



Infant and Young Child Feeding Counselling
An Integrated Course

GUIDELINES FOR FOLLOW-UP AFTER TRAINING



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1. Introduction

1.1. Objectives of follow-up after training

It is unlikely that participants will learn all the competencies, listed on page 4-9 of this document, during the course. Participants should have a sound theoretical knowledge at the end of the 5-day course, and have practised the counselling skills in many different situations. However, participants need time to practise the practical skills (e.g. helping a mother to position and attach her baby; helping a mother with engorged breasts to express her milk; counselling an HIV-positive mother about different feeding options) before they will become really confident. They also need to learn how to apply what they have learnt during the course to their normal working situation.

The objectives of follow-up after training are to:

- Reinforce the theoretical knowledge learnt in the course
- Reinforce the counselling and practical skills learnt in the course
- Identify problems faced by course participants in their work situation which affect implementation of infant feeding counselling
- Assess the theoretical, counselling and practical skills of participants after the course, in order to feedback to individual participants and also to feedback to the Course Director and Programme Officer at the Ministry of Health, to improve the implementation of the *Infant and Young Child Feeding Counselling: An Integrated Course*.

1.2 Competencies participants are expected to learn during training and follow-up

This course is based on a set of competencies which participants are expected to learn during training and follow-up. Competencies may be a concept that is new to trainers and participants. It is important to explain this clearly to the trainers on the training-of-trainers course and to the participants during the opening session and Session 39 of the participants' course. To become competent at something you need the necessary knowledge and the necessary skills. The knowledge required to be competent at a task is to know 'what to do and when to do it.' The table of competencies listed on the following pages (and also in the Introduction to the *Trainer's Guide* and Session 39 of the *Participant's Manual*) reflect the content of this course and the knowledge and skills on which the participants will be assessed. You will see that the table is divided into three columns: the competency, the knowledge required and the skills required.

Most people find that they acquire the 'knowledge' part of the competency more quickly than the 'skills' part. During a course like the *Infant and Young Child Feeding Counselling: An Integrated Course*, participants will gain a lot of knowledge, but knowledge on its own does not make someone competent at carrying out a task. For example, a participant may be able to list the steps of how to help a mother to cup-feed her baby but have never practised this skill herself, and so may not be competent to carry this out practically. Whilst participants on a course like this may not fully acquire all the skills listed they should all have a chance to practise

these skills at least once during the course. Then they will understand how to continue practising these skills when they return to their place of work. If a participant has had the chance to successfully help a mother to position and attach her baby to the breast, she will feel more confident in continuing to improve on this skill when she returns to work after the course. It is essential that the trainers are competent at the counselling and technical skills required and that the groups are small enough (1 trainer per 3-4 participants) to ensure that the participants get as much practice as possible.

The table of competencies is arranged in a certain order. The competencies at the beginning of the table are those which are most commonly used, and on which later competencies depend. For example, to be able to help a mother who has flat or inverted nipples you need to have the basic competency to help a mother to position and attach her baby. You will also see that the counselling skills ('Listening and Learning' and 'Confidence and Support') are applied in many different situations.

Take time to read through this table of competencies before the course. All the theory ('knowledge') required is found in the *Trainer's Guide* and will be covered in the lecture sessions of the participants' course. The skills are practised in the classroom practical sessions, the exercises and the practical sessions in wards and clinical facilities. The follow-up assessment of participants at their facilities is based on these competencies.

Competency	Knowledge	Skills
1. Use Listening and Learning skills to Counsel a mother	<ul style="list-style-type: none"> • List the 6 Listening and Learning skills • Give an example of each skill 	<ul style="list-style-type: none"> • Use the Listening and Learning skills appropriately when counselling a mother on feeding her infant or young child
2. Use Confidence and Support skills to Counsel a mother	<ul style="list-style-type: none"> • List the 6 Confidence and Support skills • Give an example of each skill 	<ul style="list-style-type: none"> • Use the Confidence and Support skills appropriately when counselling a mother on feeding her infant or young child
3. Assess a breastfeed	<ul style="list-style-type: none"> • Explain the contents and arrangement of the BREASTFEED OBSERVATION JOB AID 	<ul style="list-style-type: none"> • Assess a breastfeed using the BREASTFEED OBSERVATION JOB AID • Recognize a mother who needs help using the BREASTFEED OBSERVATION JOB AID
4. Help a mother to Position a baby at The breast	<ul style="list-style-type: none"> • Explain the 4 key points of positioning • Describe how a mother should support her breast for feeding • Explain the main positions – sitting, lying, underarm and across 	<ul style="list-style-type: none"> • Recognize good and poor positioning according to the 4 key points • Help a mother to position her baby using the 4 key points, in different positions
5. Help a mother to Attach her baby to The breast	<ul style="list-style-type: none"> • Describe the relevant anatomy and physiology of the breast and suckling action of the baby • Explain the 4 key points of attachment 	<ul style="list-style-type: none"> • Recognize signs of good and poor attachment and effective suckling according to the BREASTFEED OBSERVATION JOB AID • Help a mother to get her baby to attach to the breast once he is well positioned
6. Explain to a Mother about the Optimal pattern of Breastfeeding	<ul style="list-style-type: none"> • Describe the physiology of breast milk production and flow • Describe unrestricted (or demand) feeding, and implications for frequency and duration of breastfeeds and breast usage 	<ul style="list-style-type: none"> • Explain to a mother about the optimal pattern of breastfeeding and demand feeding

<p>7. Help a mother to Express her breast Milk by hand</p>	<ul style="list-style-type: none"> • List the situations when expressing breast milk is useful • Describe the relevant anatomy of the breast and physiology of lactation • Explain how to stimulate the oxytocin reflex • Describe how to select and prepare a container for expressed breast milk • Describe how to store breast milk 	<ul style="list-style-type: none"> • Explain to a mother how to stimulate her oxytocin reflex • Rub a mother’s back to stimulate her oxytocin reflex • Help a mother to learn how to prepare a container for expressed breast milk • Explain to a mother the steps of expressing breast milk by hand • Observe a mother expressing breast milk by hand and help her if necessary
<p>8. Help a mother to Cup- feed her baby</p>	<ul style="list-style-type: none"> • List the advantages of cup-feeding • Estimate the volume of milk to give a baby according to weight • Describe how to prepare a cup hygienically for feeding a baby 	<ul style="list-style-type: none"> • Demonstrate to a mother how to prepare a cup hygienically for feeding • Practise with a mother how to cup-feed her baby safely • Explain to a mother the volume of milk to offer her baby and the number of feeds in 24 hours
<p>9. Plot and interpret a Growth chart</p>	<ul style="list-style-type: none"> • Explain the meaning of the reference curves • Describe where to find the age and the weight of a child on a growth chart 	<ul style="list-style-type: none"> • Plot the weights of a child on a growth chart • Interpret a child’s individual growth curve
<p>10. Take a feeding history for an infant or young child 0-24 months</p>	<ul style="list-style-type: none"> • Describe the contents and arrangement of the FEEDING HISTORY JOB AID 	<ul style="list-style-type: none"> • Take a feeding history using the job aid and appropriate counselling skills according to the age of the child
<p>11. Teach a mother the 10 Key Messages for complementary feeding</p>	<ul style="list-style-type: none"> • List and explain the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6) • Explain when to use the food consistency pictures, and what each picture shows • List and explain the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8) • List and explain the Key Message about how to feed an infant or young child (Key Message 9) • List and explain the Key Message about how to feed an infant or young child during illness (Key Message 10) 	<ul style="list-style-type: none"> • Explain to a mother the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6) • Use the food consistency pictures appropriately during counselling • Explain to a mother the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8) • Explain to a mother the Key Message about how to feed an infant or young child (Key Message 9) • Explain to a mother the Key Message about how to feed an infant or young child during illness (Key Message 10)

<p>12. Counsel a pregnant woman about breastfeeding</p>	<ul style="list-style-type: none"> • List the Ten Steps to Successful Breastfeeding • Describe how the International Code of Marketing of Breast-milk Substitutes helps to protect breastfeeding • Discuss why exclusive breastfeeding is important for the first six months • List the special properties of colostrum and reasons why it is important 	<ul style="list-style-type: none"> • Use counselling skills appropriately with a pregnant woman to discuss the advantages of exclusive breastfeeding • Explain to a pregnant woman how to initiate and establish breastfeeding after delivery, and the optimal breastfeeding pattern • Apply competencies 1, 2 and 6
<p>13. Help a mother to initiate breastfeeding</p>	<ul style="list-style-type: none"> • Discuss the importance of early contact after delivery and of the baby receiving colostrum • Describe how health care practices affect initiation of exclusive breastfeeding 	<ul style="list-style-type: none"> • Help a mother to initiate skin-to-skin contact immediately after delivery and to introduce her baby to the breast • Apply competencies 1, 2, 4 and 5
<p>14. Support exclusive breast feeding for the first six months of life</p>	<ul style="list-style-type: none"> • Describe why exclusive breastfeeding is important • Describe the support that a mother needs to sustain exclusive breastfeeding 	<ul style="list-style-type: none"> • Apply competencies 1 to 10 appropriately
<p>15. Help a mother to sustain breastfeeding up to 2 years of age or beyond</p>	<ul style="list-style-type: none"> • Describe the importance of breast milk in the 2nd year of life 	<ul style="list-style-type: none"> • Apply competencies 1, 2, 9 and 10, including explaining the value of breastfeeding up to 2 years and beyond
<p>16. Help a mother with 'not enough milk'</p>	<ul style="list-style-type: none"> • Describe the common reasons why a baby may have a low breast milk intake • Describe the common reasons for apparent insufficiency of milk • List the reliable signs that a baby is not getting enough milk 	<ul style="list-style-type: none"> • Apply competencies 1, 3, 9 and 10 to decide the cause • Apply competencies 2, 4, 5, 6, 7 and 8 to overcome the difficulty, including explaining the cause of the difficulty to the mother
<p>17. Help a mother with a baby who cries frequently</p>	<ul style="list-style-type: none"> • List the causes of frequent crying • Describe the management of a crying baby 	<ul style="list-style-type: none"> • Apply competencies 1, 3, 9 and 10 to decide the cause • Apply competencies 2, 4, 5 and 6 to overcome the difficulty, including explaining the cause of the difficulty to the mother • Demonstrate to a mother the positions to hold and carry a colicky baby
<p>18. Help a mother whose baby is refusing to breastfeed</p>	<ul style="list-style-type: none"> • List the causes of breast refusal • Describe the management of breast refusal 	<ul style="list-style-type: none"> • Apply competencies 1, 3, 9 and 10 to decide the cause • Apply competencies 2, 4 and 5 to overcome the difficulty, including explaining the cause of the difficulty to the mother • Help a mother to use skin-to-

<p>19. Help a mother who has flat or inverted nipples</p>	<ul style="list-style-type: none"> • Explain the difference between flat and inverted nipples and about protractility • Explain how to manage flat and inverted nipples 	<ul style="list-style-type: none"> • Recognize flat and inverted nipples • Apply competencies 2, 4, 5, 7 and 8 to overcome the difficulty • Show a mother how to use the syringe method for the treatment of inverted nipples
<p>20. Help a mother with engorged breasts</p>	<ul style="list-style-type: none"> • Explain the differences between full and engorged breasts • Explain the reasons why breasts may become engorged • Explain how to manage breast engorgement 	<ul style="list-style-type: none"> • Recognize the difference between full and engorged breasts • Apply competencies 2, 4, 5, 6 and 7 to manage the difficulty
<p>21. Help a mother with sore or cracked nipples</p>	<ul style="list-style-type: none"> • List the causes of sore or cracked nipples • Describe the relevant anatomy and physiology of the breast • Explain how to treat candida infection of the breast 	<ul style="list-style-type: none"> • Recognize sore and cracked nipples • Recognize candida infection of the breast • Apply competencies 2, 3, 4, 5, 7 and 8 to manage these conditions
<p>22. Help a mother with mastitis</p>	<ul style="list-style-type: none"> • Describe the difference between engorgement and mastitis • List the causes of a blocked milk duct • Explain how to treat a blocked milk duct • List the causes of mastitis • Explain how to manage mastitis, including indications for antibiotic treatment and referral • List the antibiotics to use for infective mastitis • Explain the difference between treating mastitis in an HIV-negative and HIV-positive mother 	<ul style="list-style-type: none"> • Recognize mastitis and refer if necessary • Recognize a blocked milk duct • Manage blocked duct appropriately • Manage mastitis appropriately using competencies 1, 2, 3, 4, 5, 6, 7, 8 and rest, analgesics and antibiotics if indicated. Refer appropriately • Refer mastitis in an HIV-positive mother appropriately
<p>23. Help a mother to breastfeed a low-birth-weight baby or sick baby</p>	<ul style="list-style-type: none"> • Explain why breast milk is important for a low-birth-weight baby or sick baby • Describe the different ways to feed breast milk to a low-birth-weight baby • Estimate the volume of milk to offer a low-birth-weight baby per feed and per 24 hours 	<ul style="list-style-type: none"> • Help a mother to feed her LBW baby appropriately • Apply competencies, especially 7, 8 and 9, to manage these infants appropriately • Explain to a mother the importance of breastfeeding during illness and recovery

<p>24. Counsel an HIV-positive woman antenatally about feeding choices</p>	<ul style="list-style-type: none"> • Explain the risk of mother-to-child transmission of HIV • Outline approaches that can prevent MTCT through safer infant feeding practices • State infant feeding recommendations for women who are HIV+ve and for women who are HIV-ve or do not know their status • List advantages and disadvantages of these feeding options 	<ul style="list-style-type: none"> • Apply competencies 1 and 2 to counsel an HIV-positive woman • Use the Flow Chart and the Counselling Cards to help an HIV-positive woman to come to her own decision about how to feed her baby
<p>25. Support an HIV-positive mother in her feeding choice</p>	<ul style="list-style-type: none"> • List the different types of replacement milks available locally and how much they cost • Explain how to prepare the milks • Describe hygienic preparation of feeds and utensils • Explain the volumes of milk to offer a baby according to weight • Explain exclusive breastfeeding and stopping early • Explain how to heat-treat and store breast milk • Describe the criteria for selection of a wet-nurse 	<ul style="list-style-type: none"> • Help a mother to prepare the type of replacement milk she has chosen • Apply competency 8 • Show a mother how to prepare replacement feeds hygienically • Practise with a mother how to prepare replacement feeds hygienically • Show a mother how to measure milk and other ingredients to prepare feeds • Practise with a mother how to measure milk and other ingredients to prepare feeds
		<ul style="list-style-type: none"> • Explain to a mother the volume of milk to offer her baby and the number of feeds per 24 hours • Apply competencies 1, 2, 3, 4, 5, and 6 to support a mother to breastfeed exclusively and optimally • Show a mother how to heat-treat breast milk and apply competencies 7 and 8 • Apply competencies 1, 2, 3, 4, 5 and 6 to support the wet-nurse • Use the Counselling Cards and Flyers appropriately

<p>26. Follow-up the infant of an HIV-positive mother 0-6 months who is receiving replacement milk</p>	<ul style="list-style-type: none"> • Describe hygienic preparation of feeds • Explain the volumes of milk to give to a baby according to weight • Explain when to arrange follow-up or when to refer • Explain about feeding during illness and recovery 	<ul style="list-style-type: none"> • Show a mother how to prepare replacement feeds hygienically • Practise with a mother how to prepare replacement feeds hygienically • Apply competency 8 • Recognize when a child needs follow-up and when a child needs to be referred • Explain to a mother how to feed her baby during illness or recovery • Use the Counselling Cards and Flyers appropriately
<p>27. Help an HIV-positive mother to cease breastfeeding early and make a safe transition to replacement feeds</p>	<ul style="list-style-type: none"> • Describe the difficulties a mother may encounter when she tries to stop breastfeeding over a short period of time • Explain how to manage engorgement and mastitis in a mother who stops breastfeeding over a short period of time • Show the ways to comfort a baby who is no longer breastfeeding • List what replacement feeds are available & how to prepare them • Explain when to arrange follow-up or when to refer 	<ul style="list-style-type: none"> • Explain to a mother how she should prepare to stop breastfeeding early • Practise with a mother how to prepare replacement feeds hygienically • Apply competencies 7 and 8 • Manage breast engorgement and mastitis in an HIV-infected woman who is stopping breastfeeding (competencies 20 and 22) • Explain to a mother ways to comfort a baby who is no longer breastfeeding
<p>28. Help mothers whose babies are over six months of age to give complementary feeds</p>	<ul style="list-style-type: none"> • List the gaps which occur after six months when a child can no longer get enough nutrients from breast milk alone • List the foods that can fill the gaps • Describe how to prepare feeds hygienically • List recommendations for feeding a non-breastfed child, including quantity, quality, consistency, frequency and method of feeding at different ages 	<ul style="list-style-type: none"> • Apply competencies 1, 2, 9 & 10 • Use the FOOD INTAKE JOB AID to learn how a mother is feeding her infant or young child • Identify the gaps in the diet according to the FOOD INTAKE JOB AID • Explain to a mother what foods to feed her child to fill the gaps, applying competency 11 • Demonstrate preparation of a meal for an infant or young child at different ages (8, 10, 15 mths)

		<ul style="list-style-type: none"> • Practise with a mother how to prepare meals for her infant or young child • Show a mother how to prepare feeds hygienically • Explain to a mother how to feed a non-breastfed child
29. Help a mother with a breastfed child over six months of age who is not growing well	<ul style="list-style-type: none"> • Explain feeding during illness and recovery • Describe how to prepare feeds hygienically 	<ul style="list-style-type: none"> • Apply competency 15 to help a mother to sustain breastfeeding up to 2 years of age or beyond • Apply competencies 1, 2, 9, 10 and 11 • Explain to a mother how to feed during illness and recovery • Demonstrate to a mother how to prepare feeds hygienically • Recognize when a child needs follow-up and when a child needs referral
30. Help a mother with a non-breastfed child over six months of age who is not growing well	<ul style="list-style-type: none"> • Explain about the special attention to give to children who are not receiving breast milk • List the recommendations for feeding a non-breastfed child, including quantity, quality, consistency, frequency and method of feeding • Explain feeding during illness 	<ul style="list-style-type: none"> • Apply competencies 1, 2, 9, 10 and 11 • Explain to a mother how to feed a non-breastfed child • Explain to a mother how to feed during illness and recovery • Demonstrate to a mother how to prepare feeds hygienically • Recognize when a child needs follow-up and when a child

2. The follow-up visit

2.1 Overview of follow-up visit

Follow-up after training should be conducted by a trainer on the *Infant and Young Child Feeding Counselling: An Integrated Course*. It should take place 1-3 months after the training course. The Course Director will give you details of the schedule for the follow-up visits at the end of the Training-of-Trainers course. The follow-up is designed to take one working day at the participant's work place. Ideally several participants from one facility, or area, can be assessed on the same day. The maximum number of participants to assess during one day is four. Alternatively, if participants come from distant places, they could be called back to a central place for the follow-up session.

It is important to emphasize to participants that this is not an exam, but it is a way for trainers to assess the training course, to help reinforce the skills learnt on the course, and to help with situations that participants have found difficult to manage since the course. Feedback will be given to the Course Director and/or Programme Officer at the Ministry of Health and suggestions made for ways to improve on training.

The schedule for the day is as follows:

- | | |
|---|-------------------------------|
| ■ Welcome and Introduction | 30 minutes |
| ■ Assessment of participants' competencies | 60-90 minutes per participant |
| ■ Review participant's log of skills and Difficulties experienced | 30 minutes per participant |
| ■ Review individual written exercises | 30 minutes per participant |

2.2 Welcome and Introduction

As the visiting trainer you should meet briefly with the facility staff to explain the purpose of the visit and the activities which will take place during the day. Introduce yourself to the health worker in charge and explain the purpose of the visit. Identify the people you are going to assess. It may be helpful to ask the staff if they have observed any differences in the way those who were trained on the course are managing mothers and their infants since the training. Establish a friendly atmosphere for the visit.

In order to orientate yourself to the facility, ask to be shown the different areas where infant feeding counselling might take place the postnatal ward, the delivery rooms, the outpatient department, the counselling rooms.

Identify a quiet area to conduct the 'classroom' parts of the follow-up session.

2.3 Assessment of competencies

Each participant will be assessed on competencies 1, 4, 5, 10, 11, 24 and 25 and should be assessed individually. Feedback should be given immediately, starting with praise for the things the participant did well and suggestions on what she should have done better.

The following is a list of suggested situations in which to assess the participants' competencies which include breastfeeding, HIV/infant feeding and complementary feeding.

- Help a mother to position the baby at the breast (competency 4) and attach her baby to the breast (competency 5)
- Take a feeding history for an infant or young child 0-24 months (competency 10)
- Teach a mother the 10 Key Massages for complementary feeding (competency 11)
- Counsel an HIV- positive woman antenatally about feeding choices (competency 24)
- Support an HIV- positive mother in her feeding choice (competency 25)

Ask the participants if they feel there are some skills that they are unsure of and need to be included. Discuss them during feedback.

Before the assessment you, the trainer, will identify women, mothers and caregivers, who will take part. Make sure you arrive at the facility in enough time to find suitable people.

Explain to the participant how the session will be conducted. Explain to the participant that you would like her to show you how she would counsel a mother to choose a feeding option. You may wish to make one or two introductory statements, for example: “The mother that you are about to counsel is HIV- positive and wants to be helped to choose a feeding option.”

At the end of the session remember to summarize the session. Where necessary, complement the counselling session to ensure that the mother benefits from the exercise. Mention those items that the counsellor had left out which be of help to the mother.

After the participant has completed the session and the mother has been released, give feedback. Ask the participant how she felt she performed. Start with praising the things the counsellor did well and then make suggestions on how they could improve. You may wish to ask the participant if there are any questions and try to answer them.

2.4 Forms to complete for assessment of competencies

In the annex you will find the different forms to be completed for some of the competencies listed in the table. Also in the annex is a checklist on what to photocopy and how many copies you need of each assessment tool. In each case the knowledge and skills that you are expected to assess are listed. The various forms should be photocopied as part of the preparation for the follow-up. Remember that for the competencies 4 health workers can be assessed on the same form. This will save a lot of paper! Choose the forms for competencies you will assess.

Remember this is not a test for the participant. These forms are a reminder to you of what to look for when you assess a competency, what is the knowledge the participants should have and what are the skills they should demonstrate.

2.5 Log of skills

Each participant has been asked to keep a log of skills they have practised in their work setting since the course. This log is on [page 227 of the Participants Manual](#). An abbreviated form of the log is included in the annex of this document.

Instructions on how the participants should complete the log of skills are given in Session 39 of the course. The log has three columns. There is one column for skills, one column for the date and one column for any comments. When participants practise a skill at their facility they should list the skill and write the date next to it and any comments. For example: On the 1st July 2005 the participant practices the skill of assessing a breastfeed using the Breastfeed Observation Job Aid. The participant should write the date in the first column and the skill in the second column. Perhaps the participant found that the mother was not holding her breast in the recommended way, but was using the scissor grip. She might have suggested to the mother that she tries to hold her breast in a different way. The participant should note this down in the third column. In addition, the participant should make particular notes of any difficult cases she had to deal with so that these can be discussed at the follow-up session.

Part of the assessment is for the trainer to go through this log of skills with each participant. This session can be done as a group if there are several participants being assessed from the same facility. Trainers should use this opportunity to facilitate a group discussion of skills that participants have found hard to learn and situations that they have found difficult to manage. If there are conditions in facilities that affect the implementation of infant feeding counselling then these should be discussed.

2.6 Log of difficulties experienced

In addition participants have a form to complete where they can note down any difficulties they have experienced in trying to implement what they have learnt during the course. This is on [page 229 of the Participant's Manual](#) and an abbreviated version is in the annex of this document. For example, if they have had difficulty counselling mothers about complementary feeding practices because the clinic in which they work is too crowded and there are too few staff, they can make a note of this. The participant may have had difficulties trying to help mothers who have had a caesarean section to give the first breastfeed because their babies are kept in the nursery after delivery. Again, they should mark this down, to discuss at the follow-up session.

As part of your discussion of the participant's log of skills, you should discuss any difficulties the participants have experienced and any ways in which they have tried to solve these difficulties.

2.7 Filling in the competencies forms

Copies of these forms are to be found in the annex of this document. On each competency form indicate the names and marks obtained on the assessment column for each health worker.

2.8 Filling in the counselling checklist (Follow the counselling process on the counselling flow chart for each option chosen)

- Fill in all the particulars on the front page correctly
- For a mother who has chosen exclusive breastfeeding the score is out of 55
- For a mother who has chosen exclusive replacement feeding the score is out of 61
- For a mother who is not yet decided and after going through both options chooses exclusive breastfeeding the score is out of 67
- For a mother who is not yet decided and after discussing with her on both options decides to settle for exclusive replacement feeding the score is out of 75
- For a mother who is not yet decided even after going through both options and says she needs some time to think about it the score is out of 54.

2.9 Individual written exercises

The exercises take the same format as the exercises throughout the IYCF course. The participant should have completed all the written exercises prior to the assessment. Trainers go through these exercises with the participant, individually. These exercises will help to reinforce both theoretical knowledge and counselling skills learnt on the course. It is important that trainers use counselling skills when giving feedback to the participant about their exercises.

There is no specific marking system for the exercises. However, make sure that the participant is clear about the correct answers when you have finished going through them.

3. Summary of assessment

3.1 Complete the form for overall of assessment for the health facility

At the end of the assessment you will be expected to prepare a report sheet (page 90 of this document) which will be used when you meet together with the Course Director, or other identified person, and other trainers at a follow-up meeting. There is no specific marking system for the participants or for your overall assessment. This is not a formal exam. It is to remind you of areas of strength and weakness to discuss with the Course Director.

The purpose of the meeting is to describe the progress of infant feeding training in the district and any important or recurring problems and any actions that are needed. You may note that participants are still weak at some of the competencies and you may arrange to do a further follow-up session with them.

The form “overall assessment for the health facility” helps you to express your overall impression on the performance of the health facility that you are assessing. A copy of the form is found in the annex.

Annexes

Form to complete for overall assessment of each participant..

<i>Competency 1: Use Listening and Learning skills to counsel a mother</i>			
<i>Knowledge</i> (Total score 6 points)	<i>Assessment (Score for each candidate)</i>		
	<i>name of HW:</i>	<i>name of HW:</i>	<i>name of HW:</i>
Ask participant to list the 6 Listening and Learning Skills (3 points): 1. Helpful non-verbal communication (1/2 point) 2. Open questions (1/2 point) 3. Responses and gestures which show interest (1/2 point) 4. Reflect back (1/2 point) 5. Empathize(1/2 point) 6. Avoid judging words(1/2 point)			
<i>Skills competency 1 contd (Total score 3 points)</i>			
Use the Listening and Learning Skills appropriately when counselling a mother on feeding her infant and young child: 1. Helpful non-verbal communication (½ point) 2. Open questions(½ point) 3. Responses & gestures which show interest (½ point) 4. Reflect back(½ point) 5. Empathize(½ point) 6. Avoid judging words(½ point)			
<i>(Total score 3 points)</i>			
Use the Listening and Learning Skills appropriately when counselling a mother on feeding her infant and young child: 1. Helpful non-verbal communication (½ point) 2. Open questions(½ point) 3. Responses & gestures which show interest(½ point) 4. Reflect back(½ point) 5. Empathize(½ point) 6. Avoid judging words(½ point)			

Competency 2: Use Confidence and Support skills to counsel a mother			
Knowledge (6 points)	Assessment (score for each candidate)		
	Name of HW	Name of HW	Name of HW
<p>List the 6 Confidence and Support Skills:</p> <ol style="list-style-type: none"> 1. Accept what mother thinks and feels <i>(1/2 point)</i> 2. Recognize and praise what mother and child doing right <i>(1/2 point)</i> 3. Give practical help <i>(1/2 point)</i> 4. Give relevant information <i>(1/2 point)</i> 5. Use simple language <i>(1/2 point)</i> 6. One of two suggestions, not commands <i>(1/2 point)</i> 			
<p>Participants able to give an example of each skill:</p> <ol style="list-style-type: none"> 1. Accept what mother thinks and feels <i>(1/2 point)</i> 2. Recognize and Praise what mother and child doing right <i>(1/2 point)</i> 3. Give practical help <i>(1/2 point)</i> 4. Give relevant information <i>(1/2 point)</i> 5. Use simple language <i>(1/2 point)</i> 6. One of two suggestions, not commands <i>(1/2 point)</i> 			
Skills (3 points)			
<p>Use the Confidence and Support Skills appropriately when counselling a mother on feeding her infant or young child:</p> <ol style="list-style-type: none"> 1. Accept what mother thinks and feels <i>(1/2 point)</i> 2. Recognize and Praise what mother and child doing right <i>(1/2 point)</i> 3. Give practical help <i>(1/2 point)</i> 			

Competency 4: Help a mother to position a baby at the breast			
	<i>Assessment (Score for each candidate)</i>		
<i>Knowledge (Total score 3 points)</i>	<i>name of HW:</i>	<i>name of HW:</i>	<i>name of HW:</i>
Ask participant to explain the 4 key points of positioning (2 points):			
1. Baby's head and body in line (<i>½ point</i>)			
2. Baby held close to mother's body (<i>½ point</i>)			
3. Baby supported by head and neck (<i>½ point</i>)			
4. Baby approaches breast, nose to nipple (<i>½ point</i>)			
<i>Describe how a mother should support her breast for feeding (1 mark)</i>			
Skills (4 marks)			
Ask participant to help a mother to position her baby using the 4 key points in one position sitting, lying, underarm, and across (<i>2 points</i>)			
1. Baby's head and body in line (<i>½ point</i>)			
2. Baby held close to mother's body (<i>½ point</i>)			
3. Baby supported by head and neck (<i>½ point</i>)			
4. Baby approaches breast, nose to nipple (<i>½ point</i>)			
Observe if counsellor is able to recognize good and poor positioning using the 4 key points (2 points):			
1. Baby's head and body in line(<i>½ point</i>)			
2. Baby held close to mother's body(<i>½ point</i>)			
3. Baby supported by head and neck(<i>½ point</i>)			
4. Baby approaches breast, nose to nipple(<i>½ point</i>)			

Competency 5: Help a mother to attach her baby to the breast			
<i>Knowledge (Total score 5 marks)</i>	<i>Assessment (Score for each candidate)</i>		
	<i>name of HW</i>	<i>name of HW</i>	<i>name of HW</i>
Where is breast milk stored between feeds? What is the trigger for milk production? What reduces milk production? (3 marks)			
Explain the 4 key points of attachment (2 points):			
1. More areola seen above baby's top lip (½ point)			
2. Baby's mouth open wide (½ point)			
3. Lower lip turned outwards (½ point)			
4. Baby's chin touches breast (½ point)			
Skills (6 marks)			
Observe if the counsellor is able to recognize signs of good & poor attachment & effective suckling according to the Breastfeed Observation Job Aid (4 marks)			
Good attachment (2 marks):			
1. More areola above baby's top lip (1/2 pt)			
2. Baby's mouth open wide (½ point),			
3. Lower lip turned outwards (½ point),			
4. Baby's chin touches breast (½ point)			
Poor attachment (2 points):			
1. More areola seen below bottom lip (½ point),			
2. Baby's mouth not open wide (½ point)			
3. Lips pointing forward or turned in (½ point),			
4. Baby's chin not touching breast (½ point)			
Help a mother to attach her baby to the breast once he is well positioned (2 points)			

Competency 10: Take a feeding history for an infant/young child 0 -24 months (6 points)			
	<i>Assessment</i>		
<i>Knowledge (3 points)</i>	<i>Name of HW:</i>	<i>Name of HW:</i>	<i>Name of HW:</i>
<i>Ask the counsellor to describe the contents and arrangement of the Feeding History Job Aid</i>			
<i>Skills (3 points)</i>			
<i>Ask the counsellor to Take a feeding history using the FEEDING HISTORY JOB and appropriate counselling skills according to the age of the child</i>			

Competency 11: Teach a mother the 10 Key Messages for complementary feeding			
<i>Knowledge (6 marks)</i>	<i>Assessment</i>		
<p>List and explain the 6 Key Messages about what to feed an infant or young child to fill the nutrition gaps - Key Messages 1 to 6 (3 marks)</p> <ol style="list-style-type: none"> Breastfeeding for two years of age or longer helps a child to develop and grow strong and healthy (<i>½ point</i>) Starting other foods in addition to breast milk at 6 months helps a child to grow well (<i>½ point</i>). Foods that are thick enough to stay in the spoon give more energy to the child (<i>½ point</i>). Animal-source foods are specially good for children, to help them grow strong and lively (<i>½ point</i>). Peas, beans, lentils, and nuts and seeds, are good for children (<i>½ point</i>). Dark-green leaves and yellow-coloured fruits and vegetables help the child to have healthy eyes and fewer infections (<i>½ point</i>). 	<i>Name of HW</i>	<i>Name of HW</i>	<i>Name of HW</i>
<p>Explain when to use the food consistency pictures, and what each picture shows (1 point)</p>			
<p>List and explain the 2 Key Messages about quantities of food to give an infant or young child - Key Messages 7- 8 (1 point)</p> <ol style="list-style-type: none"> A growing child needs 3 meals and snacks: give a variety of foods (<i>½ point</i>) A growing child needs increasing amounts of food (<i>½ point</i>) 			
<p>List and explain the Key Messages about how to feed an infant or young child - Key Message 9 (½ point)</p> <ol style="list-style-type: none"> A young child needs to learn to eat: encourage and give help...with lots of patience. 			
<p>List and explain the Key Message about how to feed an infant or young child during illness - Key Message 10 (1/2 point)</p> <ol style="list-style-type: none"> Encourage the child to drink and to eat <u>during</u> illness and provide extra food <u>after</u> illness to help them recover quickly. 			

Skills (6 marks)			
<p>Ask participant to explain to a mother the 2-3 Key Messages about what to feed to an infant or young child to fill the nutrition gaps - Key Messages 1 to 6 (3 marks)</p> <ol style="list-style-type: none"> 1. Breastfeeding for two years of age or longer helps a child to develop and grow strong and healthy (1 point) 2. Starting other foods in addition to breast milk at 6 months helps a child to grow well (1 point). 3. Foods that are thick enough to stay in the spoon give more energy to the child (1 point). 4. Animal-source foods are specially good for children, to help them grow strong and lively (1 point). 5. Peas, beans, lentils, and nuts and seeds, are good for children (1 point). 6. Dark-green leaves and yellow-coloured fruits and vegetables help the child to have healthy eyes and fewer infections (1 point). 			
<p>Observe to see if participant uses the food consistency picture appropriately during counselling (1 point)</p>			

Overall assessment form for participants at one facility

Names of participants:

Overall assessment of competencies (poor, average, good, very good)

Overall assessment of log of skills (poor, average, good, very good)

LOG OF SKILLS PRACTISED		
Date	Skill practised	Comments

DIFFICULTIES EXPERIENCED		
Date	Difficulty experienced	Comments

2.10 Individual written exercises

These exercises take the same format as the exercises throughout the IYCF course. The participant should have completed all the written exercises prior to the assessment. Trainers go through these exercises with the participant, individually. These exercises will help to reinforce both theoretical knowledge and counselling skills learnt on the course. It is important that trainers use counselling skills when giving feedback to the participant about their exercises.

There is no specific marking system for the exercises. However, make sure that the participant is clear about the correct answers when you have finished going through them.

Exercises to be Completed

Participants should complete all these exercises before the follow-up session.

How to do the exercise:

Participants should read the stories and write their answers to the questions in pencil in the spaces. These exercises are based on Sessions 14 and 20 in the Manuals. The exercises also use the counselling skills from Sessions 5 and 10. Participants should refer to these sessions to help them with these exercises.

Example:

Mrs A says that both her breasts are swollen and painful. She put her baby to her breast for the first time on the third day, when her milk 'came in'. This is the sixth day. Her baby is suckling, but now it is rather painful, so she does not let him suck for very long. Her milk is not dripping out as fast as it did before.

What is the diagnosis?

Engorged breasts.

What may have caused the condition?

Delay starting to breastfeed.

How can you help Mrs A?

Help her to express her milk, and help her to position her baby at her breast, so that he can attach better.

To answer:

Mrs B says that her right breast has been painful since yesterday, and she can feel a lump in it, which is tender. She has no fever and feels well. She has started to wear an old bra which is tight, because she wants to prevent her breasts from sagging. Her baby now sometimes sleeps for 6-7 hours at night without feeding. You watch him suckling. Mrs B holds him close, and his chin is touching her breast. His mouth is wide open and he takes slow, deep sucks.

What could you say to empathize with Mrs B's worries about her figure?

"You are worried that breastfeeding may change your figure?"

What is the diagnosis?

Blocked duct.

What may be the cause?

Tight clothes, and a long interval between feeds at night. The baby's attachment to the breast is good.

What three suggestions would you give Mrs B?

1. Breastfeed her baby more often for a day or two.
2. Massage the lump gently while her baby is feeding.
3. Try to find a larger bra, that supports her breasts without blocking the ducts.

Mrs C has had a painful swelling in her left breast for three days. It is extremely tender, and the skin of a large part of the breast looks red. Mrs C has a fever and feels too ill to go to work today. Her baby sleeps with her and breastfeeds at night. By day, she expresses milk to leave for him. She has no difficulty in expressing her milk. But she is very busy, and it is difficult for her to find time to express milk, or to breastfeed her baby during the day.

What could you say to empathize with Mrs C?

"You really feel ill, don't you?"

What is the diagnosis?

Mastitis. It is not possible to say if it is infective or non-infective.

Why do you think that Mrs C has this condition?

She is very busy, and she feeds and expresses in a hurry. There is a long time between feeds during the day.

How would you treat Mrs C?

Discuss the reasons why the condition has occurred. Help her to think of ways to breastfeed her baby more or to take more time to express her milk, especially during the day.

Because the symptoms are all severe, treat her in addition with antibiotics, rest, and analgesics.

Mrs D complains of nipple pain when her 6-week-old baby is suckling. You examine her breasts while her baby is asleep, and can see no fissures. When he wakes, you watch him feeding. His body is twisted away from his mother's. His chin is away from the breast, and his mouth is not wide open. He takes rapid, shallow sucks. As he releases the breast, you notice that the nipple looks squashed.

What is the cause of Mrs D's nipple pain?

Her baby is poorly attached to her breast.

What could you say to build Mrs D's confidence?

Possibilities include:

Praise her for breastfeeding exclusively

Give relevant information, in a positive way, using simple language:

"If your baby takes a bigger mouthful of breast, breastfeeding should soon be more comfortable".

What practical help could you give her?

Offer to help her to improve her baby's suckling position.

Mrs E's baby was born yesterday. She tried to feed him soon after delivery, but he did not suckle very well. She says that her nipples are inverted, and she cannot breastfeed. You examine her breasts, and notice that her nipples look flat. You ask Mrs E to use her fingers and to stretch her nipple and areola out a short way. You can see that the nipple and areola are protractile.

What could you say to accept Mrs E's idea about her nipples?

Something like: "I see" or "You are worried about your nipples?"

How could you build her confidence?

Praise the protractility of her breasts.

Give her relevant information. For example, explain how a baby suckles from the breast not the nipple, and he stretches the nipple out. He can get the milk if he takes a big mouthful of breast.

What practical help could you give Mrs E?

Offer to help her to get her baby to take more of her breast into his mouth.

Mrs F's baby is 3 months old. She says that her nipples are sore. They have been sore on and off since an attack of mastitis several weeks ago. The mastitis cleared up after a course of antibiotics. This new pain feels like needles going deep into her breast whenever her baby suckles. You watch her baby breastfeeding. His mouth is wide open, his lower lip is turned back, and his chin is close to the breast. He takes some slow deep sucks and you see him swallow.

What might be the cause of Mrs F's sore nipples?

Candida infection. Her baby is well attached to her breast.

What treatment would you give to her and her baby?

Give nystatin for her nipples.

Check and treat her baby's mouth and bottom for Candida.

How would you build Mrs F's confidence?

Possibilities include:

Praise the way in which her baby is suckling.

Give relevant information. Explain why her nipples are sore, and explain that breastfeeding should be comfortable again after the treatment.

Mrs G is 16 years old. Her baby was born 2 days ago, and is very healthy. She has tried to breastfeed him twice, but her breasts are still soft, so she thinks that she has no milk, and will not be able to breastfeed. Her young husband has offered to buy her a bottle and some formula.

What could you say to accept what Mrs G says about her breast milk?

"You think that there is no milk in your breasts?"

Why does Mrs G think that she will not be able to breastfeed?

She lacks confidence, and she lacks knowledge.
Her milk has not 'come in' yet - but this is normal.

What relevant information would you give her, to build her confidence?

Her breasts already have some milk, in the form of colostrum.
Explain that if her baby suckles more often, it will help more milk to come.
In a day or two, her breasts will feel full.

What practical help could you give Mrs G?

Offer to help her to put her baby to her breast. Help her when her baby shows, by restlessness or mouthing, that he is ready for a feed.

Mrs H says that her breast milk seems to be decreasing. Her baby is 4 months old, and has gained weight well from when he was born. Last month she started giving him cereal three times a day. She says that he is breastfeeding less often, and for a shorter time than before she started cereal feeds. Mrs H is at home all day, and her baby sleeps with her at night.

Why do you think that Mrs H's breast milk seems to be decreasing?

Her baby is suckling less, because she is giving the cereal feeds.

What are Mrs H and her baby doing right?

Her baby is gaining weight well.
She is breastfeeding him as much as he wants, and at night.

What could you suggest to Mrs H, so that she continues to breastfeed?

Breastfeed her baby first, before giving cereal feeds.
Make sure that he finishes a breastfeed, before she offers cereal. He may not need so much cereal before he is 6 months old.

Mrs I's baby is 7 weeks old. She says that her breast milk is not good. Her baby does not seem satisfied after breastfeeds. He cries and wants to feed again very soon, sometimes in half an hour, or an hour. He cries and wants to breastfeed often at night too, and Mrs I is exhausted. He passes urine about 6 times a day. When he breastfeeds, you notice that his lower lip is turned in, and there is more areola visible below his mouth than above it.

The baby weighed 3.7 kilos at birth. He now weighs 4.8 kilos.

Is Mrs I's baby getting as much breast milk as he needs?

Yes, he is getting as much as he needs.

What may be the reason for his behaviour?

He is poorly attached to the breast, so he is not suckling effectively. He needs to feed very often to get enough breastmilk.

What could you praise, to build Mrs I's confidence?

Her baby is getting all the breastmilk that he needs, and is growing well.

What practical help would you offer to Mrs I?

Offer to show her how to improve her baby's attachment at the breast.

Mrs J says that she is exhausted, and will have to bottle feed her 2-month-old baby. He does not settle after breastfeeds, and wants to feed very often - she cannot count how many times in a day. She thinks that she does not have enough breast milk, and that her milk does not suit her baby. While she is talking to you her baby wants a feed. He suckles in a good position. After about two minutes, he pauses, and Mrs J quickly takes him off her breast.

The baby's growth chart shows that he gained 250 g last month.

What could you say to show that you accept Mrs J's ideas about her milk?

"Yes, I see."

Is Mrs J's baby getting enough breast milk?

No. He is gaining weight very slowly.

What is the reason for this?

She does not let him suckle for long enough.

What can you suggest to help Mrs J?

Suggest that she lets her baby stay at the breast for longer at each feed.
She should let her baby continue suckling until he releases the breast himself.
If he pauses, let him just stay at the breast until he suckles again.
If he stays at the breast longer at each feed, he will not need to feed so often.

Mrs K says that her 3-month-old baby is refusing to breastfeed. He was born in hospital and roomed-in from the beginning. He breastfed without any difficulty. Mrs K returned to work when her baby was 2 months old. Her baby has 2-3 bottle feeds while she is at work. For the last week, he has refused to breastfeed when she comes home in the evening. She thinks that her milk is not good, because she works hard and feels hot all day.

What could you say to accept Mrs K's ideas about her milk?

"Aha." Or: "You think that your milk is bad now?"

What might be the cause of her baby's refusal to breastfeed?

He is separated from his mother

What praise and relevant information could you give to build Mrs K's confidence?

Praise her for breastfeeding up till now, and for her baby's good health.
Relevant information: breast refusal is quite common when a baby's routine changes, and can be overcome.

What could you suggest that she does to breastfeed again, if she decides to try?

Suggest that if possible, she takes sick leave, and cares for him herself, with plenty of skin-to-skin contact, offering him her breast when he is willing. She should give the other feeds from a cup and not a bottle, so that her baby wants to suckle when she is with him.

COUNSELING CHECKLIST

Name of Health Facility: _____

District: _____

Province: _____

Name of Facilitator/Supervisor: _____

Name of Candidate: _____

Designation (MO, RN, RM, ZEN, ZEM, CO, Nutritionist, EHT): _____

Candidate ID number: _____

Date when candidate was trained: _____

Date of follow-up: _____

Status of follow up (tick in box):	First	Second	Third
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Antenatal Infant Feeding Counselling for HIV+ Women: Assessment Checklist

INDICATOR	Yes:	No/Not at all:	N/A for this visit	COMMENTS / OBSERVATIONS
DURING THE COUNSELLING SESSION, DID THE COUNSELOR:	1	0		
1. GREET THE WOMAN AND ESTABLISH A PRIVATE SETTING				
Hold the counseling session in a private space				
Welcome/Greet the woman				
Introduce himself/herself				
2. ASK THE WOMAN ABOUT HER WELL BEING AND THE BABY (If the mother is postpartum go to 3)				
How are you going to feed your newborn baby (If client chooses RF go to 4 and 5)				
How soon after birth do women start to breastfeed				
How long do you intend to do this				
Is there anything else you intend to give the baby				
If the woman chooses to breast feed exclusively (skip 4 and go to 5)				
3. ASK THE POSTPARTUM MOTHER				
How are you feeding your baby (If client is using RF go to 4 and 5)				
How soon after birth do women start to breastfeed				
How long do you intend to breast feed your baby				
What else are you giving your baby				
If woman is exclusively breastfeeding mixed feeding go to 5				
4. ASSESS THE WOMAN'S HOME / SOCIOECONOMIC SITUATION (AFASS ASSESSMENT)				
Explain that he/she is going to ask about the woman's personal and economic situation in order to help her choose the best way to feed her baby				

INDICATOR		Yes: 1	No/Not at all: 0	N/A for this visit	COMMENTS / OBSERVATIONS
DURING THE COUNSELLING SESSION, DID THE COUNSELOR:					
Ask about other members of the woman's family who will play a role in feeding the baby (partner, parent, sibling, etc.)					
Ask how much money she can afford for formula each month					
Ask where she collects water					
Ask what kind of fuel she uses / if she can boil her water					
Ask how and when she washes her hands					
Ask what type of toilet she has at home					
Ask if she has disclosed her HIV status to anyone at home					
Ask if she plans to disclose her HIV status to anyone at home					
4. GIVE ACCURATE INFORMATION ABOUT EXCLUSIVE BREASTFEEDING (EBF)					
Ask the woman if she knows what exclusive breastfeeding is					
Explain the key points of exclusive breastfeeding					
<ul style="list-style-type: none"> ✓ Baby is given only breast milk (for the first 6 months) ✓ No other liquids or solids, not even water ✓ Only exception is medicine prescribed by health worker ✓ Can give breast milk directly from breast or mother can express and give breast milk to baby in cup ✓ Nearly all women make enough breast milk to nourish their baby for 6 months 					

INDICATOR	Yes: 1	No/Not at all: 0	N/A for this visit	COMMENTS / OBSERVATIONS
DURING THE COUNSELLING SESSION, DID THE COUNSELOR:				
Explain the advantages of exclusive breastfeeding <ul style="list-style-type: none"> ✓ Breast milk is the best and most complete food for babies: helps with growth and development ✓ Baby is much less likely to get diarrhea, respiratory infections, malnutrition, etc. ✓ Breast milk is free and always available ✓ Protects mothers' health ✓ Promotes mother-infant bond ✓ Less chance of HIV transmission with exclusive BF 				
Explain the disadvantages of exclusive breastfeeding <ul style="list-style-type: none"> ✓ Even if mother and baby are healthy, there is still a risk of MTCT through breast milk ✓ May be difficult to resist family pressure to give other foods or liquids ✓ May be difficult for mothers who work outside the home 				
Ask how and when she washes her hands				
Explain the dangers of mixed feeding				
Ask if she thinks EBF sounds feasible or if she has concerns				
Ask if she has disclosed her HIV status to anyone at home				
Ask if she plans to disclose her HIV status to anyone at home				
Give her time to ask questions				

INDICATOR		Yes:	No/Not at all:	N/A for this visit	COMMENTS / OBSERVATIONS
DURING THE COUNSELLING SESSION, DID THE COUNSELOR:		1	0		
5. GIVE ACCURATE INFORMATION ABOUT EXCLUSIVE REPLACEMENT (FORMULA) FEEDING					
Ask her if she knows what exclusive replacement feeding is					
<ul style="list-style-type: none"> ✓ Baby is given only commercial breast milk substitute (formula) for the first 6 months 					
Explain advantages of exclusive replacement feeding					
<ul style="list-style-type: none"> ✓ Avoids potential risk of MTCT through breast milk ✓ Other family members can help feed the baby 					
Explain the disadvantages of replacement feeding					
<ul style="list-style-type: none"> ✓ Baby is at increased risk for diarrhoea, malnutrition, respiratory illness, and death ✓ Cannot change her mind, must never breastfeed ✓ May be difficult to avoid pressure to breastfeed (which can be very dangerous) ✓ There are costs for fuel, formula, and supplies ✓ Preparation is time-consuming ✓ Must be able to provide formula for at least 6 months ✓ Baby is more likely to need medication and doctor services more often 					

INDICATOR		Yes: 1	No/Not at all: 0	N/A for this visit	COMMENTS / OBSERVATIONS
DURING THE COUNSELLING SESSION, DID THE COUNSELOR:					
List the different types of replacement milks available locally and how much they cost					
Explain what is necessary for safe formula preparation					
<ul style="list-style-type: none"> ✓ Must prepare formula 8-12 times per day ✓ Cannot store formula once prepared; must only make enough for 1 feed at a time ✓ Must boil water ✓ Must wash all utensils with hot water and soap 					
Give her time to ask questions					
6. DECISION-MAKING AND CHECKING THE WOMAN'S UNDERSTANDING OF HER CHOICE					
<i>If she has made a decision:</i> Review the advantages and disadvantages of her chosen method in the context of her socioeconomic situation					
<i>If she has not yet made a decision:</i> Ask her if she has a preference after hearing the information about both Infant Feeding methods					
<i>If she has not yet made a decision:</i> Help her make a decision, taking into account the AFASS criteria (for example: help her compare risks and benefits of each method based on her situation)					

INDICATOR		Yes: 1	No/Not at all: 0	N/A for this visit	COMMENTS / OBSERVATIONS
DURING THE COUNSELLING SESSION, DID THE COUNSELOR:					
<p><i>If she chooses exclusive breastfeeding: Discuss ways to reduce the risk of MTCT from breast milk i.e.</i></p> <ul style="list-style-type: none"> ✓ Practice exclusive breastfeeding (no mixed feeding) ✓ Prevent re-infection of mother (practice safe sex) ✓ Adherence to ART regimen ✓ Practice good positioning and attachment; seek immediate care for breast health problems ✓ Treat opportunistic infections ✓ Ensure good maternal nutrition ✓ Give infant prophylaxis at 6 weeks ✓ Express and heat-treat breast milk 					
<p><i>If she chooses replacement feeding: Demonstrate how to correctly and safely prepare formula</i></p> <ul style="list-style-type: none"> ✓ Wash hands with soap ✓ Use clean utensils (sanitize all equipment) ✓ Boil water ✓ Make only enough for 1 feed in the proper proportions ✓ Feed her baby with a cup 					
<p>Ask her what challenges she thinks she might encounter</p>					
<p>Review key points for her chosen feeding method</p>					
<p>Schedule her next appointment</p>					
<p>Encourage her to bring a support person next time</p>					
<p>Remind her that she can come back at any time if she has questions / concerns / problems</p>					

DURING THIS COUNSELLING SESSION, DID THE COUNSELLOR:

<p>Establish rapport:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Treat the woman with respect? <input type="checkbox"/> Sit facing the woman with no barriers between them? <input type="checkbox"/> Use a warm / friendly tone of voice? <input type="checkbox"/> Thank / congratulate the woman for coming today? <input type="checkbox"/> Ask the woman why she came to the clinic today? <input type="checkbox"/> Ask the woman how she could help her? <p>Provide information that was:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accurate / True? <i>(If no, please note this in the space below.)</i> <input type="checkbox"/> Unbiased? <i>(If no, please note this in the space below.)</i> <input type="checkbox"/> Relevant (tailored) to the woman's personal situation? <input type="checkbox"/> Well organized? <p>Ask questions that were:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Non-judgmental? <input type="checkbox"/> Open-ended? <input type="checkbox"/> Relevant to the woman's personal situation? 	<p>Encourage the client to participate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Encourage the woman to talk / ask questions? <input type="checkbox"/> Answer all of the woman's questions fully? <input type="checkbox"/> Ask the woman if her questions were answered fully? <input type="checkbox"/> Maintain eye contact with the woman? <input type="checkbox"/> Listen quietly while the woman spoke? <input type="checkbox"/> Ask open-ended questions? <input type="checkbox"/> Paraphrase / repeat what the woman said? <input type="checkbox"/> Use non-judgmental tone / words? <input type="checkbox"/> Empathize with the woman? <input type="checkbox"/> Comfort the woman if she was upset? <input type="checkbox"/> Use non-verbal communication to show interest and concern (for example: nod, smile)? <input type="checkbox"/> Thank the woman for expressing her desires / concerns? <input type="checkbox"/> Show respect for the woman's desires / concerns?
<p>PLEASE USE THE SPACE BELOW TO SUMMARIZE YOUR OVERALL IMPRESSIONS OF THIS COUNSELLING SESSION AND COUNSELLOR (FOR EXAMPLE: WHAT DID THE COUNSELLOR DO WELL? WHAT NEEDS IMPROVEMENT?)</p> <hr/> <hr/> <hr/> <hr/> <hr/>	

Checklist of materials for photocopying

Item	Number for photocopying
Counselling checklists	1 per candidate
Competency 1	1 per 3 candidates
Competency 4	1 per 3 candidates
Competency 5	1 per 3 candidates
Competency 10	1 per 3 candidates
Competency 11	1 per 3 candidates
Competency 24	1 per 3 candidates
Competency 25	1 per 3 candidates
Food consistency pictures (laminated if possible)	1 one per facilitator
Overall assessment for participants at one facility	1 per facilitator

Stationery requirements

Manila folders 1 per facilitator
Pencils 1 per facilitator
Sharpener 1 per facilitator
Erasers 1 per facilitator

