
Health worker:	"Oh no! Milk is never thin and weak. It just looks that way." (nods, smiles.)
Ask:	*Did the health worker agree, disagree or accept?*
Comment:	**This is an inappropriate response, because it is disagreeing.**
Mother:	"My milk is thin and weak, so I have to give bottle feeds."
Health worker:	"Yes – thin milk can be a problem."
Ask:	*Did the health worker agree, disagree or accept?*
Comment:	**This is an inappropriate response because it is agreeing.**
Mother:	"My milk is thin and weak, so I have to give bottle feeds."
Health worker:	"I see. You are worried about your milk."
Ask:	*Did the health worker agree, disagree or accept?*
Comment:	**This is an appropriate response because it shows acceptance.**

DEMONSTRATION 10.B ACCEPTING WHAT A MOTHER FEELS

Mother (in tears):	"It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."
Health worker:	"Don't worry, your baby is doing very well."
Ask:	*Was this an appropriate response?*
Comment:	**This is an inappropriate response, because it did not accept the mother's feelings and made her feel wrong to be upset.**
Mother (in tears):	"It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."
Health worker:	"Don't cry – it's not serious. (Child's name) will soon be better"
Ask:	*Was this an appropriate response?*
Comment:	**This is an inappropriate response. By saying things like "don't worry" or "don't cry" you make a mother feel it is wrong to be upset and this reduces her confidence.**
Mother (in tears):	"It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."
Health worker:	"You are upset about (child's name) aren't you?"
Ask:	*Was this an appropriate response?*
Comment:	**This is an appropriate response because it accepts how the mother feels and makes her feel that it is alright to be upset. Notice how, in this example, empathizing was used to show acceptance. So this is another example of using a listening and learning skill to show acceptance.**

DEMONSTRATION 10.C USING SIMPLE LANGUAGE

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: *What did you observe?*

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 10.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: *What did you observe this time?*

Comment: **The health worker explains about starting complementary foods in a simple way.**

DEMONSTRATION 13.A TAKING A FEEDING HISTORY

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 33.A LEARNING WHAT A CHILD EATS	
Health worker: (show growth chart)	"Thank you for coming today. (Mother name), your child's weight line is going upwards which shows that he has grown since I last saw him. Because (child's name) lost some weight when he was ill, the line needs to rise some more. Could we talk about what (child's name) ate yesterday?"
Mother:	"I am pleased that he has put on some weight as (child's name) has been ill recently and I was worried that he might have lost weight."
Health worker:	"I can see you are anxious about his weight."
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 mashed 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 36.A CHECKING UNDERSTANDING

Health worker: "Now, (name), have you understood everything that I've told you?"
Mother: "Yes, ma'am."
Health worker: "You don't have any questions?"
Mother: "No, ma'am."

Comment: **What did you observe?**

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

Health worker: "Now, (name), we talked about many things today, so let's check everything is clear. What foods do you think you will give (name) tomorrow?"
Mother: "I will make his porridge thick."
Health worker: "Thick porridge helps him to grow. Are there any other foods you could give, maybe from what the family is eating?"
Mother: "Oh yes. I could mash some of the rice and lentils we are having and I should give him some fruit to help his body to use the iron in the food."
Health worker: Those are good foods to give your child to help him to grow. How many times a day will you give food to (name)?"
Mother: "I will give him something to eat five times a day. I will give him thick porridge in the morning and evening, and in the middle of the day, I will give him the food we are having. I will give him some fruit or bread in between."
Health worker: "You have chosen well. Children who are one year old need to eat often. Would you come back to see me in two weeks to see how the feeding is going?"
Mother: "Yes, OK."

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

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

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

DEMONSTRATION 38.A SUPPORTIVE TEACHING

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)[5]
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 3 large spoonfuls)
Health Worker:	"Yes, the rice would fill much 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 vegetable 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 in 1 large spoonful)
Health Worker:	"Spinach would be very nutritious. One spoon would bring the bowl nearly full."
Mother:	"Oh, that isn't hard to do. I could do that each day. Three spoons of rice, a spoon of an animal-source food and some dark-green or yellow vegetable so the bowl is nearly full."

[3] 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 a half or three-quarters 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 ¾ full."
Health Worker:	"Yes. So, that is his morning meal, and the main meal with the family. (Child's name) needs three 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 ¾ full bowl of food three 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 at least ¾ full."
Health Worker:	"Very good. And how often each day will you give him some food?"
Mother:	"Three times in the day, I will give a bowlful of food and also 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."

LISTENING AND LEARNING SKILLS CHECKLIST

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

COUNSELLING SKILLS CHECKLIST

Listening and Learning Skills

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

Building Confidence and Giving Support Skills

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

Counselling Story 1:

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

CUT ✂ ----------

Counselling Story 2:

You are 35 weeks pregnant with your second baby. You have been tested and found to be HIV-positive. You have not told anyone else at home that you are HIV-positive. You live with your partner, your sister and your mother.

You breastfed your first baby – giving him breast milk and glucose water for the first two months of life. Then, at the suggestion of your mother, you introduced solids when he was three months of age as he started to cry a lot.

You have to walk half a kilometre to collect water from a well. You have a paraffin stove, but sometimes use wood for fuel if you run out of money.

You mother receives a small pension. Your sister works part-time as a domestic worker. Neither you nor your partner are working.

You are not sure how to feed this baby, but are frightened to disclose your status to your family.

Counselling Story 3:

You are 39 weeks pregnant with your third baby. You found out you were HIV-positive when you were 28 weeks pregnant.

You work as a clerk in an office. You will be off work after you deliver for six weeks, and then you will return to your job. When you are working you are away from the house for 10 hours each day, and your mother-in-law will look after the baby.

You breastfed your other two children, giving then breast milk only for the first four weeks and then giving them breast milk and formula milk when you went back to work. You introduced solids at three months, whilst continuing to breastfeed at night until they were about one year of age.

You are married and live with your in-laws. Everyone in the family will expect you to breastfeed this baby. Only your husband knows your status. You are worried about anyone else suspecting that you are HIV-positive.

Your husband works as a mechanic. You have piped water to your kitchen and electricity to your home.

CUT ✂ ----------

Counselling Story 4:

You are 34 weeks pregnant. You have not been tested for HIV. This is your first visit to the antenatal clinic. Your husband has been very sick for a few months. You think that he may have AIDS and you are worried that you may be infected too. You have received information about preventing HIV infection and were encouraged to breastfeed.

You have come to the infant feeding counsellor because you want to know how to get formula for your baby as you think that it will be safer than breastfeeding.

Statements that you might use:

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

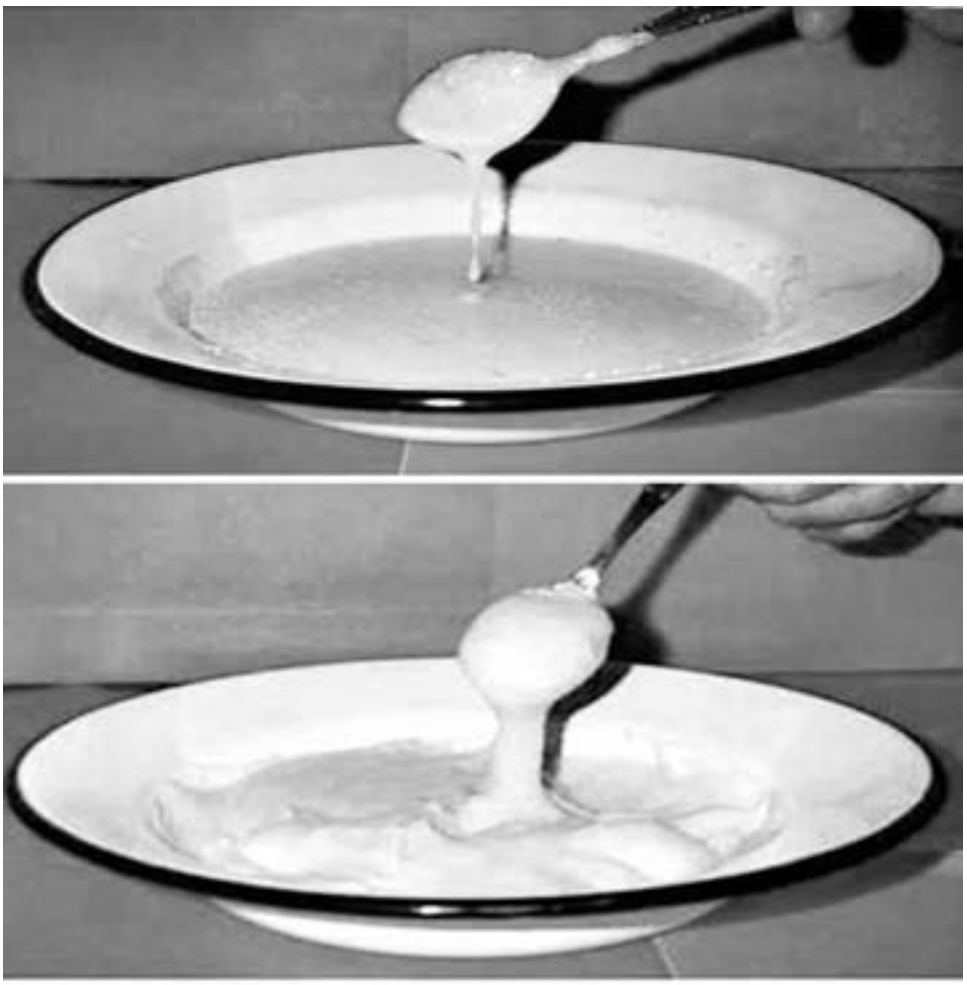
"I am really worried because my husband is ill – he has been sick for a long time now. I don't know what the illness is, but it might be HIV so I think that I had better give my baby formula."

"I think it would be better if I didn't breastfeed at all - then the baby would be protected."

EXERCISE 30.A WHAT IS IN THE BOWL?

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

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



Enter ✓ in the Yes column if the practice is in place.
Enter your initials if a message is given (see FOOD INTAKE REFERENCE TOOL for the message).

FOOD INTAKE JOB AID		
Child's name		
Date of birth	**Age of child at visit**	
Feeding practice	**Yes / number where relevant**	**Key Message given**
Growth curve rising?		
Child received breast milk?		
How many meals of a thick consistency did the child eat yesterday? (use consistency photos as needed)		
Child ate an animal-source food yesterday?		

(meat/fish/offal/bird/eggs)?		
Child ate a dairy product yesterday?		
Child ate pulses, nuts or seeds yesterday?		
Child ate a dark-green or yellow vegetable or yellow fruit yesterday?		
Child ate sufficient number of meals and snacks yesterday, for his/her age?		
Quantity of food eaten at main meal yesterday appropriate for child's age?		
Mother assisted the child at meals times?		
Child took any vitamin or mineral supplements?		
Child ill or recovering from an illness?		

FOOD INTAKE REFERENCE TOOL		
Feeding Practice	**Ideal Feeding Practice**	**Key Messages to help counsel mothers**
Growth curve rising?		*Look at the shape of the growth curve of the child: is the child growing?*
Child received breast milk?	Yes	Breastfeeding for 2 years of age or longer helps a child to develop and grow strong and healthy.
How many meals of a thick consistency did the child eat yesterday? (use consistency photos as needed)	3 meals	Foods that are thick enough to stay in the spoon give more energy to the child.
Child ate an animal-source food yesterday? (meat/fish/offal/bird/eggs)?	Animal-source foods should be eaten daily	Animal-source foods are especially good for children to help them grow strong and lively.
Child ate a dairy product yesterday?	Try to give dairy products daily.	Animal-source foods are especially good for children
Child ate pulses, nuts or seeds yesterday?	If meat is not eaten pulses or nuts should be eaten daily, with an iron enhancer such as a vitamin C rich food	Peas, beans, lentils, nuts and seeds are good for children
Child ate a dark-green or yellow vegetable or yellow fruit yesterday?	A dark-green or yellow vegetable or yellow fruit should be eaten daily.	Dark-green leaves and yellow-coloured fruits and vegetables help the child to have healthy eyes and fewer infections

Child ate sufficient number of meals and snacks yesterday, for his/her age?	Child 6 – 8 months: 3 meals Child 9 – 23 months: 3 meals and 1 – 2 snacks	A growing child needs 3 meals plus snacks: give a variety of foods.
Quantity of food eaten at main meal yesterday appropriate for child's age?	Child 6 – 8 months: gradually increased to approx. 2/3 cup at each meal Child 9 – 11months: approx. 3/4 cup at each meal Child 12 – 23 months: approx. a full cup at each meal	A growing child needs increasing amounts of food
Mother assisted the child at meals times?	Yes, assists with learning to eat.	A young child needs to learn to eat: encourage and give help… with lots of patience
Child took any vitamin or mineral supplements?	Vitamin and mineral supplements may be needed if child's needs are not met by food intake.	*Explain how to use vitamin and mineral supplements if they are needed*
Child ill or recovering from an illness?	Continue to eat and drink during illness and recovery.	Encourage the child to drink and eat during illness and provide extra food after illness to help them recover quickly.

Story 1:

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

Early morning: Breastfeed, half bowlful of thick porridge, milk and small spoon of sugar
Mid-morning: Small piece of bread with nothing on it, breastfeed
Mid-day: nshima, one spoon of mashed beans, pieces of mango, drink of water
Mid-afternoon: Breastfeed, one small biscuit/cookie
Evening: nshima, one large spoon of mashed fish, one large spoon of green vegetables, drink of water
Bedtime: Breastfeed
During night: Breastfeed

✂ ----------

Story 2:

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

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

✂ ----------...----------

Story 3:

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

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

Story 4:

Child is 12 months old. Growing very slowly.

Early morning: Breastfeed. Half a bowl of thin porridge
Mid-morning: Two small spoons of mashed banana, breastfeed
Mid-day: Nshima and one spoon of mashed meat/vegetables/, breastfeed
Mid-afternoon: Breastfeed, two spoons mashed mango
Evening: Two spoons of mashed meat/vegetable/potato from family meal, breastfeed
Bedtime: Breastfeed, sweet biscuit mashed in cow's milk, three spoons
During the night: Breastfeed

✂ .....

Story 5:

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

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

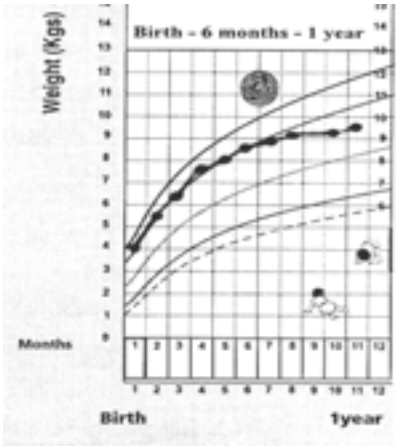
✂ .....

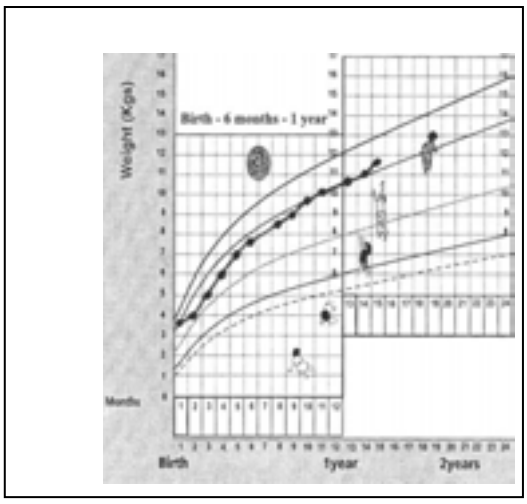
Story 6:

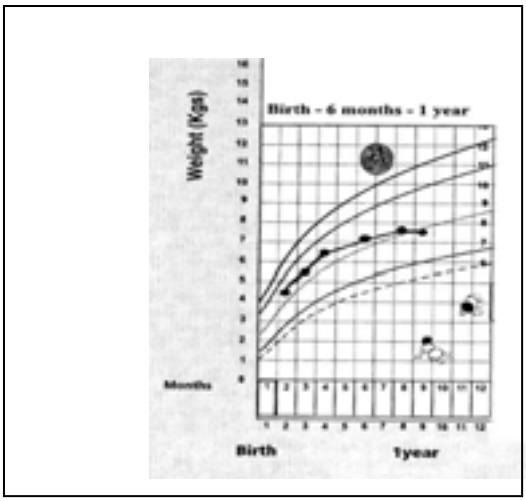
Child is 8 months old and growing slowly. Not ill. Does not show much interest in eating.

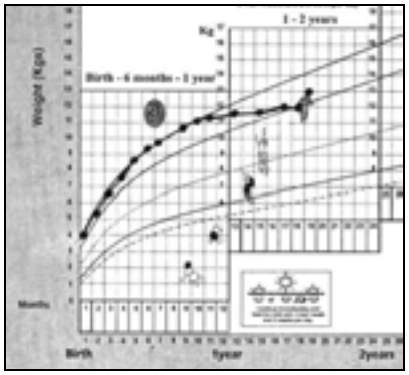
Early morning : Breastfeed, 3 spoons thin porridge with milk and sugar
Mid-morning : Breastfeed
Mid-day : Nshima, one spoon mashed beans, small piece of egg, one spoon mashed greens, from the family meal. Drink of water.
Mid-afternoon: One sweet biscuit, Breastfeed
Evening: One piece of bread with some margarine, breastfeed
Bedtime: Breastfeed
During the night : Breastfeed

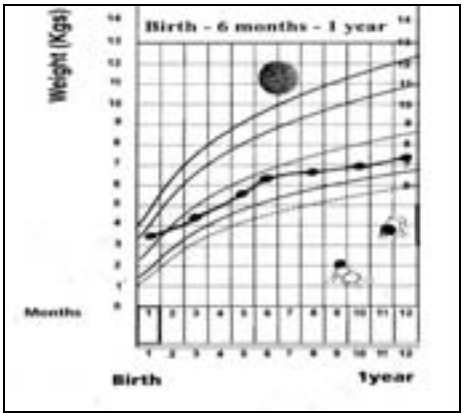
WEIGHT CHARTS FOR SESSION

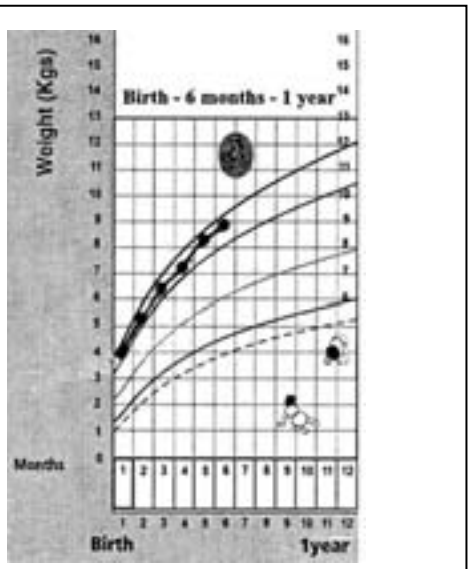


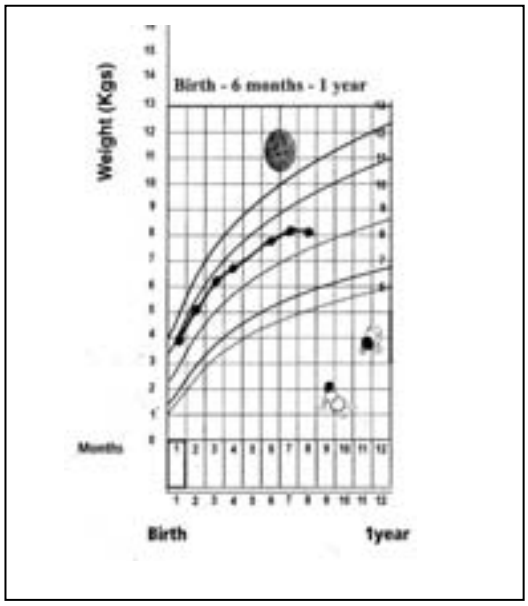









Weight (Kgs)
Birth - 6 months - 1 year
Months
Birth
1year


Weight (Kgs)
Birth - 6 months - 1 year
Months
Birth
1year

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

9. Baby Friendly Hospital Initiative (BFHI) Self Apprraisal

Sample Health facility infant feeding policy

GUIDING PRINCIPLES

- This health facility believes that breastfeeding is the healthiest way for a woman to feed her baby and recognises the critical health benefits known to exist for both the mother and her child. This is based on the principle that optimal infant feeding is important in all situations (including in the context of HIV) for adequate growth, development and child survival.

AIMS

- This policy aims to ensure that the health benefits of breastfeeding are discussed with all women, so that they can successfully breastfeed. It also recognises the importance for all pregnant women to routinely be tested for HIV and that those that are HIV positive should receive appropriate infant feeding counselling and support individuallly. It also recognises the rights of the mother to make an informed choice for optimal infant feeding.

IN SUPPORT OF THIS POLICY:

- All staff should adhere to this policy in order to ensure correct and consistent messages being given to mothers and caregivers.

- It is the individual health worker's responsibility to refer the infant for further management should concern arise about the infant's health.

- No free or low cost samples of breastmilk substitutes shall be accepted by anyone in this facility.

- No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of this facility

- No literature provided by infant formula manufacturers, distributors or agents is allowed in this facility.

- No representatives from the baby food industry are allowed to approach staff in the health facility directly, indirectly or to provide free gifts to staff or mothers.

- Compliance with this policy will be assessed on bi-annual basis as part of performance assessment.

THE POLICY

1.0 Communicating the Breastfeeding policy

1.1 This policy should be communicated to all health facility staff who have contact with pregnant women and mothers.

1.2 All new staff will be orientated to the policy as soon as they start work at the facility.

1.3 Staff re-orientation on this policy will be conducted on regular basis

1.4 This policy will be displayed in appropriate areas written in languages with wording most commonly understood by mothers and staff.

2.0 Training Health Care staff

2.1 Health facility staff have the primary responsibility for promoting protecting and supporting breastfeeding women.

2.2 Health facility staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their group. New staff will receive training within six months of taking up their posts.

2.3 Health facility staff who have contact with pregnant women and mothers will also receive training on how to support HIV + women on infant feeding.

2.4 The responsibility for providing training lies with appropriately appointed personnel who will ensure that all staff receives appropriate training. They will also review uptake and effectiveness of the training.

3.0 Informing Pregnant Women of the Benefits and Management of Breastfeeding

3.1 Staff involved with the provision of ante-natal care should ensure that all pregnant women are informed of the benefits of breastfeeding and the potential health risks of formula feeding.

3.2 How breastfeeding works should be clearly and simply explained to all pregnant women, together with good management practices which proven to protect breastfeeding and reduce common problems.

4.0 Initiation of Breastfeeding

4.1 All mothers should be encouraged and assisted to hold their babies in skin-to-skin contact as soon as possible after delivery for at least an hour.

4.2 Mothers should be assisted to initiate breastfeeding within an hour of birth.

4.3 If skin-to- skin contact is interrupted for clinical indication, it should be re-instated as soon as mother and baby are able to do so.

5.0 Showing Women how to Breastfeed and how to Maintain Lactation even if Mother and Baby are separated.

5.1 Health facility staff should identify whether or not a baby is effectively attached at the breast and demonstrate positioning and attachment to a mother if she requires help.

5.2 All breastfeeding mothers should be shown how to hand express their breastmilk.

5.3 Mothers should be shown how to cup feed expressed breastmilk.

5.4 When a mother and her baby are separated for medical reasons, it is the responsibility of all those health professionals caring for both mother and baby to ensure that the mother is given help and encouragement to express her milk, and maintain her lactation during periods of separation from her baby.

5.5 Mothers who are separated from their babies should be encouraged to begin expressing as soon as possible after delivery as early initiation has long-term benefits on milk production.

5.6 Mothers who are separated from their babies should be encouraged to express milk frequently.

6.0 Supporting Exclusive Breastfeeding

6.1 No water or artificial feeds should be given to a breastfed baby except in cases of medical indication.

7.0 Rooming In

7.1 Allow mothers and infants to remain together (bedding in) for 24hours a day unless separation is fully justified.

8.0 **Demand Feeding**

8.1 Mothers should be encouraged to feed their babies as often and as long as the babies want.

8.2 Mothers should be informed that, if the babies sleep for too long they should wake them up and breastfeed. They should also be advised to breastfeed if their breasts become overfull.

9.0 Use of Artificial Teats or Dummies

9.1 Artificial teats should not be used at any time.

10.0 Support after discharge

10.1 All breastfeeding mothers discharged from this Health facility should know where to go for help with breastfeeding if problems arise

Sample: Partly Filled Self Appraisal Questionnaire

Health facility data sheet

Hospital name and address: *Lubwe Mission Hosp box 720009 Samfya*

a government hospital
a privately run hospital
√ other (specify:) *Mission Hospital*

The hospital is: *[Tick all that apply]* a maternity hospital
a general hospital
a teaching hospital

Name and title of hospital director or administrator: *Sr Rosemary Mushibwe*
Telephone or extension: *097-7-892128* E-mail address: -

Name and title of the head/director of maternity services: *Mary C. Mwape*
Telephone or extension: *097-7-937816* E-mail address: -

Name and title of the head/director of antenatal services/clinic: *Judith Ngosa*
Telephone or extension: *097-7-937816* E-mail address: -

Number of postpartum maternity beds: *10*

Average daily number of mothers with full term babies in the postpartum unit(s): *3-4*

Does the facility have unit(s) for infants needing special care (LBW, premature, ill, etc.)? Yes √No *[If "Yes":]* Name of unit: *N/A* Average daily census: *N/A*
Name of head/director(s) of this unit: *N/A*
Name of unit: *N/A* Average daily census: *N/A*
Name of head/director(s) of this unit: *N/A*

Are there areas in the maternity wards designated as well baby observation areas? Yes √No
[If "Yes":] Average daily census of each area: *N/A*
Name of head/director(s) of these areas: *N/A*

What percentage of mothers delivering at the hospital attends the hospital's antenatal clinic? *95*% No antenatal clinic run by the hospital *N/A*
Does the hospital hold antenatal clinics at other sites outside the hospital? √Yes No
[If yes:] Please describe when and where they are held: *At 11 outreach posts visited once a mont depending on availability of transport*

Are there beds designated for high-risk pregnancy cases? Yes √No *[If "Yes":]* How many? *N/A* What percentage of women arrives for delivery without antenatal care? *5%* Don't know

The following staff has direct responsibility for assisting women with breastfeeding (BF), feeding breast-milk substitutes (BMS), or providing counselling on HIV & infant feeding):
[Tick all that apply.]

	BF	BMS	HIB		BF	BMS	HIV
Nurses	√	√	√	Paediatricians n/a			
Midwives	√	√	√	Obstetricians n/a			
SCBU/NICU n/a				Infant feeding counsellors n/a			
Dieticians n/a				Lay/peer counsellors n/a			
Nutritionists n/a				Other staff (specify):			
Lactation consultants n/a				COs	√	√	√
General Physicians	√	√	√	EHTs	√	√	√

Are there breastfeeding and/or HIV and infant feeding committee(s) in the hospital? Yes √No.
[If "Yes":] Please describe: _____

Recent data: (last calendar year ***2005***___)

Total births in the last year: ***461***___ of which:

0 % were by C. Sec <u>without</u> general anaesthesia

10 % were by C. Sec with general anaesthesia

% infants were admitted to the SCBU/NICU or similar units n/a

Total number of full-term babies discharged from the hospital last year: ***461*** of which:

100% were exclusively breastfed (or fed expressed breast milk) from birth to discharge

0% received at least one feed other than breastmilk (formula, water or other fluids) in the hospital because of documented medical reason or mothers' informed choice

0% received at least one feed other than breastmilk <u>without</u> any documented reason or mothers' informed choice

[Note: The total percentages listed above should equal 100%]

The hospital data above indicates that at least 75% of the full-term babies delivered in the past year were exclusively breastfed or fed expressed breastmilk from birth to discharge,
or,
if they received any feeds other than breastmilk this was because of documented medical reasons or mothers' informed choices:
√Yes No

Percentage of pregnant women who received testing and counselling for HIV: ***61.6%***

Percentage of mothers who were known to be HIV-positive at the time of babies' births: ***4.9%***

Please describe sources for the above data: _____
PMTCT ***Register and delivery register***

STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

	YES	NO
1.1 Does the health facility have a written breastfeeding/infant feeding policy that addresses all 10 Steps to Successful Breastfeeding in maternity services and support for HIV-positive mothers?		√
1.2 Does the policy protect breastfeeding by prohibiting all promotion breastmilk substitutes, feeding bottles, and teats?		√
1.3 Does the policy prohibit distribution of gift packs with commercial samples and supplies or promotional materials for these products to pregnant women and others, as well as free gifts for the staff and hospital?		√
1.4 Is the breastfeeding/infant feeding policy available so all staff who take care of mothers and babies can refer to it?		√
1.5 Is a summary of the breastfeeding/infant feeding policy, including issues related to the 10 Steps, The International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions, and support for HIV-positive mothers posted or displayed in all areas of the health facility which serve mothers, infants, and/or children?		√
1.6 Is the summary of the policy posted in language(s) and written with wording most commonly understood by mothers and staff?		√
1.7 Is there a mechanism for evaluating the effectiveness of the policy?		√
1.8 Are all policies or protocols related to breastfeeding and infant feeding in line with current evidence-based standards?		√

Note: *See "Annex 1: Hospital Breastfeeding/Infant Feeding Policy Checklist" for a useful tool to use in assessing the hospital policy.*

Global Criteria - Step One

The health facility has a written breastfeeding or infant feeding policy that addresses all 10 Steps and protects breastfeeding by adhering to the International Code of Marketing of Breast-milk Substitutes. It also requires that HIV-positive mothers receive counselling on infant feeding and guidance on selecting options likely to be suitable for their situations.

The policy is available so that all staff who takes care of mothers and babies can refer to it. Summaries of the policy covering, at minimum, the Ten Steps, the Code and subsequent WHA Resolutions, and support for HIV-positive mothers, are visibly posted in all areas of the health care facility which serve pregnant women, mothers, infants, and/or children. These areas include the antenatal care, labour and delivery areas, maternity wards and rooms, all infant care areas, including well baby observation areas (if there are any), and any infant special care units. The summaries are displayed in the language(s) and written with wording most commonly understood by mothers and staff.

STEP 2. Train all health care staff in skills necessary to implement the policy.

	YES	NO
2.1 Are all staff members caring for pregnant women, mothers, and infants oriented to the breastfeeding/infant feeding policy of the hospital when they start work?		√
2.2 Are staff members who care for pregnant women, mothers and babies both aware of the importance of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding?		√
2.3 Do staff members caring for pregnant women, mothers and infants (or all staff members, if they are often rotated into positions with these responsibilities) receive training on breastfeeding promotion and support within six months of commencing work, unless they have received sufficient training elsewhere?		√
2.4 Does the training cover all Ten Steps to Successful Breastfeeding and The International Code of Marketing of Breast-milk Substitutes?		√
2.5 Is training for clinical staff at least 20 hours in total, including a minimum of 3 hours of supervised clinical experience?		√
2.6 Is training for non-clinical staff sufficient, given their roles, to provide them with the skills and knowledge needed to support mothers in successfully feeding their infants?		√
2.7 Is training also provided either for all or designated staff caring for women and infants on feeding infants who are not breastfed and supporting mothers who have made this choice?	√	
2.8 Are clinical staff members who care for pregnant women, mothers, and infants able to answer simple questions on breastfeeding promotion and support and care for non-breastfeeding mothers?	√	
2.9 Are non-clinical staff such as care attendants, social workers, and clerical, housekeeping and catering staff able to answer simple questions about breastfeeding and how to provide support for mothers on feeding their babies?		√
2.10 Has the healthcare facility arranged for specialized training in lactation management of specific staff members?		√

The Global Criteria for Step 2 are on the next page

Global Criteria - Step Two

The head of maternity services reports that all health care staff members who have any contact with pregnant women, mothers, and/or infants, have received orientation on the breastfeeding/infant feeding policy. The orientation that is provided is sufficient.

A copy of the curricula or course session outlines for training in breastfeeding promotion and support for various types of staff is available for review, and a training schedule for new employees is available.

Documentation of training indicates that 80% or more of the clinical staff members who have contact with mothers and/or infants and have been on the staff 6 months or more have received training, either at the hospital or prior to arrival that covers all 10 Steps, and the Code and subsequent WHA resolutions. It is likely that at least 20 hours of targeted training will be needed to develop the knowledge and skills necessary to adequately support mothers. 3 hours of supervised clinical experience are required.

Documentation of training also indicates that non-clinical staff members have received training that is adequate, given their roles, to provide them with the skills and knowledge needed to support mothers in successfully feeding their infants.

Training on how to provide support for non-breastfeeding mothers is also provided to staff. A copy of the course session outlines for training on supporting non-breastfeeding mothers is also available for review. The training covers key topics such as:

- the risks and benefits of various feeding options,
- helping the mother choose what is acceptable, feasible, affordable, sustainable and safe (AFASS) in her circumstances,
- the safe and hygienic preparation, feeding and storage of breast-milk substitutes,
- how to teach the preparation of various feeding options, and
- how to minimize the likelihood that breastfeeding mothers will be influenced to use formula.

The type and percentage of staff receiving this training is adequate, given the facility's needs.

Out of the randomly selected clinical staff members*:

- at least 80% confirm that they have received the described training or, if they have been working in the maternity services less than 6 months, have, at minimum, received orientation on the policy and their roles in implementing it
- at least 80% are able to answer 4 out of 5 questions on breastfeeding support and promotion correctly
- at least 80% can describe two issues that should be discussed with a pregnant woman if she indicates that she is considering giving her baby something other than breastmilk

Out of the randomly selected non-clinical staff members* *:

- at least 70% confirm that they have received orientation and/or training concerning breastfeeding since they started working at the facility
- at least 70% are able to describe at least one reason why breastfeeding is important,
- at least 70% are able to mention one possible practice in maternity services that would support breastfeeding.
- at least 70% are able to mention at least one thing they can do to support women so they can feed their babies well.

* *These include staf members providing clinical care for pregnant women, mothers and their babies.*

* * *These include staf members providing non-clinical care for pregnant women, mother and their babies or having contact with them in some aspect of their work.*

STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.

	YES	NO
3.1 Does the hospital include an antenatal clinic or satellite antenatal clinics? *	√	
3.2 If yes, are the pregnant women who receive antenatal services informed about the importance and management of breastfeeding?	√	
3.3 Do antenatal records indicate whether breastfeeding has been discussed with pregnant women?		√
3.4 Does antenatal education, including both that provided orally and in written form, cover key topics related to the importance and management of breastfeeding?		√
3.5. Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding?		√
3.6. Are the pregnant women who receive antenatal services able to describe the risks of giving supplements while breastfeeding in the first six months?	√	
3.7 Are the pregnant women who receive antenatal services able to describe the importance of early skin-to-skin contact between mothers and babies and rooming-in?		√
3.8 Is a mother's antenatal record available at the time of delivery?	√	
3.9 Does the healthcare facility take into account a woman's intention to breastfeed when deciding on the use of a sedative, an analgesic, or an anaesthetic, (if any) during labour and delivery?	√	
3.10 Are staff facility aware of the effects of such medications on breastfeeding?	√	

***Note:** If the hospital has no antenatal services or satellite antenatal clinics, questions related to Step 3 and the Global Criteria do not apply and can be skipped.*

Global Criteria - Step Three

If the hospital has an affiliated antenatal clinic, the head of maternity or antenatal services reports that at least 80% of the pregnant women who are provided antenatal care receive information about breastfeeding.

A written description of the minimum content of the antenatal education is available. The antenatal discussion covers the importance of breastfeeding, the importance early skin-toskin contact, early initiation of breastfeeding, rooming-in on a 24 hour basis, feeding on demand or baby-led feeding, frequent feeding to help assure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, and the fact that breastfeeding continues to be important after 6 months when other foods are given.

Out of the randomly selected pregnant women in their third trimester who have come for at least two antenatal visits:

- at least 70% confirm that a staff member has talked with them or offered a group talk that includes information on breastfeeding
- at least 70% are able to adequately describe what was discussed about two of the following topics: importance of skin-to-skin contact, rooming-in, and risks of supplements while breastfeeding in the first 6 months.

STEP 4. Help mothers initiate breastfeeding within a half-hour of birth.

This Step is now interpreted as:

Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.

	YES	NO
4.1 Are babies who have been delivered vaginally or by caesarean section without general anaesthesia placed in skin-to-skin contact with their mothers immediately after birth and their mothers encouraged to continue this contact for at least an hour?		
4.2 Are babies who have been delivered by caesarean section with general anaesthesia placed in skin-to-skin contact with their mothers as soon as the mothers are responsive and alert, and the same procedures followed?		
4.3 Are all mothers helped, during this time, to recognize the signs that their babies are ready to breastfeed and offered help, if needed?		
4.4 Are the mothers with babies in special care encouraged to hold their babies, with skin-to-skin contact, unless there is a justifiable reason not to do so?		

Global Criteria - Step Four

Out of the randomly selected mothers with vaginal births or caesarean sections without general anaesthesia in the maternity wards:

- at least 80% confirm that their babies were placed in skin-to-skin contact with them immediately or within five minutes after birth and that this contact continued for at least an hour, unless there were medically justifiable reasons for delayed contact.
- at least 80% also confirm that they were encouraged to look for signs for when their babies were ready to breastfeed during this first period of contact and offered help, if needed.
  (The baby should not be forced to breastfeed but, rather, supported to do so when ready.)

(Note: Mothers may have dificulty estimating time immediately following birth. If time and length of skin-to-skin contact following birth is listed in the mothers' charts, this can be used as a cross-check.)

If any of the randomly selected mothers have had caesarean deliveries with general anaesthesia, at least 50% should report that their babies were placed in skin-to-skin contact with them as soon as the mothers were responsive and alert, with the same procedures followed.

At least 80% of the randomly selected mothers with babies in special care report that they have had a chance to hold their babies skin-to-skin or, if not, the staff could provide justifiable reasons why they could not.

Observations of vaginal deliveries, if necessary to confirm adherence to Step 4, show that in at least 75% of the cases babies are placed with their mothers hold skin-to-skin within five minutes after birth for at least 60 minutes, and that the mothers are shown how to recognize the signs that their babies are ready to breastfeed and offered help, or there are justified reasons for not following these procedures. (Optional)

STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

	YES	NO
5.1 Does staff offer all breastfeeding mothers further assistance with breastfeeding their babies the next time they fed them or within six hours of delivery?		
5.2 Can staff describe the types of information and demonstrate the skills they provide both to mothers who are breastfeeding and those who are not, to assist them in successfully feeding their babies?		
5.3 Are staff members or counsellors who have specialized training in breast-feeding and lactation management available full-time to advise mothers during their stay in healthcare facilities and in preparation for discharge?		
5.4 Does the staff offer advice on other feeding options and breast care to mothers with babies in special care who have decided not to breastfeed?		
5.5 Are breastfeeding mothers able to demonstrate how to correctly position and attach their babies for breastfeeding?		
5.6 Are breastfeeding mothers shown how to hand express their milk or given information on expression and advised of where they can get help, should they need it?		
5.7 Do mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support from the staff of the healthcare facility, both in the antenatal and postpartum periods?		
5.8 Are mothers who have decided not to breastfeed shown individually how to prepare and give their babies feeds and asked to prepare feeds themselves, after being shown how?		
5.9 Are mothers with babies in special care who are planning to breastfeed helped within 6 hours of birth to establish and maintain lactation by frequent expression of milk and told how often they should do this?		

The Global Criteria for Step 5 are on the next page.

Global Criteria - Step Five

The head of maternity services reports that mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support both in the antenatal and postpartum periods.

Observations of staff demonstrating how to safely prepare and feed breast-milk substitutes confirm that in 75% of the cases, the demonstrations were accurate and complete, and the mothers were asked to give "return demonstrations".

Out of the randomly selected clinical staff members:

- at least 80% report that they teach mothers how to position and attach their babies for breastfeeding and are able to describe or demonstrate correct techniques for both, or can describe to whom to refer mothers for this advice.
- at least 80% report that they teach mothers how to hand expression and can describe or demonstrate an acceptable technique for this, or can describe to whom to refer mothers for this advice.
- at least 80% can describe how non-breastfeeding mothers can be assisted to safely prepare their feeds, or to whom they can be referred for this advice.

Out of the randomly selected mothers (including caesarean):

- at least 80% of those who are breastfeeding report that nursing staff offered further assistance with breastfeeding the next time they fed their babies or within six hours of birth (or of when they were able to respond).
- at least 80% of those who are breastfeeding are able to demonstrate or describe correct positioning, attachment and suckling
- at least 80% of those who are breastfeeding report that they were shown how to express their milk by hand or given written information and told where they could get help if needed
- at least 80% of the mothers who have decided not to breastfeed report that they have been offered help in preparing and giving their babies feeds, can describe the advice they were given, and have been asked to prepare feeds themselves, after being shown how.

Out of the randomly selected mothers with babies in special care:

- at least 80% of those who are breastfeeding or intending to do so report that they have been offered help to start their breastmilk coming and to keep up the supply within 6 hours of their babies' births
- at least 80% of those breastfeeding or intending to do so report that they have been shown how to express their breastmilk by hand
- at least 80% of those breastfeeding or intending to do so can adequately describe and demonstrate how they were shown to express their breastmilk by hand
- at least 80% of those breastfeeding or intending to do so report that they have been told they need to breastfeed or express their milk 6 times or more every 24 hours to keep up the supply.

STEP 6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.

	YES	NO
6.1 Does hospital data indicate that at least 75% of the full-term babies discharged in the last year have been exclusively breastfeed (or exclusively fed expressed breastmilk) from birth to discharge or, if not, that there were acceptable medical reasons or fully informed choices?		
6.2 Are babies breastfed, receiving no food or drink other than breast milk, unless there were acceptable medical reasons or fully informed choices?		
6.3 Does the facility take care not to display or distribute any materials that recommend feeding breast milk substitutes, scheduled feeds, or other inappropriate practices?		
6.4 Do mothers who have decided not to breastfeed report that the staff discussed with them the various feeding options, and helped them to decide what was suitable in their situations?		
6.5 Does the facility have adequate space and the necessary equipment and supplies for giving demonstrations of how to prepare formula and other feeding options away from breastfeeding mothers?		
6.6 Are all clinical protocols or standards related to breastfeeding and infant feeding in line with BFHI standards and evidence-based guidelines?		

Global Criteria - Step Six

Hospital data indicate that at least 75% of the full-term babies delivered in the last year have been exclusively breastfed or exclusively fed expressed breast milk from birth to discharge, or, if not, that there were documented medical reasons or fully informed choices.

Review of all clinical protocols or standards related to breastfeeding and infant feeding used by the maternity services indicates that they are in line with BFHI standards and current evidence-based guidelines.

No materials that recommend feeding breast milk substitutes, scheduled feeds or other inappropriate practices are distributed to mothers.

The hospital has an adequate facility/space and the necessary equipment for giving demonstrations of how to prepare formula and other feeding options away from breastfeeding mothers.

Observations in the postpartum wards/rooms and any well baby observation areas show that at least 80% of the babies are being fed only breastmilk or there are acceptable medical reasons or informed choices for receiving something else.

At least 80% of the randomly selected clinical staff members can describe two types of information that should be discussed with mothers who indicate they are considering feeding breast milk substitutes

At least 80% of the randomly selected mothers report that their babies had received only breast milk or, if they had received anything else, it was either for acceptable medical reasons, described by the staff, or as a result of fully informed choices.

Continued on next page

Global Criteria - Step Six

Continued from previous page

At least 80 % of the randomly selected mothers who have decided not to breastfeed report that the staff discussed with them the various feeding options and helped them to decide what was suitable in their situations.

At least 80% of the randomly selected mothers with babies in special care who have decided not to breastfeed report that staff has talked with them about risks and benefits of various feeding options

STEP 7. Practice rooming-in - allow mothers and infants to remain together – 24 hours a day

	YES	NO
7.1 Do the mother and baby stay together and/or start rooming-in immediately after birth?		
7.2 Do mothers who have had caesarean sections or other procedures with general anaesthesia stay together with their babies and/or start rooming in as soon as they are able to respond to their babies' needs?		
7.3 Do mothers and infants remain together (rooming-in or bedding-in) 24 hours a day, unless separation is fully justified?		

Global Criteria - Step Seven

Observations in the postpartum wards and any well-baby observation areas and discussions with mothers and staff confirm that at least 80% of the mothers and babies are rooming-in or, if not, have justifiable reasons for not being together.

At least 80% of the randomly selected mothers report that their babies have stayed with them in their rooms/beds since they were born, or, if not, there were justifiable reasons.

STEP 8. Encourage breastfeeding on demand.

	YES	NO
8.1 Are mothers taught how to recognize the cues that indicate when their babies are hungry?		
8.2 Are mothers encouraged to feed their babies as often and for as long as the babies want?		
8.3 Are breastfeeding mothers advised that, if their babies sleep too long they should wake their babies and try to breastfeed, and that if their breasts become overfull they should also try to breastfeed?		

Global Criteria - Step Eight

Out of the randomly selected mothers:

- at least 80% report that they have been told how to recognize when their babies are hungry and can describe at least two feeding cues.
- at least 80% report that they have been advised to feed their babies as often and for as long as the babies want or something similar.

STEP 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

	YES	NO
9.1 Are babies being cared for without any bottle feeds?		
9.2 Have mothers been given information by the staff about the risks associated with feeding milk or other liquids with bottles and teats?		
9.3 Are babies being cared for without using pacifiers?		

Global Criteria - Step Nine

Observations in the postpartum wards/rooms and any well baby observation areas indicate that at least 80% of the breastfeeding babies observed are not using bottles or teats or, if they are, their mothers have been informed of the risks.

At least 80% of the randomly selected breastfeeding mothers report that, to the best of their knowledge, their infants have not been fed using bottles with artificial teats (nipples).
At least 80% of the randomly selected mothers report that, to the best of their knowledge, their infants have not sucked on pacifiers.

STEP 10. Foster the establishment of breastfeeding support groups and refermothers to them on discharge from the hospital or clinic.

	YES	NO
10.1 Do staff discuss plans with mothers who are close to discharge for how they will feed their babies after return home?		
10.2 Does the hospital have a system of follow-up support for mothers after they are discharged, such as early postnatal or lactation clinic check-ups, home visits, telephone calls?		
10.3 Does the facility foster the establishment of and/or coordinate with mother support groups and other community services that provide support to mothers on feeding their babies?		
10.4 Are mothers referred for help with feeding to the facility's system of follow-up support and to mother support groups, peer counsellors, and other community health services such as primary health care or MCH centres, if these are available?		
10.5 Is printed material made available to mothers before discharge, if appropriate and feasible, on where to get follow-up support?		
10.6 Are mothers encouraged to see a health care worker or skilled breastfeeding support person in the community soon after discharge (preferably 2-4 days after birth and again the second week) who can assess how they are doing in feeding their babies and give any support needed?		
10.7 Does the facility allow breastfeeding/infant feeding counselling by trained mother-support group counsellors in its maternity services?		

Global Criteria - Step Ten

The head/director of maternity services reports that:

- mothers are given information on where they can get support if they need help with feeding their babies after returning home, and the head/director can also mention at least one source of information
- the facility fosters the establishment of and/or coordinates with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers, and this same staff member can describe at least one way this is done.
- the staff encourages mothers and their babies to be seen soon after discharge (preferably 2-4 days after birth and again the second week) at the facility or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed and can describe an appropriate referral system and adequate timing for the visits.

A review of documents indicates that printed information is distributed to mothers before discharge, if appropriate, on how and where mothers can find help on feeding their infants after returning home and includes information on at least one type of help available.

Out of the randomly selected mothers at least 80% report that they have been given information on how to get help from the facility or how to contact support groups, peer counsellors or other community health services if they have questions about feeding their babies after return home and can describe at least one type of help that is available.

Compliance with the International Code of Marketing of Breast-milk Substitutes

	YES	NO
Code. 1 Does the healthcare facility refuse free or low-cost supplies of breastmilk substitutes, purchasing them for the wholesale price or more?		
Code.2 Is all promotion for breastmilk substitutes, bottles, teats, or pacifiers absent from the facility, with no materials displayed or distributed to pregnant women or mothers?		
Code.3 Are employees of manufacturers or distributors of breastmilk substitutes, bottles, teats, or pacifiers prohibited from any contact with pregnant women or mothers?		
Code.4 Does the hospital refuse free gifts, non-scientific literature, materials or equipment, money or support for in-service education or events from manufacturers or distributors of products within the scope of the Code?		
Code.5 Are all infant formula cans and prepared bottles kept out of view?		
Code 6 Does the hospital refrain from giving pregnant women, mothers and their families any marketing materials, samples or gift packs that include breastmilk substitutes, bottles/teats, pacifiers or other equipment or coupons?		
Code.7 Do staff members understand why it is important not to give any free samples or promotional materials from formula companies to mothers?		

Global Criteria – Code compliance

The head/director of maternity services reports that:

- No employees of manufacturers or distributors of breast milk substitutes, bottles, teats or pacifiers have any direct or indirect contact with pregnant women or mothers
- The hospital does not receive free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breast milk substitutes, bottles, teats or pacifiers
- No pregnant women, mothers or their families are given marketing materials or samples or gift packs by the facility that include breast milk substitutes, bottles/teats, pacifiers, other infant feeding equipment or coupons.

A review of records and receipts indicates that any breast milk substitutes, including special formulas and other supplies, are purchased by the health care facility for the wholesale price or more.

Observations in the antenatal and maternity services and other areas where nutritionists and dieticians work indicate that no materials that promote breast milk substitutes, bottles, teats or dummies, or other designated products as per national laws, are displayed or distributed to mothers, pregnant women, or staff.

Infant formula cans and prepared bottles are kept out of view.

At least 80% of the randomly selected clinical staff members can give two reasons why it is important not to give free samples from formula companies to mothers.

HIV and infant feeding (optional)

Note: *The national BFHI coordination group and/or other appropriate national decision-makers will determine whether or not maternity services should be assessed on whether they provide support related to HIV and infant feeding. See BFHI Section 1.2 for suggested guidelines for making this decision.*

	YES	NO
HIV. 1 Does the breastfeeding/infant feeding policy require support for HIV positive women to assist them in making informed choices about feeding their infants?		
HIV.2 Are pregnant women told about the ways a woman who is HIV positive can pass the HIV infection to her baby, including during breastfeeding?		
HIV.3 Are pregnant women informed about the importance of testing and counselling for HIV?		
HIV.4 Does staff receive training on: • the risk of HIV transmission during pregnancy, labour and delivery and breastfeeding and its prevention, • the importance of testing and counselling for HIV, and • how to provide support to women who are HIV- positive to make fully informed feeding choices and implement them safely?		
HIV.5 Does the staff take care to maintain confidentiality and privacy of pregnant women and mothers who are HIV-positive?		
HIV.6 Are printed materials available that are free from marketing content on how to implement various feeding options and distributed to mothers, depending on their feeding choices, before discharge?		
HIV.7 Are mothers who are HIV-positive or concerned that they are at risk informed about and/or referred to community support services for HIV testing and infant feeding counselling?		

Global Criteria – HIV and infant feeding (optional)

The head/director of maternity services reports that:

- the hospital has policies and procedures that seem adequate concerning providing or referring pregnant women for testing and counselling for HIV, counselling women concerning PMTCT of HIV, providing individual, private counselling for pregnant women and mothers who are HIV positive on infant feeding options, and insuring confidentiality.
- mothers who are HIV positive or concerned that they are at risk are referred to community support services for HIV testing and infant feeding counselling, if they exist.

A review of the infant feeding policy indicates that it requires that HIV-positive mothers receive counselling, including information about the risks and benefits of various infant feeding options and specific guidance in selecting the options for their situations, supporting them in their choices.

continued on next page

Global Criteria – HIV and infant feeding *(continued from previous page)*

A review of the curriculum on HIV and infant feeding and training records indicates that training is provided for appropriate and is sufficient, given the percentage of HIV positive women and the staff needed to provide support for pregnant women and mothers related to HIV and infant feeding. The training covers basic facts on:

- basic facts of the risks of HIV transmission during pregnancy, labour and delivery and breastfeeding and its prevention
- importance of testing and counselling for HIV
- local availability of feeding options
- facilities/provision for counselling HIV positive women on advantages and disadvantages of different feeding options; assisting them in formula feeding (Note: may involve referrals to infant feeding counsellors)
- how to assist HIV positive mothers who have decided to breastfeed; including how to transition to replacement feeds at the appropriate time
- the dangers of mixed feeding
- how to minimize the likelihood that a mother whose status is unknown or HIV negative will be influenced to replacement feed

A review of the antenatal information indicates that it covers the important topics on this issue. (These include the routes by which HIV-infected women can pass the infection to their infants, the approximate proportion of infants that will (and will not) be infected by breastfeeding; the importance of counselling and testing for HIV and where to get it; and the importance of HIV positive women making informed infant feeding choices and where they can get the needed counselling).

A review of documents indicates that printed material is available, if appropriate, on how to implement various feeding options and is distributed to or discussed with HIV positive mothers before discharge. It includes information on how to exclusively replacement feed, how to exclusively breastfeed, how to stop breastfeeding when appropriate, and the dangers of mixed feeding.

Out of the randomly selected clinical staff members:

- at least 80% can describe at least one measure that can be taken to maintain confidentiality and privacy of HIV positive pregnant women and mothers
- at least 80% are able to mention at least two policies or procedures that help prevent transmission of HIV from an HIV positive mother to her infant during feeding within the first six months
- at least 80% are able to describe two issues that should be discussed when counselling an HIV positive mother who is deciding how to feed her baby

Out of the randomly selected pregnant women who are in their third trimester and have had at least two antenatal visits or are in the antenatal in-patient unit:

- at least 70% report that a staff member has talked with them or given a talk about HIV/AIDS and pregnancy
- at least 70% report that the staff has told them that a woman who is HIV-positive can pass the HIV infection to her baby.
- at least 70% can describe at least one thing the staff told them about why testing and counselling for HIV is important for pregnant women.
- at least 70% can describe at least one thing the staff told them about what a HIV-positive mother needs to consider when deciding how to feed her baby.

Mother-friendly care (optional)

Note: *The national authorities will determine whether or not maternity services should be assessed on whether they meet the criteria related to mother-friendly care. (See Section 4.1 "Assessors Guide ", p. 4, for discussion.)*

	YES	NO
MF. 1 Do hospital policies require mother-friendly labour and birthing practices, including:		
Encouraging women to have companions of their choice to provide constant or continuous physical and/or emotional support during labour and birth, if desired?		
Allowing women to drink and eat light foods during labour, if desired?		
Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women?		
Encouraging women to walk and move about during labour, if desired, and assume positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother?		
Care that avoids invasive procedures such as rupture of the membranes, episiotomies, acceleration or induction of labour, instrumental deliveries, caesarean sections unless specifically required for a complication and the reason is explained to the mother?		
MF.2 Has the staff received orientation or training on mother-friendly labour and birthing policies and procedures such as those described above?		
MF.3 Are women informed during antenatal care (if provided by the facility) that women may have companions of their choice during labour and birth to provide continuous physical and/or emotional support, if they desire?		
MF.4 Once they are in labour, are their companions made welcome and encouraged to provide the support the mothers want?		
MF.5 Are women given advice during antenatal care (if provided by the facility) about ways to use non-drug comfort measures to deal with pain during labour and what is better for mothers and babies?		
MF.6 Are women told that it is better for mothers and babies if medications can be avoided or minimized, unless specifically required for a complication?		
MF.7 Are women informed during antenatal care (if provided by the facility) that they can move around during labour and assume positions of their choice while giving birth, unless a restriction is specifically required due to a complication?		
MF.8 Are women encouraged, in practice, to walk and move around during labour, if desired, and assume whatever positions they want while giving birth, unless a restriction is specifically required due to a complication?		

Global Criteria – Mother-friendly care (optional)

Note: *A decision will be made by the national BFHI coordination group and other appropriate national decision-makers as to whether the criteria related to mother-friendly care will be included in the BFHI assessment.*

A review of the hospital policies indicates that they require mother-friendly labour and birthing practices including:

- encouraging women to have companions of their choice to provide continuous physical and/or emotional support during labour and birth, if desired
- allowing women to drink and eat light foods during labour, if desired
- encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women
- encouraging women to walk and move about during labour, if desired, and assume positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother
- care that does not involve invasive procedures such as rupture of the membranes, episiotomies, acceleration or induction of labour, instrumental deliveries, or caesarean sections unless specifically required for a complication and the reason is explained to the mother

Out of the randomly selected clinical staff members:

- at least 80% are able to describe at least two recommended practices that can help a mother be more comfortable and in control during labour and birth
- at least 80% are able to list at least three labour or birth procedures that should not be used routinely, but only if required due to complications
- at least 80% are able to describe at least two labour and birthing practices that make it more likely that breastfeeding will get off to a good start

Out of the randomly selected pregnant women:

- at least 70% report that the staff has told them women can have companions of their choice with them throughout labour and birth and at least one reason it could be helpful
- at least 70% report that they were told at least one thing by the staff about ways to deal with pain and be more comfortable during labour, and what is better for mothers, babies and breastfeeding

Self-appraisal Criteria form

No.	Ten steps to successful breastfeeding	Criteria	Total Score	Does facility meet the criteria?	Remarks
1	Have a written infant feeding policy	>/= 80%			
2	Train all health care staff in skills necessary to implement policy	>/= 90%			
3	Inform all pregnant women about benefits and management of breastfeeding	>/= 90%			
4	Help mothers initiate breastfeeding within an hour of birth	>/= 80%			
5	Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants	>/= 80%			
6	Give new born infants no food or drink other than breast milk unless medically indicated	80%			
7	Practice rooming-in	100%			
8	encourage breastfeeding on demand	100%			
9	Give no artificial teats or pacifiers	100%			
10	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital of clinic	80%			
11	Compliance with the Code	80%			
12	HIV and infant feeding	80%			
13	Mother friendly care	80%			

* Use the criteria when assessing yourself as a health facility. Do not use the "percentage of facilities adhering" column as this is reserved for the district and provincial level

COMPONENT	**Criteria**	**Percentage of facilities**	
Compliance with the code	80%		
HIV and infant feeding	80%		
Mother friendly care	80%		

BFHI SELF ASSESSMENT SUMMARY SHEETS

Step.	Description of the step	Results (Does the facility meet the criteria?) Yes/No					
		Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Self Assessment summary sheet
1	Have a written infant feeding policy						
2	Train all health care staff in skills necessary to implement policy						
3	Inform all pregnant women about benefits and management of breastfeeding						
4	Help mothers initiate breastfeeding within an hour of birth						
5	Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants						
6	Give new born infants no food or drink other than breast milk unless medically indicated						
7	Practice rooming-in						
8	Encourage breastfeeding on demand						
9	Give no artificial teats or pacifiers						
10	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital of clinic						
11	Compliance with the Code						
12	HIV and infant feeding						
13	Mother friendly care						

Summary

	YES	NO
Does your hospital fully implement all **10 STEPS** for protecting, promoting, and supporting breastfeeding? (If "No") List questions for each of the 10 Steps where answers were "No":		
Does your hospital fully comply with the **Code of Marketing of Breast-milk Substitutes?** (If "No") List questions concerning the Code where answers were "No":		
Does your hospital provide adequate support for **HIV**-positive women and their infants (if required)? (If "No") List questions concerning HIV where answers were "No":		
Does your hospital provide **mother-friendly care** (if required)? (If "No") List questions concerning mother-friendly care where answers were "No"		
If the answers to any of these questions in the "Self Appraisal" are "no", what improvements are needed? If improvements are needed, would you like some help? If yes, please describe:		

This form is provided to facilitate the process of hospital self-appraisal. The hospital or health facility is encouraged to study the Global Criteria as well. If it believes it is ready and wishes to request a pre-assessment visit or an external assessment to determine whether it meets the global criteria for Baby-friendly designation, the completed form may be submitted in support of the application to the relevant national health authority for BFHI.

If this form indicates a need for substantial improvements in practice, hospitals are encouraged to spend several months in readjusting routines, retraining staff, and establishing new patterns of care. The self-appraisal process may then be repeated. Experience shows that major changes can be made in three to four months with adequate training. In-facility or in-country training is easier to arrange than external training, reaches more people, and is therefore encouraged.

Note: List the contact information and address to which the form and request for pre-assessment visit or external assessment should be sent.

SUMMARY SHEET FOR RECOMMENDATIONS AND AREAS FOR ASSISTANCE

S/no	Health Facility	Recommendations	Areas for assistance

Assessors Names and Title .....

Date: .....

10 *Sample: filled action plan framework*
Priority area: MCH Priority rating: 1
Objective: To train community members in breastfeeding support

Activity Description (what who whom where when)	**Cost Item (inputs)**	**Cost Item Code**	**Cost each**	**No.**	**Total Cost '000**
1. To train 10 members of the Matero Breastfeeding mother support Group in supporting mothers to initiate and maintain correct breastfeeding practices at Matero health centre in the first week of the first quarter	◆Flip charts ◆Model breast ◆dolls ◆markers etc	430 430 430 430	30,000	2	60,000
Total					
Total					

10.0 Action plan framework

Priority area: **Priority rating:**

Objective:

Activity Description (what who whom where when)	Cost Item (inputs)	Cost Item Code	Cost each	No.	Total Cost '000
Total					
Total					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FROM THE AMERICAN PEOPLE

IYCN
USAID's Infant
& Young Child
Nutrition Project

unicef