

Alive & Thrive
(Infant and Young Child Feeding Support Group)

DRAFT

TRAINEE HANDBOOK FOUR

**Behavior Change Communication
on Infant and Young Child Feeding
in Remote Areas**



ACKNOWLEDGEMENTS

Alive & Thrive (A&T) acknowledges the special cooperation of Associate Professor Doctor Le Thi Huong, the Deputy Director of the Academy for Preventive Medicine and Public Health, under the Hanoi Medical University in giving technical support and developing this training manual on Behavior Change Communication on Infant and Young Child Feeding (IYCF) for health - facility and community - based health workers in remote areas.

We would also like to express our appreciation to health workers and Viet Nam Women's Union members as the provincial and district trainers for the Alive & Thrive project from eleven A&T provinces in the Central and Southern regions for contributing useful comments that enabled the finalization of these manuals.

We extend our gratitude to A&T team members in Viet Nam who worked closely with the consultant team to review and provide comments on these training manuals.

We would also like to thank the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Pan American Health Organization (PAHO), and other organizations whose training materials and references made our task of putting this manual together a great deal easier.

Finally, we would like to express our sincere gratitude to the Department of Maternal and Child Health, Ministry of Health (MoH), Viet Nam for their support and guidance in the development of these training manuals.

A&T is grateful for the financial support from the Bill & Melinda Gates Foundation.

INTRODUCTION

In recent years, Viet Nam has made substantial efforts to reduce the malnutrition rate among children under five years old - that rate is now down from 50% in 1990 to 20% in 2010 (*NIN*). However, underweight and, in particular, stunting among children under two years old remain high in Viet Nam when compared to countries with the same economic status in the region. Addressing child nutrition, particularly stunting among children under two years old, is a high priority for the Government of Viet Nam. The extremely low rate of exclusive breastfeeding (*EBF*) for the first six months (17%), and poor complementary feeding (*CF*) practices are the main reasons for the high stunting rate among children under two years old in Viet Nam.

To support the government's efforts to reduce the high malnutrition rate among children under five years old, Save the Children (*SC*), through a partnership with the Academy for Educational Development (*AED*), GMMB, the International Food Policy and Research Institute (*IFPRI*), and the University of California, Davis, is implementing the A&T project in Viet Nam over a period of five years (2009-2013). The project goal is to reduce malnutrition and death caused by sub - optimal IYCF practices by improving the rate of EBF and CF practices for children aged 0-24 months.

In order to achieve this goal, A&T will support health facilities in fifteen provinces to establish IYCF counseling services in rural and urban areas, using a social-franchise model and IYCF support groups in mountainous areas. A package of training manuals on IYCF and counseling skills has been developed for health - facility managers and staff and community - based workers, including nutrition collaborators, village health workers (*VHWs*), and Viet Nam Women's Union members,. The participants who are trained with these manuals will be able to provide IYCF counseling services in health facilities and in the community.

This manual is designed for use by provincial/district trainers to train village health workers on IYCF counseling through IYCF Support Groups meeting at the community level.

ACRONYMS

A&T	Alive & Thrive
AED	Academy for Educational Development
AV	Audio - visual
BCC	Behavior Change Communication
BF	Breastfeeding
BMI	Body Mass Index
CF	Complementary Feeding
CHC(s)	Commune Health Center(s)
EBF	Exclusive Breastfeeding
IFPRI	International Food Policy Research Institute
IYCF	Infant and Young Child Feeding
MoH	Ministry of Health
NIN	National Institute of Nutrition
SC	Save the Children
SL	Slide
WHO	World Health Organization
VHW(s)	Village Health Worker(s)

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NOTES FOR TRAINEES

PART 1: MANUAL USAGE

Purpose

This handbook is designed for trainees at the commune and village levels in A&T project areas. It is to be used during training and implementation of activities for the IYCF Support Groups model, especially in mountainous areas and among ethnic minorities where there are difficulties accessing information from commune and district health services.

Structure and reference

This handbook provide for the IYCF Support Group model includes four chapters:

CHAPTER 1. Introduction of the A&T project.

CHAPTER 2. Messages for improving IYCF practices.

CHAPTER 3. Organizing IYCF support groups in the villages.

CHAPTER 4. Monitoring books, recording forms, and reports.

This handbook should be complemented with a set of counseling cards and instruction cards for facilitating the IYCF Support Groups meeting at village level. There are fifteen meeting topics based on which fifteen instruction cards will be developed for use by the community - based workers when conducting the group meetings.

PART 2: SOME IYCF DEFINITIONS

1. **Exclusive Breastfeeding (EBF) in the first 6 months:** Infants are fed exclusively with breastmilk for the first six months, i.e., an infant receives only breastmilk and no other liquids or solids, not even water, with the exception of drops or syrups consisting vitamins, minerals, supplements, or medicines according to a health worker's instructions.
2. **Continue BF until 24 months:** Together with Complementary Feeding (CF), children are breastfed up to 24 months.
3. **CF:** CF means feeding infants with soft, semi - solid, or solid food in addition to breastmilk.
4. **Food diversity:** Children receive food from four appropriate food groups or more.
5. **Foods rich in iron:** Children receive iron - rich food or iron - fortified food that is specially designed for infants and young children.
6. **Underweight:** The child weighs less than the standard for children of the same age and sex (*using the threshold weight-for-age under - 2SD or low body mass index (BMI)*).
7. **Stunting:** The child is shorter than the standard for children of the same age and sex. This is a manifestation of chronic malnutrition and is the main sign of malnutrition from early stages of life, which includes fetus malnutrition due to maternal undernutrition.
8. **Wasting:** The child weighs less and is shorter than the standard for children of the same age and sex. Wasting is often considered as acute malnutrition because it often happens in a short time period. It is defined as weight for height below - 2SD.
9. **Overweight:** Muscles and fat accumulation makes the weight higher than the standard for children of the same age and sex. This is defined as weight for age higher than 2SD

TRAINING OBJECTIVES

After completing this training, trainees will be able to:

1. Understand the goals, objectives, and interventions of the A&T project and the IYCF support group model in the community.
2. Understand the main content and messages on IYCF.
3. Know how to set up, organize, manage, and operate the IYCF support groups in the villages.
4. Apply the BCC skills directly to managing IYCF support group meetings.
5. Plan and practice household visits for counseling, then monitor and support the implementation of optimal IYCF practice in village households.
6. Record forms and books tracking IYCF support - group activities in their villages.
7. Report and monitor the indicators that are used to evaluate activities and the effectiveness of IYCF support groups in the villages.

TRAINING SCHEDULE - IYCF SUPPORT GROUPS MODEL IN VILLAGES

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5		
MORNING	<p><i>Pre-test (30m)</i></p> <p>Opening - introduction - objectives - class rules - training schedule (60m)</p> <p>PART 1: INTRODUCTION OF THE A&T PROJECT</p> <p>Session 1. IYCF in Viet Nam and Windows of Opportunity (30m)</p> <p>Session 2. Introduction of the A&T project (30m)</p> <p>Session 3. The IYCF Support Group model in villages (50m)</p>	<p><i>Review old session</i></p> <p>PART 2. CONT</p> <p>Session 4. Breastmilk production (40m)</p> <p>Session 5. A child's nutrient demand and nutrients provided by breastmilk (40m)</p> <p>Session 6. Positioning and attachment (55m)</p> <p>Session 7. The importance of appropriate complementary feeding (45m)</p>	<p><i>Review old session</i></p> <p>PART 2. CONT</p> <p>Session 11. Child feeding during illness (<i>sickness</i>) and recovery (50m)</p> <p>PART 3. ORGANIZE AND FACILITATE THE IYCF SUPPORT GROUPS IN VILLAGES</p> <p>Session 1. Steps to establish IYCF support - groups in villages (90m)</p> <p>Session 2. Skills in facilitating group communication at the community level (90m)</p>	<p><i>Review old session</i></p> <p>Session 4. Topics for IYCF support - group meetings in villages (30m)</p> <p>Session 5. Practice facilitating an EBF support - group meeting (130m)</p>	<p><i>Review old session</i></p> <p>Session 7. (cont)</p> <p>Session 8. Household visits (60m)</p> <p>Post-test (30m)</p>		
	LUNCH BREAK						
AFTERNOON	<p>PART 2. IYCF MESSAGES</p> <p>Session 1. Health and nutrition care for pregnant women and lactating mothers (40m)</p> <p>Session 2. Monitoring child growth (60m)</p> <p>Session 3. Breastmilk and the importance of BF (60)</p>	<p>Session 8. How to prepare complementary food to meet the child's needs (40)</p> <p>Session 9. Preparing a hygienic meal(30m)</p> <p>Session 10. Food demonstration (60)</p>	<p><i>Review old session</i></p> <p>PART 3. CONT</p> <p>Session 2. (cont)</p> <p>Session 3. Organizing and facilitating an IYCF support - group meeting at village level (45m)</p>			<p>Session 6. Practice facilitating a CF support - group meeting (120m)</p> <p>Session 7. Practice (cont) facilitating an IYCF community support-group meeting (115m)</p>	<p>PART 4. MONITORING AND REPORTING (120m)</p> <p>Summarize The Class</p> <ul style="list-style-type: none"> Evaluate the training course Deliver the certificates <p>Closing</p>

PART 1

INTRODUCTION OF THE ALIVE & THRIVE PROJECT

MAIN CONTENTS:

Session 1. IYCF in Viet Nam and Windows of Opportunity

Session 2. Introduction of the A&T project

Session 3. The IYCF Support Group model in villages

SESSION 1. IYCF IN VIET NAM AND WINDOWS OF OPPORTUNITY

Objectives of the session

- To be able to understand IYCF problems in Viet Nam.
- To be able to point out the significance of the “*Windows of Opportunity*”.
- To be able to list all current nutritional recommendations for children from 0-24 months old.

1. IYCF situation in Viet Nam

IYCF plays a key role in child health and survival. You can use the analogy of building a house. If we have a steady foundation then we will have a good house. Children mentioned in IYCF are those under five years of age.

In Viet Nam, there are more than seven million children under five years old, in which:

- One in five children are underweight (18,9%) *
- One in three children are stunted (31,9%) **

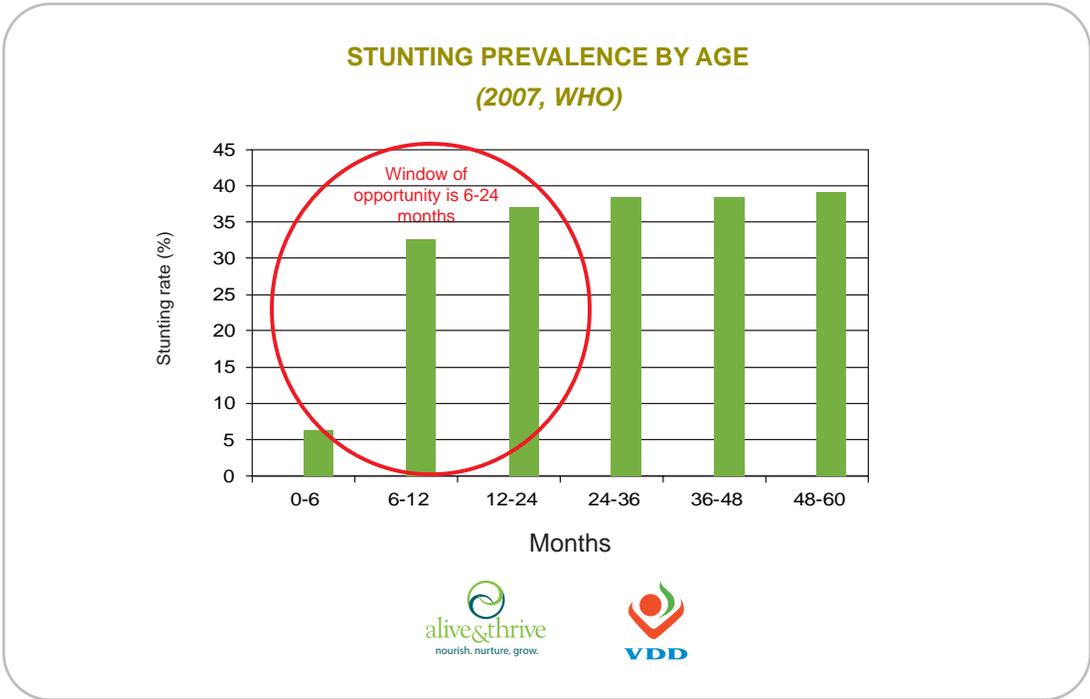
Source: * Health Statistic Yearbook (2009)
 ** NIN Surveillance - 10 A&T provinces (2009)

Despite being a food - secure country and the 2nd biggest rice exporter in the world, and despite having a high level of literacy (90% of population), the child - malnutrition rates in Viet Nam are still high, which shows that malnutrition results more from inappropriate IYCF customs and practices than from other factors.

2. “*Window of Opportunity*” - the most effective time for IYCF interventions

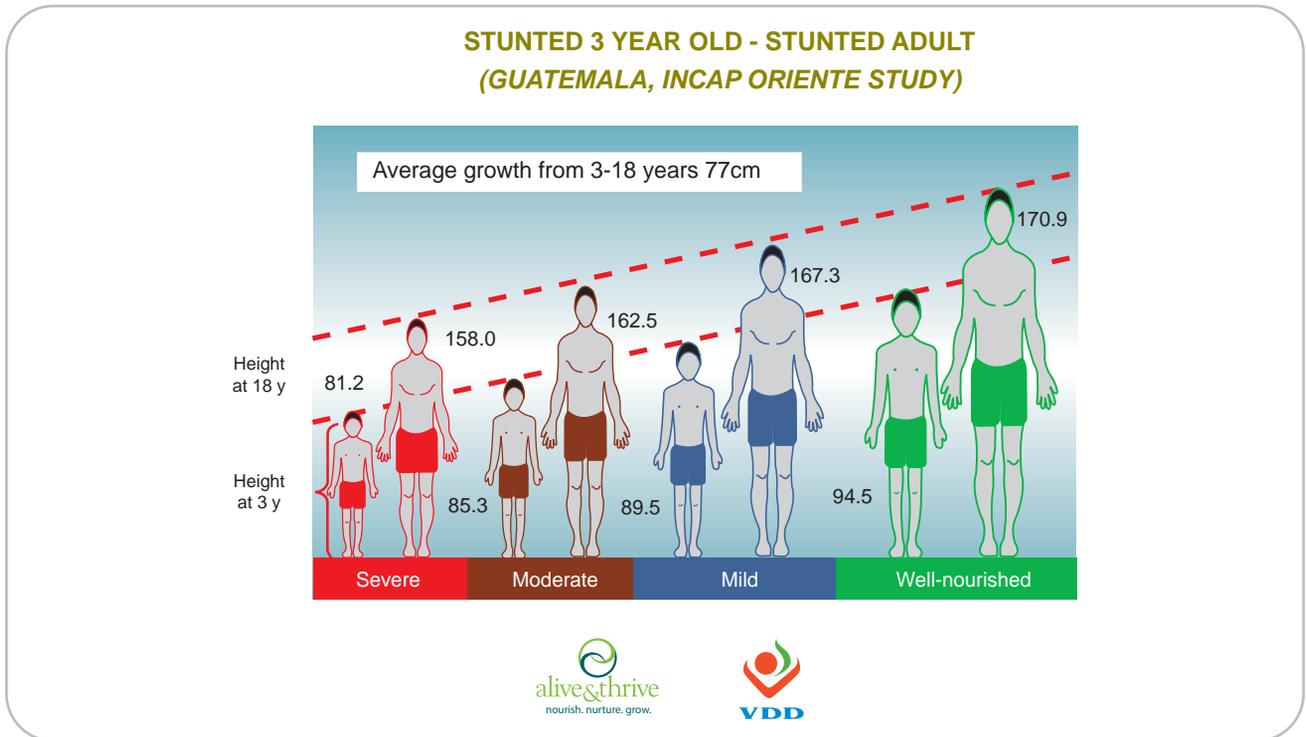
Research on the IYCF situation in the 10 province A&T project sites indicated that the stunting prevalence in children under 6 months remained low but accelerated from 6 months to 24 months. After 24 months, there was not much change in the rate.

Therefore, if we want to change the nutritional status of children in Viet Nam, 0-24 months old is the most effective time for nutrition interventions. Once a child is over 2 years old, it is very difficult to reverse the stunting that has already set in.



- From 0-6 months, the malnutrition prevalence in children remains low (*about 5%*), but increases dramatically from 6 months to 24 months (*>35%*)
- Why is there a sharp increase in the rate of malnutrition in the period of 6-24 months? This is the time when the child starts CF. CF practices are the fundamental factors influencing the nutritional status of the child. Therefore, the period from 0-24 months is a vulnerable period for children and also the “*Window of Opportunity*” - the most effective time for nutrition interventions.

3. Impact of the “*Window of opportunity*” on the development of the child’s height.



4. Behavior change communication on IYCF in remote areas (*IYCF support-group model*)

- Research demonstrates that the height of an 18-year-old child is the height of the 3-year-old child plus 77 cm. Therefore, if the child was stunted at three years old, s/he will not reach his/her optimal height as an adult.
- Hence, in order to ensure that all children will become tall and healthy adults in the future, we need to focus on improving IYCF practices to prevent stunting from a very early age. This intervention needs to be implemented by appropriate activities at different ages: from the seventh month of pregnancy until the child is 24 months old.

4. Windows of opportunity - the most effective time for IYCF interventions

WINDOWS OF OPPORTUNITY

preconception through pregnancy	0-6 months: Exclusive breastfeeding	6-24 months: Complementary feeding and continued BF
		
		

- In pregnancy, a mother needs to be cared for and receive good nutrition. In the last trimester of pregnancy, a mother needs to be provided with knowledge about BF.
- When the child is 0-6 month, a mother needs support to ensure that the child is breastfed immediately after birth with colostrum, and is exclusively breastfed for the first 6 months.
- When the child is 6-24 months, a mother needs to know how to give age-appropriate CF and continue BF until the child is 24 months.

5. Optimal IYCF practices (*WHO recommendations*)

5.1. Optimal IYCF practices (*BF*)

IDEAL IYCF PRACTICES (*BF*)

1. All infants breastfed for the first time within the first hour after birth*
2. No infants are fed with pre - lacteals before breastfeeding*
3. All infants are fed colostrum*
4. All infants and young children are breastfed on demand, during the day and night*
5. All infants are exclusively breastfed until 6 months of age* (*180 days*)
6. No children are weaned before 24 months of age*
7. No children are fed with bottles and pacifiers

* Source: ProPAN



5.2. Optimal IYCF practices (*CF*)

IYCF PRACTICES (*CF*)

8. All young children are fed semi - solid complementary foods beginning at 6 months of age (*180 days*)*
9. All young children are fed the recommended number of meals daily*
10. All young children meet their recommended daily energy requirements*
11. All young children are fed nutrient - and energy - dense foods*
12. All children are given diverse foods (*with 4 food groups or more*)
13. All children are given iron - rich foods or iron supplement daily
14. All young children are fed meat, fish, and poultry daily*
15. All young children are supported and motivated to eat to satiety during meal time*

* Source: ProPAN



6. Behavior change communication on IYCF in remote areas (*IYCF support-group model*)

Note: WHO age calculation:

- *0-month-old baby*: children from the time of delivery to 29 days of age.
- *1-month-old baby*: children from 30 to 59 days of age.
- *5-month-old baby*: children of 5 months up to 5 months plus 29 days of age.
- *Children under 6 months*: children under 180 days of age.
- EBF in the first 6 months means in the first 179 days of age and to initiate CF at 6 months of age means at 180 days of age.

6. Messages to remember

- **The period from 0-24 months** old is very important for the growth of a child so we call this period the “*window of opportunity*” for the most effective interventions.
- **15 optimal IYCF practices:**
 - **BF:**
 - All infants should be breastfed during the first hour after delivery.
 - All infants should be exclusively breastfed for the first six months.
 - **CF:**
 - All infants should be fed with complementary food at 6 months of age (*180 days*).
 - All young children should be fed the recommended number of meals daily.
 - All young children should be fed the recommended quantity of food for every meal.
 - Diversify the food in each meal (≥ 4 *food groups*).

SESSION 2: INTRODUCTION OF THE A&T PROJECT

Objectives of the session:

To be able to understand the main content of the A&T project:

- Implementation period.
 - Project objectives.
 - Project areas.
 - Project intervention models.
-

1. The A&T project

- Five-year initiative (2009 - 2013).
- Bangladesh, Ethiopia, and Viet Nam.
- Preventing child deaths by improving BF and appropriate CF practices at scale.
- Funded by the Bill & Melinda Gates Foundation.

2. A&T in Viet Nam

General objectives:

Preventing child deaths related to malnutrition caused by sub-optimal IYCF practices.

Detailed objectives:

- Double the exclusive breastfeeding rates for the first six months by the end of the project
- Improve CF for children aged 6-24 months in both quality and quantity by the end of the project.

Reduce stunting for children under 2 years old by 2% per year

3. A&T partners

International partners:

- AED - Lead, Communication, Private Sector.
 - GMMB - Policy and Public Relation
 - IPFRI - Monitoring and Evaluation, Operations Research
 - Save the Children - Community interventions
 - University of California, Davis - Small grants program
8. **Behavior change communication on IYCF in remote areas (IYCF support-group model)**

National partners:

- Ministry of Health - Department of Maternal and Child Health
- National Institute of Nutrition
- Provincial Department of Health
- Viet Nam’s Women Union
- United Nations Agencies
- Non-governmental Organizations

4. A&T project areas

Northern region: Ha Noi, Hai Phong, Thai Nguyen, Thanh Hoa

Central region: Da Nang, Quang Binh, Quang Tri, Quang Nam, Quang Ngai

Southern region: Khanh Hoa, Vinh Long, Tien Giang, Ca Mau, Dak Lak, Dak Nong

5. Main A&T intervention models

<p style="text-align: center;">Franchise model</p> <p style="text-align: center;">“Mat troi be tho” at health facilities</p> <ul style="list-style-type: none"> • Health staff conduct counseling in commune health centers (CHCs) and hospitals • The model will be set up in communes where they are easy to get to and in the villages are near to CHCs. 	<p style="text-align: center;">IYCF support group model in villages</p> <ul style="list-style-type: none"> • VHWs and Viet Nam Women’s Union members will conduct BCC in villages. • The model will be set up in villages that are far from CHCs or in the villages where it is difficult to access commune health centers.
	

- The franchise model “Mat troi be tho” will be set up at health facilities in all A&T provinces.
- The IYCF support - group model in villages is a pilot model for distant communes where it is difficult to access health services.
- This training course will mention the IYCF support - group model in villages only.

SESSION 3: THE IYCF SUPPORT - GROUP MODEL IN VILLAGES

Objectives of the session

- Understand the IYCF support - group model in villages.
 - Point out the roles and responsibilities of parties involved in BCC on IYCF in the community.
-

1. An overview of the IYCF support - group model in villages

In order to attain the objective of reducing the stunting rate in selected provinces, A&T has supported these provinces in setting up the “*Mat troi be tho*” franchises at health facilities. However, in remote areas and among ethnic minority areas where people have difficulties accessing health facilities, A&T will establish IYCF support groups in villages to provide mothers, husbands, and villagers in the community with knowledge and information on IYCF.

An IYCF support group is a group of mothers, fathers, and family members who live in the same village and are related to pregnant women or lactating mothers of children under 24 months old. They know each other and have the same customs and beliefs. They will be provided with and share child - care and feeding information, knowledge, and experiences through the group meetings.

The IYCF group is not a training course but an unofficial forum where the members can chat, share experiences, and ask questions related to IYCF. There are no conditions for the participants involved in the groups.

Topics shared in the groups should be very simple and easy to understand, but have enough information for everyone to know why they should follow the new practices. Main topics that will be discussed in the groups include:

- Optimal BF practices: early initiation of BF, colostrum BF, and EBF.
- Optimal CF practices and feeding for children during illness.

The messages will be introduced step-by-step, one message at a time, to make sure that everyone can understand, remember, and implement the optimal practices at home. Skills to apply these practices will also be introduced and practiced during group meetings.

In order to make the messages focus on and meet the practical demand of each target group, each village will have three groups as follows:

- EBF support group.
- Appropriate CF support group.
- IYCF community support group.

These groups will meet regularly at a member’s house or a community building according to what the group members decide. The facilitator of the groups is the leader who has been trained on IYCF and who will be supported by the commune health staff and head of the village.

2. Criteria for choosing villages for IYCF support groups

The IYCF support group is an intervention model in the community to be piloted in remote areas and where ethnic minorities live. The IYCF support groups will be set up in villages and the criteria for choosing each village are:

- The village is far from the CHC (>5km) with difficult travel conditions.
- Number of households with children under two is more than 10.
- Village collaborators (*VHWs and Women’s Union members*) are enthusiastic, active, and willing to volunteer to participate in the project activities.
- Commune and village authorities are enthusiastic and paying attention to maternal and child health care.
- Commune health staff are responsible and dedicated to community improvement activities.
- Village residents live close to each other (*radius of village is less than 2 km*)

3. IYCF support groups in villages:

According to participant characteristics in each group, we will create three kinds of IYCF groups as follows:

- A group of pregnant women in the last trimester and lactating mothers with children under 6 months old.
- A group of lactating mothers and caregivers with children from 6-24 months old.
- A group of key family members who have children under two in the family.

4. Description of the IYCF support groups in villages:

	GROUP	PURPOSE	SUBJECT	MESSAGE
1	BF Support Group (BFSG)	Support lactating mothers to immediately breastfeed, breastfeed colostrum, exclusively breastfeed in the first six months	<ol style="list-style-type: none"> 1. Pregnant women in the last trimester 2. Lactating mothers with children under 6 months old 	BF messages
2	Appropriate CF Support Group (ACFSG)	Support mothers and caregivers to feed appropriate complementary food to children aged 6-24 months	<ol style="list-style-type: none"> 1. Lactating mothers with children 6-24 months old 2. Caregivers 	Appropriate CF messages
3	Community group supporting IYCF	To ask for support from husbands, parents-in-law, and decision - makers in the family to help mothers exclusively breastfeed their children successfully and feed for their children with appropriate complementary food	<ol style="list-style-type: none"> 1. Husbands 2. Mothers-in-law 3. Family members who are the decision - makers in the family 	<ul style="list-style-type: none"> • IYCF practices and child growth • The importance of maternal and child health care and BF • Family planning and IYCF

5. Roles of stakeholders participating and managing the IYCFSGs

In order to set up effective IYCF groups that operate smoothly we need to have support from local authorities, commune health staff, and community-based workers.

Roles and responsibilities of the stakeholders participating and managing the IYCF support groups are described below:

MEMBER	WHAT THEY DO	HOW THEY DO
<p>Community - based workers</p> <p>(VHWs, Viet Nam Women's Union members, Nutrition collaborators)</p>	<ul style="list-style-type: none"> List all target audiences for each group in their village. Inform and guide mothers and family members about IYCF support groups and encourage them to participate in suitable groups. Organize group meetings and integrate BCC on IYCF into their routine tasks. 	<ul style="list-style-type: none"> Organize and facilitate regular group meetings. Coordinate with the village head to integrate IYCF messages into other village meetings. Integrate monitoring and supporting IYCF behavior change into regular home visits.
<p>Commune healthstaff</p>	<ul style="list-style-type: none"> Support CBWs to organize and facilitate IYCF support-group meetings. Help CBWs to make a plan for IYCF support - group activities. Conduct supportive supervision to improve the skills of CBWs in facilitating group meetings. Conduct monthly meetings with CBWs. 	<ul style="list-style-type: none"> Supportive supervision. Regular home visits.
<p>Head of village</p>	<ul style="list-style-type: none"> Support the establishment of IYCF support groups. Encourage villagers to update their IYCF customs in line with the guidance given by the A&T trainers 	<ul style="list-style-type: none"> Set up objectives to decrease malnutrition rate into the village development strategy. Give comments on IYCF support group management and organization. Allow the IYCF support group to use the community house for meetings.

PART 2

IYCF MESSAGES

MAIN CONTENTS:

Session 1. Health and nutrition care for pregnant women and lactating mothers

Session 2. Monitoring child growth

Session 3. Breastmilk and the importance of BF

Session 4. Breastmilk production

Session 5. A child's nutrient demand and nutrients provided by breastmilk

Session 6. Positioning and attachment

Session 7. The importance of appropriate complementary feeding

Session 8. How to prepare complementary food to meet the child's needs

Session 9. Preparing a hygienic meal

Session 10. Food demonstration

Session 11. Child feeding during illness (sickness) and recovery

SESSION 1. HEALTH AND NUTRITION CARE FOR PREGNANT WOMEN AND LACTATING MOTHERS

Objectives

- Describe necessary health and nutrition care for pregnant women
- Describe necessary health and nutrition care for lactating mothers

1. The importance of health and nutrition care for women during pregnancy

- Enable mothers to be healthy and the fetus to grow well
- Enable mothers to be healthy at delivery
- Enable mothers to be healthy to breastfeed their children
 - In the first trimester, the internal organs of the fetus develop, so it is very important to supplement the mother's micro - nutrients
 - In the second trimester, the fetus develops in length and the mother's undernutrition in this period is likely to cause intrauterine stunting.
 - In the third trimester, the fetus develops mainly in weight and the mother's poor weight gain in this period often leads to a low-birth-weight baby.
- **Conclusion:** Health and nutrition care is very important for pregnant women because it helps the fetus to grow well and increases the energy the mother is storing up in order for her to breastfeed properly, which contributes significantly to reducing the stunting prevalence in children.

2. Nutrition care for pregnant women

PREGNANT WOMEN NEED TO EAT WELL, DRINK WELL AND SLEEP WELL

- Eat well (*eating 1-2 extra bowls of rice per day*) - Drink well (*drink 1.5 to 2 liters of water per day*) - Sleep well (*ensure 8 hours per day*)
- Weight monitoring: from pregnancy to delivery, the mother needs to put on 10 - 12 kg.
- Take iron tablets daily during pregnancy.
- Have a tetanus vaccination.

What mothers eat during pregnancy is one of the decisive factors in the development of the fetus, the production of milk during lactation, and the growth of the child after birth.

FURTHER READING

Nutritional demands of pregnant women

Pregnant women have a higher demand for energy and nutrients than they had before pregnancy

- **Energy:** According to FAO/WHO's recommendations for Southeast Asia in 2005:
 - *In the 2nd trimester:* eat enough extra food to provide an additional 360kcal/day (equal to 1 full bowl of rice and appropriate food)
 - *In the last trimester:* eat enough extra food to provide an additional 475kcal/day (equal to 2 bowls of rice and appropriate food)
- **Protein**, especially in the 1st trimester, is essential for forming and building internal organs such as heart, liver, lungs, and particularly the nervous system

Needs: increase protein intake by 15g/day for the first 6 months and 18g/day for the last trimester
- **Lipid:** accounts for 20-25% of total energy, i.e., about 60g lipid/day (from oil, fat, and cheese). Lipid increases energy and provides fat-soluble vitamins such as Vitamins A, D, E, and K needed for the body in general and during pregnancy in particular
- **Vitamins, minerals, and micro - nutrients**
 - In addition to its effects of good eyesight and increased resistance to infection, Vitamin A creates long bones for infants, helping them to potentially reach optimal height
 - Vitamin D is good for infants and supports in absorption of nutrients and metabolism of calcium, forming the child's skeleton.
 - Vitamin C increases resistance to infection and supports iron absorption
 - Acid folic helps produce blood and the nervous system
 - Other vitamins support the body's absorption and strengthen the body's functions
 - Iron is involved producing blood - iron is available in solid blood, red-colored meat, soy bean, and dark-green leaves
 - Calcium is involved forming the skeleton
 - Zinc: increases infant's height during pregnancy and infant's immunity

3. Health care for pregnant women

PREGNANT WOMEN SHOULD RECEIVE APPROPRIATE HEALTH CARE AND COUNSELING

- **Antenatal care**
 - **Regular pregnancy check:** at least three visits, once per trimester (*in the last three months: once per month if possible*)
 - **Tetanus vaccination:** two injections following a health worker's instructions
 - **Consume iron tablet/folic acid or micronutrients as instructed by a doctor:** consume as soon as pregnancy is detected
 - **Weight monitoring:** from the time of pregnancy till delivery, a mother should gain 10 to 12 kg
- **Nutrition counseling** for pregnant women
- **Counseling on breast care:** to ensure the lactiferous ducts not to be blocked after delivery

4. Nutrition care for lactating mothers

A lactating mother needs to eat well and rest appropriately in order to produce enough breastmilk for her baby. In addition, she also needs to drink enough water. In some provinces, it is perceived that a lactating mother should limit water in her diet (*eating rice with fish sauce boiled with pepper, chicken fried with ginger, etc.*), avoid eating watery vegetable soup because this could make her pass urine more often, etc. This custom needs to be changed.

In general, lactating mothers should:

- Eat enough food and eat diverse food: Lactating mothers should eat 2-3 bowls of rice/ day with meat, fish, and fat, etc.
- Drink plenty of water: At least 1.5 to 2 liters per day.
- Take a single dose of Vitamin A after delivery following the instruction of health staff.
- Continue to consume iron tablets or micronutrient supplements during the first month after delivery.
- Rest appropriately and near the child to breastfeed him/her.
- Do not drink beer, thick tea, or coffee. No smoking.
- Do not take medicine without the instructions of health staff.

SESSION 2: MONITORING CHILD GROWTH

Objectives

- Understand the importance of monitoring child growth
- Practice using a growth chart in IYCF counseling for mothers and caregivers in the community.

1. The importance of monitoring child growth

- Monitor the child's growth by measuring the child's height and weight to help accurately assess the nutritional status of a child.
- Early detection of abnormal nutritional status in order to have appropriate treatment.
- Each mother can monitor her child's nutritional status so as to identify early signs of malnutrition or overweight and obesity to take him/her to the doctor in a timely fashion.

A tool for monitoring the child's growth is the growth chart. Different types of growth charts are available. Please note that we only use the growth chart distributed by NIN - which will be introduced in the next part.

2. Different types of growth charts:

- **Weight/Age growth chart:** to detect underweight/overweight malnutrition.
- **Weight/Age growth chart:** to detect stunting malnutrition.
- **Weight/Height growth chart:** to detect wasting malnutrition

Note:

- *Charts for boys and girls are different*
- *We only use two types of charts: weight/age and height/age*

3. Use the growth chart in counseling for mothers

CURVE	YELLOW (OVERWEIGHT)	GREEN (SAFE)	RED (IN RISK, MALNOURISHED)
Goes up	The child is overweight and continues to gain more weight, deteriorating nutritional status: <i>there is a problem with the child's diet, recommend that the mother participate in IYCF support - group meetings and take the child to a health facility for the best counseling.</i>	The child is growing well: <i>Compliment the mother and encourage her to maintain the</i>	The nutritional status is improved, but the child is still malnourished: <i>Continue monitoring closely, support the mother to increase nutrition for the child.</i>
Across	The child is overweight, though s/he is not putting on more weight but his/her nutritional status hasn't improved much: <i>Recommend that the mother brings the child to a health facility to check and receive appropriate support</i>	The child doesn't gain weight but has not been in a dangerous situation: <i>Ask about the child's diet and illness to give an appropriate recommendation</i>	The child's nutritional status is not improved; s/he is still malnourished: <i>Encourage the mother to bring the child to a health facility to be checked and receive appropriate support</i>
Goes down	The child is overweight but is losing weight and his/her nutritional status is being improved: <i>Advise the mother to maintain the current diet, but she needs to be careful. Once the curve goes into the green area, the mother should participate in IYCF support - group meetings and take the child to a health facility for the best counseling.</i>	The child is losing weight but has not been in a dangerous situation: <i>Ask about the child's diet and any illness and encourage the mother to bring the child to a health facility to be checked and receive appropriate support</i>	The child is malnourished and losing weight: <i>Bring the child to a health facility immediately for a checkup and to receive appropriate support</i>

SESSION 3: BREASTMILK AND THE IMPORTANCE OF BF

Objectives

- To understand more about different types of breastmilk (colostrum, hindmilk, and foremilk).
- To point out the benefits of BF.

1. Types of breastmilk

- Colostrum: is formed beginning at 14-16 weeks of pregnancy and is secreted in the first 1-3 days after delivery.
- Milk: is formed 7-10 days after delivery, when colostrum is completely converted to mature milk, and stays until the child is weaned. Mature milk consists of two types:
 - Foremilk: is secreted first when the child is breastfed. It is greenish and produced in large amounts and provides plenty of protein, lactose, water, and other nutrients.
 - Hindmilk: is secreted later in a breastfeed. It is more an opaque white in color, contains more fat, and provides energy to help children grow well.

Note: Each type of breastmilk has a special benefit of different secreting times. Thus community-based workers need to understand the content and characteristic of each type of milk to give appropriate counseling to mothers and the community. Particularly, always remind mothers that hindmilk contains more fat and is energy-rich so it is important to empty one breast before switching to the other to enable baby to get the hindmilk.

2. Colostrum and benefits of colostrum

It is a fact that many mothers, when they come to a health facility to give birth, bring formula milk to feed the baby in the first day when the mother's milk has not come yet. This is wrong, but this dangerous practice has existed in the community for a long time and remains unchanged in most places. In this section we will discuss how to better understand colostrum and the benefits of colostrum to help mothers change their "*belief*" that they do not have enough milk for their children during the first few days after birth.

Benefits of colostrum

• Antibody rich	• Is valuable because it is the first vaccine that protects the child against infections
• Many white blood cells	• Protects against infection
• Mild purgative effect	• Clear meconium • Helps to prevent jaundice
• Growth factors for the child's intestine	• Helps the intestine to develop • Prevents allergy, intolerance
• Rich in vitamin A	• Reduces the severity of infection

- Colostrum, particularly colostrum within the first 60 minutes after birth, is beneficial for the baby; thus the initiation of BF within the first hour after birth is very important because it helps the baby to get colostrum but it is also beneficial for the mother.
- Antibodies and vitamin A are of highest concentration in colostrum within 60 minutes after birth; thus the mother needs to breastfeed her child immediately after birth, at least within the first hour.
- Currently the rate of early BF in Viet Nam is only 62% (*NIN surveillance 2010*) and we need to raise this rate up to 80-90%.

FURTHER READING

Benefit of skin-to-skin contact after delivery

By putting the child to the mother's breast, there is skin-to-skin contact that helps to stabilize the child's temperature, respiratory rate, and blood-sugar level.

As a natural reflex, the child will find the mother's breast to suckle right after birth and this will help:

- *Child:* to receive colostrum - the first vaccine, quickly discharges meconium, and satisfies hunger.
- *Mother:* to stimulate uterine contraction; to reduce the risk of postpartum bleeding; and to stimulate milk secretion and the "let down" reflex.

3. Exclusive Breastfeeding

EXCLUSIVE BREASTFEEDING

Exclusive breastfeeding means that an infant is given no additional solids or liquids in addition to breast milk, not even water, with the exception of vitamins, minerals supplement or medicine (*according to health worker's instruction*)



Currently the national rate of EBF is 10% (*NIN Surveillance - 10 A&T provinces, 2009*). One of the main causes for this is that the child is often given water to clean the child's mouth or quench thirst. Actually, this is not necessary because breastmilk is very clean and the child's teeth have not yet grown, so breastmilk does not stay in the baby's mouth long enough to be fermented. If the mother is afraid that the baby is thirsty, she should breastfeed him/her more because breastmilk contains a lot of water.

Water in breastmilk

- 88% of breastmilk is water.
- A mother doesn't need to give the child more water, even when it is hot.
- If the mother is afraid her child will be thirsty - give him/her more breastmilk.

A child's stomach is very small and can contain only a certain amount of food/drink. If the child is given water, it means that the stomach will contain non-nutritious food (*water*) instead of a very nutritious food (*milk*).

Benefit of breastfeedbreastfeeding

For the child

- To protect children against infections.
- To provide the nutrients necessary to help the child grow well and prevent major diseases - nutrients such as Vitamin A, protein, lipid, sugar, Vitamin C and iron, etc.
- Stimulates optimal brain development.
- Easy to digest.
- Clean, ready, and of appropriate temperature.

For mothers and family members

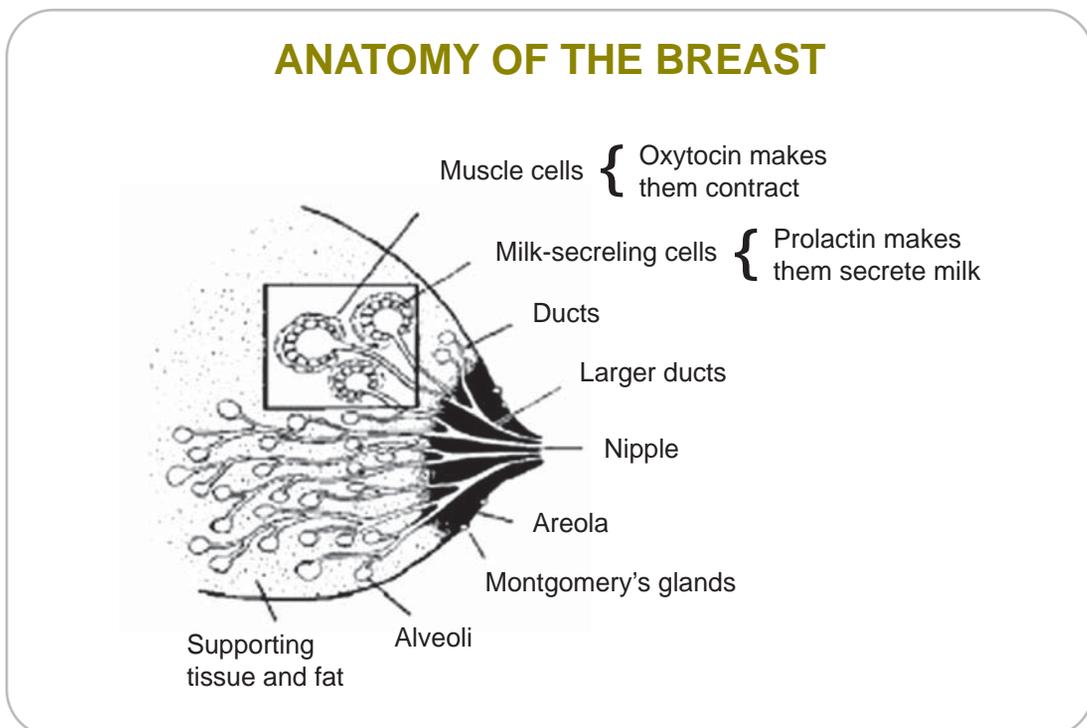
- Immediate breastfeeding stimulates uterine contraction, reduces risk of bleeding, helps expel placenta
- Reduces risk of breast, ovarian, and cervical cancer
- Exclusive breastfeeding delays new pregnancy
- Promotes bonding between mother and child
- Promotes post-partum weight loss
- Reduces expenses, e.g. buying formula milk is expensive

SESSION 4: BREASTMILK PRODUCTION

Objective

- To understand why all mothers can have enough breastmilk for their infants if they know how to breastfeed properly.
- To know when expressing breastmilk is needed, and how to store breastmilk.

1. The structure of a mother's breasts:



The breast is composed of two parts:

- 1) Cells and ducts where milk is secreted;
- 2) Supporting tissue and fat which gives the breast its shape.

The amount of cells and ducts are the same for all women but the amount of supporting tissues and fat varies, which makes the most difference between large and small breasts. Therefore, milk production is not dependent on breast size.

Breastmilk production does not depend on breast size (*big or small*). All women can make plenty of milk. If the mother is encouraged and supported to breastfeed properly, she always has enough breastmilk for her baby, even when she has twins or triplets.

2. Factors affecting milk production

Helping

- The more the child suckles, the more breastmilk comes in
- Psychological factors: the mother is happy and believes that she has enough milk.
- The mother and baby stay close: gazes on baby, touches baby, etc.
- Breastfeeding at night helps the mother produce more milk

Hindering

- Worry, stress, doubt
- Pain
- Not rooming-in
- Full breast too long
- Poor attachment - ineffective suckling

In a woman's body, there are two types of hormones:

One hormone stimulates milk secretion (prolactin): Prolactin is secreted after a feed. The mother's breast is not full of breastmilk anymore so this is to "inform" her body to secrete breastmilk to "fill" the breasts. If the breast is full, prolactin is not secreted. (*E.g.: it is the same as a pool with an automatic valve. If the pool is full of water, the valve closes so that water does not flow into the pool. If the water level is down, the valve opens so that water flows into the pool, etc.*)

More prolactin is secreted at night.

This explains why BF at night makes the mother produce more milk. Breastmilk will be produced as the baby suckles, even when the baby is 2-3 years old, etc. and when the mother wants to stop BF; to do so, she only needs to stay separated from the baby for 1-2 days.

Another hormone stimulates the "let down" reflex (Oxytocin): Oxytocin is secreted before or during a feed. It helps the muscle cells around the aveoli contract, which makes the milk flow out. The secretion of oxytocin is dependent on the mother's psychology. If the mother is worried or upset or there is a lack of trust, etc., it is difficult to produce oxytocin; then the mother will find it difficult to produce breastmilk.

Note: In order to sustain the breastmilk supply for the healthy development of the baby, the mother needs to be encouraged and supported to breastfeed the baby on demand, both during the day and at night. She should also be relaxed.

3. Cases when expressing breastmilk is needed

- The mother works far from home and cannot breastfeed her child.
- The child cannot suckle because he/she is too small.
- The child cannot suckle because of sickness.
- The mother is sick and is requested by a doctor to stop BF.
- The breasts are engorged or the nipples are inverted so the child cannot attach properly.

Note: In these cases, the mother needs to express breastmilk to maintain milk production.

Motivate those mothers who need to express breastmilk to go to health facilities to learn how to express milk.

4. Key messages

- All mothers have enough milk to breastfeed as much as the child needs.
- The production of breastmilk does not depend on the size of the breasts.
- The more the child suckles, the more breastmilk will be produced.

SESSION 5: A CHILD'S NUTRIENT DEMAND AND NUTRIENTS PROVIDED BY BREASTMILK

Objectives of the session

- To explain that colostrum always satisfies the baby's demand for nutrients within the first two days after delivery.
- To explain that for the first 6 months, the child only needs to be breastfed exclusively. S/he doesn't need any other food, even water.

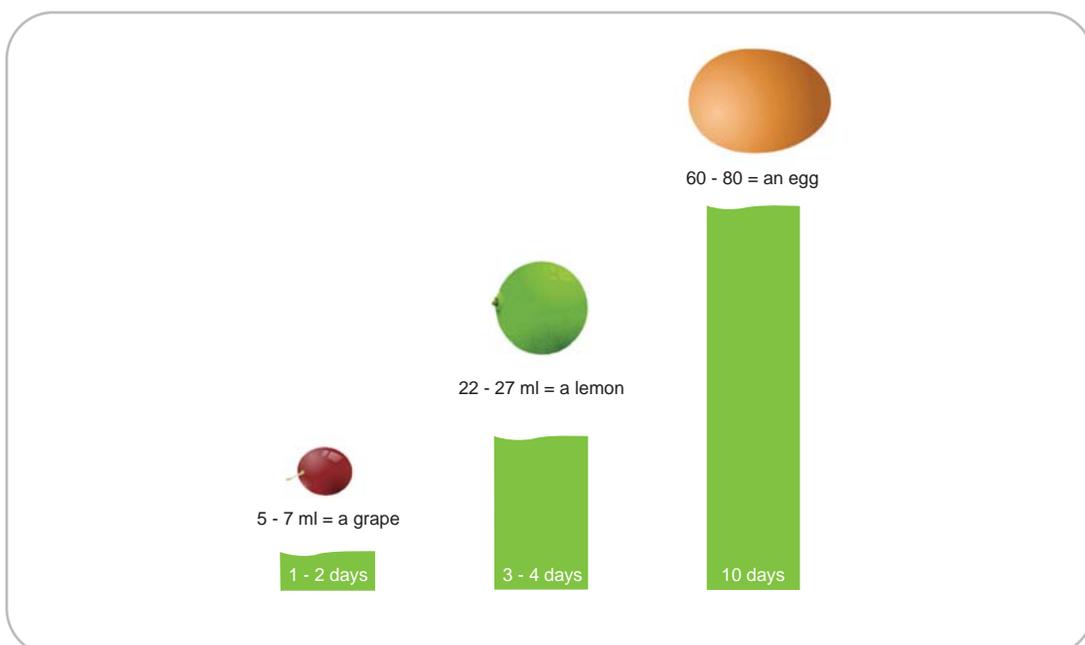
1. Size of a child's stomach after birth

As we know, mothers shortly after giving birth usually worry that their babies are hungry because they (*mothers*) don't have enough breastmilk. As a community-based worker, you have to explain and convince mothers that as long as they initiate BF right after delivery, the baby will not be hungry and breastmilk will come in earlier.

Since the breast is not full yet and the baby doesn't know how to suckle, the mother needs to help the baby to latch on correctly and breastfeed frequently to stimulate breastmilk production (*help breastmilk to come in early*).

Colostrum is absolutely able to meet the baby's nutrient demand, both in quantity and quality, within the first two days after delivery.

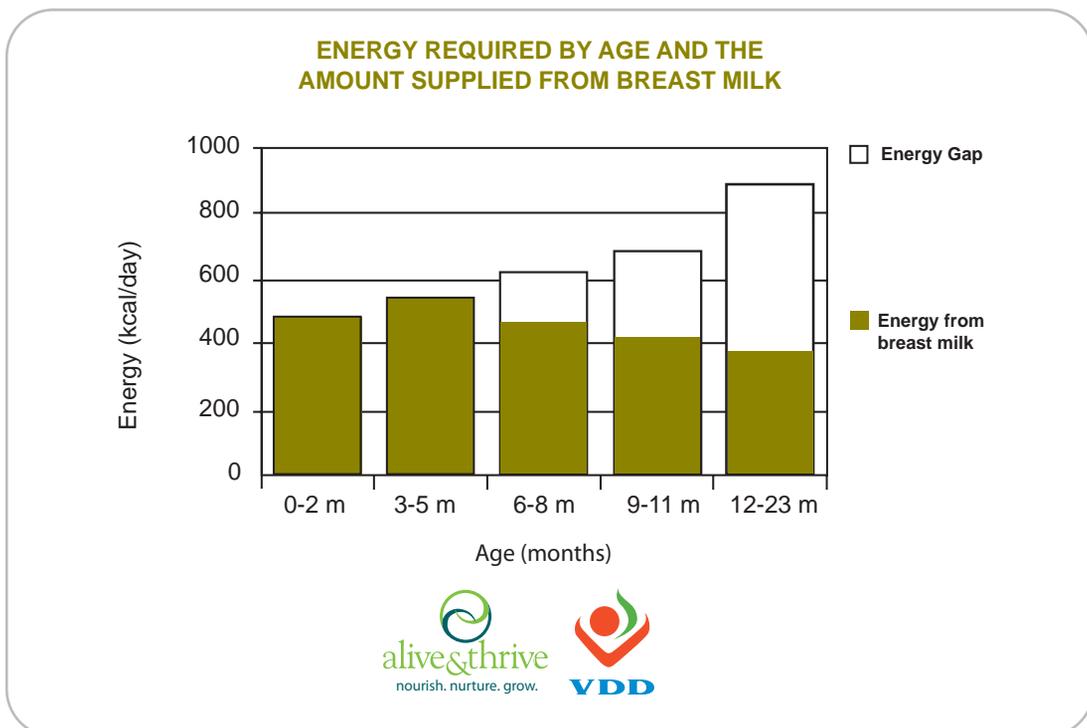
Below picture describes the size of a newborn's stomach.



2. Child's energy needs and nutrients provided by breastmilk

These are WHO research findings:

- Each column in the chart represents the energy required per day by age from 0-23 months.
- The black area is energy supplied from breastmilk.
- The white area is the energy gap that needs to be provided for.
- The energy gap only appears when the child is 6 months old because breastmilk is the most suitable food source for a baby, and it is also free of charge. So we need to make the best use of this precious food source. The mother should only give complementary food when breastmilk is no longer able to meet all of the child's energy demands.



Note: Breastmilk supplies sufficient energy and nutrients for the baby for the first 6 months. In this period, the child's digestive system is not mature enough to manage formula milk or complementary food. Breastmilk helps the child's digestive system to mature. The baby needs to be given complementary food starting after the 6th month (180 days). From 6-12 months breastmilk still continues to provide more than half of the child's energy needs. From 12-14 months, breastmilk continues to provide about one third of the child's energy needs. Breastmilk also helps to complete the child's brain development and provides antibodies. No food or formula can serve as a substitute. Hence, we must encourage and support mothers to continue to breastfeed up to 24 months.

3. Breastfeed the child correctly to maintain breastmilk production to meet the child's needs according to age

- Help the baby to position and attach correctly for the first breastfeed.
- Breastfeed the baby immediately after delivery (*within one hour*).
- Breastfeed the baby on demand, during both the day and the night.
- Breastfeed exclusively for the first six months.
- At each breastfeed, empty one breast before switching to the other.
- Do not give the baby a bottle - feed or pacifier.
- If the baby is sick, continue breastfeeding with more feeds and for longer periods.
- Breastfeed the baby before giving him other food.
- Continue breastfeeding until the baby is 24 months old.

SESSION 6: POSITIONING AND ATTACHMENT

Objectives of the session

- To be able to help the baby to attach to the mother's breast correctly.
- To be able to help the mother to cope with difficulties that arise with incorrect attachment

1. Different positions to hold the baby for BF

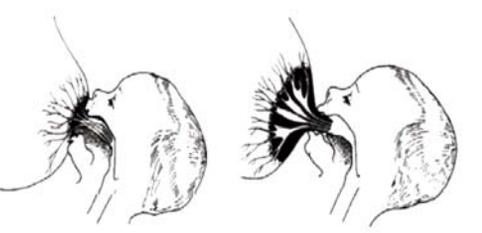
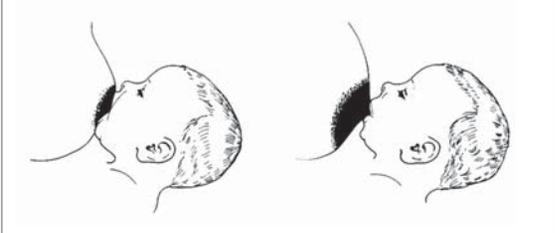


Note: The positions in the slide all ensure four key points of positioning a baby at the breast.

- The baby's head and body are in line.
- The baby is held close to the mother's body.
- The baby approaches the mother's breast, nose to nipple.
- The baby's whole body is supported.

Whether lying down or sitting, a mother and child should always be comfortable to avoid cramps for the mother and to avoid the child's body becoming twisted. This will allow the child to be fed longer so that they are full and able to suckle the hind milk from the breasts

2. Correct and incorrect breast attachment as seen from outside and inside

Good and poor attachment What differences do you see?	Attachment (<i>outside appearance</i>) What differences do you see?
 <p style="text-align: center;">1 2</p>	 <p style="text-align: center;">1 2</p>
1 - good; 2 - poor	
<i>Source: WHO/UNICEF (2006). Infant and Young Child Feeding Counseling: An Integrated Course</i>	
	

- Figure 1 - Good attachment: the baby takes a mouthful of the breast; the baby's chin approaches the areola; his/her tongue touches the areola (*larger ducts*) so the baby presses out more milk. Avoid creating gaps so that the baby does not suck the air.
- Figure 2 - Poor attachment: the baby only sucks the nipple, creating gaps between the baby's mouth and the mother's breast and does not press the areola. Therefore, the baby sucks in air, which makes him/her artificially full. After a feed, if the mother does not carry the baby, and lightly pat the baby on the back so that the baby can burp, the baby can easily vomit the breastmilk.

Good attachment is the first step to ensuring successful BF, as well as the best way to prevent common BF difficulties, such as poor suckling, not getting enough milk, or not getting hindmilk, which result in poor weight gain for the baby and nipple fissure, plugged ducts, and reduced milk production for the mother.

Signs of good attachment

- More areola is seen above the baby's upper lip
- The baby's is mouth wide open
- The baby's lower lip is turned outwards
- The baby's chin is approaching the mother's breast

Steps to help the child attach to the breast correctly

Position baby's nose level with the nipples. Use a finger or nipple to lightly touch the baby's lips so that the baby opens his mouth.



Wait until the baby's mouth is wide open, bring the nipple right onto his mouth.



Ensure the baby takes a mouthful of breast, nearly covering all the areola.



When a baby is attached well:

- More areola is seen above baby's upper lip
- The baby's mouth is wide open
- The lower lip is turned outwards
- The baby's chin is touching the mother's breast



When the baby is full, hold him tightly in your arms.



When finished, BF will bring a satisfactory feeling to both mother and baby.



Consequences of incorrect BF

- Sore nipple
- Nipple fissure (*cracks*)
- Engorgement - plugged ducts
- Child is not breastfed sufficiently and is crying
- Child requires to be breastfed frequently and for a longer time
- Reduced milk secretion, which leads to loss of milk
- Child does not gain weight

3. Solutions for and preventions of incorrect BF

DIFFICULTY	SOLUTIONS	PREVENTIONS
Reducing milk secretion, which leads to loss of milk	<p>Correct the way the child attaches to the breast.</p> <p>Breastfeed the child more frequently.</p> <p>Encourage mothers to believe that milk will increase from frequent BF.</p> <p>Eat food that is good for milk secretion (<i>porridge cooked from sticky rice and pig's leg, etc.</i>).</p>	<p>Correctly attach to the breast from the first feed.</p> <p>Breastfeed right after birth.</p> <p>Encourage and build the mother's confidence.</p> <p>Breastfeed as needed both during the night and the day.</p> <p>Do not let the breast be too full with milk for too long.</p> <p>Empty one breast before switching to the other.</p>
Nipple fissure (cracks)	<p>Help the child attach to the breast.</p> <p>Apply nothing on the nipple, only put some milk drops on the nipple and areola and lightly massage. Motivate the mother to go to the "Mat toi be tho" franchise.</p>	<p>Help the child attach well to the breast right at the first breastfeed</p>
Engorgement - plugged ducts	<p>Breastfeed more frequently, both during the night and the day.</p> <p>Express breastmilk or let your other older child suck.</p>	<p>Breastfeed right after birth when the breasts are not full.</p> <p>Continuous feeding both during the night and the day.</p>
Mastitis (abscess)	<p>When hard swelling, warmth, or fever is detected, take the mother to the "Mat toi be tho" franchise.</p>	<p>Do not let engorgement last for too long.</p> <p>Breastfeed the child on demand, both during the night and the day.</p>

Note: for all these difficulties, motivate the mother to continue BF more frequently or express breastmilk and feed the child with a cup. Do not bottle-feed the child because this can lead to “nipple confusion” and breast refusal (because suckling from the bottle with a teat is easier as milk can flow easily out of the bottle and the baby doesn’t need to suck as hard as s/he does from mother’s breast).

SESSION 7: THE IMPORTANCE OF APPROPRIATE CF

Objectives of the session

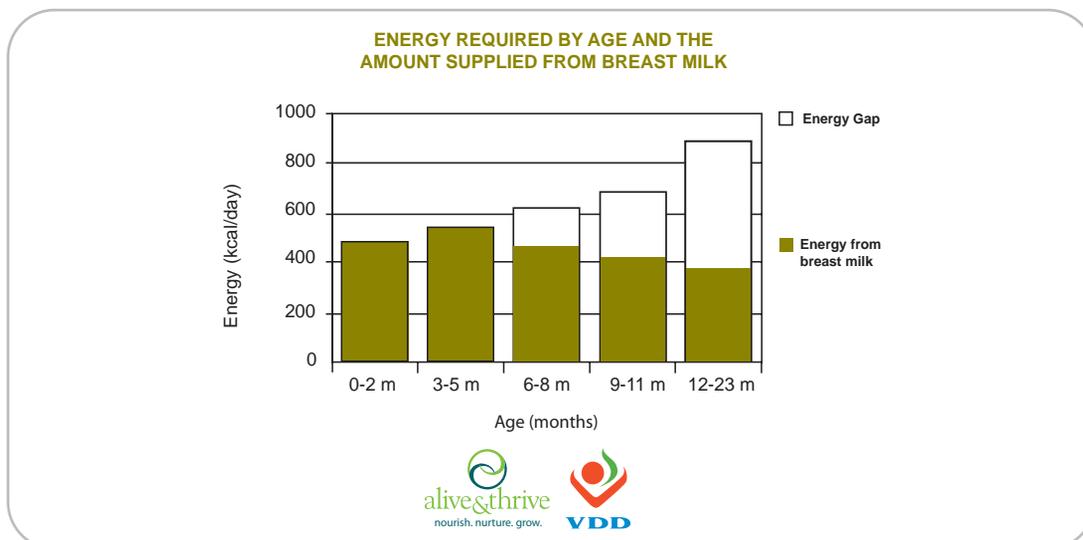
- State the definition of CF.
- Explain why the optimal age for children to start CF is 6 months (180 days).
- Describe the amount and frequency of complementary feeding.
- Describe CF principles.

1. Definition of CF - the optimal age for children to start CF

- CF means giving soft, semi-solid, and solid food in addition to breastmilk.
- Common complementary food:
 - *Main meal*: semi-solid soup, porridge, rice, etc. appropriately prepared to suit with child's needs and age.
 - *Snacks*: cookies, fruit, yoghurt, egg.

To provide complementary feeding to a child means that when the child is grown (*more than 6 months old*) and breastmilk no longer satisfies the child's energy demand, in addition to continued BF, the child needs to be fed with other kinds of food to fill this energy gap.

It is explained in the following chart - the energy required by age and amount supplied from breastmilk - that:



- From six months (*180 days*) onwards, there emerges a gap (*white area*) and this gap increases as the baby grows older. Therefore, for most babies, six months of age (*180 days*) is the best time to start CF - no earlier, no later.
- Giving complementary food too early or too late is not good for the child because:

Too early: Makes the baby breastfeed less, wasting the precious nutrients and antibody supply, reducing milk secretion; increasing the risk of diarrhea because the child’s digestive system is still weak.

Too late: Breastmilk alone cannot provide sufficient energy for the healthy development of the child, thus, increasing the risk of malnutrition.

2. Amount of food for children according to their age

AMOUNT OF FOOD		
AGE	NUMBER OF MEALS/DAY	AMOUNT OF EACH MEAL
6-8 months	Frequently BF + 2-3 meals + 1-2 snacks	2-3 spoons (<i>when the child starts CF</i>), gradually increase to ½ of 250ml bowl
9-11 months	BF + 3-4 meals + 1-2 snacks.	1/2 of a 250ml bowl
12-23 months	BF + 3-4 meals + 1-2 snacks	3/4 to one 250ml bowl

Notes: If the child is breastfed, there is no need to give other milk/formula, only breastmilk and complementary food. If the child is no longer breastfed, additionally give: 1-2 cups of milk/day and 1-2 extra meals/day.

When the child is six months old, the child should be taught how to eat watery semi - solid soup to be familiar with swallowing food. However, this adjustment period should not be longer than one week.

In addition to complementary food, the child should continue to be breastfed up to 24 months of age or beyond.

3. CF principles

CHILD’S DEMAND = BF + CF

- Start to give complementary foods at 6 months (*180 days*) while continuing to breastfeed until 24 months.
- Give complementary foods of right quantity and consistency.
- Number of meal increases gradually by age. Give the child snacks such as fruits, yoghurt, etc.
- Feed diverse foods (*including all 4 food groups*), especially iron - rich foods (*such as liver, dark-green leaves, etc.*) or iron-fortified foods
- Do not add MSG into the child’s foods.
- Do not give the child sweets or soft drinks before meals.

SESSION 8. HOW TO PREPARE COMPLEMENTARY FOOD TO MEET THE CHILD'S NEEDS

Objectives of the session

- To explain how a complementary feed meets the child's needs.
- To know how to prepare an appropriate complementary feed to meet the child's needs.

1. Three basic criteria for a complementary meal

COMPLEMENTARY MEAL THAT MEETS CHILD'S NEEDS	
<p>Must meet three criteria:</p> <ol style="list-style-type: none"> 1. Sufficient quantity. 2. Sufficient quality. 3. Suitable for the child's stomach capacity. 	

Sufficient quantity: ensure you provide enough energy (*kcal*) for the child's needs, increasing this by the child's age.

Sufficient quality: ensure the diversity of food to provide enough energy, vitamins, and minerals. Each meal needs to have at least four food groups, including:

- **Starch, glucose:** Starch contained in rice, corn, wheat flour. Roots such as: cassava, sweet potato, potato. Fruit containing starch: plantain, jackfruit.
- **Protein:** Animal - source protein found in meat, fish, egg, milk, shrimp. Plant - source protein contained in beans, peas.
- **Lipid:** Fat exists in oil, animal fat, butter, and some kinds of oil-seed such as sesame, ground - nuts.
- **Vitamins, minerals, and fiber:** They exist in all kinds of vegetables (*sauropus, jute plant, green pumpkin*) and fruit (*papaya, mango, orange, banana, etc.*)

Suitable to stomach's size: For example, a 6-8 month child has a stomach size of 200 ml, equal to two thirds of a small bowl. If the amount of food is more than 200ml, the child will vomit, burp, become scared of eating, and eventually lose his/her appetite.

2. Notes when preparing complementary food

COMMON PROBLEMS	NOTES	SOLUTIONS
<i>Food that is too thick/too thin makes it difficult for the child to swallow or he/she has to eat too much</i>	Prepare complementary food with the right consistency	<ul style="list-style-type: none"> • Toast cereal grains before grinding them into flour. • Mash/chop food into a thick puree and feed the child this instead of the liquid part of the soup. • Replace part of the water with milk/coconut milk • Add peanut or sesame flour. • Add bean flour with staple flour.
<i>Not enough energy/nutrients</i>	Give the child diverse food, including all four food groups	<ul style="list-style-type: none"> • Add meat, fish, shrimp, etc. especially iron - rich food such as liver.
<i>No oil</i>	Add oil/fat into the child's "bot"	<ul style="list-style-type: none"> • Add oil, margarine, or fat as is appropriate by age.
<i>Do not follow the process</i>	Prepare the complementary food in an appropriate way	<ul style="list-style-type: none"> • Process of making "bot": <ul style="list-style-type: none"> ○ Step 1: put "bot" + meat/fish/shrimp, etc. into the pot and stir regularly. ○ Step 2: boil over the low fire and stir until it is clear in color. ○ Step 3: add ground vegetables and cook until boiling point, then add sauce/salt (<i>suitable to the child's appetite</i>). ○ Step 4: add oil.
<i>No snacks</i>	Give the child fruit, egg yolk, yoghurt	<ul style="list-style-type: none"> • 1-2 snacks/day - food and nutrition. • Snacks are egg yolk, seasonal fruit, yoghurt. • Do not give "bim bim" or formula milk.

Above are some solutions to overcoming common difficulties in preparing a complementary feed that meet a child's needs. We will discuss in more detail about the quantity and quality of complementary food for different age groups.

3. How to practice active feeding:

Food

- Pay attention to the child's appetite while preparing food.
- Combine different types of food to increase child's appetite.
- Give the child small pieces of food so he/she can eat by themselves.

How to feed them

- Feed the child slowly, with patience.
- Wait for the child to finish, then continue.
- Minimize distractions for the child.
- Encourage and support the child when he/she is eating by him/herself.
- Stay with the child and pay attention for the whole meal.
- Create enjoyable and cozy atmosphere during mealtime.

SESSION 9: PREPARING A HYGIENIC MEAL

Objectives

- To be able to repeat the four “Clean’s” in preparing a hygienic complementary meal.

1. Reasons why clean and safe feeding is needed

Why do we need to ensure food is prepared hygienically?

- When complementary feeding is started, the child receives less immunity from breastmilk than before.
- Immune system of a child has not fully developed so s/he may easily have diseases in digestive system.
- When starting complementary food, the child’s digestive system has to adapt to the new food.
- Complementary food and utensils can be easily contaminated with germs.

2. Practice making hygienic meals

Clean hands

Wash hands with soap and clean water

- Before handling food and regularly when preparing a meal.
- After using the toilet, cleaning a baby’s bottom, or holding pets/animals.
- Wash your own hands and the child’s hands before feeding.



Clean tools

- Keep knives, chopping boards, containers, and the kitchen clean.
- Wash all surfaces and utensils for cooking and food containers before and after using them.
- Use clean utensils and covered containers for the baby's food.
- Separate raw meat, poultry, and sea food from other food.
- Use separate containers and chopping boards for cooked food and raw food.
- Use covered containers to store food.



Clean food

Water

- Use clean or filtered water.
- Give the baby boiled water.

Food

- Use fresh food.
- Do not use expired/old food.
- Wash and clean the raw food before cooking
- Cook food well.
- Eat immediately after cooking.
- Stored food needs to be re - heated.



Clean storage

- Keep the food in a covered container.
- Keep food in dry, clean places.
- Preserve dry food carefully to avoid ants and insects.
- Use cooked food within one hour.



Main points to remember:

Four “Clean’s” when preparing food for children

- Clean hands
- Clean utensils
- Clean food
- Clean storage

SESSION 10: FOOD DEMONSTRATION

(60 MINUTES)

Objectives:

- To be able to prepare age - appropriate and safe CF for the child.
-

Instruction:

The trainer needs to prepare:

- Essential cooking utensils: gas cooker, three pots, bowls, chopsticks, plates, spoons (5 ml), knife, cutting board, clean towel, fresh water, etc.
- Food: enough to prepare three different types of complementary food (*first processed, cleaned*).
- Cooking process.
- Age - appropriate CF recipes.
- Get food and utensils ready.

Food demonstration:

- **The trainer demonstrates first:** prepare CF for seven-month-old children.
- **Doing, asking and explaining what s/he is doing:**
 - How to measure water, “bot” exactly.
 - What is the right order of food?
 - Ensure hygiene and food safety while preparing food and store dry food (“bot”) after use.
- **To check the trainees’ knowledge, ask questions such as:**
 - A seven-month-old child needs how many calories? How much food does he need?
 - Energy demand by age?
 - How to check the consistency of food?
 - How to reduce the consistency of “bot”/“chao”?
 - How to increase the density of food?
 - What to note while preparing food for sick children?
- **When the food is ready: ask the trainees to taste and comment.**
- **Ask if the trainees have any questions.**
- **Ask trainees to practice making food for children in the following cases:**
 - For a 6-month-old child starting CF.
 - For a 9-month-old child.
 - For a 12-month-old child.

SESSION 11: CHILD FEEDING DURING ILLNESS (SICKNESS) AND RECOVERY

Objectives of the session

- To explain the importance of child feeding during illness.
- To present how to feed the child during illness and recovery.
- To know how to identify the danger signs among young children and treat them.

1. The importance of feeding for sick children properly

- Helps the child recover faster.
- Prevents malnutrition.
- Increases protection against infections.
- Avoids children being underweight and growing too slowly.

Most causes of child malnutrition are related to diseases and create a loop in which a malnourished child is prone to being sick. Thus, sick children need to be fed properly to recover quickly and prevent the risk of malnutrition.

2. Feeding a sick child

- Encourage the child to drink and to eat - with lots of patience.
- Feed the child many times, little by little.
- Give food that the child likes.
- Feed diverse and nutrient - rich food.
- **Emphasize:** Continue to breastfeed frequently during and after illness.

Encourage the child to eat and drink during illness; feeding the child extra foods will help the child to recover more quickly.



3. Feeding a child when s/he has committed to some common diseases:

FEEDING PRACTICE	DIARRHEA	RESPIRATORY INFECTION	FEVER
BF	Breastfeed more frequently and for longer periods.	Breastfeed more frequently and for longer periods.	Breastfeed more frequently and for longer periods.
Food	<p>Feed the child many small meals.</p> <p>Add one more meal each day until the child regains weight.</p> <p>Avoid feeding sugary food such as soft drink and roots and high-fiber cereal seeds because these can make the diarrhea worse.</p>	<p>Feed the child many small meals.</p> <p>Add one more meal each day until the child regains weight.</p> <p>Let the child sit straight to eat more easily.</p> <p>Feed the child more fresh fruit.</p>	<p>Feed the child many small meals.</p> <p>Add one more meal each day until the child regains weight.</p> <p>Feed the child more fresh fruit.</p>
Drinks	<p>If the child is being exclusively breastfed, give him Oresol (ORS) after BF.</p> <p>If the child is not being exclusively breastfed, give him ORS, fruit juice, rice - water, soup, or pure water.</p> <p>Do not give the child a soft drink.</p>	<p>Breastfeed more frequently if s/he is being exclusively breastfed.</p> <p>Feed him/her more water and fresh fruit juices.</p>	<p>Breastfeed more frequently if s/he is being exclusively breastfed.</p> <p>Feed him/her more water and fresh fruit juices.</p>

4. Child feeding during recovery

- Give extra breastfeeds
- Feed extra meals
- Give extra amounts of food
- Use extra nutrient - rich food
- Feed with extra patience and love.

Note: During recovery, the child should continue to be breastfed and hand-fed with more energy-rich food and one more meal should be added until the child regains weight.

5. Danger signs in children and treatment for these signs

If the child is showing one of the danger signs below, we should pay special attention, and take this child to the health station immediately if these signs become more severe:

- The child cannot suckle
- The child has diarrhea and is very thirsty
- The child vomits a lot
- The child's stool contains blood
- The child has high fever above 38°C
- The child has convulsions
- The child sleeps soundly and is hard to wake up - lethargic
- The baby has abnormal signs (*fast breathing, difficulty breathing, sunken ribcage*)

Note: You need to advise mothers that if they notice any of these signs listed in the slide, they need to bring the children to a health facility and look for help there.

6. Messages to remember

- **For a sick child:** BF more frequently and for longer. Feed the child many times with small amounts of food. Feed the child more water and more fresh fruit/ fruit juices.
- **For recovering child:** Continue BF and feed one more meal a day until the child regains weight.
- **Take child to a health facility** immediately when danger signs are detected.

PART 3

ORGANIZE AND FACILITATE THE IYCF SUPPORT GROUPS IN VILLAGES

MAIN CONTENTS:

Session 1. Steps to establish IYCF support-groups in villages

Session 2. Skills in facilitating group communication at the community level

Session 3. Organizing and facilitating an IYCF support-group meeting at village level

Session 4. Topics for IYCF support-group meetings in villages

Session 5. Practice facilitating an EBF support-group meeting

Session 6. Practice facilitating a CF support-group meeting

Session 7. Practice facilitating an IYCF community support-group meeting

Session 8. Household visits

SESSION 1: STEPS TO SET UP IYCF SUPPORT GROUPS IN VILLAGES

Objectives

- To have a thorough understanding of the steps needed to set up IYCF support groups in villages.
- To know how to support commune staff to operate an introductory meeting on the IYCF support group model in villages.
- To understand the objectives, target groups, and activities of each kind of IYCF support group.

1. Steps to set up IYCF support groups in villages

- In order that the “*IYCF support-group model in villages*” can provide appropriate support to all the target groups in the community, three kinds of IYCF support - groups will be established in each village, including:
 1. *EBF Support Group*
 2. *CF Support Group*
 3. *Community Group supporting IYCF*
- In order to set up three kinds of IYCF support - groups, the village health workers should follow these two steps:
 - **Step 1:** Make a list of suitable target audiences for each group.
 - **Step 2:** Organize a village meeting to introduce the A&T project and how to set up the groups.

Details of each step and how to do each step:

Step 1: Make the list of suitable target audiences for each group

- VHWs work with the heads of the village and the Women’s Union members to list all target audiences who will participate in the groups below:

GROUP NAME	TARGET AUDIENCES SHOULD BE LISTED
<i>EBF Support Group</i>	<ul style="list-style-type: none"> • Pregnant women in the 3rd trimester • Lactating mothers with child under 6 months old
<i>CF Support Group</i>	<ul style="list-style-type: none"> • Family with children aged 6-24 months: mothers and caregivers.
<i>Community Group supporting IYCF</i>	<ul style="list-style-type: none"> • Decision-makers in the family: Husbands, mother-in-laws, and grandparents in the families that have pregnant women and lactating mothers with children under 2 years.

Note: This list will be updated regularly according to the changes in the number of mothers and families in the village.

Step 2: Organize the first meeting with villagers to introduce the A&T project and set up IYCF support groups

- The first meeting with villagers is to introduce the A&T project and IYCF support group model and will be conducted by commune health staff.

- Purpose: To introduce the A&T project and the IYCF support-group model in villages and call for support from village authorities as well as actively participating beneficiaries (*pregnant women and households with children under 24 months old*).
- Commune Health Staff: Leading and facilitating the meetings.
- Community-based workers: Support in organizing, preparing the meeting place, and inviting all participants to the meeting.

- The community-based worker will work with the commune health staff to list all representatives who will participate in the meeting to get the meeting approved by the village authorities; then invite them to the meeting. Participants of the first meeting include:

- All target audiences for the three groups who are listed.
- Representatives from village sectors: village authorities and sectors, Women's Union, VHWs, and nutrition collaborators.
- Commune leaders: representatives from the Commune People's Committee, commune health center, and Women's Union.
- Support staff at all levels (*if any*): such as the province and district health staff, etc.

Note: The content and how the meeting is operated will be undertaken by commune health staff. Community - based workers will support with the preparation and organization.

Step 3: Organize and implement IYCF support groups in villages

Based on the list of target audiences, the health workers will set up the IYCF groups and operate the group activities appropriate to each target audience. The activities of these IYCF groups are as follows:

EBF SUPPORT GROUP

- Purpose**
 - To help mothers to have enough knowledge in order to practice EBF.
 - To help mothers to have enough skills to practice EBF.
 - The mothers can exclusively breastfeed for the first 6 months.

- **Participants:** Pregnant women in the last trimester and lactating mothers having children under 6 months old.
- **Frequency:** Once a month.
- **Content of meeting:**
 - Health and nutrition care for pregnant women.
 - Optimal BF practices.
 - Preparation for complementary feeding for mothers.
- **Group management:** VHWs.
- **Supporter:** Heads of the groups (*mothers who are “positive deviant” are best*).
- **Criteria to choose a mother to be the head of the group:**
 1. Positive, active, and enthusiastic mother.
 2. Can speak both Vietnamese and a local language.

Responsibilities:

1. Speed up the process of getting all mothers to attend the meetings regularly and on time.
2. Support the CBWs when they are conducting the group meetings.
3. Learn about the mothers’ situations and difficulties and share these issues among the group to find solutions to them.
4. Follow - up and support mothers to breastfeed their children successfully and exclusively for the first six months.

CF SUPPORT GROUP

- **Purpose:**
 - To help mothers have enough knowledge on CF.
 - To help mothers have enough skills to practice appropriate CF.
 - Mothers can share experiences and support each other to implement CF appropriately.
- **Participants:** Mothers and caregivers with children aged 6-24 months.
- **Frequency:** Once a month.
- **Topics:** Optimal CF practices.
- **Group management:** VHWs.
- **Supporter:** Nutrition collaborators, WU members

COMMUNITY GROUP SUPPORTING IYCF

- **Purpose:** Help husbands, parents-in-law, and family decision-makers who have pregnant women and lactating mothers with children under two in their families to understand the importance of nutrition care for pregnant women and children in the first two years. This will help them to commit to supporting the mothers in EBF and appropriate CF.
- **Participants:** Husbands, parents-in-law, and family decision-makers in supporting mothers to EBF and Appropriate CF (*families of pregnant women and lactating mothers*).
- **Frequency:** once every two months.
- **Topics:**
 1. Causes and consequences of malnutrition in children.
 2. The importance of BF, BF recommendations, and family and community support for nutrition care for pregnant women and lactating mothers
 3. The importance of appropriate CF and support from family and the community.
- **Group management:** VHWs
- **Supporter:** nutrition collaborators, WU members

2. Messages to remember

1. Steps to set up IYCF support groups

- *Step 1:* Make a list of target audiences for each group.
- *Step 2:* Organize the first meeting with villagers to introduce the A&T project and set up IYCF support groups.

2. Set up three kinds of IYCF support groups in each village:

- *EBF support group:* target audiences are pregnant women, lactating mothers with children under 6 months old.
- *CF support group:* target audiences are mothers and caregivers with children 6-24 months old.
- *Community group supporting:* IYCF target audiences are husbands, parents-in-law, and family decision-makers.

SESSION 2: SKILLS IN FACILITATING GROUP COMMUNICATION AT THE COMMUNITY LEVEL

Objectives

- List all basic skills that are often used in interpersonal communication
- Know how to apply the interpersonal communication skills in facilitating the IYCF support-group meetings at the village level

1. Basic skills used in direct behaviour change communication

To become a good communicator, we need knowledge and skills. In interpersonal communication, we should pay attention to these basic skills:

- Active listening
- Questioning
- Observation
- Presentation
- Using pictures in direct communication

1.1. Active listening skills - How to listen:

- Be patient, pay attention, and express the feeling of interest (*face the speaker, look at his/her eyes, and express your respect, by saying things such as “well, yes,...” to show that you are listening*).
- Do not argue with the speaker and do not interrupt the speaker when it is not necessary.
- Do not do other work when the speaker is talking.
- Ask if there are any questions and restate the main points to make sure that you understand the speaker’s correct meaning.
- Avoid negative attitudes and lack of respect (*such as staring at the speaker, looking away, yawning, leaning back, tapping the pen, or interrupting the speaker*).

1.2. Questioning skills:

In order to fully understand the speaker, it is necessary to first ask questions. Therefore, questioning skills are also important.

There are many different questions that can help to extract information, but it is important to ask the most appropriate and effective questions.

- **Closed - ended question:** These are “yes”, “no”, “right”, and “wrong” questions. The answers are usually short and contain limited information. Closed-ended questions are rarely used to gather information. They are mainly used to confirm information. For example:
 - Have you practiced CF?
 - Did you breastfeed him right after delivery?
- **Open - ended question:** These are questions that require answerers to think and give more information. Open-ended questions usually begin or end with these words: Why? When? How? How much? What? Where?. For example:
 - At what month did you practice CF?
 - How long after delivery did you breastfeed him for the first time?
- **Suggestive questions:** These kinds of questions are usually made based on the answers of prior questions in order to exploit more information related to the issues that you are asking about. For example:
 - *Ask:* What did you feed him for lunch? - Answer: I fed him with semi - solid soup.
 - *Continue:* What did you mix the rice flour with? Answer: I mixed the flour with meat and vegetables.
 - *Continue:* How did you make the semi-solid soup? Answer: I stewed the meat and vegetables until they were fully cooked and then poured out the water and mixed it with the rice flour.

How to ask questions is also important in encouraging target audiences to tell the truth and provide needed information.

- Ask short and clear questions
- Look at the target when asking questions
- Ask one question at a time. Do not ask too many questions – this may make the target feel uneasy
- Ask relevant questions
- Use open-ended questions to help targets share their feelings, context, and behavior (*to understand what they know, trust, and do*)
- Avoid private or inappropriate questions that the targets do not want to answer

1.3. Observation skills

In interpersonal communication, observation means to look carefully in order to know what the object is doing or feeling being sad or happy, interested or neglected. Observation is also used to gather hidden information within the words.

- Observe and listen → gather additional information.
- Observe and be considerate → understand hidden messages behind what you hear.

Things we need to observe

- Behavior, gestures, facial expressions, and attitudes of the target: positive or negative, focused or distracted
- Conditions of the living environment of the target (*home furnishings, sanitation, etc.*)
- Relationships among family members.

How to observe

Should:

- Combine seeing and listening from different angles.
- Observe all facial gestures, postures, and behaviors of the target.
- Maintain a comfortable, happy, open attitude, and respect the person being observed.
- Observe in a confidential, sensitive, and polite way.

Should not:

- Stare with unfriendly eyes.
- Use unexpected, impolite language.

1.4. Presentation skills

Presenting knowledge and new messages is something that all CBWs have to practice regularly. In order to ensure the presentation is effective, we need to remember the following points:

- Carefully study the targets: Who they are? What is their level of education?
- Prepare for the topic that will be presented: make sure you understand what you will present.
- Venue and time: know the venue you are presenting in (*in the meeting room or in the house of the target*), actively prepare and come to the venue 15 minutes in advance to get used to the venue and the audience and to begin the meeting comfortably.
- Practice presenting at home to be familiar with your presentation and ensure that you have sufficient time for the presentation.

Notes when presenting

Should:

- Create a fun and comfortable atmosphere.
- Use easy-to-understand and specific words and avoid using jargon.
- Provide specific examples of the community and use communication pictures, photos, models, and artifacts for illustration.
- Maintain a normal voice, do not speak too loudly or too softly.

- Use gestures, posture, eye contact, and facial expressions to support your speech.
- Observe (*generally*) the feedback of the listeners and adjust your presentation accordingly (*whether they are enthusiastic or not*).

Avoid

- Monotone voice or speaking too fast or too slowly.
- Using too many words, or speaking with a lisp and using slang.
- Using dialects with a different accent or sniffing.

1.5. The principles of using communication pictures

- Hold the edge of the picture
- Use both hands to raise the picture to the audience's eye level.
- Hold the picture up long enough so that the observers can see it and understand its meaning.
- Move the picture to the front of each group so that everyone can see it clearly.
- Explain the content and meaning of each picture/photo.
- Point the picture towards the members for easier observation.
- Let the mothers/participants be involved in studying and explaining the picture.
- VHWs or CBWs should then finalize the content and main messages from the pictures.

2. Apply the communication skills in facilitating an IYCF support - group meeting at village level

In fact, when conducting BCC in the community, the community-based worker needs to smoothly and flexibly apply the above skills in a way that is suitable for each specific community situation to achieve the highest efficiency. In order to do this, the community - based worker needs to practice these skills and draw on their own experiences to improve them.

- **Opening a communication meeting:** Create an intimate, comfortable atmosphere and make sure that the group members can sit comfortably and that their vision is not blocked... (*presentation, questioning, observation skills*)
- **Communication meeting process:**
 - Identify the qualifications and knowledge of the target audiences; find good examples to support the communication content (*asking questions, active-listening skills*).
 - Convey the BCC content clearly. Make sure all of the members actively participate (*presentation, using pictures, observation skills*).
- **End of BCC meeting:** Confirm whether the members have understood the content of the meeting and if they commit to changing their behavior (*questioning, active listening, observation skills*) by posing questions related to main content presented.

SESSION 3: ORGANIZING AND FACILITATING AN IYCF SUPPORT - GROUP MEETING AT VILLAGE LEVEL

Objectives of the session

- Know how to prepare and plan for a group meeting
 - Know the five steps of organizing an IYCF support - group meeting
-

1. Preparation for IYCF support-group meeting in a village

1.1. Identify the meeting objectives

The community - based worker should set out clear objectives: After the meeting, what messages and practices should the participants know and commit to implement at home?

For example:

- Understanding the benefits of EBF for the first six months.
- Commit to BF their child exclusively - giving the child no other liquids or solids during first six months

1.2. Make a good meeting plan

- Identify the meeting topic.
- Determine the content - be sure it is suitable for the participants.
- Identify methods and tools that will be used in the meeting: Group discussion, using pictures, or food demonstration, etc.
- Select suitable time: The meeting time should be convenient to attract the most participants.
- Participants: should be identified appropriately and invited to the meeting.
- Place: Convenient and suitable for participants.

1.3. Preparation before conducting the meeting:

- Inform the head of the village and people responsible for helping to set up the meeting.
- Inform participants of the meeting time, place, and topic.
- Review the communication content and tools such as pictures and materials.
- Review the monitoring books and reports.
- Prepare some games and whatever equipment is needed for the meeting

The CBW can make a monthly plan as shown in the form below so that you can have an overview of all the meetings that will be conducted in the village. You only need to fill in this form once a month.

TIME	PLACE	PARTICIPANTS	TOPIC/CONTENTS	MATERIALS, TOOLS TO BE PREPARED

2. Steps to operate an IYCF support group meeting in a village

There are many ways to operate a BCC meeting in a community. Under the IYCF support - group model in villages, we will facilitate the meeting according to the five steps as shown in the slide below:

Opening: settle the group / introduction and ice-breaker

- Create a happy atmosphere (*select a method that suits the participants: Sing a song, tell a funny story, etc.*)
- Introduce newcomers (*if any*).

Step 1: Review the topic of the previous meeting

- Review the information which was introduced at the last meeting.
- Practice (*or role - play*) what participants committed to do from the last meeting.
- Identify people who have practiced behaviors which were agreed from the last meeting and the optimal practices which are recommended by health workers.

Note: *If there are a lot of participants who did not practice the optimal practices from the last meeting, the meeting leader should find out why and make time to discuss and give them more support to change their behaviors.*

Step 2: Study and learn from participant experiences on the new topic

- Introduce the new topic.
- Study and learn about common practices at the village and experiences related to the topic.
- Identify “*positive - deviant*” mothers (*if any*): these are mothers who have already implemented good practices for the new topic.

Step 3: Share information and optimal practices on the new topic

- Share information and recommendations for the new topic.
- Demonstrate the optimal practices (*if any*).

Step 4: Agree on which practices are to be implemented at home

- Agree with participants on what should be implemented at home.
- Discuss how to implement the agreed practices.
- Practice or do role - play.

Step 5: Evaluate the meeting and plan for the next meeting.

- Evaluate the meeting: strengths to be repeated and limitations that should be improved.
- Plan for the next meeting.

SESSION 4: TOPICS FOR IYCF SUPPORT - GROUP MEETINGS IN VILLAGES

Objectives

- To learn the 15 IYCF support-group meeting topics by heart.
- To understand the structure of the card *"instructions on organizing a group meeting"* and know how to use cards to organize a group meeting.
- To understand and use the counseling cards in facilitating a group meeting

1. Fifteen IYCF support - group meeting topics

EBF

- 1) Nutrition for the pregnant women and lactating mothers.
- 2) BF within the first hour after delivery and benefits of colostrum.
- 3) EBF for the first six months.
- 4) Proper BF.
- 5) Prepare for CF.

Appropriate CF

- 6) Feed the child with a sufficient number of meals each day according to his age.
- 7) Feed the child with diverse food in each meal.
- 8) Food demonstration.
- 9) How to prepare a hygienic meal.
- 10) Nutrition care for sick children.
- 11) Nutrition care when the child has diarrhea and pneumonia.
- 12) Active feeding techniques.

Community group

- 13) Causes and consequences of child malnutrition.
- 14) The importance of BF and the support from family and the community in nutrition care for pregnant women and lactating mothers.
- 15) The importance of CF, optimal CF practices, and family and community support.

2. Introduce the structure and the detailed content of one sample card

A set of IYCF counseling cards includes twenty one cards and three written pages. The first page introduces the project, the second page mentions about basic communication skills and the third page states “*Five steps of facilitating an IYCF support - group meeting*”

Twenty one cards are laid out similarly (*as the flip chart you normally use*) and each card conveys a message and optimal practices related to that message. Each card has two sides:

- **Side 1:** written the message to remember and a picture illustrating that message.
- **Side 2:** contains full content of the message with optimal practices and detailed explanation.

How to use the counseling cards in the meeting

- Before conducting the meeting, the community-based worker should choose suitable cards for the topic. Some topics need 2-3 cards.
- Hold only the edge of the card, hold the card up to the trainees’ eye level, and show it gradually around the class so that all trainees can see the card clearly.
- Ask everyone what they see in the picture and relate to their own situations or what is practiced in the village.
 - What are they practicing?
 - What are other villagers practicing?
- Still hold the card up for everyone to see and introduce the message.
- Ask everyone to discuss the content of the card and practices to be implemented.
- Summarize and come to an agreement on good recommendations and get commitment of mothers to try carrying out these recommendations.
- At the end of the meeting, the CBW needs to place the cards back in order to ensure that the set is complete.

SESSION 5: PRACTICE FACILITATING AN EBF SUPPORT - GROUP MEETING

Objectives

- Have a thorough understanding of specific activities when implementing the five steps to carry out an EBF support-group meeting
- Practice facilitating an EBF support-group meeting

1. Five steps of conducting a group meeting

Opening: Settle the group/Introduction and Ice-breaker

Step 1: Review the topic of the previous meeting.

Step 2: Learn about the mothers' experiences related to the topic.

Step 3: Share information and optimal practices related to the topic.

Step 4: Agree on what practices should be implemented at home.

Step 5: Evaluate the meeting and make a plan for the next meeting.

In each village we will have three kinds of IYCF support groups and we need to follow the five steps shown above when facilitating these group meetings. However, since the purpose and the target audiences of each group are different, we need to apply those five steps flexibly to achieve the best results.

For the EBF support group, the target audiences include pregnant women in their last trimester and mothers with children under 6 months. There are six meeting topics as follows:

EBF support - group meeting topics

1. Nutrition for pregnant women and lactating mothers (*card 1, 2*).
2. BF within the first hour after delivery (*card 3, 5*).
3. Benefits of colostrums (*card 4*).
4. EBF for the first 6 months (*card 8, 9*).
5. Proper BF (*card 6, 7*).
6. Preparation for CF (*card 14*).

Note: when choosing the topic for the group meeting, the CBW needs to choose the most suitable topics for the mothers in the group that they are in charge of. For example: if there are some mothers who have upcoming delivery dates, we should choose the topics on the benefits of colostrum or BF right after delivery. If there are some mothers with children five months of age, we should choose the topic on preparing for CF.

2. Facilitating an EBF support - group meeting following five steps of conducting a group meeting:

Opening: Introduction and Ice - breaker

- Create an intimate and comfortable atmosphere: While waiting for the mothers to come, VHWs/ WU members and the mothers-group leaders talk and observe how the mothers breastfeed their children and how the children attach to the breast. Instruct and immediately correct any incorrect practices.
- Ask about how the mothers BF at home, their diets, and their resting schedules.
- Determine which mothers are still practicing EBF and mark this in the monitoring book; who is absent - find out the reasons why and provide timely support.
- Weigh the children in the group to monitor their growth.
- Introduce new members who are participating for the first time (*if any*).

Note: In an EBF support-group meeting, the opening session is the most suitable time for the CBW to observe how the mothers breastfeed their babies to identify and correct what is wrong.

Step 1 - Review the content discussed in the previous meeting

- The group leader asks the mothers if they remember the messages from the previous meeting. What practices and solutions were agreed on? Suggest and encourage some mothers to speak out about these messages by themselves.
- Practice (*or role-play*) the behaviors agreed to in the previous meeting (*if any*).
- The CBW summarizes and repeats the content of the previous meeting.
- If many mothers cannot remember the content of the previous meeting or have not yet implemented what they committed to, set aside time to review or find out the reasons why the mothers have not implemented these behaviors, and then provide timely support.

Step 2 - Learn about the mothers' experiences related to the new BF topic

- Introduce the new topic.
- Invite each mother to tell everyone about the practices (*related to the new topic*) that she often does at home.
- Praise the mothers who are doing the right thing and call them "*positive deviants*".

Step 3 - Introduce the new topic

- Use a counseling card to introduce the messages related to the new topic and encourage good practices.
- Demonstrate - Perform a role play and instruct the mothers to practice if needed.
- Summarize the messages so that they are short, simple, and easy to remember.

Note: In step 3, the EBF support - group meeting content focuses on how mothers can successfully practice EBF in the first six months and on why they should do this.

- Discuss and agree on what needs to be done at home following this meeting topic.
 - What messages the mothers need to remember
 - Optimal BF practices that mothers need to practice.
- "*Positive - deviant*" mothers share experiences: How to get support from the family (*especially from mothers-in-law and husbands*) to successfully practice EBF.
- Commit to applying optimal BF practices learned from the meeting.

Step 5 - Evaluate the meeting and plan for the next meeting

- Strong points: Compliment the mothers for attending the meeting, for actively participating in the discussion, and for continuing to exclusively breastfeed.
- Weak points: Remind the mothers who are not actively participating in the discussion that they need to be more confident in the next meeting.
- Plan for the next meeting: Time, venue, and topic.

3. Practice facilitating an EBF support - group meeting:

- Select one in six topics for EBF support-group meetings to practice.
- Select appropriate counseling cards.
- Practice in groups.

SESSION 6: PRACTICE FACILITATING A CF SUPPORT - GROUP MEETING

Objectives

- To understand the specific activities for implementing the five steps to carry out a CF support group meeting
- To practice facilitating a CF support group meeting following the five steps

1. Five steps for conducting a CF support group meeting

For the facilitation of the CF support-group meeting we will also follow the five steps, but this time using the CF support - group meeting topics. The target audiences of this group include mothers who have children from 6-24 months old and their family members who frequently prepare food for and feed these children.

CF support - group meeting topics

1. Feed the child with a sufficient number of meals each day according to his age.
2. Feed the child with diverse food at each meal.
3. Food demonstration
4. How to prepare a hygienic meal.
5. Nutrition care for ill (*sick*) children.
6. Active feeding techniques.

2. Practice facilitating a CF support-group meeting

- Select one in six topics mentioned-above to practice.
- Select appropriate counseling cards.
- Practice in groups.

SESSION 7: PRACTICE FACILITATING AN IYCF COMMUNITY SUPPORT - GROUP MEETING

Objectives

- To have a thorough grasp of specific activities when carrying out the five steps for implementing an IYCF community support - group meeting
- To practice facilitating an IYCF community support-group meeting properly

1. How to conduct an IYCF community support-group meeting

- Eligible members of the IYCF community support group are husbands, parents-in-law, and caregivers who play a decisive role in practicing IYCF in the home. Therefore, the objective of this group's activities is to help these group members to understand the importance of nutrition care for pregnant women, lactating women, and infants in the first two years of life. They will then be given specific support activities to help the mothers successfully practice EBF and appropriate CF.
- When conducting this meeting the five steps also apply as in other meetings; however the CBW needs to set aside more time to discuss for the most specific support activities and practical support commitment from group members
- "IYCF community support group" meets once every two months on the following topics:

IYCF community support - group meeting topics

1. Causes and consequences of child malnutrition
2. The importance of EBF, EBF recommendations, and family and community support for nutrition care for pregnant women and lactating mothers.
3. The importance of appropriate CF and the support from the family and the community.

2. Practice facilitating the meeting for community members to support IYCF

- Select one of the three topics for the IYCF community support - group meeting and counseling cards (*if any*).
- Each topic has a facilitation card.
- See and use these cards to facilitate the meeting.

SESSION 8: HOUSEHOLD VISITS

Objectives

- To understand the purpose of a household visit
- To know how to implement an efficient household visit
- To know how to integrate IYCF content into household-visit activities

1. Purpose of a household visit

After organizing the IYCF support-group meetings, household-visit activities play an important role in ensuring the successful implementation of optimal IYCF practices by the mothers and caregivers at home.

A household visit aims at

1. Following - up and reminding mothers to practice EBF.
2. Following - up the implementation of appropriate CF in both quantity and quality.
3. Early identifying IYCF difficulties and barriers that the mothers and the family are facing; then providing timely and appropriate support.
4. Motivating family members to support the mother in applying optimal IYCF practices learned from group meetings.

2. The order of a household visit

Step 1: Be prepared: know clearly whom to visit and outline the purpose of your visit.

Step 2: Give a friendly welcome and tell the mother and family members the purpose of your visit.

Step 3: Focus on the content and the purposes of the visit:

- To find out whether the mother practices what she has learned or not?
- If she has not practiced, find out the reasons why and any difficulties she has or obstacles she is facing.
- Advise and provide appropriate support.
- Correct practices if what the mother does is not appropriate.

Step 4: Closing the visit

- Summarize the content and advise the mother on what needs to be done.
- Ask the mother and the family members if they have any questions
- Thank the mother and the family members.

FURTHER READING

What needs to be observed in a household visit:

- **The family situation:** Learn about the family's economic status and observe the garden, ponds, and cages (*the available food source for the family, especially for the children*).
- **Sanitation status:** the house, the water supply, latrines, personal hygiene of the mother, children, and family members.
- **Observe the sanitation status of the kitchen** and of food - processing tools, and the way the family is feeding the children in terms of cleanliness.
- **How the family is caring for the children:**
 - Observe the health and nutrition status of the child.
 - The practices of the mother: how she is feeding and BF her child.

Talk to the mother and the family about:

- **The diets and working schedule** of pregnant and lactating women and family support.
- **EBF practices:** Colostrum feeding, EBF for the first six months, BF on demand, and duration of a breastfeed.
- **IYCF practices:** age when CF started, the number of meals, the quantity of food, the types of food, the way of preparing and processing food, and how to feed and encourage the child to eat and care for the child when they are sick.
- **Family support** (*husbands, mothers-in-law and other family members*) for the mother, especially for pregnant women, mothers after delivery, and those who have children under six months old for EBF and appropriate nutrition for children.

Record the results of the household visits in the logbook:

- General information about the household.
- Specific things you noticed.
- Follow - up the related practices and behaviors to be done on future visits.

3. How to integrate IYCF content into the routine household visits of the CBWs

- When the A&T project is implemented, the CBW will integrate the content and the purpose of the household visit with other, routine activities that you are practicing. By doing this, most of the BCC monitoring activities in the household are integrated activities and do not create the need for additional household visits.

- For families with malnourished children, the CBW needs to conduct more regular household visits to ensure proper child care until the child regains weight.

Priority cases for regular household visits

1. Pregnant women

- In the last three months of gestation: once or twice (*the last visit at least two weeks before delivery*).

2. A mother after delivery (*mother and newborn*)

- *Three days after delivery* : Visit once, as soon as possible
- *Four to seven days after delivery* : Visit once
- *Eight to 28 days after delivery* : Visit once

3. Children from 5-6 months

- Additional visit in combination with counseling on EBF and preparation for appropriate CF when the child is 6 months old (*180 days*).

4. Children from 6-24 months

- Once per quarter. Counseling topics: continue BF until the child is 24 months old, instruct and monitor appropriate CF practices of mothers.

5. Sick Children

- In addition to the visits mentioned above, sick children need to be visited and their mothers counseled right after their children become sick.

PART 4

MONITORING AND MANAGING GROUP ACTIVITIES AND REPORTING

Objectives of the session:

- To understand the structure of the IYCF support - group monitoring book.
 - To know how to record information and monitoring data on “EBF Support Groups”.
 - To know how to record in the monitoring book the IYCF support-group meeting results in a village.
 - To know how to fill out an IYCF support - group activities report at monthly meetings with the commune health staff.
-

1. Introduce the IYCF support - group monitoring book

CBWs are the persons in charge of organizing and managing IYCF support- group activities in villages. Every month, CBWs will report the results of their group activities to the commune project management board so that they can report in turn to the district level. In order to make this process easier, A&T will provide the monitoring book for every village.

The monitoring book is divided into three parts:

- **Part 1:** to record the results of the IYCF support-group meetings in the village.
- **Part 2:** to record information on the target groups (*mother and child*).
- **Part 3:** to record the results of the household visits.

When organizing the IYCF Support Group meeting in a village, the CBW will record the results in the monitoring book. At the monthly meeting, the CBW will report verbally to the commune health staff what they have recorded in their monitoring book.

Below is the cover of the logbook and its content:



Information to be collected at group meetings

MONITOR IYCF SUPPORT-GROUP ACTIVITIES AT THE VILLAGE LEVEL

EBF Support Group [1];

CF support group [2];

IYCF Community support group [3]

			NUMBER OF PARTICIPANTS			
GROUP	MEETING TOPIC	MEETING DATE	MOTHERS	HUSBAND	OTHER	TOTAL

- **Explain how to record information:**
 - Write down which group it is.
 - When conducting the meeting with any group, put the suitable number in the first column.
 - Fill out the suitable information in the next column as well as the number of people participating in the meeting in the final columns.
- At the end of the month, CBW will summarize and add up the number of visits in the month to report to the commune health staff at the monthly meeting.

Monitoring book for the EBF support group

Name of mother and child		Child's birthday	2011	2012	2013	2014	Note
1	Mother: Child:						
2	Mother: Child:						

- **Explain how to fill this in:**

- **Column (2) & (3):** the CBW must fill in these columns before the first meeting. This is the list of pregnant women in the last trimester and lactating mothers with children under six months old. The pregnant women will be listed first, then lactating mothers with the youngest child (to the eldest).

Note: for pregnant women, the child's name and date of birth will be filled after delivery.

- **Time column:** The upper line of each small column will be filled with "month" when the meeting is organized. The lower line will be filled out as follows:

"Mother's name" line:

- If the mother attended the meeting, please tick (+); If the mother is absent, please tick (o).
- If the mother breastfeeds her child exclusively, color it in pink. If the child was fed with complementary food, do not color but mark CF.

"The child's name" line: Write the age of the child. If the child is weighed in that month, add the child's weight.

- **"Note" column:** draw a straight line for each household visit. Results will be written clearly in the "Household visit results" table

- **Notes:**

- Mothers finishing the group: When the child is older than six months and the mother has finished the group, please cross them out from the date and do not monitor them anymore.
- Monthly update: Enter the name of each pregnant woman when she enters the group from the seventh month.

Household-visit results

TIME	NAME OF HOUSEHOLD-VISIT TARGETS	PURPOSES AND RESULTS	NOTES FOR THE NEXT VISIT

- **Explain how to fill this in:**
 - **Column “Time”:** Write the date and month of the household visit
 - **Column “Name of household-visit targets”:** Write the name of mothers and families who are visited
 - **Column “Purposes and results”:** Write clearly the purposes of the household visit and results of discussion with mother and the family (E.g. *Purpose: Support mother after one week of delivery. Result: Help the mother to attach the baby to the breast well; Counsel the mother to breastfeed the baby both during the day and night, etc.*)
- **Notes:** Only record the cases that have problems and need continued visits. For example: Mothers after 1-2 weeks of delivery; families with malnourished or sick children, etc.

4. Report on the results from IYCF group activities at the monthly meeting with the commune health staff

In the monthly meetings with commune health staff, CBWs will provide information about project activities in their villages and all data related to IYCF support - group meetings, including:

- Number of meetings they have conducted in the month.
- Number of household visits in the month.
- EBF situation in the village.
- Problems during implementation and possible solutions.

Commune health staff will summarize the data into a report form and send it to the district management board that meets monthly at the district level.

APPENDICES

MAIN CONTENTS:

Appendix 1: Topics for IYCF Support - Group Meetings

Appendix 2: Types of growth charts

Appendix 3: Case studies for filling in the growth charts

APPENDIX 1: TOPICS FOR IYCF SUPPORT - GROUP MEETINGS

EBF

- 1) Nutrition for the pregnant women and lactating mothers.
- 2) BF within the first hour after delivery
- 3) Benefits of colostrum.
- 4) EBF for the first six months.
- 5) Proper BF.
- 6) Prepare for CF.

Appropriate CF

- 7) Feed the child with a sufficient number of meals each day according to his age.
- 8) Feed the child with diverse food at each meal.
- 9) Food demonstration
- 10) How to prepare a hygienic meal.
- 11) Nutrition care for ill (*sick*) children.
- 12) Active feeding techniques.

Community group

- 13) Causes and consequences of child malnutrition.
- 14) The importance of BF and the support from family and the community in nutrition care for pregnant women and lactating mothers.
- 15) The importance of CF, optimal CF practices, and family and community support.

TOPIC 1. NUTRITION CARE FOR PREGNANT WOMEN AND LACTATING MOTHERS

Purpose: After the meeting mothers will be able to:

- Understand nutrition care for pregnant women.
- Understand nutrition care for lactating mothers.

Meeting contents: use counseling cards 1 and 2

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).
- Observe and support mothers to breastfeed properly.

Step 1 - Review the content discussed in the previous meeting

- The meeting leader summarizes the previous - meeting contents.
- Ask the mothers about their BF practices at home.

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "*positive - deviants*"

- Introduce the name of the new topic: Nutrition for pregnant women and lactating mothers.
- Ask the pregnant mothers to talk about their regime and resting schedule.
- Ask the lactating mothers to talk about their regime and resting schedule.
- Praise the mothers for having a good regime and resting schedule (*recognize them as positive - deviants*).

Step 3 - Introduce the new topic

- Show the counseling card containing the new topic and ask what the mothers see in the card.
- Introduce the content and explain "*nutrition for pregnant women and lactating mothers*" as mentioned in the counseling card.
- Ask the mothers about difficulties they have when practicing the recommended practices.
- Invite "*positive - deviant*" mothers to share their experiences.
- Invite the mothers to discuss solutions for any difficulties they are having.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on the commitment to “*Eat well - drink well - sleep well*” for healthy mothers and children.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 2. BREASTFEED IMMEDIATELY WITHIN THE FIRST HOUR AFTER DELIVERY

Purpose: After the meeting, mothers will be able to:

- Point out why they need breastfeed within one hour after delivery.

Meeting contents: use counseling cards 3 and 4.

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).
- Observe and support mothers to breastfeed properly.

Step 1 - Review the content discussed in the previous meeting

- The meeting leader summarizes the previous-meeting contents.
- Ask the mothers whether they practice recommendations in the previous meetings.

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "*Breastfeed your child immediately within the first hour after delivery*".
- Ask one mother about her delivery: Where did she deliver? When did she give her baby the first breast milk? Did she give the baby any other liquids before breast milk?
- Identify the mothers that breastfed their baby within one hour after delivery (*recognize them as positive - deviants*).

Step 3 - Introduce the new topic

- Show the counseling card 3 and ask the mothers to describe what they see in the picture.
- Introduce the topic: "*Breastfeed your child within the first hour after delivery*", and explain the information in the counseling card.
- Ask one mother who did not breastfeed her child within the first hour after delivery to share why she did not follow this practice and the difficulties she met.
- Invite the positive-deviant mother (*if any*) to share her experiences as to why she breastfed her child within one hour after delivery. What difficulties did she meet and how did she overcome the difficulties?

- Ask the mothers what they need to be supported in breastfeeding their children within one hour after delivery and who the best people are to support them.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on the commitment to breastfeeding within one hour after delivery (*for pregnant women*).

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 3. BREASTFEEDING COLOSTRUM

Purpose: After the meeting, mothers will be able to:

- Understand the benefits of colostrum and reasons why children should be breastfed colostrum.

Meeting contents: use counseling cards 3 and 4.

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).
- Observe and support mothers to breastfeed properly.

Step 1 - Review the content discussed in the previous meeting

- The meeting leader summarizes the previous-meeting contents.
- Ask the mothers whether they practice recommendations in the previous meetings.

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "*Breastfeeding colostrum*".
- Ask the mothers: What is colostrum? Do they know about the benefits of colostrum?
- Identify the mothers that breastfed their baby colostrum (*recognize them as positive - deviants*).

Step 3 - Introduce the new topic

- Show the counseling card on the new topic and ask the mothers to describe what they see in the picture.
- Introduce the message and explain the information in the counseling card.
- Ask one mother who did not breastfeed her child colostrum to share why she did not follow this practice and the difficulties she met.
- Invite the positive-deviant mother (*if any*) to share her experiences as to why she breastfed her child colostrum. What difficulties did she meet and how did she overcome the difficulties?
- Ask the mothers what they need to be supported in breastfeeding their children colostrum and who the best people are to support them.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on recommendations to be implemented and get mothers' commitment to breastfeeding their children colostrum (*for pregnant women*).

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 4. EXCLUSIVE BREASTFEEDING FOR THE FIRST 6 MONTHS

Purpose: After the meeting, mothers will be able to:

- Know what EBF is.
- List the benefits of exclusive breastfeeding.
- Practice exclusive breastfeeding successfully at home.

Meeting contents: use counseling cards 8, 9 and 10.

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).
- Observe and support mothers to breastfeed properly.

Step 1 - Review the content discussed in the previous meeting

- The meeting leader summarizes the previous-meeting contents.
- Ask the mothers whether they practice recommendations in the previous meetings.

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "*Breastfeed exclusively for the first six months*".
- Ask some mothers: What is EBF?
- Ask the mothers about how they breastfeed their babies.
- Identify the mothers that breastfed their baby exclusively for the first six months (*recognize them as positive - deviants*).

Step 3 - Introduce the new topic

- Show the counseling card on the new topic and ask the mothers to describe what they see in the picture.
- Introduce the topic: "*EBF for the first six months*", and explain the information in the counseling card.
- Ask one mother who did not breastfeed her child exclusively for the first six months to share why she did not follow this practice and the difficulties she met.
- Invite the positive-deviant mother (*if any*) to share her experiences as to why she breastfed her child exclusively for the first six months. What difficulties did she meet and how did she overcome the difficulties?

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on recommendations to be implemented at home.
- Get mothers' commitment to breastfeeding exclusively for the first six months.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 5. PROPER BREASTFEEDING

Purpose: After the meeting, mothers will be able to:

- Understand how to carry the child in her arms and breastfeed correctly.
- Breastfeeding properly to ensure successful EBF.

Meeting contents: use counseling cards 7 and 8.

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).
- Observe and support mothers to breastfeed properly.

Step 1 - Review the content discussed in the previous meeting

- The meeting leader summarizes the previous-meeting contents.
- Ask the mothers whether they practice recommendations in the previous meetings.

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "Proper BF".
- Ask the mothers about how they breastfeed their babies. (*If any mother brings her child to the meeting, invite the mother to breastfeed her baby for observation*)
- Identify the mothers that breastfed their baby properly (*recognize them as positive-deviants*).

Step 3 - Introduce the new topic

- Show the counseling card on the new topic and ask the mothers to describe what they see in the picture.
- Introduce the message and explain the information in the counseling card.
- Ask the mothers to think if they breastfeed their babies properly.
- Ask the mothers to practice breastfeeding properly (*positioning and attachment*) to see if they have any difficulties. Correct any wrong steps taken by mothers.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on recommendations to be implemented at home and get mothers' commitment to breastfeeding properly so that their children gain weight well and mothers can maintain milk supply.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 6. PREPARE FOR COMPLEMENTARY FEEDING

Purpose: After the meeting, mothers will be able to:

- Understand why they should feed their child complementary foods when the child is 6 months old (*180 days*).

Meeting contents: use counseling cards 13 and 14.

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).

Step 1 - Review the content discussed in the previous meeting

- The meeting leader summarizes the previous-meeting contents.
- Ask the mothers whether they practice recommendations in the previous meetings.

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "*Appropriate CF*".
- Ask the mothers about their CF practices at home
- Identify the mothers that give their babies appropriate complementary foods (*recognize them as positive-deviants*).

Step 3 - Introduce the new topic

- Show the counseling card 14 on the new topic and ask the mothers to describe what they see in the picture.
- Introduce the message and explain the information in the counseling card.
- Ask mothers if they had any difficulties when they started feeding their child at 6 months (*mother had to return to work, they thought the baby would be stronger, the mother-in-law told them to do that, etc.*)
- Invite the positive - deviant mother (*if any*) to share her experiences as to why she gives her child appropriate complementary foods. What difficulties did she meet and how did she overcome the difficulties?
- Ask the mothers to discuss solutions for the above - mentioned problems.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on recommendations to be implemented at home and get mothers' commitment to feeding their children appropriate complementary foods when the child is 6 months old (*180 days*).

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 7. FEED THE CHILD WITH A SUFFICIENT NUMBER OF MEALS EACH DAY ACCORDING TO HIS AGE

Purpose: After the meeting, mothers will be able to:

- Know the number of meals per day, the amount of food in each meal that suits the stomach capacity and the age of the child.

Meeting contents: use counseling cards 14, 15 and 16.

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).

Step 1 - Review the content discussed in the previous meeting

- Ask the mother about contents and practice recommended in the previous meeting. Encourage the mothers to recall and repeat.
- The meeting leader summarizes the previous-meeting contents.
- Ask the mothers whether they practice recommendations in the previous meetings.

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "*Feed the child with a sufficient number of meals each day according to his age*".
- Ask the mothers about their CF practices at home: How many meals in a day? How much food in each meal?
- Identify the mothers that give their babies the sufficient of meals and appropriate amount of foods in each meal per day (*recognize them as positive - deviants*).

Step 3 - Introduce the new topic

- Show the counseling card 14, 15, and 16 one by one and ask the mothers to describe what they see in the picture.
- Introduce the message and explain the information in the counseling card
- Discuss the difficulties that mothers had when they practiced feeding the child with a sufficient number of meals per day and amount of foods in each meal.
- Discuss solutions and share experiences (*from positive - deviant mothers*) so that others can practice the same and feed their children appropriately.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on recommendations to be implemented at home and get mothers' commitment to feeding their children with a sufficient number of meals per day and appropriate amount of complementary foods in each meal according to the child's age.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 8. FEED THE CHILD WITH DIVERSE FOOD AT EACH MEAL

Purpose: After the meeting, mothers will be able to:

- Know the four food groups that should be in a complementary meal for young children.
- Know the importance of diversifying foods in a complementary meal for young children.

Meeting contents: use counseling cards 14, 15, 16 and 18.

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).

Step 1 - Review the content discussed in the previous meeting

- Ask the mother about contents and practice recommended in the previous meeting. Encourage the mothers to recall and repeat.
- The meeting leader summarizes the previous-meeting contents.
- Ask the mothers whether they practice recommendations in the previous meetings.

Step 2 Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "*Feed the child with diverse food in each meal*".
- Ask the mothers about their CF practices at home and in their villages.
- Identify the mothers that give their babies different types of food in each meal (*recognize them as positive - deviants*).

Step 3 - Introduce the new topic

- Show the counseling cards one by one and ask the mothers to describe what they see in the picture.
- Introduce the message and explain the information in the counseling card.
- Emphasize the practice of feeding diverse foods:
 - "*Coloring the baby's bowl - diversifying the foods*": Giving the child four food groups or more.
 - Do not give the child MSG.
 - Do not give the child biscuits, sweets and soft drink before a meal.
 - Discuss the difficulties that mothers have when giving their children diverse foods.
 - Share experiences of positive - deviant mothers in giving their children diverse foods.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on recommendations to be implemented at home and get mothers' commitment to feeding their children with diverse food in each meal.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 9. PREPARING A HYGIENIC MEAL

Purpose: After the meeting, mothers will be able to:

- Understand the four-clean practices when preparing a complementary meal.

Meeting contents: use counseling cards 17 and 19.

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).

Step 1 - Review the content discussed in the previous meeting

- Ask the mother about contents and practice recommended in the previous meeting. Encourage the mothers to recall and repeat.
- The meeting leader summarizes the previous-meeting contents.
- Ask the mothers whether they practice recommendations in the previous meetings.

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "*Preparing a hygienic meal*".
- Ask the mothers about their practice of food hygiene when preparing complementary food and feeding the child.
- Identify the mothers that ensure food hygiene when preparing complementary food and feeding the child (*recognize them as positive-deviants*).

Step 3 - Introduce the new topic

- Show the counseling cards one by one and ask the mothers to describe what they see in the picture.
- Introduce the message and explain the information in the counseling card.
- Explain why we have to ensure food hygiene when preparing complementary food and feeding the child.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on recommendations to be implemented at home and get mothers' commitment to feeding their children with diverse food in each meal.
- Discuss the difficulties that mothers have when applying four - clean practice in preparing complementary food for children.

- Share experiences of positive-deviant mothers in applying four-clean practice in preparing complementary food for children at home.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 10. CHILD FEEDING DURING ILLNESS AND RECOVERY

Purpose: After the meeting, mothers will be able to:

- Understand the principle of child feeding during illness and recovery.

Meeting contents: use counseling card 21.

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).

Step 1 - Review the content discussed in the previous meeting

- Ask the mother about contents and practice recommended in the previous meeting. Encourage the mothers to recall and repeat.
- The meeting leader summarizes the previous-meeting contents.
- Ask the mothers whether they practice recommendations in the previous meetings.

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "Child feeding during illness and recovery".
- Ask the mothers about their feeding practice when the child is ill and in recovery period.
- Identify the mothers that feed their children properly during illness and recovery (*recognize them as positive-deviants*).

Step 3 - Introduce the new topic

- Show the counseling card 21 and ask the mothers to describe what they see in the picture.
- Introduce the message and explain the information in the counseling card.
- Explain why we have to give better care for children when they are ill and during recovery period.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on recommendations to be implemented at home and get mothers' commitment to feeding their children properly during illness and recovery.
- Discuss the difficulties that mothers have when applying child feeding practice at home when the child is ill and in recovery period.
- Share experiences of positive - deviant mothers in applying child feeding practice at home when the child is ill and in recovery period.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 11. ACTIVE FEEDING - HELPING YOUR CHILD TO EAT BETTER

Purpose: After the meeting, mothers will be able to:

- Understand and practice active feeding - helping your child to eat better.

Meeting contents: use counseling card 20.

Instruction for facilitating:

Opening

- Give a friendly welcome.
- Introduce new members (*if any*).

Step 1 - Review the content discussed in the previous meeting

- Ask the mother about contents and practice recommended in the previous meeting. Encourage the mothers to recall and repeat.
- The meeting leader summarizes the previous-meeting contents.
- Ask the mothers whether they practice recommendations in the previous meetings.

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "Active feeding - helping your child to eat better".
- Ask the mothers about their feeding practice at home and in their villages.
- Identify the mothers that practice active feeding and their children eat well (*recognize them as positive - deviants*).

Step 3 - Introduce the new topic

- Show the counseling card 20 and ask the mothers to describe what they see in the picture.
- Introduce the message and explain the information in the counseling card.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Agree on recommendations to be implemented at home and get mothers' commitment to feeding their children actively to help them eat better.
- Discuss the difficulties that mothers have when feeding their children.
- Share experiences of positive-deviant mothers in order to practice Active Feeding to help the child eat well.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 12. FOOD DEMONSTRATION

Purpose: After the meeting, mothers will be able to:

- Know about principles of preparing a complementary meal that meets the child's needs according to his age.
- Practice cooking an age - appropriately complementary meal for young children.

Meeting contents: use counseling card 15, 16 and 17.

Instruction for demonstrating:

Step 1 - Preparation

- Cooking utensils needed for the food demonstration: stove, pot, bowl (250ml), chopsticks, spoons, knives, chopping board, water container, washing tools, etc.
- Enough food to cook 3 complementary meals for children in 3 different age groups (*which were preliminary treated*).
 - Semi-solid soup for a 6-8 month child: half a (250ml) bowl.
 - Porridge for a 9-11 month child: more than half a bowl.
 - Thick porridge for a 12-24 month child: about $\frac{3}{4}$ of a bowl.
- Keep the food and utensils ready

Step 2 - Demonstration

- The community-based worker demonstrates how to prepare a complementary meal with available ingredients.

Note: keep food hygiene when preparing and cooking.

- Ask questions to check the mothers' knowledge on the amount of food in each meal, types of food, food consistency and density, etc.
- After making one type of food ready, ask mothers to taste and give feedback.

Step 3 - Invite 2-3 mothers to practice preparing complementary food for 3 age groups one by one.

Note: After each mother completed cooking, ask others to taste, giving feedback and withdraw lessons learned.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Discuss difficulties that mothers may have when cooking at home.
- Discuss and share experiences on how to prepare a complementary feeding that meets a child's needs according to his age at home.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise mothers that actively participated in the discussion. Encourage mothers that are not talkative to be more active.
- Ask if the mothers have any comments or if they think changes should be made for the next meeting.
- Thank the mothers and express that you expect to see them at the next meeting.

TOPIC 13. CAUSE AND CONSEQUENCES OF CHILD MALNUTRITION

Purpose: After the meeting, participants will be able to:

- Understand the causes and consequences of child malnutrition.
- Provide appropriate health and nutrition care for their malnourished children at home.

Meeting contents:

Note: the CBW needs to read carefully the counseling cards related to the meeting topic and summarizes information according to the following instructions in order to run the meeting easily.

Causes of child malnutrition:

Pregnant women were not provided proper care (use card 1, 2)

- Mothers did not eat well.
- Mothers worked too hard.
- Mothers did not have sufficient pregnancy checkups.

Sub-optimal IYCF practices:

- Children were not breastfed right after delivery (*use cards 3 and 4*).
- Children were given complementary food too early - before 6 months (*use cards 9 and 14*).
- Children were given complementary food too late - at 7-8 months (*use card 14*).
- Children were given low-quality and insufficient complementary food (*use cards 14, 15, 16 and 17*).
- Food hygiene was not ensured during complementary food preparation process (*use card 19*).

Consequences of child malnutrition:

- Child malnutrition directly affects the physical and mental development of young children, leading to the following consequences:
 - *Short-term:* The child easily gets sick and grows slowly. A vicious circle exists: malnourished child → thin and weak → easily get sick → malnourished. The family of a malnourished child has to pay a lot of medical costs.
 - *Long-term:* An adult who used to be malnourished as a child is easily committed to chronic diseases such as diabetes, cardiovascular diseases, obesity, etc. In the other hand, he could not be as tall, strong, and intelligent as normal children. Moreover, his cognitive and earning ability is also reduced in comparison to that of normal children.
 - *For society:* Malnutrition impacts the socio-development of the nation.

Commitment:

- Support and encourage pregnant women to eat more than usual.
- Motivate pregnant women to go for pregnancy checkups regularly.

- Support and encourage mothers not to give their child any prelacteals before the first breastfeed after delivery.
- Create all favorable conditions for mothers to be able to exclusively breastfeed her child in the first six months.
- Remind and support mothers to give their child complementary foods when he is at six months of age and continue to breastfeed up to 24 months of age.
- Support and encourage mothers to feed their child appropriate complementary food (*ensure appropriate amount, good quality and age appropriateness*).
- Instruction for facilitating:

Instructions for facilitating:

Opening:

- Give a friendly welcome.
- Introduce new members (*if any*).

Step 1 - Review the content discussed in the previous meeting

(This step can be omitted because this is the first meeting of the IYCF community support group)

Step 2 - Learn about the mothers' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: "Causes and consequences of child malnutrition".
- Learn about the nutritional status of children under 2 year in their village and identify the main causes of malnutrition in the village.
- Identify poor families that have healthy babies in the village (*recognize them as positive - deviants*).

Step 3 - Introduce the new topic

- Facilitate the meeting following the outline prepared and using selected counseling cards.

Step 4 - Get mothers' commitment on recommendations to practice at home

- Direct discussion according to two big issue:
 1. Support for pregnant women
 2. Support for mothers during complementary feeding period.
- Ask participants to relate to their own situations and get commitment to provide supports that are as specific as possible.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise husbands and/or mothers-in-law that actively participated in the discussion. Encourage husbands and/or mothers-in-law that are not talkative to be more active.
- Ask if the husbands and/or mothers-in-law have any comments or if they think changes should be made for the next meeting.
- Thank the husbands and/or mothers-in-law and express that you expect to see them at the next meeting.

TOPIC 14. THE BENEFITS OF BF AND SUPPORT FROM FAMILY AND THE COMMUNITY IN EBF FOR THE FIRST SIX MONTHS

Purpose: After the meeting, participants will be able to:

- Understand the benefits of BF and optimal BF practices.
- Provide practical and appropriate support for each family to ensure all children in the village are breastfed for the first six months.

Meeting contents: use counseling cards 3, 8 and 9.

Note: the CBW needs to emphasize that BF has many benefits. In addition to benefits for mothers and children stated in the counseling cards, BF has another significant benefit for the family, i.e. saving time and money because breastmilk is free and always ready.

Instructions for facilitating:

Opening:

- Give a friendly welcome.
- Introduce new members (*if any*).

Step 1 - Review the content discussed in the previous meeting

- Ask the participants about contents and practice recommended in the previous meeting. Encourage the participants to recall and repeat.
- The meeting leader summarizes the previous - meeting contents.
- Ask the participants whether they practice recommendations in the previous meetings.

Step 2 - Learn about the participants' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: *"Benefits of BF and support from family and the community in EBF for the first six months"*.
- Learn about the regular support from husbands and other family members for lactating mothers.
- Identify family members that support lactating mothers (*recognize them as positive - deviants*).

Step 3 - Introduce the new topic

- Show counseling cards 3, 8 and 9 one by one and introduce the topic of the meeting.
- Optimal BF practices:
 - BF within one hour after delivery.

- BF on demand and exclusively for the first six months.
- Continue BF up to 24 months of age.

Step 4 - Get participants' commitment on recommendations to practice at home

- Discuss family support to enable mothers to exclusively breastfeed their babies for the first six months: Make a schedule of mothers/husbands/other family members, if the mothers have to do hard work, shift it to husbands and other family members so that the mothers can rest appropriately and stay near their babies for successful BF.
- Get participants' commitment to provide supports for mothers so that they can breastfeed their babies exclusively at home.

Step 5 - Evaluate the meeting and plan for the next meeting

- Praise husbands and/or mothers-in-law/other family members that actively participated in the discussion. Encourage husbands and/or mothers-in-law/ other family members that are not talkative to be more active.
- Ask if the husbands and/or mothers-in-law/ other family members have any comments or if they think changes should be made for the next meeting.
- Thank the husbands and/or mothers-in-law/ other family members and express that you expect to see them at the next meeting.

TOPIC 15. THE IMPORTANCE OF APPROPRIATE CF AND SUPPORT FROM FAMILY AND THE COMMUNITY

Purpose: After the meeting, participants will be able to:

- Understand the importance of appropriate CF and optimal CF practices.
- Provide practical and appropriate support for each family to ensure all children in the village are fed appropriate complementary food.

Meeting contents: use counseling cards 14, 15 and 16.

Instructions for facilitating:

Opening:

- Give a friendly welcome.
- Introduce new members (*if any*).

Step 1 - Review the content discussed in the previous meeting

- Ask the participants about contents and practice recommended in the previous meeting. Encourage the participants to recall and repeat.
- The meeting leader summarizes the previous-meeting contents.
- Ask the participants whether they practice recommendations in the previous meetings.

Step 2 - Learn about the participants' experiences related to the new topic - Identify "positive - deviants"

- Introduce the name of the new topic: *"The importance of appropriate CF and support from family and the community"*.
- Ask the participants about regular CF practices in their village: How are children fed complementary food? Who often feed them? How the husbands and other family members support in preparing complementary food and feeding the child?
- Identify family members that support mothers in preparing complementary food and feeding the child (*recognize them as positive - deviants*).

Step 3 - Introduce the new topic

- Show counseling cards 14, 15 and 16 one by one and introduce the optimal CF practices.

Step 4 - Get participants' commitment on recommendations to practice at home

- Discussion: Make a schedule of mothers/husbands/other family members, if the mothers have to do hard work, shift it to husbands and other family members so that the mothers can prepare food and feed their children appropriately (*right number of meals, right amount of food for the right age*).

- Discuss and share experiences on how to make use of local foods to prepare a good-quality and hygienic meal for the child.
- Get participants' commitment to provide supports for mothers so that they can feed their children appropriately.

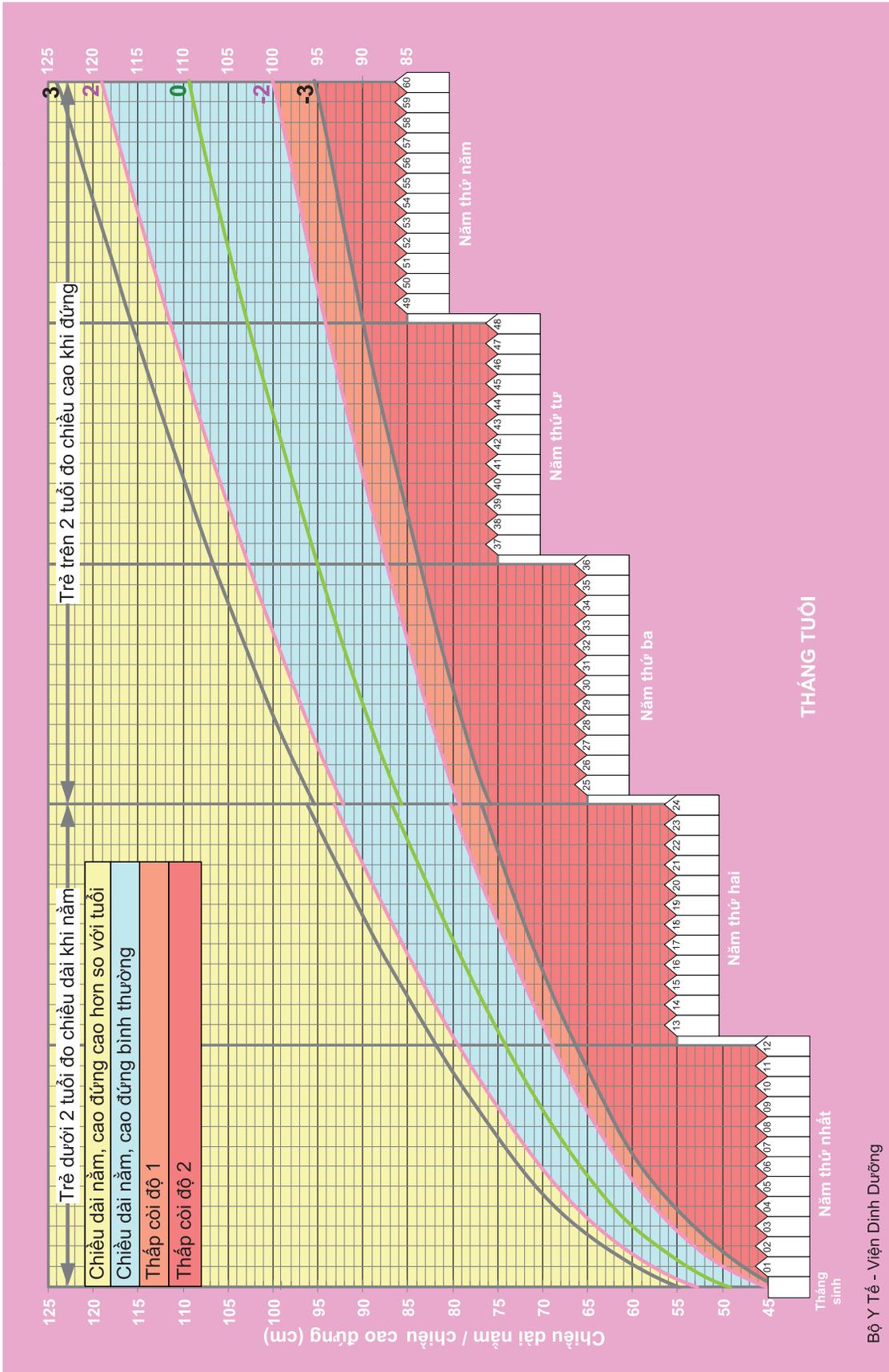
Step 5 - Evaluate the meeting and plan for the next meeting

- Praise husbands and/or mothers-in-law/other family members that actively participated in the discussion. Encourage husbands and/or mothers-in-law/ other family members that are not talkative to be more active.
- Ask if the husbands and/or mothers-in-law/ other family members have any comments or if they think changes should be made for the next meeting.
- Thank the husbands and/or mothers-in-law/ other family members and express that you expect to see them at the next meeting.

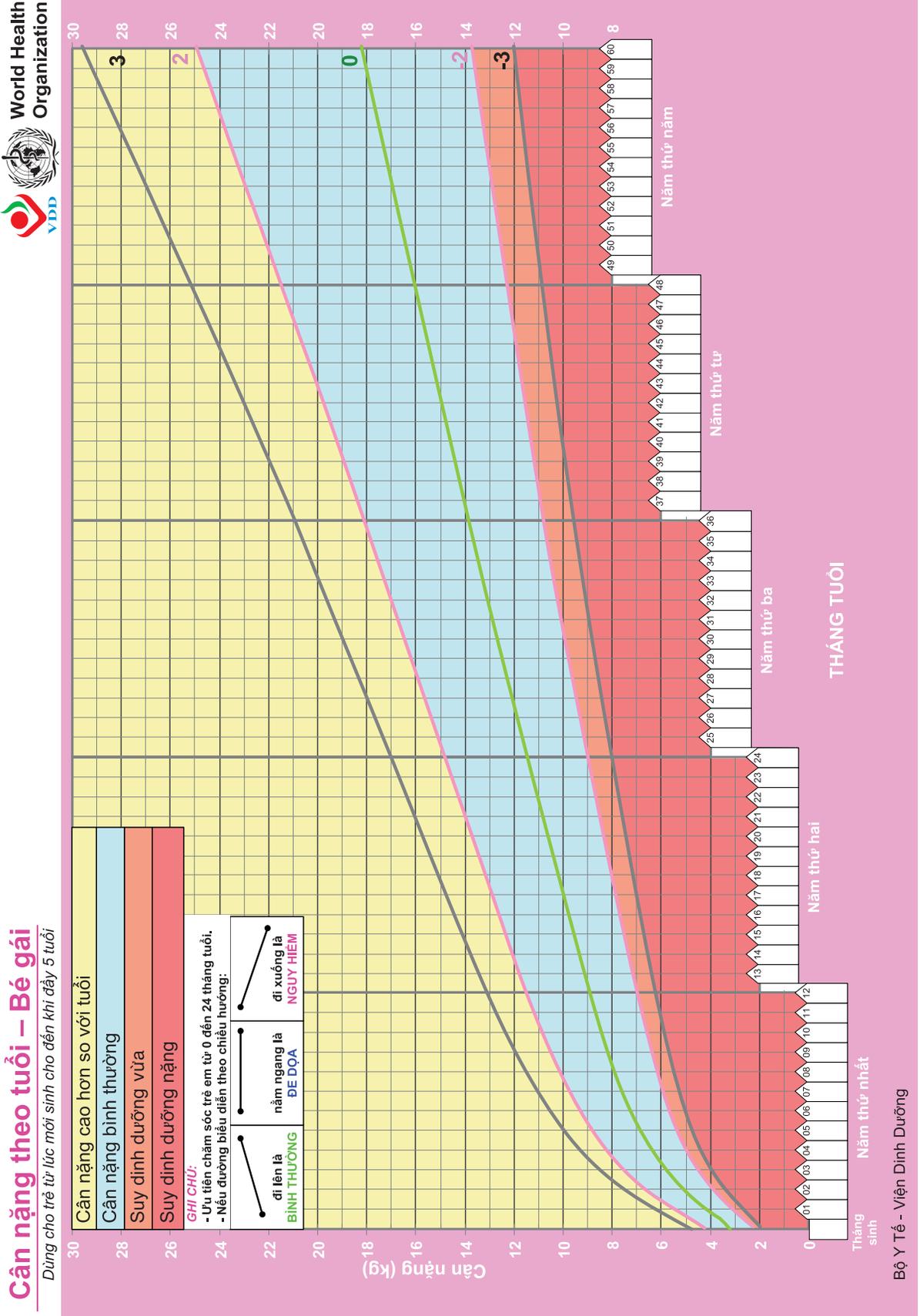
APPENDIX 2. TYPES OF GROWTH CHARTS

Chiều dài nằm/ chiều cao đứng theo tuổi – Bé gái

Dùng cho trẻ từ lúc mới sinh cho đến khi đầy 5 tuổi.

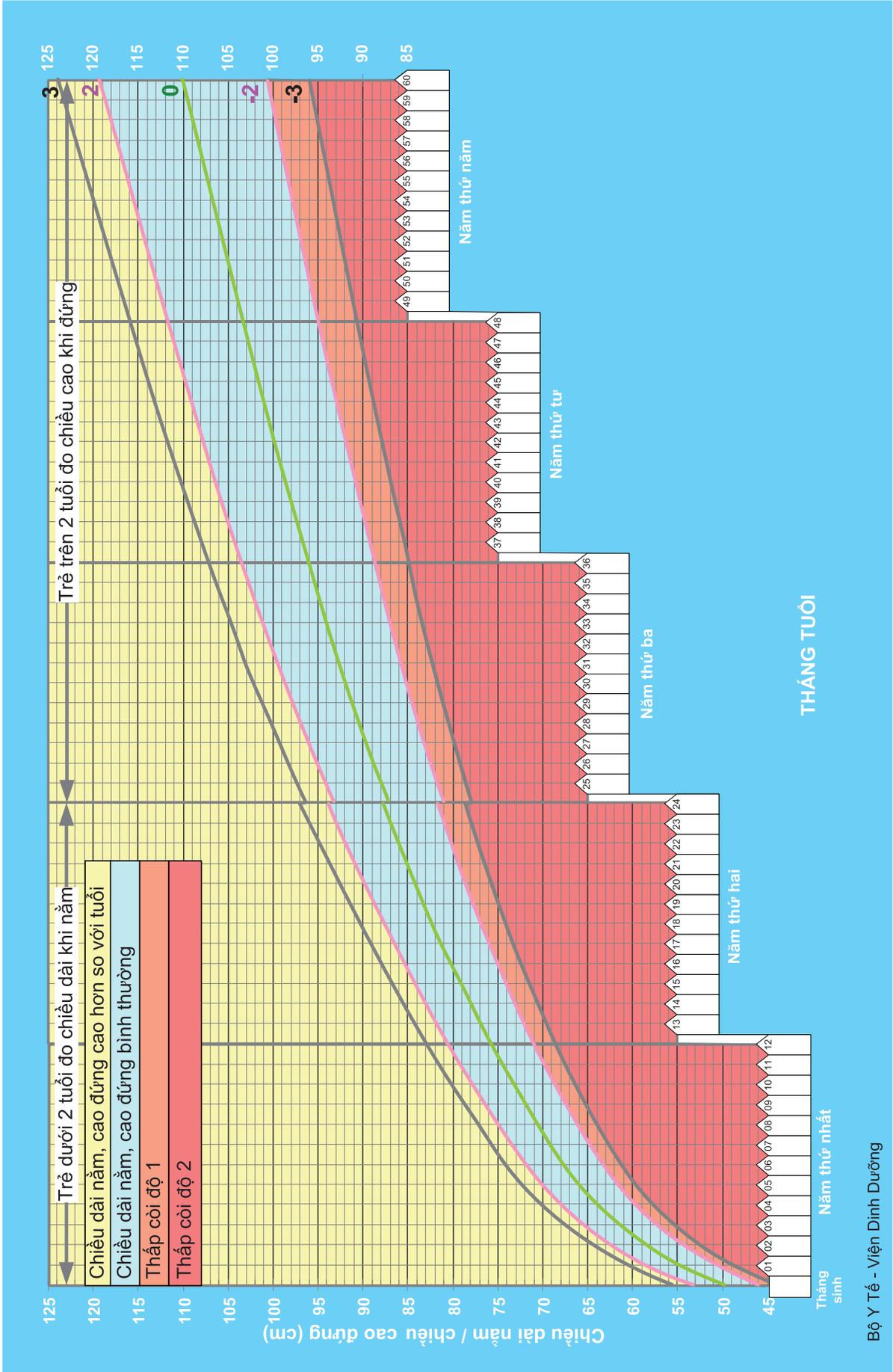


Bộ Y Tế - Viện Dinh Dưỡng



Chiều dài năm/ chiều cao đứng theo tuổi – Bé trai

Dùng cho trẻ từ lúc mới sinh cho đến khi đầy 5 tuổi

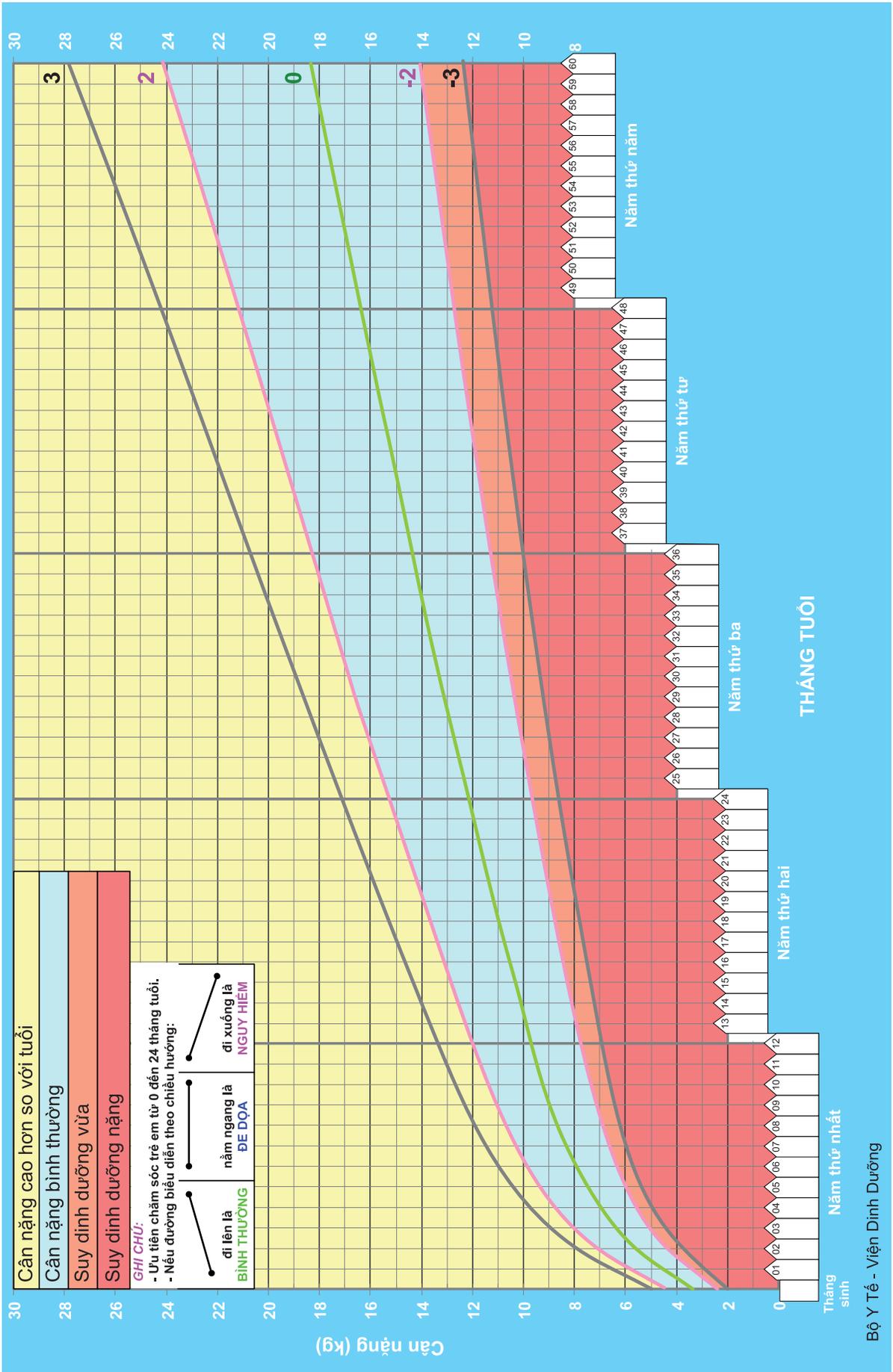


Bộ Y Tế - Viện Dinh Dưỡng



Cân nặng theo tuổi – Bé trai

Dùng cho trẻ từ lúc mới sinh cho đến khi đầy 5 tuổi



Bộ Y Tế - Viện Dinh Dưỡng

APPENDIX 3. CASE STUDIES FOR FILLING IN THE GROWTH CHARTS

Situation 1

Minh 3 months old, male

- Birth weight: 3.4kg
- 1 month: 4.2 kg
- 2 months: 5 kg
- 3 months: 5.7 kg

Situation 2

Vân 6 months old, female

- Birth weight: 3.1 kg
- 2 months: 4.5 kg
- 3 months: 4.7 kg
- 4 months: 4.7 kg

Situation 3

Nga 9 months old, female

- Birth weight: 4 kg
- 6 months: 8 kg
- 7 months: 7.8 kg
- 9 months: 7.9 kg

Situation 4

Lan 13 months old, male

- Birth weight: 3.5 kg
- 10 months: 9.3 kg
- 9 months: 9.6 kg
- 12 months: 10.1 kg

Situation 5

Hoa 15 months old, male

- Birth weight: 2.5 kg
- 12 months: 12 kg
- 13 months: 12.5 kg
- 14 months: 13.5 kg

TRAINEE HANDBOOK FOUR

Behavior Change Communication on IYCF in Remote Areas

Ha Noi, July 2011

**Alive & Thrive Vietnam
203 - 204, E4B
Trung Tu Diplomatic Compound
No 6 Dang Van Ngu, Ha Noi**

**Phone: +84-4-3573 9066
Fax: +84-4-3573 9063
www.aliveandthrive.org**