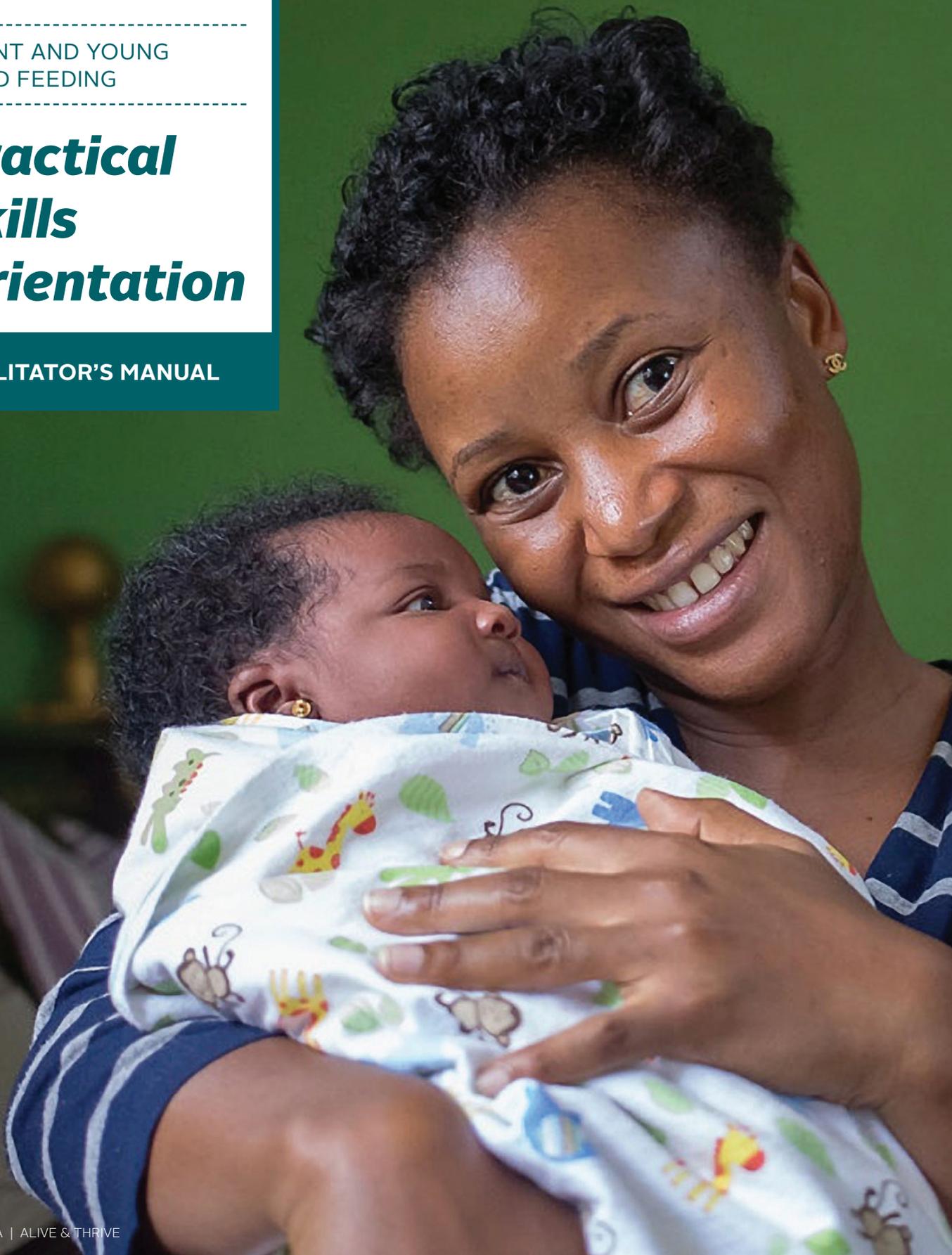

INFANT AND YOUNG
CHILD FEEDING

Practical Skills Orientation

FACILITATOR'S MANUAL



SHAWN ASALA | ALIVE & THRIVE

Acknowledgements

We acknowledge the enabling environment, leadership, and technical contributions offered by the Nutrition Division of the Federal Ministry of Health and the ministries of health in Lagos and Kaduna states. Similarly, we recognize the role played by the Alive & Thrive Nigeria team who contributed technical resources to the process.

Who can attend this orientation?

This orientation is suitable for health staff including birth attendants, ANC providers, facility In-Charges and service providers who are in contact with: pregnant women, mothers in delivery rooms and their newborn infants, mothers of children 0-6 months and children 6-24 months. The staff may include midwives, nurses, doctors, health care assistants, nutritionists, TBAs, peer supporters, CHEWs and other staff. Health facilities may use sections in this manual to provide short orientation/refresher sessions for staff on specific topics.

What are the objectives of this orientation?

To help equip participants with the knowledge and skill base necessary to support and counsel mothers to 1) initiate early, breastfeeding of their infants within one hour of delivery; 2) practice exclusive breastfeeding up to 6 months and; 3) give diverse diets to their children from 6-24 months. Participants are also expected to support their health facilities to strengthen the Ten Steps to Successful Breastfeeding and abide by the BMS code.

What is expected of participants after this orientation?

- Counsel pregnant women on the importance of breastfeeding and prepare them on practices that support early initiation of breastfeeding within the first one hour.
- Facilitate skin-to-skin contact and early initiation of breastfeeding.
- Assist a mother to learn the skills of positioning and attaching her baby to the breast as well as the skill of hand expression of breastmilk.
- Discuss with mothers how to find support for breastfeeding after she returns home.
- Identify and counsel mothers on practices that support and those that interfere with exclusive breastfeeding.
- Support their health facilities and communities to practice the 10 Steps to Successful Breastfeeding and abide by the International Code of Marketing of Breastmilk Substitutes.
- Counsel mothers of children 6-24 months on the importance of diet diversity from at least 4 food groups for their children.

Course activities

- Talks and discussions with participants
- Role-plays and practical skills demonstrations by participants
- Group work
- Clinical practices (where feasible) with pregnant women and breastfeeding mothers

Orientation Overview

	TOPIC	CONTENT	TOOLS
Session 1 <i>60 min.</i>	Birth Practices and Breastfeeding	<ul style="list-style-type: none"> • Childbirth Demonstration • Early Initiation of Breastfeeding 	<ul style="list-style-type: none"> • Neonatalie mannequin • Breastfeeding video • Mama Breast kit (or dolls) • Early Initiation poster • Early Initiation and Exclusive Breastfeeding reminder card
Session 2 <i>20 min.</i>	Correct Positioning and Attachment	<ul style="list-style-type: none"> • Correct Positioning and Attachment 	<ul style="list-style-type: none"> • Positioning and attachment cards • Mama Breast kit • Early Initiation and Exclusive Breastfeeding reminder card
Session 3 <i>50 min.</i>	Preparing Mothers for Exclusive Breastfeeding	<ul style="list-style-type: none"> • Frequency of Breastfeeding • Breastfeeding After Returning to Work • Manual Expression of Breastmilk 	<ul style="list-style-type: none"> • Breastmilk Expression card • Early Initiation and Exclusive Breastfeeding reminder card • Mama Breast kit
Session 4 <i>20 min.</i>	Breastfeeding Challenges	<ul style="list-style-type: none"> • Common breastfeeding problems and solutions 	<ul style="list-style-type: none"> • Breastfeeding Challenges poster • Early Initiation and Exclusive Breastfeeding reminder card
Session 5 <i>90 min.</i>	Diet diversity	<ul style="list-style-type: none"> • What to Feed Baby (6-24 months) • How to Feed Baby (6-24 months) • Common Feeding Challenges 	<ul style="list-style-type: none"> • 7 Food Groups Visual Aid • Feeding Chart • Feeding Bowl (250 ml)
Session 6 <i>30 min.</i>	Counselling Techniques	<ul style="list-style-type: none"> • Checklist for Effective Counselling 	<ul style="list-style-type: none"> • Annex 3: Checklist for Effective Counselling
Session 7 <i>60 min.</i>	Advocacy, Monitoring, & Evaluation	<ul style="list-style-type: none"> • 10 Steps of Successful Breastfeeding • Code of Marketing of Breastmilk Substitutes • How to Reach the In-Charges in Health Facilities • Presentation on M&E Tools 	<ul style="list-style-type: none"> • IYCF Data Recording Tools

UNIT 1

Early Initiation of Breastfeeding

SESSION 1: Birth Practices and Breastfeeding

60 minutes

OBJECTIVE(S):	By the end of the session, participants will be able to: <ul style="list-style-type: none">• Demonstrate actions during labour and birth that support early initiation of breastfeeding• Demonstrate ways to help mothers initiate early breastfeeding
CONTENT	<ul style="list-style-type: none">• Childbirth Demonstration• Early Initiation of Breastfeeding
TOOLS	<ul style="list-style-type: none">• Neonatalie mannequin if available• Breastfeeding video• Mama Breast kit (or dolls)• Early Initiation poster• Early Initiation and Exclusive Breastfeeding reminder card

ACTIVITY 1

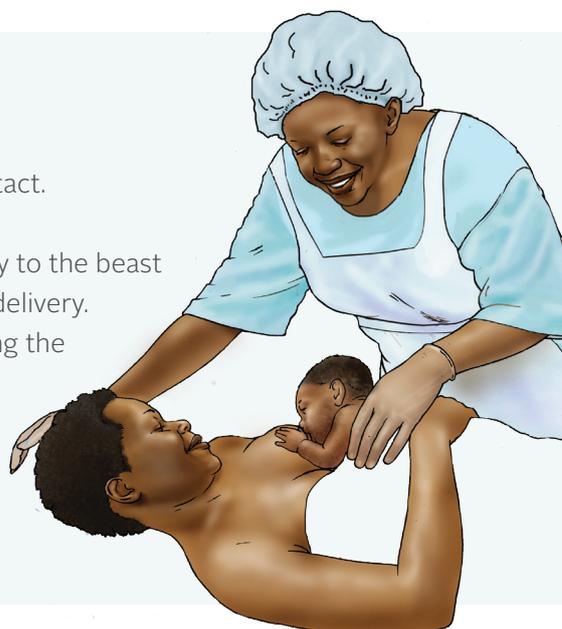
30 min.

Childbirth Demonstration

1. Ask participants to describe the practice when the baby comes out.
2. Use the Neonatalie mannequin (or breastfeeding video) and Mama Breast kit (or doll) to demonstrate the following:
 - a. Wiping and drying the baby
 - b. Putting the baby to the mother's breast
 - c. Skin-to-skin contact
 - d. Cutting the cord
3. Divide participants into small groups to demonstrate the actions.
4. Share the key messages below.

KEY MESSAGES

- Wipe and dry the baby.
- Initiate skin-to-skin contact.
- Cut the cord.
- Help mother to put baby to the breast within the first hour of delivery.
- Observe child swallowing the breastmilk.
- Place a mark in the delivery register to indicate baby has initiated breastfeeding.



ACTIVITY 2

30 min.

Early Initiation of Breastfeeding

1. Ask participants to explain the importance of early initiation of breastfeeding within one hour of birth.
2. Show the Early Initiation & Exclusive Breastfeeding reminder card and explain how the material can be used.
3. Review the content on page 2 for newborns 0-28 days.
4. Divide participants into small groups to discuss:
 - a. The benefits of early initiation within one hour after delivery
 - b. The common practices concerning early breastfeeding within one hour of delivery
 - c. The practice for mothers who have had caesarean sections
5. Share the key messages below.



KEY MESSAGES

- When the baby is put to the breast within one hour of birth...
 - The milk let-down reflex is established.
 - The uterus contracts to release the placenta and prevent bleeding.
 - The mother-baby bonding is initiated, which sets the tone for exclusive breastfeeding.
 - It provides the first milk (colostrum) for the baby.
- The milk let-down process will be delayed if breastfeeding initiation is delayed.
- For mothers who have undergone caesarean sections, help them initiate breastfeeding after the surgery.
- Mothers who have undertaken local anaesthesia and are awake can have babies put to the breast within one hour of delivery.

UNIT 2

Exclusive Breastfeeding

SESSION 2: Breastfeeding Positioning and Attachment

20 minutes

OBJECTIVE(S):	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Demonstrate correct positioning of baby and appropriate attachment to the breast • Demonstrate ways to help mothers position baby correctly and attach appropriately to the breast
CONTENT	<ul style="list-style-type: none"> • Correct Positioning and Attachment
TOOLS	<ul style="list-style-type: none"> • Positioning and attachment cards • Mama Breast kit • Early Initiation and Exclusive Breastfeeding reminder card

ACTIVITY 1

20 min.

Correct Positioning and Attachment

1. Explain that for breastfeeding to be successful, the mother needs support from the health worker to ensure correct positioning of the baby and appropriate attachment to the breast.

2. Show the positioning and attachment cards and page 3 of the Early Initiation and Exclusive Breastfeeding reminder card. Ask participants what they understand by correct positioning and attachment.

3. Share the key messages below.



KEY MESSAGES

- Key skills for positioning:
 - The head and body of the baby in the mother's arm, must be in a straight line, facing the breast.
 - The baby must be held close to the mother.
 - The mother's arm should be supporting the whole of the baby's body and head.
- Key skills for attachment:
 - More of the areola is visible above the baby's top lip than below the bottom lip.
 - The baby's mouth is wide open.
 - The baby's lower lip is curled outward.
 - The baby's chin is touching or almost touching the breast.

4. Divide participants in small groups and let each group member practice the skill of positioning and appropriate attachment using the Mama Breast Kit or dolls. If feasible, support a lactating mother to demonstrate.

5. Review the key messages.

SESSION 3: Preparing Mothers for Exclusive Breastfeeding 50 minutes

OBJECTIVE(S):	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain the optimal practices for mothers to sustain exclusive breastfeeding • Explain how frequently mothers should breastfeed infants 0-6 months of age • Demonstrate how mothers should express breastmilk • Explain ways in which mothers need to prepare to continue exclusive breastfeeding when they go back to work
CONTENT	<ul style="list-style-type: none"> • Frequency of Breastfeeding • Breastfeeding After Returning to Work • Manual Expression of Breastmilk
TOOLS	<ul style="list-style-type: none"> • Breastmilk Expression card • Early Initiation and Exclusive Breastfeeding reminder card • Mama Breast kit

ACTIVITY 1

10 min.

Frequency of Breastfeeding

1. Ask participants how many times a baby under six months should be breastfed in 24 hours – day and night.
2. Review page 4 of the Early Initiation and Exclusive Breastfeeding reminder card.
3. Share the key messages below.



KEY MESSAGES

- A mother should...
 - Breastfeed her baby between 8-12 times, day and night.
 - Breastfeed on demand.
 - Look out for cues that baby is hungry. For example, when the baby cries or is reaching for the breast when held in the arms.
 - Empty one breast during one feed and feed up to 15-20 min. This allows the baby to feed on both the foremilk and hindmilk.
 - Turn to the other breast if the baby still wants to eat, and continue until the baby is satisfied.
 - Note that sleepy babies should be woken up and breastfed every 2- 3hrs.

ACTIVITY 2

10 min.

Breastfeeding After Returning to Work

1. Ask participants to discuss how mothers need to be prepared to continue exclusive breastfeeding once they return to work.
2. Share the key messages below.

KEY MESSAGES

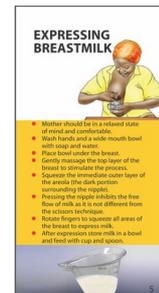
- Health providers should help mothers commit to continue to exclusively feed infants 0-6 months with breastmilk whilst they are at work.
- Mother should express breastmilk and store in the fridge or at room temperature for the caregiver to give to the baby while she is away.
- Mother should express enough breastmilk to feed the baby throughout the day while she is at work.
- Mother should instruct caregivers to give the baby expressed breastmilk with a cup.
- Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.

ACTIVITY 3

30 min.

Manual Expression of Breastmilk

1. Ask participants when and why mothers need to express breastmilk.
2. Review page 5 of the Early Initiation and Exclusive Breastfeeding reminder card.
3. Share the key messages below.



KEY MESSAGES

- Why mothers need to express breastmilk:
 - The baby is premature or small and is unable of suckle. It is important that the colostrum and breastmilk is expressed and fed to the baby with a cup and/or spoon.
 - The baby has breastfeeding difficulties, such as resulting from congenital cleft palate/lip. It is important to express the milk to feed with a cup/spoon.
 - Mother needs to be away from home for a while or must resume work.
 - Mother produces a lot of milk (sometimes more than the baby requires during feeding time). The mother can express and store for a later feed.

Continued on next page..



KEY MESSAGES *(continued)*

- To express breastmilk, mothers should follow these steps:
 1. Wash hands and utensils with soap and water.
 2. Put thumb on top of the breast in areola area.
 3. Put the other finger on the underside of the breast.
 4. Gently press the areola until the milk starts to spurt out into the clean container prepared.
 5. Avoid rubbing the skin, which can cause bruising, or pressing the areola.
 6. Express one breast for about 3-5mins until the flow slows down. Then express the other breast.
 7. Repeat the cycle after 5 minutes and start again after 30 minutes.
- Manual pumps may be used by mothers at home. However, it is not hygienic to use the same pump for more than one baby.
- Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.

4. Divide participants in small groups and let them use the Mama Breast Kit to practice expressing breastmilk.

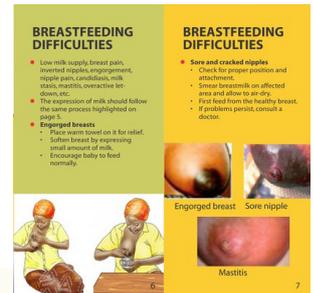
OBJECTIVE(S):	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain the common breastfeeding problems • Explain how to ease/alleviate breastfeeding problems
CONTENT	<ul style="list-style-type: none"> • Common breastfeeding problems and solutions
TOOLS	<ul style="list-style-type: none"> • Breastfeeding Challenges poster • Early Initiation and Exclusive Breastfeeding reminder card

ACTIVITY 1

20 min.

Common Breastfeeding Problems

1. Ask participants to describe some of the common breastfeeding problems.
2. Review pages 6-7 of the Early Initiation and Exclusive Breastfeeding reminder card and discuss the following breastfeeding challenges:
 - Breast engorgement
 - Cracked nipples
 - Inverted nipples
 - Sore nipples
 - Breast infections
 - Poor breastmilk flow
3. Share the key messages below.



KEY MESSAGES

Engorgement and sore or cracked nipples

- Breast engorgement results from accumulation of breastmilk due to infrequent breastfeeding.
- Mother should feed baby more frequently.
- Where there is more breastmilk than baby requires, the milk can be expressed and stored.
- Sore nipples often result from inappropriate attachment and will resolve when the attachment is corrected.
- If there is any sore on the nipples, mothers should apply breastmilk, NOT ointments.
- Breast infections occur when cracked and sore nipples are not treated early. When the breast is infected, it becomes hot and painful.

- Mothers should report breast infections to the health worker for appropriate treatment while she continues to breast-feed from the other breast.

Inverted nipples

- Inverted nipples often occur before delivery and as such, mothers should be counseled on how to pull out inverted nipples.

Poor breastmilk flow

- Poor breastmilk flow often results from improper or late initiation of breastfeeding, infrequent breastfeeding, or mixed feeding
- Mothers should be supported to initiate breastfeeding within the first hour and encouraged to breastfeed more frequently to empty both breasts.

UNIT 3

Complementary Feeding

OBJECTIVE(S):	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Select locally available foods/and the groups that make diverse diets for children 6-24 months • Explain foods/diets for age-specific appropriate feeding and addressing complementary feeding problems perceived by mothers
CONTENT	<ul style="list-style-type: none"> • What to Feed Baby (6-24 months) • How to Feed Baby (6-24 months) • Common Feeding Challenges
TOOLS	<ul style="list-style-type: none"> • 4 Food Groups visual aid • Complementary Feeding reminder card • Feeding chart (Facilitator should make this ahead of time. See Activity 2.) • Feeding bowl (250 ml)

ACTIVITY 1

40 min.

What to Feed Baby (6-24 months)

1. Explain that optimal feeding of babies 6-24 months is crucial for growth and brain development for the following reasons:
 - Breastmilk only will no longer support adequate growth of the child after six months.
 - Babies 6-24 months need extra energy and nutrients, which can only come from complementary foods from the 7 food groups identified in Nigeria by the Ministry of Health.
 - These food groups have been packaged into the “4 star diet” groups.
 - Alive and Thrive has found that less than 20% of children 6-24 months are fed on diverse diets from the 4 star diet.
 - We must ensure babies get the missing food groups, which are: meat, fish, vegetables, fruits, and legumes.
2. Show the visual aid of the 4 food groups and ask participants to sit in groups to discuss what is locally available from these groups.
3. Ask the groups to review pages 1-3 of the Complementary Feeding reminder card, and develop recipes that represent “4 star” diets.



4. Share the key messages below.

KEY MESSAGES

- To provide children a “4 star” diet food group one must:
 - Give foods from animal sources, such as soft fish, chicken and beef.
 - Add vegetables such as spinach and legumes such as beans.
 - Give fruits such as mashed papaw and avocados. For example: Add soft meat/small fish/eggs (both white and yellow) to mashed potatoes/yams, mashed pumpkins, cooked mashed vegetables(ayoyo, spinach, etc.), and mashed pulses (beans, lentils).
- When a child is interested in eating and is growing well, he/she stays free of illness and appears content and healthy. As a result, the mother and family members are also happy.

ACTIVITY 2

30 min.

How to Feed Baby (6-24 months)

1. Ask participants to discuss how children 6-24 months should be fed (quantity and frequency).
2. Review the Feeding Chart below and demonstrate proper feeding with a bowl of 250 ml capacity.

Feeding chart

AGE GROUP	AMOUNT OF FOOD (Use 250 ml feeding bowl)	HOW MANY TIMES A DAY
6 to 8 months	½ of feeding bowl = 125 ml	2 times a day Continue breastfeeding
9 to 11 months	½ of feeding bowl = 125ml	3 times a day Continue breastfeeding 1 snack (e.g. piece of boiled egg)
12 to 24 months	1 feeding bowl = 250ml	3 times a day Continue breastfeeding 2 snacks
Sick child	Continue feeding small quantities. Increase quantity of food after recovery for 2 weeks	Increase breastfeeding of feeding



3. Review pages 4-5 of the Complementary Feeding reminder card.

4. Share the key messages below.



KEY MESSAGES

Tips for mothers, fathers, and families:

- From 6 months, a child needs foods rich in nutrients to grow well because a child's first two years are critical for growth and brain development.
- Remember, it takes time to feed a child. Give the mother or caregiver this time to do it well.
- The transition to complementary feeding should be gradual.
- Eggs and soft fish are good for your child's brain development and will make your child smart.
- Pumpkin/yellow sweet potatoes/spinach will protect your child from illnesses, which can save your family money.

How to feed a baby 6-24 months:

- Both the mother/caregiver and the child should wash hands with soap before feeding.
- Make sure all foods are soft and easy for the baby to chew.
 - Cook meat/fish until it is soft and tender.
 - Modify the food by grinding, mincing, or cutting it into tiny pieces to enable the child to chew and swallow easily.
- Teach the child to feed by himself/herself.
- Feed with love, and make feeding an enjoyable experience.

ACTIVITY 3

20 min.

Common Feeding Challenges

1. Ask participants to discuss common complementary feeding problems experienced by mothers of children 6-24 months. Responses may include:
 - Child has poor appetite.
 - Child does not like food.
 - Child is sick.
 - Diverse foods are not affordable.
 - Beliefs by mother that:
 - Babies diets should not include meat and fish because they are not old enough to eat them.
 - Babies cannot digest meat or fish.
 - Babies can only eat liquid foods such as watery porridge, watery soups, infant formula, etc.
 - Fruits and vegetables give babies diarrhea.
 - Babies should not eat eggs.
 - Solid foods make babies sick.

ACTIVITY 3
(continued)

Common Feeding Challenges (continued)

2. Share the key messages below.

KEY MESSAGES

FEEDING PROBLEM	RECOMMENDATIONS	MOTIVATION
Child is sick	<ul style="list-style-type: none"> • Feed the child more frequently during illness. • Offer the child breastmilk more frequently. • Give the child more liquids (water, porridge) to ensure that the child is hydrated. • Encourage the child to eat more. • Give the child more whole fruits to improve his/her appetite. • If the child is unable to feed at all, seek advice from a healthcare provider. • After illness, give more food than usual until the child is well and full of energy again. 	<ul style="list-style-type: none"> • Child needs more nutrients during illness. • Breastfeeding boosts the child's immunity and nutrient intake. • The child loses lots of liquids and salts during illness, which need to be replenished through more feeding and increased fluid intake. • Fruits are natural appetite boosters.
Child does not like food	<ul style="list-style-type: none"> • Give variety of foods. • Introduce one type of food at a time to avoid the child rejecting the food. • Do not mix so many foods, these look unpalatable sometimes. • When feeding, present the food in an attractive way. • Hide the disliked healthy foods in the preferred food. • Be creative while cooking and make the food delicious by vary cooking methods. • When feeding a child, give food in small quantities. 	<ul style="list-style-type: none"> • When your child eats a variety of food, they will be well nourished and their immunity will improve. • If the food is delicious/tasty the child eats easily and saves on time and wastage.

UNIT 4

***Counselling,
Advocacy, & M&E***

OBJECTIVE(S):	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Demonstrate all seven of the best practices from the Checklist for Effective Counselling
CONTENT	<ul style="list-style-type: none"> • Checklist for Effective Counselling
TOOLS	<ul style="list-style-type: none"> • Annex 3: Checklist for Effective Counselling

ACTIVITY 1

30 min.

Counselling Techniques

1. Ask participants to describe good and bad counselling techniques.
2. Discuss the seven items from Annex 3: Checklist for Effective Counselling, which are also summarized in the key messages below.

KEY MESSAGES

Counselling Tips

1. Demonstrate good listening and learning skills.
2. Show that you understand how the mother feels.
3. Use helpful non-verbal communication.
4. Ask open-ended questions.
5. Don't use judgmental words.
6. Praise and emphasize what a mother is doing right.
7. Provide the mother with practical help/demonstration.

3. Have participants break into groups and practice the best practices above.



OBJECTIVE(S):	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain the Ten Steps of Successful Breastfeeding • Explain the ten points of the Code of Marketing Breastmilk Substitutes • Explain key actions to take with health facilities to strengthen services for early initiation, exclusive breastfeeding, and counseling for diet diversity
CONTENT	<ul style="list-style-type: none"> • 10 Steps of Successful Breastfeeding • 10 point Code of Marketing of Breastmilk Substitutes • How to Reach the In-Charges in Health Facilities • Presentation on M&E Tools
TOOLS	<ul style="list-style-type: none"> • Wall chart on 10 Steps of Successful Breastfeeding • Wall chart on 10 point Code of Marketing of Breastmilk Substitutes • IYCF Data Recording Tools

ACTIVITY 1

20 min.

10 Steps of Successful Breastfeeding and The Code

1. Ask participants to discuss how the 10 Steps to Successful Breastfeeding are being implemented in health facilities.
2. Share the key messages below.

KEY MESSAGES

10 Steps to Successful Breastfeeding

Every facility providing maternity and child health services and care for infants should:

1. Display the 10 Steps to Successful Breastfeeding at all service delivery contact points.
2. All staff should receive orientation on the breastfeeding policy relevant to their roles. Refresher courses should be offered on a regular basis.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Within the first hour of birth, all mothers (regardless of feeding intention) should be given their babies to hold with skin-to-skin contact and supported to initiate breastfeeding.
5. Show mothers how to breastfeed, and how to maintain lactation even if they happen to be separated from their infants.
6. Give newborn infants no food or drinks other than breastmilk for the first six months, unless medically indicated.
7. Practice rooming in—allow mothers and infants to remain together— 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Integrate breastfeeding support in all community outreach activities.

Source: WHO BFHI Guidelines. 2018

ACTIVITY 1
(continued)

10 Steps of Successful Breastfeeding and The Code (continued)

3. Ask participants to discuss how they understand The Code of Marketing of Breastmilk Substitutes.
4. Share the key messages below.

KEY MESSAGES

The Code of Marketing of Breastmilk Substitutes

1. Breastmilk substitutes products should not be advertised or otherwise promoted to the public.
2. Mothers, pregnant women, and their families should not be given samples of products.
3. Health care providers should not be given free or subsidized supplies of products and must not promote products.
4. People responsible for marketing breastmilk substitutes should not try to contact mothers or pregnant women or their families.
5. The labels on products should not use words or pictures, including pictures of infants, to idealize the use of the products.
6. Health workers should not be given gifts from Breastmilk Substitute manufacturers.
7. Health workers should not be given samples of products, except for professional evaluation or research.
8. Materials for health workers must not imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding.
9. All information and educational materials for pregnant women and mothers, including labels, should explain the benefits and superiority of breastfeeding. The health hazards of the use of infant formula should be explained.
10. All products should be of a high quality and should be stored under refrigeration where they are used.

ACTIVITY 2
15 min.

How to Reach the In-Charges in Health Facilities

1. Ask participants to discuss key actions they will take with health facility In-charges to strengthen IYCF services and adherence to standards on early initiation, exclusive breastfeeding, and counseling on dietary diversity.
2. Share the key messages on the next page.

ACTIVITY 2
(continued)

How to Reach the In-Charges in Health Facilities (continued)

KEY MESSAGES

- Strengthen visibility of the 10 Steps in health facilities through mentoring and display of materials such as wall charts and banners at key vantage points.
- Reinforce standards on early initiation, exclusive breastfeeding, and counseling on dietary diversity at all service delivery points (ANC, delivery/labour wards, postnatal and child welfare/immunization services).
- Display IYCF policies in health facilities.
- Create columns in labour/delivery ward registers to record early initiation.
- Make registers available to record data on IYCF practices.
- Orient health staff in service points such as ANC, delivery, postnatal and Child Welfare/Immunization service points.

ACTIVITY 3
25 min.

Presentation on M&E Tools

1. Show the IYCF data recording tools and explain the participants' role in using the tools for monitoring and evaluation.
2. Have participants practice using the IYCF data recording registers/tools.
3. Share the key message below.

KEY MESSAGES

- Every health facility providing maternity services and care for newborn infants should record data on IYCF services, especially on IYCF counseling activities and community outreach services.

ANNEX 1: Sample Agenda

TIME	ACTIVITY	FACILITATOR
8.00–8.15AM	Registration	
8.15–9.00AM	<ul style="list-style-type: none"> • Welcome Remarks • Objectives of Orientation • Why Infant & Young Child Feeding • Pre-Test 	
UNIT 1: Early Initiation of Breastfeeding		
9.00–10.00AM	Session 1: Birth Practices and Breastfeeding <ul style="list-style-type: none"> • Childbirth Demonstration • Early Initiation of Breastfeeding 	
UNIT 2: Exclusive Breastfeeding		
10.00–10.20AM	Session 2: Correct Positioning and Attachment	
10.20–11.10AM	Session 3: Preparing Mothers for Exclusive Breastfeeding <ul style="list-style-type: none"> • Frequency of Breastfeeding • Breastfeeding After Returning to Work • Manual Expression of Breastmilk 	
11.10–11.20AM	Tea Break	
11.20–11.40AM	Session 4: Breastfeeding Challenges <ul style="list-style-type: none"> • Common breastfeeding problems and solutions 	
UNIT 3: Complementary Feeding		
11.45AM–13.15PM	Session 5: Diet diversity <ul style="list-style-type: none"> • What to Feed Baby (6-24 months) • How to Feed Baby (6-24 months) • Common Feeding Challenges 	
13.15–14.15PM	Lunch Break	
Unit 4: Counselling, Advocacy, and M&E		
14.15–14.45PM	Session 6: Counselling Techniques <ul style="list-style-type: none"> • Checklist for Effective Counselling 	
14.45–15.45PM	Session 7: Advocacy, Monitoring, & Evaluation <ul style="list-style-type: none"> • 10 Steps of Successful Breastfeeding • 10 point Code of Marketing of Breastmilk Substitutes • How to Reach the In-Charges in Health Facilities • Presentation on M&E Tools 	
15.45PM–16.15	<ul style="list-style-type: none"> • Post-test • Administrative Announcements & Closing 	

ANNEX 2: Pre and Post Test

QUESTION	YES	NO	DON'T KNOW
1 The more milk a baby removes from the breast, the more breastmilk the mother makes.			
2 Early Initiation of Breastfeeding is starting breastfeeding within the 1st hour WITHOUT giving water or other substance			
3 Poor child feeding during the first two years of life harms growth and brain development.			
4 An infant aged 6 up to 9 months needs to eat at least two times a day in addition to breastfeeding.			
5 Identification of contact points, mapping of health facilities/ resources and hands-on training are some of the steps in the performance improvement cycle.			
6 A pregnant woman needs to eat one more meal per day than usual.			
7 At 4 months, infants need water and other drinks in addition to breastmilk.			
8 Giving information alone to a mother on how to feed her child is effective in changing her infant feeding practices.			
9 A woman who is malnourished can still produce enough good quality breastmilk for her baby.			
10 The purpose of an infant and young child feeding support group is to share personal experiences on infant and young child feeding practices.			
11 Children should be breastfed until 2 years of age			
12 The mother of a sick child should wait until her child is healthy before giving him/her solid foods.			
13 Listening and learning skills are not necessary to provide proper counselling to a mother on appropriate nutrition practices.			
14 During the first six months, a baby living in a hot climate needs water in addition to breastmilk.			
15 A child 9-12 months needs 3 meals and 1-2 nutritious snacks a day in addition to breastmilk			
16 When a sick child continues to breastfeed or drinks fluids and eats during sickness, the child regains strength quickly.			
17 A newborn baby should always be given colostrum.			
18 Men play an important role in the feeding practices of pregnant and lactating mothers and children.			

ANNEX 3: Checklist for Effective Counselling

- Demonstrate good listening and learning skills**
 - Listen attentively to the mother, maintaining eye contact. Many times, mothers find it difficult to express their feelings, especially if they are 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.

- 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?

- 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?

- Don't use judgmental words.**
 - Judgmental words are words include words such as 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?," Build the self-confidence of mothers

- 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 good job done will build confidence and make it easier to counsel mothers the next time.

- Provide the mother with practical help/demonstration.**
 - For example, you can show the mother proper positioning and attachment of the baby and different positions for breastfeeding or showing food groups, recipe development and ways to improve the quality of the child's diet using foods in the household.

