ACKNOWLEDGEMENT

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3. MA. Trinh Ngoc Quang, Head of Education and Training Department - Center for Health Education and Communication - Ministry of Health (MoH)
4. MA. Tran Thi Nhung - Center for Health Education and Communication - MoH

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<th>Definition</th>
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<tr>
<td>A&amp;T</td>
<td>Alive &amp; Thrive</td>
</tr>
<tr>
<td>AED</td>
<td>Academy for Educational Development</td>
</tr>
<tr>
<td>AV</td>
<td>Audio-visual</td>
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<td>BCC</td>
<td>Behavior Change Communication</td>
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<tr>
<td>BF</td>
<td>Breastfeeding</td>
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<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>CBW(s)</td>
<td>Community-based worker(s)</td>
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<tr>
<td>CF</td>
<td>Complementary Feeding</td>
</tr>
<tr>
<td>CHC</td>
<td>Commune Health Center</td>
</tr>
<tr>
<td>EBF</td>
<td>Exclusive Breastfeeding</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>IFPRI</td>
<td>International Food Policy Research Institute</td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NIN</td>
<td>National Institute of Nutrition</td>
</tr>
<tr>
<td>NGO(s)</td>
<td>Non-governmental organization(s)</td>
</tr>
<tr>
<td>PR</td>
<td>Public Relations</td>
</tr>
<tr>
<td>SC</td>
<td>Save the Children</td>
</tr>
<tr>
<td>SL</td>
<td>Slide</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>VWU</td>
<td>Viet Nam Women’s Union</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>VHW(s)</td>
<td>Village Health Worker(s)</td>
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INTRODUCTION

Addressing child nutrition, particularly stunting among children under two years old, is a high priority for the Government of Viet Nam. In recent years, Viet Nam has made substantial efforts to reduce the malnutrition rate among children under five years old – reducing this rate from 38.7% in 1999 to 31.9% in 2009 (NIN). However, underweight and, in particular, stunting among children under two years old remain high in Viet Nam in comparison to countries with the same economic status in the region. Extremely low rate of exclusive breastfeeding (EBF) for the first six months and poor complementary feeding (CF) practices are the main reasons for this 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, A&T will support health facilities in fifteen provinces to establish IYCF counseling services in rural and urban areas using a social franchise model. In addition, A&T will establish IYCF support groups in mountainous areas. To guide this work, A&T produced a package of training manuals on IYCF and counseling skills 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 using these manuals will be able to provide IYCF counseling services in health facilities and in the community. The package includes a set of four manuals and four trainee handbooks as follows:

<table>
<thead>
<tr>
<th>MANUAL NO.</th>
<th>TOPIC</th>
<th>TRAINER MANUALS</th>
<th>TRAINEE HANDBOOKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Management and Operation of IYCF Franchise Model (Mat Troi Be Tho)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>Counseling on IYCF at Health Facility</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3</td>
<td>BCC on IYCF at Community (Franchise Model)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>BCC on IYCF in Remote Areas (IYCF Support Group Model *)</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Introduction

* This fourth manual is designed for use only in project area where residents have difficulty accessing health facility and where IYCF Support Groups are already established.

This book you are reading is Training Manual Two which will be used by provincial trainers to prepare health-facility workers on IYCF counseling.

We would appreciate any comments and suggestion users have about this training manual. Kindly direct comments, suggestions, and questions to Mrs. Tran Thi Kiem - A&T Office – E4B Trung Tu Diplomatic Compound, 6 Dang Van Ngu, Dong Da, Ha Noi or via email: TranThi.Kiem@savethechildren.org.

This manual may be reproduced in part or full with prior permission from A&T.

Thank you.
NOTES FOR TRAINERS

The purpose of this training manual

This manual is mainly for use by provincial trainers who have, ideally, been trained by A&T to enhance the capacity for IYCF counseling among health workers who are working at health facilities that provide the franchise services. The franchised health facilities include nutrition-counseling centers at provincial hospitals, centers for reproductive-health care, CHCs, and private clinics that have been selected by provincial authorities. In all of these facilities, staff will need to be trained in order for them to achieve franchise certification and start delivering services.

This manual offers an overview of IYCF, nutrition and health care for pregnant women and lactating mothers, breastfeeding (BF), complementary feeding (CF), hygiene, and child feeding during illness. The manual’s principal purpose is to provide essential counseling/communication skills for trainers at a provincial level so that they, in turn, can provide the updated information and necessary skills to health workers who are responsible for the direct provision of IYCF counseling services at health facilities.

This training course is designed to be interactive and practical. The trainees will be required to participate actively in sessions through short presentations, discussions, exercises, classroom practice, and practice both in the community and in a hospital. Practice sessions are aimed at developing counseling skills.

The use of this training manual

Sessions are based on a suggested timeline of five and a half days. An assessment of trainees’ knowledge and skills at the beginning of the training will indicate whether changes to this timeline are needed.

Examples and exercises may also be adapted to suit trainees in each course.

Contents of each session are organized as follows:

- **Session framework**: provides information on the objectives of the session, the training materials required and what the trainer needs to prepare. In addition, the session format provides the structure and allotted time for each component of the session. Finally, the instruction provides a step by step guide for handouts, slides, exercises, tools, etc., which will be used in each part of the session. Under some slides, there are notes that are italicized and in a smaller font. These are to enable the trainer to explain the slide.

- **The slides**, which are to be shown for presentations in each session, are numbered in accordance with the sessions. For example, slides 3.1 and 3.2 are the first and second slides to be used in session three. The slides can be shown on computers, projectors, or written on a flip board.

- **Exercises** are numbered in accordance with the relevant parts of the sessions (e.g., Exercises 2.1 and 2.2 are the first and second exercises of session two).
Facilities and materials needed

Training courses have to be conducted with the support of the following general teaching facilities:

Training facilities and equipment

- Computers and projectors if PowerPoint is in use.
- Flip board, A0 papers.
- Board markers, permanent markers.
- Color cards.
- Adhesive tape, scissors.
- Pointer.
- Staples, hole punches for filing.

Training tool kit

- Breast model, doll.
- Breastmilk expressing tools: cup, handkerchief.
- Plastic tub, soap, bowls, spoons.
- A set of measuring cups.

Training material

- Trainee handbook.
- Pens and notebooks for trainees.
- Pre- and Post- tests.
- Training-evaluation sheets.
- Reference materials.
- Training certificate for each trainee.
**Dos and don’ts for trainers:**

Trainees should keep in mind the following:

- **Dos:**

<table>
<thead>
<tr>
<th>Management</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Prepare carefully</td>
<td>✓ Encourage trainees to participate</td>
</tr>
<tr>
<td>✓ Speak clearly</td>
<td>✓ Encourage trainees to ask questions</td>
</tr>
<tr>
<td>✓ Write clearly</td>
<td>✓ Encourage and praise trainees</td>
</tr>
<tr>
<td>✓ Manage time well</td>
<td>✓ Be patient</td>
</tr>
<tr>
<td>✓ Use audio-visual (AV) aids</td>
<td>✓ Give positive feedback</td>
</tr>
<tr>
<td>✓ Organize materials so that they are in clear</td>
<td></td>
</tr>
<tr>
<td>view of all trainees</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-verbal communication</th>
<th>Verbal communication and presentation style</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Maintain eye contact</td>
<td>✓ Give clear instructions</td>
</tr>
<tr>
<td>✓ Pay attention to verbal and non-verbal cues</td>
<td>✓ Check if such instructions are correctly</td>
</tr>
<tr>
<td>from trainees</td>
<td>understood by trainees</td>
</tr>
<tr>
<td>✓ Train and assess at the same time</td>
<td>✓ Present contents in a logical way</td>
</tr>
<tr>
<td></td>
<td>✓ Link parts of the session</td>
</tr>
<tr>
<td></td>
<td>✓ Summarize the main points at the end of each</td>
</tr>
<tr>
<td></td>
<td>session</td>
</tr>
<tr>
<td></td>
<td>✓ Focus on training content related to the main</td>
</tr>
<tr>
<td></td>
<td>objectives of the training</td>
</tr>
</tbody>
</table>

- **Don’ts**
  - Talk to the board.
  - Stand in front of images.
  - Stand still without moving around the classroom.
  - Ignore comments of trainees or have no response to the comments (*by words or gestures).*
  - Give sessions by reading from teaching materials.
  - Give negative feedback to trainees.
IYCF INDICATORS AND DEFINITIONS

Breastfeeding Indicators

1. **Initiation of BF:** The proportion of infants who are breastfed within the first hour after delivery.

2. **EBF under 6 months:** The proportion of infants who are fed exclusively with breastmilk for the first six months (180 days). That means an infant receives only breastmilk and no other liquids or solids, not even water, with the exception of drops or syrups consisting vitamins, mineral supplements or medicines according to health-worker instructions.

3. **Continued BF at 1 years:** The proportion of children 12-15 months of age who are fed breastmilk.

4. **Continued BF at 2 years:** The proportion of children 20-23 months of age who are fed breastmilk.

Complementary Foods Indicators

5. **Introduction of complementary foods:** The proportion of infants 6-8 months of age who receive solid, semi-solid or soft foods.

6. **Dietary diversity:** The proportion of children 6-23 months of age who receive foods from 4 or more food groups.

7. **Consumption of iron-rich or iron-fortified foods:** The proportion of children 6-23 months of age who receive iron-rich food or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home.

Types of Malnutrition

8. **Underweight:** refers to humans who are considered to be under a healthy weight. The definition is usually made with reference to the body mass index (BMI). (Weight for age Z score <-2).

9. **Stunting:** is a reduced growth rate in human development. It is a primary manifestation of malnutrition in early childhood, including malnutrition during fetal development brought on by the malnourished mother. (Height for age Z score <-2).

10. **Wasting:** refers to the process by which a debilitating disease causes muscle and fat tissue to "waste" away. Wasting is sometimes referred to as "acute malnutrition" because it is believed that episodes of wasting have a short duration, in contrast to stunting, which is regarded as chronic malnutrition. (Weight for height Z score <-2).

11. **Overweight:** refers to the process when accumulated muscle and fat tissue causes the body weight to be over the standard of the same age and gender. Overweight is identified when weight for age Z score >2.
Part One

TRAINING OVERVIEW
PRE-TEST

- All participants attending the training must complete the pre-test and hand it in prior to the start of the training.
- The pre-test should take approximately 30 minutes to complete.
- All pre-test forms should be reviewed for completeness by trainers.
- All pre-test forms should be collected prior to the start of training sessions.
- Data from the pre-test should be entered and analyzed by the trainers on the first day of the training and used to inform the training sessions.
- Results should be consolidated into a training report.
<table>
<thead>
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<th>Time</th>
<th>Session</th>
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<td>Pre-test</td>
</tr>
<tr>
<td>Day 1</td>
<td>8:00 - 8:30</td>
<td>Introduction – Ice-breaker</td>
</tr>
<tr>
<td>Day 1</td>
<td>8:30 - 9:00</td>
<td>Objective – Training Schedule</td>
</tr>
<tr>
<td>Day 1</td>
<td>9:00 - 9:30</td>
<td>Introduction of IYCF Window of Opportunity</td>
</tr>
<tr>
<td>Day 1</td>
<td>9:30 - 10:00</td>
<td>Key IYCF practices</td>
</tr>
<tr>
<td>Day 1</td>
<td>10:00 - 10:30</td>
<td>Tea Break</td>
</tr>
<tr>
<td>Day 1</td>
<td>10:30 - 11:00</td>
<td>Session 5: Introduction of A&amp;T project and the social franchise model</td>
</tr>
<tr>
<td>Day 1</td>
<td>11:00 - 11:30</td>
<td>Q &amp; A: BF</td>
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<tr>
<td>Day 1</td>
<td>11:30 - 12:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>Day 1</td>
<td>13:30 - 14:00</td>
<td>Session 7: BCC Stages of Change</td>
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<td>Day 1</td>
<td>14:00 - 14:30</td>
<td>Session 8: Good communication skills</td>
</tr>
<tr>
<td>Day 1</td>
<td>14:30 - 15:00</td>
<td>Session 9: Good Communication Skills (cont.)</td>
</tr>
<tr>
<td>Day 1</td>
<td>15:00 - 15:30</td>
<td>Session 10: Individual counseling for mothers &amp; caregivers</td>
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<td>Day 1</td>
<td>15:30 - 16:00</td>
<td>Tea Break</td>
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<tr>
<td>Day 1</td>
<td>16:00 - 16:30</td>
<td>Review of Field Practice Q&amp;A on BF</td>
</tr>
<tr>
<td>Day 1</td>
<td>16:30 - 17:00</td>
<td>Review of Field Practice Q&amp;A on BF (cont.)</td>
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<tr>
<td>Day 1</td>
<td>17:00 - 17:15</td>
<td>Daily Evaluation</td>
</tr>
<tr>
<td>Day 2</td>
<td>7:30 - 8:00</td>
<td>Review</td>
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<td>Day 4</td>
<td>11:30 - 12:00</td>
<td>Lunch</td>
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<td>Day 4</td>
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<td>Day 5</td>
<td>16:30 - 17:00</td>
<td>Review</td>
</tr>
<tr>
<td>Day 5</td>
<td>17:00 - 17:15</td>
<td>Review</td>
</tr>
</tbody>
</table>
SESSION 1: INTRODUCTION – ICE-BREAKER

Objectives:

1. To introduce participants.
2. To create a warm and friendly training atmosphere.

Training facility and materials:

- Paper slip and markers.
- Flip board, board markers.

Preparation for the session:

- Slips of paper with animal names clearly written on them.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Instruction</td>
<td>5</td>
</tr>
<tr>
<td>2. Group exercise</td>
<td>10</td>
</tr>
<tr>
<td>3. Introduction</td>
<td>15</td>
</tr>
<tr>
<td>4. Summary</td>
<td>5</td>
</tr>
<tr>
<td>Total time</td>
<td>35</td>
</tr>
</tbody>
</table>
INSTRUCTION

Welcome all trainees (*five minutes*)

Conduct an ice-breaker / introduction session:

- Write animal names on pieces of paper – at least two slips of paper for the same animal.
- Put all slips in a box and ask each trainee to pick a slip.
- Trainees then have to find their partners (*keeping the same animal name*).
- Once partners are found, trainees have to find out the following information about their partners:
  - Name, designation, agency, and years of experience.
  - Expectation from training (*one expectation per trainee to be written down clearly on a card in capitals*).
- Trainees then have to introduce their partners – as the introductions take place, the two trainers keep a note of:
  - Years of experience – make a continuing list that will be hung up in the class during the training course.
  - Expectations – as trainees hand in the expectation cards, the trainer sticks them on the board and groups those that are similar together.
- At the end of the session, the trainer counts the total years of experience – and summarizes the session by stating that with all the years of experience in the room we can make an impact and ensure good IYCF practices.

*Note: The trainer can adjust the game according to trainees' level but should manage time.*
SESSION 2: OBJECTIVES AND TRAINING SCHEDULE

Objectives:

1. To Introduce the training objectives.
2. To Introduce the training schedule.

Training facility and materials:

- Flip board, board markers.

Preparation for the session:

- Prepare content written in the slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Summarize participants' expectations</td>
<td>5</td>
</tr>
<tr>
<td>►2 Introduce the training objectives</td>
<td>10</td>
</tr>
<tr>
<td>►3 Introduce the training schedule</td>
<td>15</td>
</tr>
<tr>
<td>►4 Summary</td>
<td>5</td>
</tr>
<tr>
<td>Total time</td>
<td>35</td>
</tr>
</tbody>
</table>
INSTRUCTION

Leading on from session one the trainer summarizes the expectations and highlights any that are un-realistic and not likely to be covered by the training. The trainer then shows Slide 2.1 below and reviews the training objectives.

Objectives

After completing this training, trainees will be able to:

1. State the concepts of Social Franchising and the A&T Franchise Model on IYCF Counseling services.

2. Understand key concepts of BCC.

3. Understand key content of IYCF counseling at health facilities.

4. Develop skills to provide individual counseling for clients (mothers, fathers, and caregivers) on IYCF.

5. Develop skills to provide group counseling on IYCF.

6. Develop plans to apply knowledge and skills trained to conduct IYCF franchise services at health facilities.

The trainer then reviews the schedule with trainees and highlights the following:

a. **Day 1**: Go over the IYCF and the A&T Franchise Model. BCC and counseling.

b. **Day 2 and 3**: Focus on technical BF content and skills on counseling for BF.

c. **Day 4**: Focus on technical CF content and skills on counseling for CF.

d. **Day 5**: Planning and closing.
SESSION 3: INTRODUCTION ON IYCF

Objectives:

After completing this session, trainees will be able to:

1. Point out the importance of IYCF and the Window of Opportunity.
2. Provide current nutritional recommendations for children from 0-24 months of age.

Training facilities and materials:

- Index cards and markers.
- A0 paper, flip board, board markers, one-sided tape.

Preparation for the session:

- Prepare the content written in slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>►2 Importance of IYCF and the Window of Opportunity</td>
<td>10</td>
</tr>
<tr>
<td>►3 Optimal IYCF practices</td>
<td>10</td>
</tr>
<tr>
<td>►4 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session
2. Importance of IYCF and the Window of Opportunity
   - Present the slides.

SL 3.2

IMPORTANCE OF INFANT & YOUNG CHILD FEEDING

- Malnutrition decreases mental and physical development capability of human beings, especially children.
- Main reasons for malnutrition in children under 2 years: poor BF + CF practices and infections
- Period when children are under 2 years is an important "window" to ensure good health
- Infant and Young child Feeding plays a critical role in children’s health and survival

SL 3.3

STUNTING PREVALENCE BY AGE (2007, WHO)

Window of Opportunity is 6-24 months
Note:

- As it can be seen in this slide, till about six months the rate of stunting is low. However, there is a big increase in the stunting rate during the 6-12 month period – almost 50%. After 12 months the stunting rates show little increase or decrease. Therefore if we want to make an impact, the window of opportunity is from 0 to 24 months.
- Once a child is over two years old, it is very difficult to change the stunting that has already occurred.
- Therefore, in the first two years we need to focus on improving BF and CF practices to prevent children from being malnourished.

- Talk to trainees: Once the child is over 2 years old, it is very difficult to change the stunting that has already set in. Show and present slide 3.4 - Importance of the “window of opportunity”.

**SL 3.4**

---

**STUNTED 3 YEAR OLD - STUNTED ADULT (GUATEMALA, INCAP ORIENTE STUDY)**

Average growth from 3-18 years 77cm

![Diagram showing growth chart](image)

- Height at 3 y: 81.2 (Severe) 85.3 (Moderate) 89.5 (Mild) 94.5 (Well-nourished)
- Height at 18 y: 158.0 (Severe) 162.5 (Moderate) 167.3 (Mild) 170.9 (Well-nourished)

**Explain to trainees:** Research shows that a child’s height at three years is highly related to his/her height as an adult – by adding about 77 cm to a child’s height at age three you can predict their height as adults to a great extent. Therefore someone who is severely stunted as a child will be a short adult while someone who is well nourished as a child will be a tall adult.

- Talk to trainees: Hence, in order to ensure 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.
• Show SL 3.5 and explain the “windows of opportunity”.

SL 3.5

**WINDOWS OF OPPORTUNITY**

<table>
<thead>
<tr>
<th>Preconception through pregnancy</th>
<th>0-6 mo: Exclusive breastfeeding</th>
<th>6-24 mo: Complementary feeding and continued BF</th>
</tr>
</thead>
</table>

*Explain the slide:*

- During 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 on BF.
- When the child is 0-6 months, a mother needs support to ensure that the child is breastfed immediately after birth, and 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.

> 3  **Optimal IYCF practices**

**Methodology: brainstorming**

- Ask trainees to think about the question “what are ideal practices for IYCF?” for one minute.
- Divide trainees into two groups; give each group an A0 paper and ask group members to take turns to write down one different ideal practice relating either to BF or CF.
- Tell trainees that there are seven ideal BF practices and eight ideal CF practices.
  - Group one has to write down the seven ideal BF practices.
  - Group two will write down the eight CF practices.
- Each group has five minutes to complete the task.
• Put the BF and CF up on the board and review the ideas quickly. Summarize and give feedback for incorrect ideas.

• The trainer presents the following slides.

**SL 3.6**

**IDEAL IYCF PRACTICES (BF)**

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

*Source: ProPan*

**Note:** All infants should be breastfed in the first hour, etc. In reality, there may be a few exceptions but the aim is to ensure that almost all infants are given the correct start in life.

**SL 3.6**

**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 variety of 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*
Note: WHO age calculation:

- Zero-month-old baby: baby from the time of delivery to 29 days of age.
- One-month-old baby: baby from 30 to 59 days of age.
- Five-month-old baby: baby from 5 months to 5 months plus 29 days of age.
- Children under six months: children under 180 days of age.
- EBF in the first six months means in the first 179 days of age.

- Check if trainees understand and are able to define these practices.
- Refer to the definition of terms in the trainee’s handbook.

►4 Summarize the session

- Summarize the main points of the session.
- Ask if trainees have any questions.
- Thank trainees for their participation.
SESSION 4: CURRENT SITUATION OF IYCF IN VIET NAM

Objectives:
After completing this session, trainees will be able to:

- Point out IYCF problems in Viet Nam in general and in provinces selected by A&T.

Facilities and materials:
- A0 paper, clipboards, board markers, adhesive tape.

Preparation before the session:
- Prepare contents written in the slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
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</thead>
<tbody>
<tr>
<td>1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>2 Current situation of IYCF in Viet Nam</td>
<td>20</td>
</tr>
<tr>
<td>3 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td>Total time</td>
<td>30</td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session

2. Current IYCF situation in Viet Nam

   - Ask trainees if they know how many children under five years of age there are in Viet Nam and the percentage that are underweight, stunted, and wasted.
   - Present the slides.

SL 4.2

CURRENT SITUATION OF IYCF IN VIETNAM

- More than 7 million children under 5 years old*
- 1 in 5 children: underweight 18.9%
- 1 in 3 children: stunted – 31.9%

Despite:

- Food security
- 90% literacy*

Source: *Health Statistics Yearbook (2009)
# NIN Surveillance: 10 A&T provinces (2009)

Note: It is important to note that despite being a food-secure country with a high level of literacy, Viet Nam has high malnutrition rates.

- Show slide 4.3 and present the malnutrition trend for children under five years.
Note:
○ The rate of underweight has decreased steadily over time and is currently 18.9%.
○ However, the rate of stunting is still high. In recent years, it is also important to note that the rate of reduction of stunting has slowed down. Therefore, we need to focus on improving IYCF practices if we want to decrease this rate further.
• Show Slide 4.4 and ask a trainee to explain the graph.

SL 4.4

Note: It can be clearly seen that in Viet Nam, the stunting rate increases sharply from six months to twenty months – almost 25%. Emphasize that this is the period of risk and also the Window of Opportunity.
• Ask if trainees know about the current situation of IYCF in their localities

SL 4.5

**ANC AND PNC**

- More than 90% receive ANC care but no/little counseling on BF
- 80-90% of women have a skill attendant at birth but no/few have support at delivery for initiation of BF
- Few PNC visits (*mostly for complications*)

*Source: A&T Formative Research (2009)*

SL 4.6

**BREASTFEEDING**

**Ideal Practice 1: Initiate BF within an hour of birth**

- Only 55% of children are breastfed within the first hour after birth*
- The rate is best in mountain areas (70%), poor in urban areas (30%)*
- Rate is higher for CHC (70%), compared to hospitals & private clinics (40%)*

*Source: # NIN surveillance: 10 A&T provinces (2009)  *
* A&T Formative Research (2009)*

SL 4.7

**BREASTFEEDING**

**Ideal Practice 2: No prelacteals**

- 2 out of 3 mothers (~60%) give something besides breastmilk during first three days *
- 1 out of 3 mothers (30%) brings formula to the health facility for delivery *in Hanoi as many as 87% mothers bring formula)*

*Source: * A&T Formative Research (2009)*
SL 4.8

BREASTFEEDING

Ideal Practice 3: Give colostrum
• 1 out of 3 mothers (27%) squeezes out some colostrum *
• In some provinces this rate is as high as 90% *

Source: # NIN surveillance: 10 A&T provinces (2009)
* A&T Formative Research (2009)

SL 4.9

BREASTFEEDING

Ideal Practice 4: Breastfeed on demand, day & night
• 85% of mothers breastfeed on demand *

Source: # NIN surveillance: 10 A&T provinces (2009)

SL 4.10

BREASTFEEDING

Ideal Practice 5: EBF till 6 months
• ~10% EBF up to 6 months of age *
• Only 50% of mothers & 30% of pregnant women know what EBF means *
• Most health workers know what EBF means but believe EBF is required for only 4 months *

Source: # NIN surveillance: 10 A&T provinces (2009)
* A&T Formative Research (2009)

Note: The national rate is 18.5% and Viet Nam has one of the lowest rates in the region.
SL 4.11

BREASTFEEDING

**Ideal Practice 6: BF upto 24 months of age**
- 60-90% mothers BF upto 12 months
- On average most mothers stop BF at 15-18 months

*Source: A&T Formative Research (2009)*

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SL 4.12

BREASTFEEDING

**Ideal Practice 7: No feeding with bottles & pacifiers**
- 75% children not fed with bottles & pacifiers (0-24 months)

*Source: NIN surveillance: 10 A&T provinces (2009)*

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SL 4.13

BARRIERS TO EARLY & EXCLUSIVE BREASTFEEDING

- Perception of insufficient milk → quality & quantity
- Separation of mother and child
- Perception that water is needed to clean a baby’s mouth and quench thirst
- Availability of formula
- Maternity leave
- Lack of appropriate information and support

*Source: A&T Formative Research (2009)*
Session 4: Current Situation of IYCF in Viet Nam

COMPLEMENTARY FEEDING ISSUES

- Complementary food is given as early as 2-3 months (urban: 4-5 months)
- Consistency & quality is an issue
- Diets are highly iron deficient

Source: A&T Formative Research (2009)

---

COMPLEMENTARY FEEDING INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indicator Details</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal practice 8:</td>
<td>Children aged 6-8 months given complementary food</td>
<td>90%</td>
</tr>
<tr>
<td>Ideal practice 9:</td>
<td>Children given the recommended number of meals per day</td>
<td>No data</td>
</tr>
<tr>
<td>Ideal practice 10:</td>
<td>Children meet the recommended daily energy requirements</td>
<td>Yes, if BF</td>
</tr>
<tr>
<td>Ideal practice 11:</td>
<td>Children fed nutrient &amp; energy dense food</td>
<td>No data</td>
</tr>
<tr>
<td>Ideal practice 12:</td>
<td>Children 6-23 months given diverse food</td>
<td>50%</td>
</tr>
<tr>
<td>Ideal practice 13:</td>
<td>Children given iron-rich food</td>
<td>79%</td>
</tr>
<tr>
<td>Ideal practice 14:</td>
<td>Children fed meat, fish or poultry daily</td>
<td>3-4 times/week</td>
</tr>
<tr>
<td>Ideal practice 15:</td>
<td>Children supported &amp; motivated to eat</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Source: # NIN Surveillance :10 A&T provinces (2009)
* A&T Formative Research (2009)
COMMUNICATION FINDINGS

- TV, radio, mobiles ownership high but few called/used hotline; in urban area, computer ownership > 60%, access to the Internet 26%; Less than 25% read newspapers
- 30% attended nutrition counseling sessions
- 75% willing to pay for an effective nutrition counseling – on average VND 30,000 – 50,000

Source: A&T Formative Research (2009)
Part Two

INTRODUCTION OF A&T PROJECT AND FRANCHISE MODEL
SESSION 5: INTRODUCTION OF A&T AND THE SOCIAL FRANCHISE MODEL ON INFANT AND YOUNG CHILD NUTRITION COUNSELING

Objectives:

After completing this session, trainees will be able to:

1. Clarify the main contents of A&T project.
2. State the concept of franchise model on IYCF.

Facilities and materials:

- A0 paper, clipboards, board markers.

Preparation before the session:

- Prepare the content for the slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session</td>
<td>2</td>
</tr>
<tr>
<td>►2 Introduction of A&amp;T project</td>
<td>10</td>
</tr>
<tr>
<td>►3 Introduction of IYCF franchise model</td>
<td>15</td>
</tr>
<tr>
<td>►4 Summarize the session</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

A&T Project

- Present these slides:

SL 5.2

ALIVE & THRIVE

- 5 year initiative (2009-2013)
- Bangladesh, Ethiopia & Viet Nam
- Improving breastfeeding and complementary feeding policies and practices at scale & preventing child deaths
- Funded by Bill & Melinda Gates Foundation

SL 5.3

A&T TEAM IN VIET NAM

Academy for Educational Development: Lead, Communications, Private Sector

University of California, Davis: Small Grants Program

GMMB: Policy & PR

Save the Children: Community Interventions

International Food Policy Research Institute: M&E, Operations Research
Session 5: Introduction of A&T and the Social Franchise Model on Infant and Young Child Nutrition Counseling

SL 5.4

VIET NAM PARTNERS

Ministry of Health: Maternal & Child Health Department

Women’s Union

National Institute of Nutrition

UN Agencies

Provincial Departments of Health

NGOs: Marie Stopes International, Plan International, World Vision, etc.

PROGRAM AREA

- **North**: Ha Noi, Hai Phong, Thai Nguyen, Thanh Hoa

- **Central**: Da Nang, Quang Tri, Quang Ngai, Quang Nam, Quang Binh

- **South**: Khanh Hoa *(Nha Trang)*, Vinh Long, Tien Giang, Ca Mau, Dak Lak, Dak Nong

Counseling on Infant and Young Child Feeding at a health facility
Note: Eleven provinces and four cities (underlined) are selected based on the following criteria:

- Representing seven geographical regions of Viet Nam.
- Having a large population and a large number of children under five years old.
- Having a stunting rate in children under five of 30% or more.
- Priority is put on provinces currently implementing projects of SC Viet Nam.

SL 5.6

Note: In some provinces, EBF rates may be more than doubled. In others where the stunting rate is low – e.g., Ha noi – we may only aim to reduce the rate by 1% per year.
INTERVENTION STRATEGIES

**Strengthen policies that protect and promote IYCF**
- Support national nutrition policies
- Strengthen Decree 21 & maternity leave policy
- Strengthen province-specific nutrition plans

**Create and shape demand for IYCF**
- Establish a social franchise model to provide good quality IYCF counseling services
- Create IYCF support groups in remote areas
- Enable behavior change through use of mass media & information communication technology

**Expand use and availability of fortified foods**
- Introduce micro-nutrient powders
- Pilot work place interventions

---

**Further explanation:** A&T will have 2 main models:

- **IYCF Franchise Model:** applied in urban areas where residents can easily access health facilities.
- **Community-based IYCF support group:** applied in remote areas where residents have difficulty accessing health facilities.

*In this training, only the IYCF Franchise Model is introduced*

---

**WHAT IS FRANCHISING?**

- Franchising is a business model that enables efficient and rapid expansion of a product and/or service of a specified standard

*Note: Franchising is defined as a business model that enables efficient and rapid expansion of a product and/or service of a specified standard.*

- Franchising has been increasingly used in the health sector, particularly for preventive services such as RH and MCH, by non-profit institutions to improve health outcomes.
**SL 5.9**

**COMMERCIAL & SOCIAL FRANCHISING**

- **Commercial Franchising**
  - AIM = Increase Profits
  - Example: Highland coffee, KFC

- **Social Franchising**
  - AIM = Increase social impact
  - Example: “Blue Star”, “Tinh chi em”

**Note:** There are two types of franchises. The first is a commercial franchise where the aim is to increase profits quickly. The second is a social franchise where the aim is to increase social impact or benefit. Examples of commercial franchises in Vietnam are Highlands Coffee and KFC. An example of a social franchise is the BlueStar or Tinh Chi Em model of Marie Stopes International. There is no example of a franchise for IYCF services – so the work that you will be doing is new and very important.

**SL 5.10**

**BENEFITS OF SOCIAL FRANCHISING**

- High-quality services with appropriate prices
- It is able to manage service quality; improve income for staff
- Health indicators are improved
Session 5: Introduction of A&T and the Social Franchise Model on Infant and Young Child Nutrition Counseling

SL 5.11

A&T FRANCHISE MODEL

HIGH QUALITY IYCF COUNSELING SERVICE

- Timing - From pregnancy until 24 months of age (27 months)
- Total contacts: 15

SL 5.12

FRANCHISE MODEL

<table>
<thead>
<tr>
<th>FRANCHISOR</th>
<th>FRANCHISEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selects Franchisee</td>
<td>Delivers services</td>
</tr>
<tr>
<td>Sets guidelines</td>
<td>Submits reports</td>
</tr>
<tr>
<td>Builds capacity <em>(trains, certifies)</em></td>
<td>Pays fees <em>(if required)</em></td>
</tr>
<tr>
<td>Upgrades facility</td>
<td></td>
</tr>
<tr>
<td>Supports &amp; supervises</td>
<td></td>
</tr>
<tr>
<td>Monitors performance</td>
<td></td>
</tr>
<tr>
<td>Generates demand</td>
<td></td>
</tr>
</tbody>
</table>
Note:

- The above chart describes involved parties and their roles/responsibilities in the Franchise Model.
- In any franchise model you have a franchisor and a franchisee.
  - The role of the franchisor is to select franchisees according to pre-defined criteria. For example, for A&T our criteria were health facilities with good access, high proportion of children under two, relatively high rates of stunting, etc. The franchisor sets service-delivery guidelines, builds capacity, trains and certifies franchisees, helps to upgrade facilities, and installs equipment. The franchisor also develops systems to support, supervise, and monitor performance. Finally the franchisor helps to create demand for the franchise service.
  - The franchisee is responsible for delivering services, developing and submitting reports, and, if required, submitting a fee to the franchisor – this is especially applicable if private clinics become part of the franchise.

SL 5.13

**A&T SOCIAL FRANCHISE MODEL**

- **NATIONAL FRANCHISOR**
  - Select, train, develop systems & materials, monitor & create demand

- **PROVINCIAL FRANCHISOR**
  - Select, supervise, monitor, report to franchisor

- **FRANCHISEE**
  - Provide IYCF counseling services
  - Report to sub-franchisor

- **CLIENT**
  - Use and pay for services

- **FIELD FORCE**
  - Generate demand

- **A&T & NIN**
  - Select, train, develop systems & materials, monitor & create demand

- **DoH/RHC**
  - Provide IYCF counseling services
  - Report to sub-franchisor

- **HEALTH FACILITIES**
  - Select, supervise, monitor, report to franchisor

- **MOTHERS, FATHERS, CAREGIVERS**
  - Use and pay for services

- **COMMUNITY-BASED WORKERS**
  - Generate demand
SL 5.14

FOUR COMPONENTS OF FRANCHISING

- High-quality standardized services
- Fee for services
- Franchise branded commodities
- Operator owned outlets

Note: There are four components of franchise that ensure operation, existence, and development of a franchise model:

- Standardized services of a certain quality at all facilities in the franchise system.
- Fee for services to be recognized by customers and to maintain facility’s activities.
- Brand: including brand name, logo, and slogan.
- Franchisee operates independently under the franchisor’s supervision.

SL 5.15

A&T SOCIAL FRANCHISE

**Standardized services**
- Good quality IYCF counseling services
- 9-15 contacts over 27 months (life-3rd trimester pregnancy - 24 months)

**Fee for service**
- To be established by provinces
- Dependant on level of facility

**Brand**
- Easily identifiable, against equity over time
- Commodities

**Ownership**
- Public Health facilities (province, district, commune)
- Private Health facilities

30. Counseling on Infant and Young Child Feeding at a health facility
Session 5: Introduction of A&T and the Social Franchise Model on Infant and Young Child Nutrition Counseling

Note: The four components of the A&T Social Franchise are:
1. A package of good-quality counseling services that include five components.
2. Fees for service as established by each province and dependent on the level of the facility and location – e.g., urban areas may choose to charge more than rural areas.
3. We will share the A&T Franchise Brand and its meaning; the brand is important and we hope that it will gain visibility over time.
4. Franchisees can be public-health facilities or private clinics.

SL 5.16

A&T FRANCHISE BRAND

- Professional
- Trustworthy
- High quality
- Functional
- Welcoming
- Child-friendly

Note:
The logo set is composed of three elements:
- The logo: The beaming sun both symbolizes a blooming sunflower as well as a smiling child in good care. The sun represents vitality while the two leaves stand for nurturing hands. The overall meaning is caring for a healthy, happy child and the future generation.
- The clinic name: The clinic name “Little Sun” is synonymous with the above meaning and emphasizes “child” as the prime target of the clinic. The clinic name is short and easy to remember and understand. It is highly indicative of the nature of the project as well as its target.
- The project slogan: “Nutrition today, health tomorrow” emphasizes the importance of appropriate nutrition for babies to create a foundation for their future development and for the future of Viet Nam.

Value of the brand name:
- Professional
- Trustworthy
- High-quality
- Functional
- Welcoming
- Child-friendly

► Summarize the session
- Summarize the main content of the session.
- Ask if trainees have any questions.
- Thank trainees for their participation.
SESSION 6: IYCF FRANCHISE SERVICES. OPPORTUNITIES OF INDIVIDUAL AND GROUP CONTACTS

Objectives:

After completing this session, trainees will be able to:

1. State what IYCF Service Packages are provided at the health facility.
2. Point out proper timing to access mothers for IYCF counseling.

Facilities and materials:

- A0 paper, clipboard, board markers.

Preparation for the session:

- Prepare contents written in the slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>►2 Full IYCF service package</td>
<td>5</td>
</tr>
<tr>
<td>►3 Components of service package depending on types of facility</td>
<td>5</td>
</tr>
<tr>
<td>►4 IYCF service-delivery flow chart from the time of pregnancy until the child is 24 months old</td>
<td>10</td>
</tr>
<tr>
<td>►5 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

- Tell trainees that the A&T Model is a social-franchise model and its product is “high-quality IYCF counseling services”. Then present these slides.

SL 6.2

FRANCHISE SERVICE PACKAGE

1. EBF Promotion
   - 3rd Trimester Pregnancy
   - 3 Contacts - 2 individual - 1 Group

2. EBF Support
   - Delivery
   - 1 Contact - At delivery & during stay at health facility

3. EBF Management
   - 0-6 months
   - 4 Contacts - 2 individual - 2 group

4. CF Education
   - 5-6 months
   - 1 Contact - individual

5. CF Management
   - 6-24 months
   - 6 Contacts Combination of individual & group

8 contacts
7 contacts
15 contacts over 27 months (minimum = 9 contacts)

Notes for trainers:

- EBF Promotion: is to provide timely and appropriate information on EBF for mothers before delivery and in the 3rd trimester of pregnancy with the following purposes:
  - Mothers to know the importance of BF and believe that it is the best choice for their babies.
  - Mothers to know activities to support BF and want to go to health facilities for further information as well as specific support.
  - Mothers to believe in their ability to exclusively breastfeed and commit to EBF.
  - Mothers to select appropriate place of delivery so as to receive BF support within the first hour after delivery (including support to give colostrum).

- EBF Support: is to interactively support mothers in the initiation of BF after delivery at health facilities with the purposes of:
  - Helping mothers with successful EBF within the first hours after delivery.
Helping mothers to carry out and maintain their BF decision.

Encouraging mothers to go to health facilities for EBF Management after delivery.

**EBF Management** is to follow-up and support mothers to maintain EBF – which is carried out from one to two weeks postpartum to three to six months with the purpose of:

- Supporting mothers to maintain EBF.
- Helping mothers to know of common BF problems and what to do or where to find help when having difficulties.
- Encouraging mothers to go for reviews or group counseling.

**CF Education** is to provide basic information needed by mothers to give appropriate CF at six months of age – not earlier, not later.

**CF Management** is carried out between 6-24 months postpartum with the following purposes:

- Mothers to have knowledge on age-appropriate CF practices.
- Mothers to have skills and practice age-appropriate CF.
- Mothers to be able to access to age-appropriate complementary food.
- Mothers to give appropriate food to their babies by age and continue individual counseling to receive follow-up and support in CF.

**SERVICE PACKAGE BY FACILITY TYPE**

- **CHC**
  - EBF Promotion
  - EBF Support
  - EBF Management
  - CF Education
  - CF Management

- **RHC**
  - EBF Promotion
  - EBF Management
  - CF Education
  - CF Management

- **OB/GYN Depts/Facilities**
  - EBF Promotion
  - EBF Support

- **Pediatric Facilities**
  - EBF Promotion
  - CF Education
  - CF Management

**Note:** The service package provided will depend on the type of facility. For example, a CHC that does deliveries can provide all five services. Rural health centers can only provide four services as they do not do deliveries and therefore cannot provide EBF support. An OB/GYN hospital can only provide two services – EBF promotion and EBF support – while pediatric facilities or pediatric departments in hospitals can provide three services.
Game

- The trainer prepares slips of paper with the status of women written on them – e.g., seven months pregnant, nine months pregnant, in labor, second day in hospital, mother with child one month old….etc. There should be as many slips as there are participants.

- In five different corners of the room, the trainer should have put up the five service-package components, i.e., BF promotion, BF Support, etc.

- Once each participant has a slip, the trainer will ask them to find, within two minutes, what service they will seek given their current status, e.g., a woman who is nine months pregnant will go to the EBF promotion corner. Once the participants have gathered in their corners, the trainer asks the participants to read their status and explain why they chose their corner and what the key outcome of the service package will be. The trainer will provide clarifications as required.

- Participants will also be asked to recall the minimum number of contacts that they have to have. The trainer summarizes using the following flow chart.

**SL 6.4:** IYCF service-delivery flow chart for client from third trimester of pregnancy through 6 months post-partum until the child is 24 months of age
Session 6: IYCF Franchise Services. Opportunities of individual and group contacts

**SL6.4**

<table>
<thead>
<tr>
<th>Timing</th>
<th>IYCF Service Provision</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd trimester of pregnancy</td>
<td>Register new IYCF client (assign code and create client file)</td>
<td>Client knows and understands benefits of EBF and costs of NOT exclusively breastfeeding</td>
</tr>
<tr>
<td></td>
<td>Create individualized IYCF package for client (depending upon timing of first visit, payment preferences, recommended and desired services – content and format such as individual counseling or class, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collect payment from client if paying upfront for the entire service package. Otherwise fees can be collected as clients use the service.</td>
<td></td>
</tr>
</tbody>
</table>
| 3rd trimester of pregnancy | Deliver EBF Promotion 1  
Schedule follow-up appointment for EBF promotion 2  
Complete client record |                                          |
|                         | Deliver EBF Promotion 2  
Schedule follow-up appointment for EBF promotion 3  
Complete client record | Client is knowledgeable about how to properly breastfeed and believes that breastfeeding is the best choice for her and her baby, and that she is capable of EBF |
| 3rd trimester of pregnancy | Deliver EBF Promotion 3  
Schedule follow-up appointment and/or referral for EBF support  
Complete client record | Client makes decision to exclusively breastfeed |
| Time of Delivery        | Deliver EBF Support  
Schedule follow-up appointment and/or referral for EBF management 1  
Complete client record | Client successfully initiates EBF |
| Post-partum 1 week      | Deliver EBF Management 1  
Schedule follow-up appointment for EBF Management 2  
Complete client record | Client continues exclusive breastfeeding |
| Post-partum 2 weeks     | Deliver EBF Management 2  
Schedule follow-up appointment for EBF Management 3  
Complete client record | Client continues exclusive breastfeeding |
| Post-partum 3-6 months  | Deliver EBF Management 3 and 4 and CF education 1  
Schedule follow-up appointment for CF management  
Complete client record | Client continues exclusive breastfeeding |
| Infant age 6 - 24 months | Deliver CF management 1-6  
Schedule follow-up appointments for CF management & support as desired  
Complete client records | Client introduces appropriate complementary food at 6 months and continues optimal feeding practices up to 24 months |

Counseling on Infant and Young Child Feeding at a health facility
Part Three

BCC
SESSION 7: BCC

Objectives:

After completing this session, trainees will be able to:

1. Identify basic concepts of behavior and BCC.
2. Explain the steps of behavior change.
3. Describe the BCC pyramid and strategies at different levels.

Training facilities and materials:

- A0 paper, flip board, board markers, adhesive tape, scissors.
- White board.
- Four sets of different color cards with steps of behavior change pre-written on them.
- One set of color cards pre-written with impacts of communication on steps of behavior change.
- Slides of session seven.

Preparation for the session:

- Prepare the contents written in slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Introduction - objectives of the session</td>
<td>2</td>
</tr>
<tr>
<td>2 Discuss on the concept of behavior</td>
<td>5</td>
</tr>
<tr>
<td>3 Discuss the definition of BCC</td>
<td>10</td>
</tr>
<tr>
<td>4 Discuss stages of behavior change and BCC pyramid</td>
<td>10</td>
</tr>
<tr>
<td>5 Summarize the session</td>
<td>3</td>
</tr>
<tr>
<td>Total time</td>
<td>30</td>
</tr>
</tbody>
</table>
INSTRUCTION

► 1 Introduction - objectives of the session

► 2 Discuss healthy behavior

Method: brainstorming, short presentation

• The trainer asks a question: “In your opinion, what is healthy behavior?”
• Show SL 7.2 and state the definition of healthy behavior.
• Ask a trainee to give examples of useful / harmful healthy behaviors in IYCF.

SL 7.2

HEALTHY BEHAVIOR

• Healthy behavior is a daily practice or action that is positive to health.
• Healthy behavior is affected by ecological, environmental, social, economic, culture and politic elements.
• Behavior consists of the following sections: knowledge, attitude, belief and practice.
• There are behaviors which are good for health, and there are ones that are not good for health.

► 3 Discuss BCC

Method: games, short presentation

• Instruct trainees to play the game “I do”.

Game: “I do”

• Ask all trainees to stand up and listen to the following questions. Those who say “yes” can sit down:
  1. Did anyone drive their motorbike without wearing a helmet yesterday?
  2. Did anyone drive their motorbike without wearing a helmet in the last week?
  3. Did anyone drive their motorbike without wearing a helmet in the last month?
  4. Did anyone drive their motorbike without wearing a helmet three years ago?
5. Did anyone drive their motorbike without wearing a helmet as you went 100-200m away from your house?

• The trainer reads the questions one by one. With each question, participants should be eliminated. By the end of the game, there should still be a few participants standing. The trainer asks the whole class to clap for those who are still standing.

• Ask trainees: What is the objective of this game?

• The trainer analyzes with participants the reasons why they wear helmets (motivators) and the reasons why they do not wear helmets (barriers/difficulties), then comes to a conclusion. Note: most participants say they started wearing helmets when the law came into effect.

• **Explain:** most of us know what behaviors are good for health; however, we still don’t do them. Thus, if we just provide knowledge to people, it is not enough. **We need to understand the barriers to behavior change and provide support to help people overcome those barriers and change their behavior. We also need to identify motivators and use them to facilitate change. It is important to note that motivators may not be health-related; for example, someone may exercise to look beautiful. Others may practice healthy behavior because of the law, e.g., wearing helmets. Those are BCC interventions.**

• Show SL 7.3 and present definition of BCC.

**SL 7.3**

BEHAVIOR CHANGE COMMUNICATION

• BCC is comprised of communication activities that are planned to create sustainable behavior of individuals and the community.

• BCC is based on the understanding of practices among the community; shares appropriate information to help an individual and then the community develop new skills or beliefs; and encourages them to overcome difficulties to practice and maintain new behaviors.

• BCC on IYCF aims to change/create new community norms on IYCF.
Show slide 7.4 and present the process of behavior change.

**SL 7.4**

---

**PROCESS OF BEHAVIOR CHANGE**

1. **KNOWLEDGE**
2. **ACTION**
3. **COMMUNITY NORM**

---

**Note:** The aim of any BCC activity is not just to improve knowledge but to ensure that the knowledge becomes action – i.e., behavior change – that is maintained. It is also important that most people in the community (70-80%) start practicing the behavior so that it becomes a norm or standard practice in the community; then we can consider BCC successful.

**4 Discuss steps of behavior change, BCC pyramid**

**Method:** game, short presentation

- Game “arranging cards”.
  - Divide the class into four groups.
  - Give each group a set of cards pre-written with a step of behavior change (not in the right order).
  - Ask each group to arrange the cards into the correct order of behavior change within three minutes.
  - Ask one group to explain why they have put them in that order.
  - The trainer points out the group with the correct order or rearranges cards into the correct order.
**Demonstrate the change and impact of BCC.**

- The trainer uses pre-written cards (“communication activities needed at each step”) and attaches them to the respective step and explains the impact that communication can have on the steps of behavior change.
- The trainer emphasizes: health workers need to identify in which step a client is in order to give relevant messages or support, helping her to change behavior, from the lower step to the higher.
- The trainer gives the example of “EBF” to explain steps of behavior change.

**Step 1 – Pre-awareness:** The client is not aware of the issues or behaviors that need to be changed. He/she has no intention to do anything to change her/his current behavior. Usually...
in this step, the client lacks related information and knowledge. For instance, a mother is not
aware that a child does not need water in the first 6 months of life.

**Step 2 – Awareness:** The client is aware of the issues/behaviors that need changing to improve
the current situation. At this stage, he/she will consider the gain and the loss, the good and the
bad when practicing new behavior. However, he/she has not made any decision or commitment
to change. For example, after a mother hears some information on the radio or TV or from health
workers about the harm of giving water while BF in the first six months, she wonders whether
or not to stop giving water to her baby to clean the mouth, but has not made a decision.

**Step 3 – Intention (going to change):** At this stage, the client has made a decision to change
his/her current behavior and is fully aware of the importance of this. At the same time, he/she
is also determined, motivated, and fully prepared to practice new behavior. S/he makes all the
necessary preparation to enable himself/herself to try out the new behavior. For example, she
may talk to her family, friends, or health workers to make up her mind. This step often occurs
in a short timeframe.

**Step 4 – Trials and assessment:** In this step, the client has already tried the new behavior and
started to assess if there is an improvement in his/her current situation. At this stage, he/she may
be prevented by other people or lack of conditions to practice the behavior. For example, the
mother will observe whether her baby cries when she stops giving water for the first time after
BF, whether her mouth has any unusual signs, or whether she gets diarrhea, etc. Maybe other
family members force the mother to give her baby water. This is a critical stage and as health
workers, you must be able to find out the motivators and barriers and negotiate behavior change.

**Step 5 – Maintenance/relapse:** at this stage, after successfully practicing new behavior and as-
sessing benefits of the behavior, the client will continue to maintain it in the future. However, if
there are too many barriers or difficulties and he/she loses confidence, he/she easily comes back
to the awareness or intention steps depending on his/her awareness and support from family,
community, health workers, etc. For example, the mother may give her baby water again if her
baby’s mouth has thrush, as she may think that not giving her baby water results in thrush, etc.

**Note:** Other than these steps, it is important to know what the motivators and barriers are to behavior change and, as health
workers, we need to negotiate change depending on these factors. Barriers and motivators will be different for different individuals.

- Show SL 7.6 and explain about barriers and motivators.

**SL 7.6**

**CONCEPT OF BARRIERS AND MOTIVATORS**

- Barrier: is something that prevents a person to adopt a behavior
- Motivator: is something that helps a person to adopt a behavior
The trainer introduces the BCC pyramid describing different communication interventions to behavior change at different levels.

- Show SL 7.7 and present communication interventions at each level.

**SL 7.7**

**BCC INTERVENTIONS AT DIFFERENT LEVELS**

- **Policy level:** Policy here can be understood as Law, Decree, Regulation, etc. (E.g.: Law of Traffic Safety - wearing helmet, Decree 21). A good policy will create a favorable environment for behavior change and must be monitored and enforced. In order for a policy, decree, or circular, etc. to be issued, it is necessary to advocate policy makers, Party leaders, and authorities and make them recognize the importance of the issue. E.g., new regulations on vaccination will be broadcast on the commune loudspeaker system, etc. so that all people in the commune know about the new regulations and follow them. Similarly, we need to ensure that all leaders in the community are aware of the importance of BF in the first hour after birth and that information on BF practices will be broadcast on the loudspeakers system, etc.

- **Health-facility level:** Health workers help mothers/caregivers to practice new behavior in a comprehensive manner. Health workers are viewed by the community as a reliable source of information. Therefore, health-service providers must be knowledgeable and skilled and have a positive attitude to provide good services. Health providers at both community and health facilities must be trained and retrained. For example, if all health workers believe that BF must be initiated in the first hour, then they will enable mothers to do so.

- **Community level:** Good policies and good health services do not ensure successful behavior change at the community level. For any behavior to become a community norm, it must be accepted, adopted, and maintained by the community till it gradually becomes a community norm. To do so, it is necessary to change old community practices and to create new practices. For example, although initiating BF in the first hour is the policy and health workers are properly
trained, it often does not happen, as mothers-in-law feel that children should be given sugar water or honey before the child is breastfed.

○ **Household level**: Each family and each individual must practice the new behavior well so that the whole community will practice that behavior and a new community norm can be formed. To do so, nutrition collaborators, community-based workers, and volunteers need to negotiate behavior change with the target audience to conform to the policies, participate in health services, and practice new behavior. At the same time, they must convince other family members of supporting and enabling mothers or caregivers to practice and maintain new behaviors. E.g., after delivery, father and mother-in-law can support the mother as well.

• It is important that the different levels should all be saying the same thing, i.e., same message. For example, if we look at initiation of BF within an hour:

  ○ **Policy Level**: the current policy states that BF should be initiated within the first hour after birth.
  ○ **Health-Facility Level**: however, in many facilities, we found that mothers and babies are separated after birth for various reasons. Therefore, it is important to train all health workers in the benefits of initiating BF within the first hour so that they can support mothers to adopt this behavior.
  ○ **Community level**: Currently in Viet Nam most people believe that women cannot produce enough milk during the first hour and day to BF their children.
  ○ **Household level**: All family members must know and believe in the benefits of BF within an hour of birth so that they can provide support to the mother in the hospital.

►5 **Summarize the session**

• Ask trainees to remember and state main points of the session.

• Summarize the session.

• Ask if trainees have any questions.
SESSION 8: GOOD COMMUNICATION SKILLS

PART 1 – LISTENING AND LEARNING AND OBSERVING

Objectives:

After completing this session, trainees will be able to:

1. List basic skills in interpersonal communication on IYCF.
2. Practice the skills of listening and learning and observing.

Facilities and materials:

- A0 paper, board markers, adhesive tape, scissors.
- White board.
- Pictures of familiar animals.
- Role-play 8.1.
- Slides of session 8.

Preparation for the session:

- Prepare the contents written in slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction-objectives of the session</td>
<td>2</td>
</tr>
<tr>
<td>►2 List basic skills in interpersonal communication</td>
<td>5</td>
</tr>
<tr>
<td>►3 Discuss and practice listening and learning skills</td>
<td>10</td>
</tr>
<tr>
<td>►4 Discuss the skill of observing</td>
<td>10</td>
</tr>
<tr>
<td>►5 Summarize the session</td>
<td>3</td>
</tr>
<tr>
<td>Total time</td>
<td>30</td>
</tr>
</tbody>
</table>
INSTRUCTION

►1 Introduction - objectives of the session

►2 List basic skills in interpersonal communication

Method: brainstorming, short presentation

• Brainstorming on interpersonal communication skills: ask trainees: “if you have a problem and go to a counselor, which characteristics of the counselor do you like the most?” Trainees will write their ideas on cards (one idea/card).

• Summarize trainees’ answers into four groups of skills: listening and learning; observing; providing information; building confidence and giving support.

►3 Discuss and practice listening and learning skills

Method: group work, game, brainstorming, short presentation

Step 1: practice listening and learning skills

Role-play 8.1:

• Ask for two volunteers.

• Instruct one volunteer to play the role of “speaker”: S/he should narrate two stories about himself/herself or his/her family. The stories should be short – about two minutes each.

• Instruct the second volunteer to play the role of “listener” as follows:
  o First story: pay attention to the story, ask questions, nod, etc.
  o Second story: do not listen to the story, be distracted, pretend to answer your phone, etc.

• Ask trainees to observe the pair. Ask the speaker to narrate story one. After two minutes, ask the speaker to stop and narrate story two.

• Once the role play is completed. Ask the learner to recall story one and story two (it is likely that the listener will recall story one fully but not story two). Ask the speaker how s/he felt when narrating story one and story two. Ask trainees to share their observations of the interaction between the speaker and the listener.

• The trainer notes down trainees comments and observations on the board.

• Show slide 8.2 and summarize the importance of listening and learning skills.
LISTENING & LEARNING SKILL

- Listen carefully to get information on mothers’ practice of IYCF
- Pay attention and encourage mothers to share their thoughts and feelings
- Ask questions on unclear points or repeat key points that mothers have just shared
- Use non-verbal communication effectively
- Avoid judgmental words
- Maintain eye-contact
- Use open-ended questions

Step 2: brainstorming on types of questions and practice.

- The trainer explains the concepts of open and closed-ended questions.
- Ask some trainees to make open and closed-ended questions relating to IYCF.
- Instruct trainees to play the game: “asking about my pet”.

Game “Asking about my pet”:

- Invite three volunteers to participate. Secretly stick a different animal on each person’s back.
- Each person will come to a group and ask them three questions to find out which animal they have:
  - First time: Ask three close-ended questions, group members give the correct answers without “giving hints”. After volunteers ask three close-ended questions and receive answers, the trainer asks each one about his/her guess on the animal (often not correct).
  - Second time: Ask three open-ended questions. After volunteers ask three open-ended questions and receive answers, the trainer asks each one about his/her guess on the animal (this time, they often guess correctly).
- Ask trainees to draw conclusions from this game.
- Highlight that open-ended questions get more information and more accurate information.
Step 3: discuss on how to ask questions.

- Brainstorming on how to ask questions.
- Show slide 8.3 and present how to ask questions.

SL 8.3

**HOW TO ASK QUESTIONS**

- Ask one question at a time
- Ask short and clear questions
- Ask relevant questions
- Use open-ended questions to help trainees share their feelings, situation and behavior (to understand what they know, trust and do)
- Avoid leading questions

**Note:**
1. Do not ask two to three questions in one sentence/in a row.
2. Ensure that questions are specific and not vague.
3. Questions must be relevant to counseling topics; eg., In IYCF counseling, no need to ask questions about wearing helmet.
4. Use open-ended question as much as possible. Sometimes closed-ended questions may be needed to confirm what the mother has said.
5. Do not put words on mother’s mouth – e.g., ‘You exclusively breastfeed your baby?’ Instead ask, ‘how do you feed your baby?’

**4 Discuss the skill of observing**

**Method:** game, group discussion, short presentation

- The trainer instructs trainees to play the game “Find the Music Director”.
  - The trainer asks trainees to form a circle and asks for two to three volunteers to participate in finding the Music Director. The volunteers will have to go out of the room.
  - The trainer asks all the others to appoint a person to be the music director; it means that everyone has to follow his/her gestures. Everyone has to observe the music director cleverly and do what s/he is doing.
  - The trainer tells trainees to walk and sing while the music director begins to act (e.g., scratching hair, nodding head, etc.) and others to follow. Meanwhile, trainer calls the first person to come in and find out who is the music director.
The trainer also explains the rules to both players and volunteers. Each volunteer can only guess a maximum of three times; then if her/his guesses are all wrong, s/he will lose his/her turn. If s/he can find the music director, the music director will have to replace him/her. After a set time (possibly 20-30 seconds), another volunteer will come in and continue trying to find the music director.

- The trainer explains: in this game, we all practice how to observe. Now, please brainstorm how to observe effectively.
- The trainer writes down trainees’ ideas on the board and shows slides 8.4 and 8.5 to show how to observe effectively. The trainer highlights things not to do when observing.

**SL 8.4**

**HOW TO OBSERVE EFFECTIVELY**

- Observe carefully all aspects: face expression, gestures, responses, behaviors, context and baby’s status, etc
- Choose an appropriate position
- Observation is carried out in a sensitive way, politely, continuously and with a motivating and encouraging attitude
- Observe objectively, do not judge subjectively

**SL 8.5**

**DON’TS DURING OBSERVATION**

- Observe with neglect, indifference and lack of concentration
- Scrutinize with unsympathetic and insensitive eyes
- Disrespectful and impolite non-verbal language

5. **Summarize the session**

- Ask trainees to recall and repeat the main points of the session.
- Summarize the session.
- Ask if trainees have any questions.
- Thank trainees for their participation.
SESSION 9: GOOD COMMUNICATION SKILLS
PART 2 - BUILDING CONFIDENCE AND GIVING SUPPORT
HOW TO USE COUNSELING CARDS

Objectives:

After completing this session, trainees will be able to:

1. Describe the skills of providing information, building confidence, and giving support.
2. Describe how to use counseling cards.

Facilities and materials:

- A0 paper, board markers, adhesive tape, scissors.
- White board.
- Counseling cards on IYCF.
- Slides of session 9.

Preparation for the session:

- Prepare the content written in slides

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction- objectives of the session</td>
<td>2</td>
</tr>
<tr>
<td>►2 Ask for details of experience in providing information; building confidence and giving support</td>
<td>15</td>
</tr>
<tr>
<td>►3 Discuss how to use counseling cards</td>
<td>10</td>
</tr>
<tr>
<td>►4 Summarize the session</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session
2. Ask for details of experience in providing information, building confidence, and giving support

Methodology: brainstorming, short presentation

- Ask trainees to think of their experience: “Please think about a time that you effectively provided information for mothers? Which lessons did you learn from that case?”
- Summarize trainees’ answers.
- Show slide 9.2 and present on providing information. Give some examples of a case when you did not provide information well.

SL 9.2

- Discuss in pairs the skills involved in building confidence and giving support.
  - Question to discuss: “When counseling, how can the counselor encourage and support mothers to change their behavior and practice a new behavior?”
  - Summarize trainees’ answers.
  - Show slide 9.3 and present on skills involved in building confidence and giving support.
BUILDING CONFIDENCE AND GIVING SUPPORT

• Accept what mothers think and feel – avoid being judgmental
• Empathize with the mother and let her know how you feel
• Identify and compliment good practices, praise the mothers
• Encourage mothers to ask questions and clarify doubts
• Use non-verbal communication effectively
• Create a friendly and reliable atmosphere

3 Discuss how to use counseling cards

Method: game, group discussion, short presentation

Step 1: discuss the necessity in using counseling cards

• Ask all trainees to participate in the game “drawing animals by description”.
• Give each trainee an A4 piece of paper and instruct them to play the game.
• **Round 1**: The trainer describes an animal and the trainee has to draw that animal without asking what the animal is.
  (Animal description: “This animal has big body and curved back, four short but big legs with strong but blunt claws, two long ears, and a tail which is big at its root and thin at its end. Its head is stretched on its short and big neck, and its nose looks like a plate with two holes. It has a small, tubular mouth with a very long and thin tongue.”)
• **Round 2**: The trainer shows an animal picture (in 2-3 seconds); trainee has to recall and draw that animal without asking (SL 9.4).
• **Round 3**: The trainer describes the animal and shows its picture at the same time; trainee follows the trainer’s instruction and can ask the trainer if s/he does not understand.
• After finishing the game, stick all the drawings on the board and show SL 9.4 to compare with the sample animal.
• Ask all other trainees which is the most beautiful drawing and ask trainees to draw a conclusion from this game.
Brainstorm “why should we use counseling cards for communication on IYCF?”

Show slide 9.5 and present the purposes of using counseling cards in communication sessions on IYCF.

PURPOSES OF USING COUNSELING CARDS IN COMMUNICATIONS ON IYCF

- Counseling cards are tools that support direct communication & counseling.
- Counseling cards consist of many pictures, therefore:
  - They are attractive and draw the attention of mothers.
  - They help mothers remember easily, and for long time, especially for mothers who have low literacy.
  - They help mothers understand more correctly what was verbally instructed.
- It is necessary to know how to use counseling cards during BCC on IYCF to achieve high level of efficiency.

Note: Just showing a counseling card is not a solution; it is just an aid in counseling. Therefore, it is important for the counselor to check whether the client fully understands the issue.
Step 2: discussion on how to use counseling cards

- Divide class into four groups. Give each group a set of counseling cards on IYCF.
- Ask groups to use different ways to show these pictures to the others and give comments.
- Show slide 9.6 and summarize how to use counseling cards on IYCF.

SL 9.6

HOW TO USE COUNSELING CARDS

- Counseling cards are only used with individuals or small groups (6-10 people).
- Health workers should select cards and review them in advance. In each session, communicators/counselors should choose 2-3 cards only.
- When providing information, it is necessary to hold the cards so that the mothers can see them clearly.
- Let mothers view the cards and share what they see in the cards.
- Discuss the contents of the cards and ask mothers to relate them to their situation.
- Explain and provide additional information if required. Health workers may refer to information from text pages.
- Summarize and come to an agreement on recommendations that the mothers should try.
- At the end of the session, place the cards back in order and check if the set is complete.

▶ 4 Summarize the session

- Ask trainees to remember and state the main points of the session.
- Summarize the session.
- Ask if trainees have any questions.
- Thank trainees for their participation
SESSION 10: INDIVIDUAL COUNSELING FOR MOTHERS AND CAREGIVERS

Objectives:

After completing this session, trainees will be able to:

1. Explain how to apply communication skills into counseling.
2. Describe steps of individual counseling on IYCF.

Facilities and materials:

- A0 paper, board markers, adhesive tape, scissors.
- White board.
- Color cards that are pre-written with six steps of communication for individuals.
- Color cards are pre-written with activities of the counselor in each step.
- Checklist of individual-counseling skills.
- Slides of session 10.

Preparation for the session:

- Prepare the contents written in slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction-objectives of the session</td>
<td>2</td>
</tr>
<tr>
<td>►2 List basic communication skills</td>
<td>5</td>
</tr>
<tr>
<td>►3 Describe six steps of individual counseling</td>
<td>20</td>
</tr>
<tr>
<td>►4 Summarize the session</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session
2. List basic communication skills

Method: brainstorming, short presentation

- Ask trainees to list the basic communication skills learned from the previous session.
- Show slide 10.2 and present using brief basic communication skills used for counseling.

SL 10.2

BASIC COMMUNICATION SKILLS

- Listening and learning (asking questions)
- Observing
- Providing information
- Building confidence and giving support

- **Highlight:** we will apply these skills to six steps of individual counseling.

3. Describe six steps of individual counseling

Method: game, short presentation

- Instruct trainees to participate in the game “Arranging Cards”.

Game “Arranging Cards”

- Give each trainee one to two colored cards that are pre-written with activities of communicators in each step of communication, e.g., “greet mother”, “ask an open-ended question to learn about the current situation/issue”, etc.
- Place six different colored cards, each of them pre-written with a step of counseling: introduce; listen and learn; analyze/assess; make practical recommendations; negotiate behavior – obtain commitment; summarize commitment.
- Ask trainees to think and arrange their given cards in appropriate order.
- Ask trainees if they have any changes to their arrangement.
- Encourage trainees to find the wrong arrangement of cards, give comments, and make adjustments.
Describe the six steps of individual counseling. Give trainees checklists for individual counseling. Ask trainees to read each step, look at cards arranged, and make changes if they are needed.

### SIX STEPS OF INDIVIDUAL COUNSELING

<table>
<thead>
<tr>
<th>Step 1: Introduce - create a warm and friendly atmosphere (SL 10.3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Greet mother</td>
</tr>
<tr>
<td>○ Introduce self</td>
</tr>
<tr>
<td>○ Make eye contact</td>
</tr>
<tr>
<td>○ Smile</td>
</tr>
<tr>
<td>○ Show respect</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2: Identify current problems/issues (SL 10.4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Listen</td>
</tr>
<tr>
<td>○ Be non-judgmental</td>
</tr>
<tr>
<td>○ Ask an open-ended question to learn about current situation/issue</td>
</tr>
<tr>
<td>○ Accept what a mother says</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3: Analyze and Assess (SL 10.5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Be non-judgmental</td>
</tr>
<tr>
<td>○ Identify the problem, issue</td>
</tr>
<tr>
<td>○ Respond to the mother’s questions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4: Make practical recommendations (SL 10.6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Provide relevant information (use simple language)</td>
</tr>
<tr>
<td>○ Build confidence</td>
</tr>
<tr>
<td>○ Make one to two practical recommendations</td>
</tr>
<tr>
<td>○ Be non-judgmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 5: Negotiate behavior – get commitment (SL 10.7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Discuss different solutions – small practical solutions</td>
</tr>
<tr>
<td>○ Let mothers choose the solution</td>
</tr>
<tr>
<td>○ Get commitment to try one or two recommendations</td>
</tr>
<tr>
<td>○ Use simple language, be non-judgmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 6: Summarize – closing (SL 10.8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Ask the mother to repeat the recommendation</td>
</tr>
<tr>
<td>○ Correct the recommendation if required</td>
</tr>
<tr>
<td>○ Arrange follow-ups with mothers</td>
</tr>
<tr>
<td>○ Praise and thank mothers</td>
</tr>
</tbody>
</table>
• The trainer explains steps 3 – 4 – 5:
  ○ **Step 3:** Counselor quickly summarizes all the information heard and observed from the client in order to assess at which level (of behavior change steps) the client is.
  ○ **Step 4:** Based on the steps of behavior change and the client’s real situation, the counselor makes some suggestions for the clients to think about.
  ○ **Step 5:** Depending on the client’s feedback, the counselor discusses and provides more information and lets the client select a recommendation that is most suited to him/her.

A counseling session should not exceed 30 minutes except in extraordinary circumstances.

• Role-play: demonstrate “negotiation”
  ○ The trainer invites two trainees to voluntarily perform a role-play on “shopping” (one plays the role of a seller, one plays the role of a buyer).
  ○ The trainer instructs the seller: You have a cup. Try your best to sell that cup for as much as you can but for no less than for 50.000 VND.
  ○ The trainer instructs the buyer: You want to buy a cup. Do your best to buy that cup for as cheap as you can but no more than 50.000VND.

• After finishing, the trainer explains that this is similar to a counselor negotiating with a mother to accept new behaviors.

► 4 **Summarize the session**

• Ask trainees to remember and state main points of the session.
• Summarize the session.
• Ask if trainees have any questions on the session.
• Thank trainees for their participation.
SESSION 11: GROUP COUNSELING FOR MOTHERS ON IYCF

Objectives:

After completing this session, trainees will be able to:

3. Describe what preparation is needed for organizing a group-counseling session.

4. Describe steps for conducting a group-counseling session on IYCF.

Facilities and materials

- A0 paper, flip board, board markers, adhesive tape, scissors.
- White board.
- Color cards.
- Checklist of group counseling.
- Slides of session 11.

Preparation for the session:

- Prepare the content written in slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session</td>
<td>2</td>
</tr>
<tr>
<td>►2 Discuss “why should we conduct group counseling?”</td>
<td>5</td>
</tr>
<tr>
<td>►3 List things needed to prepare for a group-counseling session</td>
<td>10</td>
</tr>
<tr>
<td>►4 Describe steps of conducting a group-counseling session on IYCF</td>
<td>10</td>
</tr>
<tr>
<td>►5 Summarize the session</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

►1 Introduction - objectives of the session
►2 Discuss “why should we conduct group counseling?”

Method: brainstorming, short presentation

• Brainstorming on “why should we conduct group counseling”.
• Show slide 11.2 and present reasons for conducting group counseling.

SL 11.2

CONDUCTING GROUP COUNSELING

Why:
○ Clients have a chance to learn and support each other.
○ Provide information and instruction on new behavior, discuss how to solve problems in IYCF for a number of mothers.

Where:
○ Health facilities with “counseling rooms on IYCF” to receive counseling and better care.
○ At hamlets. According to the plan, in hamlets that do not have “counseling rooms on IYCF” at health centers, group counseling may be integrated with community meetings (women, hamlet meetings, clubs, etc.).

►3 List things to prepare for a group-counseling session

Method: brainstorming, short presentation

• Brainstorm on things to prepare for a group-counseling session on IYCF.
• Show slide 11.3 and present things to prepare for a group-counseling session on IYCF.
Describe the steps of conducting group counseling on IYCF

**Method:** brainstorming, short presentation

- Discuss in groups: “describe the steps of conducting a counseling session for a group”.
- Ask groups to present the results of their discussion.
- Summarize trainees’ results of discussion and present five steps for conducting a counseling session for a group.

### STEPS FOR CONDUCTING A COUNSELING SESSION FOR A GROUP

- **Step 1:** Introduction
- **Step 2:** Identify attitudes, understanding, and practice of mothers on the topic for the day
- **Step 3:** Analyze and assess
- **Step 4:** Provide information and negotiate change
- **Step 5:** Summary and closing
**Counseling on Infant and Young Child Feeding at a health facility**

**Session 11: Group counseling for mothers on IYCF**

**SL 11.5 – 11.9**

**STEPS FOR CONDUCTING A COUNSELING SESSION FOR A GROUP**

**Step 1: Introduction (SL 11.5)**
- Greet mothers
- Introduce yourself
- Ask mothers to introduce themselves
- Introduce the topic
- Do a quick warm-up to create a friendly atmosphere, attract participation (sing songs, warm-up games, etc.)

**Step 2: Identify attitude, understanding, and practice of mothers on the counseling topic (SL 11.6)**
- Use open-ended questions to know what mothers know, believe, do, and are interested in
- Listen carefully to what mothers share
- Accept what mothers think and do
- Identify and praise what mothers understand and do right

**Step 3: Analyze and assess (SL 11.7)**
- Identify difficulties mothers have in practicing the current topic

**Step 4: Provide information and negotiate change (SL 11.8)**
- Give specific information related to the counseling topic
- Use relevant counseling cards to help mothers understand and remember information
- Discuss solutions to overcome difficulties
- Make practical recommendations on what mothers can do
- Encourage and negotiate with mothers to select one to two actions to try
- Come to an agreement on practicing new behaviors and get commitment from mothers
- Ask one or two mothers to repeat the recommendations
- Correct the recommendations if required
- Inform mothers that they can be counseled privately at CHCs

**Step 5: Summarize and closing (SL 11.9)**
- Summarize the main points of the counseling session
- Identify the need for individual home visits if required
- Agree on the plan for the next counseling session
- Thank mothers
Tell trainees: Each franchise will be provided with BCC materials to support counseling sessions. Show and present SL 11.10

**SL 11.10: Job Aids**

<table>
<thead>
<tr>
<th>JOB AIDS /COUNSELING MATERIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At village level:</strong></td>
</tr>
<tr>
<td>• Invitation card</td>
</tr>
<tr>
<td>• Loudspeaker scripts</td>
</tr>
<tr>
<td></td>
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**Explain to trainees:**

- **Invitation cards:** are designed as a leaflet and contain IYCF messages. The invitation cards are managed by CBWs. As pregnant women and mothers who are eligible for franchise services are identified, community-based workers are required to give them invitation cards and motivate them to go to the franchise “Mặt trời bé thơ” to receive the services.

- **Loudspeaker scripts:** every 2-3 months, CBWs will be given a CD with messages to be played on the village loudspeakers.

- **Counseling cards:** are a set of cards illustrating IYCF messages. Each franchise will get 2-3 sets that can be used by health-facility workers for individual- and group-counseling sessions.

- **Posters, leaflet:** during visits to the “Mặt trời bé thơ” franchise, pregnant women/mothers, fathers, and caregivers will be given leaflets on a variety of topics. Once they return to the village, they may consult CBWs on the content of these leaflets. They can also see posters with different IYCF messages that are displayed.

- **Mother-child booklet:** is designed as a health book and contains information on IYCF practices. At the first visit to the “Mặt trời bé thơ” franchise, pregnant women/mothers will be registered and given a mother-child book. CBWs must ensure that the pregnant women/mothers keep this book safely and use them.

►5 Summarize the session

- Ask trainees to remember and state the main points of the session.
- Summarize the session.
- Ask if trainees have any questions.
- Provide job aids to trainees, show SL 11.10.
Part Four

IYCF CONTENTS
BF – CF
SESSION 12: HEALTH AND NUTRITION CARE FOR PREGNANT WOMEN AND LACTATING MOTHERS

Objectives:

After completing this session, trainees will be able to:

1. Present the importance of nutrition care for pregnant women and lactating mothers.
2. State the proper dietary needs for mothers during pregnancy and BF period.
3. Point out necessary health care for women during pregnancy and lactation (breast care, immunization, supplementation of iron, hygiene, working and resting scheme, mental support, etc.).
4. List out the types of food and appropriate dishes for pregnant women and lactating mothers at their localities.

Training facilities and materials:

- A0 paper, clipboard, board markers.

Preparation for the session:

- Prepare the content written in the slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>►2 The importance of nutrition for pregnant women and lactating mothers</td>
<td>5</td>
</tr>
<tr>
<td>►3 Change in mother’s body weight during pregnancy</td>
<td>5</td>
</tr>
<tr>
<td>►4 Proper diets of mothers during pregnancy and BF period</td>
<td>15</td>
</tr>
<tr>
<td>►5 Other health care</td>
<td>10</td>
</tr>
<tr>
<td>►6 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td>Total time</td>
<td>45</td>
</tr>
</tbody>
</table>
INSTRUCTION

►1 Introduction - objectives of the session

►2 The importance of nutrition care during pregnancy

- Ask questions and generate class discussion on the importance of nutrition for pregnant women: for the mother’s and baby’s health.
- Present SL 12.2: The importance of nutrition care for pregnant women

SL 12.2

PREGNANCY – THE 1ST WINDOW OF OPPORTUNITY

- Approximately 1 out of 4 women (25%) in Viet Nam are malnourished *. Therefore it is very important to focus on appropriate nutrition care during pregnancy in order to:
  - 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

Source: *NIN Surveillance (2010)

Emphasize the role in stunting reduction and energy-storage increase for the mother to breastfeed properly – i.e., to attain A&T goals.

►3 Changes in mother’s body during pregnancy

- Present slide 12.3a. Average body-weight gain of mother during pregnancy

SL 12.3a

AVERAGE BODY-WEIGHT GAIN OF MOTHER DURING PREGNANCY

<table>
<thead>
<tr>
<th>Amount of weight gain</th>
<th>1st trimester</th>
<th>2nd trimester</th>
<th>3rd trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>1000 gram</td>
<td>4000 - 5000 gram</td>
<td>5000 – 6000 gram</td>
</tr>
<tr>
<td>Fetus</td>
<td>100 gram</td>
<td>1000 gram</td>
<td>2000 gram</td>
</tr>
</tbody>
</table>
Explain to trainees: in the 1st trimester, micro-nutrient supplements are of importance because the fetus’ functional organs are developing; in the 2nd trimester, the fetus develops in length so mother’s under-nutrition in this period is very likely to result in intrauterine stunting; and in the last trimester, the fetus’s weight increases significantly; therefore the mother’s poor weight gain often leads to a low-birth-weight baby.

• Present slide 12.3b.

SL 12.3b

**BMI ASSESSMENT**

Based on nutritional status (body mass index: BMI) before pregnancy the recommended amount of weight gain is as follows:

- Good nutritional status (BMI: 18.5-22.9): Amount of weight gain should be equal to 20% of body weight before pregnancy
- Poor nutritional status (BMI<18.5): Amount of weight gain should be equal to 25% of body weight before pregnancy and
- Overweight- obese nutritional status (BMI>=23): Amount of weight gain should be equal to 15% of body weight before pregnancy

\[ BMI = \frac{\text{weight (kg)}}{(\text{height})^2 \text{ m}^2} \]

• Present slide 12.4.

<table>
<thead>
<tr>
<th>NUTRITION DEMAND/DAY</th>
<th>NORMAL WOMEN</th>
<th>PREGNANT WOMEN – EXTRA NEEDED</th>
<th>LACTATING MOTHERS – EXTRA NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1st + 2nd trimester</td>
<td>3rd trimester</td>
</tr>
<tr>
<td><strong>Energy</strong></td>
<td>2200-2600 kcal</td>
<td>360 kcal (equally 1 full bowl of rice)</td>
<td>475 kcal (equally 2 bowls of rice)</td>
</tr>
<tr>
<td><strong>Protein</strong></td>
<td>55 gram</td>
<td>15 gram</td>
<td>18 gram</td>
</tr>
<tr>
<td><strong>Lipid</strong></td>
<td>60 gram</td>
<td>0</td>
<td>20 gram</td>
</tr>
<tr>
<td><strong>Iron</strong></td>
<td>39.2 mg</td>
<td>0</td>
<td>20mg **</td>
</tr>
<tr>
<td><strong>Vitamin A</strong></td>
<td>500mcg</td>
<td>300 mcg</td>
<td>350 mcg</td>
</tr>
</tbody>
</table>

* Depending on whether mothers eat well or not before.

** An iron supplement is recommended for all pregnant women during pregnancy.

• FAO/WHO’s recommendations for Southeast Asia in 2005: eat more to provide more energy (360kcal/day) in the second trimester and (equal to one full bowl of rice and appropriate food); of 475kcal/day in the last trimester (equal to two bowls of rice and appropriate food).

• Protein: is especially essential for forming and building internal organs such as the heart, liver, lungs, and particularly the neurological cells. Needs: increase of 15g/day for the first six 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).
4 Appropriate diet for pregnant women

- Ask questions and generate class discussion on the diet for a mother during the pregnancy period and food/drink that should be limited.

- Present Slides 12.5 and 12.6

SL 12.5

**APPROPRIATE DIET FOR MOTHERS DURING THE PREGNANCY PERIOD**

Mothers need a meal with sufficient nutrients, need to eat all four food groups, and need to eat more than before pregnancy. In particular, mothers need to:

- Provide themselves and their babies sufficient energy by consuming rice, noodles, corn, sweet potato, cassava and its processed products.

- Eat protein, especially from animal-source food such as meat, fish, egg, and milk that are high in protein. Also, eat more beans, peas, sesame seeds, and peanuts to provide more protein and oil.

- Consume sufficient vitamins and minerals by eating green vegetables and fruit (*spinach*, *rau ngot*, *rau cai xoong*, *rau den*, etc.) Ripe fruits such as banana, papaya, orange, mango, etc. are important to mothers, and they should eat ripe fruit daily if possible.

- Consume sufficient lipids: Provided from oil, fat, peanuts, sesame seeds, etc.

SL 12.6

**FOOD AND DRINK THAT SHOULD BE LIMITED**

- Do not use stimulating beverages/food such as alcohol, coffee, cigarettes, thick tea, etc.

- Reduce condiments such as chili, pepper, and garlic.

- Reduce salted food, especially for edematous mothers to diminish edema and avoid casualty at birth.

5 Other health care

- Ask trainees and present SL 12.7.
SL 12.7

OTHER HEALTH CARE

• Antenatal care: every three months in three trimesters during pregnancy
• Take iron tablets to prevent anemia as instructed by health workers
• Care for breasts: breast cleaning, especially nipple cleaning is very important to ensure that lactiferous duct is unblocked after delivery; gentle cleaning during bathing is recommended.
• Appropriate schedule of work and rest

6 Summarize the session

• Show slide 12.8.

PREGNANT WOMEN AND LACTATING MOTHERS NEED TO:

• Eat more
• Rest more
• Have ANC and PNC
• Have nutrition counseling
SESSION 13: THE SIGNIFICANCE OF BF

Objectives:

After completing this session, trainees will be able to:

1. State concept and definition of EBF.
2. Point out the benefits of early and EBF.
3. State the components of breastmilk.
4. Describe major differences between breastmilk and other milk.

Training facilities and materials:

- Notepad.
- Further reading: ten requirements for successful BF.
- A0 paper, clipboard, board markers.

Preparation for the session:

- Prepare the contents written in the slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>►2 Benefits of BF</td>
<td>15</td>
</tr>
<tr>
<td>►3 Components of breastmilk</td>
<td>25</td>
</tr>
<tr>
<td>►4 Major differences between breastmilk and other milk</td>
<td>10</td>
</tr>
<tr>
<td>►5 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

►1 Introduction - objectives of the session

►2 Definition and benefits of BF

• Ask trainees to repeat the definition of EBF. Show slide 13.2.

DEFINITION OF EBF

Exclusive breastfeeding means giving a baby only breastmilk, and no other liquids or solids, not even water. Drops or syrups consisting of vitamins, mineral supplements, or medicines are permitted.

All children should be exclusively breastfed for the first six months (from the time of delivery until the 179th day of age).

• Ask each trainee to name one benefit of BF for mothers and one benefit of BF for babies. Write each benefit on a colored paper (notepad). Then trainees come and stick it on the board in one of the two groups: benefits for the mother – benefits for the baby. The trainer then summarizes.

• The trainer shows Slides 13.3, 13.4, 13.5, and 13.6, provides in-depth analysis and adds more information for any missed parts.

BENEFITS OF BF – FOR INFANTS

• Provides a superior source of nutrients, meets all of the baby’s nutrient demands for the first six months
• Promotes optimum growth and development – short-term and long-term
• Stimulates optimum development of the brain
• Protects against infections, especially diarrhea and respiratory infections
• Easy to digest, effectively used
• Provides adequate water for a baby in the first six months
• Ensures nutrition, especially in an emergency (natural disasters, war, etc.)
• Clean, always ready, and of a good temperature
SL 13.4

**BENEFITS OF BF – FOR MOTHERS**

- Helps expel placenta and reduces the risk of bleeding
- Stimulates good uterus contraction
- Stimulates breastmilk production (early and frequent BF)
- Prevents engorgement (early and frequent BF)
- Promotes bonding and motherhood
- Good for mother’s health (decreases breast cancer, ovarian, and cervical cancer)
- Improves nutrition and metabolism for mothers
- Delays a new pregnancy, menstruation

SL 13.5

**BENEFITS OF BF – FOR THE FAMILY**

- Reduces illness
- Reduces health expenses
- Prevents the mother from getting pregnant again

SL 13.6

**DISADVANTAGES OF ARTIFICIAL FEEDING**

**For babies:**
- Interferes with bonding
- More diarrhea and persistent diarrhea
- More frequent respiratory infections
- Malnutrition; Vitamin A-deficiency
- More allergies and milk intolerance
- Increased risk of some chronic diseases
- Obesity

**For mothers:**
- Lower IQ
- Mother may become pregnant sooner
- Increased risk of anemia, ovarian cancer, and breast cancer for the mother

Counseling on Infant and Young Child Feeding at a health facility
3 Components of breastmilk

- Ask trainees about their knowledge on types of breastmilk that changes according to the time of a feed and the child’s age – colostrum/mature milk; foremilk/hindmilk.
- Trainees discuss why we should initiate BF early.
- Trainees discuss the differences between foremilk and hindmilk.
- Show slide 13.7 and analyze the differences between colostrum and mature milk, between foremilk and hindmilk.

**SL 13.7**

### DIFFERENCES BETWEEN COLOSTRUM AND MATURE MILK

![Comparison chart showing the differences between colostrum and mature milk in terms of fat, protein, and lactose.](image)

**Source**: WHO/UNICEF (2006) Infant and Young Child Feeding Counseling: An Integrated Course

**Note**:

- The composition of breastmilk is not always the same. It varies according to the age of the baby, and from the beginning to the end of a feed. This chart shows some of the main variations.
- Colostrum is special breastmilk that is available in the mother’s breast from 14-16th weeks of pregnancy and is produced in the first 1-3 days after delivery. Colostrum is thick, yellowish or clear in color. It contains more protein than mature milk (point to the protein area on the graph).
- After 3-7 days, colostrum is changing into transitional milk and after 7-10 days, transitional milk completely changes into mature milk. There is a larger amount of milk, and the breasts feel full, hard, and heavy. Some people call this the milk “coming in”. Mature milk exists until the child is weaned and it is made up of two parts:
  - Foremilk is greenish and produced in large amounts and provides plenty of protein, lactose, water, and other nutrients. Babies do not need water before they are six months old, even in a hot climate.
  - Hindmilk is white milk and contains more fat than foremilk (point to the area on the graph). This fat provides much of the energy from a breastfeed which is why it is important to let babies finish hindmilk, not to let them discard a breast too quickly.
- Mothers sometimes worry that their milk is ‘too thin’ but it’s not true. It is important for a baby to have both foremilk and hindmilk to get a complete ‘meal’, which includes all the water that he needs.
• Show slide 13.8: properties and importance of colostrum, analyze.

**SL13.8**

<table>
<thead>
<tr>
<th>PROPERTY</th>
<th>IMPORTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibody rich</td>
<td>Protects against allergies and infections</td>
</tr>
<tr>
<td>Many white cells</td>
<td>Protects against infection</td>
</tr>
<tr>
<td>Mild purgative effect</td>
<td>Clear meconium</td>
</tr>
<tr>
<td></td>
<td>Helps to prevent jaundice</td>
</tr>
<tr>
<td>Growth factors</td>
<td>Helps the intestine to mature</td>
</tr>
<tr>
<td></td>
<td>Prevents allergies, intolerances</td>
</tr>
<tr>
<td>Rich in Vitamin A</td>
<td>Reduces severity of infections</td>
</tr>
</tbody>
</table>

**Source:** WHO/UNICEF, Infant and Young Child Feeding Counseling: An Integrated Course (2006)

**Note:**
- This chart shows the special properties of colostrum, and why it is important.
- Colostrum contains more antibodies and other anti-infective protein than mature milk. This is part of the reason why colostrum contains more protein than mature milk.
- Colostrum contains more white blood cells than mature milk.
- Colostrum helps to prevent the bacterial infections that are a danger to newborn babies and provides the first immunization against many of the diseases that a baby meets after delivery.
- Colostrum has a mild purgative effect, which helps to clear meconium (the first dark stools). This reduces the reabsorption of bilirubin into the blood, and helps to prevent jaundice from becoming severe.
- Colostrum contains many growth factors that help a baby’s immature intestine to develop after birth and it is easy to digest. This helps to prevent babies from developing allergies and intolerance to other foods.
- Colostrum is rich in Vitamin A, which helps to reduce the severity of any infections that the baby might have.
- It is very important for babies to have colostrum for their first few feeds. Colostrum is ready in the breasts when a baby is born.
- Babies should not be given any prelacteals before they start BF. Other food/drink given before a baby has colostrum is likely to cause allergies and infection.

• Show slide 13.9 and state that the amount of water contained in breastmilk and make this point: all infants under six months need only breastmilk without being given extra water.
4 Major differences between breastmilk and other milk

- The trainees discuss differences between breastmilk and formula milk.
- Show slides 13.10 and 13.11 and analyze the differences between the composition of breastmilk and that of formula milk to prove that breastmilk is optimal.

Note:
- First, we will look at the nutrients in breastmilk, to see why they are perfect for a baby.
- Formula milk is made from a variety of products, including animal milk, soybean, and vegetable oils. Although they have been adjusted so that they are more like human milk, they are still far from perfect for babies.
- In order to understand the composition of formula milk we need to understand the differences between animal and human milk and how animal milk needs to be modified to produce formula milk.
- This chart compares the nutrients in breastmilk with the nutrients in fresh cow and goat milk.
- All milk contains fat, which provides energy and protein for growth and a milk sugar called lactose that also provides energy.

Ask: what is the difference between the amount of protein in human milk and the amount in animal milk?

Wait for a few replies and then continue.
Animal milk contains more protein than human milk.

It is difficult for a baby's immature kidneys to excrete the extra waste from the protein in animal milk.

Human milk also contains essential fatty acids that are needed for a baby's growing brain and eyes, and for healthy blood vessels. These fatty acids are not present in animal milks, but may have been added to formula milk.

### DIFFERENCES IN THE QUALITY OF PROTEINS IN DIFFERENT MILKS

<table>
<thead>
<tr>
<th>Human milk</th>
<th>Cows milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-infective proteins</td>
<td>80% Casein</td>
</tr>
<tr>
<td>35% Casein</td>
<td>Curds</td>
</tr>
</tbody>
</table>

**Source:** WHO/UNICEF (2006) Infant and Young Child Feeding Counseling: An Integrated Course

**Note:**

- The protein in different milks varies in quality, as well as in quantity. While the quantity of protein in cow’s milk can be modified to make formula, the quality of proteins cannot be changed.

- This chart shows that much of the protein in cow’s milk is casein.
  
  **Ask:** what happens if human babies eat too much casein?
  
  Wait for a few replies and then continue.

- Casein forms thick, indigestible curds in a baby’s stomach.

- You can see in the diagram that human milk contains more whey proteins.

- The whey proteins contain anti-infective proteins which help to protect a baby against infection.

- Artificially fed babies may develop intolerance to protein from animal milk. They may develop diarrhea, abdominal pain, rashes, and other symptoms when they have feeds that contain the different kinds of protein.
5 Summarize the session

FURTHER READING: TEN STEPS FOR SUCCESSFUL BF

Every facility providing maternity services and care for newborn infants should:

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

SESSION 14: NUTRIENT DEMAND OF CHILDREN UNDER SIX MONTHS

Objectives:

After completing this session, trainees will be able to:

1. Describe size of a baby’s stomach.
2. Describe the demand for nutrients of a BF baby.
3. State frequency and duration of BF.

Training facilities and materials:

- Index cards.
- Tools to illustrate the size of a baby’s stomach.
- A0 paper, clipboard, board markers.

Preparation for the session:

- Prepare contents written in the slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>►2 Size of a baby’s stomach</td>
<td>10</td>
</tr>
<tr>
<td>►3 Demand for nutrients of a BF baby</td>
<td>5</td>
</tr>
<tr>
<td>►4 Frequency and duration of BF</td>
<td>5</td>
</tr>
<tr>
<td>►5 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session
2. Size of a baby’s stomach
   - Give each trainee a piece of A4 paper and ask them to draw a baby’s stomach to scale in the first, third, and tenth day after delivery.
   - Class discussion on stomach size: who states the smallest size, who states the biggest size, and the reason for this.
   - Show slide 14.2 and explain the change in size of the stomach in the first few days.

SL 14.2

SIZE OF A NEWBORN BABY’S STOMACH

Note:
- Day 1 and 2: the size of a small grape – capacity: 5-7 ml. At this time, breastmilk is ready in mother’s breasts produced during pregnancy (colostrum is produced from 16th week) with the total amount of 250 ml.
- Day10: the size of a big egg – capacity: 60-81ml.

Therefore, breastmilk is sufficient for the baby in the first few days and when the baby needs this amount of breastmilk.

- Pour colored water into measuring cups to illustrate the amount of breastmilk in day one, day three, and day ten.
3 Demand on nutrients of a BF baby

- Reaffirm the message on EBF: the baby’s demand for nutrients is completely provided by breastmilk in the first six months.
- Show SL14.3 and give evidence.

### SL14.3

<table>
<thead>
<tr>
<th>MONTHS OF AGE</th>
<th>ENERGY NEED (kcal/day)</th>
<th>BREASTMILK g/day</th>
<th>Energy (Kcal/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 months</td>
<td>404</td>
<td>714</td>
<td>493</td>
</tr>
<tr>
<td>3-5 months</td>
<td>505</td>
<td>784</td>
<td>540</td>
</tr>
</tbody>
</table>

**Note:**
- Breastmilk production is adjusted to the baby’s demand: even for those who gave birth to twins or triplets. As a baby’s demand increases, breastmilk production increases within a few days, even a few hours. If the baby is given complementary food early, breastmilk is produced less in which case a mother can increase breastmilk production by regularly expressing breastmilk or re-BF the baby.
- Breastmilk is completely sufficient for children in the first six months.

- Show SL 14.4

### SL 14.4

**Breast milk always satisfies baby’s demand on nutrients within the first 6 months**

Note:

○ On this graph, each column represents the total amount of energy needed at that age. The taller columns indicate that more energy is needed as the child becomes older, bigger, and more active. The dark part shows how much of this energy is supplied by breastmilk (point to the dark area on the graph).

○ This graph shows that breastmilk supplies sufficient energy and nutrients for the baby for the first six 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.

○ From the age of six months, breastmilk is no longer sufficient by itself. All babies need complementary food from six months of age, in addition to breastmilk.

○ However, breastmilk continues to be an important source of energy and high-quality nutrients beyond six months of age. From 6-12 months, breastmilk still continues to provide more than half of the child’s energy needs. From 12-24 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 or beyond.

►4 Frequency and duration of BF

• Show slide 14.5 and explain.

SL 14.5

FREQUENCY AND DURATION OF BF

• BF on demand:
  ○ Signs that a baby wants to suckle (suck fingers or fist, cry, etc.).
  ○ Continue BF until the baby comes off the breast itself, at least 15-20 minutes / each breast.

• Finishing one breast before shifting to another.

• BF both day and night, that is, 8-12 times/24 hours.

• Frequent suckling maintains breastmilk production.

• A baby gets enough milk when s/he passes urine at least six times/day.

• BF up to 24 months or beyond.

►5 Summarize the session
SESSION 15: BREASTMILK PRODUCTION

Objectives:

After completing this session, trainees will be able to:

1. Name the main parts of the breast and describe their function.
2. Describe the hormonal control of breastmilk production and the “let down” reflex.

Training facilities and materials:

- A0 paper, clipboard, board markers.

Preparation for the session:

- Prepare contents written in the slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>►2 Anatomy of the breast</td>
<td>10</td>
</tr>
<tr>
<td>►3 Prolactin reflex</td>
<td>10</td>
</tr>
<tr>
<td>►4 Oxytocin reflex</td>
<td>10</td>
</tr>
<tr>
<td>►5 Helping and hindering of the oxytocin reflex</td>
<td>5</td>
</tr>
<tr>
<td>►6 Inhibitor in breastmilk</td>
<td>5</td>
</tr>
<tr>
<td>►7 Summarize content of the session</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session

2. Anatomy of the breast

• Ask trainees to describe the anatomy of the breast: parts and function.
• Present slide 15.2 and analyze it.

ANATOMY OF THE BREAST


- This diagram shows the anatomy of the breast.
- First, look at the nipple, and the dark skin called the areola which surrounds it. In the areola are small glands called Montgomery’s glands that secrete an oily fluid to keep the skin healthy (point to the relevant parts of the diagram on the slide as you explain them).
- Inside the breast are the alveoli, which are very small sacs made of milk-secreting cells. There are millions of alveoli – the diagram shows only a few. The box shows three of the alveoli enlarged. A hormone called prolactin makes these cells produce milk.
- Around the alveoli are muscle cells, which contract and squeeze out the milk. A hormone called oxytocin makes the muscle cells contract.
- Small tubes, or ducts, carry milk from the alveoli to the outside. Milk is stored in the alveoli and small ducts in between feeds.
- The larger ducts beneath the areola dilate during feeding and hold the breastmilk temporarily during the feed.
The secretory alveoli and ducts are surrounded by supporting tissue, and fat.

Ask: some mothers think too small breasts cannot produce enough milk. What is the difference between large breasts and small breasts?

Wait for a few replies and then continue.

Small breasts and large breasts both contain about the same amount of gland tissue, so they can both make plenty of milk. The fat and other tissue gives the breast its shape and makes most of the difference between large and small breasts. → size of breast does not affect milk production.

Therefore, all mothers have the same ability to produce breastmilk. If the mother breastfeeds properly, she will have enough milk to exclusive breastfeed her baby for the first six months, even if she has twins.

3 Prolactin reflex

Present slide 15.3 and analyze it.

This diagram explains the hormone prolactin.

When a baby suckles at the breast, sensory impulses go from the nipple to the brain, which stimulate the pituitary gland to secrete prolactin.

Prolactin goes in the blood to the breast, and makes the milk-secreting cells produce milk.

Most of the prolactin is in the blood about 30 minutes after the feed so it makes the breast produce milk for the next feed. For this feed, the baby takes the milk which is already in the breast.

Ask: what does this suggest about how to increase a mother's milk supply?

Wait for a few replies and then continue.

It tells us that if her baby suckles more, her breasts will make more milk.

If a mother has twins, and they both suckle, her breasts make milk for both of them. If a baby stops suckling, the breasts will soon stop making milk.
Sometimes people suggest that to make a mother produce more milk, we should give her more to eat, more to drink, more rest, or medicine. It is important for a mother to eat and drink enough, but these things do not help her to produce milk if her baby does not suckle.

Some special things to remember about prolactin are:
- More prolactin is produced at night; so BF at night is especially helpful for keeping up the milk supply.
- Hormones related to prolactin suppress ovulation so BF can help to delay a new pregnancy. BF at night is important for this.

**4 Oxytocin reflex**

- Present slide 15.4 and analyze it.

This diagram explains the hormone oxytocin.
- When a baby suckles, sensory impulses go from the nipple to the brain, which stimulates the pituitary gland at the base of the brain to secrete the hormone oxytocin.
- Oxytocin goes into the blood to the breast, and makes the muscle cells around the alveoli contract.
- Contracted alveoli make the milk which has collected in the alveoli flow along the ducts to the larger ducts called sinus beneath the areola. This is known as the oxytocin reflex, the milk ejection reflex, or the let-down reflex.
- Oxytocin is produced more quickly than prolactin. It makes the milk in the breast flow for this feed. Oxytocin can start working before a baby suckles, when a mother learns to expect a feed.
- If the oxytocin reflex does not work well, the baby may have difficulty in getting the milk. The breasts are producing milk, but it is not flowing out.
- Another important point about oxytocin is that it makes a mother’s uterus contract after delivery. This helps to reduce bleeding, but it sometimes causes uterine pain and the mother feels a rush of blood during a feed for the first few days.
5 Helping and hindering the oxytocin reflex

- Present slide 15.5 and analyze it.

**HELPING AND HINDERING OF OXYTOCIN REFLEX**

These help reflex
- Thinks lovingly of baby
- Sounds of baby
- Sight of baby
- Touches of baby
- Confidence

These hinder reflex
- Worry
- Stress
- Pain
- Doubt

- This diagram shows how the oxytocin reflex is easily affected by a mother's thoughts and feelings.
- Satisfaction – for example, feeling pleased with her baby, or thinking lovingly of him/her, and feeling confident that her milk is the best for him/her – can help the oxytocin reflex to work well. Sensations such as touching or seeing her baby, or hearing him/her cry, can also help the reflex.
- But such feelings as pain, or worry, or doubt that she has enough milk can inhibit the reflex and stop her milk from flowing. Fortunately, this effect is usually temporary.

Ask: why is it important to understand the oxytocin reflex when we care for mothers after delivery?

Wait for a few replies and then continue.
- A mother needs to stay near her baby all the time, so that she can see, touch, and respond to him/her. If a mother is separated from her baby between feeds, her oxytocin reflex may not work so easily.
- You need to pay attention to a mother’s feelings during a conversation, try to make her feel good, and build her confidence and not say anything which may make her doubt her breastmilk supply.
- Mothers are often unaware about their oxytocin reflex. There are several signs of an active reflex that mothers, or you, may notice.

- Ask trainees to open the trainee book to find the table “Signs and Sensations of an Oxytocin Reflex”.
- Ask trainees to read these signs in order.
### SIGNS AND SENSATIONS OF AN ACTIVE OXYTOCIN REFLEX

A mother may notice:

- A squeezing or tingling sensation in her breasts just before she feeds her baby, or during a feed.
- Milk flowing from her breasts when she thinks of her baby, or hears him/her crying.
- Milk dripping from her other breast, when her baby is suckling.
- Milk flowing from her breasts in fine streams, if her baby comes off the breast during a feed.
- Pain from uterine contractions, sometimes with a rush of blood, during feeds in the first week.
- Slow deep sucks and swallowing by the baby, which show that breastmilk is flowing into his mouth.


#### 6 Inhibitor in breastmilk

- Present slide 15.6 and analyze it.


- Breastmilk production is also controlled within the breast itself.
- You may wonder why sometimes one breast stops making milk, while the other breast continues to make milk - although oxytocin and prolactin go equally to both breasts. This diagram shows us why.
- There is a substance in breastmilk which can reduce or inhibit milk production.
- If a lot of milk is left in a breast, the inhibitor stops the cells from secreting any more. This helps to protect the breast from the harmful effects of being too full. It is obviously necessary if a baby dies or stops BF for some other reason.
- If breastmilk is removed, by suckling or expression, the inhibitor is also removed. Then the breast makes more milk.
This helps you to understand why:
- If a baby stops suckling from one breast, that breast stops making milk.
- If a baby suckles more from one breast, that breast makes more milk and becomes larger than the other.

It also helps you to understand why:
- For a breast to continue making milk, the milk must be removed.
- If a baby cannot suckle from one or both breasts, the breastmilk must be removed by expression to enable production to continue. This is an important point which we will discuss more in the next session, about expressing breastmilk.

Summarize the session
SESSION 16: IN-CLASSROOM PRACTICE
INDIVIDUAL COUNSELING ON BF

Objectives:

1. Practice individual counseling skills on BF.
2. Apply knowledge on BF into counseling practice for mothers.

Facilities and materials:

- A0 paper, board markers, adhesive tape, scissors.
- White board.
- Colored cards.
- Case studies for individual counseling on BF at health facility.
- Checklist of individual counseling.
- Communication materials on IYCF.

Preparation for the session:

- Prepare content written in the slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction - objectives of the session</td>
<td>2</td>
</tr>
<tr>
<td>2. Practice individual-counseling skills on BF</td>
<td>100</td>
</tr>
<tr>
<td>3. Summarize the session</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>105</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

1 Introduction - objectives of the session

2 Practice individual-counseling skills on BF

Methodology: role-play

- Divide trainees into three groups: one group will play the role of “mother”, one group will play the role of “counselor”, and one group will be the observers.
- Deliver “case studies for BF individual counseling at health facilities” to group one of “mothers” and ask them to carefully read one case study.
- Ask two other groups (counselors and observers) to read the checklist of individual counseling (given in session 10).
- Ask trainees to work in a group of three (one mother, one counselor, one observer) and give comments to each other.

CASE STUDIES FOR BF INDIVIDUAL COUNSELING AT A HEALTH FACILITY

- **Case study 1:** Ms. Phuong is in the seventh month of pregnancy. This is her first child. When talking to her, you learn that her mother-in-law does not let her eat crabs, shellfish, and buffalo meat because she said that this food could make the baby easily get diarrhea. Please counsel her mother-in-law.

- **Case study 2:** You are in the ninth month of pregnancy, this is your first pregnancy. You intend to breastfeed your baby but many people say that breastmilk often comes in late so you should bring formula milk when coming to the hospital for delivery. You don’t want to feed your baby formula milk but are afraid that he will be hungry when he is born.

You can start the conversation with: “I don’t know whether I should bring formula milk when coming to the hospital for delivery or not.”

- **Case study 3:** Ms. Huong gave birth to her first baby two days ago and she does not know how to breastfeed her baby properly. She hears that if she does not breastfeed properly, her baby may not be able to suckle and will get hungry. Please counsel her on how to attach the baby to her breast and how to breastfeed properly.

- **Case study 4:** Ms. Nhung delivered a baby two months ago. You visit her house and see her breastfeed her baby but there is still a tin of milk powder for babies and a feeding bottle, teat, etc. Ms. Nhung says that she has a lot of breastmilk but she hears that feeding infants with powdered milk will make them chubbier. Therefore, she is going to feed her baby with powdered milk next week. Please counsel her.

- **Case study 5:** Ms. Ngan is BF her baby who is three months old. She feels that she does not have enough milk to breastfeed her baby exclusively. She would like to start giving her child other food as she feels her child is hungry all the time. Please counsel her.

- **Case study 6:** Ms. Chung is BF her baby who is four months old. However, she is going to return to work in a few weeks. She wants to start giving her child half a bowl of bot (rice gruel) twice a day. Please counsel her.
• Invite a group to do a trial role-play and give them some comments (using checklist of individual-counseling skills).

• Divide the class into two big groups. Each trainer instructs a group to continue the role-play practice and gives them comments and suggestions. Make sure that all pairs can practice a role-play.

• If there is time left, swap the roles: the person who played the role of mother will play the role of communicator and vice versa.

3. Summarize the session
<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>ACTIVITIES</th>
<th>NOT DONE</th>
<th>NOT DONE WELL</th>
<th>WELL-DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Introduce - create a warm and friendly environment</td>
<td>Greet mothers</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Self introduce</td>
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<td></td>
<td>Make eye contact</td>
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<td></td>
<td>Smile</td>
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<td></td>
<td>Show respect</td>
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<td></td>
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<tr>
<td>2 Identify current problems/issues</td>
<td>Ask open-ended questions</td>
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<td></td>
<td>Listen</td>
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<td></td>
<td>Be non-judgmental</td>
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<td></td>
<td>Accept what a mother says</td>
<td></td>
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<tr>
<td>3 Analyze and Assess</td>
<td>Identify the problem, issue</td>
<td></td>
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<td></td>
<td>If there is more than one problem identify which should take priority</td>
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<td></td>
<td>Ask more open-ended questions to identify barriers</td>
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<td></td>
<td>Respond to mother’s questions</td>
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<tr>
<td>4 Make practical recommendations</td>
<td>Provide relevant information</td>
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<td></td>
<td>Use simple words</td>
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<td></td>
<td>Build confidence</td>
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<td></td>
<td>Make one or two practical recommendations</td>
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<tr>
<td></td>
<td>Use counseling cards/materials</td>
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<tr>
<td>5 Negotiate behavior – get commitment</td>
<td>Discuss different solutions with mothers</td>
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<td></td>
<td>Let mothers decide on the solution</td>
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<td></td>
<td>Get mother’s commitment to try one or two recommendations</td>
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<tr>
<td>6 Summarize - closing</td>
<td>Ask mother to repeat recommendation</td>
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<td></td>
<td>Correct recommendation as appropriate</td>
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<td></td>
<td>Arrange follow-up with mothers</td>
<td></td>
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<td></td>
<td>Praise and thank mothers</td>
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</tbody>
</table>
SESSION 17: IN-CLASSROOM PRACTICE
GROUP COUNSELING ON BF

Objectives:

1. Practice group-counseling skills on BF.
2. Apply knowledge on BF into counseling practice for mothers.

Facilities and materials

○ A0 paper, board markers, adhesive tape, scissors.
○ White board.
○ Color cards.
○ Case studies for group counseling on BF.
○ Checklist of group counseling.
○ Communication materials on BF.

Preparation for the session:

○ Prepare content written in the slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session</td>
<td>2</td>
</tr>
<tr>
<td>►2 Practice group-counseling skills on BF</td>
<td>90</td>
</tr>
<tr>
<td>►3 Summarize the session</td>
<td>3</td>
</tr>
<tr>
<td>Total time</td>
<td>95</td>
</tr>
</tbody>
</table>
INSTRUCTION

►1 Introduction - objectives of the session

►2 Practice group counseling on BF

Methods: Role-play

• Divide trainees into five groups.

• Deliver “case studies for BF group counseling” to trainees.

CASE STUDIES FOR BF GROUP COUNSELING

• **Case study 1:** In your village, local residents live far from the health station. They still live hard lives. Mothers often work hard and do not receive nutrition care during pregnancy and BF period. Organize a group discussion with pregnant women on nutrition care for pregnant women.

• **Case study 2:** You have organized a group-counseling session for pregnant women. Your aim is to talk about immediate initiation of BF. As you discuss with the mothers, you learn that in this community they believe that the first few drops of colostrum are not good for the baby. Please conduct the counseling session.

• **Case study 3:** You have organized a group-counseling session on EBF for mothers of children aged 3-4 months. Some mothers say that they have to go to work and therefore have to give their children some other food besides breastmilk. Please conduct the counseling session.

• **Case study 4:** It is the summer season and you receive feedback from the VHWs that many mothers are giving water to their children because they believe the children will get dehydrated. You organize a counseling session for mothers to talk about EBF.

• Ask each group to discuss the group-counseling role-play:
  o Assign a trainee to play the role of counselor, other trainees play the role of mothers/observers.
  o Study the group’s case and identify:
    - Which behavior should be changed?
    - What are the difficulties when they apply the new behavior?
    - Which information should be provided in the counseling session?
    - Which counseling card should be used?
  o Discuss how to organize group-counseling sessions.

• Give trainees the “checklist of group-counseling skills” and explain to them how to use it.

• Other activities are similar to those of individual counseling.
## CHECKLIST OF GROUP COUNSELING

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>ACTIVITY</th>
<th>NOT YET DONE</th>
<th>NOT DONE WELL</th>
<th>WELL-DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1: Introduction</strong></td>
<td>Greet mothers</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Self-introduce</td>
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<tr>
<td></td>
<td>Mothers introduce themselves</td>
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<tr>
<td></td>
<td>Introduce the topic</td>
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<tr>
<td></td>
<td>Warm up to create happy atmosphere, involving trainee participation (<em>singing, games…</em>)</td>
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<tr>
<td><strong>Step 2: Identify attitude, understanding, and practice of mothers on the counseling topic</strong></td>
<td>Use open-ended questions to see what mothers know, believe, do and are interested in</td>
<td></td>
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<td></td>
<td>Listen to mothers sharing</td>
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<td></td>
<td>Accept what mothers think and do</td>
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<td></td>
<td>Identify and praise what mothers understand and do right</td>
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<tr>
<td><strong>Step 3: Analyze and assess</strong></td>
<td>Identify the mothers’ difficulties in practicing the current topic</td>
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<tr>
<td><strong>Step 4: Provide information and negotiate change</strong></td>
<td>Give information that is relevant to the counseling topic</td>
<td></td>
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<td></td>
<td>Use the counseling card properly to help the mothers understand and remember information</td>
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<td></td>
<td>Discuss solutions to overcome difficulties</td>
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<td></td>
<td>Make practical suggestions on what mothers can do</td>
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<td></td>
<td>Encourage and negotiate with each mother to select one to two actions to try</td>
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<td></td>
<td>Come to an agreement on implementing new behavior</td>
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<td></td>
<td>Inform mothers that they can be counseled privately at CHCs</td>
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<tr>
<td><strong>Step 5: Summarize – get commitment</strong></td>
<td>Summarize main points of the counseling session</td>
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<td></td>
<td>Agree on the plan for the next meeting.</td>
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<tr>
<td></td>
<td>Arrange a follow-up about the mother practicing the new behavior</td>
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<tr>
<td></td>
<td>Say “thank you” to the mothers.</td>
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</tr>
</tbody>
</table>
SESSION 18: POSITIONING AND ATTACHMENT

Objectives:

After completing this session, trainees will be able to:

1. Explain the four key points of positioning.
2. Describe how a mother should support her breast for feeding.
3. Help a mother to position her baby at the breast.
4. Help a baby to attach to the breast.
5. Demonstrate the main positions – sitting, lying, underarm, and across.

Training facilities and materials:

- Dolls, balloons.
- Role-play illustration.
- CD-rom.
- A0 paper, clipboard, board markers.

Preparation for the session:

- Prepare contents written in the slides.
- Task allocation for role-play illustration.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>2 The mother’s position while BF</td>
<td>10</td>
</tr>
<tr>
<td>3 The baby’s position while BF</td>
<td>10</td>
</tr>
<tr>
<td>4 Good and poor attachment; four signs of good attachment and causes of poor attachment</td>
<td>10</td>
</tr>
<tr>
<td>5 Result of poor attachment</td>
<td>5</td>
</tr>
<tr>
<td>6 Result of poor attachment</td>
<td>5</td>
</tr>
<tr>
<td>Total time</td>
<td>45</td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session

2. Mother’s positions while BF

- Invite three trainees to demonstrate different positions to hold a baby (using dolls, breast model).
- Show slide 18.2: Traditional position – cradle hold.

SL 18.2

![Traditional Position](source:WHO/UNICEF, Infant and Young Child Feeding Counseling: An Integrated Course (2006))
• Show slide 18.3: other positions.

**SL 18.3**

**OTHER POSITIONS**

A mother holding her baby in the underarm position  
*Useful for:*
- Twins
- Blocked ducts
- When having difficulty attaching the baby to the breast

A mother holding her baby with the arm opposite the breast  
*Useful for:*
- Very small babies
- Sick babies


*Explain to trainees:* in case of blocked ducts, difficulties attaching the baby to the breast, and sick babies, you may suggest that a change in the positions will help the child to be more relaxed and better attached.

• Show slide 18.4 A mother who is lying down to breastfeed her baby.
LYING - DOWN POSITION

To be relaxed, the mother needs to lie down on her side in a position in which she can sleep. Being propped on one elbow is not relaxing for most mothers.

If she has pillows, put a pillow under her head and another under her arm.

Following exactly the four key points on positioning is important for a mother who is lying down to breastfeed her baby.

She can support her baby with her lower arm. She can support her breast if necessary with her upper arm.

If she does not support her breast, she can hold her baby with her upper arm.

A common reason for difficulty attaching when lying down is that the baby is too ‘high’ near the mother’s shoulders, and his head has to bend forward to reach the breast.

BF lying down is useful.

When a mother wants to sleep, so that she can breastfeed without getting up.

Soon after a Caesarian section, when lying on her back or side may help her to breastfeed her baby more comfortably.

▶ 3 Baby’s positions while BF

Show slide 18.5 and present the four key points of correct positioning.

FOUR KEY POINTS OF CORRECT POSITIONING:

1. Baby’s head and body in line.
2. Baby held close to mother’s body.
3. Baby approaches breast, nose to nipple.
4. Baby’s whole body is supported.
• Explain to trainees the four key points of positioning a baby at the breast.
  ○ **Point 1** – A baby’s head and body in line: a baby cannot suckle or swallow easily if his head is twisted or bent.
  ○ **Point 2** – Mother holds the baby close to her body: a baby cannot attach well to the breast if he is far away from the mother’s body; the baby’s whole body should almost face his/her mother’s body. His/her body should be turned away just enough to be able to attach well at the breast because most nipples point down slightly. If he faces his mother completely, he may fall off the breast. The baby’s abdomen approaches the mother’s.
  ○ **Point 3** – The baby approaches the breast, nose to nipple: We will talk about this a little later when we discuss how to help a baby to attach to the breast.
  ○ **Point 4** – The baby’s whole body supported: The baby’s whole body is supported with the mother’s arm along the baby’s back; this is particularly important for newborns and young babies. For older babies, support of the upper part of the body is usually enough. A mother needs to be careful about using the hand of the same arm to support her baby’s back and his bottom. This may result in her pulling him/her too far out to the side, so that his head is in the crook (bend) of her arm; he then has to bend his head forward to reach the nipple, which makes it difficult for him/her to suckle.

• Show the mother how to support her breast.
  Illustrate how to help the mother to support her breast on your own body or on a model breast to explain the following points to trainees:
  ○ It is important to show a mother how to support her breast with her hand and how to move her baby onto the breast.
  ○ If the mother has small and high breasts, she may not need to support them.
  ○ She should place her four fingers flat on her chest wall under her breast, so that her first finger forms a support at the base of the breast.
  ○ The mother can use her thumb to press the top of her breast slightly. This can improve the shape of the breast so that it is easier for her baby to attach well.
  ○ A mother should not put her fingers too near to the nipple.
  ○ Holding the breast too near the nipple makes it difficult for a baby to attach and suckle effectively. The ‘scissor’ hold can block milk flow.

Illustrate to participants these ways of holding a breast, and explain that they make it difficult for a baby to attach:
  ○ Holding the breast with the fingers and thumb close to the areola.
  ○ Pinching up the nipple or areola between your thumb and fingers, and trying to push the nipple into a baby’s mouth.
  ○ Holding the breast in the ‘scissor’ hold – index finger above and middle finger below the nipple.

• Explain or show mothers how to help the baby to attach
  Illustrate how to help the ‘mother’ to attach her baby using a doll and your own body or a model breast to explain the following points to the trainees:
  ○ It is especially important to help a mother in her first BF so that she has a comfortable position (lying down or sitting (nearly lying) with a pillow and blanket supporting her back), good knowledge and spirit.
  ○ Mother holds the baby with his nose opposite her nipple, so that he approaches the breast from under the nipple.
  ○ Mother touches her baby’s lips with her nipple, so that he opens his mouth, puts out his/her tongue, and reaches up.
  ○ Mother should wait until her baby’s mouth is wide open, before she moves him/her onto her breast. His mouth needs to be wide open to take a large mouthful of breast.
  ○ It is important to use the baby’s reflexes, so that he opens his mouth wide to take the breast him/herself. You cannot force a baby to suckle, and she should not try to open his/her mouth by pulling his/her chin down.
  ○ Explain or show the mother how to quickly move her baby to her breast, when he is opening his/her mouth wide.
  ○ Mother should bring her baby to her breast. She should not move herself or her breast to her baby.
○ When the mother brings the baby to her breast, she should aim her baby’s lower lip below her nipple, with his/her nose opposite the nipple, so that the nipple aims towards the baby’s palate, his/her tongue goes under the areola, and his/her chin will touch her breast.

○ Hold the baby at the back of his/her shoulders – not the back of his/her head. Be careful not to push the baby’s head forward.

• Ask trainees to open their manual to find the box “helping a mother to position her baby” and go through the main points.

HELPING A MOTHER TO POSITION HER BABY

• Greet the mother and ask how BF is going.
• Explain what might help, and ask if she would like you to show her.
• Make sure that she is comfortable and relaxed.
• Sit yourself down in a comfortable, convenient position.
• Explain how to hold her baby, and then show her if necessary.

The four key points are:
○ Baby’s head and body in line.
○ Baby held close to mother’s body.
○ Baby’s face approaches breast, nose to nipple.
○ For infants, not only babies’ head, shoulders but also bottom held.

• Show her how to support her breast:
○ With her fingers against her chest wall below her breast.
○ With her first finger supporting the breast.
○ With her thumb above.
○ Her fingers should not be too near the nipple

• Explain or show her how to help the baby to attach:
○ Touch her baby’s lips with her nipple.
○ Wait until her baby’s mouth is wide open.
○ Move her baby quickly onto her breast, aiming his/her lower lip below the nipple.

• Notice how she responds and ask her how she feels when her baby’s suckling.
• Look for signs of good attachment. If the attachment is not good, try again.
4 Good and poor attachment

- Present slide 18.6 and analyze it.

SL 18.6

**GOOD AND POOR ATTACHMENT**

<table>
<thead>
<tr>
<th>Good and poor attachment</th>
<th>Attachment (outside appearance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What differences do you see?</td>
<td>What differences do you see?</td>
</tr>
<tr>
<td>1 - good; 2 - poor</td>
<td></td>
</tr>
</tbody>
</table>


- Ask trainees to look at two pictures on the left describing attachment from the inside (figure one is correct, figure two is wrong).

*Ask: what differences do you see between pictures one and two?*

*Wait for a few replies and then continue.*

*Make sure that the points below are clear.*

If trainees notice signs that are described in the above slide, accept their comments, but do not repeat or emphasize them yet.

*The most important differences to see in picture two are:*

- Only the nipple is in the baby's mouth, not the underlying breast tissue.
- The larger ducts are outside the baby's mouth, where his/her tongue cannot reach them.
- The baby's tongue is back inside his/her mouth, and not pressing on the larger ducts.
- The baby in picture two is poorly attached. He is 'nipple sucking'.

- Ask trainees to look at two pictures on the right describing attachment from the outside incomparision to the left ones.

*Ask: what differences do you see between pictures one and two?*

*Wait for a few replies and then continue.*

- In picture one you can see more of the areola above his/her top lip and less below his/her bottom lip. This shows that he is reaching with his/her tongue under the larger ducts to press out the milk. In picture two you can see the same amount of areola above his/her top lip and below his/her bottom lip, which shows that s/he is not reaching the larger ducts.
- In picture one his/her mouth is wide open. In picture two his/her mouth is not wide open and points forward.
- In picture one his/her lower lip is turned outwards. In picture two his/her lower lip is not turned outwards.
- In picture one the baby's chin touches the breast. In picture two his/her chin does not touch the breast. These are some of the signs that you can see from the outside which tell you that a baby is well attached to the breast.
○ Seeing a lot of areola is not a reliable sign of poor attachment. Some mothers have a very large areola, and you can see a lot even if the baby is well attached. It is more reliable to compare how much areola you see above the baby’s top lip and below his/her bottom lip.

• The trainer shows four signs of correct attachment.

SL 18.7

FOUR SIGNS OF CORRECT ATTACHMENT

• More of the areola is visible above the baby’s top lip than below the lower lip
• The baby’s mouth is wide open
• The baby’s lower lip is curled outwards
• The baby’s chin is touching or almost touching the breast

Note: Use of a feeding bottle: the action of sucking from a bottle is different from suckling from the breast. Babies who have had some bottle feeds may try to suck on the breast as if it is a bottle, and this makes them ‘nipple suck’. When this happens, it is sometimes called ‘suckling confusion’ or ‘nipple confusion’. So giving a baby feeds from a bottle can interfere with BF. Skilled help is needed to overcome this problem.

►5 Results of poor attachment

• Ask: what do you think might be the result of poor attachment?
• Wait for a few replies and then continue.
• Present slide 18.9 and analyze it.
RESULTS OF POOR ATTACHMENT

- Painful nipples
- Damaged nipple
- Engorgement
- The child does not get enough milk, cries a lot
- The child feeds frequently, for a longer time
- Decreased milk production
- The child fails to gain weight

If a baby is poorly attached, and he ‘nipple sucks’, it is painful for his/her mother. Poor attachment is the most common cause of sore nipples.

As the baby sucks hard to try to get milk he pulls the nipple in and out. This makes the nipple skin rub against his/her mouth. If a baby continues to suck in this way, he can damage the nipple skin and cause cracks (also known as fissures).

As the baby does not remove breastmilk effectively the breasts may become engorged.

Because he does not get enough breastmilk, he may be unsatisfied and cry a lot. He may want to feed often or for a very long time at each feed.

Eventually if breastmilk is not removed, the breasts may make less milk.

A baby may fail to gain weight and the mother may feel she is failing at BF.

To prevent this happening all mothers need help to position and attach their babies.

Also babies should not be given feeding bottles. If a baby feeds from a bottle before BF is established, he may have difficulty suckling effectively. Even babies who start bottle feeds after a few weeks may also begin to suckle ineffectively.

►6 Summarize the session

- Trainer shows slide 18.10 describing how a baby attaches to the breast.
SLIDE 18.10: HOW TO ATTACH A BABY AT THE BREAST

Position baby’s nose level to 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, then bring the nipple right onto his mouth.

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

When a baby is attached well
- More areola is seen above baby’s upper lip
- Baby’s mouth is wide open
- Lower lip is turned outwards
- 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.

- The trainees practice attachment.
- The trainer gives comments and feedback and summarizes the main content.
SESSION 19: ASSESSING A BREASTFEED

Objectives:

After completing this session, trainees will be able to:

1. Explain the content of and how to use the Breastfeed Observation Job Aid.
2. Assess a breastfeed by observing a mother and baby.
3. Recognize signs of good and poor attachment and positioning.

Training facilities and materials:

- Breastfeed Observation Job Aid – explain each section.
- Role-play illustration.
- A0 paper, clipboard, board markers.

Preparation for the session:

- Prepare contents written in the slides.
- Task allocation for role-play illustration.

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<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
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<tbody>
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<td>►2 Breastfeed Observation Job Aid</td>
<td>20</td>
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<td>►3 Exercises</td>
<td>15</td>
</tr>
<tr>
<td>►4 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td>Total time</td>
<td>45</td>
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</tbody>
</table>
### INSTRUCTION

1. **Introduction - objectives of the session**

2. **Breastfeed Observation Job Aid**

<table>
<thead>
<tr>
<th>BREASTFEED OBSERVATION JOB AID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother's name</strong> ________________</td>
</tr>
<tr>
<td><strong>Baby's name</strong> ________________</td>
</tr>
</tbody>
</table>

#### Signs that BF is going well:

**GENERAL**

- **Mother:**
  - Healthy
  - Relaxed and comfortable
  - Signs of bonding between mother and baby

- **Baby:**
  - Healthy
  - Calm and relaxed
  - Reaches or roots for breast if hungry

#### Signs of possible difficulty:

**Mother:**

- Ill or depressed
- Tense and uncomfortable
- No mother/baby contact

**Baby:**

- Sleepy or ill
- Restless or crying
- Does not reach or root

**BREASTS**

- Healthy
- No pain or discomfort
- Breast well supported with fingers away from nipple

- Breasts look red, swollen, or sore
- Breast or nipple is painful
- Breasts held with fingers on areola

**BABY’S POSITION**

- Baby’s head and body in line
- Baby held close to mother’s body
- Baby’s head and neck supported
- Baby approaches breast, nose to nipple

- Baby’s neck and head twisted to feed
- Baby not held close
- Baby not supported
- Baby approaches breast, lower lip/chin to nipple

**BABY’S ATTACHMENT**

- More areola seen above baby’s top lip
- Baby’s mouth open wide
- Lower lip turned outwards
- Baby’s chin touching breast

- More areola seen below bottom lip
- Baby’s mouth not open wide
- Lips pointing forward or turned in
- Baby’s chin not touching the breast

**SUCKLING**

- Slow, deep sucks with pauses
- Cheeks round when suckling
- Baby releases breast when finished
- Mother notices signs of oxytocin reflex

- Rapid shallow sucks
- Cheeks pulled in when suckling
- Mother takes baby off the breast
- No signs of oxytocin reflex noticed
Explain the first two parts: General conditions and breast conditions

- Ask trainees to keep their manuals open at the Breastfeed Observation Job Aid till the end of the session.
- Ask two trainees to play the role of a mother and baby in the following demonstration.

**Mother A (name)** sits comfortably and relaxed, and acts like she is happy and pleased with her baby. She holds baby close, facing her breast, and she supports his/her whole body. She looks at her baby, and fondles or touches him/her lovingly. She supports her breast with her fingers against her chest wall below her breast, and her thumb above, away from the nipple.

**Mother B (name)** sits uncomfortably, and acts sad and not interested in her baby. She holds the baby loosely, and not close, with his/her neck twisted, and she does not support his/her whole body. She does not look at him/her or fondle him/her, but she shakes or prods him/her a few times to make him/her go on feeding. She uses a scissor grip to hold her breast.

- Ask the other trainees (do not play these roles) to start observing the ‘mothers and babies’. (for more than two minutes). As they are observing ask what they have observed from the first two sections of the Breastfeed Observation Job Aid.
- Notice the following points, ensure that the trainees are clear about contents of the Breastfeed Observation Job Aid:
  - Look at the mother to see if she looks well. Her expression may tell you something about her feelings such as her pain.
  - Observe whether the mother looks relaxed and comfortable. If a mother holds her baby securely and feels confident, it is easier for her baby to suckle effectively, and her milk will flow more easily. If a mother is nervous and lacks confidence, she may show this by shaking or prodding the baby to make him/her go on feeding, this can upset her baby and interfere with suckling and breastmilk flow.
  - Observing the baby’s general health, nutrition, and alertness. Look for conditions which may interfere with BF: e.g., a blocked nose or difficulty breathing.
  - Observing whether the breasts look healthy. You may notice a cracked nipple, or may see that the breast is inflamed. We will talk about breast conditions in more detail in a later session.
  - If BF feels comfortable and pleasant for the mother, her baby is probably well attached. Ask a mother how BF feels.

Illustrate these points with a model breast and doll, or on your own body:

- How a mother holds her breast during BF is important.
  - Does the mother lean forward and try to push the nipple into the baby’s mouth; or does she bring her baby to the breast, supporting her whole breast with her hand?
  - The milk ducts so that it is more difficult for the baby to get the breastmilk.
  - Does the mother hold her breast back from her baby’s nose with her finger? This is not necessary.
  - Does the mother use the ‘scissor’ hold? Does she hold the nipple and areola between her index finger above and middle finger below? This interferes with milk flow into the baby’s mouth.

- Does the mother support her breast properly:
  - With her fingers against the chest wall?
  - With her first finger supporting the breast?
  - With her thumb above, away from the nipple?
Explain: The baby's position

- Ask one trainee to read aloud the points in the third section of the Breastfeed Observation Job Aid (baby's position), reading the point from the left-hand column and then the corresponding point from the right-hand column. Ask the trainees to observe during role-play in the third section. Then present the following points:
  - Observe how the mother holds her baby; notice if the baby’s head and body are in line.
  - Observe whether the mother holds the baby close, his/her face facing her breast, making it easier for him/her to suckle effectively. If she holds him/her loosely, or turned away so that his/her neck is twisted, it is more difficult for him/her to suckle effectively.
  - If the baby is young, observe whether the mother supports his/her whole body or only his/her head and shoulders.

Explain: The baby’s attachment

- Ask one trainee to read aloud the points in the fourth section of the Breastfeed Observation Job Aid (baby’s attachment), reading the point from the left-hand column and then the corresponding point from the right-hand column. These points will not have been observed during the role-play with the doll, but these four key points of attachment were covered in the last session.

Explain: Suckling

- Ask one trainee to read aloud the points in the fifth section of the Breastfeed Observation Job Aid (suckling), reading the point from the left-hand column and then the corresponding point from the right-hand column. These points will not have been observed during the role-play with the doll.
  - Present the following points:
    - Look and listen whether the baby is taking slow deep sucks; this is an important sign that the baby is sucking effectively. If a baby takes slow, deep sucks then he is well attached to the breast.
    - If the baby is taking quick shallow sucks in all breastfeeds, this is a sign that the baby is not attached well.
    - If the baby is making smacking sounds as he sucks this is a sign that he is not well attached.
    - Notice whether the baby releases the breast him/herself after the feed, and looks satisfied and sleepy.
    - If a mother takes the baby off the breast before he has finished, he may not get hindmilk.

➤3 Exercises

- Show pictures of BF and ask trainees to discuss, using the Breastfeed Observation Job Aid. See notes below the slides.

Clear signs:

- The areola is below the child’s lower lip as much as that above the upper lip.
- The mouth is not opening and the lips are not turning forwards.
- The baby’s chin is not touching the mother’s breast.
- This mother’s areola is very big so you can see much of the areola even when the baby attaches well to the breast. However, if the baby is attached well, more areola is seen above the baby’s upper lip than below the lower lip.
- The baby is poorly attached to the breast.
- The baby’s body does not approach mother’s.
Clear signs:
- The areola is below the child’s lower lip as much as that above the upper lip.
- The baby’s mouth is completely open.
- The baby’s lower lip curled inwards and not turned outwards.
- The baby’s chin touching mother’s breast.
- The baby is poorly attached to the breast.
- The baby’s lower lip curled inwards so the baby is not attached well to the breast despite other good signs.
- However, the baby’s body and head are in line and the baby facing the breast.

Clearly seen signs:
- More areola is seen above the top lip than below the bottom lip.
- The baby’s mouth is open wide.
- The baby’s lips are turned outwards.
- The baby’s chin is touching the mother’s breast.
- These are signs showing good attachments.
- In addition, the baby is closely approaching the mother’s breast and facing the nipple.
- The baby is breathing well and the mother does not need to use a finger to press the breast.

- Ask trainees how to correct the wrong position.
- The trainer makes conclusion for each picture.

4 Summarize the session
SESSION 20: EXPRESSING AND STORING BREASTMILK

Objectives:

After completing this session, trainees will be able to:

1. List the situations when expressing breastmilk is needed.
2. Explain and practice ways to stimulate the oxytocin reflex.
3. Explain to a mother the steps of expressing breastmilk by hand.
4. Introduce some other tools for expressing milk.
5. Explain how to store breastmilk.

Training facilities and materials:

- Box: How to Stimulate the Oxytocin Reflex.
- Tools for expressing milk.
- A0 paper, clipboard, board markers.

Preparation for the session:

- Prepare contents written in the slides.

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<td>►2 When expressing milk is needed</td>
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<tr>
<td>►3 How to stimulate the oxytocin reflex</td>
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<td>►4 Demonstrate how to express milk by hand</td>
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<tr>
<td>►5 Demonstrate how to express milk with a pump/other tools for expressing milk</td>
<td>5</td>
</tr>
<tr>
<td>►6 How to store breastmilk</td>
<td>5</td>
</tr>
<tr>
<td>Summarize the session</td>
<td>3</td>
</tr>
<tr>
<td>Total time</td>
<td>35</td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session

2. When expressing milk is needed and how to store breastmilk
   - Discuss with trainees when expressing milk is needed.
   - Present slide 20.2. When expressing milk is needed.

WHEN EXPRESSING MILK IS NEEDED

   - To leave breastmilk for a baby when his/her mother goes out or goes to work.
   - To feed a low-birth-weight baby who cannot breastfeed.
   - To feed a sick baby who cannot suckle enough.
   - To keep up the supply of breastmilk when a mother or baby is ill.
   - To prevent leaking when a mother is away from her baby.
   - To help a baby to attach to a full breast.
   - To help to improve breast-health conditions, e.g., engorgement.
   - To facilitate the transition to another method of feeding or to heated breastmilk.

3. How to stimulate the oxytocin reflex
   - Discuss why it is necessary to stimulate the oxytocin reflex (recall the session how BF works).
   - Ask trainees to open the trainee handbook to find the box How to Stimulate the Oxytoxin Reflex and read aloud.
HOW TO STIMULATE THE OXYTOCIN REFLEX

Help the mother psychologically

Build her confidence.
Try to reduce any sources of pain or anxiety.
Help her to have good thoughts and feelings about the baby.
Help the mother practically. Help or advise her to:
Sit quietly and privately or with a supportive friend.
Some mothers can express easily in a group of other mothers who are also expressing for their babies.

Hold her baby with skin-to-skin contact if possible.
She can hold her baby on her lap while she expresses. If this is not possible, she can look at the baby. If this is not possible, sometimes even looking at a photograph of her baby helps.

Warm her breasts.
For example, she can apply a warm compress, or warm water, or have a warm shower. Warn her that she should test the temperature to avoid burning herself.

Stimulate her nipples.
She can gently pull or roll her nipples with her fingers.

Massage or stroke her breasts lightly.
Some women find that it helps if they stroke the breast gently with finger tips or with a comb.
Some women find that it helps to gently roll their closed fist over the breast towards the nipple.

Ask a helper to rub her back.

- Show figure 20.3 and invite a trainee to demonstrate with the trainer how to stimulate the oxytocin reflex.

  o Ask a trainee to help you. She should sit at the table leaning forward with her hand bending on the table, resting her head on her arms, as relaxed as possible.
  o She remains clothed, but explains to the mother that it is important for her breasts and her back to be naked.
  o Make sure that the chair is far enough away from the table for her breasts to hang free. Explain what you will do, and ask her permission before doing it.
  o Hold your hands, rub both sides of her spine with your thumbs, making small circular movements, from her neck to her shoulder blades (see above picture).
  o Ask her how she feels, and if it makes her feel relaxed.
  o Ask trainees to work in pairs and practice this technique.

4 Demonstrate how to express milk by hand

Present the following points:

• Hand expression is the most useful way to express milk. It needs no appliance, so a woman can do it anywhere, at any time.
• A woman should express her own breastmilk. The breasts are easily hurt if another person tries.
• If you are showing a woman how to express, show her on your own body as much as possible, while she copies you. If you need to touch her to show her exactly where to press her breast, be very gentle.
• Explain how to prepare a container for the expressed breastmilk.
• Show trainees some of the containers to hold the expressed breastmilk that you have collected. Go through the following points.

HOW TO PREPARE A CONTAINER FOR EXPRESSED BREASTMILK

• Choose a container for expressed breastmilk such as a cup, glass, jug, or jar with a wide mouth.
• Wash the cup in soap and water (she can do this the day before).
• Pour boiling water into the cup, and leave it for a few minutes. Boiling water will kill most of the germs.
• When ready to express milk, pour the water out of the cup.

Demonstrate how to express milk by hand:

• Demonstrate on your body as much as possible. If you don’t want to, you can use a breast model or practice on your arm or cheek. You can draw a nipple and areola on your arm.
• Follow the steps in the box “how to express milk by hand” and explain what you are doing.

HOW TO EXPRESS MILK BY HAND

• Teach a mother to do this herself. Do not express her milk for her. Touch her only to show her what to do, and be gentle.
• Wash her hands thoroughly.
• Sit or stand comfortably, and hold the container near her breast.
• Put her thumb on her breast above the nipple and areola, and her first finger on the breast below the nipple and areola, opposite the thumb. She supports the breast with her other fingers (see Fig. 19.4).
• Press her thumb and first finger slightly inwards towards the chest wall. She should avoid pressing too strong or she may block the milk ducts.
• Press her breast behind the nipple and areola between her fingers and thumb. She should press on the larger ducts beneath the areola. Sometimes in a lactating breast it is possible to feel the ducts. They are like pods, or peanuts. If she can feel them, she can press on them.
• Press and release, press and release. This should not hurt; if it hurts, the technique is wrong. At first no milk may come, but after pressing a few times, milk starts to drip out. It may flow in streams if the oxytocin reflex is active.
• Press the areola in the same way from the sides, to make sure that milk is expressed from all segments of the breast.
• Avoid rubbing or sliding her fingers along the skin. The movement of the fingers should be more like rolling.
• Avoid pressing on the nipple itself. Pressing or pulling the nipple cannot express the milk. It is the same as the baby sucking only the nipple.
• Express one breast for at least three to five minutes until the flow slows; then expresses the other side; and then repeats both sides. She can use either hand for either breast, or change when they tire.
• Explain to the mother that to express breastmilk adequately takes 20-30 minutes, especially in the first few days when not much milk comes in. It is important not to try to express in a shorter time.
• Show slide 20.4 and present How to express breastmilk

**SL 20.4**

**HOW TO EXPRESS MILK**

![Diagram showing how to express milk](image)


- Place finger and thumb above and below the areola and press inwards towards the chest wall.
- Press behind the nipple and areola.
- Press from the sides to empty all segments.
- Tell trainees that they can see the box “how to express milk by hand” in their manual.

**Discuss how often to express milk:**

- **Ask:** How often should a mother express her breastmilk?  
  Wait for a few replies and then continue.
- **It depends on the reason for expressing the milk, but usually as often as the baby would breastfeed.**
- **To establish lactation, to feed a low-birth-weight or sick newborn** the mother should start to express milk on the first day, as soon as possible after delivery. She may only express a few drops of colostrums at first, but it helps breastmilk production to begin, in the same way that a baby suckling soon after delivery helps breastmilk production to begin. The mother should express as much as she can as often as her baby would breastfeed. This should be at least every three hours, including during the night. If she expresses only a few times, or if there are long intervals between expressions, she may not be able to produce enough milk.
- **To keep up her milk supply to feed a sick baby:** she should express at least every three hours.
- **To build up her milk supply, if it seems to be decreasing after a few weeks:** express very often for a few days (every two hours or even every hour), and at least every three hours during the night.
- **To leave milk for a baby while she is out at work:** express as much as possible before she goes to work, to leave for her baby. It is also very important to express while at work to help keep up her supply.
- **To relieve symptoms, such as engorgement, or leaking at work:** express only as much as is necessary.
• Ask participants to practice the technique. Ask them to practice the rolling action of the fingers on a model breast or on their arms, avoid pinching. Ask them to practice on their own bodies privately later.

►5 Demonstrate how to express milk with a pump/other tools for expressing milk

• Present the following points:
  o Expressing milk by hand will be difficult in the case of engorged, painful breasts.
  o In such cases, expressing milk with a pump can help.
  o Expressing milk with a pump is only easy when the breasts are full. It is difficult to use when the breasts are soft.

• Show SL 20.5: some breast pumps available on the market (sucking by a rubber ball, cylinder, or electricity, etc.).

• You can demonstrate this method if breast pumps and other popular tools for expressing milk are available.
6. How to store breastmilk

- Show slide 20.6: duration of breastmilk storage.

**SL 20.6**

<table>
<thead>
<tr>
<th>STORAGE PLACE</th>
<th>TEMPERATURE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>At room temperature</td>
<td>19-26°C</td>
<td>4 hours (ideal), up to 6-8 hours (acceptable)</td>
</tr>
<tr>
<td>In a refrigerator</td>
<td>&lt;4°C</td>
<td>3 days (ideal), up to 8 days (acceptable)</td>
</tr>
<tr>
<td>In a freezer</td>
<td>-18 to -20°C</td>
<td>6 months (ideal), up to 12 months (acceptable)</td>
</tr>
</tbody>
</table>

**SL 20.7**

**HOW TO STORE AND USE STORED BREASTMILK**

The best options for storing human milk:

- A glass or hard-sided plastic containers with well-fitted tops
- Containers should not be filled to the top - leave an inch of space to allow the milk to expand as it freezes
- Put only 60 to 120 ml (two to four ounces) of milk in the container (the amount your baby is likely to eat in a single feeding) to avoid waste
- Do not bring temperature of milk to boiling point and do not use a microwave oven to heat human milk
- Place the breastmilk container in a bowl of hot water or run hot water over the breastmilk container to warm stored breastmilk

7. Summarize the session
**SESSION 21: COMMON BF DIFFICULTIES**

**Objectives:**

After completing this session, trainees will be able to identify symptoms and causes of common BF difficulties and know how to support mothers in treatment and prevention.

**Facilities and materials:**

- A0 paper, flip board, board markers.
- Projector, laptop (if any).

**Preparation for the session:**

- Prepare contents written in the slides.

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<tr>
<td>►2 Common difficulties for the mother</td>
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<tr>
<td>○ Insufficient milk</td>
<td></td>
</tr>
<tr>
<td>○ Flat and inverted nipple</td>
<td></td>
</tr>
<tr>
<td>○ Cracked nipple</td>
<td></td>
</tr>
<tr>
<td>○ Engorgement</td>
<td></td>
</tr>
<tr>
<td>○ Mastitis</td>
<td>35</td>
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<tr>
<td>►3 Difficulties for the baby: crying, breast refusal</td>
<td>15</td>
</tr>
<tr>
<td>►4 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session

2. Difficulty one: for the mother

   • Ask trainees to brainstorm: List out common difficulties during the BF period.

   • The trainer notes down trainees’ ideas on the board, gives comments, and summarizes the most commonly encountered difficulties as follows:
     - Insufficient milk.
     - Flat and inverted nipple.
     - Cracked nipple.
     - Engorgement.
     - Mastitis.
     - Crying baby – breast refusal.

   • Divide trainees into six groups: each group discusses one difficulty in 15 minutes.

   • Write down the group’s ideas on A0 papers in three columns: 1) difficulty description (symptoms); 2) What to do; 3) prevention.

   • Ask trainees to stick their discussion results to the board.

   • The trainer and the whole class give feedback, analyze the difficulties, and compare the slides.

2.1. Not enough milk

   • Show slides 21.2 – 21.2b.
NOT ENOUGH MILK

**Reliable signs**
- Poor weight gain: Less than 500 grams per month
- Small amount of concentrated urine: less than 6 times per day

**Possible signs**
- Baby not satisfied after breastfeeds & cries often
- Very frequent breastfeeds
- Baby refuses to breastfeed or very long breastfeeds
- Baby has hard, dry, or green stools
- No milk comes out when mother expresses
- Breasts did not enlarge during pregnancy
- Milk did not ‘come in’ after delivery

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SL 21.2a

**NOT ENOUGH MILK: WHAT TO DO**

- Use your counseling skills to take a good feeding history
- Observe and assess a breastfeed to check positioning and attachment
- Listen to mother & family to identify if there is any psychological problem or wrong belief
- Solutions that you suggest to the mother must depend upon the cause of the insufficient milk
- If possible visit the mother and baby daily until the baby is gaining weight
2.2. Breast conditions:

Flat and inverted nipples

- Show slides 21.3 – 21.3b.
SL 21.3a

**FLAT & INVERTED NIPPLE: WHAT TO DO**

- Build confidence for mother by explaining: a baby suckles from the breast - not from the nipple; as her baby breastfeeds, he will stretch her nipple out
- Help mother to position her baby early, in the first day, before her breast milk ‘comes in’ and her breasts are full
- Show mother how to make the nipple stand out before a feed, this will help a baby to attach better
- Show mother how to support her breast from underneath with her fingers, and press the top of the breast gently with her thumb so that the baby more easily attaches
- If mother’s breasts are full: express her milk and feed it to her baby with a cup. Continue breastfeeding as the breast is less full (*the baby more easily attach to the breast and the nipple condition is improved*)
- Use syringe method in complicated cases (*cut through the barrel of the syringe at the nozzle end, place the plunger in the cut end, rest the uncut end on top of the nipple, and pull the plunger to protract your nipple*)

SL 21.3b

**FLAT & INVERTED NIPPLE: PREVENTION**

- If inverted nipple is identified early during pregnancy, instruct mother how to stretch nipple or wear nipple shells
- Most nipples improve around the time of delivery without any treatment
- Help mother to initiate breastfeeding early after delivery.
Sore or cracked nipples

- Show slides 21.4 – 21.4b.

**SL 21.4**

**SORE OR CRACKED NIPPLE**

- Cracks across top of nipple or around base
- Occasional bleeding
- May become infected

**SL 21.4a**

**SORE OR CRACKED NIPPLE: WHAT TO DO**

- Do not stop breastfeeding - Improve attachment
- Begin to breastfeed on the side that hurts less
- Vary breastfeeding positions
- Let baby come off breast by him/herself
- Apply drops of breast milk to nipples and allow to air dry
- Do not use soap or cream on nipples
- Do not wait until the breast is full to breastfeed
- Do not use bottles
SL 21.4b

SORE OR CRACKED NIPPLE: PREVENTION

• Good attachment
• Do not use feeding bottles
• Do not let the breast get too full
• Do not use soap or creams on nipples

Engorgement – blocked ducts

• Show slides 21.5 – 21.5b.

SL 21.5

ENGORGEMENT – BLOCKED DUCTS

Symptoms:

• Swelling, warmth, slight redness, pain
• Skin shiny, tight and nipple flattened
• Usually begins on the 3rd – 4th day after birth
SL 21.5a

ENGORGEMENT – BLOCKED DUCTS: WHAT TO DO

- After a feed, put a cold compress on her breasts to help to reduce swelling
- Breastfeed more frequently, offer both breasts
- Improve attachment
- Gentle stroking of breasts helps to stimulate milk flow
- Press around areola to reduce oedema, to help baby to attach
- Express milk to relieve pressure until baby can suckle

SL 21.5b

ENGORGEMENT – BLOCKED DUCTS: PREVENTION

- Put baby skin-to-skin with mother and start breastfeeding within an hour of birth
- Help the baby to attach well in the first breastfeed
- Breastfeed frequently on demand/cue both day and night: 10 – 12 times per 24 hours
- Express unused breast milk after each breastfeed
Plugged ducts and Mastitis

- Show slides 21.6 – 21.6b.

SL 21.6

**PLUGGED DUCTS AND MASTITIS**

**Symptoms of Mastitis**

- Hard swelling, severe pain
- Redness in one area
- Fever, generally not feeling well

**SL 21.6a**

**PLUGGED DUCTS & MASTITIS: WHAT TO DO**

- Ensure good attachment; let the baby feed as often as s/he will
- Hold baby in different positions, so that the baby’s tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast.
- If the breast is too full - Apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let baby feed every 2-3 hours day and night
- Rest (mother)
- Drink more liquids (mother)
- If no improvement in 24 hours refer to health facility
►3 Difficulty two: a crying baby

- Ask trainees to list out reasons that often make a baby cry.

- Note down trainees’ ideas on an A0 paper and summarize them into the following causes:
  - Discomfort (dirty, hot, cold).
  - Tiredness (too many visitors).
  - Illness or pain (changed pattern of crying).
  - Hunger (not getting sufficient milk, grow spurt).
  - BF refusal.
  - Colic.

- The trainer emphasizes: for a crying baby, we need to identify causes in order to give suggestions and support to the mother to ensure better care of the baby.

- The trainer shows the slides 21.7 – 21.7e.

PLUGGED DUCTS & MASTITIS: PREVENTION

- Ensure good attachment
- Breastfeed on demand/cue, and let infant finish/come off breast by him/herself
- Avoid tight clothing
- Get support from the family to perform non-infant care chores
- Avoid holding the breast in scissors hold as it will prevent milk flow.
SL 21.7

CRYING BABY

Hunger due to grow spurt or insufficient milk

**Signals**
- Restless, crying
- Pass less urine
- Demand to be fed very often
- Grow spurt is commonest at the ages of about two weeks, six weeks and three months but can occur at other times

SL 21.7a

CRYING BABY

Hunger due to grow spurt or insufficient milk

**What to do**
- Identify the causes of the crying so that you can give appropriate advice by:
  - Observe, assess a breastfeed: check baby's position and attachment and the length of a feed
  - Check baby's weight gain
- Advise mother not to give the baby a bottle-feed
- Offer to talk to the family and help reduce tensions so that mother will breastfeed more because the more the baby suckles, the more breast milk is produced to meet his/her demand
SL 21.7b

**CRYING BABY**

**Breast refusal**

**Signals:**
- Different kinds of refusal:
  - Sometimes a baby attaches to the breast, but then does not suckle or suckles very weakly.
  - Sometimes a baby cries and fights at the breast when his mother tries to breastfeed him.
  - Sometimes a baby suckles for a minute and then comes off the breast crying. He may do this several times during a single feed.
  - Sometimes a baby takes one breast, but refuses the other

SL 21.7c

**CRYING BABY**

**Breast refusal**

**What to do**
- Keep the baby close to mother – do not give the baby to the caregiver - so that the baby can suckle whenever he/she is willing to
- Help the baby to breastfeed in the following ways:
  - Express breast milk into his mouth
  - Position him so that he can attach easily to the breast – try different positions
  - Feed the baby by cup.
- Avoid using bottles, teats, pacifiers.
### SL 21.7d

**CRYING BABY**

**Colicky baby**

**Signals:**
- He may pull up his legs as if he has abdominal pain.
- He may appear to want to suckle, but it is very difficult to comfort him.
- Babies who cry in this way may have a very active gut, or wind, but the cause is not clear.
- This is called “colic”.

![alive&thrive logo]

![VDD logo]

### SL 21.7e

**CRYING BABY**

**Colicky baby**

**What to do**
- Show mothers how to hold a crying baby – holding him close, with gentle movement on his back and abdomen
- See instruction and illustration of how to hold a colicky baby below
- Take the baby to health facility if no improvement.

![alive&thrive logo]

![VDD logo]

- Demonstrate how to hold a colicky baby.
  - Hold a doll along your forearm, pressing on its back with your other hand.
  - Move gently downwards and upwards (SL 21.8a).
  - Sit down and hold the doll lying face down across your lap and gently rub the doll's back.
  - Sit down and hold the doll sitting on your lap, with its back to your chest.
Hold it round the abdomen, gently pressing on the abdomen (SL 21.8b).

Ask someone to help with this demonstration if possible (SL 21.8c).

Ask him/her to hold the doll upright against his/her chest, with the doll's head against his/her throat. He should hum gently, so that the doll would hear his/her deep voice.

**DIFFERENT WAYS TO HOLD A COLICKY BABY**

- Holding the baby along your forearm
- Holding the baby on your lap. Embrace around his/her abdomen
- Father holding the baby against his/her chest

SESSION 22: PRACTICE

Objectives:

After completing this session, trainees will be able to:

1. Use appropriate listening and learning skills when counseling mothers on IYCF.
2. Assess a breastfeed by using the Breastfeed Observation Job Aid.
3. Illustrate how to help a mother with good positioning and attachment.

Training facilities and materials:

- Checklist of individual counseling.
- Breastfeed Observation Job Aid.

INSTRUCTIONS FOR FIELD PRACTICE

The trainer should:

1. Make contact with hospitals and departments and clarify the aims of the practice session in order to get permission and arrange the visit with appropriate target groups.

2. Prepare:
   - A checklist of field practices.
   - Guidelines for discussion.
   - Breastfeed Observation Job Aid.
   - A checklist of individual counseling.
   - Note: quantity = the groups of trainees.

3. Inform trainees about the field practice in advance (in class-room).

Explain to the trainees:

- Now you will practice
  - Counseling skills.
  - Assessing a breastfeed.
  - Helping a mother to position her baby.

- In reality, you may encounter some situations such as a tired mother who does not want to talk or the child is sleeping, etc. In such cases, you should ask if the mother has any difficulty or instruct the mother on the four key points of putting the children onto the breast. When you do so, the child
may wake up and you can practice it then.

• You need to bring 1) “checklist of individual counseling skills”, 2) “breastfeed observation job aid”, and 3) pencils and notebooks.

• Trainees will practice in groups of three or four under the instruction of one trainer.

**In the field**

**Start at patients’ room/department**

• Introduce yourself and your group to the staff in charge of managing the departments or rooms and ask for their permission to visit a mother for practice.

• Make sure each trainee has the chance to talk to at least one mother following these steps:

  • Introduce yourself to the mothers and ask for permission to talk to the mothers.
  
  • Trainees will talk to the mothers, assess a breastfeed, help the mother to position her baby at the breast, and help a baby attach to the breast if the mother needs help.

  • Thank the mothers after the conversation.

  • Each trainee takes turns to talk to a mother while the others observe.

    ○ Mark the corresponding box in the Breastfeed Observation Job Aid while you are observing a breastfeed.

    ○ Mark (√) in Checklist of Counseling Skills while you are observing the other trainees practice.

**Instructions for the trainees for the practice in the field:**

• Stand somewhere behind and try to let the trainees work without interfering too much.

• You should not correct the mistakes of the trainees immediately. If possible, you should wait until the discussion to do that. You can compliment what the trainees have done correctly and talk about anything that the trainees have not done correctly.

• However, if the trainees have made too many mistakes or have made no progress, you need to help them in a tactful way so as not to make them confused in front of the mothers and the whole group.

• If the mothers and the children have any important signs that are not observed by the trainees, you can quietly attract the trainees’ attention to such signs.

• As trainees are practicing, you should comment on what will help them to learn in the best way.

**Group discussion after practice:**

• Take the whole group away from the mothers’ place and discuss what they have observed.

• Use the checklist of discussion on practices in order to help you proceed with the discussion.
Take a quick look at the checklist of counseling skills and discuss how the trainees have applied these skills when they practiced. In the first place, it is suggested that each of the trainees should be given some time to self-assess whether they have done a good job or not; then ask other trainees. Try to encourage the trainees to use their counseling skills by giving feedback to other trainees.

The trainer will review the Breastfeed Observation Job Aid and discuss how many signs the whole group noticed in their observation.

They are asked to determine whether or not the children have good positioning and attachment.

During practice if there are mothers who need support:

At any time, there may be mothers who need support or those who are in special situations, take the chance to explain these issues to the trainees.

Ask trainees to inform you of any cases in which the mothers need support. Ask the staff of the patients’ rooms or the clinics whether you are allowed to support the mothers or not. If they agree, you and your trainees will support the mothers.

If possible, it is advised that one of the health-care providers should be present during the practice session. The trainer should then talk with the health-care providers after the session to make sure that they understand what you are recommending to the mothers so that they can continue the observation.

Explain and illustrate the cases with other trainees. This can be beyond the scope of the session, but it is important that you do not miss valuable chances of studying the mothers.

If possible, the trainees are suggested to visit the mothers that they have talked to during that practice session in order to follow these cases in the next practice sessions.

The trainees are encouraged to notice the following points when they are in the patients’ rooms or in the clinics:

Do the children stay in the same room with their mothers?

Are the children fed formula milk or syrup?

Are the children bottle-fed?

Is there any advertisement on formula milk for children?

Are the children hospitalized with their mothers when the mothers are sick?

How are underweight children fed?

Are the children fed other food or drink?

Are the children bottle-fed or holding an artificial nipple in their mouth when waiting for the breastmilk to come?

How is the contact between the mothers and their children?
• The pictures and posters on infant and young-child feeding in the rooms.

Note: Explain to the trainees that they should not give comments on what they have observed or show disagreement when they are at the health facilities but should discuss with the trainer in order to give feedback to the facility later.

After the practice session is over, ask if they have any questions and try to answer those questions.

Advise trainees to avoid the following mistakes:

**MISTAKES TO AVOID**

**Do not tell the mother that you are paying attention to BF**

• The mother’s behavior may change; the mother may feel uncomfortable if she feeds her baby formula milk. You should say that you are interested in “child feeding” or “child-feeding techniques”.

**Be careful not to turn forms into barriers.**

• While talking to the mother, do not note anything down. Trainees should see forms to remind themselves of what to do and then write down later what you want to remember. Trainees who are observing are allowed to note down observations.

**CHECKLIST FOR DISCUSSION OF THE PRACTICE SESSION**

**General questions**

• How did your practice session go? Did you do it well?
• What difficulties did you have?
• Were the mothers willing to talk to you? Were they interested in talking to you?
• Did the mothers have any questions? How did you respond to them?
• What was the most interesting thing that you learned from talking to the mothers?
• Did the mother have any difficulty or a special situation that helped you have deeper understanding?

**Listening and learning**

• How many listening and learning skills have you used?
• Did you ask many questions?
• Did using your skills encourage the mothers to talk?
• Did you sympathize with the mother? Give examples.
• Building confidence and giving support
• How many building-confidence and giving-support skills have you used? (especially praising two things and giving two pieces of relevant information).
• Is it difficult to use these skills?
• How did the mother respond to your recommendations?

**Assessing a breastfeed**

• What have you learned from the general observation?
• What have you learned when using the Breastfeed Observation Job Aid
SESSION 23: IMPORTANCE OF COMPLEMENTARY FEEDING

Objectives:

After completing this session trainees will be able to:

1. Explain the importance of continued BF.
2. Define CF.
3. Explain why there is an optimal age for children to start CF.

Training facilities and materials:

- A0 papers, clipboards, board markers.

Preparation for the session:

- Prepare the contents written in slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>▶2 Definition of CF</td>
<td>5</td>
</tr>
<tr>
<td>▶3 The optimal age to start CF and why. Signs that a child is ready to eat</td>
<td>10</td>
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<tr>
<td>▶4 What happens if CF is started too early/late – window of opportunity</td>
<td>5</td>
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<tr>
<td>▶5 Summarize the session</td>
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<tr>
<td><strong>Total time</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

►1 Introduction - objectives of the session

►2 Definition of complementary feeding

• Show definition (Slide 23.2):

DEFINITION OF CF

- CF means giving other soft, semi-solid, or solid food in addition to breastmilk.
- These other foods are called complementary food.

Note: Formula milk and fruit juice are not considered complementary food

Present the following points: an age is reached when breastmilk alone is insufficient to meet the child’s nutritional needs, and at this point complementary food must be added.

- These additional foods and liquids are called complementary food, as they are complementary to breastmilk, and provide adequate nutrients but do not totally replace breastmilk. Complementary food must be nutritious food and be given in adequate amounts so the child can continue to grow.
- The term “CF” is used to emphasize that this feeding complements breastmilk rather than replacing it. Effective CF activities include support to continue BF.
- During the period of CF, the young child gradually becomes accustomed to eating family food. Feeding includes more than just the food provided for the child. How the child is fed can be as important as what the child is fed.

►3 The optimal age to start CF and why, signs that a baby is ready to eat

• Ask trainees: the common reasons why families start CF for children?

The reasons to start CF:

Families think that a young child is ready for CF because:

- They notice certain developmental signs of the child (reaching for food when others are eating or starting to get teeth).
- The baby is showing what they believe to be signs of hunger (the baby putting his/her hands to its mouth, crying).
- They believe that the baby will breastfeed less and the mother will be able to be away from the baby more.
- A baby under six months of age is not gaining weight adequately.
- They are influenced by what other people say to them about starting complementary food.
• Talk to trainees: the most appropriate time for CF should be identified based on the energy required by age and the amount supplied from breastmilk.

• Show slide 23.3.

**SL 23.3**

**ENERGY REQUIRED BY AGE AND THE AMOUNT SUPPLIED FROM BREASTMILK**


**Explain energy demand:**

• Our body uses food for energy to keep us alive, to grow, to fight infection, to move around, and to be active. Food is like the wood for the fire – if we do not have enough good wood, the fire does not provide good heat or energy. In the same way, if young children do not have enough good food, they will not have the energy to grow and be active.

• On this graph, each column represents the total energy needed at that age. The columns become taller to indicate that more energy is needed as the child becomes older, bigger, and more active. The dark part shows how much of this energy is supplied by breastmilk (point to the dark area on the graph).

• You can see that from about six months onwards there is a gap between the total energy needs and the energy provided by breastmilk. The gap increases as the child gets bigger (point to the white area on the graph).

• This graph depicts an “average” child and the nutrients supplied by breastmilk from an “average” mother. So, a few children may have higher needs and the energy gap would therefore be larger. A few children may have smaller needs and thus there is a smaller gap.

**Therefore, for most babies, six months of age is a good time to start complementary food. CF from six months of age helps a child to grow well, be active and healthy.**

• However, we still need to breastfeed the baby until at least 24 months because at this age, breastmilk still provides about 50% of the energy required for the baby, and also continues to be an important source of vitamins and minerals such as vitamin A.
• Show slide 23.4.

**SL 23.4**

**BREAST MILK IN SECOND YEAR OF LIFE**

![Graph showing breast milk contribution to nutrients](image)


**Note:** As can be seen from this chart, breast milk continues to be a good source of nutrients for children, especially vitamin A – breast milk can provide about 70% of nutrient needs of a child.

• Show slide 23.5: Ideal practice 8.

**SL 23.5**

**All infants are fed semi-solid complementary food beginning at six months of age and continue to be breastfed**

*Note:*
- CM should be started when breast milk no longer provides adequate energy and nutrients for the baby. For most babies, this is six months of age (when the baby is 180 days old).
- At six months old, babies need to learn to eat semi-solid soup or mashed food. This food fills the energy gap more than thin food.
- In addition, at this age, babies’ digestive systems are mature enough to begin to digest a range of food.

• Ask trainees what they think that a baby is ready to eat and then show them. Give feedback on trainees’ ideas and then show slide 23.6.

**SL 23.6**

**SIGNS THAT A BABY IS READY TO EAT**

- Reaching for food when others are eating
- Starting to get teeth
- The baby putting his/her hands to the mouth and crying
4 Starting complementary food too early/too late – Window of Opportunity

- Ask trainees: “What might happen if complementary food is started too early” and write trainees’ replies on a large-sized piece of paper, compare with slide 23.7.

**SL. 23.7**

Introducing complementary food too early may:

- Cause the baby to breastfeed less
- Result in a low-nutrient diet (as breastmilk contains all the nutrients that a child needs)
- Increase the risk of illness
  - Fewer protective factors
  - Complementary food is not as clean
  - Difficult to digest food
- Increase a mother’s risk of pregnancy

- What might happen if complementary food is started too late? Ask the whole class and write trainees’ replies on a large-sized piece of paper, compare with slide 23.8.

**SL 23.8**

Starting complementary food too late may:

- Mean the child does not receive the necessary nutrients
- Make the child grow slowly
- Increase the risk of nutrient deficiency and malnutrition

- The trainer repeats the Window of Opportunity

**SL 23.9**

**STUNTING PREVALENCE BY AGE (2007, WHO)**

- The Window of Opportunity is 6-24 months.
Note:

- As can be seen in this slide, until about six months the rate of stunting is low. However, there is a big increase in the stunting rate during the 6-12 month period. After 24 months the stunting rates show little increase or decrease. Therefore, the Window of Opportunity is from 0 to 24 months if we want to keep stunting rates low.

- Once a child is over two years old, it is very difficult to overcome the stunting that has already set in.

- Therefore in the first two years we need to focus on improving BF and CF practices to prevent children from being malnourished.

5 Summarize the session
SESSION 24: COMPLEMENTARY FEEDING
- QUANTITY AND QUALITY

Objectives:

After completing this session, trainees will be able to:

1. Present the quantity of complementary food, including frequency and amount.
2. Explain reasons for using food of a thick consistency.
3. Describe ways to enrich food.
4. Explain the importance of using a variety of food and iron- and Vitamin A-rich food.

Training facilities and materials:

- A0 papers, clipboards, board markers

Preparation for the lesson:

- Prepare the content written in slides

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session, CF principles</td>
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</tr>
<tr>
<td>►2 Complementary food: quantity, frequency, and amount</td>
<td>10</td>
</tr>
<tr>
<td>►3 Thickness of complementary food</td>
<td>10</td>
</tr>
<tr>
<td>►4 Density of complementary food</td>
<td>10</td>
</tr>
<tr>
<td>►5 The importance of using a variety of food</td>
<td>10</td>
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<tr>
<td>►6 The importance of iron and Vitamin A</td>
<td>10</td>
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<tr>
<td>►7 The importance of animal-source food and legumes</td>
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</tr>
<tr>
<td>►8 Fortified micronutrient food</td>
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<tr>
<td>►9 Further reading: fluid needs of the young child</td>
<td></td>
</tr>
<tr>
<td>►10 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>80</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session, CF principles
   - Ask trainees to list the principles of CF.
   - Show slide 24.2 and add to it if anything is missing.

SL 24.2

PRINCIPLES OF CF

- Start giving complementary food at the appropriate age (start at six months of age – 180 days), not too early or too late. Continue BF as much as possible.
- Start from liquid to solid food, from little to big amounts, help the baby get acquainted with new food (not providing diluted food more than two weeks).
- The number of meals increase with the child’s age; ensure the food suits the baby’s appetite.
- Make soft food for easy munching and swallowing.
- Prepare mixed food that is rich in nutrients using locally available food.
- Thicken the complementary food. Add oils, fat, sesame, or peanut to the complementary food to provide more energy, and taste, which helps the baby grow fast or add digestive fermented powder.
- The preparation and cooking tools must be clean and you must wash your hands before preparing meals and feeding the child.
- Give the child more complementary food during and after the child’s illness, give more liquid food/drink especially after the child has diarrhea or a high temperature.
- Should not add MSG to the child’s food because MSG is not nutritious. Do not give confectionery or soft drinks to the child before meals because the sweet increases blood sugar inhibiting the extracting enzyme so that child loses appetite, skips the meal, or eats less.

2. The quantity of complementary food: frequency and amount
   - Present the following points:
     - When a child starts to eat complementary food, the child’s digestive system needs time to get accustomed to the foods. The child needs to learn how to eat and the family should gradually increase the amount of food. Start with two to three small spoonfuls of the food twice a day.
     - Gradually increase the amount and the variety of food, until the child is 12 months of age and he/she can eat a small-bowl meal as well as two snacks each day. The principle is that the child becomes accustomed to diverse foods.
     - The child eats a full bowl of rice each meal; his/her stomach is not able to store more food.
     - The family can feed the child more regularly. Feed the child snacks (prepared easily), but snacks cannot replace a main meal.
     - Snacks should not be confused with junk food for children such as: candy, chips, or other kinds of food products.
     - Snacks can be prepared easily; however when the child eats, we need to support and watch his/her meal.
     - Ask: “What is a good snack to prepare easily for a child?”
Session 24: Complementary feeding - Quantity and Quality

Wait for a few replies and then continue.
○ Good snacks must provide energy and nutrients such as: yogurt; milk products; bread; honey; fruit; green-bean cake; cooked potato.
○ Bad snacks include food rich in sugar and containing fewer nutrients. For example, soft drinks, water and canned juice, candy, ice cream, sweet cookies.
○ When talking to the family about feeding their young child more frequently, we need to suggest some methods for them to consider. It can be difficult to feed a child frequently if the caregiver does not have enough free time and if additional food is expensive or hard to obtain. Members of the family can often provide support to find solutions that fit their situation.
○ As the child gets older and gradually gets used to this way of eating, it is necessary to change the child’s food from mashed food to ground, finely chopped food. Also the child should now eat together with the family meal.

Ask: What amounts of food do the families give to their young children at each meal?

- Divide trainees into three groups, give each group a blank sheet titled “amount of food” and pre-written cards. Ask them to match the cards with the blank cells. One group of trainees will do one age group.

SL 24.3: Frequency and amount of CF by age.

<table>
<thead>
<tr>
<th>AGE</th>
<th>TEXTURE</th>
<th>NUMBER OF MEALS/DAY</th>
<th>AMOUNT OF FOOD AT EACH MEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-8 months</td>
<td>Mashed food of family food</td>
<td>2-3 meals + 1-2 snacks +frequent BF</td>
<td>Start with 2-3 tablespoonsfuls per feed, increasing gradually to 1/2 of a 250 ml-sized bowl</td>
</tr>
<tr>
<td>9 -11 months</td>
<td>Finely chopped food, mashed food, and food that baby can pick up</td>
<td>3-4 meals + 1-2 snack + BF</td>
<td>1/2 of a 250 ml-sized bowl</td>
</tr>
<tr>
<td>12-23 months</td>
<td>Family food, mashed or chopped if necessary</td>
<td>3-4 meals + 1-2 snacks + BF</td>
<td>¾ to one 250 ml-sized bowl</td>
</tr>
</tbody>
</table>

The amount of food above is given for the BF child. If the child is no longer given breastmilk, give in addition: 1-2 cups of milk/day and 1-2 extra meals/day


Agree on the words used: Cup to measure the amount: 1 cup = 250ml; 1 tablespoon = 10 ml.
○ Thin semi-solid soup should only be given to the baby during the first one to two weeks of CF and it should be quickly made into thick semi-solid soup to ensure adequate nutrients for the baby.
○ Continue to present the following points: As you can see in this chart, the amount of food offered increases as the child gets older. Feed as much as the child will eat with active encouragement.

- The trainer emphasizes ideal practice 9.
SL 24.4

All infants are fed a recommended number of meals daily

• Show ideal practice 10.

SL 24.5

All infants and young children meet their recommended daily energy requirements

3 Thickness of complementary food

• Present the following points:
  ○ We have a staple food in the child’s bowl. We suppose the child will eat this bowl of staple food (give an example about a local available food such as rice flour, etc.). The food may be thin or it may be thick and stay on the spoon.
  ○ Often families are afraid that thick food will be difficult to swallow, be stuck in the baby’s throat, or give the baby constipation. Therefore, they add extra water to the food to make it easier for the young child to eat. Adding extra water sometimes increases the amount of food that the children have to eat (1.5 times or double compared to the amount of thick soup); meanwhile, the size of child’s stomach has limited capacity.

• Show Slide 24.6 – Stomach size and present the following points:

STOMACH SIZE

• This is Minh. He is eight months old. At this age, Minh’s stomach can hold about 200 ml at one time. Minh’s mother makes his semi-solid soup from maize flour. Minh’s mother is afraid Minh will not be able to swallow the semi-solid soup, so she adds extra water.

• Minh’s mother has talked with you, the health worker, and you have suggested that she gives thick semi-solid soup. The mother makes the semi-solid soup using the same amount of maize but does not add extra water. Then Minh can eat a bowlful, which will help meet his energy needs.
Now, use the spoon to demonstrate the consistency of the semi-solid soup.

- Look at the consistency of the semi-solid soup on the spoon. This is the best way to show families how thick the food should be prepared. The food should be thick enough to stay easily on the spoon without running off when the spoon is tilted.
- If families use a blender to prepare the baby’s food this may need extra fluid to work easier. But it may be better to mash the baby’s food instead so that less fluid is added.
- Semi-solid soup or food mixtures that are so thin that they can be fed using a feeding bottle or poured from the hand or that the child can drink do not provide enough energy or nutrients.
- The consistency or thickness of food makes a big difference to how well that food meets the young child’s energy needs. Food of a thick consistency helps to fill the energy gap.
- Therefore, when you are talking with families, give this message: Food with thick consistency provides more energy for babies.

▶ 4 Density of complementary food

- Present the following points:
  - Think of the child’s bowl or plate. As we all know, increasing the consistency of food can provide more energy for babies. However, food that is too thick may make it difficult for the baby to swallow, especially for young children who have just started CF. Therefore, we need to think of how to increase the density of food without making food too thick.
  - The first food that a family might think of to feed the baby is a staple food. Every local family has at least one staple or main food. The staple may be:
    - Cereal such as: rice, wheat, corn, or millet
    - Starchy roots such as cassava, yam, or potato
    - Starchy fruits such as banana, jackfruit
  Ask: “what are the main staples used in your local community?”
  Write trainees’ replies on a large piece of paper.

- Ask trainees about the ways to enrich the energy in food for young children. Compare with the box ‘Ways to Enrich the Energy in Young Children’s Food’.

Food can be made more energy- and nutrient-rich in a number of ways:

- For a porridge or other staples:
  - Prepare with less water and make a thicker porridge as we just saw. Do not make the food thin and runny
  - Toast cereal grains before grinding them into flour. Toasted flour does not thicken so much, so less water is needed to make porridge
- For beans, vegetables, meat, and fish: Mash/chop to a thick puree and feed this to the child instead of the liquid part of the soup
- Add energy- or nutrient-rich food to the porridge, semi-solid soup:
  - Replace some (or all) of the cooking water with fresh or soured milk, coconut milk
  - Add a spoonful of milk powder after cooking
  - Mix legume, pulse, or bean flour with the staple flour before cooking
  - Make it thick with peanut or sesame flour
  - Add a spoonful of margarine, fat, or oil
• Ask trainees to also read ‘Fats and Oils and Fermented Flour or Germination of Grain Flour’.
• Show slide 24.7 and emphasize ideal practice 11.

All infants and young children are fed nutrient- and energy-dense food

►5  The importance of using diverse food

• Give cards to trainees and ask them to write the names of commonly provided food for babies at their localities and stick them to the board.
• The trainer organizes the answers into food groups.
• Show Slide 24.8: Food groups.

►6  The importance of iron and vitamin A

• Show Slide 24.10: A baby’s demand for iron and iron provided by breastmilk
Counseling on Infant and Young Child Feeding at a health facility

Session 24: Complementary feeding - Quantity and Quality

SL 24.10

GAP FOR IRON


- On this graph, the top of each column represents the amount of absorbed iron that is needed per day by the child. A full-term baby that is born with good stores of iron will get enough iron to last until the six months age (point to the striped area).
- The black area along the bottom of the column shows that there is some iron provided by breastfeeding if BF continues (point to the black area).
- The growth of a young child in the first year is faster than in the second year. So, the need for iron is higher when the child is younger.
- However, the body will gradually use up the iron stores within the first six months. So, after that time we see the difference between the child’s needs and the iron they receive from breastfeeding. This gap needs to be filled with complementary food (point to the white area – this is the gap).

Ask the trainees to ask some questions (if they have any) and explain any points that are not clear, then continue.

Ask: “what happens if the child does not have enough iron intake to fill this gap?”

Wait for few a replies and then continue:

- If the child does not have enough iron, the child will become anemic, be more likely to get infections and recover slowly from infections. The child will also grow and develop slowly.
- Zinc is also a necessary micronutrient that helps children to grow and stay healthy. Foods rich in iron are usually rich in zinc so if the child is eating foods rich in iron, he/she is also receiving zinc.
- The aims of health workers are:
  - To identify locally available food that is rich in iron.
  - To instruct families on how to use these iron-rich foods to complement feeding their young children.

- Show slide 24.11: ideal practice 13

All children are given iron-rich food and iron supplements daily

- Ask trainees to read the further reading: Iron Absorption

- Show slide 24.12: Baby’s demand for Vitamin A and Vitamin A provided by breastfeeding.
On this graph above, the top of each column represents the amount of Vitamin A that the child needs each day. Breastmilk supplies a large part of Vitamin A needed, provided the child continues to receive breastmilk and the mother’s diet is not deficient in Vitamin A. As the young child grows, there is a gap for Vitamin A that needs to be filled by complementary food. (Point to the white area – this is the gap to be filled).

Ask trainees if they have any questions, and then continue.

- Types of food to fill this gap include dark-green leaves and yellow-colored vegetables and fruit.
- Other sources of Vitamin A that we mentioned already were:
  - Organ foods, e.g., liver from animals.
  - Milk and food made from milk such as butter, cheese, and yogurt.
  - Egg yolks
  - Margarine, dried milk powder, and other food, fortified with Vitamin A.
- (Unbleached) red palm oil is also rich in Vitamin A.
- Vitamin A can be stored in a child’s body for a few months. Encourage families to feed babies food rich in Vitamin A as often as possible when this food is available/in season. A variety of vegetables and fruit in the child’s diet help to meet many nutrient needs.
- Remember breastmilk supplies much of the Vitamin A for a child. If the child is not breastfed, he/she needs a diet rich in Vitamin A.

## 7 The importance of animal-source food and legumes

Present the following points: We will discuss the importance of animal-source food in the child’s diet. Animal-source food such as the meat and organs (liver, heart, coagulated blood) as well as milk, yoghurt, cheese, and eggs are rich in many nutrients.

Ask: “which of these foods are commonly given to children in your local community?”

Wait for a few replies then continue and list the replies on a large piece of paper.
• The meat and organs of animals including birds and fish (including shell fish and tinned fish) as well as blood-source food are rich of iron and zinc. Liver is not only a good source of iron but also a good source of Vitamin A.

• Animal-source food should be eaten daily or as often as possible.

• Some families do not give meat to their young children because they think it is too tough for the children to eat. Or they may be afraid there will be bones in the fish that would make the child choke.

Ask: “how can we make this food easier for the young child to eat?”

Wait for a few replies and then continue.

• Some ways of making this food easier to eat for young children is to:
  ○ Cook chicken liver or other meat with rice or another staple food or vegetables and then mash them together.
  ○ Scrape meat with a knife to make soft small pieces.
  ○ Pound dried fish so bones are crushed to powder, then sieve before mixing with other food.

• Animal-source food may be expensive for families. However, to add even small amounts of animal-source food to the meal for children adds nutrients. Organ meats such as liver and heart contain more iron than meat.

Present the following points:

• Food from animals, such as milk and eggs, are good for children because they are high in protein and other nutrients. However, milk and milk products such as cheese and yoghurt are not good sources of iron.

• Milk fat contains Vitamin A. Therefore, whole milk is a good source of Vitamin A.

• Food made from milk (whole milk or skimmed or powder) and any food containing bones such as pounded dried fish are good sources of calcium to help grow strong bones.

• Egg yolk is another source of nutrients and is rich in Vitamin A.

• Only animal-source food can provide enough iron for children. Food such as flour, pasta, and instant cereals are also a good source of iron for the child’s body.

• Show slide 24.13- ideal practice 14

All infants and young children are fed meat, fish, or poultry daily

►8 Fortified micronutrients food

• Ask trainees what foods they know are fortified with micronutrients.

• Ask trainees to also read ‘fortified micronutrients food’.

• Recommend some fortified products that are available in the market: iron sauce, iron flour, Vitamin A sugar.

►9 Further reading: The fluid needs of the young child.

►10 Summarize the session
SESSION 25: FEEDING TECHNIQUE

Objectives:

After completing this session, trainees will be able to:

1. Describe feeding patterns and influences on children’s feeding activity.
2. Explain to the family members how to encourage the children to eat.

Training facilities and materials:

- Case studies 1, 2, and 3 of session 25.
- In order to illustrate, there should be: a spoon, a bowl with some ground food inside, a piece of biscuit or bread or a small piece of other food, a bib, a basin, water, soap, hand-washing towel, one sedge mat, or a feeding chair which are suitable for your locality.
- A0 papers, clipboards, board markers.

Preparation for the session:

- Prepare the content written in the slides.
- Ask two trainees to assist in the illustration.

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INSTRUCTION

1 Introduction - objectives of the session
2 Practice responsive feeding

- Present the following points:
  - In addition to preparing food with enough nutrients and appropriate density, supporting children to eat the recommended amount of food at each meal is also very important. In case the children are not provided with sufficient food, using a proper way of feeding plays a very effective role.
  - The critical time to practice feeding children is during their meal time. There are different ways in which children are often fed. Following are demonstrations for three ways of feeding a child.

- Ask two trainees (who were asked to prepare for the role-play) to illustrate the different ways of feeding: one will play the role of an 18-month-old child, the other will play the role of the ‘caregiver’ following these case studies (Note: only role-play, do not say out loud which case study it is).

CASE STUDY 1: FORCED FEEDING

- The child sits opposite to the caregiver (or on the caregiver’s lap), the caregiver holds the child’s hands so that he/she cannot reach the dining bowl.
- The caregiver brings the spoon of food into the child’s mouth.
- If the child turns his/her face away, the caregiver forces the child to turn his/her face back to the first position.
- If the child does not want to eat, he/she will be forced to eat.
- The caregiver knows when the child finishes the meal and takes away the bowl.

Ask: “in your opinion, which way of feeding is this?”
Wait until some trainees give answers before continuing.
Ask: “in your opinion, how does the child feel then?”
Wait for a few replies then ask “the child” directly.
- “The child” may say that he/she is afraid of eating, or even feels terrified.
- Conclusion: this is an example of forced feeding. The children are not allowed to regulate the amount of food they are fed and this way of feeding can cause obesity and make them reluctant to eat.
- Now we will watch another situation.

CASE STUDY 2: LETTING THE CHILDREN EAT BY THEMSELVES

- The child sits on the floor, on the bed, or on a wooden bed.
- The caregiver puts the bowl and spoon beside the child.
- The caregiver turns away to do something else without paying attention to the child.
- The caregiver does not have eye-to-eye contact with the child, he/she just sometimes supports the child in eating.
- The food spills out of the bowl, the child looks for the caregiver to help him/her. He/she eats little by little, holding the spoon in an infirm way. He/she tries to take the food to eat but it spills out of the spoon. The child does not eat anymore and goes away from the bowl.
- The caregiver says: “oh, aren’t you hungry?” and puts the bowl away.
Ask: “In your opinion, which way of feeding is this?”
Wait for a few replies and then continue.

- This is an example of letting children eat by themselves. If the children only eat a small amount of food or are too small to be able to eat on their own, it may cause malnutrition.

Ask: “In your opinion, how does the child feel then?”
Wait for a few replies and then continue.

- “The child” may say that he/she finds it very hard to eat. He/she may be hungry or sad.
- Conclusion: if the children are left to eat by themselves without support and encouragement from adults, they may not eat the necessary amount of food as they feel bored or sad or stop eating when he/she finds the food is not tasty, especially for a baby under 12 months of age.
- Now we will watch another situation.

CASE STUDY 3. RESPONSIVE FEEDING TECHNIQUES
- The caregiver washes the hands of the child and his/her own hands, sitting at the same height as the child. The caregiver looks at the child and smiles, using a small spoon and a dining bowl to take some food out of the bowl and moving it to the lips of the child. The child opens his/her mouth and eats the food.
- The caregiver compliments the child and encourages him/her by saying: “you are such a good girl/boy”, and slowly feeds the child.
- The child no longer opens his/her mouth to eat, he/she turns his/her face away. The caregiver tries to feed the child one more spoon and says: “be good, sweetie, just one more spoon”; “such a yummy meal!”. The child still refuses to eat, and the caregiver stops feeding him/her.
- The caregiver gives the child a piece of food to hold in his/her hand (a piece of bread or a biscuit...etc...) and asks the child: “do you want to eat on your own?” The child holds the piece of food in his/her hands, smiles, and eats the food.
- The caregiver encourages the child by saying: “you like to eat by yourself, right?”
- After a few minutes, the child is given a little bit more food in their bowl and he/she continues eating again.

Ask: “In your opinion, how does the child feel this time?”
Wait for a few replies and then continue.

- Children love to have contact with caregivers, being complimented and eating by themselves.

Ask: “In your opinion, which way of feeding is this?”
Wait for a few replies and then continue.

- In the last illustration, the caregiver feeds the child based on the child’s responses and signals.
- The signals that children are hungry include: the children look tired, demand food, or cry.
- The signals that children no longer want to eat include: turning their faces away, using their hands to throw away the food, or crying.
- The caregivers need to know the signals of their children and respond to these signals the correct way.
CONCLUSION OF CASE STUDIES

- **Case study 1:** Forced feeding
  - Children cannot regulate the amount of food, easily get obese, and then refuse to eat
  - Children are afraid of eating

- **Case study 2:** Let the children eat by themselves
  - Children do not eat much, resulting in malnutrition
  - Children are hungry and sad

- **Case study 3:** Responsive feeding
  - Children eat as much as they want
  - Children feel happy when eating

BASIC SKILLS OF CHILD FEEDING

1. Assist children in eating, recognizing signals from children
2. Feed the child slowly, patiently; encourage children but do not force them to eat
3. Talk to the child with eye-to-eye contact during feeding

**Explain:**

- Children need to learn how to eat thick food as it is a new skill for children. At the beginning, the child may eat slowly and untidily and caregivers have to be patient in teaching the child how to eat.

- Initially, children may push the food out of their mouths as they do not know how to chew the food in their mouth in order to swallow it. Therefore, the caregivers might think that the child pushed the food out of his/her mouth because s/he does not want to eat. It is necessary that the caregivers be taught about the fact that the child needs time to learn how to eat just like s/he needs to learn how to do many other things.

- Children will eat more if they love those who are feeding them.

- The child’s brothers/sisters can feed the child under the supervision of adults to make sure that the baby is motivated to eat during the meal.

Ask: at what age do you think children can eat by themselves?

Wait until some trainees give answers then continue:

- From nine to ten months of age, a baby can pick up food and put into his/her mouth.

- Children eat sufficient food on their own when they are at least 15 months of age but, under two years of age, need support when eating.

- The capability of children to take food, use spoons, and hold cups gradually develops as they get older and have the chance to practice.

- However, children should not be left to eat on their own; one must support children in how to eat properly.

- If children are able to take food themselves, they will eat more.

- Show slide 25.4: what to notice in responsive feeding.
SL 25.4

RESPONSIVE FEEDING

- Respond positively to the child with smiles, eye-to-eye contact, and encouraging words.
- Feed the child slowly and patiently with love.
- Try to feed the child diverse food to encourage eating.
- Cease temporarily when the child stops eating and then continue.
- Give the child finger food so that the child can feed him/herself.
- Minimize distractions for the child during the meal.
- Stay with the child throughout the meal and be attentive.

- Show slide 25.5: The baby’s meal - what are the points to encourage the child to eat in this illustration?

THE BABY’S MEAL

Ask: “Look at the picture and describe the meal below. What points can you see that encourage the child to eat?”

Write the trainees’ answers on large pieces of paper, then continue. Refer to the trainees’ answers while presenting these points below:

- The family atmosphere also influences the baby’s meal.
  - The child is sitting with other family members so that he/she can watch other people eating.
  - The child can eat other kinds of food when eating with the family.
  - The child can eat with their own bowl so that the caregiver knows the amount of food he/she ate.
  - The child can talk with other children.
  - Encourage the whole of family to help the child eat based on his/her responses.

- Show slide 25.6 - Ideal practice 15.

All infants and young children are supported and motivated to eat till satiety during meal times

3  Summarize the session

Counseling on Infant and Young Child Feeding at a health facility
SESSION 26: IN CLASSROOM PRACTICE - APPROPRIATE COMPLEMENTARY FEEDING PROMOTION AND MANAGEMENT

Objectives:

After completing this session, trainees will be able to:

- Practice counseling skills to counsel mothers on preparing age-appropriate CF.

Facilities and materials:

- Cooking utensils and sufficient ingredients for food demonstration
- Handouts, case studies, checklist of counseling skills.
- Communication materials on IYCF (CF card “how to prepare a complementary feed for a child”)

Preparation for the session:

- Prepare four case studies for the role-play, give each trainee a case study.

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INSTRUCTION

► 1 Introduction - objectives of the Session

► 2 Instructions for food demonstration

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: adequate to prepare three different types of CF (first processed, cleaned)
- Cooking process
- Age-appropriate CF recipes
- Get food and utensils ready

Food demonstration:

The trainer practices first: prepare CF for seven-month-old children

Doing and asking 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

Ask questions to check the trainees’ knowledge such as:

- A seven month-old child needs how many calories? How much food does he need? Etc.
- 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 give comments

Ask if the trainees have any questions

► 3 Practice: counseling on preparing age-appropriate complementary food

- Talk to trainees: Now you will practice counseling for mothers in a group of three. Each person will play the role of a “caregiver”, a “counselor”, or an “observer”.

158. Counseling on Infant and Young Child Feeding at a health facility
Session 26: In classroom practice - Appropriate Complementary Feeding Promotion and Management

Counseling on Infant and Young Child Feeding at a health facility

- When playing the role of a “caregiver”, read carefully the case study that you have before going to the ‘counselor’.

- The “counselor” will listen to your case and counsel you. During the counseling session, s/he should give instructions on preparing age-appropriate CF as observed earlier in the food demonstration.

- The observer will use the checklist in the trainee’s handbook to note down comments.

- After finishing the counseling session, the observer shares with the group his comments and the group shares lessons learned.

4 Demonstration and feedback

- Divide the class into groups and give each group one case study.

- Spend about 30 minutes for the group to practice. The trainer spends time with each group to make sure that they understand the exercise and do as required.

- After finishing the practice, the trainer asks one group to practice in front of the class and the whole class to give comments and feedback.

CASE STUDIES ON CF

Case study 1:

Your baby is six months old and is growing well. This is your second baby. You come to the health facility to ask about how to feed your baby.

Some of your friends advise you to feed the baby using a bottle because you can put the watery food into the bottle and your baby can eat by him/herself.

You are not sure whether this is good or bad.

You can start the conversation with:

“I wonder if I could give my baby thin semi-solid soup by bottle so that he can eat on his/her own?”

Case study 2:

You come to the health facility because you think your baby is growing slowly and often gets sick. Your baby is eight months old. This is your first baby.

You are confused about the different information you have heard. You do not know what to follow. You do some things that you think are correct and some things that your husband and mother-in-law advise you to do.

You do not give your baby meat and mashed vegetables but only use the water that is left after the food is boiled because you think it is too early to give him/her this food.

You can start the conversation with:
“I do not give my baby mashed vegetables or meat – my mother-in-law said that they are not good for young children”.

Case study 3

You come to a health facility for a regular weight check-up. Your baby is 18 months old and is growing very slowly. You are very worried, anxious, and tired. This is your first child.

You feed your baby diverse food (semi-solid soup, mashed fruit, vegetables, beans) but he only eats a little bit and then cries and throws it away. You feed him/her daily and do not breastfeed him/her.

You can start the conversation with:

"Why is my baby not gaining weight?"

"I try to feed my baby but he refuses".

"Please tell me what I should do to make my baby eat".

Case study 4:

Your baby is seven months old. This is your first child. Your friends advise you to come to health facility for counseling on CF. You are surprised because you think your baby is too young – less than one year old - for complementary food.

Your baby is breastfed and growing well. You do not care, but are curious and want to know more.

You can start the conversation with:

“I haven’t thought of giving my baby complementary food as he does not need that until he is one year old. Is that right?”

►5 Summarize the session
SESSION 27: PREPARING A HYGIENE MEAL AND FOOD SAFETY

Objectives:

After completing this session, trainees will be able to:

- Explain ways to keep hygiene and safety in preparing a child’s meals.

Training facilities and materials:

- A0 papers, clipboards, board markers.

Preparation for the session:

- Prepare the content written in slides

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INSTRUCTION

1 Introduction - objectives of the session

2 Requirements of hygienic and safe meals

Present the following points:

- A baby who is not breastfed is at increased risk of illness for two reasons:
  - Replacement feeds may be easily contaminated with organisms that can cause infection.
  - The baby lacks the protection provided by the breastmilk.
- After six months (180 days) of age all children require complementary food. Clean, safe preparation and feeding of complementary food are essential to reduce the risk of infection and its causes.
- The main points to remember for clean and safe preparation of a meal are:
  - Clean hands.
  - Clean utensils.
  - Clean food and water.
  - Safe storage.

3 Clean hands

- Show Slide 27.2 Clean hands.

SL 27.2

CLEAN HANDS

Wash hands with soap and water

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

Note:

- Regularly washing hands:
  - After using the toilet, after washing the baby, after disposing of the baby’s stools, and changing the baby’s nappies.
  - After preparing food which may be easily contaminated with organisms such as: raw meat and poultry.
  - After touching animals.
  - Before preparing or serving food.
  - Before eating and feeding the baby.
• Emphasize that it is important to wash your hands with:
  ○ Soap.
  ○ Running water or clean water.
  ○ And wash the palms, the space between the fingers, the nails, and the back of hands.
• Let the hands dry naturally or wipe the hands with a clean towel. You should not wipe your hands on the clothes you are wearing or a towel that you share with others.

4 Clean utensils

• Show Slide 27.3: Clean utensils.

SL 27.3

CLEAN UTENSILS
• Keep knives, chopping boards, containers, and the kitchen clean
• Wash all the surface and utensils for cooking and containing food before and after using
• Use clean utensils and covered containers for the baby
• Separate raw meat, poultry, and sea food from other food
• Use separate containers and chopping board for cooked food and raw food
• Use covered containers to store food

Note:
• You should keep clean all the utensils and surfaces for preparing clean food.
• If possible, use a soft brush to reach all the corners.
• Use the covered utensils to avoid insects and dust.
• Use a clean spoon to feed the baby semi-solid soup and a clean cup to give baby milk or fruit juice.
• The caregiver needs to use another spoon when tasting the baby food.
5 Safe food and water

- Show Slide 27.4: Safe food and water.

Note:

- Safe food and water is especially important for the baby.

Ask: “what should we do to have safe water for children?”

Wait for a few replies and then continue.

- Bring the water to a rolling boil before use. This will kill most harmful micro-organisms. A rolling boil is when the surface of the water is moving vigorously for a second or two.

- The water can cool down naturally in a clean covered container.

- The best kind of container has a narrow top, and a tap through which the water comes out.

- This prevents people from dipping cups and hands into the water, which can make it unsafe.

- If the water has been stored for more than 48 hours it is better to use it for something else -- for example, cooking -- or give it to the older children to drink.
6 Safe storage

- Show Slide 27.5: Safe storage.

SAFE STORAGE

- Keep the food in a covered container
- Keep food in dry, clean places
- Preserve dry food carefully
- Use cooked food within one hour

Note:

- Dry food such as bread and biscuits can be stored longer than fluids or semi-liquid food.
- If there is no refrigerator, the mother needs to prepare the food for each meal and feed the baby within an hour
- If the baby cannot eat all of it, the mother should share it with the older children or use it when cooking for a family meal.
- Let trainees talk more about actual practices of each locality on how to prepare a hygienic and safe meal.

7 Further reading: five major points in order to have safe food (in trainee handbook)

8 Summarize the session
SESSION 28: FEEDING ILL (SICK) CHILDREN AND CHILDREN HAVING HIV-INFECTED MOTHERS

Objectives:

After completing this session, the trainees will be able to:

1. Explain the importance of child feeding during illness.
2. Present how to feed the child who is sick, recovering from illness, or has an HIV-infected mother.
3. Recognize the danger signs and how to handle them.

Training facilities and materials:

- A0 papers, clipboards, board markers.

Preparation for the session:

- Prepare the content written in slides.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>▶2 The importance of child feeding during illness and counseling for HIV-infected mothers</td>
<td>5</td>
</tr>
<tr>
<td>▶3 Feeding the child during illness and recovery</td>
<td>10</td>
</tr>
<tr>
<td>▶4 The danger signs in small children</td>
<td>5</td>
</tr>
<tr>
<td>▶5 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

►1 Introduction - objectives of the session

►2 The importance of child feeding during illness

• Discussion: Why might a young child eat less during illness? Write the trainees’ answers on large pieces of paper. Refer to the trainees’ opinions as you present these points below:

A child may eat less during illness because:

- He/she does not feel hungry, is weak and lethargic.
- He/she is vomiting or his/her mouth or throat is sore.
- Respiratory infection makes eating and suckling more difficult.
- The caregiver feeds him/her less food because they think that is the best during illness.
- There is no suitable food available in the household.
- The child is hard to feed and the caregiver is not patient.
- Some people advise the mother to stop feeding and stop BF.

• The trainer emphasizes:

- A sick child tends to lose weight because he/she does not want to eat or the family is afraid that the child cannot absorb the food so they feed the child less.
- A healthy child who is well fed will lose less weight during illness and recovers sooner after illness. A healthy child has better protection.
- A breastfed child is protected against a variety of diseases whereas a non-breastfed child does not get this protection and he/she needs special care.

►3 Feeding the child during illness and recovery

• Show slide 28.2: Feeding a sick child.

FEEDING SICK CHILD

For children < six months

• Continue to breastfeed
• Breastfeed more frequently

For children > six months

• Continue to breastfeed
• Encourage the child to drink and to eat – with lots of patience
• Feed the child small amounts frequently
• Feed food that the child likes
• Feed a variety of nutrient-rich food
• The food should be tender and easily digestible
• Show slide 28.3: Feeding the child during recovery:

**SL 28.3**

**FEEDING THE CHILD DURING RECOVERY:**

- Give them extra breastfeeds
- Feed them an extra meal
- Give them an extra amount of food
- Use extra rich food
- Feed them with extra patience and love

• Show Slide 28.4 – 28.6: Some notes for feeding a child who has diarrhea and acute respiratory infection, and children of HIV-infected mothers.

**SL 28.4**

**CHILDREN HAVING DIARRHEA**

- Prevent dehydration
- Quickly handle dehydration
- Child ‘s dietary needs
  - Continue to breastfeed, more than usual
  - Feed the child many times, little by little
  - The food should be tender, well-cooked
  - The baby should be given ripe fruit
  - Avoid using high-fiber food or food containing too much sugar
  - Encourage the child to eat as much as possible

**CHILDREN HAVING HIGH FEVER**

- Continue to breastfeed
- Feed the child ripe fruit rich in Vitamin C; food rich in protein.
- Give him/her a variety of tender and easily digestible foods and divide these into many small meals
- Get the child to drink more water

**SL 28.5**

**FOR CHILDREN OF HIV-INFECTED MOTHER**

- Most mothers with HIV are appropriately counseled by specially trained health workers
- Mothers should not practice mixed feeding, that is, giving breastmilk plus other food at the same time
• Show slide 28. 6 Child-feeding recommendations for HIV-infected mothers.

SL 28.6

**OPTIONS FOR FEEDING 0-6 MONTH OLD BABIES**

- **Replacement feeding** (milk powder, home-modified animal milk with a micronutrient supplement) if 5 requirements are met
- **Exclusive breast-feeding**
- **Early cessation as replacement food meets 5 requirements**

**5 requirements**
- Acceptable
- Feasible
- Affordable
- Sustainable
- Safe

**Further explanation:**

- **Replacement feeding:** is the process of feeding a child who is not breastfed with a diet that provides all the nutrients the child needs until the child is fully fed with family food.
- **Five requirements include:**
  1. **Acceptable:** the mother perceives no barrier to replacement feeding. Barriers may have cultural or social origins, or be due to fear of stigma or discrimination.
  2. **Feasible:** the mother (or family) has adequate time, knowledge, skills, hours, and resources to prepare the replacement food and feed the infant up to 12 times in 24 hours.
  3. **Affordable:** the mother and family, with community or health-system support if necessary, can pay for the cost of purchasing/producing, preparing, and using replacement feeding, including all ingredients, fuel, clean water, soap, and equipment, without compromising the health and nutrition of the family.
  4. **Sustainable:** availability of a continuous and uninterrupted supply, and a dependable system of distribution, for all ingredients and products needed for safe replacement feeding, for as long as the infant needs – i.e., up to one year of age or longer.
  5. **Safe:** replacement food is correctly and hygienically prepared, stored, and fed in nutritionally adequate quantities with clean hands and using clean utensils, preferably by cup.
4. **Danger signals in children**

- Show slide 28.7: Danger signs in children. If one of these signs is detected, a child should be taken to a health facility immediately.

**SL 28.7**

**DANGER SIGNS IN CHILDREN**

Take the child to a health facility immediately if there are any of the following signs:

- Baby cannot breastfeed
- Baby has diarrhea and is thirsty
- Baby cannot drink or has difficulty in drinking
- Baby vomits a lot
- Baby’s stool is mixed with blood
- Baby has a fever (*high temperature, > 38 degree Celsius*)
- Baby has convulsions
- Baby sleeps soundly, hard to wake up
- Baby has abnormal signals (*fast breathing, difficulty breathing, sunken rib-cage*)

5. **Summarize the session**
SESSION 29: ASSESSING NUTRITIONAL STATUS

Objectives:

After completing this session, trainees will be able to:

1. State the concept of nutritional status.
2. Categorize and assess nutritional status with the anthropometric method.
3. Practice techniques of scaling, height, and arm-circumference measurement.
4. Practice using a growth chart in counseling.

Training facilities and materials:

- WHO reference population.
- Growth charts.
- Case studies to use growth charts.
- A0 papers, clipboard, board markers.

Preparation for the session:

- Prepare the content written in slides and handouts.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>◼️1 Introduction - objectives of the session</td>
<td>5</td>
</tr>
<tr>
<td>◼️2 Concept of nutritional status</td>
<td>5</td>
</tr>
<tr>
<td>◼️3 Categorize and assess nutritional status with the anthropometric method</td>
<td>5</td>
</tr>
<tr>
<td>◼️4 The techniques of scaling, height, and arm-circumference measurement</td>
<td>10</td>
</tr>
<tr>
<td>◼️5 Practice using growth chart in counseling</td>
<td>60</td>
</tr>
<tr>
<td>◼️6 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>90</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

1. Introduction - objectives of the session
2. Concept of nutritional status
   - Present the slides 29.2, 29.3.

CONCEPT OF NUTRITIONAL STATUS

- Definition: Nutritional status is a set of functional, structural, and biochemical characteristics reflecting the satisfaction level of a body’s demands.
- Nutritional status of individuals is the outcome of eating and using the body’s nutrients. Good nutritional status reflects balance between food intake and health conditions; when the body is in nutrient deficiency or excess, it shows in problems with health or nutrition.

DEFINITION OF MALNUTRITION AND TYPES OF MALNUTRITION

- Underweight: The term underweight refers to humans who are considered to be under a healthy weight. The definition is usually made with reference to the body mass index (BMI). (Weight-for-age Z score <-2).
- Stunted growth: is a reduced growth rate in human development. It is a primary manifestation of malnutrition in early childhood, including malnutrition during fetal development brought on by the malnourished mother. (Height-for-age Z score <-2).
- Wasting: In medicine, wasting refers to the process by which a debilitating disease causes muscle and fat tissue to "waste" away. Wasting is sometimes referred to as "acute malnutrition" because it is believed that episodes of wasting have a short duration, in contrast to stunting, which is regarded as chronic malnutrition. (Weight-for-height Z score <-2).

3. Categorize and assess nutritional status with anthropometric method
   - Present slides 29.4 - 29.6a

NUTRITION ANTHROPOMETRIC METHOD

1. Nutrition anthropometry is to measure body's size and structure to assess nutritional status.
2. Nutritional status is a result consolidated from hereditary and environmental factors, in which nutritional factors play a critical role.
Session 29: Assessing nutritional status

SL 29.5

NUTRITION ANTHROPOMETRIC METHOD

Anthropometric sizes can be classified into the following groups:

a) Body mass, characterized by weight.
b) Length sizes, specifically lying length and standing height.
c) Body’s structure and energy and protein storage via surface soft tissues: skin and muscle-beneath fat.

SL 29.6

AGE CALCULATION

The age calculation according to the WHO standard (1883) which is currently applied:

Month calculation (for babies under five years old):
Zero months of age: from the time of delivery till before first completed month day (from day 1- day 29)
One month of age: from the first completed month day till before 2nd completed month day (from day 30- day 59)
Twelve months of age: from 12 completed month till 12 months and 29 days

SL 29.6a

AGE CALCULATION

Year calculation:
Zero years old or under one year old: from the time of delivery till before completed year day (1st year)
One year old: from the day of one completed year till before the second birthday (second year)

►4 The techniques of scaling, height and mid-upper-arm-circumference (MUAC) measure

- Present slide 29.7: Introduce weighing equipments.

SL 29.7

INTRODUCE WEIGHING EQUIPMENTS

Counseling on Infant and Young Child Feeding at a health facility
• Show slides 29.8, and 29.9: Introduce measuring equipment (*length lying down and standing height*).

### SL 29.8

**MEASURING PERSON**
- Using right hand to pull the footboard against the child’s feet
- Left hand to hold the child's knees

**SUPPORTER**
- Using two hands to hold the child’s head

The child lies straight along the board

**Reading results**

**Movable footboard**

**Movable headboard**

**Folding direction**

### SL 29.9

*Diagram of child standing in front of a measuring board*
Note:
1. When height measuring is impossible, measure the length of the baby and subtract 0.7 cm from the result.
2. When a child is 24 months old, he can both stand or lie down for measuring, but it should be noted that if you measure his/her height you compare it to classification for height measuring and if you measure his/her length you then compare it to classification for length measuring.
3. When the child is 24 months old or over, measure his/her height.

- Show slide 29.10: Introduce equipment and MUAC method.

SL 29.10

![Diagram of MUAC method]

- Results: Show Slide 29.11 - 29.15.
Session 29: Assessing nutritional status

**SL 29.11**

**NUTRITIONAL STATUS ASSESSMENT:**

Three criteria:

- Weight/Age (W/A)
- Height/Age (H/A)
- Weight/Height (W/H)

Reference population of WHO has been applied in Viet Nam since 2006

**SL 29.12**

**WEIGHT/AGE:**

These are the most common criteria:

Threshold point below -2SD is considered *underweight*.

<table>
<thead>
<tr>
<th>Level</th>
<th>Classification threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate malnutrition (level 1)</td>
<td>From below -2SD to ≥ -3SD</td>
</tr>
<tr>
<td>Severe malnutrition (level 2)</td>
<td>From below -3SD to ≥ -4SD</td>
</tr>
<tr>
<td>Very severe malnutrition (level 3)</td>
<td>Below -4SD</td>
</tr>
<tr>
<td>Normal</td>
<td>From – 2SD to + 2SD</td>
</tr>
<tr>
<td>Overweight</td>
<td>Above +2SD</td>
</tr>
</tbody>
</table>

Weight/age criteria only indicate malnutrition state but cannot distinguish recent malnutrition from chronic malnutrition.

**SL 29.13**

**HEIGHT/AGE**

A baby’s height is compared to the height of a baby of the same age and sex in a WHO reference population. Classification is based on the following standard-deviation levels:

<table>
<thead>
<tr>
<th>Level</th>
<th>Classification threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>- 2 SD or above</td>
</tr>
<tr>
<td>Malnutrition level 1 (stunting level I)</td>
<td>Below -2SD to -3SD</td>
</tr>
<tr>
<td>Malnutrition level 2 (stunting level II)</td>
<td>Below -3SD</td>
</tr>
</tbody>
</table>

Height/age criteria (below -2SD) reflects prolonged malnutrition or malnutrition in the past.
Session 29: Assessing nutritional status

5 Practice using a growth chart in counseling:

- Divide the class into small groups of three to four members: one member plays the role of a counselor, one plays role of the mother/caregiver, and the others observe and comment.
- Each group is given a growth chart and draws one of these situations.

### Situation 1
Minh 3 months old, male
- Birth weight: 3.4 kg
- 1 month: 4.2 kg
- 2 months: 5 kg
- 3 months: 5.7 kg

### Situation 2
Van 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

---

**HEIGHT/WEIGHT**

Low weight/height, which is below -2SD compared to the threshold according to the WHO reference population, reflects malnutrition which has recently occurred, has stopped the child from gaining weight, or made him/her lose weight, that is, stunting malnutrition.

If weight/height rate is in excess of +2SD, the baby is showing signs of overweight.

When both height/age and weight/height criteria are below the recommended threshold (-2SD), the child is in the coordinative malnutrition (acute and chronic) of both underweight and stunting.

---

**MUAC**

Recommended by WHO 2006

1. Considered as very severe acute malnutrition: MUAC <115 mm (equal to < -3SD weight/height compared to WHO reference population)
2. Moderate acute malnutrition: MUAC ≥115 mm - <125 mm (equal to ≥-3SD - < -2SD weight/height compared to WHO reference population)
• Groups start the counseling role-play:
  ○ The person who plays the role of the mother: study the child's weight gain to set up the situation
    (the diet, care, disease...).
  ○ The counselor completes the growth chart and uses it in counseling.
  ○ The observers use the checklist of counseling skills to assess.

• Invite groups to present the situation for the whole class. The trainer and trainees comment and assess.

• Answer the trainees’ questions if any.

►6 Summarize the session
SESSION 30: DECREE 21

Objectives:

After completing this session, trainees will be able to:

1. Point out the importance of Decree 21.
2. Identify main points stated in Decree 21 related to health facilities and health workers.

Facilities and materials:

- Handouts.
- A0 paper, flip board, board markers.

Preparation for the session:

- Prepare contents written in the slides, handouts.

<table>
<thead>
<tr>
<th>Session format</th>
<th>Duration (minutes)</th>
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</thead>
<tbody>
<tr>
<td>►1 Introduction - objectives of the session</td>
<td>2</td>
</tr>
<tr>
<td>►2 Overview of Decree 21</td>
<td>8</td>
</tr>
<tr>
<td>►3 Main points related to health facilities and health workers</td>
<td>10</td>
</tr>
<tr>
<td>►4 Discuss the implementation at facilities</td>
<td>5</td>
</tr>
<tr>
<td>►5 Summarize the session</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
INSTRUCTION

►1 Introduction - objectives of the session
►2 Overview of Decree 21

• Ask trainees if they know about Decree 21 and what is mentioned in Decree 21.
• Summarize trainees’ ideas and present Slide 30.2.

SL 30.2

Decree 21
Regulating the Marketing of Breastmilk Substitutes and Nutritious Products for Infants

PROTECT BREASTFEEDING

• Absolutely no promotion of breast milk substitutes, bottles and teats to the general public
• Neither health facilities nor health professionals should have a role in promoting breast milk substitutes
• Free samples should not be provided to pregnant women, new mothers or families.
ECOLOGICAL ECONOMY

Note:

- **Regulatory Framework**
  - Decision 307 stipulated “Questions on the trade in and use of mother-milk substitutes in support of breastfeeding.”
  - Decree 74 – “On the trading and use of mother-milk substitutes to protect and encourage breastfeeding.”
  - Decree 21 – “On the trading in and use of nutritious products for infants.”

**Note:**

- Elements of the WHO Code were first included in a 1994 Decision approved by the Prime Minister, stipulating questions on the trade and use of milk substitutes.
- This decision was effective until December 2000, when Decree 74 was issued.
- Decree 74 was replaced in 2006 by Decree 21 – which remains the current Vietnamese policy.
SL 30.5

**DECREE 21**

“This Decree provides for information, education and commu-
nication on, advertisement for, trading in, use of, nutritious products
for infants, feeding bottles, and dummies”

SL 30.6

**PRODUCTS COVERED BY DECREE 21**

- Nutritious products for infants (*Formulas, baby milk, breastmilk
  substitutes*)
- Feeding bottles
- Dummies/ Feeding nipples

**Note:** An infant and young child is from 0-24 months old.

SL 30.7

**TERMS USED**

**Nutritious products:**
- Milks or food for infants under 6 months of age; and
- Milk for infants between the ages of 6 and 23 months

**Supplementary foods:**
- Food or milk to complement breastmilk in the diets of infants from 6 to 23 months
SL 30.8

SCOPE OF THE DECREE

- Information – Education – Communication
- Advertisement
- Labeling
- Responsibilities of health workers
- Responsibilities of producers/traders of nutritious products for infants

Note:
- Provision on advertisement and labeling which milk companies must follow.
- The Decree regulates how information – education – communication materials or events on IYCF there must be labeled.
- An important part of the Decree deals with responsibilities of health facilities and health workers.

SL 30.9

INFORMATION – EDUCATION - COMMUNICATION

- NO pictures or words to encourage bottle-feeding;
- DO NOT discourage breastfeeding;
- NO comparing nutritious products with breastmilk;
- NO names or logos.

Source: Decree 21, Chapter II, Article 4

Note: All kinds of information – education – communication materials on IYCF must be: (as in the slide).
SL 30.10

ADVERTISING

- MUST include: "Breastmilk is the best food for the health and all-sided growth of infants"
- MUST state the benefits of breastfeeding and instruct exclusive breastfeeding
- MUST NOT encourage bottle-feeding or discourage breastfeeding
- MUST guide the proper ways of feeding, cleaning and sterilizing utensils

Source: Decree 21, Chapter II, Article 6

Note: Provide some examples of violations (milk ads on TV or newspapers).

SL 30.11

ADVERTISING & SALES

- NO advertisement: milk for under-12-month-old infants and food for under-6-month-old infants
- NO promotion, NO gift
- NO display of products at health facilities
- NO contact with mothers at health facilities for promotion and sales of milk
- NO gift, product, or benefit to health workers

Source: Decree 21, Chapter II, Article 6 & 10

Note: Provide some examples of violations (milk ads on TV or newspapers).
SL 30.12

**LABELING**

- MUST include the specific statements
- MUST have guidance on use in Vietnamese
- MUST have information about the origin, production and expiration date ingredients, nutritious value, quality registration number
- MUST include the age group of infants that the product is intended for

*Source: Decree 21, Chapter III, Article 8 & 9*

**Note:**
- *Labels for nutritious products for children must follow strict regulations: as in the slide.*
- *Provide some examples (good label, violating label).*

SL 30.13

**LABELING**

- DO NOT include pictures or drawings of infants of under 12 months old
- DO NOT include pictures or drawings of feeding bottles or dummies
- DO NOT include words or pictures implying that the product is equivalent or better than breastmilk in quality

*Source: Decree 21, Chapter III, Article 8*

▶ 3  **Main points related to health facilities and health workers**

- Present the following slides.
SL 30.14

RESPONSIBILITIES OF HEALTH WORKERS

• Encourage breastfeeding.
• Organize communication on breastfeeding.
• Support initiation of breastfeeding within one hour after delivery.
• Guide on how to use nutritious products for mothers and families when necessary.

Source: Decree 21, Chapter IV, Article 11 & 12

Note: Health workers include staff from health facilities.

SL 30.15

RESPONSIBILITIES OF HEALTH WORKERS

• DO NOT sell or allow the selling of milk/food at health facilities.
• DO NOT allow companies to exhibit or display at health facilities or help them distribute samples or gifts.
• DO NOT accept gifts, products, donations or other material benefits from companies.
• DO NOT instruct to use nutritious products if not necessary.

Source: Decree 21, Chapter IV, Articles 11 & 12
IMPLEMENTATION AND ENFORCEMENT

- The Food Administration (MOH): Screens and licenses advertisements suspends advertisements which violate Decree 21.
- Department of Health Inspection (MOH): Enforcement penalty to violation.
- If YOU find any violation report to:
  - The Food Administration (MOH)
  - Department of Health Inspection (MOH)
  - Provincial Department of Health

Note:
- Inspection on Decree 21 compliance is done annually by the MoH and the Department of Health (DoH) Inspectors.
- Penalties given to violating milk companies are subject to Decree 45. This Decree was issued in 2005, a year before Decree 21 was issued. As a result, the violations listed in Decree 21 do not necessarily correspond to the penalties listed in Decree 45.
- The government is currently considering revisions to Decree 21. A&T is supporting MOH and UNICEF in this effort.

►4 Discuss the implementation at facilities

For example:

- If a milk company gives you and your health facilities some communication materials on IYCF with its logo on them or some free milk samples, do you accept?
- If a milk company proposes to sponsor your health facilities to organize a workshop or training on IYCF provided that it would have their milk product ads displayed at the event, do you accept the proposal?
- If a milk company pays some health workers for the list of mothers who delivered at their health facilities with the intent to use this list for marketing or promotion and the health workers accept, do the health workers violate Decree 21?
Note: To protect, promote and support BF, commitments are essential:

- Family and community encourage and support mothers to breastfeed.
- Health facilities and workers counsel and guide mothers on how to breastfeed exclusively in the first six months and continuously until 24 months.
- Central and provincial authorities strengthen Decree 21 implementation and compliance, review the maternity-leave policy, and track BF indicators to address them in proper nutrition programs and strategies.

6 Summarize the session

- Ask trainees to repeat the eight points in Decree 21 which are related to health-facility workers.
REFERENCES


• PAHO (2003). Guiding principles for complementary feeding of the breastfed child. Washington DC


• WHO (2003). Breastfeeding Counseling: A training course. WHO/CDR/ 93.4; UNICEF/NUT/93.2


Part 5

APPENDICES
## APPENDIX 1: CHECKLIST OF INDIVIDUAL COUNSELING SKILLS

<table>
<thead>
<tr>
<th>No</th>
<th>PROCEDURE</th>
<th>ACTIVITIES</th>
<th>NOT DONE</th>
<th>NOT DONE WELL</th>
<th>WELL-DONE</th>
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<tbody>
<tr>
<td>1</td>
<td>Introduction, create a warm</td>
<td>Greet mothers</td>
<td></td>
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<tr>
<td></td>
<td>and friendly environment</td>
<td>Introduce yourself</td>
<td></td>
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<td></td>
<td></td>
<td>Make eye contact</td>
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<td></td>
<td></td>
<td>Smile</td>
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<td></td>
<td></td>
<td>Show respect</td>
<td></td>
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<tr>
<td>2</td>
<td>Identify current situation /issue</td>
<td>Ask open and closed questions</td>
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<tr>
<td></td>
<td></td>
<td>Listen</td>
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<td></td>
<td></td>
<td>Be non-judgmental</td>
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<tr>
<td></td>
<td></td>
<td>Accept what a mother says</td>
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<tr>
<td>3</td>
<td>Analyze and assess</td>
<td>Identify the problem, issue</td>
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<td>Be non-judgmental</td>
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<td></td>
<td></td>
<td>Response to mother’s question</td>
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<td>4</td>
<td>Make practical recommendations</td>
<td>Provide relevant information</td>
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<td></td>
<td></td>
<td>Use simple words</td>
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<td></td>
<td></td>
<td>Build confidence</td>
<td></td>
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<td></td>
<td></td>
<td>Make 1-2 practical recommendations</td>
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<td></td>
<td></td>
<td>Be non-judgmental</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Negotiate behavior - get</td>
<td>Discuss different solutions with mothers</td>
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<tr>
<td></td>
<td>commitment</td>
<td>Let mothers choose the solution</td>
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<td></td>
<td></td>
<td>Get a mother’s commitment to try one to two recommendations</td>
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<tr>
<td>6</td>
<td>Summarize and close</td>
<td>Ask a mother to repeat recommendation</td>
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<td></td>
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<td>Correct a recommendation if required</td>
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<td></td>
<td></td>
<td>Arrange follow-up with mother</td>
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<td></td>
<td></td>
<td>Praise and thank mother</td>
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# Appendix 2: Checklist of Group Counseling

## APPENDIX 2: CHECKLIST OF GROUP COUNSELING

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>ACTIVITY</th>
<th>NOT YET DONE</th>
<th>NOT DONE WELL</th>
<th>WELL-DONE</th>
</tr>
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<tbody>
<tr>
<td><strong>Step 1: Introduction</strong></td>
<td>Greet mothers</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Introduce yourself</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Mothers introduce themselves</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Introduce the topic</td>
<td></td>
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<tr>
<td></td>
<td>Warm-up to a create happy atmosphere involving trainee participation (<em>singing, games…</em>)</td>
<td></td>
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</tr>
<tr>
<td><strong>Step 2: Identify attitudes, understanding, and practices of mothers on the counseling topic</strong></td>
<td>Use open-ended questions to see what mothers know, believe, do, and are interested in</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Listen to mothers sharing</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Accept what mothers think and do</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Identify and praise what mothers understand and do right</td>
<td></td>
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<tr>
<td><strong>Step 3: Analyze and assess</strong></td>
<td>Identify the mothers’ difficulties in practicing the current topic</td>
<td></td>
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</tr>
<tr>
<td><strong>Step 4: Provide information and negotiate change</strong></td>
<td>Give information that is relevant to the counseling topic</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Use the counseling card properly to help the mothers understand and remember information</td>
<td></td>
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<tr>
<td></td>
<td>Discuss solutions to overcome difficulties</td>
<td></td>
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<tr>
<td></td>
<td>Make practical suggestions on what mothers can do</td>
<td></td>
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<td></td>
<td>Encourage and negotiate with each mother to select one to two actions to try</td>
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<tr>
<td></td>
<td>Come to an agreement on implementing new behavior</td>
<td></td>
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<tr>
<td></td>
<td>Inform mothers that they can be counseled privately at CHCs</td>
<td></td>
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</tr>
<tr>
<td><strong>Step 5: Summarize – get commitment</strong></td>
<td>Summarize main points of the counseling session</td>
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<tr>
<td></td>
<td>Agree on the plan for the next meeting</td>
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<tr>
<td></td>
<td>Arrange a follow-up about the mother practicing the new behavior</td>
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<tr>
<td></td>
<td>Say “thank you” to the mothers.</td>
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### APPENDIX 3: PRE- AND POST-TESTS

**A&T**

**PRE- AND POST-TEST FOR TRAINING**

#### I. Background Information

<table>
<thead>
<tr>
<th>No.</th>
<th>QUESTIONS AND FILTERS</th>
<th>RESPONSES</th>
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<tbody>
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<td>Date of Training</td>
<td>___ ___ / ___ ___ / 2010</td>
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<tr>
<td>2.</td>
<td>Name of Trainee</td>
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<td>3.</td>
<td>Name of Province</td>
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<td>4.</td>
<td>Professional Qualification</td>
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<td></td>
<td></td>
<td>MD</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Physician Assistant</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nurse</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Midwife</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (specify)</td>
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<tr>
<td>5.</td>
<td>Age</td>
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<tr>
<td>6.</td>
<td>Sex</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>Centre / Facility</td>
<td>Reproductive Health Centre</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preventive Medicine Centre</td>
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</tr>
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<td></td>
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<td>Provincial Hospital</td>
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<td></td>
<td></td>
<td>District Hospital</td>
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<td></td>
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<td>Other: (specify)</td>
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## Appendix 3: Pre- and post-tests

### Counseling on Infant and Young Child Feeding at a health facility

#### QUESTIONS AND FILTERS

<table>
<thead>
<tr>
<th>No</th>
<th>QUESTIONS AND FILTERS</th>
<th>RESPONSES</th>
<th>CODE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Infant and Young Child Nutrition refers to nutrition for children aged</td>
<td>00-6 months.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0-12 months.</td>
<td>2</td>
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<tr>
<td></td>
<td></td>
<td>0-24 months.</td>
<td>3</td>
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<tr>
<td></td>
<td></td>
<td>0-36 months.</td>
<td>4</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>0-60 months.</td>
<td>5</td>
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<tr>
<td></td>
<td></td>
<td>Don’t know.</td>
<td>98</td>
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</tr>
<tr>
<td>2.</td>
<td>Focusing on IYCF is important because during this period…..</td>
<td>Malnutrition rates increase rapidly.</td>
<td>1</td>
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<tr>
<td></td>
<td></td>
<td>Malnutrition rates increase slowly.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Malnutrition rates decrease rapidly.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Malnutrition rates decrease slowly.</td>
<td>4</td>
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<tr>
<td></td>
<td></td>
<td>Don’t know.</td>
<td>98</td>
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</tr>
<tr>
<td>3.</td>
<td>The current rate of stunting for children under 5 years in Viet Nam is?</td>
<td>12.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>18.9%</td>
<td>2</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>25.6%</td>
<td>3</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>31.9%</td>
<td>4</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>Don’t know.</td>
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<tr>
<td>4.</td>
<td>The current rate of underweight for children under 5 years in Viet Nam is?</td>
<td>12.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>18.9%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>25.6%</td>
<td>3</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>31.9%</td>
<td>4</td>
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<td></td>
<td></td>
<td>Don’t know.</td>
<td>98</td>
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<tr>
<td>5.</td>
<td>A&amp;T is a project implemented from?</td>
<td>2009-2011</td>
<td>1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2009-2012</td>
<td>2</td>
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<td></td>
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<td>2009-2013</td>
<td>3</td>
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<tr>
<td>6.</td>
<td>The first objective of A&amp;T is to</td>
<td>Increase the exclusive breastfeeding rate 1.5 times.</td>
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<tr>
<td></td>
<td></td>
<td>Double the exclusive breastfeeding rate.</td>
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<tr>
<td></td>
<td></td>
<td>Triple the exclusive breastfeeding rate.</td>
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<td>Don’t know.</td>
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<td>7.</td>
<td>The third objective of A&amp;T is to</td>
<td>Decrease the stunting rate by 1% per year.</td>
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<td></td>
<td>Decrease the stunting rate by 1.5% per year.</td>
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<td>Decrease the stunting rate by 2% per year.</td>
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<td>Don’t know.</td>
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### Appendix 3: Pre- and post-tests

#### Counseling on Infant and Young Child Feeding at a health facility

<table>
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<th>No</th>
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<th>RESPONSES</th>
<th>CODE</th>
<th>POINTS</th>
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<tbody>
<tr>
<td>8.</td>
<td>The main model developed by A&amp;T to promote IYCN is called?</td>
<td>Baby Friendly Hospital Initiative .................................1</td>
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<td>Social Franchise ...................................................2</td>
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<td>Mother to Mother Support Groups ......................3</td>
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<td>Don’t know .................................................98</td>
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<td>9.</td>
<td>The focus of the model promoted by A&amp;T is to?</td>
<td>Provide good quality nutrition counseling services ........................................................................1</td>
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<td></td>
<td></td>
<td>Provide treatment and care for malnourished children ...................................................................2</td>
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<tr>
<td></td>
<td></td>
<td>Provide food rations for families with young children ....................................................................3</td>
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<td>Don’t know .........................................................98</td>
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<td>10.</td>
<td>In the model promoted by A&amp;T, the role of the A&amp;T team and NIN is that of?</td>
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<td>Don’t know .........................................................98</td>
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<tr>
<td>11.</td>
<td>In the model promoted by A&amp;T, the role of the health facilities in the province is that of?</td>
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<td>Don’t know .........................................................98</td>
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<td>12.</td>
<td>In the model promoted by A&amp;T, the role of the community-based workers is that of?</td>
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<td>Don’t know .........................................................98</td>
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<tr>
<td>13.</td>
<td>In the A&amp;T model, the requirement is to?</td>
<td>Provide standard package of services .................1</td>
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<td></td>
<td></td>
<td>Charge fees ................................................................2</td>
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<td></td>
<td>Brand facilities and commodities ........................3</td>
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<td>All of the above ..................................................4</td>
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<td>None of the above ..................................................5</td>
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<tr>
<td>14.</td>
<td>In the A&amp;T model, the appropriate time to contact the mother/caregiver for breastfeeding promotion is?</td>
<td>From 0-6 months .................................................1</td>
<td></td>
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<td></td>
<td></td>
<td>Pregnancy ..................................................................2</td>
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<td>From 5-6 months ......................................................3</td>
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<td></td>
<td>At delivery ..................................................................4</td>
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<td></td>
<td>From 6-24 months ......................................................5</td>
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<td>RESPONSES</td>
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<td>POINTS</td>
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</table>
| 15.| In the A&T model, the appropriate time to contact the mother/caregiver for breastfeeding support is? | From 0-6 months ............................................1  
Pregnancy ......................................................2  
From 5-6 months ...........................................3  
At delivery.......................................................4  
From 6-24 months ..........................................5  
Don’t know....................................................98 |        |        |
| 16.| In the A&T model, the appropriate time to contact the mother/caregiver for breastfeeding management is? | From 0-6 months ............................................1  
Pregnancy ......................................................2  
From 5-6 months ............................................3  
At delivery.......................................................4  
From 6-24 months ..........................................5  
Don’t know....................................................98 |        |        |
| 17.| In the A&T model, the appropriate time to contact the mother/caregiver for complementary feeding promotion is? | From 0-6 months ............................................1  
Pregnancy ......................................................2  
From 5-6 months ............................................3  
At delivery.......................................................4  
From 6-24 months ..........................................5  
Don’t know....................................................98 |        |        |
| 18.| In the A&T model, the appropriate time to contact the mother/caregiver for complementary feeding management is? | From 0-6 months ............................................1  
Pregnancy ......................................................2  
From 5-6 months ............................................3  
At delivery.......................................................4  
From 6-24 months ..........................................5  
Don’t know....................................................98 |        |        |
| 19.| To enable good breastfeeding practice a mother should have a total of how many contacts from the time she is pregnant to the time her child is 6 months old? | 5 times..................................................................1  
6 times ............................................................2  
7 times ............................................................3  
8 times ............................................................4  
Don’t know....................................................98 |        |        |
| 20.| To enable good complementary feeding practice a mother should have a total of how many contacts? | 5 times..................................................................1  
6 times ............................................................2  
7 times ............................................................3  
8 times ............................................................4  
Don’t know....................................................98 |        |        |
### III. Pregnancy and breastfeeding

<table>
<thead>
<tr>
<th>No</th>
<th>QUESTIONS AND FILTERS</th>
<th>RESPONSES</th>
<th>CODE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>If a mother has good nutritional status, her weight gain during pregnancy should be equal to?</td>
<td>15% of body weight before pregnancy...............1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% of body weight before pregnancy...............2</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>25% of body weight before pregnancy...............3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know .............................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>If a mother has poor nutritional status, her weight gain during pregnancy should be equal to?</td>
<td>15% of body weight before pregnancy...............1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% of body weight before pregnancy...............2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>25% of body weight before pregnancy...............3</td>
<td></td>
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<td></td>
<td></td>
<td>Don’t know .............................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>If a mother is overweight or obese, her weight gain during pregnancy should be equal to?</td>
<td>15% of body weight before pregnancy...............1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% of body weight before pregnancy...............2</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>25% of body weight before pregnancy...............3</td>
<td></td>
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<td>Don’t know .............................................98</td>
<td></td>
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<tr>
<td>24</td>
<td>How long after birth should a baby start breastfeeding?</td>
<td>Immediately .............................................1</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Some hours later but less than 24 hrs ...........3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 day later ...........................................4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>More than 1 day later ................................5</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td>Don’t know .............................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>It is good to express and discard colostrum and feed the child with bottle milk on the first day after birth</td>
<td>True ......................................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>False ...................................................2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know .............................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>On the first day after birth, an infant needs how many milliliters of breastmilk per feed?</td>
<td>5-7 ml ...................................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10-15 ml ...............................................2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>16-20 ml ...............................................3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know .............................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>A mother with a C-section delivery cannot breastfeed her child on the first day.</td>
<td>True ......................................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>False ...................................................2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know .............................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Exclusive breastfeeding is</td>
<td>Only breastmilk .......................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breastmilk + Water ..................................2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breastmilk + Water + liquids .......................3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breastmilk + Formula ................................4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know .............................................98</td>
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</table>
## Appendix 3: Pre- and post-tests

### Counseling on Infant and Young Child Feeding at a health facility

<table>
<thead>
<tr>
<th>No</th>
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</tr>
</thead>
</table>
| 29 | A mother should exclusively breastfeed up to                                          | 3 months ..................................................1  
4 months ..................................................2  
5 months ..................................................3  
6 months ..................................................4  
7 months ..................................................5  
12 months ..................................................6  
Don’t know ..................................................98 |
| 30 | A mother with small breasts cannot produce enough breast-milk.                        | True ..................................................1  
False ..................................................2  
Don’t know ..................................................98 |
| 31 | Hindmilk contains more fat than foremilk; babies should be allowed to finish hindmilk.| True ..................................................1  
False ..................................................2  
Don’t know ..................................................98 |
| 32 | A mother should breastfeed her child on a fixed schedule, day and night.              | True ..................................................1  
False ..................................................2  
Don’t know ..................................................98 |
| 33 | If a mother feels she is not producing enough breastmilk she should give her child formula milk. | True ..................................................1  
False ..................................................2  
Don’t know ..................................................98 |
| 34 | Poor attachment is the main cause of sore nipples.                                     | True ..................................................1  
False ..................................................2  
Don’t know ..................................................98 |
| 35 | In summer, breastfed children under 6 months need to be given some water to quench thirst. | True ..................................................1  
False ..................................................2  
Don’t know ..................................................98 |
| 36 | A mother who has a young baby and who is not well cannot produce enough breastmilk.   | True ..................................................1  
False ..................................................2  
Don’t know ..................................................98 |
| 37 | Mastitis can develop from an engorged breast or blocked ducts.                        | True ..................................................1  
False ..................................................2  
Don’t know ..................................................98 |
| 38 | If a mother has nipple problems she can express her breastmilk and feed her baby with a cup. | True ..................................................1  
False ..................................................2  
Don’t know ..................................................98 |
### Appendix 3: Pre- and post-tests

Counseling on Infant and Young Child Feeding at a health facility

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<tbody>
<tr>
<td>39</td>
<td>Breastmilk can be stored at room temperature for how many hours?</td>
<td>1 Hours.............................................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2-3 Hours .........................................................2</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>3-5 Hours .........................................................3</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>6-8 Hours .........................................................4</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know.....................................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Until about what age should a baby continue to be breastfed?</td>
<td>Until 12 months of age .....................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Until 18 months of age .....................2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Until 24 months of age .....................3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know.....................................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>In the picture below, which figure – 1 or 2 shows correct attachment</td>
<td>Picture 1 ...........................................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Picture 2 ..........................................................2</td>
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![Diagram](image-url)
### IV. Complementary Feeding

<table>
<thead>
<tr>
<th>No</th>
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<th>RESPONSES</th>
<th>CODE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Infants should be given complementary food beginning at</td>
<td>3 months of age</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 months of age</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 months of age</td>
<td>3</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>6 months of age</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 months of age</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 months of age</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>How many times per day should a child 9-11 months old eat (minimum times)?</td>
<td>A. Main Meals: _____ times per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. Snacks: _____ times per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>At each main meal, how much food should a child 9-11 months old be offered/served?</td>
<td>¼ of a Small bowl (250 ml)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>½ of a Small bowl (250 ml)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>¾ of a Small bowl (250 ml)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>One Small bowl (250 ml)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>More than one Small bowl</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Name the four main food groups?</td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Don’t know</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>By adding green leafy vegetables to an infant’s porridge we improve_____?</td>
<td>Diversity</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Density</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consistency</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>By adding less water to an infant’s porridge we improve_____?</td>
<td>Diversity</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Density</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consistency</td>
<td>3</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Don’t know</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>By adding oil to an infant’s porridge we improve_______?</td>
<td>Diversity</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Density</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consistency</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>When preparing bot/chao green leafy vegetables should be added at the___?</td>
<td>Beginning</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>When bot half cooked</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>At the end, just before bot is fully cooked</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know</td>
<td>98</td>
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### Appendix 3: Pre- and post-tests

#### Counseling on Infant and Young Child Feeding at a health facility

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</tr>
</thead>
<tbody>
<tr>
<td>50.</td>
<td>Responsive feeding means?</td>
<td>Let the child eat by him/herself, he eats as he is hungry and stops as he is full................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support the child, recognize his/her signals ...2</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Mother knows how much the child needs and must force him/her to finish his/her meal ..........3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know .......................................................... 98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.</td>
<td>A 1-year-old child can eat the same food as the rest of the family.</td>
<td>True ..............................................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>False ....................................................................2</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know .....................................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52.</td>
<td>A mother does not need to wash her hands after cleaning a child who has defecated.</td>
<td>True ..............................................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>False ....................................................................2</td>
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<td></td>
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<td></td>
<td></td>
<td>Don’t know .....................................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53.</td>
<td>A mother does not need to wash her hands before feeding her child.</td>
<td>True ..............................................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>False ....................................................................2</td>
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<td></td>
<td>Don’t know .....................................................98</td>
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</tr>
<tr>
<td>54.</td>
<td>When a child is underweight it means that s/he is________?</td>
<td>Low height for age.................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low weight for age ............................................2</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Low weight for height .....................................3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low height for weight .....................................4</td>
<td></td>
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<td></td>
<td></td>
<td>Don’t know ..........................................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55.</td>
<td>When a child is stunted it means that s/he is_________?</td>
<td>Low height for age.................................1</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Low weight for age ............................................2</td>
<td></td>
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<td></td>
<td></td>
<td>Low weight for height .....................................3</td>
<td></td>
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<td></td>
<td>Low height for weight .....................................4</td>
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<td></td>
<td></td>
<td>Don’t know ..........................................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56.</td>
<td>When a child is wasted it means that s/he is________?</td>
<td>Low height for age.................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low weight for age ............................................2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Low weight for height .....................................3</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Low height for weight .....................................4</td>
<td></td>
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<td></td>
<td>Don’t know ..........................................................98</td>
<td></td>
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<tr>
<td>57.</td>
<td>Decree 21 states that health facilities can display advertisements of nutrition products for infants under 12 months.</td>
<td>True ..............................................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>False ....................................................................2</td>
<td></td>
<td></td>
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<td></td>
<td>Don’t know .....................................................98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58.</td>
<td>Decree 21 states that health staff cannot encourage mothers to use formula.</td>
<td>True ..............................................................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>False ....................................................................2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know .....................................................98</td>
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</thead>
</table>
| 59 | Decree 21 states that all health facilities / health staff can sell formula for infants under 12 months, questions and filters. | True ..................................................................1  
False ................................................................2  
Don’t know .....................................................98 |      |        |
| 60 | Decree 21 states that health facilities / health staff can receive promotional items/products (clocks, height boards, etc.) from manufacturers of infant-nutrition products. | True ..................................................................1  
False ................................................................2  
Don’t know .....................................................98 |      |        |
| 61 | Decree 21 states that health staff can use funds from manufacturers to print health-education material. | True ..................................................................1  
False ................................................................2  
Don’t know .....................................................98 |      |        |

#### V. Counseling Skills and BCC

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<thead>
<tr>
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</thead>
</table>
| 62 | The aim of BCC on infant and young child feeding (IYCF) is to ______?        | Educate communities about IYCF.........1  
Change community attitudes about IYCF ........2  
Establish new community norms about IYCF ..3 |      |        |
| 63 | There are a total of __ stages that an individual goes through when s/he thinks of changing his/her behavior? | 3 stages............................................................1  
4 stages............................................................2  
5 stages............................................................3  
6 stages............................................................4  
Don’t know .....................................................98 |      |        |
| 64 | To ensure that behavior change takes place at the household level we need to.... | Advocate for change .................................1  
Negotiate individual change .......................2  
Change community norms .............................3  
Train and build capacity ............................4  
Don’t know .....................................................98 |      |        |
| 65 | To ensure that behavior change takes place at the community level we need to.... | Change community norms .............................1  
Negotiate individual change .......................2  
Advocate for change .................................1  
Train and build capacity ............................4  
Don’t know .....................................................98 |      |        |
| 66 | To ensure that behavior change takes place at the health-facility level we need to.... | Change community norms .............................1  
Negotiate individual change .......................2  
Advocate for change .................................1  
Train and build capacity ............................4  
Don’t know .....................................................98 |      |        |
### Appendix 3: Pre- and post-tests

**Counseling on Infant and Young Child Feeding at a health facility**

<table>
<thead>
<tr>
<th>No</th>
<th>QUESTIONS AND FILTERS</th>
<th>RESPONSES</th>
<th>CODE</th>
<th>POINTS</th>
</tr>
</thead>
</table>
| 67 | To ensure that behavior change takes place at the policy level we need to... | Change community norms ...........................................1  
Negotiate individual change ............................................2  
Advocate for change .....................................................3  
Train and build capacity .................................................4  
Don’t know ......................................................................98 |
| 68 | A good counselor is one who (circle all that apply) | Talks fast ..........................................................1  
Listens .................................................................2  
Observes ...............................................................3  
Does not ask questions ...............................................4  
Negotiates change .....................................................5  
Tells mothers what to do .............................................6  
Asks questions .........................................................7  
Disagrees with the mother ...........................................8  
Responds to mother’s questions .................................9 |
| 69 | The second step in an individual-counseling session is to | Analyze and assess .........................................1  
Make practical recommendations ............................2  
Identify current situation/issue ..............................3  
Negotiate change – get commitment ..............................1 |
| 70 | The third step in an individual-counseling session is to | Analyze and assess .........................................1  
Make practical recommendations ............................2  
Identify current situation/issue ..............................3  
Negotiate change – get commitment ..............................1 |
| 71 | The fourth step in an individual-counseling session is to | Analyze and assess .........................................1  
Make practical recommendations ............................2  
Identify current situation/issue ..............................3  
Negotiate change – get commitment ..............................1 |
| 72 | The fifth step in an individual-counseling session is to | Analyze and assess .........................................1  
Make practical recommendations ............................2  
Identify current situation/issue ..............................3  
Negotiate change – get commitment ..............................1 |
| 73 | Which of the following is an example of an open-ended question | Is your child sick today? .......................................1  
How is your child today? .............................................2  
Is your child well today? ...............................................3 |
| 74 | Group-counseling sessions are useful because | Counselor can use lecture style of teaching ....1  
Counselor can use audio visual aids .................2  
Mothers can keep quiet / don’t need to talk .......3  
Mothers can share experiences with each other...4 |
APPENDIX 4: COURSE SUMMARY EVALUATION

“Counseling Skills on Infant and Young Child Feeding”

We wish to learn from you your comments/evaluation about this training course so that the project and master trainers can improve the quality of future training courses. We would highly appreciate your honest and specific comments.

1. Enter the numbers from 1 to 4 that correspond to your level of satisfaction with each trainer in charge of the following part.

   1 = Very dissatisfied   2 = Dissatisfied   3 = Satisfied   4 = Very satisfied

<table>
<thead>
<tr>
<th>NO</th>
<th>TRAINER IN-CHARGE OF</th>
<th>BF TOPICS</th>
<th>CF TOPICS</th>
<th>FRANCHISED MODEL TOPICS</th>
<th>COUNSELING COMMUNICATION TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Displays a clear understanding of the subject matter and course topics.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gives clear and helpful responses to trainees’ questions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Accurately broke down technical/complex concepts in a way participants could understand.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Utilized class time well, either by presentation, group work, or other activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Motivates participants to learn and participate in the training.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Clearly described what to expect from the presentation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Used effective examples and illustrations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Effectively used visual aids (<em>projector, board, flip chart, models, dolls…</em>).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. To what extent do **you feel prepared to perform job tasks** related to providing IYCF Services?

   1. Not At All Prepared
   2. Some what Prepared
   3. Very well Prepared

   2.1. If you do **NOT feel prepared** to perform job tasks related to IYCF service delivery, please explain briefly why you do not.

   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................

3. To what extent do **you feel prepared to perform job tasks** related to counseling/communication about IYCF?

   1. Not At All Prepared
   2. Some what Prepared
   3. Very well Prepared

   3.1. If you do **NOT feel prepared** to perform job tasks related to counseling/communication about IYCF, please explain briefly why you do not.

   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................

4. To what extent do you feel prepared to become a counselor of the Franchise “**The Little Sun**” at your locality?

   1. Not At All Prepared
   2. Some what Prepared
   3. Very well Prepared

   4.1. If you do NOT feel prepared to become a counselor on information related to IYCF, please explain briefly why you do not.

   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
Appendix 4: Course Summary Evaluation

5. What topic areas related to nutrition care would you like more information on, if any? (Circle topics areas you want more information about.)

   1  Yes  2  No

5.1 If yes, please name the topics

6. If you were given the task of redesigning this course, would you make any changes?

   1  Yes  2  No

6.1 If yes, please name the changes.

7. Please share any other comments you have that would help us strengthen or improve this course.

Thank you very much for your response!
Counseling on Infant and Young Child Feeding at a health facility
Appendix 5: Monitoring and Supervision Manual

Flow of Monitoring and Supervision

- Form BP - Monthly Franchise Report - could be used by FC at all levels.
- The number could also be obtained from a comparable source such as a pregnant women, immunization, nutrition, or population record.
- Reports from a Region (VB), Province (TB) and District (HB) are similar to the PB report but will be generated using an e-form created in Excel.

Information Flow within a Franchise (FC)

- Counting # P2
- # Registered Clients
- P1 Management Book
- P4 Group Counseling Report
- Y1, & YB # Eligible Pop. at each Village
- YB or Comparable # Eligible Pop. in the Commune
- P3 Daily Service Record
- PB Monthly FC Report
- Provincial Franchises
- PB Monthly FC Report
- District Franchises
- PB Monthly FC Report
- Commune Franchises
- Provincial Franchise
- A&T Regional Offices
- A&T Hanoi & NIN

Counseling on Infant and Young Child Feeding at a health facility
# THE LIST OF MONITORING AND SUPERVISION TOOLS

<table>
<thead>
<tr>
<th>Form code</th>
<th>Report/book/form</th>
<th>Clients’ forms</th>
<th>Responsible</th>
<th>Time to report</th>
<th>Purpose</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td>Mother and child book</td>
<td>Franchise staff, mothers/ caregivers</td>
<td>NA</td>
<td>Contain main messages for good IYCF practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M2</td>
<td>Client satisfaction questionnaire</td>
<td>Clients</td>
<td></td>
<td>Collect clients’ comments to improve franchise services</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Y1</td>
<td>List of pregnant women 7-9 months and mothers with children under 2 years</td>
<td>CBW</td>
<td>June and December</td>
<td>Provide information for YB monthly report</td>
<td>5-7</td>
<td></td>
</tr>
<tr>
<td>YB</td>
<td>Number of pregnant women and mothers with children under 2 years in a village</td>
<td>CBW</td>
<td>June and December</td>
<td>Provide information for PYB report</td>
<td>8-9</td>
<td></td>
</tr>
<tr>
<td>PYB</td>
<td>Number of pregnant women and mothers with children under 2 years in a community</td>
<td>Franchise staff</td>
<td>June and December</td>
<td>For form PB and estimate service coverage</td>
<td>10-11</td>
<td></td>
</tr>
</tbody>
</table>

## Franchise forms

<table>
<thead>
<tr>
<th>Code</th>
<th>Report/book/form</th>
<th>Clients’ forms</th>
<th>Responsible</th>
<th>Time to report</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>P1.1 Franchise staff follow-up on IYCF training</td>
<td>Franchise staff</td>
<td>When there are changes</td>
<td>Manage human resource, BCC material and Franchise’s facility</td>
<td>12-17</td>
</tr>
<tr>
<td></td>
<td>P1.2 BCC and promotional materials</td>
<td>Franchise staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P1.3 Franchise item half year count</td>
<td>Franchise staff</td>
<td>June and December</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P2</td>
<td>Mother card at Franchises</td>
<td>Franchise staff</td>
<td>Counseling</td>
<td>Record services provided to each mother</td>
<td>18-21</td>
</tr>
<tr>
<td>P3</td>
<td>Daily service record</td>
<td>Franchise staff</td>
<td>Counseling day</td>
<td>Record services delivered within a day and summary for monthly report</td>
<td>22-23</td>
</tr>
<tr>
<td>P4</td>
<td>Group counseling and Baby competition</td>
<td>Franchise staff</td>
<td>Counseling day</td>
<td>Record and report for group counseling</td>
<td>24-25</td>
</tr>
<tr>
<td>P5</td>
<td>Client referal form</td>
<td>Franchise staff</td>
<td>When refer client</td>
<td></td>
<td>26-27</td>
</tr>
<tr>
<td>PB</td>
<td>Franchise Monthly report</td>
<td>Franchise manager</td>
<td>5th day every month</td>
<td>Summary Franchise’s activity in month</td>
<td>28-29</td>
</tr>
</tbody>
</table>

## Supervisors’ forms (District, Province, Regional and A&T)

<table>
<thead>
<tr>
<th>Code</th>
<th>Report/book/form</th>
<th>Responsible</th>
<th>Time to report</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>GS</td>
<td>Supervision checklist</td>
<td>Supervisor</td>
<td>Upon supervision</td>
<td>Supportive supervision</td>
</tr>
<tr>
<td>GB</td>
<td>Supervision report</td>
<td>Supervisor</td>
<td>Upon supervision</td>
<td>Supervision summary report</td>
</tr>
<tr>
<td>GG</td>
<td>Supervision guidline</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Quarterly reports (District, Province and Region)

<table>
<thead>
<tr>
<th>Code</th>
<th>Report/book/form</th>
<th>Responsible</th>
<th>Time to report</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB</td>
<td>District Quarterly report (Eform)</td>
<td>Executive board</td>
<td>10th in March, June, September, December</td>
<td>Franchise indicators</td>
</tr>
<tr>
<td>TB</td>
<td>Provincial Quarterly report (Eform)</td>
<td>Management board</td>
<td>20th day every quarter</td>
<td>Franchise indicators</td>
</tr>
<tr>
<td>VB</td>
<td>Regional Quarterly report (Eform)</td>
<td>Regional manager</td>
<td>30th day every quarter</td>
<td>Franchise indicators</td>
</tr>
<tr>
<td>AT</td>
<td>A&amp;T Quarterly report</td>
<td>A&amp;T monitoring team</td>
<td>30th day every quarter</td>
<td>Franchise indicators</td>
</tr>
</tbody>
</table>
## CLIENT SATISFACTION QUESTIONNAIRE

Your help in completing this questionnaire is valuable for us to provide our clients with the best quality of care. Please leave the completed questionnaire in the designated box. Your responses are confidential. Thank you!

**Date of Service**  ___/____/______

**Service Received**  ........................................................................................................

**1. How did you hear about the IYCF franchise? (Multiple response)**

<table>
<thead>
<tr>
<th>Circle</th>
<th>A. Health staff</th>
<th>B. Community based workers</th>
<th>C. Other mother/s</th>
<th>D. Leaflet, TV channels</th>
<th>E. Franchise sign at gate</th>
<th>F. Others (specify)</th>
</tr>
</thead>
</table>

**2. How many minutes did you wait for counseling? Note your waiting time (in minutes)**

........................................................................................................................................

**3. Do you feel that the counselor**

<table>
<thead>
<tr>
<th>a. Was friendly to you?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Gave enough information for you to make a decision about infant feeding:</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>c. Listened to you:</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>d. Responded to your concerns or problems:</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>e. Was supportive with no judgment:</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**4. Overall, how would you rate the quality of IYCF services at this facility?**

<table>
<thead>
<tr>
<th>Circle one:</th>
<th>1. POOR</th>
<th>2. FAIR</th>
<th>3. GOOD</th>
<th>4. EXCELLENT</th>
</tr>
</thead>
</table>

**Comments:**

........................................................................................................................................

........................................................................................................................................

**5. Your comments and suggestions to improve the quality of the IYCF services at this facility**

........................................................................................................................................

........................................................................................................................................

**6. Will you recommend the IYCF service at this facility to a friend or family member?**

<table>
<thead>
<tr>
<th>Circle one:</th>
<th>1. YES</th>
<th>2. NO</th>
</tr>
</thead>
</table>

If NO, please explain:

........................................................................................................................................

........................................................................................................................................

**THANK YOU VERY MUCH!**
Y1. LIST OF PREGNANT WOMEN 7 - 9 MONTHS AND MOTHERS WITH CHILDREN UNDER 2 YEARS

CBW name: ________________________________
Village: _________________________________
Commune: _______________________________
District: _________________________________
Province: ________________________________
### Y1. List of pregnant women 7-9 months and mothers with children under 2 years

<table>
<thead>
<tr>
<th>No</th>
<th>Mother's name</th>
<th>Mother's age</th>
<th>Child date of birth</th>
<th>1st invitation card received date</th>
<th>Year 2011</th>
<th>Year 2012</th>
<th>Year 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Write down child’s age by month. Use this form to complete YB form.
### Instruction for Y1 form

<table>
<thead>
<tr>
<th>Name</th>
<th>List of pregnant women 7-9 months and mothers with children under 2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol</td>
<td>Y1</td>
</tr>
<tr>
<td>Purpose</td>
<td>To keep track of mothers from the 7th month of pregnancy until the child is 24 months. Provide information to the YB form</td>
</tr>
<tr>
<td>Level/Location</td>
<td>Hamlets/villages</td>
</tr>
<tr>
<td>Impltmentor</td>
<td>Demand generators (CBW)</td>
</tr>
<tr>
<td>Data source</td>
<td>List of pregnant women from CHCs or CBWs which they manage themselves</td>
</tr>
<tr>
<td>Time/frequency</td>
<td>Update monthly or whenever a new mother/pregnant woman comes to the center</td>
</tr>
<tr>
<td>Management/Archives</td>
<td>Form Y1 is filled and kept by CBW.</td>
</tr>
</tbody>
</table>

#### Steps to fill out the form

**Fill all information one the cover page:** CBW name, village, commune, district and province name

**Column (2)** The mother’s full name. Can add the names of his/her husband or parents in parentheses to distinguish. For example: Nguyen Thi Thanh (Hoa). Note: Write in order of the mother who has the oldest child to pregnant women.

**Column (3)** Mother’s date of birth *(if known)*

**Column (4)** The child’s date of birth:
- Write the expected date of birth for the pregnant women; update it with actual date of birth of the child upon delivery.
- In case of premature death or neonatal mortality, write down the status at birth and cross out the rest of the form.

**Column (5)** Date received the first invitation card: The date CBW gives the first invitation card to the mother and introduce the Franchise - MTBT.

**Columns (6,7,8):** 1 column stands for 1 month: CBW write down the child’s age by month.

**Note:**
- If the child is more than 24 months old then cross out the rest of the calendar.
- If the mother moves to another region or the child has died then note this and cross out the rest of the calendar.

#### Validation/ supervision, support

**A) Supervisor (frequency)**

1. Franchise management *(quarterly)*
2. Supervisors from upper level *(randomly)*

**B) Testing method:** *Number of mothers matches the information in A3 and PEMC books* 

**C) Checklist**

1. Fill out name of CBW, village, general information; 2. Write down the child’s age by month.
Number of pregnant women and mothers with children under 2 years in village

<table>
<thead>
<tr>
<th>No</th>
<th>Mother/pregnant women statistics</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>June</td>
<td>December</td>
<td>June</td>
</tr>
<tr>
<td>(1) Preganant women 7-9 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Mothers giving birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Mothers with children 0-4 mo 29 d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Mothers with children 5-5 mo 29 d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Mothers with children 6-11 mo 29 d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Mothers with children 12-23 mo 9 d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Mothers with children ≥ 24 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: This form will be filled by CBW and given to Commune Project staff in the monthly meeting twice a year in June and December.*
### Instruction for YB form

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of pregnant women and mothers with children under 2 years in village</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol</td>
<td>YB</td>
</tr>
</tbody>
</table>
| Purpose | Summary of the mothers being followed  
Provide information for PYB form, only use when no A3 or PEMC books |
| Level/Location | Village/hamlet |
| Implementor | Demand generator/Commune based worker (CBW) |
| Data source | A3 and PEMC books, or Y1 |
| Time/frequency | In June and December |
| Management/ Archives | Form YB will be completed by CBW and reported to Franchise staff |

#### Steps to fill out the form

Fill each column using data from A3 and PEMC books, or using Y1 if other two unavailable in June or December
- Pregnant women 7-9 months
- Mothers giving birth
- Mothers with children 0 - 4 mo 29 d
- Mothers with children 5 - 5 mo 29 d
- Mothers with children 6 - 11 mo 29 d
- Mothers with children 12 - 23 mo 9 d
- Mothers with children ≥ 24 months
- No. of invitation cards given

#### Validation/ supervision, support

**A) Supervisor (frequency)**
1. Franchise manager *(monthly)*
2. Supervisors from upper level *(randomly)*

**B) Testing method:**
1. Number of subject matches with A3 and PEMC books, or Y1
**Figure 4: Form PYB – Summary CBW report**

<table>
<thead>
<tr>
<th>SV code</th>
<th>List</th>
<th>Name of villages (1 column for 1 village)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Pregnant women 7-9 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mothers giving birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Mothers with children 0 - 4 mo 29 d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mothers with children 5 - 5 mo 29 d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Mothers with children 6 - 11 mo 29 d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Mothers with children 12 - 23 mo 9 d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Mothers with children ≥ 24 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>No. of invitation cards given</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: This form will compiled by Commune health staff in June and December at Commune Health Center based on YB report.*

Date........ month........ 201....

Franchise manager

Name and signature
## Instruction for PYB form

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of pregnant women and mothers with children under 2 years in community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol</td>
<td>PYB</td>
</tr>
<tr>
<td>Purpose</td>
<td>Number of pregnant woman and mother with children in community</td>
</tr>
<tr>
<td>Level/Location</td>
<td>Commune</td>
</tr>
<tr>
<td>Implmentor</td>
<td>Franchise staff</td>
</tr>
<tr>
<td>Data source</td>
<td>A3 and PEMC books, or Y1</td>
</tr>
<tr>
<td>Time/frequency</td>
<td>In June and December</td>
</tr>
<tr>
<td>Management/Archives</td>
<td>Store at Franchise document cabinet</td>
</tr>
</tbody>
</table>

### Steps to fill out the form
Fill in each column is used for village, using A3 and PEMC books, or using YB if other two unavailable
- Pregnant women 7-9 months
- Mothers giving birth
- Mothers with children 0 - 4 mo 29 d
- Mothers with children 5 - 5 mo 29 d
- Mothers with children 6 - 11 mo 29 d
- Mothers with children 12 - 23 mo 9 d
- Mothers with children ≥ 24 months
- No. of invitation cards given

After filling out data of all hamlet/village, Franchise staff calculate and write down in “Total” column.

### Validation/ supervision, support

**A) Supervisor (frequency)**
1. Franchise manager (monthly)
2. Supervisors from upper level (randomly)

**B) Testing method:**
Number of subject matches with A3 and PEMC books, or YB
### 1. STAFF TRAINING FOLLOW-UP ON IYCF

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Title</th>
<th>Trained</th>
<th>Organizer</th>
<th>Not trained</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Date</td>
<td>Topic</td>
<td>NIN</td>
<td>A&amp;T</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 6: Franchise Management Book P1 - Form P1.2 – Franchisee’s BCC material management follow-up card

<table>
<thead>
<tr>
<th>No</th>
<th>Date</th>
<th>Quantity</th>
<th>From</th>
<th>Distributed</th>
<th>To</th>
<th>Quantity</th>
<th>Balance</th>
<th>Received</th>
<th>Sign</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Province: ..............................................
District: ..............................................
Health Facility: ..........................................
Franchisee’s ID: __ __ __ __ __
Year: 20__
3. **FRANCHISE ITEM** *(using this copy for report)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity received</th>
<th>June’s count</th>
<th>December’s count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BCC materials</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Cards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poster 1: Nurse more</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poster 2: No water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poster 3: No formula</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loudspeaker scripts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video clip 1: Nurse more</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video clip 2: No water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video clip 3: No formula</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3D Video: Breast-milk and Feeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Furniture</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wooden Chair</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic Stools</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document cabinet</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking demonstration module</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV &amp; DVD Shelf</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Display shelf</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IEC materials holder display unit</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children Play Area</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boxes</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mats</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toy set 1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toy set 2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Franchise code: __ __ __ __ }

Figure 7: Franchise Management Book P1 – Form P1.3 – Franchise item half year count, page 1 *(Franchise manager)*

*Note: The table is a half-year count report for franchise items, including BCC materials, furniture, and children’s play area items. The report is used for monitoring and supervision at a health facility.*
### Figure 8: Franchise Management Book P1 – Form P1.3 – Franchise item half year count, page 2 (Franchise manager)

<table>
<thead>
<tr>
<th>Room Accessories</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Length board</td>
<td>1</td>
</tr>
<tr>
<td>Scale for Adults</td>
<td>1</td>
</tr>
<tr>
<td>Scale for Children</td>
<td>1</td>
</tr>
<tr>
<td>Teaset</td>
<td>1</td>
</tr>
<tr>
<td>Clock</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stickers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruler</td>
<td>1</td>
</tr>
<tr>
<td>Small Logos for random use</td>
<td>10</td>
</tr>
<tr>
<td>Big Logo</td>
<td>1</td>
</tr>
<tr>
<td>Deco. stickers (rainbow, flowers)</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signage (outdoor)</td>
<td>1</td>
</tr>
<tr>
<td>Signage (indoor)</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cooking Accessories</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Big bowls</td>
<td>2</td>
</tr>
<tr>
<td>Small bowls</td>
<td>12</td>
</tr>
<tr>
<td>Apron</td>
<td>2</td>
</tr>
<tr>
<td>Plates</td>
<td>3</td>
</tr>
<tr>
<td>Measuring cup 50 ml</td>
<td>1</td>
</tr>
<tr>
<td>Measuring cup 100 ml (ho c 150ml)</td>
<td>1</td>
</tr>
<tr>
<td>Measuring cup 250 ml</td>
<td>1</td>
</tr>
<tr>
<td>Water Container</td>
<td>1</td>
</tr>
<tr>
<td>Dipper</td>
<td>1</td>
</tr>
<tr>
<td>Plastic basin</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other related materials</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TV</td>
<td></td>
</tr>
<tr>
<td>DVD player</td>
<td></td>
</tr>
<tr>
<td>Food pyramid</td>
<td></td>
</tr>
<tr>
<td>PEMC height board</td>
<td></td>
</tr>
</tbody>
</table>
### Instruction for P1 book

<table>
<thead>
<tr>
<th>Name</th>
<th>Management book</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol</td>
<td>P1.1 Franchise staff follow-up IYCF training</td>
</tr>
<tr>
<td></td>
<td>P1.2 BCC and promotional materials</td>
</tr>
<tr>
<td></td>
<td>P1.3 Franchise item half year count</td>
</tr>
<tr>
<td>Purpose</td>
<td>Franchise manager use this book when:</td>
</tr>
<tr>
<td></td>
<td>• Reporting and planning</td>
</tr>
<tr>
<td></td>
<td>• Auditing of property periodically</td>
</tr>
<tr>
<td>Level/Location</td>
<td>Franchises in provinces, districts and communes</td>
</tr>
<tr>
<td>Implementor</td>
<td>Franchise staff</td>
</tr>
<tr>
<td>Data source</td>
<td>Counting</td>
</tr>
<tr>
<td>Time/frequency</td>
<td>• Staff training follow-up on IYCF: update when ever staff change (staff move to other CHC, new staff…)</td>
</tr>
<tr>
<td></td>
<td>• Staff training follow-up on IYCF: update when ever staff change (staff move to other CHC, new staff…)</td>
</tr>
<tr>
<td></td>
<td>• Staff training follow-up on IYCF: update when ever staff change (staff move to other CHC, new staff…)</td>
</tr>
</tbody>
</table>

**Steps to fill out the form**

**P1.1 Staff training follow-up on IYCF**
- Name column: Staff’s full name. Addition will be filled at the end of the list
- Title at Franchises and health facilities
- Training: Write training time & topic.
- Cross “X” in column “Not trained” if they have not been trained
- Organizer: Multiple choice. For example: A&T and NIN

**P1.2 BCC and other promotional material management follow-up cards**
- Use one form P1.2. for each BCC material. For example: Invitation cards, mother & child book, posters, leaflets...
- Each time a BCC material is received or distributed, Franchise staff fill out information in 1 row
- When there is no more space, start a new form, staff write down “Stored” number in to “Store” in the first row of the new form.

**Validation/ supervision, support**

**A) Supervisor (frequency)**
1. Franchise manager (monthly, quarterly)
2. Supervisor from the management board (monthly, quarterly)

**B) Supervise method:**
1. Check is data is filled out on all forms
2. Randomly choose 1 BCC material: compare the stored number in form and real stored number.
### MOTHER CARD AT FRANCHISE

<table>
<thead>
<tr>
<th>No</th>
<th>Service</th>
<th>Time to counsel</th>
<th>Receiver Mom; Dad; Gr-patents; Other</th>
<th>Counseling date</th>
<th>Practice (tick boxes)/ Counseling topic (write down)</th>
<th>Exposure to MM*</th>
<th>Next counseling date</th>
<th>Health staff signature</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G1a</td>
<td>EBF Promotion 1</td>
<td>7th month of pregnancy</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>G1b</td>
<td>EBF Promotion 2</td>
<td>8th month of pregnancy 9th month of pregnancy</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>G1c</td>
<td>EBF Promotion 3</td>
<td>7th month of pregnancy</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Expected date of birth:</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>G2</td>
<td>EBF support</td>
<td>Delivery</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>G3a</td>
<td>EBF management 1</td>
<td>2 - 4 weeks after delivery</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>G3b</td>
<td>EBF management 2</td>
<td>1-2 months</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>G3c</td>
<td>EBF management 3</td>
<td>2-3 months</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>G3d</td>
<td>EBF management 4</td>
<td>4-5 months</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>G4</td>
<td>CF education</td>
<td>5-6 months</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>2</td>
<td>6 months of age: (End-month check)</td>
<td>CHK: / /</td>
<td>Full G3: received G3a and G3c</td>
<td>EBF under 6 months: Yes No</td>
<td>Full G3: Yes No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Service</td>
<td>Time to counsel</td>
<td>Receiver Mom; Dad; Grparents; Other</td>
<td>Counseling date</td>
<td>Practice (tick boxes)/Counseling topic (write down)</td>
<td>Exposure to MM*</td>
<td>Next counseling date</td>
<td>Health staff signature</td>
<td>Remark</td>
</tr>
<tr>
<td>----</td>
<td>---------</td>
<td>----------------</td>
<td>------------------------------------</td>
<td>----------------</td>
<td>-------------------------------------------------</td>
<td>---------------</td>
<td>----------------------</td>
<td>------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>G5a</td>
<td>CF management 1</td>
<td>6-7 months</td>
<td></td>
<td></td>
<td>BF [ ] Infant formula [ ] CF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G5b</td>
<td>CF management 2</td>
<td>8-9 months</td>
<td></td>
<td></td>
<td>BF [ ] CF: Quant (2 meals, 1/2 bowl) [ ] Variety [ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G5c</td>
<td>CF management 3</td>
<td>10-11 months</td>
<td></td>
<td></td>
<td>BF [ ] CF: Quant (2 meals, 1/2 bowl) [ ] Variety [ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G5d</td>
<td>CF management 4</td>
<td>12-14 months</td>
<td></td>
<td></td>
<td>BF [ ] CF: Quant (3 meals, 3/4 bowl) [ ] Variety [ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G5e</td>
<td>CF management 5</td>
<td>15-18 months</td>
<td></td>
<td></td>
<td>BF [ ] CF: Quant (3-4 meals, 3/4 bowl) [ ] Variety [ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G5f</td>
<td>CF management 6</td>
<td>18-24 months</td>
<td></td>
<td></td>
<td>BF [ ] CF: Quant (≥3-4 meals, 1 bowl) [ ] Variety [ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24 months of age: (End-month check) CHK: / /  
Full G5: received G5a, G5b, G5c & G5d  
BF until 24 months: Yes No  
Full G5: Yes No  

| Total number of services provided | Full 5 package if mother got full G1, G2, G3, G4 and G5 |  |  |  |  |  |  |  |  |

Abbreviations:  
BF=Breastfeeding  
CF=Complementary feeding  
CHC=Commune health center  
Dist.=District; Prov.=Province  
EBF=Exclisive breastfeeding  
G=Consulting package  

* Exposure to mass media of the mother: In the last 30 days, have you exposed to IYCF infor. from TV, radio, loud speaker, newspapers, internet? (Not include formula promotion)  
** Tick box [ ]: X - yes, 0 - no
Instruction for P2 form

<table>
<thead>
<tr>
<th>Name</th>
<th>Mother card at Franchise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol</td>
<td>P2</td>
</tr>
<tr>
<td>Purpose</td>
<td>Record services provided to each mother</td>
</tr>
<tr>
<td>Level/Location</td>
<td>Franchises in provinces, districts and communes</td>
</tr>
<tr>
<td>Implementor</td>
<td>Franchise staff</td>
</tr>
<tr>
<td>Data source</td>
<td>Counselor writes this down themselves</td>
</tr>
<tr>
<td>Time/frequency</td>
<td>Update after each service is delivered. In addition, at delivery, when the child completes 6 months and 24 months check the card at the end of each month to identify outcome indicators.</td>
</tr>
</tbody>
</table>

Management/Archives

- Franchise staff keep P2 card in Franchise Data folder/Document cabinet
- Arrange P2 cards in ascending order of the child’s ID number and by groups: Pregnant women 7-9 months, child 0-5 months, child 6-23 months and child ≥ 24 months
- Pick up the card and use it in the counseling process
- After completing the counseling card, put the card in the daily box card holder
- After the working day, Franchise staff summarize service delivery and other information to update the P3 form – “Daily service record”
- After finish P3 form, put P2 card back to Data folder/Document cabinet
- When a child ≥ 24 months or a mother moves to another province, the P2 card will be placed in the storage folder.
- All P2 cards must be stored at least 1 year after the project is finished and handled by the management board.

Steps to fill out the form

A) Identify the child’s ID and get the P2 card

1. At registration (1st time): Establish a P2 card for each mother
   - Identify the child’s ID: based on year/month/date of child’s birth (Example: 110715 - child was born in 15th July 2011). For pregnant woman, give temporary ID with year/month/expected date of birth by pencil and write official ID after delivery. If the Franchise has more than 1 child born within a day, add letter “a, b, c...” to distinguish.
   - Write down general information into Baby book (M1). Guide the mother on how to use this book.

2. If the mother has a P2 card, based on the child’s ID, date of birth or expected birth, mother’s name to find the appropriate P2

B) Filling out P2 card while counseling

Note, accept recall information for G2 and 1-3.

1. Rows start by “G”: Based on one counseling session (pregnant, child age by month) to identify:
1.1. Counseling receiver: write down all receivers by group: mother, father, grandparents or other.

1.2. Counseling date: Date of counseling

1.3. Practice (tick boxes)/Counseling topic (write down): the day before counseling
   - Tick practice boxes [ ] (X for yes and 0 for no)
   - Example: in G3c row: Child receiving breast milk, water and formula and not yet receiving complementary foods, please fill in: BF [X] Water [X] Formula milk [X] CF[0]
   - Write down counseling topic, note for follow-up

1.4. Mass media exposure: Ask mother about mass media exposure on infant and young child feeding in last 30 days; if yes cross X into Yes column, if not, cross X into No column.

1.5. Next counseling date: write the next counseling date.

1.6. Health staff signature: counselor signs

1.7. Remark: Counselor writes down other criteria information

2. Rows start at tick box:

   ✓ 1. End of pregnancy:
      ○ Ask and write tentative birth date
      ○ When mother delivered, circle appropriate words in Pregnant outcome and Delivery place

   ✓ 2. Child is 6 month of age:
      ○ Exclusive breastfeeding in the first 6 months: Based on actual practice in rows G3a-d: Circle Yes if all are only BF and no water, no infant formula and no CF; otherwise circle No
      ○ Call to get this information if the mother doesn’t come in for counseling
      ○ Full G3: received G3a and G3c

   ✓ 3. Child is 24 month of age:
      ○ Continue BF at 24 months: At the last contact G5f, child is still BF
      ○ Call to get this information if the mother doesn’t come in for counseling
      ○ Full G5: received G5a, G5b, G5c & G5d
      ○ Count and write down total number of services provided
      ○ Full received: the mother receive G1, G2, G3, G4 and G5 when child is 24 months of age
      ○ Write the end date and reason. Common reasons for the completion of follow up are: ≥ 24 months, out migration, and death

A) Supervisor (frequency)
   1. Franchise manager (weekly, monthly)
   2. Supervisor from a district or province (monthly, quarterly)

B) Supervise method:
   1. Supervisor get 3 P2 forms randomly, check general information and counseling information
   2. Compare P2 form and service row of P3

Validation/ supervision
Figure 11: Form P3 – Daily service records at the franchise

| No | Services                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|----|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|    |
| G1 | EBF Promotion                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|    | Full G1                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| G2 | EBF Support                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| G3 | EBF management                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|    | Full G3                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| G4 | CF education                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| G5 | CF Management                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|    | Full G5                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| GF1| Full 5 package (9-14 contacts)|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| GF2| Full 5 package (15 contacts)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

**Clients**
- M Mothers
- B Fathers
- O Grandparents
- KH Others

**No. of counseling contacts**
- (total P2 card)

**No. of new clients**
- (new P2 card)

**Exposure to mass media**

**Outcome**
- BS Initiate < 1h
- BHT EBF in first 6 mo
- ABS Acceptable diet
- BM BF at 24 months
### Instruction for P3 form

<table>
<thead>
<tr>
<th>Name</th>
<th>Daily service records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol</td>
<td>P3</td>
</tr>
</tbody>
</table>
| Purpose       | • Summarize delivery of daily services at the Franchise  
• Provide information for form PB |
| Level/Location| Franchises in provinces, districts and communes |
| Implementor   | Franchise’s staff |
| Data source   | P2                    |
| Time/frequency| • Update after counseling  
• Summarize at the end of month for the Franchise monthly report-PB |
| Management/Archives | • Form P3 will be stored in the document cabinet.  
• Form P3 will be arranged by month and year in 1 folder. It has label “P3 – Daily service record”, name of Franchise, Franchise’s ID and Franchise manager’s name outside folder.  
• All P3 forms must be stored until the end of project. |

#### Steps to fill out the form

**A) Daily update:**
1. After the working day is finished, collect all P2 forms and fill in the appropriate column.
2. Check all P2 forms for the record number of each service, write 0 for the rest of the rows.
   - Counseling service: number of services for each package
   - Client by groups: mother, father, grandparents and other
   - Number of counseling contacts: count and write number of P2 cards
   - New client: count and write number of new P2 cards
   - Mass media exposure within the last 30 days about breastfeeding and appropriate complementary feeding

**Outcome:**
- Initiate BF: check P2 card every working day
- EBF in first 6 months: Count P2 card record “Yes” in 2. Accept calling for information
- Continue BF at 24 months: Count P2 card record “Yes” in 3. Accept calling for information if the mother doesn’t come
- Acceptable diet: Count P2 card is acceptable (meal frequency, size and variety) the day before counseling

**B) Summary at the end of month**
Summarize by rows in the table to complete Franchise Monthly report -PB.

#### Validation/ supervision, support

**A) Supervisor (frequency)**
1. Franchise manager *(weekly, monthly)*
2. Supervisor from a district or province *(monthly, quarterly)*

**B) Supervise method:**
Check rows and columns summary with Franchise Monthly report -PB.
**Figure 12: Form P4 – Group counseling and baby competition (Franchise manager)**

**Province:** ......................................  **Month:** __ __  
**District:** ......................................  **Year:** 201 __  
**Health facility:** ......................................  **Franchise’s ID:** __ __ __ __ __

1. Pregnant woman and mothers

<table>
<thead>
<tr>
<th>No</th>
<th>Date</th>
<th>Topic</th>
<th>Material used/ Distributed</th>
<th>No. of participant by category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pregnant woman</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mother with child 0-5 m</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mother with child 6-11m</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mother with child 12-23m</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Father</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grand parents</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

2. Healthy baby competition:  

<table>
<thead>
<tr>
<th>No</th>
<th>Date</th>
<th>No. of participant</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Child 0-5 m</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child 6-11m</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child 12-23m</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date ……..month …….. 201 …..**

**Franchise manager**

**Name and signature**
## Instruction for P4 form

<table>
<thead>
<tr>
<th>Name</th>
<th>Group counseling and baby competition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol</td>
<td>P4</td>
</tr>
</tbody>
</table>
| Purpose               | • List all group counseling delivered in a month  
                        • Provide information for form PB |
| Level/Location        | Franchises in provinces, districts and communes |
| Implementor          | Franchise staff                        |
| Data source           | Group counseling at Franchises and baby competitions organized at the facility |
| Time/frequency        | • Update each group counseling when delivered  
                        • Send a copy for the Franchise monthly report |
| Management/Archives   | • Keep form P4 in the document cabinet  
                        • Send a copy for the Franchise monthly report |

### Steps to fill out the form

1. **Group counseling**: 1 line is used for 1 group counseling session  
   • Counselor observes and fills out information in columns:  
     • Counseling date  
     • Topic  
     • Material use/Material distributed  
     • Count and write down the number of participants by groups:  
       ○ Pregnant women  
       ○ Mothers with children 0-5 months  
       ○ Mothers with children 6-11 months  
       ○ Mothers with children 12-23 months  
       ○ If fathers or grandparents participate, the counselor writes in appropriate columns  
     • Then write down total participation  
     • At the end of month, the counselor or franchise manager summarizes number of participants in the “Total” row.

2. **Baby competition**: If organized circle 1. Yes and write number of participants (baby/mother). If not organized circle 2. No

### Validation/supervision, support

**A) Supervisor (frequency)**  
1. Franchise manager (*weekly, monthly*)  
2. Supervisor from management board (*monthly, quarterly*)

**B) Supervise method:**  
1. Supervisors check this form to see if all information for each counseling session is filled out  
2. Participate observation: observe the counselor filling out information in counseling.
### CLIENT REFERAL FORM

1. **Name of facility making the referral:** ________________________________

2. **Referral date:** __/__/_________

3. **Services received at this facility:** (Circle, multiple response)
   - 3.1. EBF promotion
   - 3.2. EBF support (at delivery)
   - 3.3. EBF management
   - 3.4. CF education
   - 3.5. CF management

4. **Facility referred to:** _____________________________________________

5. **Service(s) for which client is being referred:** (Circle, multiple response)
   - 5.1. EBF promotion
   - 5.2. EBF support (at delivery)
   - 5.3. EBF management
   - 5.4. CF education
   - 5.5. CF management

6. **Reason for referral:** *(Eg: No delivery facility at health centre, high risk case, illness, etc…)*
   ..............................................................................................................................
   ..............................................................................................................................

7. **Outcome of referral:** .................................................................

8. **Other comments:** .............................................................................

_____ date ___ month ___ year 201__  _____ date ___ month ___ year 201__

*Referry facility*

*Franchise staff*

Name and signature  
Name and signature
### Instruction for P5 form

<table>
<thead>
<tr>
<th>Name</th>
<th>Client referral form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol</td>
<td>P5</td>
</tr>
<tr>
<td>Purpose</td>
<td>To refer client to other Franchise to receive counseling service</td>
</tr>
<tr>
<td>Level/Location</td>
<td>Franchises at province, district and commune</td>
</tr>
<tr>
<td>Implementor</td>
<td>Franchise staff</td>
</tr>
<tr>
<td>Data source</td>
<td>Counselors write it themselves base on information in P2 card</td>
</tr>
<tr>
<td>Time/frequency</td>
<td>Refer a mother to another Franchise; each form is used for 1 client</td>
</tr>
</tbody>
</table>
| Management/Archives | • Give this form for client bring to other Franchise  
                  | • Record into P2 card                        |
| Steps to fill out the form | • Complete general information: Mother’s name; address; child's name and birthday (if delivered); child's ID and Franchise ID  
                  | • Name of facility, referral date           
                  | • Counselor circles the number of service(s) that mothers received at this Franchise and service(s) that mothers need to receive at the new Franchise  
                  | • Give this form to mother and she will send to new Franchise |

#### Validation/ supervision, support

**A) Supervisor (frequency)**
1. Franchise manager *(monthly, quarterly)*
2. Supervisor from district or province *(monthly, quarterly)*

**B) Supervise method:**
1. Supervisors check this form for filling out all information on P5 and P2 forms
2. Participate observation: observe counselor filling out information in counseling
Figure 14: Form PB – Franchise monthly report (Franchise manager)

FRANCHISE MONTHLY REPORT

1.1. Number of clients (No. of registered P2)

<table>
<thead>
<tr>
<th>Subjects</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-9 months of pregnancy</td>
<td></td>
</tr>
<tr>
<td>Mother delivered in this month</td>
<td></td>
</tr>
<tr>
<td>Mother with a child 0-5 months old</td>
<td></td>
</tr>
<tr>
<td>Mother with a child 6-23 months old</td>
<td></td>
</tr>
<tr>
<td>Complete (mother with a child 24 months old)</td>
<td></td>
</tr>
</tbody>
</table>

1.2. General information (from PYB, A3, PEMC, Immunization or population record)

<table>
<thead>
<tr>
<th>Subjects</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-9 months of pregnancy</td>
<td></td>
</tr>
<tr>
<td>Mother with a child &lt;24 months old</td>
<td></td>
</tr>
</tbody>
</table>

2.1. Service delivery (from P3)

<table>
<thead>
<tr>
<th>Type of service received</th>
<th>N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1 - EBF promotion</td>
<td>Full G1</td>
</tr>
<tr>
<td>G2 - EBF support</td>
<td>G3 - EBF management</td>
</tr>
<tr>
<td>G4 - Complementary feeding education</td>
<td>Full G5</td>
</tr>
<tr>
<td>G5 - Complementary feeding management</td>
<td></td>
</tr>
</tbody>
</table>

2.2. Group counseling (from P4)

<table>
<thead>
<tr>
<th>No. of group counselled</th>
</tr>
</thead>
</table>

3. Client satisfaction result (No. of M2)

<table>
<thead>
<tr>
<th>No. of questionnaire</th>
</tr>
</thead>
</table>

Comment from client:

Clients

- Mothers
- Fathers
- Grandparents
- Others
- No. of counseling contact
- No. of new clients
- Exposure to mass media

Outcome

- Early initiation within 1h
- EBF under 6 months
- CF: acceptable diet
- Continue BF at 24 month

4. Franchise material management (from P1 book, biannual in June and December)

<table>
<thead>
<tr>
<th>No</th>
<th>BCC material</th>
<th>Unit</th>
<th>Stored from last quarter</th>
<th>Received this quarter</th>
<th>Total</th>
<th>Distribute this quarter</th>
<th>Stored next quarter</th>
<th>Need more copy</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Poster</td>
<td>each</td>
<td>1</td>
<td>2</td>
<td>3=1+2</td>
<td>4</td>
<td>5= 3-4</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Leaflet 1</td>
<td>piece</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Leaflet 2</td>
<td>piece</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Leaflet 3</td>
<td>piece</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Invitation card</td>
<td>each</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Baby book</td>
<td>book</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Any other comments/suggestion

5.1. No. of new clients (increase or decrease): .........................................................

5.2. Negative events (natural disaster: flood, storm…): ...........................................................

5.3. Urgent need: ............................................................................................................................

Date…….month…….201……

Prepared by
Name and signature

Franchise manager
Name and signature
Appendix 5: Monitoring and Supervision Manual

Instruction for PB form

<table>
<thead>
<tr>
<th>Name</th>
<th>Franchise monthly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol</td>
<td>PB</td>
</tr>
<tr>
<td>Purpose</td>
<td>Summary Franchise activities of the report month. Include PYB and P1.3 with the reports for June and December</td>
</tr>
<tr>
<td>Level/Location</td>
<td>Franchises in provinces, districts and communes</td>
</tr>
<tr>
<td>Implimentor</td>
<td>Franchise staff</td>
</tr>
<tr>
<td>Data source</td>
<td>Forms: P1, P3, P4, M2, PYB. Alternative to form PYB, franchises at the commune level can use available information from the pregnancy book (A3) and PEMC for report to complete form PYB</td>
</tr>
<tr>
<td>Time/frequency</td>
<td>On the 5th of every month</td>
</tr>
<tr>
<td>Management/ Archives</td>
<td>Save 1 copy at the Franchise. Franchise at commune and district levels send the report to the District management board, Franchise at province level send the report to the Province management board.</td>
</tr>
</tbody>
</table>

Steps to fill out the form

1. **Number of clients** (count number of P2 card are follow-up at Franchise) by groups.
2. **General information**: from "Total" column in PYB form, which might gather from the Pregnant book (A3) for PEMC report. Photocopy and include PYB form.
3. **Service delivery** (from P3 form):
   - Get data from "Total" column of P3 form to fill this session
   - \( \% = \) Service delivery / Client are followed

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women 7th-9th months pregnant</td>
<td>G1</td>
</tr>
<tr>
<td>Delivery</td>
<td>Full G1 or G2</td>
</tr>
<tr>
<td>Mother with a child 0-5 months</td>
<td>G3, full G3 or G4</td>
</tr>
<tr>
<td>Mother with a child 6-23 months</td>
<td>G5</td>
</tr>
<tr>
<td>Complete (Mother with a child 24 months old)</td>
<td>Full G5, GF1, and GF2</td>
</tr>
</tbody>
</table>

2. **No. of group counseling sessions**: from P4 form
3. **Client satisfaction results**: write no of forms M2 received
4. **Franchise material management** based on P1.2; report in June and December
   - Copy P1.3 form and attach to this report
5. **Any other comments/suggestions**:
   - No. of new clients (*increase or decrease*)
   - Negative events (*natural disaster: flood, storm…*)
   - Positive events (*BF, CF campaing…*)
   - Urgent need

Validation/ supervision, support

A) **Supervisor (frequency)**
   - 1. Supervisors from management board (*quarterly*)

B) **Supervise method**:
Province: .............................. District: ..............................
Visit date: _____/_____/201__

**SUPPORTIVE SUPERVISION CHECKLIST**

<table>
<thead>
<tr>
<th>No.</th>
<th>Observation requirement</th>
<th>Rank</th>
<th>Problems and suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Good</td>
<td>Not good</td>
</tr>
<tr>
<td>1</td>
<td>Facility and staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frendly environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Franchise has 2-3 trained counselors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comply with Decree 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Service delivery (meet counseling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Package appropriate with child age</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counseling content</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counseling skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Recording and Reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Franchise has adequate A&amp;T forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acurate and clear</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Management of forms and reports</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Number of service delivery (compare with last month/quater)</td>
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<tr>
<td>4</td>
<td>Service fee</td>
<td></td>
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<tr>
<td></td>
<td>Do the franchise charge fee?</td>
<td></td>
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<tr>
<td></td>
<td>How the fee is used (if charge)</td>
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**Comment:**
Successful issues

Key issues that need follow up actions

Supervisor
Name and signature

Franchise manager
Name and signature
Counseling on Infant and Young Child Feeding at a health facility

<table>
<thead>
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<th>No</th>
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<th>Issues Detected</th>
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<td>Need follow-up</td>
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<td></td>
<td>Franchise's ID:</td>
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</tbody>
</table>

Comment and suggestion

Supervisor
Name and signature
SUGGESTION FOR CHECKLIST

1. Franchise

1.1 Facility
   - Children Play Area
   - Waiting area
   - Counseling area
   - Cooking area

1.2 Signage
   - Outside facility (on road)
   - Outside room
   - Indoor room

1.3 Hygiene condition

2. Record book and report

2.1 P1 (Franchises management book)
   - P1.1 Completed with all training information of Franchise staff
   - P1.2 Compare balance with available in stock
   - P1.3 Quick check by items listing with this form

2.2 P2 (Mother card at Franchise)
   - All cards are arranged by child's ID number order
   - Full identification information filled
   - Complete all data on each service
   - Appropriated service provided according to child age

2.3 P3 (Daily service record)
   - Complete all service delivery in counseling day
   - Randomly pick up 3 P2 cards and compare with number of service in P3 card corresponding

P4 (Monthly report for Group counseling and baby competition)
   - Complete all data in report
M2 (Client satisfaction feedback)
Available place for M2 forms in easy assess place
Available M2 form and pen/pencil
Filled M2 form available

2.5 PB (Franchise monthly report)
Complete all data in report
Compare with PYB form for general information
Compare with P3 form for service delivery number
Compare number of client satisfaction questionnaire complete

3. Individual counseling observation

3.1 Introduction, create warm & friendly environment
Greet mothers
Self introduce
Make eye contact
Smile
Show respect

3.2 Identify current problems/issues
Listen
Be non-judgmental
Ask open-ended questions
Accept what a mother says

3.3 Analyze and Assess
Be non-judgmental
Identify the problem, issue
Response to mother’s question

3.4 Make practical recommendations
Provide relevant information
Build confidence
Make 1-2 practical recommendations
Be non-judgmental

3.5 Negotiate behavior - get commitment
Discuss different solutions with mothers
Let mothers decide the solution
Get mother’s commitment to try 1-2 recommendations

3.6 Summarize and closing
Ask mother to repeat recommendation
Correct recommendation as appropriate
Arrange follow-up with mothers
Praise and thank mothers

4. Group counseling

4.1 Introduction
Greet mothers
Self-introduce
Mothers introduce themselves
Introduce the topic
Warm up to create happy atmosphere, involving trainee’s participation: singing, games…

4.2 Identify attitude, understanding, and practice of mothers on the topic for the day
Use open-ended questions to know what mothers know, believe, do and are interested in
Listen to mothers’ sharing
Accept what mothers think and do
Identify and praise what mothers understand and do right

4.3 Analyze and Assess
Identify the constraints of the mothers in the topic of discussion, consultation

4.4 Provide information and supports
Give information which is relevant to counseling topic
Use counseling card properly to help mother understand and remember information
Discuss solutions to overcome difficulties
Make practical suggestions on what mothers can do
Encourage and negotiate with each mother to select one to two actions to try
Come to an agreement on implementing new behavior

4.5 Summarize – get commitment
Summarize main points of the counseling session
Agree on the plan for the next meeting.
Arrange follow-up on mothers practicing new behavior
Say “thank you” to mothers.