National Training Manual on Infant and Young Child Feeding

Good Nutrition for a Healthy Child
Institute of Public Health Nutrition
National Training Manual on Infant and Young Child Feeding

Published: December 2011
Institute of Public Health Nutrition
Directorate of Health, Ministry of Health and Family Welfare
Bangladesh
This training manual was developed for those who are working on Infant and Young Child Feeding for 0-2 years old children. From project managers to all level of health workers, everyone will get the same information on IYCF from this manual. After acquiring knowing and skills, they will be able to motivate the mothers to change their behavior regarding IYCF.

Manual development procedure
This manual has been developed based on the different type of manuals used earlier in the different nutrition projects of government and non-government organizations. Besides these, this manual was also developed based on the results of surveys, formative research conducted in Bangladesh and in light of relevant professionals and experts’ dialogue. This manual has been in use at the field level for the last one year.

Objective of the manual
The objective of the manual is to provide standard and necessary information to the workers who support IYCF. It aims to improve their knowledge and skills. This manual will increase mothers’ skills by practicing breastfeeding and complementary feeding in a proper way with the help of trained workers.

Use of the manual
This manual can be used to train the trainers as well as project managers, health workers and other staff. This manual can be used as a reference manual on IYCF because it contains all information. The trainers should start by reviewing this manual a few days before the training. Trainers need two basic types of preparation - planning of the sessions and in-depth knowledge on the topics.

During training of trainers (TOT), this manual should be provided to the trainers. During training of field level workers some programs may provide all or essential portions of the manual as handouts.

Each training batch should not consist of more than 12 persons and there will be 3-4 facilitators per day. For group work, group size will be decided as per the members of participants.
Organization of the manual

The manual contains two sections – one is on exclusive breastfeeding for 0-6 months old infants. This section also includes nutrition of pregnant women. The second section is on complementary feeding for 6+ months old children.

Within the two sections, each of the sessions is organized so that participants can develop an understanding of IYCF-related concepts and information quickly. After theoretical learning the trainee will develop skills through role play, demonstration and counseling at the field and clinic level. They will build their practical knowledge and confidence. We know learning through hands-on training is better than listening and discussion. We do not forget practical learning easily.

This manual is organized so that trainers and trainees can use it easily. Different types of methods are used for teaching the sessions, such as brainstorming, discussion, demonstration, case study, role play, question-answer, group work, group discussion etc. The language of the manual is very simple so that it can be easily readable and understandable to all level of professionals and workers. Two 15-20 minute training videos are included in the two sections of the manual. It is hoped that participants will develop their understanding and skills by watching those videos as well as through other methods of training.

This manual includes the use of two tools that are useful in counseling and supervision. One is an observation checklist and one is a job aid called “what to remember”. The use of these tools will be practiced in role play and field/clinic practice.

It is hoped that role play sessions will increase the counseling skills as well as the in-depth understanding of the participants.
Contents

Session 01 - Introduction to the training 01
Session 02 - How to improve performance of health workers 11
Session 03 - Importance of breastfeeding and breastfeeding recommendations 23
Session 04 - Position, attachment and manual expression of milk during breastfeeding 45
Session 05 - Video on breastfeeding (position, attachment and manual expression of breast milk) 57
Session 06 - Breastfeeding difficulties and how to address them 63
Session 07 - Maternal nutrition during pregnancy and lactation 77
Session 08 - Introduction to job aid and observation checklist for exclusive breastfeeding 85
Session 09 - Counseling and role play for breastfeeding 91
Session 10 - Counseling practice for breastfeeding at health facilities/field level 99
Session 11 - Complementary feeding - importance and recommendations 105
Session 12 - Hands-on training on food selection for age-specific complementary feeding 133
Session 13 - Complementary feeding difficulties - poor appetite 141
Session 14 - Introduction to job aid and observation checklist for complementary feeding 151
Session 15 - Complementary feeding counseling and role play 163
Session 16 - Video on complementary feeding 177
Session 17 - Counseling practice on complementary feeding at facility/field level 183
Session 18 - Risk age groups for infant and young child feeding and importance 189
Session 19 - Field practice and observations for counseling of mothers with children in risky age groups from birth to 12 months 211
Session 20 - Discussion on field visit 215
List of tables

Table 1 – Child Health Situation: Bangladesh (session 1)
Table 2 – Difference between colostrum and mature milk (session 3)
Table 3 – Difference between fore milk and hind milk (session 3)
Table 4 – Age appropriate quantity and frequency of complementary feeding (session 11)

List of graphs

Graph 1 – Trend of exclusive breastfeeding in Bangladesh (session 1)
Graph 2 – Levels of appropriate complementary feeding in Bangladesh (session 1)
Graph 3 – Levels of appropriate complementary feeding as per socio-economic conditions in Bangladesh (session 1)
Graph 4 – Child’s energy intake from breastfeeding and gaps after 6 months (session 3)
Graph 5 – Child’s energy intake from complementary feeding and breastfeeding (session 11)
List of Handouts:

1. Trend of exclusive breastfeeding in Bangladesh (session 1)
2. Levels of appropriate complementary feeding in Bangladesh (session 1)
3. Level of appropriate complementary feeding as per socio-economic conditions in Bangladesh (session 1)
4. Difference between colostrum and mature milk (session 3)
5. Difference between fore milk and hind milk (session 3)
6. Child’s energy intake from breastfeeding and complementary feeding (session 3)
7. Special responsibilities of health workers for following the BMS Code (7) principles (session 3)
8. Nutrition in the life cycle of a mother (session 7)
9. What to remember (job aid) – care of pregnant mother and breastfeeding (session 8)
10. Observation check list on exclusive breastfeeding (session 8)
11. Child’s energy intake from complementary and breastfeeding feeding (session 11)
12. What to remember (job aid) – complementary feeding (session 14)
13. Observation check list on complementary feeding (session 14)
The health and nutritional wellbeing of a population is both an outcome and indicator of national development. We have achieved remarkable progress in health and population with some indicators in recent times particularly in reducing child mortality and maternal mortality. We know that about one fifth of all under five child death is preventable through optimal IYCF alone. However, the challenge remains in improving the nutritional status of children and women in Bangladesh. In spite of many challenges the Ministry of Health and Family Welfare is committed to achieving the Millennium Development Goals (MDGs). Health and nutrition-related MDGs are linked to all other MDGs.

In this context, I am delighted that the Institute of Public Health Nutrition (IPHN) has developed this National Training Manual on Infant and Young Child Feeding (IYCF). I strongly believe that managers, trainers and community level service providers will use this manual and play an important part in sustainable nutritional development for infants and young children in Bangladesh.

I hope by using this manual, doctors, nurses, nutrition workers, and other service providers of health and family planning directorate will play a key role in taking the IYCF program forward.

I appreciate IPHN, IYCF Alliance, relevant institutes, scientist, public health experts, nutritionists, development partners and various organizations who played a vital role in developing this manual.

Joy Bangla, Joy Bangabandhu
Long Live Bangladesh

Professor (Dr.) A. F. M Ruhul Haque (M P)
Minister
Ministry of Health and Family Welfare
Government of People’s Republic of Bangladesh
In Bangladesh almost one half of children under five years are victims of undernutrition. Inappropriate Infant and Young Child Feeding (IYCF) practices are the main cause of malnutrition. Through appropriate practices of Infant and Young Child Feeding in urban and rural communities, childhood mortality and morbidity can be reduced in Bangladesh. Malnourished children who survive are more frequently sick and suffer the lifelong consequences of impaired physical and intellectual development. Malnutrition with or without complications is a public health problem in Bangladesh, and it requires intervention which will take place nationally through a multi-stakeholder approach. This National Infant and Young Child Feeding (IYCF) Training Manual will help to develop the capacity of health and family planning managers, supervisors and frontline service providers and will help to reduce the burden of nutritional morbidity and mortality in Bangladesh.

There is evidence that the feeding practices of infants and young children, particularly breastfeeding and complementary feeding, are not optimal in Bangladesh and are contributing to the high levels of malnutrition. This National Infant and Young Child Feeding (IYCF) Training Manual will make it easy to counsel and demonstrate how mothers and caregivers of children should feed their children under two years of age appropriately.

I appreciate the initiative of the Institute of Public Health Nutrition in developing such an important manual for Infant and Young Child Feeding (IYCF). I also appreciate the contributions rendered by the members of the technical group and development partners, particularly Alive & Thrive Bangladesh, UNICEF, Concern Worldwide, ICDDR,B, BRAC, BBF, CARE, TAHN and Save the Children to develop this manual.

I anticipate that application of the national IYCF training manual will make significant changes in the field of feeding practices of infants and young children, particularly breastfeeding and optimal complementary feeding.

Joy Bangla, Joy Bangabandhu
Long Live Bangladesh
Long live leader Sheikh Hasina

Dr. Capt. (Rtd.) Mozibur Rahman Fakir
State Minister
Ministry of Health and Family Welfare
Government of People's Republic of Bangladesh
The Ministry of Health and Family Welfare is committed to providing quality health services at facility level and near to doorsteps as well. We know that malnutrition and consequences of malnutrition among under 2 children can be reduced through appropriate practices of Infant and Young Child Feeding up to two years of age without extra financial and physical effort. The consequences of inappropriate feeding practices in early childhood are major obstacles to our efforts towards sustainable socioeconomic development and poverty reduction.

Appropriate Infant and Young Child Feeding (IYCF) is essential to achieve survival and development of children. We appreciate that promotion of IYCF is an affordable and sustainable child survival and development intervention. In addition, the Millennium Development Goals (MDGs) will not be achieved without action to reduce the rate of malnutrition in infants and young children.

In Bangladesh about 64% children are exclusively breastfed and only 21% children (6-23 months) get appropriate complimentary feeding. About 500,000 children suffer from severe acute malnutrition annually. Development of this National Training Manual for Infant and Young Child Feeding is a timely and very effective tool to build the capacity for health managers, supervisors and service providers to provide preventive nutritional intervention.

I congratulate the Institute of Public Health Nutrition and partners for their valuable assistance regarding the development of the National Training Manual for Infant and Young Child Feeding in Bangladesh. I look forward to seeing that by using this training manual, health service providers will be able to improve nutritional status of children under two years of age all over Bangladesh through different types of health centres and outreach sites.

Professor (Dr.) Syed Modasser Ali
Advisor to
The Hon’ble Prime Minister of the Ministry of Health and Family Welfare
People’s Republic of Bangladesh
Ministry of Health and Family Welfare and Ministry of Social Welfare
Despite major accomplishments in reducing child mortality and maternal mortality, malnutrition remains a challenge in Bangladesh. In order to address malnutrition, the Ministry of Health and Family Welfare has planned to mainstream nutrition services through preventive and curative services of the Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP) and Community Clinics. The correction of inappropriate child feeding practices can prevent malnutrition and its consequences.

It is difficult to change human behaviour and current practices. Behavior change will focus on the actions that need to be taken by a mother, her family, her employer, community and many others in support of breastfeeding and complementary feeding practices that will best serve the nutritional needs of neonates, infants and young children. This manual has given priority to effectively changing behaviour and practices of Infant and Young Child Feeding (IYCF) at the household level.

I express thanks to the Institute of Public Health Nutrition for taking the initiative to develop the National Training Manual for Infant and Young Child Feeding. I expect, by using this training module, nutritional status of children under two years will be improved in Bangladesh.

We are grateful to all valuable members including academics, scientists, pediatricians, obstetricians, clinicians, public health experts, nutritionists, officers from DGHS, DGFP and Community Clinics and development partners who contributed in developing the National Training Manual for Infant and Young Child Feeding (IYCF). It is my firm belief that development partners will continue their support in improving the present levels of child malnutrition in Bangladesh.

Md. Humayun Kabir
Secretary
Ministry of Health and Family Welfare
Government of People’s Republic of Bangladesh
We need to improve Infant and Young Child Feeding (IYCF) in children less than 2 years of age in order to increase exclusive breastfeeding to six months and reduce undernutrition (stunting, wasting, under-weight and anemia).

Infant and young child feeding requires motivation, counseling and demonstration to change current practices and myths regarding infant and young child feeding. Behavior change will focus on the actions that need to be taken by a mother, her family, her employer, community and many others in support of breastfeeding and complementary feeding practices that will best serve the nutritional needs of infants and young children. For that reason the manual has given attention to interpersonal communication, particularly behavior change counseling and demonstrations to bring effective changes in Infant and Young Child Feeding (IYCF) practices. I strongly believe that the National Training Manual for Infant and Young Child Feeding will be effectively used at community and facility levels by the managers, supervisors and community service providers of Government institutions and NGOs.

I express my thanks to the Institute of Public Health Nutrition for undertaking the initiative in developing the manual in conversation with relevant experts, concerned departments of Directorate General of Health Services, Directorate General of Family Planning and Community Clinics. I appreciate the efforts of IPHN, development partners including UNICEF, Alive and Thrive Bangladesh, and other stakeholders in developing the training manual. I hope that by learning through this manual, all levels of service providers will play a vital role in improving infant and young child feeding in Bangladesh.

Professor Dr. Khandakar Md. Shefyetullah
Director General
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of People's Republic of Bangladesh
In the last few decades we have achieved remarkable success in improvement of maternal and child health and in reduction of child mortality. The Honourable Prime Minister has received the award from United Nations for reduction of child mortality in Bangladesh. Due to malnutrition many untimely deaths of children occur in Bangladesh. Many of the children suffer from physical and mental disability as well. To prevent these we have to counsel and motivate mothers to improve IYCF practices i.e. increase exclusive breastfeeding up to 6 months and to improve complementary feeding practices among children below 2 years. In addition to these, hands-on training is important to bring about changes in prevailing practices of IYCF. For this we need an effective and practical training. For effective and practical training we need a proper and updated training manual. This will increase knowledge and skills on IYCF for the trainers, managers, supervisors and all levels of service providers of MOH&FW.

I am delighted that IPHN has developed an accurate and effective National Training Manual on IYCF for the use of all levels of service providers of health and family planning directorate as well as community clinic project. In this manual emphasis has been given to interpersonal communication and also to the importance of communication and effective practices of IYCF to change the behavior of mothers.

I congratulate those persons who were involved with the development process of this manual. I hope that by acquiring knowledge from this manual, service providers of MOH&FW will play an important role in the improvement of nutritional status of Bangladesh.

M.M Niazuddin
Director General
Directorate General of Family Planning
Ministry of Health and Family Welfare
Government of People's Republic of Bangladesh
Poor nutrition severely hinders individual, social and national development. In Bangladesh, more than 75% children are suffering from different types of malnutrition. The role of breastfeeding and appropriate complementary feeding in the good physical and mental health and development of children is quite clear. During early stages of childhood, vitamin and mineral deficiencies caused by malnutrition impair the immune system and inhibit cognitive and physical development. Bangladesh has made some progress in overcoming these deficiencies but much remains to be done. The Government of Bangladesh has taken several important steps to address IYCF problems. The National Training Manual for Infant and Young Child Feeding has been developed and will be implemented through an approved IYCF roll out plan.

The overall goal of the National Training Manual for Infant and Young Child Feeding (IYCF) is to improve the capacity of health and family planning managers, supervisors and front line service providers for serving infants and young children in Bangladesh through optimal IYCF practices. The National Training Manual for Infant and Young Child Feeding (IYCF) has been developed in the context of the Health Population and Nutrition Sector Development Program (HNPSDP) strategy and National Nutrition Services (NNS) as well as the National Communication Framework and Plan for Infant and Young Child Feeding (IYCF).

This training manual is being used as a guide for service providers for motivation, counseling and demonstration of IYCF at household level without any extra expenditure for children under two years of age by the family.

This training manual aims to create an environment to improve IYCF practices by addressing barriers regarding knowledge and practices of infant and young child feeding. And to achieve that, a communication framework and plan has been developed to bring sustainable changes in generating the demand for infant and young child feeding services. This training manual will speed up action to improve IYCF practices that will enhance the health and nutritional development of infants and young children in Bangladesh.

The Institute of Public Health Nutrition gratefully acknowledges the contributions and suggestions received from the IYCF Alliance. The support and cooperation received from other members of different departments of Ministry of Health and Family Welfare, academics, scientists, clinicians, public health experts and nutritionists are also gratefully acknowledged. The Institute of Public Health Nutrition acknowledges the support received from all development partners, particularly Alive & Thrive Bangladesh, UNICEF, Concern, WFP, ICDDR,B, BRAC and Save the Children.

Utilization of this training manual will actually depend on the continued valuable support of the stakeholders who have already helped us at IPHN sincerely in various ways.

Professor Dr. Fatima Parveen Chowdhury
Director
Institute of Public Health Nutrition (IPHN) Ministry of Health and Family Welfare
Government of People’s Republic of Bangladesh
Bangladesh has achieved remarkable success in health and population development, especially in child health development and in reduction of child mortality. Though achievement in child development and reduction in child mortality is notable, prevailing malnutrition is still a main problem. We have to go far for the nutritional improvement of mothers and children. The Ministry of Health and Family Welfare is committed to achieving Millennium Development Goals and for this, special importance has been given to maternal and child nutrition. The Ministry of Health and Family Welfare has already developed and started implementation of the national IYCF strategy and National IYCF Communication recommendations. The Government has developed a work plan integrating nutrition in mainstreaming services of health and family planning and started implementation through the health and family planning directorates.

Malnutrition is a barrier to individual, social and national development. This malnutrition and related complications can be prevented by providing appropriate complementary feeding. IYCF also prevents delayed child development, impaired educational ability, long time poor health and untimely death. Breast milk and complementary feeding play an important role in a child’s mental and physical development. Bangladesh government has already undertaken some steps to address the IYCF problem. The National IYCF Training Manual has been developed and it will be used at all levels.

The aim of this manual is to improve the skills of health and family planning managers, supervisors and field level service providers. They will in turn improve the IYCF practices of mothers and caregivers of children below 2 years. This manual as developed in the light of HPNSDP, NNS and National IYCF Communication Plan and Framework. This manual will serve as a guidebook for counseling mother and to motivate them for improvement of IYCF practices.

On behalf of IPHN I would like to express my thanks to the members of IYCF Alliance for their suggestions and cooperation. I also express my gratitude to the academic experts of different ministries, public health experts, nutritionists concerned members of different ministries and also Alive and Thrive Initiative Bangladesh, UNICEF, Concern, WFP, ICDDR,B, Brac and Save the Children.

Professor Dr. Md. Ekhasur Rahman
Director
Institute of Public Health Nutrition
Directorate General of Health Services and
Line Director-National Nutrition Services Program
Mohakhali, Dhaka
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>A&amp;T</td>
<td>Alive and Thrive Initiative</td>
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<tr>
<td>BBF</td>
<td>Bangladesh Breastfeeding Foundation</td>
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<tr>
<td>BDHS</td>
<td>Bangladesh Demographic and Health Survey</td>
</tr>
<tr>
<td>BF</td>
<td>Breast Feeding</td>
</tr>
<tr>
<td>BFHI</td>
<td>Baby Friendly Hospital Initiative</td>
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<tr>
<td>BMS</td>
<td>Breast Milk Substitutes</td>
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<tr>
<td>Brac</td>
<td>Bangladesh Rural Advancement Committee</td>
</tr>
<tr>
<td>CWW</td>
<td>Concern Worldwide</td>
</tr>
<tr>
<td>H&amp;FW</td>
<td>Ministry of Health &amp; Family Welfare</td>
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<td>HKI</td>
<td>Helen Keller International</td>
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<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>NLBS</td>
<td>National Low Birthweight Study</td>
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<tr>
<td>OHP</td>
<td>Overhead Projector</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Emergency Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WFP</td>
<td>World Food Program</td>
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01

Introduction to the training
Name of the session: Introduction to the Training

Objectives

At the end of the session, the participants will be able to:

- Tell the names of the trainers and the participants
- State the objectives of the training and their responsibilities and duties related to IYCF
- Know the indicators related to infant and young child feeding and nutrition in Bangladesh

Topics

1. Introductions among the participants and trainers
2. Discussion on the objectives of the training and training schedule
3. Rules that need to be followed during the training
4. Discussion on the situation related to infant and young child feeding and nutrition in Bangladesh

Time

1 hour

Materials

Flip papers, markers, cards in 3 colors (red, green, yellow), OHP/Multimedia, handouts
<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introductions among the participants and trainer</td>
<td>Introduction in pairs</td>
<td>–</td>
<td>20 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Objectives of the training and training schedule</td>
<td>Discussion</td>
<td>Training schedule</td>
<td>10 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Rules to be followed during the training sessions</td>
<td>Participatory discussion</td>
<td>Flip papers and markers</td>
<td>10 minutes</td>
</tr>
<tr>
<td>4</td>
<td>Discussion on the situation related to infant and young child feeding and nutrition in Bangladesh</td>
<td>Discussion and presentation of graphs</td>
<td>OHP/multimedia, statistical graphs and handouts</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>

Session 01 – Introduction to the training
1.1 The facilitator will make pairs of participants. Then s/he will request each pair to learn some information about each other, such as name, designation, family members, and two or three duties and responsibilities in their current jobs related to IYCF. The facilitator will tell the participants to introduce the person on their right side to the rest of the group and this will be repeated from the left side also, in the same manner.

1.2 The introductory session can be conducted using any other method.

Topic 2: Objectives of the training and training schedule (10 minutes)

2.1 The facilitator will discuss the objectives of the training. S/he will explain as shown on the right side of the page.

At the end of the training-

- The participants will be able to provide correct advice and to help mothers of infants and young children from 0 to 24 months on issues regarding breast-feeding and complementary feeding.

- The participants will acquire knowledge, skills and confidence in advising and helping mothers in the appropriate methods of breastfeeding and complementary feeding of their children.
2.2 The facilitator will distribute the training schedule and discuss the time schedule of the training with the participants and will receive feedback from participants on it.

Topic 3: Rules to be followed during the training sessions (10 minutes)

3.1 The facilitator, together with the participants, will set the rules and norms to be followed during the sessions.

3.2 The facilitator/participants will write out the rules on a flip chart to be followed during training sessions and hang it inside the class room. Some examples of the rules are provided on the right side column.

Rules to follow during training sessions –

- Be aware about time, and help maintain the schedule.
- Only one participant will speak at a time.
- Hands are to be raised before asking any question or giving any opinion or observation.
- Participants should actively engage in the discussions and other activities during training.
- Opinions of others are to be respected.
- Mobile phones are to be switched off or on silent mode.

Session 01 – Introduction to the training
### Methodology

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Ratio/Rate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal Mortality Rate</td>
<td>32/1000 Live Birth</td>
<td>BDHS 2011</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>43/1000 Live Birth</td>
<td>BDHS 2011</td>
</tr>
<tr>
<td>Under five Mortality Rate</td>
<td>53/1000 Live Birth</td>
<td>BDHS 2011</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>36/1000 Live Birth</td>
<td>NLBS, 2004</td>
</tr>
<tr>
<td>Stunting (Low Height for age)</td>
<td>41%</td>
<td>BDHS 2011</td>
</tr>
<tr>
<td>Early Initiation of Breastfeeding</td>
<td>43%</td>
<td>BDHS 2007</td>
</tr>
<tr>
<td>Exclusive Breastfeeding (&lt;6 months)</td>
<td>64%</td>
<td>BDHS 2011</td>
</tr>
<tr>
<td>Adequate Complementary Feeding (6-23 months)</td>
<td>21%</td>
<td>BDHS 2011</td>
</tr>
<tr>
<td>Handwashing with soap before preparing food &amp; feeding child</td>
<td>&lt;5%</td>
<td>Shewa -B Health Impact Study Midline Report Nov. 2009</td>
</tr>
<tr>
<td>Counseling on IYCF by H&amp;FW workers during ANC &amp; EPI</td>
<td>&lt;10%</td>
<td>Alive &amp; Thrive Formative</td>
</tr>
</tbody>
</table>

### Topic 4: Discussion on the situation/statistics related to infant and young child feeding and nutrition in Bangladesh (20 minutes)

4.1 The facilitator will tell the participants that now the topic on the right side will be discussed. The facilitator will provide the laminated graphs as training tools. List of graphs: child health situation (Table-1), and 3 graphs (Graph 1, 2 & 3) on IYCF.

4.2 The facilitator will discuss main points for each graph as shown on the right.
Some statistics regarding child nutrition

Notes for discussing Table-1

- In Bangladesh 64% children of 0-6 month old infants breastfeed exclusively. As a result only these children get the complete benefit from breastfeeding. Most of the mothers stop exclusive breastfeeding after 3 months of age.
- In Bangladesh, only 21% children of 6-23 months get appropriate complementary feeding. Even most of the middle and higher class families do not give appropriate complementary foods to their children.
- It was seen from a survey (SHEWA-B) that less than 5% of mothers and their family members washed their hands before feeding their children.
- In Bangladesh, less than 10% of mothers reported that health and family welfare workers provide advice to the mothers about infant and young child feeding during ANC visit and EPI services.
Graph -1 : Trend of exclusive breastfeeding in Bangladesh (BDHS 2011)

There has been an apparent increase in the level of exclusive breastfeeding among children under 6 months, from 43 percent in 2007 to 64 percent in 2011. But one third of infants are not getting the full benefit of exclusive breastfeeding.

This is due to:
- Lack of proper knowledge of mother and her family
- Mother is not confident enough that she has/could produce enough milk for her child
- As a result, mothers and other family members feed alternate milk and foods like suji and khichuri (thin gruel, rice and lentils)
- In some cases health workers/doctors also encourage them to buy tinned milk or formula
- Mothers also do not know how to assess their milk supply and how to maintain or increase their milk supply for 6 months of exclusive breastfeeding.
Graph 2 shows that among 6-8 months children 6%, and among 9-11 months children only 15% received appropriate complementary feeding.

Graph-2 : Age–specific rate of appropriate complementary feeding in Bangladesh (BDHS 2011)

- Graph 2 shows that among 6-8 months children 6%, and among 9-11 months children only 15% received appropriate complementary feeding.
Graph 3: Practice of appropriate complementary feeding as per socio-economic conditions in Bangladesh (BDHS 2011)

- Graph 3 shows that even among the highest economic class of families, only 30% of children from 7-23 months receive appropriate complementary feeding. This shows that poverty and lack of food is not the main reason for poor complementary feeding practices. Lack of knowledge is more widespread.
02

How to improve the performance of health workers
Name of Session: How to improve the performance of health workers

Objectives

At the end of the session, the participants will be able to:

- Identify the barriers and solutions to ensure that training of health workers will result in improved counseling for mothers in the IYCF
- Know and tell the importance of each step in the cycle for improving health workers’ IYCF counseling performance

Topics

1. Identify the barriers and solutions to ensure good results after training health workers in IYCF
2. Importance of each step of the improvement cycle for health workers’ performance
3. Practice using the pictures to identify tasks needed in each step of the performance improvement cycle

Time

1 hour 30 minutes

Materials

Flip charts, markers, 8 laminated steps of performance improvement cycle and 7 laminated pictures of performance improvement cycle
<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identify the barriers and solutions to ensure training effectiveness for IYCF programs</td>
<td>Discussion, question-answer and brainstorming</td>
<td>Flip paper, marker</td>
<td>30 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Importance of each step in the improvement cycle to improve health worker performance</td>
<td>Discussions</td>
<td>8 laminated steps of performance improvement cycle</td>
<td>40 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Identify each step of the performance improvement cycle using the pictures</td>
<td>Discussions and group work</td>
<td>7 laminated pictures of performance improvement cycle</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>
Topic 1: Identify the barriers and solutions for training effectiveness in IYCF programs (30 minutes)

1.1 At the beginning, the facilitator will welcome the participants to the session.

1.2 The facilitator will tell the participants, “in the past we have seen that health workers receive many trainings on different issues, they also become skilled on those areas. But in many cases it is seen that they do not implement the knowledge/skills in their working areas.”

1.3 The facilitator will tell the participants, “now you tell us what are the causes, why the workers do not properly implement their knowledge and skills in their work after training.”

1.4 The facilitator will take some answers from the participants and write them on the board. Later the facilitator will read out the reasons shown in the right hand column. If any point is missing then s/he will add the point and will discuss accordingly.

Reasons for not implementing the knowledge and skills learned during training by health workers in the field-
- Lack of adequate number of workers, which puts extra work load on the workers
- Lack of skills of workers due to insufficient practice sessions

Session 02 – How to improve the performance of health workers
### Methodology

<p>| | |</p>
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<tr>
<td>1.4 Continued</td>
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</table>
|   | - Inadequate/weak supervision system  
|   | - Lack of feedback on their performance  
|   | - Lack of award/appreciation for good performance  
|   | - Lack of accountability on good outcomes e.g. quality and coverage of IYCF counseling  

| 1.5 After this, the facilitator will say, ‘we came to know the reasons, now you tell us what is the solution to those?’ The facilitator will write their answers on the board and will discuss accordingly. |

### Topic 2: Importance of each step in the improvement cycle to improve health workers performance (40 minutes)

<p>| | |</p>
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<tbody>
<tr>
<td>2.1 The facilitator will thank the participants for the above discussion, then s/he will say ‘how can a program be successful with the knowledge and skills gained from training?’</td>
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</table>

| 2.2 The facilitator will explain that only training is not enough to improve the performance of a health worker.  |

---

**Session 02 – How to improve the performance of health workers**
### Performance improvement cycle

1. Mapping and listing of households
2. Allocation of working area
3. Hands-on training
4. Supervision
5. Monthly meeting
6. Provision of award or recognition
7. Monitoring, accountability, learning

Central Coordination

---

2.3 S/he will say, ‘let us find out how we can improve the performance of a health worker’.

2.4 The facilitator will place pictures of the steps of the performance improvement cycle on the board one by one and will explain their importance (Picture 2a).

Thus s/he will complete the cycle with the 7 steps and lastly will put a card in the middle of the cycle named “Central Coordination.”
2.5 The facilitator will tell the participants that when we start a program, first we need a plan. S/he will discuss the 1st and 2nd steps of the performance improvement cycle and how the steps work at each level. See the notes on the right hand side.

2.6 The facilitator will discuss the importance of the rest of the steps.

### Steps of the performance improvement cycle

**Step 1 : Mapping and listing of households : (Picture 2.b)**

Before starting IYCF program in an area-

- A survey needs to be done for making a list of the target group. A health worker needs to be up to date on the number of pregnant mothers and 0-23 month old children of her/his area.

- This needs to be discussed in the monthly, quarterly, half-yearly and yearly meetings, and new mothers and children added as necessary.

**Step 2 : Allocation of working area (Picture 2.c)**

- A health worker/volunteer should visit about 200-250 households in community programs.
2.6 Continued

There will usually be 40-50 children under each health worker/volunteer. Listing of all children from 0-23 months will be completed and the children who will exceed the age range will be subtracted from the list and new ones will be added into the list each month.

The worker will visit the households of 0-12 months children on a priority basis.

Up to 10-12 health workers/volunteers should be supervised by one supervisor.

**Step 3: Hands-on training (Picture 2.d)**

At the training, each health worker/volunteer will practice how to counsel, demonstrate and train the mothers to improve/correct the current behavior/practices regarding Exclusive Breastfeeding (EBF) and Complementary Feeding (CF). Thus they can learn to help mothers to correctly practice IYCF. Health workers/volunteers will learn how to visit the targeted households, how they will counsel and demonstrate EBF and CF, and with the mothers in courtyard meetings how to discuss difficulties of IYCF.

**Session 02 – How to improve the performance of health workers**

<table>
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<tr>
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<tr>
<td></td>
<td>• There will usually be 40-50 children under each health worker/volunteer. Listing of all children from 0-23 months will be completed and the children who will exceed the age range will be subtracted from the list and new ones will be added into the list each month.</td>
</tr>
<tr>
<td></td>
<td>• The worker will visit the households of 0-12 months children on a priority basis.</td>
</tr>
<tr>
<td></td>
<td>• Up to 10-12 health workers/volunteers should be supervised by one supervisor.</td>
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</table>

**Picture 2.d: Hands-on training**
### Methodology Topics

| Session 02 – How to improve the performance of health workers |

| 2.6 Continued |  |

#### Step 4: Supervision (Picture 2.e)

A supervisor will supervise the work of health workers/volunteers using a checklist, for example:

- When a health worker/volunteer counsels and demonstrates to a mother about EBF and CF, the supervisor will assess their work by using a checklist in order to observe whether they are doing the job correctly or not. Based on that observation the supervisor will provide feedback to the health worker/volunteer.

#### Step 4: Monthly meetings (Picture 2.f)

The manager, supervisor and health worker/volunteer will be present at the monthly meetings and discuss the following points:

- Give feedback to the health workers/volunteers based on filled-in checklists.
2.6 Continued

- Share experiences and problem-solving among the health workers/volunteers.
- Calculate coverage and discuss results with all levels of staff of the project. Discuss coverage of all mothers in the area this month.
- Arrange refresher trainings to focus on common problems and to add new topics.
- Make a work plan for the next month.

Step 6: Provision of award or recognition (Picture 2.g)

It is essential to provide some kind of award or recognition for good performance of a worker at the field/health facility level. That will encourage them further for a better result/output in the project and show others that good work is recognized.
Step 7: Monitoring, accountability and learning (Picture 2.h)

To achieve the goal of a program, the monitoring of key indicators at the field/health facility level is essential. Coverage and quality of IYCF counselling should be monitored.

- With regular monitoring of the field/health facility level indicators the supervisor will see if the trend in coverage and quality is improving and by providing feedback to staff and managers they will help to address any gaps to improve the performance of the program. If the expected results are not achieved then appropriate steps can be taken e.g. refresher training can be arranged.

- Managers can strengthen the weak steps in the performance cycle by regular monitoring.

Picture 2.h: Accountability
3.1 The facilitator will divide the participants into 3 groups. There will be pictures on 7 steps of performance improvement cycle on the table (pictures from 2.b to 2.h).

3.2 The facilitator will first call 2 members from the 1st group. Then s/he will tell them to select pictures on the 1st and 2nd steps, put them on the board and explain the importance of those.

3.3 Later the facilitator will call the 2nd group. S/he will tell them to select pictures on the 3rd and 4th steps, put them on the board and explain those.

3.4 Lastly, the facilitator will call the 3rd group. S/he will tell them to select the pictures on the 5th, 6th and 7th steps, put them on the board and explain them.

- Explanation of the picture on 1st step – A health worker is making a list of pregnant mother and 0-23 months completed children.
- Explanation of the picture on 2nd step – Areas are allocated among the health workers (at this stage other members of the 1st group also take part in the discussion).
- Explanation of the picture on 3rd step – Health workers and volunteers are taking hands-on training on selection of complementary feeding.
- Explanation of the picture on 4th step – A health worker/volunteer is counseling a mother and her family members in her area.
- Explanation of the picture on 5th step – Monthly meeting of supervisor and health workers/volunteers.
- Explanation of the picture on 6th step – Award is being given to the best performing workers.
- Explanation of the picture on 7th step – Discussion meeting on monitoring, accountability and learning of a program.
At the end of the session, the facilitator will summarize the topic and tell the participants to follow and ensure the steps of performance improvement cycle. This will help them to apply the knowledge properly for the betterment of the program.
Importance of breastfeeding and recommendations
Name of the Session: Importance and recommendations for breastfeeding

Objectives
At the end of the session, the participants will be able to:

- Describe the benefits of breastfeeding
- Know the recommendations of breastfeeding for children 0-23 months and identify benefits, risks of not breastfeeding, gaps and barriers

Topics
1. Benefits of breastfeeding as per recommendations
2. Recommendations of breastfeeding and its benefit and barriers
3. International and national Breast Milk Substitute (BMS) Code and Maternity Legislation Act of Bangladesh

Times
1 hour 15 minutes

Materials
Flip charts, markers, handouts number. 4, 5, 6 and 7
<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Benefits of breastfeeding as per recommendations</td>
<td>Discussion, question-answer and brainstorming</td>
<td>Flip paper, marker, handouts number 4 &amp; 5</td>
<td>15 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Recommendations of breastfeeding and its benefits as well as risks of not breastfeeding and barriers to good breastfeeding practices</td>
<td>Discussions, group work and presentation</td>
<td>Flip paper, marker handout number 6</td>
<td>45 minutes</td>
</tr>
<tr>
<td>3</td>
<td>International and national Breast Milk Substitute (BMS) Code and Maternity Legislation Act of Bangladesh</td>
<td>Discussions and question-answer</td>
<td>Discussion and handout number 7</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>
1.1 The facilitator will want to know the benefits of breastfeeding from the participants and s/he will write down the answers on the flip paper.

1.2 If there are any missing points, the facilitator will add those from the right side.

**Benefits of breastfeeding as per recommendations**

- Up to six months breastmilk provides all the essential nutrients for physical and mental development of children
- Protects children from severe infection and risk of death in the first few months of life
- Easily digested and reduces risk of allergies
- Exclusive breastfeeding for 6 months helps prevent pregnancy for the first 6 months
- Saves family money
- As the children do not get bottles, there is less chance of contamination
- If breastfeeding is started immediately after delivery, it helps reduce blood loss and rapid return of mother’s uterus to normal
- Reduces the risk of cervical and breast cancer in mother
- Creates close bonding between mother and child

There is no alternative to breastfeeding for physical and mental development
1.3 The facilitator will ask the participants about the difference between colostrum and mature milk. After hearing their answers, the facilitator will provide them a handout on the difference between colostrum and mature milk. The facilitator will request one participant to read out the content of the handout and s/he will discuss the issue and make them understand the same using table 2 on the right side.

**Table-2 : Difference Between Colostrum and Mature milk**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Colostrum</th>
<th>Mature Milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Present in mother’s breast at birth, so just after birth the newborn can consume it</td>
<td>Comes into mother’s breast usually after few days of delivery, it needs suck by baby</td>
</tr>
<tr>
<td>2</td>
<td>Yellowish/cream color</td>
<td>White color</td>
</tr>
<tr>
<td>3</td>
<td>Concentrated</td>
<td>Diluted</td>
</tr>
<tr>
<td>4</td>
<td>Contains more antibodies more nutrients such as fat, protein and vitamins. It is rich in vitamin ‘A’</td>
<td>Contains enough antibody and other nutrients</td>
</tr>
<tr>
<td>5</td>
<td>A small amount is enough for the newborn baby as it is very concentrated</td>
<td>As it is not as concentrated as colostrum, infants need greater amount</td>
</tr>
</tbody>
</table>
1.4 The facilitator will ask the participants about the difference between Fore milk and Hind milk. The facilitator will distribute the hand-out (Table 3) among participants and through discussion s/he will make them understand the contents of the table 3 on the right.

### Table 3: Difference Between Fore Milk and Hind Milk

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Fore milk</th>
<th>Hind milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Milk which comes during early part of breastfeeding</td>
<td>Milk which comes during later part of breastfeeding</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat transparent and diluted, contains more water</td>
<td>Somewhat opaque, contains less water</td>
</tr>
<tr>
<td>3</td>
<td>Fat is less in amount</td>
<td>Fat is greater in amount</td>
</tr>
<tr>
<td>4</td>
<td>Baby is not satisfied with this milk, baby remains hungry</td>
<td>Baby is satisfied with this milk, baby becomes full</td>
</tr>
<tr>
<td>5</td>
<td>Mother’s breast does not get empty</td>
<td>Usually, after sucking later part milk, breast becomes empty and starts producing more milk</td>
</tr>
</tbody>
</table>
Recommendations for proper breastfeeding

1. **Start breastfeeding immediately after delivery (within 1 hour of birth)**

In Bangladesh 43% children are breastfed immediately after birth or within 1 hour of birth (BDHS 2011 – Early Initiation of BF). In 57% of the cases, a gap was seen regarding initiation of breastmilk.

**Benefits of initiation of breast milk for baby and mother**

Benefits for the baby-

- Mothers’ first milk (colostrum) is highly nutritious
- It has antibodies which protect the child from different kinds of diseases, such as diarrhea, pneumonia, sepsis and other infections
- As colostrum is consumed in small amounts, it is enough for the first 3 days or until mature milk comes in
- If the baby is put on the mother’s breast immediately after birth, s/he can learn how to suck mother’s nipple, and this helps the milk to come in quickly
- Colostrum helps in passing of the baby’s first black stool

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Session 03 – Importance and recommendations for breastfeeding
2.6 Thus the rest of the groups will present their work on the other recommendations for breastfeeding practices. The facilitator will discuss all the information on the right hand side.

<table>
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<tr>
<th>Methodology</th>
<th>Topics</th>
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</table>

- Early initiation increases bonding between mother and baby
- During breastfeeding, skin-to-skin contact of the newborn with the mother helps keep the newborn warm after delivery.

Benefits for the mother-
- Immediate breastfeeding after delivery helps the uterus to contract, and this results in faster expulsion of placenta, reduces bleeding, and helps the uterus return to normal position (for these reasons support must be provided to the mother for early initiation of BF after caesarean section)
- Immediate breastfeeding helps to produce greater/larger quantity of milk
- Mothers are mentally more satisfied

Risk of not breastfeeding immediately after delivery
- Neonatal death

Note: Surveys show that through immediate breastfeeding it is possible to reduce death of one neonate among five neonates who die.
### Methodology

#### Topics

#### 2.6 Continued

**Barriers to breastfeeding immediately after birth:**

**Barrier in mothers –**

- Lack of awareness of mother and her family members regarding danger of not initiating breastfeeding immediately after birth
- Lack of support for putting the baby on the mother’s breast after delivery

**Barrier in baby –**

- A low birth weight baby cannot suck mother’s breast properly
- Sometimes baby is sick and cannot suck
- Has breathing problem

**Lack of support and misconceptions that family members and health workers have –**

- Should not put baby on mother’s breast immediately after caesarean section
- Bathing of mother and baby after birth causes delay in initiation of breastfeeding
- Due to lack of knowledge of members of a family, may discourage colostrum feeding. It is their perception that it looks bad and it causes gastroenteritis and as a result they suggest water, honey and other things for feeding the baby.
2. Babies should not be given honey, water mixed with sugar, mustard oil, or any other liquid or food after birth

It has been seen in Bangladesh that after the birth of a baby, during the first 3 days, family members give honey, water mixed with sugar, and other liquids. It is reported in 62% of cases (BDHS 2011).

Risk for baby-
- Different types of germs from these foods enter the baby’s body causing illness and death
- These foods can interfere with the newborn learning how to suck breastmilk from mother’s breast; as a result milk will not come in mother’s breast, and breastmilk will not be produced in adequate amounts

Risk for Mother-
- If baby is not breastfed, then mother’s risk of being pregnant is increased

Some misconception and beliefs allow these pre-lacteals, such as-
- Some believe that colostrum only acts as a vaccine, so 2/3 drops are enough for the baby and other liquids should also be given
- They do not consider colostrum as food
- Some believe that with a small amount of colostrum the baby’s stomach will not be full. They do not understand that colostrum is very much concentrated, baby’s stomach is also small, therefore small amount of colostrum is enough,
• Usually it takes 2/3 days for mature milk to come in and this is one of the reasons to introduce honey, sugar water or animal milk

• Some believe that if they introduce honey or sugar water after birth of a baby then it will cause baby to become a sweet natured person

3. During breastfeeding ensure proper position, attachment, and when in need, express breastmilk manually for baby

Proper positioning and attachment is very essential during breastfeeding. Mothers should also learn how to express their milk manually for baby.

Benefits for baby-

• Holding the baby in the proper position helps the baby to reach the breast and to attach baby’s mouth to the breast for effective breastfeeding.

• Proper attachment to the breast allows baby to get enough milk easily.

• The more the baby sucks the breast and removes milk from the breast, the more the milk supply will increase.
2.6 Continued

Benefits for Mothers

- Proper positioning will ensure mother’s comfort and as a result, the mother can continue to breastfeed her baby as long as the baby needs. This in turn helps increase milk production.

- Mother feels well, without fatigue or pain.

- Due to improper attachment, the baby cannot suck properly and this results in breast engorgement. Breast becomes hard and causes pain.

- Improper position or attachment causes sore and cracked nipples.

Benefits for baby from manually expressed milk when in need

- When a baby is separated from mother (such as reduced space, working mother or when mother is absent for any purpose) and becomes hungry, s/he gets benefit from expressed milk which mother has left at home

- Babies who are sick and weak cannot suck mother’s breast, so must be fed expressed milk

- In case of engorged breast, expression of breastmilk softens the breast. The mother gets relief and makes it possible to attach the baby’s mouth to the breast

- If the baby cannot suck properly, expression of breastmilk helps to continue removal of breastmilk and maintain supply
Benefits for mothers from manual expression of breastmilk.

- In case of breast engorgement, manual expression helps mothers to feel better
- Mother becomes satisfied that at least her baby is getting breastmilk through expression
- Breastfed babies grow well and cry less
- Baby sleeps well, mother can do other work
- Mother becomes confident that she is maintaining her baby's health

Barrier against maintaining proper position, attachment and manual expression of breastmilk

- Lack of support from family or others
- Lack of support from doctors and health workers
- Lack of confidence and skills in mother

4. Exclusively Breastfeed (EBF) the child from birth to 6 months of age

In Bangladesh, only 64% (BDHS 2011) children breastfeed exclusively from birth to 6 months. Exclusive breastfeeding means not giving anything else to the child except breastmilk, not even a drop of water. But medicines and vitamins can be given if prescribed by a doctor.
2.6 Continued

**Benefit for baby**-
- Breastmilk contains all the necessary nutrients and water that a child needs to satisfy hunger and quench thirst for the first six months
- EBF reduces child’s diarrhea, allergy, respiratory and ear infections
- EBF helps the child’s mental development, learning ability and helps it to grow up properly
- Nothing is safe for a child of less than 6 months except breastmilk
- Even a mother who is undernourished or the mother of twins has the ability to produce sufficient breastmilk to satisfy the child’s needs for the first 6 months without the need of any other product.

**Benefit for mothers** –
- If a mother breastfeeds her baby exclusively it acts as a natural family planning and there is no risk of quick pregnancy
- Mothers like to breastfeed the baby properly and to spend time with the baby
- Extra money is not needed to buy artificial milk or bottles and no extra workload for preparing artificial milk
- An EBF child is healthy, therefore there is no need to spend extra money for doctors and medicines
Barriers and misconceptions against breastfeeding exclusively

- Some mothers and family members doubt that they can maintain adequate milk supply to meet their children’s needs up to 6 months.

- When a child cries then the mother and her family member think that the child is hungry, but this is not always correct.

- In many cases doctors, nurses, paramedics and other health workers do not know that it is unwise to recommend alternative milk.

- Breastmilk substitute producers and marketers try to distract mothers and their family members with attractive advertisements for BMS.

- Sometimes mothers are not informed that up to 6 months breastmilk is enough for a child and there is less chance of contamination in this case.

- Mothers are not taught to assess if their child is getting enough milk or how that can increase milk supply for their children.

- Many health workers and family members do not know that a poor and undernourished mother can also produce enough milk for their child.
Mothers and their family members do not know that there is no safe alternative for breastmilk.

5. Along with complementary feeding from 6 months to 2 years breastfeeding should also be continued.

In Bangladesh 91% children (BDHS 2007) continue breastfeeding for 2 years and beyond, it is a good aspect of breastfeeding and this should be continued.

Benefit for the baby-

- Breastmilk provides a big part of the necessary energy and nutrition up to 2 years. See Graph 4
- Breastmilk contain various nutritious elements which are essential for a child’s growth
- Breastmilk protects a child from many diseases
- It has less chance of contamination
- The physical and mental development of children who are breastfed is much better than children who live on artificial milk
2.7 The facilitator will describe graph number 4. S/he will distribute the handout and tell them that even after 6 months, a large part of energy intake and nutrition must come from breastmilk until 2 years of age.

2.8 After discussing all the points regarding benefits, risks and barriers, the facilitator will summarize the five recommendations and will highlight their importance.

Graph 4: Child's energy intake from breastmilk and gaps after 6 months

Source: IYCF model chapter for medical text books, WHO, 2009 (p-55)
### Session 03 – Importance and recommendations for breastfeeding

#### Barriers against continuing breastfeeding up to 2 years

- Some mothers believe that it is not necessary to continue breastfeeding up to 2 years.
- Many mothers, their family members and health workers do not know that breastfeeding should be continued up to 2 years.
- Many of the mothers believe that children will not learn to eat family foods if breastfeeding is continued for many days.

The 5 main recommendations are:

- Initiate BF immediately after delivery
- Exclusively BF for 6 months
- No pre-lacteal or any liquid to be fed after birth
- Use proper position and attachment
- Continue to breastfeed for at least 2 years
### Methodology

<table>
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<th>Topics</th>
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<tbody>
<tr>
<td><strong>Topic 3 : International and national Breast Milk Substitute (BMS) Code and Maternity Legislation Act of Bangladesh</strong></td>
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</tbody>
</table>
| 3.1 | The facilitator will tell the participants that earlier we have discussed about the barriers of EBF up to 6 month, such as:  
- Doctors, paramedics and others do not know that a child should not be given alternate milk or BMS  
- Manufacturers of BMS and alternative milk producer and marketers confuse mothers and their families in various ways |
| 3.2 | The facilitator will tell the participants to realize the importance of EBF, WHO and GOB formulated BMS Code and maternity leave policy to encourage the mothers to EBF, and to stop paying attention to confusing information being given by companies. |
|   | • In 1984, the Bangladesh Government released an ordinance on marketing of alternate milk or formula milk. Here, restriction was put on advertisement and publicity of tinned milk/packet milk/formula milk or artificial baby foods as well as their use. |
|   | • What is the Bangladesh Breast Milk Substitutes (Regulation of Marketing) Ordinance? Specifically, it:  
• Prohibits any advertisement designed to create the belief that breast-milk substitute feeding is equal or superior to breastfeeding  
• Prohibits gifts or any other free item to promote the purchase of breast-milk substitutes  
• Prevents labels on products from using images or text that idealize the use of breast-milk substitutes |
|   | • What should medical establishments and workers do?  
• Encourage exclusive breastfeeding for 6 months  
• Organize communication on breastfeeding and make the code known to all health workers |
3.3 The facilitator will ask participants if they know anything about the BMS Code and maternity leave policies.

3.4 After taking some answers from participants, the facilitator will discuss the content on the right-side.

3.5 The facilitator will tell the participants that health managers or health workers have to follow and make sure that companies follow the practices on the right of the page.

### BMS Marketing code –

- Manufacturers of artificial baby milk should not support health managers or health workers to reduce breastfeeding practices-
  - health managers should sanction maternity leave for all mothers so that they can breastfeed their children
  - health workers should not do any publicity for BMS or alternatives to breastmilk

Medical establishments and workers must NOT:

- Sell or allow the sale of food for infants under six months of age
- Allow companies to display infant feeding products, of any kind
- Accept donation or gifts from infant formula companies or any material benefits or products for infants under six months of age
- Help businesses to give samples or gifts related to breast-milk substitutes to mothers or family member
- Advise women to use any products for infants below 6 month, other than breast milk

Support early initiation of breastfeeding within the first hour after birth, even for C-Sections

**Session 03 – Importance and recommendations for breastfeeding**
### Special responsibilities of health workers for following the BMS Code principles

To follow the rules and regulations of International BMS Code, health workers have a special responsibility. Health facilities will not be used for publicity and exhibition of artificial milk. Health workers should clearly explain the harmful effects of these baby foods. Health managers and staff need to understand their responsibility under BMS code. These are:

- Encourage breastfeeding and provide support to maintain this
- Do not accept any kind of financial or other gift for publicity of artificial milk
- Do not to provide any sample of artificial milk or baby foods to pregnant women, mother of the child below 2 years, or their family members
**Methodology**

| 3.7 | The facilitator will tell the participants, if any mother and her family asks about breast milk substitutes, how they should recommend exclusive breastfeeding for 6 months. |
| 3.8 | After taking a few suggestions from the participants the facilitator will explain content on the right side. |
| 3.9 | After ensuring participants’ understanding, the facilitator will conclude the session by giving thanks to the participants. |

**Topics**

What needs to be recommended to a mother by a doctor or a health worker-

- A doctor or a health worker will ask mother or her family why they need a BMS or alternate product

- If the mother says, ‘baby is not getting enough milk’ then a doctor or health worker will explain to mother:
  - how she will understand that her baby is getting enough milk (information to be taken from session 6), in addition to this
  - how to increase milk supply should also be explained to the mother
  - dangers of giving any BMS or alternate product to the baby
Position, attachment and manual expression of milk during breastfeeding
Session 04

Name of the session: Position, attachment and manual expression of milk during breastfeeding

Objectives
At the end of the session, the participants will be able to:

- Describe the position of mother and baby during breastfeeding
- Describe four key points of attachment
- Observe the position of mother and baby during breastfeeding
- Show how to hold the baby while breastfeeding
- Know and teach a health worker how to express mother’s milk manually

Topics
1. Importance of proper positioning and attachment during breast feeding
2. Observation of position and attachment of mother and baby during breastfeeding
3. Practice with doll on how to hold baby while breastfeeding
4. Method of breast milk expression

Time
1 hour 30 minutes

Materials
Doll and dummy breast (4), laminated pictures on position of mother and baby during breastfeeding, incorrect and correct attachment and manual expression of breastmilk
<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
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<tbody>
<tr>
<td>1</td>
<td>Importance of proper positioning and attachment during breastfeeding</td>
<td>Discussion</td>
<td>_</td>
<td>15 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Observation of position and attachment of mother and baby during breastfeeding</td>
<td>Demonstration and question-answer</td>
<td>Incorrect and correct picture of position and attachment</td>
<td>15 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Practice with doll on how to hold baby while breastfeeding</td>
<td>Practice</td>
<td>Doll and dummy breast</td>
<td>40 minutes</td>
</tr>
<tr>
<td>4</td>
<td>Method of breast milk expression</td>
<td>Discussion and question-answer</td>
<td>Dummy breast</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>
1.1 At the beginning of the session the facilitator will highlight the importance of position and attachment during breastfeeding.

**What is Proper Position and attachment:**

- Proper position means during breastfeeding mother and baby are in a comfortable position. If mother holds the baby properly only then will the baby attach to mother’s breast correctly.

- Proper attachment is very important because good attachment helps baby to suck easily and allows baby to have adequate milk which will result in increased milk supply.

- If the baby is not properly attached with mother’s breast, s/he will not suck easily and it will cause mothers problems such as cracked nipple, engorged breast etc. As a result, the baby will not get enough milk and will not grow well.
Topic 2: Observation of position and attachment of mother and baby during breastfeeding

2.1 The facilitator will ask the participants what the position of mother and baby should be during breastfeeding. After taking some answers s/he will start the discussion with the help of correct (Picture 4.a and 4.b) and wrong pictures (picture 4.c) shown on the right side. Afterwards, s/he will demonstrate with doll what should be the right position of mother and baby while breastfeeding.

Mother and baby’s position

In Picture 4.a - the mother is breastfeeding in a sitting position in the right way.

- Baby’s head should be on the mother’s arm and buttocks should be on the palm of the mother
- Baby’s head, back and buttocks should be on the same level and mother should hold the baby’s whole body
- Baby’s abdomen should be attached with mother’s
- Baby’s mouth should be drawn towards mother’s breast

In the picture 4.b – the mother is breastfeeding in lying position in the proper way.

- Picture 4.a – mother breastfeeding in sitting position
- Picture 4.b – mother breastfeeding her baby in lying position
Mother and baby’s position

In picture 4.c - the mother’s and baby’s position is not correct:

- Mother is bending towards baby
- Here, mother did not hold baby’s whole body
- Baby’s abdomen is not in contact with mother’s
- Baby’s head, back and buttock are not on the same level

Attachment

In picture 4.d – the baby is attached with mother’s breast properly, shown from outside:

- Here, the baby opened his/her mouth widely
- Baby’s chin is touching the breast
- Baby’s lower lip is folded outwards
- Upper areola (dark part of the breast around the nipple) is more visible than lower areola

2.2 The facilitator will discuss key points of attachment and s/he will discuss the right (pictures 4.d, 4.e, & 4.h) and wrong pictures (picture 4.f, 4.g &i) of the attachment.
### Methodology Topics

<table>
<thead>
<tr>
<th>2.2 Continued</th>
</tr>
</thead>
</table>

**In picture 4.e - the baby is attached with mother’s breast properly, as shown from inside-**

Proper attachment with mother’s nipple allows baby to have adequate milk.

**In picture 4.f – the baby did not attach properly with mothers breast –**

- Here, baby did not open his/her mouth widely
- Baby’s chin is not touching the breast
- Baby’s lower lip is not folded outwards
- Upper areola (dark part of the breast around the nipple) and lower areola are visible in same manner

**In picture 4.g – the baby did not attach with mother’s breast properly (view from inside)**

Improper attachment with mother’s breast results in inadequate milk intake by baby and low supply. Mother will experience breast difficulties.
2.2 Continued

In picture 4.h – For attachment of the breast to the baby’s mouth, the mother held her breast like English alphabet ‘C’ while breastfeeding, this is the proper method. It helps baby to suck more milk from lower portion of the breast as well.

![Correct way](image1.png)

Picture 4.h – holding the breast like ‘C’ is correct way

In picture 4.i – For attachment of the breast to the baby’s mouth, the mother held her breast like ‘scissors’ while breastfeeding, this is a wrong method. It results in reduced milk flow.

![Wrong way](image2.png)

Picture 4.i – holding the breast like ‘scissors’ is wrong way
### Topic 3: Practice with doll on how to hold baby while breastfeeding

3.1 First the facilitator will intentionally hold the doll (baby) in a wrong way (mother bending towards baby, mother not holding baby’s whole body, baby’s abdomen not in contact with mother’s, etc.) and will ask the participants what is wrong with the position?

3.2 With the help of participants the facilitator will discuss different positions of breastfeeding, such as sitting position, lying position and how to breastfeed twins. S/he will demonstrate the positions as well.

3.3 The facilitator will divide the participants into pairs (one will be mother and another person will be health worker). Participants will practice role play with dolls on how to assist mothers, using the points discussed so far.

3.4 The facilitator will move from group to group to observe how the participants are assisting ‘mothers’ and provide them feedback if necessary.

### Session 04 – Position, attachment and manual expression of milk during breastfeeding
**Topic 4: Method of expression of breast milk manually**

4.1 The facilitator will first ask the participants whether they have ever seen or know about manual expression of breast milk and feeding the baby. S/he will ask about circumstances when expressing milk is needed.

4.2 After hearing their answers, the facilitator will ask the participants what is the method of expression, how to feed that baby and how to store the milk.

4.3 The facilitator will write down the answers on the flip paper. After review of their responses, the facilitator will discuss the topics outlined below. When doing so, s/he will add the content on the right side and help the participants to understand the issues and will also describe the pictures.

**Circumstances when a mother needs to express milk manually**

- When a mother goes out for work or any purpose she must leave her milk at home so that other caregivers can feed the baby
- When a premature or low-birth weight baby cannot suck the breast
- When a sick baby has difficulties in sucking
- When the mother’s breast is engorged and expression of breastmilk would soften the breast so that baby can suck the breast easily
- When the mother has sore or cracked nipples
A few days after birth of a baby breast milk starts to come in, this is the appropriate time to teach a mother how to express breastmilk. When a mother has enough milk in her breast, then it is easy to express milk manually. This makes the mother confident that she will be able to express milk and feed her baby.

**Preparation for manual expression of breast milk:**

- First the mother has to wash hands with soap
- A cup with wide mouth should be washed with soap
- After preparing the cup, the mother should sit comfortably

**How to express milk manually:**

- First the mother has to hold the breast, placing thumb on the upper part of the breast just above the areola, and place index finger on the lower part of the breast just below the areola. The other three fingers will provide support to the lower portion of the breast. Then mother needs to squeeze and relax the breast alternately and repeatedly. Initially, the milk may not come out but it will soon start coming in drops.
• Pressure should not be applied to the nipple. The milk will not come out by squeezing the nipple or by pulling it.

• The thumb and fingers need to be rotated to squeeze all areas of the breast to express milk, such as above the nipple, below on the sides and diagonally.

• Expression should be done from one breast for at least 3-5 minutes. When sufficient milk is not coming from the first breast, then expression can be done from other breast.

• To express breastmilk manually takes 20-30 minutes.

How to feed expressed breastmilk with cup/ spoon

• The caregiver’s hands should be washed with soap thoroughly.

• The baby should be on mother’s/caregiver’s lap in a partially reclining position.

• The amount of milk that needs to be given to baby in a cup or spoon should be amount that can be consumed in one sitting.

• The cup or spoon needs to be held gently against the baby’s lower lip and tilted into baby’s mouth slowly.
### Methodology

<table>
<thead>
<tr>
<th>4.3 Continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Method to store expressed milk. Discuss the content on the right side of the page.</td>
</tr>
</tbody>
</table>

### Topics

- The cup/spoon has to be tilted only slightly so that the milk reaches baby’s lip
- At one touch of cup/spoon, baby will open his/her mouth and start taking milk using his/her tongue and suckling slowly
- Milk should not be poured into baby’s mouth. Only cup/spoon should gently be held to baby’s lip so that baby can suck by her/himself

**Method to preserve expressed milk:**

- Expressed milk should be stored in a covered clean pot
- At normal room temperature, breastmilk remains safe for 6-8 hours

*Picture 4.m – milk is stored in a covered bowl*

---

**Session 04 – Position, attachment and manual expression of milk during breastfeeding**

4.4 The facilitator will tell the participants, that in the next session they will see a video on milk expression that will help them to understand and remember the process more clearly.
05

Video on breastfeeding (position, attachment, manual expression of breast milk and how to motivate mother’s and family members)
Video on breastfeeding (position, attachment, manual expression of breast milk and how to motivate mothers and family members)

Objectives
At the end of the session, the participants will be able to:

- Describe how the health workers can support mothers to hold baby in proper position while breastfeeding
- Describe how the health workers can support mothers to attach the baby to their breast
- Identify when the mother needs manual expression of breastmilk and how to manually express it
- Explain how to support and encourage mothers and family members to ensure proper breastfeeding.

Topics

1. Objective of the video and video presentation
2. Discussion on video (position of mother and baby and attachment of baby to the breast while breastfeeding, and manual expression of breastmilk when in need)

Time
45 minutes

Materials
Training video, video cassette, multimedia/projector/screen/DVD player, generator, three TV advertisement (on breastfeeding)
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Objective of the video and video presentation</td>
<td>Discussion and video presentation</td>
<td>Training video, video cassette, multimedia/projector/screen/DVD player, generator, three TV advertisements (on breastfeeding)</td>
<td>25 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Discussion on video (position of mother and baby and attachment of baby to the breast while breastfeeding, manual expression of breastmilk and how to motivate mothers and family members)</td>
<td>Discussion and question-answers</td>
<td>-</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>
### Methodology

<table>
<thead>
<tr>
<th>Topic 1 : Objective of the video and video presentation (25 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 The facilitator will welcome the participants to the video session and s/he will say, you have learnt about breastfeeding, now the video will show some of these issues.</td>
</tr>
<tr>
<td>1.2 The facilitator will point out that the video will help to remember the things that have been discussed and practiced so far. The combination of the three methods, that is, listening, watching and hands-on practicing will help you to remember the key points well.</td>
</tr>
<tr>
<td>1.3 The facilitator will ask participants to observe key issues in the video very carefully. Use the information on the right side of this page.</td>
</tr>
</tbody>
</table>

### Topics

- Position of mother and baby while breastfeeding
- Sign of proper attachment of baby to the mother’s breast
- Circumstances when a mother needs to express milk manually
- How to express and feed breast milk

---

**Key issues for participants to observe carefully in the video—**

- Position of mother and baby while breastfeeding
- Sign of proper attachment of baby to the mother’s breast
- Circumstances when a mother needs to express milk manually
- How to express and feed breast milk
1.4 The facilitator will tell participants to teach other health workers and learn to counsel mothers on proper breastfeeding at community/health facility levels.

1.5 The facilitator will show the breastfeeding video.

**Topic 2: Discussion on video (20 minutes)**

2.1 After video presentation, the facilitator will ask each participant what topics were discussed in this video.

**Methodology Topics**

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 05 – Video on breastfeeding</td>
<td></td>
</tr>
</tbody>
</table>

- How a health worker is talking to mother and family members and providing essential support for breastfeeding
- Problems of mother during breastfeeding, especially what to do when baby does not get adequate milk
### Methodology

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.2</strong> Participants will mention the topics. The facilitator will help them to remember the topics listed on the right side of the page.</td>
<td><strong>Topics discussed in the video</strong>-</td>
</tr>
<tr>
<td></td>
<td>• Whether the baby is breastfeeding properly or not</td>
</tr>
<tr>
<td></td>
<td>• Whether the position and attachment are maintained in the proper way or not</td>
</tr>
<tr>
<td></td>
<td>• How a mother will assess that her baby is getting enough milk</td>
</tr>
<tr>
<td></td>
<td>• Whether the mother is facing any problems while breastfeeding</td>
</tr>
<tr>
<td></td>
<td>• When a mother needs to express breastmilk manually</td>
</tr>
<tr>
<td></td>
<td>• How to express milk manually and feed the baby</td>
</tr>
<tr>
<td></td>
<td>• Health workers counseling and supporting mothers properly</td>
</tr>
<tr>
<td></td>
<td>• After hearing from mother, how health worker advised mother on 2-3 doable things that the mother can do</td>
</tr>
<tr>
<td></td>
<td>• Health worker counseled other family members to provide support to mother while breastfeeding her baby</td>
</tr>
</tbody>
</table>
### Methodology

| 2.3  | The facilitator will want to know the opinions of the participants about the session. S/he will ask them, after counseling the mother what feedback a health worker will take from mother and how s/he will support mother on those issues. |
| 2.4  | The facilitator will inform the participants that GOB and IPHN have developed 3 TV spots on breastfeeding which are being telecast on different TV channels, especially on BTV.  

Objective of the TV spots are to:  
- inform mother and her family members about benefits of breastfeeding  
- encourage them to practice those in their own life  
- encourage everybody to watch the spots and know the key messages  |
| 2.5  | The facilitator will conclude the session by giving thanks to the participants. |

**Session 05 – Video on breastfeeding**
Breastfeeding difficulties and how to address them
Name of the session: Breastfeeding difficulties and how to address them

Objectives
At the end of the session, the participants will be able to:

- Identify common difficulties of mothers during breastfeeding
- Describe signs and symptoms of breast difficulties
- Describe how mothers can overcome the difficulties
- Explain how mothers can prevent these difficulties

Topics
1. Identifying breastfeeding difficulties
2. Prevention and how to address difficulties of breastfeeding

Time
45 minutes

Materials
Flip chart, markers, job aid
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identifying breastfeeding difficulties</td>
<td>Discussion and Q&amp;A</td>
<td>Flip chart paper, job aid, markers and laminated pictures of breast difficulties</td>
<td>15 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Prevention and how to address difficulties of breastfeeding</td>
<td>Group work and presentation</td>
<td>Flip chart paper, markers</td>
<td>30 minutes</td>
</tr>
</tbody>
</table>
### Topic 1: Identifying breastfeeding difficulties (15 minutes)

1. Facilitator will ask the participants what some common breastfeeding difficulties are.

2. Facilitator will take some answers from participants and then discuss the content on the right hand side of the page.

<table>
<thead>
<tr>
<th>Common breastfeeding difficulties –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engorgement</td>
</tr>
<tr>
<td>Cracked and sore nipples</td>
</tr>
<tr>
<td>Perception of ‘insufficient milk’</td>
</tr>
<tr>
<td>Blocked ducts and mastitis</td>
</tr>
<tr>
<td>Flat and inverted nipples</td>
</tr>
</tbody>
</table>

### Topic 2: Prevention and how to address difficulties of breastfeeding (30 minutes)

2. Facilitator will divide the participants into 5 groups and will ask them to work on the difficulties listed on the right side.
2.2 The 5 groups will be asked to identify how to prevent difficulties, what are the signs and symptoms and how to overcome the difficulties. The participants will write the answers on a flip chart paper.

2.3 After completion, each group will present the information.

2.4 The facilitator will add any missing information from the right side as the groups are presenting and discuss the key points.

**Common difficulties and their prevention**

1. **Engorgement**

   **Signs and symptoms**
   - Swollen, hot and red breast, painful, fever (picture 6.a). Nipple becomes short
   - Breast feels hard
   - Generally visible 3-5 days after birth
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4 Continued</td>
<td>How to help</td>
</tr>
</tbody>
</table>

- Tell mothers to breastfeed frequently
- Ensure correct position and attachment
- Use warm compresses on the breast and express some milk (picture 6.b)
- Massage the neck and back of the mother
- Explain to the mother that this is not a serious problem
- Tell mothers to bathe in warm water
- Use alternate hot and cold compresses after breastfeeding

*Picture 6.b – warm compresses on the breast and expression of milk*
2.4 Continued

How to help

- Breastfeed immediately after delivery
- Ensure correct position and attachment
- Breastfeed frequently whenever the child wants to feed on demand
- Breastfeed at least 8 times in the day and night during 24 hours

2. Sore and cracked nipples

Signs and symptoms

- Nipples appear sore/cracked and painful
- Breast appears red around the nipples
- Nipples are cracked (picture 6.c)
- Occasional bleeding from nipple

Picture 6.c – Sore and Cracked nipple
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4 Continued</td>
<td>How to help</td>
</tr>
<tr>
<td></td>
<td>• Reassure mothers that this problem can be solved</td>
</tr>
<tr>
<td></td>
<td>• Observe if position and attachment are correct</td>
</tr>
<tr>
<td></td>
<td>• If the attachment is not correct, mother should gradually release the child from the breast using a clean finger placed in the baby’s mouth</td>
</tr>
<tr>
<td></td>
<td>• Apply some breastmilk and air-dry milk on the mother’s nipple</td>
</tr>
<tr>
<td></td>
<td>• Continue breastfeeding day and night (picture 6.d)</td>
</tr>
<tr>
<td></td>
<td>• Mothers should not use soap or cream on the nipple</td>
</tr>
<tr>
<td></td>
<td>• Mothers should not cover the breast with dirty or damp clothes</td>
</tr>
<tr>
<td></td>
<td>• Ensure correct position and attachment</td>
</tr>
<tr>
<td></td>
<td>• While breastfeeding ensure that the entire nipple and as much as possible, the dark area or areola around it are inside the mouth</td>
</tr>
</tbody>
</table>

Session 06 – Breastfeeding difficulties and how to address them
3. Perceived ‘insufficient milk’

Mothers’ misperception

Signs and symptoms when a mother is incorrectly perceiving ‘insufficient milk’

- Mother is anxious
- Baby may be crying for other seasons
- Child is urinating 6 or more times
- Child is sleeping well
- Child is gaining weight

How to help a mother who is perceiving ‘insufficient milk’

- Reassure the mother that this problem can be solved
- Ask the mother why she thinks the child is not getting enough milk
- Tell the mother and check for the correct symptoms by observing position and attachment, mother’s emotional status, any other illness of the mother or child
Tell the mother that she can be certain of being able to produce sufficient milk for her child.

Explain to the mother that the child should be allowed to complete feeding from each breast before changing to the other breast. This will ensure that the child is receiving fore milk and hind milk.

The child should not be given anything other than breastmilk for the first 6 months including water, tinned milk, animal milk or any other product.

Do not separate the mother from the baby for too many hours in the first 6 months. If the mother needs to be separated then express the milk and leave it for feeding the child.

Encourage the mother to breastfeed on demand, day and night (picture 6.e).

Allow the child to breastfeed as long as he/she wants and do not take the baby off the breast until the child leaves it herself/himself.

2.4 Continued
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
</table>
| Prevention of ‘insufficient milk’ | - Keep the mother and baby close to each other for the first 6 months
- Breastfeed immediately after delivery, within the first hour
- Ensure correct position and attachment
- Breastfeed frequently and take a long time for each feed to ensure adequate supply of breastmilk
- Only after one breast is completed should the mother change to the other breast.
- Breastfeed exclusively and do not give even a drop of water
- Breastfeed on demand at least 8 times in the day and night for 6 months
- Do not use pacifier, feeder or bottle

Note: Inform the mother about appropriate family planning methods and encourage the mother to follow the Lactational Amenorrhea Method (LAM) up to six months (DGFP).
### Mothers’ correct perception about ‘insufficient milk’

#### Signs and symptoms

- Mother is anxious
- Child is not urinating at least 6 times in 24 hours
- Child is not sleeping well
- Child is not gaining weight

#### How to help

- Reassure mother that this problem can be solved
- If the mother is actually experiencing any of the symptoms listed above, then explain all the points under misperception about ‘insufficient milk’
- If the milk supply does not improve within one week, ask mother to go to the nearest health center

#### Prevention

- Explain to the mother that in order to maintain supply and prevent insufficient milk, she should practice all the above listed points under prevention of ‘insufficient milk’
4. Blocked ducts and mastitis

**Signs and symptoms**

- Mother feels sick and feverish
- Breast is painful
- Breast may have red areas
- Breast appears swollen and hard (picture 6.f)

**How to help**

- Observe if position and attachment are correct or not; and if not, teach mothers to correct it
- Use warm compresses before breastfeeding
- Before breastfeeding massage the breast
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
</table>
| 2.4 Continued | • Continue frequent breastfeeding during day and night  
• Mothers should have more soft foods and rest adequately  
• Should the mother not feel better after all these steps or if the condition becomes worse, mother should go to the health center  
• Ensure correct position and attachment  
• Breastfeed on demand  
• Teach mothers not to use scissor position to hold the breast, she should use the C-hold to support the breast.  
• Mother should not wear tight fitting inner garments or bra |

**Prevention**
5. Flat or inverted nipple

Signs and symptoms
- Nipples appear flat or inverted

How to help
- Reassure mothers that this problem can be solved if she takes the following steps
- Explain to the mother that the child should suck the areola (dark) area and not the nipple to obtain a good supply of milk
- Observe if position and attachment are correct or not
- Ensure that the child is able to suckle with the areola inside the mouth
- By breastfeeding frequently, the nipple will come up to normal shape itself

Prevention
- If the shape of the nipple is identified during pregnancy as being flat or inverted, mothers can be taught to gently pull on the areola area to bring out the nipple. An empty syringe barrel can be used to create a vacuum by placing it over the areola and gently pulling.
Maternal nutrition during pregnancy and lactation
Name of the Session: Maternal nutrition during pregnancy and lactation

Objectives
At the end of the session, the participants will be able to:

- Identify the types of food that should be consumed by mothers during pregnancy and lactation
- Describe what are the amounts of food and frequency of meals needed
- Describe why pregnant and lactating mothers should consume this type and amount of food and how to counsel mothers
- Explain when, how and what amount of iron/folic acid and calcium supplements should be consumed

Topics
1. Nutrition of pregnant and lactating mothers

Time
45 minutes

Materials
Flip chart, markers, job aid, handout
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nutrition of pregnant and lactating mothers</td>
<td>Discussion and group work</td>
<td>Flip chart paper, job aid, markers, Handout</td>
<td>45 minutes</td>
</tr>
</tbody>
</table>
Topic 1: Nutrition of pregnant and lactating mothers (45 minutes)

1.1 The facilitator will divide the participants into two groups.

1.2 The facilitator will ask one group to explain about pregnant mothers’ nutrition and the other about lactating mothers’ nutrition.

1.3 The facilitator will ask them to work on the quantity, frequency and types of foods for a full day’s nutrition, and why.

1.4 The participants will note their main points on the flip chart paper.

1.5 The groups will get 15 minutes to complete the task and then present.

1.6 After presentation, the facilitator will say they have provided many good points about pregnant and lactating mothers’ nutrition.
1.7 The facilitator will discuss important points (picture 7.a). Then he/she will discuss the content on the right hand side.

**Linkages of nutrition with maternal, child and adolescent health (picture 7.a)**

Good nutrition during pregnancy and lactation can ensure a healthy child at birth. A healthy girl child will grow up to become a healthy and well nourished adolescent girl. After she matures she will get married and become pregnant. Then she can give birth to a healthy and well-nourished child herself. Thus she will continue her life in a healthy way.

If this is opposite of the above, and the girl child is not well nourished and does not continue good nutrition during adolescence and pregnancy, her child will be born low weight and undernourished. During the growing period she will experience frequent illness and slow development. When this girl grows up and becomes pregnant and gives birth, her child will be more likely to be undernourished also.

This is how the cycle of under nutrition will continue through many generations, unless the nutrition of pregnant and lactating mothers and their children is addressed.
1.8 The facilitator will distribute the picture 7.a as a handout, and will discuss the same.

Methodology

**Topics**

**Handout 8**

**Good nutrition of the mother will result in healthy future generations**

A baby’s chances of surviving, staying healthy and growing largely depend on its birth weight. It continues to have an effect well into adolescence and even on her nutritional intake when she conceives a child.

The nutrients stored in the body greatly help a girl when she becomes pregnant and between successive pregnancies.

The nutritional intake of a woman who is pregnant or between childbirths helps foetal growth and ensures a healthy birth weight. This also reduces risks to the mother during the length of her pregnancy.

The mother must keep up her nutritional intake in order to care for and raise her child, as well as to take care of her household and to work.

A mother must eat sufficient amounts of healthy and nutritious food for as long as she continues to breastfeed her baby.

**Picture 7. a – Linkage of nutrition with maternal child and adolescent health**
The facilitator will use information on the right hand side to discuss the following points one by one:

- Types of food for pregnant and lactating mothers
- Amount of food required in pregnancy
- Amount of food required during lactation

The facilitator will show the pictures 7.b and 7.c to the participants and discuss the listed points.

### Types of food for pregnant and lactating mothers

- Cereal, rice, wheat, maize/corn, potatoes
- Dal/pulses: different varieties of legumes and pulses
- Vitamin A-rich fruits and vegetables: ripe mango, ripe papaya, carrots, pumpkin, spinach and other dark green leafy vegetables, ripe jackfruit
- Animal foods: meat (beef, lamb, mutton), chicken, fish, liver, eggs, milk and milk products
- Oil (groundnut, soybean, coconut, sesame etc), butter, ghee, oilseeds and nuts

![Picture 7.b - Foods for pregnant and lactating mothers]
Nutrition in pregnancy

- A fetus is dependent upon the mother’s nutrition during pregnancy. In addition, mothers’ own nutrition stores need to be maintained for their productive life. This is why it is critical to focus on the nutrition of pregnant women. From conception onwards, an individual’s early brain and physical growth and development depend upon the mother’s nutrition.

- For this reason women need to increase the number of meals each day during pregnancy from 3 to 4. In addition, during pregnancy, each meal should include a large portion of dal, extra fruits and vegetables, animal foods (daily at least one serving of meat, chicken, liver or eggs) and dairy products. This will maintain good nutrition for the mother and her newborn child.

- During pregnancy, to prevent anemia, one tablet of iron/folic acid (60 mg iron and 0.4 mg folic acid) should be consumed from 3 months onwards until the end of pregnancy.

- Pregnant women should also consume 2 tablets of calcium (each tablet should contain 500 mg calcium each) for the child’s bone development and her own bones.

- Pregnant women need to take extra rest during pregnancy to conserve energy for the child’s growth and her own health.
Nutrition in lactation

- During lactation a mother is breastfeeding a child and her own nutrition also needs to be protected, so her nutritional needs increase greatly.

- A lactating mother requires more food than a pregnant woman. Therefore a lactating woman should consume 5 meals each day.

- In each meal, the lactating woman should consume an extra handful of her usual food so that her needs can be met.

- For 3 months after delivery the lactating mother should consume one daily tablet of iron/folic acid to replace blood loss during delivery and to prevent anemia.

- Within the first 42 days after delivery, a lactating mother should consume one capsule of vitamin A (200,000 IU per capsule), to protect the mother and child’s vitamin A status.

NOTE: Increasing mother’s food intake during lactation or consuming special foods are sometimes wrongly recommended to increase milk supply and to address the problem of perceived ‘insufficient milk’. This is NOT correct, as breastmilk supply depends upon frequent emptying of breasts and frequent breastfeeding and not on how much or what a mother eats. However, it is good to focus on maternal nutrition for pregnant and lactating women for other reasons as noted above. See session 6 for how to increase milk supply.
Introduction to job aid and observation checklist for exclusive breastfeeding
Name of the Session: Introduction to job aid and observation checklist for exclusive breastfeeding

Objectives

At the end of the session, the participants will be able to:

- Use a job aid correctly to remember key messages
- Use an observation checklist to support a health worker in breastfeeding counseling

Topics

1. ‘What to remember’ job aid introduction (for breastfeeding)
2. Observation checklist introduction (for breastfeeding)

Time

45 minutes

Materials

Flip chart, markers, job aid and observation checklists (enough copies for each participant).
### Lessons Plan

<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>‘What to remember’ job aid introduction (for breastfeeding)</td>
<td>Discussion and reading</td>
<td>Job aid</td>
<td>20 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Observation checklist introduction (for breastfeeding)</td>
<td>Discussion and reading</td>
<td>Observation checklist</td>
<td>25 minutes</td>
</tr>
</tbody>
</table>
Session 08 – Introduction to job aid and observation checklist for exclusive breastfeeding

### Methodology

<table>
<thead>
<tr>
<th>Topic 1: ‘What to remember’ job aid introduction (for breastfeeding) (20 minutes)</th>
</tr>
</thead>
</table>

1.1 The facilitator will explain the necessity and importance of the job aid to the participants.

1.2 The facilitator will tell participants that the job aid provides key points about nutrition in pregnancy and exclusive breastfeeding. Before talking to mothers of children below 6 months or to a pregnant woman, participants should review this information and remember the key points.

1.3 The facilitator will remind the participants that they should not read the job aid or look at it during counseling with mothers.

1.4 The participants will receive a copy of the job aid. (Picture 8.A)

### Things to remember ‘Job Aid’ (breastfeeding)

- **Pregnant woman**
  - Eat an extra handful of food with all three meals.
  - Eat more of fish, eggs, meat, liver, dark green leafy vegetables, leafy, yellow fruits and vegetables, milk products and bread each day.
  - Take one multivitamin and folic acid daily after your evening meal throughout pregnancy.
  - After delivery put baby to the breast immediately (within 20 minutes).

- **Infant 0-6 months**
  - How to maintain breast milk supply:
    - Mother needs to remove milk from her breast for increased milk supply.
    - Mother should breastfeed frequently during day and night.
    - Breastfeed for longer time at each feed until baby leaves the breast.
    - Ensure correct position and attachment to mother’s breast.
    - No other food and not even water should be fed to the child.

- **Newborn 0-28 days**
  - How to assess breast milk supply:
    - Check position:
      - Mother comfortable with her back supported.
      - Baby’s back, buttock supported well.
      - Baby’s body and face turned towards mother’s body.

- **Expressing breast milk**
  - If mother is away, express breast milk and feed with cup and spoon. Never use bottles.

- **Breastfeeding difficulties**
  - Low birth weight baby
  - Breastfeed frequently.
  - If nothing is possible, express breast milk, feed by cup and spoon.
  - Engaged breast
  - Place warm towel for relief.
  - Soften breast by expressing small amount of milk.
  - Encourage baby to feed normally.

- **Breastfeeding difficulties**
  - Sore and cracked nipples
  - Check for proper position and attachment.
  - Milk on affected area and allow to air dry.
  - Food feed breastfeeding.
  - If problems persist consult a doctor.

---

Handout 9

**Picture 8.A**
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5 Starting from the left and then right side of the room alternately, the facilitator will ask each participant to read one panel of the job aid.</td>
<td></td>
</tr>
<tr>
<td>1.6 Participants will read and then explain the meaning of the information contained on each panel.</td>
<td></td>
</tr>
<tr>
<td>1.7 The facilitator will then respond to any questions from the participants.</td>
<td></td>
</tr>
</tbody>
</table>
2.1 The facilitator will explain the importance of the Observation Checklist to the participants. He/she will describe how the information collected by using this checklist will help the supervisor to better support a health worker, and help understand quality of counseling and how to provide good feedback.

Observation Checklist for IYCF

<table>
<thead>
<tr>
<th>S.I No.</th>
<th>Subject</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health provider reminds mother about benefits of EBF FOR 6 MONTHS and danger of putting anything else in the mouth, even water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Health provider assesses and counsels on POSITION &amp; ATTACHMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.2 The participants will receive a copy of the Observation Checklist.

2.3 Starting from the left and then right side of the room alternately, the facilitator will ask each participant to read one section of the Observation Checklist.

2.4 Each participant will read and then explain the meaning of the information contained in each section. In this way the entire Checklist will be discussed.

2.5 The facilitator will then respond to any questions from the participants.

<table>
<thead>
<tr>
<th>S.l No.</th>
<th>Subject</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Health provider reminds mother how to correctly ASSESS MILK SUPPLY (6 or more urines per day, growing well, active child, sleeps and plays well)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Health provider counsels on how MAINTAIN GOOD MILK SUPPLY (breastfeed frequently &amp; for long time day and night, no water/liquids)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Health provider teaches mother how and why to EXPRESS BREASTMILK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Health provider LISTENS CAREFULLY to mothers’ concerns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Observer gave feedback to the health provider in a friendly manner</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Observer:  
Position of Observer:  
Date:
Counseling and role play for breastfeeding
Name of the Session: Counseling and role play for breastfeeding

Objectives
At the end of the session, the participants will be able to:

- Know the key points about proper counseling for breastfeeding position and attachment; and manual expression of breastmilk
- Describe and demonstrate proper counseling skills

Topics
1. What is the importance of proper counseling for breastfeeding position and attachment, and manual expression of breastmilk
2. Role play on proper counseling for breastfeeding position and attachment, and manual expression

Time
60 minutes

Materials
Doll, Dummy Breast, Job Aid, Observation Checklist (sufficient number for each participant).
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What is the importance of proper counseling for breastfeeding position and attachment, and manual expression of breastmilk</td>
<td>Discussion, Q&amp;A</td>
<td>None</td>
<td>15 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Role play on proper counseling for breastfeeding position and attachment, and manual expression of breastmilk</td>
<td>Discussion and role play</td>
<td>Observation Checklist, Job Aid, dummy breast and doll</td>
<td>45 minutes</td>
</tr>
</tbody>
</table>
1. After greeting the participants, the facilitator will explain that we are starting the first activity of this session.

2. Facilitator will ask participants what is meant by counseling.

3. The facilitator will thank the participants for their responses and say that we will now discuss additional details.

4. The facilitator will explain why we need this.

**Topic 1: What is the importance of proper counseling for breastfeeding position and attachment, and manual expression (15 minutes)**

- **What is counseling?**
  - Sitting with a mother in a friendly environment to conduct a direct face-to-face discussion about exclusive breastfeeding in a sympathetic way
  - Listening to mothers, including motivating the mother to take the right decision for resolving any concerns and problems so that exclusive breastfeeding can be followed for 6 months
1.5 The facilitator will ask the participants to describe the counseling steps.

1.6 After their responses, the facilitator will complete the content using information shown on the right hand side.

### Importance of proper counseling
- Removes misconceptions
- Helps build self-confidence of mothers
- Overcomes problems and difficulties

### Steps in breastfeeding counseling

For effective counseling we need to follow these steps:
- Create a friendly environment
- Build rapport with mother
- Listen to mothers
- Identify difficulties
- Help mother to take the right decision
- Verify that the mother has understood what to do
### Methodology

1.7 The facilitator will ask how a health worker can increase self-confidence of a mother to breastfeed. The facilitator completes any gaps in information using the content on the right side.

### Topics

<table>
<thead>
<tr>
<th>Skills for building confidence in breastfeeding mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Sit at the same level as the mother with no barrier between health worker and mother, such as table, chair, flip chart, checklist, job aid etc.</td>
</tr>
<tr>
<td>- Maintain eye contact with mother</td>
</tr>
<tr>
<td>- Do not read job aid, flip chart, or use the mobile phone</td>
</tr>
<tr>
<td>- Use simple language</td>
</tr>
<tr>
<td>- Listen to the mother</td>
</tr>
<tr>
<td>- Talk slowly and patiently</td>
</tr>
<tr>
<td>- Use appropriate touch, show affection and respect</td>
</tr>
<tr>
<td>- Praise the mother for some good practice</td>
</tr>
<tr>
<td>- Discuss and explain to the family members that they should help the mother with household chores</td>
</tr>
<tr>
<td>- Discuss any topic that the mother wants to talk about, and answer her concerns and questions</td>
</tr>
</tbody>
</table>
### Methodology

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.7 Continued</strong></td>
<td><strong>Topics</strong></td>
</tr>
<tr>
<td></td>
<td>• Reflect back what the mother is saying to demonstrate to the mother that you understand her concern</td>
</tr>
<tr>
<td></td>
<td>• Avoid judgmental words</td>
</tr>
<tr>
<td></td>
<td>• Do not give more than 2-3 relevant messages in one visit</td>
</tr>
<tr>
<td></td>
<td>• Observe position and attachment and provide hands-on support as needed</td>
</tr>
<tr>
<td></td>
<td>• Show/demonstrate manual expression of breastmilk if needed.</td>
</tr>
</tbody>
</table>

### Topic 2: Role play on proper counseling for breastfeeding position and attachment, and manual expression (45 minutes)

2.1 The facilitator will make small groups with 3 participants each. One will be playing the role of mother, one of the health worker and one of the supervisor. The ‘supervisor’ will observe the counseling quality of the ‘health worker’ and will note the areas for strengthening. The ‘health worker’ should follow the steps as given in the Checklist as well as the steps that were discussed before for counseling the ‘mother’.

*Session 09 – Counseling and role play for breastfeeding*
2.2 The ‘supervisor’ will provide feedback to the other group members about what was observed and discuss the feedback.

2.3 The participants will change their roles after each role play.

2.4 The facilitator will circulate and observe the role plays, provide feedback regarding content and proper methods of counseling.

2.5 The facilitator will give special recognition to the better-performing participants.

2.6 The facilitator will then conduct a plenary session to highlight common gaps and strengths.
Counseling practice at health facilities/field level for breastfeeding
Name of the Session: Counseling practice for breastfeeding at health facilities/field level

Objectives At the end of the session, the participants will be able to:

- Assess proper breastfeeding
- Counsel and support breastfeeding mothers
- Support mothers for position
- Support mothers for proper attachment
- Describe breastfeeding difficulties and how to assist mothers
- Demonstrate how to counsel mothers and family members

Topics

1. Main points for proper counseling for breastfeeding
2. Counseling practice and demonstration in the field
3. Discussion on field work

Time 2 hours

Materials Mothers and children, Observation Checklist
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Main points for proper counseling for breastfeeding</td>
<td>Discussion, Q and A</td>
<td>None</td>
<td>10 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Counseling practice and demonstration in the field</td>
<td>Counseling and observation practice in the field with real mothers</td>
<td>Mothers, babies and Observation Checklist</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Discussion on field work</td>
<td>Large group discussion and feedback</td>
<td>None</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>
1.1 The facilitator will divide the participants into several groups.

1.2 Each group should have 2 participants. One should counsel mother and her family and one should observe counseling with help of a Observation Checklist. These roles should be changed so that all participants can practice at least once with the mother and once with the Observation Checklist.

1.3 The facilitator will allocate newborns to half of the groups. These groups will practice giving support for position and attachment, and manual expression of breastmilk.

1.4 The facilitator will allocate other groups for counseling mothers of 2 to 6 month old infants. These groups will practice giving support for perceived ‘insufficient milk’ – how to assess and prevent; and also will practice giving support and counsel mother for expression of breast milk for those who need to go out to work or be separated from the child for several hours.
**Methodology** | **Topics**
---|---
1.5 Before field visits, the facilitator will ask each participant to recall the main points of IYCF content and counseling method.
1.6 After their responses, the facilitator will complete the discussion before going to the field about how to start the counseling, how to maintain privacy, how to give only a few relevant messages and how to provide hands-on support.
1.7 The facilitator will suggest how to use the information on the right hand side to assess a breastfeeding mother.

**Assessment of current breastfeeding practices**
- How is the child presently fed?
- Is the child exclusively breastfed?
- Yesterday how many times was the child breastfed during the day, and at night how many times?
- Did anyone feed the child any water or food yesterday?
- Do you think the child is getting sufficient breastmilk? How do you know?
### Methodology

#### 1.7 Continued

#### 1.8 The facilitator will respond to any questions.

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yesterday how many times did the child urinate?</td>
<td></td>
</tr>
<tr>
<td>For breastfeeding the child exclusively up to 6 months, what steps are the mother and family planning to take?</td>
<td></td>
</tr>
<tr>
<td>To ensure plenty of milk up to 6 months, what steps is the mother taking?</td>
<td></td>
</tr>
</tbody>
</table>

### Topic 2: Counseling practice and demonstration in the field (30 minutes)

2.1 Now participants are at the field level. The participants will practice counseling in pairs regarding breastfeeding (e.g. position, attachment, manual expression, and addressing difficulties).

2.2 Each participant will practice with at least one mother. The second member of each team will observe and complete the observation checklist. They will change roles.

2.3 After completing counseling, the facilitator will give feedback to the teams.
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
</table>

**Topic 3 : Discussion on field visit (10 minutes)**

3.1 After completing counseling field practice, all participants will discuss the field experience in a plenary session, and facilitator will provide feedback. Facilitator asks if there are any concerns or clarifications.

3.2 Participants who completed the Observation Checklist will share their experiences.

3.3 Facilitator will provide feedback.

3.4 The facilitator will give thanks and close the session.
Complementary feeding - importance and recommendations
Name of the Session: Complementary feeding - importance and recommendations

Objectives
At the end of the session, the participants will be able to:-
- Describe what is complementary feeding and what is its importance
- Identify the benefits of appropriate complementary feeding
- List and describe the recommendations for proper complementary feeding
- Describe how to practice the recommendations for complementary feeding through using family foods

Topics
1. What is the importance of proper complementary feeding after 6 months
2. Benefits of complementary feeding and how to start children on complementary feeding from 7 to 24 months.
3. Recommendations for appropriate complementary feeding, risks of not following proper complementary feeding and barriers in following the recommendations

Time
90 minutes

Materials
Flip chart paper and markers, 9 laminated cards (complementary feeding, child 6 months complete, continued breastfeeding, family food, types of foods, quantity of food, consistency, frequency and feeding style), VIPP cards, family food pictures
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What is the importance of proper complementary feeding after 6 months</td>
<td>Discussion, Q and A</td>
<td>Flip chart paper, marker, 9 laminated cards, VIPP cards</td>
<td>20 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Benefits of complementary feeding and how to start feeding children complementary feeding from 7 to 24 months.</td>
<td>Discussion, Q and A</td>
<td>Flip chart paper, marker, family food pictures</td>
<td>10 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Recommendations for appropriate complementary feeding, risks of not following proper complementary feeding and barriers in following the recommendations</td>
<td>Group work, presentation and discussion</td>
<td>Flip chart paper, marker</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>
Topic 1: What is the importance of proper complementary feeding after 6 months (20 minutes)

1.1 After greeting the participants, the facilitator will ask what is complementary feeding and what are some of the important characteristics of complementary foods.

1.2 Facilitator will give 2 cards to each participant and ask them to write 2 characteristics of complementary foods.

1.3 The facilitator will collect the cards.

1.4 The facilitator will place 5 laminated cards across the top of the board in front of the room: TYPE, AMOUNT, FREQUENCY, CONSISTENCY, STYLE OF FEEDING.

1.5 The facilitator will take the collected cards and ask the participants where to place each participant card, under the topic headings. The facilitator will correctly place the cards.
1.6 After their responses, the facilitator will discuss the 5 characteristics on the board. The facilitator will emphasize 3 key attributes that define complementary feeding:

- The child should have completed 6 months of age
- Breastfeeding should continue
- Feeding of adequate quantity and of family foods

1.7 The facilitator will ask what is the importance of complementary feeding. The facilitator will write their responses on a flipchart paper, and complete any gaps in information using the content on the right side.

### What is complementary feeding?

- When a child has completed 6 months of age and during 7 to 24 months, and along with breastfeeding receives family foods, it is called complementary feeding.

### Importance of complementary feeding:

- Breastmilk alone is not adequate to meet the needs of a growing child after 6 months, so complementary feeding using a variety of different foods is needed.
- Age-appropriate complementary foods are needed after 6 months, as the child is growing rapidly and requires increased amounts of foods, foods of different consistency, and needs to be fed using different methods.
1.8 The facilitator will explain that a child’s total needs of energy and nutrients will come from breastmilk and also other foods. This amount and proportion will change along with the child’s growth from 7 to 24 months (use Graph number 5). A child of 6 to 8 months requires 200 kcalories from family food in addition to breastfeeding, at 9 to 11 months requires 300 kcalories from family food in addition to breastfeeding, and at 12 months requires 550 kcalories from family food in addition to breastfeeding. This need for additional energy and nutrients is filled up by feeding appropriate complementary foods.

1.9 The facilitator asks what is the adequate complementary feeding and what is the importance of: TYPE, AMOUNT, FREQUENCY, CONSISTENCY, STYLE OF FEEDING. The facilitator will fill in the gaps from the right side.

What is appropriate complementary feeding?
- Appropriate type of food
- Appropriate amount of food
- Appropriate consistency of food
- Appropriate frequency of meals
- Appropriate feeding style
### Methodology

<table>
<thead>
<tr>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topic 2: Benefits of complementary feeding and how to start feeding children from 7 to 24 months. (10 minutes)</strong></td>
</tr>
</tbody>
</table>

2.1 The facilitator will ask what the benefits are of appropriate complementary feeding.

2.2 The facilitator will fill in the gaps and complete the discussion using the content at the right.

#### Benefits of appropriate complementary feeding:

- Assures that the child’s nutritional needs are met
- Protects the mental and physical growth and development of children
- By feeding nourishing foods, the child will be protected from illnesses
- If the child gets sick, the child fed appropriately will recover rapidly

2.3 The facilitator will ask why complementary feeding should be started after 6 months.
### Methodology

2.4 The facilitator will write down the responses on flipchart paper and complete the list using the information on the right side.

### Topics

**Why complementary feeding should be started at 6 months**

- If complementary feeding is started before 6 months, the supply of breastmilk will go down.

- Up to 6 months, breastmilk alone is the best food for mental and physical growth, development and protection from illnesses; after 6 months breastmilk alone is not adequate.

- After 6 months, a child can consume and swallow foods other than breastmilk and can digest these foods.

- After 6 months, a child needs to learn how to eat other foods to meet its nutritional needs.
Topic 3: Recommendations for appropriate complementary feeding, risks of not following proper complementary feeding and barriers in following the recommendations. (60 minutes)

3.1 The facilitator will make 4 small groups and give 2 recommendations to each group to work on. Please note the recommendations are given on the right hand side. The participants should identify the importance of each recommendation.

3.2 The facilitator will explain that each group will write down:

a) what are the benefits for the mother and child
b) what are the risks of not following the recommendations, and
c) what are the barriers that prevent mothers from following these recommendations.

Recommendations for complementary feeding and their impotence

In Bangladesh, only 21 percent of children 6-23 months of age receive adequate complementary feeding. This means 79 percent are not fed enough of the right types of foods. In infants 6-8 months the prevalence is only 6 percent and gap is 94 percent, and from 9-11 months the prevalence is 15 percent and gap is 85 percent (BDHS 2011). This is the main reason for undernutrition in Bangladesh.

Based on studies in Bangladesh and other countries, WHO recommends the following practices.

1. Varieties of food: Many different categories of foods should be used to prepare complementary foods (picture 11.a). Each category below contains a different set of nutrients. The child should consume at least one serving from animal foods plus any 3 categories each day. Every day at least one serving should be from animal foods as animal foods contain critical nutrients in a concentrated form that can provide adequate nutrients within the young child’s small stomach and appetite limits.
3.3 Participants will take 15 minutes to discuss and write on the flip-chart paper. Each group will get 5 minutes to present. Each group will get feedback from the other groups.

3.4 The facilitator will thank the groups and fill in any gaps using the information on the right hand side.

- Different pulses/dal/lentil
- Dark green and red leafy vegetables, yellow and orange colored vegetables and fruits, such as pumpkin, carrot, ripe mango, ripe papaya, ripe jackfruit
- Animal foods – fish, meat, egg, chicken, chicken liver
- Dairy foods
- Ghee/oil/butter/nuts and oilseeds

Picture 11.a – Different type of nutritious family foods
Benefits of varieties of foods – Different varieties contain different essential nutrients needed for child growth and development. If a child does not get a variety of foods, he/she can become deficient in some nutrients.

- To ensure that a complete set of the many required nutrients are provided to children for their growth, different varieties of food are needed.
- To maintain the child's appetite and interest in eating as young children do not like monotonous, mixed foods only but prefer different colors, tastes, smells and textures.
- When the child is interested in eating, is growing well, s/he stays free of illness, appears content and healthy, and the mothers and family members are also content.

Risks of not feeding varieties – If enough of the nutrient containing varieties of foods are not provided:

- Children's nutritional needs are not met, so they can get deficiency diseases.
- Children will lose interest in food and eating if a monotonous diet is offered daily and for all meals. Child may refuse to eat.
- Children will not grow mentally and physically to their full potential.
- Child will be prone to getting ill frequently.
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4 Continued</td>
<td></td>
</tr>
</tbody>
</table>

- A child under two years experiences rapid physical and brain development and once the damage is done due to deficiencies, it may not be possible to reverse this.

- Children with nutritional deficiencies do not perform well in school and earn less in adulthood.

Barriers to providing sufficient varieties of foods –

- Lack of knowledge about complementary feeding and why it is needed among mothers and family decision-makers.

- Lack of knowledge on food selection and how to maintain the child’s interest in eating by offering different varieties.

- In some areas, the lack of funds or seasonal rise of prices of nutritious fruits and vegetables or animal foods can be barriers.

- Mothers’ time can be limited for feeding of young children due to other household chores and lack of priority given to feeding children under two years due to lack of knowledge of risks. Caregivers do not spend enough time to patiently teach young children to eat the necessary foods.

- Lack of self-confidence of the mother that she can overcome difficulties such
3.4 Continued

2. Quantity of food: After 6 months, the child continues to grow rapidly until 2 years and should be fed increased quantities of food (picture 11.b)

Benefits of adequate quantity of complementary foods:

- The child grows very rapidly until 2 years and the need for food also increases rapidly to meet his/her energy and nutrient requirements.

Other benefits are the same as above for variety of foods.

Risks of not feeding adequate amounts: The child will remain hungry and not receive sufficient energy and nutrients for mental and physical development.

Other risks are the same as above for variety of foods.

Barriers to ensuring age-appropriate quantities of complementary foods: Same as above for variety of foods.
### Table 4: Age Appropriate Quantity and Frequency of Complementary Feeding-

<table>
<thead>
<tr>
<th>Age</th>
<th>Quantity</th>
<th>Frequency per day</th>
<th>Amount of total food per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 completed - 8 completed months</td>
<td>½ of a 250 ml bowl</td>
<td>2 times + 1-2 times nutritious snacks</td>
<td>250 ml + 1-2 times nutritious snacks</td>
</tr>
<tr>
<td>9-11 completed months</td>
<td>½ of a 250 ml bowl</td>
<td>3 times + 1-2 times nutritious snacks</td>
<td>375 ml + 1-2 times nutritious snacks</td>
</tr>
<tr>
<td>12-23 completed months</td>
<td>Full 250 ml bowl</td>
<td>3 times + 1-2 times nutritious snacks</td>
<td>750 ml + 1-2 times nutritious snacks</td>
</tr>
</tbody>
</table>

Source: IYCF Model chapter for textbooks for medical student and allied health professionals, WHO. Global IYCF guidelines WHO/UNICEF.
### Methodology

<table>
<thead>
<tr>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session 11 – Complementary feeding - importance and recommendations</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Months Completed</th>
<th>Food Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child of 6-8</td>
<td>½ of a 250 ml bowl</td>
<td>2 times daily + 1-2 times nutritious snacks</td>
</tr>
<tr>
<td>Child of 9-11</td>
<td>½ of a 250 ml bowl</td>
<td>3 times + 1-2 times nutritious snacks</td>
</tr>
<tr>
<td>Child of 12-23</td>
<td>a full 250 ml bowl</td>
<td>3 times nutritious snacks</td>
</tr>
</tbody>
</table>

Along with complementary feeding, breastmilk should be continued for 2 years.

*Picture 11.b – Quantity of foods as per age*
3. Consistency of food: As the child grows from 6 months to 2 years, the consistency of food should change from semi-solid or mashed to solids and small pieces of adult foods.

Benefits of age-appropriate consistency of complementary foods: Too much liquid in complementary foods is a major concern for assuring adequate nutrients and energy in this age group. Watery dal, liquid suji, gruel, soup and other liquid foods do not provide enough nutrition. Children at this age have a small stomach size. Solid part of dal should be fed in place of dal water (picture 11.c). As the child continues to grow rapidly after 6 months until 2 years, his/her requirements are high and his/her development also grows. This development allows the child to pick up, self-feed, chew and swallow more solid foods and small pieces of adult foods that contain more concentrated nutrients, and maintains the child’s interest in eating.
3.4 Continued

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thick foods in a spoon/cup</strong></td>
<td><strong>Diluted foods in a spoon/cup</strong></td>
</tr>
<tr>
<td>Child’s food should be thick like this picture, because it has more nutritional value</td>
<td>Child’s food should not be diluted like this picture, because it has water — less nutritional value</td>
</tr>
</tbody>
</table>

**Picture 11.D** – Thick and watery foods in a spoon

**Picture 11.E** – Thick and diluted foods in a cup
### Methodology

<table>
<thead>
<tr>
<th>3.4 Continued</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risks of not feeding age-appropriate consistency: The child will remain hungry and not receive sufficient energy for mental and physical development as water in liquid foods will not meet the nutritional needs of young children. Liquids fill up the small stomach of children, e.g. juice, dal water, rice water, gruel, soup. Continuation of frequent breastfeeding is adequate for meeting water needs from 6 to 24 months.</td>
</tr>
<tr>
<td>Other risks are the same as above for variety of foods.</td>
</tr>
<tr>
<td>Barriers to ensuring age-appropriate consistency of complementary foods</td>
</tr>
<tr>
<td>Same as above for variety of foods</td>
</tr>
</tbody>
</table>
4. Frequency of feeding complementary foods: In order to meet the increasing quantity of complementary food, the frequency of meals and snacks between meals should also increase. As the child’s stomach is small, the whole day’s food requirement should be given in several meals (picture 11.f). The frequency should not be too much or too little. Too much frequency is known to decrease breastmilk intake, and too little will not allow the child to eat enough quantity.

Benefits of age-appropriate frequency of complementary feeding: To achieve optimum intake of complementary foods along with breastmilk as the child grows from 6 to 24 months, it is necessary to follow the recommended frequency. See Table number 4 for recommendations. The child gradually learns to fit into the family meal pattern by the age of 2 years.

Other benefits are the same as above for variety of foods.
3.4 Continued

Risks of not feeding age-appropriate frequency: The child will not be able to consume the ideal amount of food and breastmilk.

Other risks are the same as above for variety of foods.

Barriers to ensuring age-appropriate frequency of complementary feeding

Same as above for variety of foods

5. Responsive style of feeding: Young children need to be taught how to eat, what to eat, when to eat and how much to eat in the same way as teaching them to walk and talk. When children start complementary feeding at 6-8 months, they need to be fed increasing amounts of foods along with continued breastfeeding. Later, from 9 months onwards, children will show an interest in self-feeding. This is to be encouraged. Responding to and building a child’s own interest in trying and consuming different types of family foods is important for ensuring food variety and quantity. Feeding patiently and persistently when the child is ready to eat and identifying what nutritious foods and when the child prefers to eat are skills mothers need to practice. Force feeding discourages children from eating. Many mothers complain about their child’s refusal to eat. Responsive feeding starting after 6 months and continuing to 24 months can help to reduce this difficulty. Feeding chips, juice, sweets etc. will also discourage children from eating healthy foods.
Benefits of responsive style of complementary feeding: Responding to the child’s feeding needs and interest is called responsive feeding. It is much easier and more efficient to achieve optimum intake of complementary foods when children are fed in a responsive way, and by teaching them patiently by giving them enough time to eat initially.

Other benefits are the same as above for variety of foods.

Risks of not using a responsive style of complementary feeding: The child will lose interest in eating nourishing foods in adequate quantities.

Other risks are the same as above for variety of foods.

Barriers to responsive style of complementary feeding

Same as above for variety of foods
6. Hygienic preparation of complementary foods: Less than 5% of mothers wash their hands before child feeding (SHEWA-B Mid term evaluation report, 2010). Children of 6 months and older experience a high frequency of illnesses. Complementary foods are an excellent vehicle for germs to grow and can infect children. For this reason, special efforts are needed to thoroughly wash the hands of mothers and caregivers with soap as well as of the child, before feeding. See pictures 11.g and 11.h. Feeding should be done immediately after cooking so that germs do not have a chance to grow. Utensils and dishes should be washed thoroughly and the food kept covered. When mothers maintain soap and water near the place of food and preparation and child feeding, their practices of handwashing also improve.

Benefits of hygienic preparation and feeding of complementary feeding: Protect from illness such as diarrhea, jaundice, pneumonia and cough/cold, fever etc.

Other benefits are the same as above for variety of foods.

Risks of not using hygienic preparation and feeding of complementary feeding: The child will get repeatedly ill, lose appetite and stop eating and growing properly.

Other risks are the same as above for variety of foods.

Barriers to hygienic preparation and feeding of complementary feeding: The main barriers are lack of belief in the causation of illness if hands are not thoroughly
washed with soap before feeding activities, and absence of soap and water near to the place of food preparation and child feeding. Also, there is less social pressure to wash hands with soap before child feeding as mothers perceive that others in their communities are not following this practice.

Others are same as above for variety of foods

7. Iron and vitamin A supplements: Anemia is widespread among children mainly due to the lack of absorbable iron in the diet and low iron stores at
Birth. Due to vitamin A deficiency, children's ability to fight infections is reduced. Foods alone rarely fulfill the needs of young children for iron and vitamin A. These are the reasons for supplemental iron and vitamin A given to children of 6-24 months.

- Children receive vitamin A capsules from 6-59 months twice a year through campaigns.
- Supplemental iron in the form of drops, syrups and powder are available in the market and can be used under the guidance of a health worker.

Benefits of iron and vitamin A supplements: To prevent anemia and loss in immunity due to vitamin A deficiency, and to fill nutritional gaps that are commonly found in complementary foods.

Other benefits are the same as above for variety of foods.

Risks of not using iron and vitamin A supplements: The child will be at risk of getting anemia with loss in cognitive function and weakness; and vitamin A deficiency, leading to low immunity and more illnesses.

Other risks are the same as above for variety of foods.

Barriers to giving iron and vitamin A supplements: The main barriers are lack of knowledge about importance, about the gaps in complementary foods, and how
3.4 Continued

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>and where to obtain and use the supplements.</td>
</tr>
</tbody>
</table>

8. Feeding during and after illness from 6-24 months of age: Illnesses increase the need for fluids and nutrients in young children. When a child of this age is ill, increased frequency and duration of breastfeeding is the best means of assuring additional fluids. Breastmilk also provides critical nutrients required to maintain enzyme function, digestion and appetite. (Picture no 11.i.) In addition, frequent small meals of favorite foods should be continued during the illness.

After the acute phase of the illness or when the fever comes down, complementary feeding should be given using increased amounts of nutritious foods to make up for the loss of nutrients during
3.4 Continued

the illness. See Picture 11.j Usually children have a better appetite after illness and can be given extra meals and amounts of a variety of foods in addition to breastfeeding for 2 weeks days or until they regain their normal weight.

Benefits of appropriate feeding during and after illness: To improve recovery from illness and prevent recurrence of illnesses by maintaining the child’s health, growth and nutritional reserves.

Other benefits are the same as above for variety of foods.
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4 Continued</td>
<td>Risks of not using appropriate feeding during and after illness: The child will become progressively weak, will not grow, and will become more likely to be ill frequently.</td>
</tr>
<tr>
<td></td>
<td>Other risks are the same as above for variety of foods.</td>
</tr>
</tbody>
</table>
3.4 Continued

Frequent infection

Lack of right nutritious food

Sick Child

More infection

Weight loss

Takes time to recover from illness

Poor appetite

Will get sicker

More weight loss

Severe malnutrition

Death

Picture 11.k – Malnutrition and infection cycle
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4 Continued</td>
<td>Barriers to appropriate feeding during and after illness. There is a common perception that children cannot digest nutritious foods and they are given only water and ORS liquids; this prevents adequate breastfeeding and further reduces appetite for complementary feeding. Same as above for variety of foods.</td>
</tr>
</tbody>
</table>
Hands-on training on food selection for age-specific complementary feeding
Name of the Session: Hands-on training on food selection for age-specific complementary feeding

Objectives

At the end of the session, the participants will be able to:

- Describe age-appropriate type, amount, frequency, consistency and style of feeding for children 6-23 months of age
- Demonstrate one meal for one age group using all the recommendations for age-appropriate complementary feeding

Topics

1. Age-appropriate selection of types and amounts of foods for children
2. Selection and preparation of nutritious foods (one meal) for children 6 to 23 completed months

Time

60 minutes

Materials

3 spoons, three 250 ml bati (bowl) with label of 250 ml, soap, water, 6 printed/written cards (two cards each with the following labels: 6-8 months, 9-11 months, 12-23 months, breastfeeding), cooked foods (rice, thick dal, dark green/red leafy vegetables, pumpkin, eggs, meat/chicken, ripe mango/ripe papaya)
# Lesson Plan

<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age-appropriate selection of types and amounts of foods for children</td>
<td>Discussion</td>
<td>None</td>
<td>10 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Selection and preparation of nutritious foods for 6 to 23 months old children</td>
<td>Discussion, group practice and presentation</td>
<td>3 spoons, three 250 ml bati with label of 250 ml, soap, water, 6 printed/written cards (two cards each with the following labels: 6-8 months, 9-11 months, 12-23 months), cooked foods (rice, thick dal, dark green/red leafy vegetables, pumpkin, eggs, meat/chicken, ripe mango/ripe papaya)</td>
<td>50 minutes</td>
</tr>
</tbody>
</table>
1. The facilitator will ask the participants to recap what are the recommendations to be kept in mind for selection of complementary foods.

2. The facilitator will review the responses and, as needed, remind the participants about the key criteria and recommendations.

Key criteria for reviewing whether complementary feeding is correct or not:

- Hands are washed thoroughly with soap before handling food
- What types of foods are selected
- Quantity of food as per age
- Consistency as per age
- Responsive feeding/feeding style, including pleasing colors and different types of foods (not mixing everything together)
- Encouraging the child to eat
Topic 2: Selection and preparation of nutritious foods for children 6 to 23 completed months (50 minutes)

2.1 The facilitator will make 6 small groups and will remind the groups about key factors

When preparing foods, participants need to keep the following in mind:

- Selection of correct size of bati/bowl
- Washing hands with soap before preparing food and feeding
- Correct varieties of foods
- Consistency as per age, e.g. 6-8 months mashed foods, 9-11 months small pieces of solid foods, 12+ adult-like foods
- Pleasing presentation of the different foods, colors, tastes
- Seating and position of child for feeding, e.g. 6-8 months in the lap in a facing position so that mother motivates the child while feeding, 9-11 months in front of mother so that mother can see the child and encourage self-feeding and child’s picking up of different foods, 12+ months child sits face to face in front of mother and mother encourages the child to finish eating all the food
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.2</strong> The facilitator will visit each small group and will ensure that they understand the tasks. The facilitator will check to see if all arrangements are in place.</td>
<td><strong>Arrangements for this session:</strong></td>
</tr>
<tr>
<td></td>
<td>• Handwashing station with soap and water</td>
</tr>
<tr>
<td></td>
<td>• Each age group is assigned to two groups for a total of 6 groups for the 3 age groups (6-8 months, 9-11 months, 12+ months)</td>
</tr>
<tr>
<td></td>
<td>• All varieties of foods are easily accessible and visible on the table (rice, thick dal, dark green/red leafy vegetables, pumpkin, eggs, meat/chicken, ripe mango/ripe papaya)</td>
</tr>
<tr>
<td></td>
<td>• Bowl of the correct size and a total of 6 bowls (1 per group)</td>
</tr>
<tr>
<td></td>
<td>• Sufficient chairs and tables or mats for the floor</td>
</tr>
</tbody>
</table>

**2.3** The facilitator will ask each group to prepare one meal for their assigned age group: 2 groups of 6-8 months, 2 groups of 9-11 months, 2 groups of 12+ months
### Methodology

<table>
<thead>
<tr>
<th></th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.4</strong></td>
<td>The groups will be asked to start the activity following the correct sequence starting with handwashing with soap. Facilitator will check to see that all are following this step.</td>
</tr>
<tr>
<td><strong>2.5</strong></td>
<td>The facilitator will give 15 minutes for preparing the meals and then will ask them to present their selection plus demonstrate how the mother should encourage the child to eat.</td>
</tr>
<tr>
<td><strong>2.6</strong></td>
<td>The groups will describe the reasons for food selection one by one and demonstrate through role play how to encourage the child to eat.</td>
</tr>
<tr>
<td><strong>2.7</strong></td>
<td>The facilitator will ask the other groups to comment on each presentation and whether all criteria identified at the start of this session were followed or not.</td>
</tr>
<tr>
<td><strong>2.8</strong></td>
<td>This method will be followed for all groups.</td>
</tr>
</tbody>
</table>

**Session 12 – Hands-on training on food selection**
Questions to be asked from each group:

- Did the mother and child wash their hands with soap before food preparation?
- Were there at least 4 varieties of food or not, and what were they? Was there animal food?
- Were age-appropriate amount and frequency presented or not and was the position and seating of the child correct or not?
- Did the mother look at the child and respond? If yes, how?
- Did the mother give enough positive encouragement throughout the feeding of the child?
Complementary feeding difficulties - poor appetite
Name of the Session: Complementary feeding difficulties - poor appetite

Objectives
At the end of the session, the participants will be able to:

- Describe reasons for children refusing to eat and how to identify the underlying factors for poor appetite
- Identify and explain what mothers can do to ensure recommended amounts and types of complementary foods

Topics
1. What are the reasons children refuse to eat or have poor appetite, and how to identify the underlying causes
2. Role play to learn how to support mothers in encouraging children to eat

Time
60 minutes

Materials
Flip chart, marker and role play scripts
## Lesson Plan

<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What are the reasons children refuse to eat or have poor appetite, and how to identify the underlying causes</td>
<td>Discussion, Q&amp;A</td>
<td>Flip chart and marker</td>
<td>30 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Role play to learn how to support mothers in encouraging children to eat</td>
<td>Role play in groups</td>
<td>Scripts for role play</td>
<td>30 minutes</td>
</tr>
</tbody>
</table>
1.1 After greeting the participants, the facilitator will explain that we are talking about a very common problem in almost every home having a small child—that is the child does not want to eat. Mothers can prepare and select the perfect complementary foods but the problem is that the child does not want to eat. See Picture 13.a

1.2 Facilitator will ask participants from right and left side of the room to identify one reason for child’s refusal to eat and write down a few words on the flip chart. Then the facilitator will ask the next participant what to do about this problem (no need to write this response on flip charts)
1.3 The facilitator will listen to all participants. S/he says, ‘you have mentioned many reasons for poor appetite’.

1.4 The facilitator will check the pre-written points on the facilitators’ flip chart to complete any missing points.

1.5 The facilitator will ask each participant to read one reason from the first column and also the solution from the second column. Continue until all points on the right have been completed.

### Reasons and solutions for child’s refusal to eat

<table>
<thead>
<tr>
<th>REASONS</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Force-feeding, without taking enough time to feed patiently</td>
<td>Do not force feed or rush the child. As long as the child has any food in his mouth, wait patiently until that food has been swallowed. Family members will need to share the household chores so that the mother can sit with the child for proper feeding</td>
</tr>
<tr>
<td>Mother does not actively encourage and praise the child</td>
<td>Mothers and caregivers must encourage and praise the child while the child is eating, admire the child for picking the food, for chewing and swallowing. Say, ‘good boy/girl’, ‘what a clever child’, ‘look at this beautiful red/green/orange color’, ‘see these 1, 2, 3, 4 different foods’, ‘this is round, this is soft, this is crunchy’ etc.</td>
</tr>
</tbody>
</table>
### Session 13 – Complementary feeding difficulties - poor appetite

#### 1.5 Continued

<table>
<thead>
<tr>
<th>REASONS</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child spits out the food when complementary foods are first</td>
<td>During the learning period, after exclusive breastfeeding this is how</td>
</tr>
<tr>
<td>introduced. Mothers and family members think the child does not</td>
<td>children behave, it is normal. That is why it is necessary to take time</td>
</tr>
<tr>
<td>want to eat.</td>
<td>and repeatedly try to introduce the foods in the first few days until</td>
</tr>
<tr>
<td></td>
<td>the child is used to it. Make feeding a fun and enjoyable time.</td>
</tr>
<tr>
<td>Child cannot chew and swallow if the food is hard.</td>
<td>At first, mash the food well using expressed breastmilk or dal without</td>
</tr>
<tr>
<td></td>
<td>spices.</td>
</tr>
<tr>
<td>The child does not like the taste, if it is too spicy, has chillies,</td>
<td>Before mixing spices, take out a small portion of the fish, meat or</td>
</tr>
<tr>
<td>too salty.</td>
<td>thick part of dal for the child. If the food is too spicy or salty,</td>
</tr>
<tr>
<td></td>
<td>rinse off the piece of food with clean water or dal.</td>
</tr>
<tr>
<td>Child is ill frequently and does not feel like eating.</td>
<td>Feed small frequent meals of the child’s favorite foods. When the child</td>
</tr>
<tr>
<td></td>
<td>is better, increase the amounts and varieties of foods for 7-10 days</td>
</tr>
<tr>
<td></td>
<td>after each illness. Always wash hands thoroughly with soap and wash</td>
</tr>
<tr>
<td></td>
<td>the child’s hands with soap so that the child does not fall sick so</td>
</tr>
<tr>
<td></td>
<td>frequently. Maintain a handwashing station close to the place of feeding.</td>
</tr>
</tbody>
</table>

**REASONS**
- The child spits out the food when complementary foods are first introduced. Mothers and family members think the child does not want to eat.
- Child cannot chew and swallow if the food is hard.
- The child does not like the taste, if it is too spicy, has chillies, too salty.
- Child is ill frequently and does not feel like eating.

**SOLUTION**
- During the learning period, after exclusive breastfeeding this is how children behave, it is normal. That is why it is necessary to take time and repeatedly try to introduce the foods in the first few days until the child is used to it. Make feeding a fun and enjoyable time.
- At first, mash the food well using expressed breastmilk or dal without spices.
- Before mixing spices, take out a small portion of the fish, meat or thick part of dal for the child. If the food is too spicy or salty, rinse off the piece of food with clean water or dal.
- Feed small frequent meals of the child’s favorite foods. When the child is better, increase the amounts and varieties of foods for 7-10 days after each illness. Always wash hands thoroughly with soap and wash the child’s hands with soap so that the child does not fall sick so frequently. Maintain a handwashing station close to the place of feeding.
### REASONS

<table>
<thead>
<tr>
<th>The child is tired or sleepy, s/he does not want to eat.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's food is too watery and liquid, so the child's stomach is filled up and he/she does not want to eat. But the watery food does not have enough energy or concentration of nutrients.</td>
</tr>
<tr>
<td>Child's stomach is small and when family members, neighbors, friends feed juice, chips, cake, chocolates, water and other foods, then the child does not want to eat nourishing family foods.</td>
</tr>
<tr>
<td>Many foods are mixed up together, the child does not like the taste or appearance of the food. The same food over and over becomes monotonous.</td>
</tr>
</tbody>
</table>

### SOLUTION

| Do not try to feed the child at these times, wait until the child wakes up after sleeping or resting. The timing of feedings should meet the child's needs and preferences and not that of the caregivers', for best results. |
| Do not feed liquid consistency of food after 6 months of age. Mashed food and increasing solid content and small pieces of appropriate foods used as the child grows from 6 to 12 months. |
| Do not fill up the child's stomach with these items, and for 2 hours before meals and snacks do not feed anything else. |
| Do not mix many foods together. For the young child, mash the foods separately. Mixing sweet/salty etc may not be pleasing for the child's taste. Try to find the favorite tastes for the child. |
### REASONS

<table>
<thead>
<tr>
<th>REASONS</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child wants to feed himself / herself but the mother does not allow it.</td>
<td>Encourage the child to self-feed. At first there may be some waste, but soon the child will learn to reduce spilling and wastage. Self-feeding is important for motor development and hand-eye coordination and is an important milestone in the child’s development and learning. Wash the child’s hands thoroughly with soap and give finger foods to encourage the child to self-feed.</td>
</tr>
<tr>
<td>The child is busy with toys and friends and does not show an interest in feeding.</td>
<td>At meal times do not distract the child with toys, TV, friends etc. and help the child to focus on the food and feeding activities. Make the feeding times fun and a pleasant experience.</td>
</tr>
<tr>
<td>The food is not tasty and child does not want to eat sufficient amounts.</td>
<td>Mothers should taste the food before feeding and try to understand what foods the child likes to eat.</td>
</tr>
<tr>
<td>The same food at every meal and everyday such as suji and khichuri is boring and child does not want to eat. Child is used to very salty or sugary sweet foods and refuses family foods.</td>
<td>Like adults, the child likes to experience different tastes, textures, colors and smells. Do not feed junk foods as once the child gets used to chocolates, cake, juice, chips and other very sweet and salty foods, their tastes change and they do not like family foods.</td>
</tr>
</tbody>
</table>
Health workers should teach mothers to expect that some children may refuse to eat from time to time. But mothers can prevent this condition by keeping the above solutions in mind and being careful what and how the child is being fed during 6 to 24 months of age.

<table>
<thead>
<tr>
<th>REASONS</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The consistency and types of foods are not appropriate for the</td>
<td>The foods should be modified as the child grows and develops and as his/her</td>
</tr>
<tr>
<td>developmental stage of the child, they are refused by the child.</td>
<td>abilities to pick up foods, chew and swallow changes.</td>
</tr>
</tbody>
</table>

Health workers should teach mothers to expect that some children may refuse to eat from time to time. But mothers can prevent this condition by keeping the above solutions in mind and being careful what and how the child is being fed during 6 to 24 months of age.
### Methodology

<table>
<thead>
<tr>
<th>Topic 2: Role play to learn how to support mothers in encouraging children to eat (30 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong> The facilitator will make 4 small groups with 3 participants each. One will be playing the role of mother, one of the health worker and one of the supervisor. They will work on the 5 topics listed on the right side.</td>
</tr>
<tr>
<td><strong>2.2</strong> The facilitator will ask the groups to rotate the roles and try again and again until all have played all the roles.</td>
</tr>
<tr>
<td><strong>2.3</strong> The facilitator will observe all groups and provide appropriate feedback.</td>
</tr>
</tbody>
</table>

#### Topics are -

- **1st group:** child doesn’t want to eat, how to feed this child
- **2nd group:** child is sick, how to feed this child
- **3rd group:** child is 12 months old and does not want to self-feed, how can a mother teach the child to feed himself/herself
- **4th group:** child only likes to drink juice, how to introduce family foods and encourage other foods
- **5th group:** child is frequently sick and does not want to eat, how to teach-mother to maintain a handwashing station close to the place of cooking and feeding the child to prevent future illness by washing hands before feeding

**Session 13 – Complementary feeding difficulties - poor appetite**
A health worker should encourage mothers to try various techniques for encouraging children to eat properly from the start of 6 months onwards. Mothers need to know the skills and also have the confidence that they can actually convince and encourage children to eat properly with patience and persistence. Mothers need to spend more time to wash their hands and feed properly. Working with other family members to share the mother's household tasks, and maintaining soap and water close to the place of feeding in the home are key to helping mothers feed their children properly. Health workers will need to maintain good rapport and dialogue with the whole family.
Introduction to job aid and observation checklist for complementary feeding
Name of the Session: Introduction to job aid and observation checklist for complementary feeding

Objectives

At the end of the session, the participants will be able to:

- List key points about how to use the Job Aid as a reminder for ensuring that proper information and counseling is given on complementary feeding
- Describe and demonstrate the use of the Observation Checklist for proper counseling on complementary feeding

Topics

1. What is the proper way to use the Job Aid on complementary feeding
2. Review of the Observation Checklist for complementary feeding

Time

45 minutes

Materials

Job Aid and Observation Checklist (sufficient number for each participant).
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What is the proper way to use the Job Aid on complementary feeding</td>
<td>Review of Job Aid and discussion</td>
<td>Job Aid</td>
<td>20 minutes</td>
</tr>
<tr>
<td>2</td>
<td>What is the proper way to use the Observation Checklist on complementary feeding</td>
<td>Review of observation Checklist and discussion</td>
<td>observation checklist</td>
<td>25 minutes</td>
</tr>
</tbody>
</table>
Topic 1: What is the proper way to use the Job Aid on complementary feeding (20 minutes)

1.1 After greeting the participants, the facilitator will explain the need and importance of the Job Aid.

1.2 The facilitator will show the participants that all complementary feeding recommendations for 6 to 24 months old children are provided. They should learn all the information very well before starting counseling.

1.3 The facilitator will remind the participants that during counseling, the Job Aid should not be used as this acts a barrier for making eye-to-eye contact and giving hands-on support.

1.4 The facilitator will ask the participants to take out their copies of the Job Aid (handout number 9) and review the illustrations and text on complementary feeding. See the Job Aid on the right.
1.5 The facilitator will ask the participants from the right and left side of the room to read out each page related to complementary feeding.

1.6 The facilitator will explain each point, and completes the review.

1.7 The facilitator will then ask the participants to answer the key questions related to each page of the complementary feeding side of the Job Aid, without reading. For example, how should a 9-11 month old be fed? What are the varieties of foods? How to deal with a child who does not want to eat? Etc.

1.8 After their responses, the facilitator will remind the participants not to use the Job Aid during counseling. The participants will be reminded to use the main steps and principles of counseling and not only the IYCF content.

1.9 Facilitator will then respond to any questions from the participants.

**Methodology Topics**

**Session 14 – Introduction to job aid and observation checklist for complementary feeding**
Infant 6 to 8 months

- Give mashed family foods: solid/semi solids, not watery food
- Give fish or egg or chicken liver daily + thick lentils + dark green leafy vegetables or yellow fruits + fried foods
- Feed ½ bowl two times a day and nutritious snacks 1-2 times
- Give iron supplement according to the recommendation of health worker

Infant 9 to 11 months

- Spend time and teach child to feed himself/herself
- Give fish or egg or chicken liver daily + thick lentils + dark green leafy vegetables or yellow fruits + fried foods
- Feed ½ bowl three times a day and nutritious snacks 1-2 times (ripe papaya, ripe mango, jackfruit, boiled egg)
- Give iron supplement according to the recommendation of health worker
Child 12 to 23 months

- Encourage child to feed himself/herself
- Give fish or egg or chicken liver daily + thick lentils + dark green leafy vegetables or yellow fruits + fried foods
- Feed one full bowl three times a day and nutritious snacks 1-2 times (ripe papaya, ripe mango, jackfruit, boiled egg, dairy products)
- Give iron supplement according to the recommendation of health worker

Feeding a child with poor appetite

- Feed when the child is hungry
- Offer a variety of foods because child will refuse to eat if given the same food every time
- Do not fill the stomach with water, juice, chocolate, chips etc.
- Encourage and praise the child with each mouthful
- Spend time and be patient while feeding the child
- Offer the child his/her favourite nutritious food
- Never force feed
Feeding a sick child

- Breastfeed frequently
- Give favourite nutritious foods
- Give small, frequent feeds
- Feed extra meals and amount of nutritious foods for at least one week after child recovers, until child gains previous weight

To protect child from diseases always wash hands with water and soap before feeding

Child 6 to 23 months

Nutritious foods and snacks

- At least one food should be given daily from each group:
  - Fish, egg, chicken liver, meat
  - Dark green leafy vegetable, ripe mango, ripe papaya, pumpkin, juickfruit
  - Thick lentils
  - Fried foods, ghee/butter/oil
  - Yogurt, cheese (paneer)
- Breast milk

Small Fish  
Liver  
Thick Lentil  
Butter  
Oil  
Nuts  
Fat
Topic 2: What is the proper way to use the Observation Checklist on complementary feeding (25 minutes)

2.1 After greeting the participants, the facilitator will explain the need and importance of the Observation Checklist.

2.2 The ‘supervisor’ will be able to obtain key information using this checklist and also will be able to give useful feedback to the health workers.

2.3 The facilitator will say to the participants that when a health worker counsels a mother about complementary feeding, then the supervisor will observe that counseling and will fill up the form.
2.4 The facilitator will give the participants one copy of the Observation Checklist.

2.5 The facilitator will ask the participants from the right and left side of the room to read each point in the checklist.

2.6 The facilitator will explain each point after each point is read, and completes the review.

2.7 The facilitator will then ask the participants if there are any questions and will discuss those points.

Observation Checklist for IYCF

Child’s Name:                       Child’s Age:
Name of Health Provider:
Place of Counseling Upazila:

<table>
<thead>
<tr>
<th>√ Complementary feedings (7 to 23 months old child)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.I No.</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>2</td>
</tr>
</tbody>
</table>
### Health provider counsels on how to feed a child with POOR APPETITE:
- Encourage and help child during feeding
- Did not force feed
- Offer different varieties of nutritious foods that the child likes
- Wait until the child is hungry
- Take time to feed, talk and praise the child for eating
- Did not give liquids, chips, juice, biscuit that fill up the child’s stomach

<table>
<thead>
<tr>
<th>S.I No.</th>
<th>Subject</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>Health provider counsels on how to feed a child with POOR APPETITE:</td>
<td></td>
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</table>

### Health provider counsels on how to feed a SICK CHILD:
- Feed small amount of solid/semi-solid foods frequently
- Breastfeed more frequently during the day & night
- After recovery from illness give extra food for at least 2 weeks

<table>
<thead>
<tr>
<th>S.I No.</th>
<th>Subject</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Health provider counsels on how to feed a SICK CHILD:</td>
<td></td>
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</tbody>
</table>
### Session 14 – Introduction to job aid and observation checklist for complementary feeding

<table>
<thead>
<tr>
<th>S.I No.</th>
<th>Subject</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Health provider helps mother and family members to keep WATER and SOAP permanently nearby the PLACE OF CHILD FEEDING. Health provider reminds mother to wash hands with soap each time before preparation and feeding the child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Health provider LISTENS CAREFULLY to mothers’ concerns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Observer gave feedback to the health provider in a friendly manner</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Name of Observer:  
Position of Observer:  
Date:
Complementary feeding counseling and role play
Name of the Session: Complementary feeding counseling and role play

Objectives

At the end of the session, the participants will be able to:

- Know the key points about proper counseling for complementary feeding
- Describe and demonstrate proper counseling skills for complementary feeding
- Know why and how to maintain water and soap close to feeding area
- Problem solving and behavior change for complementary feeding through case studies

Topics

1. What are the objectives of proper counseling for complementary feeding
2. Importance and how to improve handwashing convenience
3. Counseling and role play practice for proper counseling skills for complementary feeding
4. Case studies used to teach how a mother can provide the right foods and correct quantities everyday

Time

1 hour 45 minutes

Materials

Flip chart paper, marker, script for 2 role plays and job aid, case studies, observation checklist (for complementary feeding 6 completed - 23 completed months).
### Session 15 – Complementary feeding counseling and role play

<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What are the objectives of proper counseling for complementary feeding</td>
<td>Discussion, role play</td>
<td>Script for 2 role plays and job aid</td>
<td>20 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Importance and how to improve handwashing convenience</td>
<td>Discussion, practice</td>
<td>Water, soap and handwashing station</td>
<td>30 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Counseling and role play practice for proper counseling skills for complementary feeding</td>
<td>Discussion, role play</td>
<td>Observation Checklist</td>
<td>30 minutes</td>
</tr>
<tr>
<td>4</td>
<td>Case studies used to teach how a mother can provide the right foods and correct quantities everyday</td>
<td>Drama</td>
<td>3 case studies</td>
<td>25 minutes</td>
</tr>
</tbody>
</table>
Methodology | Topics
---|---

**Topic 1:** What are the objectives of proper counseling for complementary feeding (20 minutes)

1.1 As we have 2 role plays, the facilitator will select 2 people and tell them about the role plays and give them the script for the role play so they can cover the key points.

1.2 After greeting the participants, the facilitator will explain that you have learned about counseling in previous sessions.

1.3 Now we will see one role play (role play #1).

1.4 Facilitator will ask participants to watch the role play attentively for the content as well as the method of counseling to see whether the counseling techniques are OK or not.

1.5 The facilitator will thank the 2 role play participants and asks the participants what points were correct counseling and what areas need further improvement.

---

**Role play (#1) Script:**

- 2 participants conduct the role play with one playing the role of mother and the other as health worker. This role play shows:
  - Positive greetings from health worker
  - Mother sitting on the floor and health worker on the chair
  - Health worker is reading the job aid while counseling
  - Sometimes HW uses English words
  - She is directive, 'why have you not fed this food, like this or that'
  - HW does not ask if the mother has any concerns
  - HW confirms that the mother has understood
  - HW terminates the session abruptly and leaves
### Methodology

1.6 The facilitator will discuss counseling methods for improving the self-confidence of mothers.

### Topics

#### Main points and objectives about counseling

- Help to build self-confidence of the mother; if the mother believes she can feed the child properly then she will be able to overcome difficulties more effectively.
- After completing the counseling, praise the mother for the good practices. Tell mother she is doing well and has remembered key points.
- Help the mother feed the child complementary foods properly.
- Overcome problems and difficulties regarding complementary feeding.
- In one session, only 2 or 3 messages or topics are covered.
- Only ask mothers to do what is feasible, for example if no animal food was available that day ask the mother to get an egg. If this is not possible, then show her how to use only the solid part of the lentils and add green vegetables and fried foods.
- If the mother cannot provide animal food everyday, suggest that she feeds eggs at least 2 or 3 times per week.
- Discuss the topic that is most of concern or interest to the mother.
How to increase the mothers’ self-confidence

The following skills should be practiced:

- Sit at the same level with no barrier between them (e.g., table, chair, job aid etc)
- Use simple language, listen attentively to the mother
- Keep mobile phones off
- Take time to explain properly
- Make eye to eye contact
- Find something to praise the mother for
- Work with other family members so that they are motivated to help the mother in her household chores and can give more time for feeding the child
- Respond to the mother with relevant answers for the questions that mothers have asked
- Reflect back to the mother that the health worker has understood her concerns and points
- Do not use judgmental words
- Do not give more than 2 or 3 points at a time
1.8 The facilitator will ask 2 previously identified participants to demonstrate how a mother’s self-confidence can be increased through counseling. For this, the facilitator will have already given role play # 2 to these participants.

**Role play (#2) script:**

2 participants will show the following role play with one participant being the mother and the other the health worker.

Health worker: Sister in law, how are you?

Mother : I am well how are you?

HW : I am well, where is the child? How old is the child? Last month she completed 6 months, right?

Mother : Yes, she is 7 months and 20 days

HW : Sister in law, we discussed how you can start giving some different types of foods, properly mashed whenever you have your meals. Have you been able to do this?

Mother : Yes I remember but I was afraid of indigestion in the child. One day I tried a little but the child refused to eat. Should I give the baby all types of family food?

HW : Yes, rice, solid of dal, green leafy vegetables, eggs, fish, meat can all be given if properly mashed.

Mother : Yesterday we did not have fish or meat so I brought half an egg and mashed it to feed the child with rice.

HW : Well done! Did the baby eat?
1.8 Continued

Mother : Not much as the baby didn't want to eat.

HW : Sister in law, feed patiently, taking time to feed properly. Don't give the same food everyday.

Mother : Should I give any milk products?

HW : Yes, where is your mother in law, can you call her?

Mother : Come mother, HW is here

Mother in law (MIL): Who is here, oh Najma, how are you?

HW : I am well aunty, your grandchild is looking very good.

MIL : Yes, the child is so small but she is feeding all these family foods!

HW : Don't worry, she is right. The child is now old enough to eat. Allow the child's mother to spend enough time to feed the child.

MIL : Yes, OK.

HW : Goodbye aunty, I will come back to see how the baby is doing. It will take some days before the child learns to eat properly, so take some time to teach the child.

1.9 After the role play, the facilitator will thank the 2 role play participants and will ask the other participants if the counseling was OK. If not, how could it have been improved?
Topic 2: Supporting families to ensure the convenience of handwashing near to the child’s feeding place (30 minutes)

2.1 The facilitator will remind participants that water and soap need to be located close by to the place of feeding the child to ensure that mothers and caregivers will wash their own hands and the child’s hands.

2.2 Participants will be asked to read the blue colored handwashing job aid one by one and discuss the messages and pictures.

2.3 The facilitator will say, ‘now I will show you how to prepare two different types of handwashing stations close to the child’s feeding place by using easily available local materials.’

2.4 The facilitator will divide the participants into 3 small groups and ask each group to prepare one type of handwashing station.

2.5 Participants will discuss their experience and how they can support families of under-2 children to prepare a handwashing station near to the child’s feeding place.

List of locally available materials for handwashing
- 1 liter bottle + one mini packet detergent powder, 1 nail to pierce bottle cap
- 1 bucket + 1 mug + 1 soap case
- For ‘Tippy Tap’: 4 sticks, 1 5-liter water container, 1 long nylon string to hang up the water container

Follow up- remind family members to maintain handwashing station, observe/ask if the station is properly maintained at each visit
The facilitator will make 4 small groups with 3 participants each, and gives instructions for role plays; the facilitator will assign different counseling topics to each. One will be playing the role of mother, one of the health worker and one of the supervisor. The ‘supervisor’ will observe the counseling quality of the ‘health worker’ and will note the areas for strengthening. The ‘health worker’ should follow the steps as given in the Checklist as well as the steps that were discussed before, to demonstrate how to give counseling to the ‘mother’. She will discuss each point after the completion of the role play.

The facilitator will assign different counseling topics to each

Role play topics:

1st group: child refuses to eat
2nd group: feeding the sick child
3rd group: child has just completed 6 months and needs to start CF
4th group: child is 10 months old, how to teach self-feeding
### Methodology

| 3.3 | The participants are asked to read the job aid to remember the main points. |
| 3.4 | The participants will start the role play and in each group, they will change their roles after each role play. |
| 3.5 | The facilitator will circulate and observe the role plays, provide feedback regarding content and proper methods of counseling. |
Case Study No. 1:

It is late afternoon. Mother in law orders the daughter in law to do many chores, and goes outside with her own daughter. A 13 month old child is playing in the yard with mud. Mother gives the child a small banana after peeling it. After finishing the work, she wipes her hand with her sari, takes a small bowl of food and says: ‘the health worker had selected this bowl but I don’t know the size’. The child sits near the mother and starts eating. The baby’s father returns from the field and asks, ‘Why are you sitting to feed the child now? How many times did you feed the child?’. Mother says ‘Once’. Father says, “why only once, didn’t the HW ask you to feed 3 times during the day?”. Mother answers with anger, ‘when do I have time, there is too much house work?’ Now the HW enters and sees that the mother is feeding the child.

Seeing this scenario, how should the health worker counsel? [Note: Mother is not
**Case Study No. 2:**

An 8 months old child is lying down in the veranda, crying. Mother is working in the yard. Mother in law hears the child crying and tells the child’s mother, ‘What is the matter, the child is crying don’t you see? Mother says, ‘the child is hungry, what else?’. Early this morning I fed her’. The MIL takes the work from the mother and says, ‘OK I will do the work, you go and feed the child.’ She says again, ‘what should we give her to eat, we don’t have much food. OK we have cooked red leaf spinach. You get one egg we have and go and cook it for the child. You also add the spinach.’ Mother is preparing child’s food, MIL says, ‘what are you doing, didn’t the HW say, you must first wash your hands with soap?’ Daughter in law, ‘Oh yes’, takes the soap and goes to wash her hands with soap and start feeding. At this moment the HW comes in.

Seeing this scenario, how should the health worker counsel? [Note: mother did not give correct varieties of food or hygiene, but MIL had the information, gave good family support and knows about good hygiene]

**Case Study No. 3:**

Mother is sitting in the veranda with a 7 month old child, and is feeding cow’s milk with rice, and milk is dribbling down the child’s mouth. Mother in law, from a corner of the yard says, ‘Daughter in law (DIL), what are you doing for such a long time? Don’t you have work to do?’ Mother says ‘I am feeding the child’. MIL says in anger, ‘Yes, I see that. The child is so small, why are you feeding rice? Didn’t we bring up using correct amount, frequency, there is little family support and poor hygiene]
our child? We breastfed for 2 or 3 years and now you are doing …’ MIL continues grumbling regarding measurements and using a separate bowl, combining family foods and many varieties. DIL, ‘I feed just once in a day.’ HW arrives, ‘What happened aunty?’

Seeing this scenario, how should the health worker counsel? [Note: The correct consistency and frequency is not being followed, and there is poor family support]

Ways of encouraging complementary feeding practices:

- Remind mothers and family members about benefits and risks of not following the recommended practices
- Remind the mother and family members about correct quantities and consistency of foods
- Involve family members so that they can give the mother enough time and support
- Convince fathers to bring the right types of food
- Show the mother how to place the soap and water near the place where child is fed
- Teach the mother different ways of helping the child to improve appetite for eating family foods by not feeding chocolate, chips, juice etc.
16

Video on complementary feeding
Name of the Session: Video on complementary feeding

Objectives

At the end of the session, the participants will be able to:

- Describe the key points about proper complementary feeding, such as variety, quantity, frequency, feeding style, how to feed a sick child, how to address poor appetite etc

Topics

1. Objective of the video and showing of the video on complementary feeding.
2. Discussion on video.

Time

45 minutes

Materials

Training video cassette on CF, DVD player, 2 speakers, generator, screen, TVCs (3 on CF and 1 Hand washing).
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Objective of the video and showing of the video on complementary feeding.</td>
<td>Discussion, and video presentation</td>
<td>Training video cassette on CF, DVD player, 2 speakers, generator, screen, TVCs (3 on CF and 1 Hand washing)</td>
<td>25 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Discussion on video</td>
<td>Discussion and Q and A</td>
<td>None</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>
### Methodology

<table>
<thead>
<tr>
<th>Topic 1: Objective of the video and showing of the video on complementary feeding (25 minutes)</th>
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<tbody>
<tr>
<td><strong>1.1</strong> After greeting the participants, the facilitator will explain that we are going to view scenes about complementary feeding in this session. After watching this, your concepts and knowledge will greatly improve.</td>
</tr>
<tr>
<td><strong>1.2</strong> The facilitator will ask participants to observe the screen very well so that all the details of CF can be remembered. “By listening, seeing and hands-on practice, your ability to support mothers in CF will be easier.”</td>
</tr>
<tr>
<td>Methodology</td>
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</tr>
<tr>
<td>1.3 The facilitator will ask the participants to keep the right hand side information in mind while watching the video.</td>
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<tr>
<td>1.4 The facilitator will say, “this video gives special emphasis on 3 topics to help your work. Observe how community workers can be taught to support mothers.”</td>
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</tbody>
</table>
### Methodology

#### Topic 2: Discussion on video (20 minutes)

**2.1** Facilitator will discuss the video after the show is over. The facilitator will ask, on what points will the health worker focus regarding complementary feeding?

**2.2** The participants will identify the main topics that should be addressed. See the right hand side for what should be covered in each visit.

<table>
<thead>
<tr>
<th>In each visit, the HW covers the following topics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What amounts, frequency, types of complementary foods should be fed</td>
</tr>
<tr>
<td>• What should be the position of mother and child at different ages of the child during feeding</td>
</tr>
<tr>
<td>• How a mother can encourage a child to eat properly during a meal</td>
</tr>
<tr>
<td>• Whether the mother is concerned about anything or difficulties she may be facing</td>
</tr>
<tr>
<td>• The HW first listens to the mother, and then decides on which 2 or 3 topics she will counsel that day</td>
</tr>
<tr>
<td>• HW does not give too much information at once</td>
</tr>
<tr>
<td>• If the child has poor appetite or poor interest in food, HW motivates the mother to give more time for feeding the child</td>
</tr>
</tbody>
</table>
### Methodology

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>2.3</strong></td>
<td>The facilitator will inform the participants that IPHN and NNS has developed TVCs and are showing them on BTV and other channels like ATN. The objectives of this publicity are to inform mothers and family members about CF and encourage them to practice. HW should encourage mothers and others to watch and remember these TVCs. The facilitator then shows the ads.</td>
</tr>
<tr>
<td><strong>2.4</strong></td>
<td>The facilitator thanks the participants.</td>
</tr>
</tbody>
</table>
Counseling practice on complementary feeding at facility/field level
Name of the Session: Counseling practice on complementary feeding at facility/field level

Objectives
At the end of the session, the participants will be able to:

- Assess if complementary feeding recommendations are being followed
- Demonstrate how to counsel mothers and their family members to improve complementary feeding
- Assess the position of mother and child for complementary feeding at different ages and support their improvement
- Demonstrate CF type, quantity, frequency, consistency, hygienic preparation and feeding
- Describe how to counsel mothers to address poor appetite

Topics
1. Key points on proper counseling for complementary feeding
2. Counseling and observation practice at facility/field level for complementary feeding
3. Discussion regarding facility/field level practice

Time
2 hours

Materials
Job Aid, Observation Checklist
### Lesson Plan

<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Key points on proper counseling for complementary feeding</td>
<td>Discussion</td>
<td>Observation checklist and job aid</td>
<td>10 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Counseling and observation practice at facility/field level for complementary feeding</td>
<td>Observation and counseling practice</td>
<td>Observation checklist</td>
<td>90 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Discussion regarding facility/field practice</td>
<td>Discussion, Q&amp;A</td>
<td>Filled-in observation checklist</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>
**Methodology**

<table>
<thead>
<tr>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topic 1: Key points on proper counseling for complementary feeding (10 minutes)</strong></td>
</tr>
</tbody>
</table>

1.1 After greeting the participants, the facilitator will make 6 teams with 2 participants each.

1.2 The facilitator will ask participants, ‘what are the main points to remember about counseling and observing the counseling for complementary feeding, such as - rapport building, creating counseling environment, listen to mother attentively etc.

1.3 The facilitator will ask the participants how should a HW start a conversation with a mother for complementary feeding, e.g. how old is the child, what the child eating these days, etc.

1.4 The facilitator will explain how to assess current CF practices. See the right hand side.

**Assessing a child’s complementary feeding practices:**

- What is the age of the child?
- Is the child breastfeeding? How many times in the day and night?
- What other foods is the child eating?
### Methodology

<table>
<thead>
<tr>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4 Continued</td>
</tr>
<tr>
<td>1.5 Before starting the practice, the facilitator will ask the participants to read the job aid and observation checklist. If there is any question, the facilitator will explain, and remind them not use the job during counseling.</td>
</tr>
</tbody>
</table>

- How many times is the child fed?
- Ask the mother to bring a 250 ml bowl, and ask to see how much the child eats each time.
- How is the consistency?
- What types or categories of foods do you feed (e.g. rice/roti, DGLV, orange and red vegetables and fruits, animal foods, solids of pulses, dairy, oil/fats etc)?
- Before food preparation and feeding what steps does the mother take to maintain hygiene standards? Is there a place to store soap and water near the place of child's food preparation and feeding?
- Who helps the child to feed?
- How does the caregiver encourage the child to eat?
- During and after each illness how is the child fed?
Topic 2: Counseling and observation practice at field level and facility for complementary feeding (90 minutes)

2.1 Participants will visit mothers in pairs to counsel.

2.2 Each participant will counsel at least one mother on CF, and each one will also observe counseling being done by another participant.

2.2 The facilitator will circulate and observe the counseling using the observation checklist if possible, and then provide feedback regarding content and proper methods of counseling.

- These are key topics of counseling and observation checklists:
  - Hygienic preparation of food
  - Selection of foods for different varieties, use of animal food
  - Quantity, consistency, frequency
  - Washing hands with soap before feeding
  - How to feed, child sitting opposite mother, face to face, when the child will be in mother’s lap, self-feeding, how to encourage during feeding
  - Does the mother taste the food herself
  - Continue breastfeeding for 2 years
  - Feeding a child with poor appetite
  - Feeding during and after illness
**Topic 3: Discussion regarding facility/field practice (20 minutes)**

3.1 After returning from the practice, the facilitator will ask, which task was easy for you, what was difficult, did anything surprise you, is there any concern or question that came up?

3.2 The facilitator will ask to learn about the completed observation checklist results and what were some common concerns. Participants provide feedback to the facilitator and the facilitator discusses the key issues and difficulties.

3.3 The facilitator will discuss the findings and thank the participants.
Risk age groups for infant and young child feeding and importance
Name of the Session: Risk age groups for infant and young child feeding and importance

Objectives
At the end of the session, the participants will be able to:

- Describe what are the risk age groups from birth to 12 months of age for breastfeeding and complementary feeding problems and importance
- Explain why these ages are risky, and what role health workers can play at these ages during home visits
- Describe at this age group, what are the key steps to ensure exclusive breastfeeding and complementary feeding
- Identify what practices can endanger a child’s feeding practices and nutrition at any age, and what to do about them

Topics
1. What is the importance of risk ages, and what are they?
2. Key steps for mothers and family members to ensure good IYCF practices at risky ages, and how health workers can help
3. What practices can endanger a child’s feeding practices and nutrition at any age

Time
1 hour and 20 minutes

Materials
Flip chart paper, marker, slips with pre-written causes or reasons for each age group (5 age groups) for why these ages are risky.
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What is the importance of risk ages, and what are they</td>
<td>Discussion, Q&amp;A</td>
<td>Flip chart paper and markers</td>
<td>15 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Key steps for mothers and family members to ensure good IYCF practices at risky ages, and how health workers can help</td>
<td>Discussion and group work</td>
<td>Flip chart paper and markers, filled-in slips for participants to guide group discussion</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What practices can endanger a child’s feeding practices and nutrition at any age</td>
<td>Discussion, Q&amp;A</td>
<td>None</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>
Topic 1: What is the importance of risk ages, and what are they? (15 minutes)

1.1 After greeting the participants, the facilitator will explain that children face difficulties and can have serious illness or death at these ages if their feeding is not properly done. The facilitator then asks the participants what ages during 0 to 12 months are at risk.

1.2 Participants will suggest which ages are risky. Facilitator will write down on the flip-chart.

1.3 Later the facilitator will ask why they suggest these ages. Facilitator will note down the reasons below each age group on the flip-chart.

1.4 Now the facilitator will inform them about the risky age groups and will later explain why. See the right hand side.

Risky age groups:
- During 0 to 48 hours after birth
- At 2 months
- At 7 months
- At 9 months
- At 12 months
2.1 The facilitator will discuss why these ages are risky. From 0-24 months a child grows rapidly, and as the child grows and develops, the child’s development and size also change fast. If the nutrition of this child is not adequate and complete he/she can face nutritional and development deficiencies. As a result, the child will remain stunted and can face disabilities, which can remain permanent throughout life.

2.2 The facilitator will ask why at these ages a health worker’s visit is critical. She says the visits are critical to prevent damage to the child by counseling the mother and her family members by showing them how to feed properly with their own resources.
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3 The participants will then be divided into 5 groups (one per age group), and each group will be given a pre-written slip giving the reasons and causes for the risk at this age. The groups then work on their assigned risk age groups to describe why the age group is risky.</td>
<td>Risky age groups and why they are risky:</td>
</tr>
<tr>
<td>2.3 The facilitator will ask what counseling should be provided by health workers, while keeping in mind the causes/reasons for the risky age groups as given on their slips.</td>
<td>During 0 to 48 hours after birth</td>
</tr>
<tr>
<td>2.3 The facilitator will give 15 minutes to complete the group work and then they will present.</td>
<td>Why this is risky:</td>
</tr>
<tr>
<td>2.3 The other participants and facilitator will provide feedback to each group.</td>
<td>• The newborn is adapting to a new environment</td>
</tr>
<tr>
<td>2.3 The facilitator completes the discussion using the points on the right side and then thanks all the participants.</td>
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<tr>
<td>Methodology</td>
<td>Topics</td>
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<tr>
<td>2.3 Continued</td>
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</tbody>
</table>

- Mothers are not fully knowledgeable about breastfeeding (when to start, why, how many times, importance of colostrums etc)
- Mothers and family members are not confident that colostrum alone is enough for the child's nutrition
- They try to provide other products that are dangerous
- Some mothers need support but don't receive it from birth attendants or family members as they are also unaware

Solutions:
- HW should counsel mothers and family members during ANC about initial BF – immediately putting child to the breast (within first hour); importance of colostrum or first milk (protects from illness, provides best nutrition, no need for additional products); no liquid or water is to be given
- No other food other than EBF in order to maintain frequent sucking and supply
- How to position, attachment, manual expression
- How to maintain supply to EBF for 6 months (frequent feeding day and night, no other liquids, how to assess). Picture 18.a
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
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<tbody>
<tr>
<td>2.3 Continued</td>
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<tr>
<td></td>
<td>- Take time to remove as much milk as possible from both breasts to improve supply</td>
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<tr>
<td></td>
<td>- Father and mother in law and other family members should be aware about milk supply and how to assess and maintain it for 6 months</td>
</tr>
<tr>
<td></td>
<td>- They need to understand that no other product is permitted</td>
</tr>
</tbody>
</table>

Picture 18.a - Frequent feeding day and night
At 2 months

Why this is risky:

• Mothers lack knowledge about milk supply as the child is growing
• Mothers doubt the adequacy of their milk supply as children often cry and mothers and family believe the child is hungry, they may add other products
• Mothers can lack support and encouragement from their peers and family
• Mothers don’t know how to assess supply
### Methodology

<table>
<thead>
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<th>Topics</th>
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<tbody>
<tr>
<td>2.3 Continued</td>
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</table>

**Solution:**

- HW should assist in correct position and attachment
- HW should encourage and reinforce that mother’s milk supply is adequate, and tell family to do the same
- Advise her to feed frequently and on demand
- Advise her to complete feeding from one breast before moving to the next to maintain supply
- Teach her to assess her supply e.g. at least 6 urines per 24 hours, sleep well, increasing weight, content
- Encourage family members especially fathers and mothers in law, to support and encourage the mother to breastfeed
- Mothers should ensure that nobody gives any product except breastmilk to the child. Picture 18.b
If mother goes out for work or other reasons, teach her manual expression with proper hygiene and storage. See session 4 for manual expression of breastmilk.

**Picture 18.b - Only exclusive breastfeeding**
At 7 months

Why this is risky:

- Only breastmilk is not enough
- There is not enough correct knowledge about the right age for starting solid foods
- Complementary feeding is often not correct either in variety or quantity
- Children get ill frequently and need special attention for feeding to continue breastfeeding and proper complementary feeding; after the illness children need to be fed more to recover

Solution:

- Encourage the mother to continue breastfeeding as breastmilk is an important source of nutrients until 2 years

![Image of mother feeding a baby with a bowl of food and another smaller bowl.](Picture 18.c - Amount at 7 months)

- 2 meals
- +2 times nutritious snacks and frequent breastfeeding
- +handwashing

Bowl size: 250ml
Increase breastfeeding during illnesses and continue CF; increase the amount and variety of foods after each illness for 2 week days.

HW needs to provide demonstrations and practice to make mothers and family members knowledgeable about amounts, consistency, frequency and using 4 different varieties of foods using food resources available in the home. Picture 18.c.

Mothers should be encouraged and repeatedly shown or demonstrated about amounts, consistency, frequency and varieties of foods.

Animal foods should be fed at least once a day, or as often as possible per week.
2.3 Continued

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
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<tbody>
<tr>
<td></td>
<td>• 1/2 bowl of 250 ml size should be fed twice a day, containing at least 4 types of food. Picture 18.d.</td>
</tr>
<tr>
<td></td>
<td>• HW checks if there is a place to keep water and soap near the place of food preparation and feeding, and that the mother is remembering to wash her hands well with soap each time.</td>
</tr>
<tr>
<td></td>
<td>• Mothers are encouraged to continue as much breastfeeding as needed along with feeding CF.</td>
</tr>
</tbody>
</table>

Upto 6 months, EBF works well to delay fertility, but after this age there is possibility of a pregnancy. So family planning counseling and options should be discussed by HW and must be started by the completion of 6 months after birth.

**At 9 months**

**Why this is risky:**

• From 9 months the consistency, amount and type of feeding methods change, but most mothers are not aware of this and how to feed a child using this information.

• The children like to feed themselves and this is important for their brain development and learning also. This should be encouraged.

• Hygiene and handwashing with soap are particularly important as the child is also touching the food and putting it in its mouth.

• This is a peak age for frequent illnesses and feeding need special attention
2.3 Continued

Solution:

- Take time to feed patiently and persistently, and teach the child to self-feed. This takes time and the mother must wait patiently, giving plenty of time for the child to learn slowly.

- Child's and mother's hands need to be washed well with soap for self-feeding, so keep soap and water nearby.

- During illness, breastfeeding should be increased and CF should be continued. Increased amount and variety are important after each illness so that the child can recover.
2.3 Continued

- Mother needs to learn how different family foods can be combined to provide adequate CF, by hands-on practice with the help of HW.

- Animal foods are important daily or as often as possible in a week, along with 3 other varieties of food.

- After 9 months the quantity increases to three meals of ½ bowls (250 ml size), plus nutritious snacks along with breastfeeding as often as possible. See picture 18.e.
At 12 months

Why this is risky:

- The quantity and consistency of food changes at this age. The requirements of the child increase rapidly and ability to chew and eat also is much higher. Families are not aware about the higher needs of this age child.
- Mothers don’t provide enough time to patiently let the child consume adequate amounts of healthy foods.
- Children develop a taste for highly salty and sugary foods and drink. This disturbs their appetite and discourages the consumption of healthy foods.
- Special feeding during and after illnesses needs to be followed carefully.

Picture 18.g - Amounts at 12 months

1 bowl

3 meals
+2 times nutritious snacks and frequent breastfeeding +handwashing

Bowl size: 250ml
2.3 Continued

Solution:

- Children need to be taught and encouraged to self-feed during meal times. Pictures 18.f, 18.g, 18.h
- Mothers need practice with HW on how to use family foods to prepare the adequate types and amounts of foods for children of this age.
- Solid or thick part of pulses, dairy, animal products, DGLV, orange and red fruits and vegetables should be fed.

Picture 18.h - Encouraging child to eat and not giving chips, juice, sweets etc. for good appetite
2.3 Continued

- Daily 3 full bowls of 250 ml should be fed plus 2-3 nutritious snacks and continued breastfeeding.
- Handwashing with soap for the caregiver and child’s hands is important.
- During illness and after illness, adequate feeding should be continued.

A HW should tell mothers and family members that children’s feeding is very important up to 24 months. By following the above guidelines the child’s physical and mental development will be protected and child will not fall sick repeatedly. If a mother has any difficulty from 12-24 months, then the HW should provide follow-up home visits.
3.1 The facilitator says that besides the above mentioned risky ages, there are some conditions and practices that will endanger the child’s health up to 24 months of age.

3.2 The facilitator asks the participants to provide their suggestions about risky conditions at any age. See the right side.

Risks at any age from 0-24 months:
- Child does not suck well so is not getting enough breast milk
- Use of bottle for feeding infants
- Poor appetite
- Child is repeatedly ill
- Severely malnourished child, or child is not growing, getting thin
### Methodology

<table>
<thead>
<tr>
<th>Topics</th>
<th>3.3 The facilitator asks participants to say why these conditions are risky and what can be done about them. See the right hand side.</th>
</tr>
</thead>
</table>

### Topics

**Addressing risks at any age from 0-24 months:**

The following conditions can result in serious damage to children’s health and life, therefore HW should identify these conditions early and immediately take steps to prevent deterioration.

- **Child does not suck well so is not getting enough milk:** In the first 6 months many mothers believe they cannot produce adequate milk. They feed dangerous products that can create serious problems. **What to do:** Do not feed anything but breastmilk. Teach mothers to assess milk supply and how to increase and maintain supply for 6 months, e.g. if the child is urinating 6 times or more daily, is sleeping well, seems content and is gaining weight, then the breastmilk supply is adequate. Mothers should breastfeed frequently to maintain supply, take enough time to remove milk from the breasts and feed even during the night. Then more milk supply will be available.

- **Use of bottle for feeding infants:** Breastmilk supply is reduced if the child is bottlefed and there is a danger of diarrhea due to contamination. Children don’t suck properly and the breastmilk supply dries up. **What can be done:** To change from bottle to breastfeeding, mothers can shift from bottles to cup and spoon and later to exclusive breastfeeding. Mothers should breastfeed frequently to maintain supply, take enough time to remove milk from the breasts and feed even during the night. Then more milk supply will be avail-
3.3 Continued

- Poor appetite: The mother and families wrongly believe that the child has poor appetite and the child’s food intake is reduced, the growth is affected and the child gets repeatedly sick. The reasons why mothers are perceiving poor appetite should be explored and the solutions should be based on those reasons. What can be done: HW should teach mothers how to feed CF properly from the 7th month onwards, even in illness and maintain good feeding practices so that the child gets used to proper feeding quantity, variety, frequency and consistency. Only family foods should be given and not salty or sugary processed foods. By handwashing with soap before feeding, the child’s appetite will be maintained as there will be fewer infections. Mothers should feed frequently using favorite foods, give a variety, don’t force, wait until the child shows interest, and provide no snack foods or liquids/water that fill up the stomach.

- Child is repeatedly ill: The child’s illness can damage growth and if not fed properly, repeated infections can gradually make the child more and more malnourished. With more malnutrition, the child becomes more prone to illness. What can be done: maintain feeding during and following illness.

- Severely malnourished child, or not growing / getting thin: These children
3.3 Continued

have a high risk of mortality and so need urgent attention in a health facility. What can be done: national guidelines should be followed, the providers should be well-trained.

3.4 The facilitator explains that it is important for health workers to understand and look for any of these risky conditions in their communities and in the clients who come for health care. If a HW can address the condition quickly, visit such families frequently in their homes, then many lives can be saved and the growth and development of children can be protected. Correct IYCF from birth to 24 months is essential for reaching full physical and mental potential.
Field practice and observations for counseling of mothers with children in risky age groups from birth to 12 months
Name of the Session: Field practice and observations for counseling of mothers with children in risky age groups from birth to 12 months

Objectives

At the end of the session, the participants will be able to:-

- Demonstrate how to counsel mothers with children in risky age groups, and observe how others counsel

Topics

1. How to counsel mothers with children in risky age groups, and observe how others counseling observation checklist

Time

6 hours

Materials

Observation Checklists for EBF and CF, and job aid.
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How to counsel mothers with children in risky age groups, and observe how others counsel using observation checklist</td>
<td>Field visit, counseling and observation checklist</td>
<td>Observation checklists and job aids</td>
<td>6 hours</td>
</tr>
</tbody>
</table>
### Methodology | Topics

**Topic 1: How to counsel mothers with children in risky age groups, and observe how others counsel using observation checklist (6 hours)**

1.1 After greeting the participants, the facilitator will explain what are the objectives of the field visit.

1.2 The facilitator will divide the participants in teams of 2 each and ask each team to identify at least 1 mother with a child under 6 months and one from 7-12 months for the field practice. Both members of the team will practice with at least 1 mother. The other person will use the observation checklist and make notes regarding gaps and strengths for discussion in the plenary session.

1.3 The facilitator will ask the participants to review the job aids and the observation checklists before going for field practice.

Objectives of the field visit:
- To practice the correct counseling content and method of counseling
- To practice the use of observation checklists

Session 19 – Field practice and observations for counseling of mothers with children in risky age groups from birth to 12 months
<table>
<thead>
<tr>
<th>Methodology</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.4</strong> The facilitator will help the teams to identify suitable mothers for counseling practice in the field and supervises if they are following the guidelines.</td>
<td></td>
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</tbody>
</table>

**1.5** The facilitator will ask the participants to complete the home visits and return for a plenary session to discuss their experiences and clarify all questions and concerns.
Discussion on field visit
Name of the Session: Discussion on field visit

Objectives
At the end of the session, the participants will be able to:

- Describe the experiences of counseling on EBF and CF in mothers with children who are at risk of poor IYCF and nutrition

Topics

1. Discussion on field experiences regarding how to counsel mothers with children in risky age groups, and observe how others counsel using observation checklist

Time
60 minutes

Materials
Filled in observation checklists from the field visit
<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Topics</th>
<th>Methodology</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Discussion on field experiences regarding how to counsel mothers with children in risky age groups, and observe how others counsel using observation checklist</td>
<td>Discussion, Q&amp;A</td>
<td>Completed observation checklist</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>
1.1 After greeting the participants, the facilitator will ask for feedback from participants who filled in the checklists in the field.

1.2 The facilitator will ask participants, what was easy, what were the difficult tasks and what didn’t go well or if they had any concerns and questions.

1.3 The facilitator will continue the discussion providing necessary feedback, and will clarify any issues with detailed explanations.

1.4 The facilitator will seek the support of participants in future for making the IYCF program a success. Then the facilitator will thank everyone and conclude the session.

**Topic 1: Discussion on field experiences regarding how to counsel mothers with children in risky age groups, and observe how others counsel using observation checklist (60 minutes)**
References:


4. GOB, Breast-Milk Substitutes (Regulation of Marketing) Ordinance, 24th May 1984, Ordinance Number xxxiii, Dhaka

5. GOB, Gazette Notification for Maternity Leave.


15. IPHN, DGHS, MOH & FW, National guideline for management of Severe Acute Malnutrition (SAM), April 2011. Dhaka

