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Save the Children

**MATERNAL, INFANT and YOUNG CHILD NUTRITION
(MIYCN)**

TRAINING MANUAL FOR HEALTH WORKERS

FACILITATOR MANUAL

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ENGINE: Empowering New Generations to Improve Nutrition and Economic opportunities

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Acronyms

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ARI	Acute respiratory infection
AFASS	Affordable, feasible, acceptable, sustainable and safe
AROM	Artificial rupture of membranes
ARVs	Antiretroviral drugs
BF	Breastfeeding
CC	Counseling cards
CMAM	Community-based management of acute malnutrition
ENGINE	Empowering New Generations to Improve Nutrition and Economic opportunities
EBF	Exclusive breastfeeding
GMP	Growth monitoring and promotion
HIV	Human immunodeficiency virus
IDA	Iron deficiency anemia
IDD	Iodine deficiency disorder
IQ	Intelligence quotient
ITNs	Insecticide-treated nets
IYCF	Infant and young child feeding
IYCN	Infant and young child nutrition
MIYCN	Maternal, infant and young child nutrition
MTCT	Mother-to-child transmission
NNP	National Nutrition Program
NNS	National Nutrition Strategy
PMTCT	Prevention of mother-to-child transmission
RUTF	Ready to use therapeutic foods
SFP	Supplementary feeding program

STI	Sexually transmitted infection
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
VAD	Vitamin A deficiency
WHO	World Health Organization

About This Training Manual

This manual is a resource designed to equip health workers with the knowledge and skills to provide quality nutrition services for optimal feeding of women, adolescent girls, infants and young children at the facility level.

The contents of this training manual are adapted from a variety of materials developed by UNICEF, WHO, USAID's IYCN project and from the Gates Foundation's Alive & Thrive "Complementary Feeding Training Manual" developed for Ethiopia.

Target group

Although this training manual is designed for health care workers working at health facilities, particularly at health centers, supervisors, managers and university instructors are also encouraged to attend the training, so that they become familiar with the training content and skills and thus better able to support and mentor the health workers on an ongoing basis.

Specific objectives of training

This manual was developed using methodologies and technical content appropriate for use with health workers. The content focuses on breastfeeding, complementary feeding, feeding sick infants and young children, infant feeding in the context of HIV, women's and adolescent nutrition, as well as counseling, coaching and mentoring skills. By the end of the training, participants will be able to:

- Explain why maternal, adolescent, infant and young child nutrition practices matter.
- Demonstrate appropriate use of counseling skills (listening and learning; building confidence and giving support [practical help]).
- Describe recommended feeding practices through the first 2 years of life; demonstrate use of related possible counseling discussion points and technical material.
- Describe how to breastfeed effectively and identify ways to prevent and resolve common breastfeeding difficulties.
- Describe various aspects of appropriate complementary feeding during the period from 6 to 24 months and counsel caregivers according to their situation.
- Describe practices for feeding the sick child or recovering from illness and provide counseling to caregivers.
- Describe basic information on infant feeding in the context of HIV.
- Counsel pregnant women and mothers on appropriate nutrition practices during pregnancy and breastfeeding.
- Describe supervision and mentoring skills.

Teaching the course

This course covers a lot of information in a fairly short period of time. You, the trainer, need to convey the material in a manner that is engaging, participatory, demonstrative and affirming. Because some of the topics may induce strong feelings, encourage the participants to respect everyone's opinions without judgment.

Training methodology

The course employs a variety of training methods, demonstrations, group discussion, case studies, role-plays and practice training methodologies. Participants act as resources for each other and benefit from facility and/or community practice, working directly with breastfeeding mothers, pregnant women and mothers/fathers/caregivers who have young children.

Encouraging interaction

At the beginning of each day, ask participants to arrange their seats so that they are sitting in a half circle, without tables or other obstruction in front of them. You should also sit with the participants rather than stand in front, so that you can be part of the group.

Some key steps for creating the best learning environment include:

- Interact:** During the first day, interact at least once with every participant and encourage them to interact with you. This will help them overcome any shyness they may feel, and they will be more likely to interact with you throughout the remainder of the course.
- Learn their names:** Make an effort to learn the participants' names early in the course and use their names frequently, such as when asked to speak, answer questions, or when you thank them or refer to their comments.
- Be available:** Be readily available at all times. Remain in the room and look approachable. Talk to participants rather than trainers during tea breaks and be available after a session has finished. Refrain from reading magazines or talking with anyone outside the training.
- Be interested:** Get to know the participants in your group and encourage them to come and talk to you at any time, to ask questions, to discuss any difficulties, or even to tell you that they are interested and enjoying themselves.

Reinforcing participants' efforts

Take care not to seem threatening. These techniques may help:

- Do not use facial expressions or comments that could make participants feel ridiculed.
- Sit or bend down to be on the same level as a participant to whom you are talking, particularly when you are going over individual written exercises.
- Do not be in a hurry, whether you are asking or answering questions. Show interest in what participants say. For example, tell them their question or suggestion is interesting.
- Praise or thank participants who make an effort, ask for an explanation of a confusing point or participate in group discussion.

Be the example

You may notice that many of the counseling skills taught during the course are also important for communicating with participants. In particular, you will find it helpful to use appropriate nonverbal communication, to ask open questions and to praise them and help them to feel confident in their work with caregivers of young children. It is important that you, as a trainer, demonstrate these counseling skills throughout the course—not only during the relevant sessions, but also in your approach to the participants, mothers, caregivers, staff in the facilities, etc. This will demonstrate to the participants that counseling skills are useful in many situations and, with practice, become a way of life.

Use of movement

- Take center stage—do not get stuck in a corner or behind a desk.
- Face the audience—do not face the board or screen when speaking.

- Make eye contact with people in all sections of the audience.
- Use natural gestures and facial expressions (but try to avoid mannerisms).
- Move around the room—approach people to get their attention and response.
- Avoid blocking the audience’s view, watch for straining necks.

Use of speech

- Speak slowly, clearly and loudly enough for everyone to hear.
- Use natural and lively speech, vary your words.
- Write difficult new words on the board, pronounce and explain them.

Working with smaller groups

Working in small groups makes it possible for teaching to be more interactive and participatory, and it gives everyone more time to ask questions. It also offers more opportunities for quieter participants to contribute.

Be aware of language difficulties

Be aware of possible language difficulties hindering the ability of a participant to understand the material. It may be necessary to speak to a participant in her/his own language (or ask someone else to do so for you) to clarify a difficult point. If necessary, arrange extra help for participants who struggle with the language of instruction.

Facilitating activities

Throughout this course, there are many opportunities to engage participants in active learning, such as role-playing and demonstrations. These activities are designed to help participants gain hands-on experience to enhance their understanding of the material. Below are suggestions on how to improve the implementation of these activities.

Demonstrations

- Follow the instructions in this manual.
- State clearly the objective of the demonstration before you begin.
- Demonstrate the entire, correct procedure (no shortcuts).
- Describe the steps aloud while doing them.
- Project your voice so all can hear. Stand where everyone can see you.
- Encourage questions from the participants.
- Ask the participants questions to check their understanding.

Group work

- Before dividing into groups, explain clearly the purpose of the activity, what participants will do and the time limit.
- If needed, demonstrate a skill before asking participants to do it on their own.
- Select suitable cases for the session’s objectives.
- Observe participants carefully as they work with real mothers or counseling stories.
- Try to get participants to identify their own strengths and weaknesses. Ask questions such as: What did you do well? What difficulties did you have? What would you do differently in the future?
- Keep participants busy by promptly assigning another mother or case scenario.

Role-play

- Prepare your helpers or co-facilitators for role-plays before the session and practice if possible.

- Set up role-plays carefully. Obtain necessary props (e.g., dolls). Brief those who will play the roles and allow them time to prepare.
- Clearly introduce the role-play by explaining its purpose, the situation and the roles to be enacted.
- Keep the role-play brief and to the point.
- After the role-play, guide a discussion. Ask questions of both the players and observers.
- Summarize what happened and what was learned.

Setting up the training room space

An important part of making the training environment a safe and welcoming place is to create a space that encourages interaction and participation. Some general guidelines to follow are:

- Arrange the room so that all participants can clearly see what is happening. If possible, arrange seats in a U-shape with no more than two rows of seats.
- Make sure teaching aids can be seen by all participants.
- If needed, place a table at the front of the room to set up visual aids and teaching materials.
- Write clearly on the board or flip chart—arrange words carefully so there is enough room.
- Have the required supplies, equipment and teaching aids ready—check and arrange them before the session.
- Allow a place for participants to handle teaching aids that you use for demonstrations.
- Cover, turn off, or remove teaching aids that are not in use any more.

Time management

- Manage your time—don't go too fast or too slow. Be careful not to take too long with the early part of a session.
- Don't lose time between sessions (e.g., when going to practical session and group work). Before participants begin to move, explain clearly what they will do.
- Don't get involved in discussions that are distracting and waste a lot of time.

Training Schedule

DAY 1	DAY 2	DAY 3
DAILY REVIEW		
<p>Session 1: Introduction-welcome, objectives, expectation, pre-test (60 min)</p> <p>Session 2: Why Nutrition Matters (60 min)</p>	<p>Session 5: Optimal Infant and Young Child Feeding (Continued...)</p>	<p>Session 6: Overview of HIV and Infant Feeding (100 min)</p> <p>Session 7: Supervision and Mentoring (3 hrs and 25 min)</p>
TEA BREAK		
<p>Session 3: Interpersonal Communication (3 hrs)</p>	<p>Session 5: Optimal Infant and Young Child Feeding (Continued...)</p>	<p>Session 7: Supervision and Mentoring (Continued...)</p>
LUNCH		
<p>Session 3: Interpersonal Communication (Continued...)</p> <p>Session 4: Adolescent and Maternal Nutrition (85 minutes)</p> <p>Session 5: Optimal Infant and Young Child Feeding (9 hrs and 10 min)</p>	<p>Session 5: Optimal Infant and Young Child Feeding (Continued...)</p>	<p>Session 7: Supervision and Mentoring (Continued...)</p> <p>Final Session: Post-test, evaluation, way forward and closing</p>

Session 1: Introduction

Learning objectives

1. Begin to name fellow participants, facilitators and resource persons.
2. Discuss participants' expectations, compare with the training objectives and clarify the priorities/focus of the course.
3. Identify strengths and weaknesses of participants' maternal, infant and young child feeding knowledge.

Materials:

- Flip chart papers and stand, markers, tape/sticky putty
- Name tags
- Participants' folders
- Course timetable
- Copies of pre/post test

Preparation

- Flip chart: Course objectives

Duration: 60 minutes

Learning objective 1: Begin to name fellow participants, facilitators and resource persons.

Methodology: Matching game

Activity 1: Introduction of participants

Instructions for activity

1. Ask the participants to introduce themselves to the person next to them and to discuss the following: where they are from; what facility they work in; their experience in maternal, infant and young child feeding; one expectation they have for the training; and what they ate for lunch yesterday.
2. During the introductions, write participants' expectations and food they ate on a flip chart.
3. Asks participants to brainstorm group norms. List the norms on a flip chart and keep the list posted throughout the training.

Note to facilitators: While the expectations and group norms should be generated by the group, it will be useful to include the following items on the lists:

Expectations:

- The training will include both technical information and practical at a health facility clinical practice.
- There will be time for review and questions.
- The training will be conducted in the spirit of a learning environment.

- Individuals will be asked to demonstrate competency in the subject matter.

Group norms

- Individuals will be prompt, engaged and prepared for training.
- There will be mutual respect among all individuals in the training.
- Any concerns or questions can be raised during the training as appropriate.
- Sessions will be completed in a timely manner.
- During the facility practice, it is important to be respectful to all volunteers.

Learning objective 2: Discuss participants' expectations, compare with the training objectives and clarify the priorities/focus of the course.

Methodology: Interactive presentation

Instructions for activity

1. Introduce the training objectives (include the main objective, which has been previously written on a flip chart) and compare them with the expectations of the participants.
2. Add inspirational points:
 - You have a role to play—with the knowledge and skills you will gain in this training, you will help mothers, babies and families in your community!
3. Keep expectations and objectives within view during the training course.
4. Emphasize the focus on counseling in the training

The concept of counseling is new to many people and can be difficult to translate. Some languages use the same word as advising, however, counseling means more than simply advising. Often, when you advise people, you tell them what you think they should do. When you counsel, you listen to and help every person decide what is best for them from various options or suggestions and you help them to have the confidence to carry out their decisions. You listen to them and try to understand how they feel. This course aims to give health workers some basic counseling skills so that they can help mothers and caregivers more effectively.

This course has been designed to cover the following areas:

- Knowledge on the importance of nutrition
- Knowledge on interpersonal communications
- Women, adolescent, infant and young children's nutrition and care
- Counseling skills for breastfeeding and complementary feeding support and management
- Knowledge on HIV and infant feeding
- Skills in supervision and mentoring

Course competencies

The skills part of the competencies will also be taught during this course. However, there may not be time for each participant to become proficient in every skill. This will depend on their previous experience. During the course, every participant should practice as many of the skills as possible, so that they know what to do when they return to their place of work.

Learning objective 3: Identify strengths and weaknesses of participants' maternal, infant and young child feeding knowledge.

Methodology: Written assessment of knowledge

Instructions for activity (written pre-assessment)

1. Pass out copies of the pre-assessment to the participants and ask them to complete it individually.
2. Ask participants to write their code number (previously assigned by random drawing of numbers) on the pre-assessment. (Ask participants to remember this number for the post-assessment. Alternatively, participants can use a symbol of their choosing—anything that they will remember in order to match the pre- and post-assessments).
3. Correct all the tests as soon as possible on the same day, identifying topics that caused disagreement or confusion and need to be addressed. Advise participants that these topics will be discussed in greater detail during the training.

Participant materials 1.1: Pre-training assessment: What do we know now?

No.	Statement	Yes	No	Don't know
1.	The amount and types of food a woman eats during pregnancy can affect a baby's health.			
2.	Poor child feeding during the first 2 years of life harms growth and brain development.			
3.	An infant aged 6 to 9 months needs to eat at least 3 times a day in addition to breastfeeding.			
4.	A pregnant woman needs to eat 1 extra meal per day.			
5.	At 4 months, infants need water and other liquids in addition to breast milk.			
6.	Telling a mother how to feed her child is the most effective way of changing her infant feeding practices.			
7.	A woman who is malnourished can produce enough good- quality breast milk for her baby.			
8.	The more milk a baby removes from the breast, the more breast milk the mother makes.			
9.	The mother of a sick child should wait until her child is healthy before giving him/her solid foods.			
10.	At about 6 months, the first food a baby takes should have the consistency of breast milk so that the young baby can swallow it easily.			
11.	During the first 6 months, a baby living in a hot climate needs water in addition to breast milk.			
12.	A young child (aged 6 to 24 months) should not be given animal foods such as eggs and meat.			
13.	A newborn baby should always be given colostrum (the first thick, yellowish breast milk).			
14.	An HIV-positive mother should never breastfeed.			
15.	Men play an important role in how infants and young children are fed.			
16.	Babies should be offered the breast only when the full milk comes in.			
17.	An engorged breast cannot be easily treated at home.			
18.	A low milk supply can be increased by increasing the frequency of feeds.			
19.	The quality of complementary food can be improved by adding oil or butter to porridge.			
20.	A child aged 12 to 24 months should be given 4 cups of coffee and 1 to 2 snacks of complementary foods a day.			

Session 2: Why Nutrition Matters

Learning objectives

1. To provide an overview of the status of malnutrition and infant and young child feeding practices in Ethiopia.
2. To focus on the first 1,000 days offering a window of opportunity for good nutrition and to understand the consequences of undernutrition during the critical period of growth.

Materials: Flip chart paper and stand, markers, tape/sticky putty

Preparation

- On a flip chart, write the heading “Current status of malnutrition and infant feeding practices in Ethiopia”
- Familiarize yourself by reading the detailed contents of the session in advance

Duration: 60 minutes

Learning objective 1: To provide an overview of the status of malnutrition and infant and young child feeding practices in Ethiopia.

Methodology: Brainstorming

Activity 1: Brainstorming

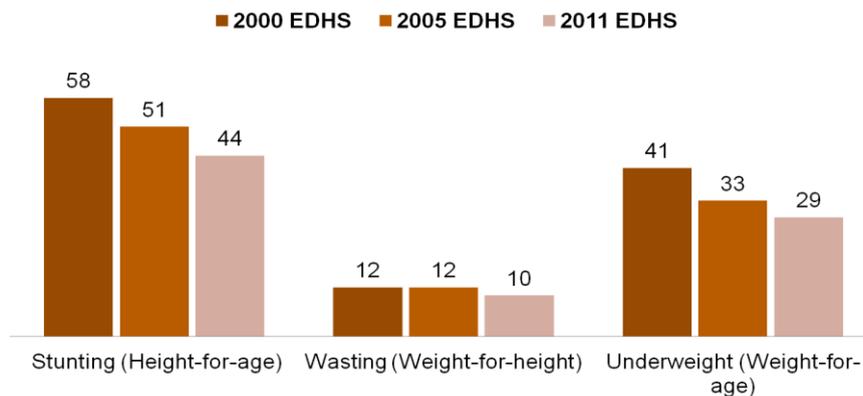
Instructions for the activity

1. Ask participants to describe their knowledge on the subject.
2. Present the table showing the current status.
3. Ask participants what the data means to them.
4. Discuss and summarize.

Table 1: Status of malnutrition in Ethiopia

Indicator	Status	Reference
Infants under 6 months who are fed using a bottle with a nipple	16%	DHS 2011
Infants under 6 months who are exclusively breastfed	52% (half of the infants are not exclusively breastfed)	"
Infants 6 to 9 months who are given complementary foods (CF)	51% (half of the infants are not given CF at the right time)	"
Malnutrition	29% underweight 44% stunting 10% wasting	"
Anemia in women	17%	"
Anemia during pregnancy	22%	"
Maternal undernutrition	27%	"

This graph shows the summary of data of the DHS



Make the following points

When comparing the 2000, 2005 and 2011 DHS data, the results show improvement in the status of malnutrition in children. However, more work is still needed to overcome malnutrition problems.

Nutrition is a human right. It has human and economic cost and negative functional consequences such as:

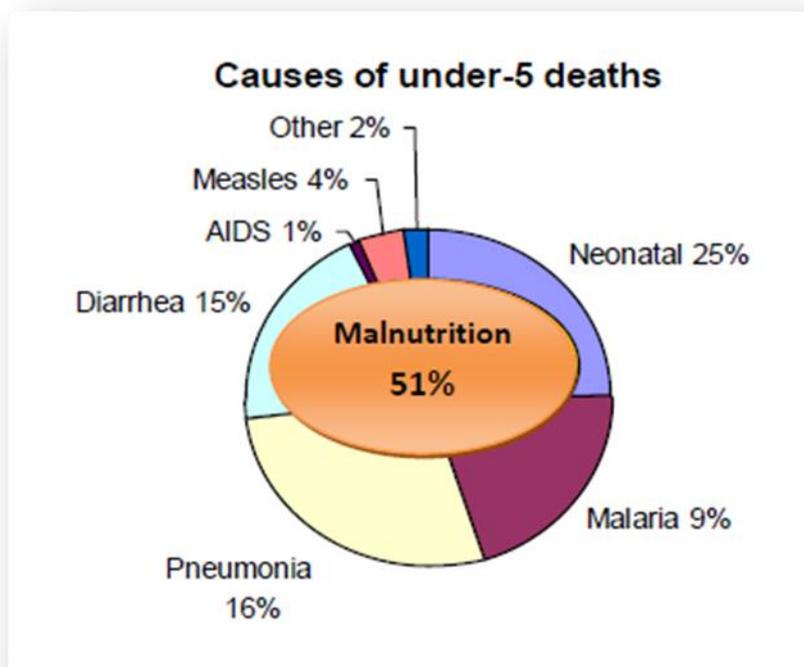
- Increased illness and mortality
- Loss of intelligence
- Reduced productivity

Malnutrition and infant mortality and morbidity

Some of the causes of infant mortality in Ethiopia are the following:

- Neonatal 25%
- Pneumonia 16%
- Diarrhea 15%
- Malaria 9%
- Measles 4%
- AIDS 1%
- Others 2%

More than half of these deaths can be averted by preventing malnutrition. Suboptimal breastfeeding accounts for 24% of infant mortality and vitamin A deficiency causes 17% of infant deaths.



Data source health and health related indicators FMOH 2011. With nutrition interventions half of the deaths are preventable.

Malnutrition and education

- Undernutrition can have a profound impact on infant development from conception through the second birthday, the 1,000 day window. Irreversible damage to the physical, mental and social development of the child can occur during this period. Damage due to anemia, iodine deficiency and chronic malnutrition can only partially be reversed later in life. Providing health, nutrition and psychosocial stimulation early in a child's life can prevent malnutrition and its impact on learning. Early childhood is the most cost-effective period for investment in education and integrated attention to the young child is critical.
- The consequences of undernutrition will be: reduced intellectual development; reduced school performance; reduced economic productivity; and reduced IQ. Iron deficiency anemia can lower IQ by 9 points, mild iodine deficiency can lower IQ by 10 points, severe stunting by 5-10 points, and low birth weight by 5 points.

Malnutrition and economic development

Productivity loss due to iodine deficiency costs 1,347 million birr each year; loss due to stunting costs 2,992 million birr. (11cms of height is lost in the first two years due to suboptimal feeding). (Ethiopia profiles 2006)

Learning objective 2: To focus on the first 1,000 days offering a window of opportunity for good nutrition and to understand the consequences of undernutrition during this critical period of growth.

Methodology: Group work and discussion

Activity 1: Pile-sort cards on nutrition during the first 1,000 days

1. Explain that this session will provide an opportunity to discuss why nutrition during the first 1,000 days of life is so important. The first 1,000 days is the period from pregnancy through 2 years of age. Research from around the world has identified the consequences of undernutrition during this period. The purpose of this activity is to help the participants become familiar with these consequences.
2. Divide the participants into groups of five or six people and hand out the materials for the pile-sort. Explain that each card has a different statement and picture and the group should determine whether the statement on the card is “true” or “false.” Each group will form two piles—one for true and one for false statements.
3. Ask each group to choose a volunteer to read each card, and then decide as a group whether the statement is true or false. They should repeat this until they have discussed all of the cards and have two piles: true and false.
4. Give the groups enough time to go through the exercise.
5. Gather everyone into one large group. Have two flip charts ready for posting the results—one with TRUE written on the top, the other with FALSE. Starting with Statement 1, ask each group to have one person stick the statement card on the corresponding flip chart. Make sure that all of the groups have their statement cards on the correct flip chart. If there is disagreement, facilitators should explain and reinforce the correct information.
6. Review all of the statements, then present the information from Resource 4: Key recommended infant and young child feeding practices. Explain that although this training focuses on the food that families eat from 6 months old and up, it is important to know about key practices during the first 6 months as well. Answer any questions participants may have about any of the information presented.

Resource 1: Information for cards for pile-sort (the first 1,000 days—consequences of undernutrition)

Number	Statements about nutrition	Answer key
1	Women who are undernourished are more likely to have a small, underweight baby.	TRUE
2	More than one-third of deaths among children who are under 2 years of age are attributed to undernutrition.	TRUE
3	Stillbirth is caused by micronutrient deficiency.	TRUE
4	Babies who are underweight when they are 6 months old can never grow to their full potential—they will always be small.	FALSE
5	A child's brain/IQ/intelligence is not affected by the food he or she eats.	FALSE
6	Iodine deficiency disorder is one of the highest micronutrient deficiencies in Ethiopia.	TRUE
7	By the time a child is 2 years old, his/her IQ is determined—prior to age 2, his/her brain is still developing.	TRUE
8	Adolescent girls need better food than the rest of the family.	FALSE/TRUE
9	An adolescent girl who is small is more likely to have an underweight baby.	TRUE
10	An infant should not eat vegetables at the age of 8 months.	FALSE
11	Women who are breastfeeding should not eat vegetables because the baby will get sick.	FALSE
12	A woman who is malnourished can produce enough good quality breast milk for her baby.	TRUE
13	A malnourished child can perform well in school.	FALSE
14	A malnourished man who is working on the farm is not able to produce as much as a healthy man.	TRUE
15	The invisible malnutrition consequence is a threat to the country's economic growth.	TRUE

Session 3: Interpersonal Communication

Learning objectives

1. To list and explain the basic listening and learning skills used in counseling.
2. Describe how to counsel mother/father/care giver.

Materials: Copies of exercises/role-play

Duration: 295 minutes

Learning objective 1: To list and explain the basic listening and learning skills used in counseling.

Methodology: Brainstorming; demonstrations

Duration: 120 minutes

Instructions for activity: Brainstorm the definition of counseling

1. Ask all participants how they would define counseling.
2. Write the responses from the group on the flip chart.
3. Add the following points to the discussion:
 - o Counseling is a way of working with people in which you try to understand how they feel and help them to decide what they think is best to do in their situation.
 - o In this session we will discuss counseling mothers who are breastfeeding. Some mothers may not feel comfortable talking about their feelings, especially if they are shy and don't know the person with whom they are speaking. You will need to develop good listening skills to make her feel that you are interested in her. This will encourage her to open up and tell you more. She will be less likely to say nothing.
4. Demonstrate listening and learning skills (see key points below).
 - Skill 1: Use helpful, nonverbal communication.
 - Skill 2: Ask open questions.
 - Skill 3: Use responses and gestures that show interest.
 - Skill 4: Repeat back what the mother says.
 - Skill 5: Empathize: show that you understand how she feels.
 - Skill 6: Avoid words that sound judging.
5. Discuss and summarize as a group what was learned.

Key information

Demonstration of listening and learning skills

- Write the heading 'Listening and learning skills' on a flip chart leaving space for a list of six points below it (Flip chart 1).
- Write the six skills underneath as you demonstrate them.

Skill 1. Use helpful, nonverbal communication

- Write 'Use helpful, nonverbal communication' on the list of listening and learning skills (Flip chart 1).
- Write 'Helpful, nonverbal communication' on **another** flip chart leaving space for a list of five points below it (Flip chart 2).

Explain the skill

- Ask the group: What do you think we mean by 'nonverbal communication'?
- Wait for a few replies and then explain: Nonverbal communication means showing your attitude through your body language such as your posture, facial expressions, gestures; any behavior other than speaking or writing.

Demonstrate the skill

- Before the session, select a female participant to assist you with the demonstrations. Explain the process to her and what you would like her to do during the demonstrations.
- Ask the selected female participant to sit with a doll, pretending to be a breastfeeding mother. Tell her to respond to your greeting, but she does not have to say anything else. It is important that you say the **same** words, in the **same** tone of voice, with each demonstration.
- Tell participants that you will demonstrate five different kinds of nonverbal communication. Give the five pairs of demonstrations in Demonstration 3.A. With each pair, you should approach the mother in two ways: The first way helps communication and the second way hinders communication. Demonstrate 'appropriate touch' (socially acceptable) and 'inappropriate touch' (not socially acceptable) in the way that you agreed with the participant before the session.
- Ask the participants to:
 - Identify the form of nonverbal communication that you demonstrate.
 - Decide which form helps communication and which hinders it.

Demonstration 3.A: Nonverbal communication

With each demonstration say **exactly the same** words, and use the same tone of voice, for example: *"Good morning, Almaz. How is feeding going for you and your baby?"*

1. Posture:

Helps: Sit so that your head is level with hers.

Hinders: Stand with your head higher than hers.

- Write 'Keep your head level' on flip chart 2.

2. Eye contact:

Helps: Look at her and pay attention as she speaks.

Hinders: Look away at something else, or look down at your notes.

- Write 'Pay attention' on flip chart 2.

3. Physical barriers:

Helps: Remove the table and your notes.

Hinders: Sit behind a table, or write notes while you talk.

- Write 'Remove barriers' on flip chart 2.

4. Taking time:

Helps: Make her feel that you have time. Sit down and greet her without hurrying. Continue smiling at her, watching her breastfeed, and wait for her to answer.

Hinders: Act rushed. Greet her quickly; show signs of impatience; look at your watch.

- Write 'Take time' on flip chart 2.

5. Touch:

Helps: Touch the mother appropriately.

Hinders: Touch her in an inappropriate way.

- Write 'Touch appropriately' on flip chart 2.

(Note: If you cannot demonstrate an inappropriate touch, simply demonstrate not touching.)

Discuss appropriate touch in this community

Ask: What kinds of touch are appropriate and inappropriate in this situation for this community? Does touch make a mother feel that you care about her? If it is not appropriate for a man to touch a woman, is it appropriate for him to touch the baby?

Wait for a few replies and then continue.

You now have the following list written on Flip chart 2. Post it on the wall.

Helpful non-verbal communication

- Keep your head level
- Pay attention
- Remove barriers
- Take time
- Touch appropriately

Introduce Skills 2 through 6 by making the following point

- During counseling, we are trying to find out how people feel. We need to be interested and to probe beneath the surface if we want to learn their worries and concerns.

Skill 2. Ask open questions

Write 'Ask open questions' on the list of listening and learning skills (Flip chart 1).

Explain the skill

- To start a discussion with a mother or to get her history, you need to ask her some questions.
- Open questions are usually the most helpful. To answer them, a mother must give you some information.
- Open questions usually start with 'How,' 'What,' 'When,' 'Where,' 'Why,' or 'Who.' For example: How are you feeding your baby?
- Closed questions are not as helpful. They lead to a 'yes' or 'no' answer and do not encourage additional information.
- Closed questions usually start with words like 'Are you?' or 'Did he?' or 'Has he?' or
- 'Does she?' For example: Are you breastfeeding your baby?

Demonstrate the skill

- Ask a participant to read the words of the mother in Demonstrations 3.B and 3.C while you read the part of the health worker. After each demonstration, comment on what the health worker learned.
- Introduce the role-plays by making these points:
 - We will now see this skill being demonstrated in two role-plays.
 - The health worker is talking to a mother who has a young baby whom she is breastfeeding.

Demonstration 3.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 only received 'yes' and 'no' for answers and didn't learn much. These closed questions make it difficult to know what to say next.

Ask all participants for their ideas about how to turn the above questions into open questions. Wait for responses and continue.

Demonstration 3.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 only have to give him one bottle feeding in the evening.

Health worker: –What made you decide to do that?

Mother: –He wants to eat 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: Since the health worker asked open questions, the mother could not answer with a ‘yes’ or a ‘no.’ she had to give additional information, so the health worker learned much more.

- Sometimes you might need to ask a closed question. For example: ‘Did your child have any fruit yesterday?’
- After you have received an answer to this question, try to follow-up with another open question.

Demonstrate the skill

Ask a participant to read the part of the mother in Demonstration 3.D. You read the part of the health worker.

Introduce the role-play by making these points:

- We will now see a role-play demonstration using questions to start and continue a conversation.
- The health worker is talking to a mother who has a young baby whom she is breastfeeding.

Demonstration 3.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: –How are you feeding him?

Mother: –He is breastfeeding, and drinking water.

Health worker: –What made you decide to give him 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 asked an open question, which did not help much. Then she asked two specific questions, and followed up with an open question. Although the mother initially said that she and the baby are well, the health worker later learned that the mother needs help with breastfeeding.

Exercise 3.a: Asking open questions

How to do the exercise

Questions 1–4 are ‘closed’ and it is easy to answer ‘yes’ or ‘no.’

Write a new ‘open’ question, which requires the mother to tell you more.

‘Closed’ questions	‘Open’ questions
Example: Do you breastfeed your baby?	Example: How are you feeding your baby?
1. Does your baby sleep with you?	Where does your baby sleep?
2. Are you often away from your baby?	How much time do you spend away from your baby?
3. Does Amina eat porridge?	What types of food does Amina like to eat?
4. Do you give fruit to your child often?	How often does your child eat fruit?

Skill 3. Use responses and gestures that show interest

Write ‘Use responses and gestures that show interest’ on the list of listening and learning skills (Flip chart 1).

Explain the skill

- If you want a mother to continue talking, you must show that you are listening and interested in what she is saying.
- Two important ways to show that you are listening and interested are:
 - o With gestures - for example, look at her, nod and smile.
 - o With simple responses - for example, you say ‘Aha,’ ‘Mmm,’ ‘Oh dear!’

Demonstrate the skill

Ask a participant to read the words of the mother in Demonstration 3.E while you play the part of the health worker. You should give simple responses, nod, and with your facial expressions, show that you are interested and want to hear more.

Introduce the role-play by making these points:

- We will now see a role-play demonstrating this skill.
- The health worker is talking to a mother who has a one-year-old child.

Demonstration 3.E: Using responses and gestures that 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.

Discuss locally appropriate responses

Ask: What responses do people use locally?

Wait for a few replies and then continue.

Skill 4. Repeat back what the mother says

Write 'Repeat back what the mother says' on the list of listening and learning skills (Flip chart 1).

Explain the skill

- Health workers sometimes ask mothers a lot of factual questions. However, the answers to these questions are often not helpful. The mother tends to say less and less in response to each question.
- For example, if a mother says: 'My baby was crying too much last night,' you might want to ask: 'How many times did he wake up? But the answer is not helpful.
- It is more useful to repeat back what a mother says. This is another way to show you are listening and encourages the mother or caregiver to continue talking and to say what is important to her. It is best to repeat what she says in a slightly different way, so that it does not sound as though you are copying her.
- For example, if a mother says: 'I don't know what to feed my child, she refuses everything.' You could repeat back by saying: 'Your child is refusing all the food you offer her?'

Demonstrate the skill

Ask a participant to read the words of the mother in Demonstrations 3.F and 3.G while you read the part of the health worker.

Introduce the role-plays by making these points:

- We will now watch two role-plays to demonstrate this skill.
- The health worker is talking to a mother who has a six-week-old baby whom she is breastfeeding.

Demonstration 3.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 on my breast all the time!

Health worker: 'About how often would you say?

Mother: 'About every half an hour.

Health worker: -Does he wants to suck at night too?

Mother: -Yes.

Ask: What did the health worker learn from the mother?
Comment: Because the health worker asked factual questions, the mother gave less information.

Demonstration 3.G: Repeating back

Health worker: -Good morning, (name). How are you and (child's name) today?
Mother: -He wants to feed too much—he is on 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 hungrier this week?
Mother: -Yes, and my sister is telling me that I should give him the bottle 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 repeats back what the mother says and the mother gives more information.

Exercise 3.b: Repeating back what a mother says

How to do the exercise

Statements 1 through 3 are some things that mothers might tell you
Mark the response that 'repeats back' what the statement says. For statement 4 make up your own response that 'repeats back' what the mother says.

Example:

My mother says that I don't have enough milk.
Possible response: She says that you have a low milk supply?

Statements to 'repeat back':

1. Mekdes does not like to eat thick porridge.
2. She doesn't seem to want to suckle from me.
3. I tried feeding her from a bottle, but she spat it out.

Response

1. Do you mean she doesn't like thick porridge?
2. Do you mean she doesn't want your breast?
3. Do you mean she doesn't like eating from bottle?

Skill 5. Empathize: show that you understand how she feels

Write 'Empathize: show that you understand how she feels' on the list of listening and learning skills (Flip chart 1).

Explain the skill

- Empathy is a difficult skill to learn. It is easier to talk about facts than to talk about feelings.
- When a mother says something that describes how she feels, it is helpful to respond in a way that shows that you heard what she said, and that you understand her feelings from her point of view.

- For example, if a mother says: ‘My baby wants to feed very often and it makes me feel so tired!’ You should respond to how she *feels*, such as: ‘You are feeling very tired all the time?’
- Empathy is different from sympathy. When you sympathize, you feel sorry for a person, but you look at it from **your** point of view.
- When you sympathize, you might say: ‘Oh, I know how you feel. My baby also wanted to feed often, and I felt exhausted.’ This brings the attention back to you and does not make the mother feel like you understand her.
- You could repeat back what the mother says about the baby.
- For example: ‘He wants to feed very often?’ However, this repeats what the mother said about the baby’s behavior and it misses what she said about how she feels so tired.
- Empathy is more than repeating back what a mother says to you.
- It is also helpful to empathize with a mother’s good feelings. Empathy is not only to show that you understand her bad feelings.

Demonstrate the skill

Ask the two participants whom you have prepared to role-play Demonstrations 3.H and 3.I, by reading the conversation between the mother and health worker.

Introduce the role-plays by making these points:

- We will see a demonstration of this skill.
- The health worker is talking to a mother of a ten-month-old child.
- As you listen, look for empathy. Is the health worker showing that she understands the mother’s point of view?

Demonstration 3.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 3.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.

Ask the two participants whom you have prepared to role-play Demonstration 3.L.

Introduce the next role-play by making these points:

- Now we will see another demonstration. Watch to see if the health worker is really listening to the mother.
- The health worker is talking to a mother of a seven-month-old child who has recently started complementary feeding.

Demonstration 3.J: 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 asked about facts and ignored the mother’s feelings. The information the health worker obtained did not address the mother’s concern that her baby won’t breastfeed since other foods were offered. The health worker did not show empathy.

Skill 6. Avoid words that sound judging

Write ‘Avoid words that sound judging’ on the list of listening and learning skills (Flip chart 1).

Explain the skill

- ‘Judging words’ are words such as: right, wrong, well, badly, good, enough, properly.
- If you use judging words when you talk to a mother about feeding, especially when you ask questions, you may make her feel that she is wrong or that there is something wrong with her baby. A breastfeeding mother may feel there is something wrong with her breast milk.
- For example, do not say: “Are you feeding your child **properly**?” Instead say: ‘How are you feeding your child?’ ||
- Do not say: “Do you give your child **enough** milk?” Instead say: ‘How often do you give your child milk?’

Introduce the role-play by making this point:

- We will see a demonstration of this skill.
- The health worker is talking to a mother of a five-month-old baby. As you watch, listen for judging words.

Demonstration 3.K: Using judging words

Health worker: 'Good morning. Is (child's 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 3.L: 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 learned what she needed to know without making the mother worried. The health worker used open questions and avoided judging words.

Group exercise

Exercise 3.c Translating judging words

Ask participants to look at the list of JUDGING WORDS in their manuals.

Judging words			
Well	Normal	Enough	Problem
Good	Correct	Adequate	Fail
Bad	Proper	Inadequate	Failure
Badly	Right	Satisfied	Succeed
	Wrong	Plenty	Success
		Sufficient	

Make these points about the list:

- The words in bold at the top of each group are words that are used most commonly.
- These are the words that we will work with in the exercises.
- Below each of the common words is a list of other words with similar meanings.
- For example, 'adequate' and 'sufficient' appear below 'enough.'
- Words with opposite meanings are also in the same group. For example, 'good' and 'bad.'
- All of these are judging words and it is important to avoid them.

Ask participants to look at the box **USING AND AVOIDING JUDGING WORDS**.

USING AND AVOIDING JUDGING WORDS			
English	Local Language	Judging Question	Non-judging question
Well		Does he suck well?	How is he sucking
Normal		Are his stools normal?	What are his stools like?
Enough		Is he gaining enough weight?	How is your baby growing?
Problem		Do you have any problems breastfeeding?	How is breastfeeding going for you?

Ask participants to suggest translations for the four common words (well, normal, enough and problem) in the local language. Discuss their suggestions as a group.

Ask them to write the agreed translations into the box in their manuals.

Remind them that judging questions are often closed questions and that they can often avoid using a judging word if they use an open question.

Learning objective 2: Describe how to counsel mother/father/caregiver

Methodology: Demonstration, buzz groups, practice and interactive presentations

Materials

- Three case studies
- Flip chart paper and stand, markers, tape/sticky putty
- Photocopies of *Resource 3: Observation checklist for infant and young child feeding assessment of mother/child pair* (three copies per participant)
- Laminated copy of *Resource 3: Observation checklist for infant and young child feeding assessment of mother/child pair* (one per participant)

Preparation

- Practice demonstrating infant and young child feeding assessment of mother/child pair (using Three-Step Counseling process).

Learning objective 2.1: Describe Three-Step Counseling process (assess, analyze, and act)

Methodology: Demonstration, interactive presentation

Duration: 45 minutes

Instructions for activity

Note: Two facilitators need to prepare this demonstration in advance. One will act as mother and the other as counselor.

Review with participants the points covered to demonstrate listening and learning skills between a mother (Almaz), her 7-month son (Kebede) and a counselor (for Step 1: Assess). In this scenario, Almaz

- Breastfeeds whenever Kebede cries.
- Feels she does not produce enough milk.
- Gives Kebede some watery porridge made from corn meal twice a day.
- Does not give Kebede any other milk or drinks.

The facilitator acting as counselor uses *Resource 3: Observation checklist*.

Infant and young child feeding assessment of mother/child pair to demonstrate the **Three-Step Counseling process**.

1. **Step 1: Assess**

- Greet mother and introduce him/herself.
- Allow mother to introduce herself and her baby.
- Use 'listening and learning' and 'building confidence and giving support' skills.
- Listen to Almaz's concerns, and observe Kebede and Almaz.
- Accept what Almaz is doing without disagreeing or agreeing, and praise Almaz for one good behavior.

2. **Step 2: Analyze**

Facilitator acting as counselor notes that:

- Almaz is waiting until Kebede cries before breastfeeding him—a 'late sign' of hunger.
- Almaz is worried she does not have enough breast milk.
- Almaz is not feeding Kebede age-appropriate complementary foods.

3. **Step 3: Act**

- Praise Almaz for breastfeeding.
- Ask Almaz about breastfeeding frequency and whether she is breastfeeding whenever Kebede wants and for as long as he wants, both day and night. Does Kebede come off the breast himself? Is Kebede fed on demand? (age-appropriate recommended breastfeeding practices)
- Suggest that Almaz breastfeed Kebede whenever he shows interest in feeding (before he starts to cry). Talk with Almaz about the characteristics of complementary feeding.
- Present options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary feeding.
- Help Almaz select an action that she can try (e.g., breastfeed more frequently both day and night, thicken the porridge, add family foods during this week).
- Ask Almaz to repeat verbally the agreed-upon action.
- Tell Almaz that a counselor will follow up with her at her next weekly visit.
- Suggest where Almaz can find support (attend educational talk, infant and young child feeding support group, supplementary feeding program, or community volunteer).
- Thank Almaz for her time.

Discuss the demonstration with participants and answer questions.

As a group, review and complete *Resource 3: Observation checklist* for infant and young child feeding assessment of mother/child pair.

Discuss and summarize.

Key information

- The Three-Step Counseling process involves:
 - o Assess age-appropriate feeding and condition of mother/father/caregiver and child: ask, listen, and observe.
 - o Analyze feeding difficulty: identify difficulty, and if there is more than one, prioritize.
 - o Act—discuss and suggest some relevant information, agree on a do-able option that mother/father/caregiver can try.
- The purpose of the process is to provide information and support on infant and young child feeding to the mother/father/caregiver.

Step 1: Assess

- Greet the mother/father/caregiver and ask questions that encourage her/him to talk, using ‘listening and learning’ and ‘building confidence and giving support’ skills.
- Complete *Resource 3*: Observation checklist for infant and young child feeding assessment of mother/child pair, by asking the following questions:
 - a) What is your name and your child’s name?
 - b) Observe the general condition of the mother/father/caregiver.
 - c) What is the age of your child?
 - d) Has your child been sick recently? If currently sick, refer mother to health facility.
 - e) In areas where child growth cards exist, ask mother/father/caregiver if you can check child’s growth card. Is growth curve increasing? Is it decreasing? Is it leveling off? Does the mother know how her child is growing?
 - f) In areas where there are no child growth cards, ask mother/father/caregiver how he or she thinks the child is growing?
 - g) Ask about the child’s usual feeding intake:
 - Ask about breastfeeding:*
 - About how many times per day do you breastfeed your baby?
 - How is breastfeeding going for you? *Possible difficulties?*
 - *Observe* mother’s and baby’s general condition.
 - *Observe* baby’s position and attachment.
 - Ask about complementary foods:*
 - Is your child getting anything else to eat? *What type/kinds?*
 - Ask about the frequency, amount, and consistency of the food the child is getting.
 - Ask about other milk:*
 - Is your child drinking other milk?
 - Ask about the frequency and amount of milk.
 - If breastfeeding, why do you think the baby needs additional milk?
 - Ask about other liquids:*
 - Is your child drinking other liquids? *What kinds?*
 - Ask about the frequency and amount of liquid.
 - h) Does your child use a cup? (If mother says ‘no’ then ask, ‘What does your child use to drink from?’)
 - i) Who assists your child with eating?
 - j) Are there other challenges the mother faces in feeding the child?

Step 2: Analyze

- Is feeding age-appropriate? Identify feeding difficulty (if any).
- If there is more than one difficulty, prioritize difficulties.
- Answer the mother's questions (if any).

Step 3: Act

- Depending on the age of the baby and your analysis (above), select a small amount of information relevant to the mother's situation. If there are no difficulties, praise the mother for carrying out the recommended breastfeeding and complementary feeding practices.
- Praise the mother.
- Present options/small do-able actions (time-bound) and help the mother select one that she can try to overcome the difficulty.
- Share and discuss with the mother/father/caregiver any appropriate counseling cards.
- Ask the mother to repeat the agreed-upon new behavior to check her understanding.
- Thank the mother for her time

Learning objective 2.2: Demonstrate the 'building confidence and giving support' skills

Methodology: Brainstorming

Duration: 30 minutes

Instructions for activity

1. Brainstorm with whole group by asking participants: What helps to give a mother, father or caregiver confidence and support?
2. Probe until the skills in 'Key information' below have been mentioned, and list them on a flip chart.
3. Refer participants to *Resource 4: Building confidence and giving support skills*.
4. Discuss and summarize.

Key information

Building confidence and giving support skills

1. Accept what a mother/father/caregiver thinks and feels. To establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information.
2. Recognize and praise what a mother/father/caregiver and baby are doing correctly.
3. Give practical help.
4. Give a small amount of relevant information.
5. Use simple language.
6. Use appropriate counseling card or cards.
7. Make one or two suggestions, not commands.

Learning objective 2.3: Practice Three-Step Counseling process

Methodology: Practice

Duration: 90 minutes

Instructions for activity

1. Divide participants into groups of three to take the roles of mother, counselor, and observer.
2. Distribute *Resource 3: Observation checklist for infant and young child feeding assessment of mother/child pair* to counselors.
3. Ensure that each group of three has a full set of counseling cards.
4. Practice Case Study 1: Ask the ‘mothers’ of the working groups to gather together.
5. Read the case study to the mothers ONLY, and ask them to return to their working groups.
6. The counselor of each working group (of three) asks the mother about her situation, and practices the ‘assess’, ‘analyze’, and ‘act’ steps with ‘listening and learning’ and ‘building confidence and giving support’ skills.
7. In each working group, the observer’s task is to record the skills the counselor used and to provide feedback after the case study.
8. Participants in working groups switch roles and the above steps are repeated using case studies 2 and 3.

9. Ask one working group to demonstrate a case study in front of the whole group.
10. Discuss and summarize.

Case studies to practice Three-Step Counseling

Note: The information in the following case studies (under Assess, Analyze, Act) should NOT be read to the participants before they carry out the counseling practice.

Case study 1

Read to mothers: You are Fatuma. Your son, Shukri, is 18 months old. You are breastfeeding once or twice a day. You are giving Shukri milk and millet cereal two times a day.

Step 1: Assess

- Greet Fatuma and ask questions that encourage her to talk, using 'listening and learning' and 'building confidence and giving support' skills.
- Complete *Resource 3: Observation checklist for infant and young child feeding assessment of mother/child pair.*
- Observe Fatuma and Shukri's general condition.
- Listen to Fatuma's concerns and observe Shukri and Fatuma interacting.
- Accept what Fatuma is doing without disagreeing or agreeing.

Step 2: Analyze

- Fatuma is breastfeeding Shukri.
- Fatuma is giving other milk to Shukri.
- Fatuma is not following age-appropriate feeding recommendations (e.g., frequency and variety).

Step 3: Act

- Praise Fatuma about continuing breastfeeding.
- Talk with Fatuma about the characteristics of complementary feeding: frequency, amount, thickness (consistency), variety, active/responsive feeding, and hygiene.
- Present options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary foods. For example, suggest an increase in feeding frequency to four times a day; ask about the amount of cereal Shukri receives and the possibility of increasing the amount; ask about the texture (thickness/consistency) of the cereal; suggest adding other locally available family foods and help Fatuma select one or two that she believes will be possible for her to try.
- Select the information on the age-appropriate counseling cards that is most relevant to Shukri's situation and discuss it with Fatuma, such as:

CC 18 Hygiene

CC 20 Give variety food

CC 23 How to feed a child 12-23 months

- Ask Fatuma to repeat the agreed-upon behavior.
- Thank Fatuma for her time.
- Discuss the demonstration with participants.
- Answer questions.

Case study 2

Read to mothers: You are Abeba. Your daughter, Tirunesh, is 8 months old. You are breastfeeding Tirunesh because you know breast milk is the best food for her. You also give Tirunesh water because it is so hot. You do not think Tirunesh is old enough to eat other foods.

Step 1: Assess

- Greet Abeba and ask questions that encourage her to talk, using 'listening and learning' and 'building confidence and giving support' skills.
- Complete *Resource 3: Observation checklist for infant and young child feeding assessment of mother/child pair.*
- Observe Abeba's and Tirunesh's general condition.
- Listen to Abeba's concerns and observe Tirunesh and Abeba interacting.
- Accept what Abeba is doing without disagreeing or agreeing.

Step 2: Analyze

- Abeba is breastfeeding Tirunesh.
- Abeba is also giving water to Tirunesh
- Abeba has not started complementary foods yet.

Step 3: Act

- Praise Abeba for breastfeeding.
- Talk with Abeba about the importance of breastfeeding.
- Talk about breast milk being the best source of liquids for Tirunesh.
- Discuss the risks of contaminated water.
- Talk with Abeba about beginning complementary foods and why it is necessary for Tirunesh at this age.
- Talk with Abeba about the characteristics of complementary feeding: frequency, amount, thickness (consistency), variety, active/responsive feeding, and hygiene.
- Present options/small do-able actions (time-bound) and help Abeba select one or two that she can try. For example, begin with a small amount of staple foods (porridge, other local foods); add legumes, vegetables, fruits, and animal foods; increase feeding frequency of foods to three times a day; talk about appropriate texture (thickness/consistency) of porridge; assist Tirunesh during feeding times; and discuss hygienic preparation of foods.;
- Select the information on the age-appropriate counseling cards that is most relevant to Tirunesh's situation and discuss it with Abeba, such as:

CC 18 Hygiene

CC 20 Give variety food

CC 21 How to feed a child 6-8 months

- Ask Abeba to repeat the agreed-upon behavior.
- Thank Abeba for her time.
- Discuss the demonstration with participants.
- Answer questions.

Case study 3

Read to mothers: You are Rahima. You are breastfeeding Shamebo, who is 3 weeks old. You feel a lump in your breast; it is tender and red?

Step 1: Assess

- Greet Rahima and ask questions that encourage her to talk, using 'listening and learning' and 'building confidence and giving support' skills.
- Complete *Resource 3: Observation checklist for infant and young child feeding assessment of mother/child pair*.
- Observe Rahima's and Shamebo's general condition.
- Listen to Rahima's concerns and observe Shamebo and Rahima interacting.
- Accept what Rahima is doing without disagreeing or agreeing.

Step 2: Analyze

- Rahima wants to breastfeed Shamebo.
- Rahima has a lump in her breast that is tender and red (plugged duct).

Step 3: Act

- Praise Rahima for wanting to breastfeed Shamebo.
- Use pillows or rolled-up towels to help Rahima get comfortable for breastfeeding.
- Help Rahima improve Shamebo's attachment and suction on the breast.
- Give her ideas to relieve plugged ducts:
 - o Do not stop breastfeeding. If the milk is not removed, the risk of abscess increases; let the baby feed as often as possible.
 - o Apply warmth such as warm water or a warm cloth to the breast.
 - o Hold the baby in different positions, so that the baby's tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the area and release the milk from that part of the breast.
- Apply gentle pressure to the breast with the hand, rolling fingers towards the nipple; then express the milk or let the baby feed every two to three hours day and night.
- Explain to Rahima the importance of exclusive breastfeeding, allowing Shamebo to release the milk by sucking, and frequent breastfeeding (day and night and as often as possible).
- Select the information on the age-appropriate counseling cards that is most relevant to Shamebo's situation and discuss it with Rahima, such as:

CC 9 How to put your baby on the breast

CC 13 How to make enough milk

- Ask Rahima if there are others in her home who can help with household chores.
- Ask Rahima to repeat the agreed-upon behavior.
- Thank Rahima for her time.
- Discuss the demonstration with participants.
- Answer questions.

Learning objective 2.4: Explain where Three-Step Counseling can be conducted

Methodology: Buzz groups

Duration: 10 minutes

Instructions for activity

1. Ask participants to form groups of three with their colleagues.
2. Ask participants: Where can Three-Step Counseling be conducted?
3. Ask groups to list the contact points.
4. Ask one group to share. Ask others to contribute additional information.
5. Probe until the contact points in 'Key information' below are mentioned.
6. Discuss and summarize.

Key information

Three-Step Counseling can be conducted in health clinics and by community-based outreach. Locations and timing include:

- At the antenatal clinic and at every contact with a pregnant woman.
- At delivery or as soon as possible thereafter.
- Within the first week of birth (days 2 or 3 and days 6 or 7).
- At two other postnatal points (weeks 4 and 6).
- At family planning sessions and at other times if mother has a difficulty.
- During the first 6 months of lactation (and up to 24 months of lactation).
- At Growth Monitoring Promotion (GMP) and immunization sessions.
- At every contact with mothers or caregivers of sick children.
- At contact points for vulnerable children, e.g., HIV-exposed or infected children.
- During community follow-up.
- In action-oriented group sessions.
- At infant and young child feeding support groups.
- At in-patient facilities for management of children with severe acute malnutrition, such as stabilization centers (SC), nutrition rehabilitation units, therapeutic feeding centers, and malnutrition wards.
- At community-based management of acute malnutrition (CMAM) sites or screening sessions.
- At supplementary feeding program (SFP) sites.
- During mother/father/caregiver counseling sessions.

Session 4: Adolescent and Maternal Nutrition

Learning objectives

1. Understand the undernutrition cycle.
2. Describe key nutrition practices during pregnancy and learn how to counsel a pregnant woman.
3. Learn key nutrition practices during lactation.

Materials:

- Flip chart and marker
- Paper plaster
- Colored sheets of paper to write case studies

Duration: 85 minutes

Learning objective 1: Understand the undernutrition cycle.

Methodology: Group work and discussion

Activity 1: Group work: The undernutrition cycle

- Ask participants if they have ever heard of the undernutrition cycle and, if so, to explain what it means.
- Draw the under nutrition cycle (described below) on a flip chart and explain the diagram to participants.
- Tell participants that the next activity will be a group work. Divide participants into four groups.
- Each group will work on the actions that help break each stage (stage 1- 4) of the undernutrition cycle. Explain to the participants that they need to consider nutrition, health and other non-health interventions that help break each stage of the cycle.
- Each group will have 10 minutes for discussion and 5 minutes for presentation.
- At the end of each presentation, correct misconceptions and add additional points if not addressed.
- Ask participants if they have any questions and summarize the session.

Fig.1. The Undernutrition Cycle

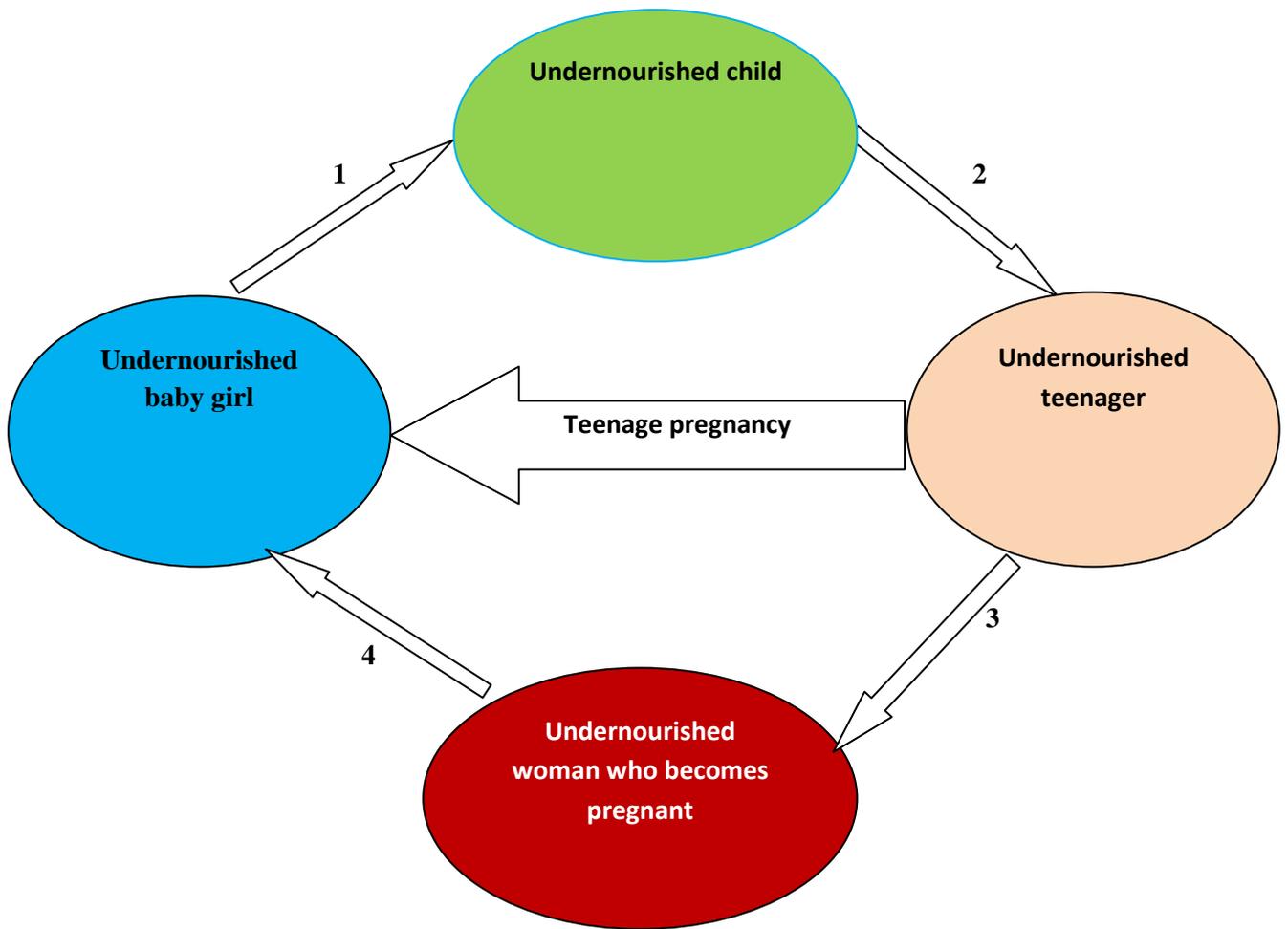


Table 1: Different nutrition and health interventions that can be implemented at each stage to break the under nutrition cycle:

Actions for the child (stage 1)	Actions for the teenage girl (stage 2)	Actions for adult women (stage 3)	Actions for the developing child/foetus to prevent low birth weight (stage 4)
<p>1. Prevent growth failure by:</p> <ul style="list-style-type: none"> • Encouraging early initiation of breastfeeding. • Providing exclusive breastfeeding from 0 to 6 months. • Promoting optimal complementary feeding practices. • Feeding a sick child frequently. <p>2. Non-feeding actions to break the under nutrition cycle at this stage include:</p> <ul style="list-style-type: none"> • Practicing good hygiene. • Attending immunization sessions. • Using insecticide-treated bed nets to prevent malaria. • Deworming. • Preventing and treating infections. 	<p>Promote appropriate growth by:</p> <ul style="list-style-type: none"> • Eating adequate amounts of nutritious foods. Eating a variety of locally available foods. • Delaying the first pregnancy until growth is completed (usually 20 to 24 years). • Preventing and seeking early treatment of infections. • Encouraging parents to give girls and boys equal access to education; under nutrition decreases when girls/women receive more education. • Encouraging families to delay marriage for young girls. • Avoiding processed/fast foods. • Avoiding intake of coffee/tea with meals. • Practicing good hygiene. • Using insecticide-treated bed nets to prevent malaria. 	<p>Improve women's nutrition and health by:</p> <ul style="list-style-type: none"> • Consuming different types of locally available foods. • Preventing and seeking early treatment of infections. • Practicing good hygiene. • Delaying the first pregnancy until at least 20 years of age and encouraging couples to use appropriate family planning methods. • Encouraging men's participation. • Using insecticide-treated bed nets to prevent malaria. • Supporting equal access to education for girls and boys. 	<p>Improve women's nutrition and health during pregnancy by:</p> <ul style="list-style-type: none"> • Increasing the food intake during pregnancy by eating one extra meal. • Consuming different types of locally available foods. • Giving iron, folate, and other recommended supplementation. Preventing and seeking early treatment of infections • Encouraging good hygiene practices. • Decreasing energy expenditure by resting more. • Delaying the first pregnancy until at least 20 years of age. • Encouraging men's participation.

Learning objective 2: Describe key nutrition practices during pregnancy and learn how to counsel a pregnant woman.

Methodology: Role-play, brainstorming and discussion.

Activity 1: Brainstorming and discussion on nutrition during pregnancy.

- Ask the participants to share their own experiences on being pregnant and/or that of pregnant women they have known in their community.
- Facilitate a discussion using the following questions:
 - Do pregnant women in your community eat differently? In what way?
 - Are there certain foods that pregnant women eat and/or foods that are avoided?
 - What are the reasons that women choose or avoid certain foods during pregnancy?
 - Write responses on a flip chart.

Repeat some of the key points that arise during the discussion and present the information described below.

Activity 2: Role-play on how to counsel a pregnant woman.

- Inform participants that based on what has been discussed so far, there will be a role-play on how to counsel a pregnant woman on nutrition practices. Remind the participants that they should use the counseling skills they learned earlier in this training.
- Based on the two case studies described below, divide participants into pairs of three; one as a counselor, one as a mother/client, and the other as an observer. Allow each group 10 minutes.
- During the exercise, participants have to use the **counseling card no 4** (nutrition during pregnancy).
- After 10 minutes, invite one volunteer for each case study to participate in the plenary session (5 minutes for each role-play). Using the counseling checklist, address questions and summarize the session.

Case study 1: Asnakech is a 25 year old woman who claims to be 2 months pregnant and this is her first pregnancy. Based on the advice she received from a health extension worker, she is visiting a health center for the first time.

Case study 2: Tsega is 5 months pregnant and a mother of an 18 month old child. She is feeling tired after working hard on her farm. She decided to go to a health center with her husband to get treatment.

Key information: Activity 1

Nutrition practices during pregnancy

- Eat **one** extra meal each day. Eating more helps the baby to develop well and strengthens the woman for delivery.
- Eat a variety of foods (cereals, legumes, animal products, fruits and vegetables) to remain healthy and strong and to help the baby grow and develop properly.
- Take iron supplements as soon as you find out you are pregnant and continue for at least 3 months after delivery.
- Take deworming pills between the fourth and sixth month of pregnancy to protect mother and baby from infections.
- Use iodized salt to help your baby's brain and body develop properly.
- Visit a health center regularly to monitor your weight.
- Use mosquito nets to prevent malaria.
- Decrease work load and get plenty of rest.
- Avoid alcohol and smoking during pregnancy. Alcohol and cigarette smoking can harm the health of the fetus in the womb.
- Avoid drinking tea and coffee during meals. Tea and coffee change the way your body uses the food you eat. It is better to drink tea and coffee at least one or more hours before or after a meal.

Learning objective 3: Learn key nutrition practices during lactation.

- Describe nutrition practices during breastfeeding/lactation.
- Learn how to counsel a lactating woman.

Methodology: Brainstorming, group work, and discussion

Activity 1: Brainstorming and discussion on nutrition during lactation.

- Inform participants that key nutrition practices during lactation will be discussed. Ask participants to identify specific nutrition practices that should be promoted during lactation. Write responses on a flip chart.
- From the information below, explain to participants the key nutrition practices during lactation.
- Ask participants if they have questions and summarize the session.

Activity 2: Group work on the key practices for counseling lactating women.

- Tell the participants to form groups of three people and explain that they are going to review the key nutrition practices for lactating women.

- Ask the participants to take out counseling **card no 12** (nutrition during lactation).
- Ask the participants to look at both the picture and information and ask them to discuss the following questions for 5 minutes:
 - What do you understand by looking at the picture? Does the picture reflect the messages/practices on the back of it?
 - Which of these practices do you think will be the most difficult for mothers to implement?
 - What are the reasons that you think these practices will be difficult for mothers?
 - What can you suggest that will help to support or motivate a mother to be successful with the difficult practices?
- When the small group work is finished, ask each group to share their answers to the various questions with the whole group.
- Reinforce the recommended practices described in the key information below.
- Address questions and summarize the session.

Key information:

Nutrition practices during lactation

- Eat **two** extra meals each day.
- Eat a variety of foods (cereals, legumes, animal products, fruits, and vegetables) to remain healthy and strong and to help the baby grow and develop properly.
- Use iodized salt to help your baby's brain and body develop properly.
- Avoid alcohol and smoking. Alcohol and cigarette smoking can harm the health of the breastfeeding child.
- Avoid drinking tea and coffee during meals. Tea and coffee change the way your body uses the food you eat. It is better to drink tea and coffee at least one or more hours before or after a meal.
- Visit a health center regularly for assessment and treatment of malnutrition.
- Use mosquito nets to prevent malaria.
- Decrease work load and get plenty of rest.

Session 5: Gender and Nutrition

Participant material 1: Pre-testing assessment: What do we know now?

No.	Statement	Yes	No	Don't know
1	Women make better parents than men.			
2	The health of a child is a woman's business.			
3	Making sure the family eats well is solely a woman's responsibility.			
4	Children should sometimes go hungry so that they can learn to do without when they grow older.			
5	Because men work hard to provide for the family, they should be given priority at meal times.			
6	Women should always consult their husbands before going to a health center.			
7	A man should not be seen taking his children to hospital.			
8	Infant formula (Nan, etc.) is very good for babies.			
9	Breast milk is best for babies when they are first born, but after two to three months, babies start to get hungry and need to eat other foods.			
10	Women who are HIV positive should not breastfeed their children because HIV can be transmitted through breast milk.			
11	It is more important for women than men to know their HIV status.			
12	Men can always know their HIV status following the results of their wives.			
13	A couple should go for HIV testing together.			
14	A woman's most important role is to take care of her home and cook for her family.			

Learning objectives

1. To equip the participants with the basic concepts and ideas on gender and
2. To help participants understand the ideas on gender roles and division of labor and how they relate to maternal and child nutrition.
3. To help participants understand the concept of gender analysis and how it can be applied to understand the gender dynamics and relations in the community.
4. To help participants understand the concept of gender mainstreaming and ways of incorporating gender issues in nutrition interventions.

Preparation

- On a flip chart, write each of the major topics of to be covered during the session.
- Familiarize yourself by reading the detailed contents of the topics of the session in advance.

Duration: 120 minutes

Materials

- Flip chart paper, flip chart stand, markers
- *Copies of Participant hand-outs 1, 2, 3 and 4: The Gender Game, Sex and Gender, Gender roles and division of labor, Gender analysis and Gender mainstreaming*

Methodology: Brainstorming, interactive lectures, Group work and Question and answer

Learning objective 1: To equip the participants with the basic concepts and ideas on gender and sex.

Instructions for activity

1. Distribute the material on **Resource 1.1: “ The Gender Game”**
2. Ask the participants to indicate if the statements are referring to “sex” or “gender.”
3. After giving the participants a chance to read and answer the statements on their own, discuss each of the answers with the entire group.
4. Summarize the points by focusing on the points not mentioned in the **Resource 1.2: “Sex and Gender”**

Resource 1.1: The Gender Game

Identify whether the statements below refer to gender or sex.

1. Women give birth to babies, men don't.
2. Girls should be gentle: boys should be tough.
3. Women or girls are the primary caregivers for those sick with AIDS-related illnesses in more than two-thirds of households worldwide.
4. Women can breastfeed babies, men can bottle feed babies.
5. Women in many countries are more likely to experience sexual and domestic violence than men.
6. Men are paid more than women for the same work (in many countries).
7. Men's voices break at puberty, women's do not.
8. Women have long hair and men have short hair.
9. In one study of 224 cultures, there were 5 cultures in which men do all the cooking and 36 in which women do all the house building.
10. According to UN statistics, women do 67 percent of the world's work yet their earnings amount to only 10 percent of the world's income.

Resource 1.2: Sex and Gender concepts

Sex

- ✓ Sex refers to biological attributes that identify a person as a male or female.
- ✓ These attributes are generally permanent, universal and cannot be changed over time.
- ✓ The socially constituted relations between men and women did not stem from the biological differences between them, rather it originates from gender.

Gender

- ✓ Gender refers to the socially constructed roles and responsibilities assigned to men and women in a given culture or location.
- ✓ These roles are learned and they vary between cultures and they change over time.
- ✓ Historically, attention to gender relations has been driven by the need to address women's needs and circumstances since women typically tend to be more disadvantaged than men.
- ✓ In most instances, gender is equated with women. However, paying attention to gender does not mean focusing on women as beneficiaries, but focusing on gender analysis and incorporating the needs of girls, boys, men and women at all levels of interventions.
- ✓ Gender is learned through a process of socialization and through the culture of the particular society. The agencies of gender socialization are; the home, school, media and workplace. Children learn their gender from birth. Even before they are born, baby clothes are chosen by gender-based colors: blue for boys and pink for girls.

Gender Equality

Gender equality does not mean that there should be an equal number of boys and girls or women and men in all activities. It does mean that women and men enjoy the same status within a society, being free to develop their personal abilities and make choices without the limitations set by strict gender roles (UNFPA, 2008).

Promoting gender equality in nutrition program requires taking into consideration the social, economic and biological differences between men and women and addressing the inequalities which are barriers to good nutrition.

Gender Relations

Usually, the relations between women and men are based on unequal power. Women's and men's gender are not only different, they are often unequal in power, weight and value. These relations determine women's and men's access to and control over material resources and benefits. Since these relations are socially constructed, they can be changed.

Ensuring that women have the same access to productive resources as men and improving the gender inequalities can significantly improve nutrition and well-being for the entire household.

Gender Sensitive

Gender sensitivity is being aware of the differences between women's and men's needs, roles, responsibilities and constraints and seeking out opportunities and mechanisms to include and actively involve women as well as men in all activities. It requires redressing the existing gender inequalities by addressing gender norms, roles and access to resources as necessary to reach the project goal.

Learning objective 2: To help participants understand the ideas on gender roles and division of labor and how they relate to maternal and child nutrition.

Methodology: Brainstorming, interactive lectures, small group work.

Instructions for activity

1. Ask participants to list typical household duties that take place on a regular basis. To assist, ask them to think about what needs to be done in a household and on the farm from the first activities of the day until the last thing before going to sleep. List and number all of the activities on a flip chart. The list of activities should include
 - Cooking, house cleaning, washing clothes, collecting water, collecting fuel
 - Upkeep and maintenance, including repairing household items or farm equipment
 - Farming, trading, food shopping
 - Looking after animals, child care
2. Ask the participants to identify which of the listed activities are usually done by women or men, or equally by both?
3. Tally the number of activities that women, men, and both sexes normally do and ask the participants to discuss what they think about the division of labor. For example, you can raise the following questions:
 - Do men help take care of young children when the mother is around, or only when she is away?
 - Do men help decide what young children are going to eat? Or do they decide what the child should eat?
4. Ask the participants about what they learned from this exercise and what they can do to promote an equitable distribution of labor in household work and to increase the participation of men in feeding and caring for their children.

Summarize the points by presenting the following points from **Resource 2: Gender roles and the division of labor**

Resource 2: Gender roles and the division of labor

Gender Roles and the division of labor in the household

Gender roles are the roles both women and men are expected to fulfill in society as defined by the virtue of being female or male. Men and women get messages about their role and division of labor from family, schools, media and society at large. Gender roles show society's rule for how men and women are supposed to behave. These rules are sometimes called gender norms. They dictate what is "normal" for men and women to think, feel and act.

Many of these differences are created by society and are not part of our nature or biological make-up and many of these expectations help us enjoy our identities as either a men or women. However, some of these expectations limit us from using our full potential as human beings.

For example: If and how a father is involved in child feeding and care is not linked exclusively to biological characteristics, but depends more on how women and men are raised as to whether they believe that men can also take care of children.

Both men and women play multiple roles in society. These roles can be broadly categorized into:

1. **Productive roles:** Tasks which contribute to the economic welfare of the household through production of goods. Women's role as producers is usually undermined and undervalued.
2. **Reproductive roles:** Activities performed for reproduction and caring for the household, water and fuel/wood collection, child care, health care, washing, cleaning, etc.
3. **Community management or socio-cultural activities:** Activities primarily carried out by men and women to ensure the co-existence of themselves as well as their family in their social environment. Examples of such activities include iddir, mutual help among neighbors, relatives, community groups, etc. which boosts their social capital. (FEMNET, 2006)

Men usually focus on productive roles and play their multiple roles sequentially. Women, in contrast to men, must play their roles simultaneously and balance their time between all of them. These facts show that women are over-burdened with triple roles and the probability that they face time-related constraints in providing adequate care for the children and seeking health care.

Learning objective 3: To help participants understand the concept of gender analysis and how it can be applied to understand the gender dynamics and relations in the community.

Methodology: Brainstorming, interactive lectures, group discussion.

Activity: Group work

Instructions for activity

1. Ask participants to list typical household assets and resources that are being used for household consumption. List and number all of the assets and benefits on a flip chart. The list of household assets and benefits may include:
 - Land, cows, poultry, sheep, goats, etc.
2. Ask the participants to identify if the listed assets/benefits are usually accessed or controlled by women or men, or equally by both?
3. Tally the number of assets/benefits that women, men, and both sexes normally access and control.
4. Ask the participants to discuss what they think about the division of labor. For example, you can raise the following questions:
 - Do you think women and men have equal access to the assets and benefits in the household?
 - Do you think that women and men have equal decision making power and control over the household assets and benefits listed or do you think there is a difference in the patterns of ownership and decision making?
 - Do you think the differential access and control of assets and benefits by women and men affects the nutrition of the household?
 - What can be done to improve women's access, control and decision making power over household assets and benefits?
5. Summarize the points by presenting the points from Resource 3: Gender analysis and its importance in project designing and implementation.

Resource 3: Gender Analysis and its importance in project designing and implementation

Gender analysis is a systematic effort to identify and understand the roles, needs, opportunities and life circumstances of men and women in a changing socio-economic context.

- It examines the differences in women's and men's lives, including those which lead to social and economic inequity for women, and applies this understanding to policy development and service delivery.
- It is concerned with the underlying causes of these inequities.
- It aims to achieve positive change for women. (FAO, 1997)

A gender analysis creates a “gender looking glass” through which we examine our community to promote gender equality through:

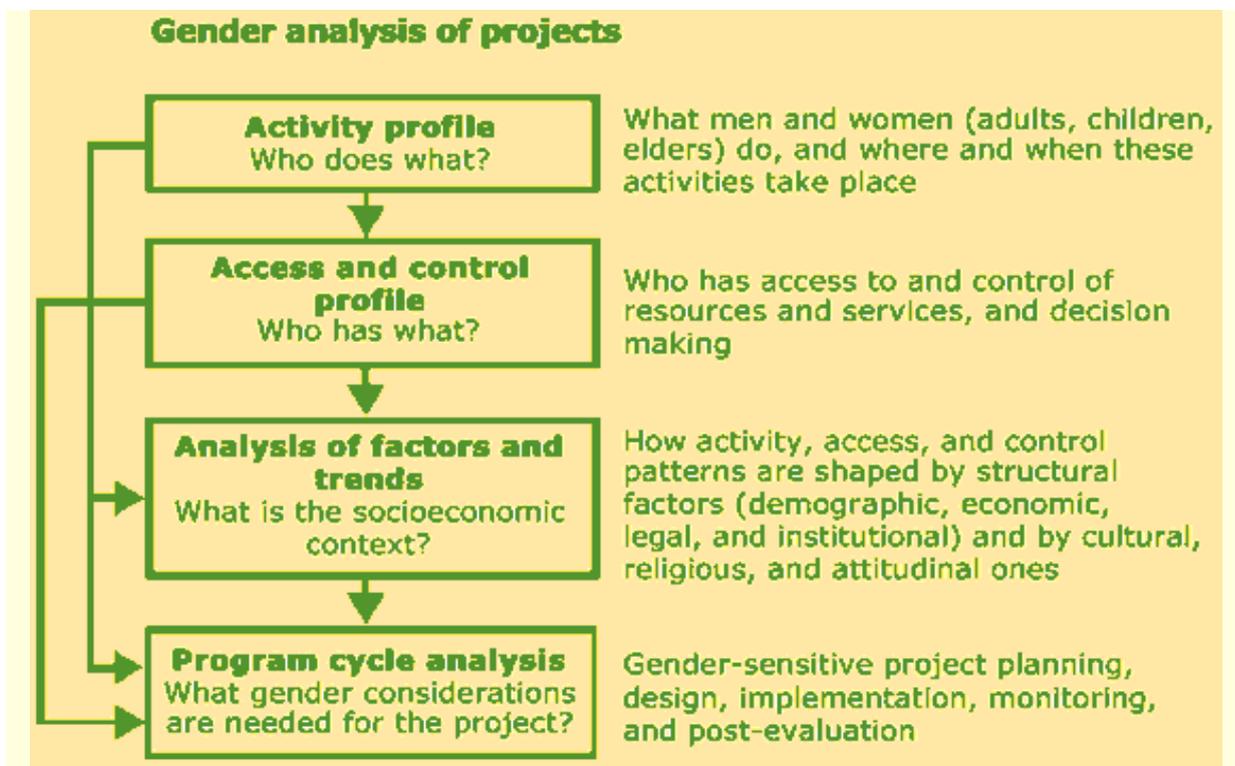
- Gender differences in the division of labor and the access to and control over resources;
- Practical need and strategic interests of men and women;
- Power differentials and dynamics between men and women;
- Social, economic and political constraints and opportunities facing men and women;
- Assessing institutional capacities to promote gender inequality.

There are different frameworks of gender analysis. These include:

1. [The Harvard Gender Analysis Framework](#)
2. [Moser's Framework](#)
3. [Gender Analysis Matrix](#)

Each of these frameworks has their unique features and relevance to specific contexts.

The Harvard framework is one of the more widely used gender analysis frameworks for collecting and analysing data on gender relations. This framework has four interrelated components:



Source: Adapted from the ADB, 2002; Gender Checklist - Agriculture

Access to and control over resources and benefits

One of the manifestations of power imbalances between men and women in any society relates to the disparity in access to and control over resources. This has implications on women's decision making power/ability both within the household as well as in community structures outside of the household.

Access to resources means having the opportunity to use resources without having the authority to decide on the output and the exploitation methods

Control over resources or benefits means having full right to use and authority to decide what the outputs should be and how they should be used.

Learning objective 4: To help participants understand the concept of gender mainstreaming and ways of incorporating gender issues in nutrition interventions

Methodology: Brainstorming, interactive lectures

Activity: Brainstorming and interactive lectures

Instructions for activities

1. Ask participants to name traditional practices, food taboos and consumption patterns that that they think facilitate or hamper good nutrition of boys, men, women and girls in the household.
2. List the good and facilitating practices on one side and the bad and hindering practices on the other side.
3. Ask participants to reflect on the practices and how they are affecting the nutrition of men and women in their areas.
4. Ask them to explain and share their experiences on how they are addressing the issues in their work to improve nutrition in the community they work with.
5. After getting their feedback, summarize the discussion by providing the key points on gender mainstreaming.

Resource 4: Gender mainstreaming and steps in integrating gender in nutrition and health interventions

What is gender mainstreaming?

Gender mainstreaming is “a process of assessing, the implications for men and women, of any planned activities including legislation, policies and programs, in all areas as well as all levels” (UN, 1997). It involves deliberate actions to ensure that the experiences, expectations, needs and concerns of men and women are integrated in decision making, planning, programming and budgeting, monitoring and evaluation of policies and programs.

The following are some tips in identifying ways to integrate gender concerns in nutrition interventions

- Incorporate gender analysis into regular nutrition activities. Collect information on how men and women are affected and address their needs and constraints in relation to nutrition.
- Involve and empower both men and women equally in addressing nutrition problems in the community. Focusing on women only, as victims, may instigate negative outcomes, such as inciting jealousy among men; turning men away from nutrition issues and actions resulting in the stigmatization of nutrition activities as “women’s business.”
- Acknowledge and enhance the key roles of women in the production, storage and preparation of food by providing training and nutrition education to empower their ability to offer a healthy diet for their families through homestead gardening.
- Acknowledge and promote the role of men in improving nutrition for their families. Engage men as partners, as care givers and as agents of positive change.
- Use Farmer training centers to practically demonstrate gender and nutrition-sensitive interventions as complementary to other health based nutrition interventions.
- Consult and include men and women in community meetings, demonstrations at the field level and monitoring & evaluation of nutrition interventions.
- Educate men and women on good fatherhood and motherhood practices, breastfeeding, complementary feeding and other nutrition matters.
- Incorporate gender awareness as part of the community awareness sessions and campaigns on health and nutrition matters.
- Conduct routine assessments and client exit interviews at facilities to assess the friendliness of services to mothers and children.
- Train health workers to employ gender perspective in order to appropriately respond to the distinct health needs of men and women.
- Disseminate information on gender and health at the community and family levels; information, education and communication initiatives should be targeted appropriately and strategically in order to reach the key audiences for community and family members.

Session 6: Optimal Infant and Young Child Feeding.

Learning objectives

1. Describe optimal breastfeeding practices.
2. Describe optimal complementary feeding practices for children 6 to 24 months of age. **D**
3. Describe feeding practices for a sick child.

Materials (see sub-session)

- Flip chart and marker
- Paper plaster
- Colored sheets of paper to write case studies
- Copies of the different scenarios

Duration: 9 hours and 10 minutes

6.1 Breastfeeding

Learning objective 1: Describe optimal breastfeeding practices.

Learning objective 1.1: To review recommended infant and young child feeding practices.

Methodology: Brainstorming

Duration: 60 minutes

Instructions for activity

5. On a flip chart, write the heading “Recommended breastfeeding practices.”
6. Ask participants to describe what they know about recommended infant and young child feeding practices.
7. Present feeding practices not mentioned by participants.
8. Use counseling cards (CC) 8 Early initiation of breastfeeding; 9 Proper positioning and attachment; 10 Exclusive breastfeeding.
9. Discuss and summarize.

Resource 15. Recommended breastfeeding practices and possible counseling discussion points

Recommended breastfeeding practices	Possible counseling discussion points Note: Choose two or three most relevant to mother's situation and add other discussion points from personal knowledge.
Place infant skin-to-skin with mother immediately after birth.	<input type="checkbox"/> Skin-to-skin with mother keeps newborn warm and helps stimulate bonding. <input type="checkbox"/> Skin-to-skin helps the "let down" of the colostrum/milk. <input type="checkbox"/> It is important to continue putting the baby to the breast to stimulate milk production and let down.
Initiate breastfeeding within the first hour of birth. Breastfeeding in the first few days.	<input type="checkbox"/> Make sure baby is well attached. <input type="checkbox"/> This first milk [use local word] is called colostrum. It is yellow and full of antibodies that help protect your baby. <input type="checkbox"/> Colostrum provides the first immunization against many diseases. CC 8 Early initiation of breastfeeding <input type="checkbox"/> Breastfeeding frequently from birth helps the baby learn to attach and helps to prevent engorgement and other complications. <input type="checkbox"/> In the first few days, the baby may feed only 2 or 3 times/day. If the baby is still sleepy on day 2, the mother may express some colostrum and give it from a cup. <input type="checkbox"/> Give nothing else—no water, no infant formula, no other foods or liquids—to the newborn.
Exclusively breastfeed (no other food or drink) from birth to 6 months.	<input type="checkbox"/> Breast milk is all the infant needs for the first 6 months. <input type="checkbox"/> Do not give anything else to the infant before 6 months, not even water. <input type="checkbox"/> Breast milk contains all the water a baby needs, even in a hot climate. <input type="checkbox"/> Giving water will fill the infant and cause less suckling and less breast milk will be produced. <input type="checkbox"/> Water and other liquids and foods for an infant less than 6 months can cause diarrhea. CC 10 Exclusive breastfeeding
Breastfeed frequently, day and night.	<input type="checkbox"/> Frequent breastfeeding (8-12 times each day/night) increases the production of breast milk. <input type="checkbox"/> More suckling (with good attachment) makes more breast milk. CC 13 Breastfeeding day and night

Continue breastfeeding when infant or mother is ill.	<input type="checkbox"/> Breastfeed more frequently during infant illness. <input type="checkbox"/> The nutrients and immunological protection of breast milk are important to the infant when mother or infant is ill. <input type="checkbox"/> Breastfeeding provides comfort to a sick infant. CC 24 How to feed a sick baby from 0-6months
Avoid feeding bottles.	<input type="checkbox"/> Foods or liquids should be given by cup to reduce nipple confusion and the possible introduction of contaminants. CC 18 Hygiene CC 14 What to do when separated from your baby

Key information

- A non-breastfed infant has a greater risk of death. In the first 6 months, a non-breastfed baby is 14 times more likely to die than an exclusively breastfed.
- A non-breastfed child is prone to underdevelopment: retarded growth, underweight, stunting, and wasting due to higher infectious diseases such as diarrhea and pneumonia.
- Breast milk contains all the nutrients the baby needs, including vitamin A and antibodies that protect against diseases, especially diarrhea and respiratory infections.
- The infant benefits from colostrum, the first breast milk the baby receives after birth. It has a high concentration of nutrients and protects against illness and diseases. Colostrum acts as a laxative, cleaning the infant's bowels.

Learning objective 1.2: Be able to identify the common causes of breastfeeding difficulties and help mothers to overcome them.

Methodology: Group work and discussion

Duration: 75 minutes

Instructions for activity

1. Begin with a discussion, making the following points:
 - In previous sessions, we looked at counseling skills to encourage a mother to tell you her concerns.
 - When helping mothers with difficulties, you will need to use all of the skills you have learned so far.
2. Ask: What are some of the most common difficulties women in the communities face with breastfeeding?
3. Wait for responses and then mention the four difficulties that will be the focus of the session: **not enough milk, crying baby, breast refusal and working mother.**
4. Divide the participants into four groups. Each group will be assigned one difficulty to discuss and write down some common reasons. Then one person from each group will present their reasons to the entire group of participants.
5. Each group will have 10 minutes for the activity before the discussion.

Group 1. Not enough milk

Have the following questions prepared in advance and distribute to Group 1:

- Is the problem of not enough breast milk common in your area?
- What are some of the reasons why a mother may not have enough milk?
- How can you tell if a mother has enough milk?
- Can you think of any reasons why a baby may not get enough breast milk?
- Discuss how to help mothers with “not enough milk.”

The following questions can be used by the trainer to facilitate group discussion.

1. Is the problem of not enough breast milk common in your area?

- This is one of the most common reasons for stopping breastfeeding.
- Usually even when a mother **thinks** she does not have enough breast milk, her baby is getting all he/she needs.

2. What are some of the reasons why a mother may not have enough milk?

- Sometimes a baby does **not** get enough breast milk.
- This is usually because of ineffective suckling.
- It is rarely because the mother cannot produce enough. Almost all mothers can produce enough breast milk for one or even two babies.
- It is important to think about how much milk a baby is getting, not about how much milk a mother can produce.

3. How do you know if a baby is not getting enough breast milk?

- There are only two **reliable** signs that a baby is not receiving enough breast milk:
 - Poor weight gain (less than 500 grams per month).
 - Small amount of concentrated urine, less than six times per day.

Make these points:

- In nearly all cases, mothers are able to produce enough milk for their babies.
- For the first six months of life, a baby should gain at least 500 grams each month.
- If a baby does not gain 500 grams in a month, he/she is not gaining enough weight.
- Look at the baby's growth chart if available, weigh the baby, and arrange to weigh him again in one week's time.
- An exclusively breastfed baby who is getting enough milk usually passes diluted urine at least six to eight times in 24 hours.
- A baby who is not getting enough breast milk passes urine less than six times a day (often less than four times a day).
- The baby's urine is also concentrated and may be strong smelling and dark orange in color.
- If a baby is having other fluids (water) as well as breast milk, you cannot be sure he is getting enough breast milk if he is passing lots of urine.

Possible signs that a baby is not getting enough breast milk:

- Baby is not satisfied after breastfeeding and cries often.
- Very frequent and long breastfeeds.
- Baby refuses to breastfeed.
- Baby has hard, dry, green, or infrequent stools.
- No milk comes out when mother expresses.

4. Discuss the reasons why a baby may not get enough breast milk.

- Wait for a few replies.
- Continue until they have suggested at least one breastfeeding factor and at least one psychological factor.

5. Review with participants the table below: Reasons why a baby may not get enough breast milk.

Make the following note:

The reasons are arranged in four columns: (1) Breastfeeding factors; (2) Mother: psychological factors; (3) Mother: physical condition; (4) Baby's condition.

Breastfeeding factors	Mother: psychological factors	Mother: physical condition	Baby's condition
Delayed start	Lack of confidence	Contraceptive pill	Illness
Feeding at fixed times	Worry, stress	Diuretics	Abnormality
Infrequent feeds	Dislike of breastfeeding	Pregnancy	
No night feeds	Rejection of baby	Severe malnutrition	
Short feeds	Tiredness	Alcohol	
Poor attachment		Smoking	
Bottles, pacifiers		Retained piece of placenta (rare)	
Other foods		Poor breast development (very rare)	
Other fluids (water, teas)			
These are COMMON		These are NOT COMMON	

Make these points:

- Psychological factors are often behind the breastfeeding difficulties—for example, lack of confidence causes a mother to give bottle feeds.
- It is not common for a mother to have a physical difficulty in producing enough breast milk.

6. Discuss how to help mothers with not enough milk

Make these points:

- We have already discussed whether the baby is actually getting enough breast milk.
- If the baby is not getting enough breast milk, you need to find out why, so that you can help the mother.
- If the baby is getting enough breast milk, but the mother thinks that he/she is not, you need to find out why she doubts her milk supply so that you can build her confidence.

For babies who **are not** getting enough breast milk:

- Use your counseling skills to make an accurate feeding assessment.
- Observe a breastfeed to check positioning and attachment and to look for bonding or rejection.
- Use your observation skills to look for illness or physical abnormality in the mother or baby.
- The solutions you suggest to the mother will depend upon the cause of the insufficient milk.

- Always remember to arrange to see the mother again soon.

For babies who **are** getting enough breast milk but the mothers **think** they are not:

- Use your counseling skills to make an accurate feeding assessment.
- Explore the mother's ideas and feelings about her milk supply and pressures she may be experiencing from other people regarding breastfeeding.
- Observe a breastfeed to check positioning and attachment and to look for bonding or rejection.
- Praise the mother about good points in her breastfeeding technique and her baby's development.
- Always remember to arrange to see the mother again soon.

7. Discuss the following scenario as a group

- Ask participants to read the story about Almaz. Below the story are questions and spaces for participants to fill in the answers.
- After a few minutes, go through the questions with the group and ask the participants to write in the answers so they have them to refer to later.

Almaz says she does not have enough milk. Her baby is three months old and crying "all the time." her baby gained 200g last month. Almaz manages the family farm by herself, so she is very busy. She breastfeeds 2 or 3 times at night, and about 2 times during the day when she has the time. She does not give her baby any other food or drink.

Ask: Almaz says she does not have enough breast milk. Do you think her baby is getting enough milk?

Wait for a few replies, then share the following answer:

Almaz's baby only gained 200g last month, so he is not getting enough breast milk.

Ask: Why is Almaz's baby not getting enough breast milk?

Answer: *Almaz is not breastfeeding her baby often enough.*

Ask: Can you suggest how Almaz could give her baby more breast milk?

Wait for a few replies, then **ask:**

- Could she take her baby to the farm with her so she could breastfeed him more often?
- Could someone bring her baby to her while she is working?
- Could she express her breast milk to leave for her baby?

Group 2. Crying baby (10 minutes)

Have the following questions prepared in advance and distribute to Group 2.

1. What are the reasons for a crying baby?
2. How can you help mothers whose babies cry a lot? What are some suggestions that counselors/health workers could share with mothers?
3. What questions can you ask a mother to determine why her baby may be crying a lot?
4. What are the different ways one can soothe or comfort a crying baby?

The following questions can be used by the trainer to facilitate group discussion.

1. What are the reasons for a crying baby?

Write on the flip chart 'Reasons why babies cry.'

Reasons why babies cry	
1. Discomfort	(dirty, hot, cold)
2. Tiredness	(too many visitors)
3. Illness, pain, or colic	(changed pattern of crying)
4. Hunger	(not getting enough milk, growth spurt)
5. Mother's food	(any food, sometimes cow's milk)
6. Drugs mother takes	(caffeine, cigarettes, other drugs)
7. They want to be held	

Make the following points:

- Some of these causes may be new to you, so we will discuss them briefly.
- Hunger due to growth spurt:
 - o A baby may become very hungry for a few days because he is growing faster than usual, especially at the ages of 2 weeks, 6 weeks and 3 months.
 - o Encourage frequent suckling.
- Mother's food:
 - o Sometimes a mother will notice that her baby is upset when she eats a particular food.
 - o It can happen with any food so there are no special foods to advise mothers to avoid, unless she notices a problem.
- Colic:
 - o Some babies cry a lot without any noticeable cause.
 - o The baby may pull up his legs as if he has abdominal pain.
 - o The baby may appear to want to suckle, but it is very difficult to comfort him.
 - o Babies who cry in this way may have very active bowels or gas, but the cause is not clear. This is called colic.
 - o Colicky babies tend to grow well and the crying usually decreases after the baby is 3 months old.
- Skin-to-skin contact: Some babies who cry a lot need to be held and carried more.

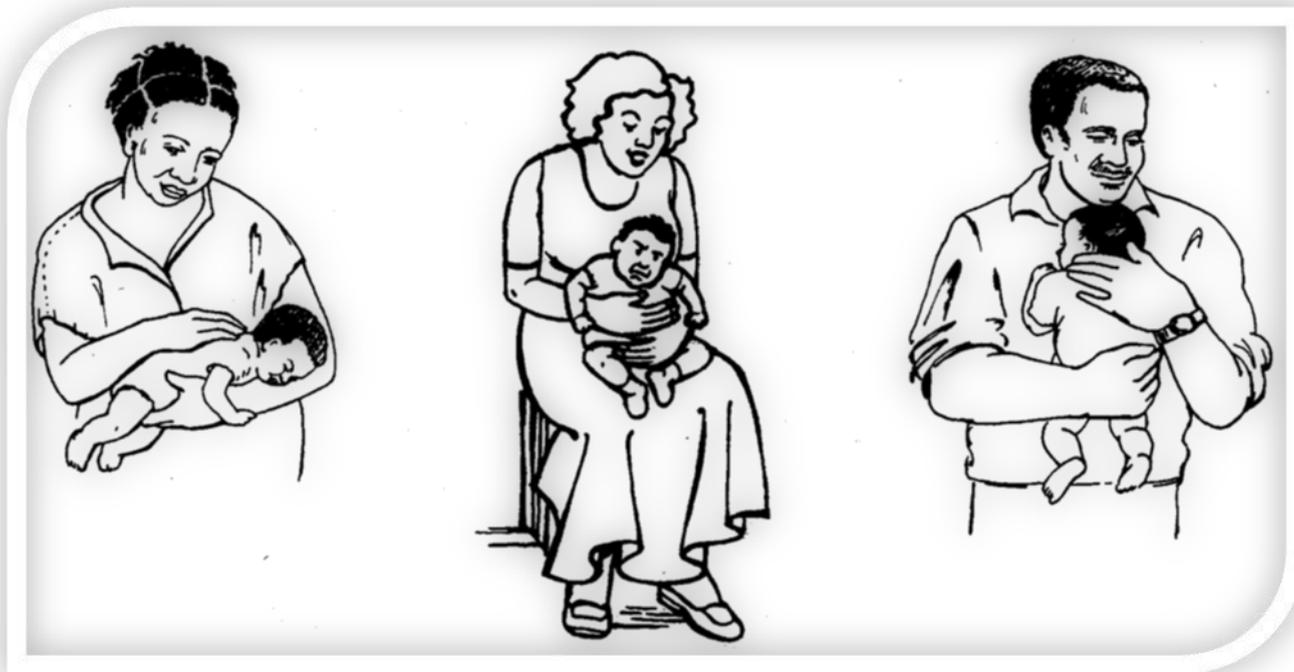
2. Discuss how to help mothers whose babies cry a lot.

Make these points:

- Try to determine the cause of the crying. Use your counseling skills to make an accurate assessment.
- Observe a breastfeed to check the baby's position, attachment, and the length of the feed.
- Make sure the baby is not ill or in pain. Check the baby's growth and refer if necessary.

Figure 4.1: Some different ways to hold a colicky baby

- A. Holding the baby along the forearm B. Holding the baby around his abdomen, on your lap C. Father holding the baby against his chest



3. Discuss the following scenario as a group.

Ask participants to read the story about Chaltu and answer the questions below.

Chaltu’s baby is three months old. She says that for the last few days he has suddenly started crying and wants to be fed very often. She thinks that her milk supply has suddenly decreased. Her baby has breastfed exclusively until now and has gained weight well.

Ask: What relevant information can you give to Chaltu?

Wait for a few replies. Encourage participants to give the information in a positive way.

Answer: At this age, many babies have a growth spurt and become very hungry. If you feed him more often for a few days, your milk supply will increase, and he will settle down again.”

Group 3: Refusal to breast-feed

Have the following questions prepared in advance and distribute to the participants.

- What are the different ways a baby refuses the breast?
- What are the different reasons why a baby refuses the breast?
- What questions would you (counselor) ask a mother who says her baby is refusing her breast?
- What types of counseling advice would you offer the mother?

Reasons why babies may refuse to breastfeed

- Baby is ill, tired, or in pain.
- Difficulty with breastfeeding technique.
- Changes that upsets the baby.
- Apparent, not real, refusal.

Ask participants to look briefly at the table below. Explain any cause of breast refusal they do not understand, but do not read the whole list out loud as this will take too much time.

Causes of breast refusal

Illness, pain, or sedation	Infection
	Sore mouth (thrush, teething)
Difficulty with breastfeeding Technique	Use of bottles and pacifiers while breastfeeding. Not getting much milk (e.g., poor attachment). Pressure on back of head when positioning. Mother shaking breast. Restricting length of feeds. Difficulties coordinating suckle.
Change that upsets baby (especially aged 3 to 12 months)	Separation from mother (e.g., mother returns to work). New caregiver or too many caregivers. Change in the family routine. Mother is ill. Mother has breast problem (e.g., mastitis). Mother is menstruating. Change in smell of mother.
Apparent refusal	Newborn: rooting Age 4 to 8 months: distraction Older than 1 year: self-weaning

Ask participants to read below 'Helping a mother and baby to breastfeed again.'

Discuss the following scenario as a group

Ask participants to read the story about Genet and answer the questions below.

Genet delivered a baby boy by vacuum extraction two days ago. He has a bruise on his head. When Genet tries to feed him, he screams and refuses. She is very upset and feels that breastfeeding will be too difficult for her. You watch her trying to feed her baby, and you notice that her hand is pressing on the bruise.

Relevant information: "At the moment, the bruise is making breastfeeding painful for the baby. That is why he is crying and refusing to feed."

Ask: What practical help can you give to Genet?

Wait for a few replies. Share one possible answer:

Offer to help Genet find a way to hold her baby that is not painful for him.

Helping a mother and baby to breastfeed again

Help the mother to do these things:

- ✓ Keep her baby close with no other caregivers.
- ✓ Have plenty of skin-to-skin contact at all times, not just during feeding.
- ✓ Sleep with her baby.
- ✓ Offer her breast whenever her baby is willing to suckle.
- ✓ Of
fer the breast when her baby is sleepy, or after a cup feed.
- ✓ Offer when she feels her ejection reflex working.
- ✓ Help her baby to take the breast.
- ✓ Express breast milk into his mouth.
- ✓ Position the baby so that he/she can attach easily to the breast; try different positions.
- ✓ Avoid pressing the back of his head or shaking her breast
- ✓ Feed her baby by cup using her own expressed breast milk

Group 4: Working Mother

Have the following questions prepared in advance and distribute to the group.

- Why do working mothers have difficulties breastfeeding their babies?
- What options do they use to address this difficulty?
- What types of counseling advice would you offer these mothers?

After the group's presentation, discuss possible options to address the difficulty with working mothers and summarize the session.

Learning objective 1.3: To provide practical support for mothers at facility level

Methodology: Practical session at a clinic

Duration: 100 minutes

Instructions for activity

1. One trainer leads a preparatory session with all participants and the other trainers together. If you have to travel to another facility for the practical session, hold the preparatory session in the classroom before you leave. If necessary, this can take place the evening or the morning before.
2. Explain the following to the participants:
 - You are going to practice the ‘confidence and support’ skills that you learned in previous sessions, as well as ‘assessing a breastfeed’ and ‘listening and learning.’ It is important that you practice helping a mother to position her baby at the breast and counsel her on any breastfeeding difficulties that she may have. Often you will find that babies are sleeping. In this case, you should tell the mother: “I see your baby is sleepy now, but let’s practice the way to hold him when he is ready to feed”. Then go through the 4 key points of positioning with the mother. If you do this, the baby will wake up and want to feed when their mouth is placed near the nipple.
 - You will need to take with you one copy of the COUNSELING SKILLS CHECKLIST, two copies of the BREASTFEED OBSERVATION JOB AID, pencil and pen to take notes you will work in groups of 3 to 4 with one trainer.
3. What to do in the ward:
 - Take turns talking to a mother, assessing a breastfeed, and helping her to position and attach her baby if she needs help.
 - Practice as many of the six ‘confidence and support’ skills as possible. In particular, try to do these things:
 - Praise two things that the mother and baby are doing right.
 - Give the mother two items of relevant information that are useful to her now.
 - Observe the feed using the BREASTFEED OBSERVATION JOB AID and put ticks in the boxes.
 - The other participants should stand quietly in the background.
4. Trainers should make specific observations of the participants’ counseling skills.

Conduct the facility practices (all trainees)

These notes are for the trainers. Trainers should read these notes to ensure that they know what to do. There is no need to read these notes to the participants.

1. Take your group to the ward or clinic.
2. Conduct the session in the same way as Practical Session 1. This time the participants may help a mother to position and attach her baby.
3. Guide the participant who is practicing:

Stay in the background and try to let the participant work without too much interference. You do not need to correct every mistake that she makes immediately. If possible, wait until the discussion afterwards when you can both praise what she did well and talk about anything she needs to improve. However, if she is making a lot of mistakes, or not making any progress, then you should help her. Try to help in a way that does not make her embarrassed in front of the mother and the group. If a participant has helped a mother to position her baby, but the mother is still having difficulties, then you should help the mother before your group leaves her. Use your confidence and support skills to correct participants and to help them gain confidence in their own clinical and counseling skills.

4. Discuss the participants' performance
 - Take the group away from the mother and discuss what they observed.
 - Use the PRACTICAL DISCUSSION CHECKLIST to help you lead the discussion. Try not to spend too much time going through the practical session with each participant. It is important that everyone has a chance to practice their skills. Use your counseling skills when giving feedback.
 - First ask each participant individually how well she/he thinks she/he did. Try to encourage the participants to use their counseling skills in the way they give feedback to other participants. Go through the BREASTFEED OBSERVATION JOB AID and discuss what the participants observed when assessing a breastfeed.
 - Discuss how the participant helped a mother to position and attach her baby.

Resource 2: Breastfeeding observation job aid

Mothers name Date
Baby's name..... Baby's age.....

Signs that breastfeeding is going well

Mother:

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

Baby

Baby is calm and relaxed
Baby reaches for breast if hungry

Breasts

Breasts look healthy
No pain or discomfort
Breast well supported with fingers

Baby's position

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

Baby's attachment

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

Suckling

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

Signs of possible difficulty

Mother:

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

Baby

Baby is restless or crying
Baby doesn't reach for breast

Breasts

Breasts look red, swollen, or sore
Breasts or nipple are painful
Breast held with fingers on areola away from nipples

Baby's position

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

Baby's attachment

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

Suckling

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

6.2 Complementary Feeding

6.2.1 Types of Foods and How to Enrich Them

Learning objective 2: Describe optimal complementary feeding practices.

Learning objective 2.1: Identify different types of local foods that can be used as complementary foods.

Methodology: Group discussion

Duration: 30 minutes

Instructions for activity

1. Introduce the session.
2. Form groups of five.
3. Ask participants to identify common foods in their communities and to give examples or illustrations of local foods.
4. Summarize the session.

Staples: grains such as maize, wheat, barley, teff, millet, sorghum and roots crops such as Kocho, cassava and potatoes.	Legumes: beans, lentils, chickpeas, peas.	Animal-source foods: such as minced meat, dried meat (kuwanta) powder, chicken, fish, liver, eggs, milk and milk products.
	Oil/butter Iodized salt	
<input type="checkbox"/> Vitamin A-rich fruits & vegetables such as mango, papaya, dark-green leaves, carrots, sweet potato and pumpkin.		
<input type="checkbox"/> Other fruits and vegetables such as banana, pineapple, avocado, tomato, kale and cabbage.		

Make the following note:

Make sure the child gets vitamin A supplementation twice a year from 6 months to 5 years of age.

Encourage the consumption of vitamin A-rich foods such as yellow-colored fruits (papayas, mangoes, oranges, carrots, pumpkins, orange-flesh sweet potatoes), dark green vegetables, organs (liver), and animal sources (eggs, milk, butter, cheese) and vitamin A-fortified foods.

Iron

After 6 months, the baby's iron needs must be met by the foods he or she eats.

- The best sources of iron are animal foods, such as liver, lean meats, and fish. Other good sources are iron-fortified foods and iron supplements.
- Plant sources such as beans, peas, lentils, and spinach are a source of iron as well.
- Eating foods rich in vitamin C with iron or soon after, increases absorption of iron.
- Drinking tea and coffee with a meal reduces the absorption of iron.

Vitamin D

Expose the child to the sun on a daily basis to fulfill his/her vitamin D requirement. Vitamin D will help bone growth.

Iodine

Cook family food with iodized salt and consume fish, if available. Iodine will help intellectual development.

Resource 5: Different types of local foods.

<p>Staples: grains such as maize, wheat, barley, teff, millet, sorghum and roots crops such as Kocho, sweet potato, cassava and potatoes</p>	
<p>Legumes such as beans, chickpeas, lentils, and peas</p>	
<p>Vitamin A-rich fruits and vegetables such as mango, papaya, dark-green leaves, carrots, yellow sweet potato, pumpkin and other fruits and vegetables such as banana, pineapple, avocado, watermelon, tomato, eggplant and cabbage</p>	
<p>Animal-source foods including flesh foods such as minced meat, dried meat (kuwanta) powder, chicken, fish, liver, eggs, milk and milk products</p> <p>Note: animal source foods should be started at 6 months</p>	
<p>Small amounts of oil or butter added to vegetables and other foods will provide extra energy. Infants need a very small amount (no more than half a teaspoon per day). It is also valuable not to skim the fat from boiled milk.</p>	

Learning objective 2.2: Explain how complementary foods can be enriched.

Methodology: Brainstorming, group discussion

Duration: 20 minutes

Instructions for activity

1. Ask participants what can mothers/caregivers add to the baby's porridge to enrich it?
2. Write responses on the flip chart.
3. Form groups of five members.
4. Ask groups to answer the listed questions and record their answers on a flipchart:
 - a. When counseling a mother at your kebele, what would you tell her to add to a child's porridge to make it more nutritious for her baby?
 - b. How can a mother prepare animal source foods like meat, fish and eggs in a way that is easier for children to eat?
 - c. How can a mother add locally available fruits and vegetables to a child's porridge without fear of choking the baby?
 - d. What will be the reaction of mothers/families if you recommend adding different foods such as meat to a child's porridge?
 - e. If mothers in the community do not accept your recommendation the first time, what methods will you use to encourage them to accept your recommendations?
5. Have a representative from one group present the group's ideas. Ask other groups to present additional points only.
6. Stress the need for babies to have a variety of foods from an early age so that they will be healthy and learn well at school.
7. Summarize the session by discussing the key points from Resource 7: Enriching complementary foods.

Resource 7: Enriching complementary foods.

Cereal or root crop based complementary foods can be enriched by:

1. Replacing **water** used for preparing porridges **with milk**.
2. Adding **butter/oil** which will enrich, thicken and make the porridge more energy dense, softer and easier to eat.
3. **Mixing legumes** such as pea, chickpea or broad bean flour with the staple flour before cooking (use 1/4 legume flour to 3/4 cereal flour).
4. Adding **dried meat** (kuanta) powder, finely minced meat or eggs.
5. Adding finely chopped **kale or carrots**.
6. Adding mashed **avocado**, banana or papaya.
7. Adding **iodized salt** after preparing complementary foods.

Note: All of the above actions will improve the nutrient quality of complementary foods.

- A n i m a l** source foods should be eaten as often as possible.
- Adding small amounts of an animal source food to the meal adds nutrients and is good for the child.
- O r g a n** meats such as liver, heart and kidney are often less expensive and have more iron than other meats.

Preparation of animal foods

- M e a t** or organ meat can be finely minced to make it easier for the child to eat.

Fruits and vegetables

- E n c o u r a g e** families to feed orange/yellow-colored fruits and dark green vegetables.
- P r o m o t e** home gardens and planting fast growing vegetables such as kale, carrots and tomatoes if a small plot of land near the home is available.
- If families can afford to do so and if they are available, fruits and vegetables can be purchased from the local markets.

How to prepare dry meat



6.2.2 Thickness or Consistency of Complementary Foods

Learning objective 2.3: Explain and demonstrate the appropriate thickness/consistency of complementary foods for different age groups.

Methodologies: Demonstration and discussion

Duration: 20 minutes

Materials

- Flip charts, marker, VIPP cards and masking tape
- Two plastic bowls
- Two coffee cups of thick porridge made from local staple foods
- Clean hot water to dilute porridge
- Two tablespoons
- Materials for cleaning and hand washing: medium bowl, water jug, soap, 2 small cleaning cloths and towel

Advance preparation

1. Prepare porridge from local staple foods before the session begins (use materials for complementary feeding preparation).
2. Write the learning objectives on a flip chart.
3. Copy key messages on VIPP cards.
4. Prepare copies of Facilitator's Note 3.2: Thickness/consistency of complementary foods.

Instructions for activity

1. Explain to the participants that you are going to demonstrate the proper consistency/thickness of a complementary food for an 8-month-old child.
2. Prepare thick Besso and divide the prepared Besso into two even portions (assume that it is enriched thick porridge).
 - 2.1 Put one portion of the Besso in one of the plastic bowls and dilute it with water until it becomes thin gruel, like the traditional way.
 - 2.2 Ask: What do you see? “The thick Besso has now become thin and watery.”
 - 2.3 Pass around the bowl with the thin Besso to the participants and have them examine the consistency with a spoon.
 - 2.4 Display the undiluted half of the Besso and tell the participants that this is the consistency of the child’s porridge if the mother does not add extra water.
 - 2.5 Pass around the bowl with thick Besso to the participants and have them examine the consistency with a spoon.
3. Ask the participants to do the following, then discuss:
 - a. Ask them to make two columns on a chart and to list the differences between the thick and thin consistency and the benefits of each to the child.
 - b. Which consistency of porridge should we promote to mothers? Why?
4. Discuss the following:
 - a. The child’s stomach would be full before he/she finished the bowlful of thin porridge and the child would not get the energy he/she needs to grow properly.
 - b. If the child eats the thick porridge, it will help him/her meet his/her energy needs.
 - c. The importance of consistency of complementary foods using Facilitator Note 3.2: Thickness/consistency of complementary foods.

Facilitator's Note 3.2: Thickness/consistency of complementary foods

<p>1. Why do families not give thick food to infants?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fear of choking: Families are usually afraid that thick foods are difficult for the baby to swallow and will choke the child or cause constipation. <input type="checkbox"/> Families think adding more water to complementary foods make them easier for the child to eat and suitable for bottle feeding. <p>2. What is the benefit of thick food?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amount of water: Cook porridge with less water to make it thicker which provides more energy. <input type="checkbox"/> Porridge that is thin does not provide enough energy or nutrients a child needs to grow strong and healthy. 	<p>6 to 11 months</p>	<p>Start with small amount of soft porridge at 6 months.</p> <p>Gradually increase to thick porridge.</p> <p>Give finely mashed foods (fruits, boiled vegetables)</p>
<p>3. When can babies start thick food?</p> <ul style="list-style-type: none"> <input type="checkbox"/> At 6 months: infants can eat pureed, mashed, and semi-solid foods. Beginning at 8 months, they can eat foods that they can hold in their hands, like a piece of fruit. <input type="checkbox"/> At 12 months: most children can eat family foods which are modified to meet their needs. Modification can be mashing or adding extra foods like mashed vegetables to the family foods. 	<p>12 to 24 months</p>	<p>Family foods, chopped or mashed; if necessary, enriched porridge</p>

Adapted from WHO. (2004). *Complementary feeding counseling a training course: Trainers guide*



6.2.3 Frequency and Amount of Complementary Foods

Materials: Flip charts, markers, masking tape and VIPP cards

Advance preparation

1. Write the learning objectives on the flip chart.
2. Write the contents from Resource 10 along with the headings Age, Frequent, Amount on VIPP cards.
3. Prepare the room for group discussion.

Learning objective 2.4: Explain the frequency of complementary foods for different age groups.

Methodology: Group discussion

Duration: 20 minutes

Instructions for activity

1. Ask participants why parents need to know how many times a day and how much food children under 2 years need to be fed.
 - Facilitator:** Stress the importance of thick food as well as frequency of feeding because children under 2 years have small stomachs and can't eat much at one time.
2. Divide the participants into 2 groups.
3. Prepare flip charts with columns: Age, Frequency, Amount; and rows: 0 to 6 months, 6 to 11 months, 12 to 24 months

Age	Frequency	Amount
0 to 6 months		
6 to 11 months		
12 to 24 months		

4. Distribute VIPP cards to groups with the chart content from Resource 10: Recommended feeding practices of children 0 to 24 months.
5. Ask both groups to fill in the boxes on the flip chart, taping or sticking their VIPP cards in the appropriate box for the following questions:

How many times a day should children of the following age groups be fed?

How much food should be fed to children in the following age groups?

- 0 to 6 months
- 6 to 11 months
- 12 to 24 months

6. Ask group one to explain their entries on the flip chart.
7. Ask group two to explain their entries on the flip chart.
8. Summarize the session using the section in the quick reference book and using Facilitator's Note 4b.

Resource 10: Recommended amount and frequency of child feeding per day

Age	Frequency	Amount
0 to 6 months	Breastfeed day & night as often as the child wants. (at least 10-12 times)	At 6 months (181 days) start with 2 to 3 tablespoons and gradually increase amount.
6 to 11 months	2 to 3 meals plus frequent breastfeeds. 1 to 2 snacks may be offered.	Increasing gradually to 3 full cups.
12 to 24 months	3 to 4 meals plus breastfeeds. 1 to 2 snacks may be offered.	4 full cups.

Importance of snacks throughout the day

- In addition to complementary foods, children need snacks to fill energy gaps.
- Snacks are foods eaten between meals and they are convenient ways to give a young child extra food needed to supplement the child's energy and micronutrient requirements.
- Snacks should be easy to prepare and provide both energy and nutrients.

Note: Tea and coffee contain compounds that can interfere with iron absorption and thus are not recommended for young children. Sugary drinks, such as soda, should be avoided because they contribute little value other than energy, and thereby decrease the child's appetite for more nutritious foods.

Resource 11: Key Messages: Amount & Frequency of Complementary Foods for 6 to 24 months

Who	Action	Why
Mother/ Father	<ul style="list-style-type: none"> <input type="checkbox"/> Start soft thick porridge when baby is exactly 6 months old <input type="checkbox"/> Start with ‘tastes’ (2-3 tablespoons) and gradually increase amount. 	<p>Starting at 6 months, feeding only breast milk will not meet the needs of the growing baby; babies should be fed complementary foods at 6 months in addition to breast milk.</p> <p>Starting at 6 months, babies can swallow soft thick porridge; you don’t have to worry about possible choking.</p> <p>By 8 months, the baby should begin eating finger foods such as pieces of ripe mango, papaya, avocado, banana, etc.</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> From 6 -11 months, feed 2 to 3 meals plus frequent breastfeeds, feed 1 to 2 snacks <input type="checkbox"/> From 12 – 24 months feed 3 to 4 times and continue breastfeeding, also feed 1 to 2 snacks. 	<p>Babies cannot eat more food at one time because they have small stomachs; they need small, frequent feedings. When your child is 12 months of age, start to feed him or her family foods, chopped or mashed, and if necessary, enriched porridge.</p> <p>Feed soft thick porridge enriched with dried meat powder, minced kale, pumpkin, etc. at least 3-4 times a day along with 1-2 other solid foods (<i>mekses</i>) each day to ensure healthy growth.</p> <p>As your baby grows older, feed more food at each meal in order to ensure that he/she is eating enough to maintain healthy growth.</p> <p>If babies are not fed adequate food, they cannot grow well; their physical and brain development could be affected.</p>

6.2.4 Active/Responsive Feeding

Learning objective 2.5. Active/responsive feeding practices

Materials: Flip charts, markers, masking tape and VIPP cards

Advance preparation:

1. Prepare flip chart and markers.
2. Flip chart: Highlight learning objectives.
3. Copy key words/phrases from key messages in Facilitator's Note 5 on separate VIPP cards.
4. Write Facilitator's Note 5 on a flip chart.

Learning objective 2.5.1 Define active and/or responsive feeding.

Methodology: Brainstorming, discussion, interactive presentation

Duration: 30 minutes

Instructions for activity:

1. Introduce the session.
2. Ask participants what is active or responsive feeding. Record responses on a flip chart until key words from the definition of active/responsive feeding are mentioned such as:
 - Responsiveness to clues for hunger and fullness
 - Encouraging/stimulating a child to eat
3. Ask the participants to list the importance of active or responsive feeding.
4. Record responses on a flip chart.
5. Discuss and summarize the first paragraph from Facilitator's Note 5: Active/responsive feeding.

Facilitator's Note 5: Active/responsive feeding

<p>What does active feeding mean?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> When feeding young infants, the mother/caregiver is alert and responsive to the child's clues for hunger and fullness. <input type="checkbox"/> Encouraging and stimulating the child to eat is referred to as active or responsive feeding. Active/responsive feeding increases a child's dietary intake.
<p>How can mothers or caregivers practice active/responsive feeding?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Be sensitive to child's hunger and fullness signs. <input type="checkbox"/> When the child is old enough, offer foods that the child can take and hold, as children often want to feed themselves. Make sure most of the food goes into his/her mouth. <input type="checkbox"/> Feed slowly and patiently; encourage children to eat, but do not force them. <input type="checkbox"/> Congratulate the child when he/she finishes the food.
<p>What if children refuse to eat?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> If children refuse foods, try out different food combinations, tastes, consistency, methods of encouragement or wait and offer again. <input type="checkbox"/> Minimize distractions during meals if the child loses interest easily. <input type="checkbox"/> Remember that feeding times are periods of learning and love; talk to children and play with them during feeding; use eye-to-eye contact.
<p>Should mothers only feed the child?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Fathers, family members (older children), child caregivers can participate in active/responsive feeding.
<p>Can the child eat with older siblings?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Have a separate, colorful and attractive plate for infants and young children. <input type="checkbox"/> Feeding a child from his/her own plate helps the mother/caregiver know if the child is getting adequate food.

Learning objective 2.5.2: Explain ways to encourage young children to eat.

Methodologies: Brainstorming, interactive presentation, plenary discussion

Instructions for activity:

1. On a flip chart draw 2 columns.
2. Ask participants to share how a child is fed in their communities and record responses in the first column.
3. Ask participants to share how they think a child should be fed and record responses in the second column.
4. Compare the 2 responses.
5. Fill in the gaps about active/responsive feeding.
6. Review together Facilitator Note 5: Active/responsive feeding.

Resource 12: Key Actions: Active Feeding

WHO?	ACTION	WHY?
Mother	Be patient and actively encourage your baby to eat all its food in order to grow healthy.	At first the baby may need time to get used to eating foods other than breast milk so have patience and take enough time for feeding, even using play to help the baby eat. Make the time for eating special.
		Use a separate plate to feed the child to make sure he/she eats all the food given.
		Forced feeding will discourage babies and young children from eating.
		As they are too little to feed themselves, babies need to be fed directly to make sure they eat all the food given to them.
		As they are too little to feed themselves, babies need to be fed directly to make sure they eat all the food given to them.
		Even when older, young children should be supervised during mealtime to make sure they eat all the food put on their plate.

Resource 3: 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 practicing (either in the clinic or using counseling 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)

- 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)

- 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 sessions)

- Which messages for complementary feeding did you use?
(check 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 counseling stories)

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

Resource 4: Observation checklist for infant and young child

Feeding assessment of mother/child

Name of counselor: _____

Name of observer: _____

Date of visit: _____

(√ *for yes and* × *for no*)

Did the counselor

Use listening and learning skills:

- Keep head level with mother/parent/caregiver?
- Pay attention? (eye contact)
- Remove barriers? (tables and notes)
- Take time?
- Use appropriate touch?
- Ask open-ended questions?
- Use responses and gestures that show interest?
- Repeat back what the mother said?
- Avoid using judging words?
- Allow mother/parent/caregiver time to talk?

Use building confidence and giving support skills:

- Accept what a mother thinks and feels?
- Listen to the mother/caregiver's concerns?
- Recognize and praise what a mother and baby are doing correctly?
- Give practical help?
- Give relevant information?
- Use simple language?
- Make one or two suggestions, not commands?

ASSESSMENT

(√ *for yes and* × *for no*)

Did the counselor

- Assess age accurately?
- Check mother's understanding of child growth curve? (if GMP exists in area)
- Check on recent child illness?

6.2.5 Practical Session on Complementary Feeding in the Classroom

Learning objective 2.5.3. Practical session on complementary feeding in the classroom

Methodology: Role-play and practical session

Duration: 135 minutes

Role-play (20 minutes)

Scenario 1. Abebe is 8 months old. He was exclusively breastfed up to 6 months. After 6 months his mother prepared ‘mitin’ and is feeding gruel with a bottle. His grandmother thinks that he is too young to eat other foods. Abebe has diarrhea and the mother came to a clinic to get treatment for diarrhea.

Counsel this mother (use **CC 18 Hygiene, 19 Complementary feeding, 20 Variety of foods**)

Scenario 2. A mother came to a clinic with her 13-month-old child Fatuma. The health worker asked Fatuma about her feeding practices. Fatuma is still breastfeeding and she is getting injera with shiro once a day.

Counsel this mother (use **CC 18 Hygiene, 23 Infant feeding 12-23 months**)

Practical session at a clinic

After completing this session, participants will be able to: demonstrate how to gather information about complementary feeding using counseling skills and the FOOD INTAKE JOB AID, 6-23 MONTHS.

Provide information about complementary feeding and continuing breastfeeding to a mother of a 6-23 month old child.

Explain what the participants should take with them:

You do not need to bring many items with you. Carrying too many things can create a barrier between you and the mother you are talking with. Take with you:

- The FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS
- Two blank copies of the COUNSELING SKILLS CHECKLIST
- Two blank copies of the FOOD INTAKE JOB AID, 6-23 MONTHS
- The picture of the thick and thin consistency
- Common bowl used to feed a young child - between each pair of participants
- Pencil

Explain how the participants will work:

You will work in your groups of 3-4 and each group will have one trainer. One participant talks with the mother, filling in the FOOD INTAKE JOB AID, 6-23 MONTHS at the same time. The others in the group observe and fill in the COUNSELING SKILLS CHECKLIST. If you meet a child who is ill or has a major feeding difficulty, encourage the mother to bring the child to the local health center.

Do not offer suggestions for treatment of an ill child.

When you talk with a mother:

- Introduce yourself to the mother and ask permission to talk with her. Introduce the others in your group and explain you are interested in learning about feeding young children.
- You may wish to say you are taking a course.
- Try to find a chair or stool to sit on, so you are at the same level as the mother.
- Practice as many of the counseling skills as possible as you gather information from the mother using the FOOD INTAKE JOB AID, 6-23 MONTHS.
- Listen to what the mother is saying and try not to ask a question if you have already been told the information.
- Fill out the FOOD INTAKE JOB AID, 6-23 MONTHS as you listen and learn from the mother.
- Use the information you have gathered to praise two things that she is doing well and offer two or three suggestions for improvement.
- Be careful not to give a lot of advice.
- Answer any questions the mother may ask the best you can. Ask your trainer for assistance as necessary.

The participants who are observing can mark a 9 on the COUNSELLING SKILLS CHECKLIST for every skill that they observe their partner practicing. Remember to observe what the ‘counselor’ is doing rather than thinking about what you would say if you were talking to the mother. The observers should not ask the mother any questions.

When you have finished talking with a mother, thank her and move away. Briefly discuss with the group and your trainer what you did and what you learned and clarify any questions you may have about conducting the exercise. Discuss what practices you praised, what feeding problems you noticed, information and suggestions that you offered, and counseling skills used. Find another mother and repeat the exercise with a different participant doing the counseling.

Encourage participants to notice the following:

- . If children eat any food or have any drinks while waiting
- . Whether children are given a bottle or pacifier while waiting
- . General interaction between mothers and children
- . Any posters or other information on feeding in the area.

Use the PRACTICAL DISCUSSION CHECKLIST to guide you as you give feedback to the participants.

Discuss arrangements for travel (if needed) and any other details of the Practical Session and whether the discussions will be done at the site or back at the classroom.

Conduct the practice (all trainers)

Duration: 100 minutes

These notes are for the trainers. Trainers should read these notes to ensure that they know what to do. There is no need to read these notes to the participants.

Take your group to the working area and introduce your group to the person in charge. Listen to any directions that this contact person gives. This may include suitable areas for these sessions and appropriate places to talk to children and mothers.

Remind the participants to try and find mothers of children over 6 months of age.

If you cannot find any more children over 6 months of age, you can take a feeding from mothers with children under 6 months using the FEEDING HISTORY JOB AID, 0-6 MONTHS

About 10 minutes before the end of the time, remind the groups to start finishing up.

Discuss the findings as a whole group (15 minutes).

Return to the whole class group. Discuss what the participants learned from listening to the mothers and from the completed FOOD INTAKE JOB AID, 6-23 MONTHS.

Ask: What did you observe in general looking around the health center?

Wait for a few replies. Prompt if needed: Did you see posters, leaflets, food for sale, children with food/bottles/pacifiers?

Look at the FOOD INTAKE JOB AIDS, 6-23 MONTHS which you filled in.

- What practices are mothers using that you could praise and encourage?
- What areas need improvement?
- Give some examples of suggestions you made to mothers about complementary feeding practices.
- Would these suggestions be easy to carry out?

Ask participants if they have any questions or if there are points you can clarify.

Resource 13: FOOD INTAKE JOB AID, 6-23 MONTHS

FOOD INTAKE JOB AID, 6-23 MONTHS		
Child's name		
Date of birth		Age of child at visit
Feeding practice	Yes / number where relevant	Key Message given
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?		

6.3 Feeding and Care of the Sick Child

Learning objective 3: Feeding practices for a sick child

Materials:

- Flip chart papers and stand, markers, tape/sticky putty
- Resource 15

Duration: 60 minutes

Learning objective 3.1: Help mothers feed sick children

Methodology: Group work

Instructions for activity

- Introduce the topic and share the learning objectives for this session.
- Divide participants into three groups.
- Provide the group with the questions in Resource 15 to guide their discussions.
- Come back to the plenary and have the groups share their discussions, creating a list of the information on a flip chart.
- Discuss and summarize the results from the groups.

Activity 1: Group work

Group 1: Discuss current practices in their communities on feeding children under 6 months when they are sick and after illness.

Group 2: Discuss current practices in their communities on feeding children 6-23 months during and after illness.

Group 3: Discuss feeding children who fail to gain weight.

Activity 2: Present the counseling card CC 25 How to feed sick child

- Ask the participants to take out counseling cards 25 for feeding sick children. Ask the participants about their own experiences feeding sick children.
- Ask volunteers (two participants; one to be the mother and another to be the health worker) to demonstrate a counseling session with a mother of a sick child. Do this with at least two sets for each type of situation. After each role-play, ask the group the following questions:
 - Did the health worker make the mother feel comfortable? Did he/she negotiate with the mother? What else can you say about the way the health worker handled the counseling session?
 - Do you think that the mother will take the health worker's advice? Why or why not?
 - What other things did you observe about the counseling session?

How to feed a sick baby from birth to 6 months.

Breastfeed your baby more frequently when the baby is sick. It is important to feed your baby more often to help fight the illness, reduce weight loss and recover quickly.

- Continue to breastfeed your baby even if the baby is sick or has diarrhea.
- Express milk and give it to the baby if the baby is too weak to suck.
- Take your baby to the health facility for treatment when he/she is sick.
- Give the baby only medicines recommended by a health worker.
- Breastfeed your baby even more frequently after the baby recovers from illness. This will help the baby to regain his/her health, weight and growth.

When you are sick, you can continue to breastfeed your baby. You may need extra support and food during this time.

How to feed a sick child 6 to 23 months old (CC 25 How to feed sick child)

Breastfeed your child more frequently when the child is sick. Give more food and liquids than usual. Your child needs more food and liquids when sick to make his/her body strong and able to fight the illness.

- Encourage your child to eat small amounts many times a day.
- Offer his/her favorite foods to encourage him/her to eat.
- Prepare the food in a way that will encourage the child to eat.
- Give foods those are easy to eat, such as thick porridge.
- Avoid giving food with spices.
- Continue to breastfeed and give food even when the child has diarrhea and is vomiting.
- If the child has diarrhea, give oral rehydration salts (ORS) and zinc tablets. Make ORS according to the instructions on the packet.
- Take the baby to the nearest health facility for treatment if he/she is seriously sick, has sores in the mouth, or if the sickness gets worse.

When your child gets better, encourage the child to eat an extra meal of solid food each day. This will help the child to gain the lost weight and grow well again.

When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time.

Key information

- Some of the children you see for feeding counseling may be ill or recovering from an illness.
- Children who are ill may lose weight because they have little appetite or their families may believe that ill children cannot tolerate much food.
- If a child is ill frequently, he or she may become malnourished and therefore be at higher risk of more illness. Children recover more quickly from illness and lose less weight if they continue to eat and breastfeeding when they are ill.
- Children who eat well when healthy are less likely to falter in growth from an illness and more likely to recover faster.

- Breastfed children are protected from many illnesses. Special care needs to be given to those who are not breastfed and who do not have this protection.

Relationship between feeding and illness

- A sick child (diarrhea, acute respiratory infection [ARI], measles, fever) usually does not feel like eating, but needs extra strength to fight sickness.
- Strength comes from the food he or she eats.
- The child who doesn't eat enough is more likely to suffer from long-term sickness and malnutrition that may result in a physical or mental disability.
- If the child does not eat or breastfeed during sickness, he or she will take more time to recover and may die.
- It is very important to encourage the sick child to continue to breastfeed or drink fluids and eat during sickness, and to increase food intake during recovery in order to quickly regain strength.
- Take advantage of the period after illness when the appetite is back to make sure the child makes up for loss of appetite during sickness.

Resource 15: Questions for discussion of feeding during illness and guidance for children who do not gain weight.

Key Questions

Feeding during illness—babies under 6 months

1. Do mothers/caregivers of babies under 6 months keep breastfeeding when their child is sick? Are there any situations when they would stop breastfeeding? Do they breastfeed more or less when the child is sick?
2. Are there other liquids or foods that mothers/caregivers provide to sick babies when they are under 6 months old?
3. Where do mothers/caregivers get advice on feeding babies who are less than 6 months old when they are sick?
4. Are there ways to prevent children becoming sick at this age? How?

Feeding during illness—babies 6-24 months

1. Do mothers feed their babies 6-24 months normally when they are sick? What do they do differently?
2. Where do they go for advice on feeding children 6-24 months when they are sick?
3. Are there special foods or liquids that are given to sick children at this age?
4. Are there ways to prevent children becoming sick at this age? How?

Session 7: Overview of HIV and Infant Feeding

Learning objectives

1. Explain when HIV can be transmitted from mother to child and the risk of transmission with and without interventions.
2. Describe infant feeding in the context of HIV.
3. Learn how to counsel a mother with an HIV exposed infant.

Materials:

- Flip chart papers and stand, markers, tape/sticky putty
- Counseling card 27

Duration: 100 minutes

Learning objective 1: Explain when HIV can be transmitted from mother to child and the risk of transmission with and without interventions.

Methodology: Brainstorming and discussion

Instructions for activity

1. Ask participants if they know when HIV can be transmitted from mother to child.
2. On a flip chart, draw a bar chart (as shown below) to indicate infant outcomes at 2 years when 100 HIV-positive mothers receive NO anti-retrovirals (ARVs) and breastfeed for 2 years. Discuss that 65 are not infected; 25 become infected during pregnancy, labor and delivery; and 10 become infected during breastfeeding.
3. On the same chart, indicate infant outcomes when mothers receive ARVs and practice breastfeeding.
4. Address questions and summarize.

Key Information

Risk of HIV Transmission from HIV positive mother to infant

Without intervention	With intervention
<p>If 100 HIV-positive women get pregnant, deliver, and breastfeed for 2 years¹:</p> <ul style="list-style-type: none"> About 25 babies may be infected with HIV during pregnancy, labor, and delivery. About 10 babies may be infected with HIV through breastfeeding, if breastfed for 2 years. About 65 of the babies will not get HIV. 	<p>If 100 HIV-positive women and their babies take ARVs and practice exclusive breastfeeding during the first 6 months:</p> <ul style="list-style-type: none"> About 2 babies are infected during pregnancy and delivery. About 3 babies are infected during breastfeeding. About 95 babies will not get HIV. <p>Note: The aim is to have infants who do not have HIV, but still survive (HIV-free survival). Therefore, the risks of getting HIV through breastfeeding have to be compared to the risks of increased morbidity and mortality associated with not breastfeeding.</p>

Note: When the mother takes ARVs from 14 weeks of pregnancy, the risk of transmission during pregnancy and labor is virtually non-existent. Some studies have also shown that transmission during breastfeeding with ARVs is as low as 1 in 100 infants.

The bar chart below shows infant outcomes with and without interventions¹

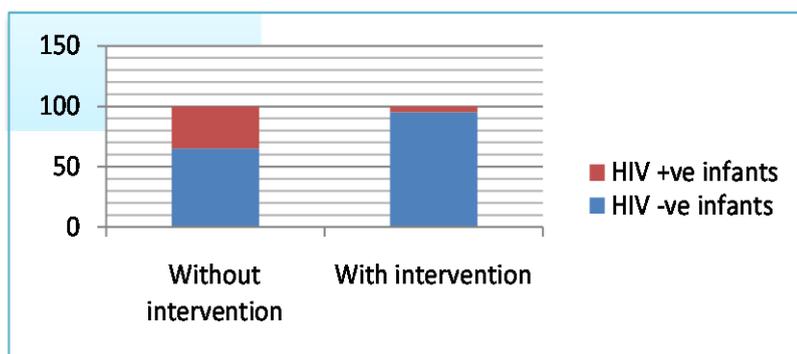


Figure 1: Rate of mother to child transmission of HIV with and without intervention

¹ DeCock KM et al. Prevention of mother-to-child HIV transmission in resource-poor countries: translating research into policy and practice. *Journal of the American Medical Association*. 2000; 283(9):1175–1182.

Learning objective 2: Describe infant feeding in the context of HIV (based on new WHO recommendations)

Methodology: Brainstorming, group work

Instructions for activity 1

1. Ask participants to define: exclusive breastfeeding, replacement feeding, and mixed feeding. (Answers are given in 'Key information' below.)
2. Ask participants which feeding practice is the worst option and why? Explain to the participants that mixed feeding is the worst option, as it increases the risk of HIV transmission as well as exposing the infant to the risks of illness from contaminated formula made with dirty water and given in dirty bottles with contaminated foods and other liquids.

Instructions for activity 2

1. Ask participants: Currently what are you recommending to HIV-positive mothers for feeding options for their infants? Write responses on a flip chart.
2. Inform participants that World Health Organization (WHO) has developed revised guidelines on HIV and infant feeding. Discuss the recommended options and summarize the session.

Instructions for activity 3

1. Form 4 groups and give them 10 minutes to discuss the following issues:
 - Group 1: How should an HIV-positive mother feed her baby if she does not have access to ARVs?
 - Group 2: How should an HIV-positive mother feed her baby if the infant is tested HIV- positive at 6 weeks?
 - Group 3: How should an HIV-positive mother feed her baby if the infant is tested HIV-negative at 6 weeks?
 - Group 4: How should a mother of unknown status feed her baby?
2. Ask each group to make a 5 minute presentation.
3. Using the notes from the key information below, discuss and summarize the session. Address any questions.

Key information

For activity 1: Definition of terms

- **Exclusive breastfeeding:** feeding infant only breast milk with no other food or drink (including water).
- **Replacement feeding:** giving an infant who is not receiving any breast milk a nutritionally adequate diet until the child can be fully fed on family food.
- **Mixed feeding:** giving infant breast milk plus other foods or drinks, including ready-to-use therapeutic foods (RUTF) before the age of 6 months.

For activity 2

Recommended infant feeding practices based on new WHO recommendations ²	
Key actions /recommendations	Explanation
1. Exclusive breastfeeding until 6 months, introduce complementary foods at 6 months, and continue breastfeeding until 12 months (all with ARVs).	<ul style="list-style-type: none"> • HIV positive women are recommended to exclusively breastfeed their infant until 6 months, introduce complementary feeding at 6 months and continue breastfeeding until 12 months. This MUST be combined with either ARV for the women or ARV prophylaxis for the infant. ARV significantly reduces HIV transmission. • Adherence to ARVs for both mother and baby is important. ARV for either mother or infant should be provided as per national prevention of mother-to-child transmission (PMTCT) guidelines.
2. Focus the counseling on the recommended option (breastfeeding and ARVs).	<ul style="list-style-type: none"> • While counseling the mother, information about feeding options should focus on the recommended option (breastfeeding plus ARVs). Alternative options (e.g., replacement feeding) can be provided if the mother asks.
<p>3. If a mother insists on formula feeding, ALL of the following conditions need to be fulfilled:</p> <ul style="list-style-type: none"> • Safe water and sanitation, sufficient infant formula, consistently clean preparation of formula, exclusive formula feeding, family support, and access to health care. 	<p>The concept of AFASS (<i>affordable, feasible, acceptable, sustainable and safe</i>) that was adopted in previous recommendations as a condition for replacement feeding has proven difficult to translate into effective counseling for mothers. Instead use the following recommended conditions needed to safely formula feed:</p> <ol style="list-style-type: none"> a) Safe water and sanitation are assured at the household level and in the community and b) The mother or caregiver can reliably provide sufficient infant formula milk to support normal growth and development of the infant and c) The mother or caregiver can prepare it cleanly and frequently enough so that it is safe and carries a low risk of diarrhea and malnutrition and

² Guidelines on HIV and infant feeding: Principles and recommendations for infant feeding in the context of HIV and a summary of evidence: WHO, UNAIDS, UNFPA, and UNICEF, 2010.

	<p>d) The mother or caregiver can, in the first six months, exclusively give infant formula milk and</p> <p>e) The family is supportive of this practice and</p> <p>f) The mother or caregiver can access health care that offers comprehensive child health services.</p>
<p>4. Support gradual weaning from breastfeeding starting at 12 months.</p>	<ul style="list-style-type: none"> • Starting at 12 months, a mother can stop breastfeeding gradually within a period of 1 month. • Gradual weaning will help avoid feelings of rejection for the baby and will prevent the mother from engorgement or blocked milk ducts, which can lead to breast infections. • A mother can start by dropping one feeding, and allow a 2- to 3-day adjustment period for her baby and her milk supply. Replace the dropped feeding with affection, drinks, or snacks. • During the weaning process, it is important for the mother to give extra attention to her baby. • A contact point at 12 months needs to be established to provide counseling and support.

For activity 3

- If an HIV-positive mother does not have access to ARVs, it is still advisable to recommend exclusive breastfeeding for the first 6 months, introduce complementary feeding at 6 months, and continue breastfeeding until 12 months. But every effort should be made to refer the woman to get access to ARVs.
- If a woman is HIV-positive and her infant is tested positive, it is recommended that the infant be exclusive breastfed for the first 6 months, introduce complementary feeding at 6 months and continue breastfeeding for 2 years and beyond.
- If a woman is HIV-positive and her infant is tested negative or is of unknown status, it is still recommended that the infant be exclusive breastfed for the first 6 months, introduce complementary feeding at 6 months and continue breastfeeding until 12 months.
- If a woman's HIV status is unknown, the recommended practice is to exclusively breastfeed for the first 6 months, introduce complementary feeding at 6 months and continue breastfeeding for 2 years and beyond. Special effort should be made to refer any woman of unknown status for HIV counseling and testing service as soon as possible

Learning objective 3: Learn how to counsel a mother with an HIV exposed infant.

Methodology: Role-play

Instructions for activity

1. Inform the participants that based on what we have discussed so far, we will exercise a role-play on how to counsel a mother with an HIV exposed infant. Remind the participants that they have to use the counseling skills previously learned in this training.
2. Based on the 3 case studies described below, divide participants into pairs of three; one as a counselor, one as a mother/client, and the other as an observer. Give each group 10 minutes.
3. During the exercise, participants have to use the **counseling card 27**.
4. After 10 minutes, invite one volunteer for each case study to join the plenary session (5 minutes for each role-play). Entertain feedback, address questions, and summarize the session.

Case study 1: Asnakech is a 27 year old HIV-positive woman. She has given birth at the health center today. Before she gave birth, she received food support from a local NGO. To avoid transmission of HIV to her baby, she has a plan to use the food support to feed her baby.

Case study 2: Chaltu and her husband have a 7 week old infant who recently tested HIV negative. They had started to breastfeed their baby but now Chaltu believes that she should stop breastfeeding to avoid transmission of HIV to her baby.

Case study 3: Genet (28) has a one year old child. As per the good counseling services she received from a health worker, she was breastfeeding her baby in addition to providing other foods. Now she wants to stop breastfeeding and is going to the health worker to get counseling services.

Key information

Counseling for mothers with HIV-exposed infants should include the following:

- Support for breastfeeding.
- Support for safe breastfeeding cessation at 12 months.
- Support for infant and young child feeding counseling around the time of infant HIV testing.
- Support for timely and appropriate introduction and continuation of complementary feeding.
- Adherence to ARVs for both mother and baby and counsel based on PMTCT guidelines.
- Counseling on infant feeding may need to take into account the progression of the mother's disease. Recent evidence suggests a very high rate of postnatal transmission in women with advanced disease.
- An HIV-positive mother who chooses to breastfeed needs to use a good technique to prevent nipple fissure and mastitis, both of which may increase the risk of HIV transmission.

Session 8: Supervision and Mentoring

8.1. Supervision

Learning objectives

1. Describe the concept and purpose of supervision.

2. Planning and conducting supervisions.

Materials: Flip chart, markers

Duration: 75 minutes

Learning objective 1: Describe the concept and purpose of supervision.

Methodology: Brainstorming, group work and discussion

Activity 1: Brainstorming and discussion

- Briefly introduce the session to the participants.
- Facilitate a discussion with the following questions:
 - What is your understanding of the concept of supervision?
 - Please share your personal experience with conducting supervision of nutrition and health services or programs. Who (and from which level of the health system) was conducting the supervision?
 - What is the purpose of conducting supervision?
 - Write responses on a flip chart. Relate participants' points with the key information described below.
- Emphasize to the participants that supervision could have different purposes but the key purpose is to improve the performance and quality of services.
- Present Figure 1 (below) that shows the performance improvement process and describes each step briefly.
- Ask participants: Referring back to the supervisions you were involved in or conducted, was the purpose similar to this process? Do you feel that these steps were addressed? Looking at these steps, which step do you think was adequately addressed by the supervision you experienced and why? Which step was least addressed and why?
- Reiterate the key points and summarize the discussion.

Activity 2: Group work: Supervision to improve the performance of nutrition service delivery at a health center

- Tell the participants that based on the performance improvement process discussed earlier, we will have a group discussion and presentation.
- Participants should be grouped by the facility they came from.
- Using the steps of the performance improvement process, they will assess the performance of nutrition service delivery at their facility. Each group will:
 - Step 1: Get and maintain stakeholder agreement through discussion among members of the group;
 - Step 2: Define the facility's desired performance to improve nutrition service delivery at their facility;
 - Step 3: Assess the current performance of nutrition service delivery.
 - Step 4: Identify performance gaps and their causes.
 - Step 5: Select and implement steps to improve performance gaps.
 - Step 6: Determine the means of monitoring and evaluating the activities planned to improve the performance.
- Each group will be given 30 minutes for discussion and 5 minutes for presentation.
- Once the group discussion is over, select 3 or 4 groups to present in a plenary.
- Facilitate a discussion on the presentations and summarize the session.

Key information

What is Supervision?

Supervision of a program or a service is defined as a process of guiding, helping, training, and encouraging staff to improve their performance in order to provide high-quality services.

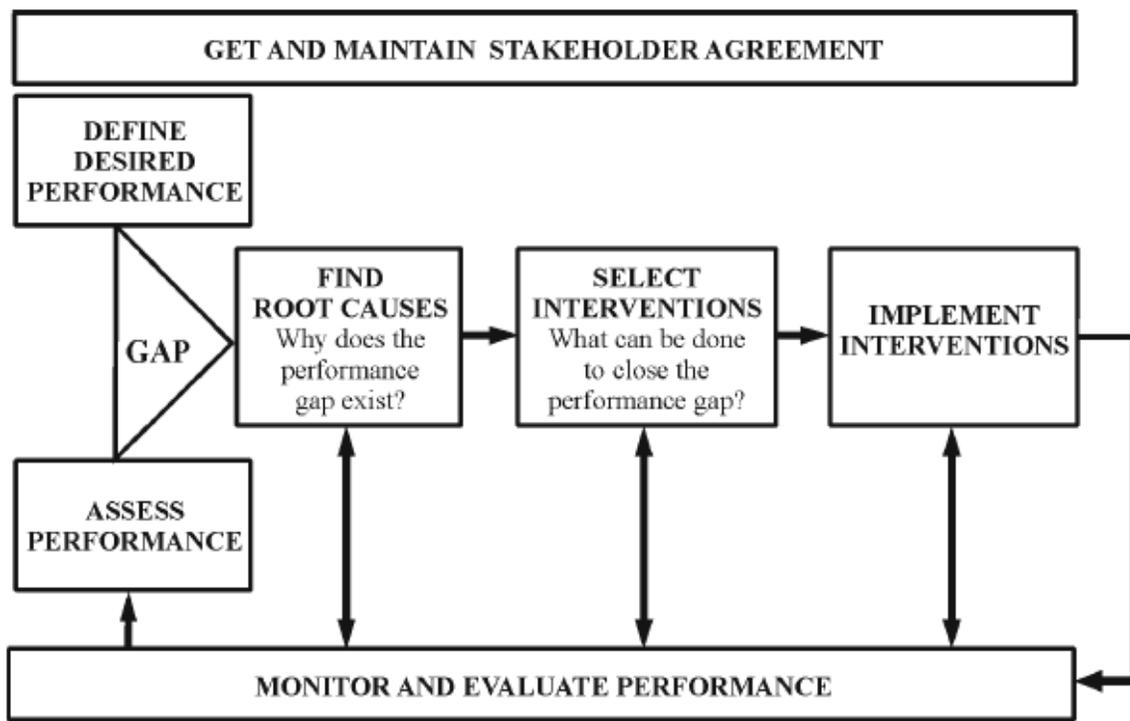
Supervision can be conducted by someone at the facility (internal supervisor) or by someone outside the facility who makes periodic supervision visits (external supervisor).

Supervision to improve performance and quality of services: Performance improvement process/steps.

Traditional approaches to supervision emphasize 'inspecting' facilities and 'controlling' individual performance. This type of supervision causes negative feelings and rarely results in improved performance. In contrast, supervision for improvement of performance and quality of services focuses on:

- the goal of providing high-quality services;
- use of a process of continuous improvement of staff performance and quality of services; and
- a style of encouraging and supportive interaction with all staff and other stakeholders.

The process that supervisors use to identify a performance gap and its causes and to create solutions for closing the gap is called **performance improvement (PI)**; this process is illustrated in **Figure 1** below.



The performance improvement process has the following steps:

1. **Get and maintain stakeholder participation:** This step helps to have a common understanding of the desired performance, assess the current performance and identify gaps through active participation of staff, community members, and representatives from different service delivery levels.
2. **Define desired performance:** Desired performance needs to be based on goals set by the stakeholders and take into account the resources at the facility (staff, budget, supplies, etc.). Standards are helpful to set desired performance (e.g., nutrition service standard).
3. **Assess current performance:** This can be conducted on an ongoing basis through self-assessments, obtaining feedback from clients, and observation by staff or external supervisors.
4. **Identify performance gaps and their causes:** Performance gaps are the difference between the current and desired performances. The supervisor/staff need to identify possible causes in order to obtain workable solutions.
5. **Select and implement steps to improve performance gaps:** Once performance gaps are identified, a supervisor and/or staff needs to develop and implement ways to improve the performance. Proposed steps should be achievable considering the capacity of the facility.
6. **Monitor and evaluate performance:** While implementing the steps to improve performance, it is important that a supervisor/staff determines whether or not performance has been improved.

Learning objective 2: Planning and conducting supervisions.

Methodology: Brainstorming and discussion

Activity 1: Brainstorming and discussion

- Facilitate a discussion on *planning a supervision* with the following questions:
 - Let's discuss how to plan and conduct supervisions. When you were conducting supervisions for nutrition/health services, who planned the supervision and how did they plan it? What preparations were you making before you started the supervision?
 - Write responses on a flip chart. Acknowledge participants' ideas and relate them to the key information below.
- Once you have addressed the discussion on *planning a supervision*, raise the following issues for discussion:
 - Now that you know how to plan supervision, how do you go about conducting the supervision?
 - Please share your experiences with previous supervisions that you have conducted or observed from outside supervisors coming to your facility.
 - How do you know the findings of the supervision? What is your experience?
 - Once gaps are identified through supervision, what is your experience in monitoring the implementation of the proposed actions?
 - Acknowledge and write responses on a flip chart. Explain to the participants that the process of conducting supervision can vary depending on the objective and magnitude of the supervision. Address the key information below and summarize the session.

Key information

Planning a supervision visit: It is important that any supervision is well planned. If not, time will be wasted and very little will be accomplished. To ensure a well-planned supervision visit, a supervisor or team of supervisors should consider the following:

- *Set objectives for your supervision visit:* Setting objectives and making sure that each team has a similar understanding is important to guide the whole supervision process.
- *Decide on which activities you will focus:* Based on the supervision objective, you and your team need to know exactly what you will do during your visit to the facility or community to make effective use of your time and that of the staff you are visiting.
- *Review the performance and quality standards and indicators:* If there are previous standards, you need to review them to ensure that your assessment is using those standards.
- *Review and prepare supervision instruments that you will use:* Supervision tools (e.g. Supervision checklist) are important to guide your visit. You need to have an

appropriate, updated version of the tools.

- *Make administrative preparations:* To have a productive trip, administrative arrangements are necessary which includes gathering documents, notifying the facility or site to be visited, logistical arrangements, etc.

Conducting a supervision visit: Conducting a supervision visit is the most important part of a supervisor's job. During the visit, the supervisor demonstrates technical as well as communication and management skills. The supervisor also transfers knowledge and skills and facilitates problem solving by the team. Specific activities to be conducted include:

- *Holding a meeting with site staff* to discuss the purpose and process of the supervision;
- *Observing service provision and client-provider interaction;*
- *Examining client records and facility statistics;*
- *Observing work conditions* such as physical environment, equipment, communication materials, etc.;
- *Having discussions with clients/service users;*
- *Helping staff conduct self-assessments:* Encouraging the staff of the facility or the site being visited to conduct an ongoing self-assessment helps them to monitor their progress and take appropriate measures in time to improve their performance;
- *Debriefing the staff before departure:* Debriefing is helpful to report candid observations (both achievements and areas which need improvement) and to ensure that the findings are valid and commonly agreed upon by the staff. It will also help the staff to start taking immediate measures rather than waiting for an official report;
- *Establishing a follow-up plan:* The findings of the supervision should include clear action points as a follow-up to improve the gaps observed during the supervision;
- *Writing and submitting report:* This needs to be done on time and be addressed to all concerned;
- *Following-up on recommended actions:* Writing and submitting a report is not the end of supervision visit. There needs to be a way to monitor the implementation of agreed actions. The findings of the follow-up should be used as a point of reference for the next supervision visit.

8.2. Mentoring

Learning objectives

1. Understand the concept of mentoring.
2. Describe effective mentoring and demonstrate mentoring skills.

Materials:

- Flip chart and markers
- Worksheet 7.1. Examining cultural differences
- Handout 7.1. Basic principles of giving feedback
- Worksheet 7.2 A scenario on nutrition during pregnancy with two approaches to feedback

Duration: 130 minutes

Learning objective 1: Understand the concept of mentoring.

Methodology: Brainstorming and discussion

Activity 1: Brainstorming and discussion

Ask participants what they know about the concept of mentoring.

- What do we mean by mentoring? Have you ever been mentored or worked as a mentor?
Please share your experiences with the group.
- Write responses on a flip chart and compare them with the definition given below.

Mentoring is a process in which an experienced individual helps another person develop his or her goals and skills through a series of time-limited, one-on-one conversations and other learning activities.³

A mentor's ultimate goal is to help each team member to be the best they can be and do the best job possible to help maximize performance and quality of nutrition and other services.

³ Center for Health Leadership and Practice (2003) Mentoring Guide: A Guide for Mentors. Oakland, CA

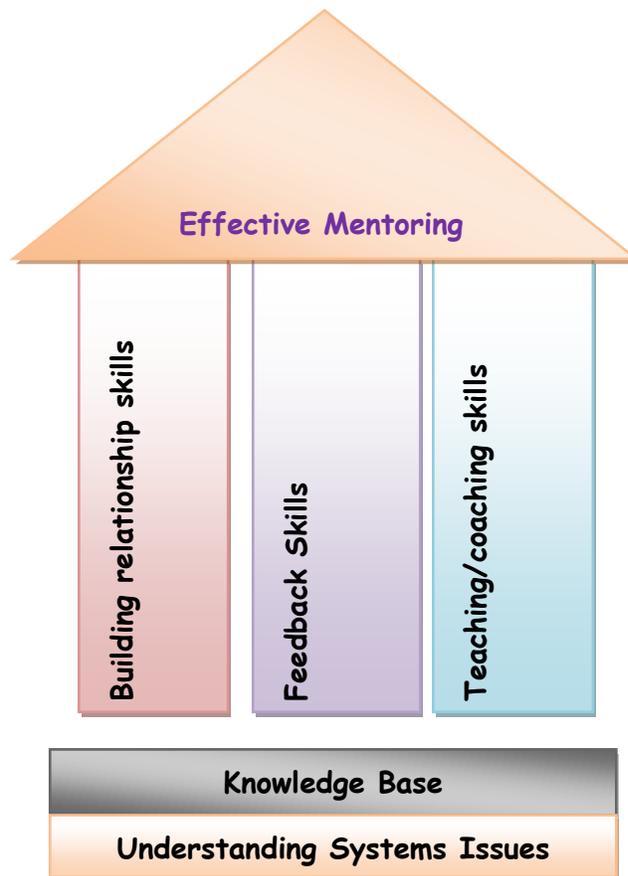
Learning objective 2: Describe effective mentoring and demonstrate mentoring skills.

Methodology: Role-plays, case studies, exercises, group work and discussion

Activity 1: Brainstorming and discussion

- On a flip chart, draw a figure of a house and describe the 5 components of effective mentoring (see Figure 1 below) which are:
 1. Knowledge base
 2. Understanding systems issues
 3. Building relationship skills
 4. Feedback skills
 5. Teaching/coaching skills
- Stress the following: In this session we will discuss the 5 components of effective mentoring one by one. The first two components are critical foundations that a mentor needs to start his/her mentorship task. The other three components are important skills that the mentor needs to apply/practice while mentoring health workers or staff.

Figure 1: Components of effective mentoring



Discussion and demonstration on the 5 Components of Effective Mentoring

- Write on a flip chart the heading “Components of Effective Mentoring”

Component-1: Knowledge Base

Activity 1: Brainstorming and discussion

- Under the main heading of ‘Components of Effective Mentoring’ write ‘Component-1: Knowledge Base’
- Explain to the participants the following points:
 - It is crucial that the mentor have solid and up-to-date technical knowledge of both clinical and preventive nutrition.
 - As health center staff, you may work as a mentor of health extension workers. To this end, you need to have a higher level of technical knowledge of nutrition related issues that a health worker needs to provide quality nutrition services.
 - It is important to note that mentorship is also a process where both the mentor and mentee learn experiences from one another; therefore a mentor needs to be open minded to learn from his/her mentee as well.
- Facilitate a discussion on the following points:
 - How can you increase your knowledge on nutrition? What is your experience with educating yourself on up-to-date issues related to nutrition? How do you get reference materials to read?
- Ask participants if they have questions and summarize the session.

Component-2: Understanding Systems Issues

Activity 1: Brainstorming and discussion

- Under the main heading of “Components of Effective Mentoring” write ‘Component-2: Understanding Systems Issues’
- Explain to the participants the following points:
 - Mentoring is not only about coaching/teaching a health worker to improve her/his skills, but also about understanding systems issues and providing the required support to strengthen the system.
 - Examples of systems issues include: Long client queues as a result of staff shortages or other reasons; poor recording systems; shortage of supplies and equipment; poor management/leadership in the facility.
 - Note to the participants: Before supporting the health worker to address such system related issues, it is important to understand the existence of such problems. As a mentor,

you may already know about such problems from previous reports, review meetings, or from the mentee/health worker.

- Ask participants: Can you think of other ways of understanding systems related issues?

Activity 2: Group work

- Divide participants into 3 groups to work on the following systems related issues:
 - Group 1:* How can mentors support a mentee or the facility after they have learned that there is a shortage of nutrition related supplies and equipment (e.g., shortages of iron and folic acid, weighing scales, nutrition communication materials, etc.)?
 - Group 2:* How can mentors support mentee when there is a long patient queue?
 - Group 3:* How can mentors support mentee when they observe poor client recording systems by a mentee?
- Give each group 10 minutes for discussion and 5 minutes for presentation.
- After the presentation, add the following points:
 - Shortage of nutrition related supplies and equipment: Mentor may facilitate vehicle or other means to bring supplies from the woreda or region; mentor may bring communication materials that are available at woreda or region or in an NGO; mentor may initiate a discussion on exploring gaps in the supply chain system with possible solutions.
 - Long patient queue: Mentor may sit side-by-side with mentee and assist with the work (e.g., mentee can counsel the mother and mentor can help with recording the data on a client card).
 - Poor client recording systems: Mentor can create a documentation checklist to help the mentees remember to record the information.
- Ask participants if they have questions and summarize the session.

Component-3: Building Relationship Skills

Activity 1: Brainstorming and discussion

- Under the main heading of 'Components of Effective Mentoring' write 'Component-3: Building Relationship Skills'
- Explain to the participants the following points:
 - The remaining three components of effective mentoring including this one are about mentoring skills. Mentoring skills are the cornerstones to improve the performance and skills of a mentee in a mentorship program.
 - Ask participants: What is the importance of building relationships with mentees? What is its contribution in the mentorship program?
 - Write responses on a flip chart.

- Acknowledge participants' responses and explain to them that building relationships with mentees helps the mentor build trust and mutual respect with the mentee to help avoid barriers or discomfort during the mentorship process. Also explain that understanding a mentee's social and cultural environment is an important first step in the mentorship process.

Activity 2: Exercise on examining cultural differences

- Distribute Worksheet 7.1: Examining Cultural Differences to the participants and ask them to fill out the columns for the mentor and mentee and answer questions 1 to 4. The mentor column is information about yourself and the mentee column is information about a mentee whom you have mentored previously or whom you might mentor in the future (e.g., health extension worker working in a health post in your catchment area).
- Allow 10 minutes for participants to complete the columns and answer the questions.
- Ask participants to discuss their answers with their neighbor. After participants have finished the exercise, ask pairs of 5-6 participants to present to the plenary.
- Ask participants if they have questions and summarize the session.

Worksheet 8.1: Examining Cultural Differences

Instructions:

- Fill out the chart below using yourself as the mentor. Then fill out the mentee column based on what you know about the people you will be mentoring or you have mentored.
- Pair up to discuss your charts and answer the questions below the chart. You will present your answers to the large group once you are finished.

	You, the mentor	Your mentee(s)
Gender		
Race/ethnicity		
National/regional origin		
Language		
Age		
Profession		
Level of education		
Religion		
Other (anything you want to mention)		

Questions

1. How might the differences between your column and the mentee column affect your mentee's attitude:
 - Upon meeting you?
 - As you begin interacting with him/her?
 - As you begin providing feedback about his/her performance?
2. How might these differences affect your attitude?
 - Before meeting your mentee? Upon meeting him/her?
 - As you start building a relationship with him/her?
3. When confronted with situations that are not immediately comfortable, what are some steps you, as a mentor, can take in order to overcome the discomfort/mistrust?
4. If your columns are more similar than different, what implications might that have for your mentor/mentee relationship?

Activity 3: Demonstration on building relationship skills

- Remind participants the importance of building relationships for effective mentoring.
- Ask participants to list skills that they feel are helpful to build relationships between mentor and mentee(s). Write responses on a flip chart.
- Explain to the participants that the following are key skills that helps a mentor build good working relationships with his/her mentee(s):
 1. Shaking hands
 2. Introducing yourself
 3. Using the same language as the mentee(s)
 4. Showing patience; don't interrupt
 5. Making appropriate eye contact
 6. Not attending to other tasks while meeting with mentee
 7. Using gestures that show you are interested and engaged ('uh-huh', 'nodding', 'yes'.)
 8. Using affirming statements: Affirming statements are positive words that acknowledge, support and encourage someone's strengths (e.g., *"I like the way that you spoke to the patient and his family"*; *"You handled that challenging situation very well"*.)

Demonstration

Tell the participants that you will demonstrate building relationship skills. Inform them that you will do it twice and participants need to observe how each demonstration went and the difference between the 1st and 2nd demonstrations. Ask for two volunteer participants: one will be a health extension worker and the other will be a mother of a 1 year old baby. You will be the mentor.

Demonstration 1: Weak building relationship skills

Conversation 1: Mentor and Mentee. (Mentor will use English to say good morning but the rest will be in the local language.)

Mentor: Good morning ('in English' and does not shake hands). I am Asfaw from Assela health center and I came here to see how the nutrition services are going. (Mentor does not have eye contact while saying this: he/she should look down or at the wall)

Mentee: Good morning. Welcome!

Conversation 2: Mentee, client and mentor (mentor will interrupt mentee)

Mentee: Good morning, (name of client). I am (name), the health extension worker. 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.

Mentor to mentee: Are you writing the information on the client card?

Mentee: Yes.

Demonstration 2: Strong building relationship skills.

Conversation 1: Mentor and Mentee (Mentor will use local language in all conversations)

Mentor: Good morning (shaking hands). I am Asfaw from Assela health center and I came here to see how the nutrition services are going. (Mentor will have good eye contact-looking at mentee.)

Mentee: Good morning. Welcome!

Conversation 2: Mentee, client and mentor (mentor will not interrupt mentee)

Mentee: Good morning, (name of client). I am (name), the health extension worker. 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.

Now assume the conversation between the client and mentee is over; the conversation between mentors to mentee will start again.

Mentor: You were calling the mother and her child by name. That is a good practice.

Mentee: Thanks.

Ask participants: What differences did you observe between demonstrations 1 and 2?

Comment

Demonstration 1: Mentor introduced himself/herself but didn't shake mentee's hand, had poor eye contact, interrupted mentee, didn't use the local language, and didn't use affirming statements. So, it demonstrated weak building relationship skills.

Demonstration 2: Mentor introduced himself/herself and shook the mentee's hand, had good eye contact, did not interrupt mentee, used the local language, and used affirming statements. So, it demonstrated good building relationship skills.

Component-4: Feedback Skills

4.1. Understanding feedback

Activity 1: Role-play, brainstorming and discussion

- Under the main heading of 'Components of Effective Mentoring' write 'Component-4: Feedback Skills'
- Explain to the participants the following points:
 - Now we will discuss the next mentorship skill - Feedback skills.
 - In our daily routine, we may provide feedback to others and receive feedback from supervisors, friends, experts, etc. Giving feedback is an important part of the mentorship process. Mentors convey knowledge and skills to mentees through feedback. For feedback to be effective, however, it must be offered in a way that can be received by the mentee.
- Role-play: Providing Feedback

Before the role-play, select two participants and brief them on the following role-play: one participant is the mother-in-law and the other is the daughter-in-law.

Scenario/instructions for volunteers:

- *The mother-in-law is eating a terrible dish that her daughter-in-law cooked for her, and must respond to the daughter-in-law's questions about how she likes it. (Mother-in-law should nonverbally communicate to the audience that the dish is not very good.)*
- *The mother-in-law's responses must be truthful, yet not hurt her daughter-in-law's feelings.*
- *The mother-in-law should make positive comments such as, "The plates are lovely," or, "The food is very hot," in addition to feedback such as, "It's a bit saltier than I prefer."*
- *Be sure that the daughter-in-law asks several specific questions.*

Debrief: After the role-play ask, "What did you observe?"

- Point out that the mother-in-law was honest, yet gentle and careful in how she chose her words. Overall, the interaction was a positive one. Had she chosen different words, however, the interaction could have been very negative.
 - Summarize the activity by explaining that there are many different ways to communicate, and that our choice of words and how we say something can have a huge impact on whether or not the interaction is positive and effective. This is especially true when giving feedback.
- Ask participants: Now that you have seen the role-play, what do you understand about feedback? How did you act when you were providing feedback or what were you feeling

during feedback that you have received from colleagues, supervisors, etc.? What do you think is the purpose of feedback? Write responses on a flip chart.

- Acknowledge the participants' responses and provide the following information:
- Feedback is providing comments in the form of opinions or reactions to something.
 - The purpose of feedback could be to initiate and improve communication; to evaluate or modify a process or conduct; to enable improvements to be made; or to provide useful information for future decisions.
 - If a mentor is unable to give feedback effectively, and/or the mentee is unable to receive constructive feedback, not much will be accomplished.
 - Note that feedback can be positive or negative but the sole purpose is to improve performance, not punish poor performance.
 - *How we give feedback, what we say, how we say it, and when we say it* is critical to whether the feedback is useful and achieves the intended effect.

4.2. Two approaches to feedback

Activity 1: Group work: work in pairs on a scenario

- Inform the participants that you will distribute Worksheet 7.2 with a scenario and two approaches for providing feedback in the scenario. Participants should read the scenario and the two feedback options and answer the questions thereafter.

Worksheet 7.2: A Scenario on nutrition during pregnancy with two approaches to feedback

Instructions:

The scenario below is related to nutrition during pregnancy that is provided by a health extension worker at an antenatal care visit. Consider the two possible approaches to feedback that follow the scenario.

Scenario

You are a clinical mentor observing a health extension worker (HEW) during nutrition counseling to a pregnant woman visiting a health post to get antenatal care. During the counseling, the HEW has warmly greeted the woman. The woman said that this is her first visit and wants to get services that are offered during pregnancy. The HEW assessed the woman for pregnancy, measured her weight and advised her to go to a health center for HIV testing but the HEW didn't counsel her on the importance of eating one additional meal and a diversity of foods during pregnancy. She also forgot to record the information on the card but she has advised the woman to come back after she receives services at the health center.

How should the clinical mentor provide feedback to the HEW after the visit?

Feedback approach 1:

Clinical mentor (with a serious facial expression and harsh tone): “Did you realize that you forgot to record the information? You also did not counsel her on the importance of eating one additional meal and diversified foods. This is not how we expect a HEW to provide ANC services... you need to do this better!”

Feedback approach 2:

Clinical mentor should use supportive nonverbal body language—a kind expression and tone of voice. “I just wanted to take a couple of minutes to talk about the client. I really appreciate the way you welcomed her. It was also excellent that you measured her weight and advised her to go to the health center. A suggestion for next time would be to provide additional information about nutrition, particularly the need to have one more meal per day and to eat a variety of foods. You can refer to your family health card to remember the different nutrition services that need to be provided for a pregnant woman. It is also important that you record the information so that you can follow-up with the woman properly. Do you have any questions about what I just told you? Do you think you can do better in the next visit?”

Discussion questions:

1. What were some differences between these two scenarios?
2. What did the HEW most likely learn from the first feedback approach?
3. What did the HEW most likely learn from the second feedback approach?

Write participants’ responses on a flip chart. Add whatever is missing from the possible responses described below.

Possible responses: differences between the two approaches:

- *Different tone.*
- *Different nonverbal communication techniques.*
- *More time taken in the second scenario to explain the situation to the health extension worker.*
- *First approach was not constructive, in that it did not ask the mentee to think of ways to improve.*
- *In the first approach, the health extension worker only learned that he/she performed poorly, not how he/she could have improved the situation. In the second approach, the health extension worker learned that she needs to refer to the family health card to provide the necessary nutrition services during pregnancy.*

Activity 2: Refer to Handout 7.1 and present the basic principles of giving feedback

- Explain to participants: Now let's look at the basic principles of giving feedback. Give copies of Handout 7.1 to all participants and discuss each principle.
- Ask participants if they have questions.

Handout 7.1: Basic Principles of Giving Feedback

1. Ask permission or explain that you are giving feedback. Examples:
 - “Can I give you some feedback on that follow-up patient visit?”
 - “I'd like to provide some feedback on what I observed during the visit today.”
2. Give feedback in a “feedback sandwich.”
 - Start with a positive observation (“It was good that you...”)
 - Provide a constructive critical observation or suggestion for improvement.
 - Finish with a second positive observation or summary statement.
3. Describe what you observed and be specific. State facts, not opinions, interpretations or judgments.
4. Feedback should address what a person did, not your interpretation of his or her motivation or reason for it.
 - Action: “You skipped several sections of the counseling script.”
 - Interpretation: “You skipped several sections of the counseling script. I know you wanted to finish quickly because it's almost lunch time, but...”
5. Don't exaggerate. Avoid terms such as “you always” or “you never.”
6. Don't be judgmental or use labels. Avoid words like “lazy,” “careless,” or “forgetful.”
7. When making suggestions for improvement, use statements like, “You may want to consider...” or “Another option is...”
8. Don't wait too long to give feedback. The closer the feedback is to the actual event, the more likely the mentee will remember the teaching point.
9. Certain feedback requires more immediate timing; for example, if you see that the HEW is doing something incorrectly or omitting a very important step during the visit.
10. If you provide feedback during a patient encounter:
 - Do not alarm the HEW or patient. Put them both at ease.
 - Be very calm and patient as you explain your recommendation.

Activity 3: Exercise: work in pairs to provide feedback

- Divide participants into pairs of two. It is better if they don't know each other. Each person will have their own scenario and will need to inform each other about the scenario before they start the exercise. Remind participants that they can refer to the basic feedback principles while doing the exercise.
- One will work as a mentor and the other as a mentee, and after 5 minutes, they will switch their roles.

Scenario 1

The mentor observed a health extension worker counseling a mother of a 3 month old infant about breast-feeding and noticed the following:

- The health extension worker asked the mother what was the purpose of her visit without greeting her.
- The health extension worker counseled the mother on the importance of exclusive breastfeeding and, because the infant was sick, referred her to the nearby health center.
- The health extension worker didn't talk to the mother about the importance of more frequent breastfeeding and she forgot to ask whether the child had received immunization services.

Scenario 2

The mentor observed a health extension worker counseling a mother of a 9 month old child about feeding practices and noticed the following:

- The health extension worker greeted the mother very well then asked her the purpose of her visit.
- The health extension worker counseled the mother about optimal complementary feeding practices but didn't weigh the child.
- The health extension worker forgot to record the information on the client's card.

After the end of the exercise, debrief the activity by asking participants the following questions:

- How did it feel to give feedback?
- How did it feel to receive feedback?
- Other reflections?

Summarize the session with the following notes:

- Feedback is integral to adult learning and is a vital component of effective mentoring.
- Feedback should include both “positive” and “how to improve” commentary; be descriptive, objective and non-judgmental and focus on the individual’s actions.

Component-5: Teaching/Coaching Skills

5.1. Teaching/coaching moments

Activity-1: Brainstorming and discussion

- Under the main heading of “Components of Effective Mentoring” write ‘Component-5: Teaching/Coaching Skills’
- Make the following notes:
 - Teaching/coaching moments are opportunities to share information, demonstrate a technique to a mentee, or enhance the knowledge and skills of the mentee.
- Ask participants: In a health center, health post or community, where can a mentor teach/coach a mentee about nutrition related issues? (Consider nutrition contact points.)
- Write responses on a flip chart.

Explain to the participants that all contact points for nutrition can be used as opportunities to teach/coach a mentee. This can be at an antenatal care visit, in the delivery room, during immunizations at a health center or health post, during outpatient therapeutic program (OTP), during postnatal care services, during visits to the health development army, at outreach programs, etc. Teaching/coaching can be provided while a client is in the room, following the client’s visit, following community group discussions, or it can be planned for future visits depending on the amount of time needed.

5.2. Teaching/coaching techniques

Activity 1: Brainstorming and discussion

- Ask participants: Now that you have identified the teaching/coaching moment, what teaching/coaching techniques would you use to mentor the mentee? Do you think you need a different technique for a specific topic (e.g., to coach a mentee on positioning and attachment)?
- Write responses on a flip chart.
- Explain to the participants the following teaching/coaching techniques:

Different teaching/coaching techniques

Side-by-side teaching: This technique involves working alongside the mentee and providing information on a specific topic.

Demonstration/Role-play: In this technique a mentor demonstrates a specific skill to the mentee and helps the mentee to acquire the skill.

Case studies: A mentor may present specific case studies and challenge the mentee to address questions related to the case study (e.g. a case study about a malnourished child who was not treated properly in a stabilization center).

Group discussions: This technique is helpful particularly when there are a number of mentees. In this case, the mentor may raise issues for discussion and initiate a group learning and discussion to address the problems observed during the mentoring program

- Ask participants to list other techniques they know or have experienced.
- Address questions and summarize the session.