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MATERNAL, INFANT AND YOUNG CHILD NUTRITION

# *Practical Skills Orientation*

TRAINING MANUAL
Revised April 2023

## Acknowledgements

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Illustrations in this manual were obtained from the IYCF Image Bank available online at
https://iycf.advancingnutrition.org/
Cover Illustration credit: SPRING; others as indicated.

## Who can attend this orientation?

This orientation is suitable for health staff including antenatal care providers, facility in-charges, service providers and birth attendants who are in contact with: pregnant women, mothers in delivery rooms and their newborn infants and mothers of children under 2 years old. The staff may include midwives, nurses, doctors, health care assistants, nutritionists, traditional birth attendants and other staff. Health facilities may use sections in this manual to provide short orientation/refresher sessions for staff on specific topics.

This handbook of practical skills recognizes the existence of a national maternal, infant and young child nutrition (MIYCN) training manual, but seeks to fill the gaps identified in the basic knowledge and skills of health care providers in some of the MIYCN services to scale up and improve MIYCN services across various delivery platforms.

In a resource-constrained environment, this manual can be used as part of an in-service orientation/ training for newly employed or deployed health professionals working in MIYCN. It can also be used to train existing primary healthcare (PHC) workers on essential MIYCN services that can be integrated into PHC services. Annex 1 provides a sample agenda for the training.

The manual is designed and written in simple language for ease of understanding of all categories of health workers and can be used by both facilitators and participants. It highlights key evidence-based interventions and skills in line with Nigerian policy, guidelines and strategies on MIYCN.

## What are the objectives of this orientation?

To help equip participants with the knowledge and skill base necessary to support and counsel pregnant women—including pregnant adolescent girls—and mothers of children under 2 years on key MIYCN practices, such as:

1. Consuming diverse diets and adequate meals and snacks during pregnancy
2. Maintaining adequate weight gain
3. Taking iron and folic acid (IFA) supplements—or multiple micronutrient supplements (MMS), if available—daily throughout pregnancy and for three months postpartum
4. Initiating early breastfeeding of their infants within one hour of delivery
5. Practicing exclusive breastfeeding up to 6 months
6. Continued breastfeeding up to 2 years and beyond
7. Giving diverse diets and adequate amounts of complementary foods, in appropriate form and at regular intervals, to their children from 6-23 months
8. Feeding sick children healthy diets for rapid recovery

Participants are also expected to support their health facilities to strengthen the 10 Steps to Successful Breastfeeding and abide by the International Code of Marketing of Breastmilk Substitutes.

## What is expected of participants after this orientation?

- Counsel pregnant women—including pregnant adolescent girls—on consuming diverse diets daily, meaning one food from at least five different nutrient-rich food groups (out of 10 options), and consuming an adequate number of meals and healthy snacks using locally available and affordable foods during pregnancy.
- Monitor weight gain of pregnant women and help them to maintain healthy weight gain through diet and physical activity.
- Provide pregnant women adequate numbers of IFA tablets (or MMS supplements, if available) and counsel them on adherence.
- Counsel pregnant women and their families on the importance of breastfeeding and prepare them on practices that support early initiation of breastfeeding within one hour of delivery.
- Facilitate skin-to-skin contact and early initiation of breastfeeding immediately after delivery (within one hour).
- Assist mothers to learn the skills of positioning and attachment of her baby to the breast as well as the skill of hand expression of breastmilk.
- Discuss with mothers how to find support for breastfeeding after returning home.
- Identify and counsel mothers on practices that support and those that interfere with exclusive breastfeeding.
- Support their health facilities and communities to practice the 10 Steps to Successful Breastfeeding and abide by the International Code of Marketing of Breast-milk Substitutes.
- Counsel mothers of children 6-23 months on the importance of diet diversity from at least 5 food groups for their children, including breastmilk.
- Conduct growth monitoring and promotion sessions for children.
- Maintain service delivery records and track coverage and quality of MIYCN interventions.

## Course activities

- Talks and discussions with participants
- Review of materials, equipment and supplies and practice in using them
- Role-plays and practical skills demonstrations by participants
- Group work
- Classroom and clinical practices with pregnant women and breastfeeding mothers

## Orientation Overview

| | TOPIC | CONTENT | TEACHING AIDS |
|---|---|---|---|
| **Session 1**<br>*50 min.* | Maternal Nutrition Interventions and Diet in Pregnancy | • Four Maternal Nutrition Interventions<br>• Dietary Needs in Pregnancy<br>• Common Dietary Challenges | • Annex 3: Observation checklist on Maternal Nutrition<br>• Ten nutrient-rich food groups visual aid/poster<br>• Maternal diet reminder card<br>• Diet chart |
| **Session 2**<br>*30 min.* | Monitoring and Counselling on Weight Gain in Pregnancy | • Benefits of healthy weight gain and dangers of too little and too much weight gain<br>• Recommended weight gain during pregnancy<br>• Counselling pregnant women on healthy weight gain | • Annex 3: Observation Checklist on Maternal: section on weight gain monitoring<br>• Weight Gain chart<br>• Adult weighing scale<br>• Maternal diet reminder card |
| **Session 3**<br>*40 min.* | IFA/MMS Supplement-ation | • Recommended protocols for IFA/MMS<br>• Estimating supply needs<br>• Adherence to IFA/MMS supplements and counselling pregnant women and adolescent on micronutrients | • Template for estimating supplies of IFA/MMS<br>• Maternal Diet Reminder card<br>• Annex 3: Observation Checklist on maternal nutrition: section on IFA/MMS |
| **Session 4**<br>*60 min.* | Birth Practices and Breastfeeding | • Childbirth Demonstration<br>• Early Initiation of Breastfeeding<br>• Record Keeping | • Neonatalie mannequin<br>• Breastfeeding video<br>• Mama Breast kit (or dolls)<br>• Early Initiation poster<br>• Early Initiation and Exclusive Breastfeeding reminder card |
| **Session 5**<br>*20 min.* | Correct Positioning and Attachment | • Correct Positioning and Attachment | • Good Attachment card<br>• Mama Breast kit<br>• Early Initiation and Exclusive Breastfeeding reminder card |
| **Session 6**<br>*50 min.* | Preparing Mothers for Exclusive Breastfeeding | • Frequency of Breastfeeding<br>• Breastfeeding After Returning to Work<br>• Manual Expression of breastmilk and proper administration of breastmilk in cups<br>• Record Keeping | • Breastmilk Expression card<br>• Early Initiation and Exclusive Breastfeeding reminder card<br>• Mama Breast kit |
| **Session 7**<br>*20 min.* | Breastfeeding Challenges | • Common breastfeeding problems and solutions | • Breastfeeding Challenges poster<br>• Early Initiation and Exclusive Breastfeeding reminder card |

| | TOPIC | CONTENT | TEACHING AIDS |
|---|---|---|---|
| **Session 8**<br>*90 min.* | Diet Diversity and Age-Specific Meal Frequency for Complementary Feeding | • What to Feed Baby (6-23 months)<br>• How to Feed Baby (6-23 months)<br>• How Much to Feed Baby (6-8 months, 9-11 months, 12-23 months)<br>• How frequent and what quantity should the child be fed?<br>• Feeding the Sick Child<br>• Common Feeding Challenges | • Eight Food Groups Visual Aid<br>• Feeding Chart on how much to feed by age<br>• Feeding Bowl (250 ml)<br>• Feeding the Sick Child (poster) |
| **Session 9**<br>*60 min.* | Growth Monitoring and Promotion | • The basics of growth monitoring and promotion<br>• How to conduct growth monitoring and promotion<br>• Definition and signs of poor growth<br>• Causes of poor growth | • Growth Chart (Child Health Cards - Boy & Girl card)<br>• Weighing Scale<br>• Length/Height Board<br>• Examples of weights of individual children for practicing<br>• Job aid/posters for weighing sites indicating the decisions to counsel and refer based on weighing |
| **Session 10**<br>*30 min.* | Counselling Techniques | • Checklist for Effective Counselling | • Annex 4: Checklist for Effective Counselling |
| **Session 11**<br>*60 min.* | Classroom and Clinical Practice on MIYCN | • Practice providing maternal nutrition services for a pregnant woman an adolescent in 2nd or 3rd trimester (diet diversity and quantity, weight gain, IFA/MMS, early initiation)<br>• Practice counselling with a mother with an infant below 6 months of age<br>• Practice counselling with a mother with an infant 6-11 months of age | • Reminder card for maternal nutrition services (diet diversity and quantity, weight gain, IFA/MMS, early initiation)<br>• Annex 3: Observation Checklist for maternal/adolescent nutrition interventions<br>• Reminder card for Mother of Young Infant < 6 months (exclusive breastfeeding)<br>• Reminder card for Mother of Older Infant > 6 months (dietary diversity and quantity, feeding the sick child) |
| **Session 12**<br>*60 min.* | Advocacy, Monitoring, & Evaluation | • Ten Steps to Successful Breastfeeding<br>• BMS Code<br>• How to Reach the In-Charges in Health Facilities<br>• Introduction & integration of MIYCN intervention into PHC svcs<br>• M&E Tools and data management process | • HMIS tool – GMP & IYCF Register<br>• ANC Register<br>• Annex 4: Checklist for Effective Counselling |

# UNIT 1

# Maternal Nutrition

## SESSION 1: Maternal Nutrition Interventions and Diet in Pregnancy

*50 minutes*

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|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:**<br>• Describe the practical skills for providing four maternal nutrition interventions that all pregnant women need, including adolescent girls who are pregnant<br>• Select locally available foods that make diverse diets for pregnant and lactating women<br>• Explain foods to meet the needs of pregnant women in each trimester and what products to avoid; address perceived dietary problems in pregnancy |
| **CONTENT** | • Four maternal nutrition interventions<br>• Dietary needs in pregnancy<br>• Common dietary challenges |
| **TOOLS** | • Observation checklist on Maternal and Adolescent Nutrition<br>• Ten nutrient-rich food groups visual aid/poster<br>• Maternal diet reminder card<br>• Diet chart (facilitators should make this ahead of time) |

**ACTIVITY 1**
*10 min.*

### Four Maternal Nutrition Interventions

### INSTRUCTIONS TO FACILITATOR

1. Explain that four critical interventions must be provided to pregnant women—including adolescent girls who are pregnant—and describe the practical skills required to provide them
2. Show the Observation Checklist and have each participant read one point in the checklist and then discuss why this is important
3. Explain that this unit will discuss the four interventions and practical skills for supporting maternal nutrition

### KEY TAKE-AWAYS FOR PARTICIPANTS

**Four Maternal Nutrition Interventions**

1. Counseling on dietary needs during pregnancy
2. Tracking maternal weight gain
3. Micronutrient supplementation
4. Preparing mothers for breastfeeding

In this unit, we will learn about the four key maternal nutrition interventions delivered during pregnancy and lactation. Note that pregnant adolescent girls should receive the same four maternal nutrition interventions as adult women. Pregnancy during adolescence increases health risks for the mother and newborn. Additionally, adolescents have even higher nutritional needs than adult pregnant women, as adolescent girls have not finished growing and developing. There are a few additional things to keep in mind when providing nutrition services to adolescent pregnant girls:

- Ensure counselling is friendly and positive to ensure adolescents feel comfortable asking difficult questions and are not afraid of seeking future services.
- Discourage them from eating fast foods and processed foods, which contain harmful substances, as well as coffee and tea with meals.
- Explain the risks and harmful effects of alcohol and drug abuse.

**ACTIVITY 2**
*30 min.*

## Dietary Needs in Pregnancy

### INSTRUCTIONS TO FACILITATOR

**1.** Explain that optimal diets are crucial for building the unborn baby's body and brain, and for preventing serious medical problems in the pregnant woman during and after delivery, due to the following:

- Protein, essential fats, vitamins, and minerals (micronutrients), and energy from carbohydrates/starchy foods are needed for building the unborn child's bones, muscles, blood, organs (e.g., brain) and their normal function.
- Pregnant and lactating women also need extra nutrients and energy for forming blood, to store nutrition reserves for recovering losses during childbirth and to produce high quality breastmilk for supporting healthy growth in their infant with 6 months of exclusive breastfeeding.
- This extra energy and nutrients can only be obtained through consuming diverse diets daily, meaning one food item from at least five nutrient-rich food groups (out of 10 options); each group contains specific nutrients and should be consumed in adequate amounts and required frequency.
- **The 10 nutrient-rich food groups are: a) grains, white tubers and roots, or other starchy foods; b) legumes; c) nuts and seeds; d) milk, cheese, yogurt, other milk products; e) meat, fish, poultry; f) eggs; g) dark green leafy vegetables; h) fruits and vegetables rich in vitamin A; i) other vegetables; j) other fruits.**
- Most women do not consume adequate amounts of food items from nutrient-rich food groups.
- We need to identify and support pregnant and lactating women to obtain the missing food groups.

**2.** Participants should review the dietary counselling section of the Observation Checklist and ask for clarifications.

### KEY TAKE-AWAYS FOR PARTICIPANTS

**1.** Start each counselling session with mothers by asking what they are eating, then selecting affordable foods from any missing food groups. Ask the woman if she can add the missing food item to her diet.

**2.** Show the visual aids of the 10 nutrient-rich food groups and diet chart and ask participants to sit in groups to discuss what is usually missing and what is locally available out of the missing items so that it can be added to a pregnant woman's diet.

**3.** Ask the participants to review relevant sections of the Maternal Diet reminder card, and select what foods are affordable in each season during the year.

**4.** Read the key messages below.

**KEY MESSAGES**

For mother and baby's safety and health, pregnant and lactating women should consume daily:

- One food item from at least five food groups out of ten designated food groups that are rich in nutrients
- One extra portion of food at each meal in the first trimester
- Two extra portions of food at each meal in the second trimester plus 1-2 healthy snacks between meals or before sleeping
- One extra meal in the third trimester plus 2-3 healthy snacks
- Two extra portions to all meals and 3-4 snacks during lactation
- Healthy snacks include boiled egg; glass of milk, cup of yogurt/curd, piece of cheese; fruits/vegetables such as papaw, mango, oranges, avocadoes, piece of cooked pumpkin; handful of peanuts

Ultra-processed foods are forbidden, such as fried and salty chips or other food packets, sweets, biscuits, sweetened beverages; and no tobacco or alcohol containing products.

**ACTIVITY 3**
*10 min.*

## INSTRUCTIONS TO FACILITATOR

### Common Dietary Challenges

1. Ask participants to discuss common problems pregnant and lactating women may experience related to maternal nutrition. Responses may include:
   - Feel like vomiting or feel dizzy
   - Stomach feels too full
   - Stools become dark and hard after taking IFA/ MMS tablets
   - Some of these foods will be bad for the baby's development
   - Consuming extra food will make the baby too large for easy delivery
   - These foods are too costly to buy everyday
   - Family members do not allow these foods to be consumed by the woman

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**ACTIVITY 3**
*10 min.*

*(continued)*

**2.** Ask participants to discuss possible solutions to these common dietary challenges. Identify small, doable actions that mothers and their family members can take to overcome these challenges.

### KEY TAKEAWAYS FOR PARTICIPANTS

Below are some potential challenges pregnant and lactating women may experience related to maternal nutrition, as well as possible responses from the health care provider. Ensure your responses to mothers reflect her unique needs and what possible solutions she can undertake.

| Dietary Problem | Response to Mother |
|---|---|
| Feel like vomiting or feel dizzy | Take more frequent and smaller meals, eat favourite foods, eat slowly. |
| Stomach feels too full | Walk after each meal, take more frequent and smaller meals, eat slowly, chew the foods thoroughly before swallowing; do not drink water with the meals but in between meals. |
| Stools become dark and hard after taking iron | This is normal and will go away after the body becomes used to taking iron every day; when you start taking iron drink extra water and eat extra vegetables and fruits. |
| Some of these foods will be bad for the baby's development | Pregnant women in nearby areas have been consuming these foods and their babies are healthier and have better brain development; they prevent their child from getting sick often. |
| Extra food will rapidly increase the baby weight/ size and prevent an easy delivery | Mother's health and strength will improve with these foods so she will be able to deliver more easily. All deliveries should be conducted by trained doctors, nurses/midwives or CHEWs in facilities to take care of difficulties during childbirth; babies born too small and weak will not be able to recover later |
| These foods are too costly to buy everyday | Let us go through the list of foods that you are consuming daily and see only what is missing; then we will find the foods in season that are cheaper now. By saving money now you may be risking the future health and brain development of the child permanently and the mother's life during childbirth. Maybe some other expenses can be delayed for buying foods for the benefit of the unborn baby and mother, or maybe another family member can help. It is only for a short time. |

*30 minutes*

## SESSION 2: Monitoring and Counselling on Weight Gain in Pregnancy

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|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:**<br>• Describe the importance of healthy weight gain in pregnancy<br>• Demonstrate how to weigh pregnant women accurately and calculate weight gain<br>• Assess weight gain and counsel pregnant women on diet and physical activity to maintain healthy weight gain |
| **CONTENT** | • Benefits of healthy weight gain and dangers of too little and too much weight gain<br>• Recommended weight gain in pregnancy<br>• Counselling pregnant women on healthy weight gain |
| **TOOLS** | • Observation Checklist on maternal nutrition: section on weight gain monitoring<br>• Weight Gain chart<br>• Adult weighing scale<br>• Maternal Diet reminder card |

**ACTIVITY 1**
*10 min.*

### Healthy Weight Gain

**INSTRUCTIONS TO FACILITATOR**

1. Ask the participants how much weight a pregnant women should gain during pregnancy. Explain that the correct answer depends on her starting weight when she entered pregnancy. Thin women (Body Mass Index [BMI] below 18.5) should gain more weight while overweight (BMI more than 25) or obese women (BMI over 30) will need to gain less weight.

| Body Mass Index (BMI) Pre-conception | Appropriate Weight to Gain |
|---|---|
| Underweight (BMI<18.5) | 12.5 – 18 kg |
| Normal weight (BMI 18.5-24.9) | 12 – 15 kg |
| Overweight (BMI 25-29.9) | 7 – 11.5 kg |
| Obese (BMI>30) | 6 kg |
| Twin pregnancy | 16.0-20.5 kg |
| Adolescent pregnancy | Upper end of recommended values |

*Source: National Guidelines on MIYCN, FMOH, January 2022*

2. Ask the participants to name two dangers of too little weight gain and two dangers of too much weight gain.

**ACTIVITY 1**
*(continued)*

## KEY TAKEAWAYS FOR PARTICIPANTS

### KEY MESSAGES

- Too little weight gain suggests that the mother is not consuming sufficient energy and nutrients to meet the needs of the growing unborn baby. The results could be **low birth weight of the baby**, with high neonatal and infant mortality and morbidity risks, and risk of wasting and stunting, with reduced brain development.
- Low weight gain is dangerous for the mother also as it suggests reduced immunity from infections and insufficient energy to go through **childbirth and postpartum recovery.** It also suggests there may be too little stored fat and nutrients for producing high quality breastmilk for a sustained period of six months to meet the needs of the growing infant through exclusive breastfeeding.
- Excessive weight gain is a danger sign for water retention or **edema, and eclampsia or pre-eclampsia,** which are life-threatening conditions of pregnancy.
- **Obesity** is linked to high weight gain during pregnancy; this leads to serious chronic conditions such as diabetes and high blood pressure
- Monthly monitoring of weight gain and **using dietary intake and physical activity to maintain a healthy rate of weight gain** are considered important for women's health.

**ACTIVITY 2**

*20 min*.

## Measuring and Calculating Weight Gain and Counselling

### INSTRUCTIONS TO FACILITATOR

1. Divide the participants into small groups of three persons each and provide each group with an adult weighing scale. One member of each group will measure the weight of another participant, and the third participant will observe if the measurement is accurate using the Observation Checklist.
2. Each of the participants should practice weighing by taking turns.
3. Explain that calculating weight gain means comparing the previous weight with the current weight and considering how much time has passed between weighing. If pregnant women attend monthly ANC sessions, it is simple to calculate monthly weight gain; otherwise, the health worker will need to calculate how much monthly weight gain took place.

**ACTIVITY 2**

*(continued)*

### KEY TAKEAWAYS FOR PARTICIPANTS

The following points need to be covered during **counselling at each weight gain monitoring session** for pregnant women:

- Remind the woman what her total recommended weight gain is based on her starting weight/BMI (underweight, normal, overweight, or obese).
- If this is her first weighing session, explain that in the first trimester we expect that women will gain a minimum of 0.5kgs per month for the first trimester, and thereafter a minimum of 1-1.5kg per month for the second and third trimesters.
- Explain that too much (e.g., >3 kg) or too little weight gain (e.g., <1kg) are both dangerous and she should have her weight taken monthly. Go to the doctor if weight gain is not normal for two or more months.
- After the first weighing session, discuss whether she is gaining too much or too little weight in her pregnancy so far and if she should maintain her dietary intake and physical activity or increase or decrease them to control weight gain.
- Explain that currently the recommended activity/physical work for normal weight pregnant women is to continue as before pregnancy through the first trimester, and take two hours of rest in the middle of the day during the second and third trimesters.
- Advise the woman to maintain walking and light exercises throughout pregnancy but avoid carrying heavy physical loads in the second and third trimesters.
- Review the Observation Checklist for how to measure, calculate, record weight gain and counsel pregnant women.

# SESSION 3: Iron and Folic Acid/Multiple Micronutrient Supplementation

*40 minutes*

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|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:**<br>• Accurately estimate IFA/MMS supply needs<br>• Distribute supplements and counsel pregnant women on IFA/MMS<br>• Record the distribution of supplements and counselling |
| **CONTENT** | • Protocols for IFA/MMS Supplementation<br>• Estimating supply needs<br>• Adherence to IFA supplements/MMS and counselling pregnant women and adolescent girls on micronutrients |
| **TOOLS** | • Template for estimating supplies of IFA/MMS<br>• Maternal Diet Reminder card<br>• Observation Checklist on maternal nutrition: section on IFA/MMS |

**ACTIVITY 1**
*10 min.*

## Protocols for IFA/MMS Supplementation

### INSTRUCTIONS TO FACILITATOR

1. Ask the participants what the function of iron is in the normal adult human body; ask about folic acid; ask about the importance of these micronutrients for pregnant women.
2. Explain that about half of all pregnant women in less developed countries suffer from anaemia largely due to malaria and low iron in the body; an estimated 50% of iron deficiency is due to inadequate iron intake. Anaemia increases the risk of maternal death from haemorrhage during childbirth and is associated with low birth weight in the newborn which causes long-term damage.
3. Explain that **folic acid** deficiency is linked to birth defects such as cleft palate in newborns, and folic acid is also required for producing red blood cells and healthy blood in mothers.
4. Explain the following:
   - All pregnant women should take one daily IFA tablet of 30-60 mg of iron and 400 micrograms of folic acid throughout their pregnancy (30 tablets per month and a minimum of 180 tablets), or one daily MMS tablet, if available.
   - Mothers should continue taking IFA/MMS for three months after delivery to continue building iron stores that are depleted in pregnancy and because not all pregnant women attend ANC every month.
   - Diets of pregnant women are also found to be deficient in other nutrients so multiple micronutrient supplements (MMS) have been designed to include more nutrients than IFA tablets. When MMS is available, pregnant women should take MMS daily throughout pregnancy instead of IFA.
   - MMS is a safe, efficacious, affordable and cost-effective intervention to improve maternal nutrition. While iron and folic acid are critical nutrients, we now know that they are not the only nutrients that pregnant women may need to support their health and the health of their child. More than 20 years of research provided clear evidence that MMS is more effective than IFA supplementation to prevent adverse birth outcomes (e.g., still birth, preterm birth, low birth weight, small for gestational age birth).
   - Like IFA, MMS should be taken once daily throughout the duration of the pregnancy and for three months after delivery, as recommended by the National Guidelines on MIYCN. MMS should not be taken together with IFA. Where MMS is being used by a pregnant or lactating mother, IFA should be discontinued.

5. Participants should review the Maternal Nutrition reminder card showing the combination of dietary recommendations, micronutrient supplementation protocols and physical activity for each trimester of pregnancy.

### KEY TAKE-AWAYS FOR PARTICIPANTS

The following points need to be covered by the health care providers during counselling at each health contact with pregnant women where IFA/MMS supplements are distributed:

- Remind the woman that one daily IFA/MMS tablet should be consumed throughout the pregnancy and for a minimum of 180 tablets during pregnancy; explain the benefits for the mother and the newborn child. Encorage her to set an alarm or reminder to take IFA/MMS daily and keep the bottle in a location where it is seen every day (and out of reach of children). Taking the supplement at the same time each day is a good strategy.
- Explain that side effects are normal as the body adjusts to IFA/MMS and this will improve in a few days; advise the woman to consume extra water and fruits and vegetables to soften stools; consume the tablet at night after the evening meal to prevent nausea and dizziness.
- However, if side effects persist after the pregnant woman has tried the tips above, advise the pregnant woman to speak to her antenatal care specialist.
- IFA/MMS should not be consumed with tea, coffee or calcium tablets, all of which contain barriers to absorption. Citrus fruits and lemon, and animal foods can enhance absorption of iron in IFA/MMS.
- Ask the pregnant woman to seek the help of her husband or other family member to remind her daily about her dose of IFA/MMS and to obtain adequate supplies by contacting health workers, attending ANC or procuring from pharmacies.
- Ask the woman if she has any concerns about IFA/MMS or if there is any reason she might not take it. If so, help answer any questions and address her concerns.

### KEY MESSAGES ON IFA/MMS SUPPLEMENTATION

- **Iron:** benefits pregnant women by reducing the risk of mortality, and benefits infants by reducing the risk of low birth weight; the protocol is one daily IFA tablet containing 30-60 mg iron and 400 micrograms of folic acid taken for 180 days during pregnancy, usually starting in the third month of pregnancy. If available, pregnant women should take one daily MMS tablet instead of IFA.
- For optimum absorption, IFA/MMS should not be consumed with tea or coffee or with calcium supplements.
- **Folic acid:** benefits pregnant women by facilitating formation of red blood cells and healthy blood supply, and benefits infants by preventing birth defects such as cleft palate; there is no separate protocol for folic acid if IFA or MMS is used as they contain folic acid.
- The three most important reasons for the lack of success of micronutrient supplementation programs are:
  1. Inadequate supplies of IFA and/MMS or tablets distributed due to supply chain bottlenecks or lack of priority by health workers.
  2. Poor adherence by pregnant women due to inadequate counselling on how many tablets to consume and why, how to manage side effects, and how not to forget to take tablets.
  3. Unsupportive family members who are essential to help obtain adequate supplements, build confidence in the pregnant woman, and remind her daily to take tablets.
- National guidelines recommend that breastfeeding women should continue to receive IFA/MMS supplementation in the first three months post-partum; and that all recommendations during pregnancy for the prevention of anaemia should be followed.

**ACTIVITY 2**
*20 min.*

*(continued)*

**Estimating Supply Needs for Micronutrient Supplements**
**INSTRUCTIONS TO FACILITATOR**

1. Explain that we will discuss one example for IFA estimation (MMS supplies would be the same as IFA) .
2. With the group of participants, review a step-by-step template based on the following. Divide the participants into two sub-groups and ask them to come up with the correct estimate for the number of IFA/MMS tablets that a health centre should be expected to distribute per month to their ANC clients if there are 200 pregnant women attending ANC each month. (RESPONSE: 200 women X 30 tablets each = 6000 tablets or 600 strips of 10 tablets each; a good practice is to add 10% for an unexpected larger number of clients.)
3. Now ask them to calculate how many tablets they should request if the supplies are re-stocked once every quarter. (RESPONSE: Multiply the above number by 3 times as there are 3 months in each quarter.)
4. Now ask them to estimate what is the annual requirement for IFA/MMS tablets in this health centre. (RESPONSE: Multiply the above number by 4 as there are 4 quarters in each year.) The numbers calculated in this activity will be increased to maintain buffer stocks.
5. Explain that each health centre should maintain buffer stocks as one must consider the lag time for supplies to be procured and transported between requisitions. This varies by how hard-to-reach the health centre is, reliability of transportation and formalities/approvals/other delays usually experienced, particularly in some seasons. Also, changes in population numbers and the number of expected pregnancies in an area should be used as the starting point for estimating the number of expected clients.
6. Medical storekeepers and pharmacists in charge of monitoring, requisitioning and maintaining supplies should be oriented on the supplementation protocols and above steps and the importance of micronutrient supplements for maternal and child health. They will adapt these steps to the current practices used for high priority medical supply management and monitoring

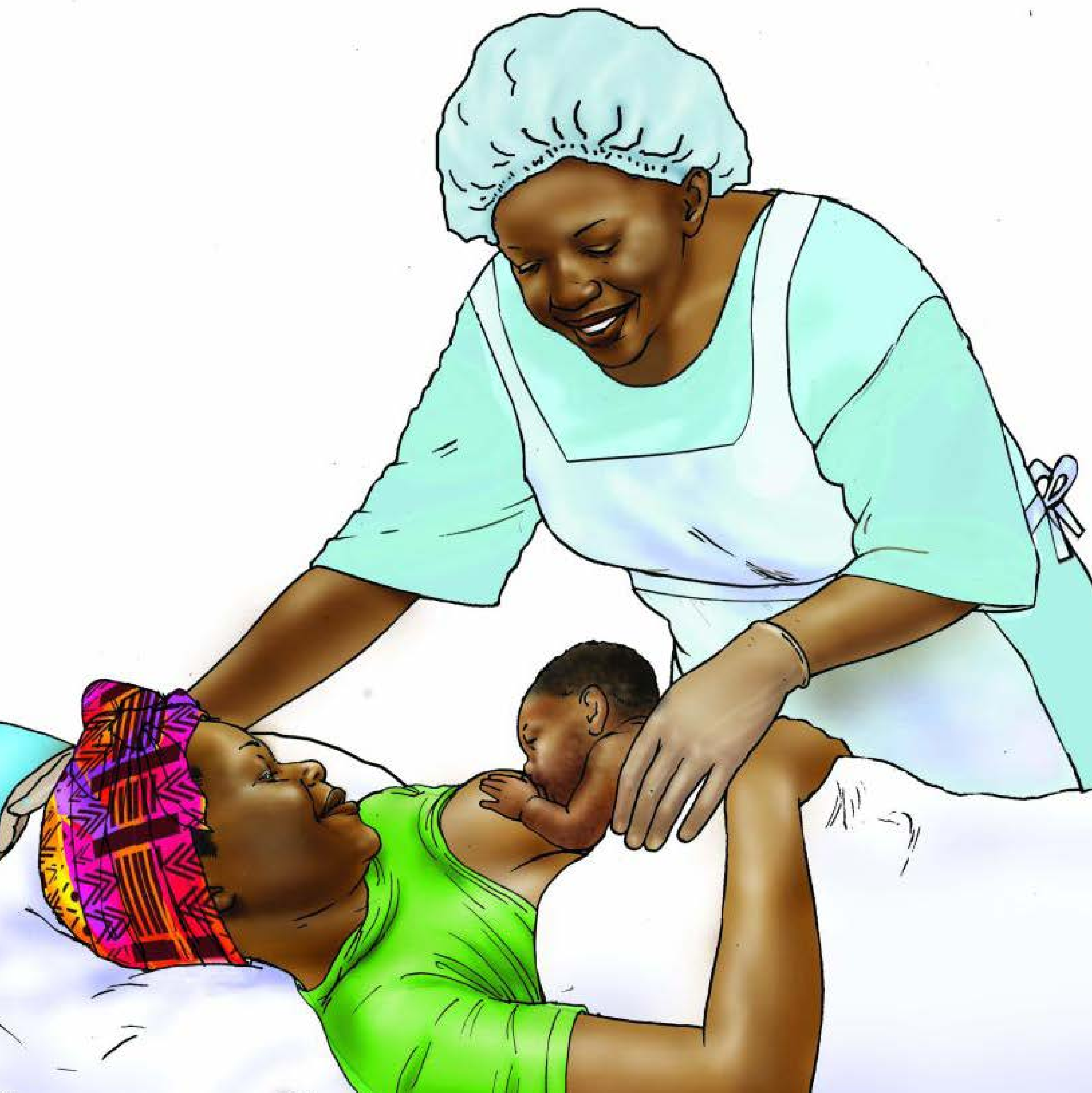
**ACTIVITY 3**

*10 min*.

## Counselling and Record Keeping on Micronutrients

## INSTRUCTIONS TO FACILIATATOR

1. Ask the participants to review the key points in the Observation Checklist about record keeping, including the NHMIS tool for IFA/MMS supplementation.
2. Monitoring includes:
   - at the individual pregnant women's level, maintaining records of:
     a) receipt and b) consumption of number of supplements compared with protocols and c) dates of counselling on adherence,
   - tracking the number of tablets distributed at the health centre level compared to expected numbers based on the population of pregnant women and women reached during pregnancy through ANC or other health contacts (e.g., outreach, home visits)
   - monthly or quarterly documentation at the health centres of supply chain bottlenecks at district/LGA, health centre and contact points with pregnant women and action taken to remedy the current gaps and prevent future shortages.



UNIT 2

# Early Initiation of Breastfeeding

## SESSION 4: Birth Practices and Breastfeeding

*60 minutes*

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|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:**<br>• Demonstrate actions during labour and immediately after birth that support early initiation of breastfeeding<br>• Demonstrate ways to help mothers initiate early breastfeeding |
| **CONTENT** | • Childbirth Demonstration<br>• Early Initiation of Breastfeeding |
| **TOOLS** | • Neonatalie mannequin (if available)<br>• Breastfeeding video<br>• Mama Breast kit (or dolls)<br>• Early Initiation poster<br>• Early Initiation and Exclusive Breastfeeding reminder card |

**ACTIVITY 1**
*30 min.*

### Childbirth Demonstration

### INSTRUCTIONS TO FACILITATOR

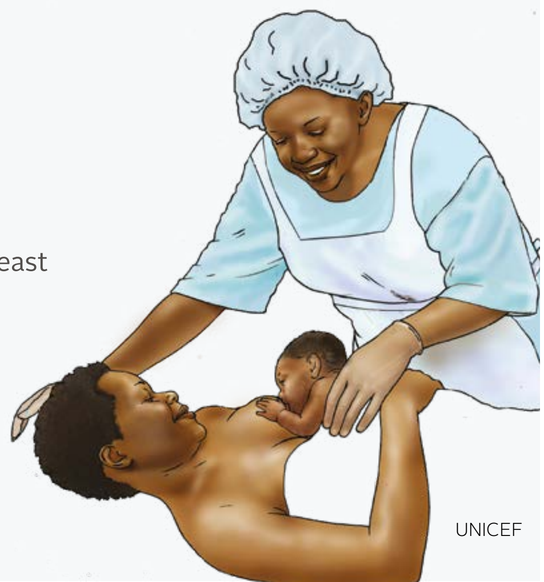
1. Ask participants to describe the practice when the baby comes out.
2. Use the Neonatalie mannequin (or breastfeeding video) and Mama Breast kit (or doll) to demonstrate the following:
   a. Wiping and drying the baby
   b. Putting the baby to the mother's breast
   c. Skin-to-skin contact and covering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

### KEY TAKEAWAYS FOR PARTICIPANTS

Health Care Provider to Share the key messages below.

#### KEY MESSAGES

- Wipe and dry the baby
- Initiate skin-to-skin contact
- Delay cord clamping
- Cut the cord
- Help mother to put baby to the beast within the first hour of delivery
- Observe child swallowing the breastmilk
- Tick as appropriate in the delivery register to indicate baby has initiated breastfeeding



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**ACTIVITY 2**
*30 min.*

## Early Initiation of Breastfeeding

### INSTRUCTIONS TO FACILITATOR

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

### KEY MESSAGES ON EARLY INTIATION OF BREASTFEEDING

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

NEWBORN
0-28 DAYS

- Immediately after del
put baby to the breas
1 hour).
- Feed baby with colostr
milk produced by the m
breast which is yellowis
- Do not feed any other
sugar, glucose, water or
- Check position:
  - Mother is comfortable
back supported.
  - Baby's back and buttoc
be well supported.
  - Baby's body and face tu
towards mother's body.

INFANT &
YOUNG CHILD
FEEDING

EARLY INITIATION &
EXCLUSIVE
BREASTFEEDING

UNIT 3

# Exclusive Breastfeeding

## SESSION 5: Correct Positioning and Attachment

*20 minutes*

| | |
|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:**<br>• Demonstrate correct positioning of baby and appropriate attachment to the breast<br>• Demonstrate ways to help mothers position baby correctly and attach appropriately to the breast |
| **CONTENT** | • Correct Positioning and Attachment |
| **TOOLS** | • Positioning and attachment cards<br>• Mama Breast kit<br>• Early Initiation and Exclusive Breastfeeding reminder card |

**ACTIVITY 1**
*20 min.*

### Correct Positioning and Attachment

### INSTRUCTIONS TO FACILITATOR

1. Explain that for breastfeeding to be successful, the mother needs support from the health worker to ensure correct positioning of the baby and appropriate attachment to the breast.
2. Show the positioning and attachment cards and page 3 of the Early Initiation and Exclusive Breastfeeding reminder card. Ask participants what they understand by correct positioning and attachment.

3. Share the key messages below with health care providers for skilled support during counselling on breastfeeding.
4. Divide participants in small groups and let each group member practice the skill of positioning and appropriate attachment using the Mama Breast Kit or dolls. If feasible, support a lactating mother to demonstrate.
5. Review the key messages.

### KEY TAKEAWAYS FOR PARTICIPANTS

#### KEY MESSAGES

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

## SESSION 6: Preparing Mothers for Exclusive Breastfeeding

*50 minutes*

| | |
|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:**<br>• Explain the optimal practices for mothers to sustain exclusive breastfeeding<br>• Explain how frequently mothers should breastfeed infants 0-6 months of age<br>• Demonstrate how mothers should express breastmilk<br>• Explain ways in which mothers need to prepare to continue exclusive breastfeeding when they go back to work |
| **CONTENT** | • Frequency of Breastfeeding<br>• Breastfeeding After Returning to Work<br>• Manual Expression of Breastmilk |
| **TOOLS** | • Early Initiation and Exclusive Breastfeeding reminder card<br>• Mama Breast kit |

**ACTIVITY 1**
*10 min.*

### Frequency of Breastfeeding

**INSTRUCTIONS TO FACILITATOR**

1. Ask participants how many times a baby under 6 months should be breastfed in 24 hours – day and night.
2. Review relevant section of the **Early Initiation and Exclusive Breastfeeding reminder card.**
3. Share the key messages below with health care providers for counselling caregivers.

**KEY MESSAGES**

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

**ACTIVITY 2**
*10 min.*

## Breastfeeding After Returning to Work

### INSTRUCTIONS TO FACILITATOR

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

### KEY TAKEAWAYS FOR PARTICIPANTS

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

**ACTIVITY 3**
*30 min.*

## Manual Expression of Breastmilk

### INSTRUCTIONS TO FACILITATOR

1. Ask participants when and why mothers need to express breastmilk.
2. Ask participants how expressed breastmilk may be safely stored.
3. Review the relevant section of the Early Initiation and Exclusive Breastfeeding reminder card.
4. Share the key messages below.
5. Divide participants in small groups and let them use the Mama Breast Kit to practice expressing breastmilk.

### KEY TAKEAWAYS FOR PARTICIPANTS

- Why mothers need to express breastmilk:
  - The baby is premature or small and is unable of suckle. It is important that the colostrum and breastmilk is expressed and fed to the baby with a cup and/or spoon.
  - The baby has breastfeeding difficulties, such as resulting from congenital cleft palate/lip. It is important to express the milk to feed with a cup/spoon.
  - Mother needs to be away from home for a while or must resume work.

*Continued on next page...*

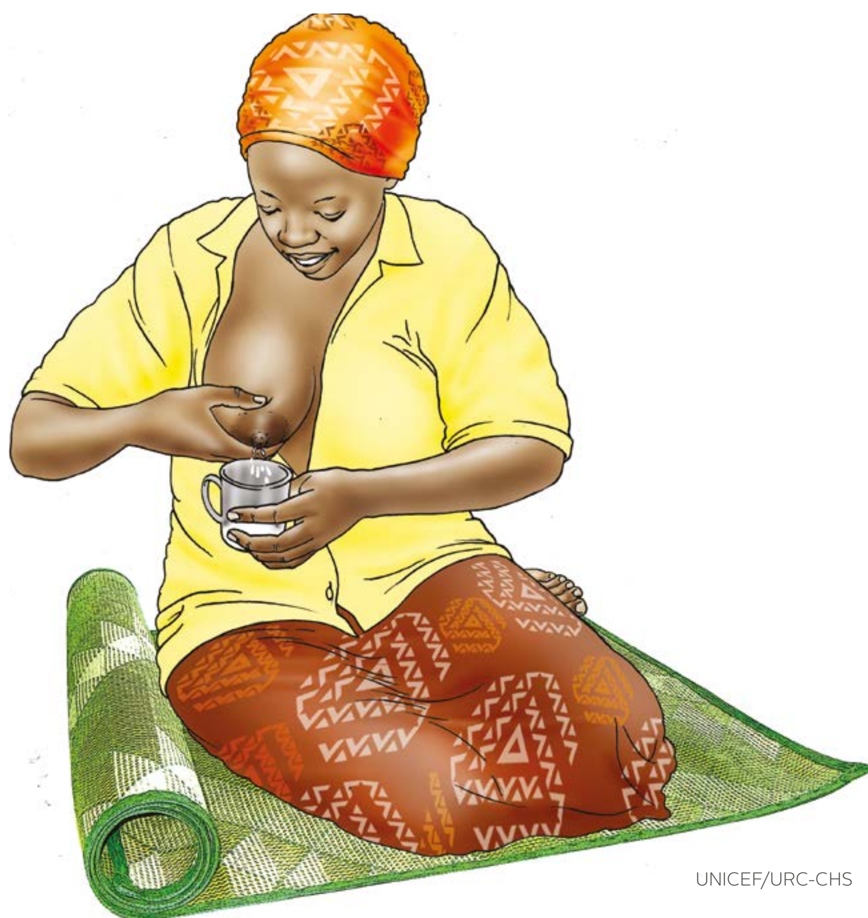
**KEY MESSAGES** *(continued)*

- ○ Mother produces a lot of milk (sometimes more than the baby requires during feeding time). The mother can express and store for a later feed. Expressed breastmilk may be stored in a refrigerator (if available) or stored in an easy to wash cup with cover and put in a bowl containing water at a room temperature for up to 6 hours.
- To express breastmilk, mothers should follow these steps:

1. Wash hands and utensils with soap and water.
2. Put thumb on top of the breast in areola area.
3. Put the other finger on the underside of the breast.
4. Gently press the areola until the milk starts to spurt out into the clean container prepared.
5. Avoid rubbing the skin, which can cause bruising, or pressing the areola.
6. Express one breast for about 3-5mins until the flow slows down. Then express the other breast.

Repeat the cycle after 5 minutes and start again after 30 minutes.

- Manual pumps may be used by mothers at home. However, it is not hygienic to use the same pump for more than one baby.
- Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.



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## SESSION 7: Breastfeeding Challenges

*20 minutes*

| OBJECTIVE(S): | **By the end of the session, participants will be able to:**<br>• Explain the common breastfeeding problems<br>• Explain how to ease/alleviate breastfeeding problems |
|---|---|
| CONTENT | • Common breastfeeding problems and solutions |
| TOOLS | • Breastfeeding Challenges poster<br>• Early Initiation and Exclusive Breastfeeding reminder card |

**ACTIVITY 1**
*20 min.*

### Common Breastfeeding Problems

### INSTRUCTIONS TO FACILITATOR

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

3. Share the key messages below.

### KEY TAKEAWAYS FOR PARTICIPANTS

**Engorgement**

- Breast engorgement results from accumulation of breastmilk due to infrequent breastfeeding.
- Mother should feed baby more frequently.
- Where there is more breastmilk than baby requires, the milk can be expressed and stored.

**Sore nipples**

- Sore nipples often result from inappropriate attachment and will resolve when the attachment is corrected.
- If there is any sore on the nipples, mothers should apply breastmilk, NOT ointments.

**Breast infections**

- Breast infections occur when cracked and sore nipples are not treated early. When the breast is infected, it becomes hot and painful.
- Mothers should report breast infections to the health worker for appropriate treatment while she continues to breast-feed from the other breast.

**Inverted nipples**

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

**Poor breastmilk flow**

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

UNIT 4

# Complementary Feeding

## SESSION 8: Diet Diversity and Age-Specific Meal Frequency for Complementary Feeding

*90 minutes*

| | |
|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:**<br>• Select locally available foods/and the groups that make diverse diets for children 6-23 months<br>• Explain foods/diets for age-specific appropriate feeding and addressing complementary feeding problems perceived by mothers<br>• Explain the importance of MNP and demonstrate how to add MNP to the diet of 6-23months children |
| **CONTENT** | • What to Feed Baby (6-23 months)<br>• How to Feed Baby (6-23 months)<br>• Common Feeding Challenges |
| **TOOLS** | • Five Nutrient based Food Groups for complementary diets visual aid<br>• Complementary Feeding reminder card<br>• Sachet of MNP<br>• Feeding chart (Facilitator should make this ahead of time. See Activity 2.)<br>• Feeding bowl (250 ml) |

**ACTIVITY 1**
*40 min*.

**INSTRUCTIONS TO FACILITATOR**

1. Explain the meaning of age-appropriate complementary feeding and make these points:
   - Complementary feeding means giving other foods in addition to breast milk.
   - These other foods are called complementary foods.
   - These additional foods and liquids are called complementary foods, as they are additional or complementary to breast milk, rather than adequate on their own as the diet.
   - Complementary foods must be nutritious foods and in adequate amounts, so the child can continue to grow.
   - Feeding includes more than just the foods provided; how the child is fed can be as important as what the child is fed.
2. Explain that optimal feeding of babies 6-23 months is crucial for growth and brain development for the following reasons:
   - Breastmilk only will no longer support adequate growth of the child after 6 months of age.
   - Babies 6-23 months need extra energy and nutrients, which can only come from complementary foods from the eight food groups identified in Nigeria by the Ministry of Health.
   - These eight food groups have been packaged into the "5-star diet" - (1) Breast milk (2) Grains, roots and tubers (3) Legumes and nuts (4) Dairy products (5) Flesh foods (6) Eggs (7) Vitamin A rich fruits and vegetables and (8) Other fruits and vegetables.
   - Unfortunately,  31% of children 6-23 months are fed on diverse diets from at least five of the eight food groups (MICS 2021).
   - We must ensure babies get the missing food groups, which are: meat, fish, vegetables, fruits and legumes.

3. Explain that adding micronutrient powder (MNP) to children's food will improve the quality of the diet and provide adequate micronutrients for optimal growth of the baby.

   - A diet of foods with too few micronutrients will harm the health and development of young children 6-24 months old. MNP are vitamin and mineral powders designed to address micronutrient deficiencies, including anaemia. They can be added directly to soft or mushy semi-solid food prepared in the home to improve the nutritional quality of foods for young children.
   - The benefits of MNP include making food more nutritious, preventing illness, improving children's appetite, preventing shortage of blood and making children strong and active.
   - The single-serving packets allow families to fortify a young child's food at an appropriate and safe level.
   - MNP is administered daily for three months followed by a break of three months before continuation for another three months.
   - A child being treated for severe acute malnutrition and already taking ready-to-use therapeutic food (RUTF) should not be given MNP.

4. Explain the steps below on how to add MNP to a child's diet. After explaining, ask the participants to act out or demonstrate how to add MNP to foods to be served to a child.

   1. Wash your hands with soap and water before preparing foods and feeding your baby.
   2. Prepare cooked food – thick porridge, mashed potato or any soft or mushy semi-solid or solid food.
   3. Make sure that the food is at ready-to-eat temperature.
   4. Separate a small portion of the soft or mushy semi-solid or solid cooked food within the child's bowl or place in a separate bowl.
   5. Mix the packet contents and the small portion of food well.
   6. Give the child the small portion of food mixed with MNP to finish, and then feed the child the rest of the food.
   7. You can add the entire packet of MNP to any meal. However, only one packet of MNPs should be given during a day.

   Note: Children may have darker or softer stools, or a mild form of constipation during the first four to five days after first starting to use MNP. This is normal and nothing to worry about.

5. Show the visual aid of the eight nutrient-based food groups for complementary diets and ask participants to sit in groups to discuss what is locally available from these groups.
6. Ask the groups to review the relevant sections of the Complementary Feeding reminder card and develop recipes that represent "5-star" diets.
7. Share the key messages below.

**KEY MESSAGES**

- To provide children a "5-star" diet one must:
  - Continue breastfeeding.
  - Give more animal source foods, including fish, chicken, and beef.
  - Increase the amount of animal source iron-rich foods in the diet, such as chicken liver or beef liver.
  - Give small soft fish, which are easily available and affordable.
  - Add soft meat/small fish/eggs (both white and yellow) to mashed potatoes/yams, mashed pumpkins, cooked mashed vegetables (ayoyo, spinach, etc.) and mashed pulses (beans, lentils)
  - Give fruits such as mashed papaw and avocadoes.
  - Add mashed small fish/eggs/meat to the baby's food at least once a day.
- When a child is interested in eating and is growing well, he/she stays free of illness and appears content and healthy. As a result, the mother and family members are also happy.

**ACTIVITY 2**
*30 min*.

## How to Feed Baby (6-23 months)

### INSTRUCTIONS TO FACILITATOR

1. Ask participants to discuss how children 6-23 months should be fed (quantity and frequency).
2. Review the Feeding Chart below and demonstrate proper feeding with a bowl of 250ml capacity.

**Feeding chart**

| AGE GROUP | AMOUNT OF FOOD (Use 250 ml feeding bowl) | HOW MANY TIMES A DAY |
|---|---|---|
| **6 - 8 months** | Half of feeding bowl = 125ml | • Two times a day<br>• Continue breastfeeding |
| **9 - 11 months** | Half of feeding bowl = 125ml | • Three times a day<br>• Continue breastfeeding<br>• One snack (e.g., piece of boiled egg, fruit or bread with nut paste) |
| **12 - 23 months** | One feeding bowl = 250ml | • Three times a day<br>• Continue breastfeeding<br>• Two snacks (pieces of ripe mango, pawpaw, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and bread products) |
| **Sick child** | Continue feeding small quantities. Increase quantity of food after recovery for two weeks | • Increase the number of breastfeeds and number of complementary feeds with soft foods |

3. Review relevant sections of the Complementary Feeding reminder card.
4. Share the key messages on the following page.

## KEY MESSAGES

**Tips for mothers, fathers, and families:**

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

**How to feed a baby 6-23 months:**

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

**ACTIVITY 3**
*20 min.*

## Common Feeding Challenges and Beliefs

1. Ask participants to discuss common complementary feeding problems experienced by mothers of children 6-23 months. Responses may include:
   - The child has a poor appetite.
   - The child does not like food.
   - The child is sick.
2. Ask participants to discuss cultural/traditional beliefs about complementary feeding. Health workers should acknowledge these cultural/traditional beliefs when raised by mothers in a non-judgemental way, while also reinforcing key messages. Responses may include:
   - Diverse foods are not affordable.
   - Babies diets should not include meat and fish because they are not old enough to eat them.
   - Babies cannot digest meat or fish.
   - Babies can only eat liquid foods such as watery porridge, watery soups, infant formula, etc.
   - Fruits and vegetables give babies diarrhea.
   - Babies should not eat eggs.
   - Solid foods make babies sick.

**ACTIVITY 3** *(continued)*

**3.** Share the following key messages

## KEY MESSAGES

| FEEDING PROBLEM | RECOMMENDATIONS | MOTIVATION |
|---|---|---|
| **Child is sick** | • Feed the child more frequently during illness.<br>• Offer the child breastmilk more frequently.<br>• Give the child more liquids (water, porridge) to ensure that the child is hydrated.<br>• Encourage the child to eat more.<br>• Give the child more whole fruits to improve his/her appetite.<br>• If the child is unable to feed at all, seek advice from a healthcare provider.<br>• After illness, give more food than usual until the child is well and full of energy again. | • Child needs more nutrients during illness.<br>• Breastfeeding boosts the child's immunity and nutrient intake.<br>• The child loses lots of liquids and salts during illness, which need to be replenished through more feeding and increased fluid intake.<br>• Fruits are natural appetite boosters. |
| **Child does not like food** | • Give variety of foods.<br>• Introduce one type of food at a time to avoid the child rejecting the food.<br>• Do not mix so many foods as this can look unpalatable.<br>• When feeding, present the food in an attractive way.<br>• Hide the disliked healthy foods in the preferred food.<br>• Be creative while cooking and make the food delicious by varying cooking methods.<br>• When feeding a child, give food in small quantities. | • When children eat a variety of food, they will be well-nourished, and their immunity will improve.<br>• If the food is delicious/ tasty the child eats easily and saves on time and wastage. |

UNIT 5

# Growth Monitoring and Promotion

## SESSION 9: Growth Monitoring and Promotion (GMP)

*60 minutes*

| | |
|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:**<br>• Understand Growth Monitoring and Promotion and its importance<br>• Understand the steps in GMP including acquiring knowledge and skills to weigh, plot and interpret the child's growth using the growth chart section of the child health card.<br>• Understand appropriate nutrition intervention for the child, including counselling to the caregiver based on the interpretation of the growth chart of the child. |
| **CONTENT** | • The basics of growth monitoring and promotion<br>• How to conduct growth monitoring and promotion<br>• Definition and signs of poor growth<br>• Causes of poor growth |
| **TOOLS** | • Growth Chart (Child Health Cards - Boy & Girl card)<br>• Weighing Scale<br>• Length/Height Board<br>• Examples of weights of individual children for practicing<br>• Job aid or posters for weighing sites indicating the decisions to counsel and refer based on weighing |

**ACTIVITY 1**
*10 min.*

### The Basics of Growth Monitoring and Promotion (GMP)

### INSTRUCTIONS TO FACILITATOR

1. Ask participants to explain what GMP is and describe what they know about GMP and why it is important to the nutrition of the mother and the child. After hearing their responses, share the following definition of GMP.

**GMP:** This is the regular weighing and plotting a child's weight on the growth chart to assess growth adequacy and identify early faltering (deviation of a child's weight or height from normal growth pattern), and nutritional status of the child. "Growth monitoring and promotion (GMP) is a prevention activity that uses growth monitoring, i.e., measuring and interpreting growth, to [detect children who are growth faltering before they become malnourished] and facilitate communication and interaction with the caregiver and to generate adequate action to promote child growth through —

- increased caregiver awareness about child growth
- improved caring practices
- increased demand for other services, as needed" (UNICEF 2007)

2. Ask participants when parents/caregivers should start bringing their child for GMP and how often they should bring their child for GMP. After hearing their responses, share the following information.

**When to Start GMP and Frequency:** Growth monitoring is very crucial and should start from when the child is born, and the parents/caregivers should be encouraged to do the following:

- Attend regular growth monitoring and promotion sessions (GMP) to make sure the baby is growing well.
- Take the baby for growth monitoring and promotion every month during the first two year.
- Subsequently, the child should attend GMP every other month until 59 months.

**ACTIVITY 1**
*(continued)*

3. Share the following key messages on the benefits of GMP.

**KEY MESSAGES**

- GMP is a chance to detect problems with the growth of the child and take appropriate actions.
- Regular attendance at growth monitoring and promotion sessions can help identify nutrition problems children may have, such as severe thinness or swelling. Nutrition problems may need urgent treatment.
- It affords caregivers the opportunity to ask questions about their child's growth, health and nutrition.
- Through regular attendance, caregivers will gain knowledge and skills to improve child feeding and health care.
- GMP can be an opportunity to increase the coverage of other health services for the child such as Vitamin A supplementation, deworming and other nutrition supplementation (MNP, SQ-LNS, Zinc among others).

**ACTIVITY 2**
*15 min.*

**How to Conduct GMP for Children**

**INSTRUCTIONS TO FACILITATOR**

1. Explain there are five steps to effective GMP, see box below.

**FIVE STEPS OF GMP**

1. Determining correct age of the child
2. Accurate weighing of the child
3. Plotting weight accurately on the growth chart
4. Interpreting the direction of the growth curve
5. Discussing the child's growth and follow-up actions with the caregiver

**Step One: Determining correct age of the child**

Ask participants to explain how to determine the correct age of a child

- with the help of Child Health Card (CHC)
- with the help of birth certificate
- from the mother, if she remembers the exact date of birth
- using a local events calendar

**Step Two: Accurate weighing of the child**

Weighing the Child by Taring Scale

a. **If the child is less than 2 years old or is unable to stand,** do tared weighing. Explain the tared weighing procedure to the mother.
   - Babies should be weighed with minimum clothes.
   - Care should be taken to read the number in the correct order (as though you were viewing while standing on the scale rather than upside-down).
   - Record the child's weight on the child health card.

**ACTIVITY 2**
*(continued)*

### Step Two. Accurate weighing of the child

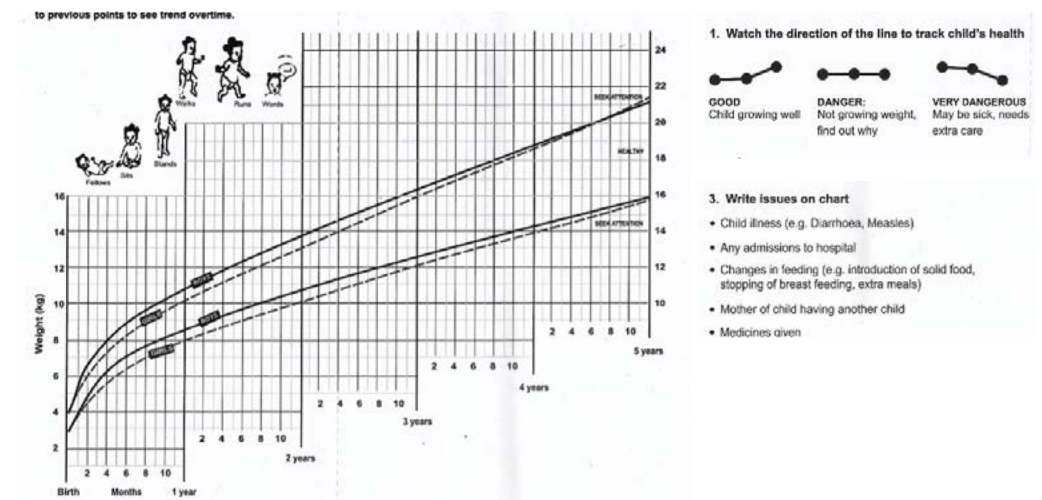
*Weighing the Child by Taring Scale*

b. **If the child is 2 years or older** and can stand still on the scale without support the weighing can be done directly. Explain that the child will need to step on the scale alone and stand very still.
   - Follow the same procedure outlined above.
   - Record the child's weight to the nearest 0.1 kg.

### Step Three. Plotting weight accurately on the growth chart

Give participants copies of the Child Health Card containing a growth chart (boy's and girl's growth card can be given if available) and explain how to plot the weight.

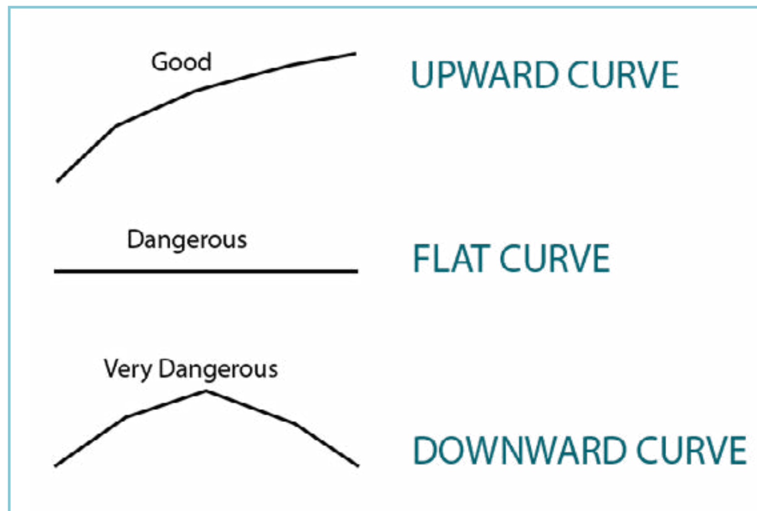
- The Child Health Card is used as the growth monitoring chart for recording the weight of children up to 5 years. (The New WHO Child Growth Chart, when available, contains weight-for-age growth charts for boys and girls based on new WHO Child Growth Standards).
- The weight is plotted and the dots (points) are joined on the growth chart to form a growth curve.




### Step Four. Interpreting the Direction of the Growth Curve

Explain to participants how to interpret the direction of the growth curve.
The direction of the growth curve in relation to the standard curves helps in determining the growth pattern of a child. It is very important to consider the child's whole situation while assessing the growth pattern.

- Interpreting trends on the growth chart or the growth pattern will indicate whether a child is growing normally, has a growth problem or is at risk of a growth problem.
- The growth curve of a normally growing child usually follows a track that is roughly parallel to the 1st and 2nd printed curve lines.
  - If the growth curve of a child is moving upward, it is considered good..
  - If the growth curve of a child is flat, it is considered dangerous.
  - If the growth curve of a child is moving downward, it is considered very dangerous.
- Interpret the growth pattern of the child as per the direction of the growth curve which can be good, dangerous or very dangerous as shown in picture below.




ACTIVITY 2
*(continued)*

**Step 5. Discussing the child's growth and follow-up action with the caregiver**

Ask participants to discuss the child's growth and follow-up action needed with the caregiver, using suggestions from the following table.

| CONDITION | DIRECTION OF THE GROWTH CURVE | FOLLOW-UP ACTIONS |
|---|---|---|
| **Good** | Upward slope of curve | • Commend the mother and encourage her to continue<br>• Mother shares her child feeding and care practices with others<br>• Give supplementary nutrition (if above 6 months), especially Vitamin A |
| **Dangerous** | Flat slope of curve | • Talk with the caregiver about the growth curve of her child<br>• If sick–follow IMNCI protocol, I and refer for treatment if needed<br>• Give one-on-one counselling for breastfeeding, initiation of complementary feeding, and others as required |
| **Very Dangerous** | Downward slope of curve | • Carry out other assessments (MUAC)<br>• If severely malnourished, commence SAM treatment or refer according to National Protocol.<br>• If not severely malnourished:<br>• Investigate and talk with the mother<br>• Give one-on-one counselling on BF, ACF and others<br>• Give nutrition supplements, especially Vitamin A supplements<br>• Conduct follow up visits at home |

**ACTIVITY 3**
*10 min.*

## Definition and signs of poor growth

### INSTRUCTIONS TO FACILITATOR

1. Ask participants if they know the meaning of "poor growth." After hearing all answers, give the correct definition to participants: "poor growth could be described as failure to thrive, which is a term used to describe inadequate growth or the inability to maintain growth, usually in early childhood. It is a state of undernutrition due to inadequate intake of nutrients required for growth and development."
2. Tell participants they will now discuss signs of poor growth. Explain that 2. infants vary in size, yet their growth pattern tends to follow a predictable path measured by length and weight gain.
    - Length/height and weight are used as indicators of an infant's health, development and nutritional status. That is the reason why GMP is very key to detect whether the child is growing well or not.
    - Infants gain about 140 to 200 grams per week and double their birth weight within the first six months, while the weight should triple by the end of the first year as they gain about 85 to 140 grams a week during this period.
    - A baby's height will increase by 50% from birth to 12 months. From birth to age 6 months, a baby may grow about 1.5 to 2.5 centimetres while from ages 6 to 12 months grows about one centimetre a month.
3. Share the following key messages on poor growth.

### KEY TAKEAWAYS FOR PARTICIPANTS

#### KEY MESSAGES

**Signs of poor growth:**

- Child's height, weight and head circumference do not progress normally according to standard growth charts
- Child may experience delays in physical and mental development, and/or have underdeveloped social skills
- Child may have smaller head circumference
- Child may have delays in attaining some milestones such as not rolling over, sitting, standing or walking when expected

**ACTIVITY 4**
*20 min.*

## Causes of poor growth in children

### INSTRUCTIONS TO FACILITATOR

1. Ask the participants to discuss what could be the causes of poor growth in children. After hearing their answers, explain that causes of poor growth can include the following:

| CAUSE | INFLUENCING FACTORS |
|---|---|
| **Improper nutrition or care practices** | • Poor maternal nutrition and health status, leading to low birthweight of newborns, among others<br>• Inappropriate breastfeeding practices<br>• Inadequate and inappropriate complementary feeding practices<br>• Child is not offered enough food or is not willing to eat enough food<br>• Bottle-feeding and use of infant formula<br>• Wrong preparation of food by parents. e.g., overcooking and undercooking affect nutrients in foods<br>• Lack of attention from caregivers |
| **Child health and environmental factors** | • Incomplete immunizations<br>• Childhood illness (e.g., diarrhoea, malaria, measles, acute respiratory Infection and/or worms)<br>• Poor hygiene/sanitation conditions<br>• Poor food hygiene<br>• Inadequate absorption of nutrients due to metabolic disorders (a metabolic disease can cause the baby's body to avoid breaking down or take nutrients from food)<br>• Other chronic medical or congenital conditions |

2. Ask the participants to discuss ways that poor growth can affect children. Explain that poor growth can affect children in the following ways:
   - Delayed cognitive and motor functions leading to late school enrolment, poor memory, learning disorders (poor attention span in school, impaired/adverse in school performance), low school completion and early dropout
   - Diminished immunity, leading to high susceptibility to infections
   - Delayed behavioural development and social skills
   - Increased morbidity and mortality
   - Long-term consequences include low work capacity, reduced economic activities and inability to earn higher income in life
   - In later life, there is increased risk of developing metabolic syndrome and cardiovascular disease, systolic hypertension, obesity, insulin resistance and diabetes
   - Above all, it limits children's ability to realize and achieve their potential.

ACTIVITY 4
*(continued)*

### KEY TAKEAWAYS FOR PARTICIPANTS

**Health providers can counsel mothers on how to ensure their child maintains adequate growth using the following points:**

- Start your baby strong with early initiation of breastfeeding and exclusive breastfeeding, and continue to breastfeed for two years or longer.
- Start appropriate complementary feeding at 6 months with a healthy diet that is adequate in quantity and quality.
- Maintain good sanitation and hygiene, especially hand washing with soap and water at critical times.
- Avoid bottle-feeding.
- Ensure you take your baby to the health facility for micronutrient supplementation at 6 months.
- Deworm your child twice yearly from the age of 1 year.
- Take all necessary immunization for your child to protect from childhood illnesses.
- Ensure you space your children's births for healthy growth.

UNIT 6

# Counselling, Advocacy, and M&E

## SESSION 10: Counselling Techniques

*30 minutes*

| | |
|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:** • Demonstrate all seven of the best practices from the Checklist for Effective Counselling |
| **CONTENT** | • Checklist for Effective Counselling |
| **TOOLS** | • Annex 4: Checklist for Effective Counselling |

**ACTIVITY 1**
*30 min.*

### Counselling Techniques

**INSTRUCTIONS TO FACILITATOR**

1. Ask participants to describe good and bad counselling techniques.
2. Discuss the seven items from Annex 4: Checklist for Effective Counselling, which are also summarized in the key messages below.

**KEY MESSAGES**

**Counselling Tips**

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

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

SPRING

## SESSION 11: Classroom and Clinical Practice on MIYCN

*60 minutes*

| | |
|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:**<br>• Provide individually relevant support, services, messages and supplements to deliver nutrition interventions to pregnant women (including pregnant adolescents), and mothers of infants and young children below 2 years of age |
| **CONTENT** | • Practice providing maternal nutrition services for pregnant women (including adolescents) in 2nd or 3rd trimester (diet diversity and quantity, weight gain, IFA/MMS, early initiation)<br>• Practice counselling with a mother with an infant below 6 months of age<br>• Practice counselling with a mother with an infant 6-11 months of age |
| **TOOLS** | • Reminder card for Maternal Nutrition services (diet diversity and quantity, weight gain, IFA/MMS, early initiation)<br>• Observation Checklist for Maternal/adolescent nutrition interventions<br>• Reminder card for Mother of Young Infant < 6 months (exclusive breastfeeding)<br>• Reminder card for Mother of Older Infant > 6 months (dietary diversity and quantity, feeding the sick child) |

**ACTIVITY 1**
*20 min.*

**Practice maternal nutrition services for pregnant women (including pregnant adolescents)**

1. Divide participants into small groups of three each. One participant should play the role of health worker, one the mother, one the observer. Use the checklist to observe and note if all key points were covered during the interaction, then discuss how to strengthen the missing or weak actions.
2. Repeat this three times with the roles being changed to give all participants an opportunity to practice the role of health worker.
   Also change the type of beneficiary being served: pregnant woman in second trimester, third trimester, pregnant adolescent.

**ACTIVITY 2**
*20 min.*

**Practice counselling with a mother with an infant below 6 months of age**

1. Follow the same process as above. Practice counselling a mother of a newborn, a 3-month-old child with a working mother and a sick child below 6 months.

**ACTIVITY 3**
*20 min.*

**Practice counselling with a mother with an infant 6-23 months of age**

1. Same process as above. Practice counselling a mother of a 7-month-old infant, a 10-month-old child and a 15-month-old child.

## SESSION 12: Advocacy, Monitoring and Evaluation

*60 minutes*

| | |
|---|---|
| **OBJECTIVE(S):** | **By the end of the session, participants will be able to:**<br>• Explain the 10 Steps of Successful Breastfeeding<br>• Explain the 10 points of the International Code on the Marketing of Breastmilk Substitutes<br>• Explain key actions to take with health facilities to strengthen services for early initiation, exclusive breastfeeding and counselling for diet diversity |
| **CONTENT** | • Ten Steps of Successful Breastfeeding<br>• Ten-point Code of Marketing of Breastmilk Substitutes<br>• How to Reach the In-Charges in Health Facilities<br>• Presentation on M&E Tools |
| **TOOLS** | • Wall chart on 10 Steps of Successful Breastfeeding<br>• Wall chart on 10-point Code of Marketing of Breastmilk Substitutes<br>• GMP & IYCF Facility registers |

**ACTIVITY 1**
*20 min*.

### Ten Steps to Successful Breastfeeding and The Code

**INSTRUCTIONS TO FACILITATOR**

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

**KEY TAKEAWAYS FOR PARTICIPANTS**

#### CRITICAL MANAGEMENT PROCEDURES

**Step 1:**

a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions and the National Regulations of the Marketing of Infant and Young Children Foods & other Designated Products (Registration, sale, etc.).
b. Have a written infant feeding policy that is routinely communicated to staff and clients.
c. Establish ongoing monitoring and data-management systems.

**Step 2:** Ensure that staff members have sufficient knowledge, competence, and skills to support breastfeeding.

#### KEY CLINICAL PRACTICES

**Step 3:** Discuss the importance and management of breastfeeding with pregnant women and their families.
**Step 4:** Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding immediately after clamping of the cord (within an hour of birth).
**Step 5:** Support mothers to initiate and maintain breastfeeding and manage common difficulties.
**Step 6:** Do not provide breastfed newborns any food or fluids other than breastmilk, unless medically indicated.
**Step 7:** Enable mothers and their infants to remain together and to practice rooming-in and bedding -in 24 hours a day.

**Step 8:** Support mothers to recognize and respond to their infants' cues for feeding and ensure the baby is fed on demand.
**Step 9:** Give no artificial teats or pacifiers (also called dummies or soothers) and feeding bottles to infants and young children.
**Step 10:** Coordinate discharge so that parents and their infants have timely access to facility and community support and care."

**ACTIVITY 1**
*(continued)*

## Ten Steps to Successful Breastfeeding and The Code *(continued)*

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

**KEY TAKEAWAYS FOR PARTICIPANTS**

### KEY MESSAGES

**The Code of Marketing of Breastmilk Substitutes**

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

**ACTIVITY 2**
*15 min.*

## How to Reach the In-Charges in Health Facilities

**INSTRUCTIONS TO FACILITATOR**

1. Ask participants to discuss key actions they will take with health facility In-charges to strengthen MIYCN services and adherence to standards on maternal nutrition, early initiation, exclusive breastfeeding and counselling on dietary diversity.

**ACTIVITY 2**
*(continued)*

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

**KEY TAKEAWAYS FOR PARTICIPANTS**

2. Health providers can take the following actions to strengthen MIYCN services in their place of work.

**KEY MESSAGES**

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

**ACTIVITY 3**
25 min.

## Presentation on M&E Tools

**INSTRUCTIONS TO FACILITATOR**

1. Show the MIYCN data recording tools and explain their significance and why they should always be used in data recording and validation. Show some examples of key MIYCN indicators with their definitions and how to track and count the numbers.
2. Ensure the participants understand the relationship between monitoring and evaluation and the implications of monitoring and evaluation gaps during implementation.
3. Have participants practice using the MIYCN data recording registers/tools.
4. Share the key message below.

**KEY MESSAGES**

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

## ANNEX 1: Sample Agenda

| TIME | ACTIVITY | FACILITATOR |
|---|---|---|
| **8.00–8.15AM** | Registration | |
| **8.15–9.00AM** | • Welcome Remarks<br>• Objectives of Orientation<br>• Why Maternal, Infant and Young Child Nutrition<br>• Pre-Test | |
| **UNIT 1: Maternal Nutrition** | | |
| **9.00–9:50AM** | **Session 1: Maternal Nutrition Interventions and Diet in Pregnancy**<br>• Four Maternal Nutrition Interventions<br>• Dietary Needs in Pregnancy<br>• Common Dietary Challenges | |
| **9.50–10:20AM** | **Session 2: Monitoring and Counselling on Weight Gain in Pregnancy**<br>• Benefits of healthy weight gain and dangers of too little and too much weight gain<br>• Recommended weight gain during pregnancy<br>• Counselling pregnant women and adolescent girls on healthy weight gain | |
| **10:20–10:40AM** | **Session 3: IFA/MMS Supplementation**<br>• Recommended protocols for IFA/MMS<br>• Estimating supply needs<br>• Adherence to IFA supplements and counselling pregnant women on micronutrients | |
| **10:40–11:00AM** | ***Tea Break*** | |
| **UNIT 2: Early Initiation of Breastfeeding** | | |
| **11.00–12:00PM** | **Session 4: Birth Practices and Breastfeeding**<br>• Childbirth Demonstration<br>• Early Initiation of Breastfeeding<br>• Record Keeping | |
| **UNIT 3: Exclusive Breastfeeding** | | |
| **12:00–12:20PM** | **Session 5: Correct Positioning and Attachment** | |
| **12:20–1:10PM** | **Session 6: Preparing Mothers for Exclusive Breastfeeding**<br>• Frequency of Breastfeeding<br>• Breastfeeding After Returning to Work<br>• Manual Expression of Breastmilk | |
| **1:10–2:10PM** | ***Lunch Break*** | |
| **2:10–2:30PM** | **Session 7: Breastfeeding Challenges**<br>• Common breastfeeding problems and solutions | |

| Unit 4: Complementary Feeding | | |
|---|---|---|
| 2:30–4:00PM | **Session 8: Diet Diversity and Age-Specific Meal Frequency for Complementary Feeding**<br>• What to Feed Baby (6-23 months)<br>• How to Feed Baby (6-23 months)<br>• Common Feeding Challenges | |
| 4:00–4:15PM | **Administrative Announcements & Wrap-up for the Day** | |
| **DAY 2** | | |
| 8:00–8:15AM | **Welcome and opening remarks** | |
| **UNIT 5: Growth Monitoring and Promotion** | | |
| 8:15–9:30AM | **Session 9: Growth Monitoring and Promotion**<br>• The basics of growth monitoring and promotion<br>• How to conduct growth monitoring and promotion<br>• Definition and signs of poor growth<br>• Causes of poor growth | |
| **UNIT 6: Counseling, Advocacy and M&E** | | |
| 9:30–10:00AM | **Session 10: Counseling Techniques**<br>• Checklist for Effective Counseling | |
| 10:00–10:15AM | ***Tea Break*** | |
| 10:15–11:15AM | **Session 11: Classroom and Clinical Practice on MIYCN**<br>• Practice providing maternal nutrition services for pregnant women and adolescents in 2nd or 3rd trimester (diet diversity and quantity, weight gain, IFA/MMS, early initiation)<br>• Practice counselling with a mother with an infant below 6 months of age<br>• Practice counselling with a mother with an infant 6-11 months of age | |
| 11:15–12:15PM | **Session 12: Advocacy, Monitoring & Evaluation**<br>• Ten Steps to Successful Breastfeeding<br>• Ten-point Code of Marketing of Breastmilk Substitutes<br>• How to Reach the In-Charges in Health Facilities<br>• Presentation on M&E Tools (this should include both national and A&T tools because A&T has better tools for monitoring and tracking as compared to the national registers which are domesticated in both facilities and community setups) | |
| 12:15–12:45PM | • Post-test<br>• Administrartive Announcements & Closing | |

## ANNEX 2: Pre- and Post-Test

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

| | | | | |
|---|---|---|---|---|
| **15** | A child 9—12 months of age needs three meals and one or two nutritious snacks a day in addition to breastmilk. | | | |
| **16** | When a sick child continues to breastfeed or drinks fluids and eats during sickness, the child regains strength quickly. | | | |
| **17** | A newborn baby should always be given colostrum. | | | |
| **18** | Men play an important role in the feeding practices of pregnant and lactating mothers and children. | | | |
| **19** | Consuming IFA supplements daily will make the baby grow large and cause difficulties during childbirth. | | | |
| **20** | Pregnant women should gain as much weight as possible. | | | |

## ANNEX 3: Observation checklist on Maternal and Adolescent Nutrition

| MATERNAL NUTRITION OBSERVATION CHECKLIST | | |
|---|---|---|
| Name HW (NURSE/MIDWIFE/CHEW): | | Husband (Name): |
| Locality: | State: | Month of Pregnancy/Child's Age: |
| P/L Woman (Name): | | |

| TOPICS | DETAILS AND COMMENTS | Y | N |
|---|---|---|---|
| **A. Diet: Dietary Diversity and Quantity** | | | |
| Did the HW counsel on benefits & food options about missing food group(s)? | Did the HW assess diversity correctly through 24 hours recall | | |
| Did the HW specify amount of food per meal, number of meals and snacks by trimester? | Did the HW assess amount and number of meals/snacks correctly through 24 hours recall | | |
| Did the HW promote locally acceptable and affordable food and meals/snacks options? | Did the HW ask what is feasible and doable | | |
| Did the HW record the date and main content of counselling on maternal diet (e.g., diversity/food groups/foods, quantity and difficulties) provided? | Did the HW review the register/computer screen/mobile phone | | |
| **B. Tracking Weight Gain** | | | |
| Did the HW place weighing scale on level ground and check zeroes? Did the HW ask the woman to remove shoes or heavy clothing/objects? | Was the weight measured and recorded accurately | | |
| Did the HW correctly read the weight and record the amount of weight gained accurately compared to the last weighing in the ANC register along with dates of the weighing? Did the HW record if the weight gain was too low or too high?<br>Did the HW discuss how much weight the pregnant woman should gain and remind her about diet and physical activity? | Did the HW review the register/computer screen/mobile phone | | |
| **C. IFA/MMS** | | | |
| Did the HW counsel about daily dose (one tablet), total number during pregnancy and benefits of IFA/MMS for mother and child?<br>Did the HW validate the actual number of IFA/MMS consumed by the woman accurately by asking from the mother and date of the last visit/supply received by the pregnant woman? | Did the HW explain the doses of IFA/MMS and calcium tablets per day and number of tablets total to complete the course during and after pregnancy? | | |
| Did the HW counsel on side effects, how to manage forgetfulness, and encourage her to ask for family members' support? | | | |
| Did the HW correctly record the number of tablets of IFA/MMS received and available at home; number consumed daily/weekly/monthly; and the content of counselling along with the dates? | Did the HW review the register/computer screen/mobile phone | | |

| D. Breastfeeding Preparation | | | |
|---|---|---|---|
| Did HW ensure that the pregnant woman's family understands and commits to no pre-lacteal feeding in first 3 days? | | | |
| Did HW ensure that the family of pregnant woman understands and commits to initiating BF immediately after delivery, within the first hour? | | | |
| Did HW try to contact the child delivery staff at the designated facility to orient and ensure that recently delivered mothers are supported to initiate breastfeeding immediately after delivery, supported on position and attachment of the newborn baby? | | | |
| Did HW ensure that recently delivered mother and family understand, will make arrangements for and commit to EBF for 6 months, not even giving water? | | | |
| **E. General** | | | |
| Did the HW correctly record the above four maternal nutrition interventions in the register? | | | |
| Did the HW try to engage family members in discussion? | | | |
| Did the HW have adequate supplies of IFA/MMS supplements; job aids, reminder cards and posters; a working weighing scale; record keeping tools; and recently receive practical skills/motivation training to carry out the tasks? | | | |
| Did the observer using this checklist provide feedback to the HW in a supportive way? | | | |
| **Signature & Date of Observer**<br>**Name & Designation** | | | |

## ANNEX 4: Checklist for Effective Counselling

☑ **Demonstrate good listening and learning skills**

- Listen attentively to the mother, maintaining eye contact. Many times, mothers find it difficult to express their feelings, especially if they or shy or don't know the community health worker.
- Avoid keeping distance or having barriers such as table, chair, book, bag, etc. between mother and counselor.
- Take enough time to talk; don't rush.

☑ **Show that you understand how the mother feels.**

- If a mother says her baby wants to feed very often at night and that makes her feel so tired, your response could be, "Are you feeling very tired all the time?" The mother will then understand that you are also feeling her tiredness. You must not say that mothers have to work hard for the baby or how else will the child feed?

☑ **Use helpful non-verbal communication.**

- Without saying anything, you communicate through your face and body language, for example by nodding your head or smiling a little. This will draw the attention of the mother.

☑ **Ask open-ended questions.**

- Open-ended questions are very useful for communication because more than one answer comes from questions that ask when, where, how, what do you feed your child, etc. Examples of closed questions are: Does your child take breast milk? Do you breastfeed your child?

☑ **Don't use judgmental words.**

- Judgmental words include words such as right, wrong, well, badly, good, problem, etc. If you use these words when you talk to a mother, you may make her feel that she is wrong. For example, if you say, "Your child seems bad/weak. Is there anything wrong with the baby?," Build the self-confidence of mothers.

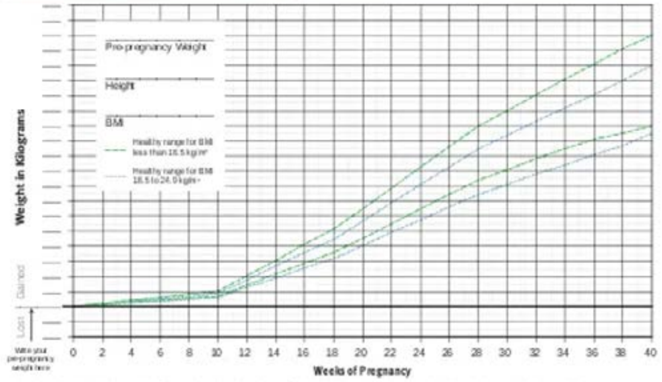
☑ **Praise and emphasize what a mother is doing right.**

- Praise the mother for what she has done well so that she may continue those practices. Praising for good a job done will build confidence and make it easier to counsel mothers the next time.

☑ **Provide the mother with practical help/ demonstration.**

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

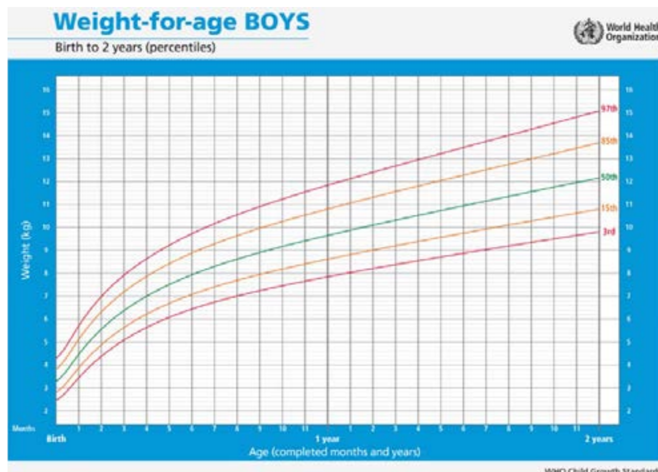
# ANNEX 5: Weight Gain Charts and WHO Growth Charts

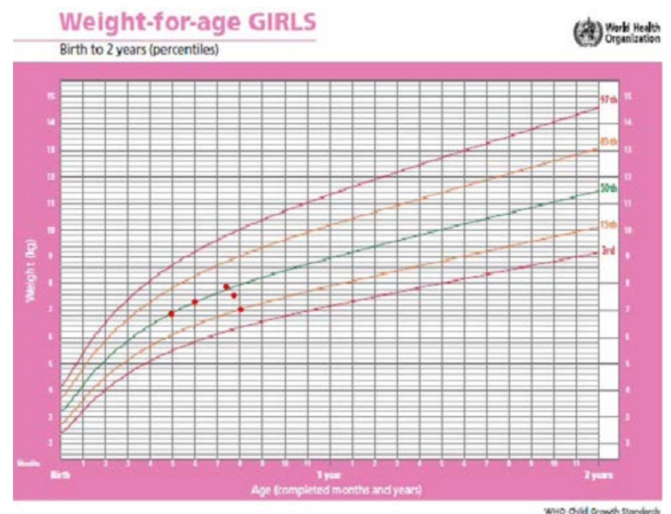



## Pregnancy Weight Gain Tracker (Kg)

Note: *Record weight in Kg before pregnancy*

| Week of Pregnancy | Today's Date | Today's Weight (Kg) | Weight Difference (Gain/Loss) | Comment |
|---|---|---|---|---|
| Week 1 | | | | |
| Week 2 | | | | |
| Week 3 | | | | |
| Week (up to week 40) | | | | |



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