Implementation Manual for BRAC's Community-based Alive & Thrive Infant and Young Child Feeding Program in Bangladesh

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nourish. nurture. grow.

Alive & Thrive is an initiative to improve infant and young child feeding practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices. The first two years provide a window of opportunity to prevent child deaths and ensure healthy growth and brain development. Alive & Thrive (A&T) aims to reach more than 16 million children under 2 years old in Bangladesh, Ethiopia, and Viet Nam through various delivery models. Learnings will be shared widely to inform policies and programs throughout the world. Alive & Thrive is funded by the Bill & Melinda Gates Foundation and managed by FHI 360. Other members of the A&T consortium include BRAC, GMMB, the International Food Policy Research Institute (IFPRI), Save the Children, the University of California Davis, and World Vision.

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ACRONYMS AND ABBREVIATIONS

A&T	Alive & Thrive
ANC	antenatal care
BF	breastfeeding
BHP	BRAC Health Program
EBF	exclusive breastfeeding
EHC	Essential Health Care Program
IYCF	infant and young child feeding
MIS	management information system
MLE	measurement, learning, and evaluation
MPR	monthly performance report
PK	Pushti Kormi (IYCF promoter)
PNC	postnatal care
PS	Pushti Shebika (community nutrition volunteer)
SK	Shasthya Kormi (community health worker)
SS	Shasthya Shebika (community health volunteer)
TBA	traditional birth attendant

INTRODUCTION

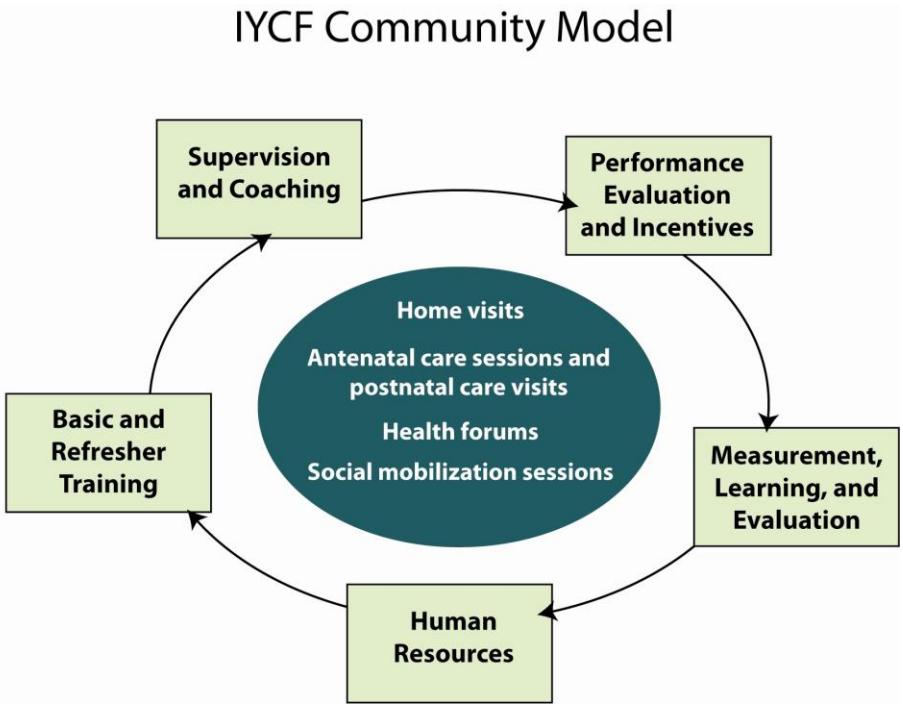
Alive & Thrive (A&T) is an initiative to improve infant and young child nutrition. The time between birth and age 24 months provides a unique window of opportunity to improve the health and development of children. Improving feeding practices during this time can save lives and have a lasting impact on the health of individuals, families, and communities.

Alive & Thrive works in three countries (Bangladesh, Ethiopia, and Viet Nam) with support from the Bill & Melinda Gates Foundation. The overall goal in each country is to increase rates of exclusive breastfeeding in the first six months of life and reduce stunting.

One of the objectives of A&T is to document the process for implementing large-scale community-based infant and young child feeding (IYCF) programs and to disseminate the learnings from this experience. The three countries present different models for delivering IYCF services in the community. This implementation manual outlines the delivery model in Bangladesh for the community interventions implemented through BRAC's Essential Health Care Program. Changes to the manual will be made on an ongoing basis to reflect program adjustments based on learnings and findings from monitoring and research.

The manual begins with an overview of the overall A&T program in Bangladesh. Chapter 1 describes the four core interventions of the IYCF Community Model: home visits, antenatal care (ANC) sessions and postnatal care (PNC) visits, health forums, and social mobilization sessions. Chapters 2-6 discuss the core implementation components required to ensure effective delivery of the interventions. These implementation components are sufficient human resources, basic and refresher training, supervision and coaching, performance evaluation and incentives, and measurement, learning, and evaluation. Figure 1 shows the four core community interventions in the center surrounded by the core implementation components. The annexes include a map showing program locations, a list of sites, brief descriptions of training modules and orientation sessions, performance checklists, monitoring instruments, and reporting formats.

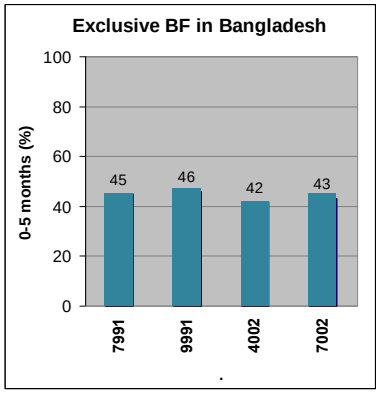
Figure 1. Core Interventions and Implementation Components



OVERVIEW OF A&T PROGRAM AND COMMUNITY COMPONENT

For many years, Bangladesh demonstrated substantial gains in health and education, but nutrition indicators continued to lag. Exclusive breastfeeding rate remained stagnant, and stunting rates were high. When Alive & Thrive started activities in Bangladesh in 2010, the following situation existed.

***Breastfeeding culture but sub-optimal practices*.** Almost all children in Bangladesh were breastfed and continued to be breastfed until they were at least 2 years old. However, delayed initiation of breastfeeding, prelacteal feeding, and non-exclusive breastfeeding in the first 6 months was common. The median duration of exclusive breastfeeding was only 1.8 months. From 1994 to 2007, exclusive breastfeeding rates showed little change, ranging between 42 percent and 46 percent. At baseline, the exclusive breastfeeding rate was 50 percent in A&T program areas.



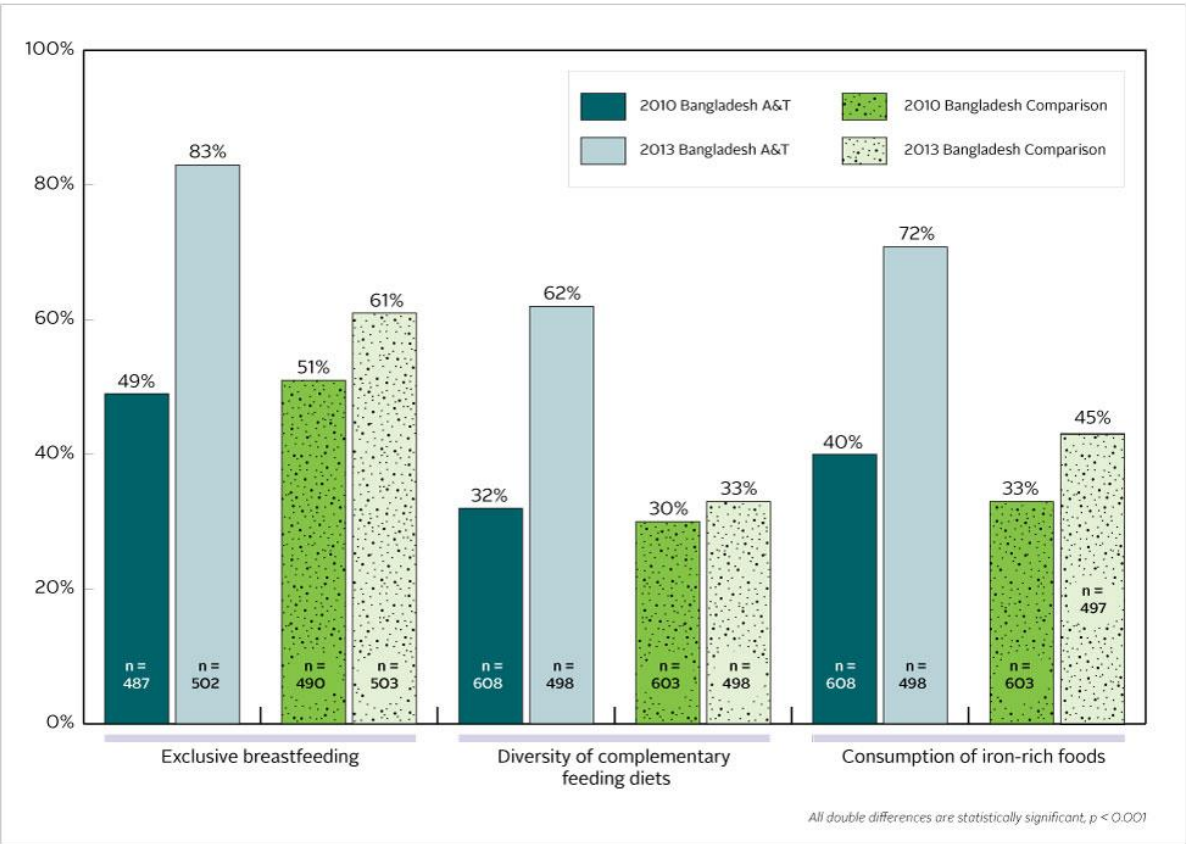
***High levels of stunting*.** Approximately 43 percent of children under five in Bangladesh were classified as stunted. Stunting is an indication of lifelong compromised brain and physical development. Introducing complementary foods too early or too late can lead to stunting, as can a diet lacking in critical nutrients and animal foods.

High rates of anemia. The baseline survey conducted by Alive & Thrive found that the prevalence of anemia (Hb < 11g/dL) was very high among children 6-23 months old (75 percent) with no significant differences by child sex.

Rapid Change is Happening

The 2011 Demographic and Health Survey reported huge gains in exclusive breastfeeding, from 43 percent in 2007 to 64 percent in 2011. Stunting dropped slightly in that same period, from 43 percent to 41 percent. A 2013 process evaluation conducted by the International Food Policy Institute found considerably larger gains in exclusive breastfeeding, food diversity, and feeding frequency n program areas than in comparison areas (figure 2). The presence of IYCF promoters, performance-based cash incentives, and social mobilization activities focused on child nutrition distinguished program areas from comparison areas. This combination of interventions appears to account for the differences in results. Women in both areas were exposed to Alive & Thrive's mass media campaign. The results suggest that the model as presented in this implementation manual and the mass media campaign are working.

Figure 2. Improvements in Feeding Practices in Alive & Thrive Program Areas



Project Goal and Objectives

The goal of Alive & Thrive is to reduce child mortality and ensure the growth and development of children 0-24 months of age through proper nutrition and feeding practices. In 2010 A&T conducted a baseline survey in selected program areas and set targets. The aim is to achieve the following objectives in a 3½-year period of program implementation:

- Increase exclusive breastfeeding (breastmilk only) by almost 30 percent in infants 0-6 months old (180 days), from 50 percent to 65 percent
- Reduce stunting by 1.5 percent per year (from 51% to 45%) among children under five years old
- Reduce anemia by 10 percent in children 7-24 months old, from 71 percent to 64 percent

If results from the endline survey planned in 2014 are similar to those from the 2013 process evaluation, Alive & Thrive will far surpass the exclusive breastfeeding target.

Overall Strategy

Alive & Thrive supports implementation of the National Infant and Young Child Feeding Strategy and Action Plan in partnership with government and non-government agencies and private initiatives. To achieve national scale, A&T seeks to:

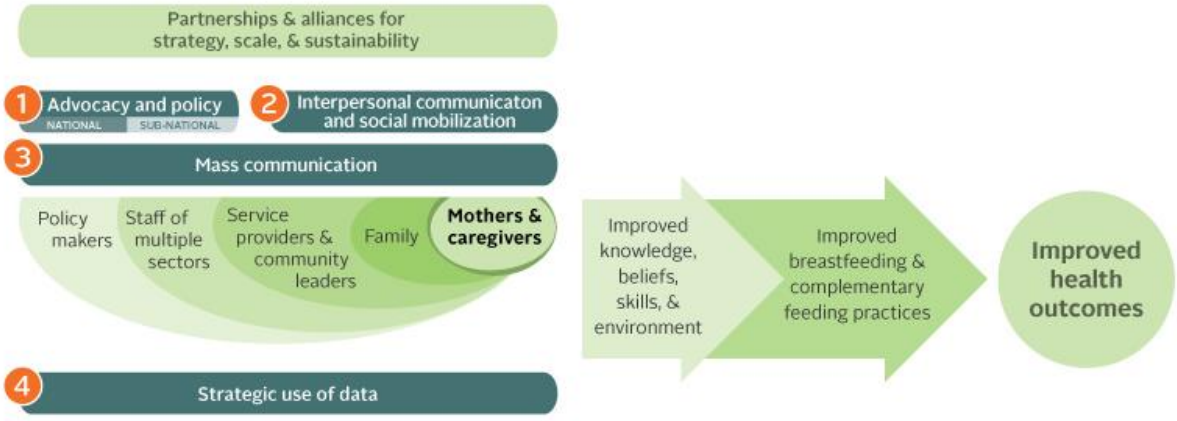
- Enhance the skills and performance in delivering IYCF counseling and services of approximately 7,000 BRAC community health volunteers (*Shasthya Shebikas*), 2,500 nutrition volunteers (*Pushti Shebikas*), 600 community health workers (*Shasthya Kormis*), and 1,000 IYCF promoters as well as frontline workers of other NGOs and government community-based programs
- Generate demand for IYCF services and create a supportive environment for behavior change through social mobilization, a multimedia campaign, harmonized messages and materials, and targeted strategies for different audiences

- Build partnerships and prioritize child nutrition and IYCF activities in agencies working in different sectors and geographical areas
- Raise the profile of IYCF and investments in child nutrition through engagement of the media and dialogue with national, district, and community leaders

Target Populations

Studies in Bangladesh and elsewhere show that malnutrition takes place in the womb and during the first two years of life. Much of the damage is irreversible. Through community and mass media interventions, A&T aims to reach pregnant women and 8 million mothers of children under the age of 2.These are Alive & Thrive's primary audiences for interventions at the community level along with individuals in the household who influence feeding decisions, specifically fathers and grandparents. Intensive efforts focus on reaching these audiences during the newborn period, the early weeks postpartum, and the period between ages 3-18 months when growth falters. A&T is also reaching out to policy makers at the national level and to secondary audiences through social mobilization sessions for traditional birth attendants, teachers, adolescents, religious leaders, health and government officials, and other influential individuals in the community. Advocacy at national and sub-national levels, interpersonal communication, social mobilization, mass communication (TV and radio), and strategic use of data are elements in Alive & Thrive's program implementation framework for achieving scale, as illustrated in figure 3. This manual focuses on interpersonal communication and social mobilization.

Figure 3. Program Implementation Framework for Delivering Nutrition Results at Scale



Four High Impact Actions

Bangladesh's National IYCF Communication Strategy is built around four high impact actions. These actions, recommended by the World Health Organization, were selected because they have a substantial impact on health and nutrition and were not widely practiced in Bangladesh. The priority actions for Alive & Thrive are as follows:

1. ***Timely initiation of breastfeeding*** (immediately or within one hour after delivery) and no pre/post lacteals such as water, other liquids, and ritual foods
2. ***Exclusive breastfeeding*** (breastmilk only) from birth through 6 months (180 days)
3. ***Quality complementary foods and appropriate feeding practices***, ensuring quality through adequate density of energy and nutrients, use of diverse types of foods, especially animal foods, and micronutrient supplementation
4. ***Handwashing*** with soap and water by the caregiver before preparing food and feeding children under two years of age and washing the child's hands to reduce pathogens in complementary foods

Two of the main barriers to adopting these actions are mothers' perception that they have insufficient breastmilk and their observation that children lack an appetite. These priority actions and barriers to good feeding practices were identified by Alive & Thrive through formative research.

IYCF Community Model

A&T is focusing on the above priority behaviors and the main barriers to improved practices through four core community interventions:

- **Home visits** where frontline volunteers, health workers, and IYCF promoters provide mothers of children 0-24 months of age IYCF counseling, coaching, demonstrations, problem-solving, and referrals
- **Antenatal care sessions and postnatal care visits** where frontline workers discuss early initiation of breastfeeding and exclusive breastfeeding and provide support for good positioning and attachment
- **Health forums** where frontline workers include IYCF issues in small group discussions with pregnant women, mothers, and family members
- **Social mobilization sessions** that raise awareness of IYCF and seek the commitment of influential members in the community to take action in support of improved feeding practices

To ensure effective implementation of the four core interventions, A&T has adopted a performance improvement approach that facilitates a multi-step process to ensure high impact actions on a large scale. This approach consists of the following **core implementation components** and is being adapted for BRAC and other IYCF partnership programs of A&T:

- Human resource recruitment and assignment to ensure acceptable coverage of the target population and adequate supervision and support
- Basic hands-on training of frontline workers and monthly refresher meetings to introduce or reinforce specific topics, solve problems, and plan meetings
- Supervision and coaching
- Performance evaluation to determine compliance and competence in delivering the core interventions, with performance linked to incentives
- Measurement, learning, and evaluation to determine the effectiveness and impact of the intervention strategies and to use the findings to revise programming

Project Sites and Scale Up

A&T began a preparatory phase in late 2009 in three sub-districts and one slum to test and refine the model. Scale up began in 20 additional districts in mid-2010 and another 28 sub-districts in 2011. A total of 50 sub-districts are involved in A&T activities through BRAC's Essential Health Care Program. A map and a list of the 50 A&T sub-districts are found in annexes 1 and 2, respectively.

Measurement, Learning, and Evaluation

A baseline survey was conducted in mid-2010 in households in 10 future A&T sites and 10 comparable sites that would not be exposed to the A&T community interventions. The endline survey will be conducted in mid-2014 to measure the impact of the IYCF Community Model on infant and young child feeding, stunting, and anemia. An evaluation will also capture the impact of A&T on different stages of the policy process. Monitoring activities over the course of program implementation have documented the scale and quality of implementation of the core interventions with learnings fed back to program staff to improve performance.

CHAPTER 1
DELIVERY OF CORE INTERVENTIONS

This chapter identifies the interventions that are at the heart of the IYCF Community Model, briefly discusses the role of the service providers who deliver the interventions, and describes the elements of each intervention.

The IYCF Community Model aims to:

- ***Share timely and accurate information*** about IYCF so pregnant women, mothers, and caregivers can make informed decisions about feeding infants and young children
- ***Address concerns and perceptions*** through individual counseling and practical help so mothers can develop good feeding skills and prevent and solve feeding problems
- ***Build an enabling environment*** in the household and community so mothers and caregivers receive support and encouragement to adopt and sustain good feeding practices

The IYCF Community Model consists of **four core interventions**:

1. **Home visits** where frontline volunteers, community health workers, and IYCF promoters provide mothers of children 0-24 months of age IYCF counseling, coaching, demonstrations, problem-solving, and referrals
2. **Antenatal care sessions and postnatal care visits** where frontline workers discuss early initiation of breastfeeding and exclusive breastfeeding and provide support for good positioning and attachment
3. **Health forums** where frontline workers include IYCF messages and issues in small group discussions with pregnant women, mothers, and family members
4. **Social mobilization sessions** that raise awareness of IYCF and seek commitments to action by influential members of the community

Service Providers

Before describing the interventions, it is necessary to understand the role of the service providers who deliver the interventions. The core interventions are delivered primarily by frontline workers, with the exception of the social mobilization sessions.

Shasthya Shebikas (SS) are community health volunteers in BRAC's Health Program. They provide education on a broad range of health topics, treat basic ailments, and refer when necessary. The volunteers offer their services six days a week. They spend five days conducting home visits and one day attending monthly meetings/refresher training or replenishing supplies from their health product kit. The SS retain any profit from the sale of products in their kit. The kit can include contraceptive pills, a delivery kit, antacids, pain relievers, vitamins and iron-folic tablets, antihistamines, deworming and scabies medicine, soap, sanitary pads, and iodized salt. Micronutrient powders were added to the packets in 2011. Some SS are also birth attendants, and some are involved in income-generating activities such as sewing, embroidering, tailoring, raising poultry, and selling eggs.

Shasthya Kormis (SK) are community health workers employed by BRAC's Health Program. They provide targeted interventions for pregnant women through ANC sessions and PNC visits. They also

make home visits and organize health forums that can cover a range of topics. One community health worker supervises 10-14 community health volunteers.

IYCF Promoters (Pushti Kormis—PK) are new frontline workers hired by BRAC who are devoted to the delivery of IYCF services through Alive & Thrive. Their job is to support the SS and SK and ensure that the SS achieve coverage and deliver quality services. The IYCF promoters provide age-specific home visits, especially during the first year of life, and are on call to handle feeding problems that cannot be solved by the other frontline workers and to provide follow-up services. When direct support from Alive & Thrive ends, the PK will be trained to become SK.

Program Organizers are employees of BRAC's Health Program and supervise the SS, SK, and IYCF promoters. In A&T program areas, they are responsible for organizing and conducting social mobilization sessions.

Table 1 summarizes the IYCF roles and responsibilities of the four types of service providers involved in delivering the IYCF interventions in the community.

Table 1. Roles and Responsibilities of IYCF Community Team

Shasthya Shebika (SS)	Shasthya Kormi (SK)	IYCF Promoter	A&T Program Organizer
1. Visit each pregnant woman and child below 12 months of age in her area at least once a month to ensure the following through counseling and demonstration: • initiation of breastfeeding within 1st hour of birth • Exclusive breast feeding for 1st 6 months • Appropriate amount and consistency of comple-mentary foods and use of animal protein and oil according to age for children 7-12 months • Washing hands of mother and child with soap before preparing meal and feeding child 2. Identify and solve IYCF-related difficult cases, request further manage-ment by IYCF promoter if needed, and continue follow-up. 3. Bring micronutrient powders to households	1. Identify and register pregnant women 2. Counsel pregnant women during ANC to initiate BF within 1st hour of birth and exclusively breastfeed for 1st 6 months 3. Support mothers during 1st PNC for proper attachment and positioning 4. Discuss recommended IYCF practices with mothers of children 0-24 months old attending health forums	1. Problem solve cases referred by SS, SK 2. Catalyze discussions on IYCF with family and community members 3. Counsel and demonstrate to mothers/family members age-specific feeding practices during household visits for children 0-12 months old 4. Mentor SS 5. Link with the program organizer	1. Supervise SS, SK, and IYCF promoter and monitor activities 2. Conduct forums, follow up visits, and community meetings 3. Link with other BRAC program organizers and managers 4. Coordinate with local government bodies and health staff 5. Use monitoring data to solve performance issues 6. Prepare reports

Area of Service

In Bangladesh the union is the administrative unit for a cluster of villages with a total population of around 20,000-25,000 people, although this can vary considerably. Under A&T, a union generally is served by 25 community health volunteers (SS), two community health workers (SK), and two IYCF promoters. The program organizer covers 2-3 unions.

The community health volunteer is assigned to 250-300 households in her neighborhood. Based on the A&T child survey in the community, approximately 10 to 12 percent of all households have children under 24 months of age. This means that approximately 35-40 children under 2 are in the service area covered by the SS. The primary focus of the community health worker is households with pregnant and postpartum women, but her broader responsibilities include outreach to other households in the community. The IYCF promoter concentrates primarily on those households with children 0-24 months of age in half a union. All three cadre of workers receive the same basic training in breastfeeding and complementary feeding and are held accountable for coverage and behavior change results.

The aim of A&T is to ensure that IYCF counseling and support reaches:

- Households with children under 2 through routine monthly SS visits
- Pregnant women during antenatal care and health forums conducted by the SK
- Households with children under 2 and women experiencing feeding problems through visits by the IYCF promoters

Coverage is mainly achieved through the home visits of the SS and IYCF promoters. Table 2 shows the areas of responsibility for each service provider.

Table 2. Area of Outreach of A&T Community Team

A&T Community Team Member	Area of responsibility	# of households to visit	Target population for IYCF	Timing and recommended # of IYCF contacts
Community health volunteer (SS)	Neighborhood	All households (250-300)	35-40 children under 2 years of age	24 contacts (once a month in first 2 years)
Community health worker (SK)	Half a union	All households (2,500 – 3,000)	Approximately 120 pregnant women	3 contacts in third trimester of pregnancy
IYCF promoter (PK)	Half a union	Households with children 0-24 months of age (2500-3000 households or 300 children <2 years); 8-10 visits per day	100%	12 contacts: monthly during the first 8 months and one visit during months 9/10, 11/12, 15-18, and 23/24 months

Core Interventions

Home visits, antenatal care sessions and postnatal care visits, health forums, and IYCF social mobilization sessions provide the opportunity to focus on the project's four priority actions areas: timely initiation of breastfeeding, exclusive breastfeeding, quality complementary foods and appropriate feeding practices, and handwashing linked with complementary feeding.

1 Home Visits

Home visits are opportunities to:

- Provide timely and targeted counseling on recommended IYCF practices
- Personalize the message for the particular situation
- Ask about barriers to recommended practices and ways of overcoming them
- Identify two to three key practices and negotiate with the mother to try them for a few days, assess the benefits or barriers, and then decide whether to continue or make modifications
- Respond to questions
- Teach and demonstrate skills such as positioning and attachment of the baby to the breast and combinations of household foods to improve the quality of complementary foods
- Solve feeding problems or refer for assistance
- Offer ongoing encouragement and support

Alive & Thrive developed a "job aid" (annex 3) that frontline workers can carry to remind them of what they should focus on during their contacts with pregnant women and during home visits. The messages and actions for mothers of children 0-24 months old are based on the child's age and include messages for feeding a sick child, improving the appetite of children 6-24 months old, feeding small newborns, and dealing with engorged breasts and cracked and sore nipples. The job aid suggests that the frontline worker ask how the baby is fed and if the mother has any concerns about feeding, discuss two to three issues with the mother, and ask what actions could be taken to resolve the problem.

Home visits by community health volunteers (SS). The community health volunteer is the most immediate and most frequent contact point with mothers of infants and young children. The SS visits around 15 households in her neighborhood per day, five days a week. In a survey by A&T, community health volunteers said that they spend about 1 to 3 hours per day on their SS tasks. SS responsibilities under BRAC's Essential Health Care (EHC) Program include identifying pregnant women, newborns, suspected tuberculosis cases, pneumonia patients, and women needing eye glasses. The SS refers individuals for care or treatment, when needed, and provides treatment for 10 common diseases. During home visits, she discusses family planning, sanitation, clean water, handwashing with soap, and immunization for pregnant women and children.

IYCF counseling is an additional responsibility for the SS working in A&T sub-districts. The new responsibilities include counseling and coaching on early and exclusive breastfeeding and appropriate complementary feeding. Priority is given to mothers of children under 12 months of age because this is the period of greatest vulnerability. The volunteer also demonstrates how to make foods in the household suitable for children, for example by mashing them and removing a portion of the family food for the child before adding spice. She shows the amount of food a child needs at various ages and the appropriate consistency of the food when infants begin to eat semi-solid foods. She also discusses the importance of animal-source foods and handwashing. The SS can use the opportunity of promoting two products that she sells to discuss key IYCF messages. Sachets of micronutrient powders can be sprinkled over a child's food to enhance the quality of the food. Bars of soap are linked to the message on handwashing for the prevention of food contamination and diarrhea.

Several SS who were interviewed said that home visits now require more time with the additional IYCF duties. As one put it, “Previously we just looked for patients during our household visit. Now we discuss details about the baby, and this takes time.”

The new duties of the SS include keeping information of pregnant women and children 0-24 months old. The list is prepared and updated by the IYCF promoter. BRAC found that in some areas a significant number of SS had dropped out or were inactive. Rather than train new volunteers in all areas covered by the Essential Health Care Program, BRAC trained them in IYCF. These volunteers are called Pushti Shebika (PS). At some point they will receive 15 additional days of training and become SS.

The SS and PS provide the following IYCF counseling services at targeted times:

SS visits to homes of pregnant women

- Advise pregnant woman to initiate breastfeeding within one hour of birth and ensure that the child is exclusively breastfed for the first 6 months
- Discuss the danger of giving water, honey, sugar, sugar mixed with water, animal milk, or canned milk to newborns

SS visits to homes of women with children 0-6 months old

- Inform IYCF promoter immediately of birth
- Motivate and advise mother and family members to give baby only breastmilk during the first 180 days and reinforce the message during subsequent monthly visits
- Check for positioning and attachment and baby’s sucking; help mother learn proper positioning and attachment to prevent problems and stimulate milk production
- Teach how to express breastmilk
- Identify feeding problems and solve, if possible, or inform IYCF promoter or refer to appropriate health facility/health care provider
- Discuss the importance of adding family foods after the child completes six months (180 days)

SS visits to homes with children 7-24 months old

- Discuss the amount of food needed by children at different ages and the importance of continued breastfeeding
- Counsel and motivate the mother and family to add oil to the food and give children animal protein (fish/meat/egg), dairy food, fried or oily food, colored vegetables, and fruits
- Counsel and motivate the mother and family to let children learn to feed themselves when they are around 9 months of age
- Discuss feeding of the sick child, including frequency and types of food accepted by sick children
- Encourage washing with soap before preparing food and feeding the child and washing the baby’s hands
- Solve feeding problems and notify IYCF promoter or ask for her assistance

Home visits by community health workers (SK). The SK have a much larger area to cover than the volunteer Shasthya Shebikyas who work only in their own neighborhood (250-300 households). Consequently, the SK are expected to visit each household in their catchment area only twice a year. The SS can direct the SK to households of pregnant women when they visit the community. The SK spends most of her time conducting antenatal care sessions, postnatal care visits, and health forums.
When the SK visits households, the primary purpose is to identify pregnant women and encourage them to seek ANC in a government facility where services are provided free, or through a private provider, or during ANC sessions that she provides in the community. Prior to Alive & Thrive, IYCF promotion and support was not an explicit part of the job responsibilities of the SK. Now she is expected to take advantage of times when she is in contact with pregnant women and mothers to promote and support good IYCF practices, including during home visits.

SK visits to homes of pregnant women*.* During these visits, the SK can promote initiation of breastfeeding within the first hour, feeding of colostrum and no prelacteals, and exclusive breastfeeding

for 6 months. Some community health workers are traditional birth attendants (TBAs) and can support early initiation at the time of delivery.

SK visits to homes of postpartum mothers. Under the Essential Health Care Program, the SK is expected to visit a mother within 72 hours of the birth. Under Alive & Thrive, she is responsible during the first PNC visit to provide support and encouragement for exclusive breastfeeding and to ensure that there are no problems with positioning and attachment. If there are feeding problems the SK cannot resolve, she is advised to contact an IYCF promoter.

Home visits by IYCF promoters. Unlike the SS and SK, the work of the IYCF promoter is totally focused on infant and young child feeding and her visits are confined to households of families with children 0-24 months of age, particularly those with children 0-12 months old. She carries a laminated card that identifies her as an IYCF promoter and a bag with the BRAC logo. When an IYCF promoter enters a community, she first goes to the home of the SS and accompanies her on visits to households with children in the target age groups or to households identified with feeding problems and/or growth faltering. She aims to accompany one SS each day during the SS household visits. The times for household visits and the focus of the visits are as follows:

- *Within the first month of birth*: encourage exclusive breastfeeding and demonstrate good positioning and attachment to the breast
- *When immediate assistance is needed*: When notified of a feeding problem by the SS, SK, or TBA, go immediately to the household to resolve the problem and later to conduct a follow-up visit. A&T provides IYCF promoters Tk 100/month for mobile phone charges. All households have been given a sticker with the telephone number of the IYCF promoter to call if they have problems.
- *At 1 and 2 months*: inquire if the mother is experiencing any feeding problems, discuss optimal breastfeeding practices that will ensure adequate breastmilk production such as frequent breastfeeds, and help build up the mother's confidence of her ability to provide enough breastmilk for her child
- *At 3 and 4 months*: reassure the mother that she can provide enough breastmilk through exclusive breastfeeding; this is a time when many mothers start having doubts and abandon exclusive breastfeeding
- *At 5 months*: begin discussing the timing for introducing complementary foods, the types of foods that are appropriate as "first foods," and the importance of continued breastfeeding
- *At 6 months, 7 months, 8 months, 9-10 months, 11-12 months, 15-18 months, and 23-24 months:* advise on age-appropriate complementary feeding, tailoring the message to the age and condition of the child, the concerns of the mother, and household resources; help SS identify strategies for tackling concerns about a child's "poor appetite" to ensure adequate quantity and quality, including consumption of animal foods

During the home visits, the IYCF promoters also engage other family members in discussion to get their support for the recommended IYCF practices. Box 1 lists some of the actions related to complementary feeding that can take place during a home visit.

Box 1. Actions during Visits in Homes with Children 6-24 Months Old

- Address large knowledge gaps on 'how much' and 'how to feed' children of various ages (7-8 months, 9-11 months, and 12-24 months)
- Address perceptions and concerns of mothers and other family members regarding poor appetite; demonstrate to mothers and caregivers how to motivate children 6-24 months old to eat enough food
- Teach mothers how to modify foods from the family pot so the consistency and nutrient density is suitable for the child and how to include available animal food such as fish, meat, eggs, and liver in the child's diet
- Advise against filling up a child's stomach with chips and sweet beverages; encourage families to purchase nutritious foods for children rather than spend their money for foods of low nutrient and energy density
- Educate on the importance of letting children self-feed under adult supervision after about 9 months
- Make washing hands with soap and water before preparing foods and feeding children a priority and emphasize the importance of washing the child's hands

2 Antenatal Care Sessions and Postnatal Care Visits

The SK invites women to attend antenatal sessions. These sessions are usually held in a room of a home. As part of their Essential Health Care tasks, the SK takes blood pressure, records weight, measures the fundal height to assess fetal growth and development, and discusses plans for delivery. During consultations with pregnant women, the SK can discuss with them how they plan to feed their newborn and the importance of colostrum feeding, early initiation of breastfeeding, and exclusive breastfeeding. The community ANC sessions are held approximately once a month. The SK also visits postpartum women and discusses breastfeeding. This is a time she can demonstrate good positioning, motivate the mother to practice exclusive breastfeeding, find out if she is having any feeding difficulties, and solve problems or contact the IYCF promoter.

3 Health Forums

The SK invites pregnant women, mothers, and other family members to attend monthly health forums on a variety of topics. She is expected to conduct four to five forums per week, each lasting about 30 minutes. The forums are held in a courtyard or the verandah of a home. During the forums, the SK motivates pregnant members and other targeted groups for their immunizations, discusses family planning, promotes building latrines and their proper use, tests for tuberculosis and observes TB therapy, and encourages handwashing and the use of clean water. Breastfeeding and complementary feeding are also topics of discussion. Monitoring data indicate that approximately 10 percent of those attending a forum have children under 6 months old and 20 percent have children 7-24 months old.

The forums provide another opportunity to motivate pregnant women to initiate breastfeeding within the first hour, avoid prelacteals, and practice exclusive breastfeeding. Complementary feeding practices can also be a topic of the forums and include a demonstration of the quantity and types of foods appropriate for various age groups. During small group discussions, mothers and grandmothers can share how they overcame feeding problems. The IYCF promoter tries to be present when the SK conducts health forums on breastfeeding and complementary feeding.

4 Social Mobilization Sessions

Prior to introducing A&T activities in a community, BRAC holds a $4^1/_2$ hour orientation in each union and sub-district to provide an overview of the nutrition situation and the importance of providing optimal nutrition for children during the vulnerable first two years and to acquaint stakeholders with the objectives and activities of Alive & Thrive. Participants at this orientation include government and nongovernment officers, political and religious leaders, health officials, alternative health care providers, teachers, adolescents, and other respected members of the community. The BHP sub-district manager usually facilitates the orientation. In his absence, the session may be facilitated by the program organizer.

BRAC introduced IYCF social mobilization sessions as part of the IYCF Community Model. The purpose of these sessions is to:

- Raise awareness of the need for and the impact of good IYCF practices
- Gain acceptance of the recommended feeding practices promoted by A&T
- Discuss ways in which community members and husbands can support mothers and caregivers in adopting good IYCF practices
- Seek the commitment of those attending to take action in support of improved IYCF practices

The goal is to create an environment in the household and community that supports mothers to adopt and maintain good feeding and care practices.

Preparation for the Social Mobilization Session

BRAC created a position for a social mobilization program organizer for each A&T sub-district. Each social mobilization takes three to four days to plan, implement, and follow up. On average a social mobilization program organizer can conduct six sessions per month. The program organizers and the BHP sub-district manager prepare a monthly action plan for the social mobilization sessions to ensure that target populations are reached and that coverage is achieved. Separate sessions (minimum of one session for all the participants) are held for religious leaders, fathers and male elders, government health and family planning officers, school teachers, informal health care providers (village doctors), local government officials and influential community members, adolescents, and maternal, neonatal, and child health committee members. In 2013 Alive & Thrive concentrated its social mobilization sessions on fathers of children who would soon be introduced to complementary foods and to village doctors. Approximately 20 people attend a social mobilization session. The program organizer selects the venue and attendees and issues a letter of invitation, signed by the sub-district manager of BRAC's Health Program. The session may be held at a health center, school, family welfare center, or other community facility. If an honorary person is invited, the program organizer confirms his or her participation prior to the meeting.

Structure of the Basic Social Mobilization Session

The program organizer or the BHP sub-district manager facilitates the 4½ hour social mobilization session. Except for the session with traditional birth attendants, the sessions follow a similar format:

- Signing of registration/attendance form
- Presentation and discussion of key IYCF messages
- Discussion of why these messages are ones that those attending should promote
- Discussion of what participants can do in their home and community in support of improved IYCF
- Completion of a commitment form by participants on actions they will take to improve IYCF
- Expression of thanks by BRAC representative
- Lunch and closing

Hearing the same messages from respected community members and facility-based health providers reinforces counseling messages of frontline volunteers, community health workers, and IYCF promoters. Making these practices the social norm will make it easier for mothers and caregivers to adopt and sustain healthy IYCF practices. Box 2 lists the key messages covered during the social mobilization session.

Box 2. Key Messages Delivered during Social Mobilization Sessions

- Breastmilk is the ideal food for healthy growth and development. Poor feeding practices are causing death and illness in our communities.
- Breastfeeding should be initiated immediately and no later than 60 minutes after birth. The baby needs no other liquids such as honey, sugar water, mustard oil, etc. after birth or any time during the first 6 months.
- Exclusive breastfeeding means breastmilk only, not even a drop of water. Exclusive breastfeeding should be practiced for the first 6 months.
- After 6 months, babies need other foods in addition to breastmilk. Mashed family foods are appropriate for the baby.
- Hands should be washed thoroughly before preparing food and feeding the child. The child's hands should also be washed. Otherwise, the food could make the child sick.
- Children need animal foods and added oil for energy, good development, and brain growth.
- Parents need to pay attention to children under 2 years of age when they are eating to make sure they get adequate and appropriate food. This is the time of rapid development of the brain and body. Poor feeding practices during this time can result in permanent damage.

In the course of the discussion, participants propose various actions they can take to promote IYCF, and the facilitator suggests actions as well. Table 3 gives examples of actions any community member can take and ones specific to the particular audience. On a commitment sheet, the participants list the topics they will discuss and the approximate number of people they will contact (see annex 4 for the commitment sheet form). As part of social mobilization sessions in hard to reach areas, BRAC shows the TV spots and video on complementary feeding developed by Alive & Thrive.

Table 3. Social Mobilization Actions in Support of Improved IYCF

Actor	Actions
Everyone	Discuss the following with household decision makers, especially in homes with pregnant women and children under 2, and also with relatives, neighbors, and others who influence feeding decisions: • Refuse to allow anything to interfere with early initiation of breastfeeding and exclusive breastfeeding (not even a drop of water) for 6 months • Build a mother's confidence in her ability to exclusively breastfeed and never doubt that she can provide sufficient breastmilk • Help mothers of children under 2 years old with their household chores so they have enough time to feed their children • Buy nutritious foods for children 7-24 months old such as animal foods instead of chips, candy, juice, etc. • Challenge myths and misperceptions, stop rumors, and remove materials that discourage exclusive breastfeeding such as posters promoting breastmilk substitutes
Religious leaders	• Give IYCF messages during Friday prayer and other religious gatherings or meetings in the community • Refer to references in the Holy Quran on breastfeeding for at least 2 years • Support frontline workers in their efforts to promote recommended IYCF practices
Alternative health care providers	• Put baby to the breast immediately after birth • Advise husbands of pregnant women on optimal breastfeeding practices • Never prescribe or suggest any product other than breastmilk for the first 6 months • Counsel pregnant women on good feeding practices
Health, family welfare, and NGO staff	• Disseminate messages in monthly coordination meetings of health workers • Convey messages when invited to speak during health-related activities and social mobilization events
Adolescents	• Develop dramas, compose poems, and organize debates on IYCF during cultural activities for youth
Secondary school teachers	• Share messages with other teachers during regular teacher meetings • Share messages with others in the community
Local govt. officials/ elites	• Present IYCF messages duding monthly union coordination meetings, village-level meetings, and social mobilization events
TBAs	• Follow recommended practices during delivery • Help mothers establish good breastfeeding skills

Video shows in areas with limited access to mass media

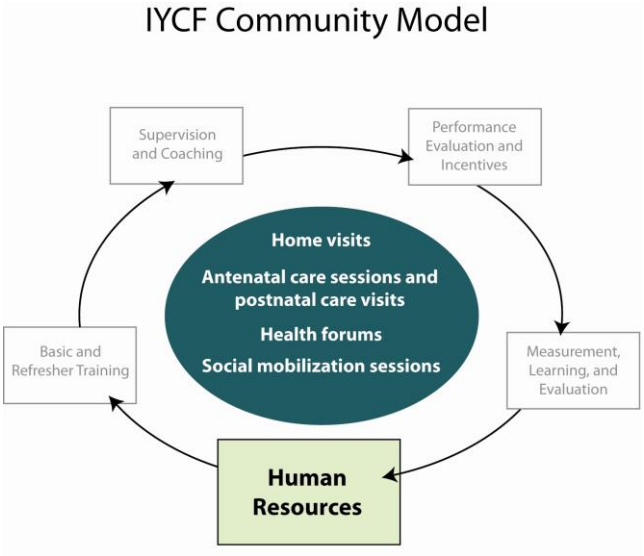
Video shows are another channel for mobilizing community members in 16 of BRAC's A&T program sub-districts. Villages are selected with a population of 500 or more people. Alive & Thrive contracted a commercial firm with marketing experience in rural areas to organize the events and trained the staff so they knew the priority recommended feeding practices. The firm transports a TV set, a DVD player, and a generator to the "media dark" areas. The events include screening of TV spots and animated films with the popular Meena character, discussions, quizzes, and prizes such as a bowl for child feeding. After showing a TV spot promoting one of the key messages, the audience is invited to discuss it, and then the TV spot is shown again.

Village theater
BRAC's Community Empowerment Program (CEP) organizes village theater mainly in hard-to-reach areas with limited or no electricity. Community writers develop a play around IYCF issues and problems. Local performers and local dialect are used during performances to maximize the effect of the messages. The dramas are usually staged in the evening at an easily accessible location to draw large audiences of women and children. BRAC's program officer for CEP identifies a courtyard or open field for the theater and informs the community of the place and time of the performance and hangs a banner in a prominent place announcing the event. Typically 250-400 people attend a show. The following day a community meeting takes place in the same location for a discussion of the issues. Those gathered are asked if a similar problem exists in their community and if there are ways to address the problem.

Advocacy Seminars for Medical Doctors
A&T is also mobilizing medical doctors. One of the barriers to improved practices is having doctors recommend breastmilk substitutes to clients at clinics and hospitals. The BRAC District Manager through the Civil Surgeon Office invites doctors from two or more districts to attend a three-hour seminar. The seminars include presentations, a video featuring well-known doctors and civic leaders who encourage increased attention and support for IYCF best practices within medical communities, and distribution of job aids.

CHAPTER 2
HUMAN RESOURCES

Implementing the four core interventions requires human resources that are skilled, committed, available, and respected. This section of the manual discusses human resource requirements, selection, and orientation.



Alive &Thrive began by building upon BRAC's extensive experience in delivering community-based services, its long-established relationships in the community, a large network of frontline workers and managers associated with its Essential Health Care (EHC) Program, and sub-district offices where A&T could share space and easily collaborate with other BRAC programs. EHC is an integrated community-based approach to ensure equitable access to health and nutrition education, water/sanitation/hygiene promotion, family planning, antenatal care, immunization, tuberculosis control, and basic curative care for 10 common diseases. Although the community health volunteers and community health workers involved with EHC were in place, staff needed to be recruited to initiate, guide, supervise, and manage a program in 50 sub-districts that would engage more than approximately 7,000 community volunteers (*Shasthya Shebikas*), 600 community health workers (*Shasthya Kormis*), and 1,000 IYCF promoters.

Recruitment of IYCF Promoters

IYCF counseling and support are additional duties for existing frontline volunteers and community health workers. BRAC decided to create a new cadre of community workers devoted to IYCF for a few years until quality IYCF services were thoroughly integrated into the services of the SS and SK. BRAC hired more than 1,000 IYCF promoters for the 50 sub-districts. To recruit women for the position of IYCF promoter, the BHP sub-district manager and all program organizers visit communities to identify potential candidates, collect applications, and screen candidates based on selection criteria. The BHP sub-district manager prepares a map that shows where the applicants reside and then determines the number of IYCF promoters that need to be recruited for that area.

Those applicants that meet the criteria and show a valid school certificate are invited to take a written test. This test assesses their knowledge on basic questions as well as their writing skills. For example, applicants are asked to write a few sentences on breastfeeding and health problems in their community, list the major vaccines provided to children, name available fruits in their area that are good for young children, and perform simple calculations such as the age of the child based on the date of birth. During the oral exam, the applicants are shown a flipchart and asked to say what they see. They are also asked whether they are willing to work in the community. The oral exam is an opportunity to observe communication skills and the physical fitness of the applicants. Those that receive a score of at least 50 percent or more on the written test and 50 percent or more on the oral exam remain in the applicant pool. Three to five members of the A&T team then select the IYCF promoters from among this group, appoint them to work in communities near their home, and assign them to work with specific frontline workers.

At present, the plan is to phase out most IYCF promoters by the end of 2013 with the assumption that IYCF counseling will be a routine activity performed by skilled SS and SK. Some of the IYCF promoters might become IYCF trainers in other BRAC health programs.

Recruitment of Technical, Management, and Program Staff
BRAC identified people for A&T coordination, management, and supervisory positions from within the organization, following its organizational procedures for hiring and based on the qualifications required for the job. The BRAC Health Program sub-district manager and the BHP program organizers maintained their positions with the Essential Health Care Program and were assigned additional tasks under Alive & Thrive. The A&T program organizers and the A&T monitors were newly created positions.

Figure 4 shows the human resources involved in the A&T community component. Tables 4-6 lay out the selection criteria, primary job responsibilities, and conditions of services for the different cadre of workers involved in field activities. The core team at BRAC's central office in Dhaka provides support for the field operations. The duties of the headquarter team are summarized below. All but the first two work full-time on A&T.

- *Director of Health Programs*: overall responsibility for the BRAC Health Program including Alive & Thrive, coordination with other BRAC programs, and member of the global A&T Partner Committee
- *Associate Director*: guidance in field operations, oversight for the entire operation, and coordination with other BRAC programs
- *Deputy Director* (community component):overall management and supervision; coordination with other partners and stakeholders
- *Focal Person Technical* (community component):overall technical support
- *Focal Person Field Operation* (community component): coordination and assistance in field implementation
- *Management Information Services (MIS) and Monitoring Specialist*: training of field monitors and support for field level data collection, data analysis, and MIS activities
- *Program Manager (MIS and Monitoring):* overseeing the checking and compilation of sub-district MIS data at the head office, supervision of monitoring activities, and preparation of MIS reports
- *Communication Officer*: preparation of communication guidelines, tools, and materials according to the national guidelines; development of materials; event planning

Orientation for Program Staff
Once the program staff is recruited, the BHP sub-district managers, program organizers, monitoring officers, and IYCF promoters attend a 1-day orientation to BRAC, Alive & Thrive, and the IYCF Community Model. The BRAC health program manager and senior health coordinator organize and facilitate the orientation. They discuss the roles and responsibilities of the A&T team as outlined in the field guidance manual. Following this orientation, the IYCF promoter spends the first month accompanying different SK as they perform their daily routine duties. In this way the IYCF promoter becomes acquainted with BRAC, the community, and the A&T team members.

Identification of Target Population in Work Area
Before introducing the core intervention, the IYCF promoter makes a list of the households in the SS service area that have a pregnant woman and/or children under 2 years of age. She includes the number of members in the household, the name of the pregnant woman, the name of the child along with the child's date of birth, and the current age (0-6 months, 7-12 months, and 13-24 months). This information may be available from ANC, immunization, or other lists. The household list clearly sets out the target population for the IYCF counseling responsibilities of the SS.

Alignment of Human Resources to Ensure Reasonable Workload and Adequate Coverage
A&T aims for not more than 20 mothers of children under 12 months old per SS and one IYCF promoter for 10-12 community health volunteers (SS). The household list will indicate if the area now covered by the SS is within this range. The IYCF promoter's travel and reporting time need to be considered in determining how many households she can visit and in prioritizing her household visits. The household list may indicate that the ratio of frontline worker to target households is inadequate to provide timely IYCF counseling services. In this case the IYCF promoter may need to spend more time in that area or reassign some households to a different volunteer. Availability of transportation, road conditions, scattered households, and population density may also demand that the ratio of SS to IYCF promoter be altered.

Three months after the SS and IYCF promoter have worked together, the program organizer uses a checklist to assess the performance of the SS. If the SS performs well, she may not require as much assistance from the IYCF promoter. This allows for task shifting, with the IYCF promoter spending more time building the IYCF counseling skills of SS who need additional support as well as visiting households where there are feeding problems.

Figure 4. Alive & Thrive Team Structure

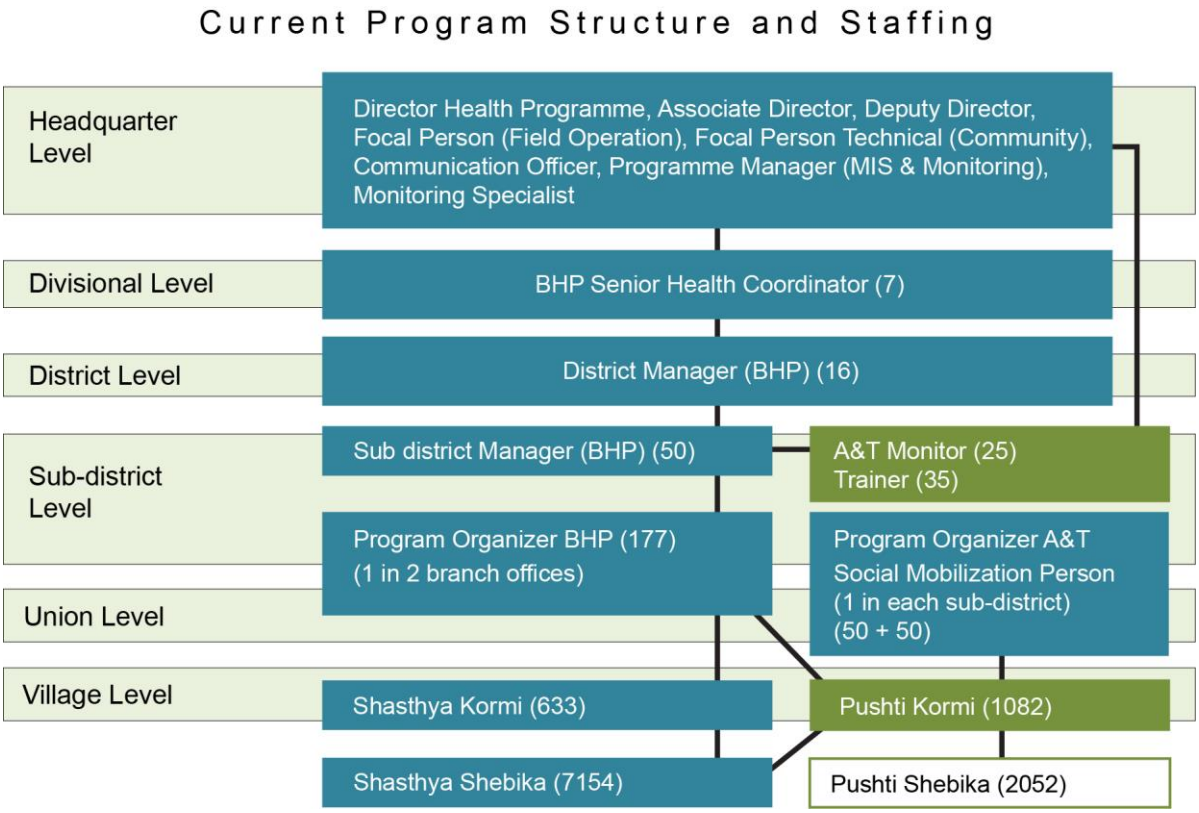


Table 4. Selection Criteria and Job Functions of A&T Field Management Team

	Senior Health Coordinator	BRAC District Manager	BHP Sub-district Manager	BHP Program Organizer
Number	7	16	50	177
Location	BRAC divisional office	BRAC regional office	BRAC area office	BRAC regional office
Working area	1 ivision	1 district	1 sub-district	Branch of sub-district
Main Responsibilities	Serves as primary link between HQ and field, responsible for field management and supervision, including quality and timeliness of interventions, serves as technical/program resource to field managers, oversees social mobilization, guides IYCF promoters in development of monthly plans and reports	Provides overall oversight for A&T district-level activities	Provides overall supervision of A&T sub-district activities, coordinates link between Essential Health Care Program and A&T activities, provides support in organizing and conducting social mobilization sessions, supports work of program organizers, analyzes monthly reports and uses to solve performance issues during monthly meetings	Conducts follow-up visits in homes requiring extra support and social mobilization sessions; uses monitoring data to solve performance issues; prepares monthly performance reports, conducts refresher training
Supervisor	Senior Management	Senior Health Coordinator	District Manager	BHP Sub-district Manager

Table 5. Selection Criteria and Job Functions of A&T Monitors and Program Organizers

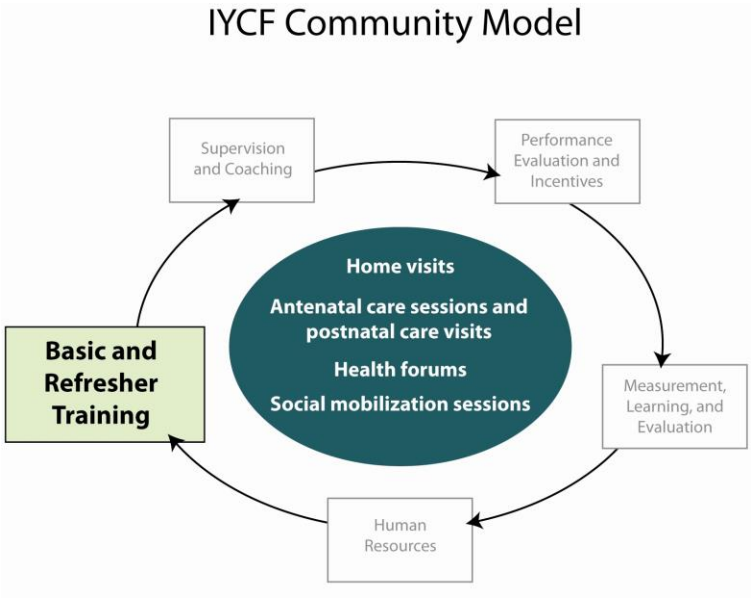
	A&T Monitor	A&T Program Organizer	A&T Social Mobilization Program Organizer
Number	25	50	50
Gender	Female	Male or female	Male or female
Education	Bachelor's/Master's degree	Bachelor's/Master's degree	Bachelor's degree
Location	2 sub-districts; spends 12 days/month in each	BRAC branch office	BRAC branch office
Experience/Other Selection Criteria	Previous monitoring experience	Served as BRAC Health Program organizer	Newly recruited
Area covered	2 sub-districts	1sub-district	1 sub-district
Main Responsibilities	Monitors performance of frontline workers; performs monthly check on sampled households; attends ANC and PNC sessions and health forums to observe/ assess SK	Prepares monthly budget and activity plan, supervises and monitors IYCF activities in sub-district, maintains coordination within BRAC programs, liaises with local government bodies and government health staff, organizes and assists during refresher training, checks incentive bills, finalizes monthly reports of frontline workers	Plans and implements social mobilization activities and conducts follow-up activities
Transportation	Motorcycle provided by BRAC or local transport (depending on level)	Motorcycle provided by A&T to visit frontline workers and coordinate social mobilization activities	Motorcycle provided by BRAC or local transport (depending on level)
Supervisor	Head Office MIS and Monitoring Specialist	Sub-district Manager	Sub-district Manager

Table 6. Selection Criteria and Job Functions of A&T Frontline Workers

	IYCF Promoter	Shasthya Shebika (SS)	Shasthya Kormi (SK)
Number	1,000	7,100	600
Gender	Female	Female	Female
Marital status	Married, youngest child above 2 years	Married, youngest child above 2 years	Married, youngest child above 2 years
Age	20-38 years old (average 34)	22-55 years (average 33 for those working <5 years, 45 for those working >5 years)	20-35 (average 32)
Education	Minimum 10th grade, preferably 12th grade	Minimal ability to read and write , follow instructions, and count	Minimum 10th grade
Location	Permanent resident of union where job located	Neighborhood where she conducts home visits	Permanent resident of union where job located
Experience/Other Selection Criteria	*Active and interested in working at community level *Accepted by community *Communication skills *Good physical condition *Preference if experienced and willing to ride bicycle	Accepted and respected in community	*Active and interested in working at community level *Accepted by community *Communication skills *Good physical condition *Preference if experienced and willing to ride bicycle
Working area	Half a union	Neighborhood	Half a union
Work schedule	8:00 a.m. to 2:30 p.m. 6 days/week	Volunteer: 1-3 hours 6 days/week	8 a.m. to 1 p.m. 6 days/ week
Main Responsibilities	Mentors SS to ensure coverage and quality services, manages feeding problems, completes SS observation checklists, maintains registers, and prepares monthly report and incentive bill for SS	Visits each pregnant woman and child below 24 months of age in her area at least once a month to counsel on early initiation of BF and EBF for 6 months, appropriate complementary feeding, and handwashing; identifies feeding problems and helps resolve or refer to IYCF promoter for further management, includes micronutrient powders in her health product kit	Registers names of pregnant women, children <1 years, new births; counsels during antenatal/ postnatal care on good BF practices, supports mothers within 72 hours of delivery for good positioning and attachment, includes IYCF in health forums prepares activity reports and incentive bills
Monthly payment	TK 4,600/month ($60)	Volunteer	In addition to salary from BRAC Health Program, receives $5/month for spending 2 extra hours per day on IYCF activities
Transportation	TK 300/month ($3.80) transportation allowance		
Performance Incentive	TK100/month ($1.30) for mobile phone charges	Tk 200-500/month ($2.50-$6.70) from sale of health products and an average of 435 TK/month ($5.50) from IYCF performance-based incentive	
Supervisor	A&T and BHP Program Organizers	Shasthya Kormi and IYCF Promoter	Program Organizer

CHAPTER 3
BASIC AND REFRESHER TRAINING

Although BRAC's A&T staff and frontline workers have experience working in health programs, infant and young child feeding is a new topic for most of them. Capacity building of program staff and frontline workers is essential if the program is to achieve results. Interpersonal communication and practical skills combined with correct knowledge will help them recognize feeding problems, address myths and misconceptions, demonstrate good feeding practices, and earn the confidence of mothers.



A&T provides four types of training: training of master trainers, basic training for field staff and frontline workers, refresher training for the frontline workers, and an orientation and refresher for traditional birth attendants.

Training of Trainers
The 35 master trainers for A&T were selected from BRAC's Health Program Training Unit. They are experienced trainers who are qualified to train frontline workers. The curriculum to train the master trainers is the same one that they will use in training staff and frontline workers, but the topics are taught in more depth. The training lasts 6 days.

Basic IYCF Training
The community volunteers, community health workers, IYCF promoters, program organizers, and monitors attend 3 days of classroom training. The SS then receive 1 day of field practice supervised by a trainer who observes her counseling a mother of an infant less than 6 months old on breastfeeding and counseling a mother of an older infant on complementary feeding. The field practicum involves individual, supervised practice with mothers in selecting and negotiating 2-3 key practices as well as demonstrations of recommended practices such as preparing foods of the proper consistency for an older infant, practicing responsive feeding, positioning and attaching the baby to the breast, and expressing breastmilk. The SK and IYCF promoters receive 3 days of field practice. During the first day, the trainer observes them counseling. During the other 2 days of field practice, they are teamed with a trainer and observe and provide feedback to 2 SS trainees each day.

The ratio of trainer to trainees is 1 to 6. The training covers essential information to increase knowledge of IYCF, includes demonstrations of desirable practices, and provides opportunities to practice key skills. The intended outcome is a cadre of workers who leave the training motivated and equipped with the knowledge, skills, and confidence to motivate mothers and their family members to adopt good feeding practices.

The course content draws from the WHO/PAHO *Guiding Principles for Complementary Feeding of the Breastfed Child* (2003), WHO's *Infant and Young Child Feeding Counseling: An Integrated Course* (2006), and AED's *Essential Nutrition Actions* training module. These materials were adapted for use with frontline workers in Bangladesh. A&T also produced two training videos, a 16-minute video on breastfeeding that shows good positioning and attachment and breastmilk expression as well as an

18-minute video on complementary feeding. A description of the basic training appears in box **3** and the course schedule is shown in annex 5. Interpersonal counseling is a critical component of the IYCF Community Model and features prominently in the training. The guidelines for interpersonal counseling that are taught in the training are listed in annex 6.

Monthly Meeting and Refresher Training
One day a month the community health workers, community health volunteers, and IYCF promoters come together for a meeting. This time can be used to distribute commodities, pay incentives, review progress, and give feedback from the observation checklists on the frontline workers' performance and ability to reach their target population. The time can also be spent facilitating exchange of lessons learned, planning for the next month, and providing refresher training, as needed, on any health topic. The purpose of the refresher training is to introduce new topics, fill knowledge gaps, and/or solve problems identified during the monthly observation by supervisors.

In late 2011 A&T introduced special refreshers for the volunteers and the IYCF promoters focused only on IYCF-related issues. The program organizers and more skilled IYCF promoters in the sub-district conduct these sessions, which are held four times per year at the BRAC sub-district office, The special 6-hour refresher training can include demonstrations in counseling and coaching and in areas that remain challenging for some frontline workers. A&T covers transportation costs and provides a meal and snacks to encourage attendance at the monthly meeting and special refreshers. Distribution of the cash incentives at the monthly meeting also encourages attendance.

Orientation for Traditional Birth Attendants (TBAs)
The four-hour orientation session for TBAs from a particular union aims to give them the information and skills they need to help mothers practice early initiation of breastfeeding and exclusive breastfeeding for 6 months. Approximately 20 experienced TBAs who have delivered at least 25 babies in recent years are invited to attend a session. The orientation is organized by the BHP manager and the BHP and A&T program organizers. Topics covered include:

- Importance of early initiation of breastfeeding and avoidance of prelacteals
- Importance of exclusive breastfeeding
- Signs of good positioning and attachment
- Expression of breastmilk for feeding low birthweight babies
- Maintenance of exclusive breastfeeding (how to maintain or increase supply and assess if supply is adequate)
- Role of TBAs in building mothers' confidence in their ability to exclusively breastfeed for 6 months
- Myths and misconceptions e.g., small breasts cannot produce enough milk, food prohibitions for lactating women, and stopping breastfeeding because the baby or mother is sick

The session involves presentations by the facilitators, discussion, skills practice, and a video on positioning, attachment, and breastmilk expression. Participants use dolls to practice wiping, wrapping, and placing a baby to the breast as quickly as possible and positioning the baby to the breast. They use a dummy breast or orange to practice manual expression of breastmilk.

Refresher Sessions for TBAs
Traditional birth attendants who participated in an orientation are invited to attend refresher training 6 months after the orientation received)

Capacity Development of Government Health and Family Planning Staff
Although Alive & Thrive focuses primarily on community-based activities, a supporting activity involves strengthening the capacity of the government's facility-based health staff to provide quality IYCF services. These services include counseling on timely and exclusive breastfeeding during pregnancy, procedures during childbirth and postpartum that facilitate the establishment and maintenance of good feeding practices, and counseling and support for age-appropriate feeding. BRAC's trained program organizers conduct a one-day training in IYCF for the government health staff.

Box 3. Components of A&T Infant and Young Child Feeding Basic Training Module

Audience: Trainers, community health volunteers [Shasthya Shebika (SS)], community health workers [Shasthya Kormi (SK)], IYCF promoters, program organizers, managers, and monitors

Purpose: Increase knowledge on appropriate IYCF practices and strengthen skills in counseling, coaching, managing feeding problems, and demonstrating good feeding practices so that those trained will be more effective in delivering IYCF services during home visits, formal (ANC, PNC, EPI, etc.) and informal contacts, and health forums and in negotiating improved practices with mothers, caregivers, and family members.

Content:

Technical

- Initiation of breastfeeding within 1st hour
- Benefits of breastfeeding
- Positioning and attachment
- Expression of breastmilk
- Preventing and overcoming breastfeeding difficulties
- Basic counseling techniques
- Importance of timely and appropriate age-specific complementary feeding
- Amount, frequency, consistency, composition, and preparation of appropriate complementary foods
- Complementary feeding difficulties and their management
- Maternal nutrition

Skills

- Providing IYCF support at community and household level
- Identifying and managing feeding difficulties
- Negotiating improved practices to help mothers identify and resolve problems
- Counseling, coaching, and demonstration skills
- Helping mothers by showing positioning and attachment to support exclusive breastfeeding
- Demonstrating preparation of home-based complementary foods

Methodology: Lecture, video on breastfeeding and video on complementary feeding, discussion, hands-on training, role play, practical sessions, one-to-one counseling practice, experience sharing, large and small group discussion, and practice in the community counseling mothers.

Structure: Each classroom session includes an introduction, learning objectives, participatory methodologies, and activities. For the field work, one facilitator supervises 5-6 participants. Pre- and post-tests and feedback sessions on the training are conducted at the start and end of the sessions.

Materials and tools: Trainers' manual with session plans, two videos, flip charts, dolls, and prepared foods to demonstrate complementary feeding.

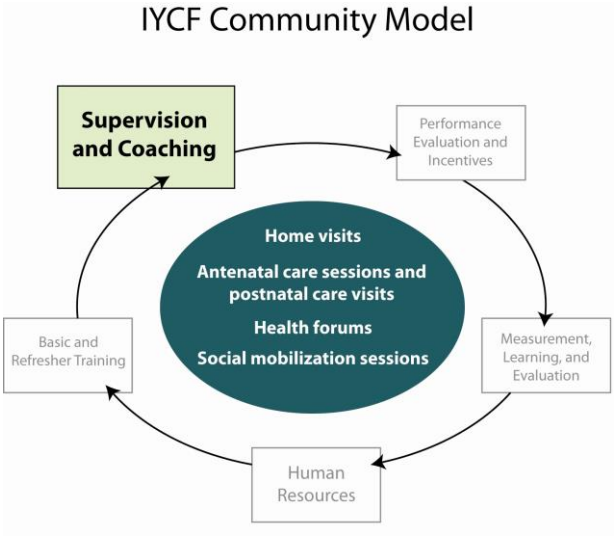
Time: 3 days in the classroom and 3 days in the community to practice counseling (1/2 day in the field practice for SS).

CHAPTER 4
SUPERVISION AND COACHING

Supervision enables all members of a program team to perform their jobs more effectively. The role of the supervisor is to facilitate on-the-job learning and improve performance. Supervision affects the ability to achieve coverage, deliver quality services, and sustain the core interventions.

The objectives of supervision are to:

- Guide, support, and motivate staff to perform their assigned tasks
- Provide a two-way exchange of information
- Improve worker performance by enhancing the skills and knowledge of both the supervisor and the person supervised
- Monitor program activities, making changes when necessary
- Facilitate linkages with health and other services



A&T's IYCF Community Model involves several levels of supervision.

- Senior Management (director, associate director, and program coordinator) supervise the A&T team based at the head office and 7 senior health coordinators.
- Senior health coordinators serve as the primary link between the head office and field management.
- District managers supervise sub-district managers (1 district manager supervises 1-7 BRAC Health Program sub-district managers).
- Sub-district managers supervise program organizers (1 BHP sub-district manager supervises 3-6 program organizers).
- Sub-district staff (program organizers) supervise frontline workers (1 program organizer supervises 6-8 IYCF promoters).
- Frontline workers (SK & IYCF promoter) supervise other frontline volunteers (1 SK supervises 10-12 SS; 1 IYCF promoter supervises the IYCF-related work of 10-12 SS).

Desirable characteristics of a supervisor are experience in community work, technical knowledge on recommended IYCF practices, and interpersonal skills. Supervisors participate in the basic IYCF training so they can give accurate and constructive feedback to the people they supervise. The basic training for managers and program organizers includes a session on supervision. Table 7 lists the supervisory activities and the individuals responsible for these activities.

Table 7. Roles and Responsibilities of Supervisors of the A&T Community Component

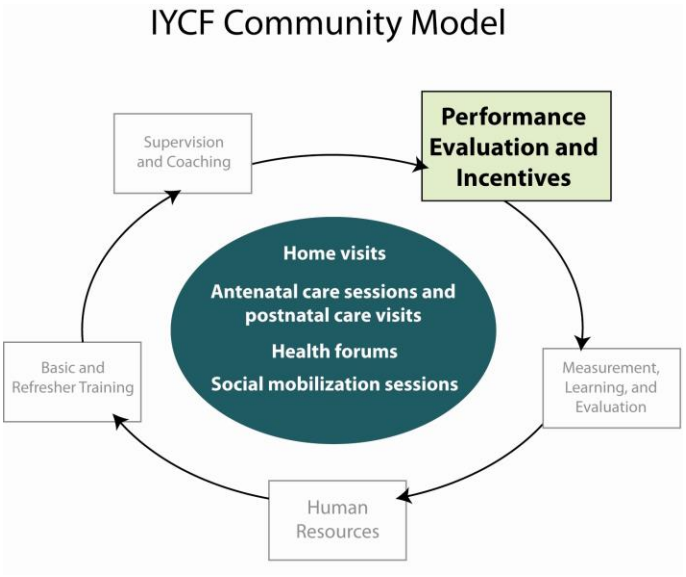
Activity	Person Responsible
Preparation/Planning • Ensure that supervisors are trained, informed, and equipped with reporting forms, checklists, and guidelines • Prepare supervisee workplan along with a calendar of supervisory visits in consultation with the supervisee	BRAC Health Program sub-district managers and program organizers
Community-level supervision • Observe, demonstrate when appropriate, and coach during home visit of SS; complete observation checklist during SK antenatal and postnatal sessions and health forums; complete observation checklist (see chapter 5)	SK and IYCF promoter
• Supervise social mobilization sessions monthly	BHP sub-district manager and BHP district manager
Monitoring • Collect information from registers, tabulate, submit, and analyze information (see chapter 6)	Sub-district managers, program organizers, and MIS unit of BRAC Health Program

All levels of managers (senior health coordinator, district manager, and sub-district manager) and the A&T head office team meet once every other month at the head office. This time is used to give feedback from the field operation, facilitate exchange of lessons learned, plan for the next month, and provide directions as needed.

The SK is the direct supervisor of the SS whose responsibilities are much broader than IYCF. The IYCF promoter supervises the IYCF tasks of the SS. This means helping the SS accurately identify all children 0-24 months old, encouraging her to make and keep record of monthly visits to households with children in that age group, and coaching her so that she delivers quality support to mothers. The IYCF promoter is expected to conduct two mentoring visits per SS per month. During these mentoring visits, she observes counseling on breastfeeding at least once and counseling on complementary feeding at least once.

CHAPTER 5
PERFORMANCE EVALUATION AND INCENTIVES

Performance evaluation sets out to answer the question whether the frontline workers who have been trained and deployed are adequately performing their tasks and achieving the intended coverage. This information is collected largely through a monthly performance checklist and registers. The frontline workers keep a record of their activities in a registry that forms the basis for determining eligibility for a monthly incentive. These two tools help answer the questions: Are there any gaps in the knowledge and understanding of the frontline worker? Is she able to counsel effectively? Does she know how to deal with feeding problems and respond to mothers' concerns? Is she meeting her coverage targets? Is she able to fulfill the reporting requirements? This chapter discusses the two tools that are routinely used and the incentives provided for good performance.



Monthly performance checklist. The first time the checklist is used to assess the performance of the SS is three months after she has worked with the IYCF promoter. From then on, the checklist is used on a monthly basis. One checklist is for breastfeeding practices of children 0-6 months old and the other for complementary feeding practices of children 7-24 months old. Each month the IYCF promoter assesses the SS in her service area using both checklists. She then provides feedback to the SS and shares the information with the SK, who is the direct supervisor of the SS.

The same checklist is used by the program organizers to assess the skills of the IYCF promoter and the SK. The BHP manager also uses the checklist to assess the skills of the program organizers. Any gaps in knowledge and skills become the focus of the monthly meetings and conversation between the frontline worker and her supervisor.

The checklist to assess the performance of SS, SK, and IYCF promoter is found in annex7, and the checklist to assess the performance of the TBA is found in annex 8.

Registers

The register (annex 9) indicates whether the SS is visiting all targeted households with children 0-24 months old on a monthly basis and the type, timeliness, and appropriateness of her services based on the age of the child. The register is divided into age groups and relevant actions that should be performed for a child of a particular age. The register also includes space to indicate whether the SS identified any problems and whether they were solved by the IYCF promoter or referred to a health facility or another health care provider. At the end of each day, the IYCF promoter completes the register for the households that she visited. One of her responsibilities is to ensure that the SS accurately reports her visits and that this information is captured in the register.

Incentives

Incentives can take the form of personal and public recognition by authorities, the community, and peers as well as monetary rewards. All of these incentives can generate enthusiasm for the work of frontline workers. A&T is testing for the first time cash incentives for frontline workers linked with infant and young child feeding practices. The incentives are determined based on information reported in the registry. BRAC adjusted the incentive criteria on several occasions. The criteria that were put in place in April 2013 are shown in table 8. The indicators reflect the project's emphasis on high-impact behaviors and priority actions. The goal is to ensure retention and success by motivating the SS to achieve the program objectives, increasing productivity, and instilling pride in their work.

The incentive mechanism works as follows.

5. **Register**: The register includes information for all households with 0-24 month old children in the service area of the SS. The IYCF promoter updates the information and keeps the register with her.
6. **List of incentives earned:** The program organizer keeps a list of children 0-24 months old that tracks the amount of incentives that have been earned based on the feeding practices for each child.
7. **Incentive bill**: The IYCF promoter prepares the SS bill and the PO checks it. Annex 10 shows the format for the SS incentive bill.
8. **Checking and field monitoring:** The incentive bills are submitted on the day of refresher training and checked during the first week of the following month. The respective program organizer checks the bill of all SS in his coverage area.
9. **Payment.** At the monthly meeting, incentives are paid for the previous month.
10. **Re-monitoring on payment:** A dedicated, independent team of 25 members (1 per 2 sub-districts) from the monitoring unit of the BRAC Health Program re-monitors a sub-sample of the incentive payments in addition to routine checking to ensure transparency of payments. Half of the monitors' time is monitoring the incentive bills.
11. **Consequences for irregularities**. If any irregularities are identified, the supervisors (SK, IYCF promoter, and program officer) who submitted the bill will be fined.

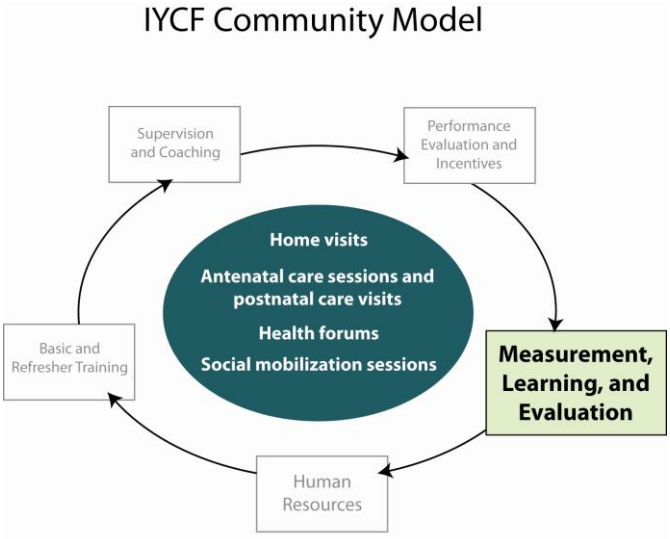
Table 8. Incentives for Shasthya Shebika (child aged 0-12 months) with estimated monthly maximum payment scheduled as of April 2013

Indicator	Estimated target in SS area	Rate (TK) per child	Amount (TK)
1. Mother successfully initiated BF within 1st hour of birth	4	50	200
2. Mother of child under six months old practiced exclusive breastfeeding in previous 24 hours (Information collected each month but amount calculated at end of 6th month)	4*	20 * 6 months = 120/child	480
3. Volunteer demonstrated preparation of complementary foods in 7th month	4	50	200
4. Volunteer observed feeding practices and counseled on feeding a sick child	4	20	80
5. Handwashing station (water container with soap) observed near place of child feeding	4	20	80
Total maximum monthly incentives for all indicators			1,040

*If there is late entry of a child into the SS service area, the SS will get an incentive (taka 5 per child for each month) as long as consecutive visits are regular and if the child is exclusively breastfed (24 hour recall as per WHO guideline).

CHAPTER 6
MEASUREMENT, LEARNING, AND EVALUATION

Alive & Thrive is assessing program impact and evaluating the quality of the core interventions and the process for implementing them through baseline and endline surveys, routine and periodic monitoring, process evaluations, and special studies. The data are used to inform and improve the implementation process. The challenge is to learn quickly, implement at scale with intensity and efficiency, and document and disseminate learnings.



The two major objectives of A&T's measurement, learning, and evaluation (MLE) approach for the community component are to:

1. Document the impact, cost, and cost-effectiveness of A&T's core IYCF interventions implemented at scale
2. Generate learning on how to achieve and replicate A&T's impact

Assessing program impact

Impact evaluation answers the question: "*Wha*t happened as a result of the interventions and *how much* change took place." A&T will assess the impact of its core interventions using the globally accepted and validated indicators shown in bold in box 4 to measure IYCF practices, stunting, and anemia. Impact on stunting will be assessed in children 24-47 months old. The impact on exclusive breastfeeding will be assessed in children 0-5 months old; and the impact on other IYCF practices and anemia will be assessed in children 6-23 months old. The household survey will also examine factors that can influence the uptake and adoption of A&T interventions, such as household food security, gender relations, and child characteristics.

***Baseline and endline surveys*.** The impact evaluation involves a baseline survey and an endline survey. The baseline survey was conducted by an independent data collection firm in mid-2010 using a cluster-randomized design in 10 sub-districts where A&T core interventions would be introduced and 10 sub-districts that would not by part of the A&T program. The baseline survey included interviews with 4,400 households in a total of 200 villages in these 20 sub-districts, involved height and weight measurements for children under 2 and their mothers, and measured hemoglobin for children 6-23 months old to assess the impact on anemia. The baseline survey also included 200 community surveys, and interviews with 400 BRAC health volunteers, 100 health workers, 200 village doctors, and 200 TBAs about their duties. In mid-2014 an endline survey will be conducted in the same 10 program and 10 control sub-districts. The data collected in both the baseline and endline surveys are listed in box 4. Data collection for the household baseline survey was done by an independent data collection firm to maintain objectivity and independence and will be done so again for the endline survey.

Evaluating program implementation

A&T is using process evaluation methods to answer questions on "*how*" to bring about change at large scale and "*why*" impacts are or are not achieved. This information will increase understanding of the process by which interventions are expected to affect coverage, delivery, and quality of the core interventions.

Process evaluation on Alive & Thrive's community activities includes:

- Early case study on implementation of the community model
- Frontline health worker survey to assess the impact of training and IYCF knowledge (2011)
- Focused qualitative research to understand factors related to household exposure to program interventions and behavioral determinants affecting uptake of recommended practices (2011-2012)
- Household survey (2013)

Box 4. A&T Baseline and Endline Survey Data

Household survey:

- **Anthropometry**
- **IYCF practices**
  1. Early initiation of breastfeeding
  2. Exclusive breastfeeding under 6 months
  3. Continued breastfeeding at 1 year
  4. Introduction of solid, semi-solid or soft foods
  5. Minimum dietary diversity
  6. Minimum meal frequency
  7. Minimum acceptable diet
  8. Consumption of iron-rich or iron-fortified foods
- **Anemia**
- Household food security, socioeconomic status, parental characteristics, maternal knowledge and skills about IYCF, exposure to A&T and other IYCF/ nutrition interventions, use of complementary feeding related products, household gender relationships, and child characteristics e.g., age, gender, perceptions about size and birth

Community survey: administrative and demographic information as well as information on infrastructure; availability of health facilities, health staff, and educational facilities; and disaster proneness

Health care provider survey: demand for services, workload and constraints, time on the job and training, technical knowledge and skills, self-efficacy and confidence, supervision, and basic demographics

Monitoring program implementation

BRAC's MIS, Monitoring & Quality Assurance Unit is responsible for tracking and monitoring performance through routine and periodic monitoring. BRAC's central staff, A&T monitors, BHP and A&T program organizers, and district managers are involved in the monitoring process.

Monitoring coverage
Household lists, registers, and activity lists help track program coverage.

- ***Household list (annex 11).*** Before introducing the core interventions, the IYCF promoter makes a list of pregnant women and children under 2 in households in her service area. This list is her target population. Taken together, the lists of all IYCF promoters serve as the baseline for the total targeted population that A&T aims to reach. The final number of the targeted population that is reached should exceed this number because of new pregnancies and the birth of thousands of babies during the years of program implementation.

  The IYCF promoter keeps and updates the household list in her register by adding the names of newborns, and the SK adds the names of pregnant women.

- ***Register (annex 9)***. The register is an ongoing way to measure coverage. As mentioned in Chapter 5, the register contains information for all households with children 0-24 months old in the service area of a SS and is maintained by the IYCF promoter. The register indicates whether

the IYCF promoter is visiting the households in this area and updating the information monthly based on information received from the SS.

Monitoring service delivery
Information on whether frontline workers and program staff are performing their duties and delivering timely and quality services is captured through periodic monitoring, operations research, and process evaluation methods. Information is available through the following:

- ***Register.*** The register reflects whether the SS is providing the type of information that is appropriate for the age of the child and whether she is referring a mother to the IYCF promoter if the SS is unable to handle feeding problems.

  Monthly performance observation checklist (annex 7). As discussed in Chapter 5, a checklist is used monthly to assess the performance of the frontline workers when counseling a mother of a child 0-6 old months and a child 7-24 months old. The IYCF promoter observes three Shasthya Shebikas in her service areas each month counseling a mother in each age group. using both checklists. The same checklists are used by the program organizer who assesses the skills of three IYCF promoters and the Shasthya Kormis.

  Periodic observation. Periodically an A&T monitor observes the service delivery of the SS, SK, and IYCF promoters. She chooses three IYCF promoters in each of the two sub-districts in her service area and randomly selects a number of households to observe the interaction of the frontline workers with the mothers and children under 2. She observes actions such as whether the frontline worker greeted the mother, listened attentively to her, and identified feeding problems. The A&T monitor also assesses whether SKs are delivering IYCF messages during antenatal and postnatal sessions and health forums.

- ***Interviews with mothers***. Along with direct observation of service delivery, the A&T monitor periodically interviews mothers about their experience with the frontline worker The monitor asks if a frontline worker had counseled on infant feeding and if so what topics were discussed and whether the mother felt that the frontline worker had listened attentively to her.

Monitoring the incentive scheme
Each month a dedicated, independent team of 25 people (1 per 2 sub-districts) from the monitoring unit of the BRAC Health Program re-monitors the payment of a sub-sample of the SS who received incentives.

Monitoring follow-up actions from social mobilization sessions
- ***Interviews with social mobilization participants***. Program organizers, BHP managers, and/or A&T monitors interview about five persons from each type of participants who attend a social mobilization session approximately one month after the session. They ask if the participants have kept to their pledge to undertake various activities and inquire what kind of reception the participants received when they promoted IYCF. The interview form used for most groups is shown in annex 12. The completed forms are submitted to BRAC's MIS, Monitoring & Quality Assurance Unit. Special monitoring exercises are also conducted Special monitoring exercises are also conducted to find out in more depth what the person attending the social mobilization remembers learning at the session and what commitment was made and what actions were taken,

Monitoring uptake of recommended IYCF practices and breastfeeding techniques
- ***Interviews with mothers***. To assess whether mothers are adopting the recommended practices, the A&T monitors survey a sub-sample of mothers of randomly selected children of different age groups to check progress against the IYCF indicators. For mothers of children under 6 months old, the monitors ask when the mothers initiated breastfeeding and what they fed their infant during the previous 24 hours. Those with sick infants are asked about their feeding practices during illness and their care-seeking behaviors. For children 7-24 months old, the monitors ask questions about feeding frequency and the quantity of food consumed. Using 24-hour recall, they

also ask mothers about the types of food they feed their children and if they have experienced any feeding problems.

- ***Observations***. Infants under 6 months old are at times randomly selected to observe positioning and attachment of the baby to the breast.

Assessing knowledge of frontline workers and program staff

- ***Written exams and oral interviews***. The A&T monitors administer a written exam to the Shasthya Kormis and IYCF promoters and an oral interview to a sub-sample of the Shasthya Shebikas after training to assess how much information they have retained from their basic IYCF training.

Conducting special studies to answer key questions

Over the course of the project, several special studies were conducted by the International Food Policy and Research Institute (IFPRI) and BRAC's Research and Evaluation Division (RED) to document scale, quality, challenges, and barriers to implementation of A&T activities and the uptake of recommended practices. The first study by IFPRI evaluated IYCF training of the Shasthya Shebikas and the Shastha Kormis, the level of understanding of trainees, and trainers' performance. Future topics under consideration include the incentive mechanism and the percentage of mothers who contact IYCF promoters through their mobile phone. BRAC RED conducted studies on incentives, use of mobile phones by mothers to reach IYCF promoters, and consumption of animal-source foods.

Management Information System

The monthly performance report (MPR) (annex 13) is the summary report of data generated from the registers, performance checklists, incentive bills, monthly survey of select IYCF indicators, and sub-district activity lists. Information included in this report is found in annex 16. Numerous individuals are involved in the preparation, review, and analysis of the MPR, as shown in figure 5 and table 9.

Figure 5. Flow of Information for Monthly Performance Report

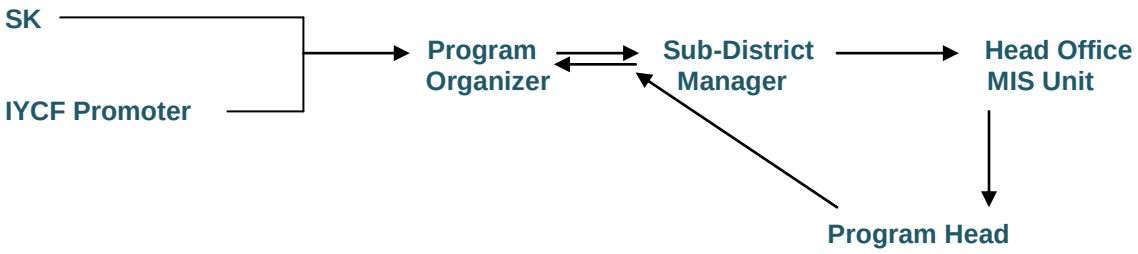


Table 9. Schedule for Monthly Performance Report

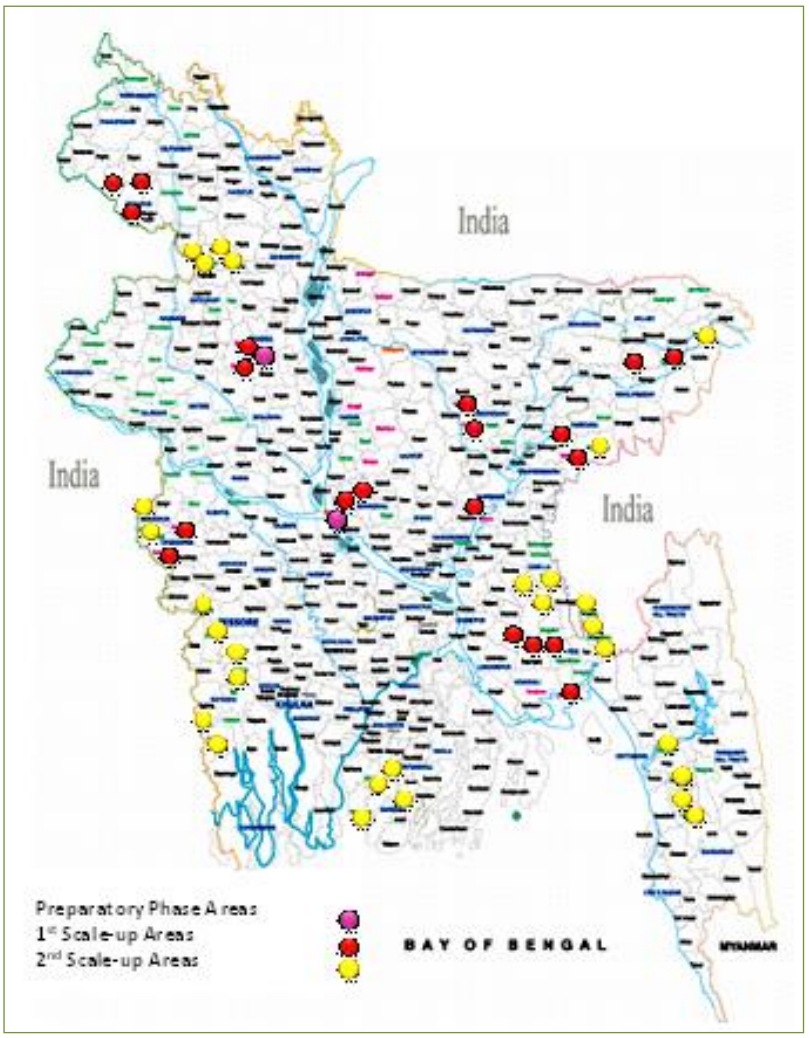
Person responsible for preparing and reviewing reports	Date due	Person receiving report
1. SK and IYCF promoter transfer information from registers to a monthly progress report	First two working day of the next month	Program organizer
2. Program organizer and Sub-district Manager reviews the monthly progress reports of the SK and IYCF promoters, puts this information in the MPR format, and adds information on social mobilization sessions, training activities, and incentives in his or her area of responsibility	Third and forth working day of the next month	A&T sub-district manager
3. BHP District Manager reviews the reports from the program organizers, checks for discrepancies, and then consolidates the information into MPRs: the sub-districts that he or she covers and send it to MIS unit of HO	Within the first week of the next month	MIS unit at Head Office
4. MIS unit at Head Office enters data from the 50 sub-district MPRs into the computer using Microsoft Excel, checks the progress or lack of progress, and submits a final report with comments	within second week of the next month	Program Head
5. Program head reviews final report, takes action to sustain or accelerate progress or make corrective adjustments, and provides feedback		A&T sub-district manager

Use of data

The purpose of monitoring is to improve performance and accountability. Data collected for the monthly performance report are used to review progress against targets, identify gaps, and make modifications, as needed, to the workplan and staffing. Results are shared at monthly meetings of the program organizers, BHP managers, and the district managers. During the meeting the team members exchange experiences and lessons learned from the previous month's program implementation and discuss the implications of the monitoring results for future programming. The results can also be used to challenge, motivate, and commend staff and remind them of the overall objective of the program—to save lives and improve the health of individuals, families, and communities.

ANNEXES

Annex 1. A&T Program Areas through BRAC's Essential Health Care Program



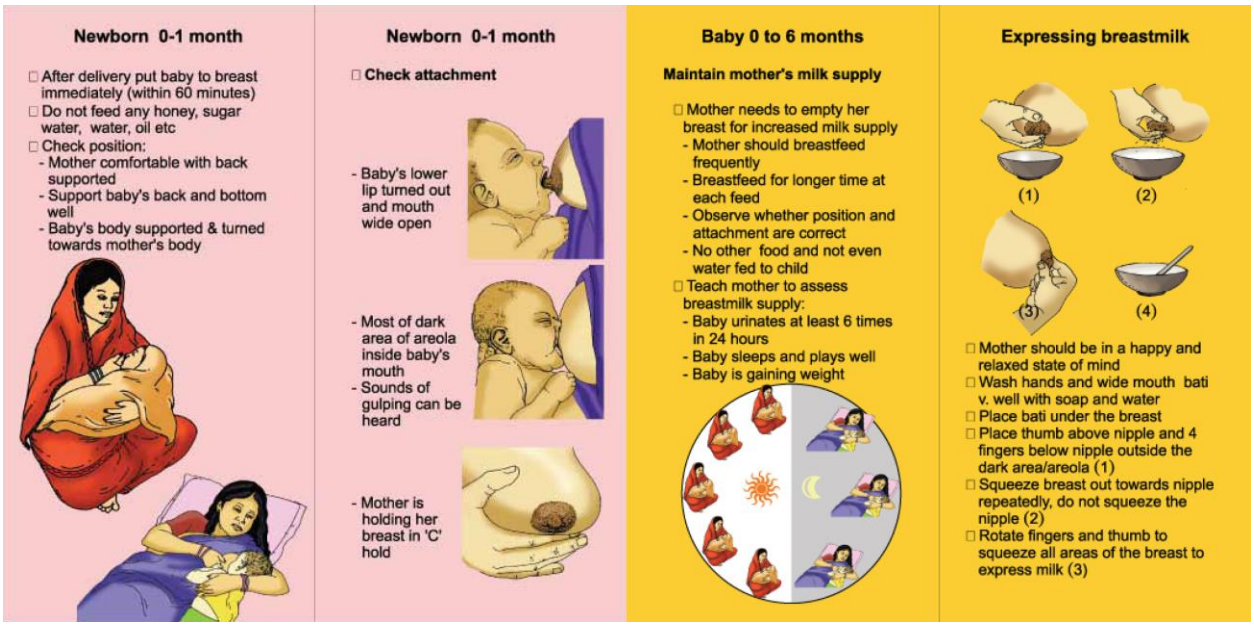
- Preparatory Phase (Dec'08- Mar'10): 3 Rural Upazilas and 1 Urban slum site
- 1st scale-up (Apr'10- Nov'10): 20 Rural Upazilas in 9 districts
- 2nd scale-up (Dec'10-Aug'11): 28 Rural Upazilas in another 7 districts
- Total = 50 Upazilas & 16 districts

Annex 2. List of A&T Program Areas

Sub-districts for Alive & Thrive Community Component

	Upazila	District		Upazila	District
1	Bianibazar	Sylhet	28	Shajahanpur	Bogra
2	Fenchugonj		29	Kahaloo	
3	Balagonj		30	Nandigram	
4	Chunarughat	Hobigonj	31	Kesobpur	Jessore
5	Madhabpur		32	Chougacha	
6	Lakhai		33	Jhikorgacha	
7	Chandanaish	Chittagong	34	Monirampur	
8	Satkania		35	Debhata	Satkhira
9	Boalkhali		36	Kaligonj	
10	Lohagara		37	Meherpur Sadar	Meherpur
11	Sadar Dakshin	Comilla	38	Mujibnagar	
12	Barura		39	Alamdanga	Chuadanga
13	Laksam		40	Damurhuda	
14	Senbag	Noakhali	41	Borguna Sadar	Borguna
15	Chatkhil		42	Betagi	
16	Companigonj		43	Bamna	
17	Sunaimuri		44	Pataharghata	
18	Parashuram	Feni	45	Shibalay	Manikgonj
19	Fulgazi		46	Ghior	
20	Chagolnaiya		47	Saturia	
21	Nawabgonj	Dinajpur	48	Hossenpur	Kisoregonj
22	Ghoraghat		49	Pakundia	
23	Birampur		50	Pollash	Norsingdi
24	Hakimpur				
25	Kaharul				
26	Bochagonj				
27	Birol				

Annex 3. Job Aid for Frontline Workers



Baby 0 to 6 months: Difficulties

- Small newborn
  - Breastfeed frequently
  - If sucking is not possible, express, feed by cup & spoon
- How to address engorged breasts
  - Place warm towel for relief
  - Soften breast my expressing small amount
  - Encourage baby to feed normally

Baby 0 to 6 months: Difficulties

- Cracked & sore nipples
  - Check for proper position and attachment
  - Smear breastmilk on affected area and allow to air dry
  - Feed first from well breast
  - If problems persist consult a doctor

From 181 day to 8 months complete

- Give mashed family foods: solid/semi-solids
- Use fish or egg or chicken liver daily + dal solids + shak or yellow fruits/ vegetable + 1 spoon oil or fried foods and food made with cow's milk
- Feed 1/2 large bati (250 ml) two times a day
- Give iron according to the recommendation of health worker

From 9 to 11 months complete

- Spend time and teach child to feed himself/herself
- Give fish or egg or chicken liver daily and other nutritious food. 1 spoon oil or fried foods
- Feed 1/2 large bati (250 ml) three times a day and 1-2 times nutritious snacks
- Give iron according to the recommendation of health worker

From 12 to 23 months complete

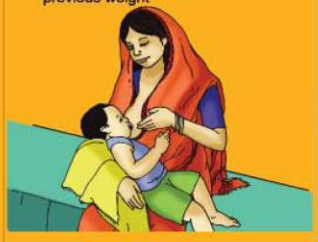
- Encourage child to feed himself/herself
- Use fish or egg or chicken liver daily + dal solids + shak or yellow fruits/ vegetables + 1 spoon oil or fried foods and food made with cow's milk
- Feed one full large bati (250 ml) three times a day and 1-2 times nutritious snacks
- Give iron according to the recommendation of health worker

Improving appetite

- Feed when hungry
- Offer variety of foods child will refuse to eat if given same food every time
- Do not fill stomach with water, liquids, candy etc
- Encourage and praise with each mouthful
- Spend time and be patient while feeding child
- Offer child his favorite nutritious food
- Never force feed

Feeding sick child

- Breastfeed more often
- Give favorite nutritious foods
- Give small frequent feeds
- Feed extra meals and amounts of nutritious foods at least one week after child recovers and gains previous weight



Baby 6+ to 24 months and Pregnant women:

Nutritious Foods & Snacks

- At least one or more foods from each list daily:
  - Fish, egg, chicken liver, meat
  - Yogurt, paneer, animal milk
  - Dark green leafy vegetable, ripe mango, ripe papaya, pumpkin, jackfruit
  - Thick dal (pulse)
  - Fried foods or added oil

Annex 4. Social Mobilization Commitment Form

Category of People Attending Social Mobilization Session*:

Date of Social Mobilization Session:

Serial number	Name of Person Attending Meeting	Position/ Designation	Village/ Area	Topics you will discuss with targeted individuals in the community	Month/date when you plan to discuss the topics with targeted individuals	Individuals with whom you will share and discuss the information	Approximate number of people you will try to reach	Remarks

*Village doctors (alternative health care providers), fathers, teachers, imams, adolescent girls, government health and family planning officials, local government officials, elders, other

Signature (Program Organizer):

Name:

Sub-district:

Signature (Manager):

Name:

Sub-district:

Annex 5. Schedule of the IYCF Basic Training

	DAY 1	Duration	Time
	Self introduction of the participants and ice breaker	1 hour	9:00-10:00 am
1	Introduction, training objectives and session overview	1 hour	10:00-11:00 am
	Tea Break	30 mins	11:00-11:30 am
2	Advantages of breastfeeding (BF)	30 mins	11:30-12:00 pm
3	Importance of BF immediately after birth of the child	30 mins	12:00-12:30 pm
4	Recommended breastfeeding practices	20 mins	12:30–12:50 pm
5	Breastfeeding positioning and attachment	45 mins	12:50-1:35 pm
	Lunch Break	1 hour	1:35-2:35 pm
6	BF Video (including how to express breastmilk)	1 hour	2:35-3:35 pm
	Tea Break	25 mins	3:35-4:00 pm
7	BF difficulties and how to address them including 'insufficient milk'	1 hour	4:00-5:00 pm
	DAY 2		
8	Food and nutrition	40 mins	9:00-9:40 am
9	Maternal nutrition	30 mins	9:40-10:10 am
	Tea Break	20 mins	10:10-10:30 am
10	IYCF counseling principles and practice counseling through role play on BF	2 hours	10:30-12:30 pm
11	What is complementary feeding (CF) and its importance	1 hour	12:30-1:30 pm
	Lunch	1 hour	1:30-2:30 pm
12	Family food and preparations of meals for children (7-24 months)	20 mins	2:30-2:50 pm
13	7 criteria of CF for children (7-24 months)	1 hour	2:50-3:50 pm
	Tea Break	20 mins	3:50-4:10 pm
14	Video on complementary feeding and discussion	1 hour	4:10- 5:10 pm
	DAY 3		
15	Age-appropriate foods, quantity, frequency, and consistency of CF	1 hour	9:00-10:00 am
16	Strategies for addressing poor appetite and encouraging child to feed	1 hour	10:00-11:00 am
	Tea Break	15 mins	11:00-11:15 am
17	Counseling on CF through role play	1 hour 15 mins	11:15-12:30 pm
18	Practice counseling on CF through role play	1 hour 15 mins	12:30-1:45 pm
	Lunch Break	1 hour	1:45-2:45 pm
19	False beliefs about BF and CF	45 mins	2:45-3:30 pm
	Tea Break	15 mins	3:30- 3:45 pm
20	**Review and wrap-up of training**	1 hour	3:45 – 4:45 pm

Annex 5. Schedule of the IYCF Basic Training *(continued)*

	DAY 4 FIELD PRACTICE	Duration	Time
	Guidelines for field visits: Facilitator moves to field site to the working area of an individual participant	--	By 8:30 am
	Individual participants complete 1 field practice on BF counseling under facilitator supervision, get feedback	1 hour	8:30-9:30 am
	Individual participants complete 1 field practice on CF counseling under facilitator supervision, get feedback	1 hour	9:30-10:30 pm
	Travel to the working area of *another* Individual participant *and Lunch Break*		10:30-12:30 pm
	Individual participants complete 1 field practice on BF counseling under facilitator supervision, get feedback	1 hour	12:30-1:30 pm
	Individual participants complete 1 field practice on CF counseling under facilitator supervision, get feedback	1 hour	1:30-2:30 pm
	DAY 5 FIELD PRACTICE		
	Guidelines for field visits: Facilitator moves to field site to the working area of an individual participant	--	By 8:30 am
	Individual participants complete 1 field practice on BF counseling under facilitator supervision, get feedback	1 hour	8:30-9:30 am
	Individual participants complete 1 field practice on CF counseling under facilitator supervision, get feedback	1 hour	9:30-10:30 pm
	Travel to the working area of *another* Individual participant *and Lunch Break*		10:30-12:30 pm
	Individual participants complete 1 field practice on BF counseling under facilitator supervision, get feedback	1 hour	12:30-1:30 pm
	Individual participants complete 1 field practice on CF counseling under facilitator supervision, get feedback	1 hour	1:30-2:30 pm
	DAY 6 FIELD PRACTICE		
	Guidelines for field visits: Facilitator moves to field site to the working area of an individual participant	--	By 8:30 am
	Individual participants complete 1 field practice on BF counseling under facilitator supervision, get feedback	1 hour	8:30-9:30 am
	Individual participants complete 1 field practice on CF counseling under facilitator supervision, get feedback	1 hour	9:30-10:30 pm
	Travel to the working area of *another* Individual participant *and Lunch Break*		10:30-12:30 pm
	Individual participants complete 1 field practice on BF counseling under facilitator supervision, get feedback	1 hour	12:30-1:30 pm
	Individual participants complete 1 field practice on CF counseling under facilitator supervision, get feedback	1 hour	1:30-2:30 pm

Annex 6. Guidelines for Interpersonal Counseling

The IYCF Basic Training includes a session on interpersonal counseling to develop the counseling skills of the frontline workers. These are the guidelines presented during this session of the training.

Remember the following points before counseling:

- Sit down, keeping your head at the same level as the mother.
- Listen attentively to the mother, maintaining eye contact. Many tim**es** mothers find it difficult to express their feelings, especially if they or shy or don't know the community health worker.
- Avoid keeping distance or having barriers such as table, chair, book, bag, etc. between mother and counselor
- Take enough time to talk; don't rush.
- If necessary, touch mother/ child appropriately to show sympathy.

Demonstrate good listening and learning skills

- **Use helpful non-verbal communication.**

Without saying anything, you communicate through your face and body language, for example by nodding your head or smiling a little. This will draw the attention of the mother.

- **Ask open-ended questions.**

Open-ended questions are very useful for communication because more than one answer comes from questions that ask when, where, how, what do you feed your child, etc. Examples of closed questions are: Does your child take breast milk. Do you breastfeed your child?

- **Show that you understand how the mother feels.**

If a mother says her baby wants to feed very often at night and that makes her feel so tired, your response could be, "Are you feeling very tired all the time?" The mother will then understand that you are also feeling her tiredness. You must not say that mothers have to work hard for the baby or how else will the child feed?

- **Reflect back what the mother says.**

When the mother sees that you understand what she is saying and are attentive, she will take more interest in the discussion. For example, if a mother says that her child does not want to eat anything, you could say, "Your child doesn't eat anything?" Don't say, "What did you give to your child?" or "Do you feed your child properly?"

- **Don't use judgmental words.**

Judgmental words are words ones like right, wrong, well, badly, good, problem, etc. If you use these words when you talk to a mother, you may make her feel that she is wrong. For example, if you say, "Your child seems bad/weak. Is there anything wrong with the baby?," the mother will lose her self-confidence.

Build the self-confidence of mothers

- **Earn her trust.**

A mother loses her confidence easily by the influence of family, neighbors' and friend's advice. It is important not to create any sense of guilt and fear that the mother is doing something wrong. A mother easily believes that there is something wrong with herself, her breastmilk, or the way she is feeding her baby. Negative comments by family members, neighbors, and friends diminish her self-confidence and ability to feed her baby.

- **Understand the state of the mother's mind.**

Sometimes mothers have misconceptions, so at that moment accept her thoughts without criticizing or telling her what she is doing wrong or disagreeing with her. You can counsel later to correct these misconceptions.

- **Praise and emphasize what a mother is doing right.**

Praise the mother for what she has done well so that she may continue those practices. Praising for her good job will build her confidence and make it easier to counsel her the next time. For example, if the mother bottle feeds and breastfeeds, praise her for breast feeding. Later you can counsel her to stop bottle-feeding.

- **Provide the mother with practical help.**

For example, you can show the mother proper positioning and attachment of the baby, different positions for breastfeeding, and ways to improve the quality of the child's diet using foods in the household.

- **Give only a few suggestions during a visit.**

Give only 2-3 relevant suggestions to help the mother deal with her present situation so that she can solve her problems. Don't give suggestions that apply weeks or months in the future. For example, if the child age is 3-4 months old and the mother feels that she does not have sufficient breastmilk, the relevant comment to make at that moment is that the more the baby suckles, the more milk is produced, or that breastmilk will increase if the baby will suckle more at night. Talking about complementary feeding at this time is not necessary.

- **Use simple words.**

Remember that most people cannot understand "bookish language." Use the mother's way of talking so she will understand you. This will build a closer relationship between the two of you and increase the chance that she will accept your suggestions.

Annex 7. Performance Checklist for Frontline Workers

OBSERVATION CHECKLIST FOR IYCF

Child's name: Child's age:

Name of health provider: Place of counseling sub-district:

	Breastfeeding (0-6 month old child)	Yes	No
1.	Health provider reminds mother about benefits of EXCLUSIVE BREASTFEEDING FOR 6 MONTHS and danger of putting anything else in the mouth, even water		
2.	Health provider assesses and counsels on POSITION & ATTACHMENT		
3.	Health provider reminds mother how to correctly ASSESS MILK SUPPLY (6 or more urines per day, growing well, active child, sleeps and plays well)		
4.	Health provider counsels on how to MAINTAIN GOOD MILK SUPPLY (breastfeed frequently and for long time day and night, no water/liquids)		
5.	Health provider teaches mother how and why to EXPRESS BREASTMILK		
6.	Health provider LISTENS CAREFULLY to mother's concerns		
7.	Observer gives FEEDBACK to the health provider in a friendly manner		

	Complementary Feeding (7-23 month old child)	Yes	No
1.	Health provider asks about and counsels on the correct QUANTITY and FREQUENCY OF SEMI-SOLID/SOLID food as per child's age		
2.	Health provider asks about and counsels on feeding ANIMAL FOOD PLUS 3 OTHER FOOD VARIETIES each day		
3.	Health provider counsels on how to feed a child with POOR APPETITE: – Encourage and help child during feeding – Do 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 – Do not give liquids, chips, juice, or biscuits that fill up the child's stomach		
4.	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 and night – After recovery from illness, give extra food for at least 2 weeks		
5.	Health provider helps mother and family members keep WATER and SOAP permanently near the PLACE OF CHILD FEEDING. Health provider reminds mother to wash hands with soap each time before preparation and feeding the child.		
6.	Health provider LISTENS CAREFULLY to mother's concerns		
7.	Observer gives FEEDBACK to the health provider in a friendly manner		

Name of Observer: Position of Observer: Date:

Annex 8. Performance Checklist for TBAs

Interview with mothers of infants below 6 months of age

Issues	Yes	No	Remarks
Where was the baby born? Who delivered the baby?			
If a TBA delivered the baby, does the mother know the TBA's name?			
Was mother told the benefits of breastfeeding by the TBA?			
Was the mother told during pregnancy about initiation of breastfeeding immediately after delivery (within less than 1 hour)?			
Was the mother told about the benefit of colostrum and the danger of giving anything 'other than breast-milk not even water'?			
Did TBA put the baby on mother's breast immediately after delivery (within 1 hr.) before bathing the mother, waiting for expulsion of the placenta, and other tasks?			
Did TBA check mother and baby's breastfeeding position and help her to correct the position?			
Did TBA check the attachment of the baby at the breast and show the mother correct attachment?			
Did TBA check baby's suckling and tell mother if suckling is strong?			
Was the mother told to feed the infant with 'only breast milk not even water' for the first 6 months?			
Was the mother told how to maintain sufficient milk supply for 6 months (so to prevent 'insufficient milk')?			
Was the mother told how to assess if the milk supply is adequate?			
Was the mother or female family member shown how to manually express breastmilk?			
Did TBA give the mother the mobile number of IYCF promoter in her area?			
Did TBA answer the mother's questions about child feeding?			
Did TBA provide any other visit after delivery?			

Annex 9. Register of IYCF Promoter (Pushti Kormi)

Serial Number	Name of child (0-24 month of age)	Name of father and mother	Community	Date of Birth	Information on attaching baby with mother's breast within 1 hour of birth (Date and √/x)	Information on exclusive breast-feeding of children of 0-6 months of age (date and √/x)						Information on giving family food to the children of 7-12 month of age (date and √/x)																					Information on visiting children of 13-24 month of age		Identifying and solving problems			Remarks (Please write the type of feeding difficulty)	Date of Graduation
						1	2	3	4	5	6	7th month	8th month						9-10th month						11-12th month									15-18 month of age	23-24 month of age	Identified by the Shasthya Shebika	Solved by the PK	Referral (date of receiving treatment /service)		
												Demonstration	Hand Wash	Frequency in day	Quantity	Thickness	Animal protein	Adding oil	Hand Wash	Frequency in a day	Quantity	Thickness	Animal protein	Adding oil	Hand Wash	Frequency in a day	Quantity	Thickness	Animal protein	Food added with oil								
	Visit by SS					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	G*								

Annex 10. Incentive Bill for Shasthya Shebika (2013 form)

Date:

Branch/Union:.....Sub-district.....District.....

Name of Shasthya Shebika	Mother breastfed within first hour of birth			Mother breastfed exclusively (recorded after completion of 6 months, 20Tk for each month practiced exclusive breastfeeding)			Demonstration on complementary feeding at the beginning of 7th month				Observation of feeding practices and counseling on feeding during illness			Maintenance of hanadwashing station near place of child feeding			Total Taka	Initials of SS
	Number of children	Rate of bonus	Total taka	Number of children	Rate of bonus	Total taka	Number of children	Rate of bonus	Total taka	Number of children	Number of children	Rate of bonus	Total taka	Number of children	Rate of bonus	Total taka		

Bill prepared by:

Signature:

Name:

Title:

Date:

Bill Checked by:

Signature:

Name:

Title:

Date:

Bill approved by

Signature:

Name:

Title:

Date

Annex 11. Household List

Sub-District:
Union:
Name of Enumerator:

Shasthya Shebika:
Date :

Household number	Name of head of the household	Number of members in household	Village	Community	Name of pregnant woman	Name of child	Date of birth of the child	Source of information on date of birth *	Children 0-6 months old (put √ tick mark)	Children 7-12 months old (put √ tick mark)	Children 13-24 months old (put √ tick mark)	Remark

*****Source of information on date of birth **:** Birth registration = 1, Vaccination card =2, ANC card = 3**,**
Birth registration certificate issued by hospital/ health center = 4**,**
Recorded in house (identifying hanged frame / name plate/ diary/ calendar) = 5, Other = 6

Annex 12. Monitoring Checklist on Social Mobilization by Community Influentials

Sub-district **Date:**

No		1	2	3	4	5	Total
General Information	Union						
	Village						
	IYCF Promoter (PK)						
	PS/SS (volunteer)						
	Name of respondent						
1	How many days ago did you attend the meeting? (as per register)						
2	How many participants were at the meeting? (as per register)						
3	What issues were discussed at the meeting?						
3.1	Did you make any commitments?						
	Did you fulfill your commitments?						
	If you did not fulfill your commitments, why?						
	How many people did you contact (#)?						
	How many people followed your advice (#)?						
	Did you face any obstacle/problem in getting support for your advice? Yes or No?						
	If yes, in how many cases?						
3.2	What were the obstacles/problems, if any? a. b.						
	What steps were taken to solve the obstacles/problems? a. b.						
	What were the reasons for not taking any steps to overcome the obstacle and solve the problem? a. b.						
Remarks							