



Behaviour Change Communication for Improved Infant Feeding

Training of Trainers for Negotiating Sustainable Behaviour Change

LINKAGES Project

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Notes to the Trainer

Purpose and Audience

The purpose of this course is twofold: to train community health workers in behaviour change communication (BCC) skills to improve infant feeding and to train trainers of community health workers to deliver training on behaviour change communication related to infant feeding. This course emphasizes behaviour change communication skills and infant feeding technical content. The training approach is geared toward practical responses to problem solving and questions related to infant feeding. The assumption is made that participants already have interpersonal communication and counselling skills.

Design

This training module has two components: 1) a community training module that can be used to train community health workers in behaviour change communication skills and infant feeding content and 2) a training of trainers (TOT) module that is used in combination with the community module. The TOT sessions related to BCC and infant feeding are the same sessions used in the community module. Because trainers often train as they are trained, it is important to use the community module to ensure that the participants in the TOT are familiar with the community module and able to replicate the training. The module contains a third section with activities for a 2-day practice training. As part of the TOT, participants practice training community health workers in BCC skills and infant feeding content (using learning sessions from the community module). These 2 days of practice ensure that the participants feel prepared to conduct training. A sample training schedule for the TOT is included. This trainers' manual includes details of content, learning objectives, key messages, instructions, time allocated, and materials and handouts for each learning activity for both community and TOT activities.

As in all training, consideration must be given to tasks to be completed before, during, and after training. The following table, from the LINKAGES training strategy, outlines these tasks and the responsibilities of the organization, the trainer, and the trainee and the relationships among them.

Training Tasks and Responsibilities

Personnel	Before training	During training	After training
Organization's management or supervisor of trainee	<ul style="list-style-type: none"> • Know the problem • Commit resources • Collaborate with other organizations 	<ul style="list-style-type: none"> • Support the activity • Keep in touch • Receive feedback • Plan for later 	<ul style="list-style-type: none"> • Mentor trainee • Reinforce behaviours • Plan practice activities • Expect improvement • Encourage networking among trainees • Be realistic • Utilize resources
Trainer	<ul style="list-style-type: none"> • Know audience (profile of trainee) • Design course content • Develop pre/post tests, guides, checklists • Select practice activities, training methods, materials 	<ul style="list-style-type: none"> • Know audience (profile of trainee) • Foster trust, respect • Use many examples • Create identical situations • Use problem-centered training 	<ul style="list-style-type: none"> • Provide follow-up: refresher or problem-solving sessions
Trainee	<ul style="list-style-type: none"> • Know purpose of training and roles and responsibilities after training • Be motivated to expect that training will help performance • Have community volunteers "self-select" 	<ul style="list-style-type: none"> • Create an action plan 	<ul style="list-style-type: none"> • Know what to expect and how to maintain improved skills • Be realistic • Practice to convert new skills into habits
Organization's management/supervisor of trainee/trainer	<ul style="list-style-type: none"> • Establish selection criteria • Establish evaluation criteria 	<ul style="list-style-type: none"> • Provide feedback 	<ul style="list-style-type: none"> • Provide feedback • Evaluate
Organization's management/supervisor of trainee/trainee	<ul style="list-style-type: none"> • Conduct situational analysis of training needs 	<ul style="list-style-type: none"> • Provide feedback 	<ul style="list-style-type: none"> • Provide feedback • Evaluate
Organization's management/supervisor of trainee/trainee/trainer	<ul style="list-style-type: none"> • Conduct needs assessment • Establish goals • Establish objectives • Identify days, times, location 	<ul style="list-style-type: none"> • Provide feedback 	<ul style="list-style-type: none"> • Provide feedback • Evaluate
Trainer/trainee		<ul style="list-style-type: none"> • Provide feedback 	<ul style="list-style-type: none"> • Provide feedback • Evaluate

Methodology

For best training results, field visits should be arranged to reinforce new knowledge, attitudes, and skills. Field visits should be organized to practice correct positioning and attachment for breastfeeding with mothers of infants 0–2 months old, negotiation with mothers of infants 0–6 and 6–12 months old, and participatory group talks with mothers, grandmothers, and men. The participants should have an opportunity to practice each skill during the course of the training. If a participant's skills need strengthening, additional supervised practice should be arranged with the trainer or at the participant's worksite until competency is achieved.

Use the checklists during each of the field experiences to guide the participants' experience, focus their performance improvement practices, and provide a tool for performance evaluation at the completion of training. Use the results of the pre- and post-test tools to identify content areas that have been difficult for participants to grasp. Meet with trainer colleagues to develop ways to help participants learn the challenging content.

This training of trainers will be most effective if participants have an opportunity to practice using the content and skills they have just learned by facilitating a training of real community health workers. This can be arranged by offering a nearby nongovernmental organization (NGO) a 2-day training in breastfeeding, complementary feeding, and behaviour change communication skills, with transportation, meals, and a packet of handouts included at no cost.

Training Tips

Suggested "ice breakers" (others can be invented or adapted to the local context): Set the tone for training by conducting ice breaker exercises to help participants begin to value their unique talents and contributions to service delivery. You may select one of the two suggested activities below or create your own.

"Name Game"

Ask each person to compare herself or himself to an animal or thing that exemplifies some trait of his/her personality and explain the choice. Examples: "I am like an ant because I am always on the move," "I am like a horse because I swiftly do my tasks," "I am like a bird because I like to dream."

"Card Game"

Arrange playing cards with paired royalty (king, queen, jack) and/or paired numbers (10, 9, 8). Spread cards in a fan and ask participants to pick a card and find their match. Have participants interview each other asking their names and what they expect from this training. Record contributions and expectations and tell participants whether their expectations will be addressed in the design of the training.

Daily evaluation activities (you may also invent your own)

At the end of each day ask participants to answer three questions written on a piece of paper: 1) What did you like?, 2) What should be changed or improved?, and 3) What did you learn? Ask participants to fold their answers and place them in a hat. When all answers are collected, redistribute them. Ask participants to read the responses they were handed. This allows participants to evaluate the day's activities in confidence.

Alternatively, ask two or three participants to be the representatives for the day. At the end of each day, meet them to discuss what the participants liked, what they would like changed, and what they learned. This is another way to ensure that participants opinions, needs, and concerns are addressed in the training.

Behaviour Change Communication for Improved Infant Feeding Training of Trainers (TOT)

Learning Objectives

A. Breastfeeding and complementary feeding

At the end of the training the participants will be able to:

- Name three advantages of breastfeeding for the baby and the mother
- Name two reasons why immediate initiation of breastfeeding is important
- Help a mother of a 0–2-month-old baby correctly position and attach her baby
- Define “exclusive breastfeeding”
- Explain why exclusive breastfeeding is important
- Identify three common difficulties of breastfeeding and their causes, symptoms, management, and prevention
- Describe how to manage breastfeeding in three special breastfeeding situations
- State the age at which children should begin to eat foods
- List optimal feeding practices using FADUA (frequency, amount, density, utilization, active feeding)
- Name quality, locally available, feasible, and affordable foods for infants 6–12 months old
- State recommended frequency of feeds for each age group: 6–9 months, 9–12 months, and 12–24 months
- Explain recommended food consistency, especially for babies 6–9 months old
- Explain three ways HIV is transmitted
- Explain three ways to prevent the transmission of HIV from mother to child
- Identify three special nutritional needs of women during lactation and pregnancy and explain how to meet those needs

B. Behaviour change communication

At the end of the training the participants will be able to:

- Facilitate groups using ORPA (observe, reflect personalize, act) with 1) a visual, 2) a participatory talk (action-oriented group talk), and 3) dramas or stories
- Identify the stages of behaviour change and the appropriate interventions to encourage change in behaviour from case studies
- Conduct individual negotiation for improved feeding practices for babies 0–6 months old, 6–9 months old, 9–12 months old, and 12–24 months old
- Explain why mother-to-mother support groups can be a useful component of a BCC strategy

C. Training

At the end of the training the participants will be able to:

- Train district health management teams to train community health workers in infant feeding and behaviour change communication
- Conduct formative supervision to improve performance

Sample Training of Trainers Schedule

Week 1

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1. Welcome <ul style="list-style-type: none"> • Introductions • Expectations • Learning objectives • Schedule • Norms 2. Pre-test 3. BCC overview	10. Breastfeeding difficulties 11. Breastfeeding in special situations 12. Practice using visuals and ORPA in group talk (TIBF)	21. Introduction to negotiation 22. Practice negotiating behaviour change with breastfeeding: Part 1 23. Practice negotiating behaviour change with breastfeeding: Part 2	28. Field practice: Negotiation visit 1: Negotiating improved breastfeeding and complementary feeding practices	32. Field practice: Group talks and dramas for mothers, grandmothers, and fathers	34. Negotiation visit 2: Follow up on negotiated breastfeeding and complementary feeding practices
T E A B R E A K					
4. Local breastfeeding situation (Profiles) 5. Breastfeeding advantages 6. How the breast makes milk 7. Positioning and attachment	13. Practice using visuals and ORPA in group talk (EBF) 14. Local complementary feeding (CF) situation 15. Introduce CF and FADUA 16. Nutrient density: the D in FADUA	24. Mother-to-child transmission (MTCT) 25. Maternal nutrition <ul style="list-style-type: none"> • Identify training techniques; learning styles 	<ul style="list-style-type: none"> • Participants' sharing of experience, discussion, posting of babies' names and behaviour (0–6 months) 	<ul style="list-style-type: none"> • Participants' sharing of experience 	<ul style="list-style-type: none"> • Participants' sharing of experience, discussion, posting of babies' names and behaviour (0–6 months and 6–12 months)
L U N C H					
<ul style="list-style-type: none"> • Practice positioning and attachment with real mothers • Debriefing on position and attachment practice 8. Early initiation	17. CF at different ages: food game 18. Preparing meals for young children: going to market	26. Practice negotiating behaviour change with CF	<ul style="list-style-type: none"> • Participants' sharing of experience, discussion, posting of babies' names and behaviour (6–12 months) 29. Mother-to-mother support group demonstration	<ul style="list-style-type: none"> • Development of plans to integrate BCC training into programs 	
T E A B R E A K					
9. Exclusive breastfeeding	19. Behaviour change: barriers and motivators 20. Stages of behaviour change	27. Practice using ORPA with dramas	30. Scheduling of home visits 31. Who influences mothers' behaviours? — preparation for group talks and	33. Preparation for negotiation visit 2	

dramas

- | | | | | |
|---|--|--|--|---|
| <ul style="list-style-type: none">• Review game: breastfeeding• Identification of training techniques• Evaluation | <ul style="list-style-type: none">• Review game: CF• Identification of training techniques• Evaluation | <ul style="list-style-type: none">• Review game• Evaluation | <ul style="list-style-type: none">• Review game• Identification of training techniques• Evaluation | <ul style="list-style-type: none">• Review• Identification of training techniques• Evaluation |
|---|--|--|--|---|

Sample Training of Trainers Schedule (continued)

Week 2

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<ul style="list-style-type: none"> • Review of week 1 • Preparation for practice of community training • Planning for community training–day 1 • Practice community training–breastfeeding and BCC 	<ul style="list-style-type: none"> • Practice community training–ORPA with a drama • Practice community training–breastfeeding and BCC review • Large group discussion on comments on day 1 • Planning for community training–day 2 	<ul style="list-style-type: none"> ▪ Community BCC training–day 1 <i>Each group conducts a 2-day workshop on BCC and infant feeding with community workers</i> 	<ul style="list-style-type: none"> • Community BCC training–day 2 	<ul style="list-style-type: none"> • Post-test • Presentation of training plans
T E A B R E A K				
<ul style="list-style-type: none"> • Practice community training–What is BCC? 	<ul style="list-style-type: none"> • Practice community training –Complementary feeding and BCC • Practice community training –ORPA with visual and group talk 	<ul style="list-style-type: none"> ▪ Continuation of training 	<ul style="list-style-type: none"> ▪ Continuation of training 	<ul style="list-style-type: none"> • Presentation of training plans, continued • Evaluation of training
L U N C H				
<ul style="list-style-type: none"> • Practice community training – ORPA with visual and group talk 	<ul style="list-style-type: none"> • Practice community training –ORPA with a drama • Practice community training –Steps of negotiation 	<ul style="list-style-type: none"> • Discussion and sharing of training in large groups • Meeting of sets of pairs who facilitated the same session to share 	<ul style="list-style-type: none"> • Discussion and sharing of the training in large groups 	<ul style="list-style-type: none"> • Closing ceremony, certificates
T E A B R E A K				
<ul style="list-style-type: none"> • Practice community training–Stages of change and negotiation • Practice community training–Steps of negotiation 	<ul style="list-style-type: none"> • Practice community training –CF and BCC review • Sharing of experiences among groups • Final preparations for day 1 of community training 	<ul style="list-style-type: none"> • Preparation for training day 2 	<ul style="list-style-type: none"> • Finalization of training plans 	
<ul style="list-style-type: none"> • Evaluation and discussion 	<ul style="list-style-type: none"> ▪ Evaluation and discussion 	<ul style="list-style-type: none"> ▪ Evaluation and discussion 	<ul style="list-style-type: none"> ▪ Evaluation and discussion 	

Behaviour Change Communication for Improved Infant Feeding

Community Module

1. Introductions and Expectations

Objective/content/message	Materials/times/activities
<ul style="list-style-type: none"> Welcome 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> Flipchart for writing expectations Flipchart with learning objectives Handout with training schedule <p><u>Time:</u> 25 minutes</p>
<ul style="list-style-type: none"> Introductions 	<p><u>Activity:</u> Divide the group into pairs. Participants share names, positions, and organizations and try to find three things they have in common. Then they introduce each other to the group and share one thing that they found they have in common.</p> <hr/> <p><u>Time:</u> 20 minutes</p>
<ul style="list-style-type: none"> Expectations 	<p><u>Activity:</u> In plenary ask participants to name their expectations for this training. Write expectations on a flipchart.</p>
<ul style="list-style-type: none"> Learning objectives 	<p>Present learning objectives. Compare participants' expectations to learning objectives.</p> <hr/> <p><u>Time:</u> 15 minutes</p>
<ul style="list-style-type: none"> Review of training schedule 	<p><u>Activity:</u> Review the training schedule. Compare with expectations and learning objectives. Answer any questions participants may have.</p>

2. Pre-test

Objective/content/messages	Materials/times/activities
<p>Content: Questions for oral pre-test:</p> <ul style="list-style-type: none"> • Should a woman breastfeed immediately after the baby is born? C • Should a mother breastfeed on a schedule in order to have enough milk? I • After 4 months, should a mother begin to add foods in addition to breastmilk? I • When a mother begins to give foods to a baby, should she start with watery porridge? I • Should a 6–9-month old eat 3 meals a day? C • Should children 12–24 months old eat at least 5 meals a day? C • Does the first milk (colostrum) clean the stomach and serve as the first immunization for the baby? C • Should you give teas, water, and breastmilk to infant during the first 6 months? I • Does a pregnant woman need to eat more than a woman who is not pregnant or lactating? C • After the first 6 months, is it good to continue to give only breastmilk? I • Should young children have their own plates while they are eating? C • Can the ORPA methodology alone help motivate someone to change infant feeding practices? I • Is telling a mother what to do an effective way to improve how she feeds her child? I • Are carrots, pumpkins, mangoes, paw paw, and green leafy vegetables the foods that contain vitamin A? C • Will adding oil to the child’s food ensure that s/he grows tall? I • Are potatoes, tomatoes, oranges, and bananas the foods that contain iron? I • Are animal products and legumes the foods that contain protein and help a child grow? C 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout: 2. “Pre-test” or • Red and green cards for each participant <p>Time: 30 minutes</p> <p>Activity: Choose one of the following methods to administer the pre-test. Make the selection based on the education level of the participants.</p> <p>Pass out copies of the pre-test to the participants and ask them to complete it individually. Tell them they have 30 minutes to do this. Give them a 5-minute and 2-minute warning.</p> <p>Correct all the tests as soon as possible the same day, identifying topics that caused disagreement or confusion and need to be addressed.</p> <p style="text-align: center;">or</p> <p>Have participants sit in chairs in a circle with their backs facing the center. Pass out a red and a green card to each participant. Explain that a question will be read aloud. If they think the statement is correct, they should raise the green card. If they think the statement is incorrect, they should raise the red card.</p> <p>One facilitator should record questions or topics that cause disagreement or confusion among the participants. Participants should be advised that these topics will be discussed in greater detail during the training.</p>

3. What is Behaviour Change Communication?

Objective/content/message	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to define “behaviour change communication.”</p> <p>Content: Behaviour change communication (BCC) is any communication (e.g., interpersonal, group talks, mass media, support groups, visuals and print materials, videos) that helps foster a change in behaviour in individuals, families, or communities.</p> <p>BCC is a multi-level tool for promoting and sustaining risk-reducing behaviour change in individuals and communities by distributing tailored health messages in a variety of communication channels.</p> <p>BCC is listening, understanding, and then negotiating with individuals and communities for long-term positive health behaviours.</p> <p>Talking with people, listening to them, and having them agree to try something new, not just telling them to do something different, is a critical piece of any successful nutrition BCC program.</p> <p>Key idea: Listen to, understand, and then talk with individuals and communities for long-term, positive changes in health behaviours.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart, markers, masking tape <p>Time: 60 minutes</p> <p>Activity: In plenary ask participants:</p> <ul style="list-style-type: none"> • What are our goals when we promote exclusive breastfeeding and complementary feeding? • How can we change infant nutrition? • How can we convince a mother to change her feeding practices? • Does telling a mother what to do change her behaviour? <p>Discuss how giving someone information is not usually enough to change behaviour. Behaviour change communication is a way to communicate with people by listening, understanding, and negotiating so they will change their behaviour.</p> <p>Divide participants into groups of four or five. Ask groups to think about a time when someone told them what to do. Ask them to think about how they felt. Encourage group members to share their feelings. Ask them to look for common themes or feelings.</p> <p style="text-align: center;">(continued)</p>

3. What is Behaviour Change Communication? (continued)

Learning objectives/content	Materials/times/activities
	<p>Ask participants to think about a time when someone asked them what they wanted to do. Ask them to think about how they felt in this situation. Encourage group members to share their feelings. Ask them to look for common themes or feelings and compare the two experiences.</p> <p>In plenary discuss the difference between how it felt to be told what do to and how it felt to be asked what they wanted to do. Ask a few participants to share their feelings. Write common themes on a flipchart. Discuss how these experiences relate to communicating with mothers and caregivers. Ask: What is one way to get people to change their behaviour? How can we be facilitators when we counsel mothers? Reinforce that this training focuses on facilitating behaviour change.</p>

4. Local Infant and Young Child Feeding Situation

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to explain the importance of optimal infant feeding practices.</p> <p>Advanced preparation: Collect country or regional data on: Measures of malnutrition:</p> <ul style="list-style-type: none"> • % of malnourished children under 2, underweight, stunting, wasting • Iodine, iron, and vitamin A deficiency <p>Infant feeding practices that may contribute to malnutrition:</p> <ul style="list-style-type: none"> • % ever breastfed • % timely initiation of breastfeeding • % exclusively breastfed 0–4 months • % exclusively breastfed 4–6 months <p>Content:</p> <ul style="list-style-type: none"> • Breastfeeding protects infants under 6 months old from common illnesses (diarrhoea, colds, coughs, pneumonia, earaches, measles, fever, anemia, malnutrition) and then offers some protection for older children who continue to breastfeed regularly. • Malnutrition is the underlying cause of half of the deaths of children under 5. • Poor hygiene and poor infant feeding practices often cause diarrhoea. • Children need vitamin A to resist illness and prevent visual impairment. • Small amounts of iodine are needed to prevent learning disabilities and delayed development in children. • Iron deficiency in childhood causes impaired learning and motor development, stunting, and damage to the body's ability to fight infection. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape <p>Time: 30 minutes</p> <p>Activity: In plenary ask participants the most common illnesses for infants in their communities Ask how these illnesses can be prevented. Facilitate a discussion on nutrition-related illness and problems in their communities and the role of optimal infant feeding.</p> <p>Present data on measures of malnutrition and infant feeding practices that may contribute to malnutrition in their communities.</p>

4. Local Infant and Young Child Feeding Situation (continued)

Objective/content/messages	Materials/times/activities
<p>Key messages:</p> <ul style="list-style-type: none">• During the first 6 months, breastmilk contains all the energy and nutrients a baby needs for healthy growth and protection against illness.• Good nutrition and infant feeding practices (exclusive breastfeeding for the first 6 months and adequate complementary feeding at 6 months) is important for overall health and development.	

5. Advantages of Breastfeeding

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to list the advantages of breastfeeding for the baby, mother, family, and community.</p> <p>Content: <i>Advantages for baby</i></p> <ul style="list-style-type: none"> • Supplies all necessary nutrients in proper proportions • Digests easily and does not cause constipation • Protects against diarrhoea • Provides antibodies that protect against common illnesses • Protects against infection, including ear infections • Keeps baby well hydrated during illness • Reduces the risk of developing allergies • Is always ready at the right temperature • Increases mental development • Prevents hypoglycemia (low blood sugar) • Promotes proper jaw, teeth, and speech development • Suckling at the breast is comforting to fussy, overtired, ill, or hurt baby • Promotes bonding • Is the baby's first immunization <p><i>Advantages for mother</i></p> <ul style="list-style-type: none"> • Reduces blood loss after birth (early or immediate breastfeeding) and helps expel the placenta • Saves time and money • Makes night feeds easier • Delays return of fertility • Reduces the risk of breast and ovarian cancer <p><i>Advantages for family and community</i></p> <ul style="list-style-type: none"> • Is available 24 hours a day • Reduces cost for medicines for sick baby • Delays new pregnancy • Reduces time lost from work 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Pieces of paper in three colours, markers, masking tape • Title cards: Baby, Mother, Family and Community • Handout 5: "Advantages of breastfeeding for baby, mother, and family" <p><u>Time:</u> 30 minutes</p> <p><u>Activity:</u> Pass out coloured cards to form three working groups to discuss:</p> <ul style="list-style-type: none"> • Advantages for the baby (<u>blue</u>) • Advantages for the mother (<u>green</u>) • Advantages for the family and community (<u>red</u>) <p>Ask working groups to write one advantage per card for their topics (pass out additional cards as needed).</p> <p>Post title cards on the wall:</p> <ul style="list-style-type: none"> • Advantages for Baby • Advantages for Mother • Advantages for Family and Community <p>Ask each group to post its cards with advantages under appropriate title cards.</p> <p>Ask the groups to explain each card as they post it and ask the other groups whether they have any advantages to add.</p> <p>Pass out "Advantages of Breastfeeding" handout.</p>

6. How the Breast Makes Milk

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify parts of the breast and describe their functions. • Describe how the breast makes milk. <p>Content: Anatomy of the breast: gross structure (nipple, Montgomery glands, areola, skin) microscopic structure (alveoli, milk ducts, milk sinuses)</p> <p>Milk is produced as a result of the action of hormones (which send a message to the brain) and stimulated by suckling at the breast.</p> <p>When a baby suckles, the tongue and the mouth stimulate the nipple. The nerves in the nipple send a message to the mother's brain that the baby wants milk. The brain responds and orders the production of two hormones, prolactin and oxytocin. Prolactin works after the feed and makes the milk for the next feed. Oxytocin works while the baby is suckling and makes the milk flow for this feed.</p> <p>The oxytocin reflex can be affected by a mother's thoughts, feelings, and sensations. If a woman is happy and confident that she can breastfeed, her milk flows well. But if she doubts whether she can breastfeed, her worries may stop the milk from flowing.</p> <p>Key messages:</p> <ul style="list-style-type: none"> • The more the baby suckles, the more milk is produced. • To help a mother's milk flow, be kind and supportive, help her not to worry, and reassure her that she can breastfeed. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape • An orange cut into two pieces <p>Time: 30 minutes</p> <p>Activity: Divide participants into groups of four and pass out flipchart paper and markers. Form working groups and ask each group to draw:</p> <ul style="list-style-type: none"> • The breast as it looks on the outside • The breast as it looks from the inside <p>Ask participants to use their drawings to talk about how the breast makes milk.</p> <p>Ask each group in plenary to describe its drawings and explain how milk is produced. If an orange is available, use it to explain the inside of the breast.</p> <p>Begin a running list of key messages on a flipchart.</p>

7. Proper Positioning and Attachment

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to help a mother of a 0–2-month-old baby with correct positioning and attachment.</p> <p>Advanced preparation: Arrange for participants to visit a maternity ward or have mothers of 0–2-month-old babies come to the training site for 1 hour. Have enough mothers for each participant pair.</p> <p>Content: Ask the mother of a 0–2-month-old baby to show how she breastfeeds. Offer the mother help only if she is having difficulty. Note: Once a child is over 2 months old, the mother and child have worked out a system, and interfering with positioning and attachment is rarely necessary (except when the baby is not gaining weight or positioning and attachment are incorrect).</p> <p>Let the mother do as much as possible herself. If necessary, demonstrate on your own body to show her how to support the breast and so on. If she needs assistance, put your own hand over her hand rather than touch her breast.</p> <ul style="list-style-type: none"> • Baby should be facing the breast • Mother and baby should be stomach to stomach • Baby’s back and the head should be in a straight line • Mother should bring baby to the breast • Baby’s mouth should be wide open • Baby should take the areola, not only the nipple, in his or her mouth <p>Key message: Position and attach the baby correctly at the breast to prevent sore and cracked nipples and ensure the baby is getting enough breastmilk.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 7a: “Signs of Proper Positioning and Attachment” • Handout 7b: Illustration of proper attachment • Demonstration doll <p>Time: 30 minutes</p> <p>Activity: Demonstrate correct positioning and attachment with a doll.</p> <p>Discuss in plenary the most important elements of proper attachment and positioning. Facilitators should role-play a health worker helping a new mother.</p> <p>Have participants in a circle take turns holding a doll and demonstrating proper positioning, with the people to their left helping correct their actions if needed.</p> <hr style="border-top: 1px dashed black;"/> <p>Time: 60 minutes (+30 minutes for transport)</p> <p>Activity: Divide participants into pairs. Have each pair work with at least one mother to observe and improve positioning and attachment.</p> <p>After each participant has had an opportunity to practice helping a mother with positioning and attachment, ask participants to share their experiences in plenary.</p>

8. Initiation of Breastfeeding

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to give two reasons for the importance of immediate initiation of breastfeeding.</p> <p>Content: Early initiation of breastfeeding helps expel the placenta and reduce bleeding.</p> <p>The first milk (colostrum or yellow milk) is the baby's first immunization and contains everything the baby needs until the milk starts to flow (about the 3rd day after birth).</p> <p>Immediately putting the baby the breast can prevent engorgement.</p> <p>Key message:</p> <ul style="list-style-type: none"> • Put the baby to the breast immediately after delivery (within the first 30 minutes). 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape <p>Time: 50 minutes</p> <p>Activity: Ask working groups of four to six people to respond to the following questions, based on practices in their communities (20 minutes):</p> <ol style="list-style-type: none"> 1. Who is with a woman when she gives birth? 2. What do family members do to prepare before birth and at the time of the birth? 3. Who delivers the baby? 4. What is done with the baby immediately after birth? 5. Where is the baby placed? 6. What is given to the baby to eat or drink as soon as s/he is born? Why? 7. When is the baby placed at the mother's breast? Why? <p>Facilitate discussion in plenary. Ask each group to present its findings. Write responses on flipchart. Compare current practices to optimal infant feeding practices as each question is reported. Answer questions and correct misinformation (30 minutes).</p>

9. Exclusive Breastfeeding

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Define exclusive breastfeeding. • Explain the importance of exclusive breastfeeding. <p>Content</p> <ul style="list-style-type: none"> • Put the baby to the breast immediately after birth and allow baby to remain with the mother. • Breastfeed frequently, as often and as long as the baby wants, day and night. • Give only breastmilk (no water, other liquids, or foods) the first 6 months (exclusive breastfeeding). • Breastmilk contains enough water and nutrients for babies 0–6 months old. • Continue breastfeeding even if the mother or the baby becomes ill. • Avoid using bottles, pacifiers (dummies), or other artificial nipples. • Mothers should eat and drink enough to satisfy their own hunger and thirst. <p>Key messages:</p> <ul style="list-style-type: none"> • A baby should be given only breastmilk for the first 6 months, with no water, other liquids, or foods. • Breastmilk contains all the water and food the baby needs for the first 6 months of life. 	<p>Materials:</p> <ul style="list-style-type: none"> • Questions for working groups on exclusive breastfeeding, written on flipchart • Flipchart paper, markers, masking tape • Handout 9a: “Optimal Breastfeeding Practices for Infants 0–6 Months” • Handout 9b: “Composition of Breastmilk” • Handout 9c: “Summary of Differences among Milks” • Handout: “LINKAGES Facts for Feeding 0–6 Months” <p>Time: 30 minutes</p> <p>Activity: Ask working groups to respond to the following questions, based on practices in their communities:</p> <ul style="list-style-type: none"> • When and how many times a day do mothers in your community breastfeed? A night? • Do mothers of babies under 6 months old give their babies water, other liquids, or foods? Which liquids and foods? Why? • What are barriers to changing this behaviour of giving water, liquids, or foods to babies under 6 months old? <p>In plenary facilitate a discussion of participants’ responses to these questions. Write responses on the flipchart. Compare current practices to optimal infant feeding practices as each question is reported. Answer questions and correct any misinformation.</p> <p>Pass out “Facts for Feeding” and handouts 9a and 9b. Summarize discussion on exclusive breastfeeding and review handouts with participants.</p>

9. Exclusive Breastfeeding (continued)

Objective/content/messages	Materials/times/activities
	<p><i>Note:</i> If participants are skeptical about the adequacy of water in breastmilk, suggest that they ask a mother to express breastmilk into a glass and wait a few hours until the water separates from the cream. Invite personal testimonies from participants.</p>

10. Common Breastfeeding Difficulties

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to identify three common breastfeeding difficulties and their symptoms, causes, counselling, and prevention.</p> <p>Key messages:</p> <ul style="list-style-type: none"> • Position and attach the baby correctly to the breast. • Continue to breastfeed baby on demand, day and night, while managing the difficulty. • With information and support, all women can overcome breastfeeding difficulties. 	<p>Materials:</p> <ul style="list-style-type: none"> • Handouts 10a–10e: Checklists on common breastfeeding difficulties <p>Time: 30 minutes</p> <p>Activity: Divide participants into five working groups and assign one of the following breastfeeding difficulties to each group:</p> <ul style="list-style-type: none"> • Engorgement • Low milk supply • Sore/cracked nipples • Plugged ducts • Mastitis <p>Ask each group to discuss and present the symptoms, causes, counselling, and prevention related to difficulty assigned. Ask whether other participants have anything to add. Answer questions, correct misinformation, and add information that was not discussed.</p> <p>Facilitate discussion in plenary:</p> <ul style="list-style-type: none"> • What other breastfeeding difficulties have you or other women in your community experienced? • What breastfeeding resources are available in the community? • Where and to whom can referrals be made?

11. Breastfeeding in Special Situations

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to help a mother breastfeed in three special breastfeeding situations.</p> <p>Content: Special situations affecting breastfeeding:</p> <ul style="list-style-type: none"> • Sick baby or mother • Premature baby • Malnourished mother • Twins • Daily separation of mother from her infant • Pregnancy • Cleft palate <p>Key messages:</p> <ul style="list-style-type: none"> • Breast is always best, even in special situations. • Mothers should breastfeed exclusively or express milk to be given to their babies with a cup when they are separated from their babies for several hours. • With information and support, all women can breastfeed, even in special situations. 	<p>Materials:</p> <ul style="list-style-type: none"> • Paper fish with a special situation written or illustrated on one side of each • “Fishing pole” made of a bent paperclip • Handout 11: “Breastfeeding Management in Special Situations” <p>Time: 30 minutes</p> <p>Activity: Brainstorm special situations that affect breastfeeding that women in the participants’ communities have experienced. Add situations that participants do not mention.</p> <p>Divide participants into two groups to play the fishing game. Give each group a set of paper fish with special maternal or infant situations that affects breastfeeding marked on the underside. Attach paper clips to the mouths of the fish. Put the fish on the floor with the special situations hidden from view. Alternatively, ask the participants to select cards with special situations from a hat.</p> <p>Divide each group into two teams. Instruct one participant from one team to “fish” and read aloud the special situation “caught.” Ask each participant to explain how to support a woman in this special situation to breastfeed her infant successfully. Allow participants to consult their team members if necessary.</p> <p>Then ask a participant from the other team to “fish.”</p> <p>Facilitate discussion in plenary, reviewing the content of handout 11. Answer questions and correct misinformation.</p>

12. Using ORPA with a Counselling Card: Early Initiation of Breastfeeding

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Facilitate a group talk using ORPA with a counselling card. • Communicate key messages on early initiation of breastfeeding. <p>Content:</p> <p>1. OBSERVE Hold the visual for all to see and ask:</p> <ul style="list-style-type: none"> • Who do you see in the picture? Where are they? • What are they doing in the picture? • How does the person feel about what s/he is doing? Why is s/he doing that? <p>2. REFLECT</p> <ul style="list-style-type: none"> • What do you think about what each person is doing in the picture? • Whom do you agree with? Why? • Whom do you disagree with? Why? • What is the advantage of adopting the practice shown on the counselling card? <p>Discuss the key messages related to the card's topic.</p> <p>3. PERSONALIZE</p> <ul style="list-style-type: none"> • What do the women (or others) in this community do in the same situation? Why? • What would YOU do in the same situation? Why? • What difficulties have you experienced? • Were you able to overcome them? How? <p>4. ACT Repeat the key messages</p> <ul style="list-style-type: none"> • Ask the group whether they would be willing to try or recommend the practice. • Ask the group how they might overcome barriers to trying the new practice. • Set a time for the next meeting to talk about what happened when participants tried the new practice and how they overcame any barriers. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipcharts based on handout 12a: "How We Learn," using the ORPA cycle • Handout 12b: "How to Use a Counselling Card with a Group" • Early initiation counselling card • Flipchart based on handout 12c: "ORPA Observation Checklist: Using a Counselling Card with a Group" <p>Time: 45 minutes</p> <p>Activity: Introduce ORPA by drawing on the flipchart a cycle of a child experiencing touching fire and then ORPA with a group discussion. Explain to participants that ORPA is used to encourage people to reflect on and personalize their experiences so they can learn from them and make a decision to change their behaviour. Connect ORPA to stages of change.</p> <p>Demonstrate how to use ORPA with a group, using a counselling card on early initiation. Discuss the demonstration, using a flipchart with the observation checklist.</p> <p>Ask participants in groups of five to practice facilitating an action-oriented group discussion on early initiation of breastfeeding. Ask them to take turns being observers, facilitators, and participants. Ask observers to use the observation checklist to provide feedback to the facilitators.</p> <p>Facilitate a discussion with participants of their experience using ORPA. Ask whether they could use ORPA with a drama and how. Ask them in what other situations ORPA could be used.</p>

13. Using ORPA with a Counselling Card: Exclusive Breastfeeding

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Facilitate a group talk using ORPA with a counselling card. • Communicate key messages on exclusive breastfeeding. <p>Content: O Observe R Reflect P Personalize A Act</p> <p>Health talks are effective for giving information but do not necessarily lead to changes in behaviour. Using ORPA during health talks can motivate participants to change their behaviour by encouraging them to reflect, personalize, and act.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipcharts and handouts from previous session • Exclusive breastfeeding counselling card • Flipchart based on handout:12c: “Observation Checklist: Using a Counselling Card with a Group” <p>Time: 30 minutes</p> <p>Activity: Review ORPA</p> <p>Facilitators demonstrate ORPA with a group, using a counselling card on the importance of exclusive breastfeeding. Discuss the demonstration using the observation checklist.</p> <p>Ask participants to form the same groups of five as in the earlier session practice. Facilitate a participatory group discussion on exclusive breastfeeding, asking participants who did not practice during early initiation to go first. Ask participants to take turns being observers, facilitators, and participants. Ask observers to use the observation checklist (handout 12c) for using a counselling card with a group and provide feedback to the facilitators after each role-play.</p> <p>After everyone has had a chance to practice using ORPA with a counselling card, ask the group whether anyone would like to share what they have learned. Facilitate a discussion about their experience.</p>

14. Complementary Feeding Practices

Objective/content/messages	Materials/Times/activities
<p>Learning objective: By the end of this session, participants will be able to describe the local nutritional situation of children 6–24 months old.</p> <p>Advanced preparation Collect country or regional data on infant and young child feeding practices that may contribute to malnutrition:</p> <ul style="list-style-type: none"> • Local dietary practices • The timing of the introduction of complementary foods <p>Content: Appropriate complementary feeding promotes growth and prevents stunting among children 6–24 months old. Stunting is permanent and affects intelligence. Rates of malnutrition usually peak during this time, with lifelong consequences. Malnutrition is the underlying cause of half of the deaths for children under 5. Eighty percent of these deaths are a result of mild or moderate malnutrition.</p> <p>Appropriate complementary feeding involves a combination of practices to maintain breastmilk intake and improve the quantity and quality of foods children eat. Babies 6–12 months old are especially vulnerable, because they are just learning to eat. Babies this age must be fed soft foods frequently and patiently. These foods should complement, not replace, breastmilk. For older infants and toddlers, breastmilk continues to be an important source of energy, protein, and micronutrients. Children should continue to be breastfed for up to 2 years and beyond.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape • Handout 14: Complementary Feeding Practices <p>Time: 30 minutes</p> <p>Activity: Divide participants into three working groups. Assign each group an age group (6–9 months, 9–12 months, and 12–24 months). Ask the groups to respond to the following questions based on practices in their communities for their assigned age group:</p> <ol style="list-style-type: none"> 1. When does a child begin to eat something other than breastmilk? 2. What does the child eat? 3. How many times a day does the child eat? 4. How much does the child eat at each meal? 5. How is the food prepared? 6. What is done to make sure that the food is clean and safe? 7. What, if any, utensils does the mother or caregiver use to feed the child? 8. Does the child have a separate dish? 9. Does someone help the child eat? Who? <p>Ask groups to report their answers to the plenary. Record their answers on a flipchart. Facilitate a discussion in plenary. Compare current practices to optimal infant feeding practices. Answer questions and correct misinformation.</p> <p style="text-align: center;">(continued)</p>

14. Complementary Feeding Practices (*continued*)

Objective/content/messages	Materials/times/activities
<p>Key Messages:</p> <ul style="list-style-type: none"> • Malnutrition affects health, intelligence, productivity, and ultimately a country's potential to develop. • Appropriate complementary foods should be introduced at 6 months, and breastfeeding should continue to 2 years and beyond. 	<p>In plenary present data on local nutritional status of children 6–24 months old.</p> <p>Facilitate a discussion of nutritional status and children's well-being. Relate the participants' responses to the data presented. Facilitate a discussion on these additional questions:</p> <ul style="list-style-type: none"> • What are the signs of a healthy, well-nourished child? • Why are some children short for their age? • Why are some children sick more often than others? • Why do some young children have a blank or listless look? <p>Repeat key messages.</p>

15. Complementary Feeding (FADUA)

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • State the age at which children should begin to eat complementary foods. • List optimal feeding practices using FADUA. • State the recommended frequency of feeds for each age group. <p>Content:</p> <ul style="list-style-type: none"> • Complementary feeding is giving other foods and fluids in addition to breastmilk. • Complementary foods are needed to <u>fill the gap</u> between the total nutritional needs of the growing and increasingly active child and the amounts provided by breastmilk beginning at 6 months. • During the complementary feeding period, the baby <u>gradually</u> becomes accustomed to eating family foods in addition to being breastfed on demand. <p>Optimal complementary feeding—FADUA: Frequency—Progressively increase complementary feeding frequency, using meals and snacks: 3 times a day from 6 to 9 months 4 times a day from 9 to 12 months 5 times a day from 12 to 24 months Amount—Offer adequate amount of food while maintaining frequent breastfeeding. Density—Increase food’s nutrient density by adding fruits, vegetables, and/or animal products to staple foods. Porridges should be thick enough to stay on a spoon. Utilization—Practice good hygiene to reduce infections and prevent parasites from contaminated foods or contaminated bowls or spoons to ensure the food is used by the baby. Active feeding—Help and encourage the child to eat. Use a separate bowl to make sure the child gets enough.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart with FADUA • Flipchart paper, markers, masking tape • Handout 15a: “Recommended Feeding Practices for Children 6–24 Months” • Handout 15b: “FADUA—Helping Mothers Select Complementary Foods” • “LINKAGES Facts for Feeding: Recommended Feeding Practices for Children 6–24 Months” <p>Time: 30 minutes</p> <p>Activity: In plenary ask participants to answer the following questions on optimal infant feeding practices for children in each age group (6–9 months, 9–12 months, and 12–24 months). Record responses on a flipchart.</p> <ol style="list-style-type: none"> 1. How many times a day should a ____ month-old child eat? 2. How much should a ____ month-old child eat? 3. What kinds of foods should be combined to make a nutritious meal? 4. How should food be prepared to make sure it is safe? 5. How should a mother or caregiver act when feeding a child? Should she do anything in particular before or during a feed? <p>Introduce FADUA to help health workers communicate with mothers and caregivers to make infant and young child feeding recommendations for optimal infant feeding practices. Explain briefly the meaning and related recommendations of each letter in FADUA.</p>

16. Understanding Nutrient Density—The D in FADUA

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to explain how to add other ingredients to staple foods to meet a child’s nutritional needs.</p> <p>Content: Porridge can be made from any staple food. When porridge is prepared, the starch in the staple absorbs water and swells, making it thicken. Many caregivers believe that making thin porridge and adding a lot of water will make it easier for the child to eat. But adding a lot of water to porridge or soup reduces energy and nutrient concentration of the child’s food.</p> <p>Even if a child takes as much thin porridge or soup as her/his stomach could hold, it would not be enough to meet the child’s nutritional needs. To make a porridge more energy and nutrient dense:</p> <ul style="list-style-type: none"> • Cook with less water. Porridge should be too thick to drink and should stay easily on a spoon. • Replace water with milk. • Add “extras” to enrich thick porridge, such as groundnut paste, beaten eggs, or bean flour. • Add fatty or oily foods, such as shea butter, margarine, or red palm oil, to porridge. This also makes it easier for a young child to eat. <p>Young children must eat other foods to meet their energy and nutrient needs:</p> <ul style="list-style-type: none"> • Pulses (peas, beans, groundnuts) and oil seeds (sesame seeds) • Foods from animals such as meat, fish, poultry, milk, eggs, or liver • Dark green leafy vegetables and orange-coloured fruits and vegetables • Oils, fats, and sugars 	<p>Materials:</p> <ul style="list-style-type: none"> • 10 cups or small bowls • Soda bottle (or other container) cut or marked to show 200ml • Handout 16 “Sample Meal Plans for Children 6–24 Months” <p>Time: 30 minutes</p> <p>Activity: In plenary ask participants whether children in their communities are fed thin or watery porridge or soup. Explain that a 10–month old would have to eat 10 bowls of thin porridge or soup to meet his or her nutritional needs. Hold up a soda bottle or other measure to show how much a child’s stomach can hold (do not mention the exact size).</p> <p>Ask participants: Can a baby of this age eat 10 bowls of porridge a day in addition to breastmilk? Why not?</p> <ul style="list-style-type: none"> • <i>The baby’s stomach is too small.</i> <p>Point to the soda bottle or other measure again.</p> <p>Ask how to get the nutrients into four bowls.</p> <ul style="list-style-type: none"> • <i>We have to add other foods to make the porridge denser in nutrients. This will make it possible to get more food into a smaller space so the child will not become full before getting what s/he needs to develop and grow.</i> <p>Suggest adding groundnut paste (one teaspoon the first day, gradually increasing to one tablespoon) to the porridge for the first meal of the day. Then suggest taking away one bowl because the breakfast bowl has more energy and nutrient-rich food.</p> <p style="text-align: right;">(continued)</p>

16. Understanding Nutrient Density—The D in FADUA (continued)

Objective/content/messages	Materials/times/activities
<p>Refer to handout 16 for sample meal plans for children 6–24 months old</p> <p>Breastmilk supplies more than half the energy an infant up to 12 months needs.</p> <p>Key messages:</p> <ul style="list-style-type: none"> • Mothers should continue on-demand breastfeeding, day and night, and improve the quality and quantity of foods children eat. • Appropriate complementary feeding promotes growth and development and prevents stunting among children 6–24 months old 	<p>Next, suggest enriching the second meal of the day. Ask participants what to start with, and what can be added to that. Ask participants to add some ingredients.</p> <p>Next say, “We have added and How many bowls can we take away? If we add these foods to the second meal to make it more nutrient dense, the child only needs to eat this one when the family is eating their noon meal.”</p> <p>Next say, “For the third meal of the day, the child still has two extra bowls that need to be condensed into one meal or serving. How can we do that?”</p> <p>Ask participants what the staple in this bowl is and what can be added to make it more nutrient dense. Say, “We have added and How many bowls can we take away?”</p> <p>Explain to participants that the young child’s energy and nutrient needs are met by the result: three bowls of food and one fruit per day. Explain that a child who eats like this every day will grow to be strong and healthy.</p> <p>Explain that at 12 months the child should be introduced to family foods (or sooner if the food is without pepper). Soups and stews have to be enriched with other foods, as appropriate.</p> <p>Answer questions and repeat key messages.</p>

17. Complementary Foods at Different Ages

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to name quality, locally available, feasible, and affordable foods for infants 6–24 months old.</p> <p>Content: Increasing breastfeeding frequency, increasing food portion sizes, feeding children more frequently, and providing a variety of energy-dense foods can increase energy intake.</p> <p>Diversifying the diet to include fruits, vegetables, and animal products, using fortified foods, or giving supplements can increase micronutrient intake. Food combinations should be chosen to enhance micronutrient availability and absorption.</p> <p>Key messages:</p> <ul style="list-style-type: none"> • At 6 months, begin to give thick porridge or staple food, depending on the country and region (porridge, potatoes, rice, millet, maize, sorghum), gradually increasing to three times a day. • Give a wide variety of foods, including fruits and vegetables, to improve quality and micronutrient intake. 	<p>Materials:</p> <ul style="list-style-type: none"> • Locally available and affordable foods (including a variety of fruits, vegetables, staple foods, eggs, legumes, dried fish, oil, etc.), water (bottled or in sachets), and breasts (models or pictures) • Cards with “0–6 months,” “6–12 months,” and “12–24 months” attached to the table • Flipchart paper, markers, masking tape <p>Time: 30 minutes</p> <p>Activity: Place the food, bottled water, and breasts (models or pictures) on a table and allow each participant to select two or three items.</p> <p>Ask participants to place the foods they selected on the designated section of the tables marked “0–6 months,” “6–12 months,” and “12–24 months.”</p> <p>Ask participants to walk around the tables as a group, move food items that are in the wrong place, and explain why.</p> <p>Emphasize quality or nutrient density and frequency by age group. Repeat key messages.</p>

18. Preparing Meals for Young Children

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Name appropriate food combinations for meals and snacks for children 6–24 months old. • Describe recommended food consistency for children 6–24 months old, especially for 6–9-month-olds. <p>Key messages:</p> <ul style="list-style-type: none"> • At 6 months, continue to breastfeed and begin to give mushy, not watery, foods in addition to breastfeeding. • Porridges, soups, and stews can be enriched with a variety of simple, easy-to-find foods that will make them more nutritious for growing children. • Gradually increase food consistency and variety as the infant gets older. • Give a wide variety of foods, including fruits and vegetables, to improve quality and micronutrient intake. 	<p>Materials:</p> <ul style="list-style-type: none"> • Locally available and affordable foods, bottled water, breasts (models or pictures) • Cards with “0–6 months,” “6–12 months,” and “12–24 months” attached to the table <p>Time: 45 minutes</p> <p>Activity: Using the foods from the preceding exercise, divide participants into three groups. Place all of the food on one table. Make each group responsible for a different age group. Ask the groups to “go shopping” and select enough food for a day for their child. Explain that they should plan how to combine foods, how many meals to prepare, and how to prepare them.</p> <p>In plenary ask each group to present. Allow participants to ask questions and correct any misinformation. Repeat key messages.</p>

19. Behaviour Change: Barriers and Motivators

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to describe how perceived social or personal barriers and motivators influence behaviour change.</p> <p>Content: People in every culture have belief systems that guide behaviours and attitudes. It is important to understand why people behave the way they do to develop appropriate BCC strategies and messages to influence and sustain behaviour change.</p> <p>Various behaviour change theories share the idea that there are benefits that motivate people to change their behaviour and barriers that might keep them from changing or trying to change their behaviour.</p> <p>Factors that lead to changes in behaviour:</p> <ul style="list-style-type: none"> • The benefits of adopting the new behaviour exceed the disadvantages. • The person has a strong, positive intention or commitment to perform the behaviour. • The person has the knowledge, skills, and confidence to perform the behaviour. • Adopting the behaviour will be more likely to produce an overall positive effect than a negative one. • The behaviour is compatible with the person's self-image • The perceived social pressure to perform a behaviour is greater than the perceived social pressure not to do it. <p>Key idea:</p> <ul style="list-style-type: none"> • The decision to try a behaviour can be influenced by the perceived benefits and barriers associated with it, as well as the individual's confidence level. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape <p>Time: 30 minutes</p> <p>Activity: In plenary discuss the importance of understanding why people do (or don't do) the things they do (or don't do). Explain that several factors lead to changes in behaviour:</p> <ul style="list-style-type: none"> • Benefits • Commitment • Confidence in ability • Social pressure or support <p>Divide participants into working groups. Ask them to think of a list of motivators and barriers for practicing exclusive breastfeeding.</p> <p>In plenary ask participants to share their lists of motivators and barriers. Record their responses on a flipchart. Ask participants to think about the messages or recommendations they would use to talk to women and communities about exclusive breastfeeding, based on the motivators and barriers they have listed. Repeat key messages.</p>

20. Stages of Behaviour Change

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain awareness, trial, and adoption stages of behaviour change. • Explain why knowledge is not enough. <p>Content: Behaviour change is usually a gradual process consisting of identifiable stages. Long-term change occurs as people gain skills and increase self-confidence through repeated trials and reinforcement.</p> <p>Stages of change and interventions to encourage change</p> <ul style="list-style-type: none"> • Never heard about it—Give information • Heard about it—Negotiate • Trying it out—Praise, discuss benefits • Continuing to do it—Support <p>Case studies:</p> <ul style="list-style-type: none"> • A woman has heard the new breastfeeding information, and her husband and mother-in-law also are talking about it. She is thinking about trying exclusive breastfeeding because she thinks it will be best for her child. • A woman has brought her 8-month-old child to the baby weighing session. The child has lost weight. The health care worker tells her to give her child different food because the child is not growing. • The past month a health worker talked with a mother about gradually starting to feed her 7-month-old baby three times a day instead of just once a day. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day. <p>Key idea:</p> <ul style="list-style-type: none"> • Find out what is known and negotiate toward a “trial” of the new practice. 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 20a: “Stages of Behaviour Change” • Handout 20b: “Stages of Change and Interventions” <p>Time: 30 minutes</p> <p>Activity: Show model of the stages of behaviour change. Emphasize that just giving information may not be enough to convince a person to change. Discuss each of the stages and the interventions to help people move through each stage.</p> <p>In plenary ask participants to close their eyes and think about a personal behaviour they are trying to change (not alcohol or tobacco, because they are addictive). Ask them to identify at what stage they are and why. Ask what they think they will need to move to the next stage.</p> <p>When participants show that they understand the stages of change and the interventions, ask them to answer questions about the stages of change and appropriate interventions based on case studies.</p>

21. Introduction to Negotiation

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to explain why negotiation can be an effective tool for influencing behaviour change.</p> <p>Content: Using negotiation in nutrition during a consultation or a home visit means:</p> <ol style="list-style-type: none"> 1. Helping mothers or other family members understand how to improve their child's feeding. 2. Asking them to try one or more new practices. 3. Helping them overcome barriers to trying and or adopting improved feeding practices <p>This method motivates mothers or other family members to try the recommended new practice. Once they have tried the new practice, they usually see the benefits and will maintain them. Negotiation can be done during consultation at the facility, at the growth monitoring site, or during home visits.</p> <p>Two contacts with the mother or family are recommended:</p> <ul style="list-style-type: none"> • Contact #1: Make recommendations based on the baby's health and age and current practices that may not be optimal. Identify one practice that would make the child healthier. Ask whether the mother is willing to try the new practice. • Contact #2: Follow up the first visit(s) to see how the new practice is going and, if needed, make a new recommendation according to the age of the baby. <p>Key idea:</p> <ul style="list-style-type: none"> • Negotiation is important because giving information is usually not enough to change behaviour. 	<p>Time: 30 minutes</p> <p>Activity: Review stages of change, reminding participants that information is sometimes not enough to convince people to change.</p> <p>Facilitators role-play a home visit between a mother of a 6–12-month old and a health worker. The health worker talks to the mother and lists all of the food she should give to the child but does not ask what food the mother has available. The mother agrees to everything but does not ask any questions or appear to really want to try anything the health worker is suggesting.</p> <p>Ask participants what they think the mother is thinking and why she says, "Yes" but thinks, "I can't do that."</p>

22. Negotiating Behaviour Change in Breastfeeding Practices, Part 1

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • List the first two steps in the negotiation process (A and R). • Listen to a mother and recommend appropriate breastfeeding options. <p>Why negotiation? Because sometimes giving information is not enough to change behaviour.</p> <p><u>Note to facilitators:</u> ARARA stands for:</p> <p>A: Ask the mother how she is feeding her infant and listen to what she says. R: Recommend options or encourage or congratulate the mother, based on the information she gives you. A: Negotiate with the mother to agree to try one of the options recommended. R: Remind the mother of the practice. A: Make a follow-up appointment.</p> <p>Negotiation process, part 1 A: Ask the mother how she is feeding her infant and listen to what she says. R: Recommend options or encourage or congratulate the mother, based on the information she gives you. (Note: Not everyone needs to change the way they feed their children.)</p> <p>When the negotiation process is divided into two parts, participants should be able to focus on asking questions and listening to the mother.</p> <p>Case studies for role plays</p> <ul style="list-style-type: none"> • The baby is 5 days old and does not have the areola in its mouth when breastfeeding. • The mother is pregnant, and the grandmother wants to give sugar water to the baby when baby is born. 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 22a: “The Art of Negotiation” • Handout 22b: “Observation Checklist for Contact #1” • Handout 22c: “Feeding Recommendations: Negotiation Guide, 0–6 Months” • Handout 22d: “Example of Negotiation Contact #1, Breastfeeding” <p>Time: 40 minutes</p> <p>Activity: Facilitators demonstrate the first steps of negotiation in a role-play between a health worker and a mother who would like to start giving her 3-month-old baby water because she is worried that the baby is not getting enough milk. Refer to handout 22c: “Feeding Recommendations Negotiation Guide, 0–6 Months.”</p> <p>Discuss the first part of the negotiation process (AR: Ask the mother, Recommend options). Discuss how participants would prioritize the behaviours to focus on. Ask them to identify the facilitator’s actions that correspond to the various steps.</p> <p>Divide participants into groups of three. Explain that they will do role-plays to practice the first steps of negotiation in triads, with one person playing the mother, one playing the health worker, and one playing the observer. Tell them that a case study will be read aloud and they will have 5 minutes to conduct the role-play. After each role-play, the observer will give feedback. After time is given for feedback, participants will switch roles in their triads, and another case study will be read aloud. This will continue until all participants have acted in each role.</p>

22. Negotiating Behaviour Change in Complementary Feeding Practices, Part 1 (continued)

Objective/content/messages	Materials/times/activities
<ul style="list-style-type: none">• The baby is 2 months old, and the mother thinks she should give juice to the baby.• The baby is 3½ months old, and the mother thinks she does not have enough milk. What should she give?• The baby is 1 week old, and the mother's nipples are painful. She wants to stop feeding on that breast until the nipple heals.• The baby is 4 days old, and the mother's breasts are swollen and red (engorgement).	In plenary facilitate a discussion about their experiences and answer questions.

23. Negotiating Behaviour Change in Breastfeeding Practices, Part 2

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • List the three final steps in the negotiation process, using ARA. • Negotiate with a mother to try an agreed breastfeeding practice. • Demonstrate all five steps of the negotiation process in a role-play. <p>Content: Negotiation process, part 2 A: Negotiate with the mother to agree to try one of the options that was recommended. R: Remind the mother of the practice. A: Make a follow-up appointment .</p> <p>In the second part, the emphasis is on negotiating with the mother to try one of the practices recommended during the first part.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout: 22a. “The Art of Negotiation” • Handout 22b: “Observation Checklist for Contact #1” • Handout 22c: “Feeding Recommendation: Negotiation Guide” • Handout 22d: “Example of Negotiation Contact #1, Breastfeeding” <p>Time: 45 minutes</p> <p>Activity: Facilitators continue to demonstrate the last steps of a negotiation role-play between a health worker and a mother worried that her 3-month-old baby is not getting enough milk and would like to start giving water. Refer to handout 22c: “Feeding Recommendations: Negotiation Guide, 0–6 Months”</p> <p>Discuss the last part of the negotiation process (ARA: Agreement, Remind, Appointment). Have participants identify facilitator’s actions that correspond to the various steps.</p> <p>Ask participants to return to their groups of three and continue with the same case studies in the same roles as before. Ask the observers to continue to give feedback after each role-play. Announce when it is time to switch to a different role-play.</p> <p>In plenary facilitate a discussion about participants’ reactions to the role-plays.</p> <ul style="list-style-type: none"> • How did you feel as the mother? • How did it go, from your point of view? • How did you feel as the health worker? • How did it go, from your point of view? • What was difficult? • What can you improve?

24. Mother-to-Child Transmission (MTCT) of HIV through Breastmilk

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to explain infant feeding guidelines related to HIV.</p> <p>Content: It is important for health workers and community service providers to counsel women sensitively and accurately on the safest feeding options for their situation. This does not mean simply telling women the risks and benefits of different feeding options, but rather understanding their social and household context, communicating complex concepts, and providing emotional support. Infant feeding counselling messages are listed below.</p> <p>Option 1: Women who are HIV negative or of unknown status are counselled on:</p> <ul style="list-style-type: none"> • Exclusive breastfeeding for the first 6 months • Introduction of complementary foods at 6 months • Continued breastfeeding up to 2 years <p>Option 2: Women who are HIV positive are counselled on:</p> <ul style="list-style-type: none"> • Exclusive breastfeeding for the first 6 months • Expressing, heat treating, and cup feeding breastmilk • Transitioning (early cessation) from exclusive breastfeeding to replacement feeding by cup with commercial or home-prepared formula • Wet nursing by an HIV-negative woman • Safe and appropriate use of infant formula or cow's milk (with additional sugar) for the first 6 months 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart with MTCT graphic based on handout: 24a: "MTCT" • Handout 24b: "Key Messages for the Prevention of MTCT" • Handouts 24c–24e: Additional MTCT resources • "LINKAGES Frequently Asked Questions: Breastfeeding and HIV" • Signs with "Agree" and "Disagree" <p>Time: 45 minutes</p> <p>Activity: Post signs marked "Agree" and "Disagree" on opposite ends of the room. Explain that you will read a statement and that if participants agree with the statement, they should walk to the side of the room with "Agree." If they disagree, they should go to the side of the room with "Disagree." Stress that there are no correct answers: these are statements to start them thinking about their attitudes towards HIV/AIDS and mother-to-child transmission (MTCT).</p> <p>Read these values clarification statements:</p> <ul style="list-style-type: none"> • If you are married and both you and your spouse are faithful, there is no need to use a condom. • If you are HIV positive and breast-feeding, it is better not to give your baby any water or other food until the age of 6 months. • Having sore nipples is normal. If you ignore them, they will go away. • HIV-positive mothers should never breastfeed. • There is no sense being tested because you will die whether or not you know your HIV status. <p>Ask for volunteers from each side to talk about why they chose "Agree" or "Disagree."</p> <p style="text-align: right;">(continued)</p>

24. Mother-to-Child Transmission (MTCT) of HIV through Breastmilk (continued)

Objective/content/messages	Materials/times/activities
<p>Option 3: All women, regardless of HIV status, are counselled on:</p> <ul style="list-style-type: none"> • Avoidance of mixed feeding (breast-feeding plus breastmilk substitutes) • Introduction at 6 months of safe and appropriate soft staple foods and other locally available foods to be fed at least 3 times a day • Prevention of HIV and sexually transmitted infections (STIs) • Use of antenatal, labor and delivery, and post-partum health services • Prevention of unwanted pregnancies • Voluntary counselling and testing • Optimal maternal nutrition during pregnancy and lactation <p>Key messages:</p> <ul style="list-style-type: none"> • HIV-positive mothers who choose to breastfeed should do so exclusively from birth to 6 months (giving water and food makes small cracks in the lining of the infant's gut where the virus can enter the bloodstream). • A mother should position and attach the infant to the breast properly and empty one breast first before offering the other. • A mother should treat cracked nipples and sores and sexually transmitted infections (STIs) immediately. • A mother can express breastmilk and heat it before giving it to her baby in a cup. • A mother can use alternative feeds exclusively (no breastfeeding) only if they are feasible, affordable, and available. • A mother should negotiate with her partner to use a condom every time they have sex, especially during pregnancy and lactation. If the mother gets a new dose of the virus, the viral load becomes very high, and this increases the risk of passing the virus the fetus. 	<p>Draw a circle on a flipchart representing 100 women in a community with an HIV prevalence rate of 25%. Divide the circle into 4 quarters, 3 representing women who are not infected (the flipchart is based on handout 24). Say that of the 25 women (1 quarter) infected with HIV, 9 will pass the virus to their children. Of the 9 mothers who transmit the virus, 4 will pass the virus through breastfeeding.</p> <p>In plenary discuss the graphic that shows the risk of transmission through breastfeeding. Remind participants that this risk holds for communities with a 25% prevalence rate. In areas with lower prevalence rates, such as in Ghana, the number of infants infected through breastmilk will be much lower. Ask participants to discuss what this means for infant feeding recommendations in their communities. Review the three infant feeding options.</p>

25. Maternal Nutrition

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to list key messages on maternal nutrition.</p> <p>Content: <i>At any age women should</i></p> <ul style="list-style-type: none"> • Eat more food if underweight to protect health and establish reserves for pregnancy and lactation. • Eat a variety of foods to get all of the vitamins and nutrients needed. • Eat more fruits and vegetables daily. • Eat animal products as often as possible. • Use iodized salt. <p><i>During adolescence and before pregnancy women should</i></p> <ul style="list-style-type: none"> • Eat more food for the adolescent “growth spurt” and for energy reserves for pregnancy and lactation. • Delay the first pregnancy to help ensure full growth and nutrient stores. <p><i>During pregnancy women should</i></p> <ul style="list-style-type: none"> • Eat an extra meal a day for adequate weight gain to support fetal growth and future lactation. • Take iron/folic acid tablets daily. <p><i>During lactation women should</i></p> <ul style="list-style-type: none"> • Eat the equivalent of an additional (nutritionally balanced) meal a day. • In areas where vitamin A deficiency is common, take two high-dose vitamin A capsules (200,000 IU) within 24 hours of each other, as soon after delivery as possible, but no later than 8 weeks post-partum, to build stores, improve the vitamin A content of breastmilk, and reduce infant and maternal morbidity. <p>Key messages: Pregnant or breastfeeding women should:</p> <ul style="list-style-type: none"> • Eat an extra meal every day. • Eat a variety of fruits, vegetables, every day and use iodated salt. • Eat animal products when possible. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart with a woman’s lifecycle (pregnancy–birth–girl child) • “LINKAGES Frequently Asked Questions on Breastfeeding and Maternal Nutrition” <p>Time: 30 minutes</p> <p>Activity: Draw the stages of a woman’s lifecycle (infancy, childhood, adolescence, reproductive years—not pregnant or lactating, pregnant, lactating—menopause, and old age) on a flipchart using handout 25a as a guide. Ask participants to name important stages in a woman’s life when she should change how she eats. Mark the timeline at each of the stages identified by participants. Ask participants to discuss how a woman should eat at each of these points and why. Ask the consequences of not making these changes.</p> <p>Ask participants whether they think that FADUA could be used when talking to mothers about what they eat. Ask how it should be modified. Point out that active feeding would not apply, but rather FADU. Repeat key maternal nutrition messages.</p>

26. Negotiating Behaviour Change in Complementary Feeding Practices

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Listen to a mother and recommend appropriate feeding options. • Negotiate with a mother to try an agreed infant feeding practice, using FADUA. <p>Case studies for role plays:</p> <ul style="list-style-type: none"> • A mother of a 7-month old is only given breastmilk. • The baby is 7 months old and eats a small bowl of porridge once a day. The mother has bean flour and groundnut butter available. • The baby is 10 months old, and the mother gives bites of family food at mealtime only. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipcharts with case studies for negotiating behaviour change in complementary feeding practices • Handout 22b: “Observation Checklist for Contact #1” • Handout 22c: “Feeding Recommendations: Negotiation Guide, 6–12 Months” • Handout 26: “Example of Negotiation Contact #1, Complementary Feeding” <p>Time: 60 minutes</p> <p>Activity: Review steps in the negotiation process (ARARA).</p> <p>Facilitators demonstrate the first steps of negotiation in a role-play between a health worker and a mother of a 6½-month-old baby who is breastfeeding and is given one small dish of porridge a day. Demonstrate negotiation using the model dialogue in handout 26: “Example of Negotiation Contact #1, Complementary Feeding.” In plenary review the negotiation process.</p> <p>Divide participants into groups of three. Explain that they will do role-plays to practice negotiating with a mother of a child older than 6 months. Ask one person in each group to play the mother, one the health worker, and one the observer. Read a case study aloud and give the participants 5 minutes to role-play. After each role-play, ask the observer to give feedback. Then have participants switch roles in their triads and listen to another case study. Continue until all participants have acted in each role.</p> <p>In plenary facilitate a discussion about their experience and answer questions. Prepare for field practice tomorrow.</p>

27. Using ORPA with a Drama or Story

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Apply ORPA to an educational drama or story. • Identify the characteristics of a successfully facilitated drama using ORPA. <p>Advance preparation: Ask three or four participants to prepare a drama about a mother who is not sure whether she should start to give her 4-month-old baby foods. The drama should be less than 5 minutes for the demonstration.</p> <p>Questions to ask the audience:</p> <p>1. OBSERVE</p> <ul style="list-style-type: none"> • What happened in the story (drama)? • What are the characters in the story doing? • How did the character feel about what s/he was doing? Why did s/he do that? <p>2. REFLECT</p> <ul style="list-style-type: none"> • Whom do you agree with? Why? • Whom do you disagree with? Why? • What is the advantage of adopting the practice described in the story/drama? <p>Discuss the key messages of today's topic.</p> <p>3. PERSONALIZE</p> <ul style="list-style-type: none"> • What would people in this community do in the same situation? Why? • What would you do in the same situation? Why? • What difficulties might you experience? • Would you be able to overcome them? How? <p>4. ACT Repeat the key messages.</p> <ul style="list-style-type: none"> • If you were the mother, would you be willing to try the new practice? • How would you overcome any barriers to trying the new practice? <p>Set a time for the next meeting.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 27a: "How to Use ORPA with a Drama or Story" • Handout 27b: Observation Checklist for Giving a Group Talk" • Handout 27c: Mini-drama scenarios <p>Time: 90 minutes</p> <p>Activity: Explain that dramas or stories are another way to use ORPA in a group. Ask participants to act out the drama they were asked in advance to prepare about a mother unsure whether to introduce complementary foods to her 4-month old. At the end of the drama, ask participants questions based on the four stages of ORPA to model using this method with dramas or stories.</p> <ul style="list-style-type: none"> • What is happening here? Why? • How do you know? • Have you ever been in a similar situation or know someone who has? • What would you do if you were (one of the characters)? <p>Facilitate a discussion in plenary.</p> <p>Divide participants into three groups. Ask the groups to use a provided script or story to perform a short skit about breastfeeding or complementary feeding. Ask one of the participants to be the facilitator (any participants who have not practiced as facilitator should do this) and the others to be actors. After groups have had time to prepare, ask them to perform their skits for the entire group, with the participant-facilitator using ORPA to ask questions of the audience.</p> <p>Discuss the experience in plenary. Ask participants for ideas about how they could use this technique in their programs.</p>

28. Field Practice—Negotiation Visit #1

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify a feeding problem with a mother of a child under 6 months old and a mother of a child 6–12 months old. • Negotiate with a mother to try a new behaviour using ARARA. <p>Advance preparation Work with a nurse to arrange visits to the mothers of children under 6 months old and mothers of children 6–12 months old. Prepare a list of homes, mothers’ names, and ages of children. Identify mothers of children from both age groups who are near each other so the participant pairs can walk from their first visit to their second visit. Have the nurse show each pair the location of both homes. Arrange transportation for the home visits.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 28a: “Observation Checklist: Negotiation Visit #1” • Handout 28b: “Negotiation Record” • Handout 28c: “Sample Recording Sheet for Negotiation Field Visits” <p>Time: 2½ hours</p> <p>Activity: In pairs participants meet mothers of infants 0–6 months old and 6–12 months old.</p> <p>Ask person A in each pair to negotiate with the mother of an infant 0–6 months old while the partner observes. Ask person B in each group to negotiate with the mother of an infant 6–12 months old while the partner observes. After each interview, ask the pair to go over the observation form and negotiation record after leaving the home of the woman interviewed.</p> <p>-----</p> <p>Materials:</p> <ul style="list-style-type: none"> • Flipchart prepared to record visits based on handout 28c: “Recording Sheet” <p>Time: 2 hours</p> <p>Activity: In plenary ask pairs to share the strengths, weaknesses, difficulties, and satisfaction they perceived from talking to mothers of children 0–6 months old:</p> <ol style="list-style-type: none"> 1. How did it go? 2. Do you feel good about the experience? 3. What did the mother agree to try? <p>On the prepared flipchart record the participant’s name, the mother’s name, the child’s name, the problem identified, the options recommended, and the behaviour the mother agreed to try. Continue with information from visits to mothers of children 6–12 months old.</p>

29. Infant Feeding Mother-to-Mother Support Groups

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • List the characteristics of a mother-to-mother support group. • List the ideal characteristics of a mother-to-mother support group facilitator. <p>Content Mother-to-mother support groups are a safe environment of respect, attention, trust, sincerity, and empathy.</p> <p>In mother-to-mother support groups women can:</p> <ul style="list-style-type: none"> • Share infant feeding information and personal experiences • Mutually support each other through their own experiences • Strengthen or modify certain attitudes and practices • Learn from each other <p>Women can reflect on their experiences, doubts, difficulties, popular beliefs, myths, information, and infant feeding practices. In this safe environment, the mother finds the knowledge and confidence to decide to strengthen or modify her infant feeding practices.</p> <p>Infant feeding mother-to-mother support groups are not lectures or classes. All participants play active roles.</p> <p>Support groups focus on the importance of mother-to-mother communication. In this way all the participants can express their ideas, knowledge, and doubts; share experiences; receive support and support the other women in the group.</p> <p>The sitting arrangement with everyone at the same level allows all participants to have eye-to-eye contact.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 29a: “Characteristics of a Support Group” • Handout 29b: “Checklist for Facilitators” • Handout 29c: “Characteristics of a Support Group Facilitator” • Handout 29d: “Responsibilities of the Facilitator to the Community” • Handout 29e: Possible support groups themes <p>Time: 60 minutes</p> <p>Activity: Briefly introduce the goals and purpose of mother-to-mother support groups. Demonstrate a mother-to-mother support group with participants. Afterwards ask participants to refer to the checklist and generate a list of characteristics of a mother-to-mother support group and a mother-to-mother support group facilitator, based on their experience. Compare with handouts.</p> <p>Ask participants how they felt participating in the support group. Ask the facilitator of the group how she felt. Ask the group specific questions about the way the leader handled certain situations. Ask how to use mother-to-mother support groups to change behaviour.</p>

30. Scheduling Home Visits

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to identify points in a child’s life cycle when key feeding changes are likely and contact should be made with the mother.</p> <p>Content Dates of home visits and messages: Prenatal visit: Birth plan, early initiation and colostrum, exclusive breastfeeding (decisions about infant feeding are usually made before delivery) At birth: Positioning and attachment, exclusive breastfeeding, emptying one breast first before offering the second Around the 3rd month: Increasing milk production, taking the time needed to breastfeed, feeding on demand day and night At the 6th month: Offering mushy foods in addition to breastfeeding on demand, offering foods three times a day, giving cooked and mashed vegetables or fruits or juices Around the 9th month: In addition to breastfeeding on demand, increasing to four feeds a day, adding vegetables and fruits every day as well as lentils, beans, or ground nuts as often as possible Around the 12th month: Increasing the number of meals and snacks to five times a day, offering food from the family pot without spices, continuing to breastfeed on demand through 2 years and beyond</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 30: “Scheduling Home Visits and Messages” • Flipchart with timeline (from pregnancy to birth to 2 years) • Flipchart paper, markers, masking tape <p>Time: 30 minutes</p> <p>Activity: Show timeline on flipchart (pregnancy to birth to 2 years). Ask participants to identify the important points in a baby’s life to discuss with the mother. Ask about the time before birth. Is it important? Why? Ask what to emphasize and discuss at each point. Complete the timeline on the flipchart. Discuss related messages. Pass out handouts.</p> <p>Ask participants what they plan to discuss with the women when they make their follow-up visits in the community.</p>

31. Who Influences Mothers' Behaviours?

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to define “audience segmentation” and give examples.</p> <p>Content: Effective BCC interventions reach audiences with the greatest potential for being responsive to the intervention, as well as those with the most pressing need. Often the primary target audience of infant feeding interventions is the mother or caregiver. Sometimes these groups can be even further divided into literate and non-literate or urban and rural. Secondary target audiences are those who can help or hinder a mother or caretaker’s ability to try and adopt a new infant feeding practice.</p> <p>Who and what influence a mother’s behaviour?</p> <ul style="list-style-type: none"> • Examples of primary audiences <ul style="list-style-type: none"> – People most affected by the problem – People most responsive to behaviour change – People most reachable • Examples of secondary audiences <ul style="list-style-type: none"> – People who influence the primary audience – Family and friends – Community health workers and traditional birth attendants – Community leaders and health authorities – Health care providers – Community norms and environment – National policies and programs – Media – Health care services 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 31: Behaviour change model drawn on flip chart • Flipchart, markers, masking tape <p>Time: 75 minutes</p> <p>Activity: Ask participants who influences a mother’s infant feeding behaviours. Write responses on a flipchart. Introduce the flipchart with the behaviour change model graphic. Explain the meaning of “primary audiences” and “secondary audiences.”</p> <p>Ask one participant to sit in front of the room with a doll. Tell the group that she is a breastfeeding mother in the community. Ask participants who this mother talks to about infant feeding practices. Have a participant represent each person mentioned and stand near the mother. Ask questions to elicit all the different “audiences.” At the end of this discussion the mother will be surrounded by a crowd.</p> <p>Facilitate a discussion on the different audiences.</p> <p>Ask participants the following questions:</p> <ul style="list-style-type: none"> • Why would we talk to men about infant feeding practices? What would appeal to them (cost, responsibility, etc.)? • Why would we talk to grandmothers about infant feeding practices? What would appeal to them (praise, doing what is best for their grandchild, etc.)? • How can we make men and grandmothers part of our target audience? <p>Using the above questions, facilitate a discussion on the importance of targeting secondary audiences.</p> <p style="text-align: right;">(continued)</p>

31. Who Influences Mothers' Behaviours? (continued)

Objective/content/messages	Materials/times/activities
<p>Group talks are a way to engage community members (e.g., men, older women, and community leaders) who influence mothers in talking about infant feeding issues and how they can help. The ORPA technique could be used to motivate group members to support and encourage mothers and their families to practice good infant feeding behaviours.</p>	<p>Ask participants to arrange their chairs in a circle. Demonstrate a short group talk for a men's group. Ask participants to discuss the experience and answer questions.</p> <p>Ask for two volunteers to facilitate group talks for a grandmothers' group and a men's group. Divide the group in two, one men's group and one grandmothers' group. Ask participants to offer the facilitators feedback. What did they do well? What could be improved?</p> <p>In a large group, discuss participants' experiences facilitating and participating in the group talks.</p> <p>Prepare participants for their upcoming group talks in the community and answer any questions.</p>

32. Field Practice—Action-Oriented Group Talks

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Facilitate an action-oriented group talk using ORPA. • Observe group talks and provide feedback using an observation checklist. <p>Content: Traditionally group talks are organized to communicate ideas or convey information to a group. Usually a leader directs the group talk, and participants participate by asking and answering questions. An “action-oriented” group talk is slightly different. Facilitators encourage participants to personalize the information and to try something new or different (an action) from what they normally do. At the next scheduled meeting, participants should be prepared to discuss their experiences.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Observation checklist <p>Time: 2 hours and 30 minutes</p> <p>Activity: Ask participants in pairs to facilitate a group talk using ORPA for action-oriented groups:</p> <ul style="list-style-type: none"> • Men’s groups • Women’s’ groups <ul style="list-style-type: none"> - Mother’s of children 0–6 months - Mother’s of children 6–12 months • Grandmothers’ groups <p>Ask participants who do not facilitate the talks to observe the talks using the observation checklists.</p> <p>-----</p> <p>Materials:</p> <ul style="list-style-type: none"> • Flipchart to record themes and tips <p>Time: 60 minutes</p> <p>Activity: Ask observers for each group on their return share their experience facilitating a group talk using ORPA. Ask them to discuss strengths, weaknesses, difficulties, and satisfaction with this approach.</p> <ol style="list-style-type: none"> 1. How did it go? 2. Do you feel good about the experience? 3. What worked? 4. What did you have trouble with? 5. What do you think group members will do as a result of the talk? <p>On flipchart paper list common experiences and feelings and suggestions for improvement.</p>

33. Preparation for Negotiation Visit #2

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to conduct an effective follow-up visit based on the criteria indicated in the observation checklist.</p> <p>Content: <i>Case study for demonstration</i> You visited a mother of a 9-month old last week who was feeding watery porridge once a day. You talked with the mother about the need to thicken and add other foods to the porridge and give fruit every day. Miriam said she would increase the thickness of the porridge, add fish flour and shea butter, and give this twice a day to her baby. She said she would also mash up a fruit and give it every day as a third meal or snack. As the fourth meal, she would give vegetables from the family pot, mashed up but still thick. You are going to find out whether anything has prevented her from doing what she said she would try. She continues to breastfeed her baby.</p> <p><i>Observation checklist</i></p> <ul style="list-style-type: none"> • Greet the mother and establish rapport. • Ask whether she tried what she agreed to do during the previous visit. • Ask what happened when she tried the new practice. • Ask whether she made any changes to the agreed practice. • Ask what problems she had. • Help her solve problems. • Ask whether she likes the new practice, and thinks she will continue. • Ask whether she noticed a difference in the child's behaviour or appetite. • Praise the mother and motivate her to continue the practice. • Remind the mother to take the child to be weighed (attend well baby clinic). • Tell the mother where she can get support. 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Handout 33: "Observation Checklist for Negotiation Visit #2" on a flipchart <p><u>Time:</u> 45 minutes</p> <p><u>Activity:</u> Read visit #2 case study aloud. Facilitators demonstrate negotiation visit #2 using the case study. Review the steps in visit #2 using the observation checklist and ask participants for comments. Answer questions.</p> <p>Divide participants into triads to practice breastfeeding visit #2 and complementary feeding visit #2. Ask participants to use their experience from visit #1 and the behaviours that the mothers agreed to try for the role-plays.</p> <p>Review the schedule for tomorrow's negotiation visit #2.</p>

34. Field Practice—Negotiation Visit #2

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to determine whether the mother was able to try the new behaviour, liked it, and intends to continue the practice.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Handout 33: Observation checklist for visit #2 • Recording sheet <p><u>Time:</u> 2½ hours</p> <p><u>Activity:</u> Participants in pairs meet community women from visit #1 to follow up and find out whether the women tried the agreed practice.</p> <hr style="border-top: 1px dashed black;"/> <p><u>Materials:</u></p> <ul style="list-style-type: none"> • Flipchart with negotiation visit record matrix from visit #1 <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> Ask each participant to complete the charts from visit #1. In plenary ask each pair to share its experience talking with mothers: strengths, weaknesses, difficulties, and feelings of satisfaction. Ask pairs what were the results of the visit? What were the mothers' reactions? What modifications were made to the proposed practice? Do they intend to continue? How do participants feel about the process in general.</p>

35. Participant Review

Objective/content/messages	Materials/times/activities
<p>Note: Do this only at the end of the community training. If the training is a TOT, wait until the last day of the entire workshop.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape <p><u>Time:</u> 2 hours</p> <p><u>Activity:</u> Divide participants into working groups of three to four. Ask each group to use flipchart paper to summarize the training (using words or images) based on the following questions:</p> <ul style="list-style-type: none"> • What were the main topics we examined? • What are some of the key messages we have learned? • What did you get out of the training? • What ideas and new information will you be using from this training? How? <p>Ask groups to share their summaries.</p>

36. Post-test and Evaluation

Objective/content/messages	Materials/times/activities
<p>Content: Questions for post-test:</p> <ul style="list-style-type: none"> • Should a woman breastfeed immediately after the baby is born? C • Should a mother breastfeed on a schedule in order to have enough milk? I • After 4 months, should a mother begin to add foods in addition to breastmilk? I • When a mother begins to give foods to a baby, should she start with watery porridge? I • Should a 6–9-month old eat 3 meals a day? C • Should children 12–24 months old eat at least 5 meals a day? C • Does the first milk (colostrum) clean the stomach and serve as the first immunization for the baby? C • Should you give teas, water, and breastmilk to infant during the first 6 months? I • Does a pregnant woman need to eat more than a woman who is not pregnant nor lactating? C • After the first 6 months, is it good to continue to give only breastmilk? I • Should young children have their own plates while they are eating? C • Can the ORPA methodology alone help to motivate someone to change infant feeding practices? I • Is telling a mother what to do an effective way to improve how she feeds her child? I • Are carrots, pumpkins, mangoes, paw paw and green leafy vegetables the foods that contain vitamin A? C • Will adding oil to the child’s food ensure that s/he grows tall? I • Are potatoes, tomatoes, oranges, and bananas the foods that contain iron? I • Are animal products and legumes the foods that contain protein and help a child to grow? C 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 36a: Post-test, or green and red cards • Handout 36b: Post-test answer key • Handout 36c: Evaluation form <p>Time: 45 minutes</p> <p>Activity: Use the same method used to administer the pre-test.</p> <p>Pass out copies of the post-test to participants and ask them to complete them individually. Tell them they have 30 minutes to complete the post-test. Give them a 5-minute and 2-minute warning.</p> <p>Correct all the tests as soon as possible, analyzing topics that cause disagreement or confusion and that will need to be addressed. Record the change in the score from the pre-test to post-test.</p> <p style="text-align: center;">or</p> <p>Have participants sit in chairs in a circle with their backs facing the middle. Pass out a red and a green card to each participant. Explain that a question will be read aloud and that if they think the statement is correct or true, they should raise the green card. If they think that the statement is incorrect or false, they should raise the red card.</p> <p>Ask one facilitator to record questions or topics that still cause disagreement or confusion. Note these topics for later discussion.</p> <p>Pass out copies of the evaluation form to each of the participants. Encourage them to be honest and specific so that the workshop can be improved.</p>

Behaviour Change Communication for Improved Infant Feeding

Training of Trainers

1. Training Techniques Review

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify different training techniques. • List the steps used to teach a skill. <p>How to teach a skill:</p> <ul style="list-style-type: none"> • Discuss the skill and the reason to do it • Demonstrate (perfect model) • Discuss • Practice in class (everyone practices with the same case) • Discuss • Practice in class (everyone practices with different cases) • Discuss • Field practice in real situation • Discuss 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout T1: “How to Teach a Skill” <p>Time: 20 minutes</p> <p>Activity: Explain that because this is a TOT, some time will be spent on training techniques each day. Tell trainees that it is important to think about the content and skills we are trying to teach and to design learning activities accordingly. Ask them to think about the following sessions in the workshop and how they differed:</p> <ol style="list-style-type: none"> 1. BCC presentation (large group) 2. How the breast makes milk (small groups and drawing) 3. Positioning and attachment (skill practice in real setting) <p>In plenary have participants answer the following questions about each session:</p> <ul style="list-style-type: none"> • What did we do? • Why did we do that? • What educational principle was used? • Could another method have been used? • Why didn't we use that other method? • Would the other method have been more effective? <p>Discuss how to teach a skill. Ask participants to share their experience learning about correcting positioning and attachment. Ask them to compare that experience with other skills they have learned.</p> <p>List training techniques on flipchart paper. Keep a running list of techniques used throughout the training and encourage participants to add to the list at any time.</p>

2. Thinking, Feeling, Doing

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to name examples of learning activities that involve thoughts, feelings, and or actions.</p> <p>Content: Learning takes place across three domains:</p> <ul style="list-style-type: none"> • Ideas (thinking) • Feelings or emotions (feeling) • Actions (doing) <p>Formal education often focuses on ideas or thinking. Effective learning requires more than just studying ideas and sharing information. How we feel about the ideas we are learning and what we can <i>do</i> with those ideas also influence learning.</p> <p>The deepest learning takes place in the affective domain, where learning becomes personal by engaging the feelings. When learners do something related to the information they are learning, it helps make the activity or information real to them. When designing learning activities, try to combine all three.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape • Handout T2: “Thinking, Feeling, Doing” drawn on flipchart <p>Time: 20 minutes</p> <p>Activity: In plenary explain that learning can happen in three different ways: by thinking, feeling, or doing.</p> <p>List the activities used so far in the workshop and ask participants to name what kind of learning was involved. Explain that the ORPA technique makes learners reflect on their feelings and actions.</p> <p>Ask participants to give examples of learning activities they have facilitated or participated in that combine two kinds of learning. Then ask for examples of all three. Explain that learning to dance in a class, for example, can combine all three.</p>

3. Learning Styles

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to name a learning activity for each of the three learning styles.</p> <p>Content: Not everyone learns the same way. Some learn best by reading. Others learn best by listening. Still others learn best by watching. “Learning styles” refers to the variety of ways people take in, store, and retrieve information. Learning styles can give clues about how to best to approach a task. These differences are not related to intelligence, but merely indicate the individual’s preferred method for learning.</p> <p>Only a small percentage of people learn best by listening, but most teaching and training is directed to this style of learning. Using different styles and combining styles can enhance student learning.</p> <p>It is said that people remember: 10% of what they read 20% of what they hear 30% of what they see 50% of what they see and do 70% of what they say 90% of what they say and do 95% of what they teach</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape • Handout T3: “Salute to the Sun” or a handout with a similar activity <p>Time: 45 minutes</p> <p>Activity: Divide participants into three groups. Explain that they will learn something new and will have to show the group what they have learned. One group will receive written directions, one group will receive verbal directions, and another group will be shown how to do the same thing without any words. One facilitator will go with the listening group and one with the seeing group. Give each group 5–10 minutes. In plenary ask each group of participants to show what they have learned. Ask whether any one group seems to have learned it better and why.</p> <p>Teach the same thing to the entire group, saying the directions aloud and showing them how to do it at the same time. Ask the participants to compare the two experiences. Ask whether they learned it correctly the first time and whether it was easier the second time and why.</p> <p>Stress the importance of using different methods to teach groups, based on the different ways adults learn. Encourage participants to be prepared to vary the ways they present information. Emphasize that it is important to think about the kinds of skills and information they are sharing when deciding which learning activities to use. Review handout on teaching methods.</p>

4. Supervision

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to conduct a supervisory visit.</p> <p>Content: Supervisory visits are for helping workers improve their work. These visits should be seen as part of the training strategy and used to motivate the health worker or volunteer. Supervision should not be a record inspection or a subjective evaluation. The supervisor should observe the worker performing a BCC skill set and use a checklist corresponding to the BCC technique observed (e.g., negotiation, action group facilitation, home visit, mother-to-mother support group facilitation, consultation at a facility, consultation at a growth monitoring station using negotiation).</p> <p>The best way to see whether a worker is performing well is to watch him/her perform on the job. Observation should be followed by a discussion about what was observed and the data collected and recorded on the monitoring forms. This is the time to identify an important area the worker can improve before the next visit.</p> <p>People who are praised for the work they do well are motivated to continue their work.</p> <p>If you find something the worker can improve, show him/her how to do it better. Then give him/her a chance to try it with you observing.</p> <p>When you identify something to work on for the next visit, choose something that, if improved, will make the biggest difference. Leave the less important improvements for later, after the first recommendation is mastered.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout T4a: “Hints for Supervisors” • Handout T4b: “Key Steps in a Good Supervisory Visit” <p>Time: 60 minutes</p> <p>Activity: Facilitate discussion in plenary:</p> <ul style="list-style-type: none"> • What is supervision? • Why do you supervise? • What is the goal of supervision? • What should you do in a supervisory visit? Why? • What tools do you need? • Who supervises? <p>Ask one participant pair to role-play a supervisory interview based on their performance during field visits.</p> <p>Divide participants into the groups that facilitated the group talks. Ask observers from the group talk field practice to conduct a supervisory visit with the people who facilitated the group talks.</p>

5. Training Plan Development

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to draft a training plan.</p> <p>Content: Training plans should include the following information:</p> <ul style="list-style-type: none"> • Region • District • Profile of trainees • Trainers • People responsible • Resources needed • Collaborators • Time frame • Expected outcomes 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Handout T5: “Training Plan Template” <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> Ask a ministry of health official to introduce this activity. Explain to participants that their plans will be endorsed when they are presented on the last day of the workshop. Review the training plan template and each of the categories. Answer questions.</p> <p>Form groups by region to begin the design of the training, follow up, and support plans for building BCC nutrition capacity in the region. Provide participants with information on support and resources that will be available to them.</p>

6. Adult Learning Principles

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to name three ways to help adults learn.</p> <p>Content: Adult learning is best achieved through dialogue. Adults have enough life experience to be in dialogue with any teacher about any subject and learn best in relation to that life experience.</p> <p>These 10 principles are ways to begin, maintain and nurture the dialogue:</p> <ol style="list-style-type: none"> 1. <u>Needs assessment</u>: Determine what learners need to learn and make learning address their needs and interests. 2. <u>Safety in environment and process</u>: Make people feel comfortable that it is all right to make mistakes. 3. <u>Order and reinforcement</u>: Start with the easiest topics and build on them. Introduce the most important ones first. Repeatedly reinforce key ideas and skills, using various learning activities. 4. <u>Practice</u>: Practice first in a safe place and then in a real setting. 5. <u>Respect</u>: Appreciate the learner's contributions and life experiences. 6. <u>Thinking, feeling, doing</u>: Learning takes place through thinking, feeling, and doing and is most effective when it occurs across all three levels. 7. <u>Immediately relevant</u>: Learners should see how to use what they have learned in their job or life. 8. <u>Teamwork</u>: Learning from each other and solving problems together makes learning easier to apply to real life. 9. <u>Engagement</u>: Involve learners' emotions and intellect. 10. <u>Accountability</u>: Trainers are responsible for delivering quality training, and ensure learners know how to put the training into practice. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape • Handout T6: "Adult Learning Principles" • Flipchart or overhead with 10 adult learning principles <p>Time: 60 minutes</p> <p>Activity: Ask participants the difference between how adults learn something new and how children learn something new. Explain that adults have life experiences to draw on to relate to new information.</p> <p>Have participants think to themselves about something they have learned during this training. How does it relate to their experience?</p> <p>In plenary have participants define each of the 10 adult learning principles. Divide participants into groups of three and pass out handouts with the 10 principles. Ask them to think of examples of learning activities from this training for each of the principles. In plenary ask participants to share their groups' responses.</p> <p>Stress the importance of the participants' including these principles in their training. Explain that these principles encourage dialogue and should be used in formal training, informal talks, one-on-one counselling sessions, or any situation when adults are learning.</p>

7. Preparation for Practice Training

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to teach BCC skills to fellow participants.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • 2-day practice training plan with methodology, content, and handouts for each of the sessions. <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> Explain the practice training activity:</p> <ul style="list-style-type: none"> • During a 2-day period, participants will replicate the BCC skills training for community health workers, nurses, and NGO staff. • The participants will be divided into two large groups and then form pairs within each group to facilitate the sessions. Both large groups will facilitate the same sessions. • Methodology and materials have already been developed and will be made available for the 2 days to allow participants to focus on their BCC training skills. • The content used for the BCC skills will be the same infant feeding content that was covered during the first week. The sessions will be taken from the training participants have just completed. <p>In plenary pass out the 2-day training schedule and review it session by session with the participants. Allow them to ask questions.</p> <p>Divide the participants into two groups. Facilitators divide up between both groups. In two separate groups:</p> <ul style="list-style-type: none"> • Form pairs that will work together as co-facilitators during the practice sessions and the training. • Assign sessions for both days to pairs, allowing each pair to train on different BCC skills each day. • Assign each pair opening or closing activities on one of the days. <p style="text-align: right;">(continued)</p>

7. Preparation for Practice Training (*continued*)

Objective/content/messages	Materials/times/activities
<p>Content:</p> <p><u>Day 1</u></p> <ol style="list-style-type: none"> 1. Advantages of breastfeeding 2. Early initiation 3. Exclusive breastfeeding 4. BCC 5. Stages of change 6. Using ORPA with a visual in a group setting <p><u>Day 2</u></p> <ol style="list-style-type: none"> 1. Complementary feeding/ FADUA 2. Negotiation 3. Negotiation visit #1 4. Negotiation visit #2 	<p><u>Time:</u> 5 hours</p> <p><u>Activity:</u></p> <p><u>Day 1</u></p> <p>Allow pairs to prepare and practice their sessions for day 1 (breastfeeding and BCC skills) on their own so they will be able to facilitate the session for their group later in the day.</p> <p>After pairs have planned and prepared their sessions for day 1, ask them to rejoin their large group and practice facilitating the sessions for their group. Allow 5–10 minutes at the end of each session for group members to provide feedback to each of the pairs.</p> <p><u>Day 2</u></p> <p>Review the schedule and sessions for day 2 and answer questions. Divide participants into the same two groups. Ask the same pairs in each group to decide who will facilitate which sessions. Explain that these sessions will focus on complementary feeding. Allow pairs to prepare and practice their sessions on their own so they will be able to facilitate the session for their group later in the day.</p> <p>After pairs have planned and prepared their sessions for day 2, ask them to rejoin their large group and practice facilitating the sessions for their group. Allow 5–10 minutes at the end of each session for group members to provide feedback to each of the pairs.</p> <p>After both groups have finished facilitating their sessions for fellow group members, ask the two large groups to come together to share their experience and feelings about facilitating the practice sessions.</p>

8. Seven Steps of Planning

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • List the seven steps of planning, • Use the seven steps of planning when preparing for a training event. <p>Content:</p> <ul style="list-style-type: none"> • <u>Who</u>: The learners and their skills, needs, and resources, as well as the facilitators • <u>Why</u>: The purpose of the event or the situation that calls for it • <u>When</u>: The time frame—date, number of learning hours, breaks, and starting and finishing time each day • <u>Where</u>: The location with details of available resources and equipment and arrangement of the space • <u>What</u>: The content of the learning event; the skills, knowledge and attitudes that will be presented • <u>What for</u>: The learning objectives—what participants will be able to do as a result of the learning activity • <u>How</u>: Learning tasks or activities that will enable participants to accomplish the learning objectives <p>There is no correct order for the planning steps. This activity simply makes participants think about the questions they should think about and answer when preparing for a training.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Sets of cards marked “Who,” “Why,” “When,” “Where,” “What,” “What for,” and “How” • Handout T8: “Seven Steps of Planning” <p>Time: 30 minutes</p> <p>Activity: Divide participants into groups of four. Pass out sets of cards marked “Who,” “Why,” “When,” “Where,” “What,” “What for,” and “How.” Explain that participants should think about these questions when they are planning a training. Ask participants to put the cards in the order they would use if they were preparing a training.</p> <p>As a large group, walk around to each of the areas where participants have laid out their steps. Have participants present the order they selected and why.</p> <p>Ask participants to return to their groups. Pass out handouts of the seven steps of planning. Ask participants to answer each of the questions based on this workshop. In plenary have participants share their responses.</p>

9. Final Training Plans

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Develop a training plan. • Present their training plan. 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Draft training plans <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> Ask participants form the same groups by region to finalize the design of the training sessions, including follow up and support plans for enhancing BCC skills and techniques in their areas. Remind participants that the plan will be presented on the last day of the workshop.</p> <p>-----</p> <p><u>Materials:</u> Completed training plans</p> <p><u>Time:</u> 2 hours</p> <p><u>Activity:</u> Ask each region to present its plan to train community health workers in infant feeding and behaviour change communication. Ask ministry of health officials to give feedback and offer suggestions.</p>

12. Review of Practice Training Experience

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to reflect on their experience facilitating sessions on BCC skills and infant feeding.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> At the end of each day, in a large group, ask participants to discuss their experience and feelings about the training, based on the following questions:</p> <p>What?</p> <ul style="list-style-type: none"> • What did you do? • What did you observe? What did you think about? • What were your feelings about it? <p>So what?</p> <ul style="list-style-type: none"> • What did you learn? Relearn? • What benefits, if any, did you get from the experience? <p>Now what?</p> <ul style="list-style-type: none"> • How will you do things differently in the future? • What can you do to apply what you have learned? Will anything in particular be easier the next time? Harder? <p>Facilitators share their observations and offer feedback. List common experiences and suggestions on a flipchart.</p>

Behaviour Change Communication for Improved Infant Feeding

Training of Trainers

Two-Day Practice Training

1. Introductions and Objectives

Learning objectives/content	Materials/Times/Activities
<p>Welcome</p> <p>Introductions</p> <p>Learning objectives:</p> <ul style="list-style-type: none"> • Name three advantages of breastfeeding. • Define exclusive breastfeeding. • List key recommendations for complementary feeding, using the acronym FADUA. • Apply the ORPA methodology, using a counselling card in a group talk. • Negotiate with a mother to improve breastfeeding and complementary feeding, using ARARA. 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Flipchart with learning objectives <p><u>Time:</u> 15 minutes</p> <p><u>Activity:</u> Welcome participants and review the purpose of this training: to give trainers an opportunity to practice and participants an opportunity to learn about behaviour change communication and infant feeding.</p> <p>Divide the group into pairs. Ask participants to share their names, positions, and organizations and try to find three things they have in common. Then ask them to introduce each other to the group and share one thing they have in common.</p> <p>Present learning objectives to participants. Answer questions.</p>

2. Advantages of Breastfeeding

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session participants will be able to list advantages of breastfeeding for the baby, mother, family and community.</p> <p>Content: <i>Advantages for baby</i></p> <ul style="list-style-type: none"> • Supplies all necessary nutrients in proper proportions • Digests easily and does not cause constipation • Protects against diarrhoea • Provides antibodies that protect against common illnesses • Protects against infection, including ear infections • During illness keeps baby well hydrated • Reduces the risks of allergies • Is always ready at the right temperature • Increases mental development • Prevents hypoglycemia (low blood sugar) • Promotes proper jaw, teeth, and speech development • Suckling at the breast is comforting to fussy, overtired, ill, or hurt baby • Promotes bonding • Is the baby's first immunization <p><i>Advantages for mother</i></p> <ul style="list-style-type: none"> • Reduces blood loss after birth (early or immediate breastfeeding) and helps expel the placenta • Saves time and money • Makes night feeds easier • Delays return of fertility • Reduces the risk of breast and ovarian cancer <p><i>Advantages for family and community</i></p> <ul style="list-style-type: none"> • Is available 24 hours a day • Reduces cost for medicines for sick baby • Delays new pregnancy • Reduces time lost from work 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Pieces of paper in three colours, markers, masking tape • Title cards: Baby, Mother, Family and Community • Handout 5: "Advantages of breastfeeding for baby, mother, and family" <p><u>Time:</u> 30 minutes</p> <p><u>Activity:</u> Pass out coloured cards to form three working groups to discuss:</p> <ul style="list-style-type: none"> • Advantages for the baby (<u>blue</u>) • Advantages for the mother (<u>green</u>) • Advantages for the family and community (<u>red</u>) <p>Ask working groups to write one advantage per card for their topics (pass out additional cards as needed).</p> <p>Post title cards on the wall:</p> <ul style="list-style-type: none"> • Advantages for Baby • Advantages for Mother • Advantages for Family and Community <p>Ask each group to post its cards with advantages under appropriate title cards.</p> <p>Ask the groups to explain each card as they post it and ask the other groups whether they have any advantages to add.</p> <p>Pass out "Advantages of Breastfeeding" handout.</p>

3. Initiation of Breastfeeding

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to give two reasons for the importance of immediate initiation of breastfeeding.</p> <p>Content: Early initiation of breastfeeding helps expel the placenta and reduce bleeding.</p> <p>The first milk (colostrum or yellow milk) is the baby's first immunization and contains everything the baby needs until the milk starts to flow (about the third day after birth).</p> <p>Immediately putting the baby the breast can prevent engorgement.</p> <p>Key message:</p> <ul style="list-style-type: none"> Put the baby to the breast immediately after delivery (within the first 30 minutes). 	<p>Materials:</p> <ul style="list-style-type: none"> Flipchart paper, markers, masking tape <p>Time: 50 minutes</p> <p>Activity: Ask working groups of four to six people to respond to the following questions, based on practices in their communities (20 minutes):</p> <ol style="list-style-type: none"> Who is with a woman when she gives birth? What do family members do to prepare before birth and at the time of the birth? Who delivers the baby? What is done with the baby immediately after birth? Where is the baby placed? What is given to the baby to eat or drink as soon as s/he is born? Why? When is the baby placed at the mother's breast? Why? <p>Facilitate discussion in plenary. Ask each group to present its findings. Write responses on flipchart. Compare current practices to optimal infant feeding practices as each question is reported. Answer questions and correct misinformation (30 minutes).</p>

4. Exclusive Breastfeeding

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Define exclusive breastfeeding • Explain why exclusive breastfeeding is important <p>Content</p> <ul style="list-style-type: none"> • Put the baby to the breast immediately after birth and allow baby to remain with the mother. • Breastfeed frequently, as often and as long as the baby wants, day and night. • Give only breastmilk (no water, other liquids, or foods) the first 6 months (exclusive breastfeeding). • Breastmilk contains enough water and nutrients for babies 0–6 months old. • Continue breastfeeding even if the mother or the baby becomes ill. • Avoid using bottles, pacifiers (dummies), or other artificial nipples. • Mothers should eat and drink enough to satisfy their own hunger and thirst. <p>Key messages:</p> <ul style="list-style-type: none"> • Give only breastmilk for the first 6 months, giving no water, other liquids or foods. • Breastmilk contains all the water and food the baby needs for the first 6 months of life. 	<p>Materials:</p> <ul style="list-style-type: none"> • Questions for working groups on exclusive breastfeeding written on flipchart • Flipchart paper, markers, masking tape • Handout 9a: “Optimal Breastfeeding Practices for Infants 0–6 Months” • Handout 9b: “Composition of Breastmilk” • Handout “LINKAGES Facts for Feeding, 0–6 Months” <p>Time: 30 minutes</p> <p>Activity: Ask working groups to respond to the following questions, based on practices in their communities:</p> <ul style="list-style-type: none"> • When and how many times a day do mothers in your community breastfeed? A night? • Do mothers of babies under 6 months old give their babies water, other liquids, or foods? Which liquids and foods? Why? • What are barriers to changing this behaviour of giving water, liquids or foods to babies under 6 months old? <p>In plenary facilitate a discussion around participants’ responses to these questions. Write responses on the flipchart. Compare current practices to optimal infant feeding practices as each question is reported. Answer questions and correct misinformation. Pass out “Facts for Feeding” and handouts 9a and 9b.</p> <p><i>Note:</i> If participants are skeptical about the adequacy of water in breastmilk, suggest that they ask a mother to express breastmilk into a glass and wait a few hours until the water separates from the cream. Or draw handout: 9b on a flipchart to show the composition of breastmilk. Invite participant’s own testimonies.</p>

5. What is Behaviour Change Communication?

Objective/content/message	Materials/times/activities
<p>Learning objective: By the end of this session participants will be able to define behaviour change communication.</p> <p>Content: Behaviour change communication is listening, understanding, and then negotiating with people and communities for long-term positive health behaviour.</p> <p>Talking with people, listening to them, and having them agree to try something new, not just telling them to do something different, is a critical piece of any successful nutrition BCC program.</p> <p>Key idea: Listen to, understand, and then talk with people and communities for long-term, positive changes in health behaviours.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart, markers, masking tape <p>Time: 60 minutes</p> <p>Activity: In plenary ask participants:</p> <ul style="list-style-type: none"> • What are our goals when we promote exclusive breastfeeding and complementary feeding? • How can we change infant nutrition? • How can we convince a mother to change her feeding practices? • Does telling a mother what to do change her behaviour? <p>Discuss how giving someone information is usually not enough to change behaviour. Explain that behaviour change communication is a way to communicate with people by listening, understanding, and negotiating so they will change their behaviour.</p> <p>Divide participants into groups of four or five. Ask the groups to think about a time when they had a problem and someone told them what to do. Ask them to remember how they felt. Encourage group members to share their feelings. Ask them to look for common themes or feelings.</p> <p style="text-align: center;">(continued)</p>

5. What is Behaviour Change Communication? (continued)

Learning objectives/content	Materials/times/activities
	<p>Ask participants to think about a time when they had a problem and another person listened attentively and helped them come up with their own solution. Ask them to remember how they felt in this situation. Encourage group members to share their feelings. Ask them to look for common themes or feelings and compare the two experiences.</p> <p>In plenary discuss the differences between how it felt to be told what to do and how it felt to be asked what they wanted to do. Ask a few participants to share their feelings. Write common themes on a flipchart. Discuss how these experiences relate to communicating with mothers and caregivers. Ask a way to get people to change their behaviour. Ask how we can be facilitators when we counsel mothers. Explain that this training focuses on facilitating behaviour change.</p>

6. Stages of Behaviour Change

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain awareness, trial, and adoption stages of behaviour change • Explain why knowledge is not enough <p>Content: Behaviour change is usually a gradual process consisting of identifiable stages. Long-term change occurs as people gain skills and increase self-confidence through repeated trials and reinforcement.</p> <p>Stages of change and interventions to encourage change</p> <ul style="list-style-type: none"> • Never heard about it—Give information • Heard about it—Negotiate • Trying it out—Praise, discuss benefits • Continuing to do it—Support <p>Case studies:</p> <ul style="list-style-type: none"> • A woman has heard the new breastfeeding information, and her husband and mother-in-law also are talking about it. She is thinking about trying exclusive breastfeeding because she thinks it will be best for her child. • A woman has brought her 8-month-old child to the baby weighing session. The child has lost weight. The health care worker tells her to give her child different food because the child is not growing. • The past month a health worker talked with a mother about gradually starting to feed her 7-month-old baby three times a day instead of just once a day. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day. <p>Key idea:</p> <ul style="list-style-type: none"> • Find out what the target audience knows and negotiate towards a “trial”. 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 20a: “Stages of Behaviour Change” • Handout 20b: “Stages of Change and Interventions” <p>Time: 30 minutes</p> <p>Activity: Show model of the stages of behaviour change. Emphasize that just giving information may not be enough to convince a person to change. Discuss each of the stages and the interventions to help people move through each stage.</p> <p>In plenary ask participants to close their eyes and think about a personal behaviour they are trying to change (not alcohol or tobacco, because they are addictive). Ask them to think about at what stage they are and why. Ask what they think they will need to move to the next stage.</p> <p>When participants show that they understand the stages of change and the interventions, ask them to answer questions about the stages of change and appropriate interventions based on case studies.</p>

7. Using ORPA with a Counselling Card: Early Initiation of Breastfeeding

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Facilitate a group talk using ORPA with a counselling card • Communicate key messages on early initiation of breastfeeding <p>Content:</p> <p>1. OBSERVE Hold the visual for all to see and ask:</p> <ul style="list-style-type: none"> • Who do you see in the picture? Where are they? • What are they doing in the picture? • How does the character feel about what s/he is doing? Why is s/he doing that? <p>5. REFLECT</p> <ul style="list-style-type: none"> • What do you think of what each person is doing in the picture? • Whom do you agree with? Why? • Whom do you disagree with? Why? • What is the advantage of adopting the practice shown on the counselling card? <p>Discuss the key messages related to the card's topic.</p> <p>6. PERSONALIZE</p> <ul style="list-style-type: none"> • What do the women (or others) in this community do in the same situation? Why? • What would YOU do in the same situation? Why? • What difficulties have you experienced? • Were you able to overcome them? How? <p>7. ACT Repeat the key messages</p> <ul style="list-style-type: none"> • Ask the group if they would be willing to try or recommend the practice. • Ask group how they might overcome any barriers to trying the new practice. • Set a time for the next meeting to talk about what happened when participants tried the new practice and how they overcame any barriers. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipcharts based on handout 12a: "How We Learn," using the ORPA cycle • Handout 12b: "How to Use a Counselling Card with a Group" • Early initiation counselling card • Flipchart based on handout: 12c: "Observation Checklist: Using a Visual with a Group" <p>Time: 45 minutes</p> <p>Activity: Introduce ORPA by drawing on the flipchart a cycle of a child experiencing touching fire and then ORPA with a group discussion. Explain that ORPA is used to encourage people to reflect on and personalize their experience to learn from them and make a decision to change their behaviour. Connect ORPA to stages of change.</p> <p>Demonstrate how to use ORPA with a group using a counselling card on early initiation. Discuss the demonstration using a flipchart with observation checklist</p> <p>Ask participants in groups of five to practice facilitating an action-oriented group discussion on early initiation. Ask them to take turns being the observers, facilitators, and participants. Ask observers to use the observation checklist to give feedback to the facilitator.</p> <p>Facilitate a discussion with participants about their experiences using ORPA. Ask participants whether they could use ORPA with a drama and how. Ask whether ORPA could be used in other situations.</p>

8. Review of Key Topics

Learning objectives/content	Materials/times/activities
<p>Questions for review:</p> <ul style="list-style-type: none"> • How long should you breastfeed exclusively? • Why should breastfeeding be initiated early? • True or false: sometimes breastfeeding can cause diarrhoea. • What is exclusive breastfeeding? • True or false: Babies cry only when their mothers don't have enough breastmilk. • Name one reason why one should not give babies bottles. • True or false: The first milk is not healthy for a newborn baby. • How is behaviour change communication different from giving information? • What stage of behaviour is someone at if they have never heard of a practice? 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Review questions • Ball <p><u>Time:</u> 30 minutes</p> <p><u>Activity:</u> Introduce the ball game to review key topics covered in the training. The facilitator gives a ball to someone and then reads a review question. The person with the ball throws it to someone else. Whoever catches the ball has to answer the question. The person who answers the question then throws the ball to someone else, and the facilitator reads a new question. Continue playing until each participant has answered.</p>

9. Complementary Feeding (FADUA)

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • State the age at which children should begin to eat complementary foods • List optimal feeding practices using FADUA • State recommended frequency of feeds for each age group <p>Content:</p> <ul style="list-style-type: none"> • Complementary feeding is giving other foods and fluids in addition to breastmilk. • Complementary foods are needed to <u>fill the gap</u> between the total nutritional needs of the growing and increasingly active child and the amounts provided by breastmilk beginning at 6 months. • During the complementary feeding period, the baby <u>gradually</u> becomes accustomed to eating family foods in addition to breastfeeds. <p>Optimal complementary feeding—FADUA: Frequency—Progressively Increase complementary feeding frequency, using meals and snacks: 3 times a day from 6 to 9 months 4 times a day from 9 to 12 months 5 times a day from 12 to 24 months Amount—Offer adequate amount of food while maintaining frequent breastfeeding. Density—Increase food’s nutrient density by adding fruits, vegetables, or animal products to staple foods. Porridges should be thick enough to stay on a spoon. Utilization—Practice good hygiene to reduce infection and prevent parasites from contaminated foods or contaminated bowls or spoons to ensure the food is used by the baby. Active feeding—Help and encourage the child to eat. Use a separate bowl to make sure the child gets enough.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart with FADUA • Flipchart paper, markers, masking tape • Handout 15a: “Recommended Feeding Practices for Children 6–24 Months” • Handout 15b: “FADUA—Helping Mothers Select Complementary Foods” • “LINKAGES Facts for Feeding: Recommended Feeding Practices for Children 6–24 Months” <p>Time: 30 minutes</p> <p>Activity: In plenary ask participants to answer the following questions on optimal infant feeding practices for children in each age group (6–9 months, 9–12 months, and 12–24 months). Record responses on a flipchart.</p> <ol style="list-style-type: none"> 6. How many times a day should a ____ month-old child eat? 7. How much should a ____ month-old child eat? 8. What kinds of foods should be combined to make a nutritious meal? 9. How should food be prepared to make sure it is safe? 10. How should a mother or caregiver act when s/he is feeding her child? Is there anything in particular that she should do before or during a feed? <p>Introduce FADUA to help health workers communicate with mothers and caregivers to make infant and young child feeding recommendations for optimal infant feeding practices. Explain briefly the meaning and related recommendations of each letter in FADUA.</p>

10. Understanding Nutrient Density—The D in FADUA

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to explain how other ingredients can be added to staple foods to meet a child’s nutritional needs</p> <p>Content: Porridge can be made from any staple food. When porridge is prepared, the starch in the staple absorbs water and swells, making it thicken. Many caregivers believe that making thin porridge and adding a lot of water will make it easier for the child to eat. But adding a lot of water to porridge or soup reduces the energy and nutrient concentration of the child’s food.</p> <p>Even if a child were to take as much thin porridge or soup as her/his stomach could hold, it would not be enough to meet nutritional needs. To make a porridge more energy and nutrient dense:</p> <ul style="list-style-type: none"> • Cook with less water. Porridge should be too thick to drink and should stay easily on a spoon. • Replace water with milk. • Add “extras” to enrich thick porridge, such as groundnut paste, beaten eggs, or bean flour. • Add fatty or oily foods, such as shea butter, margarine, or oil, to porridge. This also makes it easier for a young child to eat. <p>Young children must eat other foods to meet their energy and nutrient needs.</p> <ul style="list-style-type: none"> • Pulses (peas, beans, groundnuts) and oil seeds (sesame seeds) • Foods from animals such as meat, fish, poultry, milk, eggs, or liver • Dark green leafy vegetables and orange-coloured fruits and vegetables • Oils, fats, and sugars 	<p>Materials:</p> <ul style="list-style-type: none"> • 10 cups or small bowls • Soda bottle (or other container) cut or marked to show 200ml • Handout 16: “Sample meal plans for children 6–24 months” <p>Time: 30 minutes</p> <p>Activity: In plenary ask participants whether children in their communities are fed thin or watery porridge or soup. Explain that a 10–month old would have to eat 10 bowls of thin porridge or soup to meet his or her nutritional needs. Hold up a soda bottle or other measure to show how much a child’s stomach can hold (do not mention the exact size).</p> <p>Ask participants: Can a baby of this age eat 10 bowls of porridge a day in addition to breastmilk? Why not?</p> <ul style="list-style-type: none"> • <i>The baby’s stomach is too small.</i> <p>Point to the soda bottle or other measure again.</p> <p>Ask how to get the nutrients into four bowls.</p> <ul style="list-style-type: none"> • <i>We have to add other foods to make the porridge denser in nutrients. This will make it possible to get more food into a smaller space so the child will not become full before getting what s/he needs to develop and grow.</i> <p>Suggest adding groundnut paste (one teaspoon the first day, gradually increasing to one tablespoon) to the porridge for the first meal of the day. Then suggest taking away one bowl because the breakfast bowl has more energy and nutrient-rich food.</p> <p style="text-align: right;">(continued)</p>

10. Understanding Nutrient Density—The D in FADUA (continued)

Objective/content/messages	Materials/times/activities
<p>Refer to handout 16 for sample meal plans for children 6–24 months old.</p> <p>Key messages:</p> <ul style="list-style-type: none"> • Mothers should continue on-demand breastfeeding, day and night, and improve the quality and quantity of foods children eat. • Appropriate complementary feeding promotes growth and development and prevents stunting among children 6–24 months old. 	<p>Next, suggest enriching the second meal of the day. Ask participants what to start with, and what can be added to that. Ask participants to add some ingredients.</p> <p>Next say, “We have added and How many bowls can we take away? If we add these foods to the second meal to make it more nutrient dense, the child only needs to eat this one when the family is eating their noon meal.”</p> <p>Next say, “For the third meal of the day, the child still has two extra bowls that need to be condensed into one meal or serving. How can we do that?”</p> <p>Ask participants what the staple in this bowl is and what can be added to make it more nutrient dense. Say, “We have added and How many bowls can we take away?”</p> <p>Explain to participants that the young child’s energy and nutrient needs are met by the result: three bowls of food and one fruit per day. Explain that a child who eats like this every day will grow to be strong and healthy.</p> <p>Explain that at 12 months the child should be introduced to family foods (or sooner if the food is without pepper). Soups and stews have to be enriched other foods, as appropriate.</p> <p>Answer questions and repeat key messages.</p>

11. Introduction to Negotiation

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to explain why negotiation can be an effective tool for influencing behaviour change.</p> <p>Content: Using negotiation in nutrition during a consultation or a home visit means:</p> <ol style="list-style-type: none"> 4. Helping mothers or other family members understand how to improve their child's feeding 5. Asking them to try one or more new practices 6. Helping them overcome barriers to trying and or adopting improved feeding practices <p>This method motivates mothers or other family members to try the recommended new practice. Once they have tried the new practice, they usually see the benefits and will maintain them. Negotiation can be done during consultation at the facility, at the growth monitoring site, or during home visits.</p> <p>Two contacts with the mother or family are recommended, as follows:</p> <ul style="list-style-type: none"> • Contact #1: Make recommendations based on the baby's health and age and current practices that may not be optimal. Identify one practice that would make the child healthier. Ask whether the mother is willing to try the new practice. • Contact #2: Follow up the first visit(s) to see how the new practice is going and, if needed, make a new recommendation according to the age of the baby. <p>Key idea:</p> <ul style="list-style-type: none"> • Negotiation is important because giving information is usually not enough to change behaviour. 	<p>Time: 30 minutes</p> <p>Activity: Review stages of change, reminding participants that information is sometimes not enough to cause someone to change behaviour.</p> <p>Facilitators role-play a home visit between a poor mother and a health agent. The health worker talks to the mother and lists all the food she should give to the child but does not ask what food is available to the mother. The mother agrees to everything the health worker says but does not ask questions or appear to really want to try what the health worker suggests.</p> <p>Ask participants what the mother is thinking and why she says, "Yes" but thinks, "I can't do that."</p>

12. Negotiating Behaviour Change in Complementary Feeding Practices, Part 1

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • List the first two steps in the negotiation process (A, R) • Listen to a mother and recommend appropriate feeding options (using FADUA) <p>Why negotiation? Because sometimes giving information is not enough to change behaviour.</p> <p>Negotiation process, part 1 A: Ask the mother (using FADUA) how she is feeding her infant and listen to what she says. R: Recommend options or encourage or congratulate the mother, based on the information that she gives. (Note: Not everyone needs to change the way they feed their children.)</p> <p>When the negotiation process is divided into two parts, participants should be able to focus on asking and listening to the mother. FADUA can be used to guide the health worker to focus questions and help recommend feasible options.</p> <p>Case studies:</p> <ul style="list-style-type: none"> • A mother of a 7-month old is only giving breastmilk. • The baby is 7 months old and eats a small bowl of porridge once a day. • The mother has bean flour and shea butter available. • The baby is 10 months old, and the mother gives bites of adult food at mealtime only 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 22a: “The Art of Negotiation” • Handout 22b: “Observation Checklist for Contact #1” • Handout 22c: “Feeding Recommendations: Negotiation Guide” • Handout 22d: “Example of Negotiation Contact #1, Complementary Feeding” <p>Time: 40 minutes</p> <p>Activity: Facilitators demonstrate the first steps of negotiation in a role-play between a health worker and a mother of a 6½-month-old baby who is breastfeeding and is given one small dish of porridge a day. Refer to handout 22c: “Feeding Recommendations: Negotiation Guide, 6–12 Months.”</p> <p>Discuss the first part of the negotiation process (AR: Ask the mother, Recommend options). Discuss how participants would prioritize the behaviours to focus on. Ask them to identify the facilitator’s actions that correspond to the various steps.</p> <p>Divide participants into groups of three. Explain that they will role-play to practice the first steps of negotiation in triads, with one person as the mother, one as the health worker, and one as the observer. Explain that a case study will be read aloud and they will have 5 minutes to conduct the role-play. After each role play, the observer will give feedback. After time is given for feedback, participants will switch roles in their triads, and another case study will be read aloud. Continue until all participants have acted in each role.</p> <p>In plenary facilitate a discussion about their experience and answer questions.</p>

13. Negotiating Behaviour Change in Complementary Feeding Practices, Part 2

Objective/content/messages	Materials/times/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • List the three final steps in the negotiation process, using ARA • Negotiate with a mother to try an agreed infant feeding practice (using FADUA) • Demonstrate all five steps of the negotiation process in a role play <p>Content: Negotiation process, part 2 A: Negotiate with the mother to agree to try one of the options that was recommended. R: Remind the mother of the practice. A: Make a follow-up appointment.</p> <p>In the second part the emphasis is on negotiating with the mother to try one of the practices recommended during the first part.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 22a: “The Art of Negotiation” • Handout 22b: “Observation Checklist for Contact #1” • Handout 22c: “Feeding Recommendations: Negotiation Guide, 6–12 Months” • Handout 22d: “Example of Negotiation Contact #1” <p>Time: 60 minutes</p> <p>Activity: Facilitators continue to demonstrate the last steps of a negotiation role-play between a health worker and a mother of a 6½-month-old baby who is breastfeeding and is given one small dish of porridge a day. Refer to handout 22c: “Feeding Recommendations: Negotiation Guide, 6–12 Months.”</p> <p>Discuss the last part of the negotiation process (ARA: Agreement, Remind, Appointment). Have participants identify facilitator’s actions that correspond to the various steps.</p> <p>Ask participants to return to their groups of three and continue with the same case studies in the same roles as before. Ask the observer to continue to give feedback after each role-play. Announce when it is time to switch to a different role-play.</p> <p>In plenary facilitate a discussion of participants’ reactions to the role-plays, asking:</p> <ul style="list-style-type: none"> • How did you feel as the mother? • How did it go, from your point of view? • How did you feel as the health worker? • How did it go, from your point of view? • What was difficult? • What can you improve?

14. Preparation for Negotiation Visit #2

Objective/content/messages	Materials/times/activities
<p>Learning objective: By the end of this session, participants will be able to conduct a follow-up visit.</p> <p>Content: <u>Observation checklist</u></p> <ul style="list-style-type: none"> • Greet the mother and establish confidence. • Ask whether she tried the agreed practice. • Ask what happened when she tried the agreed practice. • Ask whether she made any changes to the agreed practice. • Ask what problems she had. • Help her solve the problems she had. • Ask whether she likes the agreed practice and thinks she will continue. • Praise the mother and motivate her to continue the practice. • Remind the mother to take the child to be weighed (attend well-baby clinic). • Tell the mother where she can get support. 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout P14: “Observation Checklist for Negotiation Visit #2” on a flipchart <p>Time: 45 minutes</p> <p>Activity: Facilitators demonstrate negotiation visit #2, using the same case study as in visit #1. Review the steps in visit #2 using the observation checklist and ask participants for comments. Answer questions.</p> <p>Divide participants into triads to practice breastfeeding visit #2 and complementary feeding visit #2. Ask them to use the case studies from their role-plays for visit #1 for the follow-up visit.</p> <p>Facilitate a discussion of their experience. Ask whether they think that they can do it and why or why not.</p>

15. Review of Key Topics

Learning objectives/content	Materials/times/activities
<p>Questions for review:</p> <ul style="list-style-type: none"> • What does ARARA stand for? • When should complementary foods be introduced? • What method can be used to improve infant feeding behaviours? • True or false: At 6 months infants should stop receiving breastmilk. • What does the “F” in FADUA stand for? • What does the first “A” in FADUA stand for? • What does the “D” in FADUA stand for? • What does the “U” in FADUA stand for? • What does the second “A” in FADUA stand for? • How many meals should a 6–9-month old have per day? • How many meals should a 9–12-month old have per day? • How many meals should a 12–24-month old have per day? 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Review questions • Ball <p><u>Time:</u> 30 minutes</p> <p><u>Activity:</u> Introduce the ball game to review the key topics covered in the training. The facilitator gives a ball to someone and then reads a review question. The facilitator asks the person with the ball to throw it to someone else and explains that the person who catches the ball has to answer the question. The person who answers the question then throws the ball to someone else, and the facilitator reads a new question. Continue playing until each participant has answered.</p>

16. Evaluation and Closing

Learning objectives/content	Materials/times/activities
	<p><u>Materials:</u></p> <ul style="list-style-type: none">• Small pieces of paper and pencils• Packet of handouts on all of the topics covered in the 2-day training <p><u>Time:</u> 15 minutes</p> <p><u>Activity:</u> Ask participants to answer the following three questions on a piece of paper, being as specific as possible:</p> <ol style="list-style-type: none">1. What did you like?2. What would you improve?3. How will you use this in your work? <p>Thank participants for coming and pass out the packets.</p>

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Behaviour Change Communication for Improved Infant Feeding

Handouts

Handout 2: Pre-test

Name: _____

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

Advantages for baby

Advantages for mother

2. How soon after birth should the baby be offered the breast?

3. What should babies under 6 months old be given to eat or drink?

4. Name three common difficulties associated with breastfeeding and one way to manage each of these difficulties.

Difficulty

How to manage the difficulty

5. At what age should a baby begin to eat first foods? _____

6. What should mothers offer to their babies as first foods? What consistency should the food be?

Food	Consistency
_____	_____

7. How many times a day should children be fed at these ages?

6–9 months	9–12 months	12–24 months
_____	_____	_____

8. What kinds of foods should mothers begin to add when their babies are around 6 months old?

9. Name four ways to improve feeding of infants 6–12 months old:

1. _____
2. _____
3. _____
4. _____

10. Name two things women can do to decrease the risk of passing HIV to their babies through breastmilk.

11. Name four important steps in negotiating with a mother to try a new behaviour.

1. _____
2. _____
3. _____
4. _____

12. Name three contacts where negotiation techniques should be used.

1. _____
2. _____
3. _____

13. What are the four steps in conducting an action-oriented group discussion?

14. Name two methods of group talk to increase the number of women who try a new practice:

1. _____
2. _____

Handout 5: The Advantages of Breastfeeding for Baby, Mother, and Family

Baby

Colostrum

- Chief defense against infection
- High in protein
- First immunization

Breastmilk

- Supplies all necessary nutrients in proper proportion
- Digests easily without causing constipation
- Protects against diarrhoea
- Provides antibodies that protect against common illnesses
- Protects against infection, including ear infections
- During illness helps keep baby well-hydrated
- Reduces the risk of developing allergies
- Is always ready at the right temperature
- Increases mental development
- Prevents hypoglycemia (low blood sugar)
- Promotes proper jaw, teeth, and speech development
- Is comforting to fussy, overtired, ill, or hurt baby

Early skin to skin contact

- Stabilizes temperature and prevents hypothermia (cold)
- Promotes bonding

Mother

- Reduces blood loss after birth (early/immediate breastfeeding) and helps expel the placenta
- Saves time and money
- Makes night feedings easier
- Delays return of fertility
- Reduces the risk of breast and ovarian cancer
- Is available 24 hours a day
- Ensures close physical contact
- Makes mother calmer and more relaxed because of hormones

Family

- Is economical
- Is accessible
- Needs no preparation
- Reduces cost for medicines for sick baby
- Delays new pregnancy
- Reduces time lost from work

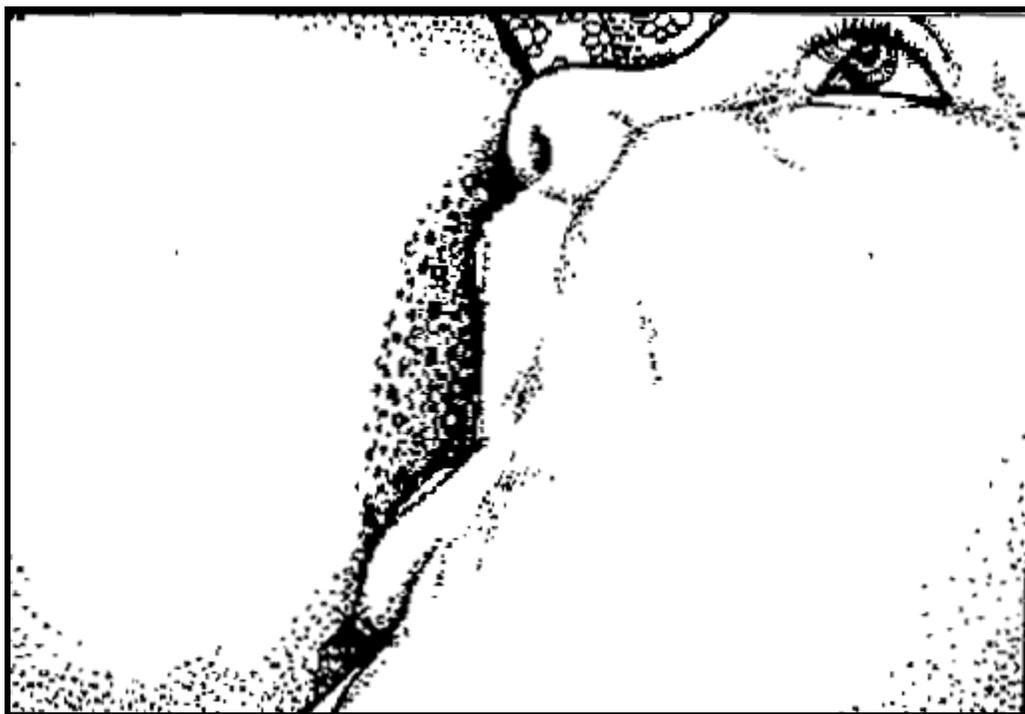
Handout 7a: Signs of Proper Positioning and Attachment

When positioning and attachment are correct:

- The baby's whole body is facing the breast, and the baby's stomach is touching the mother's stomach.
- The baby's head, back, and buttocks are in a straight line.
- The baby's face is close to the breast.
- The baby is brought to the breast with buttocks supported.
- The baby's chin is touching the breast.
- The baby's mouth is wide open.
- The baby's lower lip is curled outward.
- More areola is showing above the baby's upper lip and less below the lower lip (baby should take most of the dark part into his/her mouth).
- The baby takes slow, deep sucks.
- The baby is relaxed and satisfied at the end of the feed.
- The mother does not feel nipple pain.
- The mother may be able to hear the baby swallow.
- The breast feels softer after a feeding.

Source: Adapted from Savage King, F. 1992. Helping Mothers to Breastfeed. Revised edition.

Handout 7b: Illustration of Proper Attachment



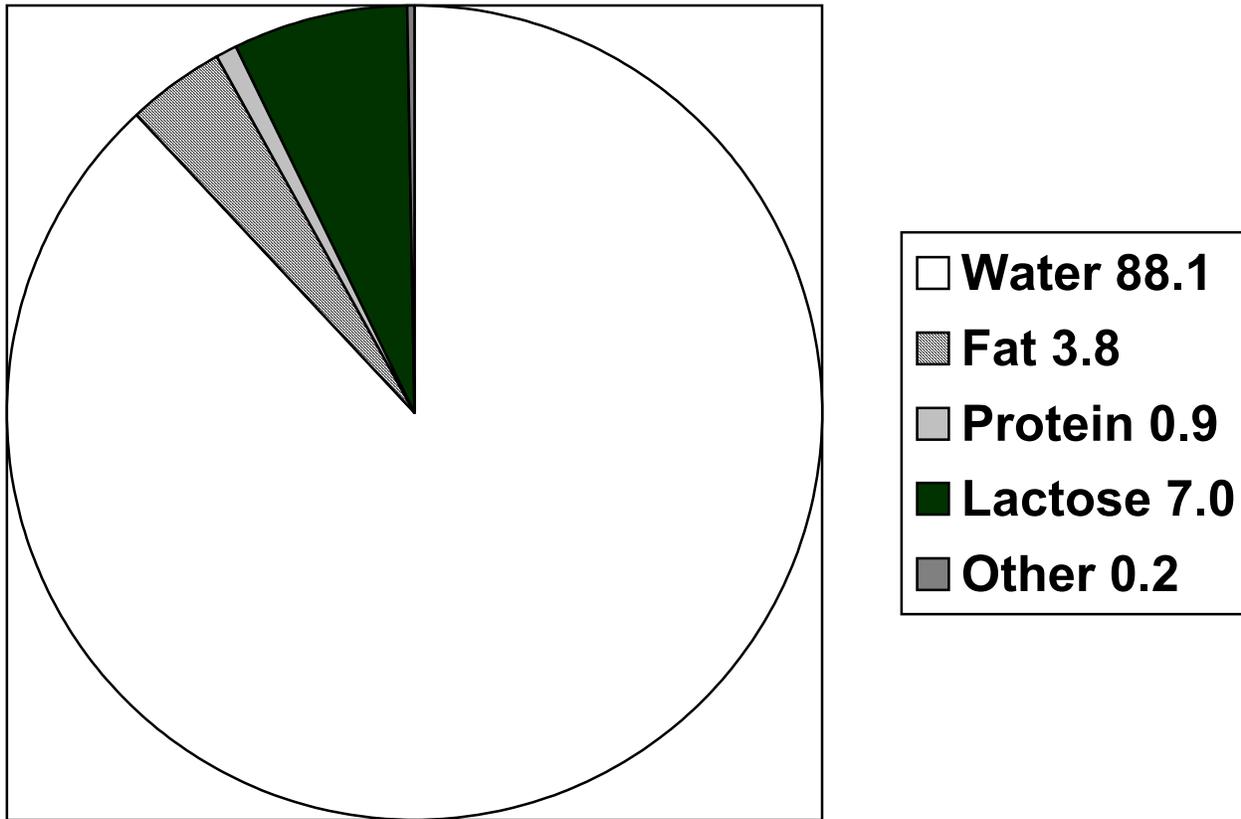
Source: Adapted from Savage King, F. 1992. *Helping Mothers to Breastfeed*. Revised edition.

Heading 9a: Optimal Breastfeeding Practices for Infants 0–6 Months

1. Put the baby to the breast immediately after birth and allow baby to remain with the mother.
2. Breastfeed frequently, as often as the baby wants, day and night.
3. Give only breastmilk the first 6 months, with no water, other liquids, or foods (exclusive breastfeeding).
4. Continue breastfeeding even if the mother or the baby becomes ill.
5. Avoid using bottles, pacifiers (dummies), or other artificial nipples.
6. Mothers should eat and drink sufficient to satisfy their own hunger and thirst.¹

Source: Adapted from Georgetown University/Institute for Reproductive Health. 1994. *Guidelines: Breastfeeding, Family Planning, and the Lactational Amenorrhea Method—LAM*. Washington, DC (available in Arabic, English, French and Spanish).

Handout 9b: Composition of Breastmilk



Source: Lawrence, R. 1994. Breastfeeding: A guide for the medical profession. 4th ed. St. Louis: Mosby-Year Book, Inc.

Handout 9c: Summary of Differences among Milks

	Human milk	Animal milk	Infant formula
Protein	Correct amount, easy to digest	Too much, difficult to digest	Partly corrected
Fat	Enough essential fatty acids, lipase to digest	Lacks essential fatty acids, no lipase	Lacks essential fatty acids, no lipase
Vitamins	Enough	Not enough A and C	Vitamins added
Minerals	Correct amount	Too much	Partly corrected
Iron	Small amount, well absorbed	Small amount, not well absorbed	Added, not well absorbed
Water	Enough	Extra needed	May need extra
Anti-infective properties	Present	Absent	Absent
Growth factors	Present	Absent	Absent

Source: WHO/CDR/93.6 WHO/Wellstart

Handout 10a: Checklist for Common Breastfeeding Difficulties: Engorgement

	<i>Engorgement</i>
Symptoms	<input type="checkbox"/> Swelling, tenderness, warmth, redness, throbbing, pain, low-grade fever, and flattening of the nipple <input type="checkbox"/> Taut skin on breast(s) <input type="checkbox"/> Usually begins within a few days after birth
Causes	<input type="checkbox"/> Poor positioning and attachment <input type="checkbox"/> Delayed initiation of breastfeeding <input type="checkbox"/> Not emptying the breast <input type="checkbox"/> Infrequent feeding
Counselling	<input type="checkbox"/> Apply warm compresses to breast(s) and gently stroke the breast to get the milk flowing. <input type="checkbox"/> Apply a warm jar to help get the milk out. <input type="checkbox"/> Express some milk. <input type="checkbox"/> After expressing milk, apply cabbage leaves or cold compresses to reduce swelling. <input type="checkbox"/> Breastfeed more frequently and/or longer. <input type="checkbox"/> Improve infant positioning and attachment. <input type="checkbox"/> Massage breasts.
Prevention	<input type="checkbox"/> Correct positioning and attachment in the first few days <input type="checkbox"/> Breastfeeding immediately after birth <input type="checkbox"/> Breastfeeding on demand (as often and as long as baby wants), day and night

Handout 10b: Checklist for Common Breastfeeding Difficulties: Sore or Cracked Nipples

	<i>Sore or cracked nipples</i>
Symptoms	<input type="checkbox"/> Breast or nipple pain <input type="checkbox"/> Cracks in the nipples <input type="checkbox"/> Occasional nipple bleeding <input type="checkbox"/> Reddened nipples
Causes	<input type="checkbox"/> Improper positioning and attachment <input type="checkbox"/> Washing breast with soap and antiseptics <input type="checkbox"/> Thrush (fungal infection)
Counselling	<input type="checkbox"/> Begin to breastfeed on the side that hurts less. <input type="checkbox"/> Make sure baby is positioned and attached correctly to the breast. <input type="checkbox"/> Let the baby come off the breast alone after feeding. <input type="checkbox"/> Apply drops of hindmilk to nipples and allow to air dry. <input type="checkbox"/> Expose breasts to air and sunlight. <input type="checkbox"/> Do not wait until the breast is too full to breastfeed. If too full, express some milk first. <input type="checkbox"/> Do not stop breastfeeding. <input type="checkbox"/> Do not use soap or cream on nipples.
Prevention	<input type="checkbox"/> Correct positioning of baby <input type="checkbox"/> Correct attachment to the breast <input type="checkbox"/> No use of soap on nipples

Handout 10c: Checklist for Common Breastfeeding Difficulties: Insufficient Breastmilk

	<i>Insufficient breastmilk</i>
Symptoms	<input type="checkbox"/> Mother's feeling of not having enough milk <input type="checkbox"/> Insufficient weight gain <input type="checkbox"/> Number of wet diapers (fewer than six a day) <input type="checkbox"/> Dissatisfied (frustrated and crying) baby
Causes	<input type="checkbox"/> Infrequent breastfeeding <input type="checkbox"/> Tiredness, stress, hunger, and pain of mother <input type="checkbox"/> Incorrect positioning and attachment <input type="checkbox"/> Giving baby pacifiers or bottles
Counselling	<input type="checkbox"/> Feed baby on demand, day and night. <input type="checkbox"/> Increase frequency of feeds. <input type="checkbox"/> Stop giving water, other liquids, formulas, and pacifiers. <input type="checkbox"/> Wake baby up to feed if baby sleeps for too long. <input type="checkbox"/> Make sure baby is correctly positioned and attached to the breast. <input type="checkbox"/> Reassure mother that she is able to produce sufficient milk, regardless of breast size. <input type="checkbox"/> Understand growth spurts, especially between 3 and 5 months. <input type="checkbox"/> Empty one breast first (baby takes fore and hind milk) before offering the second breast. <input type="checkbox"/> Check how many diapers a day the baby wets: six or more indicates enough milk.
Prevention	<input type="checkbox"/> Breastfeed more frequently. <input type="checkbox"/> Give only breastmilk, no water, liquids, or foods. <input type="checkbox"/> Breastfeed on demand, day and night. <input type="checkbox"/> Correctly position and attach baby to the breast. <input type="checkbox"/> Encourage support from the family to help with household chores. <input type="checkbox"/> Do not give bottles and pacifiers.

Handout 10d: Checklist for Common Breastfeeding Difficulties: Plugged Ducts

	<i>Plugged ducts</i>
Symptoms	<input type="checkbox"/> Breast pain in affected area <input type="checkbox"/> Redness in affected area of the breast <input type="checkbox"/> Swelling <input type="checkbox"/> Warmth to the touch <input type="checkbox"/> Hardness with a red streak
Causes	<input type="checkbox"/> Tight clothing and brassieres <input type="checkbox"/> Pressure on the ducts in the breasts
Counselling	<input type="checkbox"/> Give affected breast first during feeding. <input type="checkbox"/> Massage lump toward the nipple as baby is feeding. <input type="checkbox"/> Rest (mother). <input type="checkbox"/> Breastfeed more frequently. <input type="checkbox"/> Properly position and attach baby. <input type="checkbox"/> Use a variety of positions to hold baby to rotate pressure points on breasts.
Prevention	<input type="checkbox"/> Ensure correct positioning and attachment. <input type="checkbox"/> Breastfeed on demand. <input type="checkbox"/> Avoid holding the breast in scissors hold. <input type="checkbox"/> Avoid tight clothing and brassieres. <input type="checkbox"/> Avoid sleeping on stomach (mother). <input type="checkbox"/> Use a variety of positions to hold baby to rotate pressure points on breasts.

Handout 10e: Checklist for Common Breastfeeding Difficulties: Mastitis

	<i>Mastitis</i>
Symptoms	<input type="checkbox"/> Breast pain <input type="checkbox"/> Redness in one area of the breast <input type="checkbox"/> Swelling <input type="checkbox"/> Warmth to touch <input type="checkbox"/> Hardness with a red streak <input type="checkbox"/> General feeling of malaise <input type="checkbox"/> Fever
Causes	<input type="checkbox"/> Plugged ducts and engorgement if not properly treated <input type="checkbox"/> Infection
Counselling	<input type="checkbox"/> Continue breastfeeding, even on the affected breast. <input type="checkbox"/> Apply heat before breastfeeding. <input type="checkbox"/> Breastfeed more frequently. <input type="checkbox"/> Correctly position and attach baby. <input type="checkbox"/> Seek medical treatment; antibiotics may be necessary. <input type="checkbox"/> Increase maternal fluid intake. <input type="checkbox"/> Encourage maternal rest.
Prevention	<input type="checkbox"/> Breastfeed frequently. <input type="checkbox"/> Treat engorgement and plugged ducts. <input type="checkbox"/> Ensure correct positioning and attachment.

Handout 11: Breastfeeding Management in Special Situations

Sick baby

- **Baby under 6 months:** If baby has diarrhoea or fever, mother should breastfeed exclusively and frequently to avoid dehydration or malnutrition. Breastmilk contains water, sugar and salts in adequate quantities to will help baby recover quickly from diarrhoea.
- If baby has severe diarrhoea (shows any signs of dehydration), mother should continue to breastfeed and provide oral rehydration solution (ORS) either with a spoon or cup and seek medical help.
- **Baby older than 6 months:** If baby has diarrhoea or fever, mother should breastfeed frequently to avoid dehydration or malnutrition and offer baby food without spices (even if baby is not hungry).
- If baby has severe diarrhoea (shows any signs of dehydration), mother should continue to breastfeed and add frequent sips of ORS and seek medical help.
- If there is blood in the stool or the diarrhoea lasts for 2 days, mother should seek treatment.

Sick mother

- Mother suffering from headaches, backaches, colds, or diarrhoea or any other common illness **SHOULD CONTINUE TO BREASTFEED BABY.**
- Mother needs to rest and drink a plenty of fluids to help her recover.
- If mother does not get better, she should consult a doctor and say that she is breastfeeding.

Premature baby

- For premature babies it is absolutely essential to initiate breastfeeding immediately (within 20 minutes).
- Mother needs help to correctly position and attach baby and encouragement and support, as baby may be weak.
- Baby may take only short feeds. Mother should leave baby on the breast to rest.
- Breastfeeding is advantageous for pre-term infants, but direct breastfeeding is not always possible for several weeks. Mother should express breastmilk as the breasts become full, store it, and feed it to baby.
- If baby sleeps for long periods of time, mother should unwrap baby to encourage waking and hold baby vertically to awaken.
- Mother should watch for times when baby is alert and take advantage of these times to feed baby while awake.
- *Note:* Crying is the last sign of hunger. Cues of hunger include rooting (when baby turn towards breast and searches for the nipple), licking movements, flexing arms, clenching fists, tensing body, and kicking legs.
- For help and more information on premature babies, contact a public health or community nurse.

Twins

- Breastfeeding twins does not depend on milk supply but on time and support to mother.
- Mother can exclusively breastfeed both babies.
- The more the babies nurse, the more milk is produced.

Malnourished mothers

- Even a malnourished mother can breastfeed. There is no significant change in composition of the milk.
- Malnutrition can affect total volume (amount) of milk produced.
- In extreme cases (famine), milk quality may decrease and supply may eventually decrease and stop.
- All mothers should be given 200,000 IUs of vitamin A immediately after birth and 200,000 IUs again after 1 day. They should not receive the vitamin A megadose after 8 weeks of birth (MOH policy) because vitamin A is dangerous if women are pregnant.
- Mother should eat the equivalent of an extra meal a day to maintain her health.

Cleft palate

- If baby cannot suckle, mother should express breastmilk and give with a clean cup.

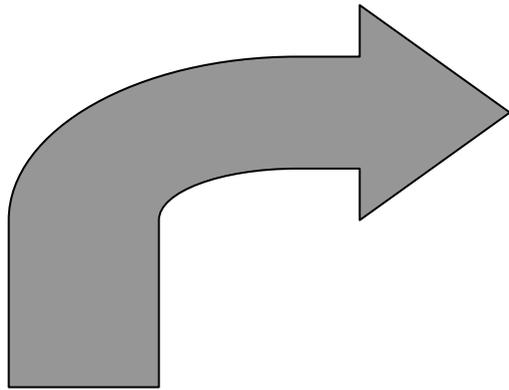
Daily separation of mother from her infant

- Mother should express or pump milk and store for use while separated from baby. Mother should feed expressed milk at times when baby normally feeds. Breastmilk may be stored at room temperature for 8 hours. Mother should offer breastmilk with a separate cup from the container used to store the milk.
- Mother should feed baby frequently when she is at home.
- If mother is able to keep baby with her at the work site, she should feed baby frequently.

Pregnancy

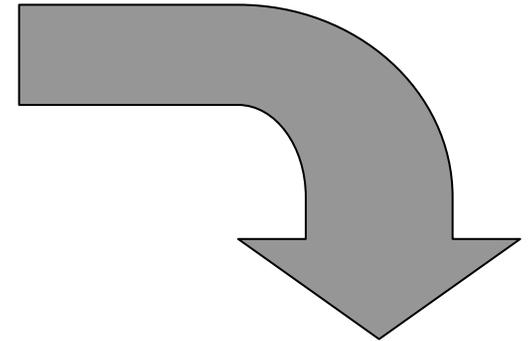
- MOTHER MAY CONTINUE TO BREASTFEED BABY but should eat enough to keep herself healthy.
- *Note:* Some babies who are breastfeeding while the mother is pregnant may have more bowel movements than usual. This does not mean they have diarrhoea. This is a normal reaction of the colostrum the mother is producing, the diarrhoea will last only a few days.

Handout 12a: How We Learn



OBSERVE

The child touches the flame.

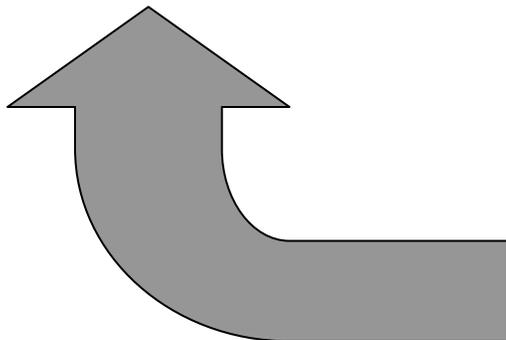


ACT

*Every time I touch the flame
I get burned.
I will never touch the flame again.*

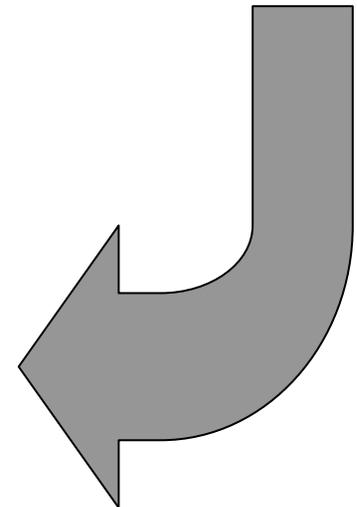
REFLECT

*It hurts.
I got burned.*



PERSONALIZE

*The flame is hot. If I touch it,
it hurts me. I don't like pain.
I want to avoid pain.*



Handout 12b: ORPA: How to Use a Counselling Card with a Group

Introduce yourself.

1. OBSERVE

- Hold the counselling card so everyone can see it.
- Ask the group: **Who do you see in the picture? WHERE are they?**
- For each character in the picture, ask: **WHAT is he or she doing? HOW does s/he feel about what s/he is doing? Why is s/he doing that?**

2. REFLECT

- **Ask what the group thinks of what each person is doing in the picture.** Ask with whom they agree? Why?
- Ask with whom they disagree? Why?
- Ask: **What is the advantage of adopting the practice shown on the counselling card?**
- Discuss the key messages of today's topic

3. PERSONALIZE

- Ask: **What do the women (or others) in this community do in the same situation? Why?** What would YOU do in the same situation? Why?
- Ask: What difficulties have you experienced? Were you able to overcome them? How?

4. ACT

- Repeat the key messages
- **Ask the group whether they would be willing to try or recommend the practice shown on the counselling card.**
- **Ask the group how they might overcome any obstacles to trying the new practice.**
- Set a time for the next meeting and encourage participants to come ready to talk about what happened when they tried the new practice and how they overcame any obstacles.

Handout 12c: Observation Checklist for Using a Counselling Card with a Group

- Introduces self (name and organization) and puts people at ease
- Shows respect and interest
- Listens and looks attentively
- Shows counselling card to everyone
- Asks who is in the picture and what they are doing. Then explains picture giving main message
- Asks whether the audience agrees with the practice shown in card and why or why not
- Explains appropriate messages:
 -
 -
 -
- Asks how participants would handle the situation on the card
- Asks what keeps people from doing the recommended practice and how they might overcome these obstacles
- Repeats the message
- Asks participants if they would be willing to try this practice
- Sets a time for the next meeting and encourages participants to try the new practice and talk about how it went next time
- Name one or more things the facilitator did well:

- What do you recommend the facilitator work on to improve the next time? (Name one important thing)

Handout 15a: Recommended Feeding Practices for Children 6–24 Months Old

- Continue frequent, on-demand breastfeeding, including night feeding for infants
- Introduce complementary foods beginning at 6 months of age.
- After the first 6 months, when complementary foods are introduced, breastfeed before each complementary feeding.
- Increase food quantity as the child gets older while maintaining frequent breastfeeding.
- Increase feeding frequency as the child gets older, using a combination of meals and snacks.
- Gradually increase food consistency and variety as the infant gets older, adapting the diet to the infant's requirements and abilities.
- Diversify the diet to improve quality and micronutrient intake.
- Practice active feeding: help and encourage the child to eat.
- Feed frequently, help the child eat during illness. and feed more after illness.
- Practice good hygiene and proper food handling.
- Continue to breastfeed for up to 2 years and beyond.

Handout 15b: FADUA—Helping Mothers Select Complementary Foods

- **F- Frequency:** Introduce food at 6 months and gradually increase the frequency.
 - 6 months - 3 times a day
 - 9 months - 4 times a day
 - 12 months - 5 times a day

- **A - Amount:**
 - Increase the amount:** more on the plate; feed snacks between meals.

- **D - Density/quality:**
 - If possible, select the best basic food: millet, guinea corn, sorghum, rice.
 - (second best: maize).
 - Add protein-rich foods (animal/plant): beans, soya, groundnuts, fish powder, agushi, eggs, liver, meat, neri.
 - Offer every day if possible: mangoes, paw paw, leafy greens, dawa dawa fruit, oranges, bananas, pumpkin, carrots, tomatoes, sweet peppers.
 - Add oils for calories: shea butter, red palm oil, other vegetable oils, and margarine.
 - Pay attention to consistency of food: should be mushy, not watery.

- **U - Utilization of food sources:**
 - Eat vitamin A-rich foods with fats to increase absorption.
 - Eat citrus with iron to increase absorption.
 - Because parasites decrease ability to utilize food, wash hands often and clean utensils.

- **A - Active feeding:**
 - Help and encourage the child to eat.

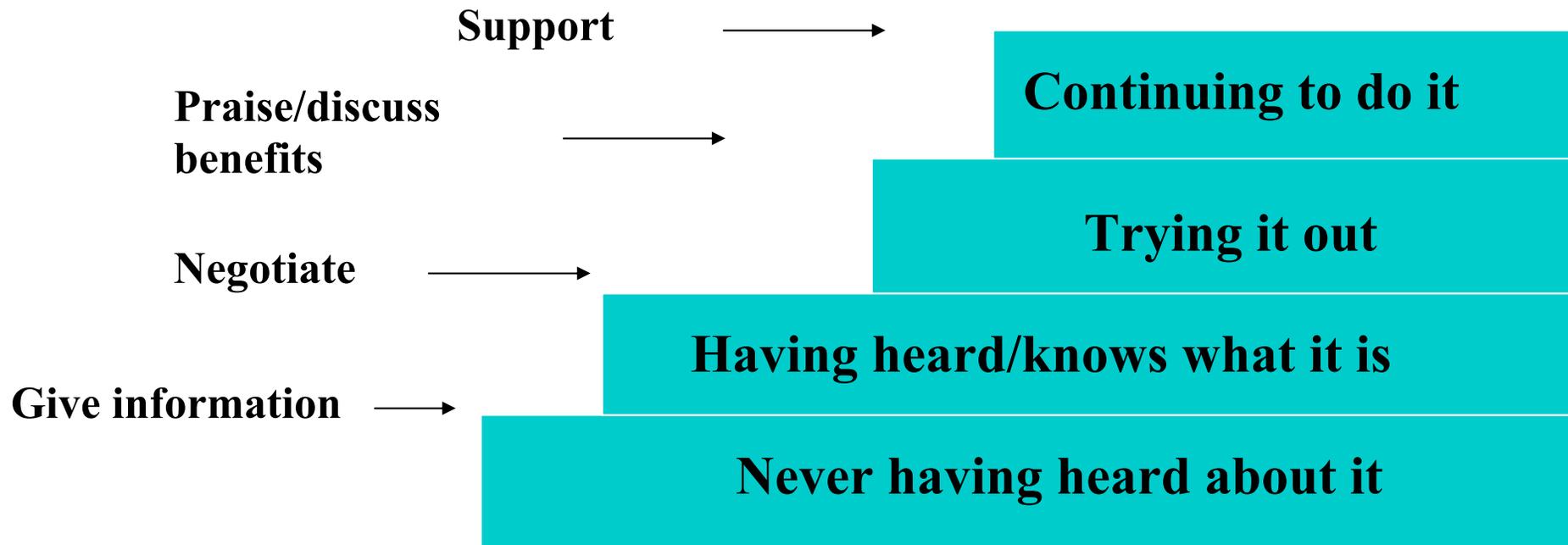
ALSO: Is the food available? Do people have it at home? Can they afford to give it daily? Twice a week? What could they do the other days?

Handout 16: Sample Meal Plans for Children 6–24 Months Old

Age group	Morning meal	Snack	Noontime meal	Snack	Evening meal
6–9 months	<ul style="list-style-type: none"> • Thick porridge • Add shea butter, (or oil) 	<ul style="list-style-type: none"> • ½ mashed banana 	<ul style="list-style-type: none"> • Rice and beans mashed 		<ul style="list-style-type: none"> • Thick porridge with fish powder
9–12 months	<ul style="list-style-type: none"> • Thick porridge with groundnut paste 	<ul style="list-style-type: none"> • ½ mashed banana 	<ul style="list-style-type: none"> • Rice and beans; red palm oil and green leaves with pumpkin seeds 	<ul style="list-style-type: none"> • Orange or orange juice 	<ul style="list-style-type: none"> • Rice with vegetables
12–24 months	<ul style="list-style-type: none"> • Staple with green leafy vegetables and butter or oil 	<ul style="list-style-type: none"> • Beans • Bread with groundnut paste 	<ul style="list-style-type: none"> • Rice and beans; oil and green leaves with pumpkin seeds 	<ul style="list-style-type: none"> • Millet fried cake • Pawpaw or mango 	<ul style="list-style-type: none"> • Staple with fish or meat and vegetables

Handout 20a. Stages of Behaviour Change

Steps a person or group goes through when changing behaviour



Handout 20b: Stages of Change and Interventions

Steps	Appropriate interventions To convince the target audience to try new practice – to provide support for the mother’s choice and change community norms
Never heard about it	Build awareness/provide information -Drama, fairs -Community groups -Radio -Individual counselling -Mother-to-mother support groups
Heard about it or knows what it is	Encourage/discuss benefits -Group discussions or talks -Oral and printed word -Counselling cards -Mother-to-mother support groups
Thinks about doing it	Negotiate and help to overcome obstacles -Home visits, use of visuals -Groups of activities for family and the community -Negotiate with the husband and mother-in-law (or other influential family members) to support the mother
Tries it out	Praise/reinforce the benefits -Congratulate mother and other family members as appropriate -Suggest support groups to visit or join to provide encouragement -Encourage community members to provide support (radio programs)
Continues to do it or maintains the new behaviour	Provide support at all levels -Reinforce the benefits -Praise

Handout 22a: The Art of Negotiation

Using negotiation in nutrition counselling:

1. Helping mothers understand possible ways to improve their child's feeding.
2. Asking them to try one or more new practices.
3. Helping them overcome obstacles to adopting improved feeding practices

This method motivates mothers to try the new practices recommended to them. Once they have tried the new practice, mothers usually see the benefits and will continue to do them. Negotiation can be done during consultation at the facility or growth monitoring sites, during home visits, or during informal contacts.

At least two contacts are suggested with the mother, as follows:

Contact #1: Make recommendations to the mother based on the health, age, and current practices that may not be the best. Congratulate her on good feeding behaviours that she may be currently practicing. Identify one practice that would make her child healthier. Ask whether the mother is willing to try the new practice.

Contact #2: Follow-up visit(s) to see how it is going with the new practice and/or make a new recommendation according to the age of the baby.

Handout 22b: Observation Checklist: Contact #1

- Greet the mother and establish confidence.
- Ask the mother about current practices (breastfeeding/FADUA) and listen to what she says. Identify key problems, if any, and select the most important one to work on.
- Recommend: Present options and help her select one that she can try.
- Get the mother to agree to try one of the options.
- Remind the mother of the behaviour and help her to overcome obstacles.
- Make an appointment for the follow-up visit.

Name one or more things the agent did well:

What do you recommend the agent work on to improve the next time (Name one important thing):

Handout 22c: Feeding Recommendations–Negotiation Guide

0–6 months	6–9 months	9–12 months	12–24 months	Sick child
<ul style="list-style-type: none"> • Put the baby to the breast immediately after birth. • The first milk (colostrum) cleans the baby’s stomach and helps the black stool come out. • First milk is a first immunization. • Give only breastmilk for the first six months. Give no water, milk, or other liquids or foods. • Make sure baby is positioned correctly and is attached properly to the breast. • Empty one breast before offering the other at each feed. • Take the time to let baby finish the feed and let baby come off the breast him/herself. 	<ul style="list-style-type: none"> • Continue to breastfeed frequently whenever baby wants • At 6 months breastfeed first. Then offer soft mushy foods like thickened porridge enriched with one or more of the following: <ul style="list-style-type: none"> -groundnut paste -bean flour - milk -fish powder -oils or butter -beaten egg yolk • Give a small bowl/cup of food at each feed, increasing to 3 times a day. • Give mashed chicken, fish, liver, as often as possible. • Mash fruit and give every day • Help the baby to eat and patiently let the baby get used to the new foods • Give breast after naps, not water 	<ul style="list-style-type: none"> • Continue breastfeeding frequently whenever the baby wants. • Increase feeding soft foods to 4 times a day. • Give more food at each feed. • Increase thickness of foods. • Give the child a separate bowl. • Give soft staples. • Give mashed orange vegetables. • Add green leafy vegetables. • Between meals give: fruits such as mango and paw paw (papaya), orange and banana. • Give healthy snacks every day. • Give mashed or ground chicken, fish, liver, egg, and other available animal foods as often as possible. • Help and encourage the child to eat. 	<ul style="list-style-type: none"> • Continue breastfeeding as often as the child wants. • Give food from the family pot without pepper. • Increase feedings to 5 times per day. • Give beans, milk, groundnuts or other protein sources, every day. • Add oil or butter to foods every day. • Give fruits and vegetables daily. • Give small pieces or mashed chicken, fish, liver, eggs, snails and other animal foods as often as possible. 	<ul style="list-style-type: none"> • Breastfeed more frequently and for longer periods, day and night. • Offer the child’s favorite foods for his/her age group. • Help and encourage the child to eat.

Handout 22d: Example of Negotiation Contact #1 Breastfeeding

	Breastfeeding
<p>ASK the mother about current feeding practices to identify problems.</p> <p style="text-align: center;">A</p>	<p>What is your baby's name? How is (name)? Has (name) been sick? When was the last time (name) was weighed? At that time, did they tell you that (name) was gaining weight well?</p> <p>Are you breastfeeding the baby? How often? both at night and during the day? When does he/she breastfeed? How long does he/she breastfeed?</p> <p>What is the longest time he/she has gone without breastfeeding? Do you empty one breast before offering the other? Could you show me how you breastfeed him/her? Do you leave the baby with anyone? For how long? Who feeds him/her during that time?</p> <p>You tell me that (name) is not getting enough milk? Why do you think that (name) is not getting enough milk? Approximately how many times per day would you say that (name) wets his/her diaper?</p>
<p>RECOMMEND options to the mother and help her to select one she can try.</p> <p style="text-align: center;">R</p>	<p>If you let (name) decide when to stop breastfeeding, he/she will probably be satisfied. (Name) will breastfeed longer and get more milk. The more you breastfeed, the more milk you will produce. Perhaps you could let (name) stop on one side before switching him/her to the other.</p>
<p>AGREE on a behaviour that the mother will try.</p> <p style="text-align: center;">A</p>	<p>Would you be willing to try for a while to sit and breastfeed (name) until he/she decides that he/she has had enough? In other words, let (name) decide when to stop. Would you be willing to try to breastfeed (name) without giving him/her any water for a week or so?</p>
<p>REMIND the mother what she has agreed to try and help her overcome obstacles.</p> <p style="text-align: center;">R</p>	<p>Tell me again what you will try. Do you think that you will have any trouble doing it? <i>If she says she thinks she will have trouble, talk with her more about it and listen to her concerns. Help her to feel like she can do it. Be sure the recommendation is realistic.</i></p>
<p>Make an APPOINTMENT for follow-up visit.</p> <p style="text-align: center;">A</p>	<p>Try it and I will come back next week to see how it is going. I will ask (name of community nurse) who lives nearby to come and see you, too. Thank you, I will see you next week.</p>

Handout 24a: Mother-to-Child Transmission of HIV

In an area of 25% HIV prevalence

Out of 100 women:

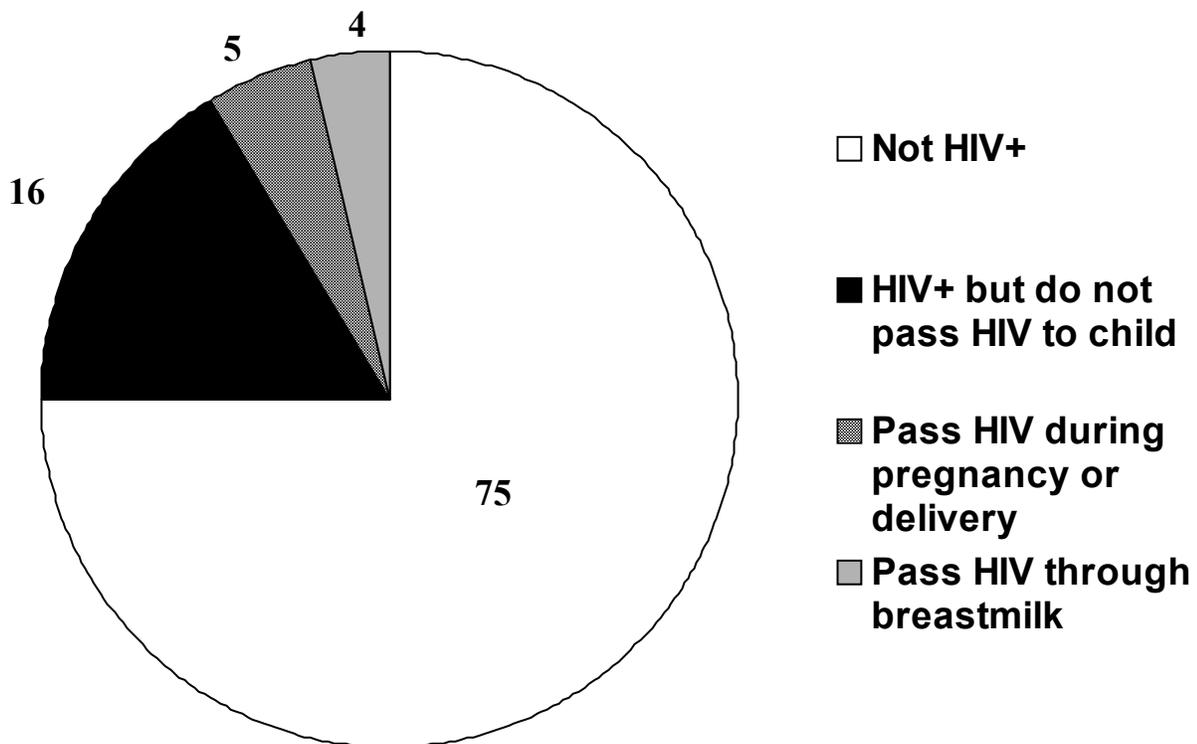
75 are not HIV positive

Of the 25 who are HIV positive,

16 will not pass the virus to their children,

5 will pass it to their children during pregnancy or delivery, and

4 will pass it through breastmilk



In an area with a 3% prevalence rate, fewer than 1 (.5) out of 100 women will pass HIV to their babies through breastmilk.

Handout 24b: Key Messages for the Prevention of MTCT

- Exclusively breastfeed from birth to 6 months (giving water and food can irritate the lining of the infant's gut making it easier for the virus to enter the bloodstream).
- Position and attach the infant to the breast properly and empty one breast before offering the second.
- Treat breast cracks and sores and sexually transmitted infections (STIs) immediately.
- Express breastmilk and heat it before giving in cup.
- Use alternative feeds exclusively (no breastfeeding), only if alternatives are feasible, available, and affordable.
- Negotiate with the partner to use a condom every time you have sex, especially during pregnancy and lactation. If the mother gets a new dose of the virus, the viral load becomes very high and this significantly increases the risk of passing the virus to the fetus, or infant through breastmilk.

Handout 24c: Should Mothers with HIV be Advised Not to Breastfeed?

It depends...

IF a mother knows she is infected, and
IF breastmilk substitutes are affordable and can be fed safely with clean water, and
IF adequate health care is available and affordable,

Then the infant's chances of survival are greater if fed artificially.

HOWEVER,

IF infant mortality is high due to infectious diseases such as diarrhoea and pneumonia,
IF hygiene, sanitation, and access to clean water are poor
IF the cost of breastmilk substitutes is prohibitively high for the family
IF access to adequate health care is limited,

THEN breastfeeding may be the safest feeding option even when the mother is HIV-positive.

Even where clean water is accessible, the cost of locally available formula exceeds the average household's income. Families cannot buy sufficient supplies of breastmilk substitutes and tend to:

- Over-dilute the breastmilk substitute,
- Under-feed their infant, or
- Replace the breastmilk substitute with dangerous alternatives.

In the poorest developing countries, infant mortality averages over 100 deaths per thousand live births. Artificial feeding can triple the risk of infant death.

Handout 24d: Human Immunodeficiency Virus (HIV) and Infant Feeding

Woman who is HIV negative or of unknown status

- Promote exclusive breastfeeding for 6 months, the introduction of complementary foods at 6 months, and continued frequent, on-demand breastfeeding for 2 years and beyond.

HIV-positive woman who chooses to breastfeed

- Encourage to practice *exclusive* breastfeeding for about 6 months and then to introduce appropriate complementary foods. DO NOT under any circumstances practice mixed feeding or offer other foods or liquids while breastfeeding during the first 6 months.
- If the woman experiences breast problems such as mastitis, cracked nipples, or breast abscess, advise to breastfeed with the unaffected breast and to express and discard milk from the affected breast.
- Encourage to seek immediate care for a baby with thrush or oral lesions.
- If the woman presents with AIDS-related conditions (prolonged fever, severe cough or diarrhoea, or pneumonia), advise to visit a health center immediately.

HIV-positive woman who chooses to replacement feed

- Counsel on safe and appropriate use of infant formula or cow's milk (with additional sugar) for the first 6 months.
- Counsel to use a cup, not a bottle.

Remember: The woman who is HIV-positive should negotiate with her partner to use condoms to minimize transmission and protect herself from repeated exposure to infected semen. (Infection or re-infection during pregnancy or lactation significantly increases the risk of transmitting the virus). When counselling the woman it may be necessary to find out if she will need help talking to her partner.

Recent evidence about HIV/AIDS and infant feeding options

A study conducted in Durban, South Africa observed that infants who were exclusively breastfed for at least 3 and up to 6 months of age had no excess risk of HIV infection at 6 months compared with infants who were not breastfed. They had significantly lower rates of HIV transmission at 6 months and at 15 months compared to infants who were breastfed but who also received other liquids or food.²

These findings make sense, because with exclusive breastfeeding, the infant is exposed to fewer bacterial contaminants and food antigens, which can damage the gut lining.³ Feeding other liquids and foods compromise intestinal integrity, resulting in small lesions in the gut through which the HIV virus can enter the bloodstream and infect the infant.

² Coutsooudis et al. 1999

³ Piwoz. 2000

Handout 24e: Factors That Facilitating the Transmission of HIV through Breastfeeding

Infant factors

- Immature immune system (prematurity)
- Oral lesions, thrush, sores
- Duration of breastfeeding

Maternal factors

- Virus present in blood
- Nutritional status
- Timing of HIV Infection
- Sore/cracked nipple
- Mastitis (infection of the breast)
- Full-blown AIDS

Interventions to reduce the presence of HIV in breastmilk

- Safe/protected sex by the mother
- Faithfulness of partners
- Avoidance of infection during pregnancy and lactation by using condoms
- Effective treatment of STIs in the mother
- Routine drugs during antenatal care including vitamin A supplementation
- Access to information on:
 - HIV/AIDS
 - Importance of exclusive breastfeeding options
 - Voluntary counselling and testing
 - Offering antiretroviral drugs to women at the end of pregnancy and at the time of delivery
 - Prevention of thrush or sores in the mouth of baby

Handout 26: Example of Negotiation Contact #1: Complementary Feeding

	Complementary feeding
<p>ASK the mother about current feeding practices, using FADUA to identify problems. Also look for things she is doing well and congratulate her.</p>	<p>What is your baby's name? How is (name)? When was the last time (name) was weighed? Did they tell you that (name) was gaining weight well? How many times did you breastfeed (name) yesterday? What did you give (name) to eat or drink yesterday? How much water do you give him/her? Is (name) eating well? Does he/she have a good appetite? What do you feed (name)? Could you show me? How many times did you give (name) this to eat yesterday? Show me how much of this (name) eats at each sitting. Show me the dish you use to serve food to your baby. What do you add to the food? What else? Do you add this every time you feed him/her? Every day? What other things do you add? How often? Do you feed him/her porridge? Rice? Other staple? Does (name) eat fruit? What fruits does he/she eat? What fruits does your family normally eat? What vegetables does your family normally eat? Do you give any of them to (name)? What other foods do you have in the house? Can you show me what you have? Do you have pumpkin? Do you have oil? If I understand you correctly, you are saying that you are feeding (name) one small dish of porridge per day and that you have green leafy vegetables in your home? Is that correct I see that (name) is a little fussy and he is tugging on you and doesn't seem very content. Could he/she be hungry? Maybe he/she needs to breastfeed and/or eat more. (Ask similar questions.)</p>
<p>RECOMMEND options to the mother and help her select one she can try.</p>	<p>Continue breastfeeding (name) until s/he is 2 years old. What you are doing is good. At this age though (name) needs to be eating three times per day, and we should be adding other foods like pumpkin and leafy greens so that (name) continues to grow and is full. You told me that you had had rice. Is it possible to add one or the other or include both each time you feed your baby? Also, oil? Could you add a teaspoonful every time (name) eats?</p>
<p>AGREE on a behaviour that the mother will try. A</p>	<p>Which of these suggestions would you be willing to try? Thick porridge with fish powder? Great! Would you be willing to feed (name) this way until I come back to see you again? Would you be willing to increase the amount of food that you give him/her up to three feedings per day?</p>
<p>REMIND mother of behaviour and help overcome obstacles.</p>	<p>Tell me again what you will try. Do you think that you will have any trouble doing it? <i>If she says she thinks she will have trouble, talk with her more about it and listen to her concerns. Help her to feel like she can do it. Be sure the recommendation is realistic.</i></p>
<p>Make an APPOINTMENT for a follow-up visit.</p>	<p>Try this and I will return in a few days to see how it is working out. I will ask (name of healthcare worker) who lives nearby to come and see if you need anything or have any questions.</p>

Handout 27a: How to Use ORPA with a Group Talk or Drama

Introduce yourself.

1. OBSERVE

- Tell a story; conduct a drama to introduce a topic.
- Ask the group:
 - What happened in the story (drama)?
 - What are the characters in the story doing?
 - How did the character feel about what s/he was doing? Why did s/he do that?

2. REFLECT

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

Discuss the key messages of today's topic.

3. PERSONALIZE

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

4. ACT

Repeat the key messages.

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

Set a time for the next meeting and encourage 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.

Handout 27b: Observation Checklist: Conducting a Group Session Using ORPA

- Introduces self (name and organization) and puts people at ease
- Shows respect and interest
- Listens and looks attentively
- Tells a story or asks two people to conduct a short drama they have prepared
- Asks who is in the story or drama and what they are doing
- Asks whether the audience agrees with the practice shown in the story or drama and why or why not.
- Reviews appropriate messages:
 -
 -
 -
- Asks how participants would deal with this situation
- Asks what obstacles people might experience in adopting such a practice and how they might overcome them
- Asks participants whether they would be willing to try or recommend this practice
- Sets a time for the next meeting and encourages participants to try or promote the practice, saying they will talk about how it next time they meet
- Name one or more things the facilitator did well:

- What do you recommend the facilitator work on to improve the next time?

Handout 27c: Mini-Drama Scenarios

Drama #1

Mother: Your baby is 3 months old. You feel that you do not have enough breastmilk. Your mother-in-law told you to give milk.

Mother-in-law: You are worried about the child not getting enough milk. You think that your daughter-in-law's milk is decreasing because she didn't have enough with the last child.

Health worker: You are making a home visit. You advise the mother to empty one breast before offering the other and to breastfeed more frequently to increase her milk production.

Drama #2

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

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

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

Drama #3

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

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

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

Handout 28a: Observation Checklist: Negotiation Visit #1

- Greet the mother and establish confidence.
- Ask the mother about current practices (breastfeeding/FADUA) and listen to what she says. Identify key problems, if any, and select the most important one to work on.
- Recommend: Present options and help her select one that she can try.
- Get the mother to agree to try one of the options.
- Remind the mother of the behaviour and help her to overcome obstacles.
- Make an appointment for the follow-up visit.

Name one or more things the agent did well:

Name one important thing you recommend the agent work on to improve the next time:

Handout 28b: Negotiation Record

Name of team members: _____

	Child #1	Child #2
Name		
Age		
Feeding problem identified		
Options suggested		
What mother agreed to try		
Was she able to try it?		
Did she like it?		
Did the child like it?		
What modifications did she make?		
Any obstacles? What? Did she overcome them?		
Did she agree to continue the new practice?		

Handout 28c: Sample Recording Sheet for Negotiation Field Visits

Visit #1	1	2	3	4	5
Participant's name					
Mother's name					
Child's name					
Problem identified					
Options recommended					
Behaviour agreed					
Visit #2					
Did she try it?					
Did she like it?					
Will she continue?					

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

Handout 29a: Characteristics of an Infant Feeding Mother-to-Mother Support Group

1. This is a safe environment of respect, attention, trust, sincerity, and empathy
2. The group allows women to:
 - Share infant feeding information and personal experience
 - Mutually support each other through their own experience
 - Strengthen or modify certain attitudes and practices
 - Learn from each other
3. The group enables women to reflect on their experience, doubts, difficulties, popular beliefs, myths, information, and infant feeding practices. In this safe environment mothers have the knowledge and confidence to decide to strengthen or modify their infant feeding practices.
4. Infant feeding mother-to-mother support groups are not LECTURES or CLASSES. All participants play an active role.
5. Support groups focus on the importance of mother-to-mother communication. In this way all the women can express their ideas, knowledge, and doubts, share experience, and receive and give support.
6. The sitting arrangement allows all participants to have eye-to-eye contact.
7. The group size varies from 3–15.
8. The group is facilitated by an experienced mother who listens and guides the discussion.
9. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with older toddlers, 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 29b: Mother-to-Mother Support Group Checklist for Facilitator

- Sits in a circle at the same level as the rest of the group
- Introduces self and ask the group participants to introduce themselves
- Introduces the purpose and theme of the meeting
- Explains that the support group meeting will last 1–1½ hours
- Uses open-ended questions to encourage participation
- Gets everyone to talk, even the quieter participants
- Gets mothers to share experiences and ideas
- Uses communication skills such as active listening and answering questions (maintains eye contact, repeats key messages, corrects incorrect information)
- Repeats key messages
- Asks participants to summarize what they learned

Handout 29c. Characteristics of a Facilitator in a Infant Feeding Mother-to-Mother Support Group

1. Greet and welcomes all who attend
2. Creates a comfortable atmosphere in which women feel free to share their experience
3. Introduces self and invites each participant to introduce themselves
4. Explains the objective of the meeting and gives a brief introduction of the topic
5. Actively listens to the participants and gives each one her full attention
6. Maintains eye contact and exhibits other appropriate body language
7. Asks questions to generate a discussion
8. Raises other questions to stimulate discussion when necessary
9. Directs questions to other participants of the group
10. Limits interruptions and outside distractions
11. Talks only when there are questions that the group cannot answer and offers an explanation or correct information to clarify
12. Briefly summarizes the theme of the day

Handout 29d: Responsibilities of the Mother-to-Mother Support Group Facilitator to Her Community

1. Facilitate the infant feeding mother-to-mother support group in her community at least once a month
2. Conduct each meeting in an animated yet simple way.
3. Motivate the participation of as many women as possible.
4. Collect designated information that has been formally agreed on.

Handout 29e: Possible Themes for Infant Feeding Mother-to-Mother Support Groups

- Advantages of breastfeeding for mother, baby, family, community (1–4 topics)
- Techniques of breastfeeding: positioning and attachment
- Symptoms, causes, solutions, and prevention of common breastfeeding difficulties: engorgement, low milk supply, cracked or sore nipples, blocked ducts, mastitis
- Special situations: sick baby or mother, premature baby, malnourished mother, twins, pregnancy, separation from baby
- Beliefs and myths about breastfeeding
- Breastfeeding and the introduction of complementary foods at 6 months

Handout 30: Scheduling Home Visits and Messages

- **Prenatal visit:** Birth plan, early initiation, colostrum, exclusive breastfeeding
- **At birth:** Positioning, attachment, exclusive breastfeeding, empty one breast first
- **Around 3rd month:** Increasing milk production by taking the time to breastfeed; feeding on demand day and night
- **At 6th month:** In addition to breastfeeding on demand, beginning to offer foods three times a day; giving cooked and mashed vegetables or fruits washed
- **Around 9th month:** In addition to breastfeeding on demand, increasing to four times a day; adding vegetables and fruits every day, as well as lentils, beans, and ground nuts as often as possible
- **Around 12 months:** Offering unspiced food from the family pot; continuing to breastfeed on demand for up to 2 years and beyond

Handout 31: Behaviour Change Model



Handout 32: Checklist for the Observer: Negotiation Visit #2

- Greets the mother and establish confidence
- Asks whether the mother tried the agreed practice
- Asks what happened when she tried the new practice
- Asks whether she made any changes to the new practice
- Asks what problems she had
- Helps her solve problems she might have had
- Asks whether she likes the practice agreed on and thinks she will continue
- Praises the mother and motivates her to continue the practice.
- Reminds the mother to take the child to be weighed (attend well-baby clinic)
- Tells the mother where she can get support from community health workers, health centers, or mother support groups
- Agrees on a date for the next visit (sees calendar of home visits).

Name one or more things the community health worker did well:

What one important thing do you recommend the community health worker work on to improve the next time?

Handout 36a: Post-test

Name: _____

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

Advantages for baby

Advantages for mother

_____	_____
_____	_____
_____	_____

2. How soon after birth should the baby be offered the breast?

3. What should babies under 6 months old be given to eat or drink?

4. Name three common difficulties associated with breastfeeding and one way to manage each of these difficulties.

Difficulty

How to manage the difficulty

_____	_____
_____	_____
_____	_____

5. At what age should a baby begin to eat first foods? _____

6. What should mothers offer to their babies as first foods? What consistency should the food be?

Food

Consistency

_____	_____
-------	-------

7. How many times a day should children be fed at these ages?

6–9 months

9–12 months

12–24 months

8. What kinds of foods should mothers begin to add when their babies are around 6 months old?

9. Name four ways to improve feeding of infants 6–12 months old:

1. _____

2. _____

3. _____

4. _____

10. Name two things women can do to decrease the risk of passing HIV to their babies through breastmilk.

11. Name four important steps in negotiating with a mother to try a new behaviour.

1. _____

2. _____

3. _____

4. _____

12. Name three contacts where negotiation techniques should be used.

1. _____

2. _____

3. _____

13. What are the four steps in conducting an action-oriented group discussion?

14. Name two methods of group talk to increase the number of women who try a new practice:

Handout 36b: Post-test Answer Key

Name: _____

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

Advantages for baby

Any three advantages on handout 5

Advantages for mother

Any three advantages on handout 5

2. How soon after birth should the baby be offered the breast?

Immediately (within 1 hour)

3. What should babies under 6 months be given to eat or drink?

Breastmilk only

4. Name three common difficulties associated with breastfeeding and one way to resolve each of these difficulties.

Difficulty

Engorgement

Sore/cracked nipples

Plugged ducts that can lead to breast infection (mastitis)

Low milk supply

How to resolve the difficulty

Apply warm compresses to breast and breastfeed more frequently or longer.

Position and attach the baby correctly at the breast.

Apply heat and breastfeed more frequently.

Feed baby on demand and increase frequency of feeds.

5. At what age should a baby begin to eat first foods?

6 months

6. What should mothers offer to their baby as first foods? What should the consistency be?

Food

Porridge made with the staple

Add mashed fruits and vegetables

Consistency

Thick enough to stay on a spoon

7. How many times a day should children be fed at these ages?:

6–9 months

9–12 months

12–24 months

3

4

5

8. What kinds of foods should mothers or caregivers begin to add to their infant's diet around 6 months?

Groundnut paste, bean flour, soya flour or milk, fish powder, red palm oil, oils or shea butter, beaten egg yolk

9. Name four ways to improve feeding of infants 6–12 months old.:

1. Increase frequency.

2. Increase amount.

3. Serve foods that are nutrient dense.

4. Practice good hygiene to ensure food is used.

5. Practice active feeding.

10. Name two things women can do to decrease the risk of passing HIV to their babies through breastmilk.

Exclusively breastfeed during the first 6 months.

Heat treat expressed breastmilk and offer to infant in a cup.

11. What are four important steps in negotiating with someone to try a new behaviour?

Ask about current practices.

Recommend new practice.

Get them to agree to try it.

Repeat new practice.

Set up an appointment to see how it went.

12. Name three contacts where negotiation techniques should be used.

1. Facility

2. Home visits

3. Growth monitoring stations

13. What are the four steps in conducting an action-oriented group discussion?

Observe, Reflect, Personalize, Act

14. Name two methods that can be used with a group talk to encourage participants to try a new practice:

1. *Visual or counselling card*
2. *Drama or story*

Handout 36c: End-of-Training Evaluation

Please answer the questions as honestly as you can to help improve future training.

Place a \surd in the box that reflects your feelings about the question.

	Excellent	Very good	Good	Fair	Poor
1. I would rate this training overall as...					
2. The content was...					
3. The sequence of information was...					
4. The amount of information was ...					
5. Materials and visual aids were...					
6. Trainer facilitation was...					
7. The practicum was...					

8. The length of the training was

- (a) Too long
- (b) Too short
- (c) Just right

9. What could have made this training better?

10. Should anything be left out in future training?

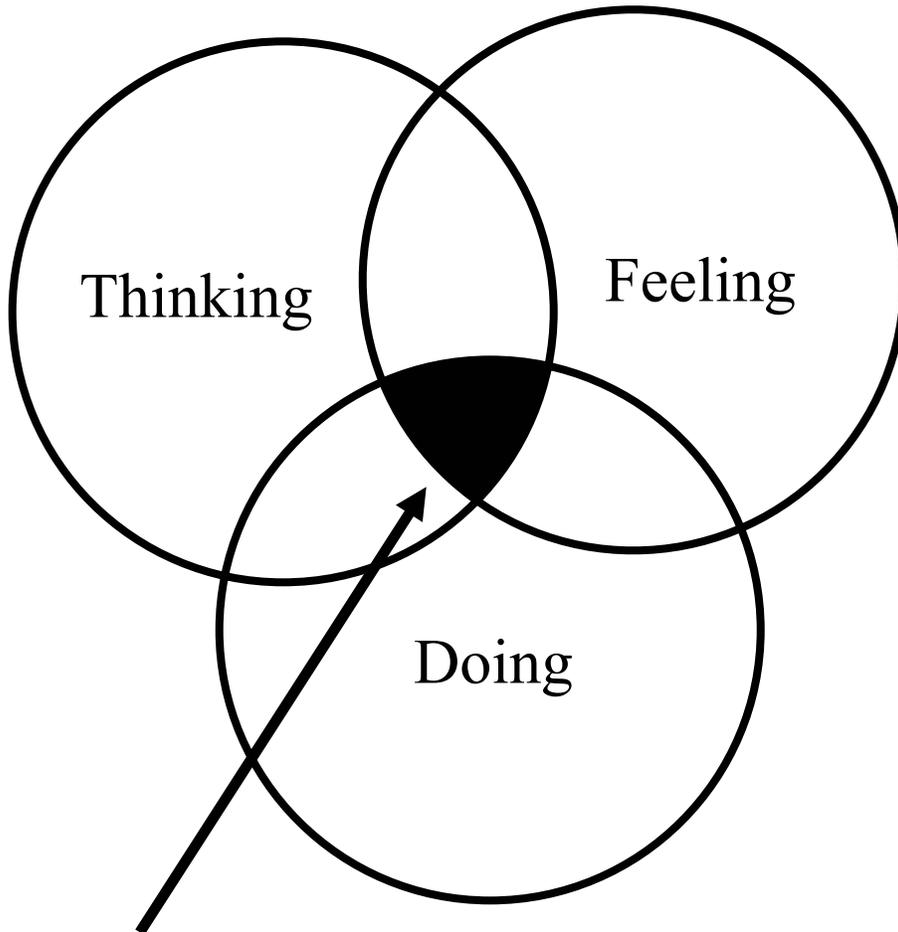
Comments:

**Behaviour Change Communication for Improved Infant
Feeding Training of Trainers: Handouts**

Handout T1: How to Teach a Skill

1. Discuss the skill and the reason to do it.
2. Demonstrate (perfect model).
3. Discuss.
4. Discuss.
5. Practice in class (everyone practices with the same case).
6. Discuss.
7. Practice in class (everyone practices with different cases).
8. Discuss.
9. Practice in a real situation in the field.
10. Discuss.

Handout T2: Training Techniques



We learn best when learning occurs
across all three areas.

Handout T3: Learning Styles Activity: Yoga–Salute to the Sun

Stand with your feet shoulder-width apart. Place your hands in a prayer position with your palms together in front of your chest and your elbows pointing down. Inhale deeply. Reach your hands up high and stretch back, arching your back slightly. Keep your legs straight. Exhale and move your outstretched arms forward and down until you are bent over at the waist with your arms hanging down. Inhale and bend your knees slightly so that your palms are touching the floor. Exhale and keep your knees bent as you lift your upper body up straight with your arms up straight and palms facing each other. Stand with your knees bent and arms stretched up high and take three deep breaths. On the last exhale, straighten your legs and bring your hands down to your sides and back to the prayer position.

Handout T4a: Hints for Supervisors

- Supervisory visits are to help health workers improve their work. They should be seen as an ongoing part of the training strategy and motivation of the health worker.
- The best way to know whether a worker is performing well is to watch him/her perform on the job. This observation should be followed by a discussion of what was observed and the data collected and recorded on monitoring forms.
- This is the time to identify an important area in which the worker can improve before the next visit.
- People who are praised for the work they are doing well are motivated to continue their work.
- If you find something the worker can improve, show him/her how to do it better. Then give him/her a chance to try it, with you observing.
- When you identify something to work on for the next visit, choose something that will make the biggest difference if improved. Leave less important improvements for later, when the first recommendation has been mastered.

Handout T4b: Key Steps in a Good Supervisory Visit

1. Let the health worker know when you will arrive and tell him/her that you would like to accompany him/her on a regular home visit, group discussion, or other BCC activity.
2. When you arrive, ask the health worker about the situation of the family you will visit, including the health and nutrition status of the child, recommendations made to the mother, and the next advice to be given to the mother (if any).
3. Stay in the background during the home visit or event. Do not interfere or give advice until the event is finished. Use a checklist that corresponds to the BCC technique observed: negotiation at a home visit, consultation at a facility, consultation at a growth monitoring station, facilitation of a mother-to-mother support group, or facilitation of an action group, drama, or story. Take notes on the appropriate observation form and fill out the lines at the bottom.
4. Find a private time after the event and go over the event. Point out all the positive points of the health worker's performance. Mention one or two practices that could be improved. Mutually choose an area for the health worker to work on before the next visit.

Handout T5: Training Plan Template

Prepare separate budget sheet

Region:

District:

Profile of trainees	Trainers	People responsible*	Resources needed	Collaborators	Time frame	Expected outcomes	FOLLOW-UP

*Name people responsible at district and organization levels or organization managers supervisors.

Handout T6: Adult Learning Principles

Adult learning is best achieved through dialogue. Adults have enough life experience to dialogue with any teacher about any subject and will learn new attitudes or skills best in relation to that life experience. The ideas below encourage dialogue and should be used in formal training, informal talks, one-on-one counselling sessions, or any situation where adults learn.

These 10 principles help begin, maintain, and nurture dialogue.

1. Needs assessment: Determine what learners need to learn. Learning must address their needs and interests.
2. Safety in environment and process: Make people feel comfortable making mistakes.
3. Sequence and reinforcement: Start with the easiest ideas or skills and build on them. Introduce the most important ones first. Reinforce key ideas and skills repeatedly.
4. Practice: Practice first in a safe place and then in a real setting.
5. Respect: Appreciate learners' contributions and life experience.
6. Ideas, feelings, actions: Remember that learning takes place through thinking, feeling, and doing and is most effective when it occurs across all three.
7. Immediate relevance: Remember that learners should see how to use what they have learned in their job or life.
8. Teamwork: Help people learn from each other and solve problems together. This makes learning easier to apply to real life.
9. Engagement: Involve learners' emotions and intellect.
10. Accountability: Deliver quality training and ensure that learners understand and know how to put into practice what they have learned.

Source: Adapted from J. Vella. 1994. Learning to Listen, Learning to Teach.

Handout T8a: Seven Steps of Planning

Who: The learners (think about their skills, needs and resources) and the trainer(s).

Why: Overall purpose of the training and why it is needed

When: The time frame (should include a precise estimate of the number of learning hours and breaks and starting and finishing times each day.

Where: The location with details of available resources and equipment and how the venue will be arranged

What: The skills, knowledge and attitudes that learners are expected to learn—the content of the learning event (keep in mind the length of the training when deciding on the amount of content)

What for: The achievement-based objectives—what participants will be able to do after completing the training

How: The learning tasks or activities that will enable participants to accomplish the “what for”.

Source: Adapted from J. Vella. Training Through Dialogue.

Handout T8b: Cards for Planning

WHO

WHY

WHEN

WHERE

WHAT

**WHAT
FOR**

HOW

Additional Reference Materials

Common Breastfeeding Beliefs/Myths

- Mother's cannot eat and drink certain things during breastfeeding.
- Colostrum should be discarded.
- A mother who is angry or frightened should not breastfeed.
- A mother who is ill should not breastfeed.
- A mother who is pregnant should not breastfeed.
- Breastmilk is too thin.
- Milk that accumulates when the mother is separated from her baby should not be given to the baby.
- Every baby needs water.
- Breastmilk gives some babies allergies.
- A mother who breastfeeds cannot take medications, and a mother who takes medications cannot breastfeed
- A sick infant should only be given rice water.
- A baby should not be suckled until the "white milk" comes in.

Ten Steps to Successful Breastfeeding

Every facility that provides maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women of the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour after birth.
5. Show mothers how to breastfeed and maintain lactation even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
7. Practice rooming-in, allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.