



Behavior Change Communication for Improved Infant Feeding

Training of Trainers for Negotiating Sustainable Behavior Change

LINKAGES Project

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Notes to the Trainer

Purpose and Audience

The purpose of this course is twofold: to train community health workers in behavior change communication (BCC) skills to improve infant feeding, and to train trainers of community health workers to deliver training on behavior change communication related to infant feeding. This course emphasizes behavior change communication skills and infant feeding technical content. The training approach is geared toward practical responses to problem solving and questions related to infant feeding. Participants should already have interpersonal communication and counseling skills.

Design

This training module has two components: 1) a community training module that can be used to train community health workers in behavior change communication skills and infant feeding knowledge and 2) a training of trainers (TOT) module that can be used in combination with the community module. The TOT sessions related to BCC and infant feeding are the same sessions used in the community module. Because trainers often train as they are trained, it is important to use the community module to ensure that the participants in the TOT are familiar with the community module and able to replicate the training. The module contains a third section with learning activities for a 2-day practice training. As part of the TOT, participants practice training community health workers in BCC skills and infant feeding content (using learning sessions from the community module). These 2 days of practice ensure that participants feel prepared to conduct training. A sample training schedule for the TOT is included. This trainers' manual includes details of content, learning objectives, key messages, learning activities, time allocated, and materials and handouts for each learning activity for both community and TOT sessions.

As in all training, consideration must be given to tasks to be completed before, during, and after training. The following table, from the LINKAGES training strategy, outlines these tasks and the responsibilities of the organization, the trainer, and the trainee and the relationships among them.

Training Tasks and Responsibilities

Personnel	Before training	During training	After training
Organization's management or supervisor of trainee	<ul style="list-style-type: none"> Know the problem Commit resources Collaborate with other organizations 	<ul style="list-style-type: none"> Support the activity Keep in touch Receive feedback Plan for later 	<ul style="list-style-type: none"> Mentor trainee Reinforce behaviors Plan practice activities Expect improvement Encourage networking among trainees Be realistic Utilize resources
Trainer	<ul style="list-style-type: none"> Know audience (profile of trainee) Design course content Develop pre/post tests, guides, checklists Select practice activities, training methods, materials 	<ul style="list-style-type: none"> Know audience (profile of trainee) Foster trust, respect Use many examples Create identical situations Use problem-centered training 	<ul style="list-style-type: none"> Provide follow-up: refresher or problem-solving sessions
Trainee	<ul style="list-style-type: none"> Know purpose of training and roles and responsibilities after training Be motivated to expect that training will help performance Have community volunteers "self-select" 	<ul style="list-style-type: none"> Create an action plan 	<ul style="list-style-type: none"> Know what to expect and how to maintain improved skills Be realistic Practice to convert new skills into habits
Organization's management/supervisor of trainee/trainer	<ul style="list-style-type: none"> Establish selection criteria Establish evaluation criteria 	<ul style="list-style-type: none"> Provide feedback 	<ul style="list-style-type: none"> Provide feedback Evaluate
	<ul style="list-style-type: none"> Conduct situational analysis of training needs 	<ul style="list-style-type: none"> Provide feedback 	<ul style="list-style-type: none"> Provide feedback Evaluate
	<ul style="list-style-type: none"> Conduct needs assessment Establish goals Establish objectives Identify days, times, location 	<ul style="list-style-type: none"> Provide feedback 	<ul style="list-style-type: none"> Provide feedback Evaluate
Trainer/trainee		<ul style="list-style-type: none"> Provide feedback 	<ul style="list-style-type: none"> Provide feedback Evaluate

Methodology

For best training results, field visits should be arranged to reinforce new knowledge, attitudes, and skills. Field visits should be organized to practice correct positioning and attachment for breastfeeding with mothers of infants 0–2 months old, negotiation with mothers of infants 0–6 and 6–12 months old, and participatory group talks with mothers, grandmothers, and men. The participants should have an opportunity to practice each skill during the course of the training. If a participant's skills need strengthening, additional supervised practice should be arranged with the trainer or at the participant's worksite until competency is achieved.

Use the checklists during each field experience to guide participants' experience, focus their performance, and improve practices. Checklists are also a tool for performance evaluation at the completion of training. Use the results of the pre- and post-test tools to identify content areas that have been difficult for participants to grasp. Meet with co-facilitators to develop ways to help participants learn the challenging content.

This training of trainers will be most effective if participants have an opportunity to practice using the content and skills they have just learned by facilitating a training of community health workers. This can be arranged by offering a nearby nongovernmental organization (NGO) a 2-day training in breastfeeding, complementary feeding, and behavior change communication skills. It may be necessary to provide transportation, meals, and a packet of handouts included.

Training Tips

Suggested “ice breakers” (others can be invented or adapted to the local context): Set the tone for training by conducting ice breaker exercises to help participants begin to value their unique talents and contributions to service delivery. Select one of the two suggested activities below or create one.

“Name Game”

Ask each person to compare herself or himself to an animal or thing that exemplifies some trait of his/her personality and explain the choice. Examples: “I am like an ant because I am always on the move,” “I am like a horse because I swiftly do my tasks,” “I am like a bird because I like to dream.”

“Card Game”

Arrange playing cards with paired royalty (king, queen, jack) and/or paired numbers (10, 9, 8). Spread cards in a fan and ask participants to pick a card and find their match. Have participants interview each other asking their names and what they expect from this training. Record contributions and expectations and tell participants whether their expectations will be addressed in the design of the training.

Daily evaluation activities

At the end of each day ask participants to answer three questions written on a piece of paper: 1) What did you like? 2) What should be changed or improved?, and 3) What did you learn? Ask participants to fold their answers and place them in a hat. When all answers are collected, redistribute them. Ask participants to read the responses they were handed. This allows participants to evaluate the day's activities in confidence.

Alternatively, ask two or three participants to be the representatives for the day. At the end of each day, meet with them to discuss what the participants liked, what they would like changed, and what they learned. This is another way to ensure participants' opinions, needs, and concerns are addressed in the training.

Behavior Change Communication for Improved Infant Feeding Training of Trainers (TOT)

Learning Objectives

A. Breastfeeding and complementary feeding

At the end of the training the participants will be able to:

- Name three advantages of breastfeeding for the baby and the mother
- Name two reasons why immediate initiation of breastfeeding is important
- Help a mother of a 0–2-month-old baby correctly position and attach her baby for breastfeeding
- Define “exclusive breastfeeding”
- Explain why exclusive breastfeeding is important
- Identify three common difficulties of breastfeeding and their causes, symptoms, management, and prevention
- Describe how to manage breastfeeding in three special breastfeeding situations
- State the age at which children should begin to eat foods
- List optimal feeding practices using FADUA (frequency, amount, density, utilization, active feeding)
- Name quality, locally available, feasible, and affordable foods for infants 6–12 months old
- State recommended frequency of feeds for each age group: 6–9 months, 9–12 months, and 12–24 months
- Explain recommended food consistency, especially for babies 6–9 months old
- Explain three ways HIV is transmitted
- Explain three ways to prevent the transmission of HIV from mother to child
- Identify three special nutritional needs of women during lactation and pregnancy and explain how to meet those needs

B. Behavior change communication

At the end of the training the participants will be able to:

- Facilitate groups using ORPA (observe, reflect, personalize, act) with 1) a visual, 2) a participatory talk (action-oriented group talk), and 3) dramas or stories
- Identify the stages of behavior change and the appropriate interventions to encourage change in behavior from case studies
- Conduct individual negotiation for improved feeding practices for babies 0–6 months old, 6–9 months old, 9–12 months old, and 12–24 months old
- Explain why mother-to-mother support groups can be a useful component of a BCC strategy

C. Training

At the end of the training the participants will be able to:

- Train trainers of community health workers in infant feeding and behavior change communication
- Conduct supervisory session to improve performance

Sample Training of Trainers Schedule

Week 1

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1. Welcome <ul style="list-style-type: none"> • Introductions • Expectations • Learning objectives • Schedule • Norms 2. Pre-test 3. BCC overview	10. Breastfeeding difficulties 11. Breastfeeding in special situations 12. Practice using visuals and ORPA in group talk (TIBF)	21. Introduction to negotiation 22. Practice negotiating behavior change with breastfeeding: Part 1 23. Practice negotiating behavior change with breastfeeding: Part 2	28. Field practice: Negotiation visit 1: Negotiating improved breastfeeding and complementary feeding practices	32. Field practice: Group talks and dramas for mothers, grandmothers, and fathers	34. Negotiation visit 2: Follow up on negotiated breastfeeding and complementary feeding practices
T E A B R E A K					
4. Local breastfeeding situation (Profiles) 5. Breastfeeding advantages 6. How the breast makes milk 7. Positioning and attachment	13. Practice using visuals and ORPA in group talk (EBF) 14. Local complementary feeding (CF) situation 15. Introduce CF and FADUA 16. Nutrient density: the D in FADUA	24. Mother-to-child transmission (MTCT) 25. Maternal nutrition <ul style="list-style-type: none"> • Identify training techniques; learning styles 	<ul style="list-style-type: none"> • Participants' sharing of experience, discussion, posting of babies' names and behavior (0–6 months) 	<ul style="list-style-type: none"> • Participants' sharing of experience 	<ul style="list-style-type: none"> • Participants' sharing of experience, discussion, posting of babies' names and behavior (0–6 months and 6–12 months)
L U N C H					
<ul style="list-style-type: none"> • Practice positioning and attachment with real mothers • Debriefing on position and attachment practice 8. Early initiation	17. CF at different ages: food game 18. Preparing meals for young children: going to market	26. Practice negotiating behavior change with CF	<ul style="list-style-type: none"> • Participants' sharing of experience, discussion, posting of babies' names and behavior (6–12 months) 29. Mother-to-mother support group demonstration	<ul style="list-style-type: none"> • Development of plans to integrate BCC training into programs 	
T E A B R E A K					
9. Exclusive breastfeeding	19. Behavior change: barriers and motivators 20. Stages of behavior change	27. Practice using ORPA with dramas	30. Scheduling of home visits 31. Who influences mothers' behaviors? — preparation for group talks and dramas	33. Preparation for negotiation visit 2	
<ul style="list-style-type: none"> • Review game: breastfeeding • Identification of training techniques • Evaluation 	<ul style="list-style-type: none"> • Review game: CF • Identification of training techniques • Evaluation 	<ul style="list-style-type: none"> • Review game • Evaluation 	<ul style="list-style-type: none"> • Review game • Identification of training techniques • Evaluation 	<ul style="list-style-type: none"> • Review • Identification of training techniques • Evaluation 	

Sample Training of Trainers Schedule (continued)

Week 2

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<ul style="list-style-type: none"> Review of week 1 Preparation for practice of community training Planning for community training–day 1 Practice community training–breastfeeding and BCC 	<ul style="list-style-type: none"> Practice community training–ORPA with a drama Practice community training–breastfeeding and BCC review Large group discussion on comments on day 1 Planning for community training–day 2 	<ul style="list-style-type: none"> Community BCC training–day 1 <p><i>Each group conducts a 2-day workshop on BCC and infant feeding with community workers</i></p>	<ul style="list-style-type: none"> Community BCC training–day 2 	<ul style="list-style-type: none"> Post-test Presentation of training plans
T E A B R E A K				
<ul style="list-style-type: none"> Practice community training–What is BCC? 	<ul style="list-style-type: none"> Practice community training – Complementary feeding and BCC Practice community training – ORPA with visual and group talk 	<ul style="list-style-type: none"> Continuation of training 	<ul style="list-style-type: none"> Continuation of training 	<ul style="list-style-type: none"> Presentation of training plans, continued Evaluation of training
L U N C H				
<ul style="list-style-type: none"> Practice community training – ORPA with visual and group talk 	<ul style="list-style-type: none"> Practice community training – ORPA with a drama Practice community training – Steps of negotiation 	<ul style="list-style-type: none"> Discussion and sharing of training in large groups Meeting of sets of pairs who facilitated the same session to share 	<ul style="list-style-type: none"> Discussion and sharing of the training in large groups 	<ul style="list-style-type: none"> Closing ceremony, certificates
T E A B R E A K				
<ul style="list-style-type: none"> Practice community training–Stages of change and negotiation Practice community training–Steps of negotiation 	<ul style="list-style-type: none"> Practice community training – CF and BCC review Sharing of experiences among groups Final preparations for day 1 of community training 	<ul style="list-style-type: none"> Preparation for training day 2 	<ul style="list-style-type: none"> Finalization of training plans 	
<ul style="list-style-type: none"> Evaluation and discussion 	<ul style="list-style-type: none"> Evaluation and discussion 	<ul style="list-style-type: none"> Evaluation and discussion 	<ul style="list-style-type: none"> Evaluation and discussion 	

Behavior Change Communication for Improved Infant Feeding

Community Module

1. Introductions and Expectations

Objective/content/message	Materials/time/activities
<ul style="list-style-type: none"> Welcome Introductions Expectations Learning objectives Review of training schedule 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> Flipchart for writing expectations Flipchart with learning objectives Handout with training schedule <p><u>Time:</u> 25 minutes</p> <p><u>Activity:</u> Ice breaker: Divide the group into pairs. Participants share names, positions, and organizations and try to find three things they have in common. Then they introduce each other to the group and share one thing that they found they have in common.</p> <hr/> <p><u>Time:</u> 20 minutes</p> <p><u>Activity:</u> In plenary ask participants to name their expectations for this training. Write expectations on a flipchart.</p> <p>Present learning objectives. Compare participants' expectations to learning objectives.</p> <hr/> <p><u>Time:</u> 15 minutes</p> <p><u>Activity:</u> Review the training schedule. Compare with expectations and learning objectives. Answer any questions participants may have.</p>

2. Pre-test

Objective/content/messages	Materials/time/activities
<p>Content: Questions for oral pre-test:</p> <ul style="list-style-type: none"> • Should a woman breastfeed immediately after the baby is born? C • Should a mother breastfeed on a schedule in order to have enough milk? I • After 4 months, should a mother begin to add foods in addition to breastmilk? I • When a mother begins to give foods to a baby, should she start with watery porridge? I • Should a 6–9-month old eat 3 meals a day? C • Should children 12–24 months old eat at least 5 meals a day? C • Does the first milk (colostrum) clean the stomach and serve as the first immunization for the baby? C • Should you give teas, water, and breastmilk to infant during the first 6 months? I • Does a pregnant woman need to eat more than a woman who is not pregnant or lactating? C • After the first 6 months, is it good to continue to give only breastmilk? I • Should young children have their own plates while they are eating? C • Can the ORPA methodology alone help motivate someone to change infant feeding practices? I • Is telling a mother what to do an effective way to improve how she feeds her child? I • Are carrots, pumpkins, mangoes, paw paw, and green leafy vegetables the foods that contain vitamin A? C • Will adding oil to the child's food ensure that s/he grows tall? I • Are potatoes, tomatoes, oranges, and bananas the foods that contain iron? I • Are animal products and legumes the foods that contain protein and help a child grow? C 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout: 2. "Pre-test" or • Red and green cards for each participant <p>Time: 30 minutes</p> <p>Activity: Select one of the following two methods to administer the pre-test. Make the selection based on the literacy and education levels of the participants.</p> <p>1. Pass out copies of the pre-test to the participants and ask them to complete it individually. Tell them they have 30 minutes to do this. Give them a 5-minute and 2-minute warning.</p> <p>Correct all the tests as soon as possible the same day, identifying topics that caused disagreement or confusion and need to be addressed.</p> <p>or</p> <p>2. Have participants sit in a circle with their backs facing the center. Pass out a red and a green card to each participant. Explain that a question will be read aloud. If they think the statement is correct, they should raise the green card. If they think the statement is incorrect, they should raise the red card.</p> <p>One facilitator should record questions participants answer incorrectly and note topics that cause disagreement or confusion among the participants. Participants should be advised that these topics will be discussed in greater detail during the training.</p>

3. What is Behavior Change Communication?

Objective/content/message	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to define “behavior change communication.”</p> <p>Content: Behavior change communication (BCC) is any communication (e.g., interpersonal, group talks, mass media, support groups, visuals and print materials, videos) that helps foster a change in behavior in individuals, families, or communities.</p> <p>BCC is a multi-level tool for promoting and sustaining risk-reducing behavior change in individuals and communities by distributing tailored health messages in a variety of communication channels.</p> <p>BCC is listening, understanding, and then negotiating with individuals and communities for long-term positive health behaviors.</p> <p>Talking with people, listening to them, and having them agree to try something new, not just telling them to do something different, is a critical piece of any successful nutrition BCC program.</p> <p>Key idea: Listen to, understand, and then talk with individuals and communities for long-term, positive changes in health behaviors.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Flipchart, markers, masking tape <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> In plenary ask participants:</p> <ul style="list-style-type: none"> • What are our goals when we promote exclusive breastfeeding and complementary feeding? • How can we change infant nutrition? • How can we convince a mother to change her feeding practices? • Does telling a mother what to do cause her to change her behavior? <p>Discuss how giving someone information is not usually enough to change behavior. Behavior change communication is a way to communicate with people by listening, understanding, and negotiating so they will change their behavior.</p> <p>Divide participants into groups of four or five. Ask groups to think about a time when someone told them what to do. Ask them to think about how they felt. Encourage group members to share their feelings. Ask them to look for common themes or feelings.</p> <p>(continued)</p>

3. What is Behavior Change Communication? (continued)

Learning objectives/content	Materials/time/activities
	<p>Ask participants to think about a time when someone asked them what they wanted to do. Ask them to think about how they felt in this situation. Encourage group members to share their feelings. Ask them to look for common themes or feelings and compare the two experiences.</p> <p>In plenary discuss the difference between how it felt to be told what do to and how it felt to be asked what they wanted to do. Ask a few participants to share their feelings. Write common themes on a flipchart. Discuss how these experiences relate to communicating with mothers and caregivers. Ask: What is one way to get people to change their behavior? How can we be facilitators when we counsel mothers? Reinforce that this training focuses on facilitating behavior change.</p>

4. Local Infant and Young Child Feeding Situation

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to explain the importance of optimal infant feeding practices.</p> <p>Advanced preparation: Collect country or regional data on: Measures of malnutrition:</p> <ul style="list-style-type: none"> • % of malnourished children under 2, underweight, stunting, wasting • Iodine, iron, and vitamin A deficiency <p>Infant feeding practices that may contribute to malnutrition:</p> <ul style="list-style-type: none"> • % ever breastfed • % timely initiation of breastfeeding • % exclusively breastfed 0–4 months • % exclusively breastfed 4–6 months <p>Content:</p> <ul style="list-style-type: none"> • Breastfeeding protects infants under 6 months old from common illnesses (diarrhoea, colds, coughs, pneumonia, earaches, measles, fever, anaemia, malnutrition) and then offers some protection for older children who continue to breastfeed regularly. • Malnutrition is the underlying cause of over half of the deaths of children under 5. • Poor hygiene and poor infant feeding practices often cause diarrhea. • Children need vitamin A to resist illness and prevent visual impairment. • Small amounts of iodine are needed to prevent learning disabilities and delayed development in children. • Iron deficiency in childhood causes impaired learning and motor development, stunting, and damage to the body's ability to fight infection. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape <p>Time: 30 minutes</p> <p>Activity: In plenary ask participants the most common illnesses for infants in their communities Ask how these illnesses can be prevented. Facilitate a discussion on nutrition-related illness and problems in their communities and the role of optimal infant feeding.</p> <p>Present data on measures of malnutrition and infant feeding practices that may contribute to malnutrition in their communities.</p>

4. Local Infant and Young Child Feeding Situation (continued)

Objective/content/messages	Materials/time/activities
<p>Key messages:</p> <ul style="list-style-type: none">• During the first 6 months, breastmilk contains all the energy and nutrients a baby needs for healthy growth and protection against illness.• Good nutrition and infant feeding practices (exclusive breastfeeding for the first 6 months and adequate complementary feeding at 6 months) is important for overall health and development.	

5. Advantages of Breastfeeding

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to list the advantages of breastfeeding for the baby, mother, family, and community.</p> <p>Content: <i>Advantages for baby</i></p> <ul style="list-style-type: none"> • Supplies all necessary nutrients in proper proportions • Digests easily and does not cause constipation • Protects against diarrhea • Provides antibodies that protect against common illnesses • Protects against infection, including ear infections • Keeps baby well hydrated during illness • Reduces the risk of developing allergies • Is always ready at the right temperature • Increases mental development • Prevents hypoglycemia (low blood sugar) • Promotes proper jaw, teeth, and speech development • Suckling at the breast is comforting to fussy, overtired, ill, or hurt baby • Promotes bonding • Is the baby's first immunization <p><i>Advantages for mother</i></p> <ul style="list-style-type: none"> • Reduces blood loss after birth (early or immediate breastfeeding) and helps expel the placenta • Saves time and money • Makes night feeds easier • Delays return of fertility • Reduces the risk of breast and ovarian cancer <p><i>Advantages for family and community</i></p> <ul style="list-style-type: none"> • Is available 24 hours a day • Reduces cost for medicines for sick baby • Delays new pregnancy • Reduces time lost from work 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Pieces of paper in three colors, markers, masking tape • Title cards: Baby, Mother, Family and Community • Handout 5: "Advantages of breastfeeding for baby, mother, and family" <p><u>Time:</u> 30 minutes</p> <p><u>Activity:</u> Pass out colored cards to form three working groups to discuss:</p> <ul style="list-style-type: none"> • Advantages for the baby (<u>blue</u>) • Advantages for the mother (<u>green</u>) • Advantages for the family and community (<u>red</u>) <p>Ask working groups to write one advantage per card for their topics (pass out additional cards as needed).</p> <p>Post title cards on the wall:</p> <ul style="list-style-type: none"> • Advantages for Baby • Advantages for Mother • Advantages for Family and Community <p>Ask each group to post its cards with advantages under appropriate title cards.</p> <p>Ask the groups to explain each card as they post it and ask the other groups whether they have any advantages to add.</p> <p>Pass out Handout 5 "Advantages of Breastfeeding" handout and review any advantages that are not listed.</p>

6. How the Breast Makes Milk

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> Identify parts of the breast and describe their functions. Describe how the breast makes milk. <p>Content: Anatomy of the breast: gross structure (nipple, Montgomery glands, areola, skin) microscopic structure (alveoli, milk ducts, milk sinuses)</p> <p>Milk is produced as a result of the action of hormones (which send a message to the brain) and stimulated by suckling at the breast.</p> <p>When a baby suckles, the tongue and the mouth stimulate the nipple. The nerves in the nipple send a message to the mother's brain that the baby wants milk. The brain responds and orders the production of two hormones, prolactin and oxytocin. Prolactin works after the feed and makes the milk for the next feed. Oxytocin works while the baby is suckling and makes the milk flow for this feed.</p> <p>The oxytocin reflex can be affected by a mother's thoughts, feelings, and sensations. If a woman is happy and confident that she can breastfeed, her milk flows well. But if she doubts whether she can breastfeed, her worries may stop the milk from flowing.</p> <p>Key messages:</p> <ul style="list-style-type: none"> The more the baby suckles, the more milk is produced. To help a mother's milk flow, be kind and supportive, help her not to worry, and reassure her that she can breastfeed. 	<p>Materials:</p> <ul style="list-style-type: none"> Flipchart paper, markers, masking tape An orange cut into two pieces <p>Time: 30 minutes</p> <p>Activity: Divide participants into groups of four and pass out flipchart paper and markers. Form working groups and ask each group to draw:</p> <ul style="list-style-type: none"> The breast as it looks on the outside The breast as it looks from the inside <p>Ask participants to use their drawings to talk about how the breast makes milk.</p> <p>Ask each group in plenary to describe its drawings and explain how milk is produced. Answer any questions and correct any descriptions.</p> <p>Begin a running list of key messages on a flipchart.</p>

7. Proper Positioning and Attachment

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to help a mother of a 0–2-month-old baby with correct positioning and attachment.</p> <p>Advanced preparation: Arrange for participants to visit a maternity ward or have mothers of 0–2-month-old babies come to the training site for 1 hour. Have enough mothers for each participant pair.</p> <p>Content: Ask the mother of a 0–2-month-old baby to show how she breastfeeds. Offer the mother help only if she is having difficulty. Note: Once a child is over 2 months old, the mother and child have worked out a system, and interfering with positioning and attachment is rarely necessary (except when the baby is not gaining weight or positioning and attachment are incorrect).</p> <p>Let the mother do as much as possible herself. If necessary, demonstrate on your own body to show her how to support the breast and so on. If she needs assistance, put your own hand over her hand rather than touch her breast.</p> <ul style="list-style-type: none"> • Baby should be facing the breast • Mother and baby should be stomach to stomach • Baby's back and the head should be in a straight line • Mother should bring baby to the breast • Baby's mouth should be wide open • Baby should take the areola, not only the nipple, in his or her mouth <p>Key message: Position and attach the baby correctly at the breast to prevent sore and cracked nipples and ensure the baby is getting enough breastmilk.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 7a: "Signs of Proper Positioning and Attachment" • Handout 7b: "Illustration of proper attachment" • Demonstration doll <p>Time: 30 minutes</p> <p>Activity: Demonstrate correct positioning and attachment with a doll. Ask participants to describe what they see.</p> <p>Discuss in plenary the most important elements of proper attachment and positioning. Facilitators should role-play a health worker helping a new mother.</p> <p>Have participants in a circle take turns holding a doll and demonstrating proper positioning, with the people to their left helping correct their actions if needed.</p> <p>-----</p> <p>Time: 60 minutes (+30 minutes for transport)</p> <p>Activity: Divide participants into pairs. Have each pair work with at least one mother to observe and improve positioning and attachment.</p> <p>After each participant has had an opportunity to practice helping a mother with positioning and attachment, ask participants to share their experiences in plenary.</p>

8. Initiation of Breastfeeding

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to give two reasons why immediate initiation of breastfeeding is important.</p> <p>Content: Early initiation of breastfeeding helps expel the placenta and reduce bleeding.</p> <p>The first milk (colostrum or yellow milk) is the baby's first immunization and contains everything the baby needs until the milk starts to flow (about the 3rd day after birth).</p> <p>Immediately putting the baby to the breast can prevent engorgement.</p> <p>Key message:</p> <ul style="list-style-type: none"> Put the baby to the breast immediately after delivery (within the first 30 minutes). 	<p>Materials:</p> <ul style="list-style-type: none"> Flipchart paper, markers, masking tape Handout 8: "LINKAGES' Facts for Feeding: Birth, Initiation of Breastfeeding, and the First Seven Days after Birth" <p>Time: 50 minutes</p> <p>Activity: Ask working groups of four to six people to respond to the following questions, based on practices in their communities (20 minutes):</p> <ol style="list-style-type: none"> Who is with a woman when she gives birth? What do family members do to prepare before birth and at the time of the birth? Who delivers the baby? What is done with the baby immediately after birth? Where is the baby placed? What is given to the baby to eat or drink as soon as s/he is born? Why? When is the baby placed at the mother's breast? Why? <p>Facilitate discussion in plenary. Ask each group to share their responses. Write responses on flipchart. Compare current practices to optimal infant feeding practices as each question is reported. Answer questions and correct misinformation (30 minutes).</p>

9. Exclusive Breastfeeding

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Define exclusive breastfeeding. • Explain the importance of exclusive breastfeeding. <p>Content</p> <ul style="list-style-type: none"> • Put the baby to the breast immediately after birth and allow baby to remain with the mother. • Breastfeed frequently, as often and as long as the baby wants, day and night. • Give only breastmilk (no water, other liquids, or foods) the first 6 months (exclusive breastfeeding). • Breastmilk contains enough water and nutrients for babies 0–6 months old. • Continue breastfeeding even if the mother or the baby becomes ill. • Avoid using bottles, pacifiers (dummies), or other artificial nipples. • Mothers should eat and drink enough to satisfy their own hunger and thirst. <p>Key messages:</p> <ul style="list-style-type: none"> • A baby should be given only breastmilk for the first 6 months, with no water, other liquids, or foods. • Breastmilk contains all the water and food the baby needs for the first 6 months of life. 	<p>Materials:</p> <ul style="list-style-type: none"> • Questions for working groups on exclusive breastfeeding, written on flipchart • Flipchart paper, markers, masking tape • Handout 9a: “Optimal Breastfeeding Practices for Infants 0–6 Months” • Handout 9b: “Composition of Breastmilk” • Handout 9c: “Summary of Differences among Milks” • Handout 9d: “LINKAGES Facts for Feeding: Recommended Practices to Improve Infant Nutrition during the First Six Months” <p>Time: 30 minutes</p> <p>Activity: Ask working groups to respond to the following questions, based on practices in their communities:</p> <ul style="list-style-type: none"> • When and how many times a day do mothers in your community breastfeed? A night? • Do mothers of babies under 6 months old give their babies water, other liquids, or foods? Which liquids and foods? Why? • What are barriers to changing this behavior of giving water, liquids, or foods to babies under 6 months old? <p>In plenary facilitate a discussion of participants’ responses to these questions. Write responses on the flipchart. Compare current practices to optimal infant feeding practices as each question is reported. Answer questions and correct any misinformation.</p> <p>Pass out “Facts for Feeding” and handouts 9a and 9b. Summarize discussion on exclusive breastfeeding and review handouts with participants.</p>

9. Exclusive Breastfeeding (continued)

Objective/content/messages	Materials/time/activities
	<i>Note:</i> If participants are skeptical about the adequacy of water in breastmilk, suggest that they ask a mother to express breastmilk into a glass and wait a few hours until the water separates from the cream. Invite personal testimonies from participants.

10. Common Breastfeeding Difficulties

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to identify three common breastfeeding difficulties and their symptoms, causes, counseling, and prevention.</p> <p>Content: Refer to handout 10a-10e for content on</p> <ul style="list-style-type: none"> • Insufficient milk • Plugged ducts • Mastitis • Sore or cracked nipples • Engorgement <p>Key messages:</p> <ul style="list-style-type: none"> • Position and attach the baby correctly to the breast. • Continue to breastfeed baby on demand, day and night, while managing the difficulty. • With information and support, all women can overcome breastfeeding difficulties. 	<p>Materials:</p> <ul style="list-style-type: none"> • Handouts 10a–10e: Checklists on common breastfeeding difficulties <p>Time: 30 minutes</p> <p>Activity: Divide participants into five working groups and assign one of the following breastfeeding difficulties to each group:</p> <ul style="list-style-type: none"> • Insufficient milk • Plugged ducts • Mastitis • Sore or cracked nipples • Engorgement <p>Ask each group to discuss and present the symptoms, causes, counseling, and prevention related to difficulty assigned. Ask whether other participants have anything to add. Answer questions, correct misinformation, and add information that was not discussed.</p> <p>Facilitate discussion in plenary:</p> <ul style="list-style-type: none"> • What other breastfeeding difficulties have you or other women in your community experienced? • What breastfeeding resources are available in the community? • Where and to whom can referrals be made to help women with breastfeeding?

11. Breastfeeding in Special Situations

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to help a mother breastfeed in three special breastfeeding situations.</p> <p>Content: Special situations affecting breastfeeding:</p> <ul style="list-style-type: none"> • Sick baby or mother • Premature baby • Malnourished mother • Twins • Daily separation of mother from her infant • Pregnancy • Cleft palate <p>Refer to handout 11 for content.</p> <p>Key messages:</p> <ul style="list-style-type: none"> • Breast is always best, even in special situations. • Mothers should breastfeed exclusively or express milk to be given to their babies with a cup when they are separated from their babies for several hours. • With information and support, all women can breastfeed, even in special situations. 	<p>Materials:</p> <ul style="list-style-type: none"> • Paper fish with a special situation written or illustrated on one side of each • “Fishing pole” made of a bent paperclip • Handout 11: “Breastfeeding Management in Special Situations” <p>Time: 30 minutes</p> <p>Activity: Ask participants to list special situations that affect breastfeeding that women in the participants’ communities have experienced. Add situations that participants do not mention.</p> <p>Divide participants into two groups to play the fishing game. Give each group a set of paper fish with special maternal or infant situations that affects breastfeeding marked on the underside. Attach paper clips to the mouths of the fish. Put the fish on the floor with the special situations hidden from view. Alternatively, ask the participants to select cards with special situations from a hat.</p> <p>Divide each group into two teams. Instruct one participant from one team to “fish” and read aloud the special situation “caught.” Ask each participant to explain how to support a woman in this special situation to breastfeed her infant successfully. Allow participants to consult their team members if necessary.</p> <p>Then ask a participant from the other team to “fish.”</p> <p>Facilitate discussion in plenary, reviewing the content of handout 11. Answer questions and correct misinformation.</p>

12. Using ORPA with a Counseling Card: Early Initiation of Breastfeeding

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Facilitate a group talk using ORPA with a counseling card. • Communicate key messages on early initiation of breastfeeding. <p>Content:</p> <p>1. OBSERVE Hold the visual for all to see and ask:</p> <ul style="list-style-type: none"> • Who do you see in the picture? Where are they? • What are they doing in the picture? • How does the person feel about what s/he is doing? Why is s/he doing that? <p>2. REFLECT</p> <ul style="list-style-type: none"> • What do you think about what each person is doing in the picture? • Whom do you agree with? Why? • Whom do you disagree with? Why? • What is the advantage of adopting the practice shown on the counseling card? <p>Discuss the key messages related to the card's topic.</p> <p>3. PERSONALIZE</p> <ul style="list-style-type: none"> • What do the women (or others) in this community do in the same situation? Why? • What would you do in the same situation? Why? • What difficulties have you experienced? • Could you overcome them? How? <p>4. ACT Repeat the key messages</p> <ul style="list-style-type: none"> • Ask the group whether they would be willing to try or recommend the practice. • Ask the group to discuss potential barriers and how they would overcome them. • Set a time for the next meeting to talk about what happened when participants tried the new practice and how they overcame any barriers. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipcharts based on handout 12a: "How We Learn," using the ORPA cycle • Handout 12b: "How to Use a Counseling Card with a Group" • Early initiation counseling card • Flipchart based on handout 12c: "ORPA Observation Checklist: Using a Counseling Card with a Group" <p>Time: 45 minutes</p> <p>Activity: Introduce ORPA by drawing on the flipchart a cycle of a child experiencing touching fire and then ORPA with a group discussion. Explain to participants that ORPA is used to encourage people to reflect on and personalize their experiences so they can learn from them and make a decision to change their behavior.</p> <p>Demonstrate how to use ORPA with a group, using a counseling card on early initiation. Discuss the demonstration, using a flipchart with the observation checklist.</p> <p>Ask participants in groups of five to practice facilitating an action-oriented group discussion on early initiation of breastfeeding. Ask them to take turns being observers, facilitators, and participants. Ask observers to use the observation checklist to provide feedback to the facilitators.</p> <p>Facilitate a discussion with participants about their experience using ORPA. Ask whether they could use ORPA with a drama and how. Ask them in what other situations ORPA could be used.</p>

13. Using ORPA with a Counseling Card: Exclusive Breastfeeding

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Facilitate a group talk using ORPA with a counseling card. • Communicate key messages on exclusive breastfeeding. <p>Content: O Observe R Reflect P Personalize A Act</p> <p>Health talks are effective for giving information but do not necessarily lead to changes in behavior. Using ORPA during health talks can motivate participants to change their behavior by encouraging them to reflect, personalize, and act.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipcharts and handouts from previous session • Exclusive breastfeeding counseling card • Flipchart based on handout:12c: “Observation Checklist: Using a Counseling Card with a Group” <p>Time: 30 minutes</p> <p>Activity: Review ORPA.</p> <p>Facilitators demonstrate ORPA with a group, using a counseling card on the importance of exclusive breastfeeding. Discuss the demonstration using the observation checklist. Review the checklist with participants; ask if there are any other additional actions they would like to observe facilitators doing.</p> <p>Ask participants to form the same groups of five as in the earlier session practice and facilitate a participatory group discussion on exclusive breastfeeding. Ask participants to take turns being observers, facilitators, and participants. Ask observers to use the observation checklist (handout 12c) for using a counseling card with a group and provide feedback to the facilitators after each role-play.</p> <p>After everyone has had a chance to practice using ORPA with a counseling card, ask the group whether anyone would like to share what they have learned. Facilitate a discussion about their experience.</p>

14. Complementary Feeding Practices

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to describe the local nutritional situation of children 6–24 months old.</p> <p>Advanced preparation Collect country or regional data on infant and young child feeding practices that may contribute to malnutrition:</p> <ul style="list-style-type: none"> • Local dietary practices • The timing of the introduction of complementary foods <p>Content: Appropriate complementary feeding promotes growth and prevents stunting among children 6–24 months old. Stunting is permanent and affects intelligence. Rates of malnutrition usually peak during this time, with lifelong consequences. Malnutrition is the underlying cause of over half the deaths for children under 5. Eighty percent of these deaths are a result of mild or moderate malnutrition.</p> <p>Appropriate complementary feeding involves a combination of practices to maintain breastmilk intake and improve the quantity and quality of foods children eat. Babies 6–12 months old are especially vulnerable, because they are just learning to eat. Babies this age must be fed soft foods frequently and patiently. These foods should complement, not replace, breastmilk. For older infants and toddlers, breastmilk continues to be an important source of energy, protein, and micronutrients. Children should continue to be breastfed for up to 2 years and beyond.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape • Handout 14: Complementary Feeding Practices <p>Time: 30 minutes</p> <p>Activity: Divide participants into three working groups. Assign each group an age group (6–9 months, 9–12 months, and 12–24 months). Ask the groups to respond to the following questions based on practices in their communities for their assigned age group:</p> <ol style="list-style-type: none"> 1. When does a child begin to eat something other than breastmilk? 2. What does the child eat? 3. How many times a day does the child eat? 4. How much does the child eat at each meal? 5. How is the food prepared? 6. What is done to make sure that the food is clean and safe? 7. What, if any, utensils does the mother or caregiver use to feed the child? 8. Does the child have a separate dish? 9. Does someone help the child eat? Who? 10. How do caregivers know if the child is hungry? Had enough to eat? <p>Ask groups to report their answers to the plenary. Record their answers on a flipchart. Facilitate a discussion in plenary. Compare current practices to optimal infant feeding practices. Answer questions and correct misinformation.</p> <p>(continued)</p>

14. Complementary Feeding Practices (*continued*)

Objective/content/messages	Materials/time/activities
<p>Key Messages:</p> <ul style="list-style-type: none"> • Malnutrition affects health, intelligence, productivity, and ultimately a country's potential to develop. • Appropriate complementary foods should be introduced at 6 months, and breastfeeding should continue to 2 years and beyond. 	<p>In plenary present data on local nutritional status of children 6–24 months old and discuss feeding practices.</p> <p>Facilitate a discussion of nutritional status and children's well-being. Relate the participants' responses to the data presented. Facilitate a discussion on these additional questions:</p> <ul style="list-style-type: none"> • What are the signs of a healthy, well-nourished child? • Why are some children short for their age? • Why are some children sick more often than others? • Why do some young children have a blank or listless look? <p>Repeat key messages.</p>

15. Complementary Feeding (FADUA)

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • State the age at which children should begin to eat complementary foods. • List optimal feeding practices using FADUA. • State the recommended frequency of feeds for each age group. <p>Content:</p> <ul style="list-style-type: none"> • Complementary feeding is giving other foods and fluids in addition to breastmilk. • Complementary foods are needed to <u>fill the gap</u> between the total nutritional needs of the growing and increasingly active child and the amounts provided by breastmilk beginning at 6 months. • During the complementary feeding period, the baby <u>gradually</u> becomes accustomed to eating family foods in addition to being breastfed on demand. <p>Optimal complementary feeding—FADUA: Frequency—Progressively increase complementary feeding frequency, using meals and snacks:</p> <ul style="list-style-type: none"> • 2-3 times a day from 6 to 8 months • 3-4 times a day from 9 to 11 and 12 to 24 months (with nutritious snacks) <p>Amount—Offer adequate amounts of food while maintaining frequent breastfeeding.</p> <p>Density—Increase food’s nutrient density by adding fruits, vegetables, and animal products to staple foods. Porridges should be thick enough to stay on a spoon.</p> <p>Utilization—Practice good hygiene to reduce infections and prevent parasites from contaminated foods or contaminated bowls or spoons to ensure the food is used by the baby.</p> <p>Active feeding—Help and encourage the child to eat. Use a separate bowl to make sure the child gets enough.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart with FADUA • Flipchart paper, markers, masking tape • Handout 15a: “Recommended Feeding Practices for Children 6–24 Months” • Handout 15b: “FADUA—Helping Mothers Select Complementary Foods” • “LINKAGES Facts for Feeding: Recommended Feeding Practices for Children 6–24 Months” <p>Time: 30 minutes</p> <p>Activity: In plenary ask participants to answer the following questions on optimal infant feeding practices for children in each age group (6–8 months, 9–11 months, and 12–24 months). Record responses on a flipchart.</p> <ol style="list-style-type: none"> 1. How many times a day should a ____ month-old child eat? 2. How much should a ____ month-old child eat? 3. What kinds of foods should be combined to make a nutritious meal? 4. How should food be prepared to make sure it is safe? 5. How should a mother or caregiver act when feeding a child? Should she do anything in particular before or during a feed? <p>Introduce FADUA to help health workers communicate with mothers and caregivers to make infant and young child feeding recommendations for optimal infant feeding practices. Explain briefly the meaning and related recommendations of each letter in FADUA.</p>

16. Understanding Nutrient Density—The D in FADUA

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to explain how to add other ingredients to staple foods to meet a child's nutritional needs.</p> <p>Content: Porridge can be made from any staple food. When porridge is prepared, the starch in the staple absorbs water and swells, making it thicken. Many caregivers believe that making thin porridge and adding a lot of water will make it easier for the child to eat. But adding a lot of water to porridge or soup reduces energy and nutrient concentration of the child's food.</p> <p>Even if a child takes as much thin porridge or soup as her/his stomach could hold, it would not be enough to meet the child's nutritional needs. To make a porridge more energy and nutrient dense:</p> <ul style="list-style-type: none"> • Cook with less water. Porridge should be too thick to drink and should stay easily on a spoon. • Replace water with milk. • Add "extras" to enrich thick porridge, such as groundnut paste, beaten eggs, bean flour, vegetables, or fruits. • Add fatty or oily foods, such as shea butter, margarine, or red palm oil, to porridge. This also makes it easier for a young child to eat. <p>Young children must eat other foods to meet their energy and nutrient needs:</p> <ul style="list-style-type: none"> • Pulses (peas, beans, groundnuts) and oil seeds (sesame seeds) • Foods from animals such as meat, fish, poultry, milk, eggs, or liver • Dark green leafy vegetables and orange-colored fruits and vegetables • Oils, fats, and sugars 	<p>Materials:</p> <ul style="list-style-type: none"> • 10 cups or small bowls • Soda bottle (or other container) cut or marked to show 200ml • Handout 16 "Sample Meal Plans for Children 6–24 Months" <p>Time: 30 minutes</p> <p>Activity: In plenary ask participants whether children in their communities are fed thin or watery porridge or soup. Explain that a 10-month old would have to eat 10 bowls of thin porridge or soup to meet his or her nutritional needs. Hold up a soda bottle or other measure to show how much a child's stomach can hold (do not mention the exact size).</p> <p>Ask participants: Can a baby of this age eat 10 bowls of porridge a day in addition to breastmilk? Why not?</p> <ul style="list-style-type: none"> • <i>The baby's stomach is too small.</i> <p>Point to the soda bottle or other measure again.</p> <p>Ask how to get the nutrients into four bowls.</p> <ul style="list-style-type: none"> • <i>We have to add other foods to make the porridge more nutrient dense. This will make it possible to get more food into a smaller space so the child will not become full before getting what s/he needs to develop and grow.</i> <p>Suggest adding groundnut paste (one teaspoon the first day, gradually increasing to one tablespoon) to the porridge for the first meal of the day. Then suggest taking away one bowl because the breakfast bowl has more energy and nutrients.</p> <p>(continued)</p>

16. Understanding Nutrient Density—The D in FADUA (continued)

Objective/content/messages	Materials/time/activities
<p>Refer to handout 16 for sample meal plans for children 6–24 months old.</p> <p>Breastmilk supplies more than half the energy an infant up to 12 months needs.</p> <p>Key messages:</p> <ul style="list-style-type: none"> • Mothers should continue on-demand breastfeeding, day and night, and improve the quality and quantity of foods children eat. • Appropriate complementary feeding promotes growth and development, and prevents stunting among children 6–24 months old. 	<p>Next, suggest enriching the second meal of the day. Ask participants what to start with, and what can be added to that. Ask participants to add some ingredients.</p> <p>Next say, “We have added and How many bowls can we take away? If we add these foods to the second meal to make it more nutrient dense, the child only needs to eat this one when the family is eating their noon meal.”</p> <p>Next say, “For the third meal of the day, the child still has two extra bowls that need to be condensed into one meal or serving. How can we do that?”</p> <p>Ask participants what the staple in this bowl is and what can be added to make it more nutrient dense. Say, “We have added and How many bowls can we take away?”</p> <p>Explain to participants that the young child’s energy and nutrient needs are met by the result: three bowls of food and one fruit per day. Explain that a child who eats like this every day will grow to be strong and healthy.</p> <p>Explain that at 12 months the child should be introduced to family foods (or sooner if the food is without pepper). Soups and stews have to be enriched with other foods, as appropriate.</p> <p>Answer questions and repeat key messages.</p>

17. Complementary Foods at Different Ages

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to name quality, locally available, feasible, and affordable foods for infants 6–24 months old.</p> <p>Content: Increasing breastfeeding frequency, increasing food portion sizes, feeding children more frequently, and providing a variety of energy-dense foods can increase energy intake.</p> <p>Diversifying the diet to include fruits, vegetables, animal products, fortified foods, or giving supplements can increase micronutrient intake. Food combinations should be chosen to enhance micronutrient availability and absorption.</p> <p>Key messages:</p> <ul style="list-style-type: none"> • At 6 months, begin to give thick porridge or staple food, depending on the country and region (porridge, potatoes, rice, millet, maize, sorghum), gradually increasing to three times a day. • Give a wide variety of foods, including fruits and vegetables, to improve quality and micronutrient intake. 	<p>Materials:</p> <ul style="list-style-type: none"> • Locally available and affordable foods (including a variety of fruits, vegetables, staple foods, eggs, legumes, dried fish, meats, oil, etc.), water (bottled or in sachets), and breasts (models or pictures) • Cards with “0–6 months,” “6–8 months,” “9–12 months,” and “12–24 months” attached to the table • Flipchart paper, markers, masking tape <p>Time: 30 minutes</p> <p>Activity: Place the food, bottled water, and breasts (models or pictures) on a table and allow each participant to select two or three items.</p> <p>Ask participants to place the foods they selected on the designated section of the tables marked “0–6 months,” “6–8 months,” “9–12 months,” and “12–24 months.”</p> <p>Ask participants to walk around the tables as a group. Ask them to move food items that they think are in the wrong place, and explain why.</p> <p>Emphasize quality or nutrient density and frequency by age group. Repeat key messages.</p>

18. Preparing Meals for Young Children

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> Name appropriate food combinations for meals and snacks for children 6–24 months old. Describe recommended food consistency for children 6–24 months old, especially for 6–9-month-olds. <p>Key messages:</p> <ul style="list-style-type: none"> At 6 months, continue to breastfeed and begin to give mushy, not watery, foods in addition to breastfeeding. Porridges, soups, and stews can be enriched with a variety of simple, easy-to-find foods that will make them more nutritious for growing children. Gradually increase food consistency and variety as the infant gets older. Give a wide variety of foods, including fruits and vegetables, to improve quality and micronutrient intake. 	<p>Materials:</p> <ul style="list-style-type: none"> Locally available and affordable foods, bottled water, breasts (models or pictures) Cards with “0–6 months,” “6–8 months,” “9–12 months,” and “12–24 months” attached to the table <p>Time: 45 minutes</p> <p>Activity: Using the foods from the preceding exercise, divide participants into four groups. Place all of the food on one table. Make each group responsible for a different age group. Ask the groups to “go to market” and select enough food for a day for their child. Explain that they should plan how to combine foods, how many meals to prepare, and how to prepare them.</p> <p>In plenary ask each group to present. Allow participants to ask questions and correct any misinformation. Repeat key messages.</p>

19. Behavior Change: Barriers and Motivators

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to describe how perceived social or personal barriers and motivators influence behavior change.</p> <p>Content: People in every culture have belief systems that guide behaviors and attitudes. It is important to understand why people behave the way they do to develop appropriate BCC strategies and messages to influence and sustain behavior change.</p> <p>Various behavior change theories share the idea that there are benefits that motivate people to change their behavior and barriers that might keep them from changing or trying to change their behavior.</p> <p>Factors that lead to changes in behavior:</p> <ul style="list-style-type: none"> • The benefits of adopting the new behavior exceed the disadvantages. • The person has a strong, positive intention or commitment to perform the behavior. • The person has the knowledge, skills, and confidence to perform the behavior. • Adopting the behavior will be more likely to produce an overall positive effect than a negative one. • The behavior is compatible with the person's self-image • The perceived social pressure to perform a behavior is greater than the perceived social pressure not to do it. <p>Key idea:</p> <ul style="list-style-type: none"> • The decision to try a behavior can be influenced by the perceived benefits and barriers associated with it, as well as the individual's confidence level. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape <p>Time: 30 minutes</p> <p>Activity: In plenary discuss the importance of understanding why people do (or don't do) the things they do (or don't do). Explain that several factors lead to changes in behavior:</p> <ul style="list-style-type: none"> • Benefits • Commitment • Confidence in ability • Social pressure or support <p>Divide participants into working groups. Ask them to list motivators and barriers for practicing exclusive breastfeeding, and think about how the barriers could be overcome.</p> <p>In plenary ask participants to share their lists of motivators and barriers. Record their responses on a flipchart. Ask participants to think about the messages or recommendations they would use to talk to women and communities about exclusive breastfeeding, based on the motivators and barriers they have listed. Repeat key messages.</p>

20. Stages of Behavior Change

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain awareness, trial, and adoption stages of behavior change. • Explain why knowledge is not enough. <p>Content: Behavior change is usually a gradual process consisting of identifiable stages. Long-term change occurs as people gain skills and increase self-confidence through repeated trials and reinforcement.</p> <p>Stages of change and interventions to encourage change</p> <ul style="list-style-type: none"> • Never heard about it—Give information • Heard about it—Negotiate, encourage • Trying it out—Praise, discuss benefits • Continuing to do it—Support <p>Case studies:</p> <ul style="list-style-type: none"> • A woman has heard the new breastfeeding information, and her husband and mother-in-law also are talking about it. She is thinking about trying exclusive breastfeeding because she thinks it will be best for her child. • A woman has brought her 8-month-old child to the baby weighing session. The child has lost weight. The health care worker tells her to give her child different food because the child is not growing. • The past month a health worker talked with a mother about gradually starting to feed her 7-month-old baby three times a day instead of just once a day. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day. <p>Key idea:</p> <ul style="list-style-type: none"> • Find out what is known and negotiate toward “trial” of the new practice. 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 20a: “Stages of Behavior Change” • Handout 20b: “Stages of Change and Interventions” <p>Time: 30 minutes</p> <p>Activity: Show model of the stages of behavior change. Emphasize that just giving information may not be enough to convince a person to change. Discuss each of the stages and the interventions to help people move through each stage.</p> <p>In plenary ask participants to close their eyes and think about a personal behavior they are trying to change (not alcohol or tobacco, because they are addictive). Ask them to identify at what stage they are and why. Ask what they think they will need to move to the next stage.</p> <p>When participants show that they understand the stages of change and the interventions, ask them to answer questions about the stages of change and appropriate interventions based on case studies.</p>

21. Introduction to Negotiation

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to explain why negotiation can be an effective tool for influencing behavior change.</p> <p>Content: Using negotiation in nutrition during a consultation or a home visit means:</p> <ol style="list-style-type: none"> 1. Helping mothers or other family members understand how to improve their child's feeding. 2. Asking them to try one or more new practices. 3. Helping them overcome barriers to trying and or adopting improved feeding practices <p>This method motivates mothers or other family members to try the recommended new practice. Once they have tried the new practice, they usually see the benefits and will maintain them. Negotiation can be done during consultation at the facility, at the growth monitoring site, or during home visits.</p> <p>Two contacts with the mother or family are recommended:</p> <ul style="list-style-type: none"> • Contact #1: Make recommendations based on the baby's health and age and current practices that may not be optimal. Identify one practice that would make the child healthier. Ask whether the mother is willing to try the new practice. • Contact #2: Follow up the first visit(s) to see how the new practice is going and, if needed, make a new recommendation according to the age of the baby. <p>Key idea:</p> <ul style="list-style-type: none"> • Negotiation is important because giving information is usually not enough to change behavior. 	<p>Time: 30 minutes</p> <p>Activity: Review stages of change, reminding participants that information is sometimes not enough to convince people to change.</p> <p>Facilitators role-play a home visit between a mother of a 6 to 12-month-old and a health worker. The health worker talks to the mother and lists all of the food she should give to the child but does not ask what food the mother has available. The mother agrees to everything but does not ask any questions or appear to really want to try anything the health worker is suggesting.</p> <p>Ask participants what they think the mother is thinking and why she says, "Yes" but thinks, "I can't do that."</p> <p>Discuss nutrition and health education and counseling. Does it cause changes in behavior? Why or why not? How is negotiation different?</p>

22. Negotiating Behavior Change in Breastfeeding Practices, Part 1

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • List the first two steps in the negotiation process (A and R). • Listen to a mother and recommend appropriate breastfeeding options. <p>Content: ARARA stands for:</p> <p>A: Ask the mother how she is feeding her infant and listen to what she says. R: Recommend options or encourage or congratulate the mother, based on the information she gives you. A: Negotiate with the mother to agree to try one of the options recommended. R: Remind the mother of the practice. A: Make a follow-up appointment.</p> <p>Negotiation process, part 1 A: Ask the mother how she is feeding her infant and listen to what she says. R: Recommend options or encourage or congratulate the mother, based on the information she gives you. (Note: Not everyone needs to change the way they feed their children.)</p> <p>When the negotiation process is divided into two parts, participants should be able to focus on asking questions and listening to the mother. In order to recommend realistic changes.</p> <p>Case studies for role plays</p> <ul style="list-style-type: none"> • The baby is 5 days old and does not have the areola in its mouth when breastfeeding. • The mother is pregnant, and the grandmother wants to give sugar water to the baby when baby is born. 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 22a: “The Art of Negotiation” • Handout 22b: “Observation Checklist for Contact #1” • Handout 22c: “Feeding Recommendations: Negotiation Guide, 0–6 Months” • Handout 22d: “Example of Negotiation Contact #1, Breastfeeding” <p>Time: 40 minutes</p> <p>Activity: Facilitators demonstrate the first steps of negotiation in a role-play between a health worker and a mother who would like to start giving her 3-month-old baby water because she is worried that the baby is not getting enough milk. Refer to handout 22c: “Feeding Recommendations Negotiation Guide, 0–6 Months.”</p> <p>Discuss the first part of the negotiation process (AR: Ask the mother, Recommend options). Discuss how participants would prioritize the behaviors to focus on. Ask them to identify the facilitator’s actions that correspond to the various steps.</p> <p>Divide participants into groups of three. Ask them to role-play the first steps of negotiation in groups of 3, with one person playing the mother, one playing the health worker, and one playing the observer. Tell them that a case study will be read aloud and they will have 5 minutes to conduct the role-play. After each role-play, the observer will give feedback. After time is given for feedback, participants will switch roles in their group, and another case study will be read aloud. This will continue until all participants have acted in each role.</p> <p style="text-align: right;">(continued)</p>

22. Negotiating Behavior Change in Complementary Feeding Practices, Part 1 (continued)

Objective/content/messages	Materials/time/activities
<ul style="list-style-type: none"> • The baby is 2 months old, and the mother thinks she should give juice to the baby. • The baby is 3½ months old, and the mother thinks she does not have enough milk. What should she give? • The baby is 1 week old, and the mother's nipples are painful. She wants to stop feeding on that breast until the nipple heals. • The baby is 4 days old, and the mother's breasts are swollen and red (engorgement). 	<p>In plenary facilitate a discussion about their experiences role-playing and answer any questions.</p>

23. Negotiating Behavior Change in Breastfeeding Practices, Part 2

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> List the three final steps in the negotiation process, using ARA. Negotiate with a mother to try an agreed breastfeeding practice. Demonstrate all five steps of the negotiation process in a role-play. <p>Content: Negotiation process, part 2 A: Negotiate with the mother to agree to try one of the options that was recommended. R: Remind the mother of the practice. A: Make a follow-up appointment.</p> <p>In the second part, the emphasis is on negotiating with the mother to try one of the practices recommended during the first part.</p> <p>Case studies for role plays</p> <ul style="list-style-type: none"> The baby is 5 days old and does not have the areola in its mouth when breastfeeding. The mother is pregnant, and the grandmother wants to give sugar water to the baby when baby is born. The baby is 2 months old, and the mother thinks she should give juice to the baby. The baby is 3½ months old, and the mother thinks she does not have enough milk. What should she give? The baby is 1 week old, and the mother's nipples are painful. She wants to stop feeding on that breast until the nipple heals. The baby is 4 days old, and the mother's breasts are swollen and red (engorgement). 	<p>Materials:</p> <ul style="list-style-type: none"> Handout: 22a. "The Art of Negotiation" Handout 22b: "Observation Checklist for Contact #1" Handout 22c: "Feeding Recommendation: Negotiation Guide" Handout 22d: "Example of Negotiation Contact #1, Breastfeeding" <p>Time: 45 minutes</p> <p>Activity: Facilitators continue to demonstrate the last steps of a negotiation based on the previous role-play between a health worker and a mother worried that her 3-month-old baby is not getting enough milk and would like to start giving water. Refer to handout 22c: "Feeding Recommendations: Negotiation Guide, 0–6 Months"</p> <p>Discuss the last part of the negotiation process (ARA: Agreement, Remind, Appointment). Have participants identify facilitator's actions that correspond to the various steps.</p> <p>Ask participants to return to their groups of three and continue with the same case studies in the same roles as before. Ask the observers to continue to give feedback after each role-play. Announce when it is time to switch to a different role-play.</p> <p>In plenary facilitate a discussion about participants' reactions to the role-plays.</p> <ul style="list-style-type: none"> How did you feel as the mother? How did it go, from your point of view? How did you feel as the health worker? How did it go, from your point of view? What was difficult? What can you improve?

24. Mother-to-Child Transmission (MTCT) of HIV through Breastmilk

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to explain infant feeding guidelines related to HIV.</p> <p>Content: It is important for health workers and community service providers to counsel women sensitively and accurately on the safest feeding options for their situation. This does not mean simply telling women the risks and benefits of different feeding options, but rather understanding their social and household context, communicating complex concepts, and providing emotional support. Infant feeding counseling messages are listed below.</p> <p>Women who are HIV negative or of unknown status are counseled on:</p> <ul style="list-style-type: none"> • Exclusive breastfeeding for the first 6 months or until replacement feeding is AFASS (acceptable, feasible, affordable, sustainable, and safe) • Introduction of complementary foods at 6 months • Continued breastfeeding up to 2 years <p>Women who are HIV positive are counseled on:</p> <ul style="list-style-type: none"> • Exclusive breastfeeding for the first 6 months or until replacement feeding is AFASS • Expressing, heat treating, and cup feeding breastmilk • Wet nursing by an HIV-negative woman • Commercial infant formula only • Home-modified animal milk only 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout: 24a: “Infant Feeding Guidelines for Communities affected by HIV” • Handout 24b: “Should HIV-positive mothers be advised not to breastfeed?” • Handouts 24c: “HIV and Infant Feeding Glossary” • Handout 24d: “AFASS criteria” • Handout 24e: “Factors that affect transmission of HIV through breastmilk” • “LINKAGES Frequently Asked Questions: Breastfeeding and HIV” • Signs with “Agree” and “Disagree” <p>Time: 45 minutes</p> <p>Activities:</p> <p>1. Post signs marked “Agree” and “Disagree” on opposite ends of the room. Explain that different statements will be read and if participants agree with the statement, they should walk to the side of the room with “Agree.” If they disagree, they should go to the side of the room with “Disagree.” Stress that there are no correct answers; these are statements to start them thinking about their attitudes towards HIV AND AIDS and mother-to-child transmission (MTCT).</p> <p>Read these values clarification statements:</p> <ul style="list-style-type: none"> • If you are married and both you and your spouse are faithful, there is no need to use a condom. • If you are HIV positive and breast-feeding, it is better not to give your baby any water or other food until 6 months. • Having sore nipples is normal. If you ignore them, they will go away. • HIV-positive mothers should never breastfeed. • There is no sense being tested because you will die whether or not you know your HIV status. <p style="text-align: right;">(continued)</p>

24. Mother-to-Child Transmission (MTCT) of HIV through Breastmilk (continued)

Objective/content/messages	Materials/time/activities
<p>All women, regardless of HIV status, are counseled on:</p> <ul style="list-style-type: none"> • Avoidance of mixed feeding (breast-feeding plus breastmilk substitutes) • Introduction at 6 months of safe and appropriate soft staple foods and other locally available foods to be fed at least 2-3 times a day • Prevention of HIV and sexually transmitted infections (STIs) • Use of antenatal, labor and delivery, and post-partum health services • Prevention of unwanted pregnancies • Voluntary counseling and testing • Optimal maternal nutrition during pregnancy and lactation <p>Key messages:</p> <ul style="list-style-type: none"> • HIV-positive mothers who choose to breastfeed should do so exclusively from birth to 6 months • A mother should position and attach the infant to the breast properly and empty one breast first before offering the other. • A mother should treat cracked nipples and sores and sexually transmitted infections (STIs) immediately. • A mother can express breastmilk and heat it before giving it to her baby in a cup. • A mother can use alternative feeds exclusively (no breastfeeding) only if they are feasible, affordable, and available. • A woman should negotiate with her partner to use a condom every time they have sex, especially during pregnancy and lactation. If the woman gets a new dose of the virus, the viral load becomes very high, and this increases the risk of passing the virus the fetus. 	<p>Ask for volunteers from each side to talk about why they chose “Agree” or “Disagree.”</p> <p>2. Pass out copies of Handout 24c: HIV and Infant Feeding Glossary and ask participants to quickly review it and allow them to ask questions.</p> <p>3. Ask participants to form four working groups to answer the question, “What infant feeding options does a mother have in an area affected by HIV?” Allow 10 minutes for groups to answer the question and write options on a flipchart.</p> <p>In plenary, ask a representative from each group to report their responses. Facilitate a discussion and review infant feeding options for communities affected by HIV.</p>

25. Maternal Nutrition

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to list key messages on maternal nutrition.</p> <p>Content: <i>At any age women should</i></p> <ul style="list-style-type: none"> • Eat more food if underweight to protect health and establish reserves for pregnancy and lactation. • Eat a variety of foods to get all of the vitamins and nutrients needed. • Eat more fruits and vegetables daily. • Eat animal products as often as possible. • Use iodized salt. <p><i>During adolescence and before pregnancy women should</i></p> <ul style="list-style-type: none"> • Eat more food for the adolescent “growth spurt” and for energy reserves for pregnancy and lactation. • Delay the first pregnancy to help ensure full growth and nutrient stores. <p><i>During pregnancy women should</i></p> <ul style="list-style-type: none"> • Eat an extra meal a day for adequate weight gain to support fetal growth and future lactation. • Take iron/folic acid tablets daily. <p><i>During lactation women should</i></p> <ul style="list-style-type: none"> • Eat the equivalent of an additional (nutritionally balanced) meal a day. • In areas where vitamin A deficiency is common, take two high-dose vitamin A capsules (200,000 IU) within 24 hours of each other, as soon after delivery as possible, but no later than 8 weeks post-partum, to build stores, improve the vitamin A content of breastmilk, and reduce infant and maternal morbidity. <p>Key messages: Pregnant or breastfeeding women should:</p> <ul style="list-style-type: none"> • Eat an extra meal every day. • Eat a variety of fruits, vegetables, every day and use iodated salt. • Eat animal products when possible. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart with a woman’s lifecycle (pregnancy–birth–girl child) • “LINKAGES Frequently Asked Questions on Breastfeeding and Maternal Nutrition” <p>Time: 30 minutes</p> <p>Activity: Draw the stages of a woman’s lifecycle (infancy, childhood, adolescence, reproductive years—not pregnant or lactating, pregnant, lactating—menopause, and old age) on a flipchart using handout 25a as a guide. Ask participants to name important stages in a woman’s life when she should change how she eats. Mark the timeline at each of the stages identified by participants. Ask participants to discuss how a woman should eat at each of these points and why. Ask the consequences of not making these changes.</p> <p>Ask participants whether they think FADUA could be used when talking to mothers about what they eat. Ask how it should be modified. Point out that active feeding would not apply, but rather FADU. Repeat key maternal nutrition messages.</p>

26. Negotiating Behavior Change in Complementary Feeding Practices

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Listen to a mother and recommend appropriate feeding options. • Negotiate with a mother to try an agreed infant feeding practice, using FADUA. <p>Content: ARARA stands for: A: Ask the mother how she is feeding her infant and listen to what she says. R: Recommend options or encourage or congratulate the mother, based on the information she gives you. A: Negotiate with the mother to agree to try one of the options recommended. R: Remind the mother of the practice. A: Make a follow-up appointment.</p> <p>Case studies for role plays:</p> <ul style="list-style-type: none"> • A mother of a 7-month-old is given breastmilk exclusively. • The baby is 7-months-old and eats a small bowl of porridge once a day. The mother has bean flour and groundnut butter available. • The baby is 10-months-old, and the mother gives bites of family food at mealtime from the family pot. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipcharts with case studies for negotiating behavior change in complementary feeding practices • Handout 22b: "Observation Checklist for Contact #1" • Handout 22c: "Feeding Recommendations: Negotiation Guide, 6–12 Months" • Handout 26: "Example of Negotiation Contact #1, Complementary Feeding" <p>Time: 60 minutes</p> <p>Activity: Review steps in the negotiation process (ARARA).</p> <p>Facilitators demonstrate all the steps of negotiation in a role-play between a health worker and a mother of a 6½-month-old baby who is breastfeeding and is given one small dish of porridge a day. Demonstrate negotiation using the model dialogue in handout 26: "Example of Negotiation Contact #1, Complementary Feeding." In plenary review the negotiation process.</p> <p>Divide participants into groups of three to role-play negotiating with a mother of a child between 6 and 24 months. Ask one person in each group to play the mother, one the health worker, and one the observer. Read a case study aloud and give the participants 5 minutes to role-play. After each role-play, ask the observer to give feedback. Then have participants switch roles in their triads and listen to another case study. Continue until all participants have acted in each role.</p> <p>In plenary facilitate a discussion about their experience and answer questions. Prepare for field practice tomorrow.</p>

27. Using ORPA with a Drama or Story

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Apply ORPA to a health education drama or story. • Identify the characteristics of a successfully facilitated drama using ORPA. <p>Advance preparation: Ask three or four participants to prepare a drama about a mother who is not sure whether she should start to give her 4-month-old baby foods. The drama should be less than 5 minutes for the demonstration.</p> <p>Questions to ask the audience:</p> <p>1. OBSERVE</p> <ul style="list-style-type: none"> • What happened in the story (drama)? • What are the characters in the story doing? • How did the character feel about what s/he was doing? Why did s/he do that? <p>2. REFLECT</p> <ul style="list-style-type: none"> • Whom do you agree with? Why? • Whom do you disagree with? Why? • What is the advantage of adopting the practice described in the story/drama? <p>Discuss the key messages of today's topic.</p> <p>3. PERSONALIZE</p> <ul style="list-style-type: none"> • What would people in this community do in the same situation? Why? • What would you do in the same situation? Why? • What difficulties might you experience? • Would you be able to overcome them? How? <p>4. ACT Repeat the key messages.</p> <ul style="list-style-type: none"> • If you were the mother, would you be willing to try the new practice? • How would you overcome any barriers to trying the new practice? <p>Set a time for the next meeting.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 27a: "How to Use ORPA with a Drama or Story" • Handout 27b: Observation Checklist for Giving a Group Talk" • Handout 27c: Mini-drama scenarios <p>Time: 90 minutes</p> <p>Activity: Explain that dramas or stories are another way to use ORPA with a group. Ask participants to act out the drama they were asked in advance to prepare about a mother unsure whether to introduce complementary foods to her 4-month-old. At the end of the drama, ask participants questions based on the four stages of ORPA to model using this method with dramas or stories.</p> <ul style="list-style-type: none"> • What is happening here? Why? • How do you know? • Have you ever been in a similar situation or know someone who has? • What would you do if you were (one of the characters)? <p>Facilitate a discussion in plenary.</p> <p>Divide participants into three groups. Ask the groups to use a provided script or story to perform a short skit about breastfeeding or complementary feeding. Ask one of the participants to be the facilitator (any participants who have not practiced as facilitator should do this) and the others to be actors. After groups have had time to prepare, ask them to perform their skits for the entire group, with the participant-facilitator using ORPA to ask questions of the audience.</p> <p>Discuss the experience in plenary. Ask participants for ideas about how they could use this technique in their programs.</p>

28. Field Practice—Negotiation Visit #1

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify a feeding problem with a mother of a child under 6 months old and a mother of a child 6–12 months old. • Negotiate with a mother to try a new behavior using ARARA. <p>Advance preparation Work with a nurse or community health worker to arrange visits to the mothers of children under 6 months old and mothers of children 6–12 months old. Prepare a list of homes, mothers' names, and ages of children. Identify mothers of children from both age groups who are near each other so the participant pairs can walk from their first visit to their second visit. Have the nurse show each pair the location of both homes. Arrange transportation for the home visits.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 28a: "Observation Checklist: Negotiation Visit #1" • Handout 28b: "Negotiation Record" • Handout 28c: "Sample Recording Sheet for Negotiation Field Visits" <p>Time: 2½ hours</p> <p>Activity: In pairs participants meet mothers of infants 0–6 months old and 6–12 months old.</p> <p>Ask person A in each pair to negotiate with the mother of an infant 0–6 months old while person B observes. Ask person B in each group to negotiate with the mother of an infant 6–12 months old while person A observes. After each interview, ask the pair to go over the observation form and negotiation record after leaving the home of the woman interviewed.</p> <hr/> <p>Materials:</p> <ul style="list-style-type: none"> • Flipchart prepared to record visits based on handout 28c: "Recording Sheet" <p>Time: 2 hours</p> <p>Activity: In plenary ask pairs to share the strengths, weaknesses, difficulties, and satisfaction they perceived from talking to mothers of children 0–6 months old:</p> <ol style="list-style-type: none"> 1. How did it go? 2. What did the mother agree to try? 3. What went well? 4. What would you do differently? <p>On the prepared flipchart record the participant's name, the mother's name, the child's name, the problem identified, the options recommended, and the behavior the mother agreed to try. Continue with information from visits to mothers of children 6–12 months old.</p>

29. Infant Feeding Mother-to-Mother Support Groups

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • List the characteristics of a mother-to-mother support group. • List the characteristics of a mother-to-mother support group facilitator. <p>Content Mother-to-mother support groups provide a safe environment of respect, attention, trust, sincerity, and empathy.</p> <p>In mother-to-mother support groups women can:</p> <ul style="list-style-type: none"> • Share infant feeding information and personal experiences • Mutually support each other through their own experiences • Strengthen or modify certain attitudes and practices • Learn from each other <p>Women can reflect on their experiences, doubts, difficulties, popular beliefs, myths, information, and infant feeding practices. In this safe environment, the mother finds the knowledge and confidence to decide to strengthen or modify her infant feeding practices.</p> <p>Infant feeding mother-to-mother support groups are not lectures or classes. All participants play active roles.</p> <p>Support groups focus on the importance of mother-to-mother communication. In this way all the participants can express their ideas, knowledge, and doubts; share experiences; receive support and support the other women in the group.</p> <p>The sitting arrangement with everyone at the same level allows all participants to have eye-to-eye contact.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 29a: “Characteristics of a Support Group” • Handout 29b: “Checklist for Facilitators” • Handout 29c: “Characteristics of a Support Group Facilitator” • Handout 29d: “Responsibilities of the Facilitator to the Community” • Handout 29e: Possible support groups themes <p>Time: 60 minutes</p> <p>Activity: Briefly introduce the goals and purpose of mother-to-mother support groups. Facilitate a mother-to-mother support group with participants. Then ask participants to refer to the checklist and generate a list of characteristics of a mother-to-mother support group and a mother-to-mother support group facilitator, based on their experience. Compare with handouts.</p> <p>Ask participants how they felt participating in the support group. Ask the facilitator of the group how she felt. Ask the group specific questions about the way the leader handled certain situations. Ask how to use mother-to-mother support groups to change behavior.</p>

30. Scheduling Home Visits

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to identify points in a child's life cycle when key feeding changes are likely and contact should be made with the mother.</p> <p>Content Dates of home visits and messages: <i>Prenatal visit:</i> Birth plan, early initiation and colostrum, exclusive breastfeeding (decisions about infant feeding are usually made before delivery) <i>At birth:</i> Positioning and attachment, exclusive breastfeeding, emptying one breast first before offering the second <i>Around the 3rd month:</i> Increasing milk production, taking the time needed to breastfeed, feeding on demand day and night <i>At the 6th month:</i> Offering mushy foods in addition to breastfeeding on demand, offering foods two to three times a day, giving cooked and mashed vegetables or fruits or juices <i>Around the 9th month:</i> In addition to breastfeeding on demand, increasing to three to four feeds a day, adding vegetables and fruits every day as well as lentils, beans, or ground nuts as often as possible <i>Around the 12th month:</i> Continue to give meals and snacks to three to four times a day, offering food from the family pot without spices, nutritious snacks and continued breastfeeding on demand through 2 years and beyond</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Handout 30: "Scheduling Home Visits and Messages" • Flipchart with timeline (from pregnancy to birth to 2 years) • Flipchart paper, markers, masking tape <p><u>Time:</u> 30 minutes</p> <p><u>Activity:</u> Show timeline on flipchart (pregnancy to birth to 2 years). Ask participants to identify the important points in a baby's life to discuss with the mother. Ask about the time before birth. Is it important? Why? Ask what to emphasize and discuss at each point. Complete the timeline on the flipchart. Discuss related messages. Pass out handouts.</p> <p>Ask participants what they plan to discuss with the women when they make their follow-up visits in the community.</p>

31. Who Influences Mothers' Behaviors?

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to</p> <ul style="list-style-type: none"> • define audience segmentation” • list all people who may influence a mother’s infant feeding decision <p>Content: Effective BCC interventions reach audiences with the greatest potential for being responsive to the intervention, as well as those with the most pressing need. Often the primary target audience of infant feeding interventions is the mother or caregiver. Sometimes these groups can be even further divided into literate and non-literate or urban and rural. Secondary target audiences are those who can help or hinder a mother or caretaker’s ability to try and adopt a new infant feeding practice.</p> <p>Who and what influence a mother’s behavior?</p> <ul style="list-style-type: none"> • Examples of primary audiences <ul style="list-style-type: none"> – People most affected by the problem – People most responsive to behavior change – People most reachable • Examples of secondary audiences <ul style="list-style-type: none"> – People who influence the primary audience – Family and friends – Community health workers and traditional birth attendants – Community leaders and health authorities – Health care providers – Community norms and environment – National policies and programs – Media – Health care services 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 31: Behavior change model drawn on flip chart • Flipchart, markers, masking tape <p>Time: 75 minutes</p> <p>Activity: Ask participants who influences a mother’s infant feeding behaviors. Write responses on a flipchart. Introduce the flipchart with the behavior change model graphic. Explain the meaning of “primary audiences” and “secondary audiences.”</p> <p>Ask one participant to sit in front of the room with a doll. Tell the group that she is a breastfeeding mother in the community. Ask participants who this mother talks to about infant feeding practices. Have a participant represent each person mentioned and stand near the mother. Ask questions to elicit all the different “audiences.” At the end of this discussion the mother will be surrounded by a crowd.</p> <p>Facilitate a discussion on the different audiences.</p> <p>Ask participants the following questions:</p> <ul style="list-style-type: none"> • Why would we talk to men about infant feeding practices? What would appeal to them (cost, responsibility, etc.)? • Why would we talk to grandmothers about infant feeding practices? What would appeal to them (praise, doing what is best for their grandchild, etc.)? • How can we make men and grandmothers part of our target audience? <p>Using the above questions, facilitate a discussion on the importance of targeting secondary audiences.</p> <p>(continued)</p>

31. Who Influences Mothers' Behaviors? (continued)

Objective/content/messages	Materials/time/activities
<p>Group talks are a way to engage community members (e.g., men, older women, and community leaders) who influence mothers in talking about infant feeding issues and how they can help. The ORPA technique could be used to motivate group members to support and encourage mothers and their families to practice good infant feeding behaviors.</p>	<p>Ask participants to arrange their chairs in a circle. Demonstrate a short group talk for a men's group. Ask participants to discuss the experience and answer questions.</p> <p>Ask for two volunteers to facilitate group talks for a grandmothers' group and a men's group. Divide the group in two, one men's group and one grandmothers' group. Ask participants to offer the facilitators feedback. What did they do well? What could be improved?</p> <p>In a large group, discuss participants' experiences facilitating and participating in the group talks.</p> <p>Prepare participants for their upcoming group talks in the community and answer any questions.</p>

32. Field Practice—Action-Oriented Group Talks

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Facilitate an action-oriented group talk using ORPA. • Observe group talks and provide feedback using an observation checklist. <p>Content: Traditionally group talks are organized to communicate ideas or convey information to a group. Usually a leader directs the group talk, and participants participate by asking and answering questions. An “action-oriented” group talk is slightly different. Facilitators encourage participants to personalize the information and to try something new or different (an action) from what they normally do. At the next scheduled meeting, participants should be prepared to discuss their experiences.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Observation checklist <p><u>Time:</u> 2 hours and 30 minutes</p> <p><u>Activity:</u> Ask participants in pairs to facilitate a group talk using ORPA for action-oriented groups:</p> <ul style="list-style-type: none"> • Men’s groups • Women’s’ groups <ul style="list-style-type: none"> - Mother’s of children 0–6 months - Mother’s of children 6–12 months • Grandmothers’ groups <p>Ask participants who do not facilitate the talks to observe the talks using the observation checklists.</p> <p>-----</p> <p><u>Materials:</u></p> <ul style="list-style-type: none"> • Flipchart to record themes and tips <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> Ask observers for each group on their return share their experience facilitating a group talk using ORPA. Ask them to discuss strengths, weaknesses, difficulties, and satisfaction with this approach.</p> <ol style="list-style-type: none"> 1. How did it go? 2. Do you feel good about the experience? 3. What worked? 4. What did you have trouble with? 5. What do you think group members will do as a result of the talk? <p>On flipchart paper list common experiences and feelings and suggestions for improvement.</p>

33. Preparation for Negotiation Visit #2

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to conduct an effective follow-up visit based on the criteria indicated in the observation checklist.</p> <p>Content: <i>Case study for demonstration</i> You visited a mother of a 9-month-old last week who was feeding watery porridge once a day. You talked with the mother about the need to thicken and add other foods to the porridge and give fruit every day. Miriam said she would increase the thickness of the porridge, add fish flour and shea butter, and give this twice a day to her baby. She said she would also mash up a fruit and give it every day as a third meal or snack. As the fourth meal, she would give vegetables from the family pot, mashed up but still thick. You are going to find out whether anything has prevented her from doing what she said she would try. She continues to breastfeed her baby.</p> <p><i>Observation checklist</i></p> <ul style="list-style-type: none"> • Greet the mother and establish rapport. • Ask whether she tried what she agreed to do during the previous visit. • Ask what happened when she tried the new practice. • Ask whether she made any changes to the agreed practice. • Ask what problems she had. • Help her solve problems. • Ask whether she likes the new practice, and thinks she will continue. • Ask whether she noticed a difference in the child's behavior or appetite. • Praise the mother and motivate her to continue the practice. • Remind the mother to take the child to be weighed (attend well baby clinic). • Tell the mother where she can get support. 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Handout 33: "Observation Checklist for Negotiation Visit #2" on a flipchart <p><u>Time:</u> 45 minutes</p> <p><u>Activity:</u> Read visit #2 case study aloud. Facilitators demonstrate negotiation visit #2 using the case study. Review the steps in visit #2 using the observation checklist and ask participants for comments. Answer questions.</p> <p>Divide participants into triads to practice breastfeeding visit #2 and complementary feeding visit #2. Ask participants to use their experience from visit #1 and the behaviors that the mothers agreed to try for the role-plays.</p> <p>Review the schedule for tomorrow's negotiation visit #2.</p>

34. Field Practice—Negotiation Visit #2

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to determine whether the mother was able to try the new behavior, liked it, and intends to continue the practice.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Handout 33: “Observation checklist for visit #2” • Recording sheet <p><u>Time:</u> 2½ hours</p> <p><u>Activity:</u> Participants in pairs meet community women from visit #1 to follow up and find out whether the women tried the agreed practice.</p> <hr/> <p><u>Materials:</u></p> <ul style="list-style-type: none"> • Flipchart with negotiation visit record matrix from visit #1 <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> Ask each participant to complete the charts from visit #1. In plenary ask each pair to share its experience talking with mothers: strengths, weaknesses, difficulties, and feelings of satisfaction. Ask pairs what were the results of the visit? What were the mothers’ reactions? What modifications were made to the proposed practice? Do they intend to continue? How do participants feel about the process in general?</p>

35. Participant Review

Objective/content/messages	Materials/time/activities
<p>Note: Do this only at the end of the community training. If the training is a TOT, wait until the last day of the entire workshop.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape <p><u>Time:</u> 2 hours</p> <p><u>Activity:</u> Divide participants into working groups of three to four. Ask each group to use flipchart paper to summarize the training (using words or images) based on the following questions:</p> <ul style="list-style-type: none"> • What were the main topics we examined? • What are some of the key messages we have learned? • What ideas and new information will you be using from this training? How? <p>Ask groups to share their summaries.</p>

36. Post-test

Objective/content/messages	Materials/time/activities
<p>Content: Questions for post-test:</p> <ul style="list-style-type: none"> • Should a woman breastfeed immediately after the baby is born? C • Should a mother breastfeed on a schedule in order to have enough milk? I • After 4 months, should a mother begin to add foods in addition to breastmilk? I • When a mother begins to give foods to a baby, should she start with watery porridge? I • Should a 6–9-month old eat 3 meals a day? C • Should children 12–24 months old eat at least 5 meals a day? C • Does the first milk (colostrum) clean the stomach and serve as the first immunization for the baby? C • Should you give teas, water, and breastmilk to infant during the first 6 months? I • Does a pregnant woman need to eat more than a woman who is neither pregnant nor lactating? C • After the first 6 months, is it good to continue to give only breastmilk? I • Should young children have their own plates while they are eating? C • Can the ORPA methodology alone help to motivate someone to change infant feeding practices? I • Is telling a mother what to do an effective way to improve how she feeds her child? I • Are carrots, pumpkins, mangoes, paw paw and green leafy vegetables the foods that contain vitamin A? C • Will adding oil to the child's food ensure that s/he grows tall? I • Are potatoes, tomatoes, oranges, and bananas the foods that contain iron? I • Are animal products and legumes the foods that contain protein and help a child to grow? C 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout 36a: Post-test, or green and red cards • Handout 36b: Post-test answer key <p>Time: 30 minutes</p> <p>Activity: Use the same method used to administer the post-test that was used for the pretest.</p> <p>Pass out copies of the post-test to participants and ask them to complete them individually. Tell them they have 30 minutes to complete the post-test. Give them a 5-minute and 2-minute warning.</p> <p>Correct all the tests as soon as possible, analyzing topics that cause disagreement or confusion and that will need to be addressed. Record the change in the score from the pre-test to post-test.</p> <p>or</p> <p>Have participants sit in chairs in a circle with their backs facing the middle. Pass out a red and a green card to each participant. Explain that a question will be read aloud and that if they think the statement is correct or true, they should raise the green card. If they think that the statement is incorrect or false, they should raise the red card.</p> <p>Ask one facilitator to record questions or topics that still cause disagreement or confusion. Note these topics for later discussion. Share general results with participants.</p>

37. Evaluation

Objective/content/messages	Materials/time/activities
	<p><u>Materials:</u></p> <ul style="list-style-type: none">• Handout 37: “Workshop evaluation” <p><u>Time:</u> 15 minutes</p> <p><u>Activity:</u> Pass out copies of Handout 37: Workshop Evaluation to each of the participants. Ask participants to complete it individually and encourage them to be honest and specific because their comments will be used to improve the workshop and training module.</p>

Behavior Change Communication for Improved Infant Feeding

Training of Trainers

1. Training Techniques Review

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify different training techniques. • List the steps used to teach a skill. <p>Content: How to teach a skill:</p> <ul style="list-style-type: none"> • Discuss the skill and the reason to do it • Demonstrate (perfect model) • Discuss • Practice in class (everyone practices with the same case) • Discuss • Practice in class (everyone practices with different cases) • Discuss • Field practice in real situation • Discuss 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout T1: “How to Teach a Skill” <p>Time: 20 minutes</p> <p>Activity: Explain that because this is a TOT, some time will be spent on training techniques each day. Tell trainees that it is important to think about the content and skills we are trying to teach and to design learning activities accordingly. Ask them to think about the following sessions in the workshop and how they differed:</p> <ol style="list-style-type: none"> 1. BCC presentation (large group) 2. How the breast makes milk (small groups and drawing) 3. Positioning and attachment (skill practice in real setting) <p>In plenary have participants answer the following questions about each session:</p> <ul style="list-style-type: none"> • What did we do? • Why did we do that? • What educational principle was used? • Could another method have been used? • Why didn't we use that other method? • Would the other method have been more effective? <p>Discuss how to teach a skill. Ask participants to share their experience learning about correcting positioning and attachment. Ask them to compare that experience with other skills they have learned.</p> <p>List training techniques on flipchart paper. Keep a running list of techniques used throughout the training and encourage participants to add to the list at any time.</p>

2. Thinking, Feeling, Doing

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to name examples of learning activities that involve thoughts, feelings, or actions.</p> <p>Content: Learning takes place across three domains:</p> <ul style="list-style-type: none"> • Ideas (thinking) • Feelings or emotions (feeling) • Actions (doing) <p>Formal education often focuses on ideas or thinking. Effective learning requires more than just studying ideas and sharing information. How we feel about the ideas we are learning and what we can <i>do</i> with those ideas also influence learning.</p> <p>The deepest learning takes place in the affective (feeling) domain, where learning becomes personal by engaging the emotions. When learners do something related to the information they are learning, it helps make the activity or information real to them. When designing learning activities, try to combine all three.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape • Handout T2: “Thinking, Feeling, Doing” drawn on flipchart <p>Time: 20 minutes</p> <p>Activity: In plenary explain that learning can happen in three different ways: by thinking, feeling, or doing.</p> <p>List the activities used so far in the workshop and ask participants to name what kind of learning was involved. Explain that the ORPA technique makes learners reflect on their feelings and actions.</p> <p>Ask participants to give examples of learning activities they have facilitated or participated in that combine two kinds of learning. Then ask for examples of all three. Explain that learning to dance in a class, for example, can combine all three.</p>

3. Learning Styles

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to name a learning activity for each of the three learning styles.</p> <p>Content: Not everyone learns the same way. Some learn best by reading. Others learn best by listening. Still others learn best by watching. “Learning styles” refers to the variety of ways people take in, store, and retrieve information. Learning styles can give clues about how to best to approach a task. These differences are not related to intelligence, but merely indicate the individual’s preferred method for learning.</p> <p>In any training or class, there are participants with different styles of learning and preferred ways of learning. It is important to use different activities in order to engage diverse learners.</p> <p>Only a small percentage of people learn best by listening, but most teaching and training is directed to this style of learning. Using different styles and combining styles can enhance student learning.</p> <p>It is said that people remember:</p> <ul style="list-style-type: none"> 10% of what they read 20% of what they hear 30% of what they see 50% of what they see and do 70% of what they say 90% of what they say and do 95% of what they teach 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape • Handout T3: “Salute to the Sun” or a handout with a similar activity <p>Time: 45 minutes</p> <p>Activity: Divide participants into three groups. Explain that they will learn something new and will have to show the group what they have learned. One group will receive written directions, one group will receive verbal directions, and another group will be shown how to do the same thing without any words. One facilitator will go with the listening group and one with the seeing group. Give each group 5–10 minutes. In plenary ask each group of participants to show what they learned. Ask whether any one group seems to have learned it better and why.</p> <p>Teach the same thing to the entire group, saying the directions aloud and showing them how to do it at the same time. Ask the participants to compare the two experiences. Ask whether they learned it correctly the first time and whether it was easier the second time and why.</p> <p>Stress the importance of using different methods to teach groups, based on the different ways adults learn. Encourage participants to be prepared to vary the ways they present information. Emphasize that it is important to think about the kinds of skills and information they are sharing when deciding which learning activities to use. Review handout on teaching methods.</p>

4. Supervision

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to conduct a supervisory visit.</p> <p>Content: Supervisory visits are for helping workers improve their work, solve problems, and provide support. These visits should be seen as part of the training strategy and used to motivate the health worker or volunteer. Supervision should not be a record inspection or a subjective evaluation. The supervisor should observe the worker performing a BCC skill set and use a checklist corresponding to the BCC technique observed (e.g., negotiation, action group facilitation, home visit, mother-to-mother support group, facility, growth monitoring station).</p> <p>The best way to see whether a worker is performing well is to watch him/her perform on the job. Observation should be followed by a discussion about what was observed and the data collected and recorded on the monitoring forms. This is the time to identify an important area the worker can improve before the next visit.</p> <p>People who are praised for the work they do well are motivated to continue their work.</p> <p>If you find something the worker can improve, show him/her how to do it better. Then give him/her a chance to try it with you observing.</p> <p>When you identify something to work on for the next visit, choose something that, if improved, will make the biggest difference. Leave the less important improvements for later, after the first recommendation is mastered.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Handout T4a: "Hints for Supervisors" • Handout T4b: "Key Steps in a Good Supervisory Visit" <p>Time: 60 minutes</p> <p>Activity: Facilitate discussion in plenary:</p> <ul style="list-style-type: none"> • What is supervision? • Why do you supervise? • What is the goal of supervision? • What should you do in a supervisory visit? Why? • What tools do you need? • Who supervises? <p>Ask one participant pair to role-play a supervisory interview based on their performance during field visits.</p> <p>Divide participants into the groups that facilitated the group talks. Ask observers from the group talk field practice to conduct a supervisory visit with the people who facilitated the group talks.</p>

5. Training Plan Development

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to draft a training plan.</p> <p>Content: Training plans should include the following information:</p> <ul style="list-style-type: none"> • Region • District • Profile of trainees • Trainers • People responsible • Resources needed • Collaborators • Time frame • Expected outcomes 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout T5: “Training Plan Template” <p>Time: 60 minutes</p> <p>Activity: Ask a ministry of health official to introduce this activity. Explain to participants that their plans will be endorsed when they are presented on the last day of the workshop. Review the training plan template and each of the categories. Answer questions.</p> <p>Form groups by region to begin the design of the training, follow up, and support plans for building BCC nutrition capacity in the region. Provide participants with information on support and resources that will be available to them.</p>

6. Adult Learning Principles

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to name three strategies to help adults learn.</p> <p>Content: Adult learning is best achieved through dialogue. Adults have enough life experience to be in dialogue with any teacher about any subject and learn best when new information can be related to that life experience.</p> <p>Vella (1995) identifies 10 principles to begin, maintain, and nurture dialogue:</p> <ol style="list-style-type: none"> 1. <u>Needs assessment</u>: Determine what learners need to learn and make learning address their needs and interests. 2. <u>Safety in environment and process</u>: Make people feel comfortable to share experiences and ask questions. 3. <u>Order and reinforcement</u>: Start with the easiest topics and build on them. Introduce the most important ones first. Repeatedly reinforce key ideas and skills, using various learning activities. 4. <u>Practice</u>: Practice first in a safe place and then in a real setting. 5. <u>Respect</u>: Appreciate the learner's contributions and life experiences. 6. <u>Thinking, feeling, doing</u>: Learning takes place by thinking, feeling, and doing and is most effective when it occurs across all three levels. 7. <u>Immediately relevant</u>: Can use what they have learned in their job or life. 8. <u>Teamwork</u>: Learning from each other and solving problems together makes learning easier. 9. <u>Engagement</u>: Involve learners' emotions and intellect. 10. <u>Accountability</u>: Trainers are responsible for delivering quality training, and ensuring learners know how to incorporate new skills and knowledge. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape • Handout T6: "Adult Learning Principles" • Flipchart or overhead with 10 adult learning principles <p>Time: 60 minutes</p> <p>Activity: Ask participants the difference between how adults learn something new and how children learn something new. Explain that adults have life experiences to draw on to relate to new information.</p> <p>Have participants think to themselves about something they have learned during this training. How does it relate to their experience?</p> <p>In plenary have participants define each of the 10 adult learning principles. Divide participants into groups of three and pass out handouts with the 10 principles. Ask them to think of examples of learning activities from this training for each of the principles. In plenary ask participants to share their groups' responses.</p> <p>Stress that it is important to include these principles in training. Explain that these principles encourage dialogue and should be used in formal training, informal talks, one-on-one counselling sessions, or any situation when adults are learning.</p>

7. Preparation for Practice Training

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to teach BCC skills to fellow participants.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • 2-day practice training plan with methodology, content, and handouts for each of the sessions. <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> Explain the practice training activity:</p> <ul style="list-style-type: none"> • During a 2-day period, participants will replicate the BCC skills training for community health workers, nurses, or NGO staff. • The participants will be divided into two large groups and then form pairs within each group to facilitate the sessions. Both large groups will facilitate the same sessions. • Methodology and materials have already been developed and will be made available for the 2 days to allow participants to focus on their BCC training skills. • The content used for the BCC skills will be the same infant feeding content that was covered during the first week. The sessions will be taken from the training participants have just completed. <p>In plenary pass out the 2-day training schedule and review it session by session with the participants. Allow them to ask questions.</p> <p>Divide the participants into two groups. Facilitators divide themselves between both groups. In two separate groups:</p> <ul style="list-style-type: none"> • Form pairs that will work together as co-facilitators during the practice sessions and the training. • Assign sessions for both days to pairs, allowing each pair to train on different BCC skills each day. • Assign each pair opening or closing activities on one of the days. <p>(continued)</p>

7. Preparation for Practice Training (*continued*)

Objective/content/messages	Materials/time/activities
<p>Content:</p> <p><u>Day 1</u></p> <ol style="list-style-type: none"> 1. Advantages of breastfeeding 2. Early initiation 3. Exclusive breastfeeding 4. BCC 5. Stages of change 6. Using ORPA with a visual in a group setting <p><u>Day 2</u></p> <ol style="list-style-type: none"> 1. Complementary feeding (FADUA) 2. Negotiation 3. Negotiation visit #1 4. Negotiation visit #2 	<p><u>Time:</u> 5 hours</p> <p><u>Activity:</u></p> <p><u>Day 1</u></p> <p>Allow pairs to prepare and practice their sessions for day 1 (breastfeeding and BCC skills) on their own so they will be able to facilitate the session for their group later in the day.</p> <p>After pairs have planned and prepared their sessions for day 1, ask them to rejoin their group. Each pair then practices facilitating the sessions for their group. Allow 5–10 minutes at the end of each session for group members to provide feedback to each of the pairs.</p> <p><u>Day 2</u></p> <p>Review the schedule and sessions for day 2 (complementary feeding and negotiation) and answer questions. Divide participants into the same two groups. Ask the same pairs in each group to decide who will facilitate which sessions. Explain that these sessions will focus on complementary feeding. Allow pairs to prepare and practice their sessions on their own so they will be able to facilitate the session for their group later in the day.</p> <p>After pairs have planned and prepared their sessions for day 2, ask them to rejoin their group. Each pair then practices facilitating the sessions for their group. Allow 5–10 minutes at the end of each session for group members to provide feedback to each of the pairs.</p> <p>After both groups have finished facilitating their sessions for fellow group members, ask the two large groups to come together to share their experience and feelings about facilitating the practice sessions.</p>

8. Seven Steps of Planning

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • List the seven steps of planning. • Use the seven steps of planning when preparing for a training event. <p>Content:</p> <ul style="list-style-type: none"> • <u>Who</u>: The learners and their skills, needs, and resources, as well as the facilitators • <u>Why</u>: The purpose of the event or the situation that calls for it • <u>When</u>: The time frame—date, number of learning hours, breaks, and starting and finishing time each day • <u>Where</u>: The location with details of available resources and equipment and arrangement of the space • <u>What</u>: The content of the learning event; the skills, knowledge and attitudes that will be presented • <u>What for</u>: The learning objectives—what participants will be able to do as a result of the learning activity • <u>How</u>: Learning tasks or activities that will enable participants to accomplish the learning objectives <p>There is no correct order for the planning steps. This activity simply makes participants think about the questions they should think about and answer when preparing for a training.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Sets of cards marked “Who,” “Why,” “When,” “Where,” “What,” “What for,” and “How” • Handout T8: “Seven Steps of Planning” <p>Time: 30 minutes</p> <p>Activity: Divide participants into groups of four. Pass out sets of cards marked “Who,” “Why,” “When,” “Where,” “What,” “What for,” and “How.” Explain that participants should think about these questions when they are designing a training workshop. Ask participants to put the cards in the order they would follow if they were designing a training workshop.</p> <p>As a large group, walk around to each of the areas where participants have laid out their steps. Have participants present the order they selected and why.</p> <p>In plenary, pass out handout T8: Seven steps of planning. Ask participants to answer each of the questions based on this workshop. Facilitate a discussion with participants sharing their responses.</p>

9. Final Training Plans

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Develop a training plan. • Present their training plan. 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Draft training plans <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> Ask participants to form the same groups as the earlier training plan session to finalize the design of the training sessions, including follow-up and support plans for enhancing BCC skills and techniques in their areas. Remind participants that the plan will be presented on the last day of the workshop.</p> <p>-----</p> <p><u>Materials:</u> Completed training plans</p> <p><u>Time:</u> 2 hours</p> <p><u>Activity:</u> Ask each region to present its plan to train community health workers in infant feeding and behavior change communication. Ask ministry of health officials to give feedback and offer suggestions.</p>

10. Review of Practice Training Experience

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to reflect on their experience facilitating sessions on BCC skills and infant feeding.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Flipchart paper, markers, masking tape <p><u>Time:</u> 60 minutes</p> <p><u>Activity:</u> At the end of each day, in a large group, ask participants to discuss their experience and feelings about the training, based on the following questions:</p> <p>What?</p> <ul style="list-style-type: none"> • What did you do? • What did you observe? What did you think about? • What were your feelings about it? <p>So what?</p> <ul style="list-style-type: none"> • What did you learn? Relearn? • What benefits, if any, did you get from the experience? <p>Now what?</p> <ul style="list-style-type: none"> • How will you do things differently in the future? • What can you do to apply what you have learned? Will anything in particular be easier the next time? Harder? <p>Facilitators share their observations and offer feedback. List common experiences and suggestions on a flipchart.</p>

Behavior Change Communication for Improved Infant Feeding

Training of Trainers

Two-Day Practice Training

1. Introductions and Objectives

Learning objectives/content	Materials/time/activities
<p>Welcome</p> <p>Introductions</p> <p>Learning objectives:</p> <ul style="list-style-type: none"> • Name three advantages of breastfeeding. • Define exclusive breastfeeding. • List key recommendations for complementary feeding, using the acronym FADUA. • Apply the ORPA methodology, using a counseling card in a group talk. • Negotiate with a mother to improve breastfeeding and complementary feeding, using ARARA. 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Flipchart with learning objectives <p><u>Time:</u> 15 minutes</p> <p><u>Activity:</u> Welcome participants and review the purpose of this training: 1) to give trainers an opportunity to practice, and 2) to train participants in behavior change communication and infant feeding.</p> <p>Divide the group into pairs. Ask participants to share their names, positions, and organizations and try to find three things they have in common. Then ask them to introduce each other to the group and share one thing they have in common.</p> <p>Present learning objectives to participants. Answer questions.</p>

2. Advantages of Breastfeeding

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session participants will be able to list advantages of breastfeeding for the baby, mother, family and community.</p> <p>Content: <i>Advantages for baby</i></p> <ul style="list-style-type: none"> • Supplies all necessary nutrients in proper proportions • Digests easily and does not cause constipation • Protects against diarrhea • Provides antibodies that protect against common illnesses • Protects against infection, including ear infections • During illness keeps baby well hydrated • Reduces the risks of allergies • Is always ready at the right temperature • Increases mental development • Prevents hypoglycemia (low blood sugar) • Promotes proper jaw, teeth, and speech development • Suckling at the breast is comforting to fussy, overtired, ill, or hurt baby • Promotes bonding • Is the baby's first immunization <p><i>Advantages for mother</i></p> <ul style="list-style-type: none"> • Reduces blood loss after birth (early or immediate breastfeeding) and helps expel the placenta • Saves time and money • Makes night feeds easier • Delays return of fertility • Reduces the risk of breast and ovarian cancer <p><i>Advantages for family and community</i></p> <ul style="list-style-type: none"> • Is available 24 hours a day • Reduces cost for medicines for sick baby • Delays new pregnancy • Reduces time lost from work 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Pieces of paper in three colors, markers, masking tape • Title cards: Baby, Mother, Family and Community • Handout 5: "Advantages of breastfeeding for baby, mother, and family" <p><u>Time:</u> 30 minutes</p> <p><u>Activity:</u> Pass out colored cards to form three working groups to discuss:</p> <ul style="list-style-type: none"> • Advantages for the baby (<u>blue</u>) • Advantages for the mother (<u>green</u>) • Advantages for the family and community (<u>red</u>) <p>Ask working groups to write one advantage per card for their topic (pass out additional cards as needed).</p> <p>Post title cards on the wall:</p> <ul style="list-style-type: none"> • Advantages for Baby • Advantages for Mother • Advantages for Family and Community <p>Ask each group to post the cards under the appropriate title cards.</p> <p>Ask the groups to explain each card as they post it and ask the other groups whether they have any advantages to add.</p> <p>Pass out "Advantages of Breastfeeding" handout.</p>

3. Initiation of Breastfeeding

Objective/content/message	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to describe two reasons why immediate initiation of breastfeeding is important.</p> <p>Content: Early initiation of breastfeeding helps expel the placenta and reduce bleeding.</p> <p>The first milk (colostrum or yellow milk) is the baby's first immunization and contains everything the baby needs until the milk starts to flow (about the third day after birth).</p> <p>Immediately putting the baby the breast can prevent engorgement.</p> <p>Key message:</p> <ul style="list-style-type: none"> Put the baby to the breast immediately after delivery (within the first 30 minutes). 	<p>Materials:</p> <ul style="list-style-type: none"> Flipchart paper, markers, masking tape <p>Time: 50 minutes</p> <p>Activity: Ask working groups of four to six people to respond to the following questions, based on practices in their communities (20 minutes):</p> <ol style="list-style-type: none"> Who is with a woman when she gives birth? What do family members do to prepare before birth and at the time of the birth? Who delivers the baby? What is done with the baby immediately after birth? Where is the baby placed? What is given to the baby to eat or drink as soon as s/he is born? Why? When is the baby placed at the mother's breast? Why? <p>Facilitate discussion in plenary. Ask each group to present its findings. Write responses on flipchart. Compare current practices to optimal infant feeding practices as each question is reported. Answer questions and correct misinformation (30 minutes).</p>

4. Exclusive Breastfeeding

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Define exclusive breastfeeding • Explain why exclusive breastfeeding is important <p>Content</p> <ul style="list-style-type: none"> • Put the baby to the breast immediately after birth and allow baby to remain with the mother. • Breastfeed frequently, as often and as long as the baby wants, day and night. • Give only breastmilk (no water, other liquids, or foods) for the first 6 months (exclusive breastfeeding). • Breastmilk contains enough water and nutrients for babies 0–6 months old. • Continue breastfeeding even if the mother or the baby becomes ill. • Avoid using bottles, pacifiers (dummies), or other artificial nipples. • Mothers should eat and drink enough to satisfy their own hunger and thirst. <p>Key messages:</p> <ul style="list-style-type: none"> • Give only breastmilk for the first 6 months, giving no water, other liquids or foods. • Breastmilk contains all the water and food the baby needs for the first 6 months of life. 	<p>Materials:</p> <ul style="list-style-type: none"> • Questions for working groups on exclusive breastfeeding written on flipchart • Flipchart paper, markers, masking tape • Handout 9a: “Optimal Breastfeeding Practices for Infants 0–6 Months” • Handout 9b: “Composition of Breastmilk” • Handout “LINKAGES Facts for Feeding, 0–6 Months” <p>Time: 30 minutes</p> <p>Activity: Ask working groups to respond to the following questions, based on practices in their communities:</p> <ul style="list-style-type: none"> • When and how many times a day do mothers in your community breastfeed? How many times in a night? • Do mothers of babies under 6 months old give their babies water, other liquids, or foods? Which liquids and foods? Why? • What are barriers to changing this behavior of giving water, liquids or foods to babies under 6 months old? <p>In plenary facilitate a discussion around participants’ responses to these questions. Write responses on the flipchart. Compare current practices to optimal infant feeding practices as each question is reported. Answer questions and correct misinformation. Pass out “Facts for Feeding” and handouts 9a and 9b.</p> <p><i>Note:</i> If participants are skeptical about the adequacy of water in breastmilk, suggest that they ask a mother to express breastmilk into a glass and wait a few hours until the water separates from the cream. Or draw handout: 9b on a flipchart to show the composition of breastmilk. Invite participant’s own testimonies.</p>

5. What is Behavior Change Communication?

Objective/content/message	Materials/time/activities
<p>Learning objective: By the end of this session participants will be able to define behavior change communication.</p> <p>Content: Behavior change communication is listening, understanding, and then negotiating with people and communities for long-term positive health behavior.</p> <p>Talking with people, listening to them, and having them agree to try something new, not just telling them to do something different, is a critical piece of any successful nutrition BCC program.</p> <p>Key idea: Listen to, understand, and then talk with people and communities for long-term, positive changes in health behaviors.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart, markers, masking tape <p>Time: 60 minutes</p> <p>Activity: In plenary ask participants:</p> <ul style="list-style-type: none"> • What are our goals when we promote exclusive breastfeeding and complementary feeding? • How can we change infant nutrition? • How can we convince a mother to change her feeding practices? • Does telling a mother what to do change her behavior? <p>Discuss how giving someone information is usually not enough to change behavior. Explain that behavior change communication is a way to communicate with people by listening, understanding, and negotiating so they will change their behavior.</p> <p>Divide participants into groups of four or five. Ask the groups to think about a time when they had a problem and someone told them what to do. Ask them to remember how they felt. Encourage group members to share their feelings. Ask them to look for common themes or feelings.</p> <p>(continued)</p>

5. What is Behavior Change Communication? (continued)

Objective/content/message	Materials/time/activities
	<p>Ask participants to think about a time when they had a problem and another person listened attentively and helped them come up with their own solution. Ask them to remember how they felt in this situation. Encourage group members to share their feelings. Ask them to look for common themes or feelings and compare the two experiences.</p> <p>In plenary discuss the differences between how it felt to be told what to do and how it felt to be asked what they wanted to do. Ask a few participants to share their feelings. Write common themes on a flipchart. Discuss how these experiences relate to communicating with mothers and caregivers. Ask a way to get people to change their behavior. Ask how we can be facilitators when we counsel mothers. Explain that this training focuses on facilitating behavior change.</p>

6. Stages of Behavior Change

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> List the stages of behavior change Explain why knowledge may not be enough to change behavior <p>Content: Behavior change is usually a gradual process consisting of identifiable stages. Long-term change occurs as people gain skills and increase self-confidence through repeated trials and reinforcement.</p> <p>Stages of change and interventions to encourage change:</p> <ol style="list-style-type: none"> Never heard about it—Give information Heard about it—Negotiate/encourage Trying it out—Praise, discuss benefits Continuing to do it—Support <p>Case studies:</p> <ul style="list-style-type: none"> A woman has heard the new breastfeeding information, and her husband and mother-in-law also are talking about it. She is thinking about trying exclusive breastfeeding because she thinks it will be best for her child. A woman has brought her 8-month-old child to the baby weighing session. The child has lost weight. The health care worker tells her to give her child different food because the child is not growing. The past month a health worker talked with a mother about gradually starting to feed her 7-month-old baby three times a day instead of just once a day. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day. <p>Key idea:</p> <ul style="list-style-type: none"> Find out what the target audience knows and negotiate towards a “trial”. 	<p>Materials:</p> <ul style="list-style-type: none"> Handout 20a: “Stages of Behavior Change” Handout 20b: “Stages of Change and Interventions” <p>Time: 30 minutes</p> <p>Activity: Show model of the stages of behavior change. Emphasize that just giving information may not be enough to convince a person to change. Discuss each of the stages and the interventions to help people move through each stage.</p> <p>In plenary ask participants to close their eyes and think about a personal behavior they are trying to change (not alcohol or tobacco, because they are addictive). Ask them to think about at what stage they are and why. Ask what they think they will need to move to the next stage.</p> <p>When participants show that they understand the stages of change and the interventions, ask them to answer questions about the stages of change and appropriate interventions based on case studies.</p>

7. Using ORPA with a Counseling Card: Early Initiation of Breastfeeding

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Facilitate a group talk using ORPA with a counseling card • Communicate key messages on early initiation of breastfeeding <p>Content: 1. OBSERVE Hold the visual for all to see and ask:</p> <ul style="list-style-type: none"> • Who do you see in the picture? Where are they? • What are they doing in the picture? • How does the character feel about what s/he is doing? Why is s/he doing that? <p>2. REFLECT</p> <ul style="list-style-type: none"> • What do you think of what each person is doing in the picture? • Whom do you agree with? Why? • Whom do you disagree with? Why? • What is the advantage of adopting the practice shown on the counseling card? <p>Discuss the key messages related to the card's topic.</p> <p>3. PERSONALIZE</p> <ul style="list-style-type: none"> • What do the women (or others) in this community do in the same situation? Why? • What would you do in the same situation? Why? • What difficulties have you experienced? • Were you able to overcome them? How? <p>4. ACT Repeat the key messages</p> <ul style="list-style-type: none"> • Ask the group if they would be willing to try or recommend the practice. • Ask group how they might overcome any barriers to trying the new practice. • Set a time for the next meeting to talk about what happened when participants tried the new practice and how they overcame any barriers. 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipcharts based on handout 12a: "How We Learn," using the ORPA cycle • Handout 12b: "How to Use a Counseling Card with a Group" • Early initiation counseling card • Flipchart based on handout: 12c: "Observation Checklist: Using a Visual with a Group" <p>Time: 45 minutes</p> <p>Activity: Introduce ORPA by drawing on the flipchart a cycle of a child experiencing touching fire and then ORPA with a group discussion. Explain that ORPA is used to encourage people to reflect on and personalize their experience to learn from them and make a decision to change their behavior. Connect ORPA to stages of change.</p> <p>Demonstrate how to use ORPA with a group using a counseling card on early initiation. Discuss the demonstration using a flipchart with observation checklist</p> <p>Ask participants in groups of five to practice facilitating an action-oriented group discussion on early initiation. Ask them to take turns being the observers, facilitators, and participants. Ask observers to use the observation checklist to give feedback to the facilitator.</p> <p>Facilitate a discussion with participants about their experiences using ORPA. Ask participants whether they could use ORPA with a drama and how. Ask whether ORPA could be used in other situations.</p>

8. Review of Key Topics

Learning objectives/content	Materials/time/activities
<p>Questions for review:</p> <ul style="list-style-type: none"> • How long should an infant be exclusively breastfed? • Why should breastfeeding be initiated early? • True or false: sometimes breastfeeding can cause diarrhea. • What is exclusive breastfeeding? • True or false: Babies cry only when their mothers don't have enough breastmilk. • Name one reason why one should not give babies bottles. • True or false: The first milk is not healthy for a newborn baby. • How is behavior change communication different from giving information? • What stage of behavior is someone at if they have never heard of a practice? 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Review questions • Ball <p><u>Time:</u> 30 minutes</p> <p><u>Activity:</u> Introduce the ball game to review key topics covered in the training. The facilitator gives a ball to someone and then reads a review question. The person with the ball throws it to someone else. Whoever catches the ball has to answer the question. The person who answers the question then throws the ball to someone else, and the facilitator reads a new question. Continue playing until each participant has answered.</p>

9. Complementary Feeding (FADUA)

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • State the age at which children should begin to eat complementary foods • List optimal feeding practices using FADUA • State recommended frequency of feeds for each age group <p>Content:</p> <ul style="list-style-type: none"> • Complementary feeding is giving other foods and fluids in addition to breastmilk. • Complementary foods are needed to <u>fill the gap</u> between the total nutritional needs of the growing and increasingly active child and the amounts provided by breastmilk beginning at 6 months. • During the complementary feeding period, the baby <u>gradually</u> becomes accustomed to eating family foods in addition to breastfeeds. <p>Optimal complementary feeding—FADUA: Frequency—Progressively Increase complementary feeding frequency, using meals and snacks:</p> <ul style="list-style-type: none"> • 2-3 times a day from 6 to 8 months • 3-4 times a day from 9 to 11 and 12 to 24 months (with nutritious snacks) <p>Amount—Offer adequate amount of food while maintaining frequent breastfeeding.</p> <p>Density—Increase food's nutrient density by adding fruits, vegetables, or animal products to staple foods. Porridges should be thick enough to stay on a spoon.</p> <p>Utilization—Practice good hygiene to reduce infection and prevent parasites from contaminated foods or contaminated bowls or spoons to ensure the food is used by the baby.</p> <p>Active feeding—Help and encourage the child to eat. Use a separate bowl to make sure the child gets enough.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart with FADUA • Flipchart paper, markers, masking tape • Handout 15a: "Recommended Feeding Practices for Children 6–24 Months" • Handout 15b: "FADUA—Helping Mothers Select Complementary Foods" • "LINKAGES Facts for Feeding: Recommended Feeding Practices for Children 6–24 Months" <p>Time: 30 minutes</p> <p>Activity: In plenary ask participants to answer the following questions on optimal infant feeding practices for children in each age group (6–9 months, 9–12 months, and 12–24 months). Record responses on a flipchart.</p> <ul style="list-style-type: none"> • How many times a day should a ____ month-old child eat? • How much should a ____ month-old child eat? • What kinds of foods should be combined to make a nutritious meal? • How should food be prepared to make sure it is safe? • How should a mother or caregiver act when s/he is feeding her child? Is there anything in particular that she should do before or during a feed? <p>Introduce FADUA to help health workers communicate with mothers and caregivers to make infant and young child feeding recommendations for optimal infant feeding practices. Explain briefly the meaning and related recommendations of each letter in FADUA.</p>

10. Understanding Nutrient Density—The D in FADUA

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to explain how other ingredients can be added to staple foods to meet a child's nutritional needs</p> <p>Content: Porridge can be made from any staple food. When porridge is prepared, the starch in the staple absorbs water and swells, making it thicken. Many caregivers believe that making thin porridge and adding a lot of water will make it easier for the child to eat. But adding a lot of water to porridge or soup reduces the energy and nutrient concentration of the child's food.</p> <p>Even if a child were to take as much thin porridge or soup as her/his stomach could hold, it would not be enough to meet nutritional needs. To make a porridge more energy and nutrient dense:</p> <ul style="list-style-type: none"> • Cook with less water. Porridge should be too thick to drink and should stay easily on a spoon. • Replace water with milk. • Add “extras” to enrich thick porridge, such as groundnut paste, beaten eggs, or bean flour. • Add fatty or oily foods, such as shea butter, margarine, or oil, to porridge. This also makes it easier for a young child to eat. <p>Young children must eat other foods to meet their energy and nutrient needs.</p> <ul style="list-style-type: none"> • Pulses (peas, beans, groundnuts) and oil seeds (sesame seeds) • Foods from animals such as meat, fish, poultry, milk, eggs, or liver • Dark green leafy vegetables and orange-colored fruits and vegetables • Oils, fats, and sugars 	<p>Materials:</p> <ul style="list-style-type: none"> • 10 cups or small bowls • Soda bottle (or other container) cut or marked to show 200ml • Handout 16: “Sample meal plans for children 6–24 months” <p>Time: 30 minutes</p> <p>Activity: In plenary ask participants whether children in their communities are fed thin or watery porridge or soup. Explain that a 10-month old would have to eat 10 bowls of thin porridge or soup to meet his or her nutritional needs. Hold up a soda bottle or other measure to show how much a child's stomach can hold (do not mention the exact size).</p> <p>Ask participants: Can a baby of this age eat 10 bowls of porridge a day in addition to breastmilk? Why not?</p> <ul style="list-style-type: none"> • <i>The baby's stomach is too small.</i> <p>Point to the soda bottle or other measure again.</p> <p>Ask how to get the nutrients into four bowls.</p> <ul style="list-style-type: none"> • <i>We have to add other foods to make the porridge denser in nutrients. This will make it possible to get more food into a smaller space so the child will not become full before getting what s/he needs to develop and grow.</i> <p>Suggest adding groundnut paste (one teaspoon the first day, gradually increasing to one tablespoon) to the porridge for the first meal of the day. Then suggest taking away one bowl because the breakfast bowl has more energy and nutrient-rich food.</p> <p>(continued)</p>

10. Understanding Nutrient Density—The D in FADUA (continued)

Objective/content/messages	Materials/time/activities
<p>Refer to handout 16 for sample meal plans for children 6–24 months old.</p> <p>Key messages:</p> <ul style="list-style-type: none"> • Mothers should continue on-demand breastfeeding, day and night, and improve the quality and quantity of foods children eat. • Appropriate complementary feeding promotes growth and development and prevents stunting among children 6–24 months old. 	<p>Next, suggest enriching the second meal of the day. Ask participants what to start with, and what can be added to that. Ask participants to add some ingredients.</p> <p>Next say, “We have added and How many bowls can we take away? If we add these foods to the second meal to make it more nutrient dense, the child only needs to eat this one when the family is eating their noon meal.”</p> <p>Next say, “For the third meal of the day, the child still has two extra bowls that need to be condensed into one meal or serving. How can we do that?”</p> <p>Ask participants what the staple in this bowl is and what can be added to make it more nutrient dense. Say, “We have added and How many bowls can we take away?”</p> <p>Explain to participants that the young child’s energy and nutrient needs are met by the result: three bowls of food and one fruit per day. Explain that a child who eats like this every day will grow to be strong and healthy.</p> <p>Explain that at 12 months the child should be introduced to family foods (or sooner if the food is without pepper). Soups and stews have to be enriched with other foods, as appropriate.</p> <p>Answer questions and repeat key messages.</p>

11. Introduction to Negotiation

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to explain why negotiation can be an effective tool for influencing behavior change.</p> <p>Content: Using negotiation in nutrition during a consultation or a home visit means:</p> <ol style="list-style-type: none"> 1. Helping mothers or other family members understand how to improve their child's feeding 2. Asking them to try one or more new practices 3. Helping them overcome barriers to trying and or adopting improved feeding practices <p>This method motivates mothers or other family members to try the recommended new practice. Once they have tried the new practice, they usually see the benefits and will maintain them. Negotiation can be done during consultation at the facility, at the growth monitoring site, or during home visits.</p> <p>Two contacts with the mother or family are recommended, as follows:</p> <ul style="list-style-type: none"> • Contact #1: Make recommendations based on the baby's health and age and current practices that may not be optimal. Identify one practice that would make the child healthier. Ask whether the mother is willing to try the new practice. • Contact #2: Follow up the first visit(s) to see how the new practice is going and, if needed, make a new recommendation according to the age of the baby. <p>Key idea:</p> <ul style="list-style-type: none"> • Negotiation is important because giving information is usually not enough to change behavior. 	<p>Time: 30 minutes</p> <p>Activity: Review stages of change, reminding participants that information may not be enough to cause someone to change behavior.</p> <p>Facilitators role-play a home visit between a mother in a resource-limited setting and a health agent. The health worker talks to the mother and lists all the food she should give to the child but does not ask what food is available to the mother. The mother agrees to everything the health worker says but does not ask questions or appear to really want to try what the health worker suggests.</p> <p>Ask participants what the mother is thinking and why she says, "Yes" but thinks, "I can't do that."</p>

12. Negotiating Behavior Change in Complementary Feeding Practices, Part 1

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> List the first two steps in the negotiation process (A, R) Listen to a mother and recommend appropriate feeding options (using FADUA) <p>Why negotiation? Because sometimes giving information is not enough to change behavior.</p> <p>Negotiation process, part 1 A: Ask the mother (using FADUA) how she is feeding her infant and listen to what she says. R: Recommend options or encourage or congratulate the mother, based on the information that she gives. (Note: Not everyone needs to change the way they feed their children.)</p> <p>When the negotiation process is divided into two parts, participants should be able to focus on asking and listening to the mother. FADUA can be used to guide the health worker to focus questions and help recommend feasible options.</p> <p>Case studies:</p> <ul style="list-style-type: none"> A mother of a 7-month old is only giving breastmilk. The baby is 7 months and eats a small bowl of porridge once a day. The mother has bean flour and shea butter available. The baby is 10 months old, and the mother gives bites of adult food at mealtime only 	<p>Materials:</p> <ul style="list-style-type: none"> Handout 22a: “The Art of Negotiation” Handout 22b: “Observation Checklist for Contact #1” Handout 22c: “Feeding Recommendations: Negotiation Guide” Handout 22d: “Example of Negotiation Contact #1, Complementary Feeding” <p>Time: 40 minutes</p> <p>Activity: Facilitators demonstrate the first steps of negotiation in a role-play between a health worker and a mother of a 6½-month-old baby who is breastfeeding and is given one small dish of porridge a day. Refer to handout 22c: “Feeding Recommendations: Negotiation Guide, 6–12 Months.”</p> <p>Discuss the first part of the negotiation process (AR: Ask the mother, Recommend options). Discuss how participants would prioritize the behaviors to focus on. Ask them to identify the facilitator’s actions that correspond to the various steps.</p> <p>Divide participants into groups of three. Explain that they will role-play to practice the first steps of negotiation in triads, with one person as the mother, one as the health worker, and one as the observer. Explain that a case study will be read aloud and they will have 5 minutes to conduct the role-play. After each role play, the observer will give feedback. After time is given for feedback, participants will switch roles in their triads, and another case study will be read aloud. Continue until all participants have acted in each role.</p> <p>In plenary facilitate a discussion about their experience and answer questions.</p>

13. Negotiating Behavior Change in Complementary Feeding Practices, Part 2

Objective/content/messages	Materials/time/activities
<p>Learning objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> List the three final steps in the negotiation process, using ARA Negotiate with a mother to try an agreed infant feeding practice (using FADUA) Demonstrate all five steps of the negotiation process in a role play <p>Content: Negotiation process, part 2 A: Negotiate with the mother to agree to try one of the options that was recommended. R: Remind the mother of the practice. A: Make a follow-up appointment.</p> <p>In the second part the emphasis is on negotiating with the mother to try one of the practices recommended during the first part.</p>	<p>Materials:</p> <ul style="list-style-type: none"> Handout 22a: “The Art of Negotiation” Handout 22b: “Observation Checklist for Contact #1” Handout 22c: “Feeding Recommendations: Negotiation Guide, 6–12 Months” Handout 22d: “Example of Negotiation Contact #1” <p>Time: 60 minutes</p> <p>Activity: Facilitators continue to demonstrate the last steps of a negotiation role-play between a health worker and a mother of a 6½-month-old baby who is breastfeeding and is given one small dish of porridge a day. Refer to handout 22c: “Feeding Recommendations: Negotiation Guide, 6–12 Months.”</p> <p>Discuss the last part of the negotiation process (ARA: Agreement, Remind, Appointment). Have participants identify facilitator’s actions that correspond to the various steps.</p> <p>Ask participants to return to their groups of three and continue with the same case studies in the same roles as before. Ask the observer to continue to give feedback after each role-play. Announce when it is time to switch to a different role-play.</p> <p>In plenary facilitate a discussion of participants’ reactions to the role-plays, asking:</p> <ul style="list-style-type: none"> How did you feel as the mother? How did it go, from your point of view? How did you feel as the health worker? How did it go, from your point of view? What was difficult? What can you improve?

14. Preparation for Negotiation Visit #2

Objective/content/messages	Materials/time/activities
<p>Learning objective: By the end of this session, participants will be able to conduct a follow-up visit.</p> <p>Content: <u>Observation checklist</u></p> <ul style="list-style-type: none"> • Greet the mother and establish confidence. • Ask whether she tried the agreed practice. • Ask what happened when she tried the agreed practice. • Ask whether she made any changes to the agreed practice. • Ask what problems she had. • Help her solve the problems she had. • Ask whether she likes the agreed practice and thinks she will continue. • Praise the mother and motivate her to continue the practice. • Remind the mother to take the child to be weighed (attend well-baby clinic). • Tell the mother where she can get support. 	<p>Materials:</p> <ul style="list-style-type: none"> • Handout P14: “Observation Checklist for Negotiation Visit #2” on a flipchart <p>Time: 45 minutes</p> <p>Activity: Facilitators demonstrate negotiation visit #2, using the same case study as in visit #1. Review the steps in visit #2 using the observation checklist and ask participants for comments. Answer questions.</p> <p>Divide participants into triads to practice breastfeeding visit #2 and complementary feeding visit #2. Ask them to use the case studies from their role-plays for visit #1 for the follow-up visit.</p> <p>Facilitate a discussion on their experiences. Ask whether they think that they can use negotiation. Why or why not?</p>

15. Review of Key Topics

Learning objectives/content	Materials/time/activities
<p>Questions for review:</p> <ul style="list-style-type: none"> • What does ARARA stand for? • When should complementary foods be introduced? • What method can be used to improve infant feeding behaviors? • True or false: At 6 months infants should stop receiving breastmilk. • What does the “F” in FADUA stand for? • What does the first “A” in FADUA stand for? • What does the “D” in FADUA stand for? • What does the “U” in FADUA stand for? • What does the second “A” in FADUA stand for? • How many meals should a 6–9-month old have per day? • How many meals should a 9–12-month old have per day? • How many meals should a 12–24-month old have per day? 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Review questions • Ball <p><u>Time:</u> 30 minutes</p> <p><u>Activity:</u> Use the ball game to review the key topics covered in the training. The facilitator gives a ball to someone and then reads a review question. The facilitator asks the person with the ball to throw it to someone else and explains that the person who catches the ball has to answer the question. The person who answers the question then throws the ball to someone else, and the facilitator reads a new question. Continue playing until each participant has answered.</p>

16. Evaluation and Closing

Learning objectives/content	Materials/time/activities
	<p><u>Materials:</u></p> <ul style="list-style-type: none">• Small pieces of paper and pencils• Packet of handouts on all of the topics covered in the 2-day training <p><u>Time:</u> 15 minutes</p> <p><u>Activity:</u> Ask participants to answer the following three questions on a piece of paper, being as specific as possible:</p> <ol style="list-style-type: none">1. What did you like?2. What would you improve?3. How will you use this in your work? <p>Thank participants for coming and pass out the packets.</p>

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Behavior Change Communication for Improved Infant Feeding

Handouts

Handout 2a: Pre-test

Name: _____

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

Advantages for baby	Advantages for mother
_____	_____
_____	_____
_____	_____

2. How soon after birth should the baby be offered the breast?

3. What should babies under 6 months old be given to eat or drink?

4. Name three common difficulties associated with breastfeeding and one way to manage each of these difficulties.

Difficulty	How to manage the difficulty
_____	_____
_____	_____
_____	_____

5. At what age should a baby begin to eat first foods? _____

6. What should mothers offer to their babies as first foods? What consistency should the food be?

Food	Consistency
_____	_____

7. How many times a day should children be fed at these ages?

6–8 months

9–11 months

12–24 months

8. What kinds of foods should mothers begin to add when their babies are around 6 months old?

9. Name four ways to improve feeding of infants 6–11 months old:

1. _____
2. _____
3. _____
4. _____

10. Name two things women can do to decrease the risk of passing HIV to their babies through breastmilk.

11. Name four important steps when negotiating with a mother to try a new behavior.

1. _____
2. _____
3. _____
4. _____

12. Name three contacts where negotiation could be used.

1. _____

2. _____

3. _____

13. What are four steps in conducting an action-oriented group discussion?

Handout 2b: Pre-test Answer Key

Name: _____

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

Advantages for baby	Advantages for mother
<i>Any three advantages on handout 5</i>	<i>Any three advantages on handout 5</i>

2. How soon after birth should the baby be offered the breast?

Immediately (within 1 hour)

3. What should babies under 6 months be given to eat or drink?

Breastmilk only

4. Name three common difficulties associated with breastfeeding and one way to resolve each of these difficulties.

Difficulty	How to resolve the difficulty
Engorgement	Apply warm compresses to breast and breastfeed more frequently or longer.
Sore/cracked nipples	Position and attach the baby correctly at the breast.
Plugged ducts that can lead to breast infection (mastitis)	Apply heat and breastfeed more frequently.
Low milk supply	Feed baby on demand and increase frequency of feeds.

5. At what age should a baby begin to eat first foods?

6 months

6. What should mothers offer to their baby as first foods? What should the consistency be?

Food	Consistency
<i>Porridge made with the staple</i>	<i>Thick enough to stay on a spoon</i>
<i>Add mashed fruits and vegetables</i>	

7. How many times a day should children be fed at these ages?

6–8 months

9–11 months

12–24 months

3

4

5

8. What kinds of foods should mothers or caregivers begin to add to their infant's diet around 6 months?

Groundnut paste, bean flour, soya flour or milk, fish powder, red palm oil, oils or shea butter, beaten egg yolk

9. Name four ways to improve feeding of infants 6–11 months old.

1. Increase frequency.

2. Increase amount.

3. Serve foods that are nutrient dense.

4. Practice good hygiene to ensure food is used.

5. Practice active feeding.

10. Name two things women can do to decrease the risk of passing HIV to their babies through breastmilk.

Exclusively breastfeed during the first 6 months.

Heat treat expressed breastmilk and offer to infant in a cup.

Replacement feed exclusively.

11. What are four important steps in negotiating with someone to try a new behavior?

Ask about current practices.

Recommend new practice.

Get them to agree to try it.

Repeat new practice.

Set up an appointment to see how it went.

12. Name three contacts where negotiation techniques should be used.

1. Facility

2. Home visits

3. Growth monitoring stations

13. What are the four steps in conducting an action-oriented group discussion?

Observe, Reflect, Personalize, Act

Pre and Post-test Recording Form

	Pre-test		Post-test	
Question #	# answered correctly	# answered incorrectly	# answered correctly	# answered incorrectly
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Average score: _____

Handout 5: The Advantages of Breastfeeding for Baby, Mother, and Family

Baby

Colostrum

- Chief defense against infection
- High in protein
- First immunization

Breastmilk

- Supplies all necessary nutrients in proper proportion
- Digests easily without causing constipation
- Protects against diarrhea
- Provides antibodies that protect against common illnesses
- Protects against infection, including ear infections
- During illness helps keep baby well-hydrated
- Reduces the risk of developing allergies
- Is always ready at the right temperature
- Increases mental development
- Prevents hypoglycemia (low blood sugar)
- Promotes proper jaw, teeth, and speech development
- Is comforting to fussy, overtired, ill, or hurt baby

Early skin to skin contact

- Stabilizes temperature and prevents hypothermia (cold)
- Promotes bonding

Mother

- Reduces blood loss after birth (early/immediate breastfeeding) and helps expel the placenta
- Saves time and money
- Makes night feedings easier
- Delays return of fertility
- Reduces the risk of breast and ovarian cancer
- Is available 24 hours a day
- Ensures close physical contact
- Makes mother calmer and more relaxed because of hormones

Family

- Is economical
- Is accessible
- Needs no preparation
- Reduces cost for medicines for sick baby
- Delays new pregnancy
- Reduces time lost from work

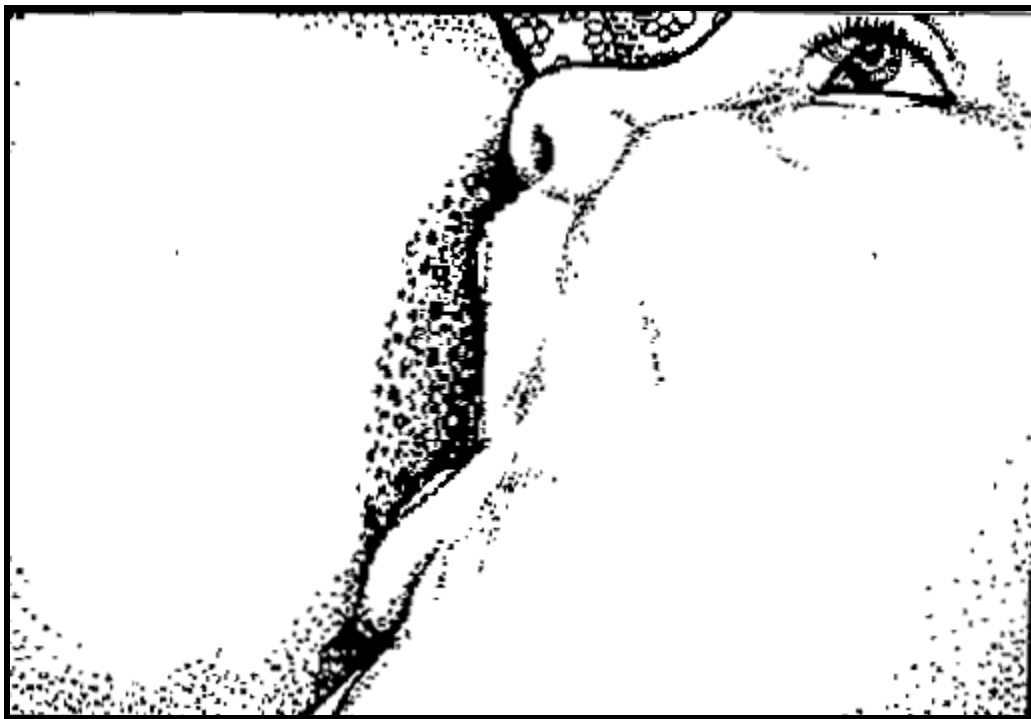
Handout 7a: Signs of Proper Positioning and Attachment

When positioning and attachment are correct:

- The baby's whole body is facing the breast, and the baby's stomach is touching the mother's stomach.
- The baby's head, back, and buttocks are in a straight line.
- The baby's face is close to the breast.
- The baby is brought to the breast with buttocks supported.
- The baby's chin is touching the breast.
- The baby's mouth is wide open.
- The baby's lower lip is curled outward.
- More areola is showing above the baby's upper lip and less below the lower lip (baby should take most of the dark part into his/her mouth).
- The baby takes slow, deep sucks.
- The baby is relaxed and satisfied at the end of the feed.
- The mother does not feel nipple pain.
- The mother may be able to hear the baby swallow.
- The breast feels softer after a feeding.

Source: Adapted from Savage King, F. 1992. Helping Mothers to Breastfeed. Revised edition.

Handout 7b: Illustration of Proper Attachment



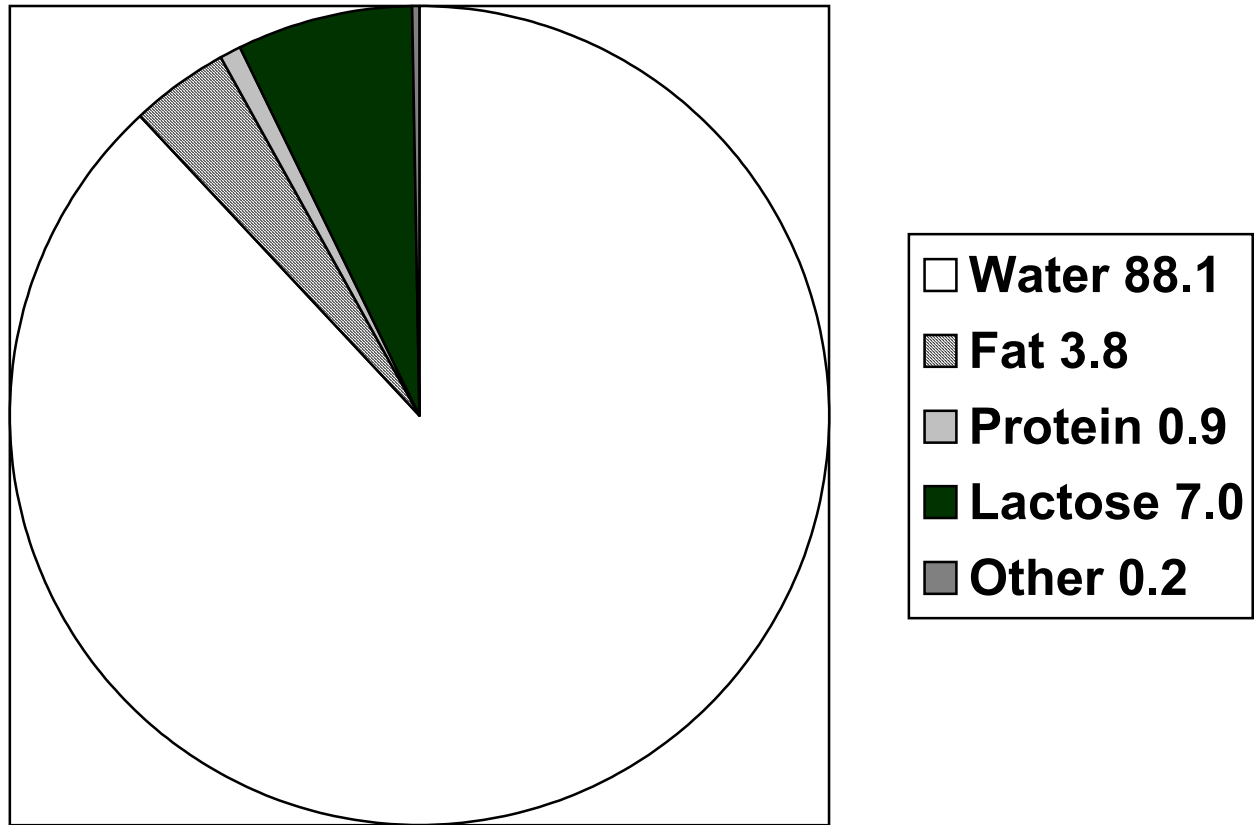
Source: Adapted from Savage King, F. 1992. Helping Mothers to Breastfeed. Revised edition.

Handout 9a: Optimal Breastfeeding Practices for Infants 0–6 Months

1. Put the baby to the breast immediately after birth and allow baby to remain with the mother.
2. Breastfeed frequently, as often as the baby wants, day and night.
3. Give only breastmilk the first 6 months, with no water, other liquids, or foods (exclusive breastfeeding).
4. Continue breastfeeding even if the mother or the baby becomes ill.
5. Avoid using bottles, pacifiers (dummies), or other artificial nipples.
6. Mothers should eat and drink sufficient to satisfy their own hunger and thirst.¹

Source: Adapted from Georgetown University/Institute for Reproductive Health. 1994. Guidelines: Breastfeeding, Family Planning, and the Lactational Amenorrhea Method—LAM. Washington, DC (available in Arabic, English, French and Spanish).

Handout 9b: Composition of Breastmilk



Source: Lawrence, R. 1994. Breastfeeding: A guide for the medical profession. 4th ed. St. Louis: Mosby-Year Book, Inc.

Handout 9c: Summary of Differences among Milks

	Human milk	Animal milk	Infant formula
Protein	Correct amount, easy to digest	Too much, difficult to digest	Partly corrected
Fat	Enough essential fatty acids, lipase to digest	Lacks essential fatty acids, no lipase	Lacks essential fatty acids, no lipase
Vitamins	Enough	Not enough A and C	Vitamins added
Minerals	Correct amount	Too much	Partly corrected
Iron	Small amount, well absorbed	Small amount, not well absorbed	Added, not well absorbed
Water	Enough	Extra needed	May need extra
Anti-infective properties	Present	Absent	Absent
Growth factors	Present	Absent	Absent

Source: WHO/CDR/93.6 WHO/Wellstart

Handout 10a: Checklist for Common Breastfeeding Difficulties: Engorgement

	Engorgement
Symptoms	<input type="checkbox"/> Swelling, tenderness, warmth, redness, throbbing, pain, low-grade fever, and flattening of the nipple <input type="checkbox"/> Taut skin on breast(s) <input type="checkbox"/> Usually begins within a few days after birth
Causes	<input type="checkbox"/> Poor positioning and attachment <input type="checkbox"/> Delayed initiation of breastfeeding <input type="checkbox"/> Not emptying the breast <input type="checkbox"/> Infrequent feeding
Counseling	<input type="checkbox"/> Apply warm compresses to breast(s) and gently stroke the breast to get the milk flowing. <input type="checkbox"/> Apply a warm jar to help get the milk out. <input type="checkbox"/> Express some milk. <input type="checkbox"/> After expressing milk, apply cabbage leaves or cold compresses to reduce swelling. <input type="checkbox"/> Breastfeed more frequently and/or longer. <input type="checkbox"/> Improve infant positioning and attachment. <input type="checkbox"/> Massage breasts.
Prevention	<input type="checkbox"/> Correct positioning and attachment in the first few days <input type="checkbox"/> Breastfeeding immediately after birth <input type="checkbox"/> Breastfeeding on demand (as often and as long as baby wants), day and night

Handout 10b: Checklist for Common Breastfeeding Difficulties: Sore or Cracked Nipples

	Sore or cracked nipples
Symptoms	<input type="checkbox"/> Breast or nipple pain <input type="checkbox"/> Cracks in the nipples <input type="checkbox"/> Occasional nipple bleeding <input type="checkbox"/> Reddened nipples
Causes	<input type="checkbox"/> Improper positioning and attachment <input type="checkbox"/> Washing breast with soap and antiseptics <input type="checkbox"/> Thrush (fungal infection)
Counseling	<input type="checkbox"/> Begin to breastfeed on the side that hurts less. <input type="checkbox"/> Make sure baby is positioned and attached correctly to the breast. <input type="checkbox"/> Let the baby come off the breast alone after feeding. <input type="checkbox"/> Apply drops of hindmilk to nipples and allow to air dry. <input type="checkbox"/> Expose breasts to air and sunlight. <input type="checkbox"/> Do not wait until the breast is too full to breastfeed. If too full, express some milk first. <input type="checkbox"/> Do not stop breastfeeding. <input type="checkbox"/> Do not use soap or cream on nipples.
Prevention	<input type="checkbox"/> Correct positioning of baby <input type="checkbox"/> Correct attachment to the breast <input type="checkbox"/> No use of soap on nipples

Handout 10c: Checklist for Common Breastfeeding Difficulties: Insufficient Breastmilk

	Insufficient breastmilk	
Symptoms	<input type="checkbox"/>	Mother's feeling of not having enough milk
	<input type="checkbox"/>	Insufficient weight gain
	<input type="checkbox"/>	Number of wet diapers (fewer than six a day)
	<input type="checkbox"/>	Dissatisfied (frustrated and crying) baby
Causes	<input type="checkbox"/>	Infrequent breastfeeding
	<input type="checkbox"/>	Tiredness, stress, hunger, and pain of mother
	<input type="checkbox"/>	Incorrect positioning and attachment
	<input type="checkbox"/>	Giving baby pacifiers or bottles
Counseling	<input type="checkbox"/>	Feed baby on demand, day and night.
	<input type="checkbox"/>	Increase frequency of feeds.
	<input type="checkbox"/>	Stop giving water, other liquids, formulas, and pacifiers.
	<input type="checkbox"/>	Wake baby up to feed if baby sleeps for too long.
	<input type="checkbox"/>	Make sure baby is correctly positioned and attached to the breast.
	<input type="checkbox"/>	Reassure mother that she is able to produce sufficient milk, regardless of breast size.
	<input type="checkbox"/>	Understand growth spurts, especially between 3 and 5 months.
	<input type="checkbox"/>	Empty one breast first (baby takes fore and hind milk) before offering the second breast.
	<input type="checkbox"/>	Check how many diapers a day the baby wets: six or more indicates enough milk.
Prevention	<input type="checkbox"/>	Breastfeed more frequently.
	<input type="checkbox"/>	Give only breastmilk, no water, liquids, or foods.
	<input type="checkbox"/>	Breastfeed on demand, day and night.
	<input type="checkbox"/>	Correctly position and attach baby to the breast.
	<input type="checkbox"/>	Encourage support from the family to help with household chores.
	<input type="checkbox"/>	Do not give bottles and pacifiers.

Handout 10d: Checklist for Common Breastfeeding Difficulties: Plugged Ducts

	Plugged ducts
Symptoms	<input type="checkbox"/> Breast pain in affected area <input type="checkbox"/> Redness in affected area of the breast <input type="checkbox"/> Swelling <input type="checkbox"/> Warmth to the touch <input type="checkbox"/> Hardness with a red streak
Causes	<input type="checkbox"/> Tight clothing and brassieres <input type="checkbox"/> Pressure on the ducts in the breasts
Counseling	<input type="checkbox"/> Give affected breast first during feeding. <input type="checkbox"/> Massage lump toward the nipple as baby is feeding. <input type="checkbox"/> Rest (mother). <input type="checkbox"/> Breastfeed more frequently. <input type="checkbox"/> Properly position and attach baby. <input type="checkbox"/> Use a variety of positions to hold baby to rotate pressure points on breasts.
Prevention	<input type="checkbox"/> Ensure correct positioning and attachment. <input type="checkbox"/> Breastfeed on demand. <input type="checkbox"/> Avoid holding the breast in scissors hold. <input type="checkbox"/> Avoid tight clothing and brassieres. <input type="checkbox"/> Avoid sleeping on stomach (mother). <input type="checkbox"/> Use a variety of positions to hold baby to rotate pressure points on breasts.

Handout 10e: Checklist for Common Breastfeeding Difficulties: Mastitis

	Mastitis
Symptoms	<input type="checkbox"/> Breast pain <input type="checkbox"/> Redness in one area of the breast <input type="checkbox"/> Swelling <input type="checkbox"/> Warmth to touch <input type="checkbox"/> Hardness with a red streak <input type="checkbox"/> General feeling of malaise <input type="checkbox"/> Fever
Causes	<input type="checkbox"/> Plugged ducts and engorgement if not properly treated <input type="checkbox"/> Infection
Counseling	<input type="checkbox"/> Continue breastfeeding, even on the affected breast. <input type="checkbox"/> Apply heat before breastfeeding. <input type="checkbox"/> Breastfeed more frequently. <input type="checkbox"/> Correctly position and attach baby. <input type="checkbox"/> Seek medical treatment; antibiotics may be necessary. <input type="checkbox"/> Increase maternal fluid intake. <input type="checkbox"/> Encourage maternal rest.
Prevention	<input type="checkbox"/> Breastfeed frequently. <input type="checkbox"/> Treat engorgement and plugged ducts. <input type="checkbox"/> Ensure correct positioning and attachment.

Handout 11: Breastfeeding Management in Special Situations

Sick baby

- Baby **under 6 months**: If baby has diarrhea or fever, mother should breastfeed exclusively and frequently to avoid dehydration or malnutrition. Breastmilk contains water, sugar and salts in adequate quantities to will help baby recover quickly from diarrhea.
- If baby has severe diarrhea (shows any signs of dehydration), mother should continue to breastfeed and provide oral rehydration solution (ORS) either with a spoon or cup and seek medical help.
- Baby **older than 6 months**: If baby has diarrhea or fever, mother should breastfeed frequently to avoid dehydration or malnutrition and offer baby food without spices (even if baby is not hungry).
- If baby has severe diarrhea (shows any signs of dehydration), mother should continue to breastfeed and add frequent sips of ORS and seek medical help.
- If there is blood in the stool or the diarrhea lasts for 2 days, mother should seek treatment.

Sick mother

- Mother suffering from headaches, backaches, colds, or diarrhea or any other common illness **SHOULD CONTINUE TO BREASTFEED BABY**.
- Mother needs to rest and drink a plenty of fluids to help her recover.
- If mother does not get better, she should consult a doctor and say that she is breastfeeding.

Premature baby

- For premature babies it is absolutely essential to initiate breastfeeding immediately (within 20 minutes).
- Mother needs help to correctly position and attach baby and encouragement and support, as baby may be weak.
- Baby may take only short feeds. Mother should leave baby on the breast to rest.
- Breastfeeding is advantageous for pre-term infants, but direct breastfeeding is not always possible for several weeks. Mother should express breastmilk as the breasts become full, store it, and feed it to baby.
- If baby sleeps for long periods of time, mother should unwrap baby to encourage waking and hold baby vertically to awaken.
- Mother should watch for times when baby is alert and take advantage of these times to feed baby while awake.
- *Note*: Crying is the last sign of hunger. Cues of hunger include rooting (when baby turn towards breast and searches for the nipple), licking movements, flexing arms, clenching fists, tensing body, and kicking legs.
- For help and more information on premature babies, contact a public health or community nurse.

Twins

- Breastfeeding twins does not depend on milk supply but on time and support to mother.
- Mother can exclusively breastfeed both babies.
- The more the babies nurse, the more milk is produced.

Malnourished mothers

- Even a malnourished mother can breastfeed. There is no significant change in composition of the milk.
- Malnutrition can affect total volume (amount) of milk produced.
- In extreme cases (famine), milk quality may decrease and supply may eventually decrease and stop.
- All mothers should be given 200,000 IUs of vitamin A immediately after birth and 200,000 IUs again after 1 day. They should not receive the vitamin A megadose after 8 weeks of birth (MOH policy) because vitamin A is dangerous if women are pregnant.
- Mother should eat the equivalent of an extra meal a day to maintain her health.

Cleft palate

- If baby cannot suckle, mother should express breastmilk and give with a clean cup.

Daily separation of mother from her infant

- Mother should express or pump milk and store for use while separated from baby. Mother should feed expressed milk at times when baby normally feeds. Breastmilk may be stored at room temperature for 8 hours. Mother should offer breastmilk with a separate cup from the container used to store the milk.
- Mother should feed baby frequently when she is at home.
- If mother is able to keep baby with her at the work site, she should feed baby frequently.

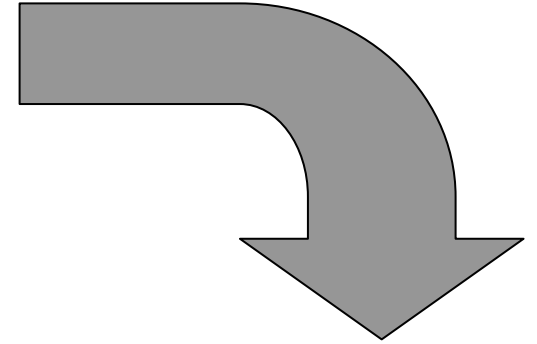
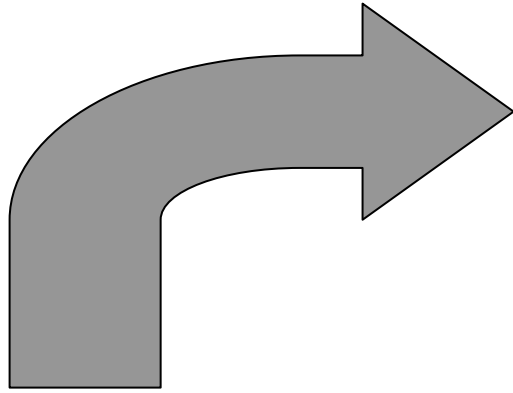
Pregnancy

- MOTHER MAY CONTINUE TO BREASTFEED BABY but should eat enough to keep herself healthy.
- *Note:* Some babies who are breastfeeding while the mother is pregnant may have more bowel movements than usual. This does not mean they have diarrhea. This is a normal reaction of the colostrum the mother is producing; the more frequent bowel movements will last only a few days.

Handout 12a: How We Learn

OBSERVE

What do you see?

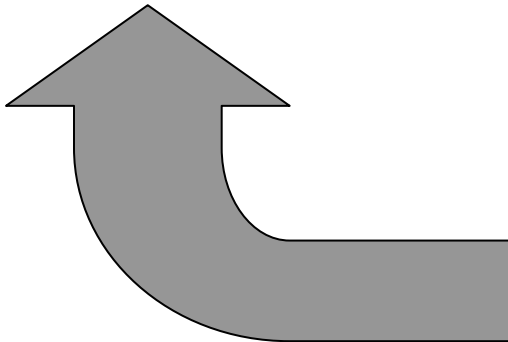


ACT

Would you be willing to try this?

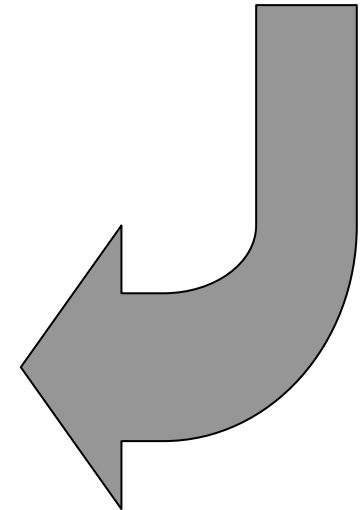
REFLECT

What do you think?



PERSONALIZE

What would you do in this situation?



Handout 12b: ORPA: How to Use a Counseling Card with a Group

Introduce yourself.

1. OBSERVE

- Hold the counseling card so everyone can see it.
- Ask the group: **Who do you see in the picture? Where are they?**
- For each character in the picture, ask: **What is he or she doing? How does s/he feel about what s/he is doing? Why is s/he doing that?**

2. REFLECT

- **Ask what the group thinks of what each person is doing in the picture.** Ask with whom they agree? Why?
- Ask with whom they disagree? Why?
- Ask: **What is the advantage of adopting the practice shown on the counseling card?**
- Discuss the key messages of today's topic

3. PERSONALIZE

- Ask: **What do the women (or others) in this community do in the same situation? Why?** What would you do in the same situation? Why?
- Ask: What difficulties have you experienced? Were you able to overcome them? How?

4. ACT

- Repeat the key messages
- **Ask the group whether they would be willing to try or recommend the practice shown on the counseling card.**
- **Ask the group how they might overcome any obstacles to trying the new practice.**
- Set a time for the next meeting and encourage participants to come ready to talk about what happened when they tried the new practice and how they overcame any obstacles.

Handout 12c: Observation Checklist for Using a Counseling Card with a Group

- ☐ Introduces self (name and organization) and puts people at ease
- ☐ Shows respect and interest
- ☐ Listens and looks attentively
- ☐ Shows counseling card to everyone
- ☐ Asks who is in the picture and what they are doing. Then explains picture giving main message
- ☐ Asks whether the audience agrees with the practice shown in card and why or why not
- ☐ Explains appropriate messages:
 -
 -
 -
- ☐ Asks how participants would handle the situation on the card
- ☐ Asks what keeps people from doing the recommended practice and how they might overcome these obstacles
- ☐ Repeats the message
- ☐ Asks participants if they would be willing to try this practice
- ☐ Sets a time for the next meeting and encourages participants to try the new practice and talk about how it went next time
- ☐ Name one or more things the facilitator did well:

- ☐ What do you recommend the facilitator work on to improve the next time? (Name one important thing)

Handout 15a: Recommended Feeding Practices for Children 6–24 Months Old

- Continue frequent, on-demand breastfeeding, including night feeding for infants.
- Introduce complementary foods beginning at 6 months of age.
- After the first 6 months, when complementary foods are introduced, breastfeed before each complementary feeding.
- Increase food quantity as the child gets older while maintaining frequent breastfeeding.
- Increase feeding frequency as the child gets older, using a combination of meals and snacks.
- Gradually increase food consistency and variety as the infant gets older, adapting the diet to the infant's requirements and abilities.
- Diversify the diet to improve quality and micronutrient intake.
- Practice active feeding: help and encourage the child to eat.
- Feed frequently, help the child eat during illness, and feed more after illness.
- Practice good hygiene and proper food handling.
- Continue to breastfeed for up to 2 years and beyond.

Handout 15b: FADUA—Helping Mothers Select Complementary Foods

- **F- Frequency:** Introduce food at 6 months and gradually increase the frequency.
 - 2-3 times a day from 6 to 8 months
 - 3-4 times a day from 9 to 11 and 12 to 24 months (with nutritious snacks)
- **A - Amount:**
 - Increase the amount:** more on the plate; feed snacks between meals.
- **D - Density/quality:**
 - If possible, select the best basic food: millet, guinea corn, sorghum, rice.
 - (second best: maize).
 - Add protein-rich foods (animal/plant): beans, soya, groundnuts, fish powder, agushi, eggs, liver, meat, neri.
 - Offer every day if possible: mangoes, paw paw, leafy greens, dawa dawa fruit, oranges, bananas, pumpkin, carrots, tomatoes, sweet peppers.
 - Add oils for calories: shea butter, red palm oil, other vegetable oils, and margarine.
 - Pay attention to consistency of food: should be mushy, not watery.
- **U - Utilization of food sources:**
 - Eat vitamin A-rich foods with fats to increase absorption.
 - Eat citrus with iron to increase absorption.
 - Because parasites decrease ability to utilize food, wash hands often and clean utensils.
- **A - Active feeding:**
 - Help and encourage the child to eat.

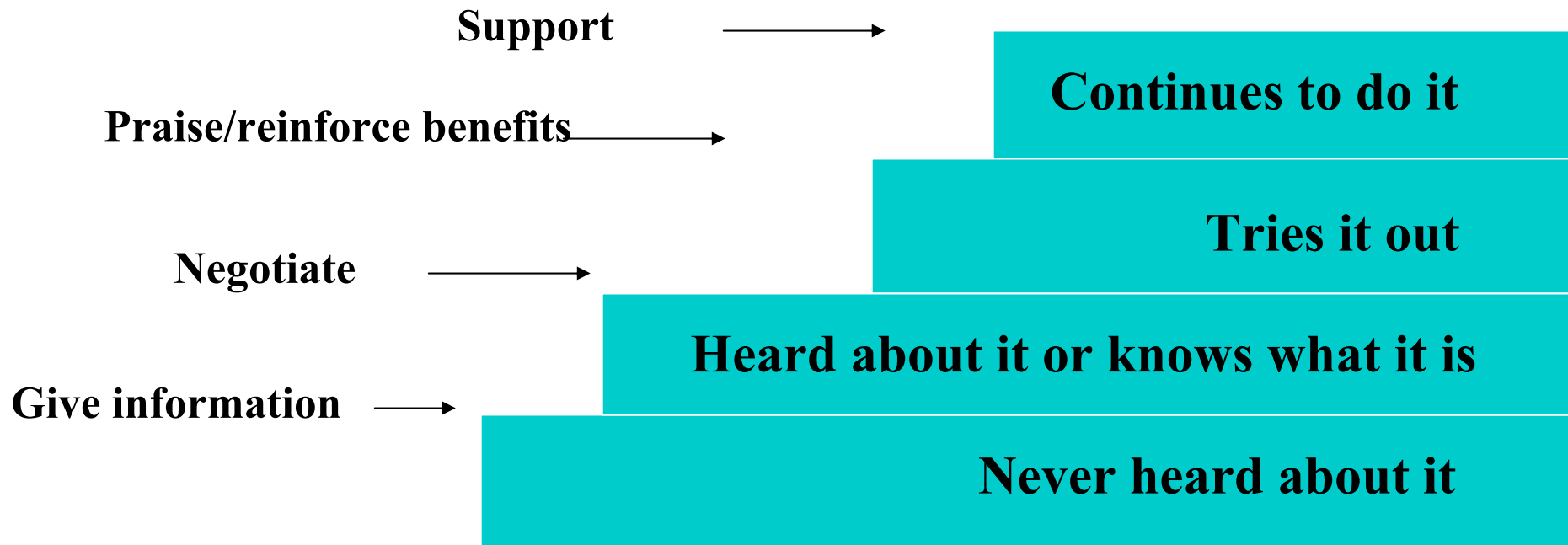
ALSO: Is the food available? Do people have it at home? Can they afford to give it daily? Twice a week? What could they do the other days?

Handout 16: Sample Meal Plans for Children 6–24 Months Old

Age group	Morning meal	Snack	Noontime meal	Snack	Evening meal
6–9 months	<ul style="list-style-type: none"> Thick porridge Add shea butter, (or oil) 	<ul style="list-style-type: none"> ½ mashed banana 	<ul style="list-style-type: none"> Rice and beans mashed 		<ul style="list-style-type: none"> Thick porridge with fish powder
9–12 months	<ul style="list-style-type: none"> Thick porridge with groundnut paste 	<ul style="list-style-type: none"> ½ mashed banana 	<ul style="list-style-type: none"> Rice and beans; red palm oil and green leaves with pumpkin seeds 	<ul style="list-style-type: none"> Orange or orange juice 	<ul style="list-style-type: none"> Rice with vegetables
12–24 months	<ul style="list-style-type: none"> Staple with green leafy vegetables and butter or oil 	<ul style="list-style-type: none"> Beans Bread with groundnut paste 	<ul style="list-style-type: none"> Rice and beans; oil and green leaves with pumpkin seeds 	<ul style="list-style-type: none"> Millet fried cake Pawpaw or mango 	<ul style="list-style-type: none"> Staple with fish or meat and vegetables

Handout 20a. Stages of Behavior Change

Stages a person or group goes through when changing behavior



Handout 20b: Stages of Change and Interventions

Steps	Appropriate interventions To convince the target audience to try new practice – to provide support for the mother’s choice and change community norms
Never heard about it	Build awareness/provide information -Drama, fairs -Community groups -Radio -Individual counseling -Mother-to-mother support groups
Heard about it or knows what it is	Encourage/discuss benefits/negotiate -Group discussions or talks -Counseling cards -Mother-to-mother support groups -Home visits, use of visuals -Groups of activities for family and the community -Negotiate with the husband and mother-in-law (or other influential family members) to support the mother
Tries it out	Praise/reinforce the benefits -Congratulate mother and other family members as appropriate -Suggest support groups to visit or join to provide encouragement -Encourage community members to provide support (radio programs)
Continues to do it	Provide support at all levels -Reinforce the benefits -Praise

Handout 22a: The Art of Negotiation

Using negotiation in nutrition counseling:

1. Helping mothers understand possible ways to improve how they feed their children.
2. Asking them to try one or more new practices.
3. Helping them overcome obstacles to adopting improved feeding practices

This method motivates mothers to try the new practices recommended to them. Once they have tried the new practice, mothers usually see the benefits and will continue to do them. Negotiation can be done during consultation at the facility or growth monitoring sites, during home visits, or during informal contacts.

At least two contacts are suggested with the mother, as follows:

Contact #1: Make recommendations to the mother based on the health, age, and current practices that may not be the best. Congratulate her on good feeding behaviors that she may be currently practicing. Identify one practice that would make her child healthier. Ask whether the mother is willing to try the new practice.

Contact #2: Follow-up visit(s) to see how it is going with the new practice and/or make a new recommendation according to the age of the baby.

Handout 22b: Observation Checklist: Contact #1

- ☐ Greet the mother and establish confidence.
- ☐ Ask the mother about current practices (breastfeeding/FADUA) and listen to what she says. Identify key problems, if any, and select the most important one to work on.
- ☐ Recommend: Present options and help her select one that she can try.
- ☐ Get the mother to agree to try one of the options.
- ☐ Remind the mother of the behavior and help her to overcome obstacles.
- ☐ Make an appointment for the follow-up visit.

Name one or more things the agent did well:

Name one important thing you recommend the agent work on to improve the next time:

Handout 22c: Feeding Recommendations–Negotiation Guide

0–6 months	6–8 months	9–11 months	12–24 months	Sick child
<ul style="list-style-type: none"> Put the baby to the breast immediately after birth. The first milk (colostrum) cleans the baby's stomach and helps the black stool come out. First milk is a first immunization. Give only breastmilk for the first six months. Give no water, milk, or other liquids or foods. Make sure baby is positioned correctly and is attached properly to the breast. Empty one breast before offering the other at each feed. Take the time to let baby finish the feed and let baby come off the breast him/herself. 	<ul style="list-style-type: none"> Continue to breastfeed frequently whenever baby wants At 6 months breastfeed first. Then offer soft mushy foods like thickened porridge enriched with one or more of the following: <ul style="list-style-type: none"> -groundnut paste -bean flour - milk -fish powder -oils or butter -beaten egg yolk Give a small bowl/cup of food at each feed, increasing to 2- 3 times a day. Give mashed chicken, fish, liver, as often as possible. Mash fruit and give every day Help the baby to eat and patiently let the baby get used to the new foods Give breast after naps, not water 	<ul style="list-style-type: none"> Continue breastfeeding frequently whenever the baby wants. Increase feeding soft foods to 3-4 times a day, plus nutritious snacks. Give more food at each feed. Increase thickness of foods. Give the child a separate bowl. Give soft staples. Give mashed orange vegetables. Add green leafy vegetables. Between meals give: fruits such as mango and paw paw (papaya), orange and banana. Give healthy snacks every day. Give mashed or ground chicken, fish, liver, egg, and other available animal foods as often as possible. Help and encourage the child to eat. 	<ul style="list-style-type: none"> Continue breastfeeding as often as the child wants. Give food from the family pot without pepper. Increase feedings to 3-4 times per day plus nutritious snacks. Give beans, milk, groundnuts or other protein sources, every day. Add oil or butter to foods every day. Give fruits and vegetables daily. Give small pieces or mashed chicken, fish, liver, eggs, snails and other animal foods as often as possible. 	<ul style="list-style-type: none"> Breastfeed more frequently and for longer periods, day and night. Offer the child's favorite foods for his/her age group. Help and encourage the child to eat.

Handout 22d: Example of Negotiation Contact #1 Breastfeeding

	Breastfeeding
ASK the mother about current feeding practices to identify problems. A	What is your baby's name? How is (name)? Has (name) been sick? When was the last time (name) was weighed? At that time, did they tell you that (name) was gaining weight well? Are you breastfeeding the baby? How often? both at night and during the day? When does he/she breastfeed? How long does he/she breastfeed? What is the longest time he/she has gone without breastfeeding? Do you empty one breast before offering the other? Could you show me how you breastfeed him/her? Do you leave the baby with anyone? For how long? Who feeds him/her during that time? You tell me that (name) is not getting enough milk? Why do you think that (name) is not getting enough milk? Approximately how many times per day would you say that (name) wets his/her diaper?
RECOMMEND options to the mother and help her to select one she can try. R	If you let (name) decide when to stop breastfeeding, he/she will probably be satisfied. (Name) will breastfeed longer and get more milk. The more you breastfeed, the more milk you will produce. Perhaps you could let (name) stop on one side before switching him/her to the other.
AGREE on a behavior that the mother will try. A	Would you be willing to try for a while to sit and breastfeed (name) until he/she decides that he/she has had enough? In other words, let (name) decide when to stop. Would you be willing to try to breastfeed (name) without giving him/her any water for a week or so?
REMIND the mother what she has agreed to try and help her overcome obstacles. R	Tell me again what you will try. Do you think that you will have any trouble doing it? <i>If she says she thinks she will have trouble, talk with her more about it and listen to her concerns. Help her to feel like she can do it. Be sure the recommendation is realistic.</i>
Make an APPOINTMENT for follow-up visit. A	Try it and I will come back next week to see how it is going. I will ask (name of community nurse) who lives nearby to come and see you, too. Thank you, I will see you next week.

Handout 24a: Infant Feeding Guidelines for Communities Affected by HIV

For the first 6 months

Women who are HIV negative or do not know their HIV status

- Optimal behavior: Exclusive breastfeeding from birth until AFASS criteria are met or baby reaches 6 months

Women who are HIV positive

Option 1: Exclusive breastfeeding from birth until acceptable, feasible, affordable, sustainable, and safe (AFASS) criteria are met or baby reaches 6 months

- HIV-positive mother gives infant only breastmilk from birth if replacement feeding is not acceptable, feasible, affordable, sustainable, and safe.
- Mother positions and attaches infant correctly at the breast.
- Mother with breast conditions stops breastfeeding from the infected breast and seeks prompt treatment.
- Mother seeks medical care immediately when she is ill.
- Mother frequently checks baby's mouth for sores and gets them treated immediately.
- Mother eats well to maintain and build body stores of energy, protein, and important nutrients.
- Mother transitions from exclusive breastfeeding to replacement feeding (commercial formula or modified animal milks only) if it becomes **AFASS**.

Option 2: Expressed, heat-treated breastmilk

- Mother expresses her breastmilk, safely heats the breastmilk, and feeds expressed breastmilk to infant from a cup.

Option 3: Wet nursing by an HIV-negative woman

- Wet nurse who is HIV negative breastfeeds exclusively.

Option 4. Commercial infant formula only

- Mother or caregiver feeds the infant commercial infant formula and no breastmilk.

Option 5. Home-modified animal milk only

- Mother or caregiver modifies animal milk (fresh animal milk, full cream—pasteurized or powdered—milk, evaporated milk, or ultra high-temperature (UHT) milk) and feeds to infant. Infant receives no breastmilk.
- A mother or caregiver should never use sweetened condensed milk, skimmed milk, fruit juices, sugar water, or diluted porridges for replacement feeding. These foods do not provide enough energy and micronutrients.

For the second 6 months

Women who are HIV negative or do not know their HIV status

- Optimal behavior: Continued breastfeeding and appropriate complementary feeding

Women who are HIV positive

Option 1: Cessation of breastfeeding with breastfeeding replaced by wet nursing or appropriate breastmilk substitutes and complementary foods

- Mother reassesses the risks factors associated with various feeding options and her situation and determines that replacement feeding is acceptable, feasible, affordable, sustainable, and safe.
- Mother plans transition to other feeding options.
- Mother avoids reinitiating breastfeeding when the transition is completed.

Option 2: Expressed, heat-treated breastmilk and appropriate complementary foods

Option 3: Wet nursing by an HIV-negative woman and appropriate complementary foods

Option 4: Appropriate breastmilk substitute and complementary foods

- Mother or caregiver carefully prepares milk, practices good hygiene, follows safety guidelines, and feeds infant by cup.

Additional information:

The risks of illness and death as a result of artificial feeding decrease as the infant gets older. However, early cessation of breastfeeding may present a greater risk to the infant's health than breastfeeding because the infant will miss breastfeeding's protection against infections other than HIV and possibly be exposed to pathogens in improperly prepared breastmilk substitutes.

At about 6 months an infant is better able to tolerate undiluted animal milk and a variety of semi-solid foods, so the options for replacement feeding become safer, less difficult, and less expensive than replacement feeding at an earlier age.

Women who are HIV-negative or of unknown status are encouraged to breastfeed 24 months or beyond. For HIV-positive women, shortening the duration of breastfeeding (early cessation) will shorten the duration of an infant's exposure to HIV.

The appropriate time to stop breastfeeding must always be assessed on an individual basis. Under conditions common in resource-limited settings, many experts recommend a transition from exclusive breastfeeding to replacement feeding at about 6 months of age.

Women should negotiate with their partners to use a condom every time they have sex, especially during pregnancy and lactation. If the mother gets a new dose of the virus, the viral load becomes very high and this significantly increases the risk of passing the virus to the fetus, or infant through breastmilk.

Adapted from: LINKAGES. 2004. Guidelines for infant feeding in communities affected by HIV. Draft. Washington: AED.

Handout 24b: Should Mothers with HIV be Advised Not to Breastfeed?

It depends...

IF a mother knows she is infected, and

IF breastmilk substitutes are affordable and can be fed safely with clean water, and

IF adequate health care is available and affordable,

Then the infant's chances of survival are greater if fed artificially.

HOWEVER,

IF infant mortality is high due to infectious diseases such as diarrhea and pneumonia,

IF hygiene, sanitation, and access to clean water are poor

IF the cost of breastmilk substitutes is prohibitively high for the family

IF access to adequate health care is limited,

THEN breastfeeding may be the safest feeding option even when the mother is HIV-positive.

Even where clean water is accessible, the cost of locally available formula exceeds the average household's income. Families cannot buy sufficient supplies of breastmilk substitutes and tend to:

- Over-dilute the breastmilk substitute,
- Under-feed their infant, or
- Replace the breastmilk substitute with dangerous alternatives.

In the poorest developing countries, infant mortality averages over 100 deaths per thousand live births. Artificial feeding can triple the risk of infant death.

Source: Adapted from LINKAGES. 2001. Frequently Asked Questions: Breastfeeding and HIV/AIDS. Washington: Academy for Educational Development.

Handout 24c: HIV and Infant Feeding Glossary

AFASS: Acceptable, feasible, affordable, sustainable, and safe

AIDS: Acquired human immunodeficiency syndrome

Artificial feeding: Feeding an infant with breastmilk substitutes

ARV: antiretroviral drug for HIV prophylaxis or treatment

Bottle feeding: Feeding an infant with expressed breastmilk or breastmilk substitutes from a specially designed infant feeding bottle

Breastmilk substitute: Any food marketed or otherwise represented (accurately or otherwise) as a partial or total replacement for breastmilk

Cessation of breastfeeding: Stopping breastfeeding

Commercial infant formula: Breastmilk substitute manufactured in accordance with applicable Codex Alimentarius standards to satisfy the nutritional requirements of infants up to 6 months of age

Complementary foods: Any manufactured or locally prepared food given to an infant as a complement to breastmilk or infant formula (or animal milks) when those foods are no longer sufficient to satisfy the infant's nutritional requirements (previously referred to as weaning food or breastmilk supplement). Complementary feeding is usually defined as providing other foods or liquids along with breastmilk from 6 to 24 months.

Cup feeding: Feeding an infant with expressed breastmilk or breastmilk substitutes from an open cup

Exclusive breastfeeding: Giving an infant no food or drink, including water, apart from breastmilk (including expressed breastmilk), with the exception of drops or syrups containing vitamins, mineral supplements, or medicine

Human immunodeficiency virus (HIV): Refers to HIV-1 in this document. Cases of MTCT of HIV-2 are rare.

HIV negative: Tested for HIV infection with a negative result

HIV positive: Tested for HIV infection with a positive result

Home-prepared formula: Infant formula prepared at home using fresh or processed animal milks suitably diluted with water and with the addition of sugar

Infant: A child from birth to 12 months of age

Mixed feeding: Feeding an infant breastmilk and any other food or fluid from 0–6 months

Modified breastfeeding: Any modification of recommended (optimal) breastfeeding practice, including cup feeding of expressed and heat-treated breastmilk or early cessation of breastfeeding

Mother-to-child transmission (MTCT): Transmission of HIV to an infant from an HIV-positive woman during pregnancy, delivery, or breastfeeding

Replacement feeding: Feeding a child who is not receiving any breastmilk with a diet that provides all the nutrients the child needs. During the first 6 months this diet should be a suitable breastmilk substitute—either commercial or home-prepared formula with micronutrient supplements. After 6 months the diet should be a suitable breastmilk substitute complemented by foods made from appropriately prepared and nutrient-rich family foods given 3 times a day. If suitable breastmilk substitutes are not available, the infant should be fed 5 times a day with family foods that are appropriately prepared and further enriched.

Transition: A period and process to accustom the infant and mother to new feeding patterns, after which all breastmilk is replaced by breastmilk substitutes

UHT milk: Ultra-heat-treated milk that has been sterilized and can be kept unopened without refrigeration

VCT: Voluntary counseling and testing, involving HIV testing, usually antibody, that is voluntary, based on fully informed consent, confidential, and accompanied by pre- and post-test counseling. Also referred to as HIV testing and voluntary and confidential counseling and testing (VCCT)

Viral load: The amount of HIV in the blood of an HIV-positive person

Handout 24d: AFASS Criteria for Replacement Feeding

Acceptable: The mother perceives no barrier to choosing replacement feeding for cultural or social reasons, or for fear of stigma and discrimination.

Feasible: The mother (or family) has adequate time, knowledge, skills, resources, and support to correctly prepare breastmilk substitutes and feed the infant up to 12 times in 24 hours.

Affordable: The mother and family, with available community and/or health system support, can pay for the costs associated with the purchase/production, preparation, storage, and use of replacement feeds without compromising the health and nutrition of the family. Costs include ingredients/commodities, fuel, clean water, and medical expenses that may result from unsafe preparation and feeding practices.

Sustainable: A continuous, uninterrupted supply and a dependable system for distribution of all ingredients and products needed to safely practice replacement feeding are available for as long as needed.

Safe: Replacement foods are correctly and hygienically stored and prepared and fed with clean hands using clean cups and utensils—not bottles or teats.

Source: Adapted from WHO (2004). HIV and infant feeding: A guide for health-care managers and supervisors.

Handout 24e: Factors That Facilitate the Transmission of HIV through Breastfeeding

Infant factors

- Immature immune system (prematurity)
- Oral lesions, thrush, sores
- Duration of breastfeeding

Maternal factors

- Virus present in blood
- Nutritional status
- Timing of HIV Infection
- Sore/cracked nipple
- Mastitis (infection of the breast)
- Full-blown AIDS

Interventions to reduce the presence of HIV in breastmilk

- Safe/protected sex by the mother
- Faithfulness of partners
- Avoidance of infection during pregnancy and lactation by using condoms
- Effective treatment of STIs in the mother
- Routine drugs during antenatal care
- Access to information on:
 - o HIV and AIDS
 - o Importance of exclusive breastfeeding options
 - o Voluntary counselling and testing
 - o Offering antiretroviral drugs to women at the end of pregnancy and at the time of delivery
 - o Prevention of thrush or sores in the mouth of baby

Handout 26: Example of Negotiation Contact #1: Complementary Feeding

	Complementary feeding
ASK the mother about current feeding practices, using FADUA to identify problems. Also look for things she is doing well and congratulate her.	<p>What is your baby's name? How is (name)?</p> <p>When was the last time (name) was weighed?</p> <p>Did they tell you that (name) was gaining weight well?</p> <p>How many times did you breastfeed (name) yesterday?</p> <p>What did you give (name) to eat or drink yesterday? How much water do you give him/her?</p> <p>Is (name) eating well? Does he/she have a good appetite?</p> <p>What do you feed (name)? Could you show me?</p> <p>How many times did you give (name) this to eat yesterday? Show me how much of this (name) eats at each sitting. Show me the dish you use to serve food to your baby.</p> <p>What do you add to the food? What else? Do you add this every time you feed him/her? Every day? What other things do you add? How often? Do you feed him/her porridge? Rice? Other staple?</p> <p>Does (name) eat fruit? What fruits does he/she eat? What fruits does your family normally eat?</p> <p>What vegetables does your family normally eat? Do you give any of them to (name)? What other foods do you have in the house? Can you show me what you have? Do you have pumpkin? Do you have oil?</p> <p>If I understand you correctly, you are saying that you are feeding (name) one small dish of porridge per day and that you have green leafy vegetables in your home? Is that correct?</p> <p>I see that (name) is a little fussy and he is tugging on you and doesn't seem very content. Could he/she be hungry? Maybe he/she needs to breastfeed and/or eat more. (Ask similar questions.)</p>
RECOMMEND options to the mother and help her select one she can try.	<p>Continue breastfeeding (name) until s/he is 2 years old.</p> <p>What you are doing is good. At this age though (name) needs to be eating three times per day, and we should be adding other foods like pumpkin and leafy greens so that (name) continues to grow and is full.</p> <p>You told me that you had had rice. Is it possible to add one or the other or include both each time you feed your baby? Also, oil? Could you add a teaspoonful every time (name) eats?</p>
AGREE on a behavior that the mother will try.	<p>Which of these suggestions would you be willing to try? Thick porridge with fish powder? Great!</p> <p>Would you be willing to feed (name) this way until I come back to see you again? Would you be willing to increase the amount of food that you give him/her up to three feedings per day?</p>
REMIND mother of behavior and help to overcome obstacles.	<p>Tell me again what you will try. Do you think that you will have any trouble doing it? <i>If she says she thinks she will have trouble, talk with her more about it and listen to her concerns. Help her to feel like she can do it. Be sure the recommendation is realistic.</i></p>
Make an APPOINTMENT for a follow-up visit.	<p>Try this and I will return in a few days to see how it is working out.</p> <p>I will ask (name of healthcare worker) who lives nearby to come and see if you need anything or have any questions.</p>

Handout 27a: How to Use ORPA with a Group Talk or Drama

Introduce yourself.

1. OBSERVE

- Tell a story; conduct a drama to introduce a topic.
- Ask the group:
 - What happened in the story (drama)?
 - What are the characters in the story doing?
 - How did the character feel about what s/he was doing? Why did s/he do that?

2. REFLECT

- Whom do you agree with? Why?
- Whom do you disagree with? Why?
- What is the advantage of adopting the practice described in the story/drama?

Discuss the key messages of today's topic.

3. PERSONALIZE

- What would people in this community do in the same situation? Why?
- What would you do in the same situation? Why?
- What difficulties might you experience?
- Would you be able to overcome them? How?

4. ACT

Repeat the key messages.

- If you were the mother (or another character), would you be willing to try the new practice?
- How would you overcome any barriers to trying the new practice?

Set a time for the next meeting and encourage participants to come ready to talk about what happened when they tried out the new practice or encouraged someone to try it and how they managed to overcome any obstacles.

Handout 27b: Observation Checklist: Conducting a Group Session Using ORPA

- ☐ Introduces self (name and organization) and puts people at ease
- ☐ Shows respect and interest
- ☐ Listens and looks attentively
- ☐ Tells a story or asks two people to conduct a short drama they have prepared
- ☐ Asks who is in the story or drama and what they are doing
- ☐ Asks whether the audience agrees with the practice shown in the story or drama and why or why not.
- ☐ Reviews appropriate messages:
 -
 -
 -
- ☐ Asks how participants would deal with this situation
- ☐ Asks what obstacles people might experience in adopting such a practice and how they might overcome them
- ☐ Asks participants whether they would be willing to try or recommend this practice
- ☐ Sets a time for the next meeting and encourages participants to try or promote the practice, saying they will talk about how it next time they meet
- ☐ Name one or more things the facilitator did well:

- ☐ What do you recommend the facilitator work on to improve the next time?

Handout 27c: Mini-Drama Scenarios

Drama #1

Mother: Your baby is 3 months old. You feel that you do not have enough breastmilk. Your mother-in-law told you to give milk.

Mother-in-law: You are worried about the child not getting enough milk. You think that your daughter-in-law's milk is decreasing because she didn't have enough with the last child.

Health worker: You are making a home visit. You advise the mother to empty one breast before offering the other and to breastfeed more frequently to increase her milk production.

Drama #2

Mother: Your baby is 7 months old and you are giving him porridge twice a day and a little orange juice. You are afraid your husband may not agree to buy any more food.

Husband: You do not think that your wife needs money to buy anything extra for the child.

Health worker: You are doing a home visit. You help the woman identify foods she can give the baby plus increase to three feeds each day.

Drama #3

Mother: Your baby is 10 months old and you are breastfeeding. You go to work and leave the child with the grandmother, who feeds him his meals.

Grandmother: You watch your 10-month old grandchild every day when your daughter is at work. You feed him porridge twice a day.

Health worker: You try to get the mother and grandmother together and make recommendations to them both to increase the amount of food that the child is eating and to add other foods to the porridge to make it more nutritious.

Handout 28a: Observation Checklist: Negotiation Visit #1

- ☐ Greet the mother and establish confidence.
- ☐ Ask the mother about current practices (breastfeeding/FADUA) and listen to what she says. Identify key problems, if any, and select the most important one to work on.
- ☐ Recommend: Present options and help her select one that she can try.
- ☐ Get the mother to agree to try one of the options.
- ☐ Remind the mother of the behavior and help her to overcome obstacles.
- ☐ Make an appointment for the follow-up visit.

Name one or more things the agent did well:

Name one important thing you recommend the agent work on to improve the next time:

Handout 28b: Negotiation Record

Name of team members: _____

	Child #1	Child #2
Name		
Age		
Feeding problem identified		
Options suggested		
What mother agreed to try		
Was she able to try it?		
Did she like it?		
Did the child like it?		
What modifications did she make?		
Any obstacles? What? Did she overcome them?		
Did she agree to continue the new practice?		

Handout 28c: Sample Recording Sheet for Negotiation Field Visits

Visit #1	1	2	3	4	5
Participant's name					
Mother's name					
Child's name					
Problem identified					
Options recommended					
Behavior agreed					
Visit #2					
Did she try it?					
Did she like it?					
Will she continue?					

Use this as a sample to record each participant's field visit experience. Draw this table on flipchart paper and display it throughout the rest of the training. Add additional columns for the appropriate number of participants.

Handout 29a: Characteristics of an Infant Feeding Mother-to-Mother Support Group

1. This is a safe environment of respect, attention, trust, sincerity, and empathy
2. The group allows women to:
 - Share infant feeding information and personal experience
 - Mutually support each other through their own experience
 - Strengthen or modify certain attitudes and practices
 - Learn from each other
3. The group enables women to reflect on their experience, doubts, difficulties, popular beliefs, myths, information, and infant feeding practices. In this safe environment mothers have the knowledge and confidence to decide to strengthen or modify their infant feeding practices.
4. Infant feeding mother-to-mother support groups are not LECTURES or CLASSES. All participants play an active role.
5. Support groups focus on the importance of mother-to-mother communication. In this way all the women can express their ideas, knowledge, and doubts; share experiences; and receive and give support.
6. The circular seating arrangement allows all participants to have eye-to-eye contact.
7. The group size varies from 3–15.
8. The group is facilitated by an experienced mother who listens and guides the discussion.
9. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with older toddlers, and other interested women to attend.
10. The facilitator and the participants decide the length of the meeting and frequency of the meetings (number per month).

Handout 29b: Mother-to-Mother Support Group Checklist for Facilitator

- ☐ Sits in a circle at the same level as the rest of the group
- ☐ Introduces herself and ask the group participants to introduce themselves
- ☐ Introduces the purpose and theme of the meeting
- ☐ Explains that the support group meeting will last 1–1½ hours
- ☐ Uses open-ended questions to encourage participation
- ☐ Gets everyone to talk, even the quieter participants
- ☐ Gets mothers to share experiences and ideas
- ☐ Uses communication skills such as active listening and answering questions (maintains eye contact, repeats key messages, corrects incorrect information)
- ☐ Repeats key messages
- ☐ Asks participants to summarize what they learned

Handout 29c. Characteristics of a Facilitator in a Infant Feeding Mother-to-Mother Support Group

1. Greets and welcomes all who attend
2. Creates a comfortable atmosphere in which women feel free to share their experience
3. Introduces self and invites each participant to introduce themselves
4. Explains the objective of the meeting and gives a brief introduction of the topic
5. Actively listens to the participants and gives each one her full attention
6. Maintains eye contact and exhibits other appropriate body language
7. Asks questions to generate a discussion
8. Raises other questions to stimulate discussion when necessary
9. Directs questions to other participants of the group
10. Limits interruptions and outside distractions
11. Talks only when there are questions that the group cannot answer and offers an explanation or correct information to clarify
12. Briefly summarizes the theme of the day

Handout 29d: Responsibilities of the Mother-to-Mother Support Group Facilitator to Her Community

1. Facilitate the infant feeding mother-to-mother support group in her community at least once a month
2. Conduct each meeting in an animated yet simple way.
3. Motivate the participation of as many women as possible.
4. Collect designated information that has been formally agreed on.

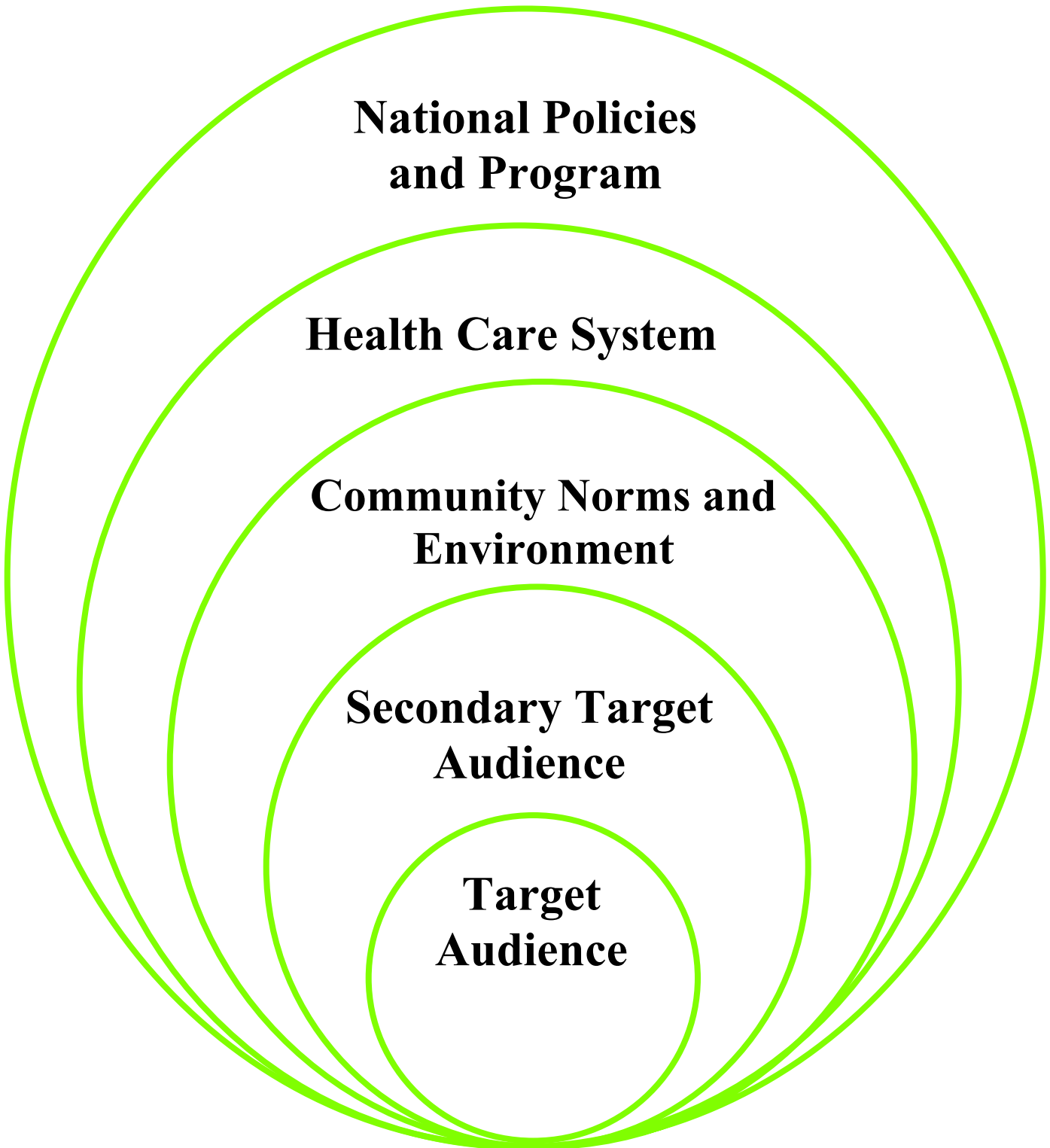
Handout 29e: Possible Themes for Infant Feeding Mother-to-Mother Support Groups

- Advantages of breastfeeding for mother, baby, family, community (1–4 topics)
- Techniques of breastfeeding: positioning and attachment
- Symptoms, causes, solutions, and prevention of common breastfeeding difficulties: engorgement, low milk supply, cracked or sore nipples, blocked ducts, mastitis
- Special situations: sick baby or mother, premature baby, malnourished mother, twins, pregnancy, separation from baby
- Beliefs and myths about breastfeeding
- Breastfeeding and the introduction of complementary foods at 6 months

Handout 30: Scheduling Home Visits and Messages

- **Prenatal visit:** Birth plan, early initiation of breastfeeding, colostrum, exclusive breastfeeding
- **At birth:** Positioning, attachment, exclusive breastfeeding, empty one breast before offering the second
- **Around 3rd month:** Increasing milk production by taking the time to breastfeed; feeding on demand day and night
- **At 6th month:** In addition to breastfeeding on demand, beginning to offer foods two or three times a day; giving cooked and mashed vegetables or fruits washed
- **Around 9th month:** In addition to breastfeeding on demand, increasing complementary feeds and snacks to three to four times a day; adding vegetables and fruits every day, as well as legumes, beans, and ground nuts as often as possible
- **Around 12 months:** Offering unspiced food from the family pot, continuing to give complementary feeds three to four times a day plus nutritious snacks, and continuing to breastfeed on demand for up to 2 years and beyond

Handout 31: Behavior Change Model



Handout 32: Checklist for the Observer: Negotiation Visit #2

- ☐ Greets the mother and establish confidence
- ☐ Asks whether the mother tried the agreed practice
- ☐ Asks what happened when she tried the new practice
- ☐ Asks whether she made any changes to the new practice
- ☐ Asks what problems she had
- ☐ Helps her solve problems she might have had
- ☐ Asks whether she likes the practice agreed on and thinks she will continue to do it
- ☐ Praises the mother and motivates her to continue the practice.
- ☐ Reminds the mother to take the child to be weighed (attend well-baby clinic, growth monitoring)
- ☐ Tells the mother where she can get support from community health workers, health centers, or mother support groups
- ☐ Agrees on a date for the next visit (sees calendar of home visits).

Name one or more things the community health worker did well:

What one important thing do you recommend the community health worker work on to improve the next time?

Handout 36a: Post-test

Name: _____

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

Advantages for baby

Advantages for mother

_____	_____
_____	_____
_____	_____

2. How soon after birth should the baby be offered the breast?

3. What should babies under 6 months old be given to eat or drink?

4. Name three common difficulties associated with breastfeeding and one way to manage each of these difficulties.

Difficulty

How to manage the difficulty

_____	_____
_____	_____
_____	_____

5. At what age should a baby begin to eat first foods? _____

6. What should mothers offer to their babies as first foods? What consistency should the food be?

Food

Consistency

_____	_____
-------	-------

7. How many times a day should children be fed at these ages?

6–8 months

9–11 months

12–24 months

8. What kinds of foods should mothers begin to add when their babies are around 6 months old?

9. Name four ways to improve feeding of infants 6–11 months old:

1. _____

2. _____

3. _____

4. _____

10. Name two things women can do to decrease the risk of passing HIV to their babies through breastmilk.

11. Name four important steps in negotiating with a mother to try a new behavior.

1. _____

2. _____

3. _____

4. _____

12. Name three contacts where negotiation techniques should be used.

1. _____

2. _____

3. _____

13. What are the four steps in conducting an action-oriented group discussion?

Handout 36b: Post-test Answer Key

Name: _____

1. Name three advantages of breastfeeding for the baby **AND** three advantages for the mother.

Advantages for baby

Any three advantages on handout 5

Advantages for mother

Any three advantages on handout 5

2. How soon after birth should the baby be offered the breast?

Immediately (within 1 hour)

3. What should babies under 6 months be given to eat or drink?

Breastmilk only

4. Name three common difficulties associated with breastfeeding and one way to resolve each of these difficulties.

Difficulty

Engorgement

How to resolve the difficulty

Apply warm compresses to breast and breastfeed more frequently or longer.

Sore/cracked nipples

Position and attach the baby correctly at the breast.

Plugged ducts that can lead to breast infection (mastitis)

Apply heat and breastfeed more frequently.

Low milk supply

Feed baby on demand and increase frequency of feeds.

5. At what age should a baby begin to eat first foods?

6 months

6. What should mothers offer to their baby as first foods? What should the consistency be?

Food

Porridge made with the staple

Add mashed fruits and vegetables

Consistency

Thick enough to stay on a spoon

7. How many times a day should children be fed at these ages?

6–8 months

9–11 months

12–24 months

3

4

5

8. What kinds of foods should mothers or caregivers begin to add to their infant's diet around 6 months?

Groundnut paste, bean flour, soya flour or milk, fish powder, red palm oil, oils or shea butter, beaten egg yolk

9. Name four ways to improve feeding of infants 6–12 months old.

1. Increase frequency.

2. Increase amount.

3. Serve foods that are nutrient dense.

4. Practice good hygiene to ensure food is used.

5. Practice active feeding.

10. Name two things women can do to decrease the risk of passing HIV to their babies through breastmilk.

Exclusively breastfeed during the first 6 months.

Heat treat expressed breastmilk and offer to infant in a cup.

Replacement feed exclusively.

11. What are four important steps in negotiating with someone to try a new behavior?

Ask about current practices.

Recommend new practice.

Get them to agree to try it.

Repeat new practice.

Set up an appointment to see how it went.

12. Name three contacts where negotiation techniques should be used.

1. Facility

2. Home visits

3. Growth monitoring stations

13. What are the four steps in conducting an action-oriented group discussion?

Observe, Reflect, Personalize, Act

Handout 36c: End-of-Training Evaluation

Please answer the questions as honestly as you can to help improve future training.

Place a ✓ in the box that reflects your feelings about the question.

	Excellent	Very good	Good	Fair	Poor
1. I would rate this training overall as...					
2. The content was...					
3. The sequence of information was...					
4. The amount of information was ...					
5. Materials and visual aids were...					
6. Trainer facilitation was...					
7. The practicum was...					

8. The length of the training was

- (a) Too long
- (b) Too short
- (c) Just right

9. What could have made this training better?

10. Should anything be left out in future training?

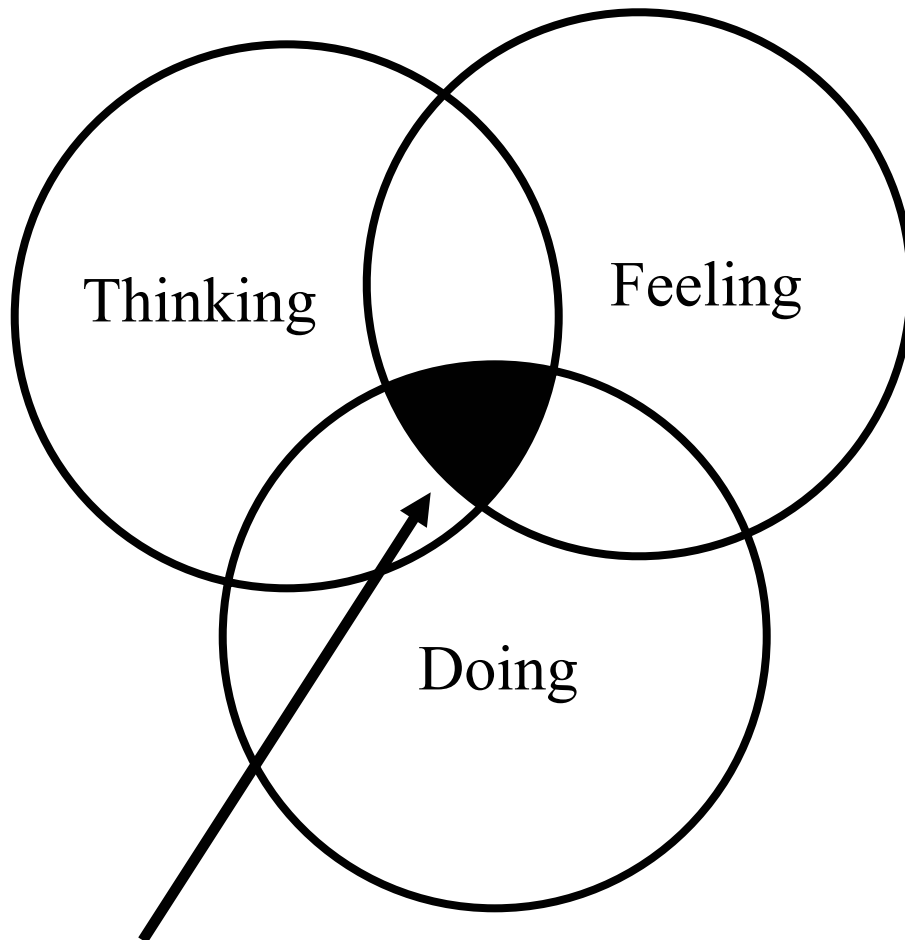
Comments:

**Behavior Change Communication for Improved Infant Feeding
Training of Trainers: Handouts**

Handout T1: How to Teach a Skill

1. Discuss the skill and the reason to do it.
2. Demonstrate (perfect model).
- 3.
4. Discuss.
5. Practice in class (everyone practices with the same case).
6. Discuss.
7. Practice in class (everyone practices with different cases).
8. Discuss.
9. Practice in a real situation in the field.
10. Discuss.

Handout T2: Training Techniques



We learn best when learning occurs
across all three areas.

Handout T3: Learning Styles Activity: Yoga–Salute to the Sun

Stand with your feet shoulder-width apart. Place your hands in a prayer position with your palms together in front of your chest and your elbows pointing down. Inhale deeply. Reach your hands up high and stretch back, arching your back slightly. Keep your legs straight. Exhale and move your outstretched arms forward and down until you are bent over at the waist with your arms hanging down. Inhale and bend your knees slightly so that your palms are touching the floor. Exhale and keep your knees bent as you lift your upper body up straight with your arms up straight and palms facing each other. Stand with your knees bent and arms stretched up high and take three deep breaths. On the last exhale, straighten your legs and bring your hands down to your sides and back to the prayer position.

Handout T4a: Hints for Supervisors

- Supervisory visits are to help health workers improve their work. They should be seen as an ongoing part of the training strategy and motivation of the health worker.
- The best way to know whether a worker is performing well is to watch him or her perform on the job. This observation should be followed by a discussion of what was observed and the data collected and recorded on monitoring forms.
- This is the time to identify an important area in which the worker can improve before the next visit.
- People who are praised for the work they are doing well are motivated to continue their work.
- If you find something the worker can improve, show him/her how to do it better. Then give him or her a chance to try it, with you observing.
- When you identify something to work on for the next visit, choose something that will make the biggest difference if improved. Leave less important improvements for later, when the first recommendation has been mastered.

Handout T4b: Key Steps in a Supervisory Visit

1. Let the health worker know when you will arrive and tell him or her that you would like to accompany him or her on a regular home visit, group discussion, or other BCC activity.
2. When you arrive, ask the health worker about the situation of the family you will visit, including the health and nutrition status of the child, recommendations made to the mother, and the next advice to be given to the mother (if any).
3. Stay in the background during the home visit or event. Do not interfere or give advice until the event is finished. Use a checklist that corresponds to the BCC technique observed: negotiation at a home visit, consultation at a facility, consultation at a growth monitoring station, facilitation of a mother-to-mother support group, or facilitation of an action group, drama, or story. Take notes on the appropriate observation form and fill out the lines at the bottom.
4. Find a private time after the event and go over the event. Point out all the positive points of the health worker's performance. Mention one or two practices that could be improved. Mutually choose an area for the health worker to work on before the next visit.

Handout T5: Training Plan Template

Prepare separate budget sheet

Region:

District:

Profile of trainees	Trainers	People responsible*	Resources needed	Collaborators	Time frame	Expected outcomes	Follow-up

*Name people responsible at district and organization levels or organization managers or supervisors.

Handout T6: Adult Learning Principles

Adult learning is best achieved through dialogue. Adults have enough life experience to dialogue with any teacher about any subject and will learn new attitudes or skills best in relation to that life experience. The ideas below encourage dialogue and should be used in formal training, informal talks, one-on-one counseling sessions, or any situation where adults learn.

These 10 principles help begin, maintain, and nurture dialogue.

1. Needs assessment: Determine what learners need to learn. Learning must address their needs and interests.
2. Safety in environment and process: Make people feel comfortable making mistakes.
3. Sequence and reinforcement: Start with the easiest ideas or skills and build on them. Introduce the most important ones first. Reinforce key ideas and skills repeatedly.
4. Practice: Practice first in a safe place and then in a real setting.
5. Respect: Appreciate learners' contributions and life experience.
6. Ideas, feelings, actions: Remember that learning takes place through thinking, feeling, and doing and is most effective when it occurs across all three.
7. Immediate relevance: Remember that learners should see how to use what they have learned in their job or life.
8. Teamwork: Help people learn from each other and solve problems together. This makes learning easier to apply to real life.
9. Engagement: Involve learners' emotions and intellect.
10. Accountability: Deliver quality training and ensure that learners understand and know how to put into practice what they have learned.

Source: Adapted from J. Vella. 1994. *Learning to Listen, Learning to Teach*. San Francisco: Jossey-Bass.

Handout T8a: Seven Steps of Planning

Who: The learners (think about their skills, needs and resources) and the trainer(s).

Why: Overall purpose of the training and why it is needed

When: The time frame (should include a precise estimate of the number of learning hours and breaks and starting and finishing times each day.

Where: The location with details of available resources and equipment and how the venue will be arranged

What: The skills, knowledge and attitudes that learners are expected to learn—the content of the learning event (keep in mind the length of the training when deciding on the amount of content)

What for: The achievement-based objectives—what participants will be able to do after completing the training

How: The learning tasks or activities that will enable participants to accomplish the “what for”.

Source: Adapted from J. Vella. 1995. Training Through Dialogue. San Francisco: Jossey-Bass

Handout T8b: Cards for Planning

WHO	WHY
WHEN	WHERE
WHAT	WHAT FOR
HOW	

Additional Reference Materials

Common Breastfeeding Beliefs and Myths

- Mother's cannot eat and drink certain things during breastfeeding.
- Colostrum should be discarded.
- A mother who is angry or frightened should not breastfeed.
- A mother who is ill should not breastfeed.
- A mother who is pregnant should not breastfeed.
- Breastmilk is too thin.
- Milk that accumulates when the mother is separated from her baby should not be given to the baby.
- Every baby needs water.
- Breastmilk gives some babies allergies.
- A mother who breastfeeds cannot take medications, and a mother who takes medications cannot breastfeed
- A sick infant should only be given rice water.
- A baby should not be suckled until the “white milk” comes in.

Ten Steps to Successful Breastfeeding

Every facility that provides maternity services and care for newborn infants should:

1. Have a written breastfeeding 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 of the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour after birth.
5. Show mothers how to breastfeed and 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, allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Related LINKAGES Publications

Session 8: LINKAGES' Facts for Feeding: Birth, Initiation of Breastfeeding, and the First Seven Days after Birth

Session 9: LINKAGES' Facts for Feeding: Recommended Practices to Improve Infant Nutrition during the First Six Months

Session 15: LINKAGES Facts for Feeding: Recommended Feeding Practices for Children 6–24 Months

Session 24: LINKAGES FAQ Infant Feeding and HIV/AIDS

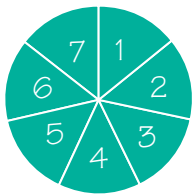
Session 25: LINKAGES Frequently Asked Questions on Breastfeeding and Maternal Nutrition



Facts for Feeding

Birth, Initiation of Breastfeeding, and the First Seven Days after Birth

The First Week: A Risky Time



In the developing world, childbirth and the first days postpartum are a risky time for mother and baby.

Approximately one-fourth to one-half of deaths in the first year of life occur in the first

week. Many of the interventions that will improve the health and survival of newborns are relatively low cost and feasible to implement. One of these interventions is immediate and exclusive breastfeeding. This intervention can also help women by minimizing immediate postpartum hemorrhage, one of the most common causes of maternal death.

Establishing good breastfeeding practices in the first days is critical to the health of the infant and to breastfeeding success.

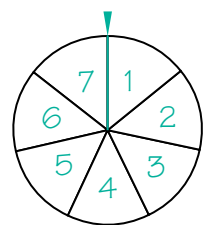
Initiating breastfeeding is easiest and most successful when a mother is physically and psychologically prepared for birth and breastfeeding and when she is informed, supported, and confident of her ability to care for her newborn.

During antenatal counseling, health care providers can prepare women for the events of labor, delivery, and breastfeeding. They can help to ensure a healthy start for the mother/baby partnership by implementing the Ten Steps to Successful Breastfeeding (see page 2). This issue of Facts for Feeding identifies actions health care providers can take during the first week to help the mother and baby establish and maintain good breastfeeding practices.

Labor and Delivery

Mothers should enter into labor and delivery informed about the stages of labor, drug-free ways to cope with labor pain, potential side effects of labor medications, and benefits for mother and baby of immediate and exclusive breastfeeding.

Skilled attendants can encourage the support of a labor companion, increase a mother's comfort, and minimize her pain.



Facts for Feeding is a series of publications on recommended feeding and dietary practices to improve nutritional status at various points in the life cycle.

Labor and Delivery

Encourage the support of a labor companion

Continuous support to the mother by a companion during labor and childbirth can ease labor and delivery, reduce the need for medical interventions, and increase a woman's confidence in her ability to breastfeed and care for her baby. A labor companion can help to keep labor progressing normally by encouraging the mother to walk and move around in labor, offering her light nourishment and fluids, telling her how well she is doing, and suggesting ways to keep pain and anxiety from overpowering her.

Increase comfort and confidence; reduce pain

Most women experience various levels of anxiety, discomfort, and pain during labor

and delivery. The risks and benefits of different ways to alleviate pain, especially through medication, should be discussed during antenatal counseling. Some pain medications can increase the risk of separation of mother and newborn after delivery, delaying the introduction of breastfeeding. Pain medication may cross the placenta, making the baby drowsy and diminishing the baby's sucking reflexes. As a result, the newborn may be less ready to initiate breastfeeding.

Alternative ways of managing the pain and anxiety of labor and delivery should be encouraged or at least tried before offering labor pain medications. Continuous labor support, massage, soothing warm water, changes in body position, and verbal and physical reassurance can increase a woman's comfort level and deflect her focus on the pain.

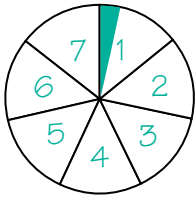
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1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be 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 breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

From *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*
A Joint UNICEF/WHO Statement, 1989

First Hours After Birth



The first few hours after delivery are a critical time for both mother and newborn. The mother is recovering from the sudden dramatic physical and hormonal changes triggered by labor, birth, and the expulsion

of the placenta. The drop in placental hormones “signals” her body to begin making breastmilk in sufficient quantities to feed her baby. Those attending the mother at birth must keep a watchful eye to detect abnormal bleeding and to ensure that her nutrition and fluid needs are met and her comfort is maintained.

At this same time, the newborn is undergoing the dramatic shift to life outside the womb. The immediate care required by the baby includes attention to the initiation of breathing, skin-to-skin contact with the mother, warmth, immediate and exclusive breastfeeding, and clean cord care.

Make initiation of breastfeeding the first routine in the first hour

For the healthy baby, the first routine after delivery should be skin-to-skin contact and initiation of breastfeeding. Other routines such as cord care, eye care, and weighing can follow. Bathing is not recommended until several hours after birth. Suctioning of the baby’s mouth and nose should not be routine but only done if necessary to clear secretions that are preventing the baby from breathing well. A baby who is crying does not need suctioning. If suctioning is necessary, it should be done gently so it does not injure the delicate tissue of the

baby’s mouth and throat, which could interfere with breastfeeding.

Place the baby skin-to-skin against the mother

The baby should be wiped from head to toe with a dry cloth and placed skin-to-skin against the mother. Baby and mother should then be covered with another dry cloth. Immediate mother/newborn contact takes advantage of the newborn’s natural alertness following normal vaginal birth and fosters bonding. This immediate contact also reduces maternal bleeding and stabilizes the baby’s temperature, respiratory rate, and blood sugar level. Even a mother who requires stitches in the birth canal can have the baby placed against her skin.

Healthy newborns delivered vaginally are awake and alert, with inborn rooting and sucking reflexes to help them find the breast and nipple, latch on, and start the first feed. Most newborns are ready to find the nipple and latch onto the breast within the first hour of birth.

Left alone on the mother’s stomach, a healthy newborn scoots upwards pushing with the feet, pulling with the arms, and bobbing the head until finding and latching on the nipple. A newborn’s sense of smell is highly developed, which also helps in finding the nipple. As the baby moves to the nipple, the mother produces high levels of oxytocin, which helps contract the uterine muscle and keep the uterus firm, thereby minimizing her bleeding. Oxytocin also causes her breasts to release colostrum when the baby finds the nipple.

First Hours After Birth

Help mother position baby to the breast

The health care provider or labor companion can help position the baby, so latch-on is effective and does not hurt the mother. Pillows or a folded blanket under the mother's head may help. Or the mother can roll to one side and tuck the baby next to her.

A baby born by Cesarean Section can benefit from skin-to-skin contact by being held close to the mother's cheek right after delivery. In this situation, when initiation of breastfeeding takes place—if possible within the first two hours after surgery—a knowledgeable health care provider will need to help the mother with positioning and attachment to ensure her comfort. For low birth weight and healthy preterm babies, kangaroo care is an effective way of caring for them.

Kangaroo care is defined as “early prolonged, continuous skin-to-skin care in a kangaroo position between the mother and the newborn.” Kangaroo care has been shown to achieve effective and prolonged body temperature regulation and stable heart and respiratory rates in the low birth weight newborn. Skin-to-skin care encourages latch-on and suckling, mother-baby bonding, and establishment of successful breastfeeding once a baby is mature enough to suck.

Praise the mother for giving colostrum, the baby's “first immunization”

Colostrum—the sticky, yellow-white early milk—should be the newborn's first taste. There should be no prelacteal feeds such as water, other liquids, or ritual foods. Because of its high levels of antibodies, vitamin A, and

other protective factors, colostrum is often called the baby's first immunization.

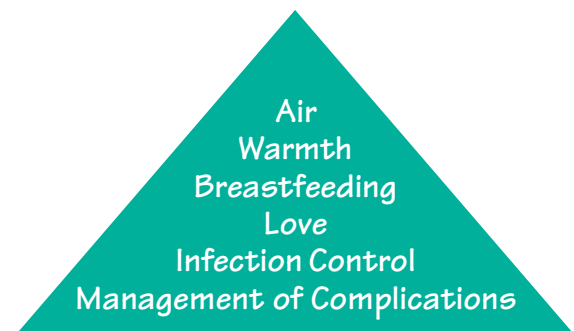
Give the mother a vitamin A supplement where postpartum dosing is a national policy

The risk of vitamin A deficiency is higher for infants whose mothers are vitamin A deficient. A single high-dose (200,000 IU) vitamin A capsule will help build up the mother's vitamin A stores, increase the vitamin A content of breastmilk, and reduce the risk of infection in the mother and her baby.

Continue to monitor and assist mother and baby

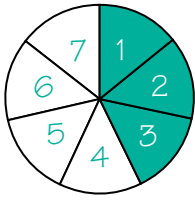
Mother and baby should be kept together. During the first few hours after delivery, the mother's temperature, pulse, blood pressure—often called vital signs—and bleeding can be checked while the baby remains on her abdomen. The baby's temperature, breathing, and heart rate can also be checked this way.

Following birth, newborns need:



From *Newborn Health and Survival: A Call to Action*
USAID, WHO, 2001

First Three Days After Birth



During the first days mothers want to know how often to feed the baby, whether breastfeeding is going well, and if the baby is getting enough milk. Women who have had a history of feeding problems can be encouraged to try new behaviors to prevent the same problems. Reassurance from health care providers and support from family is particularly important at this time.

Observe breastfeeds; offer assistance and encouragement

The newborn should be observed for correct positioning and attachment. The baby should be held close to the mother, facing the breast with the baby's ear, shoulder, and hip in a straight line. Signs of correct latch-on include wide-opened mouth with the nipple and much of the areola (the dark area around the nipple) in the mouth, lips rolled outward, and tongue over the lower gum. Visible jaw movement drawing milk out and rhythmical suckling with an audible swallow should be evident.

Provide additional support when initiation is delayed

Under special circumstances, initiation may be delayed because mother and infant are separated for medical reasons. Also, premature babies may initially have difficulty suckling at the breast. Health care providers should provide additional assistance and support so that nearly every mother will, in time, be able to breastfeed her baby.

Teach the mother to express her colostrum and breastmilk

Teaching the mother to effectively express colostrum and to feed it to her baby will enable her to give the baby the nutrient-rich and protective first milk, establish the milk supply, and help avoid engorgement when the milk “comes in.” For a mother recovering from a difficult or surgical delivery, it is very important that she not have to contend with the added difficulties of overly full breasts.

Teach the mother to feed expressed breastmilk from a cup

If a baby cannot suckle at the breast, an excellent way to give expressed breastmilk is with a small cup. Cup feeding may be needed for low birth weight and premature infants and for those separated from their mother for other reasons. Cups are easier than feeding bottles to keep clean. The feeding behavior the baby learns with ‘lapping’ the milk from the edge of the cup does not interfere with latch-on when the baby is ready to feed at the breast. Artificial nipples do not conform to a baby's mouth the same way as a mother's nipple. A baby can rapidly become accustomed to a way of sucking from an artificial nipple which, when applied to the mother, can cause her pain and be less effective in removing the breastmilk.

Counsel on frequent, exclusive breastfeeding

A mother and her family need to be reassured that colostrum meets all of the baby's nutrient and fluid requirements. The more the baby suckles, the sooner mature breastmilk is produced.

First Three Days After Birth

As a guideline, newborns should breastfeed at least 8–12 times in 24 hours. The length of the feed will vary from feed to feed and from baby to baby. Unrestricted (on-demand breastfeeding day and night) stimulates milk production and helps prevent engorgement. Infant formula, animal milk, herbal teas, water, or any other type of liquid or food may introduce dangerous contaminants, interfere with mother's milk production, and begin a cycle where less frequent breastfeeding leads to less breastmilk production. Mothers should be encouraged to feed on the first breast without time restriction before offering the second breast to ensure that the baby gets the rich fat content in the hind milk.

Reassure the mother

During the first days after childbirth, women are recovering from profound physical and hormonal changes. They may at times be discouraged and experience discomfort, anxiety, and exhaustion. Mothers and their families should know that these feelings are common among mothers during the first week or two after birth. They should not worry if a mother has a low-grade fever (not above 37.6 C or 100 F) on the day her milk comes in. This fever should last no more than 24 hours. They should also know that the sharp contractions of the uterus that a mother may experience during or after breastfeeding for the first several days—particularly if she has given birth before—are normal and will soon disappear.

Involve family in care and support

Birth is a life-giving and life-changing experience. Mothers need emotional support, good nutrition, and rest during

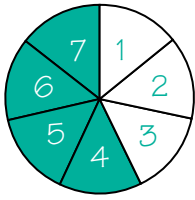
this profound period in their lives. Their self-confidence increases knowing that they are providing their baby with the very best nourishment, comfort, and care.

- ♦ **Partner involvement:** Fathers can be active participants in the early postpartum period. Cultures vary as to how involved men are in the birth events, but almost all fathers are proud and eager to have bonding time with their newborn.
- ♦ **Maternal nutrition:** Families can provide breastfeeding women additional nourishing foods and fluids to help them support lactation and maintain their health. Breastfeeding mothers do not need excessive amounts of fluids. They should be encouraged to drink in response to their thirst. If they live in areas where postpartum vitamin A supplementation is national policy and did not receive a high-dose vitamin A supplement after delivery, they should take one as soon as possible, but no later than eight weeks postpartum.
- ♦ **Rest:** Mothers should be encouraged to sleep when the baby sleeps. Members of the family can take over or help with tasks normally done by the mother.

Inform mother and family of community resources

Mothers should know how to contact health care providers in the community who support exclusive breastfeeding for the first six months and who know how to advise mothers that experience breastfeeding difficulties such as sore, cracked nipples or engorged breasts. Mothers should also know how to contact breastfeeding support groups and lay counselors.

Fourth Through the Seventh Day After Birth



About the third or fourth day, most mothers notice that their milk becomes more plentiful. The body is beginning to transition to the production of mature breastmilk—a process that can take about two weeks.

Reinforce good breastfeeding practices; monitor progress

During this period of transition, special attention is needed to prevent normal breast fullness from turning into painful engorgement or even infection. If the breasts are very full, the health care provider can help the mother hand express some of the first milk to soften the nipple and the area around the nipple so that the baby can attach well to the breast. Exclusive, frequent breastfeeding will help to prevent and to treat engorgement.

Counsel mother to observe the baby closely

Mothers should be alert to signs of illness and report anything unusual to a health

care provider. They should know how to tell if the baby is getting enough breastmilk: baby passes urine at least six times in 24 hours, mother can hear the sound of the baby swallowing, and mother's breasts feel softer after a feed. During days 4–7, the baby should pass at least four stools in 24 hours. From weeks 2–6, the baby should pass at least one stool in 24 hours. After the sixth week, the average number of stools in infants varies widely.

Provide ongoing support

Mother and baby are just beginning their partnership. At any time doubts, breastfeeding problems, and external factors such as the marketing of breastmilk substitutes can disrupt the routines being established. The health care provider and community health worker can help create a social climate supportive to breastfeeding women by promoting evidence-based practices within their organizations. They can advocate for policies that reinforce these practices, link community services with the health sector, and provide families with accurate information and quality care.

Women and Newborns Need . . .

Families informed, prepared, and enabled to nourish and nurture their children.

Health care providers trained and equipped to offer breastfeeding support and give appropriate, quality care at home and in health facilities.

Communities and governments committed to the health and survival of women and newborns.

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Other LINKAGES Publications

Facts for Feeding

- ♦ Recommended practices to improve infant nutrition during the first six months
- ♦ Guidelines for appropriate complementary feeding of breastfed children 6–24 months of age
- ♦ Breastmilk: A critical source of vitamin A for infants and young children

Frequently Asked Questions

- ♦ Breastfeeding and HIV/AIDS
- ♦ Breastfeeding and maternal nutrition
- ♦ Breastfeeding and water
- ♦ Lactational amenorrhea method
- ♦ Mother-to-mother support for breastfeeding

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Facts for Feeding

Recommended Practices to Improve Infant Nutrition during the First Six Months

Facts for Feeding is a series of publications on recommended feeding and dietary practices to improve nutritional status at various points in the life cycle. This issue focuses on the infant's first six months of life. Policy makers, health care providers, and communicators can use these guidelines for developing messages and activities appropriate to local conditions.

Local assessments should be conducted to determine the emphasis to give to each of the recommended feeding practices, to identify audiences that are most receptive to change, and to design messages and activities based on audience profiles. Experience shows that focusing on a limited set of very specific behaviors is key to improving nutrition.

1 *Initiate breastfeeding within about one hour of birth*

Early initiation:

- ◆ Takes advantage of the newborn's intense suckling reflex and alert state.
- ◆ Stimulates breastmilk production.
- ◆ Serves as the baby's first immunization. The infant will immediately benefit from the antibodies present in colostrum (the first milk).
- ◆ Minimizes maternal postpartum hemorrhage.
- ◆ Fosters mother-child bonding.

2 *Establish good breastfeeding skills (proper positioning, attachment, and effective feeding)*

- ◆ Baby should be held close to the mother, facing the breast with the baby's ear, shoulder, and hip in a straight line.
- ◆ Infant's mouth should open wide just before attaching so that the nipple and as much of the areola as possible are in the mouth. If properly attached, the lips are rolled outward, with the tongue over the lower gum.
- ◆ Signs of effective feeding should be observed: visible jaw movement drawing milk out, rhythmical suckling with an audible swallow, and no drawing in of cheeks.
- ◆ To encourage effective suckling and to prevent the introduction of contaminants, no bottles or pacifiers (dummies or artificial teats) should be used. If a mother has to miss a breastfeed, she can maintain her supply by expressing milk when she would have breastfed. Expressed breastmilk can be fed by cup at a later time.

Recommended Practices

3 *Breastfeed exclusively for the first six months*

- ◆ Breastmilk should be a baby's first taste. There should be no prelacteal feeds such as water, other liquids, or ritual foods.
- ◆ Breastmilk completely satisfies an infant's nutritional and fluid needs for the first six months. Infants do not need water or other liquids such as herbal teas to maintain good hydration, even in hot climates. The potential dangers of water supplementation include the introduction of contaminants and reduced nutrient intake.
- ◆ Exclusively breastfed children are at a much lower risk of infection from diarrhea and acute respiratory infections than infants who receive other foods. Offering foods to infants before six months reduces breastmilk intake and interferes with full absorption of breastmilk nutrients.
- ◆ Exclusive breastfeeding contributes to a delay in the return of fertility.

Practice frequent, on-demand breastfeeding, including night feeds

- ### 4
- ◆ Babies should be fed 8–12 times per 24 hours, every 2–3 hours or more frequently if needed, especially in the early months.
 - ◆ An infant's stomach is small and needs to be refilled often. Breastmilk is perfectly adapted to the baby's small stomach size because it is easily digested.
 - ◆ Frequent feedings help maintain the mother's milk supply, maximize the contraceptive effect, and provide immune factors at each feeding. They also help to prevent problems, such as breast engorgement, that might discourage a woman from breastfeeding.

- ◆ If a baby urinates at least six times in 24 hours, this is a sign that breastmilk intake is adequate. If not, more breastfeeding is necessary, or breastfeeding technique should be assessed.

5

In areas where vitamin A deficiency occurs, lactating women should take a high-dose vitamin A supplement (200,000 IU) as soon as possible after delivery, but no later than 8 weeks postpartum, to ensure adequate vitamin A content in breastmilk

- ◆ The concentration of vitamin A in breastmilk depends on a woman's vitamin A status and the changing needs of her growing infant. Preterm infants and infants born in areas where vitamin A deficiency is prevalent are at particular risk of vitamin A deficiency.
- ◆ The earlier the single high-dose vitamin A supplement is given to a lactating woman, the sooner the vitamin A status of her breastfed child will improve.
- ◆ Beginning around eight weeks after childbirth, women are at heightened risk of pregnancy (especially if they are not fully breastfeeding). Because a high-dose vitamin A supplement can be harmful to a fetus, women should not be given the high-dose supplement any time after eight weeks postpartum.

6

Continue on-demand breastfeeding and introduce complementary foods beginning around 6 months of age (see Facts for Feeding: Guidelines for Appropriate Complementary Feeding of Children 6-24 Months of Age)

Benefits of Breastmilk and Breastfeeding

Although most women in developing countries initiate breastfeeding, the promotion of breastmilk substitutes, changing societal values, urbanization, and the erosion of traditional support systems pose threats to breastfeeding. The benefits of breastfeeding and the differences between breastmilk and breastmilk substitutes need to be repeated to reinforce the message, educate new audiences, and sustain individual behavior change.

Nutritional Benefits

Meets all of an infant's nutritional requirements for the first six months and is superior to any substitute.

Changes in composition to meet baby's changing needs.

Continues to be an important source of high quality protein, energy, vitamins (especially vitamin A), minerals, and fatty acids for older infants and toddlers.

Health Benefits

For infant: Protects against illnesses and enhances the baby's immune system, providing long-term protection against diabetes and cancer.

For mother: Reduces risk of maternal postpartum hemorrhage.

Helps shrink the uterus back to normal size.

Delays return of menses, helping to protect mother against anemia by conserving iron.

Reduces risk of developing premenopausal breast and ovarian cancer.

Knowledge of the health benefits of breastfeeding is usually inadequate to motivate women to adopt optimal practices. Mothers need specific, culturally appropriate information that responds to their constraints and concerns to enable them to make better feeding choices.

Child Spacing Benefits

During the first six months, frequent and intense breastfeeding can delay resumption of ovulation and return of menses, thereby decreasing the likelihood of pregnancy during the period of lactational amenorrhea. Longer intervals between births bring health benefits to the mother and the child, allow more time and resources for care of the child and siblings, and contribute to the economic well-being of the household.

The Lactational Amenorrhea Method (LAM) provides another family planning option for

women who meet three criteria: full breastfeeding, no return of menses, and less than six months postpartum. If any one of these criteria is not met, another family planning method must be used to ensure adequate birth spacing of three years.

Psychological and Developmental Benefits

Fosters mother-infant bonding and optimal growth and development, including brain growth.

Economic Benefits

Saves families the cost of purchasing breastmilk substitutes and reduces health care costs.

Environmental Benefits

Conserves natural resources and reduces pollution.

Supporting Interventions

Barriers to improved breastfeeding practices should be addressed by ensuring a favorable policy environment, providing accurate information, offering practical help and encouragement, and creating social support.

Health Services

Take advantage of the numerous opportunities to promote and support optimal breastfeeding practices in child survival, primary health care, and family planning programs.

Prenatal and Postpartum Care: Include as part of prenatal care a breast exam, a breastfeeding history, and counseling on the benefits of exclusive breastfeeding, early initiation of breastfeeding, and colostrum. Provide counseling on the Lactational Amenorrhea Method (LAM) as a family planning method. If another method is desired, encourage using one that does not interfere with breastfeeding.

Postpartum Care: Support the Ten Steps to Successful Breastfeeding (WHO/UNICEF 1989 Statement) and coordinate with “Baby-Friendly” hospitals, health facilities, organizations, and groups that promote breastfeeding. Ensure adequate postpartum follow-up for the breastfeeding mother and baby.

Health Care Facilities: Offer appropriate family planning methods for lactating women, including LAM, non-hormonal methods, and progestin-only contraceptives.

Training

Support the training of health care providers in lactation management skills, as well as curriculum modification in professional schools to include lactation management education.

Policies

Establish, enforce, and/or support policies that regulate and monitor the marketing and use of breastmilk substitutes. Set standards of care in health care institutions.

Workplace

Promote “Mother-Baby Friendly” workplaces and public locales. Advocate for family leave and the availability of appropriate areas for milk expression or breastfeeding.

Community

Promote and affiliate with community-based breastfeeding support activities: peer counselors, mother-to-mother support groups, and community education networks. Use social marketing techniques to develop effective breastfeeding messages to spread throughout the community.

Women's Nutrition

Ensure adequate nutritional status during pregnancy and lactation, as well as during adolescence and between pregnancies, to build up and maintain energy and micronutrient reserves.

Educational Materials

Ensure the availability of culturally appropriate and easily understood educational materials for adolescent girls and women of child-bearing age and their families. Messages should address concerns about water requirements of infants, mothers' doubts about the adequacy of their breastmilk, and other issues, such as employment, that may act as barriers to exclusive breastfeeding.



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Updated September 2001





Facts for Feeding



Guidelines for Appropriate Complementary Feeding of Breastfed Children 6–24 Months of Age

Facts for Feeding is a series of publications on recommended feeding and dietary practices to improve nutritional status at various points in the life cycle. This issue focuses on children 6–24 months of age. Policy makers, health care providers, and communicators can use these guidelines for developing messages and activities appropriate to local conditions.

◆ ***Appropriate complementary feeding promotes growth and prevents stunting among children 6–24 months.***

The period of complementary feeding is when other foods or liquids are provided along with breastmilk. Rates of malnutrition usually peak at this time with consequences that persist throughout life. Stunting is seldom reversed in later childhood and adolescence. Inadequate feeding of girl children also affects nutrient stores, subsequent reproductive health, and the risk of maternal mortality.

- ◆ ***Appropriate complementary feeding involves a combination of practices to maintain breastmilk intake and, at the same time, improve the quantity and quality of foods children consume.*** The 6–11 month period is an especially vulnerable time because infants are just learning to eat and must be fed soft foods frequently and patiently. Care must be taken to ensure that these foods complement rather than replace breastmilk. For older infants and toddlers, breastmilk continues to be an important source of energy, protein, and micronutrients. Therefore, breastfeeding should continue through 24 months and beyond.
- ◆ ***Improving complementary feeding requires a combination of strategies.*** Energy intake can be increased by increasing breastfeeding frequency, increasing food portion sizes, feeding children more frequently, and/or providing more energy-dense foods. Micronutrient intake can be increased by diversifying the diet to include fruits, vegetables, and animal products; using fortified foods; and/or giving supplements. Choosing food combinations that enhance micronutrient absorption is also important.
- ◆ ***Programs to improve complementary feeding must conduct local assessments.*** These assessments will determine the appropriate emphasis to give each of the practices listed on the following pages. Local studies should identify local diets and current good practices to be supported, test options for improving the traditional diet and related feeding practices, and identify target audiences and effective strategies for reaching them.

Recommended Practices for

- ✓ ***Continue frequent, on-demand breastfeeding, including night feeding for infants***
- ✓ ***Introduce complementary foods beginning at six months of age***
- ✓ ***Increase food quantity as the child ages—while maintaining frequent breastfeeding***
 - Provide 6–8 month old infants *approximately* 280 kcal per day from complementary foods.
 - Provide 9–11 month old infants *approximately* 450 kcal per day from complementary foods.
 - Provide 12–24 month old children *approximately* 750 kcal per day from complementary foods.
 - Local research is needed to determine the best combinations of foods and practices to achieve these levels of energy intake.
- ✓ ***Increase feeding frequency as the child ages, using a combination of meals and snacks***
 - Feed 6–8 month old infants complementary foods 2–3 times per day.
 - Feed 9–11 month old infants complementary foods 3–4 times per day.
 - Feed 12–24 month old children complementary foods 4–5 times per day.
- ✓ ***Gradually increase food consistency and variety as the child ages, adapting the diet to the infant's requirements and abilities***
 - Feed mashed and semi-solid foods, softened with breastmilk, if possible, beginning at 6 months of age.
 - Feed energy-dense combinations of soft foods to 6–11 month olds.
 - Introduce “finger foods” (snacks that can be eaten by children alone) beginning around 8 months of age.
 - Make the transition to the family diet at about 12 months of age.

Breastfed Children 6–24 Months

- ✓ ***Diversify the diet to improve quality and micronutrient intake***
 - Feed vitamin A-rich fruits and vegetables daily.
 - Feed meat, poultry, or fish daily or as often as possible, if feasible and acceptable.
 - Use fortified foods, such as iodized salt, vitamin A-enriched sugar, iron-enriched flour or other staples, when available.
 - Give vitamin-mineral supplements when animal products and/or fortified foods are not available.
- ✓ ***Practice active feeding***
 - Feed infants directly and assist older children when they feed themselves.
 - Offer favorite foods and encourage children to eat when they lose interest or have depressed appetites.
 - If children refuse many foods, experiment with different food combinations, tastes, textures, and methods for encouragement.
 - Talk to children during feeding.
 - Feed slowly and patiently and minimize distractions during meals.
 - Do not force children to eat.
- ✓ ***Practice frequent and active feeding during and after illness***
 - During illness, increase fluid intake by more frequent breastfeeding, and patiently encourage children to eat favorite foods.
 - After illness, breastfeed and give foods more often than usual, and encourage children to eat more food at each sitting.
- ✓ ***Practice good hygiene and proper food handling***
 - Wash caregivers' and children's hands before food preparation and eating.
 - Serve foods immediately after preparation.
 - Use clean utensils to prepare and serve food.
 - Serve children using clean cups and bowls, and never use feeding bottles.

Appropriate Complementary Feeding Practices

Supporting advice for caregivers and families

- Make sure children's immunization schedules are complete by 1 year of age.
- Use ORT to rehydrate children during diarrhea.
- Give liquid iron supplements daily (12.5 mg/day) to infants 6 months to 1 year of age if daily vitamin-mineral supplements or iron-fortified foods are not being given. If the prevalence of anemia is known to be very high (40 percent or more), continue supplementation until 24 months of age. For low birthweight infants, start supplementation at 3 months.
- Give semi-annual, high-dose vitamin A supplements after 6 months (100,000 IU for infants and 200,000 IU for children 12 months and older) in areas where vitamin A deficiency occurs.
- Seek appropriate health care for fever, diarrhea, respiratory infections, malaria, hookworm, and other infections.
- Encourage children's psycho-social development by providing them with opportunities for exploration and autonomy.
- Ensure adequate maternal nutrition and micronutrient status to improve women's health and support optimal breastfeeding.
- Give mothers a high-dose vitamin A supplement (200,000 IU) immediately after delivery or within 8 weeks post-partum in areas where vitamin A deficiency occurs.
- Practice family planning that does not interfere with breastfeeding to space children and allow for maternal recuperation.
- Use condoms, consistently and correctly, to prevent transmission of HIV.

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Updated October 2001



BREASTFEEDING AND HIV/AIDS

Frequently Asked Questions (FAQ)

FAQ SHEET 1

From the LINKAGES Project

UPDATED
May 2001

HIV passes via breastfeeding to about 1 out of 7 infants born to HIV-infected women. But in many situations where there is a high prevalence of HIV, the lack of breastfeeding is also associated with a three- to five-fold increase in infant mortality. Infants can die from either the failure to appropriately breastfeed or from the transmission of HIV through breastfeeding.

Furthermore, less than five percent of adults have access to HIV testing. In many countries with high prevalence of HIV, uninfected women may think they have the virus. In the absence of breastfeeding promotion, they may stop breastfeeding even though breastfeeding remains one of the most effective strategies to improve the health and chances of survival of both mother and child.

FAQ Sheet is a series of publications of Frequently Asked Questions on topics addressed by the LINKAGES Project. This issue provides recommendations on breastfeeding and HIV. It reviews the latest information on the transmission of HIV via breastfeeding and provides programmatic guidance for field activities. Further information is available in publications listed at the end of this FAQ Sheet.

How many infants are at risk of HIV?

Risk to infants of HIV-infected mothers. Analyses of data show that approximately 20 percent of infants of HIV-infected mothers are infected before or during delivery. If all HIV-infected mothers breastfeed, another 14 percent of

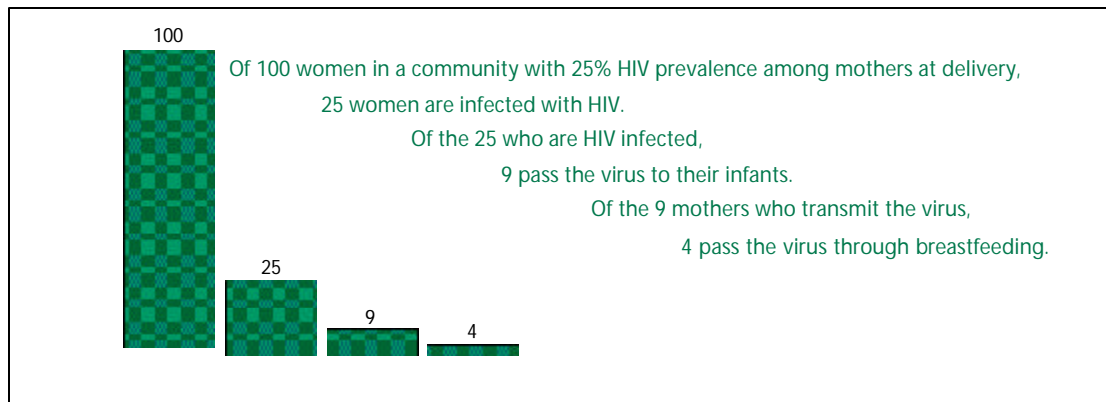
their infants will be infected through breastfeeding. This means that about two-thirds of children of HIV-infected women *will not* become infected.

Risk to all infants in a community.

Although the percentage of mothers infected with HIV approaches 40 percent in some African communities, it generally is much lower, rarely above 25 percent (one in four).

The risk of HIV transmission via breastfeeding can be calculated by multiplying the HIV prevalence rate among mothers at the time of delivery (25 percent in the example below) by 14 percent (25 percent at risk x 14 percent infected through breastfeeding = 3.5 percent, or rounded to 4 percent). In other words, even where 25 percent of women are infected with HIV and all of them breastfeed, less than 4 percent of all infants in the community will be infected through breastfeeding.

Figure 1. Risk of Mother-to-Child Transmission of HIV in Communities in Developing Countries with 25 Percent HIV Prevalence



Should mothers with HIV be advised not to breastfeed?

IT DEPENDS . . .

IF a mother knows she is infected, and

IF breastmilk substitutes are affordable and can be fed safely with clean water, and

IF adequate health care is available and affordable,

THEN the infant's chances of survival are greater if fed artificially.

HOWEVER,

IF infant mortality is high due to infectious diseases such as diarrhea and pneumonia, or

IF hygiene, sanitation, and access to clean water are poor, or

IF the cost of breastmilk substitutes is prohibitively high, or

IF access to adequate health care is limited,

THEN breastfeeding may be the safest feeding option even when the mother is HIV-positive.

Even where clean water is accessible, the cost of locally available formula exceeds the average household's income. Families cannot buy sufficient supplies of breastmilk substitutes and tend to:

- ♦ over-dilute the breastmilk substitute,
- ♦ under-feed their infant, or
- ♦ replace the breastmilk substitute with dangerous alternatives.

In the 50 poorest developing countries, infant mortality averages over 100 deaths per thousand live births. **Artificial feeding can triple the risk of infant death.**



If a mother with HIV breastfeeds, how can she reduce the risk of transmission?

HIV-positive women may be able to reduce the risk of transmission by:

- ♦ **Exclusively breastfeeding for the first six months.** Many experts believe that the safest way to breastfeed in the first six months is to do so exclusively, without adding any other foods or fluids to the infant's diet. These additions are not needed and may cause gut infections that could increase the risk of HIV transmission. In South Africa, mothers who reported exclusively breastfeeding for at least three months *were less likely* to transmit the virus to their infants than mothers who introduced other foods or fluids before three months. Moreover, their risk of transmitting the vi-

rus was no greater than among mothers who never breastfed.

- ♦ **Shortening the total duration of breastfeeding.** There is evidence that the risk of transmission continues as long as the infant is breastfed. The risk of death due to replacement feeding is greatest in the first few months and becomes lower over time. Therefore, in some cases the best strategy may be for a mother to stop breastfeeding early and to introduce breastmilk substitutes as soon as an available replacement method becomes safer. The optimum time and strategy for introducing substitutes, however, is not known and varies with the situation.
- ♦ **Preventing and promptly treating oral lesions and breast problems.** If an infant has oral lesions (commonly caused by thrush) or if a mother has breast problems such as cracked nipples or mastitis, the risk of transmission is higher.
- ♦ **Taking anti-retroviral drugs.** In a recent clinical trial in Uganda, a single dose of nevirapine to a mother during labor and another to her infant after delivery reduced transmission in breastfed infants by 42 percent through six weeks and by 35 percent through 12 months. The simplicity and lower cost of

the nevirapine regimen—compared with other regimens that are prohibitively expensive for most poor households—offers hope that it will become an important component of programs to reduce mother-to-child transmission. Studies are being conducted to find out if nevirapine used during the breastfeeding period can further reduce transmission.

What are the current international recommendations on breastfeeding and HIV?

In May 1997, a policy statement was issued by UNAIDS—the United Nations system’s joint program on HIV/AIDS—whose sponsors include the World Health Organization and UNICEF. The statement, which is supported by technical advisers within USAID and LINKAGES, emphasizes supporting breastfeeding in all populations; improving access to HIV counseling and testing; providing information to empower parents to make fully informed decisions; reducing women’s vulnerability to HIV infection; and preventing commercial pressures to provide artificial feeding. It also recommends weighing the rates of illness and death from infectious diseases and the availability of

safe alternatives to breastfeeding, against the risk of HIV transmission when recommending feeding practices. The policy emphasizes the need for parents to make their own infant feeding decisions based on the best available information.

Subsequently, in 1998, the UN agencies published guidelines for policy makers and health care managers to help countries implement this policy. Pilot projects underway in many countries offer voluntary counseling and testing as a part of antenatal services. Pregnant women who test positive for HIV receive counseling on infant feeding options, among other things. To fully understand the positive and negative effects on feeding practices and infant health in the general population, it is important that these efforts are adequately monitored and evaluated.

The International Code of Marketing of Breastmilk Substitutes was introduced by the World Health Organization in 1981 to counter the negative effects of the introduction of breastmilk substitutes in developing countries. The Code’s provisions are particularly relevant in this era of HIV and should continue to be promoted and observed. The effects of a general reduction in breastfeeding practices would be disastrous for child health and survival.

How can an organization support breastfeeding while reducing mother-to-child transmission of HIV?

Promote safer sexual behavior.

The best way of protecting children from HIV is to help women avoid HIV infection. Most infection is through unprotected sexual intercourse. The risk of infection can be decreased by the use of condoms. Methods of protection that women themselves can control are urgently needed. Treating and preventing other sexually transmitted diseases can also help decrease the risk of HIV transmission. Improving the economic and social conditions of women and girls also would reduce their vulnerability to coercive and other unsafe sexual situations.

Provide universal access to voluntary and confidential HIV testing and counseling for both men and women. At present, testing is not generally available. Many of the strategies proposed for reducing mother-to-child transmission assume that the mother's HIV status is known. Even where testing is available, mothers often do not want to know their status or cannot be assured that test results will be confidential.

Communicate the advantages of knowing one's HIV status. If a mother knows she is infected, she

can try to minimize the risk of transmission to her partners and children and, if she chooses, avoid further pregnancies. As part of her counseling, she should be given information on the risks and benefits of infant feeding options. If she knows she is not infected, she should be counseled to breastfeed, knowing that there is no risk of infecting her child. She should also be motivated to protect herself from further risk of infection. Stimulating demand for testing by emphasizing these advantages along with ensuring the availability of confidential testing is essential.

Provide training to health workers and technical information to opinion makers. Health care providers and groups with public influence—such as the media, policy makers, and health advocates—need accurate technical information on this issue to prevent the spread of misinformation and to maintain the strength and credibility of breast-feeding promotion activities.

Provide counseling guidelines to health workers. UN agencies have developed counseling guidelines for health workers and policy makers that address the risks and benefits of available infant feeding methods and how to make the chosen method of infant feeding as safe as possible. However, until testing programs that help women know their HIV status are available, such guidelines are of limited use.

Continue to promote, protect, and support breastfeeding. In the absence of breastfeeding promotion, there is a danger that information about HIV transmission during breastfeeding will result in inappropriate discontinuation of breastfeeding among both infected and uninfected mothers. Breastfeeding promotion should include continued efforts to monitor the observance of the provisions of the International Code of Marketing of Breastmilk Substitutes and the use and misuse of information on breastfeeding and HIV.

Support research. Policies and programs remain hampered by uncertainty. We need to know more about factors that influence transmission rates and about the risks associated with different feeding alternatives in poor environments. Currently, the stage of infection, breastfeeding patterns and duration, related lesions and illness, anti-retroviral therapies, micronutrients, and nutritional status are all being explored as possible influences on transmission. In studies of infant feeding practices, there is a particular need to distinguish different patterns of breastfeeding using standard definitions. We also need to translate this information into knowledge that the mother can use to make the best infant feeding decision for herself, her baby, and her family.

Box 1. HIV and Infant Feeding Counseling Guidelines in Resource-Poor Communities

Situation	Health Worker Guidelines
Mother's HIV status is unknown	<ul style="list-style-type: none">♦ Promote availability and use of confidential testing♦ Promote breastfeeding as safer than artificial feeding*♦ Teach mother how to avoid exposure to HIV
HIV-negative mother	<ul style="list-style-type: none">♦ Promote breastfeeding as safest infant feeding method (exclusive breastfeeding for first 6 months, introduction of appropriate complementary foods at about 6 months, and continued breastfeeding to 24 months and beyond)♦ Teach mother how to avoid exposure to HIV
HIV-positive mother who is considering her feeding options	<ul style="list-style-type: none">♦ Treat with anti-retroviral drugs, if feasible♦ Counsel mother on the safety, availability, and affordability of feasible infant feeding options♦ Help mother choose and provide safest available infant feeding method♦ Teach mother how to avoid sexual transmission of HIV
HIV-positive mother who chooses to breastfeed	<ul style="list-style-type: none">♦ Promote safer breastfeeding (exclusive breastfeeding up to 6 months, prevention and treatment of breast problems of mothers and thrush in infants, and shortened duration of breastfeeding when replacements are safe and feasible)
HIV-positive mother who chooses to feed artificially	<ul style="list-style-type: none">♦ Help mother choose the safest alternative infant feeding strategy (methods, timing, etc.)♦ Support her in her choice (provide education on hygienic preparation, health care, family planning services, etc.)

* Where testing is not available and where mothers' HIV status is not known, widespread use of artificial feeding would improve child survival only if the prevalence of HIV is high and if the risk of death due to artificial feeding is low, a combination of conditions that does not generally exist.

Q What advice can health workers give to mothers?

Each situation is unique, and health workers must tailor their advice to the individual needs of each mother. Ultimately, the infant feeding choice is the mother's, but this decision should be based on the best information available. The role of the health worker is to provide this information and the support needed to make the mother's choice as safe as possible. Box 1 offers counseling guidelines for various situations.

For the woman who is not infected, breastfeeding is clearly the best choice. Breastfeeding remains one of the most effective strategies to improve the health and chances of survival of both the mother and child. It provides a complete and hygienic source of the infant's fluid and nutritional requirements through the first six months of life, as well as growth factors and antibacterial and antiviral agents that protect the infant from disease for up to two years and more. Breastfeeding also contributes to child spacing and women's long-term health.

Q Does the same advice apply in emergency situations?

The same infant feeding guidelines apply in emergencies. The risk of death due to diarrhea and acute respiratory infections as well as malnutrition is likely to be even greater in emergencies than in normal circumstances.

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Breastfeeding and Maternal Nutrition Frequently Asked Questions (FAQ)

FAQ SHEET 4

From the LINKAGES Project

Updated
July 2003

FAQ Sheet is a series of publications of Frequently Asked Questions on topics addressed by the LINKAGES Project. This issue focuses on the impact of maternal nutrition on breastmilk quantity and quality, the nutritional requirements of lactating women, the impact of breastfeeding on maternal health, and implications of this information for programs.

Effect of Breastfeeding on Maternal Nutrition

Q Does breastfeeding affect the mother's nutritional status?

It can, depending on the mother's diet. The energy, protein, and other nutrients in breastmilk come from the mother's diet or from her own body stores. When women do not get enough energy and nutrients in their diets, repeated, closely-spaced cycles of pregnancy and lactation can reduce their energy and nutrient reserves, a process known as *maternal depletion*. However, there are also adaptations that help protect the mother from these effects. The most important is appetite. During pregnancy and particularly during lactation, a woman's appe-

tite generally increases. The resulting increase in food intake helps meet the additional demands of pregnancy and lactation. Extra food, therefore, must be made available to the mother.

Community and household members should be informed of the importance of making additional food available to women before they become pregnant, during pregnancy and lactation, and during the *recuperative interval* when the mother is neither pregnant nor lactating. Making more food available to mothers is even more important in societies with cultural restrictions on women's diets. Efforts to increase the amount of food available to adolescent, pregnant, and lactating women can be the most effective way of improving their health and that of their infants.

Summary of Main Points

1. Unless extremely malnourished, virtually all mothers can produce adequate amounts of breastmilk. When the breastfeeding mother is undernourished, it is safer, easier, and less expensive to give her more food than to expose the infant to the risks associated with breastmilk substitutes.
2. Maternal deficiencies of some micronutrients can affect the quality of breastmilk. These deficiencies should be avoided by improving the diet or providing supplements to the mother.
3. Lactation places high demands on maternal stores of energy and protein. These stores need to be established, conserved, and replenished.
4. Delay of the first birth and adequate birth spacing help ensure that maternal stores are sufficient for healthy pregnancy and lactation.
5. Breastfeeding provides health benefits to the mother as well as to the infant.

How much extra food does a breastfeeding mother need?

To support lactation and maintain maternal reserves, most mothers in developing countries will need to eat about 650 additional kilocalories (the equivalent of one extra meal) every day. Well-nourished mothers who gain enough weight during pregnancy need less because they can use body fat and other stores accumulated during pregnancy. Lactation also increases the mother's need for water, so it is important that she drink enough to satisfy her thirst.

Should certain foods be eaten or avoided by breastfeeding mothers?

No. There are no specific foods that must be eaten or avoided by the breastfeeding mother, despite what many people think. Food rules (eat this, avoid that) can cause harm by reducing the mother's ability to choose a balanced diet or by discouraging her from breastfeeding. Consumption of a variety of foods is the best dietary advice.

Effect of Maternal Nutrition on Breastfeeding

Can malnourished mothers produce enough milk to breastfeed successfully?

Yes. In all but the most extreme cases, malnourished mothers can follow the same recommendations for breastfeeding as mothers who are not malnourished. These recommendations include exclusive breastfeeding¹ for six months followed by on-demand breastfeeding and the introduction of complementary foods.

There is a common misconception that malnutrition greatly reduces the amount of milk a mother produces. Although malnutrition may affect the quality of milk, studies show that the amount of breastmilk produced depends mainly on how often and how effectively the baby sucks on the breast. If a mother temporarily produces less milk than the infant needs, the infant responds by suckling more vigorously, more frequently, or longer at each feeding. This stimulates greater milk production. When the breastfeeding mother is under-

nourished, it is safer, easier, and less expensive to give her more food than to expose an infant under six months of age to the risks² associated with feeding breastmilk substitutes or other foods.

Can breastmilk production be increased by giving the mother additional food?

Some evidence suggests it can. Two randomized intervention trials, in Burma and Guatemala, have so far been conducted to answer this question. In both studies, food supplementation of malnourished lactating mothers resulted in a small increase in infant milk intake. In another study in Indonesia, maternal supplementation *during pregnancy* improved infant growth rates, possibly by increasing breastmilk production. Therefore, although maternal malnutrition is not considered an important constraint to breastfeeding for most mothers, giving additional food to malnourished mothers during pregnancy and/or lactation may help increase milk production and will certainly improve their own nutritional status and provide additional energy to care for themselves and their families.

¹ Exclusive breastfeeding means giving no other foods or liquids, not even water.

² These substitutes are less nutritious than breastmilk, lack antibodies to fight infections, and often carry contaminants.

Should breastfeeding mothers take extra vitamins and minerals?

It depends on the mother's diet. Breastmilk is rich in the vitamins and minerals needed to protect an infant's health and promote growth and development. If the mother's diet is poor, the levels of micronutrients in breastmilk may be reduced or the mother's own health may be affected. It is therefore important that the mother's micronutrient intake is adequate. A diverse diet containing animal products and fortified foods will help ensure that the mother consumes enough micronutrients for both herself and her breastfeeding infant. If a diverse diet is not available, a micronutrient supplement may help.

For example, in areas where vitamin A deficiency is common, it is currently recommended that all mothers take a single high-dose supplement of 200,000 international units³ (IU) of vitamin A as soon as possible after delivery. Studies have shown that such a supplement improves the vitamin A levels in the mother, in breastmilk, and in the infant. High doses of vitamin A are not recommended for women during pregnancy or later than eight

weeks after delivery (or later than six weeks if the mother is not breastfeeding) because too much vitamin A may cause damage to the developing fetus. Although high doses during pregnancy can be dangerous, daily (<8,000 IU) or weekly (<25,000 IU) *low-dose* vitamin A supplements during pregnancy can reduce maternal night blindness and death.

The levels of thiamin, riboflavin, vitamin B-6, vitamin B-12, iodine, and selenium in breastmilk are also affected by how much is in the food the mother eats. In areas where deficiencies of these micronutrients are common, increasing the mother's intakes through improved diets or supplements will primarily improve breastmilk quality and infant nutrition.

Other micronutrients (such as folate, calcium, iron, copper, and zinc) remain at relatively high levels in breastmilk even when the mother's reserves are low. This means that the breastfeeding mother's own reserves can be used up and that it is primarily the mother herself who will benefit if she eats more food high in these micronutrients. Additional calcium and iron, in particular, are often needed to protect maternal reserves.

Effect of Breastfeeding on Maternal Health

Does breastfeeding benefit the mother's health?

Yes. Breastfeeding has many positive effects on the mother's health. One of the most important is *lactational infertility*. This is the period of time after giving birth that the mother does not become pregnant due to the hormonal effects of breastfeeding. Studies show that this effect is greater when the infant suckles more frequently and is exclusively breastfed. Increasing the interval between births has benefits for the mother and her children. Fewer pregnancies reduce the mother's risk of maternal depletion and maternal death. A related effect is *lactational amenorrhea*, the period of time after giving birth that the mother does not menstruate due to the same hormonal effects of breastfeeding. This is the basis for the lactational amenorrhea method (LAM)⁴ of contraception. Lactational amenorrhea also reduces the amount of menstrual blood loss, which helps to prevent anemia by conserving the mother's iron stores.

³ This recommendation is currently under review and may be increased, pending the results of on-going research.

⁴ LAM is defined by three criteria: 1) the woman's menstrual periods have not resumed, AND 2) the baby is fully or nearly fully breastfed, AND 3) the baby is less than six months old.

There are many other benefits of breastfeeding for the mother. Breastfeeding immediately after delivery stimulates contraction of the uterus. This may help reduce loss of blood and risk of hemorrhage, a major cause of maternal mortality. There is good evidence that breastfeeding reduces the risk of ovarian and breast cancer and helps prevent osteoporosis.

Program Implications and Guidelines

What can programs do to support breastfeeding and maternal nutrition?

Information presented in this FAQ has implications for the distribution of food in the household, the division of labor, and the delivery of services to women. Women's nutritional status is threatened by repeated, closely spaced pregnancies, inadequate energy intake, micronutrient defi-

ciencies, infections, parasites, and heavy physical labor. Health services and agricultural extension services, secondary schools, women's groups, and other outreach networks provide opportunities to promote better infant feeding and maternal dietary practices and to offer preventive care and counseling. Health care providers can help improve maternal nutrition by counseling women about breastfeeding, increased food intake, dietary diversification, workload reduction, and family planning (including delaying the first birth, birth spacing, and options for limiting family size). They can also assess a woman's need for antimalarials, hookworm medication, and micronutrient supplementation and provide appropriate treatment.

For undernourished populations and populations displaced by war and natural disasters, the use of breastmilk substitutes can be particularly dangerous. The best solution is to feed the mother, not the infant, and to give her whatever

support she needs for breastfeeding. Providing additional foods and fluids to the mother helps both mother and child.

The time for intervention should not be limited to periods of pregnancy and lactation. Adequate nutrition is a cumulative process. In fact, birth outcome is strongly influenced by the mother's nutritional status even before she becomes pregnant. The recuperative interval between lactation and the next pregnancy also offers an opportunity to replenish the mother's energy and micronutrient reserves.

The recommendations in the box on page 5 are suggested to improve the nutrition of adolescent girls and women of reproductive age. These recommendations, coupled with optimal breastfeeding and complementary feeding practices, will contribute to good health and nutrition throughout the life cycle.

Recommended Practices to Improve the Nutrition of Adolescent Girls (10-19 Years) and Women of Reproductive Age

Recommended at all times

- ♦ Increase food intake, if underweight, to protect adolescent girls' and women's health and establish reserves for pregnancy and lactation.
- ♦ Diversify the diet to improve the quality and micronutrient intake.
 - ♦ Increase daily consumption of fruits and vegetables.
 - ♦ Consume animal products, if feasible.
 - ♦ Use fortified foods, such as vitamin A-enriched sugar and other products and iron-enriched and vitamin-enriched flour or other staples, when available.
- ♦ Use iodized salt.
- ♦ If micronutrient requirements cannot be met through available food sources, supplements containing folic acid, iron, vitamin A, zinc, calcium, and other nutrients may be needed to build stores and improve women's nutritional status.

Recommended during periods of special needs

At certain times, girls and women have heightened nutritional requirements. During these times, they should follow the above recommendations *plus* those listed below.

During adolescence and before pregnancy

- ♦ Increase food intake to accommodate the adolescent "growth spurt" and to establish energy reserves for pregnancy and lactation.
- ♦ Delay the first pregnancy to help ensure full growth and nutrient stores.

During pregnancy

- ♦ Increase food intake to permit adequate weight gain to support fetal growth and future lactation.
- ♦ Take iron/folic acid tablets daily.

During lactation

- ♦ Eat the equivalent of an additional, nutritionally balanced meal per day.
- ♦ In areas where vitamin A deficiency is common, take a high-dose vitamin A capsule (200,000 IU) as soon after delivery as possible, but no later than 8 weeks postpartum to build stores, improve the vitamin A content of breastmilk, and reduce infant and maternal morbidity.
- ♦ Use the lactational amenorrhea method (LAM) and other appropriate family planning methods to protect lactation, space births, and extend the recuperative period.

During the interval between stopping lactation and the next pregnancy

- ♦ Plan and ensure an adequate period (at least six months) between stopping lactation and the next pregnancy to allow for the necessary build-up of energy and micronutrient reserves.

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