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# Adaptation Guide

*The Community*
*Infant and Young Child Feeding*
*Counseling Package*

September 2012

# Contents

## Acknowledgements

This *Adaptation Guide* is part of the *Community Infant and Young Child Feeding (IYCF) Counselling Package,* developed under a strategic collaboration between the United Nations Children's Fund (UNICEF) New York and the combined technical and graphic team of Nutrition Policy and Practice (NPP) and the Center for Human Services, the not-for-profit affiliate of University Research Co., LLC (URC/CHS).

The various elements of the *Community IYCF Counselling Package* are based on WHO/UNICEF IYCF guidance documents, training and other materials, including the WHO/UNICEF Breastfeeding, Complementary Feeding and Infant and Young Child Feeding Counselling training courses. The package also builds on materials developed by the Academy for Educational Development's LINKAGES Project; the CARE USA and URC/CHS collaboration in Dadaab Kenya; and the *Integration of IYCF Support into Community Management of Acute Malnutrition (CMAM)*, produced by the ENN/IFE Core Group and IASC Global Nutrition Cluster. The technical content of the package aims to reflect the *Guidelines on HIV and Infant Feeding 2010: Principles and Recommendations for Infant Feeding in the Context of HIV and a Summary of Evidence* related to IYCF in the context of HIV. The graphic package draws heavily from IYCF behaviour change materials and other job aids developed with the technical support of URC/CHS, financed by the United States Agency for International Development (USAID) in Tanzania, Uganda, Niger and Benin; CARE USA in Dadaab, Kenya; and the UNICEF offices in Kenya and Malawi.

The *Community IYCF Counselling Package* has been developed by the UNICEF New York, Nutrition Section team of Nune Mangasaryan, Senior Advisor, Infant and Young Child Nutrition; Christiane Rudert, Nutrition Specialist (Infant Feeding); Mandana Arabi, Nutrition Specialist (Complementary Feeding); in close collaboration with the NPP and URC/CHS team of Maryanne Stone-Jiménez, IYCF Training Expert; Mary Lung'aho, IYCF Community/Emergencies Expert; and Peggy Koniz-Booher, IYCF Behaviour Change and Job Aids Expert. The package layout and illustrations were developed by Kurt Mulholland, Senior Graphic Artist; and Victor Nolasco, Senior Graphic Illustrator. Thanks to the many country teams involved in the development and pre-testing of previous materials.

The package was reviewed by WHO headquarters colleagues: Carmen Casanovas (Technical Officer), Constanza Vallenas (Medical Officer) and the HIV component by Nigel Rollins (Scientist). External reviewers also included Felicity Savage and Rukhsana Haider, and comments were received from Holly Blanchard (Maternal Child Health Integrated Program). The contribution of the Ministry of Health, UNICEF-Zambia, staff from various partner agencies and the community workers who participated in the field test of the package in August 2010 in Lusaka, Zambia, is also acknowledged.

## Introduction

The *Adaptation Guide* for the *Community Infant and Young Child Feeding (IYCF) Counselling Package* outlines a series of steps and provides selected tools for use by national or local stakeholders interested in adapting the package. *The Community IYCF Counselling Package* focuses on the aspect of training and follow-up of community workers. This *Adaptation Guide* does not aim to address all aspects needed for implementing and monitoring a community-based IYCF programme; rather, it focuses on adaptation of the content and images to make the package appropriate for use in a local context.

The *Community IYCF Counselling Package* includes the *Facilitator Guide* for use in training community workers (CWs); the *Participant Materials,* consisting of "handouts" and monitoring tools; a set of 25 *IYCF Counselling Cards* and companion *Key Messages Booklet*; 3 *Take-home Brochures*; and this *Planning and Adaptation Guide*. [The additional *Special Circumstance Counselling Cards 1 and 2* ('Avoid ALL Breastfeeding', and **'**Conditions needed to Avoid ALL Breastfeeding') are to be used in health facilities only in countries where national policy for HIV-exposed infants is exclusive replacement feeding OR for mothers who decided at the health facility to opt out of breastfeeding plus ARVs. The use of the *Special Circumstance Cards* will be country and Participant specific. *Special Circumstance Card 3* is for the 'Non-breastfed Child from 6 up to 24 months'].The *Community IYCF Counselling Package* also includes a "Clip Art" Compendium to support the adaptation and/or development of high quality graphics. All of the materials found in the *Community IYCF Counselling Package,* described in more detail below, are available in their electronic formats to facilitate their dissemination, adaptation and use.

This *Adaptation Guide* recognizes that each country or setting potentially interested in adopting the *Community IYCF Counselling Package* has socio-cultural differences, including dietary behaviours (food preparation and feeding), clothing styles, and linguistic characteristics, unique to its ethnic population(s). These differences need to be taken into consideration and reflected in all IYCF-related training and counselling materials. Such variables generally need to be systematically addressed in order to ensure that the package is appropriate, engaging, relevant, responsive and usable in the local setting.

## How to Use this *Adaptation Guide*

The *Community IYCF Counselling Package* was created to provide a fully integrated set of materials for use at the community level. The package is intended as a generic resource, designed to equip community workers (CWs) to promote behaviour change and support mothers, fathers and other caregivers to optimally feed their infants and young children. The package is based on a number of WHO/UNICEF IYCF-related training and guidance materials (described in detail in the *Facilitator Guide*), as well as counselling and behaviour change communication tools currently being used in a number of countries.

The proposed adaptation process involves the review of the generic package in its entirety by a national team of IYCF-related stakeholders, who then adapt and test various elements of the technical content and visual aspects of the package, as needed, depending on their specific context.

For adapting the technical content and graphics of the *Community IYCF Counselling Package*, ten basic steps are recommended. All of these steps are based on multiple experiences in a number of

countries where infant and young child feeding programmes and similar integrated packages have been developed and/or adapted, field tested and introduced on a large scale. They highlight a technically correct and doable process and identify specific elements of the generic package that will most likely need to be addressed in order to ensure the relevance of the materials.

These steps encourage a thoughtful planning process, provide a logical framework and outline key activities. The steps provide guidance for consideration by national teams, and should be adjusted as needed to meet local needs. For adaptation of the *Community IYCF Counselling Package,* various tools, including an adaptation checklist, translation matrices and a sample focus group discussion guide for field testing the IYCF graphic materials are available to facilitate this part of the process by national stakeholders. Such tools do not guarantee success, however. The adaptation will require leadership, the dedication of resources and one or more champions who will commit the time and energy needed to guide or "drive" the process from start to finish.

# Adapting the Technical Content and Graphics of *Community IYCF Counselling Package*

The *Community IYCF Counselling Package* is a generic resource designed to equip community workers (CWs) to support mothers, fathers and other caregivers to optimally feed their infants and young children. The training component of the package is intended to prepare CWs with technical knowledge on the recommended breastfeeding and complementary feeding practices for children from 0 up to 24 months, enhance their counselling/reaching-an-agreement (negotiation) skills and problem solving, and prepare them to appropriately use the related counselling tools and other job aids.

## Contents of the Community IYCF Counselling Package

The *Community IYCF Counselling Package* is comprised of the following:

The *Facilitator Guide* is intended for use in training CWs in technical knowledge related to key IYCF practices, essential counselling/reaching-an-agreement skills and the effective use of counselling tools and other job aids.

The *Participant Materials* includes key technical content presented during the training (consisting of "handouts" from the *Facilitator Guide*) and monitoring tools.

The 28 *IYCF Counselling Cards* present high-quality, brightly coloured illustrations that depict key infant and young child feeding concepts and practices for CWs to share with mothers, fathers and other caregivers. These job aids are designed for use during specific contact points, based on priorities identified during each individual counselling session. There are 25 *Counselling Cards* on IYCF practices and infant feeding in the context of HIV where the national policy promotes exclusive breastfeeding for 6 months with ARVs. There are also 3 *Special Circumstance Counselling Cards*: Avoid all Breastfeeding, Requirements to Avoid All Breastfeeding, and Feeding the Non-breastfed Child from 6 up to 24 Months. The 3 *Special Circumstance Counselling Cards* should be used only in those countries whose national policy is "Avoid All Breastfeeding" and for those mothers who opt-out of exclusive breastfeeding.

The *Key Messages Booklet* consists of messages related to each of the IYCF Counselling Cards, and copies of the 3 *Take-home Brochures*.

The *Take-home Brochures* are designed to complement the counselling card messages and are used as individual job aids to remind mothers, fathers and other caregivers about key breastfeeding, complementary feeding, and maternal nutrition concepts and practices. The brightly coloured illustrations found in each brochure are intended to enhance each user's understanding of the information presented in the brochures, and to promote positive behaviours. To maintain font size that is easily readable the *Take-home Brochures* should be printed following the specifications in Step 10.

*Training Aids* have been designed to complement the training sessions by providing visuals to help Participants grasp and retain technical knowledge and concepts.

The *Planning Guide* outlines a series of steps for use by national or local stakeholders interested in 'Planning for Community-based IYCF Programmes'.

The *Adaptation Guide* outlines a series of process steps and provides a number of specific tools for use by national or local stakeholders interested in adapting both the content and images from the *Community Infant and Young Child Feeding (IYCF) Counselling Package* for use in their own setting.

## 10 Adaptation Steps

The following 10 steps are recommended for any national team or organization interested in adapting the technical content and graphics of the *Community IYCF Counselling Package* for their programming:

1. Build partnerships and define roles and responsibilities
2. Conduct a systematic technical review of the *Community IYCF Counselling Package (Facilitator Guide, Participant Materials, Counselling Cards, Key Message Booklet, 3 Take-home Brochures*, *Planning Guide* and *Adaptation Guide)*
3. Adapt graphics and layouts of all materials
4. Conduct final technical review of adapted package
5. Translate training content, if necessary, and *Counselling Cards, Key Messages Booklet* and *Take-home Brochures*
6. Finalize graphics and layouts for all elements of the adapted package
7. Field test graphic components of the package (illustrations, key messages and layouts) with local end-users
8. Review field test results for the graphic components of the package and make final decisions
9. Field test the integrated *Community IYCF Counselling Package* and make final adjustments based on stakeholder consensus
10. Develop plans and budgets for printing, dissemination, training, monitoring and evaluation of the package

## Step 1: Build partnerships and define roles and responsibilities

Bringing relevant stakeholders together to review the generic *Community IYCF Counselling Package*, identify opportunities to collaborate, clarify roles and responsibilities and decide on a process and timeline is a first critical step in successfully adapting this set of materials and tools. This is especially necessary since national nutrition or IYCF teams are often made up of diverse actors with competing program priorities, work plans and funding,

Given the cross-cutting nature of infant and young child feeding, especially in HIV prevalent communities, a wide variety of government agencies, UN agencies, donors, technical assistance partners, community-based and international non-governmental organizations, faith-based organizations, advocacy groups and individuals often feel some degree of "ownership" or engagement in the field. Building partnerships and creating strategic alliances can often take an isolated community or district-level activity to scale, resulting in a significant national effort.

Who takes the leads, or who is seen as being the major IYCF champion or "driver" in a given setting will often influence what other partners join and what donors step in to support the various activities involved. This first step, of building partnerships and defining roles and responsibilities, will often determine the ultimate success and scale of the IYCF community-based programme. Every effort should be made, therefore, to identify all stakeholders who may play a role and think through the various options and opportunities from the very beginning. Reviewing common goals and objectives, comparing work plans and examining the feasibility of sharing roles, responsibilities and resources is a fundamental first step.

### Summary of activities for Step 1:

1. Identify the government bodies (ministries, etc.), UN agencies, donors, technical assistance partners, community-based and international non-governmental organizations, faith-based organizations, advocacy groups and individuals (content experts) engaged in IYCF-related activities.
2. Establish a technical working group of major stakeholders and content experts, including those not necessarily associated with IYCF (e.g. HIV prevention, CMAM, communication, reproductive health and early childhood development programs, etc.)
3. Agree on who will lead or "drive" the technical working group and define the roles and responsibilities of the various members
4. Review *Appendix 1: Checklist for the Adaptation of the Technical Content and Graphics of the Community IYCF Counselling Package*; compare organizational work plans; and examine the feasibility of sharing responsibilities and resources for the adaptation and field testing of the package.
5. Develop a corresponding work plan.
6. Determine available resources and develop an adaptation budget. Talk through budget and translating needs early and determine whose funding what part.

A specific timeline that will be required by country team to adapt the *Community IYCF Counselling Package* is difficult to establish, given the number of possible variables. After reviewing the package, some country teams may opt to adopt the package in its entirety, with only minor technical changes (such as adding local data and local terminology) and/or minor graphic changes (such as adding the national emblem and/or stakeholder logos to the materials). Other country teams may decide that some of the illustrations in the training package and counselling

tools need to be adjusted slightly (such as hairstyles, dress colours or household items) or replaced completely. Local artists may already have the skills required to adjust the graphic elements, or may need to be trained with external technical support.

Translation may be required of some or all materials. Field testing in some countries may be limited to one or two programme sites or may be required in different languages and multiple and diverse regions of the country. From experience in adapting similar materials in other settings, a realistic estimate of the time required ranges from two-to-six months (two months for minor adjustments, up to six months for major adjustments).

The overall cost of the adaption process is directly linked to the variables described above. Decisions taken by the country team related to adjusting the technical content and graphics will determine the required budget. The following costs should be factored in when developing the adaptation budget:

- The number and size of stakeholders' review and consensus building meetings/workshops, and budget implications (in-kind contributions of time by programme staff vs. individual payments to content experts; venue costs; transport reimbursements, etc.)
- The availability and cost of skilled local graphic artists vs. external graphic artists
- The number of sites, sample size and complexity of proposed field tests

A variety of checklists and other tools are provided in the set of appendices as guidance in developing both a work plan and budget for the adaptation of the package, including *Appendix 5: Checklist for the Adaptation of the Community IYCF Counselling Package.*

## Step 2: Conduct a systematic technical review of the Community IYCF Counselling Package

Review and discuss all materials comprising the *Community IYCF Counselling Package,* including the *Facilitator Guide* (with *Appendices* and *Training Aids)*, *Participant Materials*, *Counselling Cards*, *Key Messages Booklet*, *3 Take-home Brochures,* the *Planning Guide,* and the *Adaptation Guide*, to determine any critical content additions, adjustments or substitutions that should be taken into consideration during the adaptation process.

### Summary of activities for Step 2:

1. Plan a review workshop or series of meetings to examine each element of the *Community IYCF Counselling Package.*
2. Collect existing IYCF counselling materials, current training curricula and M&E tools being used within the country.
3. Collect available survey data and relevant formative research findings related to the epidemiology, knowledge, practices and socio-cultural issues affecting IYCF and maternal nutrition.
4. Reproduce a sufficient number of copies of all materials (existing national tools, research data and *Community IYCF Counselling Package*) to be reviewed so that each participant has his or her own set of files.
5. Systematically review each element of the *Community IYCF Counselling Package* and determine what adjustments or adaptations are required, based on available information and relevant data, to ensure alignment with national norms, protocols and other

recommendations. (See specific elements of the package that are noted below requiring special attention/review.) Project adjustments or changes on screen so that all participants can see, make comments and arrive at consensus.

6. Consider the need to adapt words and expressions to reflect local terminology, and also the need to translate the *Facilitator Guide*, *Participant Materials*, *Counselling Cards*, *Key Message Booklet*, and *Take-home Brochures* into local language or languages.
7. Consider the need to adapt/adjust illustrations and other graphics in relationship to the socio-cultural context and local feeding challenges.
8. Consider time available for training, varying knowledge levels of participants, and other characteristics of the proposed audience, and determine whether adjustments to the time schedule will be required (e.g., the training will need to be spread over a longer period of time).
9. Identify technical elements that are potentially controversial. If issues are controversial, discuss until consensus is achieved.
10. Consolidate feedback from review.
11. Synthesize the comments from local content experts, other stakeholders and in-country reviewers.
12. Circulate summary recommendations for changes that need to be addressed to members of the technical working group and other stakeholders for final input and "sign-off".
13. Develop work plan and request all stakeholders to commit personnel and resources to complete the adaptation of the package.

Refer to the tools found in the Appendices for support and guidance during the systematic technical review: *Appendix 2: Breastfeeding and Complementary Feeding Matrices; Appendix 3: Calendar of Local, Feasible, Available and Affordable Foods (Home and/or Market)*; and *Appendix 4: Adaptation Tracking Matrices for IYCF Counselling Cards and Take-home Brochures.*

### Specific elements requiring special attention/review:

The following is a summary of the various elements of the *Community IYCF Counselling Package* that will need to be reviewed and discussed and/or tested by the technical working group to determine their relevance to the local setting and need for adaptation or adjustment.

**Names and Terminology:**

- Consider whether or not to change the names of infants and children used in the demonstrations, case studies, activities, etc. found in the *Facilitator Gui*de, so that they reflect those commonly used in your setting.
- Decide whether or not to create a glossary or page of definitions for the *Facilitator Guide* (e.g. in some countries where one language is used widely, a common definition for technical terms such as exclusive breastfeeding, complementary feeding, areola, breast engorgement, etc. have been agreed. Where this is possible, it facilitates the use of common communications materials.)
- Substitute local names for technical terms such as breastfeeding, complementary feeding, colostrum, breast anatomy, and breast engorgement, mastitis, and insufficient breast milk.

**Pre/post Assessment:**

- If any pre- or post-assessment question is determined to be 'less relevant' in the local context (e.g., the issue of babies needing water in a hot climate is not relevant in your

setting), replace that question with another that addresses an issue of greater local importance.
- Decide if Participants will do the written or non-written assessment.

**Nationally or locally-relevant issues:**
- In demonstrations, case studies and other exercises or activities, reflect local issues
- The local adaptation group may also provide trainers with a list of commonly held beliefs and myths (e.g., identified during formative research) to draw upon during summary discussions (Session 3. Common Situations that can Affect Breastfeeding
- Adapt or revise points of discussion for recommended breastfeeding and complementary feeding practices (Session 5. Recommended IYCF Practices: Breastfeeding and Session 7. Recommended IYCF Practices: Complementary Feeding for Children from 6 up to 24 Months) to ensure discussion of issues relevant to the local context; use local terms (e.g., local term of 'colostrum'). Interpersonal counselling discussion points or peer support group topics might, for example, reflect country or context-specific information obtained through formative/qualitative research (e.g., it is not acceptable for a woman to have sexual relations while breastfeeding).
- Session 12. Action-oriented Groups and IYCF Support Groups and Home Visits. Change, as determined necessary by the local adaptation committee, the drama, mini-scenarios and visuals to reflect issues that are appropriate in your setting.

**Frameworks, Recommendations and Protocols:**
- Material in the *Facilitator Guide* should be adapted so that content is compatible with national or locally-relevant frameworks, recommendations and protocols.
  - Iron/folate supplements
  - Multi-micronutrient supplements
  - Vitamin A for postpartum women and under-5 children
  - Lipid-based nutrient supplements
  - Supplementary feeding programmes
  - De-worming medicines (treatment for pregnant women and young children)
  - National policy on infant feeding in the context of HIV
- If implementation of IYCF counselling activities is linked to distribution of any supplements, it needs to be decided if the linkage and any relevant messages should be addressed in all the materials as appropriate, e.g. the*, Facilitator Guide, Participant Materials, Counselling Cards, Key Messages* etc.
- If a different 'stages of behaviour change' model is used in the national context, it may be substituted for the figure under Session 4. How to Counsel: Part I, Learning Objective 2, Key Information.
- Review recommended breastfeeding practices (Session 5. Recommended IYCF Practices: Breastfeeding) and adapt recommendations, as necessary, to conform to national recommendations.
- Session 5. Recommended IYCF Practices: Breastfeeding, Learning Objective 3: At a minimum, contact points should include sites where health system personnel interact with mothers (and their infants/young children): during pregnancy, at delivery, during the early postpartum period, during the first six months of lactation (and up to 24 months of lactation); during immunizations, growth monitoring, sick child treatment, and family planning
- Adapt complementary feeding recommendations, as necessary, to ensure alignment with national recommendations (Session 7. Recommended IYCF Practices: Complementary Feeding). If necessary, change local cup size and amounts ('amount' column) and local

foods ('variety' column) for the table '*Participant Materials* 7.1: Recommended complementary feeding practices

- Session 14. Women's Nutrition
  - Learning Objective 2: Describe the actions that can break the undernutrition cycle in babies, young children, teens, and women. If desired, the local adaptation team can substitute another framework that is familiar or used locally and modify the counselling points for discussion/messages on nutrition during pregnancy and breastfeeding to reflect issues relevant in your country (e.g., the belief by women that they should restrict their dietary intake during pregnancy to restrict the size of the baby)
  - Session 14, Learning Objective 3: Name the recommended time for spacing children and the criteria for the Lactation Amenorrhoea Method (LAM). Modify the list of family planning options available to reflect those that are supported in the national/local context
  - *Participant Materials* 14.1: Interventions to break the malnutrition cycle. Review and adapt the interventions list to ensure compliance with the national recommendations.
- Session 16. Feeding of the Sick Child. Review recommendations for feeding of the sick child to ensure compliance with national recommendations. Ensure that terms used when talking about malnutrition and its treatment, as well as growth monitoring, reflect those used in national programmes.
- Session 17. Integrating IYCF Support into Community Services (using CMAM as an example) Learning Objective 1: Modify the list of contact points to reflect opportunities for IYCF counselling within the programs or frameworks commonly used in the country (e.g., Integrated Management of Childhood Illness (IMCI), Community Case Management (CCM) of diarrhoea, pneumonia and malaria, Essential Nutrition Actions (ENA), Growth Monitoring and Promotion (GMP), Minimum Activities for Mothers and Newborns (MAMAN)[1], Community Management of Acute Malnutrition (CMAM), etc).
- IYCF Forms: IYCF Assessment, Action-oriented Groups, Mother-to-Mother Support Groups and Checklists. Adjust monitoring forms and monitoring plans related to individual counselling, Action-oriented Groups and IYCF Support Groups, as well as information on the responsibilities and role of the supervisor/mentor, to fit the details of your national/local system.
- Consider expanding the topic of IYCF in emergencies using Appendix session in the *Facilitator Guide*.

**Field Visits**

- Adapt any recommendations related to preparations for the field visit to your local context. The total number of field visits should not be reduced. Field practices are the most important part of training in IYCF counselling and other support activities.
- Change, as determined if necessary by the local adaptation committee, the drama, mini-scenarios and visuals to reflect issues that are appropriate in your setting (e.g., should the individuals doing the training preparation talk with the community 'leader' or other individual(s)?

[1] The MAMAN framework has been developed through a collaborative process among USAID, CSTS+, and the PVOs/NGOs, to identify a subset Essential Maternal and Newborn Care Interventions that would comprise the basic minimum high-impact MNC interventions that PVOs/NGOs can and should implement within the resource limitations of their health programs, primarily intended for uses by recipients of USAID Child Survival and Health Grants Program (CSHGP).

**Model Dolls and Breasts: Additional Activity**

- If training dolls and breasts already exist and/or other ways of making either dolls or breast models are already used in-country, substitute for the instructions provided in Session 6. How to breastfeed.

**Visuals**

The following is a summary of the various visual elements of the *Community IYCF Counselling Package*, particularly in the counselling cards and the take home brochures that will need to be reviewed and discussed and/or tested by the technical working group to determine their relevance to the local setting and need for adaptation or adjustment.

A. Local foods
- Animal source foods (flesh foods, dairy products and eggs)
- Staples (grains, roots and tubers) group
- Legumes and nuts (pulses and oil seeds) group
- Fruits and vegetables group (Vitamin A-rich fruits and vegetables and other fruits and vegetables; consider whether to add locally-available wild fruits)
- Fats and oils
- Consider whether to add discussion of the following: high-fat and high-sugar foods; grubs, snails or insects; use of fortified foods

B. Local population characteristics, particularly
- facial features
- skin tones
- hair styles
- dress/clothing

C. Local community and environmental characteristics, particularly
- cooking pots, dishes and utensils
- housing styles
- furniture, specifically stools and beds, and mats for sitting on
- latrines
- water sources

## Step 3: Adapt graphics and layouts of all materials

High quality graphics have been used in the development of the *Community IYCF Counselling Package*, involving a photo-to-illustration process and design layout used by the URC/CHS graphic team in developing culturally sensitive, colourful and engaging IYCF communication materials. Many of the images and layouts used in this package are based on earlier materials developed by URC/CHS in Tanzania, Niger, Benin, Kenya, Uganda and Malawi.

The process recommended for either developing and/or adapting illustrations and layouts uses a variety of graphic tools and state-of-the-art computer graphic programs, including PhotoShop, InDesign and Illustrator. When planning and budgeting for the adaptation of the *Community IYCF Counselling Package*, it is important to consider investing in the graphic aspects of the materials. The cultural appropriateness, acceptability by the end users and the ultimate impact of the communication components of the package is often defined by the overall quality of the illustrations and layout of the material. High quality illustrations and engaging layouts, printed in

full colour are believed to affect the reaction of those involved. Investing in quality counselling and other communication materials has been shown to improve the performance of health and community workers and influence the behaviours of mothers and other caregivers.[2, 3]

### Summary of activities for Step 3:

1. Identify high-level individuals or team of illustrators and/or graphic artists (in-country) with specific computer graphic training and experience.
2. Specify the number of illustrations to be adapted and/or developed and the number of materials that will require layout adjustments.
3. Develop a contract with the illustrators and/or graphic artists that reflects that quality and quantity of work anticipated.
4. Ensure that all of the necessary equipment is available for use during the graphic adaptation process.
5. Secure from UNICEF copies of the original graphic files that will serve as the basis for adaptation and layout.
6. Develop a systematic checklist of steps involved in the graphic adaptation process.
7. Oversee the adaptation and/development of new illustrations.
8. Coordinate interface between the technical team, translation team and graphic team as needed.

A *Compendium of Clip Art* related to this package will be made available to country teams who commit to the adaptation process. A basic graphics package includes a computer, with sufficient storage space (hard drive) and memory (RAM); the Creative Suite (series number 3 or 4) computer graphics programs, which includes the two essential programs - PhotoShop and InDesign; a digital camera; lightbox; scanner; external memory portable hard drive for storing and transferring files; miscellaneous artist pens for tracing; colour printer; and paper. If the illustrator and/or graphic artist identified to support the adaptation process does not have his or her own set of equipment, the country team should consider making this equipment available to the graphic team during the adaptation process. Often, the necessary equipment can be made available through partners and/or through equipment rental agencies. The average cost of a full set of the required equipment and software may vary from approximately $3000 to $5000 US, depending on the specific desired brands and their availability in a given country.

The step-by-step illustration process is described in *Appendix 5: Step-by-Step Guide for Creating/Adapting Illustrations*. This guide has been successfully used to both create new illustrations and/or adjust existing illustrations by experienced graphic artists and teams of artists with specific illustration and computer graphic skills. An initial training of local graphic artists in this process is highly recommended, however, especially if a large number of changes in illustrations and/or graphics are requested by the national team or required based on field test results. It is strongly recommended that the layout used in developing the graphic elements of the

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[2] Leshabari S, P Koniz-Booher, B Burkhalter, M Hoffman, and L Jennings. 2007. Testing a PMTCT Infant-feeding Counseling Program in Tanzania. *Operations Research Results.* Published for the U.S. Agency for International Development (USAID) by QAP. Accessed on October 24, 2010 at http//www.qaproject.org/pubs/PDFs/ORRTZTestingJobAids.pdf.

[3] Leshabari SC, Koniz-Booher P, Astrom AN, de Paoli MM, Moland KM: Translating global recommendations on HIV and infant feeding to the local context: the development of culturally sensitive counselling tools in the Kilimanjaro Region, Tanzania. *Implementation Science* 2006, 1:22doi:10.1186/1748-5908-1-22.

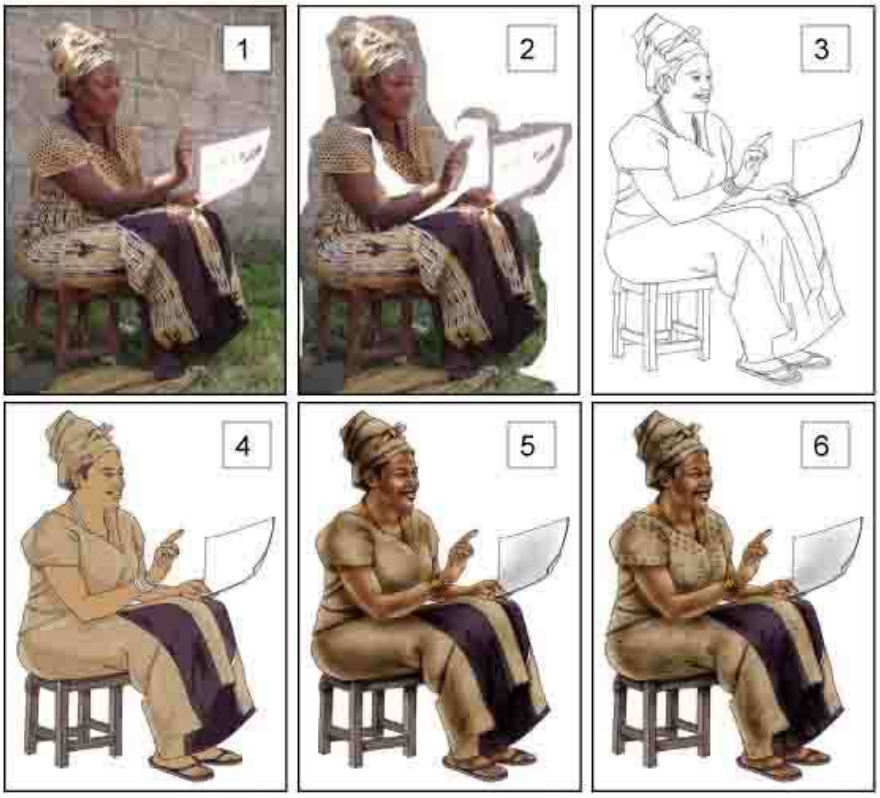
*Community IYCF Counselling Package* be followed or replicated, to the extent possible, substituting new or adjusted images and text where necessary.

The overall cost of contracting an illustrator and/or graphic art team will depend on the following variables:

- The established daily or per product rate of the illustrator/graphic artist(s) (local or external)
- The number of adapted or new illustrations and layouts that are required
- The corresponding number of days needed to complete the work, including changes requested by the technical team prior to and following field testing

A visual summary of the photo-to-illustration process used in developing the initial image of a community worker (later modified) is presented below (Steps 1 through 6). The process begins with a digital photography session, where multiple photographs of the model/subject are taken from a variety of angles. Ideally, both close-ups and full image shots are taken to provide sufficient visual "information" for the artist to work with. A technical or content expert should participate in the photography session, if at all possible, to ensure that the scene is technically correct. (This is particularly important for infant feeding positions.) From these photographs, the most appropriate angle/image is selected (Step 1) by the illustrator and technical team. The photograph is then edited to remove any extra or unnecessary "information" (Step 2) and the photograph is printed on plain paper. The illustrator then uses a lightbox to trace the photograph (Step 3), using a soft pencil to create a line drawing. Modifications may be made or elements added to the line drawing at this time. (For example, the position of an arm, the type of shoes worn, and/or the smile or eyes can all be modified easily at this stage.) The pencil drawing is then traced using a fine-tip black pen, and the final image is cleaned using a soft eraser to remove any extraneous lines or "dirt". The final inked line drawing is then scanned and "imported" into the graphic programme (PhotoShop) for colouring and further modification. Flat colours are selected and added to the drawing to define skin tones and clothing and accessories (Step 4). Volume is then added using the various PhotoShop tools (Step 5) to create a more life-like image. Finally, patterns are selected and added to the clothing (Step 6).

**Sample visual summary of the photo-to-illustration process:**




## Step 4: Conduct final technical review of adapted package

As the proposed adjustments to text are finalized and the new and/or adjusted illustrations are completed, the technical working group should reconvene to review the individual pieces of the package, as well as the integrated package. It is critical that consensus be reached on both the text and graphics before investing in the translation and layout of mock-ups of the materials. All key stakeholders and content experts involved in the process should be given ample time to review the package. If there are any controversial elements in the package, consensus should be reached before continuing to the next step. If government officials, donors or agency directors require a review and approval or pre-approval process, a reasonable amount of time should be allocated to ensure that this step is completed.

## Step 5: Translate training content and other materials

If necessary, the training content (*Participant Materials*) and *Counselling Cards*, *Key Messages Booklet* and *Take-home Brochures* can be translated into the local language(s).

The quality of translation of text is a fundamental limiting factor to the overall quality of the final package. It is important to recognize that both writing and translating are very specific skills that not every technical team has or can easily contract. Very often, a ministry communication person is asked to organize district level translation sessions for his or her local language or dialect, and

not enough attention is paid to the final quality of product. Other technical reviewers, who do not speak or write the local language are not in a position to conduct a final quality assessment. A standard approach to checking any translation is to require a "back translation", where a different translator is asked to rewrite the text in the original language. This provides a clear indication of whether or not the material has been properly interpreted. If necessary, the translation should be adjusted until the desired level of quality is achieved.

Field testing of translated materials are also a critical step in ensuring that the meaning of resulting text conforms to the intent of the original and is understood and culturally-accepted by the local population. When field testing is conducted (see below), time should be allocated for specifically testing the written text.

Another common difficulty in translation, especially of long or complex documents, is the possibility that text will be lost or inadvertently left out. To address this problem, two translation matrix tools are provided in *Appendix 6: Matrices for Adaptation/Translation of Key Messages & Take-home Brochures* for use in translation. The matrices provide the original language on the left side of the table with corresponding boxes for translation on the right hand side. This set up also helps to ensure that the text is relatively similar in length, which is particularly critical for the layout of key messages and the overall design of the brochures, which are limited in space. Text often corresponds with specific illustrations on a given panel or page of a brochure. The matrices are also helpful to technical working groups for cross checking all elements (sentences, bullets, headings, paragraphs) found in both the *Key Messages Booklet*, which accompanies the *IYCF Counselling Cards,* and the messages in the 3 *Take-home Brochures*.

**Note:** The national *Key Messages Booklet* should feature only the National Policy of infant feeding in the context of HIV.

## Step 6: Finalize graphics and layouts for all elements of the adapted package

Following the technical review of draft illustrations, graphics and layouts by members of the technical working group, the local graphic artist(s) will finalize all of the elements of the package and prepare sufficient quantities of the materials for pretesting, according to the established protocols. The time involved in finalizing the package should not be underestimated. Technical people who do not have experience in the development and layout of communication materials often miscalculate the time involved. It is sometimes helpful to invite the graphic artists to a technical review meeting and/or the technical team to the graphic studio so that everyone can better appreciate the different aspects and complexities of the work being conducted.

## Step 7: Field test graphic components of the package with local end-users

Field testing of the graphics and illustrations is another critical and often neglected step in the process of developing or adapting both training and communication materials. A strong commitment to this step in the process and a commitment of time and funding will help to ensure that the package is culturally acceptable by the end users and "target" audiences.

### Good tips on field testing:

A number of field test tools, or job aids have been assembled as appendices to the *Adaptation Guide*, to help technical teams to plan and budget appropriately. They are also intended to provide guidance in conducting high quality focus group discussions and in-depth interviews as well as providing instructions for conducting qualitative research and developing research tools. *Appendix 1: Checklist for the Adaptation of the Community IYCF Counselling Package* can be used to both orient and train a field test team, and *Appendix 7: Considerations for FGD and In-depth Interviews* can be used to support the planning and execution of a field test of the graphic materials and provides guidance in conducting quality focus group discussions and in-depth interviews. This tool can also be adapted by the country adaptation team to focus on specific illustrations and/or cultural issues identified as being potentially difficult or controversial during the review process.

## Step 8: Review field test results for graphics and make final decisions

The organization of the analysis of field test results is critical to being able to share results with members of the technical working group and other key stakeholders. A workshop or series of meetings should be planned to review the results and reach consensus related to the technical content, illustrations and layout of the package. *Appendix 8: Analyzing Field Test Results and Preparing Report* provides guidance on how to organize, interpret and present results of the field test to members of the adaptation team and other key stakeholders.

## Step 9: Field test the package and make final adjustments

Based on the results of the technical review, final modifications should be made based on stakeholder consensus. Two job aids are included to help guide the technical team in the overall adaptation and approval process. See *Appendix 6: Adaptation Tracking Matrices for IYCF Counselling Cards and Take-home Brochures*. Similar job aids can be created to track the other elements of the *Community IYCF Counselling Package*.

Field test the integrated Community IYCF Counselling Package to determine whether or not the package is comprehensive, effective and culturally appropriate. See *Appendix 9: Checklist for Field Testing the Package* for guidance in designing and executing this field test.

Make final adjustments following the field test and final technical review and stakeholder consensus.

## Step 10: Develop plans and budgets for printing, dissemination, training, M&E

The technical working group is generally responsible for the development and review of plans and budgets for printing, dissemination, training, monitoring and evaluation of the package. Emphasis should be placed on the identification of resources early in the process to ensure the successful scale-up of the package following its adaptation, field testing and finalization.

Monitoring and evaluation are critical elements to a continuous quality improvement process. See *Appendix 10: Specifications for printing & photocopying*

## List of Appendices

## APPENDIX 1: Checklist for the Adaptation of the Technical Content and Graphics of the *Community IYCF Counselling Package*

| | Adaptation Steps and Related Activities | Proposed Dates | | Responsible person, people and/or organization(s) |
|---|---|---|---|---|
| | | Begin | End | |
| ☑ | **Step 1: Build partnerships and define roles and responsibilities** | | | |
| | 1. Identify the government bodies (ministries, etc.), UN agencies, donors, technical assistance partners, community-based and international non-governmental organizations, faith-based organizations, advocacy groups and individuals (content experts) engaged in IYCF-related activities. | | | |
| | 2. Establish a technical working group of major stakeholders and content experts, including those not necessarily associated with IYCF (e.g. HIV prevention, reproductive health and early childhood development programs, etc.) | | | |
| | 3. Agree on who will lead or "drive" the technical working group and define the roles and responsibilities of the various members | | | |
| | 4. Review *Appendix 1: Checklist for the Adaptation of the Technical Content and Graphics of the Community IYCF Counselling Package;* compare organizational work plans; and examine the feasibility of sharing responsibilities and resources for the adaptation of the package. | | | |
| | 5. Develop a corresponding work plan. | | | |
| | 6. Determine available resources and develop an adaptation budget. | | | |
| ☑ | **Step 2: Conduct a systematic review of the *Community IYCF Counselling Package*** | | | |
| | 1. Plan a review workshop or series of meetings to examine each element of the *Community IYCF Counselling Package.* | | | |
| | 2. Collect existing IYCF counselling materials, current training curricula and M&E tools being used nationally. | | | |
| | 3. Collect available survey data and relevant formative research findings related to the epidemiology, knowledge, practices and socio-cultural issues affecting IYCF and maternal nutrition. | | | |

| | Adaptation Steps and Related Activities | Proposed Dates | | Responsible person, people and/or organization(s) |
|---|---|---|---|---|
| | | Begin | End | |
| | 4. Reproduce a sufficient number of copies of all materials (existing national tools, research data and *Community IYCF Counselling Package*) to be reviewed so that each participant has his or her own set of files. | | | |
| | 5. Systematically review each element of the *Community IYCF Counselling Package* and determine what adjustments or adaptations are required, based on available information and relevant data, to ensure alignment with national norms, protocols and other recommendations. (See specific elements of the package requiring special attention/review.) | | | |
| | 6. Consider the need to adapt words and expressions to reflect local terminology, and also the need to translate the *Facilitator Guide*, *Participant Materials*, *Counselling Cards*, *Key Message Booklet*, and *Take-home Brochures* into local language or languages. | | | |
| | 7. Consider the need to adapt/adjust illustrations and other graphics in relationship to the socio-cultural context and local feeding challenges. | | | |
| | 8. Consider time available for training, varying knowledge levels of participants, other characteristics of the proposed audience. | | | |
| | 9. Identify technical elements that are potentially controversial. If issues are controversial, discuss until consensus is achieved. | | | |
| | 10. Consolidate feedback from review. | | | |
| | 11. Synthesize the comments from local content experts, other stakeholders and in-country reviewers. | | | |
| | 12. Circulate summary recommendations for changes that need to be addressed to members of the technical working group and other stakeholders for final input and "sign-off". | | | |
| | 13. Develop work plan and request all stakeholders to commit personnel and resources to complete the adaptation of the package. | | | |
| ☑ | **Step 3 : Adapt graphics and layouts of all materials** | | | |
| | 1. Identify high-level individuals of teams of illustrators and/or graphic artists with specific computer graphic training and experience. | | | |
| | 2. Specify the number of illustrations to be adapted and/or developed and the number of materials that will require layout adjustments. | | | |

| | Adaptation Steps and Related Activities | Proposed Dates | | Responsible person, people and/or organization(s) |
|---|---|---|---|---|
| | | Begin | End | |
| | 3. Develop a contract with the illustrators and/or graphic artists that reflects the quality and quantity of work anticipated. | | | |
| | 4. Ensure that all of the necessary equipment is available for use during the graphic adaptation process. | | | |
| | 5. Secure copies of the original graphic files from UNICEF that will serve as the basis for adaptation and layout. | | | |
| | 6. Develop a systematic checklist of steps involved in the graphic adaptation process. | | | |
| | 7. Oversee the adaptation and/development of new illustrations. | | | |
| | 8. Coordinate interface between the technical team, translation team and graphic team as needed. | | | |
| ☑ | **Step 4: Conduct final technical review of adapted package** | | | |
| | | | | |
| ☑ | **Step 5: Translate training content, if necessary, and *Counselling Cards, Key Messages Booklet* and *Take-home Brochures*** | | | |
| | | | | |
| ☑ | **Step 6: Finalize graphics and layouts for all elements of the adapted package** | | | |
| | | | | |
| ☑ | **Step 7: Field test graphic components of the package (illustrations, key messages and layouts) with local end-users** | | | |
| | | | | |

| | Adaptation Steps and Related Activities | Proposed Dates | | Responsible person, people and/or organization(s) |
|---|---|---|---|---|
| | | Begin | End | |
| ☑ | **Step 8: Review field test results for the graphic components of the package and make final decisions** | | | |
| | | | | |
| ☑ | **Step 9: Field test the integrated *Community IYCF Counselling Package* and make final adjustments based on stakeholder consensus** | | | |
| | • Based on the results of the technical review, final modifications should be made. | | | |
| | • Field test the integrated *Community IYCF Counselling Package* to determine whether or not the package is comprehensive, effective and culturally appropriate | | | |
| | • Make final adjustments following the field test and final technical review and stakeholder consensus. | | | |
| ☑ | **Step 10: Develop plans and budgets for printing, dissemination, training, monitoring and evaluation of the package** | | | |
| | | | | |

## APPENDIX 2: Breastfeeding and Complementary Feeding Matrices

**Breastfeeding Practices Matrix**

| Breastfeeding Practice | Current Practice | Recommended Practice | Motivators | Barriers | Feasible Practice | Counselling Discussion Points |
|---|---|---|---|---|---|---|
| Initiation of breastfeeding | | Within the 1st hour of birth | | | | |
| Giving colostrum (local name) | | Within the 1st hour of birth | | | | |
| Duration of exclusive breastfeeding | | From birth until baby is 6 months old (no water, other drink, or food) | | | | |
| Frequency of breastfeeding | | On demand (or cue) day and night | | | | |
| Let baby come off breast by him/herself | | | | | | |
| Duration of breastfeeding | | Until baby releases both breasts | | | | |
| Expressing breast milk | | | | | | |
| Giving water | | No water during first 6 months | | | | |
| Breastfeeding during illness | | More frequent during & after illness | | | | |
| Cessation of breastfeeding | | 2 years of age or older | | | | |

**Complementary Feeding Practices Matrix**

| Complementary Feeding Practice | Current Practice | Recommended Practice | Motivators | Barriers | Feasible Practice | Counselling Discussion Points |
|---|---|---|---|---|---|---|
| Continued sustained breastfeeding | 6 up to 9 months<br>9 up to 12 months<br>12 up to 24 months | | | | | |
| Frequency of complementary foods | 6 up to 9 months<br>9 up to 12 months<br>12 up to 24 months | | | | | |
| Amount of complementary foods | 6 up to 9 months<br>9 up to 12 months<br>12 up to 24 months | | | | | |
| Texture (thickness/consistency) of complementary foods | 6 up to 9 months<br>9 up to 12 months<br>12 up to 24 months | | | | | |
| Variety of complementary foods (calendar) | 6 up to 9 months<br>9 up to 12 months<br>12 up to 24 months | | | | | |
| Responsive feeding | | | | | | |
| Hygiene | | | | | | |
| Use of bottles | | Use cup | | | | |

## APPENDIX 3: Calendar of Local, Feasible, Available and Affordable Foods

(At Home and/or at Market)

To be filled-in for every month (or season)

| January | February | March |
|---|---|---|
| Home | Home | Home |
| Market | Market | Market |

| April | May | June |
|---|---|---|
| Home | Home | Home |
| Market | Market | Market |

| July | August | September |
|---|---|---|
| Home | Home | Home |
| Market | Market | Market |

| October | November | December |
|---|---|---|
| Home | Home | Home |
| Market | Market | Market |

## APPENDIX 4: Adaptation Tracking Matrices for *Counselling Cards* & *Take-home Brochures*

**Sample Adaptation Tracking Matrices for *Community IYCF Counselling Cards***

| Counselling Card | Proposed Changes to Graphics & Illustrations | Proposed Changes to Key Messages/Text | Development Status | Date | | Resp. Person(s) | Approvals | |
|---|---|---|---|---|---|---|---|---|
| | | | | Start | End | | 1 | 2 |
| **Cover** | | | | | | | | |
| **Acknowledgments** | | | | | | | | |
| **Introduction** | | | | | | | | |
| **CC 1** | | | | | | | | |
| **CC 2:** | | | | | | | | |
| **CC 3:** | | | | | | | | |
| **CC 4:** | | | | | | | | |
| **CC 5:** | | | | | | | | |
| **CC 6:** | | | | | | | | |
| **CC 7:** | | | | | | | | |
| **CC 8:** | | | | | | | | |
| **CC 9:** | | | | | | | | |
| **CC 10:** | | | | | | | | |
| **CC 11:** | | | | | | | | |
| **CC 12:** | | | | | | | | |
| **CC 13:** | | | | | | | | |
| **CC 14:** | | | | | | | | |
| **CC 15:** | | | | | | | | |
| **CC 16:** | | | | | | | | |
| **CC 17:** | | | | | | | | |
| **CC 18:** | | | | | | | | |
| **CC 19:** | | | | | | | | |
| **CC 20:** | | | | | | | | |
| **CC 21:** | | | | | | | | |
| **CC 22:** | | | | | | | | |
| **CC 23a:** | | | | | | | | |

| Counselling Card | Proposed Changes to Graphics & Illustrations | Proposed Changes to Key Messages/Text | Development Status | Date | | Resp. Person(s) | Approvals | |
|---|---|---|---|---|---|---|---|---|
| | | | | Start | End | | 1 | 2 |
| **CC 23b:** | | | | | | | | |
| **CC 24** | | | | | | | | |
| **Special Circumstance 1** | | | | | | | | |
| **Special Circumstance 2** | | | | | | | | |
| **Special Circumstance 3** | | | | | | | | |

**Sample Adaptation Tracking Matrix for *Community IYCF Take-home Brochures***

| Take Home Brochure | Proposed Changes to Graphics & Illustrations | Proposed Changes to Key Messages/Text | Development Status | Date | | Resp. Person(s) | Approvals | |
|---|---|---|---|---|---|---|---|---|
| | | | | Start | End | | 1 | 2 |
| **Women's Nutrition** | | | | | | | | |
| Front Cover | | | | | | | | |
| Inside 1 | | | | | | | | |
| Inside 2 | | | | | | | | |
| Inside 3 | | | | | | | | |
| Back 1 | | | | | | | | |
| Back 2 | | | | | | | | |
| Acknowledgements | | | | | | | | |
| **Exclusive Breastfeeding** | | | | | | | | |
| Front Cover | | | | | | | | |
| Inside 1 | | | | | | | | |
| Inside 2 | | | | | | | | |
| Inside 3 | | | | | | | | |
| Back 1 | | | | | | | | |
| Back 2 | | | | | | | | |
| Acknowledgements | | | | | | | | |
| **Feeding After 6 Months** | | | | | | | | |
| Front Cover | | | | | | | | |

| Take Home Brochure | Proposed Changes to Graphics & Illustrations | Proposed Changes to Key Messages/Text | Development Status | Date | | Resp. Person(s) | Approvals | |
|---|---|---|---|---|---|---|---|---|
| | | | | Start | End | | 1 | 2 |
| Inside 1 | | | | | | | | |
| Inside 2 | | | | | | | | |
| Inside 3 | | | | | | | | |
| Back 1 | | | | | | | | |
| Back 2 | | | | | | | | |
| Acknowledgements | | | | | | | | |

## APPENDIX 5: Step-by-Step Guide for Creating/Adapting Illustrations

1. Develop the scenes for the illustrations that you want to create or adapt. Set up a photo shoot using models and shoot a variety of poses for each scene. You can also use existing photographs or illustrations as your reference files, scanning them if necessary.

2. Download your digital images to your computer and if necessary, combine or alter them to fit your specific needs. Then print out a large version of each selected photo or digital image for tracing.

3. Use a lightbox or similar device to trace the photo or digital image. Be careful to trace an accurate outline of your image. Include all information you will need in your tracing to make the final illustration.

4. Scan the tracing and import it into your computer. Save it as a grayscale or RGB TIF file.

5. Open the TIF file in PhotoShop and clean up the drawing, closing up areas of similar colour and erasing extraneous information.

6. Save your file under a new name. Duplicate the drawing layer and delete all white pixels from the new layer. This layer should then contain only the line drawing and should always be the top layer of your PhotoShop file. The black lines of the drawing should appear on top of your coloured layers.

7. Add areas of flat colour to your drawing. Make a new layer for each colour or article of clothing or skin. Use the drawing layer to select the different areas, but always add colour to a new layer underneath the transparent drawing layer so as not to alter the drawing layer.

8. After all colours have been added a print out of this version may be used to pre-test the image for accuracy and if the drawing is successful in illustrating the idea to be conveyed.

9. Once the drawing is approved, volume can be added to the drawing. Adding volume can be done to the colour layer or on a duplicate layer to preserve your original. Use the burn and dodge tools to add shadow and highlight to each layer. Start with the shadow areas first, and use midtones at low settings to begin (15% or less).

10. After the volume has been added to all the areas, save a copy of the image as a Photoshop or tif file with layers. Then flatten your image (merging all layers) and save as a TIF file. Change the mode to CMYK and review the image for colour changes, darkness, contrast, etc.

11. Once you are satisfied with the image save it and resize as necessary for the layout. Try to use images at 100% in the layout program so your files will print at proper resolution while not being too large.

12. The image is now ready to be imported into your page layout program (InDesign [version 3 or 4] is recommended).

## APPENDIX 6: Matrices for Adaptation-Translation of *Key Messages* & *Take-home Brochures*

**Matrix for Adaptation-Translation of *Community IYCF Counselling Cards* in *Key Messages Booklet***

| Card | English | Adaptation – Translation |
|---|---|---|
| **Cover** | Infant and Young Child Feeding<br>Counselling Cards for Community Workers | |
| **Acknowledge-ments** | FILL IN | |
| **Introduction** | FILL IN | |
| **Counselling Tips** | FILL IN | |
| **Card 1:** Text in Key Message Booklet | **Nutrition for pregnant and lactating woman** | |
| **Title on Card** | NONE | |
| | During your pregnancy, eat one extra small meal or "snack" (extra food between meals) each day to provide energy and nutrition for you and your growing baby. | |
| | During breastfeeding, eat two extra small meals or "snacks" (extra food between meals) each day to provide energy and nutrition for you and your growing baby. | |
| | You need to eat the best foods available, including milk, fresh fruit and vegetables, meat, fish, eggs, grains, peas and beans. | |
| | Drink whenever you're thirsty. | |
| | Taking tea or coffee with meals can interfere with your body's use of the foods. Limit the amount of coffee you drink during pregnancy. | |
| | During pregnancy and breastfeeding, special nutrients will help your baby grow well and be healthy. | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | Take iron and folic acid tablets to prevent anaemia during pregnancy and for at least 3 months after your baby's birth. | |
| | Take vitamin A tablets immediately after delivery or within 6 weeks so that your baby receives the vitamin A in your breast milk to help prevent illness. | |
| | Use iodised salt to help your baby's brain and body develop well. | |
| | Attend antenatal care at least 4 times during pregnancy. These check-ups are important for you to learn about your health and how your baby is growing. | |
| | Take de-worming tablets to help prevent anaemia. | |
| | To prevent malaria, sleep under an insecticide-treated mosquito net and take anti-malarial tablets as prescribed. | |
| | Learn your HIV status, attend all the clinic appointments and take your medicines as advised by your health provider. | |
| | Adolescent mothers: you need extra care, more food and more rest than an older mother. You need to nourish your own body, which is still growing, as well as your growing baby's. | |
| **Card 2:** Text in Key Message Booklet | **Pregnant woman / Delivery in facility** | |
| **Title on Card** | NONE | |
| | Hold your newborn skin-to-skin immediately after birth. This will keep your baby warm and breathing well, and will help you and your baby feel close. | |
| | Begin breastfeeding within the first hour of birth. Early breastfeeding helps the baby learn to breastfeed while the breast is still soft, and helps reduce your bleeding. | |
| | Colostrum, the thick yellowish milk, is good for your baby. | |
| | Colostrum helps protect your baby from illness and helps | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | remove the first dark stool. | |
| | Breastfeed frequently to help your breast milk 'come in' and to ensure plenty of breast milk. | |
| | Do not give water or other liquids/fluids to your baby during the first days after birth. They are not necessary and are dangerous for your newborn. | |
| **Card 3:** Text in Key Message Booklet | **During the first 6 months, your baby needs ONLY breast milk** | |
| **Title on Card** | During the first 6 months | |
| | Breast milk provides all the food and water that your baby needs during the first 6 months. | |
| | Do not give anything else, not even water, during your baby's first 6 months. | |
| | Even during very hot weather, breast milk will satisfy your baby's thirst. | |
| | Giving your baby anything else will cause him/her to suckle less and will reduce the amount of breast milk that you produce. | |
| | Water, other liquids and foods can make the baby sick. | |
| | You can give medicines if they are recommended by your health provider. | |
| | **Note for community worker:** | |
| | *There may be a period of 24 hours in the first day or two when the baby feeds only 2 to 3 times. After the first few days, frequent breastfeeding is important for establishing a good supply.* | |
| **Card 4:** Text in Key Message Booklet | **Importance of exclusive breastfeeding during the first 6 months** | |

| Card | English | Adaptation – Translation |
|---|---|---|
| **Title on Card** | During the first 6 months | |
| | Exclusive breastfeeding means feeding your baby ONLY breast milk for the first 6 months. | |
| | Breast milk provides all the food and water that your baby needs during the first 6 months of life. | |
| | Exclusive breastfeeding for the first 6 months protects your baby from many illnesses, such as diarrhoea and respiratory infections. | |
| | When you exclusively breastfeed your baby during the first 6 months and have no menses you are protected from another pregnancy. | |
| | Mixed feeding means feeding your baby both breast milk and other foods or liquids, including infant formula, animal milks or water. | |
| | Mixed feeding before 6 months can damage your baby's stomach. | |
| | Mixed feeding increases the chances that your baby will suffer from illnesses such as diarrhoea and pneumonia and from malnutrition. | |
| | Giving your baby foods or any kind of liquids other than breast milk, including infant formula, animal milks, or water before 6 months reduces the protection that exclusive breastfeeding gives, and all of the benefits that your baby gets from your breast milk. | |
| | **Note for community worker:** | |
| | *If a mother is HIV-infected, refer to Counselling Cards 21 to 23b for information on HIV and infant feeding*. | |
| **Card 5:** Text in Key Message Booklet | Breastfeed on demand, both day and night (8 to 12 times) to build up your breast milk supply | |
| **Title on Card** | None | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | Breastfeed your baby on demand, day and night. | |
| | More suckling (with good attachment) makes more breast milk. | |
| | Crying is a late sign of hunger. | |
| | Early signs that your baby wants to breastfeed include: | |
| | • Restlessness | |
| | • Opening mouth and turning head from side-to-side | |
| | • Putting tongue in and out | |
| | • Suckling on fingers and fists | |
| | Let your baby finish one breast before offering the other. Switching back and forth from one breast to the other prevents the baby from getting the nutritious 'hind milk'. The 'fore milk' has more water and satisfies the baby's thirst. The 'hind milk' has more fat and satisfies your baby's hunger. | |
| | If your baby is ill or sleepy, wake him/her to offer the breast often. | |
| | Do NOT use bottles, teats or spouted cups. They are difficult to clean and can cause your baby to become sick. | |
| | **Notes for community worker:** | |
| | *If a mother is concerned about her baby getting enough milk, encourage the mother and build her confidence by reviewing how to attach and position the baby to her breast.* | |
| | *Reassure her that her baby is getting enough milk when her baby is:* | |
| | • *not visibly thin (or is getting fatter/putting on weight, if he or she was thin earlier)* | |
| | • *responsive and active (appropriately for his or her age)* | |
| | • *gaining weight - refer to the baby's health card (or growth velocity table if available). If you are not sure if the weight gain is adequate, refer the child to the nearest* | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | *health facility.* | |
| | • *when baby passes light-coloured urine 6 times a day or more while being exclusively breastfed* | |
| **Card 6:** Text in Key Message Booklet | **Breastfeeding positions** | |
| **Title on Card** | NONE | |
| | Good positioning helps to ensure that your baby suckles well and helps you to produce a good supply of breast milk. | |
| | The four key points about your baby's position are: **straight, facing the breast, close, and supported**: | |
| | • The baby's body should be straight, not bent or twisted, but with the head slightly back. | |
| | • The baby's body should be facing the breast not held flat to your chest or abdomen, and he or she should be able to look up into your face | |
| | • The baby should be close to you | |
| | • You should support the baby's whole body, not just the neck and shoulders, with your hand and forearm | |
| | **There are different ways to position your baby:** | |
| | • Cradle position (most commonly used) | |
| | • Cross cradle position (good for small babies) | |
| | • Side-lying position (can be used to rest while breastfeeding and at night). | |
| | • Under-arm position (good to use after caesarean section, if your nipples are painful or if you are breastfeeding twins or a small baby). | |
| | **Note for community worker:** | |
| | *If an older baby is well-attached and suckling well, there is no need to change position.* | |

| Card | English | Adaptation – Translation |
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| | | |
| **Card 7:** Text in Key Message Booklet | **Good attachment** | |
| **Title on Card** | NONE | |
| | Good attachment helps to ensure that your baby suckles well and helps you to produce a good supply of breast milk. | |
| | Good attachment helps to prevent sore and cracked nipples. | |
| | Breastfeeding should not be painful. | |
| | Get help to improve the attachment if you experience pain. | |
| | **There are 4 signs of good attachment**: | |
| | 1. Baby's mouth is wide open | |
| | 2. Baby's lower lip is turned outwards | |
| | 3. Baby's chin is touching mother's breast | |
| | 4. You can see more of the darker skin (areola) above the baby's mouth than below | |
| | **The signs of effective suckling are:** | |
| | a. The baby takes slow deep suckles, sometimes pausing. | |
| | b. You may be able to see or hear your baby swallowing after one or two suckles. | |
| | c. Suckling is comfortable and pain free for you. | |
| | d. Your baby finishes the feed, releases the breast and looks contented and relaxed. | |
| | e. The breast is softer after the feed. | |
| | Effective suckling helps you to produce milk and satisfy your baby. | |
| | After your baby releases one breast offer your baby the other breast. This will ensure that your baby stimulates your milk production in both breasts, and also gets the most nutritious | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | and satisfying milk. | |
| **Card 8:** Text in Key Message Booklet | **Feeding a low birth weight baby** | |
| **Title on Card** | NONE | |
| | Breast milk is especially adapted to the nutritional needs of low birth weight infants. | |
| | The best milk for a low birth weight infant, including babies born early, is the breast milk from the baby's own mother. | |
| | The cross cradle and underarm positions are good positions for feeding a low birth weight baby. | |
| | Breastfeed frequently to get baby use to the breast and to keep the milk flowing. | |
| | Long slow feeds are fine. It is important to keep the baby at the breast. | |
| | If the baby sleeps for long periods of time, you may need to unwrap the baby or take off some of his or her clothes to help waken him or her for the feed. | |
| | Breastfeed the baby before he or she starts to cry. | |
| | Earlier signs of hunger include a COMBINATION of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist. | |
| | **Notes for community worker:** | |
| | *Direct breastfeeding of a very small baby may not be possible for several weeks. Mothers should be taught and encouraged to express breast milk and feed the breast milk to the infant using a cup.* | |
| | *Kangaroo mother care provides skin-to-skin contact, warmth* | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | *and closeness to the mother's breast.* | |
| | *Kangaroo mother care encourages early and exclusive breastfeeding, either by direct feeding or using expressed breast milk given by cup.* | |
| | *Different caregivers can also share in the care of the baby using the same Kangaroo method position.* | |
| **Card 9:** Text in Key Message Booklet | **How to hand express breast milk and cup feed** | |
| **Title on Card** | NONE | |
| | Make sure your hands and utensils are clean. | |
| | Wash your hands with soap and running water. | |
| | Clean and boil the container you will use to express your breast milk. | |
| | Get comfortable. | |
| | It is sometimes helpful to massage your breasts. A warm cloth may help stimulate the flow of milk. | |
| | Put your thumb on the breast above the dark area around the nipple (areola) and the other fingers on the underside of the breast behind the areola. | |
| | • With your thumb and first 2 fingers push in towards chest wall and then press towards the dark area (areola). | |
| | • Milk may start to flow in drops, or sometimes in fine streams. Collect the milk in the clean container. | |
| | • Avoid rubbing the skin, which can cause bruising or squeezing the nipple, which stops the flow of milk. | |
| | • Rotate the thumb and finger positions and press/compress and release all around the areola. | |
| | Express one breast for at least 3 to 5 minutes until the flow | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | slows, then express other breast, then repeat both sides again (20 to 30 minutes total). | |
| | Store breast milk in a clean, covered container. Milk can be stored 6 to 8 hours in a cool place and up to 72 hours in the back of the refrigerator. | |
| | Give baby expressed breast milk from a cup. Bring cup to the baby's lower lip and allow baby to take small amounts of milk, lapping the milk with his/her tongue. Do not pour the milk into baby's mouth. | |
| | Pour just enough breast milk from the clean covered container into the feeding cup. | |
| | Bottles are unsafe to use because they are difficult to wash and can be easily contaminated. | |
| **Card 10:** Text in Key Message Booklet | **When you are separated from your baby** | |
| **Title on Card** | NONE | |
| | Learn to express your breast milk soon after your baby is born. (CC 9) | |
| | Breastfeed exclusively and frequently for the whole period that you are with your baby. | |
| | Express and store breast milk before you leave your home so that your baby's caregiver can feed your baby while you are away. | |
| | Express breast milk while you are away from your baby. This will keep the milk flowing and prevent breast swelling. | |
| | Teach your baby's caregiver how to use a clean open cup to feed your baby while you are away. | |
| | Expressed breast milk (stored in a cool, covered place) stays in good condition for 8 hours, even in a hot climate. | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | Take extra time for the feeds before separation from baby and when you return home. | |
| | Increase the number of feeds while you are with the baby. This means increasing night and weekend feedings. | |
| | If possible, carry the baby with you to your work place (or anytime you have to go out of the home for more than a few hours). If this is not possible, consider having someone bring the baby to you to breastfeed when you have a break. | |
| | Get extra support from family members in caring for your baby and other children, and for doing household chores. | |
| | **Notes for a working mother with formal employment:** | |
| | Get your employer's consent for: | |
| | • breastfeeding breaks at your work place and flexible working hours | |
| | • safe storage of expressed breast milk at your work place | |
| **Card 11:** Text in Key Message Booklet | **Good hygiene (cleanliness) practices prevent disease** | |
| **Title on Card** | NONE | |
| | Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. | |
| | Wash your hands with soap and water before preparing foods and feeding baby. | |
| | Wash your hands and your baby's hands before eating. | |
| | Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom. | |
| | Feed your baby using clean hands, clean utensils and clean cups. | |
| | Use a clean spoon or cup to give foods or liquids to your baby. | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | Do not use bottles, teats or spouted cups since they are difficult to clean and can cause your baby to become sick. | |
| | Store the foods to be given to your baby in a safe clean place. | |
| **Card 12:** Text in Key Message Booklet | **Starting Complementary Feeding when baby reaches 6 months** | |
| **Title on Card** | Start feeding at 6 months | |
| | Starting at about 6 months, your baby needs other foods in addition to breast milk. | |
| | Continue breastfeeding your baby on demand both day and night. | |
| | Breast milk continues to be the most important part of your baby's diet. | |
| | Breastfeed before giving other foods. | |
| | When giving complementary foods, think: Frequency, Amount, Thickness, Variety, Responsive feeding, and Hygiene | |
| | • **Frequency**: Feed your baby 2 times a day. | |
| | • **Amount**: Give 2 to 3 tablespoonfuls ('tastes') at each feed. | |
| | • **Thickness**: should be thick enough to be fed by hand. | |
| | • **Variety**: Begin with the staple foods like porridge (corn, rice, millet, potatoes, sorghum), mashed banana or mashed potato. | |
| | • **Responsive feeding**: | |
| | - Baby may need time to get used to eating foods other than breast milk. | |
| | - Be patient and actively encourage your baby to eat. | |
| | - Don't force your baby to eat. | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | - Use a separate plate to feed the baby to make sure he or she eats all the food given. | |
| | • **Hygiene**: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. (CC 11) | |
| | - Use a clean spoon or cup to give foods or liquids to your baby. | |
| | - Store the foods to be given to your baby in a safe hygienic place. | |
| | - Wash your hands with soap and water before preparing foods and feeding baby. | |
| | - Wash your hands and your baby's hands before eating. | |
| | - Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom. | |
| | **Note about the size of cups:** | |
| | *All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.* | |
| | **Note: After 6 months you can no longer are use LAM.** | |
| | *You will need to use another family planning method even though your menses has not yet returned.* | |
| | *There are many methods of family planning that will not interfere with breastfeeding.* | |
| **Card 13:** Text in Key Message Booklet | **Complementary feeding from 6 up to 9 months** | |
| **Title on Card** | From 6 up to 9 months | |
| | Continue breastfeeding your baby on demand both day and | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | night. This will maintain his or her health and strength as breast milk continues to be the most important part of your baby's diet. | |
| | Breast milk supplies half (1/2) baby's energy needs from 6 up to 12 months. | |
| | Breastfeed first before giving other foods. | |
| | When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Responsive feeding, and Hygiene | |
| | • **Frequency**: Feed your baby complementary foods 3 times a day. | |
| | • **Amount**: Increase amount gradually to half ½ cup (250 ml cup: show amount in cup brought by mother). Use a separate plate to make sure young child eats all the food given. | |
| | • **Thickness**: Give mashed/pureed family foods. By 8 months your baby can begin eating finger foods. | |
| | • **Variety**: Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products) **1 star***; Staples (grains, roots and tubers) **2 stars****; Legumes and seeds **3 stars***** ; Vitamin A rich fruits and vegetables and other fruits and vegetables **4 stars****** (CC 16) | |
| | **Notes for community worker:** | |
| | *Foods may be added in a different order to create a 4 star food/diet.* | |
| | • *Animal source foods are very important. Start animal source foods as early and as often as possible. Cook well and chop fine.* | |
| | • *Infants can eat well-cooked and finely-chopped eggs, meat* | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | *and fish even if they don't have teeth.* | |
| | • *Additional nutritious snacks (extra food between meals) such as fruit or bread with nut paste can be offered once or twice per day.* | |
| | • *If you prepare food for the baby that has oil or fat in it, use no more than half a teaspoon per day.* | |
| | • *Use iodised salt* | |
| | • *Each week you can add one new food to your child's diet* | |
| | • *Avoid giving sugary drinks* | |
| | • *Avoid sweet biscuits* | |
| | • **Responsive feeding**: | |
| | - Be patient and actively encourage your baby to eat. | |
| | - Don't force your baby to eat. | |
| | - Use a separate plate to feed the baby to make sure he or she eats all the food given. | |
| | • **Hygiene**: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. (CC 11) | |
| | - Use a clean spoon or cup to give foods or liquids to your baby. | |
| | - Store the foods to be given to your baby in a safe hygienic place. | |
| | - Wash your hands with soap and water before preparing foods and feeding baby. | |
| | - Wash your hands and your baby's hands before eating. | |
| | - Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom. | |
| | **Note about the size of cups:** | |
| | *All cups shown and referred to in the Counselling Cards are* | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | *mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.* | |
| | **Note: After 6 months you can no longer are use LAM.** | |
| | *You will need to use another family planning method even though your menses has not yet returned.* | |
| | *There are many methods of family planning that will not interfere with breastfeeding.* | |
| **Card 14:** Text in Key Message Booklet | **Complementary feeding from 9 up to 12 months** | |
| **Title on Card** | From 9 up to 12 months | |
| | Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breast milk continues to be the most important part of your baby's diet. | |
| | Breast milk supplies half (1/2) baby's energy needs from 6 up to 12 months. | |
| | Breastfeed first before giving other foods. | |
| | When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Responsive feeding, and Hygiene | |
| | • **Frequency**: Feed your baby complementary foods 4 times a day. | |
| | • **Amount**: Increase amount gradually to half ½ cup (250 ml cup: show amount in cup brought by mother). Use a separate plate to make sure young child eats all the food given. | |
| | • **Thickness**: Give finely chopped family foods, finger | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | foods, sliced foods. | |
| | • **Variety**: Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products) **1 star***; Staples (grains, roots and tubers) **2 stars****; Legumes and seeds **3 stars***** ; Vitamin A rich fruits and vegetables and other fruits and vegetables **4 stars******** (CC 16) | |
| | **Notes for community worker:** | |
| | *Foods may be added in a different order to create a 4 star food/diet.* | |
| | • *Animal source foods are very important. Start animal source foods as early and as often as possible. Cook well and chop fine.* | |
| | • *Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products can be offered once or twice per day.* | |
| | • *Use iodised salt* | |
| | • *Avoid giving sugary drinks* | |
| | • *Avoid sweet biscuits* | |
| | • **Responsive feeding**: | |
| | - Be patient and actively encourage your baby to eat. | |
| | - Don't force your baby to eat. | |
| | - Use a separate plate to feed the baby to make sure he or she eats all the food given. | |
| | • **Hygiene**: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. (CC 11) | |
| | - Use a clean spoon or cup to give foods or liquids to your baby. | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | - Store the foods to be given to your baby in a safe hygienic place. | |
| | - Wash your hands with soap and water before preparing foods and feeding baby. | |
| | - Wash your hands and your baby's hands before eating. | |
| | - Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom. | |
| | **Note about the size of cups:** | |
| | *All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.* | |
| | **Note: After 6 months you can no longer are use LAM.** | |
| | *You will need to use another family planning method even though your menses has not yet returned.* | |
| | *There are many methods of family planning that will not interfere with breastfeeding.* | |
| **Card 15:** Text in Key Message Booklet | **Complementary feeding from 12 up to 24 months** | |
| **Title on Card** | From 12 up to 24 months | |
| | Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breast milk continues to be the most important part of your baby's diet. | |
| | Breast milk supplies half (1/3) baby's energy needs from 12 up to 24 months. | |
| | To help your baby continue to grow strong and breastfeed, | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | you should use a family<br>planning method to prevent another pregnancy | |
| | When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Responsive feeding, and Hygiene | |
| | • **Frequency**: Feed your baby complementary foods 5 times a day | |
| | • **Amount**: Increase amount gradually to half ¾ cup (250 ml cup: show amount in cup brought by mother). Use a separate plate to make sure young child eats all the food given | |
| | • **Thickness**: Give family foods cut into small pieces, finger foods, sliced food | |
| | • **Variety**: Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products) **1 star***; Staples (grains, roots and tubers) **2 stars****; Legumes and seeds **3 stars***** ; Vitamin A rich fruits and vegetables and other fruits and vegetables **4 stars****** (CC 16) | |
| | **Notes for community worker:** | |
| | *Foods may be added in a different order to create a 4 star food/diet.* | |
| | • *Animal source foods are very important. Start animal source foods as early and as often as possible. Cook well and chop fine.* | |
| | • *Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products can be offered once or twice per day.* | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | • *Use iodised salt* | |
| | • *Avoid giving sugary drinks* | |
| | • *Avoid sweet biscuits* | |
| | • **Responsive feeding**: | |
| | - Be patient and actively encourage your baby to eat. | |
| | - Don't force your baby to eat. | |
| | - Use a separate plate to feed the baby to make sure he or she eats all the food given. | |
| | • **Hygiene**: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. (CC 11) | |
| | - Use a clean spoon or cup to give foods or liquids to your baby. | |
| | - Store the foods to be given to your baby in a safe hygienic place. | |
| | - Wash your hands with soap and water before preparing foods and feeding baby. | |
| | - Wash your hands and your baby's hands before eating. | |
| | - Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom. | |
| | **Note about the size of cups:** | |
| | *All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.* | |
| **Card 16:** Text in Key Message Booklet | **Food Variety** | |
| **Title on Card** | NONE | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | Continue to breastfeed (for at least 2 years) and feed a variety of foods at each meal to your young child. For example: | |
| | Animal-source foods (meat, chicken, fish, liver), and eggs and milk products **1 star*** | |
| | Staples (maize, rice, millet and sorghum); roots and tubers (cassava, potatoes) **2 stars**** | |
| | Legumes (beans, lentils, peas, groundnuts) and seeds (sesame) **3 stars***** | |
| | Vitamin A-rich fruits and vegetables (mango, papaya, passion fruit, dark-green leaves, carrots, yellow sweet potato and pumpkin), and other fruit and vegetables (banana, pineapple, watermelon, tomatoes, avocado, eggplant and cabbage) **4 stars***** | |
| | **Notes for community worker:** | |
| | *Foods may be added in a different order to create a 4 star food/diet.* | |
| | *Introduce animal source foods early to babies and young children and give them as often as possible. Cook well and chop fine.* | |
| | *Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products can be offered once or twice per day.* | |
| | Use iodised salt. | |
| **Card 17:** Text in Key Message Booklet | **Feeding the sick baby less than 6 months of age** | |
| **Title on Card** | Less than 6 months | |
| | Breastfeed more frequently during illness, including diarrhoea | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | to help the baby fight sickness, reduce weight loss and recover more quickly. | |
| | Breastfeeding also provides comfort to your sick baby. If your baby refuses to breastfeed, encourage your baby until he or she takes the breast again. | |
| | Give only breast milk and medicines recommended by your doctor/health care provider. | |
| | If the baby is too weak to suckle, express breast milk to give the baby. This will help you to keep up your milk supply and prevent breast difficulties. | |
| | After each illness, increase the frequency of breastfeeding to help your baby regain health and weight. | |
| | When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time. | |
| **Card 18:** Text in Key Message Booklet | **Feeding the sick child more than 6 months of age** | |
| **Title on Card** | More than 6 months | |
| | Breastfeed more frequently during illness, including diarrhoea, to help your baby fight sickness, reduce weight loss and recover more quickly. | |
| | Your baby needs more food and liquids while he or she is sick. | |
| | If your child's appetite is decreased, encourage him or her to eat small frequent meals. | |
| | Offer the baby simple foods like porridge and avoid spicy or fatty foods. Even if the child has diarrhoea, it is better for him or her to keep eating. | |
| | After your baby has recovered, actively encourage him or her to eat one additional meal of solid food each day during the | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | following two weeks. This will help your child regain the weight he or she has lost. | |
| | When you are sick, continue to breastfeed your baby. You may need extra food and support during this time. When you are sick, you will also need plenty of liquids. | |
| **Card 19:** Text in Key Message Booklet | **Regular growth monitoring and promotion** | |
| **Title on Card** | Regular growth monitoring and promotion | |
| | Attend regular growth monitoring and promotion sessions (GMP) to make sure your baby is growing well. | |
| | Take your baby to growth monitoring and promotion monthly during the first year. | |
| | A healthy child who is growing well always gains a certain amount of weight every month. If your child is not gaining weight or is losing weight, there is a problem. | |
| | Attending growth monitoring and promotion sessions can help identify nutrition problems your child may have, such as severe thinness or swelling. Nutrition problems may need urgent treatment with special (therapeutic) foods. | |
| | Measuring the upper arm of a child over 6 months (MUAC) also identifies severe thinness. | |
| | During growth monitoring and promotion sessions, you can ask questions about your child's growth, health and nutrition. | |
| | It is important to address poor growth and other signs of poor nutrition quickly, as soon as they are identified. If the problem is severe, you should immediately take your child to the nearest health facility. | |
| | When you go to the health facility for growth monitoring, ask about family planning too. | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | You should also ask about your baby's immunization schedule. Immunizations protect babies against several diseases. | |
| **Card 20:** Text in Key Message Booklet | **Optimal family planning promotes improved health and survival for both mother and child** | |
| **Title on Card** | NONE | |
| | Healthy timing and spacing of pregnancy means waiting at least 2 to 3 years before becoming pregnant again. | |
| | Spacing your children allows: | |
| | • More time to breastfeed and care for each child. | |
| | • More time for your body to recover between pregnancies. | |
| | • More money because you have fewer children, and thus fewer expenses for school fees, clothing, food etc. | |
| | Feeding your baby only breast milk for the first 6 months helps to space births in a way that is healthy for both you and your baby. | |
| | By exclusively breastfeeding your baby for the first 6 months you can prevent pregnancy ONLY if: | |
| | • You feed the baby only breast milk. | |
| | • Your menstrual period has not returned. | |
| | • Your baby is less than 6 months old. | |
| | This family planning method is called the Lactational Amenorrhea Method, or LAM. | |
| | • L = lactational | |
| | • A = no menses | |
| | • M = method of family planning | |
| | If any of these three conditions change, you are no longer protected from becoming pregnant again. | |
| | It is important to seek advice from the nearest clinic about | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | what modern family planning methods are available, as well as when and how to use them. | |
| **Card 21:** Text in Key Message Booklet | **If a woman is HIV infected.....** ***What is the risk of HIV passing to her baby when NO preventive actions are taken?*** | |
| **Title on card** | If a woman is HIV infected..... *What is the risk of HIV passing to her baby when NO preventive actions are taken?* | |
| | A woman infected with HIV can pass HIV to her baby during pregnancy, labour, delivery or through breastfeeding. | |
| | Not all babies born to women with HIV become infected with HIV, however. | |
| | If NO preventive actions are taken to prevent or reduce HIV transmission, out of every 100 HIV infected women who become pregnant, deliver, and breastfeed for up to two years, about 35 of them will pass HIV to their babies: | |
| | • 25 babies may become infected with HIV during pregnancy, labour and delivery. | |
| | • 10 babies may become infected with HIV through breastfeeding, if the mothers breastfeed their babies for up to 2 years. | |
| | **The other 65 women will NOT pass HIV to their babies.** | |
| | All women with HIV should prevent HIV re-infection by practising safer sex. This means using condoms during pregnancy and during breastfeeding. | |
| | All breastfeeding mothers infected with HIV should seek immediate help or treatment at their nearest health facility if they have any infections or breast problems. | |
| | **Note for community worker:** | |
| | *Use this card if the mother asks about risks of breastfeeding.* | |
| **Card 22:** Text | **If a woman is HIV infected.....** ***What is the risk of passing*** | |

| Card | English | Adaptation – Translation |
|---|---|---|
| in Key Message Booklet | ***HIV to her baby if both take ARVs and practise exclusive breastfeeding during the first 6 months?*** | |
| **Title on Card** | If a woman is HIV infected..... *What is the risk of passing HIV to her baby if both take ARVs and practise exclusive breastfeeding during the first 6 months?* | |
| | A woman infected with HIV should be given special medicines (called antiretroviral drugs or ARVs) to decrease the risk of passing HIV to her infant during pregnancy, birth, or breastfeeding. | |
| | A baby born to a woman who is HIV infected should also receive special medicines (ARVs) to decrease the risk of getting HIV during the breastfeeding period. | |
| | Throughout the entire period of breastfeeding, antiretroviral drugs are strongly recommended for either the HIV infected mother or her HIV exposed infant. | |
| | If an HIV infected mother and her baby practise exclusive breastfeeding during the first six months and either the mother or the baby take ARVs throughout the breastfeeding period, the risk of infection decreases tremendously. | |
| | If these preventive actions are taken, out of every 100 HIV infected women who become pregnant, deliver, and breastfeed for at least one year, less than 5 of them will pass HIV to their babies: | |
| | • 2 babies may become infected with HIV during pregnancy, labour and delivery. | |
| | • 3 babies may become infected with HIV through breastfeeding. | |
| | **More than 95 of these women will NOT pass HIV to their babies.** | |
| | All women with HIV should prevent HIV re-infection by | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | practising safer sex. This means using condoms during pregnancy and during breastfeeding. | |
| | All breastfeeding mothers infected with HIV should seek immediate help or treatment at their nearest health facility if they have any infections or breast problems. | |
| | **Note for community worker:** | |
| | *Use this card if the mother asks about risks of breastfeeding.* | |
| **Card 23a:** Text in Key Message Booklet | **Exclusively Breastfeed and Take ARVs** | |
| **Title on Card** | Exclusively Breastfeed and Take ARVs | |
| | Infant feeding recommendations are given to mother at health facility | |
| | Exclusive breastfeeding (giving ONLY breast milk) for the first 6 months greatly reduces the chance of HIV passing from an HIV infected mother to her baby. | |
| | When an HIV infected mother exclusively breastfeeds, her baby receives all the benefits of breastfeeding including protection from diarrhoea and other illnesses. | |
| | Use counselling cards on exclusive breastfeeding and building your milk supply (Counselling Cards 3 - 7). | |
| | Support the mother to feed her baby: | |
| | • Follow recommended breastfeeding practices. | |
| | • Very important to avoid mixed feeding. | |
| | • Identify breast conditions of the HIV-infected mother and refer for treatment. | |
| | HIV exposed babies should be tested when they are about 6 weeks old. | |
| | **All babies who test positive at 6 weeks** should breastfeed | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | exclusively until 6 months, even in the absence of ARV interventions, and then continue to breastfeed for up to two years or longer. Complementary foods should be introduced at 6 months, as recommended. | |
| | All **babies who test negative at 6 weeks** should breastfeed exclusively until 6 months, even in the absence of ARV interventions, and then continue to breastfeed until 12 months. Complementary foods should be introduced at 6 months, as recommended. After 12 months, breastfeeding should only stop once a nutritionally adequate and safe diet without breast milk can be provided. | |
| | **Notes for community worker:** | |
| | *When mother is on life-long treatment and breastfeeds, her baby should receive daily NVP from birth to 6 weeks.* | |
| | *With one type of ARVs (depends on national policy) mother takes these medicines up to 1 week after breastfeeding stops and her baby receives daily NVP from birth to 6 weeks.* | |
| | *With another type of ARVs (depends on national policy) mother takes these medicines for 1 week after birth and her baby receives daily NVP from birth until 1 week after breastfeeding stops.* | |
| | *Explain the benefits of ARVs, both for the mother's health if she needs them and for preventing transmission of HIV to her baby.* | |
| | *Support HIV-infected women to go to a clinic that provides ARVs or refer for ARVs.* | |
| | *Reinforce the ARV message at all contact points with HIV-infected women and at infant feeding support contact points* | |
| | *Refer to health facility if HIV infected mother changes feeding option or her ARVs are going to run out soon.* | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | **Reminder:** | |
| | This *Counselling Card* is for countries where national policy for HIV exposed infants is exclusive breastfeeding + ARVs. | |
| **Card 23b:** Text in Key Message Booklet | **Exclusively breastfeed even when there are no ARVs** | |
| **Title on card** | Exclusively Breastfeed even when there are no ARVs | |
| | Exclusively breastfeeding (giving ONLY breast milk) for the first 6 months. | |
| | Exclusive breastfeeding (giving ONLY breast milk) for the first 6 months greatly reduces the chance of HIV passing from an HIV infected mother to her baby. | |
| | When an HIV infected mother exclusively breastfeeds, her baby receives all the benefits of breastfeeding including protection from diarrhoea and other illnesses. | |
| | Mixed feeding (feeding baby both breast milk and any other foods or liquids, including infant formula, animal milks, or water) before 6 months greatly increases the chances of an HIV infected mother passing HIV to her baby. | |
| | Mixed feeding can cause damage to the baby's stomach. This makes it easier for HIV and other diseases to pass to the baby. | |
| | Mixed feeding also increases the chance of the baby dying from other illnesses such as diarrhoea and pneumonia because he or she is not fully protected through breast milk and the water and other milks or food can be contaminated. | |
| | If an HIV infected mother develops breast problems, she should seek advice and treatment immediately. She may be encouraged to express and heat treat her breast milk so that it can be fed to her baby while she is recovering. | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | Use counselling cards on exclusive breastfeeding and building your milk supply (Counselling Cards 3 - 7). | |
| | HIV-exposed babies should be tested for HIV when they are about 6 weeks old. | |
| | **Note for community health worker:** | |
| | *An HIV infected mother should exclusively breastfeed during the first 6 months even if there is not always access to ARVs.* | |
| **Card 24:** Text in Key Message Booklet | **When to bring your child to the health facility** | |
| **Title on Card** | NONE | |
| | Take your child immediately to a trained health worker or clinic if any of the following symptoms are present: | |
| | • Refusal to feed and being very weak. | |
| | • Vomiting (cannot keep anything down). | |
| | • Diarrhoea (more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes) | |
| | • Convulsions (rapid and repeated contractions of the body, shaking). | |
| | • The lower part of the chest sucks in when the child breathes in, or it looks as though the stomach is moving up and down. | |
| | • Fever (possible risk of malaria) | |
| | • Malnutrition (loss of weight or swelling of the body) | |
| **Special Circumstance Card 1:** Text in Key Message Booklet | **Avoid All Breastfeeding** | |
| **Title on Card** | Avoid All Breastfeeding | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | Infant feeding recommendations are given to the mother at health facility. | |
| | Exclusive replacement feeding (giving ONLY infant formula) for the first 6 months eliminates the chance of passing HIV through breastfeeding. | |
| | Replacement feeding is also accompanied with provision of ARVs for the mother (at least 1 week after birth) and the infant (for six weeks after birth). | |
| | Maintaining the mother's central role in feeding her baby is important for bonding and may also help to reduce the risks in preparation of replacement feeds. | |
| | Mixed feeding (feeding baby both breast milk and any other foods or liquids, including infant formula, animal milks, or water) before 6 months greatly increases the chances of an HIV infected mother passing HIV to her baby. | |
| | Mixed feeding is always dangerous for babies less 6 months. A baby less than 6 months has immature intestines. Other food or drinks than breast milk can cause damage to the baby's stomach. This makes it easier for HIV and other diseases to pass to the baby. | |
| | Support the mother to feed her child: | |
| | • No mixed feeding | |
| | • No dilution of formula | |
| | • Help mother read instructions on formula tin | |
| | • Feed the baby with a cup | |
| | • See Special Circumstances Card 2 | |
| | Refer to health facility if the baby gets sick with diarrhoea or other illnesses or she has difficulty obtaining sufficient formula. | |
| | **Reminder:** | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | This *Counselling Card i*s only for countries where national policy for HIV exposed infants is exclusive replacement feeding OR for mothers who decided at the health facility to opt out of breastfeeding + ARVs. | |
| **Special Circumstance Card 2:** Text in Key Message Booklet | **Conditions needed to avoid all breastfeeding** | |
| **Title on Card** | **Conditions Needed To Avoid All Breastfeeding** | |
| | Infant feeding recommendations are given to the mother at health facility. | |
| | Wash hands with soap and water before preparing formula and feeding baby. | |
| | Make sure to get enough supplies for the baby's normal growth and development until he<br>or she reaches at least 6 months. (A baby needs about 40 tins of 500g in formula for the<br>first 6 months.) | |
| | Always read and follow the instructions that are printed on the tin very carefully. Ask for<br>more explanation if you do not understand. | |
| | Use clean water to mix with the infant formula. If they can, prepare the water that is<br>needed for the whole day. Bring the water to a rolling boil for at least 2 minutes and then<br>pour into a flask or clean covered container specially reserved for boiled water. | |
| | Keep or carry boiled water and infant formula powder separately to mix for the next feeds, | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | if the mother is working away from home or for night feeds. | |
| | Wash the utensils with clean water and soap, and then boil them to kill the remaining germs. | |
| | Use only a clean spoon or cup to feed the baby. Even a newborn baby learns quickly how to drink from a cup. Do not use bottles, teats or spouted cups. | |
| | Store the formula tin in a safe clean place. | |
| | Only prepare enough infant formula for one feed at a time, and use the formula within one hour of preparation. | |
| | DO NOT reintroduce breastfeeding: avoid any mixed feeding. | |
| | **Reminder:** | |
| | This *Counselling Card i*s only for countries where national policy for HIV exposed infants is exclusive replacement feeding OR for mothers who decided at the health facility to opt out of breastfeeding + ARVs. | |
| **Special Circumstance Card 3:** Text in Key Message Booklet | **Non-breastfed Child from 6 up to 24 months** | |
| **Title on Card** | **Non-Breastfed Child From 6 Up to 24 months** | |
| | **Note for community worker:** | |
| | *Only use this card for non-breastfed children who are between 6 and 24 months.* | |
| | A minimum of 2 cups of milk each day is recommended for all children under 2 years of age who are no longer breastfeeding. | |
| | This milk can be either commercial infant formula, that is | |

| Card | English | Adaptation – Translation |
|---|---|---|
| | prepared according to directions, or animal milk, which should always be boiled for children who are less than 12 months old. It can be given to the baby as a hot or cold beverage, or can be added to porridge or other foods. | |
| | All children need complementary foods from 6 months of age. | |
| | The non-breastfed child from 6 up to 9 months needs the same amount of food and<br>snacks as the breastfed child of the same age plus 1 extra meal plus 2 cups of milk each<br>day (1 cup = 250 ml). | |
| | The non-breastfed child from 9 up to 12 months needs the same amount of food and<br>snacks as the breastfed child of the same age plus 2 extra meals plus 2 cups of milk<br>each day. | |
| | The non-breastfed child from 12 up to 24 months needs the same amount of food &<br>snacks as the breastfed child of the same age plus 2 extra meals plus 2 cups of milk<br>each day. | |
| | After 6 months, also give 2 to 3 cups of water each day, in especially hot climates. | |

**Matrix for Adaptation-Translation of *Take-home Brochures***

| Brochure | English | Adaptation - Translation |
|---|---|---|
| **Brochure #1: Nutrition During Pregnancy and Breastfeeding** | | |
| **Cover** | **Nutrition During Pregnancy and Breastfeeding** | |
| **Inside 1** | **Practice Good Nutrition** | |
| | **What do you need to know?** | |
| | During your pregnancy, eat 3 meals each day plus one extra small meal or "snack" (food taken in between main meals). | |
| | During breastfeeding, eat 3 meals each day plus two extra small meals or "snacks". | |
| | Eat different types of locally available foods each day. | |
| | No special food is required to produce breast milk. | |
| | Adolescent mothers need more food, extra care and more rest. | |
| **Inside 2** | **Plan a 4-star diet****** | |
| | **Animal-source foods** including foods such as meat, chicken, fish, liver and eggs and dairy products 1 **star*** | |
| | **Legumes** such as beans, lentils, peas, groundnuts **and seeds** such as sesame **2 stars**** | |
| | **Staples**: grains such as maize, rice, millet and sorghum and roots and tubers such as cassava and potatoes **2 stars**** | |
| | **Vitamin A-rich fruits and vegetables** such as mango, papaya, passion fruit, dark-green leaves, carrots, yellow sweet potato, and pumpkin and **other fruits and vegetables** such as banana, pineapple, avocado, watermelon, tomatoes, eggplant and cabbage **4 stars**** | |
| | Oil and fat such as oil seeds, margarine, ghee and butter improve the absorption of some vitamins and provide extra energy. | |
| **Inside 3** | **Protect Your Health** | |
| | **Pregnant and Breastfeeding women need to:** | |

| Brochure | English | Adaptation - Translation |
|---|---|---|
| | Attend antenatal care at least 4 times during pregnancy starting as early as possible. | |
| | Drink whenever you are thirsty. | |
| | Avoid taking tea or coffee with meals and limit the amount of coffee you drink during pregnancy. | |
| | **What supplements do you need?** | |
| | You need iron and folic acid tablets during pregnancy and for at least 3 months after your baby's birth. | |
| | Take iron tablets with meals to increase absorption. | |
| | Always use iodised salt to prevent learning disabilities, delayed development, and poor physical growth in the baby; and goitre in the mother. | |
| | Take vitamin A supplements immediately after delivery or within 6 weeks after delivery so that your baby receives the vitamin A in your breast milk. | |
| **Back 1** | **Safe preparation of food** | |
| | Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. | |
| | Use clean utensils and store foods in a clean place. | |
| | Cook meat, fish and eggs until they are well done. | |
| | Wash vegetables, cook immediately for a short time and eat immediately to preserve nutrients. | |
| | Wash raw fruits and vegetables before eating. | |
| | Wash your hands with soap and water before preparing foods and after using the toilet and washing baby's bottom. | |
| | **Other important tips** | |
| | Rest more during the last 3 months of pregnancy and the first months after delivery. | |
| | To prevent malaria, sleep under an insecticide-treated | |

| Brochure | English | Adaptation - Translation |
|---|---|---|
| | mosquito net. | |
| | Take anti-malarial tablets as prescribed. | |
| | Take de-worming tablets to treat worms and help prevent anaemia. | |
| | Do not use alcohol, narcotics or tobacco products. | |
| **Back 2** | **Nutrition and HIV care** | |
| | Know your HIV status. | |
| | To know your HIV status you must take a test. | |
| | If you are HIV-infected, consult your health care provider for care and treatment and how best to feed your baby. | |
| | If you are HIV-infected, you need extra food to give you extra energy. | |
| | Protect yourself and your baby from HIV and other sexually transmitted infections during pregnancy and while you are breastfeeding by practicing safe sex. | |
| | Use condoms consistently and correctly. Consult a family planning counsellor. | |

| Brochure | English | Adaptation-Translation |
|---|---|---|
| **Brochure #2: How to Breastfeed your Baby** | | |
| **Cover** | **How to Breastfeed your Baby** | |
| **Inside 1** | **Breastfeeding** | |
| | **What do I need to know?** | |
| | Breast milk provides all the food and water that your baby needs during the first 6 months of life. | |
| | Make sure you feed your baby the first yellowish milk known as colostrum. | |
| | Colostrum protects your baby from many diseases. | |

| Brochure | English | Adaptation-Translation |
|---|---|---|
| | Exclusive breastfeeding means giving breast milk only, and nothing else (no other milks, foods or liquids, not even sips of water), except for medicines prescribed by a doctor or nurse. | |
| | Feeding your baby both breast milk and other foods or liquids, including infant formula, animal milks, or water (called 'mixed feeding') before 6 months reduces the amount of milk that you produce and can make your baby sick. | |
| **Inside 2** | **Help baby attach to your breast** | |
| | Put the baby to your breast within the first hour of birth. | |
| | Good attachment helps to ensure that your baby suckles well. | |
| | Good attachment helps you to produce a good supply of breast milk. | |
| | Good attachment helps to prevent sore and cracked nipples. | |
| | To make sure your baby is attached well: | |
| | • Touch the baby's lips with your nipple | |
| | • Wait until your baby mouth opens wide | |
| | • Quickly bring onto your breast from below, aiming your nipple up towards the roof of the baby's mouth | |
| | • Baby should take a big mouthful of breast | |
| | The 4 signs of good attachment are: | |
| | 1. Baby's mouth is wide open | |
| | 2. Baby's lower lip is turned outwards | |
| | 3. Baby's chin is touching your breast | |
| | 4. You can see more of the darker skin (areola) above the baby's mouth than below | |
| | Your baby should take slow deep sucks while breastfeeding, sometimes pausing. | |
| **Inside 3** | **How often should I breastfeed?** | |
| | Breastfeed your baby on demand, both day and night, at least 8 to 12 times each day. | |

| Brochure | English | Adaptation-Translation |
|---|---|---|
| | Frequent feeding will help your body to produce breast milk. | |
| | Continue to feed until your baby finishes the breast and comes off on his own. Offer the other breast and let your baby decide if he or she wants more or not. | |
| | You will know if your baby is taking enough breast milk if he or she passes light-coloured urine at least 6 times a day and is gaining weight. | |
| **Back 1** | **How to prevent common breastfeeding difficulties** | |
| | Position and attach your baby correctly on the breast. Breastfeeding should not hurt. | |
| | If you develop cracked nipples, put some breast milk on them. Do not use any types of creams or ointments except when prescribed by a health care provider. | |
| | Feed frequently to prevent your breasts from becoming swollen. | |
| | If the baby misses a feed you should express some milk to keep your breasts soft. | |
| | Keep expressed breast milk in a cool place, but not for longer than 6 to 8 hours. | |
| | If one or both of your breasts become painful or hot to the touch, see a health care provider. | |
| | Check for sores and thrush in your baby's mouth. If you find any, see a health care provider. | |
| | Mixed feeding (combining breast milk with anything else) is not healthy for your baby before 6 months of age. Mixed feeding reduces the amount of milk that you produce and can make your baby sick. | |
| | If you have trouble practicing exclusive breastfeeding, discuss your situation with a trained counsellor. | |
| **Back 2** | **Things to remember** | |
| | Exclusive breastfeeding during the first six months protects you from getting pregnant as long as your periods have not returned. | |

| Brochure | English | Adaptation-Translation |
|---|---|---|
| | Consult a family planning counsellor as soon as possible after birth. | |
| | When your baby is 6 months old, continue breastfeeding and begin giving other foods. | |
| | Watch for signs of diarrhoea, fever, difficulty breathing, or refusal to feed because these need prompt attention. | |
| | If a woman is HIV-infected, she should not feed her baby from a nipple that is cracked or bleeding. Instead, feed from the other breast and express and discard the milk from the breast that is affected. | |
| | Getting infected or re-infected with HIV while breastfeeding increases the risk of mother to child transmission. Practice safe sex by using condoms consistently and correctly. | |
| | To protect your baby, know your HIV status. | |

| Brochure | English | Adaptation - Translation |
|---|---|---|
| **Brochure #3: How to feed a baby after 6 months** | | |
| **Cover** | **How to feed a baby after 6 months** | |
| **Inside 1** | **After 6 Months** | |
| | **What do you need to know**? | |
| | For the first 6 months, exclusively breastfeed your baby (no other milks, foods or liquids, not even sips of water). | |
| | When your baby reaches 6 months, continue breastfeeding on demand both day and night. | |
| | Breast milk continues to be an important part of the diet until the baby is at least 2 years. | |
| | When feeding a baby between 6 and 12 months old always give breast milk first before giving other foods. | |
| | After 6 months of age, children should receive vitamin A supplements twice a year. Consult your health care provider. | |

| Brochure | English | Adaptation - Translation |
|---|---|---|
| **Inside 2** | **When your baby first starts to eat** | |
| | Give your baby 1 or 2 tablespoons of soft food three times each day. Gradually increase the frequency, amount, thickness, and variety of food. | |
| **Labels** | Too thin<br>Good thickness | |
| | Enrich the baby's porridge and mashed foods with breast milk, mashed groundnuts, fruits and vegetables, and start animal source foods as early and as often as possible. | |
| | Your baby needs a variety of foods: | |
| | Infants only need a very small amount of oil (no more than one half (½) a teaspoon per day). | |
| **Inside 3** | **Safe preparation and storage** | |
| | Wash your hands with running water and soap before preparing food, and before feeding your baby. Baby's hands should be washed also. Wash your hands after changing nappies or going to the toilet. | |
| | Wash all bowls, cups and utensils with clean water and soap. Keep covered before using. | |
| | Prepare food in a clean area and keep it covered. A baby should have his or her own cup and bowl. | |
| | Serve food immediately after preparation. | |
| | Thoroughly reheat any food that has been kept for more than an hour. | |
| | Babies gradually learn to feed themselves. An adult or an older child should encourage the baby to eat enough food and ensure that the food remains clean. | |
| **Back 1** | **Feed more as the baby grows** | |
| | **Begin to feed at 6 months** | |
| | **Type of food:** | |
| | Soft porridge, well mashed food | |

| Brochure | English | Adaptation - Translation |
|---|---|---|
| | **How often:** | |
| | 2 to 3 times each day | |
| | **How much:** | |
| | Feed 2 to 3 tablespoons at each meal | |
| | **From 6 up to 9 months** | |
| | **Type of food:** | |
| | Mashed food | |
| | **How often:** | |
| | 2 to 3 times each day and 1 to 2 snacks | |
| | **How much:** | |
| | Feed 2 to 3 tablespoons up to one-half (½) cup at each meal | |
| | **From 9 up to 12 months** | |
| | **Type of food:** | |
| | Finely chopped or mashed food and foods that baby can pick up with his or her fingers | |
| | **How often:** | |
| | 3 to 4 times each day and 1 to 2 snacks | |
| | **How much:** | |
| | Feed at least one half (½) cup at each meal | |
| | **From 12 up to 24 months** | |
| | **Type of food:** | |
| | Family foods, chopped or mashed if necessary | |
| | **How often:** | |
| | 3 to 4 times each day and 1 to 2 snacks | |
| | **How much:** | |
| | Feed three-quarters (¾) up to 1 full cup at each meal | |
| | *A snack is extra food between meals | |
| | **A cup is 250 ml | |
| **Back 2** | **Things to remember** | |
| | Between the age of 6 months and 2 years a child needs to | |

| Brochure | English | Adaptation - Translation |
|---|---|---|
| | continue breastfeeding. | |
| | If you are not breastfeeding, feed your baby 2 cups (500 ml total) of milk every day. | |
| | Avoid giving a baby tea, coffee, soda and other sugary or coloured drinks. Limit amount of fresh juices. | |
| | Always feed the baby using a clean open cup. Do not use bottles, teats or cup with a mouth piece. | |
| | Continue to take your child to the clinic for regular check-ups and immunizations. | |
| | During illness give the baby small frequent meals and more fluids, including breast milk or other liquids. Encourage the baby to eat a variety of (his or her) favourite soft foods. After illness feed more food and more often than usual for at least 2 weeks. | |

## APPENDIX 7: Considerations for Focus Group Discussions (FGDs) and In-depth Interviews[4]

**Things to consider in developing focus group discussions (FGDs)**

Focus group research originated with commercial marketing. Focus groups are in-depth discussions, usually one to two hours in length, in which eight to twelve representatives of the target audience, under the guidance of a facilitator, discuss topics of particular importance - in this instance to the development of materials. The results of focus group sessions are expressed in qualitative terms.

Materials developers usually choose focus group discussions (FGDs) as their audience research method. Because a number of people are interviewed at once, FGDs are usually cost-effective. Also, FGDs are interactive: participants hear the thoughts of others, triggering their own memories or ideas and thereby enriching the discussion.

FGDs are easily tailored to the research needs of the project staff. For instance, FGD data can be used to:

- Develop appropriate messages for informational or motivational materials or media
- Identify myths, misconceptions, or beliefs about a product or practice
- Evaluate existing materials or drafts of materials
- Design survey questionnaires

FGDs are particularly useful for developing concepts for the communication process, stimulating the creative thinking of communication professionals as they develop messages. FGDs can help project staff test out these ideas and discover which approach is likely to be more effective.

Conducting several FGDs with groups having similar characteristics will help to confirm findings and ensure that the materials produced address all common informational needs. To collect enough relevant information on a topic, two FGDs per participant characteristic are usually required and strongly encouraged if resources are available. Sample participant characteristics include sex, age, education, and use (or lack of use) of a health service or intervention.

The following are some guidelines for improving the reliability of FGD results:

### 1. Selecting FGD Participants

FGD participants should represent the materials' intended audience. Follow these tips for selecting FGD participants:

- Each focus group should contain people sharing similar characteristics such as age, sex, and socioeconomic status. Participants tend to be more relaxed among others with the same or similar backgrounds.

[4] Modified for use in the URC/QAP BCC/Materials Development Programs in Tanzania from Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences, by PATH and FHI, supported by a USAID Cooperative Agreement (HRN-A-00-97-0017-00) with Family Health International (FHI) through a task order to the Program for Appropriate Technology (PATH).

- Participants should not know each other or be told the exact subject of discussion in advance of the FGD to help ensure that the responses will be spontaneous and uninhibited.
- The recruitment method will depend on the situation: clinics or markets may be good places to find candidates. House-to-house recruiting can be an effective, but more time consuming technique.
- Use a participant screening questionnaire (or set of recruitment criteria) to make sure that selected participants represent the intended audience.

**2. FGD Facilitator**

The facilitator is the person who leads the individual interviews or FGDs. The facilitator's most important characteristic is the ability to establish good rapport with the participants rapidly.

The facilitator does not have to be an expert in the subject matter being discussed, but should understand the topic and which subjects of special research interest should be explored in depth. A good facilitator remains neutral, probing responses without reacting to, or influencing, the respondents, and emphasizing that there are no right or wrong answers. The facilitator introduces topics, makes sure participants stay on topic, and encourages participation in the conversation. An effective facilitator is personable and flexible, and has a good sense of humour. (See below: Tips for the FGD Facilitator.)

***What Kind of Person Makes a Good Facilitator?*** Personality type seems to be a better indicator of success than a university degree. People who like being around other people and who are good conversationalists can, with practice, become good facilitators. Those who are used to telling people to do things-such as doctors, teachers, and nurses, sometimes find it difficult to curb this tendency and become skilled listeners. This too can be altered with good training and practice.

**3. FGD Note-Taker**

Although FGDs are sometimes tape recorded as a backup, a note-taker should always assist the facilitator, objectively and carefully recording both individual opinions and group consensus verbalized throughout the FGD. The note-taker also records nonverbal responses, such as head nodding that could indicate group attitudes or sensitivities. Select a note-taker who can write quickly, uses abbreviations and symbols, and knows the language of the respondents. Useful skills for a note-taker include a good memory and the ability to listen carefully, concentrating on all that is said and how other participants react to what is said. (See below: Tips for the FGD Note-Taker.)

**4. Tips for the FGD Facilitator**

The following are a list of “tips” that a good FGD facilitator should take into considerations when organizing and conducting a group:

1) Open the discussion with a general statement (e.g., "We're all mothers who care for small children and we've probably experienced such and such") and wait for participants to comment. Starting with a question can make the group expect a question-and-answer session and discourage discussion.

2) Practice a form of "sophisticated naiveté" (e.g., "Oh, I didn't know that-can you tell me more about it?").
3) Make incomplete statements and wait for responses (e.g., "Well, maybe breastfeeding isn't so..").
4) Use silence to your advantage. Do not let it be intimidating; a pause in the conversation may compel participants to talk.
5) Use "closed-ended" questions to solicit a brief and exact reply (e.g., "How many ways can HIV/AIDS be transmitted from a mother to her baby?").
6) Use "open-ended" questions to solicit longer, thoughtful responses (e.g., "What have you heard about what foods are good for pregnant women to eat?").
7) Use "probing" questions to obtain further information (e.g., "Why should a breastfeeding mother who is HIV-infected always use condoms with her sex partner?").
8) Avoid "leading" questions that prompt respondents to answer in a particular way (e.g., "Have you heard that replacement feeding is dangerous for your baby's health?"), unless they are part of the "probing" strategy.
9) Remember to include those sitting next to you in the discussion. You will tend to relate most actively to those seated across from you because you have direct eye contact. See the group as a clock face; be sure to get a report from every "hour" (but don't require that they respond in order).
10) If you are using a recorder, keep the tape going even as the session breaks up. People tend to say things to you that they may not want to say in front of others.
11) Sometimes it is a good idea to pretend the discussion will end soon by saying, "Oh, our time is running out." This may encourage participants to speak up.
12) At the end of a session, help the group reach some final conclusions together. Ask summary questions like, "So, can we say that some of you feel that clinic guidelines on partner notification are clear, but some of you feel they need further clarification?" Reaching some conclusions like this ends the discussion with clear statements that can be summarized easily.
13) After the FGD, think about both the good moments and the not-so-good moments to learn from the process and enhance your skills. Ask the person taking notes to suggest how he or she might have handled the group. Facilitators' skills improve as they discuss and think about their experiences.
14) 14. Debrief with the note-taker immediately following each FGD.

5. **Tips for the FGD Note-Taker**

The following are a list of "tips" that a good FGD Note-Taker should take into considerations when participating in a group:

1) Work with the facilitator as a team and communicate before, during, and after the FGD. Before the FGD, carefully review the FGD guidelines with the facilitator. Agree on nonverbal cues to use discreetly during the session to indicate which comments are important to note or require elaboration. After the FGD, collaborate to clarify notes and compare impressions.
2) Diagram the group and assign each participant a number or initials to identify the source of the comment.
3) Do not let a tape recorder substitute for good note-taking. Although sessions might also be tape recorded, problems during recording are common (e.g., too much noise, dead batteries, forgetting to turn over the tape); etc. Therefore, always take good

notes. Tapes should be used as a back-up ONLY and are often valuable for double checking notes, comments or questions raised.

4) Only take notes on and/or record relevant information. Summarize what is said and note/record useful and interesting quotations when possible. You may use abbreviations, including quotation marks under words to show repetition of comments.
5) Observe nonverbal group feedback (e.g., facial expressions, tone of voice, laughter, posture), that may suggest attitudes or unspoken messages to be noted in FGD reports. Such signs must be interpreted in context, and thus can only be evaluated by those present during the interview or FGD.
6) Stop and ask for clarification if you miss something that seems important or relevant, but do not become a second facilitator.

**Note taking and Use of Tapes:** Have the note taker keep notes throughout the focus group discussion. If a tape recorder is used, keep track of each tape that is inserted in the order of use. Mark on the notes when a new tape is used and the number of that tape so that you can more easily identify which tapes contains questions that are under review. At the end of the focus group, the note taker should be given an opportunity to clarify the notes or ask one or two questions to specific participants, if needed, to enrich the findings.

**Observations:** If there is a person specifically assigned to "observe", that person should keep notes on the general group dynamic to add to the discussion and findings. At the end of the focus group, the observer should be given an opportunity to ask a couple of question to specific participants if they think it would help to clarify or enrich the findings.

**Using and Transcribing Tapes:** If project staff intend to record the interview in addition to having a note-taker, be aware that tapes are primarily used to fill in gaps in the handwritten notes. Transcribing tapes is very labour-intensive, requiring between four and ten hours to transcribe each hour of recorded conversation. Because of the expense, transcription is rarely done. The notes taken by the note-taker-augmented by listening to the tapes to fill in gaps-are the primary means of documenting the raw research data, and should therefore be thorough. Meaningful analysis depends on the quality of the notes.

## 6. Selecting/Preparing a FGD Site

The FGDs should be conducted in a quiet place that is convenient for the participants. For a comfortable group discussion, the space should be large enough to comfortably accommodate the facilitator, the note-taker, and 8 to 12 participants. The setting should promote comfort and ease among group members. Participants should be seated in a circle so that the facilitator and note-taker can clearly see and hear everyone and so that there is no image of a "head of the table" leader.

## 7. FGD Discussion Guide

To cover all topics of interest, project staff must develop a series of topics and questions organized in a document called a discussion guide, prior to holding the in-depth interviews and/or FGDs. (See below: FGD Discussion Phases.) Although discussion guides will differ depending on the group and their experiences, most FGD guidelines include:

- An introduction of the facilitator, participants, and FGD format
- General topics to open up the discussion

- Specific topics to reveal participants' attitudes and perception
- Probing questions to reveal more in-depth information or to clarify earlier statements or responses

## 8. Conducting a FGD Session

### A. Focus Group Discussion Phases

**Phase I: Facilitator's Opening Statement**

Introduces the facilitator and note-taker (and any other member of the team)

- Explains the general purpose of the discussion. States that information received will remain confidential.
- Asks for consent from participants to continue. If a tape recorder is to be used, asks for permission to tape. If a camera is to be used, asks for permission to take photographs. Explains how the information (and photographs) will be used.
- Establishes ground rules for the discussion. These can include time frame; rest room breaks; availability of food; importance of talking one at a time and respecting divergent opinions; stressing that a response is not needed for each question from every participant and that the questions can be answered after the discussion; and reminding participants that their ideas are valuable and that they are the experts.
- Begins to develop rapport with and among group members.

**Phase II: Warm-up**

- Invites members to introduce themselves, gives everyone an opportunity to speak (which lessens performance anxiety), and stimulates participants to begin thinking concretely about the issues at hand.
- Starts with neutral, topical questions to stimulate discussion, leads into general questions, and finally moves to questions about the primary topic.

**Phase III: Main Body of Group Discussion**

- Using open-ended questions (questions that cannot be answered with "yes" or "no"), the facilitator probes, follows up on answers to get additional information, clarifies points, and obtains increasingly deep responses to key questions.
- Connects emergent data from separate questions into an integrated analysis.
- Ensures that all participants who want to comment can do so.

**Phase IV: Wrap-up and Closure**

- Allows the moderator to review, clarify, and summarize main points arising in the discussion.
- Checks out hunches, ideas, conclusions, and relative importance of responses with the group members, allowing ample time for further debate. Identifies differences of perspective, contrasting opinions, and areas of agreement. Summarizes and tests with the group the relative importance of certain categories of responses.
- Allows a round of final comments and insights.
- Thanks the participants for their contributions.

## B. General Content of Most FGDs

***Identifying Patterns***
As the facilitator moderates, it is critical for her or him to look for similarities or patterns within and between key issues. Ideally, these patterns should be identified during the FGD and confirmed with the participants through follow-up or "probing" questions to make sure that any pattern is an accurate interpretation of what the participants are saying (or even what they are consistently leaving out). The facilitator should also ask questions to identify the underlying causes for these patterns  If the facilitator does not spot the pattern until after the focus group session, e.g., by listening to the tapes and reviewing the notes, he or she should add questions to the discussion guide to confirm and explore the pattern in future focus groups.

Here is an example of a possible pattern, with examples of follow-up probing questions that can confirm patterns suggested by the group discussion: "During our discussion one of you said that the community health worker explained that not all babies who are born to women with HIV get HIV, even if they are breastfed for a long time, if they exclusively breastfeed during the first 6 months. Two other participants scowled. Later another woman said that her sister's baby got HIV while breastfeeding. Then others chimed in to say that she heard that HIV is always passed through breast milk but that poor women have no option but to breastfeed. Later, someone else remarked that we all know that HIV can be passed to the baby in more ways than the health workers at the clinic will admit." And, someone mentioned that coughs-accompanied by bloody sputum- pass HIV infection to another person.

Follow up with probing questions to confirm a pattern:

- Am I understanding you correctly that you feel that health workers and others may not be telling you all they know about ways that HIV is transmitted to babies?
- Do any of you think you know a baby who got HIV just because the mother breastfed him/her? How do you know this is so?
- What messages would help you believe that, while breastfeeding can pass HIV from an HIV-infected mother to her baby, exclusive breastfeeding for the first 6 months of life helps to protect the baby from infection?

It is critical for the facilitator to ask the follow-up probing questions on important issues because the answers they bring to light form the key pieces of information necessary to create useful messages.

In this particular example, by recognizing a pattern and probing, the researchers learned that it was important to re-emphasize the fact that coughs-even when accompanied by bloody sputum-do not pass HIV infection to another person. However, since severe coughs can be a symptom of tuberculosis, if a purpose of the project is to provide information that will help persons caring for HIV-positive family members or friends, then it will also be important to provide information on ways to prevent TB, control its spread, and/or cure those who are infected.

***Encouraging Everyone to Speak***
The facilitator should give each participant an opportunity to speak during the focus group. It is useful at the beginning of a focus group to place a check mark next to each participant's name when he or she speaks. This will help the facilitator keep track of who may be

dominating the conversation and who may not be expressing opinions at all or often enough. The facilitator can then encourage the more quiet participants through nonverbal signals (such as looking at them or turning toward them when asking a question) or gently encouraging them to speak by using their name: "Do you have anything else you would like to add to the discussion, Maria?"

***Dealing with Questions from Participants***

Sometimes participants ask the facilitator questions or give incorrect information during the FGD. The facilitator naturally wants to help by answering questions or correcting errors. However, this should not be done during the FGD. Instead, the facilitator needs to throw the questions or incorrect statement back to the group: "What do you think about Maria's question (or comment)?" If a facilitator begins answering questions during the FGD, participants may stop giving their own ideas and the FGD will become a teaching session instead of a research activity. If participants persist in asking questions, the facilitator should assure the group that time will be provided at the end of the session to discuss these issues. As a general rule, the facilitator should try to speak only 10 percent of the time and listen to the participants 90 percent of the time.

***Asking for Participants' Final Comments***

About 15 to 20 minutes before the end of the allotted time, the facilitator should let the participants know that they are coming to the end of the discussion; he or she now needs their help to identify and refine key themes that emerged from the discussion. The facilitator should identify differences of perspective, contrasting opinions, and areas of agreement. It is not necessary for the group to reach consensus on items, but should rather review some of the major findings and confirm that the facilitator has understood them correctly. Allow plenty of time for this final round of comments and insights because participants frequently choose this last opportunity to speak up about important issues.

***Using Creative Approaches***

In some circumstances it is appropriate to consider creative approaches to focus groups in order to meet research needs. For instance, teenagers may get bored during traditional FGDs or feel too shy to participate fully. Elders in some societies are shown respect by not being interrupted, which makes them a challenging group for the facilitator to manage. In some cultures, people are not accustomed to expressing their opinions. Under such circumstances, it is appropriate to find an approach that will give insight into the participants' personal attitudes and experiences without threatening their comfort or privacy. Here are some ideas.

- Present the group members with a photo or verbal description of a scene (e.g., an image of a healthy young pregnant woman who has tested HIV-positive, or of a VCT clinic) for their reaction.
- Ask participants to imagine a healthy baby and then to describe him or her to you.
- Set up role playing among the participants (e.g., a husband and wife discussing white patches they noticed in the baby’s mouth and listen to discover not only their knowledge, but also their feelings about the topic and the vocabulary they use.
- Share what other people have said about an issue (e.g., a woman who is HIV-positive should still breastfeed her infant) and see how the group reacts.

Such methodological elements can:

- Generate a truly focused discussion

- Create a more relaxed, tranquil, and informal atmosphere that will foster interaction among participants and between participants and facilitator
- Generate interest and motivation to actively involve participants in the process
- Produce creative answers that better reflect the language, interests, expectations, knowledge, and feelings of the participants
- Bring out distinct points of view and avoid domination of the group by a few individuals

**In-depth Interviews (IDIs)**

In-depth Interviews (IDIs) collect information in a manner similar to FGDs, with the main difference that IDIs take place in a private, confidential setting between one interviewer and one participant. Such an interview allows researchers to gain a great deal of insight into a person's thoughts, feelings, and behaviours. However, while a survey questionnaire may take only a few minutes to complete, IDIs often take one to two hours because they allow the respondent to talk at length about topics of interest."

There are specific circumstances for which IDIs are particularly appropriate:

- ***When Subject Matter is Complex and Respondents are Knowledgeable***. For example, research on the attitudes and practices of doctors, nurses, and health workers regarding severely ill HIV-infected pregnant or postpartum women.
- ***When Subject Matter Is Highly Sensitive.*** For example, a study about attitudes toward breastfeeding among HIV-infected women who have had a child die from an illness that was possibly caused by HIV transmission during breastfeeding.
- ***When Respondents are Geographically Dispersed.*** For example, a study among logistics managers throughout a country examining how costly ARV drugs are.
- ***Where There Is Substantial Peer Pressure.*** For example, research to determine attitudes about integrating family planning services into PMTCT clinics, where providers have sharply divided opinions.

**Key Informant Interviews (KII)**

Key informants are respondents who have special knowledge, status, or access to observations unavailable to a researcher, and who are willing to share their knowledge and skills. They are good at communicating with their peers, and their peers readily share information with them. Because key informants tend to be especially observant, reflective, and articulate, they are usually consulted more than once or regularly by the research team. Key informants' abilities to describe events and actions may or may not include analytical interpretation; they may simply describe things without offering their thoughts on meaning or significance.

Key informants may be stakeholders. For example, bartenders, sex workers, clients, or sex site managers might be good key informants regarding condom use in brothels.

Sometimes participants may overlap as key informants and as FGD or IDI subjects, but there are important differences. One is that key informants may be consulted several times on an ongoing basis, while FGD and IDI participants are usually interviewed only once. Continual consultation of key informants may show the researcher new research directions or new areas to explore. Key informants can also review materials that subsequently will be presented in FGDs and IDIs. They may also introduce researchers to community or target population

members, acting as cultural intermediaries. They may help improve the quality and reliability of information by strengthening links between observation and information on one hand, and meaning and understanding on the other.

Interviews with key informants can be highly structured, using a pre-coded questionnaire, or fairly unstructured and open-ended. They might be based on a one-page list of well-thought out topics, or on a set of questions without pre-coded answers.

## APPENDIX 8: Analyzing Field Test Results and Preparing Report

**A. Organize the notes from all the FGD sessions.**

**B. Review the individual FGD forms and data to determine/describe the following:**

**General adherence to the field test protocol**

1. Description of the recruitment process and characteristics of the field test participants
2. Any issues related to the implementation of the field test that might affect the findings

**C. Summarize the major findings for the major questions asked during the FDGs.**

1. Emerging patterns and trends can be stated in the following way:
   - Most of the participants said _____
   - Some of the participants said _____
   - A few of the participants said _____

   (Note: Do not quantify FGD data by counting or creating percentages for the number of similar responses.)
2. General understanding of specific illustrations, text and/or layouts
3. General preference for specific illustrations, text and/or layouts
4. Include some participant quotes to support your findings

**D. Write a report that summarizes all of the findings, including a general description of the field test and major findings related to each individual material. Key elements of the report should include:**

1. General description of the field test:
   - Number of FGD and/or in-depth interviews conducted for each category of participant or audience
   - Location of each FGD or in-depth interview (city, clinic, home, etc.)
   - Length of time for each FGD or in-depth interview

2. Major findings including:
   - Key points from the data
   - Patterns (trends) in the data

3. Specific suggestions from participants for improving or clarifying illustrations or text of each individual materials

4. Specific suggestions/consensus from the field test team(s) related to improving or clarifying the materials based on what they learned in conducting the field test with different groups.

## APPENDIX 9: Checklist for Field Testing the *Package*

**OBJECTIVE**: Organize and conduct a Field Test to assess the appropriateness and effectiveness of the curriculum content, methodology and communication materials for training community workers.

**A. FIELD TEST ASSESSMENT**

1. Curriculum Content (What): Evaluation of Individual Sessions
   - Topic addresses IYCF competencies required of CWs: 4-point Likert (v useful, useful; somewhat useful, not useful)
   - Content: unnecessary, too much detail, missing content
   - Instructions: key information, materials, time requirement

2. Use of Communications Materials/Graphics/Tools (What)
   - Assessment of value in Participant learning
   - Assessment of value in talking with mother/caregivers
   - Suggestions for modifications/changes

3. Participant Materials (What):
   - Request for additional materials: what

4. Training Methodology (How)
   - Interactive (vs. didactic); applies adult learning principles
   - Role-plays
   - Demonstrations and Return-Demonstrations
   - Training Aids
   - Observations
   - Working groups

5. Practicum (How)
   - For each Participant: number of mother/child pairs counselled (3-step approach) by age-group of child
   - For each Participant: number of supervised practicum counselling
   - Participant feedback
   - Facilitator observations

**B. EVALUATING RESULTS AND EFFECTIVENESS (What For):** What Participants will be able to do after completing the training

The strategy outlined below evaluates Participant results on 4 levels, 3 of which are proposed for use during the Field Test.

Reaction: What did Participants think and feel about the training.
Tools:
- Daily feedback forms: include Participant rating of sessions from 1 to 5 for activities and methodologies; if Participant does not assign the session a '5', ask Participant to describe what could be done to get a '5'
- Final evaluation questionnaire
- Verbal feedback

Learning: The resulting increase in Participant knowledge

Tools:

- Pre- and post-test results (multiple choice or short answer) comparison to identify content areas that are difficult for Participants to grasp and to help develop approaches to facilitate learning of challenging content
- Evaluation games or exercises during implementation of training
- Facilitator/Observer assessment during training: e.g., practical case study (by small group or individual) to test whether theory (knowledge and skills) can be effectively translated into practice

Behaviour: Is the Participant able to translate the acquired knowledge and the enhanced skills into effective practical use?

- Participant appraisal at conclusion of training: confidence in his/her ability and intent to use new knowledge and apply new skills on the job; observation and evaluation by Facilitators of Participant ability to appropriate apply the knowledge and counselling skills being practiced in the training practicum
- Expert observer: interview Participants before and after training and compare results to evaluate the impact of training on Participant knowledge and skills; observe Participant performing a task or conducting an activity (in training session; in practicum)

**NOTE**: the activities below, while critical to a full assessment training results, are beyond the scope of the immediate Field Test activities

- Assessing the Impact of counselling on the Mother/Caregiver: e.g. mother/caregiver satisfaction with the interaction with the CHW; mother/caregiver comprehension of counselling discussion; mother/caregiver intent to comply with counselling recommendations

- In addition to on-going supportive supervision and mentoring, systematic appraisal of Participant on-the-job performance should be carried out at about 3 months after the training. However, this assessment is also beyond the scope of the immediate Field Test activities.

- More conclusive evaluation results could be obtained by comparing the performance of a control group with that of Participants who have received the training

Results: The effect of improved counselling on the feeding behaviour in the population. This is also beyond the scope of the Field Test, and is dependent upon multiple other factors including programme coverage, etc.

## APPENDIX 10: Specifications for printing & photocopying

**Note:** Full colour is every page that has colour. Black and white pages are the acknowledgment page and any page that is added, like a foreword.

### Take Home Brochures
Paper 115 Matt Text, trim size 40.1cm x 23cm
CMYK 4/4 as in full colour
3 Fold (U-Fold)
Two sided
(THERE ARE A TOTAL OF 3 BROCHURES)

### Community Counselling Cards*
Paper: 300 Matt Card, trim size 29.7cm x 21.cm (A4 Size)
Pages: 56 (Note: The number of pages is always 2 times the number of cards, i.e. if there are 28 cards, there will be 52 pages.)
Cards: 28
Full Colour Pages 4/4: XX
Black Pages 4/0: XX
Binding: Either a metal or plastic spiral binding technique can be used, or a single metal ring can be placed through holes punched in the upper left corner of each card).

### Key Messages Booklet
XX pages plus cover
Book size: 29.7cm x 21.6 cm (A4 Size)
Cover: 300 Matt Card with soft lamination, Full colour
Inside: 130 Matt, Full colour
Binding: A saddle stitch binding is recommended.

### Training Aids
XX pages plus cover
Book size: 29.7cm x 21.6 cm (A4 Size)
Cover: 300 Matt Card with soft lamination, Full colour
Inside: 300 Matt, Full colour
Binding: Binding is not necessary or required. Training aids will be cut after printing.
Lamination: If lamination of individual training aids is possible, 130 Matt paper can be used instead of 300 Matt.

### Facilitator Guide
XX pages plus cover
Book size: 29.7cm x 21.6 cm (A4 Size)
Cover: 300 Matt Card with soft lamination, Full colour
Inside: 130 Matt, black ink on white paper
Binding: Discuss options and prices with printer.

## Participant Materials

XX pages plus cover
Book size: 29.7cm x 21.6 cm (A4 Size)
Cover: 300 Matt Card with soft lamination, Full colour
Inside: 130 Matt, black ink on white paper
Binding: Discuss options and prices with printer.

## Planning and Adaptation Guide

(Note: given the limited number that would be needed by a country planning/review team, this document could be printed from a computer and/or photocopied for team members.)
XX pages plus cover
Book size: 29.7cm x 21.6 cm (A4 Size)
Cover: 300 Matt Card with soft lamination, Full colour
Inside: 130 Matt, Full colour
Binding: Discuss options and prices with printer.

*Photocopies: If black and white photocopies of the counselling cards or other materials containing illustrations or graphics (covers, training aids, facilitator guide or participant materials) are needed for field testing or for temporary use during training or by community workers, it is best to identify a photocopy machine that has a "grayscale" or "photograph" setting. Care should be taken to experiment with the setting options, especially the contract setting, in order to identify the best setting for obtaining clear "grey scale" black and white images. If this step is not taken, the photocopies often have too much contrast and will not be easy to understand or appreciate.

## APPENDIX 11: Supportive Supervision

**Objectives:**

1. Guide, support and motivate staff & community workers to perform their designated tasks

2. Facilitate improved worker performance (enhanced staff & community worker skills and knowledge). Possible avenues:
   - Scheduled supervisory visits to individual workers
   - Non-scheduled supervisory visits to individual workers
   - On-the-job refresher training
   - Problem-solving group supervision sessions

3. Monitor and report on the following in your supervision area (as appropriate):
   - Implementation of:
     - Training of trainers
     - Training of IYCF counsellors
     - Training of mother support group facilitators
     - Individual counselling sessions
     - Action-oriented group sessions
     - Mother support group sessions
     - Other activities

   - Coverage of the target population in your supervision area:
     - Percent of target mothers reached by individual counselling, mother support group sessions, action-oriented group sessions, other (using LQAS methodology, for example; determine reporting period)

   - Result of program activities in your supervision area:
     - Comprehension of key information by target audience, retention of key information by target audience (using LQAS methodology, for example; determine reporting period)

## Supportive Supervision Checklists

The following checklist assumes that activities and targets for supportive supervisory activities have been defined and that a monitoring system is in place. Adapt this list as is appropriate for your program.

**Training Needs (by Supervision Area)**

___ Target number of IYCF Counsellors required in supervision area (establish target with Programme Manager)
___ Number of Counsellors active during the reporting period
___ #/% of active IYCF Counsellors trained
___ Target number of Mother Support Group Facilitators required in supervision area
___ Number of Facilitators active during the reporting period
___ #/% active Mother Support Group Facilitators trained

**Program Implementation: Supervision Activities**

**A. CHECKLIST of activities to be conducted during supervisory visit with an IYCF Counsellor**

- ❑ Set schedule for supervisory visit with Counsellor
- ❑ Observe entire IYCF counselling session
- ❑ Complete Observation Checklist of IYCF Counselling
- ❑ Share results of observation checklist and discuss with Counsellor
- ❑ Document your feedback to Counsellor
- ❑ Document comments by Counsellor
- ❑ Identify Needs to support Counsellor
- ❑ Actions Required by Date Person responsible
- ❑ Scheduled date of next supervision visit: _____
- ❑ Report submitted to Programme Manager (date): _____

**B. CHECKLIST of activities to be conducted during supervision visit with a Facilitator of an Action-oriented Group or IYCF Support Group**

- ❑ Set schedule for supervisory visit with Facilitator
- ❑ Observe entire Action-oriented Group or IYCF Support Group session
- ❑ Complete Observation Checklist for Action-oriented Group or IYCF Support Group session
- ❑ Share results of observation checklist and discuss with Facilitator
- ❑ Document your feedback to Facilitator
- ❑ Document comments by Facilitator
- ❑ Identify Needs to support Facilitator
- ❑ Actions Required by Date Person responsible
- ❑ Scheduled date of next supervision visit: _____
- ❑ Report submitted to Programme Manager (date): _____

**Supervisor Monitoring**

Caseload:

- ❑ Collect monitoring data from IYCF Counsellors (per time period; each country/ programme will design its own data collection form to reflect country/programme priorities).
- ❑ Collect completed IYCF Support Group Attendance Monitoring Form (*Participant Materials* 12.6: Support Group Attendance Monitoring Form) from Facilitators (per time period)

Program Coverage:

- ❑ Percent target mothers (in supervision area) receiving individual IYCF counselling (per time period)
- ❑ Percent target mothers (in supervision area) attending an Action-oriented Group or an IYCF Support Group meeting (per time period)
- ❑ Percent target contact points (e.g. GMP or MUAC screening session, outreach visit by clinic, well child/immunization session at clinic, health post, community meeting, etc) at which IYCF counselling provided (per time period)

## Programme Manager Oversight of Supportive Supervision

The following indicators are examples of the kinds of programmatic data on the community IYCF activities which a programme manager can collect. These can be adapted to the local programme structure and needs.

**Programme coverage and functioning**

- ❑ Coverage of counsellors: % of total target number of areas (to be specified locally: e.g. sub-district administrative unit, health centre catchment area, etc) which have at least xx active IYCF counsellors operating

- ❑ Dropout rate: # IYCF counsellors who have dropped out of the programme and need to be replaced

- ❑ Coverage of Action-oriented Groups and IYCF Support Groups: % of total target number of areas (to be specified locally: e.g. sub-district administrative unit, health centre catchment area, etc) which have at least xx Action-oriented Groups and IYCF Support Groups for IYCF operating

**Training**

- ❑ Training of Trainers: % of total target number of Trainers who have been trained

- ❑ Training of Counsellors: % of total target number of Counsellors who have been trained (by Supervision Area)

- ❑ Training of Facilitators: % of total target number of Facilitators who have been trained (by Supervision Area)

**Program Supportive Supervision**

Program Supportive Supervision of IYCF Counsellors:

- ❑ Percent of IYCF Counsellors who receive at least one supervisory visit per agreed time period (set time period: quarter, for example).

Program Supportive Supervision of Action-oriented Group and IYCF Support Group Facilitators:

- ❑ Percent of Action-oriented Group and IYCF Support Group Facilitators who receive at least one supervisory visit per agreed time period

**Reporting**

Reporting Form Submission

- ❑ Percent of Supervisors who complete and submit reporting forms (define time period: within X days of close of reporting period)

## APPENDIX 12: List of Supportive Supervision Tools

*Supportive Supervision (SS) Tool 1*: Observation Checklist for IYCF Counselling

*Supportive Supervision (SS) Tool 2*: Observation Checklist for Action-oriented Group Facilitation

*Supportive Supervision (SS) Tool 3*: Observation Checklist for IYCF Support Group Facilitation

*Supportive Supervision (SS) Tool 4*: Supervisor's Quarterly Tracking of IYCF Support Competencies by Individual Community Worker

*Supportive Supervision (SS) Tool 5*: Supervisor's Quarterly Tracking for IYCF Support Competencies across All Community Workers

*Supportive Supervision (SS) Tool 6:* Supervisor's Quarterly Activity Schedule

*Supportive Supervision (SS) Tool 1*: **Observation Checklist for IYCF Counselling**

**Name of Community Worker**: _____**Position**:_____

**Community/Location**: _____ **Name of Supervisor/Mentor**: _____

**Date of visit**: _____

| | Did the Community Worker | PA=Priority Action or Dash "----"=No Action | Comments |
|---|---|---|---|
| ***Communication Skills*** | | | |
| **Use Listening and Learning skills:** | | | |
| 1. | Use non-verbal communication (same level, pay attention, remove barriers, take time, appropriate touch) | | |
| 2. | Ask questions that allow for detailed information | | |
| 3. | Use responses/gestures that show interest | | |
| 4. | Listen to concerns | | |
| 5. | Reflect back | | |
| 6. | Avoid judging words | | |
| **Use Building Confidence and Giving Support skills:** | | | |
| 1. | Accept what mother/father/caregiver thinks and feels | | |
| 2. | Praise what is being done correctly | | |
| 3. | Give practical help | | |
| 4. | Give little, relevant information | | |
| 5. | Use simple language | | |
| 6. | Use appropriate counselling card(s) | | |
| 7. | Make 1 or 2 suggestions, not commands | | |
| ***Total 'PA' for Communication Skills*** | | | |
| ***3-Step Counselling Process*** | | | |
| **I. Assess** | | | |
| 1. | Obtain correct infant age | | |
| 2. | Ask number of older children | | |
| 3. | Check on recent child illness | | |
| 4. | Check understanding of child growth curve (if GMP exists in area) | | |
| 5. | ***Breastfeeding (with mother):***<br>Assess the current breastfeeding status<br>Check for breastfeeding difficulties | | |

| | Did the Community Worker | PA=Priority Action or Dash "----"=No Action | Comments |
|---|---|---|---|
| | Observe a breastfeed (if necessary) | | |
| 6. | ***Complementary feeding:***<br>Assess 'other fluid' intake<br>Assess 'other food' intake | | |
| 7. | ***Responsive Feeding:***<br>Ask about whether the child receives assistance when eating | | |
| 8. | ***Hygiene:***<br>Check on hygiene related to feeding | | |
| 9. | Complete IYCF assessment before providing any information | | |
| **II. Analyze** | | | |
| 1. | Compare information obtained during assessment to age-appropriate feeding recommendations | | |
| 2. | Identify and prioritize any difficulties: stated by mother or deviation from age-appropriate recommended practices | | |
| **III. Act** | | | |
| 1. | Praise the mother/father/caregiver for doing recommended practices | | |
| 2. | Discuss limited amount of information depending on analysis | | |
| 3. | Reach-an-agreement/negotiate | | |
| 4. | Ask mother/father/caregiver to repeat 'agreed-upon-action' | | |
| 5. | Suggest where to find additional support | | |
| 6. | Agree upon a date/time for a follow-up session | | |
| 7. | Refer, as necessary | | |
| ***Use appropriate materials*** | | | |
| | Counselling cards and other job-aids according to age and situation of child | | |
| ***Total 'PA' for 3-Step Counselling Skills*** | | | |
| ***Breastfeeding Skills*** | | | |
| **Explain to and support a mother to practice:** | | | |
| 1. | Recommended breastfeeding practices | | |
| 2. | Determine mother's perceptions about | | |

| | Did the Community Worker | PA=Priority Action or Dash "----"=No Action | Comments |
|---|---|---|---|
| | and barriers to exclusive breastfeeding; help mother understand and overcome the barriers | | |
| 3. | Recognize signs of good attachment and positioning | | |
| 4. | Help a mother position her baby using the 4 key points, using different positions | | |
| 5. | Help mother attach infant to breast once s/he is well-positioned | | |
| 6. | Help mother determine when infant is suckling effectively | | |
| **Counsel a pregnant woman about breastfeeding** | | | |
| 1. | Explain how to initiate and establish breastfeeding | | |
| 2. | Sensitize and encourage the pregnant woman of unknown HIV status to be tested for HIV | | |
| **Help a mother initiate breastfeeding within the first hour:** | | | |
| 1. | Skin-to-skin contact immediately after birth | | |
| 2. | Help mother with positioning and attachment, as necessary | | |
| **Help a mother learn how to express BM and safely feed:** | | | |
| 1. | Explain the steps of expressing breast milk by hand | | |
| 2. | Observe mother expressing breast milk and help her, if necessary | | |
| **Help mother identify, prevent, determine causes and overcome difficulties for:** | | | |
| 1. | 'Not enough breast milk' real and perceived | | |
| 2. | Engorged breasts | | |
| 3. | Sore or cracked nipples | | |
| 4. | Blocked ducts, mastitis | | |
| **Encourage mother to continue to breastfeeding up to 2 years** | | | |
| | Help a mother keep up her breast milk | | |

| | Did the Community Worker | PA=Priority Action or Dash "----"=No Action | Comments |
|---|---|---|---|
| | supply | | |
| ***Total 'PA' for Breastfeeding Skills*** | | | |
| ***Complementary Feeding*** | | | |
| **Help understand and implement complementary feeding (CF), following the characteristics of CF for age group and addressing misconceptions/ difficulties:** | | | |
| 1. | Frequency | | |
| 2. | Amount | | |
| 3. | Texture | | |
| 4. | Variety, with emphasis on giving animal-source foods | | |
| 5. | Responsive feeding | | |
| 6. | Hygiene | | |
| 7. | How to feed during illness and recovery | | |
| 8. | Use counselling cards and job aids (including food consistency tools) appropriately | | |
| **Demonstrate and practice with mother meal preparation for infant/young child:** | | | |
| 1. | Starting at 6 months | | |
| 2. | 6 up to 9 months | | |
| 3. | 9 up to 12 months | | |
| 4. | 12 up to 24 months | | |
| **Show and practice:** | | | |
| 1. | How to add micronutrient supplements for home fortification (country specific) | | |
| 2. | How to use fortified complementary foods (available in-country) | | |
| ***Total 'PA' for Complementary Feeding*** | | | |
| ***Women's Nutrition*** | | | |
| **Help a mother achieve adequate nutrition during pregnancy and lactation:** | | | |
| 1. | Adjust frequency, amount and variety of foods, as necessary | | |
| 2. | Use nutrition supplements, as prescribed | | |
| 3. | Implement appropriate actions to achieve appropriate child spacing, | | |

| | Did the Community Worker | PA=Priority Action or Dash "----"=No Action | Comments |
|---|---|---|---|
| | including use of LAM and referral for other family planning methods | | |
| 4. | Implement other supporting interventions: malaria; other parasites: deworming, footwear, faeces disposal; rest/decreased workload | | |
| ***Total 'PA' for Women's Nutrition*** | | | |
| ***Infant Feeding in the Context of HIV*** | | | |
| **Help an HIV-infected woman:** | | | |
| 1. | Breastfeed exclusively and optimally (according to national protocol) | | |
| 2. | Refer for additional help, as appropriate | | |
| 3. | ***Total 'PA' for Infant Feeding in Context of HIV*** | | |

***Supportive Supervision (SS) Tool 2*: Observation Checklist for Action-oriented Group Facilitation**

**Name of Community Worker**: _____**Position**:_____

**Community/Location**: _____ **Name of Supervisor/Mentor**: _____

**Date of visit**: _____

| | **Did the Community Worker** | **PA=Priority Action or Dash "----"=No Action** | **Comments** |
|---|---|---|---|
| 1. | Introduce him/herself? | | |
| 2. | ***Use Observe*** - ask the group participants: | | |
| | a. What happened in the story/drama or visual? | | |
| | b. What are the characters doing in the story/drama or visual? | | |
| | c. How did the character feel about what he or she was doing? Why did he or she do that? | | |
| 3. | ***Use Think*** - ask the group participants: | | |
| | a. Who do you know that does this (recommended behaviour/practice)? | | |
| | b. How have they been able to do this (recommended behaviour/practice)? | | |
| | c. What is the advantage of adopting the practice described in the story/drama or visual? | | |
| | d. Discuss the key messages of today's topic? | | |
| 4. | ***Use Try*** – ask the group participants: | | |
| | a. If you were the mother (or another character), would you be willing to try the new practice? | | |
| | a. Would people in this community try this practice in the same situation? Why? | | |
| 5. | ***Use Act*** – ask the group participants | | |
| | b. What would you do in the same situation? Why? | | |
| | c. What difficulties might you experience? | | |
| | d. How would you be able to overcome them? | | |
| | e. To repeat the key messages? | | |
| 6. | Set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried the new practice or encouraged someone to try it, and how they managed to overcome any obstacles. | | |
| ***Total 'PA' for Action-oriented Group Facilitation*** | | | |

***Supportive Supervision (SS) Tool 3*: Observation Checklist for IYCF Support Group Facilitation**

| **Community:** | **Place:** | |
|---|---|---|
| **Date:** **Time:** | **Theme:*** | |
| **Name of IYCF Group Facilitator(s):** | **Name of Supervisor/Mentor:** | |
| Did | **PA=Priority Action or Dash "----"=No Action** | **Comments** |
| 1. The Facilitator(s) introduce themselves to the group? | | |
| 2. The Facilitator(s) clearly explain the day's theme?* | | |
| 3. The Facilitator(s) ask questions that generate participation? | | |
| 4. The Facilitator(s) motivate the quiet women/men to participate? | | |
| 5. The Facilitator(s) apply skills for *Listening and Learning*, *Building Confidence and Giving Support* | | |
| 6. The Facilitator(s) adequately manage content? | | |
| 7. Mothers/fathers/caregivers share their own experiences? | | |
| 8. The Participants sit in a circle? | | |
| 9. The Facilitator(s) invite women/men to attend the next IYCF support group (place, date and theme)? | | |
| 10. The Facilitator(s) thank the women/men for attending the IYCF support group? | | |
| 11. The Facilitator(s) ask Participants to talk to a pregnant woman or breastfeeding mother before the next meeting, share what they have learned, and report back? | | |
| 12. Support Group attendance form checked? | | |
| ***Total 'PA' for IYCF Support Group Facilitation*** | | |
| Number of women/men attending the IYCF support group: | | |
| **Supervisor/Mentor**: indicate questions and resolved difficulties: | | |
| **Supervisor/Mentor**: provide feedback to Facilitator(s): | | |

* The day's theme might change if there is a mother/father/caregiver that has a feeding issue she or he feels an urgent need to discuss

## *Supportive Supervision (SS) Tool 4*: Supervisor's Quarterly Tracking of IYCF Support Competencies by Individual Community Worker

**Name of Community Worker**: _____**Position**:_____

**Community/Location**: _____ **Name of Supervisor/Mentor**: _____

**Year**:

| | **Activities** | **Quarter/Date of SS Visit** | **Comment** | **Comments/Agreed upon recommendations** |
|---|---|---|---|---|
| 1. | Activity Tracking Form reviewed | | | |
| | | | | |
| | | | | |
| | | | | |
| 2. | Follow-up issues identified during last supervisory session | | | |
| | | | | |
| | | | | |
| | | | | |
| **SKILLS** | | | **Summary of Priority Actions (PA)** | **Comments/Agreed-upon recommendations** |
| 1. | Communication Skills | | | |
| | | | | |
| | | | | |
| | | | | |
| 2. | 3-Step Counselling process | | | |
| | | | | |
| | | | | |
| | | | | |
| 3. | Breastfeeding | | | |
| | | | | |
| | | | | |
| | | | | |

| SKILLS | | | Summary of Priority Actions (PA) | Comments/Agreed-upon recommendations |
|---|---|---|---|---|
| 4. | Complementary Feeding | | | |
| | | | | |
| | | | | |
| | | | | |
| 5. | Women's nutrition | | | |
| | | | | |
| | | | | |
| | | | | |
| 6. | Infant feeding in the context of HIV | | | |
| | | | | |
| | | | | |
| | | | | |
| 7. | Action-oriented Group facilitation | | | |
| | | | | |
| | | | | |
| | | | | |
| 8. | IYCF Support Group facilitation | | | |
| | | | | |
| | | | | |
| | | | | |

| | Activities | Quarter/Date of SS Visit | Comment | Comments/Agreed upon recommendations |
|---|---|---|---|---|
| 9. | Prioritized action before next supervisory visit | | | |
| | | | | |
| | | | | |
| | | | | |
| 10. | Date of next supervisory visit | | | |
| | | | | |
| | | | | |
| | | | | |

## *Supportive Supervision (SS) Tool 5*: Supervisor's Quarterly Tracking for IYCF Support Competencies across All Community Workers

**Name of Supervisor/Mentor**: _____**Position**:_____

**Location**: _____

**Quarterly Report**: _____

| Competency | | Priority Actions (PA) | | | | Total PA | Next Steps |
|---|---|---|---|---|---|---|---|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | |
| ***Communication Skills*** | | | | | | | |
| **Use Listening and Learning skills:** | | | | | | | |
| 1. | Use non-verbal communication (same level, pay attention, remove barriers, take time, appropriate touch) | | | | | | |
| 2. | Ask questions that allow for detailed information | | | | | | |
| 3. | Use responses/gestures that show interest | | | | | | |
| 4. | Listen to concerns | | | | | | |
| 5. | Reflect back | | | | | | |
| 6. | Avoid judging words | | | | | | |
| **Use Building Confidence and Giving Support skills:** | | | | | | | |
| 1. | Accept what mother/father/caregiver thinks and feels | | | | | | |
| 2. | Praise what is being done correctly | | | | | | |
| 3. | Give practical help | | | | | | |
| 4. | Give little, relevant information | | | | | | |

| Competency | | Priority Actions (PA) | | | | Total PA | Next Steps |
|---|---|---|---|---|---|---|---|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | |
| 5. | Use simple language | | | | | | |
| 6. | Use appropriate counselling card(s) | | | | | | |
| 7. | Make 1 or 2 suggestions, not commands | | | | | | |
| ***Total 'PA' for Communication Skills*** | | | | | | | |
| ***3-Step Counselling Process*** | | | | | | | |
| **I. Assess** | | | | | | | |
| 1. | Obtain correct infant age | | | | | | |
| 2. | Ask number of older children | | | | | | |
| 3. | Check on recent child illness | | | | | | |
| 4. | Check understanding of child growth curve (if GMP exists in area) | | | | | | |
| 5. | ***Breastfeeding (with mother):***<br>Assess the current breastfeeding status<br>Check for breastfeeding difficulties<br>Observe a breastfeed (if necessary) | | | | | | |
| 6. | ***Complementary feeding:***<br>Assess 'other fluid' intake<br>Assess 'other food' intake | | | | | | |
| 7. | ***Responsive Feeding:***<br>Ask about whether the child receives assistance when eating | | | | | | |
| 8. | ***Hygiene:***<br>Check on hygiene related to feeding | | | | | | |
| 9. | Complete IYCF assessment before providing any information | | | | | | |

| Competency | | Priority Actions (PA) | | | | Total PA | Next Steps |
|---|---|---|---|---|---|---|---|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | |
| **II. Analyze** | | | | | | | |
| 1. | Compare information obtained during assessment to age-appropriate feeding recommendations | | | | | | |
| 2. | Identify and prioritize any difficulties: stated by mother or deviation from age-appropriate recommended practices | | | | | | |
| **III. Act** | | | | | | | |
| 1. | Praise the mother/father/caregiver for doing recommended practices | | | | | | |
| 2. | Discuss limited amount of information depending on analysis | | | | | | |
| 3. | Reach-an-agreement/negotiate | | | | | | |
| 4. | Ask mother/father/caregiver to repeat 'agreed-upon-action' | | | | | | |
| 5. | Suggest where to find additional support | | | | | | |
| 6. | Agree upon a date/time for a follow-up session | | | | | | |
| 7. | Refer, as necessary | | | | | | |
| ***Total 'PA' for 3-Step Counselling Process*** | | | | | | | |
| ***Use appropriate materials*** | | | | | | | |
| | Counselling cards and other job-aids according to age and situation of child | | | | | | |
| ***Breastfeeding Skills*** | | | | | | | |
| **Explain to and support a mother to practice:** | | | | | | | |
| 1. | Recommended breastfeeding practices | | | | | | |

| Competency | | Priority Actions (PA) | | | | Total PA | Next Steps |
|---|---|---|---|---|---|---|---|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | |
| 2. | Determine mother's perceptions about and barriers to exclusive breastfeeding; help mother understand and overcome the barriers | | | | | | |
| 3. | Recognize signs of good attachment and positioning | | | | | | |
| 4. | Help a mother position her baby using the 4 key points, using different positions | | | | | | |
| 5. | Help mother attach infant to breast once s/he is well-positioned | | | | | | |
| 6. | Help mother determine when infant is suckling effectively | | | | | | |
| **Counsel a pregnant woman about breastfeeding** | | | | | | | |
| 1. | Explain how to initiate and establish breastfeeding | | | | | | |
| 2. | Sensitize and encourage the pregnant woman of unknown HIV status to be tested for HIV | | | | | | |
| **Help a mother initiate breastfeeding within the first hour:** | | | | | | | |
| 1. | Skin-to-skin contact immediately after birth | | | | | | |
| 2. | Help mother with positioning and attachment, as necessary | | | | | | |
| **Help a mother learn how to express BM and safely feed:** | | | | | | | |
| 1. | Explain the steps of expressing breast milk by hand | | | | | | |
| 2. | Observe mother expressing breast milk and help her, if necessary | | | | | | |

| Competency | | Priority Actions (PA) | | | | Total PA | Next Steps |
|---|---|---|---|---|---|---|---|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | |
| **Help mother identify, prevent, determine causes and overcome difficulties for:** | | | | | | | |
| 3. | 'Not enough breast milk' real and perceived | | | | | | |
| 4. | Engorged breasts | | | | | | |
| 5. | Sore or cracked nipples | | | | | | |
| 6. | Blocked ducts, mastitis | | | | | | |
| **Encourage mother to continue to breastfeeding up to 2 years** | | | | | | | |
| Help a mother keep up her breast milk supply | | | | | | | |
| ***Total 'PA' for Breastfeeding Skills*** | | | | | | | |
| ***Complementary Feeding*** | | | | | | | |
| **Help understand and implement complementary feeding (CF), following the characteristics of CF for age group and addressing misconceptions/ difficulties:** | | | | | | | |
| 1. | Frequency | | | | | | |
| 2. | Amount | | | | | | |
| 3. | Texture | | | | | | |
| 4. | Variety, with emphasis on giving animal-source foods | | | | | | |
| 5. | Responsive feeding | | | | | | |
| 6. | Hygiene | | | | | | |
| 7. | How to feed during illness and recovery | | | | | | |
| 8. | Use counselling cards and job aids (including food consistency tools) appropriately | | | | | | |

| Competency | | Priority Actions (PA) | | | | Total PA | Next Steps |
|---|---|---|---|---|---|---|---|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | |
| **Demonstrate and practice with mother meal preparation for infant/young child:** | | | | | | | |
| 1. | Starting at 6 months | | | | | | |
| 2. | 6 up to 9 months | | | | | | |
| 3. | 9 up to 12 months | | | | | | |
| 4. | 12 up to 24 months | | | | | | |
| **Show and practice:** | | | | | | | |
| 1. | How to add micronutrient supplements for home fortification (country specific) | | | | | | |
| 2. | How to use fortified complementary foods (available in-country) | | | | | | |
| ***Total 'PA' for Complementary Feeding*** | | | | | | | |
| ***Woman's Nutrition*** | | | | | | | |
| **Help a mother achieve adequate nutrition during pregnancy and lactation:** | | | | | | | |
| 1. | Adjust frequency, amount and variety of foods, as necessary | | | | | | |
| 2. | Use nutrition supplements, as prescribed | | | | | | |
| 3. | Implement appropriate actions to achieve appropriate child spacing, including use of LAM and referral for other family planning methods | | | | | | |
| 4. | Implement other supporting interventions: malaria; other parasites: deworming, footwear, faeces disposal; rest/decreased workload | | | | | | |

| Competency | | Priority Actions (PA) | | | | Total PA | Next Steps |
|---|---|---|---|---|---|---|---|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | |
| ***Total 'PA' for Women's Nutrition*** | | | | | | | |
| ***Infant Feeding in the Context of HIV*** | | | | | | | |
| **Help an HIV-infected woman:** | | | | | | | |
| 1. | Breastfeed exclusively and optimally (according to national protocol) | | | | | | |
| 2. | Refer for additional help, as appropriate | | | | | | |
| ***Total 'PA' for Infant Feeding in the Context of HIV*** | | | | | | | |

## *Supportive Supervision (SS) Tool 6:* Supervisor's Quarterly Activity Schedule

**Name of Supervisor/Mentor**: _____**Position**:_____

**Location**: _____

**Quarter/Year:** _____

| | Activities | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total number of visits per year |
|---|---|---|---|---|---|---|
| 1. | Number of Community Workers mentored by supervisor | | | | | |
| 2. | Number of supervision visits scheduled for quarter | | | | | |
| 3. | Number of supervision visits accomplished for quarter | | | | | |
| 4. | **Number of Visits to Individual Community Workers** | | | | | |
| a. | CW 1 | | | | | |
| b. | CW 2 | | | | | |
| c. | CW 3 | | | | | |
| d. | CW 4 | | | | | |
| e. | CW 5 | | | | | |
| f. | CW 6 | | | | | |
| g. | CW 7 | | | | | |
| h. | Etc. | | | | | |

## APPENDIX 13: List of IYCF Community Worker Tools

*IYCF Community Worker Tool 1*: IYCF Assessment

*IYCF Community Worker Tool 2*: How to Conduct an Action-oriented Group

*IYCF Community Worker Tool 3*: How to Conduct an IYCF Support Group

*IYCF Community Worker Tool 4*: Activities Tracking Form

*IYCF Community Worker Tool 5*: Support Group Attendance Monitoring Form

## *IYCF Community Worker Tool 1*: IYCF Assessment[5]

| | Name of Mother/ Father/Caregiver | Name of Child | Age of child (completed months) | Number of older children |
|---|---|---|---|---|
| | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Observation of mother/caregiver** | | | | | | |
| **Child Illness** | Child ill | | Child not ill | | Child recovering | |
| **Growth Curve Increasing** | Yes | | No | | Levelling off/Static | |
| **Tell me about Breastfeeding** | Yes | No | When did BF stop? | Frequency: times/day | Difficulties: How is breastfeeding going? | |
| | | | | | | |
| **Complementary Foods** | Is your child getting anything else to eat? | | What | Frequency: times/day | Amount: how much (Ref. 250 ml) | Texture: how thick/ consistent |
| | Staple (porridge, other local examples) | | | | | |
| | Legumes (beans, other local examples) | | | | | |
| | Vegetables/Fruits (local examples) | | | | | |
| | Animal: meat/fish/ offal/bird/eggs | | | | | |
| **Liquids** | Is your child getting anything else to drink? | | What | Frequency: times/day | Amount: how much (Ref. 250 ml) | Bottle Use? Yes/No |
| | Other milks | | | | | |
| | Other liquids | | | | | |
| **Other challenges?** | | | | | | |
| **Mother/caregiver assists child** | Who assists the child when eating? | | | | | |
| **Hygiene** | Feeds baby using a clean cup and spoon | | Washes hands with clean, safe water and soap before preparing food, before eating, and before feeding young children | | Washes child's hands with clean, safe water and soap before he or she eats | |

[5] *Participant Materials* 9.2: IYCF Assessment

## *IYCF Community Worker Tool 2:* How to Conduct an Action-oriented Group[6]

**INTRODUCE YOURSELF (AND CO-FACILITATOR)**

**INTRODUCE TODAY'S TOPIC FOR DISCUSSION by:**

- Telling a story
- Conducting a mini-drama or role-play
- Using a visual
- After the story, drama or visual, ask the group participants what they **OBSERVED**
  - ❑ What happened in the story/drama or visual?
  - ❑ What are the characters doing in the story/drama or visual?
  - ❑ How did the character feel about what he or she was doing? Why did he or she do that?

- Ask the group participants what they **THINK**:
  - ❑ Who do you know who does this (the behaviour/practice)?
  - ❑ How have they been able to do this (the behaviour/practice)?
  - ❑ What is the advantage of adopting the practice described in the story/drama or visual?

- Ask the group participants what they would be willing to **TRY**:
  - ❑ If you were the mother (or another character), would you be willing to try the new practice?
  - ❑ If people in this community were in the same situation, would they be willing to try this practice? Why? Why not?

- Ask the group participants if they could **ACT** in the same way:
  - ❑ What would you do in the same situation? Why?
  - ❑ What difficulties might you experience?
  - ❑ How would you be able to overcome them?
- Ask the group participants to repeat the key messages.

Reminder: If appropriate, set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried the new practice or encouraged someone to try it. How did they manage to overcome any obstacles?

[6] *Participant Materials* 12.1: How to Conduct an Action-oriented Group

## *IYCF Community Worker Tool 3:* How to Conduct an IYCF Support Group[7]

**BEFORE THE SUPPORT GROUP**:

- If possible arrange for someone to watch the older children during the Support Group session
- Arrange the seating in a circle so that all participants (maximum 12) can see each other

**WELCOME PARTICIPANTS**

- Support Group facilitator(s) is part of the circle and sits on same level as participants
- Welcome all participants, including babies and young children, and thank all for coming
- Introduce yourself (and Co-facilitator)
- Ask participants of Support Group to introduce themselves
- Remind participants that everything said is confidential

**INTRODUCE TODAY'S TOPIC FOR DISCUSSION**

- Use participants' names
- Ask questions that generate participation:
  - Does anyone here know someone who does this?
  - ❑ Why do you think s/he does this?
  - ❑ Does anyone want to share her or his experience?
  - ❑ Does anyone want to share a different experience?
  - ❑ What do you think "so and so" would say if you decided to do "such and such"?
  - ❑ What advantages does this practice have for the child/mother/family?
  - ❑ What difficulties have you experienced in this situation?
  - ❑ Were you able to resolve the difficulties? How? Why not?
- Encourage mothers/fathers/caregivers to share their own experiences
- Use *Listening and Learning* and *Building Confidence and Giving Support* skills
- Motivate quiet women/men to participate

**MANAGE THE CONTENT**

- ❑ Share information giving source (MOH, doctors, health personnel)
- ❑ Let participants know where they can receive nearest support
- ❑ Give advice only when asked
- ❑ Summarize ideas during the session
- ❑ Keep group focused on theme
- ❑ Summarize main points at the end of the session
- Make a note of any questions or issues that require more information; lets the group know you will seek this information from an expert

[7] *Participant Materials* 12.4: How to Conduct an IYCF Support Group

**CLOSING**

- Thank the participants for attending the IYCF Support Group
- Invite women/men to attend the next IYCF Support Group meeting (place, date, time and topic)
- Ask the group participants to:
  - ❑ Talk to a pregnant woman, a breastfeeding mother or father before the next meeting; share what they have learned during the IYCF Support Group, and report back
  - ❑ Come to the next meeting prepared to talk about what happened when they tried the new practice or encouraged someone to try it. How did they manage to overcome any obstacles?

……..

**ROLE OF SUPPORT GROUP FACILITATOR**

- Provides an environment of interest and respect
- Listens to each participant
- Looks at each participant while the participant is talking
- Makes sure participants' doubts, concerns and questions are understood by repeating the doubts, concerns and questions
- Shares own experience to move the discussion along, but is brief
- Asks others to participate
- Asks one participant to respond to another's experience, doubt, concern, question

## *IYCF Community Worker Tool 4*: Activities Tracking Form

**Community Worker Name: _____ Community: _____ Month: _____**

**Instructions:**

- Indicate the date on which you have conducted an activity
- Make a note of any issue you would like to discuss with your supervisor
- Make a √ in the box to indicate number of IYCF support activities

| Date | Skills | | | | | Referral Notes | Referral |
|---|---|---|---|---|---|---|---|
| | Individual IYCF Counselling | | | Action-oriented Group | IYCF Support Group | | |
| | Pregnant Woman | Mother/ caregiver of baby < 6 months | Mother/ caregiver of baby > 6 months | | | | |
| | | | | | | | |
| | | | | | | | |
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## *IYCF Community Worker Tool 5*: Support Group Attendance Monitoring Form[8]

Date _____ District_____

Facilitator(s) Name(s) _____

[8] *Participant Materials* 12.6: How to Conduct an IYCF Support Group