INFORMATION PACKAGE ON INFANT AND YOUNG CHILD FEEDING ACTIVITIES

IMCI-CAH

WHO/AFRO

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INFORMATION PACKAGE FOR ICPs ON INFANT & YOUNG CHILD FEEDING ACTIVITIES

Introduction

For the past 2 years or so IMCI –AFRO has intensified the support given to countries to implement key activities in Infant and Young Child Feeding (IYCF). These activities include:

1. National TOT on Breastfeeding Counseling Course (BFC)
2. National TOT on HIV & Infant Feeding Counseling Course (HIVC)
3. Follow-up after training of BFC & HIVC
4. Advocacy meeting on HIV & Infant Feeding
5. Planning meeting for the implementation of the Global Strategy on Infant and Young Child Feeding

IMCI-NPOs and ICPs have been instrumental in providing this support to countries. To ensure that NPOs and ICPs continue to assist countries in these areas a table with activities, how the activity links with IMCI, who to contact in the country and the participants for the activities has been developed.
In addition to the table, there are guidelines for the activities and detailed information on available training packages and materials.

TABLE:
INFANT & YOUNG CHILD FEEDING ACTIVITIES

Activity	How it links with IMCI	Who to contact at country level (apart from WHO staff)	Who should be trained/participate
Breastfeeding Counseling Course (BFC)	Augments the 6-10 hours of Breastfeeding taught in IMCI IMCI highlights on assessment of feeding practices and counseling on feeding of under 5 year old children in health and in sickness.	Head of Nutrition Unit Head of RCH Unit IYCF coordinator Child Health coordinator BFHI coordinator	• midwives, • community health nurses, • peadiatric nurses • doctors- (first level of health). • obstetrician • peadiatricians, • staff of CDD, ARI, Immunization, Nutrition and family planning
HIV & Infant Feeding Counseling Course (HIVC)	IMCI training equips health workers with feeding counseling skills, HIVC augments that skill with specifically with feeding counseling skills for the HIV infected mother	Head of Nutrition Unit Head of RCH Unit IYCF coordinator Child Health coordinator BFHI coordinator PMTCT coordinator HIV/AIDs/STI coordinator	Previous training in BFC including: • doctors, • nurses • midwives • nutritionist • community health nurses • professional counselors • staff of PMTCT sites etc.
Follow up after training of BFC/HIVC	Similar to follow up after training of IMCI case management, as the objective are essentially the same.	Head of Nutrition Unit Head of RCH Unit IYCF coordinator Child Health coordinator BFHI coordinator PMTCT coordinator HIV/AIDs/STI	BFC/ HIVC trained counselors who are actively working with mothers at community, health facility, district, provincial or national levels.

		coordinator		
Planning meeting for the implementation of the GSIYCF	GSIYCF identifies Malnutrition as a major problem, IMCI addresses the problem of malnutrition through an integrated strategy	Head of Nutrition Unit Head of RCH Unit IYCF coordinator Child Health coordinator BFHI coordinator PMTCT coordinator Partners including NGOs	MOH: • Nutrition, • Child Health, • HIV/AIDS Control, Reproductive Health PMTCT:project/programme sites Developmental partners: • WHO, • UNICEF, • UNAIDS • multilateral donors • bilateral donors Non-Governmental organizations, especially those dealing with infant and young child nutrition at community level Key: researchers Medical Schools & other Health Training Institutions	
Advocacy meeting for HIV & Infant Feeding	The advocacy meeting draws attention to HIV infection in children, IMCI incorporates childhood HIV infection as one of the childhood illnesses to be managed through an integrated strategy	Head of Nutrition Unit Head of RCH Unit IYCF coordinator Child Health coordinator BFHI coordinator PMTCT coordinator Partners including NGOs	MOH: • Nutrition, • Child Health, • HIV/AIDS Control, Reproductive Health PMTCT:project/programme sites Developmental partners: • WHO, • UNICEF, • UNAIDS • multilateral donors • bilateral donors Non-Governmental organizations, especially those dealing with infant and young child nutrition at community level Key: researchers Medical Schools & other Health Training Institutions	

GUIDELINES FOR PLANNING MEETING FOR THE IMPLEMENTATION OF NATIONAL STRATEGY ON INFANT AND YOUNG CHILD FEEDING

Background and justification

Malnutrition is a major public health problem, worldwide more than one-third of under-5 children are stunted, wasted, deficient in iodine, vitamin A or iron. Malnutrition is an underlying factor in approximately over half of the 10.5 million annual deaths in children under the age of 5 years globally. Malnourished children who survive are more frequently sick and suffer the life-long consequences of impaired development. Poor feeding practices are a major threat to social and economic development, and are among the most serious health challenges facing this age group.

In Africa more than 90% of children aged 0-2 years are breast-fed, however in many countries less than 20% of infant aged 0-4 months are exclusively breastfed, which falls short of WHO estimates at 35% of world's infant population that is exclusively breastfed. There are a number of socio-cultural practices in the Region which do not support good nutrition and deprive infants of the irreplaceable protection that breastmilk provides. For example giving water, herbal teas and porridge to 0-6 months old babies.

Globally refugees and internally displaced persons alone currently number more than 40 million, including 5.5 million under-five children. Major emergencies of all types are increasing in number and intensity, further compromising the care and feeding of infants and young children.

An estimated 1.6 million children are born to HIV-infected women each year, mainly in low-income countries. The absolute risk of HIV transmission through breastfeeding an infant for more than 12 months – globally between 10 and 20% – needs to be balanced against the increased risk of morbidity and mortality if infants are not breastfed. The HIV pandemic and the risk of mother-to-child HIV transmission through breastfeeding have undermined the resolve of many governments in Africa to promote breastfeeding, even among unaffected families.

In recognition of this problem the Fifty-third World Health Assembly in 1999 reaffirmed the importance of infant and young child nutrition and decided to work together with UNICEF and other partners to come up with a global strategy on infant and young child feeding which addresses these nutrition related problems.

The Global Strategy for Infant and Young Child Feeding was endorsed by the World Health Assembly in May 2002 (WHA 55.25). Subsequently, the Director General of the WHO requested Member States to implement the Global Strategy as appropriate to national circumstances in order to promote optimal feeding for all infants and

children. This strategy takes into account previous WHA resolutions, building upon past and continuing achievements particularly the Baby Friendly Hospital Initiative, the International Code of Marketing of Breastmilk Substitutes and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding.

Policy makers, decision makers, mid-level managers, health workers as well as community workers and other stakeholders need to understand the issues surrounding infant and young child feeding if they are to come up with strategies that assist parents in their obligation to provide the best nutrition for their children. Hence the need for planning meeting on IYCF to bring all stakeholders to a common understanding of the issues involved, reach consensus on some key issues and plan the way forward.

Objectives of planning meetings on infant and young child feeding

The objectives are to:

- To update key stakeholders on the Global Strategy for Infant & Young Child Feeding (GSIYCF)
- To provide update on the current situation of IYCF in the country
- To identify key elements to be considered for inclusion in the national strategy on infant and young child feeding.
- To develop a plan of action for the implementation of a national strategy on IYCF.
- To define measurable indicators for monitoring and evaluation of the national strategy

Expected outcomes

- Key stakeholders updated on the GSIYCF and current situation of IYCF in the country
- A list of key activities and elements to be included in the national strategy on infant and young child feeding identified.
- A plan of action for the implementation of national strategy on IYCF developed.
- Measurable indicators for the monitoring and the evaluation of the national strategy defined

Participants

Infant and young child feeding planning meetings ideally require the participation of a wide cross-section of stakeholders, including, but not limited to:

- ✓ Ministry of Health departments: Nutrition, Child Health, HIV/AIDS Control, Reproductive Health
- ✓ PMTCT project/programme sites
- ✓ Developmental partners: WHO, UNICEF, UNAIDS and multilateral as well as bilateral donors

- ✓ Non-Governmental organizations, especially those dealing with infant and young child nutrition at community level
- ✓ Key researchers/investigators
- ✓ Medical Schools and other Health Training Institutions

The country may also wish to consider:

- ✓ Mid-level managers from provinces and districts
- ✓ Referral and first level health facilities.

Methods of work

A variety of approaches can be utilized, including:

- ➢ Presentations in plenary followed by discussions
- ➢ Panel discussions
- ➢ Facilitated/structured group work/discussions

Duration of meeting
3 Days

Generic agenda

Time	**Activity**	**Responsible**
DAY 1		
09.00-09.15	Official Opening- **Chair:**	MOH
0915-0945	Statements by WHO, UNICEF, USAID	
09:45-10.00	Objectives and expected outcomes	MOH
10.00-10.30	Overview of GSIYCF **Discussion**	WHO
10.30-11.00	**Coffee**	
	Objective 1: To identify key elements to be considered for inclusion in the national strategy on infant and young child feeding.	
11:00.13.00	Presentation of results of Assessment Studies:	MOH

	1: Introduction and Part 1 (IYCF Practices) 2: Part 2 (National IYCF Policies and Targets 3: Part 3 (National IYCF Program) **Discussion**	
13.00-14.00	**Lunch**	**Organisers**
14.00.14.30	Presentation: Development of framework for implementation of GSIYCF at the country level **Discussion**	MOH
14.30-17.30	Working Group 1: Key elements of strategy resulting from assessments Introduction:	MOH
DAY 2		
08.30-10.00	Presentation of Group Work 1: Plenary discussion **Chair:** **Rapporteur:**	Working Groups
10.00-10.30	**Coffee**	**Organisers**
	Objective 2: To develop a framework for a detailed action plan which should accompany the national strategy	
10.30-13.00	**Presentation on strategy development:** 1. Breastfeeding policy including Code of Marketing and Maternity Protection Discussion 2. Complementary Feeding: Policy development Discussion 3. Implementation of BFHI Discussion	**MOH**
13.00-14.00	**Lunch**	**Organisers**
14.00-15.30	4. INFANT FEEDING IN RELATION TO HIV / AIDS Discussion 5. FEEDING INFANTS IN SPECIAL SITUATIONS Discussion	
15.30-15.45	**Coffee**	**Organisers**
15.45-17.45	Group Work 2: Development of framework for implementation of country strategy IYCF **Introduction:**	MOH

DAY 3		
08.30-10.30	Presentation of Group Work 2: Plenary discussion **Chair:** Rapporteur:	Working Groups
10.30-10.45	**Coffee**	
10.45-11.00	Objective 3: To define measurable indicators for the monitoring and the evaluation of the strategy	
11.00-13.00	Group Work 3: Monitoring and evaluation of the strategy at National Introduction: Indicators for monitoring Global Strategy on IYCF level	WHO
13.00-14.00	**Lunch**	**Organisers**
14.00-15.30	Presentation of Group Work 3: Plenary discussion **Chair:** Rapporteur:	Working Groups
15.30-16.00	Next steps and Recommendations **Chair:** Rapporteur:	
16.00-16.30	**Closing**	MOH

Suggested groups are as follows:

Group A: Breastfeeding and Complementary Feeding
Group B: HIV/AIDS and Infant Feeding
Group C: Feeding in Special Situations

GUIDELINES FOR WORKING GROUPS

INTRODUCTION:
During the group work sessions, the discussions will be guided by the following:

- Identification of key elements to be included in the national strategy on IYCF
- Develop a framework to facilitate a detailed action plan to accompany the national strategy
- Clearly identifying and defining tools for the monitoring and evaluation of the global strategy especially at the national level

GROUP WORK 1: Key Elements of strategy resulting from the assessments

1. Summary of key issues from the assessment studies:
   A) What were the main findings of the assessment
   B) What are the main challenges/weaknesses to IYCF highlighted in the assessment

2. How are the challenges/weaknesses going to be addressed by national policies, strategies and action plans

Main Challenges/Weaknesses	Policy	Strategy	Action plan
60% of mothers initiate breastfeeding within one hour of delivery 11% EBF of babies aged 0-4 months 15% of babies are bottle fed		**********	

GROUP WORK 2: Development of Framework for country strategy

1.Please list main challenges/weaknesses highlighted in the assessment
2. For each challenge/weakness complete the table below

Main Challenge/Weakness	Objectives	Strategy	Activities	Responsible	Time Frame	Expected Output
60% of mothers initiate breastfeeding within one hour of delivery 11% EBF of babies aged 0-4 months 15% of babies are bottle fed	To increase the number of mothers who initiate breastfeeding within one hour of delivery from 60% to 80%; practice EBF of babies aged 0-4 months from 11% to 40%; reduce practice of bottle feeding to less than 2%	Strengthening the implementation of BFHI and initiate and support the implementation of Baby Friendly Community Initiative (BFCI)	Conduct cascade training of Zonal Master Trainers, District level TOTs, facility based health workers and CORPS on lactational management	TFNC, MoH, Zonal Continuous Education Training Centres, National Trainers on lactation management, FBOs, NGOs and CBOs	1st – 5th year	4 zonal Master training sessions of 100 zonal Master trainers held 21 district level TOTs training sessions of 400 trainers conducted 2 facility based training sessions for 50 HWs and CORPS per district conducted

GROUP WORK 3: Monitoring and Evaluation of the strategy at National level

1. What are the key indicators for monitoring the strategy
2. How, when and who will monitor the strategy

Strategy	Expected output	Indicator		How to Measure the process	Responsible	Time
		PROCESS	OUTCOME			

Strengthening the implementation of BFHI and initiate and support the implementation of Baby Friendly Community Initiative (BFCI)	4 zonal Master training sessions of 100 zonal Master trainers held	Number of zonal TOT training sessions held Number of zonal trainers trained on lactation management	Proportion of health workers with knowledge and skills on lactation management, BFHI and BFCI	Training proceedings	TFNC Zonal trainers	Quarterly
		Number of TOT training sessions conducted at district level.		Training proceedings	TFNC Zonal trainers	Quarterly
	21 district level TOTs training sessions of 400 trainers conducted	Number of district trainers trained on lactation		Training Proceedings	TFNC Zonal trainers	Annually

GUIDELINES FOR ADVOCACY MEETINGS FOR HIV & INFANT FEEDING

Background and justification

In developing countries, there are approximately 10.5 million deaths annually among the under five year old children, half of which deaths are caused by/associated with malnutrition. Inadequate breastfeeding alone is responsible for 1.5 million of these deaths. Yet nutrition is a key element in the child's right to health, which right is enshrined in the Convention on the Rights of the Child. The child has a right to adequate nutrition and should have access to adequate and nutritious food.

In the African Region, breastfeeding is the cultural norm and although it is not practiced optimally, it gives children the best nutritional start in life. With the onset of the HIV/AIDS pandemic and the discovery that HIV can be transferred from mother to child through breastfeeding, the safety of breastfeeding has come into question. Child nutrition workers and mothers/parents alike started to wonder whether breastfeeding should continue to be promoted.

Globally, more than 5 million children have become infected with HIV since the advent of the pandemic and 90 per cent of this infection is through mother-to-child transmission. In non-breastfeeding populations, the overall MTCT rate is of the magnitude of 15-30%, while in breastfeeding societies it is of the order of 25-45%.

For the general population of mothers, optimal infant feeding commences with exclusive breastfeeding for the first six months, followed by timely, adequate, safe and appropriately fed complementary foods. Breastfeeding should be sustained up to, and even beyond two years. For the mother who knows that she is HIV infected, replacement feeding for the first six months of life is ideal if it is acceptable, feasible, affordable, sustainable and safe, followed also by complementary feeding. It is important that in all situations we continue to promote, protect and support breastfeeding for the majority who are HIV positive, and for those whose HIV status is unknown. It is equally important to take all possible precautions against "spillover" effects which would undermine the African breastfeeding culture.

Policy makers, decision makers, mid-level managers, health workers as well as community workers and other stakeholders need to understand the issues surrounding infant and young child feeding if they are to assist parents in their obligation to provide the best nutrition for their children. Hence the need for advocacy meetings to bring all stakeholders to a common understanding of the issues involved and to reach a consensus on some key messages.

Objectives of advocacy meetings on infant and young child feeding

The objectives are to:

- Update stakeholders on issues related to infant and young child feeding, particularly in the context of HIV/AIDS
- Share national experiences on infant and young child feeding in the context of HIV/AIDS
- Review and reach a consensus on national policies related to infant and young child feeding
- Sensitise stakeholders to strengthen action on infant and young child feeding (BFHI, Code, National policies)
- Plan the way forward.

Expected outcomes

- Stakeholders updated on issues relate to I&YCF, especially in the context of HIV/AIDS
- National experiences related to infant feeding and HIV/AIDS shared
- Consensus reached on national policies for infant and young child feeding
- Stakeholders sensitized to strengthen action on I&YCF (BFHI, Code, National policies)
- A plan for the way forward.

Participants

Infant and young child feeding advocacy meetings ideally require the participation of a wide cross-section of stakeholders, including, but not limited to:

- ✓ Ministry of Health departments: Nutrition, Child Health, HIV/AIDS Control, Reproductive Health
- ✓ PMTCT project/programme sites
- ✓ Developmental partners: WHO, UNICEF, UNAIDS and multilateral as well as bilateral donors
- ✓ Non-Governmental organizations, especially those dealing with infant and young child nutrition at community level
- ✓ Key researchers/investigators
- ✓ Medical Schools and other Health Training Institutions

The country may also wish to consider:

- ✓ Mid-level managers from provinces and districts
- ✓ Referral and first level health facilities.

Methods of work

A variety of approaches can be utilized, including:

- ➢ Presentations in plenary followed by discussions
- ➢ Panel discussions
- ➢ Formal and informal sharing of experiences
- ➢ Facilitated/structured group work/discussions
- ➢ Field visits to market places

- Literature handouts.

Generic Agenda

Day/Time	Activity	Responsible
Day One		
0845	Registration	MOH
0900	Welcome note	MOH
0915	Opening Remarks	i) MOH ii) UNICEF iii) WHO
0945	Objectives and Expected outcomes	MOH
1000	Overview of HIV/AIDS in the country	NACP Manager
1030	Discussion	All
1045	Nutrition Break	Organiser
1115	Technical Update on Infant Feeding related to HIV/AIDS	WHO
1145	Discussion	All
1200	An Overview of PMTCT in the Country	MOH
1245	Discussion	All
1300	Lunch	Organiser
1400	National Research on Infant and Young Child Feeding	National Research Group
1430	Discussion	All
1445	The International code of Marketing of Breastmilk Substitutes National Legislation on the Code	MOH/WHO
1515	Discussion	All
1530	Nutrition Break	Organiser
1600	IEC: Ensuring harmonization of messages on Infant Feeding and HIV/AIDS	UNICEF
1630	Discussion	All
1700	Facilitators' Meeting	All Facilitators
DAY TWO		
0830	National Policies: Infant and Young Child Feeding HIV and Infant Feeding	MOH
0915	Discussion	All
0930	An Overview on Training: Lactation Management Breastfeeding Counselling HIV and Infant Feeding Counselling BFHI The Code	MOH/Training Group
1015	Discussion	All
1030	Nutrtion Break	Organiser
1100	Developing a Strategy for Training and linking infant feeding training with HIV	WHO
1145	Discussion	All
1215	Guidelines on and preparation for Field Work	MOH
1300	Lunch	Organisers
1400	Field Work	All
1600	Nutrition Break	Organisers
1630	Preparation of Group Reports	All
1700	Facilitators' Meeting	All Facilitators

Day Three		
0830	Reports on Field Visits	Group Rapporteurs
0915	Discussion	All
0930	Group Work: a) Policy and guidelines: ➢ Infant Feeding ➢ Infant Feeding and HIV/AIDS ➢ Health worker guidelines b) Strategy for training: ✓ BFHI ✓ BF Counselling ✓ HIV& Infant Feeding Counselling c) Strengthening BFHI and the Code	 Group One Group Two Group Three
1045	Nutrition Break	Organisers
1115	Continue Group	All Groups
1200	Group Presentation	Group one, Two, Three
1300	Lunch	Organisers
1400	Recommendations for the way forward	All
1500	Panel Discussion on the Role of Partners	Partners
1530	Closing	MOH

The Field Visit

The objectives are to:

- Learn about the availability and types of replacement feeds
- Gain insight into the costs of replacement feeds
- Make observations on some Code issues:
  e.g. labeling, language, expiry dates, appropriateness of instructions.

Participants can be divided into groups to visit different areas:

- Supermarkets
- Smaller shops/kiosks
- Vendors' market places

Alternatively, groups could be assigned to investigate into:

- Imported infant foods
- Locally manufactured infant foods
- Home available/prepared infant foods

Groups can then report on:

- Availability and accessibility of replacement feeds
- Cost implications for the family
- Adherence to the Code
- Benefits and constraints related to replacement feeding

GUIDELINES FOR FOLLOW-UP AFTER TRAINING OF BREASTFEEDING COUNSELING AND HIV & INFANT FEEDING COUNSELING COURSES

Introduction

Up to 60% of the 10.9 million deaths annually among children under five years of age in developing countries are associated with poor feeding practices, particularly in the first year of life. While exclusive breastfeeding is recommended for the first 6 months of the child's life, this does not happen in most countries in the African Region as traditional practices encourage other fluids and foods at an early age. Moreover, the HIV epidemic and the attendant risk of transmission of the virus through breastmilk has brought about a dilemma as to how infant feeding should be done optimally.

In Sub-Saharan Africa, breastfeeding is a cultural norm often up to 24 months, although breastfeeding practices are often sub-optimal. Further, even in countries where there are interventions to prevent mother to child transmission of HIV and where mothers are counselled on infant feeding choices, the majority choose to breastfeed. The need to support exclusive breastfeeding has therefore become even more urgent.

The training courses "Breastfeeding Counselling: A Training Course" (BFC) and "HIV and Infant Feeding Counselling. A Training Course" (HIV & IFC) developed by WHO and UNICEF have been shown to lead to significant improvements in the infant feeding practices of mothers/caretakers who have been counselled by trained health workers.

The aim of these 2 courses is to equip health workers who work with mothers and babies with knowledge and clinical/ interpersonal skills to:

1. support optimal breastfeeding practices
2. help mothers to overcome breastfeeding difficulties
3. counsel women to decide on how to feed their infants as effectively and safely as possible in the their circumstances
4. refer women and their children for further HIV services and care as necessary
5. participate in local discussions on HIV and infant feeding policy
6. prevent spillover of artificial feeding, and erosion of breastfeeding, by women

IMCI/AFRO has, during the last 4 years, encouraged countries to conduct training of trainers (TOTs) to build national capacity in BFC and HIVC. Such national TOTs have already been conducted in Nigeria, Kenya, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. These trainings have been followed by provincial and district training of health workers in the countries.

A number of health workers in these countries have been trained in Breastfeeding Counseling and HIV & Infant Feeding Counseling courses. There has been no systematic follow-up of the health workers trained in BFC/HIVC to assess whether

they are able to use their new skills in the own settings. Hence the need for a Follow – up after training of BFC/HIVC.

An assessment tool for the follow-up after training has been developed by WHO/AFRO in collaboration with UNICEF. The tool is made up of four parts namely;

A. Observation of the counselor
-This is made up of 7 key questions / observations on counseling skills

B. Interview with the counselor
-The part consists of 15 questions which test knowledge of BFC/HIVC

C. Exit interviews with mother counseled by a trained H/Worker
-These are 10 key questions that test the knowledge of the mother

D. Facility support: checklist of equipment and supplies
- This part takes inventory of equipment, supplies and IEC materials in 8 key areas

Objectives of the follow-up after training

The objectives are:

- To support the transfer of BFC/HIVC skills to the clinical setting in health facilities
- To identify problems faced by health workers/ BFC-HIVC trained counselors in counseling mothers and help to solve these problems
- To gather information on the performance of health workers/ BFC-HIVC trained counselors

Expected outcomes

- BFC/HIVC trained counselors observed counseling mothers and their skills and knowledge reinforced
- Constraints on BFC/HIVC implementation identified
- Solutions to the constraints encountered by the counselors

Participants

Participants are BFC/ HIVC trained counselors who are actively working with mothers at community, health facility, district, provincial or national levels.

Methods of work

This activity take 5 days, the first two days will be used for the training or preparation of about 10 people (assessors).

The next 3 days will be for the actual follow-up in health facilities. A variety of approaches can be utilized, including:

- Discussion of the follow-up after training tool
- Practical sessions: assessors (participants) practice-observing counseling sessions, interviewing mothers and counselors and reviewing of health facility supports
- Actual implementation of follow-up after training using the tools in health facilities

Proposed Agenda

Day/Time	Activity	Responsible
Day One		
0845	Registration	MOH
0900	Introduction of participant and review of agenda	Organiser
0915	Objectives and Expected outcomes	Facilitator
0930	General overview of the Follow-up after training tools	All
0945	Introduction and discussion of Observation of the counselor's tool	Facilitator
1030	Nutrition Break	Organiser
1100	Introduction and discussion of Interview with the counselor's tool	Facilitator
1145	Introduction and discussion of Exit interview with mothers tool	Facilitator
1230	Introduction and discussion of Facility support tool	Facilitato
1300	Lunch	Organiser
1400	Role play using observation of the counselor's tool	All
1445	Role play using interview with the counselor's tool	All
1530	Nutrition Break	Organiser
1615	Role play using exit interview with mother's tool	All
1700	Summary and plans for practical sessions the next day	All
DAY TWO		
0830	Role play continues	MOH
0930	Facility Practice: Observing a counseling session	MOH/Training Group
1100	Facility Practice: Interview with the counselor	All
1215	Facility Practice: Exit interview with mother	All
	Facility Practice: Health facility support	
1300	Lunch	Organisers
1400	Debriefing and Discussion on the facility visit	All
1530	Summarizing information collected at the facility	
1600	Planning for the actual Follow- up after training Pair participants (assessors) List facilities and health workers (trained counselors) to be visited Map and plan the sequence of the assessment Review arrangements for the assessment and the flow of activities	All
Days Three to Five		
0900	Meeting with health facility authourities	MOH

	Meeting with trained BFC/HIVC counselors in the facility Explanation of purpose of the visit	
0930	Conduct the follow up after training: c) Complete the follow up after training forms d) Debrief on the follow up after training: ➢ Problems identified in implementing BFC/HIVC ➢ Possible recommendation to resolve the problems identified	All
1600	**Day 5**--Summary of information collected	All
1700	**Day 5**--Summary of the week and preparation towards follow up after training at the provinces next week	

BFC AND HIVC TRAINING: FOLLOW-UP ASSESSMENT TOOL

FORM A
OBSERVATION OF THE COUNSELLOR/HEALTH WORKER TRAINED IN BFC AND HIVC

District _____ Date ___/____/____ Interviewer_____
Facility Name_____Facility Type: Gov[] NGO[] Interview No.____
Facility Level: Referral[] District[] Health/Maternity Centre[] Other(specify)_____
Starting Time_____Ending Time_____Time taken_____

Cadre of counsellor/health worker *(Tick Applicable)* Sex of C/HW: Male[] Female[]
Medical officer [] Clinical officer []
Midwife [] Nurse []
Public Health Nurse [] Lay Counsellor [] (Specify)_____
Other [] (specify)_____

Which of the following training have you received? *(Tick applicable and state date):*
i) PMTCT Basic Counselling [] Date_____
ii) Breastfeeding, HIV & Infant feeding Counselling [] Date_____
iii) General Counseling [] Date_____
iv) None of the above []

Where observation is done: Antenatal [] postnatal [] YCC[] paediatric ward[]
Other (specify)_____
Has the client been before for infant feeding counselling? Yes [] No []
If Yes: number of previous visits for infant feeding counseling_____

Assessment	V. good	Good	Fair
1. Does the health worker establish a rapport with the client? • Greet the client • Introduce her/him-self • Observe confidentiality • Introduce the topic • Appropriate gesture and body language • Show interest *(5-6=Very good 3-4=Good < 3=Fair)*			
2. Does the health worker use Listening & Learning skills: • Use non-verbal communication • Ask open ended questions • Use responses and gestures which show interest • Reflect back what the mother thinks & feels • Empathise (show that s/he understands how the mother feels) • Use non-judging words? *(5-6= very good 3-4= good <3= fair)*			
3. Does the health worker build mother's confidence and give support? • Accept what the mother thinks and feels? • Recognise and praise what the mother and baby are doing right? • Give practical help? • Give a little relevant information ? • Use simple language? • Make suggestions and not commands?			

(All the 6=very good 4-5=good < 4=fair)			

4. Has the health worker given adequate information on all potential feeding options to the mother? • Exclusive breastfeeding for 3-6 months followed by rapid cessation and reverting to replacement feeding (?*within two weeks)* • Commercial Infant Formula • Animal milk (modified or unmodified) • Wet nursing (Information to include advantages, disadvantages, cost implication, availability, time factor, preparation methods) *(Adequate information on all the 4 feeding options =very good, 2-3=good, < 2=fair)*			
5. Does the health worker seem to be biased and direct the mother towards her/his choice of feeding method?	Yes	No	
Does the mother make an actual choice of feeding method?	Yes	No	

6. (Where applicable) Demonstration of feeding options	**V.Good**	**Good**	**Fair**
A) If breastfeeding is chosen, does the health worker give correct information/support concerning: • Positioning a baby at the breast? • Attachment of baby to the breast? • Inquires about any breastfeeding difficulties and gives correct support where possible? *(All 3=very good, 2=good, < 2=fair)*			
B) If replacement feeding is chosen (specify it_____) Does the demonstration include: • Use of clean boiled and cooled water • Use of clean dry feeding utensils • Observation of personal and food hygiene • Use of correct measurements *(All 4=very good, 3=good, <3=fair)*			
7. Does the health worker suggest and discuss the importance of next follow-up visit?	Yes	No	

BFC AND HIVC TRAINING: FOLLOW-UP ASSESSMENT TOOL

FORM B
INTERVIEW WITH THE COUNSELLOR/HEALTH WORKER TRAINED IN BFC AND HIVC

District _____ Date ___/____/____ Interviewer_____
Facility Name_____Facility Type: Gov[] NGO[] Interview No.____
Facility Level: Referral [] District [] Health/Maternity Centre [] Other(specify)_____
Starting Time_____Ending Time_____Time taken_____

Cadre of counsellor/health worker *(Tick Applicable)* Sex of C/HW: Male [] Female []
Medical officer [] Clinical officer []
Midwife [] Nurse []
Public Health Nurse [] Lay Counsellor [] (Specify)_____
Other [] (specify)_____

Which of the following training have you received? *(Tick applicable and state date):*
i) PMTCT Basic Counselling [] Date_____
ii) Breastfeeding, HIV & Infant feeding Counselling [] Date_____
iii) General Counseling [] Date_____
iv) None of the above []

Assessment	V. good	Good	Fair
1) Does the health worker know the importance of B/Feeding? • Protection from diseases • Adequate nutrient and water up to 6 months • Easily digested • Less expensive • LAM • Other (specify) _____ *(5 or more=very good, 3-4=good, >3=Fair)*			
2) Does the health worker know factors that influence production of breastmilk? • Frequency of breastfeed • Emptying of the breast • Positioning and attachment • Maternal environment/psychological well being • Others (specify) _____ *(4 or more=very good, 2-3=good, >2=fair)*			
3) Does the h/worker know the main causes of a crying baby? • Hunger • Discomfort (colicky pain, wet nappies, cold stress etc) • Illness • Habit • Other (specify) _____ *(4 or more=very good, 2-3=good, >2=fair)*			
4) Using the '100' mother card, how many mothers will transmit HIV to their babies overall? *(If s/he mentions 20 tick yes, else, tick No)*	Yes	No	

5) Using the '100' mother card, how many mothers will transmit HIV to their babies through breastfeeding? *(If s/he mentions 3 tick yes, else, tick No)*	Yes	No	
	V. good	Good	Fair
6) What information should be included in the general health education package in the Ante-natal Clinic about HIV? ● Basic facts about HIV Availability of services: ● Voluntary Counselling and Testing ● Breastfeeding & infant feeding counselling *(all 3=very good, 2=good 1=fair)*			
7) What factors increase the risk of mother to child transmission of HIV? ● Some Obstetric procedures (esp. traumatic ones) ● Recent infection with HIV ● Severity of HIV infection ● Prolonged duration of breastfeeding ● Mixed feeding ● Breast conditions, eg. cracked nipple, mastitis, abscess ● Child's condition:- sores in the mouth ● Infection with STDs ● Other (specify) _____ *(6 or more=very good, 4-5=good <4= fair)*			
8) What are the safe feeding options for the first six months of life? ● Exclusive breastfeeding followed by rapid cessation ● Fresh animal milk (modified or un-modified) ● Commercial infant formula ● Wet nursing ● Other (specify) _____ *(4 or more=very good, 3=good, <3= Fair)*			
9) If an HIV-positive woman decides to breastfeed her baby, how can the baby be protected from being infected with HIV? ● Exclusive breastfeeding ● ***Proper positioning and attachment*** ● Rapid cessation of breastfeeding *(all 3=very good, 2=good 1=fair)*			
10) If a mother decides to give fresh cows' milk to her baby < 6 months, how should this milk be modified? ● Should be diluted with clean boiled water ● Sugar should be added ● Infant should be give micronutrient supplements *(all 3=very good, 2=good 1= fair)*			
11) Why do HIV positive mothers need continuous support in the feeding of their infants? ● To avoid mixed feeding ● In case of changing feeding options ● To monitor child's growth and development ● To adjust feeding according to age of infant ● To share experience with peers ● To solve feeding related problems *(5-6=very good, 3 –4=good, <3=fair)*			
12) What should a mother consider before introducing other foods: ● Time of starting complementary foods ● Type of food - a variety ● Number of feeds per day			

• Observe cleanliness during preparation, feeding and storage • Active participation in feeding of the baby/child *(4-5=very good, 2-3=good, <2=fair)*			
13) Mention any five of the Ten Steps to Successful Breastfeeding: (5 or more=very good, 4=good, *<4=fair)*			
14) Mention any three of the Ten Provisions of the International Code of Marketing of Breastmilk Substitutes: *(3 or more=very good, 2=good, <2=fair)*			
15) What are the advantages of cup feeding as compared to bottle feeding? • Available in all households • Easier to clean • Ensures contact between caregiver and the baby during feeding • Less risk of diarrhoea, ear infection and tooth decay • Other (specify) _____ *(4 or more=very good, 2-3=good <2=fair)*			

BFC AND HIVC TRAINING: FOLLOW-UP ASSESSMENT TOOL

FORM C
EXIT INTERVIEW WITH MOTHER COUNSELLED BY A COUNSELLOR/HEALTH WORKER TRAINED IN BFC AND HIVC

District _____ Date ___/____/____ Interviewer_____
Facility Name_____Facility Type: Gov[] NGO[] Interview No._____
Facility Level: Referral [] District [] Health/Maternity Centre [] Other(specify)_____
Starting Time_____Ending Time_____Time taken_____

Has the client been before for infant feeding counselling? Yes [] No []
If Yes: number of previous visits for infant feeding counselling_____

If postnatal, state age of the baby: [][]months
If antenatal, state duration of pregnancy: [][]weeks

Assessment	V. good	good	Fair
1. When can a mother with HIV infection pass it to her baby? • During pregnancy • During labour & delivery • During breastfeeding *(All 3=very good, 2=good, 1=fair)*			
2. Suppose 20 mothers in your area are infected with HIV and all their babies are breastfeeding: How many of them will pass the infection to their babies through breastfeeding? *(If she mentions 3=very good, 2=good, other or does not know=fair)*			
3. CAN YOU TELL ME SOME WAYS BY WHICH AN HIV INFECTED MOTHER COULD FEED HER BABY? • *EXCLUSIVE BREASTFEEDING AND EARLY CESSATION* • *HOME PREPARED ANIMAL MILK* • *WET NURSING* • *COMMERCIAL BABY FORMULA* • *OTHER (SPECIFY) _____* *(4 or more=very good, 3=good, <3=fair)*			
4. **Why is breastfeeding important?** • Breastmilk is nutritious • It protects against infection • It prevents pregnancy • It is inexpensive Others (specify)_____ *(3 or more=very good, 2= good, < 2 fair)*			
5. What helps to increase the flow of breastmilk? • Frequent breastfeeding • Making sure that the breast is always emptied • Putting the baby correctly to the breast • Support from family/friends/health workers • Good feelings by the mother			

(3 or more=very good, 2=good, <2=fair)			
6. Why may a baby not obtain adequate breastmilk? ● Putting the baby to the breast infrequently ● Allowing the baby to suckle for only short periods ● Improper holding of the baby to the breast ● Worries/discomfort of the mother *(3 or more=very good, 2=good, <2=fair)*			
7. For the HIV positive mother, if she decided to breastfeed: How can breastfeeding be done without making it very likely to pass the virus to the baby? ● Giving the baby only breastmilk ● Holding the baby properly onto the breast ● Stopping breastfeeding suddenly before the baby is 6 months old ● Other (specify) _____ *(3 or more=very good, 2=good, <2=fair)*			
8. For the HIV positive mother, if she is replacement feeding: **A. Using fresh animal milk, what is required?** ● Un-diluted animal milk ● Clean water ● Sugar ● Vitamin/mineral supplements *(all4=very good, 3=good, <3= fair)* **B. Using commercial formula, what is required?** ● Powdered infant formula ● Clean water *(2=very good, 1=good, <1= fair)* **C. For all replacement feeding mothers: What is the danger of giving breastmilk in addition to replacement feeding?** ● More chances of the baby getting the HIV infection ● Baby might prefer breastmilk to artificial milk and refuse the formula ● Other (specify) _____ *(2 or more=very good, 1=good, <1= fair)*			
9. What should a mother consider before introducing other foods? ● Appropriate time of starting ● Types of food - a variety ● Number of feeds per day – start with one, increase to several ● Observe cleanliness during storage, preparation and feeding ● Actively participate in feeding of the baby/child *(4-5=very good, 2-3=good, <2=fair)*			
10. Were you satisfied with the session/counselling with the health worker today?	□ YES (explain why)_____ _____ □ NO (explain why)_____ _____		

BFC AND HIVC TRAINING: FOLLOW-UP ASSESSMENT TOOL

FORM D

FACILITY SUPPORTS: CHECKLIST OF EQUIPMENT AND SUPPLIES

District _____ Date ___/____/____ Interviewer_____
Facility Name_____Facility Type: Gov[] NGO[] Interview No._____
Facility Level: Referral [] District [] Health/Maternity Centre [] Other(specify)_____
Starting Time_____Ending Time_____Time taken_____

Where the observation is done: Antenatal [] postnatal [] YCC [] paediatric ward []
Other (specify)_____

Record number of staff who attended various types of training in PMTCT programmes

Type of training	Medical Officers	Clinical Officers	Midwives	Nurses	Public Health Nurses	Other workers (specify)
1. General Counselling						
2. BFC, HIVC						
3. PMTCT						
4. Home Based Care						
1. + 2.						
2. + 3.						
3. + 4.						
1. + 2.+ 3.						
2.+ 3.+ 4.						
Other training (Specify) _____						

Patient Accommodation	YES	NO
Counselling room available where privacy is assured		
Clean safe water available nearby		
Functional toilet or latrine		
Are breastfeeding information posters displayed		
If yes, are they displayed in a Language understood by majority of Clients?		
Practical materials available:		
Measuring and mixing utensils		
Samples of locally available milks		
Samples of Micronutrient supplements (Vit. A capsules, Fe/FO, Multivitamin)		
Locally available foods for demonstration		
Scales for small young infants and older children (If all are available tick Yes, else, No)		
Reference Materials **A. Counselling Area**		
20 mother-baby cards		
Feeding option cards		
B-R-E-A-S-T-Feed Observation Forms		
Breastfeeding History Forms		
Counselling Skills Checklist		
Poster: 12 Steps to Successful Breastfeeding		
B. Post-natal side		
Immunisation kits		

Child health cards		
Vitamin A capsules		
Fe/FO tablets		
IEC posters on infant and young child feeding		
Weighing scale		
Iron and folic acid		
Vitamin A capsules		
Mebendazole		
Anti-malarial: (Fansidar/Chloroquine)		
Drugs for STDs		
Condoms		
Paracetamol		
Record keeping		
Is a mother's register available and being used?		
If yes, is it up to date?		
Documentation		
Number of infant feeding counselling sessions held in the last month		
Number of mothers counselled in the last month		
Average number of mothers counselled per day		
Commonly selected types of feeding options (indicate how many mothers selected a given method in the last month):		
Exclusive breastfeeding		
Use of animal milk		
Use of commercial infant formula		
Other (specify) _____		

ITEM	Number of days of stock-outs/30 days
Vaccines	
Child health cards	
Mebendazole	
Infant formula	
Iron/Folic	
Vitamin A Capsules	
Fansider/Chloroquine	
Paracetamol	
Condoms	
Drugs for STDs	
Milk for practicals	

SELECTED TOOLS FOR IMPLEMENTATION OF THE GLOBAL STRATEGY FOR IYCF

SUMMARY SHEETS

PURPOSE

The aim of the course is to enable health workers to develop the clinical and interpersonal skills needed to support optimal breastfeeding practices, and where necessary to help mothers to overcome difficulties.

The course is designed for health workers who care for mothers and young children in maternity facilities, hospitals and health centres and communities. This includes midwives, community health nurses, paediatric nurses, and doctors, particularly those who are working at the first level of health care. In some situations, obstetricians, paediatricians, and staff working in programmes such as IMCI, immunisations, nutrition, and family planning might find the course useful. The course may help them understand how breastfeeding counselling can support their programmes.

The course has been carefully assessed and proven useful to improve knowledge and skills of health workers[1] and to increase rates of exclusive breastfeeding [2][3]

Organization

The course is intended for 24 participants and 6 to 8 trainers, and has a duration of 40 hours. It can be conducted intensively over 5 days or it can be spread out less intensively over a longer period (i.e. 2 days per week for 3 weeks or 1 day a week for 5-6 weeks). Generally, if trainers or participants come from outside the area, it is usually necessary to hold an intensive course. If trainers and participants all come from within the same district or institution, it may be easier to hold a part-time course over a longer period.

The course consists of 33 sessions, structured around four 2-hour clinical practice sessions, during which participants practise clinical and interpersonal skills with mothers and babies. Participants learn the skills in the preceding classroom sessions, in a sequence of lecture, discussion, demonstration, and exercise. The training is conducted using various participatory methods.

The course requires intense preparations and an experienced course director who should conduct the training of trainers and the course for the first time. After this first (introductory) course the local team should be able to conduct other courses on its own.

In order to obtain more detailed information as well as technical support on how to conduct the course, it is suggested that those who are interested contact the country offices of UNICEF or WHO.

Materials

The course materials consist of a Director's guide; a Trainer's Guide, a Participant's manual, a booklet with overhead figures, a slide book and annexes.

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1 Rea MF et al (1999) Counselling on breastfeeding: assessing knowledge and skills. *Bulletin of the World Health Organization***,** 77 (6):492-498)

2 Haider R et. al (1996) Breast-feeding counselling in a diarrhoeal disease hospital. *Bulletin of the World Health Organization*, 74 (2): 173-179.

3 Haider R. et al. (2000) Effect of community-based peer counsellors on exclusive breastfeeding practices in Dhaka, Bangladesh: a randomised controlled trial *Lancet* 356 (11): 1643-47.

Breastfeeding Counselling: A Training Course (BFC)
Paastfed children

Director's guide: It contains guidelines on how to plan and conduct a course. It includes a course outline, instructions for necessary preparations and a description of the facilities, materials, and equipment needed.

Trainer's guide: This comprehensive manual covers all 33 sessions of the course. It is an essential tool for the trainer, and contains all the information needed to conduct each session. It describes the teaching methods used, and includes all exercises together with suggested answers. It also contains practical guidelines, summary boxes, forms, lists, and checklists; and the stories used during the course. At the back is a short list of key textbooks, and a list of papers which are additional sources of information about points made in the presentations.

Participant's guide: The Participants' Manual follows the same pattern as the Trainer's Guide covering all 33 sessions. It contains the key information presented in the lectures and other sessions that it is useful for participants to remember. It contains the practical guidelines, summary boxes, forms, lists and checklists.

Ordering information

For one copy of each document (Ref. WHO/CDR/93.3-5) contact:

WHO-MARKETING AND DISSEMINATION
CH-1211 GENEVA 27, SWITZERLAND
FAX (+41 22) 791 4857
E-MAIL PUBLICATIONS@WHO.INT

For a full set of materials (copies for trainers and participants) contact:

- The UNICEF or WHO office in the country where the course is intended to take place, or

- Constanza Vallenas
Department of Child and Adolescent Health and Development (CAH)
World Health Organization, Avenue Appia 20, 1211 Geneva 27,
Switzerland

CURRENT RECOMMENDATIONS

As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health, followed by continued breastfeeding with complementary foods up to 24 months. However, given the need to avoid HIV transmission to infants born to HIV-infected women while at the same time avoiding putting them at increased risk of other morbidity and mortality, UN guidelines (WHO, 2001) state that "*when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended. Otherwise, exclusive breastfeeding is recommended during the first months of life and should then be discontinued as soon as it is feasible"*.

To help HIV-positive mothers make the best choice, they should receive counselling that includes information about the risks and benefits of various infant feeding options based on local assessments, and guidance in selecting the most suitable option for their situations. There should also be follow-up care and support for women, including family planning and nutritional support.

Purpose

HIV AND INFANT FEEDING COUNSELLING: A TRAINING COURSE (HIVC) **HAS BEEN DEVELOPED IN RESPONSE TO THE NEED TO TRAIN HEALTH WORKERS IN MCH AND PRIMARY CARE SETTINGS TO COUNSEL WOMEN ABOUT INFANT FEEDING IN THE CONTEXT OF HIV. THE MATERIALS ARE DESIGNED TO ENABLE TRAINERS WITH LIMITED EXPERIENCE OF TEACHING THE SUBJECT TO CONDUCT UP-TO-DATE AND EFFECTIVE COURSES, AND ENABLE PARTICIPANTS TO PROVIDE INFANT FEEDING COUNSELLING TO HIV-POSITIVE MOTHERS. .**

Organization

The course builds on participants' knowledge and skills already acquired through the WHO/UNICEF 40 hour *Breastfeeding Counselling: A training course (BFC)* or an equivalent. Course participants who are not familiar with breastfeeding counselling will need to acquire this knowledge first to benefit fully from the course. This course does NOT prepare people to conduct full voluntary confidential counselling and HIV testing – which includes pre--test and post-test counselling for HIV, and follow-up support for general living with HIV. This course covers only aspects specifically related to infant feeding.

The course is for health workers who care for HIV-positive mothers and their young children in maternity facilities, hospitals and health centres. This includes midwives, community health nurses, paediatric nurses, and doctors, particularly those involved in other aspects of prevention of HIV in infants and children. It is intended for up to 24 participants, and 6 to 8 trainers. The course takes about 18 hours not including meal breaks and can be conducted intensively over 3 days or spread out less intensively over a longer period (i.e. 1 day each week for 3 weeks, or half of every day for one week). Generally, if trainers or participants come from outside the area, it is usually necessary to hold an intensive course. If trainers and participants all come from within the same district or institution, it may be easier to hold a part-time course over a longer period.

The course consists of 17 sessions that use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of four participants with one trainer, with discussion, reading, role-play, practical work and exercises. The order of the sessions may

need to be adapted to suit local facilities. Most sessions can be moved, but it is necessary for some aspects of the sequence to be maintained. For example, the overview of HIV and transmission needs to start the course and theoretical information on the infant feeding options needs to be given before the counselling skills can be practised.

Ordering information

For one copy of each document contact:

WHO-MARKETING AND DISSEMINATION
CH-1211 GENEVA 27, SWITZERLAND
FAX (+41 22) 791 4857
E-MAIL PUBLICATIONS@WHO.INT

For a full set of materials (copies for trainers and participants) contact:

- The UNICEF or WHO country office where the course is intended to take place, or

- Constanza Vallenas
Department of Child and Adolescent Health and Development (CAH)
World Health Organization, Avenue Appia 20, 1211 Geneva 27,
Switzerland

Complementary Feeding: Family foods for breastfed children

PURPOSE

TO PROVIDE A PRACTICAL GUIDE TO THE INTRODUCTION OF COMPLEMENTARY FOODS INTO THE DIETS OF BREASTFED CHILDREN AGED 6 TO 24 MONTHS.

ADDRESSED TO HEALTH WORKERS IN DEVELOPING COUNTRIES, THE BOOK TRANSLATES THE LATEST SCIENTIFIC KNOWLEDGE INTO CLEAR AND SIMPLE MESSAGES SUITABLE FOR USE WHEN COUNSELLING FAMILIES AND COMMUNITIES. MAJOR EMPHASIS IS PLACED ON THE PREPARATION OF FOODS, BASED ON THE LOCAL STAPLE, THAT ARE CLEAN, SAFE, AND NUTRITIONALLY ADEQUATE FOR HEALTHY GROWTH AND DEVELOPMENT.

ORGANIZATION

THE BOOK INCLUDES – USING A QUESTION-AND-ANSWER APPROACH – THE FOLLOWING SECTIONS:

- *KEY RECOMMENDATION ON COMPLEMENTARY FEEDING AND CONTINUING BREASTFEEDING* -
- *WHAT IS COMPLEMENTARY FEEDING* -
- *WHY TO GIVE COMPLEMENTARY FOODS* – **PROVIDES INFORMATION - USING GRAPHICS - ABOUT THE NEED OF NUTRIENTS, WHAT IS COVERED BY BREASTMILK AND THE GAPS THAT HAVE TO BE COVERED**
- *WHEN TO START COMPLEMENTARY FOODS*
- *WHAT ARE GOOD COMPLEMENTARY FOODS* – **DISCUSSES THE NUTRIENT VALUE OF COMMON FOODS AND PROVIDES ORIENTATION ABOUT FOODS THAT ARE APPROPRIATE FOR CHILDREN 6 TO 24 MONTHS OLD**
- *EXAMPLES ON HOW COMPLEMENTARY FOODS FILL ENERGY AND NUTRIENT GAPS*
- *EXAMPLES OF SNACKS AND DRINKS* -
- *FREQUENCY AND AMOUNTS OF COMPLEMENTARY FOODS* – **PROVIDES ORIENTATION ON HOW MUCH FOOD AND HOW OFTEN SHOULD BE OFFERED TO THE CHILD, INCLUDING PRINCIPLES OF RESPONSIVE/ ACTIVE FEEDING**
- *HYGIENE* – **PROVIDING BASIC PRINCIPLES FOR HYGIENIC PREPARATION AND CONSERVATION OF FOODS**
- *FEEDING THE SICK CHILD* – **COVERS SIMPLE RECOMMENDATIONS ABOUT FEEDING THE CHILD DURING ILLNESS AND RECOVERY**

INFORMATION RANGES FROM DIAGRAMS SHOWING THE ENERGY, PROTEIN, AND MICRONUTRIENT NEEDS OF YOUNG CHILDREN, THROUGH DISCUSSION OF THE NUTRIENT VALUE OF COMMON FOODS, TO RECIPES FOR PREPARING NUTRITIONALLY ADEQUATE MEALS BASED ON THE LOCAL STAPLE.

ORDERING INFORMATION

COMPLEMENTARY FEEDING: FAMILY FOODS FOR BREASTFED CHILDREN 2000, III + 52 PAGES (ENGLISH)

Complementary Feeding: Family foods for breastfed children

WHO/NHD/00.1, WHO/FCH/CAH/00.6
SW.FR. 11.-/US $ 9.90
IN DEVELOPING COUNTRIES: SW. FR. 7.70
ORDER NO. 1930177
WHO-MARKETING AND DISSEMINATION
CH-1211 GENEVA 27, SWITZERLAND
FAX (+41 22) 791 4857
E-MAIL PUBLICATIONS@WHO.INT

Promoting breast-feeding in health facilities: a short course for administrators and policy-makers

PURPOSE

TO SENSITIZE HEALTH FACILITY ADMINISTRATORS AND POLICY-MAKERS ABOUT THE CHANGES REQUIRED FOR MATERNITY WARDS AND HOSPITALS TO BE ABLE TO PROVIDE MOTHERS WITH THE HELP THEY REQUIRE IN RELATION TO BREAST-FEEDING. THE COURSE HAS BEEN ADAPTED USING THE GUIDELINES ON HIV AND INFANT FEEDING.

Participants should be health facility administrators or directors. In some cases this may include chiefs of key units or divisions (e.g. obstetrics/gynaecology, paediatrics). Participants may also include policy-makers responsible for health policies related to maternal and child health. All participants should have sufficient decision-making authority to plan, initiate and carry out necessary changes. Other high-level officials, e.g. directors of educational and research institutions, may also benefit from the course.

ORGANIZATION

The course comprises eight modules (or sessions) that can be presented over a period of one-and-a-half to two days. Each session contributes to the final outcome: developing an action plan to implement the 'Ten steps to successful breast-feeding'.

The sessions included are:

- ***The national breastfeeding and complementary feeding situation*** – enables participants to review the current infant feeding situation in their own country and addresses practices that affect breastfeeding rates
- ***Benefits of breastfeeding*** – discussed the advantages of breastfeeding and disadvantages of artificial feeding
- ***The Baby-friendly Hospital Initiative and beyond*** – describes the history and background of the BFHI and the assessment, re-assessment and monitoring process, as well as examples of expansion of the Initiative to other levels of the health system as well as the community.
- ***The scientific basis for the 'Ten steps to successful breast-feeding'*** – review the research that support the policy recommendations. It has two versions, one being for areas with high HIV prevalence
- ***Becoming "Baby-friendly"*** – examines strategies for the successful conversion and management of baby-friendly health facilities and provides the opportunity for discussing barriers and potential solutions. It also has a version for areas with high HIV prevalence, where strategies for promoting breastfeeding while supporting HIV-positive mothers are discussed.
- ***Costs and savings*** – enables participants to examine the investment in breastfeeding promotion in their own health facilities and the saving that can be realized.
- ***Appraising policies and practices*** – provides participants an opportunity to assess their own facilities by using the hospital Self-appraisal tool for the WHO/UNICEF Baby-friendly Hospital Initiative.
- ***Developing action plans*** – enables participants to prepare a written plan for introducing change in their own health facilities and programmes.

The course is designed to be brief and practical All eight sessions can be covered in about 10 12 hours over a day and a half, or during three half days, not including opening and closing

sessions. There is some flexibility to the course in that sessions may be shortened or expanded, depending upon the needs of a particular group and time constraints in specific situations.

Training materials are provided in a binder containing the session plans, a reproducible copy of all slides and handouts.

THIS COURSE HAS BEEN PUBLISHED IN 1996. IT HAS BEEN RECENTLY REVISED AND THE REVISED VERSION WILL BE PUBLISHED AT THE END OF 2003.

ORDERING INFORMATION

Randa Saadeh
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World Health Organization, Avenue Appia 20, 1211 Geneva 27,
Switzerland

Complementary Feeding Counselling: a training course (CFC)

PURPOSE

To enable health workers to develop effective counselling skills to assist mothers and other caregivers of young children (6-24 months) in adopting appropriate complementary feeding practices.

This 3-day course is preferably used to complement existing courses such as IMCI, Breastfeeding Counselling, HIV and Infant Feeding Counselling but in certain situations, it can stand alone. A similar format and terminology will be used as that in existing WHO courses. This course could also be used as part of the pre-service training of health workers.

ORGANIZATION

Sessions include:

- ***Importance of complementary feeding –*** reviews the definition of and optimal age to start complementary feeding, as well as current practices
- ***Foods to fill the energy gap*** – discusses local foods that can help fill the energy gap and how to promote their use by caregivers
- ***Foods to fill the iron and vitamin A gaps*** – discusses local foods that are good source of iron and vitamin A, and processed foods
- ***Quantity, variety and frequency of feeding*** – aimed to highlight the importance of using a variety of foods and adjust frequency and quantity of foods according to age
- ***Listening and Learning –*** reviews the skills that help to communicate with the caregiver
- ***Building confidence skills –*** aimed to help participants to build confidence and give support to caregivers about their complementary feeding practices
- ***Gathering information on complementary feeding practices*** – discusses the importance of observation, the use of growth chart and how to do a diet recall
- ***Field trip*** - two field trips are included for practising counselling skills, use of the Diet Recall Form, giving information and suggestions about complementary feeding
- ***Feeding techniques and strategies*** – aimed to discuss principles of responsive feeding, and how to ensure clean and safe feeding
- ***Skills of giving information*** – in two sessions the participants practice counselling skills to give information to caregivers
- ***Feeding during illness and recovery –*** discusses basic feeding recommendations for the sick child during illness and recovery
- ***Food demonstration*** – participants learn to prepare food for young children
- ***Sustaining – putting course skills into practice –*** in this session, participants develop a plan for introducing a new practice in the health service(s).

The course materials include: Participants Manual; Facilitator's Guide; Course Planning Guide; Dietary intake recording forms

Training materials provided include: overhead transparencies, worksheets

ORDERING INFORMATION

Randa Saadeh
Department of Nutrition for Health and Development (NHD)
World Health Organization, Avenue Appia 20, 1211 Geneva 27,
Switzerland

The Baby-friendly Hospital Initiative – Monitoring and reassessment: Tools to sustain progress

PURPOSE

The tools are designed to foster involvement of hospital management and staff in problem identification and planning for sustaining or improving the implementation of the Ten Steps. This strategy should contribute to long-term sustainability of BFHI and help ensure its credibility.

The tools can be added or deleted and a system devised for use internally by a hospital for on going self-monitoring, or externally for monitoring and reassessment.

ORGANIZATION

The tools are organized in the following sections:

Section I: Guide for monitoring and reassessing Baby-friendly hospitals ***– including an introduction, purpose of the tools, differences between monitoring and reassessment, description of the tools, guidelines for conducting the processes and use of results***

Section II: Monitoring tool –including the data collection instruments (infant feeding record, staff training record, review and observation form, interview with mother, interview with staff member, follow-up interview with mother), data summary and reporting forms and action plans forms (with and without timeline)

Section III: Reassessment tool ***– including the data collection instruments (summary infant feeding report, summary staff training report, review and observation form, interview with mother, interview with staff member, interview with pregnant woman, interview with mother of baby in special care), data summary and reporting forms and action plans.***

Section IV: Computerized reporting system for BFHI monitoring – including the introduction, direction, sample printouts and a diskette with the system in Excel.

A FLOW CHART IS INCLUDED IN THE ANNEX 1 TO ILLUSTRATE THE MAJOR DIFFERENCES BETWEEN THE TWO SYSTEMS AND HOW THEY MIGHT FIT TOGETHER, IF DESIRED

ORDERING INFORMATION

Randa Saadeh
Department of Nutrition for Health and Development (NHD)
World Health Organization, Avenue Appia 20, 1211 Geneva 27,
Switzerland

Infant and Young Child Feeding: National Assessment Tool of Practices, Policies and Programmes

PURPOSE

This Tool is designed to assist countries in summarizing current data with regard to infant and young child feeding practices, in assessing the strengths and weaknesses of their policies and programs to promote, protect, and support optimal feeding practices, and in determining where improvements may be needed to meet the aims and objectives of the new WHO *Global Strategy for Infant and Young Child Feeding*.

The Tool can be used by a team composed of national program managers and staff, academia and partners, including representatives from international organizations and local NGOs, to undertake a "self-assessment" as a first step in formulating a plan for strengthening infant and young child feeding policies and programs. Consequently, it is a useful instrument to accompany the implementation of the *Global Strategy for Infant and Young Child Feeding*, at country level.

ORGANIZATION

Part One: Infant and Young Child Feeding Practices, and Background Data assesses how well countries are doing on key infant and young child feeding practices by reviewing practice indicators and background data.

It includes the following indicators:

- Time of initiation of breastfeeding
- Exclusive breastfeeding
- Duration of breastfeeding
- Bottle feeding
- Complementary feeding

Part Two: National Infant and Young Child Feeding Policies and Targets focuses on the key actions and targets identified by the *Innocenti Declaration* and explores what steps countries are taking to implement the new *Global Strategy for Infant and Young Child Feeding*.

Part Three: National Infant and Young Child Feeding Program focuses on other important aspects of a comprehensive national program.

Each item includes a scoring indicator that covers: the key question that needs to be investigated; background on why the indicator is important; suggestions concerning possible sources of information, including relevant websites; a list of key criteria to consider in identifying achievements and areas needing improvement, with guidelines for scoring and rating how well the country is doing.

Infant and Young Child Feeding: National Assessment Tool of Practices, Policies and Programmes

ORDERING INFORMATION

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The International Code of Marketing of Breast-milk Substitutes – A Common Review and Evaluation Framework. CREF

Purpose

To help competent authorities and all other concerned parties in countries to review and evaluate relevant national action in giving effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes. It can be adapted as appropriate.

The framework, which can be adapted as appropriate, offers a standardized method of information and data collection for monitoring progress over time.

Organization

This framework follows the basic structure of the Code and refers, where appropriate, to relevant resolutions of the World Health Assembly.

Each of the eleven articles is covered in separate sections with three parts:

- *A summary box of the main focus* – which describes the main focus of the preamble and each article
- *Issues* – which includes a number of primary and secondary topics that could serve to define the situation with respect to the preamble and each article.
- *Key informants* – which suggests where information may be found concerning those questions of greatest relevance to implementing national infant feeding policy, including the International Code.

Use of the framework is greatly facilitated through the inclusion of numerous sample questionnaires

Ordering information

Document WHO/NUT/96.2
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The optimal duration of exclusive breastfeeding. Report of an expert consultation Geneve, Switzerland, 28-30 March 2002. WHO/NHD/01.09, WHO/FCH/CAH/01.24

This report summarizes the objectives of the consultation as well as the findings, recommendations for practice and research. The agenda of the consultation and list of participants in the consultation are included.

The optimal duration of exclusive breastfeeding: A systematic review. WHO/NHD/01.08, WHO/FCH/CAH/01.23.

This review was prepared as part of the background recommendation for a WHO expert consultation on the optimal duration of exclusive breastfeeding. It summarizes studies comparing the effects of exclusive breastfeeding for 6 months versus exclusive breastfeeding for 3-4 months on child health, growth and development, and on maternal health. The review describes the search and review methods, provides the results and discusses its findings as well as the implications for future research.

Nutrient adequacy of exclusive breastfeeding for the term infant during the first six months of life. WHO/NHD/CAH/2002

This review, which was prepared as part of the background documentation for a WHO expert consultation on the optimal duration of breastfeeding, o evaluates the nutrient adequacy of exclusive breastfeeding for term infants during the first 6 months of life. Nutrient intakes provided by human milk are compared with infant nutrient requirements. To avoid circular arguments, biochemical and physiological methods, independent of human milk, are used to define these requirements. This review is limited to the nutrient needs of infants. It does not evaluate functional outcomes that depend on other bioactive factors in human milk, or behaviours and practices that are inseparable from breastfeeding, nor does it consider consequences for mothers.

Mastitis, causes and management. WHO/FCH/CAH/00.13

This review aims to bring together available information on lactational mastitis and related conditions as well as their causes, to guide practical management, including the maintenance of breastfeeding

Relactation: Review of experience and recommendations for practice. WHO/CHS/CAH/98.14

The International Code of Marketing of Breast-milk Substitutes – A Common Review and Evaluation Framework. CREF

This review provides practical guidelines to enable mothers to relactate. It presents, among other topics, the physiological basis, the factors that affect the success of relactation, and recommendations for care of the mother or foster mother.

Evidence for the Ten Steps to Successful Breastfeeding. WHO/CHS/98.9

This review summarizes studies on the Ten Steps to Successful Breastfeeding, alone or combined with other Steps, and their effect on breastfeeding outcomes. Information on each Step includes the background situation, evidence from experimental or quasi-experimental studies, additional evidence from longitudinal or cross-sectional studies, discussion, a comparative table of studies and one study presented graphically.

Complementary feeding of young children in developing countries: A review of current scientific knowledge WHO/UNICEF7ORSTOM7University of California at Davis. WHO/NUT/98.1

This document provides a background information necessary for the development of scientifically sound feeding recommendations and appropriate intervention programmes to optimize children's dietary intake and enhance their nutritional status.

Hypoglycaemia of the newborn: Review of the literature

This review provided background information (Physiology, pathology, definitions) and recommendations for the prevention and management of hypoglycaemia of the newborn.

Ordering information

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