Integrated Nutrition Package for Improving the Nutrition of Women and Children

Facilitator Guide

Suaahara

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नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
बाल स्वास्थ्य महाशाखा

४-२६९६६०
४-२६२२६३

पत्र संख्या :-
चलानी नम्बर:-

टेकु, काठमाडौं

मन्तव्य

नेपालमा देखिएको कुपोषणको गम्भीर समस्यालाई न्यूनिकरण गर्न नेपाल सरकार, स्वास्थ्य तथा जनसंख्या मन्त्रालय, स्वास्थ्य सेवा विभाग लगायत अन्य सम्बन्धित क्षेत्रहरुबाट प्राथमिकताका साथ विविध कार्यक्रमहरु सञ्चालन गर्दै आएका छन् । पोषण अवस्थामा सुधार ल्याउन खानाको उपलब्धता र पहुँचमा भर पर्ने भएतापनि पोषिलो खाना खाने सम्बन्धी व्यवहार र ज्ञानले अझ बढी महत्व राख्दछ । समुदायमा शिशु तथा बाल्यकालिन अवस्थाका मृत्युदर घटाउन पूर्ण स्तनपान तथा पुरक आहार परामर्श सेवाको अति नै खाँचो रहेको छ । बालबालिका तथा महिलाको पोषण सुधारको लागि यिनै अत्यावश्यक पोषण तथा सामाजिक व्यवहार परिवर्तनको लागि संचारमा केन्द्रित गरी तयार गरिएको यो निर्देशिका पुस्तिकाले महिला स्वास्थ्य स्वयं सेविका लगायत सबै स्वास्थ्य तथा अन्य कार्यकर्ताहरुलाई व्यवहारिक तालिम दिनमा सहयोग हुनेछ भन्ने विश्वास लिएको छु ।

यस तालिमबाट स्वास्थ्य तथा अन्य पोषण क्षेत्रमा लागेका कार्यकर्ताहरुको विद्यमान ज्ञान,सीप तथा व्यवहार क्षमता अभिवृद्धि गरी समुदायका अल्पसंख्यक महिलाहरुमा बच्चा जन्मने बितिकै आमाको बिगौति दूध खुवाउने, जन्मेको देखि ६ महिनासम्म आमाको दूध मात्र खुवाउने, शिशु ६ महिना पुरा भए पछि अन्य पोषिलो ठोस आहारको शुरुवात गर्ने, बिरामी बच्चा तथा गर्भवती महिलाहरुको पोषण अवस्थामा विशेष ध्यान दिने, अत्यावश्यक सरसफाई कार्य गर्ने, नैतिक तथा सामाजिक समावेशीकरणमा ध्यान दिने परामर्श शीप, सहमतिमा पुग्ने शीप, कार्य सहयोगी समूह परिचालन गर्ने क्षमताको विकास गर्नेछ भन्ने लागेको छ ।

अन्त्यमा यो निर्देशिका पुस्तिका तयार पार्न संलग्न व्यक्तिहरु, पुस्तिका प्रकाशन तथा तालिम कार्यान्वयनमा सहयोग गर्ने सुआहारा कार्यक्रमका सम्बन्धित सम्पुर्ण व्यक्तिहरुलाई धन्यवाद ज्ञापन गर्दछु ।

२०६९।३।७
राज कुमार पोखरेल
प्रमुख, पोषण शाखा
बाल स्वास्थ्य महाशाखा

डा. श्याम राज उप्रेति
निर्देशक
बाल स्वास्थ्य महाशाखा

नेपाल सरकार
शहरी विकास मन्त्रालय
खानेपानी तथा ढल निकास विभाग
पुल्चोक, काठमाडौं ।

फोन नं: ०१-४४१७४४
०१-४४१४५३९
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०१-४४१३६७०
फ्याक्स: ०१-४४१९८०२

प.सं.
च.नं.

मिति :- २०६९।०३।१९

शुभकामना !

नेपालमा उचित सरसफाइ र सुरक्षित खानेपानीको कमीका कारण रहेको उच्च बाल मृत्युदर र महिलाहरुको स्वास्थ्य अवस्थामा रहेको कमजोरीलाई कम गर्दै लैजान नेपाल सरकार, शहरी विकास मन्त्रालय, खानेपानी तथा ढल निकास विभाग लगायत अन्य सम्बन्धित क्षेत्रहरुबाट प्राथमिकताका साथ राष्ट्रिय सरसफाइ गुरुयोजना बमोजिम विविध कार्यक्रमहरु सञ्चालन हुँदै आएका छन् । स्वस्थकर आनीबानी र उचित सरसफाइ प्रवर्द्धनले विशेष गरी आमा र शिशुको स्याहार तथा पोषण अवस्थामा सुधार ल्याउन अझ बडी महत्व राख्दछ । समुदायमा महिलाको गर्भवती अवस्था, नवजात शिशुको स्याहार, र पोषण अवस्थामा सुधार ल्याउन उचित सरसफाइ र सुरक्षित पिउने पानीको प्रयोग सम्बन्धि व्यावहारिक ज्ञान, सीपको अत्यन्तै खाँचो रहेको छ । व्यावहारिक र दीगो रुपमा स्वस्थकर आनीबानीको सकारात्मक परिवर्तनको लागि अत्यावश्यकीय आरोग्यता एवं सरसफाई प्रवर्द्धन र व्यवहार परिवर्तनको लागि सचारमा केन्द्रित गरी संचालन गर्न लागिएको सुआहारा कार्यक्रम अन्तर्गत क्षमता विकासका लागि तयार गरिएको यो निर्देशिका-पुस्तिकाले महिला स्वास्थ्य स्वयंसेविका लगायत सबै स्वास्थ्य सम्बद्ध तथा अन्य कार्यकर्ताहरुलाई व्यावहारिक तालिम दिनमा सहयोग हुनेछ ।

यस तालिमबाट खानेपानी, स्वास्थ्य तथा अन्य पोषण क्षेत्रमा लागेका कार्यकर्ताहरुको विद्यमान ज्ञान, सीप तथा व्यवहारमा विकास हुनेछ । यसले गर्दा समुदायका गर्भवती महिलाहरु तथा सुत्केरी महिला, नवजात शिशुको पोषण, बच्चाको दिसा व्यवस्थापन, सुरक्षित खानेपानीको व्यावहारिक प्रयोगमा परामर्श गर्न सीप, क्षमताको विकास हुनेछ । साथै सुआहारा कार्यक्रमले समेटेको सम्पूर्ण क्षेत्रमा लैङ्गिक तथा सामाजिक समावेशीकरणमा समेत ध्यान दिनेछ भन्ने विश्वास लिएको छु ।

अन्त्यमा, यो तालिम निर्देशिका पुस्तिका तयार पार्न संलग्न व्यक्तिहरुका साथै पुस्तिका प्रकाशन तथा तालिम कार्यान्वयनमा प्रत्यक्ष-अप्रत्यक्ष रुपमा सहयोग पुऱ्याउनु हुने सुआहारा कार्यक्रमका सम्बन्धित सबैलाई धन्यवाद ज्ञापन गर्दै यस कार्यक्रमको सफलताको शुभकामना व्यक्त गर्दछु ।

राम सुन्दर साह
वातावरणीय सरसफाई तथा
दैवी प्रकोप व्यवस्थापन शाखा

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Introduction

The *integrated nutrition package to Improve the Nutrition of Women and Children* Facilitator Guide is intended to equip instructors with the basic theory and hands-on practice to train the social-mobilizers[1] (Health worker and non health worker / FCHVs) in a community-based Essential Nutrition and Hygiene Actions (ENA/EHA) and Social Behaviour Change Communication (SBCC) approach.

The purpose of this Facilitator Guide is to train the social-mobilizers in recommended Infant and Young Child Feeding practices including feeding the sick child, woman's feeding practices, essential hygiene actions (EHA), gender equity and social inclusion (GESI), family planning/reproductive health, AND skills for counselling/reaching-an-agreement skills, action-oriented groups, and facilitation of support groups. FCHVs health workers and non health workers will apply the knowledge and skills to help mothers/caregivers optimally feed their infants and young children, and to care for their own nutritional needs.

Training Agenda

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

Training methodology

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

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

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

Trainee Handouts

The Facilitator Guide has a complete set of handouts which are provided to the trainees. During the training the Participants use existing in-country social behaviour change communication materials and other available infant and young child feeding visuals.

Training Location

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

[1] Social mobilizers is including from health worker- Health Facilities, FCHV, Non health worker -District Development, Village Development, Agriculture services, livestock services, women and child development, water and sanitation development, education department and ward citizen forum etc.

Review Energizers

1. Participants and Facilitators form a circle. One Facilitator has a ball which s/he throws to one Participant. Facilitator asks a question of the Participant who catches the ball. Participant responds. When the Participant has answered correctly to the satisfaction of the group, that Participant throws the ball to another asking a question in turn. The Participant who throws the ball asks the question. The Participant who catches the ball answers the question.

2. Form 2 rows facing each other. Each row represents a team. A Participant from one team/row asks a question to the Participant opposite her/him in the facing team/row. That Participant can seek the help of her/his team in responding to the question. When the question is answered correctly, the responding team earns a point and then asks a question of the other team. If the question is not answered correctly, the team which asked the question responds and earns the point. Questions and answers are proposed back and forth from team to team.

3. Form 2 teams. Each person receives a written statement. These statements are answers to questions that will be asked by a Facilitator. When a question is asked, the Participant who believes she has the correct answer will read the answer. If correct, s/he scores a point for her/his team. The team with the most correct answers wins the game.

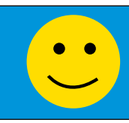
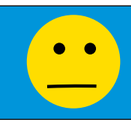
4. From a basket, a Participant selects a question and answers it; feedback is given by other Participants. Repeat the process until all questions are answered.

Daily Evaluations:

A. Ask Participants to write on a small page of paper their answers to one, two, or all of the following questions which have been displayed on a flip chart:
   1. What did you learn today that will be useful in your work?
   2. What was something that you liked?
   3. Give suggestions for improving today's sessions.

   - Collect Participants' answers, mix-up the papers, redistribute them and ask Participants to read the answers, OR
   - Collect Participants' answers, summarize and provide summary on the following day.

B. A table measuring Participants' mood (filled out by Participants at the end of each day).

	MOOD Meter		
DAY			
1			
2			
3			
4			
5			

INTEGRATED NUTRITION PACKAGE FOR IMPROVING THE NUTRITION OF WOMEN AND CHILDREN

PURPOSE:

Based on the principles of social behavior change communication of small doable actions, provide social-mobilizers (FCHVs, health workers and non health workers) with the knowledge of recommended infant and young child feeding (IYCF) practices including feeding the sick child; woman's nutrition practices; essential hygiene actions (EHA); gender and social inclusion (GESI); skills for facilitation of action-oriented groups and support groups; and reaching-an-agreement skills; in order to help mothers to improve their children's and their own nutrition.

General objectives:

1. Reinforce the knowledge and practices of the social-mobilizers in IYCF and women's nutrition in order to enable them to help mothers optimally feed their infants and young children.

2. Strengthen the social-mobilizers practices on counselling/reaching-an-agreement skills to improve woman's nutrition, and infant and young child feeding, practices.

3. Sensitize Health Workers and other social-mobilizers knowledge and practices on essential hygiene actions (EHA), and gender equity and social inclusion (GESI).

Specific objectives:

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

1. Define social behaviour change communication and name the steps of behaviour change.
2. Describe the role of Health Workers, FCHV and other social mobilizers in nutrition programmes – the essential nutrition actions (ENA) and the contact points for discussing nutrition practices with women.
3. Explain the recommended infant and young child feeding (IYCF) practices: breastfeeding and complementary feeding
4. Reinforce Health Workers, FCHVs and other social mobilizer's knowledge and practices to improve feeding practices of the sick child.
5. Ensure GESI issues in ENA and EHA
6. Describe Essential Hygiene Actions (EHA)
7. Incorporate Family Planning and Reproductive Health in ENA.
8. Counsel/reach-an-agreement (GALIDRAA) to promote behaviour change to improve Infant and Young Child Feeding and women's nutrition.
9. Use a visual/story or role play in counseling/reaching-an-agreement with mothers to adopt recommended IYCF, EHA and GESI practices.
10. Demonstrate how to facilitate a support group and an action oriented group.
11. Name the practices for optimal woman's nutrition including reproductive health.
12. Describe the undernutrition life-cycle.

ESSENTIAL NUTRITION AND HYGIENE ACTIONS (ENA/EHA) AND BEHAVIOUR CHANGE COMMUNICATION (BCC)
5-DAY TRAINING OF FACILITATORS/TRAINERS

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
			DAILY REVIEW		
10:00 – 11:00	**Session 1** • Introductions • Objectives • Pre-assessment	**Session 7** Common breastfeeding Difficulties	**Session 12** • GALIDRAA steps - 0 up to 6 months - 6 up to 24 months - Pregnant woman, breast feeding mother	**Session 15** First Field Visit • Listening and learning counseling skills • Building confidence & giving support skills	**Session 17** Mapping of 1000 days home
11:30–11:45	T E A B R E A K				
11:45–13:45	**Session 2** Why nutrition matters/ Suaahara **Session 3** social behaviour change communication	**Session 8** Common situations affecting **Session 9** Recommended complementary feeding practices for children from 6 up to less than 24 months • Contribution that breast milk makes to complementary feeding • Characteristics of complementary feeding for each age group: AFATVAH	**Session 13** How to conduct: - Action-oriented group **Session 14** How to conduct: IYCF support groups	• Counseling using GALIDRAA steps - 0 up to 6 months - 6 up to 24 months - Pregnant woman, breastfeeding mother (Action-oriented group) - IYCF support groups	**Session 18** Role of social mobilizers **Session 19** Discussion on how to run 2 days mothers group meeting/ IYCF group meeting
13:45–14:45	L U N C H				

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
14:45–15:45	**Session 4** Women's Nutrition **Session 5** Recommended breastfeeding practices	**Session 10** Essential hygiene actions (EHA)	**Practices**	Feedback from field visit	**Session 20** Work plan • Next steps for non-health participants: share what they have learned during the integrated nutrition training to the non-health groups (focus on top 3 messages) • Next steps for FCHVs: conduct IYCF support groups and action oriented groups in their community
15:45 – 16:00			**T E A B R E A K**		
16:00–17:30	**Session 6** How to breastfeed: Good attachment and positioning	**Session 11** Feeding of the sick infant and young child **Session 12** • Listening and learning counseling skills • Building confidence & giving support skills • GALIDRAA steps	**Preparation for Field Visit**	**Session 16** How do FCHVs and social mobilisers help in the community? (By using action card)	**Session 21** • Post-assessment • Evaluation of Training

SESSION 1
INTRODUCTIONS, EXPECTATIONS, OBJECTIVES AND PRE-ASSESSMENT

Learning objectives

1. Begin to name fellow Participants, Facilitators, and resource persons.
2. Identify Participants' strengths and weaknesses
3. Explain objectives and purpose of the training.
4. Discuses about participant's expectation

Total Time: 1 hours 30 min.

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Matching pairs of Food cards or locally available food packets
- ✓ Name tags – encourage use of local materials; e.g. use pieces of paper and tape or pins
- ✓ Objectives written on flip chart
- ✓ Participants' folders: Facilitator Guide (for TOT); Participant pictorial book (Community Counsellors), Discussion Cards
- ✓ One copy of Pre-assessment for each Facilitator

Detailed activities

Activity 1.1: Game for introductions (40 minutes)

Methodology: Matching pairs

- Use 2 sets of food cards. Count the number of Participants. For example, if there are 20 participants pick 10 cards from one deck and the same 10 cards from another deck. Place the cards face down on the floor and ask Participants to pick one card each. Participants with matching cards will introduce their pair. In addition to the pair's name, Participants can also share their pair's address, position, favorite food, hobbies, likes and dislikes.
- When Participants introduce themselves, ask them about their expectation.
- Facilitator writes expectations on flipchart.
- Facilitator introduces the training objectives (previously written on a flipchart).

Activity 1.2: Pre-assessment (30 minutes)

Methodology: Non-written pre-assessment

- Advise Participants that the topics covered in the pre-assessment will be discussed in greater detail during the training.
- Explain that 20 questions will be asked, and that Participants will raise one hand (with open palm) if they think the answer is 'Yes', and will raise one hand (with closed fist) if they think the answer is 'No'.
- Ask Participants to form a circle and sit so that their backs face the centre.
- One Facilitator reads the statements from the Pre-assessment and another Facilitator records the answers and notes which topics (if any) present confusion.
- Immediately identify topics that caused disagreement or confusion and address them.

INP Pre Assessment: what do we know?

	INP Pre-Assessment	Yes	No
1.	Pumpkins, mangos, Papaya and green leafy vegetables contain vitamin A.		
2.	A malnourished mother is likely to give birth to a low birth weight child.		
3.	At 4 months, the infant needs water and other drinks in addition to breast milk.		
4.	If children don't eat enough, parents should force them to eat more.		
5.	When breastfeeding, the baby's chin needs to touch the mother's breast.		
6.	Only food is important to prevent malnutrition.		
7.	Children 12 up to 24 months old should eat 3-4 times a day and be offered 2 snacks.		
8.	Parents should start giving foods in addition to breastmilk at 6 months of age.		
9.	Colostrum serves as the first immunization for the baby.		
10.	If parents have all the correct knowledge about hygiene, they will wash their hands after cleaning their children's bottoms and using the latrine.		
11.	During pregnancy, mothers need extra rest.		
12.	It is best to breastfeed the baby every time the baby wants, at least 10 times a day.		
13.	When the baby has diarrhea, it is best to give less food until the baby feels better.		
14.	Children 6 up to 12 months of age are too young to eat eggs 3 or more times a week.		
15.	Small pieces of minced meat can be given to older children as well as children 6 up to 9 months of age.		
16.	It is best to wait 1 year between pregnancies to help babies stay well-nourished.		
17.	One of the best ways to get parents to try a new behavior is to allow them to practice the behavior.		
18.	Dalits and other disadvantaged groups are probably less likely to participate in programs that improve nutrition, for example, mothers' groups.		
19.	Pregnant mothers should wait to eat greens and meat until the last month of pregnancy.		
20.	A boy infant and child needs to eat more food than a girl infant and child in order to grow strong, healthy and intelligent.		

SESSION 2
WHY NUTRITION MATTERS/ SUAAHARA

Learning objectives

1. Recognize key factors that contribute to a healthy, well nourished child
2. Outline the different activities and places where/when FCHVs support the improvement of women and their children's health
3. Describe the consequences of poor nutrition practices for the infant and young child under 2 years
4. Recall in-country statistics on nutrition

Total Time: 1 hour

Handout

Handout 2.1: Description of Suaahara
Handout 2.1: The Essential Nutrition Actions and Contact Points

Materials needed

- ✓ Training Aid 1: Under-nutrition Happens Early (for Master Facilitators/Trainers)
- ✓ Flipchart papers (+ markers + masking)
- ✓ Illustrations: Healthy well- nourished young child, complementary foods, mother feeding young child surrounded by caring family, mother/couple going to health services, Hygiene, water/sanitation
- ✓ Illustrations of 7 essential nutrition actions and contact points
- ✓ Flipchart with statistics: early initiation of breastfeeding; exclusive breastfeeding; introduce solid, semi-solid or soft foods from 6 up to 9 months; stunting (low height for age) in children under 5

Detailed activities

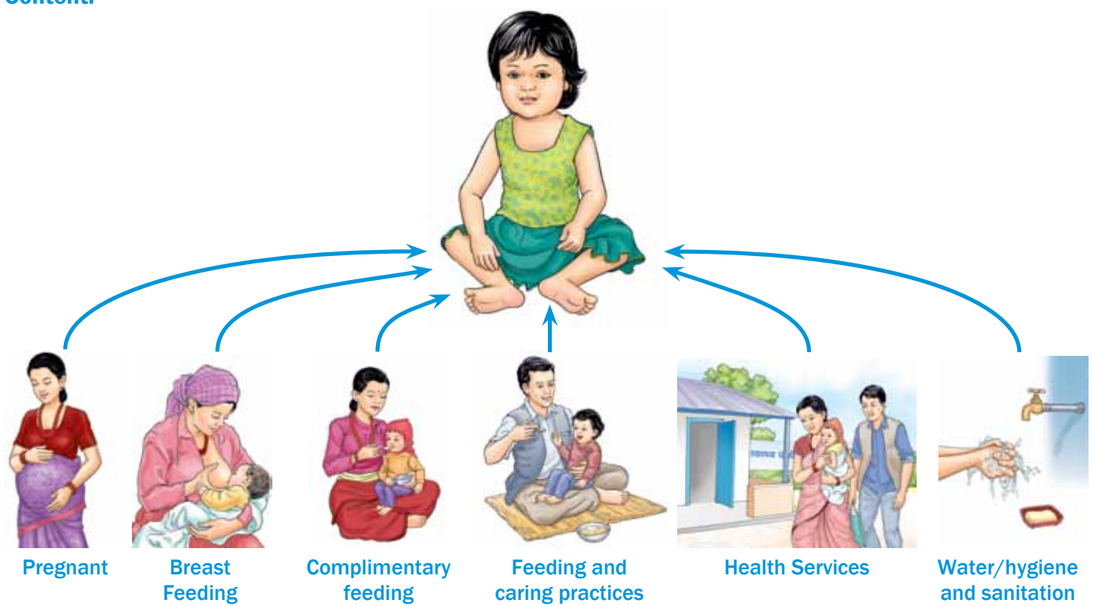
Activity 2.1: Recognize key factors that contribute to a healthy, well nourished child (15 minutes)

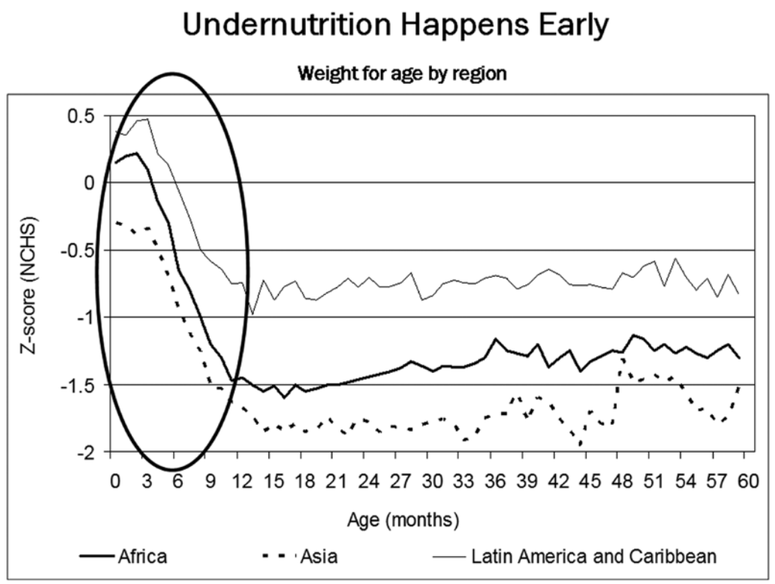
Methodology: Interactive Presentation

Instructions for Activity:

- Tape or stick the illustration of a healthy, well nourished child (Ask Participants to find a picture of a healthy, well nourished child in their set of pictorial book)
- Ask Participants to name all the things necessary to have a healthy and well nourished child. As Participants mention food, feeding and care practices, health services, and water, hygiene and sanitation, show that illustration and tape or stick it to flipchart
- Draw arrows from the illustrations to the healthy, well nourished child (see pictures below)
- Why are we focusing on the first 2 years of life?
  - Effects of malnutrition (including stunting) are irreversible after 2 years of age
  - Harm to growth and development during this time cannot be corrected
  - Stunting affects mental and physical development and leads to poor productivity, low economic growth and the perpetuation of poverty.
- Under-nutrition (stunting) leads to improper brain development and growth simultaneously it also reduce learning ability and reduce ability to fight infection and diseases.
- Discuss and summarize

Content:





1. Under-nutrition begins early, at about 3 months with a rapid decline through 12 months.
2. The window of opportunity for improving nutrition is small – from before pregnancy through the first 2 years of life (1,000 days).
   a. Harm to growth and development cannot be corrected
   b. The damage to physical growth and brain development that occurs during this period is extensive and irreversible
   c. Effects of malnutrition (including stunting) are irreversible after 2 years of age
   d. Stunting affects mental and physical development and leads to poor productivity, low economic growth and the perpetuation of poverty
   e. 41 out of 100 children under 5 years of age are stunted.[2]
   f. 29 out of 100 children under 5 years are underweight (have low weight-for-age).[3]

Activity 2.2: What are the routine nutrition practices to share with women to improve their own and children's health? And where/when can these messages be shared (25 minutes)

Methodology: Group Work

Instructions for Activity:
1. Divide Participants into 5 working groups
2. Ask groups to brainstorm the routine nutrition practices to share with women to improve their own and their children's health
3. After 5 minutes ask each group to share a nutrition practice
4. As Participants mention an Essential Nutrition Action, place illustration on wall or mat
5. Brainstorm the places where/when these messages can be shared with women
6. As Participants mention a contact point, place illustration on wall or mat
7. Compare Participants responses with prepared flipchart on the 7 essential nutrition actions and the main 6 contact points for implementing these activities
8. Refer to **Handout 2.2**: The Essential Nutrition Actions and Contact Points
9. Discussion and summarize the ENA approach:
   - Focuses on women and under-2
   - Package of evidence-based integrated approach of interventions
   - Women's nutrition and health, micronutrients and IYCF
   - Behavior change-based approaches

Activity 2.3: Consequences of poor nutrition practices for the infant and young child under 2 years (10 minutes)

Methodology: Group work and rotation of flipcharts

Instructions for Activity:
1. Divide Participants into buzz groups of 3 persons.
2. Ask Participants to discuss the consequences of poor nutrition practices for the infant and young child under 2 years
3. After 3 minutes ask each buzz group to name a consequence of poor nutrition practices for the infant and young child under 2 years
4. Discuss and summarize
5. Facilitator fills-in gaps with content listed below

[2] National Bureau of Statistics (NBS) [Nepal] and ICF Macro. 2011. Nepal Demographic and Health Survey 2011. Katmandu, Nepal: NBS and ICF Macro.
[3] Ibid.

Key Content

Consequences of poor nutrition practices for infants and young children

- Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first 6 months)
- Frequent diarrhea, ill more often and more seriously (mixed-fed infants less than 6 months who receive contaminated water, formula and foods are at higher risk.)
- Frequent respiratory infections
- More likely to get malnourished
- Under-development: retarded growth, under-weight, stunting, wasting due to higher infectious diseases such as diarrhea and pneumonia
- Lower scores on intelligence tests and lower ability to learn at school
- Greater risk of heart disease, diabetes, cancer, asthma, dental decay etc. later in life
- Increases child morbidity and mortality

Activity 2.4: In-country data on IYCF (10 minutes)

Methodology: Interactive presentation (bean distribution)

Instructions for activity:

1. Ask Participants to form 4 groups. Discuss their knowledge of the data on feeding practices and stunting (low height for age) in Nepal: out of 100 mothers/infants, how many: initiate breastfeeding within the first hour; exclusively breastfeed their infants (0 up to 6 months); introduce solid, semi-solid or soft foods (6 up to 9 months); and how many children are stunted (low height for age)
2. On a flipchart write the national data for the above practices
3. Using beans and the prepared paper (100 blocks with dots representing 100 mothers), ask each group of Participants to demonstrate one infant feeding practice or stunting
4. From the data for each feeding practice discuss the risk for the child.

Findings from Nepal DHS (2011)

Breastfeeding practices:

- Initiation of breastfeeding (within 1 hour):
  - 45 out of 100 mothers initiate breastfeeding within the first hour after birth
- Exclusive breastfeeding (0 up to 6 months)
  - 70 out of 100 mothers exclusively breastfeed their babies from birth up to 6 months

Complementary Feeding practices:

- Solid, semi-solid or soft foods (6 up to 9 months)
  - 66 children out of 100 are given solid, semi-solid or soft foods between 6 up to 9 months

Exclusively breastfeeding: 70 out of 100 mothers exclusively breastfeed their infants under 6 months

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Description of Suaahara
Handout 2.1

***Suaahara*'s goals:** improve the nutrition of women who are pregnant or breastfeeding as well as children less than two years old.

Why is this important?: Children who don't get enough of the right kinds of foods and who are sick a lot don't do as well at school and are likely to get even sicker. Some of these children even die.

How *Suaahara* works: *Suaahara*, the government, local NGOs and communities work together to address the problem of stunting. *Suaahara* brings about changes in households, clinics and communities. *Suaahara* helps households feed their infants and children better; helps people grow more fruits and vegetables and raise animals; and encourages households to practice hygiene and use family planning. *Suaahara* and other organizations encourage families to take micronutrients including micronutrient powders, vitamin A and zinc. *Suaahara* helps families use health services; supports doctors and nurses as they provide care, including counseling on nutrition and family planning as well as rehabilitating malnourished children.

Suaahara improves nutritional status by addressing all of the factors that influence nutrition, not just food.

What else is important to know about *Suaahara*?: *Suaahara*'s programs address the needs of girls as well as boys and mothers as well as fathers. Marginalized and socially excluded groups are also a focus.

***Suaahara*'s 7 partners:** Save the Children, Helen Keller International, Jhpiego, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Nepali Technical Assistance Group (NTAG), Nutrition Promotion and Consultancy Service (NPCS) and Nepal Water for Health (NEWAH).

Where *Suaahara* works: 20 districts (10 mountain districts, 8 hill districts, 2 Terai districts).

Who gives *Suaahara* money to carry out these activities? USAID

When does *Suaahara* start and end? 2011-2016

Handout 2.2

The Essential Nutrition Actions and Contact Points for Implementing Essential Nutrition Actions

The Seven Essential Nutrition Actions[4]

All are equally important. This ENA list is organized by a lifecycle approach.

1. Promotion of optimal nutrition for women
2. Promotion of adequate intake of iron and folic acid and prevention and control of anemia for women and children
3. Promotion of adequate intake of iodine by all members of the household
4. Promotion of optimal breastfeeding during the first six months
5. Promotion of optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond
6. Promotion of optimal nutritional care of sick and severely malnourished children
7. Prevention of vitamin A deficiency in women and children

Contact Points for Implementing Essential Nutrition Actions

1. At every contact with a pregnant woman (at health centre or in the community)
2. At delivery in hospital or at home
3. During postpartum and/or family planning sessions at health centre (or in the community)
4. At immunization sessions
5. Outreach clinic sessions
6. At every contact with mothers or caregivers of a sick child
7. Mother Group meeting

And at:

- Therapeutic feeding centres (TFCs)
- Supplementary feeding centres (SFCs)
- Agriculture: Food diversification, Food security, Women's farmers clubs
- Micro-Credits
- Schools
- Community Nutrition
- Sanitation events
- Community/households

[4] CORE Group. Nutrition Working Group. Nutrition Program Design Assistant: A Tool for Program Planners, Washington, DC: 2010

Handout 2.3

After knew about *Suaahara* and why nutrition matter, asked with participants that how will it would be solved? Throw the question for brainstorming. After short discussion, share a case study.

Case study: (give example of place where they are facilitating) there is small and happy family. They have enough land, livestock and poultry so they are rich. They can eat easily vegetables, meat, eggs and milk and milk products but their two children are getting ill frequently why??

Neither they can obtain their physical growth and development as per their age, why??

Give these two questions for discussion and enter into the next session of social and behaviour change communication (SBCC).

Please note on each reply of the participants as barrier.

SESSION 3
SOCIAL & BEHAVIOUR CHANGE COMMUNICATION (SBCC)

Learning objectives

1. Define social behaviour change communication.
2. Explain why knowledge is not enough to change behaviour.
3. Explain the steps of behaviour change.
4. Practice identifying behaviour change step.
5. Practice identifying barriers to behaviour change.

Total Time: 1 hour

Materials needed

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

Handouts

Handout 3.1: Steps of Behaviour Change Model
Handout 3.2: Steps of Change and Interventions

Detailed activities

Activity 3.1: Definition of social behaviour change communication and explanation why knowledge is usually never enough to change behaviour (10 minutes)

Methodology: Brainstorm, Buzz groups

- Brainstorm the definition of social behaviour change communication.
- Write social behaviour change communication on flipchart and define the each word as mentioned below.
- Give the following example to explain motivator/value: when you came to the training today you probably saw trash on the ground. Did you pick it up? (No) If you saw money on the ground, would you pick it up? (Yes) You know its value and you changed your behaviour to bend down and pick it up.
- Discuss how information is usually never enough to change behaviour.

Social = interaction among family and people; **Behaviour** = action/doing; **Change** = modification or adaptation or revision. It always involves motivators and barriers/obstacles; **Communication** = ways of transmitting messages via interpersonal, mass media (radio/TV, print) Audio/visuals, community events, puppet, drama, etc.

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

Activity 3.2: Explain the steps of Social behaviour change communication and the interventions required at each step of the change (25 minutes)

Methodology: Interactive presentation

- On flip-chart draw 5 ascending steps
- Divide participants into 5 groups
- Give each group the 5 steps to behavior change:
  1. Never having heard about it
  2. Having heard/knows what it is
  3. Intention
  4. Trying it out
  5. Continuing to do it - action
  6. Telling others
- Ask each group to discuss briefly and put the steps in order of what comes first and what comes last
- Ask Participants: What helps a person to move through the different steps?
- Post possible SBCC interventions appropriate for each step: give information; encouragement; discuss benefits; reach-an-agreement; praise/reinforce benefits; and support at the point it is appropriate in the steps - the role of FCHV:
- The Facilitator leads a discussion of the change process asking such questions as:
  - Does everyone in a community go through the steps of change at the same pace?
  - Once a person reaches a certain step of change, do they ever regress to a prior step?
- Distribute and review together handouts: Steps of Social Behaviour Change Model and Steps of Change and Interventions

Activity 3.3: Practice identifying what social behaviour change step a mother is in with regards to her infant feeding practices (10 minutes)

Methodology: Brainstorming and summary

- Divide into 6 working groups and distribute 1 case study to each group (2 groups will have case study #1, 2 groups will have case study #2, and 2 groups will have case study #3
- Ask groups to discuss the case study.
- Ask the group with case study #1 to identify which step of behaviour change the mother is in.
- Ask other groups with same case study to discuss their findings.
- Discussion in plenary.

Activity 3.4: Practice identifying barriers to behaviour change (15 minutes)

Methodology: "the fact is right, but....." game in groups, presentation & discussion

- Divide into 3 working groups
- Give one of the following statements to each group to discuss:
  1. Exclusively breastfeed your baby until 6 months of age
  2. Always wash your hand with soap and water
  3. Feed a variety of complementary food to your child after six months
- Ask the participants to discuss in their group and identify 4 barriers by completing " the fact is right, but ....." statement
- Ask each group to share their complete statement
- Summarize the discussion by describing the barriers to behaviour change that the group has identified

Note: Social behaviour change communication addresses the barriers to behaviour change. Barriers could be psychological, social, structural, cost etc. Individual behaviour is influenced by multiple layers such as father, grandmothers, grandfathers, siblings, aunties, cousins, friends, peers, midwife, doctor, nurse, religious leaders, elders, national policies, politician, etc.)

- "It takes a village to raise a child", and the entire village to support a mother to optimally feed her child.
- Behaviour change should not be limited to efforts with the mother/father/ caregiver, but rather encompass the entire community of influencers.

Behaviour Change Case Studies

1. A pregnant woman has heard the new breastfeeding information, and her husband and mother-in-law also are talking about it. She wants to exclusively breastfeed because she thinks it will be best for her child.

2. The parents brought their 10–month-old child to the baby weighing session. The child is being fed watery gruel that the mother thinks is appropriate for the child's age as the child can swallow easily and digest it easily. The child has lost weight. They are encouraged to give thickened porridge to child instead of watery gruel and add animal source foods.

3. In the past month a FCHV came to Sujata's home and talked to her in the presence of her family about gradually starting to feed her 7–month-old baby three times a day instead of just once a day. Sujata started to give a meal and a snack then added a third meal. Now the baby wants to eat three times a day, so Sujata feeds her child accordingly.
4. Sita wants to mix meat soup in her 7-month old child's porridge. However, Sita's mother-in-law has restricted Sita from giving her child meat because young children are not able to digest such food. Sita is confused about whether or not she can give her child meat so early on.

Behaviour Change Case Studies (Answer Key)

1. Intention

2. Has heard/knows what it is

3. Continuing to do it

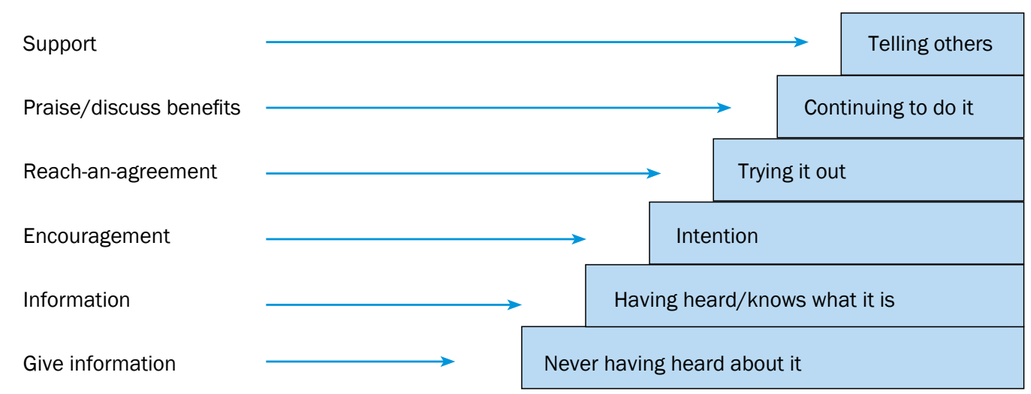
4. Intention

Handout 3.1

Steps of Change Model

Steps a person or group takes to change their practices

Having heard/knows what it is



Handout 4.2

Steps of Change and Interventions

Steps	Appropriate interventions
Never having heard about the behaviour	**Build awareness/provide information** • Radio/Television/Print Materials • Interpersonal communication & Counseling • Community group education • Mothers Group Meeting
Having heard about the new behaviour or knowing what it is	**Persuasion/Create Trust** • Group discussions or talks • Audio visual materials • Interaction with family and community influential
Thinking about changing new behavior (intention)	**Encouragement/discuss benefit and help to overcome barriers/obstacles** • Home visits, use of visuals • Groups activities for family and the community • Role modeling • Interact/ dialogue with the husband and mother-in-law (or other influential family members) to support the mother) • Networking and linkages with available services
Trying new behaviour out	**Praise/reinforce the benefits** • Interpersonal communication • Suggest support groups to visit or join to provide encouragement • Encourage community members to provide support through radio programmes, market events, street drama) • Reinforce the benefits
Continuing to do new behaviour or maintaining it	**Provide support at all levels** • Praise • Advocacy

SESSION 4
WOMAN'S NUTRITION

Learning objectives

1. Describe difficulties related to woman's nutrition
2. Describe the under-nutrition life cycle
3. Name the consequences of under-nutrition to the woman
4. Name the recommended time for spacing children
5. Name the criteria for LAM use

Total Time: 1½ hours

Materials needed

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

Advance Preparation

Handouts

Handout 4.1: Intergenerational Cycle of Under-nutrition
Handout 4.2: Interventions to break the under-nutrition cycle
Handout 4.3: Key Practices on Women's Nutrition

Detailed activities

Activity 4.1: Explanation of the intergenerational under-nutrition cycle (20 minutes)

Methodology: Brainstorm

- Facilitator draws 4 circles on a flipchart with arrows connecting the circles (see **Handout 4.1**: Intergenerational under-nutrition cycle)
- Facilitator writes undernourished child, teenager, pregnant woman/breastfeeding mother, and baby – one for each circle
- Facilitator explains that this diagram with represents the under-nutrition cycle
- Ask Participants: What are the consequences of under-nutrition for women?
- After discussion, show prepared flipchart with consequences of under-nutrition for women
- Discuss and summarize
- Write answers on flipchart and discuss
- Facilitator explains the intergenerational under-nutrition cycle

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

- Babies are born preterm (less than 37 weeks)
- Babies have low birth weight (LBW) less than 2500 grams)
- Girls may be underweight and stunted affecting the next generation
- Some girls have their first pregnancy during adolescence before their pelvis is fully grown and puts them at risk for obstructed labor

Activity 4.2: Interventions that can be used to break the under-nutrition life cycle (45 minutes)

Methodology: Small working groups

- Divide Participants into 4 groups and ask each group to focus on one point in the undernutrition life cycle (one arrow) and think of activities to break the cycle at that point
- Each group will present their work in plenary
- Discussion and summary
- Facilitator fills-in gaps
- **Distribute Handout 4.1**: Intergenerational Cycle of Undernutrition, **Handout 4.2**: Interventions to break the under-nutrition cycle, **Handout 4.3**: Key Practices on Women's Nutrition
- Discuss and summerized

Content

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

Importance of 1000 days = 9 months pregnancy and first 2 years of child

(Pregnant time or 9 month = 9×30 days =270 days and first 2 years =730 days: 270 days + 730 days = 1000 days)

- Optimal nutrition for 1000 days window means nutrition for pregnancy women and infant and young child (under 2) nutrition or feeding.
- This time period (1,000 day window) is a unique opportunity that can give children a healthy start in life. Missing this opportunity means that a child will never grow to meet their full potential. Hence, it is very important to break the under-nutrition cycle and necessary for proper brain development and physical growth. However, 80% brain development of the child is staring from pregnancy to 2 year, well-nourished children are better able to learn in school.

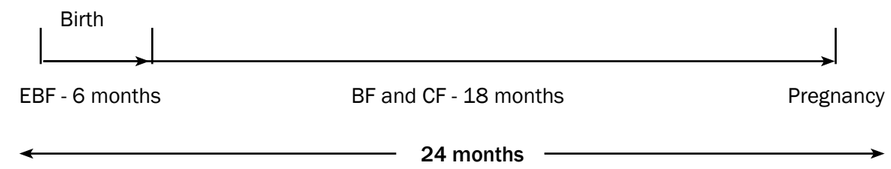
Activity 4.3: Healthy Timing and Spacing of Pregnancy (HTSP) and the criteria for the Lactation Amenorrhoea Method (LAM) (25 minutes)

Methodology: Interactive presentation; Group work-

- Ask Participants what is the recommended time for spacing children? After hearing comments, use a timeline (see below) showing the breakdown of recommended practices leading to optimal child spacing; let participants fill in the number of months
- Explain that the recommended time between birth and next pregnancy is 24 months
- Ask Participants to discuss how women in the communities relate breastfeeding and child spacing
- Ask Participants to brainstorm the definition of LAM and LAM criteria
- Describe LAM and the LAM criteria and what to do when the criteria are not met (to continue to prevent pregnancy)
- Discuss and fill-in gaps

Content

There should be a birth-pregnancy spacing of **at least 24 months.**



Note: According to recommended IYCF practices: six months exclusive breastfeeding, followed by at least 18 months additional breastfeeding with complementary foods. This would be birth-pregnancy spacing of 24 months.

LAM

Breastfeeding is essential to child survival. It has many benefits for the child as well as for the mother, including birth spacing.

L = Lactation (Breastfeeding)
A = Amenorrhoea (NO menses)
M = Method

LAM is more than 98% effective if the 3 following criteria are met:

1. Amenorrhea (no menses) – no bleeding after 8 weeks of birth
2. Exclusive breastfeeding is practiced – no more than 4 hours between breastfeeds and no more than one 6-hour period (in 24 hrs) between breastfeeds (Recommended breastfeeding practice: breastfeed on demand day and night whenever baby wants for as long as baby wants)
3. The infant is less than 6 months of age

Note: when a woman no longer meets one of the 3 criteria at any point during the first six months, she immediately needs to begin another family planning method to prevent pregnancy.

Family Planning Methods compatible with Breastfeeding

1. Non-hormonal methods – anytime post-partum
2. Progesterone only: trough injection or implants – after 6 weeks post-partum
3. Combined oral contraceptives – after 6 months post-partum

Note for the FCHV, Health workers and non health workers on family planning methods:

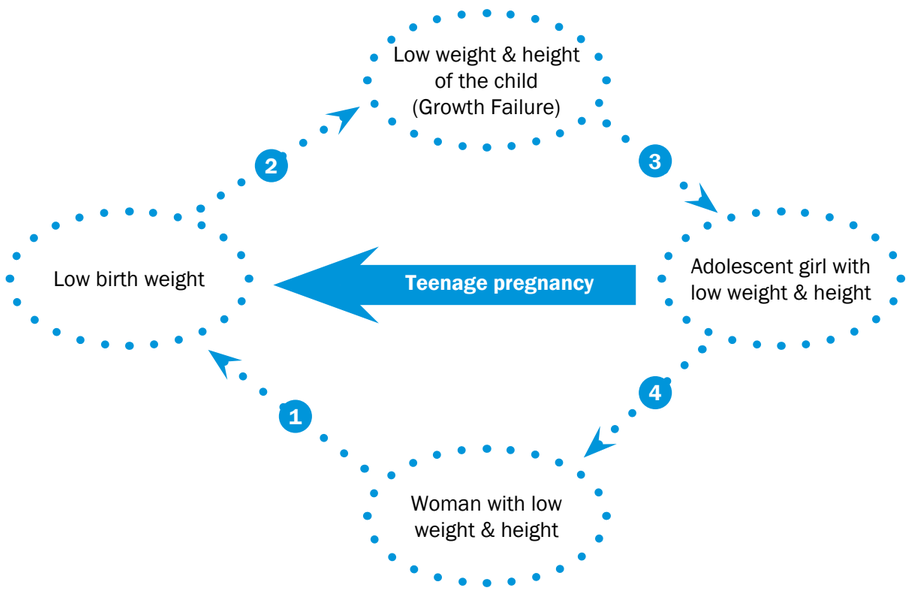
- Encourage mother and partner to seek family planning counselling at their nearest health facility.
- Communicate with fathers on the importance of child spacing/family planning
- Pregnancy before the age of 18 increases the health risks for the mother and her baby.

Handout 4.1

Women's Nutrition
Intergenerational Cycle of Malnutrition

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

- Increase ricks of frequent infection and low immunity power
- Weakness caused less productivity of the women. Additionally, if a woman has short stature she may get difficult to give a birth and in severe cases the mother may ever die from its effects.
- Undernourished women may give birth weigh less and undernourished baby.
- In this way, if the Girl child born in underweight and stunted, the malnutrition cycle repeated again and again generation to generation.
- Some girls have their first pregnancy during adolescence before their won development they might give birth underweight and undernourished baby, in this way the malnutrition cycle repeated again to generation to generation.



Handout 4.2

Interventions to break the undernutrition cycle

1. **Prevent undernourished adult and pregnant woman**

   A. **Improve woman's nutrition and health**
   - Encourage to eat locally available diverse food.
   - Increase the food intake of the woman at every step of her life, especially during pregnancy "an additional meal, more food than usual, and a varied diet" and breastfeeding: 2 additional meals
   - Fight iron, vitamin A and Iodine deficiencies:
     - Iron/folic acid supplementation during pregnancy, (1 tablet/day after completion of 3 month of pregnancy to continue 6 week after give birth or lactation period).
     - Encourage consumption of foods rich in iron (green leafy vegetables, meat, and liver).
     - Vitamin A supplementation after delivery (a single dose within 6 weeks after delivery).
     - Encourage consumption of foods rich in vitamin A (papaya, mangoes, carrots, pumpkins, liver)
     - Encourage consumption of iodized salt and foods rich in iodine (fish and seafood).
   - Prevent and treat infections:
     - Complete anti-tetanic immunizations for pregnant women, 2 injections in total (government protocol)
     - De-worming of pregnant women during 2nd trimester
     - Education on STI and HIV transmission and prevention
   - Strongly discourage smoking and drinking alcohol
   - Maintained hygiene and proper sanitation

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

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

   D. **Encourage men's participation**
   - In birth spacing, and good follow-up of pregnancy and delivery
   - In supporting better feeding and a lighter workload for their wife/partner

   E. **Encourage parents to give equal access to education to boys and girls (schooling of the girl child)**
   - Risk of malnutrition decreases when girls/women receive a higher level of education.
   - Risk of malnutrition decrease when equal behavior on nature of girls and boy.

2. Prevent undernourished baby

- Early initiation of breastfeeding (within 1 hour)
- Exclusive breastfeeding from 0 up to 6 months
- Timely initiation of complementary foods after completed 6 months with continuation of breastfeeding up to 2 years
- Feed sick child during illness and feed more frequently for 2 weeks after recovery.
- Regularly take growth monitoring of child
- Preventing and seeking early treatment of infections

- Increasing the food intake of women during pregnancy: eat one extra meal or "snack" (food between meals) each day; during breastfeeding eat 2 extra meals or "snacks" each day.
  - Encouraging consumption of different types of locally available foods
  - Each time should eat different variety from 4 group food
  - Giving animal source food to mother (eggs, meat and milk product food)
- Giving iron/folate supplementation until 45 days after delivery to mother.
- Giving vitamin A to the mother within 6 weeks after birth
- Strongly discourage smoking, drinking alcohol by mothers
- Maintained hygiene and proper sanitation
- Adequate love and care from family
- Spacing for new pregnancy

3. Prevent undernourished child (Growth Failure)

- Timely initiation of complementary foods at 6 months with continuation of breastfeeding up to 2 years
- Feed sick child during illness and feed more frequently for 2 weeks after recovery
- Increasing frequency, amount and diverse food as the child gets older than 2 year.
  - Encouraging consumption of different types of locally available foods
  - Each time should eat different variety from 4 group food
  - Giving animal source food to mother (eggs, meat and milk product food)
- Consumption of foods rich in vitamin A and vitamin A supplementation from 6 up to 60 months (every 6 months).
- Anaemia control (iron supplementation and de-worming) and consumption of foods rich in iron.
- Iodine salt consumption
- Immunizations
- Parents should understand about birth spacing

4. Prevent undernourished teenagers

- Encourage locally available diversify food, increase the food intake of teenagers
- Delay first pregnancy until 20 years of age.
- Prevent and treat infections:
  - Complete anti-tetanic immunizations for pregnant adolescents and women, 5 injections in total (as government protocol)
  - Give education on STIs and HIV transmission and prevention
- Fight iron, vitamin A and Iodine deficiencies:
  - Encourage consumption of foods rich in iron (green leafy vegetables, meat, and liver).
  - Encourage consumption of animal source food (eggs, meat and milk and milk product)
  - Encourage consumption of foods rich in vitamin A (papaya, mangoes, carrots, pumpkins, liver)
  - Encourage consumption of iodized salt (with two children logo)
- Encourage parents to give equal access to education to boys and girls (schooling of the girl child) - Malnutrition decreases when girls/women receive a higher level of education.
- Strongly discourage smoking by teenagers
- Prohibited to drink coffee and tea with meal.
- Discourages to intake packed food or junk food
- use mosquito net
- Maintained hygiene and proper sanitation
- Adequate love and care from family
- Give equal opportunities for having food and other probabilities within girls and boys.

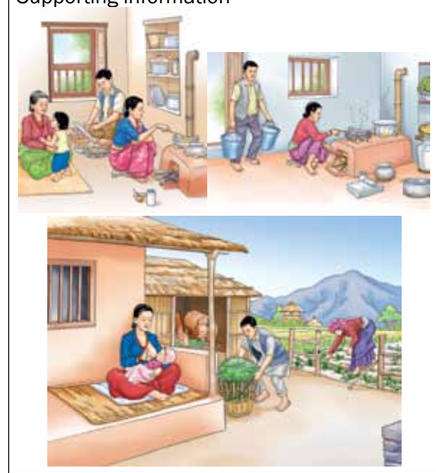
Handout 4.3

Key Practices on Women's Nutrition

1. Husband	Ensure that your pregnant wife has one additional meal every day to maintain her strength.
Supporting information	• Pregnant women need to eat a variety of foods, particularly animal products (meat, milk, eggs, etc), beans (lentils chickpeas white beans), grains plus fruits & vegetables., carrots & pumpkins • Pregnant women need to eat more food than usual. • Drink water regularly
2. Husband	**Make sure your pregnant wife gets iron/folate tablets to maintain her strength during the pregnancy.**
Supporting information	• Ask an FCHV for iron/folate tablets to be given to your pregnant wife over a six month period. • Pregnant women have increased needs for iron. • Iron/folate pills are important to prevent anaemia in a pregnant woman and will help to keep her and the new baby healthy. • Liver is also a good food source of iron for pregnant women.

3. Husband	Make sure your pregnant wife gets de-worming pills once in the second trimester of pregnancy.
Supporting information	• Ask an FCHV for Albendazole (400 mg) to be given once to your pregnant wife in the second trimester of pregnancy. • Intestinal worms can cause anaemia which leads to tiredness and poor health.
4. Husband	**ANC visit time to time during pergnancy**
	• To know the health status of the mother and child • To give birth healthy baby • Take all the vaccination
5. Husband	**Ensure that your wife who is breastfeeding has two extra meals a day to maintain her health and the health of the baby.**
Supporting information	• Breastfeeding women need to eat a variety of foods, particularly animal products (meat, milk, eggs, etc), beans (lentils chickpeas white beans), grains plus fruits & vegetables. carrots & pumpkins • Breastfeeding need to eat more food than usual.

6. Mother/ Husband/Grandmother	During pregnancy eat more to make yourself stronger for the birth.
Supporting information	• In order to ensure that your wife/daughter-in-law is strong for birth, provide her with 1 extra meal a day.
7. Mother	**Take Vitamin A supplementation within 6 weeks for the baby's health and strength.**
Supporting information	• Ask an FCHV for Vitamin A supplementation after the baby's birth. • Taking a Vitamin A capsule will enrich the mother's breast milk with important nutrients to keep the baby healthy and strong.

8. Mother, husband, family	For good and strong health of the mother and child family support is very necessary
Supporting information 	• Support on her daily work during pregnancy • Support on heavy work should gave her light work only on during pregnancy • For breastfeeding family should give full time.
9. Mother, husband, family	**Teenage girls, pregnant woman and breastfeeding mothers should NOT SMOKE.**
Supporting information	• Pregnancy would be safer (prevent from prematurity, baby born too small, babies die before birth) and baby would be healthier, if pregnant smokers could stop their habit. • When you smoke during pregnancy that toxic brew gets into your blood stream and reaches your baby. • Smoking effects the brain, lungs and heart of your baby • every smoke increase the risks to your pregnancy

10. Mother	LAM can help you space your pregnancies for 6 months after birth if you
	1. Exclusively breastfeed your baby AND 2. Have no menses or bleeding AND 3. Your baby is less than 6 months As soon as one of these conditions are missing, then you need another family planning method to space your children
11. Mother / Husband	**Healthy Timing and Spacing of Pregnancy (HTSP)**
	1. Delay in first pregnancy to 20 years old or more 2. Encourage couples to use a method of family planning. 3. Encourage couples to space pregnancies at least 2 years apart. 4. After still-birth and abortion, wait at least 6 months to get pregnant to allow mother's body to recover properly.

SESSION 5
RECOMMENDED BREASTFEEDING PRACTICES

Learning objectives
1. Identify the recommended breastfeeding practices
2. Explain the importance of each practice

Total Time 1 hour

Materials
- ✓ Flipchart papers (+ markers + masking)
- ✓ Ten large cards (½ A4 size) or pieces of paper of the same size with a recommended breastfeeding practice written on each card/piece of paper

Discussion Card and pictorial book

Handouts
Handout 5.1: Importance of breastfeeding for baby, mother, family and nation Handout 5.2: Recommended breastfeeding practices

Detailed activities
Activity 5.1: Recommended breastfeeding practices (1 hour)

Methodology: Group work

Part A: Identify recommended breastfeeding practices through discussion (30 minutes)
- Divide Participants into groups of 4
- Before breaking into groups, Facilitator gives an example of a recommended breastfeeding practice such as 'initiation of breastfeeding within the first hour of birth' and tapes it on the wall (all recommended breastfeeding practices have been previously written on cards/paper by Facilitator)
- Ask each group to discuss and name amongst themselves the recommended breastfeeding practices
- After 10 minutes, ask each group – one by one – to name a recommended breastfeeding practice
- As groups mention a recommended breastfeeding practice, give that card to the group and ask them to tape it on the wall underneath the already mentioned recommended breastfeeding practice: 'initiation of breastfeeding within the first hour of birth'.
- Probe with groups until all the recommended breastfeeding practices are mentioned and taped to wall
- Leave posted in a vertical column (in the centre of the board/flipchart) the recommended breastfeeding practices
- Facilitator summarizes and fills-in the gaps

Part B: Participant Materials (30 minutes)
- Distribute Handout 5.2: Recommended Breastfeeding Practices and review together
- Orient Participants to the Recommended Practices
- Point out to Participants that these are the discussion points that they will use when Counseling a mother and/or family on recommended breastfeeding practices
- Discuss and summarize

Key Content

Recommended Breastfeeding Practices

1. Place infant skin-to-skin with mother immediately after birth
2. Put baby to breast immediately after delivery to ensure a healthy beginning for baby
3. Give the yellow milk (colostrum) to your baby to protect him/her from infection
4. Feed your baby ONLY breast milk for the first 6 months, not even water, for the baby to grow healthy and strong
5. Empty one breast before offering the second breast so your baby can get the nutritious hind milk in order to grow strong and healthy
6. Breastfeed your baby frequently on-demand to produce enough milk to provide your baby enough nutrients to grow healthy
7. Ensure that baby is properly positioned and attached to obtain enough milk and avoid nipple and breast problems
8. Increase the duration and frequency of breastfeeding when baby is sick so that he/she recovers faster
9. Increase the frequency of breastfeeding after each illness so the baby can regain health and weight
10. Continue to breastfeed when you have a common illness
11. Continue to breastfeed for 2 years of age or longer
12. Eat 2 extra meals a day when you are breastfeeding to maintain your health and the health of the baby
13. Avoid feeding bottles
14. Breastfeed the baby often, at least 8-12 times for a newborn, and 8 or more times after breastfeeding is well-established, day and night, to produce lots of breast milk

Note:

- The 'recommended breastfeeding practices' apply to ALL infants in every situation
- By applying the recommended breastfeeding practices, mothers are able to establish and maintain their breast milk supply

Handout 5.1

IMPORTANCE OF BREASTFEEDING FOR THE INFANT/YOUNG CHILD

Breast milk:

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

IMPORTANCE OF BREASTFEEDING FOR THE MOTHER

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

IMPORTANCE OF BREASTFEEDING FOR THE FAMILY

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

IMPORTANCE OF BREASTFEEDING FOR THE COMMUNITY/NATION

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

Risks of NOT breastfeeding

Note: the younger the infant is, the greater these risks.

To the infant:

- Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first 6 months)
- Other milks have no antibodies to protect against illness
- Doesn't receive the "first immunization" from the colostrum
- Struggles to digest formula: it is not the perfect food for babies
- Frequent diarrhea, ill more often and more seriously (mixed-fed infants less than 6 months who receive contaminated water, formula and foods are at higher risk.)
- Frequent respiratory infections
- Greater risk of undernutrition, especially for younger infants
- More likely to get malnourished
- Under-development: retarded growth, under-weight, stunting, wasting due to higher infectious diseases such as diarrhoea and pneumonia
- Poorer bonding between mother and infant, infant less secure
- Lower scores on intelligence tests and lower ability to learn at school
- Greater risk of heart disease, diabetes, cancer, asthma, dental decay etc. later in life

To the mother:

- Mother may become pregnant sooner
- Increased risk of anaemia if breastfeeding is not initiated early (more bleeding after childbirth)
- Interferes with bonding
- Increased risk of post-partum depression
- Ovarian cancer and breast cancer occurrence are lower in mothers who breastfeed.
- Insufficient growth and development: While a baby being small may not seem like such a problem on the surface, insufficient growth is often a sign of other, more serious, problems underlying it. eg: diarrhea , Pneumonia caused the baby growth and underweight stunting and wasting.

To the family:

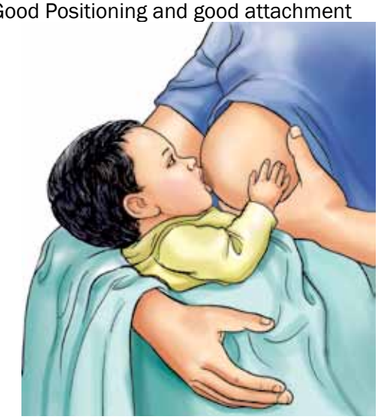
- Increased medical expenses due to sickness
- More expenses involved in buying other milks, firewood or other fuel to boil water, and utensils
- Shorter birth-space interval
- More time involved in purchasing and preparing other milks, collecting water and firewood
- More illness-required trips for medical treatment

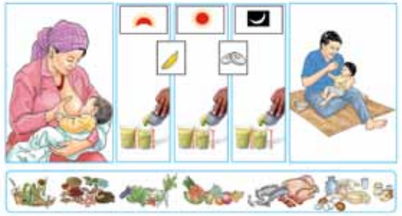
Note: Families need to help mother by helping with non-infant household chores.

Handout 5.2

Recommended Breastfeeding Practices and Counseling Discussion Points

Recommended Breastfeeding Practice	Counseling Discussion Points (choose most relevant to mother's situation)
Put infant skin-to-skin with mother immediately after birth	• Skin-to-skin with mother keeps newborn warm. • Close to mother and child relation • Help to produce colostrums • Skin-to-skin with mother helps stimulate brain development.
Initiate breastfeeding within the first hour of birth	• This first milk "*Bigauti*" is called colostrum. It is yellow and full of antibodies which help protect your baby. • Colostrum provides the first immunization against many diseases. • Breastfeeding from birth helps the milk "come in" and ensures plenty of breast milk.
Exclusively breastfeed (no other food or drink)	• Breast milk is all the infant needs for the first 6 months. • Do not give anything else to the infant before 6 months, not even water. • Giving water will fill the infant and cause less suckling; less breast milk will be produced • Giving water other liquid may leads diarrhea.

Breastfeed frequently, day and night	• Breastfeed the baby often, at least 8-12 times for a newborn, and 8 or more times after breastfeeding is well-established, day and night, to produce lots of breast milk. **Note:** to make sure whether baby is getting enough breast milk or not, should notice about frequency of urination. If the baby getting enough breast milk the baby urination 6-8 times within 24 hour and the urine colour is very clean and clear. Whereas, the baby urination less than 6 times with in 24 hours with yellow colour, thicken and bad odour those baby have not getting enough mother's milk. • More suckling (with good attachment) and removal of milk makes more breast milk.
Breastfeed on demand (or cue) – every time the baby asks to breastfeed	• Crying is a late sign of hunger. • Early signs that baby wants to breastfeed: ○ Restlessness ○ Opening mouth and turning head from side to side ○ Putting tongue in and out ○ Sucking on fingers or fists
Let infant finish one breast and come off by him/herself before switching to the other breast	• Switching back and forth from one breast to the other prevents the infant from getting the nutritious 'hind milk' • The 'fore milk' has more water content and quenches infant's thirst; the 'hind milk' has more fat content and satisfies the infant's hunger
Good Positioning and good attachment 	**4 signs of good positioning:** 1. The baby's body should be straight 2. The baby's body should be facing the breast 3. The baby should be close to mother 4. Mother should support the baby's whole body **4 signs of good attachment :** 1. Mouth wide open 2. Lower lip turned outwards 3. Chin of baby touching mother's breast 4. More areola above the baby's mouth than below

Continue breastfeeding for 2 years of age or longer 	• Breast milk contributes a significant proportion of energy and nutrients during the complementary feeding period and helps protect babies from illness. • In the first year breastfeed before giving foods to maintain breast milk supply.
Continue breastfeeding when infant or mother is ill	• Breastfeed more during illness. • The nutrients and immunological protection of breast milk are important to the infant when mother or infant is ill. • Breastfeeding provides comfort to a sick infant.
Mother needs to eat and drink to satisfy hunger and thirst	• The mother who is breastfeeding should eat 2 extra times a day • No one special food or diet is required to provide adequate quantity or quality of breast milk. • No foods are forbidden. • Mothers should be encouraged to eat supplemental foods where they are accessible.
Never use bottle feeding	• The bottle and nipple can be easily contaminated. So it is better to give other milk or mother's milk (in case she is away from baby) by using bowl and spoon or glass.

SESSION 6
HOW TO BREASTFEED: GOOD POSITIONING AND ATTACHMENT

Learning objective

1. Demonstrate good positioning and attachment

Total Time 1 hour

Materials

- ✓ Flipchart papers (+ markers + masking)
- ✓ Dolls or rolled up towels
- ✓ Training Aids: Illustrations of good and poor attachment

Discussion Cards and Pictorial Book

Advance Preparation:

- Invite several women with young infants to demonstrate positioning and attachment and breast milk expression (if possible and culturally accepted)
- Facilitators practice demonstration of good positioning and attachment as mother and counsellor by roleplay.

Detailed activities

Activity 6.1: Good Positioning and Attachment (1 hour)

Methodology: Demonstration or Role play, Group work, Observation, Practice

Part A: Demonstration or Role-Play (15 minutes)

- Using a real mother (if possible), Facilitator explains the 4 signs of good positioning:
  - The baby's body should be **straight**
  - The baby's body should be **facing the breast**
  - The baby should be **close to mother**
  - Mother should **support** the baby's whole body
- If no mother is present, one Facilitator acting as a Community Worker helps another Facilitator acting as a mother role play helping a mother position baby to breast using a doll or rolled up towel
- Demonstration: on one arm show with opposite hand the position of 1) buttocks of baby (slap hand), 2) head of baby (slap fore arm), 3) facing mother (slap stomach), and 4) passing baby's hand behind the mother's waist (swoop hand behind waist)
- Explain that when a baby's head is positioned too far out at the crook of the mother's arm, the baby will have to tilt his head downward to attach to the breast, making it difficult to swallow; baby's head needs to be positioned more on the fore arm
- The Facilitator as Community Worker (could be FCHV, health workers or non health workers) now explains to mother the 4 signs of attachment by saying the numbers 1 to 4 and pointing in order to that part of the body:
  1. Mouth wide open
  2. Lower lip turned outwards
  3. Chin of baby touching mother's breast
  4. More areola above the baby's mouth than below
- If no mother is present, one Facilitator acting as a Community Worker helps another Facilitator acting as a mother role play helping a mother attach baby to breast using a doll or rolled up towel

Part B: Observation of illustrations: Attachment (15 minutes)

- Demonstrate illustration : Good and Poor Attachment
- Ask Participants: What is happening inside the baby's mouth in Good Attachment and Poor Attachment? and explain the differences
- Ask Participants; "What are the results of poor attachment (if baby is not attached well)?"
- Ask Participants: "What are the signs of effective suckling?"

Part C: Instructions for Activity D: Practise (30 minutes)

- Divide Participants into groups of 3 (mother, CW and observer) Participants practise helping 'mother' to use good positioning (4 signs) and good attachment (4 signs) - using dolls or rolled-up towels/material
- Each Participant practises each role. (Participants can practise POSITIONING a baby and helping a mother to do so, but they cannot practise ATTACHMENT until they are with a real mother and baby. They can go through all the steps with each other and with a doll so that they know what to do with a real mother.)
- Facilitators observe and provide feedback to groups of 3. Remind the Participants that the counsellor should talk to the mother, using "supportive and encouraging words and tone of voice" to explain the steps necessary to position or reposition or attach or reattach the baby (and not take the baby from the mother and do it him/herself)
- Ask groups to provide any feedback: What was new? What were the difficulties?
- Summarize key points in large group

Key Content

Part A: Demonstration or Role-Play – 15 minutes

How to help a mother position or hold her baby at the breast (especially important for newborns and infants up to 2 months; if older baby is properly attached positioning is not a priority)

- The mother must be comfortable
- The four key points about baby's position are: **straight, facing the breast, close to mother, and supported**
- The infant is brought to the breast (not the breast to the infant)

Kinds of different breastfeeding positions

1. Cradle position (most common position)	
2. Cross cradle—useful for newborns and small or weak babies, or any baby with a difficulty attaching	
3. Side-Lying • This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding. • The mother and infant are both lying on their sides and facing each other.	
4. Under-arm • This position is best used: ○ after a Caesarean section, ○ when the nipples are painful ○ for small babies ○ breastfeeding twins • The mother is comfortably seated with the infant under her arm. The infant's body passes by the mother's side and his/her head is at breast level. • The mother supports the infant's head and body with her hand and forearm.	
5. Cross position for twins	

How to help a mother attach her baby at the breast

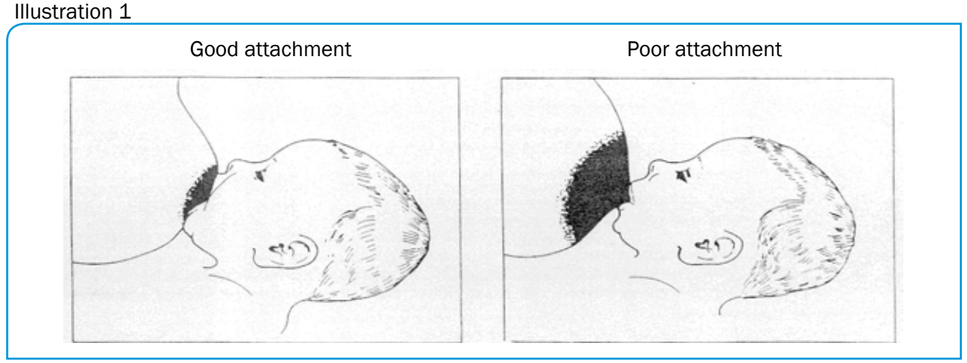
- Explain the 4 signs of good attachment: using 1, 2, 3 and 4 and pointing to body
- To begin attaching the baby, the mother's nipple should be aimed at the baby's nose
- When the baby opens his or her mouth wide, bring the baby onto breast from below (rather than approaching the breast straight-on)
- Show mother how to hold her breast with her fingers in a C-shape, the thumb being above the areola and the other fingers below. The fingers need to be flat against chest wall to avoid getting in the baby's way. Make sure that the fingers are not too close to the areola so the baby can get a full mouthful of breast. Fingers should not be in "scissor hold" because this method tends to put pressure on the milk ducts and can take the nipple out of the infant's mouth.
- Explain how mother should touch her baby's lips with her nipple, so that the baby opens his/her mouth
- Explain that mother should wait until her baby's mouth opens wide
- Explain how to quickly move the baby to her breast (aiming her baby's lower lip well below her nipple, so that the nipple goes to the top of the baby's mouth and his/her chin will touch her breast) - baby should approach breast with nose to nipple (not mouth to nipple).
- Notice how the mother responds
- Look for all the signs of good attachment. If the attachment is not good, try again (Don't pull the baby off as this will damage the breast and hurt).
- Good attachment is not painful; good attachment results in an effective suckling pattern (slow deep sucks with pauses)

Part B: Observation of illustrations: Attachment – 15 minutes

Illustration 1
Good Attachment
Outside baby's mouth
- Baby shows 4 signs of good attachment

Poor attachment
Outside baby's mouth
- Baby is feeding only on nipple

Illustration 1



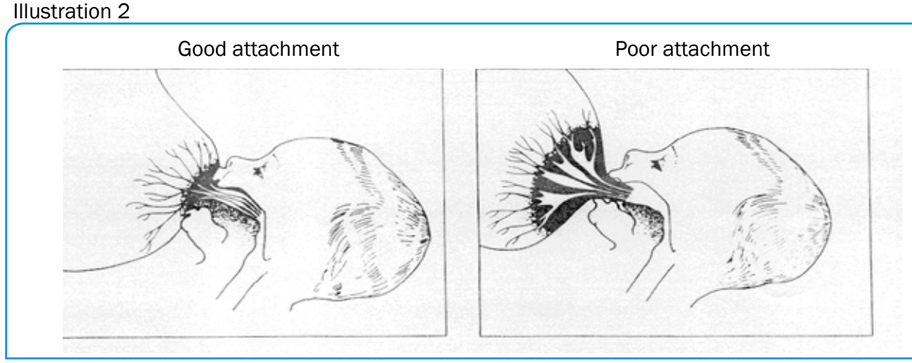
WHO/UNICEF. Infant and Young child Feeding Counseling: An Integrated Course. 2006.

Illustration 2
Good Attachment
Inside baby's mouth
- Baby has taken much of the areola and the underlying tissues into the mouth
- Baby has stretched the breast tissue out to form a long "teat"
- The nipple forms only about one third of the teat
- The baby is suckling from the breast, not the nipple
- The position of the baby's tongue: forward, over the lower gums and beneath the areola. The tongue is in fact cupped around the "teat" of breast tissue. (You cannot see that in the illustration, though you may see it when you observe a baby.)
- A wave goes along the baby's tongue from the front to the back. The wave presses the 'teat' of breast tissue against the baby's hard palate. This presses milk out of the milk ducts into the baby's mouth to be swallowed - Suckling Action

Poor Attachment
Inside baby's mouth
- Only the nipple is in the baby's mouth, not the underlying breast tissue.
- The milk ducts are outside the baby's mouth, where the tongue cannot reach them.
- The baby's tongue is back inside the mouth and not pressing on the milk ducts.

Results of poor attachment:
- Sore and cracked nipples
- Pain leads to poor milk release and slows milk production

Illustration 2



WHO/UNICEF. Infant and Young child Feeding Counseling: An Integrated Course. 2006.

Signs of effective suckling: slow deep sucks with pauses; you can see or hear the baby swallowing. Cheeks are rounded and not dimpled or indrawn. These signs show that the baby is getting enough milk.
- When the baby suckles at the breast, stimulation of the nipple results in breast milk production and the release or let down of breast milk.
- Suckling as well as removing plenty of milk from the breast is essential for good milk supply.
- If the baby does not remove plenty of breast milk, less milk will be produced in that breast because the presence of the milk inhibits milk production.
- The release of milk (sometimes called the ejection reflex) can be affected by a mother's emotions – fear, worry, pain, embarrassment
- Montgomery Glands secrete an oil-like substance that lubricates and cleans the nipple.

Note: The 'fore milk' has more water and satisfies the baby's thirst. The 'hind milk' has more fat and satisfies the baby's hunger.

Part C: Practise – 30 minutes
How to help a mother achieve good attachment
- Greet mother, introduce yourself
- If the baby is poorly attached, ask mother if she would like some help to improve baby's attachment
  - Make sure mother is sitting in a comfortable, relaxed position
  - Be comfortable and relaxed yourself
  - Refer to Activity 1: How to help a mother attach her baby at the breast

SESSION 7
COMMON BREASTFEEDING DIFFICULTIES: PREVENTION AND SOLUTIONS

Learning objectives

1. Identify common difficulties that can occur during breastfeeding
2. List ways to prevent common breastfeeding difficulties
3. Adequately solve these difficulties

Total Time 1 hour

Materials

- ✓ Flipchart papers (+ markers + masking)
- ✓ Photos of breast engorgement, sore/cracked nipple, plugged duct and mastitis
- ✓ Case studies of common breastfeeding difficulties on cards
- ✓ Flipcharts: 4 flipcharts with Case Study number

Handouts

Handout 7.1: Common Breastfeeding Difficulties
Handout 7.2: "Not enough" breast milk

Detailed activities

Activity 7.1: Identify common difficulties that can occur during breastfeeding (10 minutes)

Methodology: Brainstorming

- Brainstorm common difficulties that can occur during breastfeeding and on a flip-chart group the difficulties into 2 categories: difficulties related to mother, and baby

Activity 7.2 Identify prevention measures and solutions for 4 of the most common breastfeeding difficulties (50 minutes)

Methodology: Group work

- Divide Participants into 4 working groups and give each group one of the following case studies
- Groups for engorgement, sore and cracked nipples, and plugged ducts that can lead to mastitis list the symptoms, prevention measures and solutions
- The group for insufficient milk lists prevention measures and solutions
- Each group presents the symptoms (with the exception of "insufficient milk") prevention measures and solutions of a common breastfeeding difficulty
- Discussion and summary and Facilitator fills-in gaps

Case 1

Asmita delivered her second baby 4 days ago. Asmita breastfed her first baby, but not exclusively, as she offered teas and water from the first week. Today at 4 days postpartum she is very engorged and says that breastfeeding all the time hurts too much and she wants to give the baby something else.

Case 2

Shova and Ram come to you today (six weeks postpartum) because they are concerned that Shova has not able to produce enough breastmilk for her baby. Ram says their baby seems to be crying more and wanting to feed more.

Case 3

Amrita is three days postpartum, delivered by cesarean section, with a big baby. When you visit her, she tells you that her nipples hurt. When you examine her, you find a small crack on each nipple.

Case 4

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

Handout 7.1

Common Breastfeeding Difficulties

Breastfeeding Difficulty	Prevention	What to do
Breast Engorgement *Photo by Mwate Chintu* **Symptoms:** • Occurs on both breasts • Swelling • Tenderness • Warmth • Slight redness • Pain • Skin shiny, tight and nipple flattened and difficult to attach • Can often occur on 3rd to 5th day after birth (when milk production increases dramatically and suckling not established)	• Put baby skin-to-skin with mother • Start breastfeeding within an hour of birth • Good attachment • Breastfeed frequently on demand (as often and as long as baby wants) day and night: 8 to 12 times per 24 hours **Note:** on the first day or two baby may only feed 2 to 3 times	• Improve attachment • Breastfeed more frequently • Gently stroke breasts to help stimulate milk flow • Press around areola to reduce swelling, to help baby to attach • Offer both breasts • Express milk to relieve pressure until baby can suckle • Apply warm compresses to help the milk flow before expressing • Apply cold compresses to breasts to reduce swelling after expression
Sore or Cracked Nipples *Photo by F. Savage King* **Symptoms:** • Breast/nipple pain • Cracks across top of nipple or around base • Occasional bleeding • May become infected	• Good attachment • Do not use feeding bottles (sucking method is different than breastfeeding so can cause 'nipple confusion') • Do not use soap or creams on nipples	• Do not stop breastfeeding • Improve attachment making certain baby comes onto the breast from underneath and is held close • Begin to breastfeed on the side that hurts less • Change breastfeeding positions • Let baby come off breast by him/herself • Apply drops of breast milk to nipples • Do not use soap or cream on nipples • Do not wait until the breast is full to breastfeed

Breastfeeding Difficulty	Prevention	What to do
Plugged Ducts and Mastitis *Photo by F. Savage King* **Symptoms of Plugged Ducts:** • Lump, tender, localized redness, feels well, no fever **Symptoms of Mastitis:** • Hard swelling • Severe pain • Redness in one area • Generally not feeling well • Fever • Sometimes a baby refuses to feed as milk tastes more salty	• Get support from the family to perform non-infant care chores • Ensure good attachment • Breastfeed on demand, and let infant finish/come off breast by him/herself • Avoid holding the breast in scissors hold • Avoid tight clothing	• Do not stop breastfeeding (if milk is not removed risk of abscess increases; let baby feed as often as he or she will) • Apply warmth (water, hot towel) • Hold 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 breast and release the milk from that part of the breast. • Ensure good attachment • For plugged ducts: apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let baby feed every 2-3 hours day and night • Rest (mother) • Drink more liquids (mother) • If no improvement in 24 hours, refer • If mastitis: express if too painful to suckle; expressed breast milk may be given to baby (if mother is not HIV-infected)

Handout 7.2

"Not enough" Breast Milk

"Not enough" breast milk	Prevention	What to do
Perceived by mother • Mother "thinks" she does not have enough milk • (Baby restless or unsatisfied) First decide if the baby is getting enough breast milk or not (weight, urine and stool output)	• Put baby skin-to-skin with mother • Start breast feeding within an hour of birth • Stay with baby • Ensure good attachment • Encourage frequent demand feeding • Let baby release first breast first • Breastfeed exclusively day and night • Avoid bottles • Encourage use of suitable family planning methods	• Listen to mother's concerns and why she thinks she does not have enough milk • Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother's mental condition, baby or mother ill) • Check baby's weight and urine and stool output (if poor weight gain refer) • Build mother's confidence – reassure her that she can produce enough milk • Explain what the difficulty may be – growth spurts (2 to 3 weeks, 6 weeks, 3months) or cluster feeds • Explain the importance of removing plenty of breast milk from the breast • Check and improve attachment • Suggest stopping any supplements for baby – no water, formulas, tea, or liquids • Avoid separation from baby and care of baby by others (express breast milk when away from baby) • Suggest improvements to feeding pattern. Feed baby frequently on demand, day and night. • Let the baby come off the breast by him/herself • Ensure mother gets enough to eat and drink • The breasts make as much milk as the baby takes – if he or she takes more, the breasts make more (the breast is like a 'factory' – the more demand for milk, the more supply) • Take local drink or food that helps mother to 'make milk' • Ensure that the mother and baby are skin-to-skin as much as possible.
Real "not enough" breast milk • Baby is not gaining weight: trend line on growth chart for infant less than 6 months is flat or slopes downward • For infants after day 4 up to 6 weeks: at least 6 wets and 3 to 4 stools/ day	• Same as above	• Same as above • If no improvement in weight gain after 1 week, refer mother and baby to nearest health post

SESSION 8
SPECIAL SITUATIONS THAT CAN AFFECT INFANT AND YOUNG CHILD FEEDING/BREAST FEEDING

Learning objective
1. Address special situations that can affect infant and young child feeding.

Total Time 1 hour

Materials
- ✓ Flipchart papers (+ markers + masking)
- ✓ 2 package of cards (fish shaped) with one common situation that can affect infant and young child feeding written on the underside: Giving colostrum, Low birth weight (LBW) or Premature baby, Kangaroo mother care, Thin or malnourished mother, Refusal to breastfeed, New pregnancy, Mother away from baby, Crying baby, Sick Mother, Twins, Inverted nipple.

Handouts
Handout 8.1: Special situations that can affect breastfeeding

Detailed activities
Activity 8.1: Special situations that can affect infant and young child feeding (1 hour)

Methodology: Fish game

- Divide the participants into 2 groups assigning to each group a package of fish-shaped cards.
- On the back of each card write a special situation or condition related to local feeding beliefs. (A paper clip can be attached to the 'mouth' of the fish and another paper clip to the end of a string tied to a stick so that Participants might actually 'fish' for a card.)
- Cards (fish) should be placed face-downward so Participants can 'fish' for a special situation that can affect infant and young child feeding
- Ask participants to fish (one card) and discuss i) How does this situation affect IYCF in your community, and ii) What can be done about the situation?
- Prioritize selection of 'Special situations' to reflect those most appropriate for the country situation by choosing 8 special situations from the following list or adapt them to the local situation: Giving colostrum, Low birth weight (LBW) or Premature baby, Kangaroo mother care, Thin or malnourished mother, Refusal to breastfeed, New pregnancy, Mother away from baby, Crying baby, Sick mother, Twins, inverted nipple
- Discuss and summarize in each group
- Review together **Handout 8.1**: Special Situations that can affect infant and young child feeding

Handout 8.1

Special Situations that can affect breastfeeding

Special Situation	What to do
Giving colostrum 	• Local belief: Colostrum should be discarded; it is 'expired milk', not good, etc. • What we know: Colostrum contains antibodies and other protective factors for the infant. It is yellow because it is rich in vitamin A. • The newborn has a stomach the size of a marble. The few drops of colostrum fill the stomach perfectly. If water or other substances are given to the newborn at birth, the stomach is filled and there is no room for the colostrum.
Low Birth Weight (LBW) or premature baby 	• Local belief: the low birth weight baby or premature baby is too small and weak to be able to suckle/breastfeed • What we know: A premature baby should be kept in skin-to-skin contact with the mother; this will help to regulate his body temperature and breathing, and keep him in close contact with the breast. • A full-term LBW infant may suckle more slowly: allow him/her the time. • The breast milk from the mother of a premature baby is perfectly suited to the age of her baby, and will change as the baby develops (i.e., the breast milk for a 7-month old newborn is perfectly suited for an infant of that gestational age, with more protein and fat than the milk for a full-term newborn) • See Positioning in pictorial book page # 8 or below illustration of left side, upper middle picture. • Mother needs support for good attachment, and help with supportive holds. • Feeding pattern: long slow feeds are OK – keep baby at the breast. • Direct breastfeeding may not be possible for several weeks, but mothers should be encouraged to express breast milk and feed the breast milk to the infant using a cup. • If the baby sleeps for long periods of time, and is wrapped up in several layers, open and take off some of the clothes to help waken him/her for the feed. • Crying is the last sign of hunger. Earlier signs of hunger include a combination of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist. One sign by itself may not indicate hunger. So explain that mother should respond by feeding baby when s/he shows these signs.

Special Situation	What to do
Kangaroo Mother Care (KMC) 	• Position (baby is naked apart from nappy and cap and is placed in skin-to-skin contact between mother's naked breasts with legs flexed and held in a cloth that supports the baby's whole body up to just under his/her ears and which is tied around the mother's chest). This position provides: ○ Skin-to-skin contact (SSC) ○ Warmth ○ Stabilisation of breathing and heart beat ○ Closeness to the breast ○ Mother's smell, touch, warmth, voice, and taste of the breast milk to stimulate baby to establish successful breastfeeding ○ Early and exclusive breastfeeding by direct expression or expressed breast milk given by cup • Mother and baby are rarely separated
Twins 	• A mother can exclusively breastfeed both babies. • The more a baby suckles and removes milk from the breast, the more milk the mother produces. • Mothers of twins produce enough milk to feed both babies if the babies breastfeed frequently and are well attached. • The twins need to start breastfeeding as soon as possible after birth – if they cannot suckle immediately, help the mother to express and cup feed. Build up the milk supply from very early to ensure that breasts make enough for two babies. • Explain different positions – cross cradle, one under arm, one across, feed one by one etc. Help mother to find what suits her.

Special Situation	What to do
Refusal to breastfeed 	Baby who refuses the breast Usually refusal to breastfeed is the result of bad experiences, such as pressure on the head. Refusal may also result when mastitis changes the taste of the breast milk (more salty). • Check baby for signs of illness that may interfere with feeding including signs of thrush in the mouth • Refer baby for treatment if ill • Let the baby have plenty of skin-to-skin contact; let baby have a good experience just cuddling mother before trying to make baby suckle; baby may not want to go near breast at first – cuddle in any position and gradually over a period of days bring nearer to the breast. • Let mother baby try lots of different positions • Wait for the baby to be wide awake and hungry (but not crying) before offering the breast • Gently touch the baby's bottom lip with the nipple until s/he opens his/her mouth wide • Do not force baby to breastfeed and do not try to force mouth open or pull the baby's chin down – this makes the baby refuse more • Do not hold baby's head • Express and feed baby by cup until baby is willing to suckle • Express directly into baby's mouth • Avoid giving the baby bottles with teats or dummies
New pregnancy 	• Local belief: a woman must stop breastfeeding her older child as soon as she learns she is pregnant. • What we know: It is important that a child be breastfed until s/he is at least 1 year old. • A pregnant woman can safely breastfeed her older child, but should eat very well herself to protect her own health (she will be eating for 3: herself, the new baby, and the older child). • Because she is pregnant, her breast milk will now contain small amounts of colostrum, which may cause the older child to experience diarrhoea for a few days (colostrum has a laxative effect). After a few days, the older child will no longer be affected by diarrhoea. • Sometimes the mother's nipples feel tender if she is pregnant. However, (if there is no history of miscarriage) it is perfectly safe to breastfeed two babies and will not harm either baby – there will be enough milk for both.

Special Situation	What to do
Mother away from baby 	• Local belief: a mother who works outside the home or is away from her baby cannot continue to breastfeed her infant (exclusively). • What we know: If a mother must be separated from her baby, she can express her breast milk and leave it to be fed to the infant in her absence. • Help mother to express her breast milk and store it to feed the baby while she is away. The baby should be fed this milk at times when he or she would normally feed. • Teach caregiver how to store and safely feed expressed breast milk from a cup. It may be stored safely at room temperature for up to 8 hours. • Mother should allow infant to feed frequently at night and whenever she is at home. • Mother who is able to keep her infant with her at the work site or to go home to feed the baby should be encouraged to do so and to feed her infant frequently.
Crying baby	• Help mother to try to figure out the cause of baby's crying and listen to her feelings: ○ Discomfort: hot, cold, dirty ○ Tiredness: too many visitors ○ Illness or pain: changed pattern of crying ○ Hunger: not getting enough breast milk; growth spurt ○ Mother's foods: can be a certain food; sometimes cow's milk ○ Mother's drugs ○ Colic
Sick mother 	• When the mother is suffering from common illnesses she should continue to breastfeed her baby. (Seek medical attention for serious or long lasting illness). • The mother needs to rest and drink plenty of fluids to help her recover.

Special Situation	What to do
Thin or malnourished mother	• Local belief: A thin or malnourished mother cannot produce 'enough breastmilk'. • What we know: It is important that a mother be well-fed to protect her own health. • A mother who is thin and malnourished will produce a sufficient quantity of breastmilk (better quality than most other foods a child will get) if the child suckles frequently. • More suckling and removal of the breastmilk from the breast leads to production of more breastmilk. • Eating more will not lead to more production of breastmilk. • A mother needs to eat more food for her own health ("feed the mother and let her breastfeed her baby"). • Breastfeeding mothers need to take vitamin A within 8 weeks after delivery, and a daily multivitamin, if available. • If the mother is severely malnourished, refer to health facility
Inverted nipple	• Detect during pregnancy. • Try to pull nipple out and rotate (like turning the knob on a radio). • If acceptable, ask someone to suckle the nipple.

SESSION 9
RECOMMENDED COMPLEMENTARY FEEDING PRACTICES FOR CHILDREN FROM 6 UP TO 24 MONTHS

Learning objectives

1. Describe the importance of continuation of breastfeeding from 6 up to 24 months
2. Describe the characteristics of complementary feeding: Age of infant/young child, Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene (AFATVAH)
3. Describe recommended complementary feeding practices for children from 6 up to 24 months

Total Time 2 hours

Materials

- ✓ Flipchart papers (+ markers + masking)
- ✓ Illustrations of texture (thickness/consistency – thick and thin) of porridge (cup and spoon)
- ✓ Examples of local foods: animal-source foods, staples, legumes and seeds, and vitamin A rich fruits and vegetables, other fruits and vegetables from home gardens, and oils
- ✓ Recommended complementary feeding practices

Discussion Cards and pictorial book

Handouts:

Handout 9.1: Recommended complementary feeding practices
Handout 9.2: Different types of locally, available foods
Handout 9.3: Recommended complementary feeding practices/counselling discussion points

Advance Preparation:

- 3 glasses with water: completely full, 1/2 and 1/3 filled respectively
- Flipchart: write in a column –
  A = Age of infant/young child,
  F = Frequency, A = Amount,
  T = Thickness/consistency,
  V = Variety,
  A = Active or responsive feeding,
  H = Hygiene
- 2 sets of chart content as described in Activity 3: pieces of paper with the chart content from **Handout 9.1**: Recommended complementary feeding practices
- Illustrations of food groupings or examples of local foods to place on chart from **Handout 9.2**: Different types of locally, available foods

Detailed Activities

Activity 9.1: Importance of continuation of breastfeeding from 6 up to 24 months (15 minutes)

Methodology: Brainstorming; Demonstration

- Ask Participants: How much energy is provided by breast milk for an infant/young child:
  - From 0 up to 6 months
  - From 6 up to 12 months
  - From 12 up to 24 months
- Demonstrate the same information using 3 glasses: completely full, half (1/2) and one third (1/3) filled respectively - pour water into the glasses (the first to overflowing) to show the energy supplied by breast milk at various ages
- Write on flipchart: breast milk supplies ALL of the 'energy needs' of a child from 0 up to 6 months, 1/2 of 'energy needs' of a child from 6 up to 12 months and 1/3 of 'energy needs' of a child from 12 up to 24 months; leave posted throughout the training

Key Content

Answer of how much Energy needs:

- From 0 up to 6 months breast milk supplies all the 'energy needs' of a child
- From 6 up to 12 months breast milk continues to supply about half (½) the 'energy needs' of a child; the other half of 'energy needs' must be filled with complementary foods
- From 12 up to 24 months breast milk continues to supply about one third (1/3) the energy needs of a child; the missing 'energy needs' must be filled with complementary foods
- Besides nutrition, breastfeeding continues to:
  - provide protection to the child against many illnesses, and provides closeness, comfort, and contact that helps development.

Activity 9.2: Characteristics of complementary feeding: Age of infant/young child, Frequency, Amount, Thickness, Variety (different foods), Active or responsive feeding, and Hygiene (AFATVAH) (15 minutes)

Methodology: Brainstorming

- What is complementary feeding?
- Brainstorm with Participants the question: What are the characteristics of complementary feeding?
- Probe until the following are mentioned: Age of infant/young child, Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene
- Discuss and summarize

Key Content

- Complementary feeding means giving other foods in addition to breast milk. When an infant is 6 months old, breast milk alone is no longer sufficient to meet the nutritional needs and therefore other foods and liquids need to be given along with breast milk.
- These other foods are called complementary foods

Things we should consider when talking about complementary feeding

A = Age of infant/young child
F = Frequency of foods
A = Amount of foods
T = Thickness/consistency
V = Variety of foods
A = Active or responsive feeding
H = Hygiene

- Use the term AFATVAH rather than the general wording 'adequate' or 'appropriate' complementary feeding

Activity 9.3: Recommended complementary feeding practices for children from 6 up to 24 months (75 minutes)

Methodology: Group work

Part A. Participatory Presentation by working groups (30 minutes)

- Divide the Participants into 2 groups
- Prepare 2 flipcharts with columns: Age, Frequency, Amount, Texture (thickness/ consistency), and Variety; and rows: starting at 6 months, 6 up to 9 months, 9 up to 12 months, and 12 up to 24 months
- Distribute pieces of paper with the chart content from **Handout 9.1:** Recommended complementary feeding practices to the 2 groups
- Ask both groups to fill in their flipchart content: taping or sticking their pieces of paper in the appropriate box on flipchart
- Ask groups to continue until all chart content is filled
- Ask one group to explain their entries on the flipchart
- Ask 2nd group to make any additional comments and rearrange contents accordingly
- Ask both groups: which locally available foods contain iron? and which locally available foods contain vitamin A?
- Distribute **Handout 9.1**: Recommended complementary feeding practices and compare with flipcharts
- Discuss and summarize

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Part B. Discuss Materials (20 minutes)

- Distribute pictorial book : Illustrations of texture (thickness/consistency) of porridge (cup and spoon) to describe texture (thickness/consistency) of complementary foods
- Distribute **Handout 9.2:** asked participant how can we eat four food groups in a day? And give them tick (√) mark to identify different types of locally, available foods and orient Participants to variety and review the importance of iron and vitamin A, and discuss.
- Distribute **Handout 9.3:** Recommended complementary feeding practices and counselling discussion points and discuss

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Part C. Group work (25 minutes)

- Divide Participants into 5 working groups
- Ask working groups to observe **Pictorial book, page no. 16 on** good hygiene (cleanliness) practices prevent disease and ask them what information the picture contains
- Assign each group one of the following subjects and ask each group to explain what we should consider when thinking of complementary feeding for each age group: Frequency, Amount, Texture (thickness/ consistency), Variety (different foods), Active or responsive feeding, and Hygiene in the **Chart:**
  - Complementary Feeding from 6 months to less than 9 Months. Picture Book Page no.: 17
  - Complementary Feeding from 9 months to less than 12 Months. Picture Book Page no.: 18
  - Complementary Feeding from 12 months to less than 24 Months. Picture Book Page no.: 19
  - Food variety. Picture Book page no.: 25
  - feeding the sick child more than 6 months of age. Picture Book page no.: 22 and 23
- Each group will present their assigned card with the characteristics of complementary feeding in large group
- Other groups to add any additional points; Facilitator fills-in gaps
- Discuss and summarize

Handout 9.1

Recommended complementary feeding practices

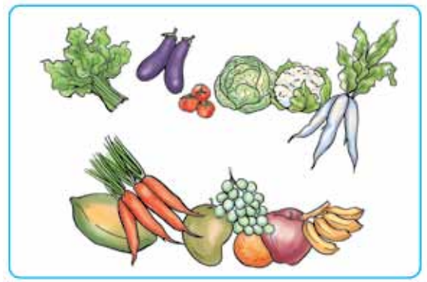
Age	Recommendations			
	Frequency (per day)	**Amount of food an average child will usually eat at each meal (in addition to breast milk)**	**Texture (thickness/ consistency)**	**Variety**
From 6 months to less than 9 months	3 times plus frequent breastfeeds	Start with 2 to 3 tablespoons Start with 'tastes' and gradually increase amount 2 to 3 tablespoonfuls per feed Increase gradually **three glasses** in a day each time One glass tea glass (125ml)	Thick porridge Mashed/ pureed family foods	Breast milk (Breastfeed as often as the child wants) + Animal foods (local examples) + Staples (porridge, other local examples) + Legumes (local examples) + Fruits/ Vegetables (local examples)
From 9 months to less than 12 months	4 times plus breastfeeds (meals 3 times and 1 snack)	**three glasses** in a day each time One glass tea glass (125 ml) **1 time additional** snack	Finely chopped family foods Finger foods Sliced foods	
From 12 months to less than 24 months	5 times plus breastfeeds (meals 3 times and 2 snack)	**six glasses** in a day each time two glass tea glass (250 ml) **2 time additional snack**	Sliced foods Family foods	

Age	Recommendations			
Note: If child is less than 24 months is not breastfed	Add 1 to 2 extra meals 1 to 2 snacks may be offered	Same as above according to age group	Same as above according to age group	Same as above, in addition 1 to 2 cups of milk per day + 2 to 3 cups of extra fluid especially in hot climates
Active/ responsive feeding 	• Be patient and actively encourage your baby to eat more food • If your young child refuses to eat, encourage him/her repeatedly; try holding the child in your lap during feeding, or face him/her while he or she is sitting on someone else's lap. • Offer new foods several times, children may not like (or accept) new foods in the first few tries. • Feeding times are periods of learning and love. Interact and minimize distraction during feeding. • Do not force feed. • Help your older child eat. • Tactfully observe whether the child like the food or not, want to eat or not and have enough amount or not.			
Hygiene 	• Feed your baby using a clean cup and spoon; never use a bottle as this is difficult to clean and may cause your baby to get diarrhoea. • Wash your hands with soap and water before preparing food, before eating, and before feeding young children. • Wash your child's hands with soap before he or she eats. Some ways to discuss a sensitive issue like hygiene: • Find something to praise • Use the pictorial book page no.: 21 to point out 'what we all should do' within our homes (environmental hygiene) or for personal hygie • Use an Action-Oriented Group/Story (Session 13)			

Adapted from WHO Infant and Young Child Feeding Counseling: An Integrated Course (2006)
Adapt the chart to use a suitable local cup/bowl to show the amount. The amounts assume an energy density of 0.8 to 1 Kcal/g; use iodised salt in preparing family foods

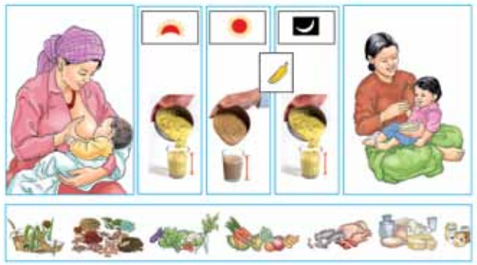
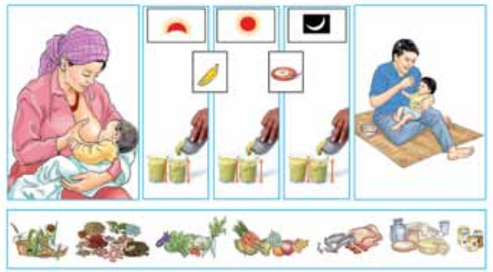
Handout 9.2

Different types of locally, available foods

Staples: grains such as maize, wheat, rice, millet and sorghum and roots and tubers such as cassava and potatoes	
Legumes such as beans, lentils, peas, groundnuts and seeds such as sesame	
Vitamin A-rich fruits and vegetables such as mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato and pumpkin and **Other fruits and vegetables** such as banana, pineapple, avocado, watermelon, tomatoes, eggplant and cabbage **NOTE:** include locally-used wild fruits and other plants.	
Animal-source foods including flesh foods such as meat, chicken, fish, liver and eggs and milk and milk products **Note:** animal foods should be started after completing 6 months	

Handout 9.3

Recommended Complementary Feeding Practices and Counseling Discussion Points

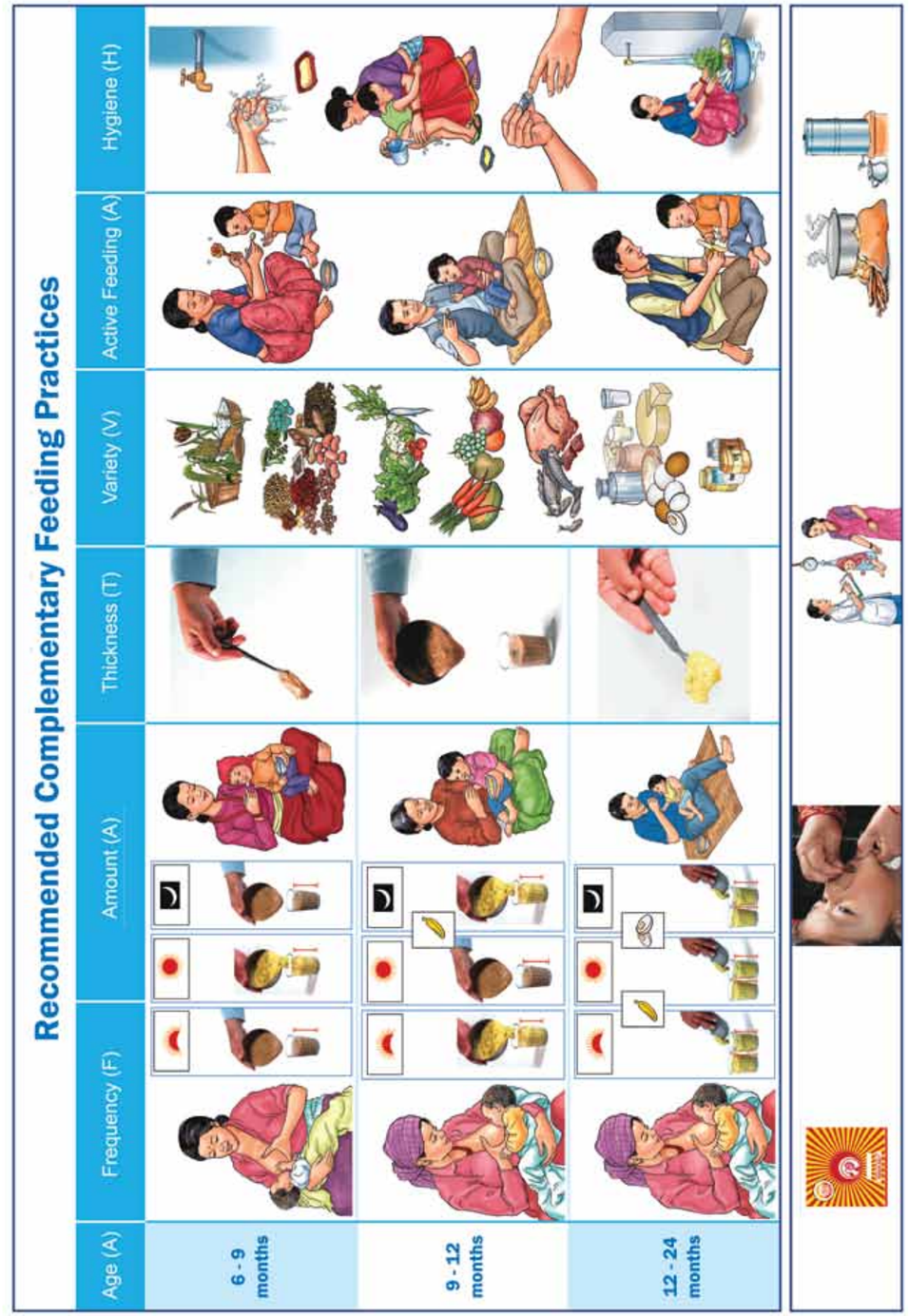
Recommended Complementary Feeding Practice	Counseling Discussion Points (choose most relevant to mother's situation)
After completing six months of age add complementary foods (such as thick porridge 3 times a day) to breastfeeds	• Super flour (Give other local examples of first types of complementary foods including animal products)
As baby grows older increase feeding frequency, amount, texture and variety	• Gradually increase the frequency, the amount, the thickness, and the variety of foods (FATV)
6 up to less than 9 months At 6 months breastfeed and begin to give 'tastes' of complementary food	• Start with 2-3 tablespoonfuls of cooked super flour, porridge or mashed foods (give examples of cereals and family foods) • Increase gradually up to 1 tea glass Show amount in cup brought by mother
From 9 months to less than 12 months breastfeed plus give 4 servings of food or snacks per day 	• Give finely chopped, mashed foods, and finger foods • Increase gradually to 1 tea glass. Show amount in cup brought by mother
From 12 months to less than 24 months give 5 servings of food and snacks per day, plus breastfeed 	• Give family foods • Give up to 2 tea glasses 3 times a day. Show amount in cup brought by mother • Other solid foods (snacks) can be given as many times as possible each day and can include banana, other fruits • Foods given to the child must be stored in hygienic conditions to avoid diarrhoea and illness

Recommended Complementary Feeding Practice	Counseling Discussion Points (choose most relevant to mother's situation)
Give baby 2 to 3 different family foods: animal foods, legumes, vegetables/ fruits, and staples at each serving	• Try to feed different foods at each serving
Continue breastfeeding for two years of age or longer	• During the first and second years, breast milk is an important source of nutrients for your baby • During the first year breastfeed first to maintain breast milk supply
Be patient and actively encourage baby to eat all his/ her food	• At first baby may need time to get used to eating foods other than breast milk • Use a separate plate to feed the child to make sure s/he eats all the food given
Wash hands with soap and water before preparing food, eating, and feeding young children	• Foods given to the child must be stored in hygienic conditions to avoid diarrhoea and illness
Feed baby using a clean cup and spoon	• Cups are easy to keep clean

Recommended Complementary Feeding Practice	Counseling Discussion Points (choose most relevant to mother's situation)
Encourage the child to breastfeed more and continue eating during illness and provide extra food after illness	• Fluid and food requirements are higher during illness. • It is easier for a sick child to eat small frequent meals. Feed the child foods s/he likes in small quantities throughout the day. • Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness
Family support	• A mother needs proper time for feeding, food preparation and child caring. If she can able to manage these times, the child will be healthy physical growth and brain development. Well nourished children are better able to learn in school. Hence, for these activities family members support and encouragement are very necessary and crucial.

Note:

- Use iodized salt in preparing family foods
- Provide vitamin A supplementation to infant and young child beginning at 6 months, every six months
- To know whether a child getting enough food or not, properly growing or not and know the nutrition status of the child, regular growth monitoring needs to be taken with weight and height for age.



SESSION 10
ESSENTIAL HYGIENE ACTIONS (EHA)

Learning objectives
1. 'Point-of-Use' (POU) refers to purifying drinking water before using it.
2. The critical times for hand washing and its importance.
3. Review the 5 keys to safer food.

Total Time: 1½ hours

Materials needed
- ✓ Posters
- ✓ Markers, masking tape, brown paper, flipchart paper (if available)
- ✓ Water, glass, soap, towel and bucket
- ✓ Flipchart with 5 Keys to Safer Food

Advance Preparation

Handouts
Handout 10.1: water purification
Handout 10.2: critical times for hand washing
Handout 10.3: Basics of food hygiene

Activity 10.1: How can we have clean water? (20 minutes)

Methodology: Discussion in a group and presentation

- Ask participants the following questions:
  a. How can we purify our water? (show poster of 4 methods)
  b. What are the advantages and disadvantages of each method?
  c. Demonstrate how to purify water using chorine: 3 drops per liter
  d. Where do you get your drinking water? Probe for all the different sources (pond, tubewell, stream, roof, etc.). Draw a symbol for each source. Only 1 drawing per piece of paper.
- Show one picture and ask "How long does it take for you to go from your house to the source for drinking water?
- Probe for all the ways people handle drinking water from each source (e.g., straining water through a sari, boiling, solar disinfection, leaving the water out to warm up, no treatment, and so on.)
- Say: "I am going to present some ideas for making your drinking water clean."
- One at a time, present the 'Point of Use' methods for cleaning drinking water.
- Choose an object to represent each way of cleaning water (e.g., a pot for boiling, a filter, a clear plastic bottle).
- Start off with the pot for boiling water then ask:
  - What do you think of this way of cleaning water?
  - Who would clean water this way? Who wouldn't? Why?
  - What would it take to convince people in this community to try it?
  - Does anyone already do this? If so, how were they able to do it?
- Repeat for the filter and a clear plastic bottle
- Ask mothers to commit to trying one of the ways to clean water.
- Tell them you'll follow up with them in a few days to see how things are going.

Content
- 'Point-of-Use' (POU) refers to purifying drinking water before using it
- Methods to purify water: boiling, filtration, chlorination, SODIS (Solar Water Disinfection) requires 8 hours in sun

Message : Drink safe water, let's save life

Activity 10.2: Critical times for hand washing (20 minutes)

Methodology: Brainstorming

- Ask: "What are the critical times for washing hands with soap? (writing or with illustrations) discussion.
- Ask group to share their results
- Discuss and summarize

Activity 10.3: Realization on importance of hand washing (20 minutes)

Materials needed: Transparent glass, Bucket, Soap, Water

Sensitized: Dirty Hands
Explain: Our pocket is the dirtiest part of dress; we see dirty spots around switch, handle of the door, spots on mirror when touching. These all are the parts where our hand touches the most. Hand is used to open the door, switch the light on, get something out of pocket, handle handkerchief etc. Our hand looks clean. But in fact, it is not. Our hand is Dirty.

Methodology: Demonstration

- Place two glasses of clean water in transparent glasses and ask the participant "is the water clean?"
- Call one of the participants at the centre
- Place the bucket so that the water is collected in the bucket
- Ask him/her to wash his/her hands with water only
- Pour the collected water into the glass
- Show both of the glasses and ask the participants "which one is clean and why?"
- Explain the group the importance of washing hands

Content:
- Hand washing reduces illness
- There are dangerous times when we can get sick. These times are:
- After we:
  - defecate
  - touch our children's feces
  - touch dirty things
- Before we:
  - prepare food
  - feed children
  - eat
- Soap takes the germs away

Message: let's hands washing properly with soap

Activity 10.4: The 5 keys to safer food (30 minutes)

Methodology: Role play

- Have mothers divide into 5 groups of 2 or 3. If there are more than 10-15 mothers, add mothers to each group. Use only 5 groups total.
- Explain that mothers will role play unhealthy behaviors with regards to safe food.
- Each group takes 5 minutes to come up with a skit (role play) that shows unhealthy behaviors.
- Each group acts out there skit in front of other women.
- The other women in the group point out unhealthy behaviors with regards to safe food as soon as they see them. The women shouldn't wait until the end of the skit to point them out.
  - Group 1 prepares a skit where hands, working surfaces and utensils are dirty.
  - Group 2 prepares a skit that shows mothers mixing raw and cooked foods, including utensils and containers. Mixing raw and cooked foods is unhealthy.
  - Group 3 fails to cook foods thoroughly. Meat, poultry, eggs and fish are only partly cooked.
  - Group 4 doesn't keep food safe and doesn't cover food. For example rice, beans and fish are not kept dry and cool; rats, mice and other pests eat foods; some foods are kept in the sun; foods are heated up again and foods that need to be boiled aren't.
  - Group 5 uses water that isn't clean and safe.
- At the end of each skit, ask mothers "what could you do to make things healthy and clean?"
- After hearing comments, show flipchart with the 5 keys to safer food posted

Content

5 keys to safer food:

1. Keep clean (hands, working surfaces, utensils)
2. Separate raw from cooked foods including utensils and containers
3. Use fresh foods and cook thoroughly (especially meat, poultry, eggs and fish)
4. Keep food at safe temperature and cover:
   - Keep dry foods such as rice, beans and fish in a dry, cool place where they are protected from insects, rats and mice, and other pests; keep other foods out of sun
   - Always reheat food after keeping it for more than 2 hours; reheat thoroughly until steaming; bring liquid food to a rolling boil
5. Use clean and safe water

Handout 10.1

Point of Use

Point-of-use (POU) water treatment refers to a variety of different water treatment methods such as physical, chemical and biological, used to improve water quality.

Water Purification Methods:

1. Boiling
2. Ceramic pot Filtration
3. Chlorination
4. SODIS(solar water disinfection)

Use clean and safe water

- Boil drinking water well to kill the germs
- Water should be brought to a rolling boil for at least 1 minute before it is consumed
- Store water in clean, covered containers
- Wash hands before collecting water from containers

Message: Drink safe water, let's save lives.

Handout 10.2

Hand Washing with soap or ash at critical times:

- Before cooking or preparation of food
- Before eating or feeding children
- After defecation
- After washing child's faeces
- After touching dirty things

Hand washing with soap at critical times can:

- reduce diarrheal incidence by up to 45% (NDHS 2006)
- reduce respiratory infections by up to 23%
  - Use of safe water can reduce up to 15% diseases.
  - Use of latrine can reduce infection up to 35%
  - More than 80% communicable disease are associated with unsafe WASH

Diarrhea - undernutrition cycle

- Repeated bouts of diarrhoea: Diarrhoea is recognized as both a cause and an effect of malnutrition
- Worms transmitted via soil and other media contaminated by excreta can be prevented with effective sanitation.

Principles for enhancing good Hygiene

- The focus should be on micro level hygiene related critical behaviour of the people.
- It should focus on identifying specifically targeted groups and their age, group, sex, physical and mental state, situation of disability and their behaviour.
- There should be appropriate methods to bring realisation about changing the behaviour.
- The messages about health/hygiene promotion should be positive.
- Method and medium appropriate for effective communication should be adopted.
- Rather than opting for one single method it would be better to adopt cost effective, appropriate and effective methods.

Handout 10.3

Contaminated food and water cause various diseases such as Diarrhoea, Typhoid, Cholera, and Hepatitis.

- Foods can become contaminated by contact with dirty hands, flies and other insects, mice and other animals, and dirty utensils.
- Young children and sick people are most vulnerable to food-related illness.

Prepare food in a clean and safe way

- Wash hands with soap before preparing the food or before touching the food.
- Wash utensils with soap and keep them in the kitchen's utensil cabinet.
- Keep food preparation surfaces clean.
- Wash vegetables and fruits well before cooking or eating; if clean water is not available, peel when possible.
- Only give the freshly cooked food to children.
- Cook fish and meat well to kill any germs or parasites. For small children, cook the food until it is soft and mash it.
- Prevent raw meat, organ meat, poultry, and fish from touching other foods; wash surfaces touched by these foods with hot water and soap.
- Do not eat raw or cracked eggs because they contain harmful germs that can cause illness.
- Do not eat moldy or rotten foods.
- Cover any wounds on hands before preparing food.
- Do not spit near food and water.
- Eat vitamin C content food to absorb iron from vegetable (non heam iron).
- Cook green leafy vegetables with oil to absorb vitamin A to body.
- Do not drink coffee or tea with foods.
- Cook foods in iron pot.

Store food safely

- Buy foods such as meat and fish on the same day that you will eat them.
- Avoid buying old fruits and vegetables.

- Keep the cooked food in the safety net/cabinet to protect it from flies, dust and other germs.
- Keep dry foods such as rice and legumes in a dry cool place where they are protected from insects, rats, mice, and other pests.
- Always reheat leftover food before eating.

Use and store pesticides and chemicals safely

- Pesticides and other chemicals can poison people if they get into food or water.
- Follow instructions for using pesticides and chemicals.
- Never put food or water in empty containers that have been used for chemicals.
- Do not store chemicals close to food.
- Wash hands after using chemicals.
- Wash all foods that could have been sprayed with pesticides or other chemicals.

General hygiene practices

- Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.
- Do not use bottles, teats or spouted cups for babies and young children since they are difficult to clean and can cause your baby or young child to become sick.
- All the family members are equally responsible for hygiene practices.

Information on sources of food contamination, clean and safe water, food preparation, food storage, and use and storage of pesticides/chemicals from FAO Factsheet 2 (2009)

SESSION 11
FEEDING OF SICK CHILD

Learning objectives

1. Describe the relationship between illness, recovery and feeding.
2. Name the practices for feeding the sick infant and young child.

Total Time 45 minutes

Materials

- ✓ Flipchart papers (+ markers + masking)
- ✓ Flow chart of relationship between illness and feeding

Pictorial book page no.22, 23

Feeding of the Sick Child under 6 months and over 6 months

Handout

Handout 11.1: Recommended practices for feeding the sick child.

Detailed activities

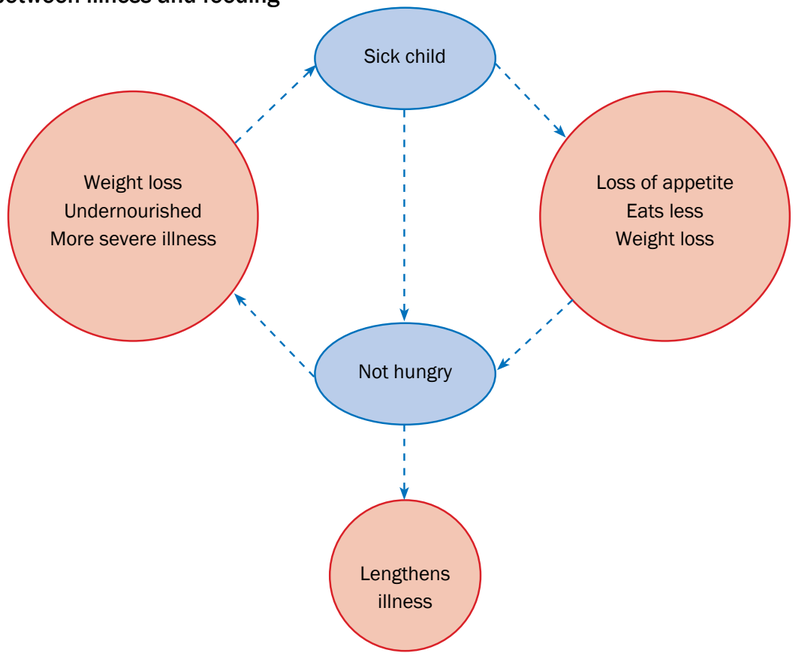
Activity 11.1: Rrelationship between illness, recovery and feeding (15 minutes)

Methodology: Brainstorming, interactive presentation

- Ask participants what is the relationship between feeding and illness
- Compare answers with 'Relationship between feeding and illness' described below. Draw relationship between feeding and illness on a flipchart.
- Discuss and summarize

Content

Relationship between illness and feeding



Relationship between feeding and illness

- A sick child (diarrhea, ARI, measles, fever) usually does not feel like eating.
- But he or she needs even more strength to fight sickness.
- Strength comes from the food he or she eats.

Activity 10.2: Name the practices for feeding the sick infant and young child (30 minutes)

Methodology: Group work with rotation of flip charts.

- Divide participants into 4 groups
- Set-up 4 flipcharts throughout the room with the following titles:
  1. How to feed a child less than 6 months old **during** illness.
  2. How to feed a child less than 6 months old **after** illness.
  3. How to feed a child older than 6 months **during** illness.
  4. How to feed a child older than 6 months **after** illness.
- Ask each group to go to a flipchart and answer the question on that flipchart; after 2 minutes the Facilitator asks the groups to rotate to the next flipchart; repeat until all groups have a chance to visit each flipchart.
- Groups do not repeat the same information, but only add new information.
- Each team presents to large group.
- Ask groups to observe and study Pictorial book page no. 22 and 23: Feeding a sick child less than 6 months old and Feeding a Sick Child who is 6 months or older and match information on the cards with that of the flipcharts.
- Distribute **Handout 11.1**: Recommended practices for feeding the sick child.
- Discuss and summarize.

Key Content

Infant and young child

- If an infant and young child does not eat or breastfeed during sickness, he or she will take more time to recover.
- The child is more likely to suffer long-term sickness and undernutrition that may result in a physical or intellectual disability. The child takes more time to recover, or the child's condition may worsen.
- It is very important to encourage the sick child to continue to breastfeed or drink fluids and eat during sickness, and to eat even more during recuperation in order to quickly regain strength.

Diarrhea: more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes

Note: many babies have frequent stools for as long as they are exclusively breastfed (from birth up to 6 months). This is not diarrhea.

Handout 11.1

Recommended practices for feeding the sick child

RECOMMENDED PRACTICE	SUPPORTING INFORMATION
Sick infant 0 up to 6 months	
1. During illness, increase the frequency of breastfeeding for your baby to recover faster.	Continue to breastfeed during diarrhea, even increasing the frequency, to replace the liquid lost.
	Breastfeeding more during illness will help your baby to fight the sickness and not lose weight.
	Breastfeeding also provides comfort to a sick baby.
	If the baby is too weak to suckle, express breast milk to give to the baby either by cup or by expressing directly into the baby's mouth. This will help the mother keep up her milk supply and prevent engorgement.
	Sick mothers can continue to breastfeed their baby.
2. After each illness increase the frequency of breastfeeding for the baby to regain health and weight.	Each time a baby is sick, s/he will lose weight so it is important to breastfeed as often as possible.
	Your breast milk is the safest and most important food you can offer your baby to regain her/his health and weight.
Sick child from 6 up to less than 24 months	
3. During illness, increase the frequency of breastfeeding and offer additional food to your child to help her/him recover faster.	Fluid and food requirements are higher during illness.
	Take time to patiently encourage your sick child to eat as her/his appetite may be decreased because of the illness.
	It is easier for a sick child to eat small frequent meals so feed the child foods s/he likes in small quantities throughout the day.
	It is important to keep breastfeeding and feeding complementary foods to your child during illness to maintain her/his strength and reduce the weight loss.
4. When your child has recovered from an illness, give her/him one additional meal of solid food each day during the two weeks that follow to help child recover quickly.	Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness.
	Take enough time to actively encourage your child to eat this extra food as s/he still may not appear hungry due to the illness.

SESSION 12
LISTENING AND LEARNING SKILLS, BUILDING CONFIDENCE AND GIVING SUPPORT SKILLS, HOW TO COUNSEL/REACH-AN-AGREEMENT WITH MOTHERS, FATHERS, GRANDMOTHERS AND OTHER CAREGIVERS

Learning objectives

1. Identify listening and learning skills.
2. Name building confidence and giving support skills
3. Explain the steps of reaching-an-agreement(GALIDRAA)
4. Practice counselling with a pregnant woman or mother; a mother with an infant 0 up to 6 months; and a mother/caregiver with a young child 6 up to less than 24 months

Total Time: 3 hours

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Flipchart: Listening and Learning skills
- ✓ 3 Case Studies of a pregnant woman/mother; 3 case studies of a mother with an infant 0 up to 6 months; and 3 case studies of a mother/caregiver with a young child 6 up to 24 months
- ✓ Photocopies of Handout 12.3: Four Steps of GALIDRAA Counselling of Mother and/or Mother/Caregiver/Child Pair (3 per Participant)
- ✓ Set of pictorial book and discussion card for Counselling

Handouts

Handout 12.1: Listening and learning skills, building confidence and giving support skills
Handout 12.2: Checklist of GALIDRAA counselling steps
Handout 12.3: Four Steps of GALIDRAA counselling of Mother and/or Mother/Caregiver/Child Pair (3 per Participant)
Handout 12.4: Observation checklist of GALIDRAA counselling steps for Mother and/or Mother/Caregiver /Child Pair
Handout 12.5: Counseling/Reaching-an-Agreement record with pregnant women/ Breastfeeding mother on women's nutrition.

Detailed activities

Activity 12.1: Identify listening and learning skills (30 minutes)

Methodology: Group work; Demonstration

Part A: Listening (15 minutes)
- Pair Participants. Ask them to tell a story to each other at the same time for 1 min.
- Then, ask large group:
  - How did you feel talking at the same time with another person?
  - Did you catch anything of the story?
- In the same pairs repeat the exercise, but this time listen to one another with lots of concentration (do not take notes, but listen carefully).
- Then, tell each other's stories (each of pair speaks for 1 minute).
- In large group Facilitator asks:
  - How much of your story did your partner get right?
  - How did it make you feel inside to tell a story and see someone listening to you?
- What things did you do to make sure that your partner was listening to you?
  a. Use responses and gestures that show interest
  b. Use non-verbal communication
- Two Facilitators demonstrate the non-verbal communication skills by first demonstrating the opposite of the skills listed below, and then the non-verbal communication skills:
  c. Keep head at same level
  d. Pay attention (eye contact)
  e. Remove barriers (tables and notes)
  f. Take time
  g. Appropriate touch
- Two Facilitators demonstrate "reflecting back" and "non-use of judging words" by first demonstrating the opposite of these skills, and then the skills
- Explain that Listening and Learning skills are the first set of skills to be learned and practised General rule of counseling: "We have 2 ears and 1 mouth, so we must listen twice as much as we talk"

Part B: Asking questions (15 minutes)
- Everyone gets to ask me (Facilitator) 1 question. Facilitator will answer truthfully. [Facilitator stops Participants at just 1 question]
- What did you get from this exercise? [Some types of questions bring out more information than others] Asking about 'age': gets you a specific piece of information (which is what you sometimes want).
- Open-ended questions usually begin with why, how, when and where?
- What things can you do to bring out more information?
  a) Reflect back what the Facilitator (mother/father/caregiver) says
  b) Listen to the Facilitator's (mother/father/caregiver's) concerns
  c) Avoid using judging words

Activity 12.2: Name building confidence and giving support skills (10 minutes)

Methodology: Brainstorming

Instructions for Activity:
- Before you begin to facilitate a discussion with a mother/father/caregiver: What helps to give a mother/father/caregiver confidence and support?
- Probe until the skills in 'Key Content' below have been mentioned.
- Refer Participants to **Handout 12.1:** Listening and Learning Skills, and Building Confidence and Giving Support Skills, and review together
- Discuss and summarize.

Activity 12.3: Demonstration of counselling to encourage mother to try optimal breastfeeding practices (20 minutes)

Methodology: Demonstration of **GALIRDAA** steps

Note: 2 Facilitators need to prepare this demonstration in advance (Facilitator Mother and Facilitator Counsellor following points in Key Content below)
- Demonstrate steps: **Greets, Asks, Listens** between a mother (Babita) with 7-month baby and Counsellor (situation described below)
- Facilitator to speak out loud to group during step: **Identify**
  - Demonstrates steps: **Discuss, Recommend, Act**
  - Demonstrates step: **follow-up Appointment**
  - Refers as necessary
  - Thanks Babita for her time
- Review together **Handout 12.2:** Checklist of GALIDRAA Counselling Steps
- Discuss the demonstration with Participants and answer questions
- Review and complete together/or talk through **Handout 12.3:** Four Steps of GALIDRAA Counselling of Mother and/or Mother/Caregiver/Child Pair

Content

Demonstration of Case Study: Babita and 7-month old baby

Situation: Babita
- breastfeeds whenever baby cries
- feels she does not produce enough milk
- gives baby some watery porridge 2 times a day (porridge is made from corn meal)
- does not give any other milks or drinks to her baby

Counselling Steps (GALIDRAA)
- **Greets** mother and introduces him/herself
- Allows mother to introduce herself and the baby.
- Uses *listening and learning skills*, and *building confidence and giving support skills*
- **Asks** Babita about her current breastfeeding practices
- **Listens** to Babita's concerns, and observes her baby and Babita
- Accepts what Babita is doing without disagreeing or agreeing and praises Babita for one good practice (breastfeeding)

- **Identifies difficulties:**
  - Babita is waiting until baby cries before breastfeeding him – a 'late sign' of hunger
  - Babita is worried she does not have enough breast milk
  - Babita is not feeding baby age-appropriate complementary foods

- **Discuss, Recommend, Agrees to Act, Appointment**
  Counselor:
  - Praises Babita for breastfeeding
  - Asks Babita about breastfeeding frequency and if she is breastfeeding whenever baby wants and for as long as he wants, both day and night. Does baby come off breast himself? Is baby fed on demand? (Age-appropriate recommended breastfeeding practices)

- Suggests that Babita breastfeed her baby when he shows interest in feeding (before he starts to cry)
- Shares with Babita and discusses **pictorial book page no. 12:** Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply
- Talks with Babita about the characteristics of complementary feeding
- Presents options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary feeding: F = Frequency of breastfeeding, T = Texture (thickness/consistency) and V = Variety
- Helps Babita select one that she can try (e.g. breastfeed more frequently day and night, and thicken porridge, during this week)
- Shares with Babita and discusses **pictorial book page no.: 17, 21**: Complementary Feeding from 6 up to 9 Months and hygiene
- Asks Babita to repeat verbally the agreed upon behaviour
- Tells Babita that a Counselor will follow-up with her at her next weekly visit
- Suggests where Babita can find support (attend educational talk, MIYCN Group in community, Supplementary Feeding Programme, and refer to Community or social mobilizer).
- Thanks Babita for her time

How many visits are needed for the full process of counseling/reaching-an-agreement?

At least 2 visits:

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

Activity 12.4: Discussion of counselling/reaching an-agreement for follow-up visit(s) (20 minutes)

Methodology: Brainstorming

Instructions for Activity:
- Brainstorm points to be discussed with mother during reaching-an-agreement for follow-up visit(s)

Example of possible follow-up visits to Babita:

1st Follow up visit

Situation: The Community Counselor (FCHV) visits Babita to ask her whether she has been able to increase the frequency of breastfeeding her baby during the past week. She also asks Babita if she was able to thicken the porridge. Babita answers that she is breastfeeding her baby more and has tried to thicken the porridge but her baby doesn't seem to eat as much. The Community Counselor asks Babita to be patient and encourage her baby to continue to eat and to start mashing up family foods (what the family eats that day) and give them to her baby and also remind about the hygiene.

2nd Follow-up Visit: Maintain the practice and/or counsel or reach-an-agreement on another practice

Situation: Babita's baya is now 9 months old, and Babita has been giving family foods to her baby twice a day. The Community Counselor talks about FATVAH with Babita and encourages Babita to increase frequency and amount of foods.

Follow-up Visit(s)

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

Activity 12.5: Practice counselling/reaching-an-agreement with a mother of an infant 0 up to 6 months (30 minutes)

Methodology: Practice

- Facilitator asks Participants to recall the recommended breastfeeding practices
- Distribute **Handout 12.3:** Four Steps of GALIDRAA Counselling of Mother and/or Mother/Caregiver/Child Pair to Counselors.
- Distribute **Handout 12.4:** Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother/Caregiver/Child Pair to Observers and review with Participants.
- Ask each group to have a set of **pictorial book**, and **Recommended Practices**
- Participants are divided into threes: mother, Counselor, and observer; triads are given 1 of the following case studies to practice counselling/reaching-an-agreement
- Repeat with 2 other case studies so that each Participant rotates the 3 different roles
- Ask one group of 3 to demonstrate a case study in plenary
- Discussion and summary

Practice Case Studies

Case Study #1:

You visit a new mother, Meera, who has a newborn low birth weight baby. Meera lives with her husband and mother-in-law. She is breastfeeding and her mother-in-law insists that she give water or cow's milk to her grandchild.

Case Study #2:

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

Case Study #3:

Sunita has a 3 weeks old baby. She is breastfeeding continually but her baby is not gaining weight. He has not been sick and appears alert.

Possible answers: Practice Case Studies 0 up to 6 months

Case Study #1:

You visit a new mother, Meera, who has a newborn low birth weight baby. Meera lives with her husband and mother-in-law. She is breastfeeding and her mother-in-law insists that she give water or cow's milk to her grandchild.

Possible Answer:

- Counselor **greets** Meera
- Counselor praises Meera for breastfeeding her baby
- The Counselor **asks, listens and identifies** difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is giving water which the mother-in-law insists.
- Counselor invites mother-in-law to join the discussion.
- Counselor shares the following on pictorial book page no. 12:
  - During the first 6 months, your baby needs ONLY breast milk
- Counselor **discusses** and **recommends:**
  - Risks associated with mixed feeding for the baby and the mother (diarrhea and other illnesses, malnutrition, risk of early pregnancy, reduced breast milk production, baby's stomach getting full with water and feeding less, loosing weight)
  - The reasons for not starting complementary feeding until after 6 months (adequacy of breast milk alone until 6 months of age and the risks of NOT breastfeeding)
  - Adequate breast milk if baby passes urine six or more times in 24 hrs.
- Counselor **reaches-an-agreement** with Meera and mother-in-law to ONLY breastfeed her baby for several days and see the effect.
- Asks Meera to repeat the agreed upon behaviour
- Suggests where Meera can find support (attend in monthly meeting of MIYCN Group in community)
- Counselor fixes time with Meera for **follow up appointment.**
- Thanks Meera for her time

Case Study #2:

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

Possible Answer

- Counselor **greets** Parwati
- Counselor praises Parwati for breastfeeding her baby
- The Counselor **asks, listens and identifies** difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is the perception of insufficient milk.
- Counselor invites husband to join the discussion.
- Counselor asks about the frequency of breastfeeding, on-demand feeding, night feeding, emptying one breast before switching to the other, giving of additional feeds, and frequency of passing urine in 24 hrs.
- Counselor **discusses** and **recommends:**
  - Explains that the breast is like a "factory" – the more demand (for milk), the more supply
  - Breastfeed frequently averaging at least 10 feedings per 24-hour period.
  - Let baby determine the length of the feeding.
  - Baby's swallowing sounds are audible as he is breastfeeding.
  - The baby will be alert and active, appear healthy, have good color, firm skin, and will be growing in length and head circumference.
  - Baby urinates at least 6 – 8 times in 24 hours
  - Discuss the benefits of exclusive breastfeeding until 6 months and the role of frequent suckling on the amount of breast milk production.
- Counselor **reaches-an-agreement** with Parwati for continuation of exclusive breastfeeding until 6 months.
- Asks Parwati to repeat the agreed upon behaviour
- Suggests where Parwati can find support (attend in monthly meeting of MIYCN Group in community)
- Counselor fixes time with Parwati for **follow up appointment.**
- Thanks Parwati for her time

Case Study #3:

Sunita has a 3 weeks-old baby. She is breastfeeding continually but her baby is not gaining weight. He has not been sick and appears alert.

Possible Answer

- Counselor **greets** Sunita
- Counselor praises Sunita for breastfeeding her baby
- The Counselor **asks, listens and identifies** difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is poor attachment.
- Counselor asks to observe a breastfeed.
- Counselor shares pictorial book page no. 9 and 10 on attachment and positioning.
- Counselor **discusses and recommends:**
  - Explains and demonstrates the 4 signs of good positioning.
  - Explains and demonstrates the 4 signs of good attachment.
- Counselor **reaches-an-agreement** with Sunita to correctly position and attach baby.
- Asks Sunita to show positioning and attachment
- Suggests where Sunita can find support (attend monthly meeting of MIYCN Group in community)
- Counselor fixes time with Sunita for **follow up appointment.**
- Thanks Sunita for her time

Activity 12.6: Practice counselling/reaching-an-agreement with a mother/caregiver with a child 6 up to 24 months (30 minutes)

Methodology: Practice

- Facilitator asks Participants to recall the recommended complementary feeding practices
- Distribute **Handout 12.3:** Four Steps of GALIDRAA Counselling of Mother and/or Mother/Caregiver/Child Pair to Counselors.
- Distribute **Handout 12.4:** Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother/Caregiver/Child Pair to Observers and review with Participants.
- Ask each group to have a set of **pictorial book**, and **Recommended Practices**
- Participants are divided into threes: mother, counselor, and observer; triads are given 1 of the following case studies to practice counselling/reaching-an-agreement
- Ask counselors to practice using **Handout 12.3:** 1st Four Steps of GALIDRAA counselling of mother child pair
- Ask observers to practice using **Handout 12.4:** Observation Checklist of GALIDRAA Counselling Steps for Mother Child Pair
- Repeat with 2 other case studies so that each Participant rotates the 3 different roles
- Ask one group of 3 to demonstrate a case study in plenary
- Discussion and summary

Practice Case Studies 6 up to less than 24 months

Case Study #1

You visit Asmita's home whose baby is 6½ months old. Asmita tells you that her baby is too young for foods because the baby's stomach is too small and that she will just continue to breastfeed until her baby is older. Her husband and mother-in-law agree with her.

Case Study #2

Savita is from a big family and she also has a 9 month-old baby who is eating some watery porridge once a day. Savita tells you that she cannot buy other foods. You talk to Savita about the need to add other foods to soft porridge and to give fruit every day.

Case Study #3

Preeti's baby is 12 months old and her husband gives bites of adult food at meal time only.

Possible answers: Practice Case Studies 6 up to less than 24 months

Case Study # 1

You visit Asmita whose baby is 6 ½ months old. Asmita tells you that her baby is too young for food because the baby's stomach is too small and that she will just continue to breastfeed until a baby is older. Her husband and mother-in-low agree with her.

Possible Answer:

- Counselor **greets** Asmita, her husband and mother-in law.
- Counselor praises Asmita for breastfeeding her son
- Invites husband and mother-in-law to join the discussion
- The Counselor **asks, listens and identifies** difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is not giving foods in addition to breast milk.
- Counselor shares the following pictorial book:
  - Food Variety - page no. 25
  - Feeding the child from 6 up to less than 9 months (AFATVAH) - page no. 17
  - Hygiene practices - page no. 21
- Counselor **discusses** and **recommends:**
  - Even though the baby's stomach is small, by the age of 6 months the stomach of the baby is ready to receive food other than breast milk
  - You can start soft foods like thick porridge so that the baby can swallow it easily
  - Increase the amount of food that the baby eats and vary the diet by combining cereals and legumes to make the porridge, and by providing animal products, mashed fruits and vegetables
- Counselor **reaches-an-agreement** with Asmita, husband and mother-in-law to begin with some tastes of thick porridge made with super flour.
- Asks Asmita to repeat the agreed upon behaviour
- Suggests where Asmita can find support (attend monthly meeting of MIYCN Group in community)
- Counselor fixes time with Asmita for **follow up appointment.**
- Thanks Asmita for her time

Case study #2

Savita is from big family and she also has a 9 month old baby who is eating some watery porridge once a day. Savita tells you that she cannot buy other foods. You talk to Savita about the need to add other foods to soft porridge and to give fruit every day.

Possible Answer:

- Counselor **greets** Savita
- Counselor praises Savita for breastfeeding her baby
- The Counselor **asks, listens and identifies** difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is not giving foods according to AFATVAH.
- Counselor shares the following pictorial book:
  - Feeding the child from 9 up to less than 12 months (AFATVAH) - page no. 18
  - Food Variety - page no. 25
  - Hygiene practices - page no. 21
- Counselor **discusses** and **recommends:**
  - Asks what foods the mother presently has in her home, and what foods are available now in the market (feasible, local, available, affordable).
  - Addresses AFATVAH
  - Enrich the diet by adding animal products, fruits and vegetables
- Counselor **reaches-an-agreement** with Savita to thicken the porridge of her daughter and give food at least 3 times a day
- Asks Savita to repeat the agreed upon behaviour
- Suggests where Savita can find support (attend monthly meeting of MIYCN Group in community)
- Counselor fixes time with Savita for **follow up appointment.**
- Thanks Savita for her time

Case Study #3

Preeti's baby is 12 months old and she breastfeeds baby and her husband gives bites of adult food at meal time only.

Possible Answer:

- Counselor **greets** Preeti
- Counselor praises Preeti for breastfeeding her son
- The Counselor **asks, listens and identifies** difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is not giving foods according to AFATVAH.
- Counselor shares the following pictorial book:
  - Feeding the child from 12 months to less than 24 months (AFATVAH) - page no. 19
  - Food Variety - page no. 25
  - Hygiene practices - page no. 21
- Counselor **discusses** and **recommends:**
  - Show through 3 glasses example of importances of breast-feeding and complimentary feeding will be more effective
  - Asks what foods the mother presently has in her home, and what foods are available now in the market (feasible, local, available, and affordable).
  - Addresses AFATVAH
  - Try to add eggs, poultry, and liver
- Counselor **reaches-an-agreement** with Preeti to give some snacks to her baby between meals
- Asks Preeti to repeat the agreed upon behaviour
- Suggests where Preeti can find support (attend monthly meeting of MIYCN Group in community)
- Counselor fixes time with Preeti for **follow up appointment.**
- Thanks Preeti for her time

Activity 12.7: Practice counselling/reaching-an-agreement with a pregnant woman or mother on woman's nutrition (45 minutes)

Methodology: Practice

- Facilitator asks Participants to recall the recommended woman's nutrition practices
- Distribute **Handout 12.5:** Counseling/Reaching-an-Agreement Record with Pregnant Woman/Breastfeeding Mother
- Ask counselors to practice using **Handout 12.5:** Counseling/Reaching-an-Agreement Record with Pregnant Woman/Breastfeeding Mother on Woman's Nutrition
- Ask each group to have a set of **pictorial book**, and **Recommended Practices**
- Participants are divided into threes: mother, Counselor, and observer; groups of three are given 1 of the following case studies to practice counselling/reaching-an-agreement
- Repeat with 2 other case studies so that each Participant rotates the 3 different roles
- Ask one group of 3 to demonstrate a case study in plenary
- Discussion and summary

Note: Practicing counselling/reaching-an-agreement is as important as knowing the content.

Practice Case Studies: Women's Nutrition

Case Study #1

You visit Kavita who is 4 months pregnant. Kavita has not yet visited the health clinic and does not know where to have her baby. Her family (husband, mother-in-law and father-in-law) is also not aware that a pregnant women should go for check up.

Case Study #2

Mamata tells you that she has a 3 daughters between 5 and 2 year. What themes will you try to negotiate with Mamata?

Case Study #3

Munna is 35 years old. She has five children. She is breastfeeding her youngest child who is 1 month old.

Possible answers: Women's Nutrition

Case Study #1

You visit Kavita who is 4 months pregnant. Kavita has not yet visited the health clinic and does not know where to have her baby. Her family (husband, mother-in-law and father-in-law) is also not aware that pregnant should go for check up.

Possible Answer:

- Counselor **greets** Kavita
- The Counselor **asks, listens and identifies** difficulties and causes for the difficulty regarding Kavita. In this particular case the difficulty is not attending ANC.
- Counselor shares the following pictorial book:
  - ANC visit to check up time to time - page no. 3
  - Breastfeeding immediately after birth - page no. 9
  - During the first 6 months, your baby needs ONLY breast milk - page no. 12
  - Personal hygiene - page no. 21
- Counselor **discusses** and **recommends:**
  - Eating one additional meal each day, particularly animal products as much as possible, fruits and vegetables - page no. 2.
  - Going to ante-natal clinic to ensure that the pregnancy is going well, to receive TT vaccines, and iron/folate supplementation
  - Using iodized salt for her food and the family food.
  - Delivering at the health facility
- Counselor **reaches-an-agreement** with Kavita to attend ANC.
- Asks Kavita to repeat the agreed upon behaviour
- Suggests where Kavita can find support (attend monthly meeting of MIYCN group Group in community)
- Counselor fixes time with Kavita for **follow up appointment.**
- Thanks Kavita for her time

Case Study #2

Mamata tells you that she has 3 daughters between 5 and 2 year. What themes will you try to negotiate with Mamata?

Possible Answer:

- Counselor **greets** Mamata
- The Counselor **asks, listens and identifies** difficulties and causes for the difficulty. In this particular case the difficulty

is closely spaced pregnancies.

- Counselor **discusses** and **recommends:**
  - Healthy spacing of pregnancies - pictorial book page no. 24
  - Discusses the importance of her daughters having good nutrition and education.
  - Counselling on family planning
  - Consulting LAM method - pictorial book page no 12
- Counselor **reaches-an-agreement** with Mamata to see a LAM counselor.
- Asks Mamata to repeat the agreed upon behaviour
- Counselor fixes time with Mamata for **follow up appointment.**
- Thanks Mamata for her time

Case Study #3

Munna is 35 years old. She has five children. She is breastfeeding her youngest child who is 1 month old.

Possible Answer:

- Counselor **greets** Munna
- The Counselor **asks, listens and identifies** any difficulties and causes for the difficulty. In this particular case there is no difficulty, but the counselor shares information with her for her own health.
- Counselor **discusses** and **recommends with pictorial book:**
  - Eating 2 additional meals including animal products as much as possible - page no. 7
  - Continuing to take IFA - page no. 2
  - Take post-partum vitamin A - page no. 6
  - Using iodized salt
  - Care of Hygiene
- Counselor **reaches-an-agreement** with Munna to go to the health center for IFA and vitaminA.
- Asks Munna to repeat the agreed upon behaviour
- Counselor fixes time with Munna for **follow up appointment.**
- Thanks Munna for her time

Handout 12.1

Listening and Learning Skills, Building Confidence and Giving Support Skills

Listening and Learning skills

1. Use helpful non-verbal communication
   - Keep your head level with mother/father/caregiver/teenager/grandparent
   - Pay attention (eye contact)
   - Remove barriers (tables and notes)
   - Take time
   - Appropriate touch
2. Ask questions that allows mother/father/caregiver/teenager/grandparent to give detailed information
3. Use responses and gestures that show interest
4. Listen to mother's/father's/caregiver's/teenager's/grandparent's concerns
5. Reflect back what the mother/father/caregiver/teenager/grandparent says
6. Avoid using judging words

Building Confidence and Giving Support skills

1. Accept what a mother/father/caregiver/teenager/grandparent thinks and feels (to establish confidence, let her/him talk through her/his concerns before correcting information)
2. Recognize and praise what a mother/father/caregiver/teenager/grandparent and baby are doing correctly
3. Give practical help
4. Give a little, relevant information
5. Use simple language
6. Use appropriate visuals
7. Make one or two suggestions, not commands

Source: Infant and Young Child Feeding Counselling: An Integrated Course. WHO/UNICEF. 2006

Handout 12.2

Checklist of GALIDRAA Counselling Steps

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

Handout 12.3

1st Four Steps of GALIDRAA Counselling of Mother Child Pair: (Greet, Ask, Listen, and Identify)

0-24 months child

Name of Mother/Caregiver:

Name of Child:

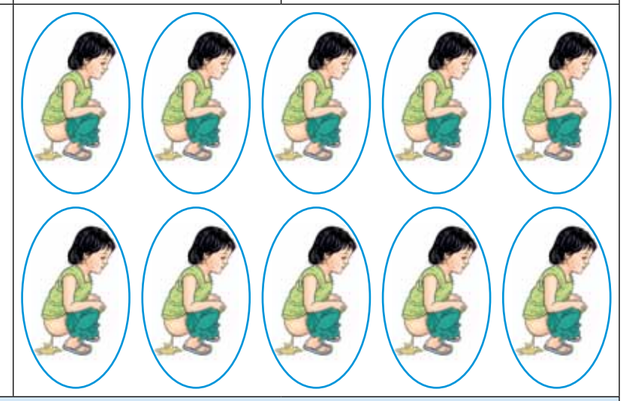
Age of child (completed months):

Number of other children:

Observation of mother/caregiver:

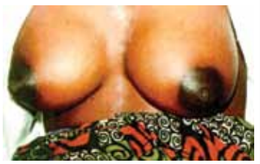
(✓ or ✗ sign for yes or no.)

For the breast feeding mother	
	Extra meal than usual
	Taking Iron tablet till 45 days after giving birth
	Take vitamin A within 6 week after birth

Ask about child health		
How is baby?		
Having diarrhea? How many times?		
ask about breastfeeding		

If not breastfeeding	When did breast feeding stop?
	What did you feed?

Difficulties: How is breast feeding going?

			
Plugged Ducts and Mastitis	Breast Engorgement	Sore or cracked Nipples	Not enough breast milk

Other challenges?

Ask about complimentary feeding

Child Age:

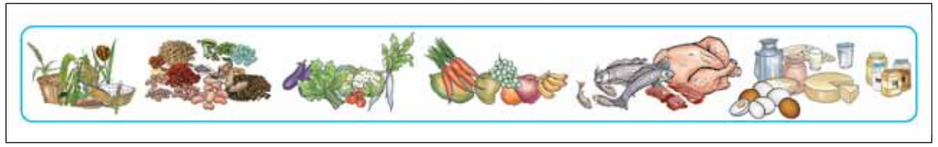
Feeding complimentary food: ☐

If yes (✓) go as below.

1. Is your child getting anything else to eat?

Jaulo	Lito	Family food

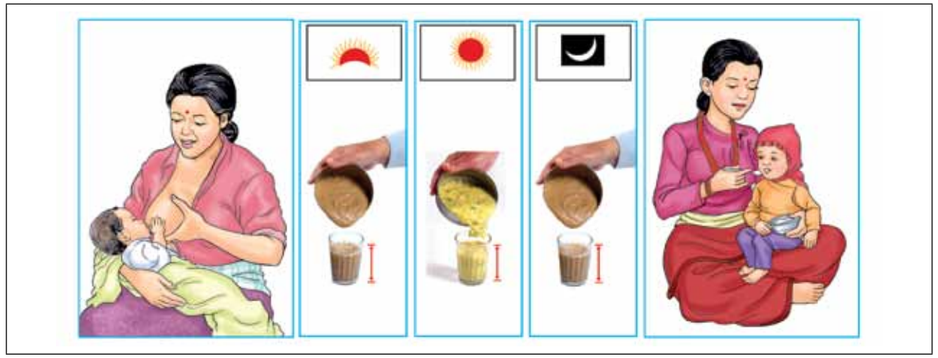
2. Do you include following foods in your child complimentary food?



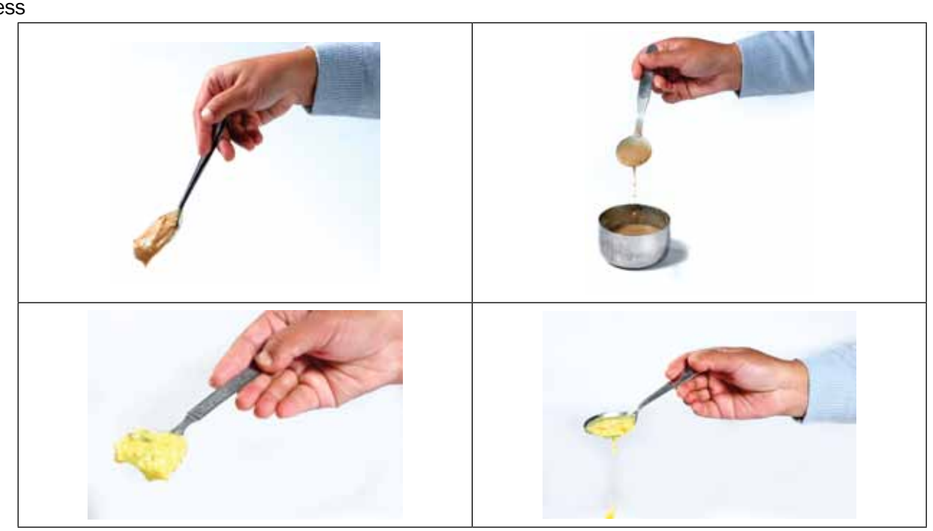
3. Is your child getting anything else to drink from below pictures?

		Others

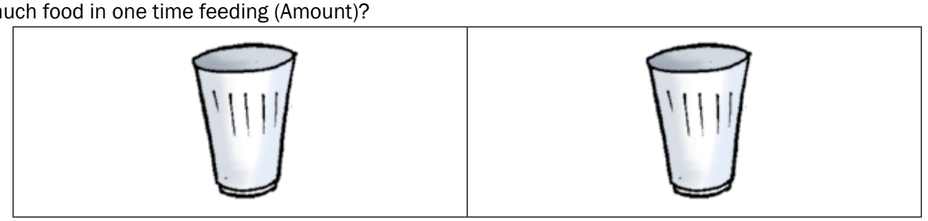
4. How many times a day (Frequency)?



5. Tickness

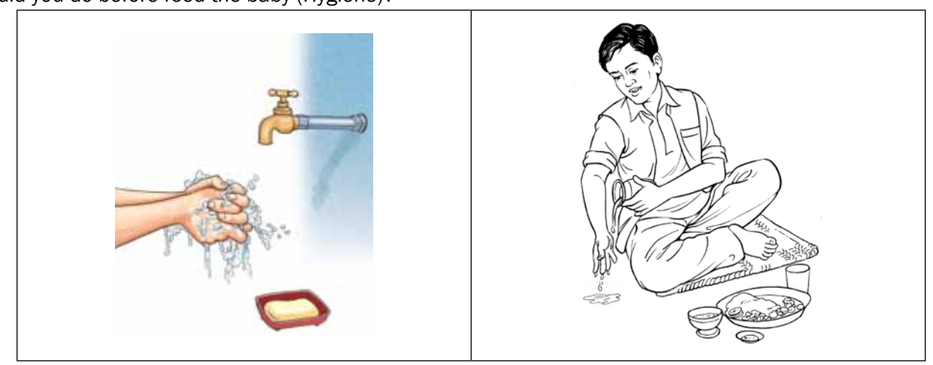


6. How much food in one time feeding (Amount)?



7. Who assists the child when eating?

8. What did you do before feed the baby (Hygiene)?



Pregnant women

Other children No.:

Observation:

1. Is she eating extra food?

2. Discussion

3. Is she taking Iron Tablet or not?

4. Is the get deworming pills or not?

5. Is she know about breast feeding?

1234 - Good attachment

1234 - Good position

6. Is she know about LAM i?

7. Where she will go for delivery?

8. Is she getting proper support from husband and family?

9. Is she know about hygiene?

Handout 12.4

Observation Checklist of GALIDRAA Counselling Steps for Mother /Child Pair

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 questions
- Use responses and gestures that show interest
- Reflect 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 a little, relevant information
- Use simple language
- Make one or two suggestions, not commands

GALIDRAA Counselling Steps

Did the Counselor

- **GREET** the mother/caregiver
- **ASK** and **LISTEN** to mother/caregiver

Ask mother or caregiver:

- Child's age
- Checking child's growth curve (if GMP exists in area)
- Checking recent child illness

Breastfeeding (with mother):

- Assess the current breastfeeding status
- Check for breastfeeding difficulties
- Observe a breastfeed

Fluids:

- Assess 'other fluid' intake

Foods:

- Assess 'other food' intake

Active Feeding:

- Ask about whether the child receives assistance when eating

Hygiene:

- Check on hygiene related to feeding

Did the Counselor?

- IDENTIFY any feeding difficulty
- Prioritize difficulties (if there is more than one)

  Record prioritized difficulty: _____

DISCUSS, RECOMMEND

Did the Counselor?

- Praise the mother/caregiver for doing recommended practices
- Address breastfeeding difficulties e.g. poor attachment or poor breastfeeding pattern with practical help.
- Discuss age-appropriate feeding recommendations and possible discussion points
- Present one or two options that are appropriate to the child's age and feeding behaviours
- Help the mother/caregiver **SELECT AGREED UPON BEHAVIOUR** that she or he can try to address the feeding challenges
- Discuss appropriate through **pictorial book** that relevant to the mother or child's situation
- Ask the mother/caregiver to repeat the agreed-upon new behaviour

  Record agreed-upon behaviour: _____
- Ask the mother/caregiver if she or he has questions/concerns
- Refer as necessary
- Suggest where the mother/caregiver can find additional support
- Agree upon a date/time for a **FOLLOW-UP APPOINTMENT**
- Thank the mother/caregiver for her or his time

Handout 12.5

Counseling/Reaching-an-Agreement Record with Pregnant Woman/Breastfeeding Mother on Woman's Nutrition

Discussion Points	Pregnant Woman/Breastfeeding Mother
Name	
Age	
Pregnant OR Lactating	
4-Checks Foods	
Feeding difficulty identified	
Iron folate (if pregnancy and 45 days post-partum)	
De-worming (if 2nd trimester)	
Post-partum vitamin A (if within 6 weeks)	
Options suggested	
What pregnant woman or breastfeeding mother agreed to try	

SESSION 13
ACTION ORIENTED GROUP SESSIONS

Learning objectives

1. Facilitate an action-oriented group session using the steps: Observe, Think, Try, and Act.

Total Time: 2 hours

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Set of pictorial book
- ✓ **Handout 13.1:** Observation checklist on how to conduct an IYCF/ENA action-oriented group session: story, drama, or visual – Observe, Think, Try, Act

Advance Preparation:

- Prepare and practise 'Story' or,
- Prepare and practise 'Mini-drama' or,
- Prepare and practise 'Use of Visual'

Detailed activities

Activity 13.1: Facilitate an action-oriented group using the steps: Observe, Think, Try, Act

Methodology: Experiential (sharing experiences) 45 minutes

- Facilitator models an action-oriented group with Participants acting as community members by telling a story, conducting a drama, and using a visual (**pictorial book**) on some aspect of IYCF/ENA – applying the steps: Observe, Think, Try and Act
- Facilitator puts the letters OTTA on a flipchart with the words Observe, Think, Try and Act next to each letter
- Facilitator demonstrates the use a **pictorial book** on some aspect of ENA using OTTA
- See examples of a story and mini drama scenarios (below)
  - Tell a story using OTTA: do not read the story, but practise before hand and tell it in an interesting tone; Facilitator can end the story or ask Participants to end the story
  - Conduct a mini drama using OTTA: role play the mini drama assigning Facilitators and/or Participants to the different roles
- At the end of the use of visual, story, or mini drama ask the Participants/ community members:
  1. What would you do in the same situation? Why?
  2. What difficulties might you experience?
  3. Do you know someone who has had a similar experience? What did they do?
  4. How would you be able to overcome the same difficulty?
  5. What practical help would you give?
  6. Can you agree to share with someone the practice of the visual, story, or mini-drama? At our next meeting please be ready to tell us how sharing that visual, story, or mini-drama with someone (family member/ neighbour) went.
- Discuss and summarize

Key Content

- Educational talks are effective for giving information but do not necessarily lead to changes in behaviour.
- In an 'action-oriented' group Facilitators encourage group participants **to personalize the information and to try something new or different (an action)** from what they normally do by following the sequence of activities below:
- Apply the steps:
  - Observe
  - Think
  - Try
  - Act

Story (example)

Once upon a time in a village not far from here a young woman Meera had her first baby, a daughter, whom she named Sabina. She heard the FCHV talk about giving only breast milk to babies until they were 6 months old. She wanted to do what the FCHV was saying, but both her mother and mother-in-law told her that the baby would need more than her breast milk to grow strong and healthy in those first months. Of course she wanted Sabina to be a healthy girl and so she breastfed Sabina and gave her porridge and water from the time he was 1 month old. He has been sick. Now Sabina is 2 months old and the FCHV who did a home visit the other day told Meera to take Sabina to the health facility.....??

Mini-Drama Scenarios (example)

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

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

FCHV: You are doing a home visit. You help the mother and father 1) identify local available foods they can give the baby; and increase 2) the thickness of the porridge, the amount of food that the child is eating, and the number of times the baby receives food (frequency).....??

Activity 13.2: Discussion on the action-oriented group experience

Methodology: Discussion

Part A: Discussion (15 minutes)

- After the use of visual (use of pictorial book), story, or mini drama, the following questions are asked of the Participants:
  - What did you like about the action-oriented group?
  - How was the action-oriented group different from an educational talk?
  - What was the action the members agreed to? For example - share with a family member/neighbor the practice of the visual, story, or mini-drama?
- Discuss **Handout 13.1:** Observation checklist on how to conduct an action-oriented group: use of visual, story, drama applying the steps – Observe, Think, Try and Act

.....

Part B: Practise conducting an action-oriented group (1 hour)

Methodology: Practise

- Divide Participants in groups of 7
- Each group will decide which Participants will tell a story, perform a mini-drama or use a visual
- Participants take 10 minutes to practice and then perform activity in front of small group
- Share observations:
  - What did you like about the story, mini-drama, use of visual?
  - How did it differ from a health education talk?
  - What action or commitment did the group members make?
- Discussion

Handout 13.1

Observation Checklist on How to Conduct an IYCF/ENA Action Oriented Group: Story, Drama, or Visual, with steps Observe, Think, Try, and Act

Did the Counsellor?

(√ *for yes and × for No*)

- Introduce him/herself
- Tell a story
- Organize a mini-drama
- Use a visual

Use Observe - ask the group participants:

- What happened in the story/drama or visual?
- What are the characters doing in the story/drama or visual?
- How did the character feel about what he or she was doing? Why did he or she do that?

Use Think - ask the group participants:

- Who do you know that does this (behavior/practice)?
- How have they been able to do this (behaviour/practice)?
- What is the advantage of adopting the practice described in the story/drama or visual?
- Discuss the key messages of today's topic?

Use Try – ask the group participants:

- If you were the mother (or another character), would you be willing to try the new practice?
- Would people in this community try this practice in the same situation? Why?

Use Act – ask the group participants

- What would you do in the same situation? Why?
- What difficulties might you experience?
- How would you be able to overcome them?
- To repeat the key messages?

And

- Set a time for the next meeting and encourage group participants to come ready to talk about **what happened when they tried out the new practice or encouraged someone to try it** and how they managed to overcome any obstacles.

SESSION 14
SUPPORT GROUPS FOR IYCF/ENA/EHA

Learning objectives

1. Facilitate an infant and young child feeding support group of child caregivers (mothers, fathers, grandparents) and help them to support each other in their infant and young child feeding practices.

Total Time: 2 hours

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Support group topics
- ✓ **Handout 14.1:** Characteristics of an IYCF/ENA Support Group
- ✓ **Handout 14.2:** Observation Checklist for IYCF/ENA Support Group
- ✓ **Handout 14.3:** IYCF/ENA Support Group attendance

Some suggested topics for IYCF/ENA support groups (at training site or during field practice):

1. Nutrition and health for the pregnant woman and breastfeeding mother
2. Importance of breastfeeding for mother, baby, family (1 to 3 different topics)
3. Techniques of breastfeeding:
4. Positioning and attachment
5. Role and sources of iron, vitamin A, and iodine
6. Prevention, symptoms, and solutions of common breastfeeding difficulties:
   - breast engorgement, cracked/sore nipples, blocked ducts that can lead to mastitis, and "not enough" milk
7. Common situations or beliefs that can affect breastfeeding:
   - sick baby or mother, malnourished mother, twins, mother away from baby, low birth weight baby, pregnancy, etc.
8. Introduction of complementary foods after 6 months
9. Working mothers:
   - some possible solutions to help make breastfeeding possible

Activity 14.1: Facilitate an IYCF/ENA support group of mothers/fathers/ caregivers to help them support each other in their IYCF/ENA practices

Methodology: Experiential (sharing experiences)

Part A: Experience a support group (30 minutes)

Methodology: Experiential (sharing experiences)

- Select 5 participants.
- Facilitator and 5 participants sit in a circle as a "support group".
- Ask other participants to form a circle around the "support group".
- Ask members of the "support group" to share their own (or wife's, mother's, sister's) experience of breastfeeding. **Note:** only those in the 'support group' are permitted to talk.
  - Remember to have the Participants themselves address the questions that arise, for example: Who else thought that you/she didn't produce sufficient milk? What are the first foods that you have given your child? How did you continue breastfeeding when you went back to work?
- Ask other Participants to observe the support group.
- After support group Facilitator models to fill out **Handout 14.1:** Observation Checklist for IYCF/ENA Support Group and **Handout 14.3:** IYCF/ENA support group attendance.

Part B: Discuss the support group experience (15 minutes)

Methodology: Discussion

- Ask the following questions to the support group Participants after sharing their experiences:
  - What did you like about the support group?
  - How did it differ from a health education talk?
  - What would you say are some characteristics of a support group?
- Ask Participants who observed the support group to share their observations and ideas from their checklist.
- Ask Participants: what contributions a support group can make to an ENA program?
- Refer to **Handout 14.2:** Characteristics of an IYCF/ENA Support Group.

Part C: Practise conducting a support group (1 hour 15 minutes)

Methodology: Practise

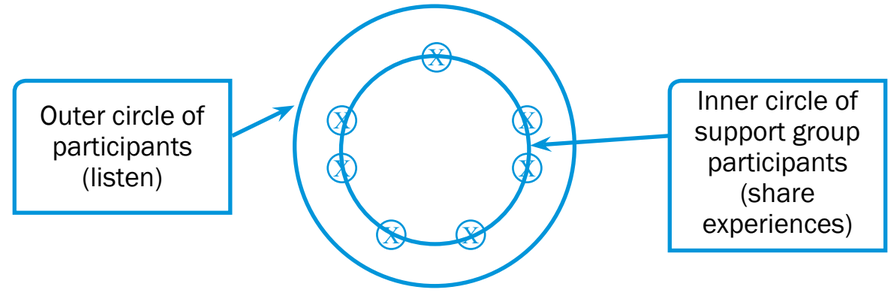
- Divide Participants in groups of 7
- Each group discusses 'your personal experiences with IYCF'
- One Participant from each group will be Facilitator of the support group
- Share observations:
  - What did you like about the support group?
  - How did it differ from a health education talk?
  - How would you describe a support group?
  - Name 2 differences between an action-oriented group and a support group.
- Discussion

Content

Definition: An IYCF/ENA support group is a group of mothers/fathers/ caregivers who promote recommended IYCF/ENA practices, share their own experiences and provide mutual support. Periodic support groups are facilitated by experienced and trained mothers who have IYCF/ENA knowledge and have mastered some group dynamic techniques. Group Participants **share their experiences, information and provide mutual support.**

Note: If support group numbers grow to exceed 12, consider splitting the group into two (with an experienced and trained mother/facilitator conducting each support group).

See Reference Materials 14.1: Comparison of action-oriented group and support group.



Handout 14.1

Characteristics of an IYCF/ENA Support Group

A safe environment of respect, attention, trust, sincerity, and empathy

1. The group allows participants to:
   - Share IYCF/ENA personal experience and information, and mutually support each other.
   - Strengthen or modify certain attitudes and practices.
   - Learn from each other.
2. The group enables participants to reflect on their experience, doubts, difficulties, popular beliefs, myths, information, and IYCF/ENA practices. In this safe environment participants have the knowledge and confidence to decide to strengthen or modify their IYCF/ENA practices.
3. 'Confidentiality' is a key principle of a support group: "what is said in the group stays in the group".
4. An IYCF/ENA Support Group is not a LECTURE or CLASSE. All participants play an active role. The facilitator guides the discussion, but the discussion is not directed only to the facilitator, but among the participants ("cross-talk").
5. A support groups focuses on the importance of one-to-one communication. In this way all the participants can express their ideas, knowledge, and doubts, share experience, and receive and give support.
6. The sitting arrangement allows all participants to have eye-to-eye contact.
7. The group size varies from 6 to 8.
8. The group is facilitated by an experienced and trained facilitator/mother who listens and guides the discussion.
9. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with older children, fathers, caregivers, and other interested women to attend.
10. The facilitator and the participants decide the length of the meeting and frequency of the meetings (number per month).

Handout 14.2

Observation Checklist for IYCF/ENA Support Group

Community: Place:		
Date: Time: Theme:		
Name of IYCF Group Facilitator(s):	**Name of Supervisor:**	
Did	✓	**Comments**
1. The Facilitator(s) introduce themselves to the group?		
2. The Facilitator(s) clearly explain the day's theme?*		
3. The Facilitator(s) ask questions that generate participation?		
4. The Facilitator(s) motivate the quiet women/men to participate?		
5. The Facilitator(s) apply skills for Listening and Learning, Building Confidence and Giving Support		
6. The Facilitator(s) adequately manage content?		
7. Mothers/fathers/caregivers share their own experiences?		
8. The Participants sit in a circle?		
9. The Facilitator(s) invite women/men to attend the next IYCF support group (place, date and theme)?		
10. The Facilitator(s) thank the women/men for attending the IYCF support group?		
11. **The Facilitator(s) ask Participants to talk to a pregnant woman or breastfeeding mother before the next meeting, share what they have learned, and report back?**		
12. Support Group attendance form checked?		
Number of women/men attending the IYCF support group:		
Supervisor/Mentor: indicate questions and resolved difficulties:		
Supervisor/Mentor: provide feedback to Facilitator(s):		

** The day's theme might change if there is a mother/father/caregiver who has a feeding issue and feels an urgent need to discuss*

Handout 14.3

IYCF/ENA Support Group Attendance

Date _____ District _____

Facilitator(s) Name(s) _____

SESSION 15
FIELD PRACTICE

Learning objectives

1. Practise GALIDRAA-Step Counselling with mother/caregiver and a child 0 up to 6 months and 6 up to 24 months.
2. Practise GALIDRAA-Step Counselling with pregnant woman or breastfeeding mother.
3. Practices facilitating an action oriented group session and / support group.
4. Reflect on strengths and weaknesses of counselling field practise.

Total Time: 5 hours

Advance preparation

- Make an appointment at the health centre a week ahead to do the field practice during immunization or weighing sessions, or
- Make an appointment with the community "leader" a week ahead for village visits.
- Prepare groups, give instructions the day before.
- Flipchart: Enlarged copy of Summary Chart for Counselling (several flipcharts size).

Materials needed

✓ GALIDRAA Training Aid

Set of pictorial book

Handouts

Handout 12.2: Checklist of GALIDRAA Counselling Steps
Handout 12.3: Four Steps of GALIDRAA Counselling of Mother/ Child Pair (3 per Participant)
Handout 12.4: Observation Checklist of GALIDRAA Counselling Steps for Mother /Child Pair
Handout 13.1: Counseling/Reaching-an-Agreement Record with Pregnant Woman/Breastfeeding Mother on Woman's Nutrition
Handout 14.2: Observation Checklist for Support Groups
Handout 14.3: Support Group Attendance

Detailed activities

Activity 15.1: Practise GALIDRAA-Step counselling with mother and/or mother/caregiver and a child 0 up to 24 months (1.30 hours)

Methodology: Practice

- In large group, review GALIDRAA-Step counselling
- Divide Participants in pairs: one will counsel, problem solve, reach-an-agreement with a mother of a child (0 up to 6 months); and mother/caregiver of child (6 up to less than 24 months); while the other follows the discussion with the observation checklist in order to give feedback later
- Ask the Counselor to use **Handout 12.3:** Four Steps of GALIDRAA Counselling of Mother and/or Mother/Caregiver/Child Pair
- Ask the Counselor to share age-appropriate pictures from **pictorial book pages 17, 18, 19, 20, 21, 25** with the mother of a child 0 up to 6 months; and mother/caregiver of a child 6 up to 24 months
- Ask the observer to fill out **Handout 12.4:** Observation Checklist of GALIDRAA Counselling Steps of Mother and/or Mother/Caregiver/Child Pair
- Ask the Counselor to share age-appropriate pictures from **pictorial book page: 2, 3, 4, 5, 6 and 7** with the pregnant women or mother.
- Ask the Counselor to share age-appropriate pictures from **pictorial book: 8, 9, 10, 11, 12, 13, 14, 15** with the pregnant woman or breastfeeding mother using **Handout 12.5:** Counseling/Reaching-an-Agreement Record with Pregnant Woman/Breastfeeding Mother on women's nutrition.
- Pairs switch roles: the other Participant will counsel, problem solve, reach-an-agreement with the mother of a child 0 up to 6 months; mother/caregiver of a child 6 up to less than 24 months; or pregnant woman/breastfeeding mother; while the Participant who previously counselled now follows the discussion with the observation checklist in order to give feedback later
- Identify key gaps that need more time for practise and observation at the site

Content

GALIDRAA Counselling Steps

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

Activity 15.2: Practise facilitating an action-oriented group or a support group (1½ hours)

Methodology: Practise

- Pair (or group) the participants depending on local language skills and number of community participants
- Ask half the pairs (or groups) to practise facilitating an action oriented group using a story, mini-drama or visual
- Ask Observer Participants to fill-in **Handout 15.1:** Observation Checklist on How to Conduct an Action Oriented Group: Story, Drama, or Visual after the action oriented group session
- If time permits, ask Participants themselves to do a role-play that demonstrates the challenges they face and how they'd resolve them.
- Ask the other half of pairs (or groups) to practice facilitating a support group. Choose a generic theme: 'your experience with infant and young child feeding'.
  - Remember to have the Participants themselves address the questions that arise, for example: Who can help Sabina position and attach her baby to her breast? Who else has felt that she doesn't have sufficient milk? What are the first foods that you have given your child?
- Ask Observer Participants to fill-in **Handout 14.2:** Observation Checklist for Support Group after the support group
- Ask Observer Participants to fill-in **Handout 14.3:** Support group attendance (filled out after the support group)
- If time permits, pairs or groups can facilitate both an action-oriented group and a support group

Content:

- In support groups, cross-talk should occur among support group Participants rather than most conversation being directed toward Facilitator.
- Action-oriented groups: use pictorial book to illustrate a point, but not to lecture.

Activity 15.3: Reflect on strengths and weaknesses of counselling field practise (1 hour)

Methodology: Feedback Exchange

Part A: Individual Counselling

- At training site, in large group, ask each pair of Participants to summarize their counselling experience by filling-in one counselling experience in the Summary Chart (Session 15) - attached to the wall or on the mat and display it throughout the rest of the training).
- Table shows: Participants' names; child's name and age; number of older children
  - Ask, Listen, Identify: illness; number of older children; breastfeeding (frequency and difficulties identified)
  - Identify: illness; number of older children; breastfeeding (frequency and difficulties identified)
  - Identify: complementary feeding difficulty, priorities determined
  - Discuss, Recommend, Reach-an-agreement: suggested options/proposals/ alternatives to mother; agreed upon small-doable actions –time bound/negotiated agreement
- Participant pairs present their summaries (one experience for each pair)
- Participants receive and give feedback
- Facilitators and Participants identify key gaps that need more practise/observation time at field practise site

.....

Part B: Action-oriented Groups and Support Groups

- Ask Facilitators of action-oriented groups and support groups:
  - What did you like about facilitating the action-oriented group and facilitating the support group?
  - What were the challenges?
  - What agreement or commitment did group members make?
  - Fill-in the sentence: I feel confident to facilitate an action-oriented group or support group because ....
- Ask Observers of action oriented groups and support groups to comment on the facilitation of the groups, the Observer Checklist, Attendance, and discuss the challenges?
- Discuss and summarize
- Facilitators and Participants identify key gaps that need more practise/ observation time at field practise site

- At training site, in large group, ask each pair of Participants to summarize their counselling experience by filling-in one counselling experience in the Summary Charts (see below - attached to the wall or on the mat and display it throughout the rest of the training): summary chart for IYCF practices of mother/child pair and summary chart for Woman's Nutrition
- Draw charts on flipchart paper and display it throughout the rest of the training. Add additional columns for number of negotiation visits.
- Table shows: Participants' names; mother's name; child's name and age; number of older children

  If infant or young child:
  - Ask, Listen, Identify: illness; number of older children; breastfeeding (frequency and difficulties identified)
  - Identify: illness; number of older children; breastfeeding (frequency and difficulties identified)
  - Discuss, Recommend, Reach-an-agreement: suggested options/proposals/ alternatives to mother; agreed upon small-doable actions –time bound/negotiated agreement

  If mother:
  - Ask and Listen specifically about 4-checks foods, iron-folate, vitamin A and identify any difficulties
  - Discuss, Recommend, Reach-an-agreement: suggested options/proposals/ alternatives to mother; agreed upon small-doable actions –time bound/negotiated agreement
- Participant pairs present their summaries (one experience for each pair)
- Participants receive and give feedback
- Facilitators and Participants identify key gaps that need more practise/observation time at field practise site
- Discuss and summarize

Summary Chart for GALIDRA Counselling of Mother/caregiver with Children 0 up to 24 Months

Participants' names		GREET, ASK, LISTEN												IDENTIFY	DISCUSS,RECOMMEND AGRREMENT	
		Infant and Young Child														
	Name and Age of child	Illness	# of older children	BF		BF Difficulties	Complementary Feeding (CF)						CF Difficulties	BF/CF Difficulties identified/ Priorities determined	Suggested options/ Proposals/ Alternatives to mother/ caregiver	Agreed upon small-doable actions, time bound/ negotiated agreement
				Y/ N	Freq		Frequency	Amount	Thickness	Variety	Active/responsive Feeding	Hygiene				

Summary Chart for GALIDRA Counselling of Pregnant Woman/Mother

Counseling	1	2	3	4	5	6	7
Participants' names							
Woman's name							
Pregnant OR Lactating							
4-Checks Foods							
Feeding Difficulty identified							
Iron folate (pregnancy and 42 days post-partum)							
De-worming (if: 2nd trimester)							
Post-partum vitamin A: within 6 weeks							
Options suggested							
New Practice woman/mother agreed to try							

SESSION 16
METHOD OF USING DISCUSSION CARDS TO RUN MIYCN GROUP DISCUSSION.

Learning objectives

This session helps FCHVs and social mobilizers discuss how to enhance integrated nutrition behaviours in different community groups by

1. Describing what the intended behaviors are and why they are important.
2. Identifying barriers to practicing intended behaviors as well as solutions to overcoming those barriers through group discussion.

Total Time: 1 hour

Materials needed

- ✓ Discussion cards

Handouts

Handout 13.1 : Action oriented group (OTTA steps)

Detailed activities

Activity 16.1: Using discussion cards describe the optimal behavior and identify barriers as well solutions to overcoming the barriers through group discussion.

Methodology: discussion /sharing experiences

STEP 1: Brainstorm

- Refer to Session 13 (How to conduct an action oriented group): All the participants are seated in a U or C shape so they can easily see each other and the Facilitator.
- Briefly discuss what we should give to the children after six month older? The Facilitator follows the OTTA steps and shows a picture of the optimal behaviour (eg. Action card no. 5: at six months, add an animal source food like eggs and vegetables to the baby's food).
- Ask:
- What do you see in this card?
- What do you understand?

STEP 2: ADVANTAGES OF PRACTICING THE OPTIMAL BEHAVIOR (coloured card)

- Ask Participants: "Why should we practice this behaviour?" Discuss the benefits of this practice. Probe to get multiple responses. For Facilitator's reference the benefits are written on the back of the colored card.

STEP 3: BARRIERS TO PRACTICING THE OPTIMAL BEHAVIOR

- State: "Often times we know what we should do to keep our children healthy, but it's hard to do so! There are things that keep us from practicing [the behaviour group members are currently discussing; e.g., adding an animal source food].
- Ask: "When you think about trying to practice [the behaviour currently being discussed?] What barriers do you experience (or would you experience)?"
- Look through the black & white cards. Pick the one that corresponds to the barrier mentioned and give that card to the group Participant who mentions it and asked not to show it to others. Repeat the process for other barriers mentioned. If group members don't mention a barrier that is contained on the card, don't share the card.
- State: "Some of the barriers you've mentioned are the same as barriers mothers and others are facing in other communities. But some are barriers only you might be experiencing. What barriers do you face that we haven't yet discussed?"
- If participants mention new barriers that are not on the cards, give them blank cards (do not use more than 2 blank cards). Facilitator should note each barrier on a separate blank card.

STEP 4: SOLUTIONS TO OVERCOMING THE BARRIERS

Ask the Participant who has a black & white card to show the other participants

Ask:

- What do you see in this card?
- What do you understand?

Ask: "Who do you know in this community (or elsewhere) who had these same challenges but was able to overcome them and practice [the behaviour under discussion]? How were they able to do it?"

- Encourage group members to actively discuss among themselves:
- How some individuals who are just like them are able to practice such behaviours.
- (Simultaneously, ask:) what additional solutions would you "suggest" for yourselves? This should be a small doable action, whatever they can do immediately as a solution to practice the optimal behaviour.
- Once the group has 1) discussed the advantages of practicing the behaviour 2) identified the barriers to doing so 3) brainstormed solutions to overcoming the barriers, and 4) committed to adopting the new practice/small do-able action collect all the barrier cards.

STEP 4: COMMITMENT TO TRYING THE NEW PRACTICE

- Make sure the practice you are asking group members to try is small and do-able.
- State: "We just talked about some of the things we can do to overcome barriers to trying this practice. Let's commit to addressing one of the barriers, for example, [telling your mother-in-law that children are able to digest eggs and giving them 3 eggs a week will make them strong. Choose an example from among the ones the group members mention.]
- Have group members commit to addressing ONE of the barriers and trying the new practice. Mention that you will follow up either at their homes or in the next meeting to see how things are going and to give any support needed.
- Set a time for the next meeting and encourage group participants to come ready to talk about **what happened when they tried out the new practice or encouraged someone to try it** and how they managed to overcome any obstacles.

SESSION 17
IDENTIFY 1,000 DAYS HOUSEHOLDS AS PER COMMUNITY MAPPING TO IMPROVE THE NUTRITION OF WOMEN AND CHILDREN

Learning objectives
FCHVs and social mobilizers will identify 1,000 days households.

Total Time: 1 hour

Materials
- ✓ Newsprint paper, marker and masking tape
- ✓ Format for mapping (enclosed)

Detailed Activities
Activity 17.1: To find out 1000 days women (pregnant and under 2 children)

Methodology: Group work

- Form groups according to work area or ward.
- In groups identify the number of households with 1,000 days mothers (pregnant, lactating, with children under-2), number of households who have not visited health facilities and number of Dalit, Janjati and disadvantaged households. Collect the information for all wards and complete the, "Identify 1,000 days household chart".
- Once Participants complete the chart it will be easy to plan and conduct the ward level interactions.

Identify 1000 days household sample chart

SN	Household (1000 days)	Wards									Total	Remarks
		1	2	3	4	5	6	7	8	9		
1	Household No.											
2	Pregnant women No.											
3	under 2 children No.											
4	Not visited health facilities No. (Isolated group)											
5	Dalit No.											
6	Janajati / trible No.											
7	Disadvantage group No.											

SESSION 18
ROLES AND RESPONSIBILITIES OF FCHVS AND SOCIAL MOBILIZERS TO IMPROVE THE NUTRITION STATUS OF WOMEN AND CHILDREN

Learning objectives

FCHVs and social mobilizers will know their roles and responsibilities to improve the nutrition behaviors of women and children.

Total Time: 1 hour

Materials

- ✓ Flipchart paper, marker, masking tape
- ✓ Roles written in flipchart

Detailed Activities

Activity 18.1: Recap the training to allow FCHVs and social mobilizers to recall their roles and responsibilities.

Methodology: Discussion

- Ask the following questions to Participants and write the responses down on flipchart. If Participants do not answer then the Facilitator should share the answer and write the answer down (refer to **Handout 18.1**)
  - From this training what have you learned about Suaahara?
  - What does Suaahara mainly focus on?

- After the Participants are familiar with Suaahara divide into two groups and ask the groups to answer the following questions:
  - How can they include what they have learned in training in their regular work?
  - What role will they need to play?

- After group work, discuss and summarize in each group.
- Review **Handout 18.1** together and discuss how FCHVs and social mobilizers can incorporate learnings from this training into their regular work (e.g. FCHV's mothers group meetings, Parent Teacher meetings, student gatherings, agriculture meetings, livestock meetings, DDC/ VDC meetings).
- FCHVs and social mobilizers should support 1,000 days women in their ward.

Handout 18.1

a) What have you learned about *Suaahara* from this training?

✓ Which areas of nutrition does *Suaahara* work in and why?
• Essentials of women's nutrition. • Recommended breast feeding practices. • Breast feeding position and attachment • Common breast feeding difficulties • Special situation that can affect infant and young child feeding • Recommended complementary feeding practices from 6 up to 24 months • Essential hygiene actions • Feeding of sick child **Note:** You can run the session with the help of illustrations used in Session 2.
✓ How can the nutrition topics above be easily delivered to the community?
• Behaviour change communication steps • GALIDRAA • Action oriented group (OTTA) • Support group • Discussion card

b) What does *Suaahara* mainly focus on?

✓ Improve nutrition behaviors of 1,000days mothers and children.
✓ Counseling on small doable actions of mother, caretaker and decision maker for behavior change
✓ Enable disadvantaged and marginalized families to access and participate in opportunities to utilize local resources for improvement in their nutrition status.

c) How to include what was learned in this training in their regular work?

- ✓ Trained person should discuss nutrition and hygiene behaviors in their regular meetings, discussions and gatherings (e.g. how FCHVs and social mobilizers can incorporate learnings from this training into their regular work (e.g. FCHV's mothers group meetings, Parent Teacher meetings, student gatherings, agriculture meetings, livestock meetings, DDC/ VDC meetings).
- ✓ Trained person should discuss nutrition and hygiene behaviors at their community level meetings, discussions and gatherings as per need.
- ✓ In addition to nutrition and hygiene behaviors, trained person should cover the following behaviors in their monthly meetings.

  * First month – After 6 months add three things to the baby's diet: 1) animal source food such as eggs, fish, meat and liver, 2) greens, and 3) orange-fleshed foods
  * Second month
    - Pregnant women should increase their intake of nutritious food (green leafy vegetables, pulses, fish, meat, eggs and orange-fleshed fruits and vegetables) and eat an additional meal.
    - Lactating women should increase their intake of nutritious food (green leafy vegetables, pulses, fish, meat, eggs and orange-fleshed fruits and vegetables) and eat 2 additional meals.
  * Third month
    - "When baby is sick, continue to breast feed and give extra food. After baby is better, give an extra meal each day for 2 weeks."
    - "Child sick after completion 6 month, increase the frequency of breast-feeding and offer additional food to the child. After recovered give the child one additional meal till two weeks".
  * Forth month - let's hands washing properly with soap

    Always wash hands with soap and water before cooking or preparing food, before eating or feeding child, after defecation and after touching dirty things.

d) What should a trained person do?

- ✓ Identify 1,000 days households and form a group called 'MIYCN Group.' Hold 2-day ward level interaction with the group.
  - On the first day invite 1,000 days women (pregnant women and mothers of children under 2 years of age) and health mothers group members, where functional.
  - On the second day invite family members of 1,000 days women, health mothers group members, where functional, and Ward Citizen Forum members..
- ✓ Conduct monthly meetings with the MIYCN Group and invite new 1,000 days households to the meetings.
- ✓ Fix the date, time and venue of the meeting.
- ✓ Encourage women who are practicing optimal nutrition and hygiene behaviors to share their experiences with the MIYCN Group.
- ✓ Discuss the role and responsibilities of family and community to enable 1,000 days women to adopt optimal nutrition and hygiene behaviors.
- ✓ Discuss nutrition and hygiene topics using appropriate cards one by one.
- ✓ Conduct home visits to observe whether MIYCN Group participants practice what they learned during the group meetings.
- ✓ Invite newly identified 1,000 days women to the monthly MIYCN Group meetings.
- ✓ Participate in any trainings, workshops or meetings as needed.
- ✓ Conduct home visits to support practice of optimal nutrition and hygiene behaviors for program effectiveness.
- ✓ Take the initiative to solve any problems related to nutrition and hygiene.
- ✓ Continue attempts to encourage regular participation at MIYCN Group meetings.
- ✓ Discuss whether MIYCN Group members practiced learnings of the previous meeting at home.
- ✓ Advise mothers in their ward to add eggs, meat and fish in food given to babies after 6 months.

SESSION 19
PROCESS TO CONDUCT WARD LEVEL INTERACTION AND MONTHLY MEETING

Learning objectives
Provide knowledge and skills to conduct 2 days ward level interaction and monthly meeting.

Total Time: 2 hour

Materials
- ✓ Discussion cards
- ✓ Pictorial book for counselling

Detailed Activities
Activity 19.1: Process to Conduct 2 day ward level interaction with MIYCN group.

Methodology: Questions & answer and discussion.

- Based on mapping of 1,000 days households invite pregnant women, mothers of children under 2 years of age and their family members to a ward level interaction.
- For ward level interaction:
  - On the first day include 1,000 days women (pregnant women and mothers of children under 2) as well as health mothers group members, where functional.
  - On the second day include family members of 1,000 days women, health mothers group members, where functional, and Ward Citizen Forum members.
- After gathering the Participants, greet them and explain the objectives of the interaction: why the Participants have been gathered and what will be done in the interaction.
- Discuss what factors contribute to making a child healthy and well nourished and why the first 1,000 days are crucial using appropriate illustration from the pictorial book.
- Use discussion cards as described in Session 15.
- Discuss the role of family and community members in supporting 1,000 days women to practice optimal nutrition and hygiene behaviors to help a child become healthy and well nourished.
- Make sure participants have understood the discussion.
- Recap the small-doable action participants committed to practice, share the time, date and venue of the next monthly meeting and close the meeting.
- If there are no groups that meet on a monthly basis, discuss what can be done regarding monthly meetings and home visits with participants.

Activity 19.2: Process for conducting monthly MIYCF Group meeting (**refer to Handout 19.2 for preparation**)

Methodology: Questions & answer and discussion.

- Greet participants and build rapport.
- Ask participants:
  - "Are they conducting group meetings?"
    OR
  - "How do they deliver messages?"
- As they share their experiences thank they and let them know that after this training they will need to run monthly meetings with the MIYCN Group to improve the nutrition status of women and children in their ward.
- Recap the ward level interaction. From the second monthly meeting only recap the previous monthly meeting.
- Explain the objectives of the meeting.
- Encourage mothers who practiced the optimal nutrition and hygiene behavior discussed during the previous meeting to share her experiences (including how she overcame barriers).
- Discuss what factors contribute to making a child healthy and well nourished and why the first 1,000 days are crucial using appropriate illustration from the pictorial book.
- Use discussion cards as described in Session 15.
- Discuss the role of family and community members in supporting 1,000 days women to practice optimal nutrition and hygiene behaviors to help a child become healthy and well nourished.
- Make sure participants have understood the discussion.
- Recap the small-doable action participants committed to practice, share the time, date and venue of the next monthly meeting and close the meeting.
- Thank participants for their valuable time and close the meeting.

Handout 19. 2

preparation for MIYCN monthly meeting
• Fix the date, time and venue to conduct the meeting. • Prepare all the necessary materials for running the meeting. • Remember to invite mothers who are practicing the optimal nutrition and hygiene behaviors to share their experiences at the MIYCN Group meeting. • Notify the Field Supervisor.

SESSION 20
WORK PLAN

Learning objectives

Develop 6 months work plan.

Total Time: 1 hour

Materials

- ✓ Flipchart paper, marker, masking tape.
- ✓ Work plan format on flipchart.

Detailed Activities

Activity 20.1: Participants will prepare individual work plans on how to improve nutrition and hygiene behaviors of mothers, infants and young children.

Methodology: Group work and interaction.

- Each Participant should prepare a work plan according to the format provided (e.g. FCHV's mothers group meetings, Parent Teacher meetings, student gatherings, agriculture meetings, livestock meetings, DDC/VDC meetings).
- Present the work plan.
- Allow other Participants to provide feedback and prepare the final copy.
- Ensure the Facilitator has a copy of the work plan.

Sample work plan (action plan)

Group:

What (activities)	Who (responsible person)	What (necessary materials)	When (time)	Where (place)	Follow up (who, when)

SESSION 21
POST-ASSESSMENT AND FINAL EVALUATION

Learning objectives

1. Identify strengths and weaknesses of Participant's knowledge post training.
2. Conduct evaluation of training.

Total Time: 1 hour

Materials

- ✓ Post-assessment questions for Facilitators
- ✓ Evaluation questions or forms

Detailed Activities

Activity 17.1: Strengths and weaknesses of Participant's knowledge post training.

Methodology: Non-written Post-assessment

- Explain that the same 20 questions will be asked (as on pre-assessment), and that Participants will raise one hand (with open palm) if they think the answer is 'Yes', and one hand (with closed fist) if they think the answer is 'No'
- Ask Participants to form a circle and sit so that their backs are facing the centre.
- One Facilitator reads the statements from the Post-assessment and another Facilitator records the answers and notes which topics (if any) still present confusion.
- Share results of comparison of pre and post-assessment with Participants and review the answers of post assessment questions.

Activity 17.2: Conduct evaluation of training

Methodology: Written evaluation OR non-written evaluation – Buzz Groups

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

Methodology: non-written evaluation

- Ask Participants to form Buzz Groups.
- Ask the groups to discuss the following:
  - What did you like the most and the least about the methodologies used in the training?
  - What did you like about the materials?
  - What did you like about the field practise?
  - Which topics did you find most useful?
  - What are your suggestions to improve the training?
  - Do you have any other comments?
- Ask different Buzz Groups to respond to the questions.
- Discuss and summarize

Post-assessment: What do we know now?

#	INP Pre-Assessment	Yes	No
1.	Pumpkins, mangos, papaya and green leafy vegetables contain vitamin A.		
2.	A malnourished mother is likely to give birth to a low birth weight child.		
3.	At 4 months, the infant needs water and other drinks in addition to breast milk.		
4.	If children don't eat enough, parents should force them to eat more.		
5.	When breastfeeding, the baby's chin needs to touch the mother's breast.		
6.	Only food is important to prevent malnutrition.		
7.	Children 12 up to 24 months old should eat 3-4 times a day and be offered 2 snacks.		
8.	Parents should start giving foods including animal foods in addition to breast milk at 6 months of age.		
9.	Colostrum serves as the first immunization for the baby.		
10.	If parents have all the correct knowledge about hygiene, they will wash their hands after cleaning their children's bottoms and using the latrine.		
11.	During pregnancy, mothers need extra rest.		
12.	It is best to breastfeed the baby every time the baby wants, at least 10 times a day.		
13.	When the baby has diarrhea, it is best to give less food until the baby feels better.		
14.	Children 6 up to 12 months of age are too young to eat eggs 3 or more times a week.		
15.	Small pieces of minced meat can be given to older children as well as children 6 up to 9 months of age.		
16.	It is best to wait 1 year between pregnancies to help babies stay well-nourished.		
17.	One of the best ways to get parents to try a new behavior is to allow them to practice the behavior.		
18.	Dalits and other disadvantaged groups are probably less likely to participate in programs that improve nutrition, for example, mothers' groups.		
19.	Pregnant mothers should wait to eat greens and meat until the last month of pregnancy.		
20.	A boy infant and child needs to eat more food than a girl infant and child in order to grow strong, healthy and intelligent.		

Post-assessment: What do we know now? – Answer Key

#	INP Pre-Assessment	Yes	No
1.	Pumpkins, mangos, papaya and green leafy vegetables contain vitamin A.	X	
2.	A malnourished mother is likely to give birth to a low birth weight child.	X	
3.	At 4 months, the infant needs water and other drinks in addition to breast milk.		X
4.	If children don't eat enough, parents should force them to eat more.		X
5.	When breastfeeding, the baby's chin needs to touch the mother's breast.	X	
6.	Only food is important to prevent malnutrition.		X
7.	Children 12 up to 24 months old should eat 3-4 times a day and be offered 2 snacks.	X	
8.	Parents should start giving foods including animal foods in addition to breast milk at 6 months of age.	X	
9.	Colostrum serves as the first immunization for the baby.	X	
10.	If parents have all the correct knowledge about hygiene, they will wash their hands after cleaning their children's bottoms and using the latrine.		X
11.	During pregnancy, mothers need extra rest.	X	
12.	It is best to breastfeed the baby every time the baby wants, at least 10 times a day.	X	
13.	When the baby has diarrhea, it is best to give less food until the baby feels better.		X
14.	Children 6 up to 12 months of age are too young to eat eggs 3 or more times a week.		X
15.	Small pieces of minced meat can be given to older children as well as children 6 up to 9 months of age.	X	
16.	It is best to wait 1 year between pregnancies to help babies stay well-nourished.		X
17.	One of the best ways to get parents to try a new behavior is to allow them to practice the behavior.	X	
18.	Dalits and other disadvantaged groups are probably less likely to participate in programs that improve nutrition, for example, mothers' groups.	X	
19.	Pregnant mothers should wait to eat greens and meat until the last month of pregnancy.		X
20.	A boy infant and child needs to eat more food than a girl infant and child in order to grow strong, healthy and intelligent.		X

End-of-Training Evaluation

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

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

1. Which topics did you find most useful?

2. Which topics did you find most useful?

3. What are your suggestions to improve the training?

Other comments:

Resource Material 5.1

Reference Materials:

- RM 1 Indicators sheet: "Out of 100"
- RM 2 Framework for understanding GESI and nutrition
- RM 3 Definitions for gender and social inclusion
- RM 4 Comparison of action-oriented groups and support groups

Indicators sheet: "Out of 100"

Out of 100 women in Nepal:

- 50 are stunted. That means they have been sick a lot and haven't received the food they need
- 36 are anaemic. That means they have been sick a lot and haven't received foods that give them iron such as meat
  - In the Terai 51 women are anaemic

Out of 100 girls in Nepal:

- 49 are anaemic
  - In the Terai, 58 are anaemic

Out of 100 children less than 5 years of age in Nepal:

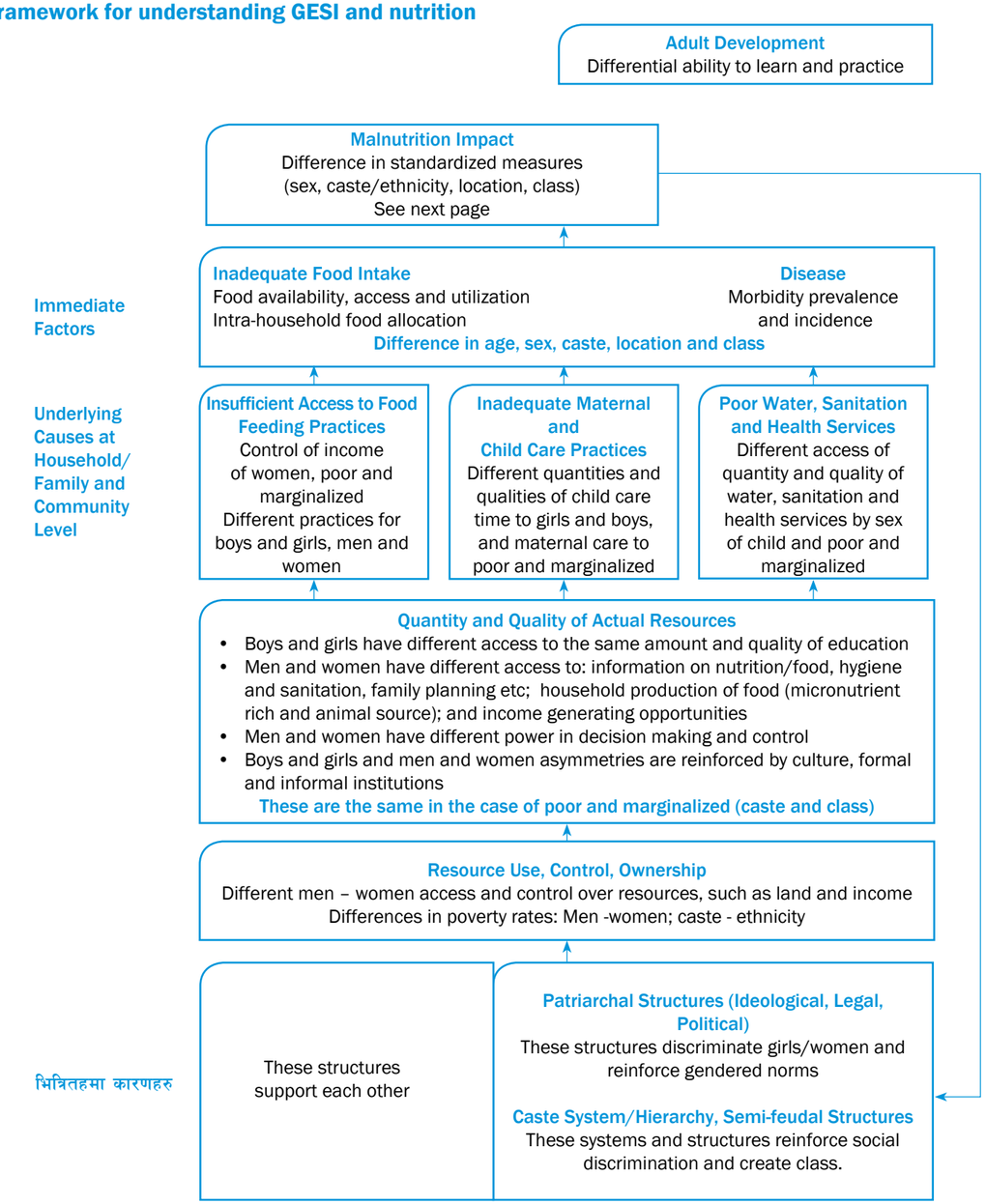
- 7 boys get zinc. Only 4 girls get zinc
- Stunting is higher in rural areas than in urban areas
- 30 children in rural areas and only 16 children in urban areas are underweight. That means they've been sick or are not getting enough of the right foods
- Anaemia is highest in the Terai and mountains followed by the hills

This information comes from a large study in all of Nepal called the Demographic and Health Survey. This information was collected in 2006 and again in 2011.

If we treat boys and girls and men and women the same, everyone will be able to get food and go to doctor.

Resource Material 5.2

Framework for understanding GESI and nutrition



Source: Adopted from UNICEF (1998) in Asian Development Review, Vol. 17 nos. 1,2 PP. 96-131: 1999 Asian Development Bank, and Revised for *Suaahara* MTOT February 2012

Resource Material 5.3

Definitions for Gender and Social Inclusion

Gender

Gender refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviors, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity that is learned, changes over time, and varies widely within and across cultures. Gender is relational and refers not simply to women or men but to the relationship between them.

Sex

Sex refers to the biological characteristics, which define humans as female or male. The sets of biological characteristics are not mutually exclusive as there are individuals who possess them both, but they tend to differentiate humans as males and females.

Gender Equality

Gender equality entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or prejudices. Gender equality means that the different behaviors, aspirations and needs of women and men are considered, valued and favored equally. It does not mean that women and men have to become the same, but that their rights, responsibilities and opportunities will not depend on whether they are born male or female.

Gender Equity

Gender equity means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities. In the development context, a gender equity goal often requires built-in measures to compensate for the historical and social disadvantages of women.

Gender Relations

Gender relations are the social relationships between women and men. They are simultaneous relations of cooperation, connection, and mutual support, and of conflict, separation and competition, of difference and inequality. Gender relations are concerned with how power is distributed between the sexes. They create and reproduce systemic differences in men's and women's position in a given society. They define the ways in which responsibilities and claims are allocated and the way in which each are given a value. The term "gender relations" also refers to the relationships between people and their broader community, if these relationships vary with the sex of the people concerned. For example, the relationship between members of a village community and their local government entity is a gender relationship if men and women experience different benefits and controls from it.

Social Exclusion

Social exclusion refers to processes in which individuals and entire communities of people are systematically blocked/ denied from rights, opportunities that are normally available to members of society and are detached from, but which are key to social integration. This comes from the existing social practices, beliefs, values and norms which put the marginalized groups outside of mainstream of development and are excluded from its gain.

Social exclusion is defined also as multidimensional process of progressive social breaks, detaching groups and individuals from social relations and institutions and preventing them from full participation in the normal, normatively prescribed activities of the society in which they live.

Social Inclusion

Social Inclusion is defined as the removal of institutional barriers and the enhancement of incentives to increase access of diverse individual and groups to development opportunities (World Bank).

Lynn Bennett (2005) has used the term to describe the complementary approach that seeks to bring about system level institutional reform and policy change to remove inequities in the external environment. Social inclusion requires a shift from an institutional environment which gives some individual and groups *more opportunity to realize their agency* to one where the political system and rule of the law support *equal agency for all*.

Marginalization

Marginalization is the social process of becoming or being made marginal or relegated to the fringe of society e.g.; "the marginalization of the 'lower caste' and 'under-class' marginalization."

Marginalized Caste and Ethnic Group

Health sector GESI strategy includes *Dalit* (Hill and Terai), backward ethnic and indigenous groups, religious minorities (Muslims), including women and children and third gender as marginalized caste, ethnic gender group.

Social Group

A social group exhibits some degree of social cohesion more than a simple collection or an aggregation of individuals, such as people waiting at Bus Park, gathering in the market etc. Characteristics shared by members of a group may include interest, values, representations, ethnic or social background, and kinship ties, living with HIV, disabilities, widowed, 'untouchable' group, or female headed households etc.

Resources

Resources are means and goods, including those that are economic (household income) or productive (land, equipment, tools, work, credit); political (capability for leadership, information and organization); and time.

Access to resources: Access to resources implies that women are able to use and benefit from specific resources (material, financial, human, social, political, etc).

Control over resources: Control over resources implies that women can obtain access to a resource and can also make decisions about the use of that resource. For example, control over land means that women can have access to land (use it), can own land (can be the legal title-holders), and can make decisions about whether to sell or rent the land.

Resource Material 16.1

Comparison of Action-Oriented Groups and Support Groups

Action-oriented Group	Support Group
• As many as 30 Participants	• 6 – 8 Participants
• Usually gathered for another purpose – waiting at the Health Center	• Common interest or life experience brings support group together
• Because of large group there is less intimacy	• Safe atmosphere, sense of respect, sharing of information, availability of practical help, acceptance, mutual learning, and emotional connection
• Not every Participant will get an opportunity to speak	• Creating a comfortable environment; listening, caring and respecting group participants; asking and directing questions; exploring participants' answers; and helping everyone to participate
• Some Participants share information and experience and thus can support one another	• Sharing information, experience and supporting one another • Participants feel a sense of trust, acceptance, self-worth, value, and respect. In this kind of relationship, Participants can share information better, acquire new skills, express their thoughts and feelings, and develop a sense of connection.
• Imparts information while aiming at mobilizing an agreement/commitment to action	• Imparts information as it resolves individuals' problems
• Facilitators encourage group participants **to personalize the information and to try something new or different (an action)**	• Facilitators and group Participants encourage an individual **to personalize the information and to try something new or different (an action)**
• Some exchange of ideas, experiences, information and support in IYCF and women's health	• Exchange ideas, share experiences, give and receive information, offer and receive support in IYCF and women's health
• Eye to eye contact between all Participants is not possible	• Eye to eye contact between all Participants
• Different means of communication are utilized	• A support groups focuses on the importance of one-to-one communication
• Frequency of meetings is set by someone outside the group	• Group members decide on the frequency of meetings
• The theme or topic is decided by someone outside the group	• The members decide on the topics to be discussed.
• Group is facilitated by a designated counselor with experience	• Group can be facilitated by a peer (experienced trained mother) with experience and knowledge in IYCF/ENA and have mastered some group dynamic techniques
• Can provide peer counseling within a supportive group setting	• Provides peer counseling within a supportive group setting
• Uses open-ended questions	• Uses open-ended questions
• Allows Participants to examine their values and attitudes, discover assumptions and patterns of behavior, ask questions, and re-learn new ways of thinking	• Allows Participants to examine their values and attitudes, discover assumptions and patterns of behavior, ask questions, and re-learn new ways of thinking
• Designed to encourage women and communities to identify and solve their own problems, and to receive support for their infant feeding decisions	• Designed to encourage women and communities to identify and solve their own problems, and to receive support for their infant feeding decisions
• The group is open, allowing for the admission of new members	• The group is open, allowing for the admission of new members

- Examples of open-ended questions:
  - Does anyone here know someone who does this?
  - Why do you think she does this?
  - Does anyone want to share her experience?
  - Does anyone want to share a different experience?
  - What do you think "so and so" would say if you decided to do "such and such"?
  - What advantages does this practice have for the child/mother/family?
  - What difficulties have you experienced in this situation?
  - Were you able to resolve the difficulties? How? Why not?