

Mother Support Groups

Three-Day Training of Facilitators/Trainers

Facilitator Guide

Kyrgyz Republic



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ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a seven-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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DISCLAIMER

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SPRING

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Elements of this training are based on:

- Approaches developed by La Leche League International
- *Training of Trainers for Mother-to-Mother Support Groups* (AED/LINKAGES)
- *Preparation of Trainer's Course: Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics Instructional Planning Training Package* (CARE/Window of Opportunity Project)
- UNICEF *Community Infant and Young Child Feeding Counseling Package* developed in collaboration with URC/CHS
- *Mother-to-Mother Support Groups Trainer's Manual* (PATH/IYCN project)

Acronyms and Abbreviations

BFHI	Baby Friendly Hospital Initiative
CF	complementary feeding
EBF	exclusive breastfeeding
FAP	Feldsher-Obstetrical Ambulatory Points
FPC	Family Practice Center
IYCF	infant and young child feeding
MSG	mother support group
PATH	Program for Appropriate Technology in Health (since 2014: PATH)
UNICEF	United Nations Children's Fund
URC/CHS	University Research Co./Center for Human Services

Introduction

Training of Facilitators/Trainers: Mother Support Groups

The Baby Friendly Hospital Initiative (BFHI) in the Kyrgyz Republic engages hospitals to ensure an environment that supports women to initiate breastfeeding in a timely manner and promotes exclusive breastfeeding up to six months. Hospitals undergo a process of planning, training, and policy changes that lead to achieving 11 key criteria. When they meet the 11 criteria, the hospital is certified "Baby Friendly." Insufficient attention has been paid to the BFHI criterion involving support groups for mothers.

The Tenth Step (or criteria) of the BFHI is: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Purpose

This module is intended to prepare health care providers to facilitate mother support groups in hospitals, Family Doctors Groups, and Feldsher-Obstetrical Ambulatory Points (FAP) in order to obtain BFHI status. Mother support groups provide peer counseling within a group setting. A non-formal and experiential learning approach allows women to examine their values and attitudes, discover assumptions and patterns of behavior, ask questions, and learn new ways of thinking about the feeding and care of young children. The aim of the support groups is to empower women to make better decisions and build their self-confidence through dialogue that encourages them to identify and solve their own problems.

For most training participants, the module on Mother Support Groups will be a refresher on breastfeeding and complementary feeding basics. For others, the breastfeeding and complementary feeding content presented in this module will be adequate to prepare them to facilitate a mother support group.

Training Objectives:

By the end of the training, the participants will be able to:

1. Name four characteristics of a mother support group
2. Name three roles of the facilitator in a mother support group
3. Name three characteristics of the profile of a mother support group facilitator
4. Name three necessary components to organize mother support groups
5. Describe the topics to be covered by a mother support group
6. Explain why an information system is important, and identify the components of a mother support group information system
7. Facilitate an infant and young child feeding (IYCF) mother support group
8. Mentor mother support group facilitators to enhance their skills
9. Review Listening and Learning skills
10. Review Building Confidence and Giving Support skills
11. Review recommended breastfeeding and complementary feeding practices

3-Day Training Schedule – Mother Support Groups

Time	Day 1	Day 2	Day 3
09:00 - 09:15	Session 1: 1 hr. 15 min Introductions, pre-assessment, expectations and objectives	Daily Review	Session 13: 2 hours 30 minutes PRACTICE: Facilitate mother support group(s) at the hospital
09:15 - 10:15		Session 8: 1 hour Common breastfeeding difficulties and how to overcome them	
10:15 - 10:30	Tea Break		
10:30 - 11:30	Session 2: 1 hour PRACTICE: Facilitate mother support group on “Breastfeeding Experience and the Benefits of Breastfeeding”	Session 9: 1 hour PRACTICE: Facilitate mother support group on “Overcoming Common Breastfeeding Difficulties”	
11:30 - 12:30	Session 3: 1 hour Characteristics of a mother support group, and role of the facilitator	Session 10: 1 hour 30 minutes Topics, structure, promotion, and data collection for mother support groups	Session 14: 1 hour 30 minutes Reflect on strengths and gaps of mother support group practice in hospital setting
12:30 – 13:00	Session 4 : 30 minutes Behavior Change		
13:00 -14:00	Lunch		
14:00 -15:00	Session 5: 1 hour PRACTICE: Facilitate mother support group on “The Early Days after Birth”	Session 11: 1 hour 30 min PRACTICE: Facilitate mother support group on “Complementary Foods after 6 months”	Session 15: 1 hour 30 min Training Action Plans
15:00 - 15:30	Session 6: 30 min Review <i>Listening & Learning skills</i> , and <i>Building Confidence & Giving Support skills</i>		
15:30 -15:45	Tea Break		
15:45 -17:00	Session 7: 1 hour Review recommended breastfeeding practices	Session 12: 1 hour Preparation for Field Practice: Demonstration of Facilitation of Mother Support Group	Session 16: 30 minutes Post-assessment and evaluation

Session 1. Introductions, Pre-Assessment, Expectations and Objectives

Time: 1 hour 15 minutes

Objectives

After completing this session participants will be able to:

1. Identify strengths and weaknesses of participant's knowledge and skills regarding mother support groups
2. Introduce fellow participants and facilitators; discuss participants' expectations, compare with the objectives of the training and clarify the priorities/focus of the training
3. Present and review the Facilitator Guide

Preparation

- **Handout 1.1:** Pre-assessment
- VIPP or index Cards
- Prepare flipchart with Objectives of Training
- *Facilitator's Guide*
- *Participant's Handouts*
- Decree on BFHI: #144

Learning Objective 1: Identify strengths and weaknesses of participant's mother support group knowledge and skills

Methodology: Written pre-assessment

Suggested Time: 15 minutes

Instructions for Activity:

1. Welcome the participants as they arrive and ask them to be seated in a U or circle.
2. As soon as participants are seated, distribute **Handout 1.1** Pre-assessment and ask them to complete it individually.
3. Ask participants to write their birth date on the pre-assessment.
4. Correct all the assessments on the same day identifying topics that caused disagreement or confusion and need to be addressed. Participants should be advised that these topics will be discussed in greater detail during the training.

Learning Objective 2: Introduce participants and facilitators; discuss participants' expectations; compare with the objectives of the training, and clarify the priorities/focus of the training

Methodology: Writing on VIPP Cards

Suggested Time: 45 minutes

Instructions for Activity:

1. Give a VIPP Card to each participant and ask them to write their first name, where they work, a hobby (or personal quality), and mention one of their expectations for the training.
2. Collect VIPP Cards and distribute them at random to the participants. As each participant reads their VIPP Card, the person who wrote the VIPP Card stands. Repeat until all VIPP Cards have been read.
3. Write participants' expectations on a flipchart, not repeating ones that are the same.
4. Show the prepared flipchart with the learning objectives.
5. Guide the participants in matching their expectations against the training objectives and discussing the similarities and differences.
6. Post the flip charts with the objectives and the expectations on one side of the room to remain until the end of the training.
7. Briefly review the training agenda.
8. Announce any logistics such as where meals will be served, washrooms etc.

Learning Objective 3: Present and review the *Facilitator Guide*, *Participants Handouts*, and Decree on BFHI: #144

Methodology: Interactive presentation

Suggested Time: 15 minutes

Instructions for Activity:

1. Distribute the *Facilitator Guide*, *Participant Handouts*, and Decree on BFHI: #144.
2. Review the structure and layout of the Facilitator Guide as a group.
3. Explain that the *Participant Handouts* are included in the Facilitator Guide, and are distributed to all participants not receiving a Training of Trainers.
4. Point out to participants the section of the Decree on BFHI #144 – 10th Step.

Note:

1. Explain to participants that on day three of training they will present their training action plans to their fellow participants.
2. To begin early reflection and planning, and in preparation for their presentations, distribute **Handout 15.1** from Session 15: Training Plans for Mother Support Groups.
3. Ask participants to find time to meet in their specific groups/oblasts during the week.
4. Task participants with submitting a written copy of their Training Action Plans on day three of training.

Handout 1.1: Pre-assessment (What do we know?)

Date of birth: _____

No.	Statement	True	False
1.	During a breastfeeding mother support group, mothers share their individual breastfeeding experiences.		
2.	Telling a mother what to do is the best way to improve how she feeds her child.		
3.	At four months, infants need water and other drinks in addition to breast milk.		
4.	Correct knowledge is enough to change Behavior.		
5.	The maximum number for an effective mother support group is 10 -12 pregnant and lactating mothers.		
6.	A mother-to-mother support group is the same as an educational talk.		
7.	When complementary feeding starts at six months, the first food a baby takes should have the texture or thickness/consistency of breast milk so that the young baby can swallow it easily.		
8.	The facilitator listens and guides the mother support group discussion.		
9.	The main purpose of a mother support group is to teach all mothers how to feed their children.		
10.	A lactating mother needs to eat two more meals per day than usual.		
11.	The facilitator of a mother support group provides all the information to the group.		
12.	A circle is the preferred sitting arrangement for a mother support group.		
13.	A mother who is malnourished can still produce enough good quality breast milk for her baby.		
14.	It is important that the facilitator fosters an environment of ease and respect.		
15.	In a support group, pregnant women and lactating mothers share experiences, information and mutually support each other.		
16.	The more milk a baby removes from the breast, the more breast milk the mother makes.		
17.	An experienced mother can facilitate a mother support group.		
18.	A mother support group is open to male partners.		
19.	A mother support group facilitator must be able to answer all questions that arise during a support group meeting.		
20.	The facilitator should ask that all comments from the participants be directed to her.		

Session 2. Mother Support Group on “Breastfeeding Experience and the Benefits of Breastfeeding”

Time: 1 hour

Objectives

After completing this session, participants will be able to:

1. Experience participation/observation of a mother support group
2. Describe the characteristics of a mother support group, and the role of a mother support group facilitator
3. Share experiences and provide feedback of a mother support group

Preparation

- Assign two national trainers as facilitators of support group
- Practice facilitating a support group with two assigned training facilitators ahead of time: review characteristics of support groups and role of support group facilitator; review listening and learning skills
- **Handout 2.1:** Benefits of Breastfeeding for Baby, Mother and Family

Learning Objective 1: Experience participation/observation of a mother support group

Methodology: Practice

Suggested Time: 40 minutes

Instructions for Activity:

1. Ask participants to count off numbers 1, 2, and 3.
2. Ask participants with number 2 to join two facilitators to sit in a circle to form a mother support group.
3. Two facilitators and six or seven participants form a “fish bowl” and conduct a support group, sharing their own (or wife’s, mother’s, sister’s) experience on breastfeeding and the benefits of breastfeeding. (Only those in the “fish bowl” are permitted to talk.) The other participants sit outside the “inner circle” and listen/observe.
4. Other participants observe “fish bowl” experience.

Note: The mother support group is not a role play.

Learning Objective 2: Share experiences and provide feedback of mother support group

Methodology: Interactive discussion

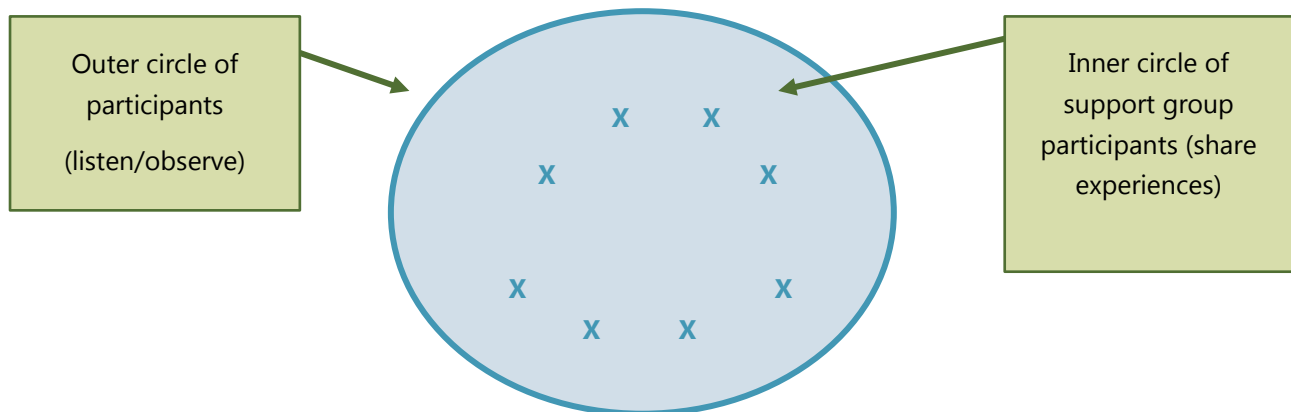
Suggested Time: 20 minutes

Instructions for Activity:

1. In plenary, facilitator writes on a flipchart the responses of the observers of the mother support group to the following questions:
 - a. What did you like about the mother support group?

- b. How was this mother support group different from an educational talk?
 - c. Were your questions answered?
 - d. Was there anything you didn't like about the mother support group?
12. Facilitator writes on a flipchart the responses of the mother support group facilitators to the same questions:
- a. What did you like about the mother support group?
 - b. How was this mother support group different from an educational talk?
 - c. Were your questions answered?
 - d. Was there anything you didn't like about the mother support group?
13. Review **Handout 2.1: Benefits of Breastfeeding for Infants and Young Children, Mothers, and Family.**
14. Discuss and summarize.

"Fish Bowl"



Handout 2.1: Benefits of Breastfeeding for Infant/Young Child, Mother and Family

Benefits of Breastmilk for the Baby

- Provides colostrum, which protects the infant from diseases and acts as a laxative cleaning the infant's stomach
- Meets all the infant's nutritional needs for the first six months
- Contains enough water for the infant's first six months
- Promotes adequate growth and development
- Enhances brain development
- Protects against diseases, especially against diarrhea and respiratory infections
- Is always clean, ready, and at the right temperature
- Is easy to digest

Benefits of Breastfeeding for the Mother

- Putting the baby to the breast immediately after birth helps expel the placenta, and reduces bleeding after delivery
- The infant's suckling stimulates uterine contractions
- Breastfeeding the infant immediately and frequently after birth:
 - stimulates milk production
 - prevents engorgement
- Stimulates bonding between a mother and her infant
- Protects against early pregnancy (promotes child spacing)
- Reduces risk of breast and ovarian cancer

Benefits of Breastfeeding for the Family

- Decreases sickness
- Decreases medical expenses
- Breastfeeding is economical
- Protects against early pregnancy
- Contributes to food security

Session 3. Characteristics of a Mother Support Group, and Role of the Facilitator

Time: 1 hour

Objectives

After completing this session, participants will be able to:

1. List the characteristics of a mother support group
2. Identify the facilitator's role in a mother support group

Preparation

- Flipchart with questions for working groups
- **Handout 3.1:** Characteristics of a Mother Support Group
- **Handout 3.2:** Observation Checklist of a Facilitator of a Mother Support Group

Learning Objective 1: List characteristics of a mother support group

Methodology: Group work

Suggested Time: 40 minutes

Instructions for Activity:

1. Divide participants into five groups.
2. Give each group flipchart paper and markers.
3. Based on the reflection and discussion of the questions in Session 2, ask each group to describe in bullet form the characteristics of a mother support group.
4. Ask one working group to present their reflections. Ask the other four groups to add any additional points.
5. Review together Handout 3.1: Characteristics of a Mother Support Group and point out characteristics that were made and those not mentioned.
6. Discuss and summarize.

Learning Objective 2: Identify the facilitator's role in a mother support group

Methodology: Group work

Suggested Time: 20 minutes

Instructions for Activity:

1. Ask participants (from the same formed groups) what they observed as the role of the mother support group facilitators:
2. Write responses on a flipchart.
3. Review together **Handout 3.2:** Observation Checklist of Facilitator of a Mother Support Group and identify the points that were made and those not mentioned.
4. Discuss and summarize.

Handout 3.1: Characteristics of a Mother Support Group

1. A safe environment of respect, attention, trust, sincerity, and empathy is crucial.

2. The group allows participants to:

- Share infant feeding experience and information.
- Mutually support each other.

Thus, participants learn from each other and are led to changing/modifying their attitudes and practices.

3. "Confidentiality" is a key principle of a mother support group: "What is said in the group stays in the group."

4. A mother support group is not a LECTURE or CLASS. All participants play an active role. The facilitator guides the discussion, but the discussion is not directed only to the facilitator: participants are also encouraged to talk to each other("cross-talk").

5. A mother support group focuses on the importance of interactive group communication. In this way, all the participants can express their ideas, knowledge, doubts, popular beliefs, myths, and experiences, and can receive and give support.

6. The seating arrangement (circle) allows all participants to have eye contact with each other.

7. The group size varies from three to twelve participants.

8. The group is facilitated by an experienced and trained facilitator/mother who listens and guides the discussion.

9. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with toddlers, fathers, caregivers, and other interested women to attend.

10. The facilitator and the participants decide the length and frequency of the meetings (number per month).

Handout 3.2: Observation Checklist of the Role of a Facilitator of a Mother Support Group

Facility/Place: _____ **Topic:** _____ **Date:** _____

Facilitator(s) Name(s): _____

Mentor/Observer's Name: _____

Role of the facilitator:	✓	Comments
1. Invites women to sit in a circle		
2. Introduces herself to the group; and asks everyone to introduce themselves		
3. Clearly explains the day's topic		
4. Explains that what is said in the group is confidential		
5. Asks questions that generate participation		
6. Motivates women to share their own experiences		
7. Motivates the quiet women to participate		
8. Applies listening and learning, and building confidence skills		
9. Guides the discussion and brings back group to the topic		
10. Invites other women to answer questions that are raised		
11. Both facilitator and participants provide feedback to group		
12. Invites women to attend the next mother support group		
13. Provides a schedule for the next mother support group		
14. Asks women to talk to a pregnant woman or breastfeeding mother before the next meeting, share what they have		
15. Thanks the women for attending the mother support group		
16. Fills out the attendance sheet on their group		

Briefly describe the mentoring feedback you provided to the facilitator:

Session 4. Behavior Change

Time: 30 minutes

Objectives

After completing this session, participants will be able to:

1. Explain why changing behavior is difficult
2. Practice identifying what behavior change stage a mother is in with regards to her infant feeding practices

Preparation

- For each group of five participants (four groups) prepare:
 - Six steps (written on separate pieces of paper): 1) doesn't know about it, 2) knows about it, 3) intends to try it, 4) tries it, 5) continues to do it, and 6) tells others about it.
 - The role of the support person (on pieces of paper of another color): provides information, encourages, reaches an agreement, praises/discusses benefits, and provides continuing support.
- **Handout 4.1:** Steps of Change Model
 - Behavior Change Communication Case Studies

Learning Objective 1: Explain why changing behavior is difficult

Methodology: Group work

Suggested Time: 15 minutes

Instructions for Activity:

1. Divide participants into four groups.
2. Give each group the six steps to behavior change: 1) doesn't know about it, 2) knows about it, 3) intends to try it, 4) tries it, 5) continues to do it, and 6) tells others about it. Ask each group to put the steps in order of what comes first and what comes last.
3. Ask participants: What helps a person to move through the different steps?
4. Ask each group to add the role of the support person: Provides information, encourages, reaches an agreement, praises/discusses benefits, and provides continuing support at the point it is appropriate in the steps.
5. The Facilitator leads a discussion of the change process asking such questions as:
 - What did you learn from this exercise?
 - Does everyone in a support group go through the stages of change at the same pace?
 - Once a person reaches a certain stage of change, do they ever regress to a prior stage?
11. Explain the terms listed in **Key Content** below.
12. Review together **Handout 4.1:** Steps of Behavior Change Model.

Key Content

Behavior = action/doing; Change = always involves motivators and barriers/obstacles; **Communication** = interpersonal, visuals, media, etc.

Behavior change communication (BCC) is any communication (e.g., interpersonal, group talks, mass media, support groups, visuals and print materials, videos) that helps foster a change in behavior in individuals, families, or communities.

Note: *Listening and Learning* skills are used throughout the entire process or steps of behavior change.

Changing behavior is VERY DIFFICULT! It is not a linear process.

Learning Objective 2: Practice identifying what behavior change stage a mother is in with regards to her infant feeding practices

Methodology: Group work/practice

Suggested Time: 15 minutes

Instructions for Activity:

1. Give each of the four formed groups three case studies. For each case study, group answers the question: "What stage of the behavior change process has the mother reached?"
2. Discuss in large group.

NOTE: Behavior change should not be limited to efforts with the mother/father/caregiver, but rather encompass the entire community of influencers.

13. Demonstrate the following:

- Amina has just had a new baby girl, and she wants to exclusively breastfeed her.
- Ask a participant to represent Amina with her baby, and come and sit in an opening of the circle.
- Ask other participants: "Who will support her? Whose support does Amina need?"

14. As participants mention different family and community members ask a participant to come and represent that person (father, grandmothers, grandfathers, siblings, aunts, cousins, midwife, doctor, nurse, religious leaders, elders, national policies, politician, etc.).

"It takes the entire community to support a mother to optimally feed her child."

Change Case Studies

1. A pregnant woman has heard new breastfeeding information, and her husband and mother-in-law also are talking about it. She is thinking about trying exclusive breastfeeding because she thinks it will be best for her child.
2. A mother has brought her 10-month-old child to weigh. The child is being fed watery porridge that the mother thinks is appropriate for the child's age. The child has lost weight. Mother is encouraged to give her child thickened porridge instead of watery porridge.

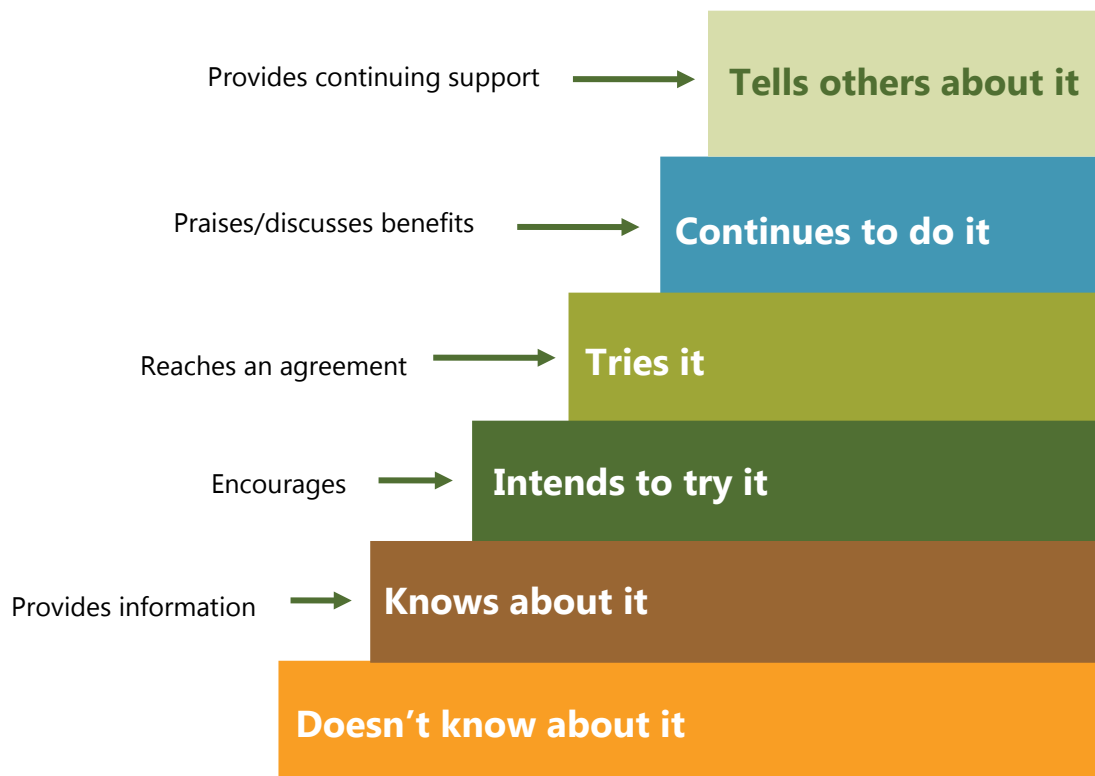
3. The past month, during a mother support group, a mother learned about gradually starting to feed her 7-month-old baby three times a day instead of just once a day, and gradually give two snacks between meals. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day.

Behavior Change Case Studies (Answer Key)

1. Intends to try it
2. Knows about it
3. Tries it

Handout 4.1: Steps of Behavior Change Model

Steps a person or group takes to change their practices



Session 5. Mother Support Group on “How to Breastfeed in the Early Days after Birth”

Time: 1 hour

Objectives

After completing this session, participants will be able to:

1. Experience participation in a mother support group
2. Share experiences and provide feedback of mother support group
3. Demonstrate the profile of a mother support group facilitator

Preparation

- **Handout 3.2:** Observation Checklist of Facilitator of Mother Support Group
- **Handout 5.1:** Positioning and Attachment
- **Handout 5.2:** Profile of a Mother Support Group Facilitator

Learning Objective 1: Experience participation in a mother support group

Methodology: Practice

Suggested Time: 40 minutes

Instructions for Activity:

1. Review together and demonstrate Handout 5.1: Positioning and Attachment.
2. Divide participants into four groups.
3. Ask each group to sit in a circle to form a mother support group on the following topic: How to breastfeed in the early days after birth – positioning & attachment, frequency, suckling.
4. Ask each group to select two facilitators to facilitate the mother support group.
5. All participants experience attendance at a mother support group.

Note: The mother support group is not a role play.

Learning Objective 2: Share experiences and provide feedback of mother support group

Methodology: Interactive discussion

Suggested Time: 20 minutes

Instructions for Activity:

1. Discussion in plenary session: reflect on the experience of attending a mother support group:
 - a. How did you feel as participant in the mother support group?
 - b. How did you feel as facilitator in the mother support group?
 - c. What did you like about the mother support group?
 - d. Were your questions answered?
15. Discussion in plenary session: reflect on the profile of the facilitator in a mother support group: "Who should be a mother support group facilitator?"
16. Write responses on flipchart.
17. Review together **Handout 5.2:** Profile of a Mother Support Group Facilitator, and compare with flipchart responses.
18. Review together **Handout 3.2:** Observation Checklist of Facilitator of a Mother Support Group, and identify the points that were made and those not mentioned.
19. Discuss and summarize.

Handout 5.1: Positioning and Attachment

1. Four key points of **positioning**:

- The baby's head and body should be **straight (in line)**.
- The baby's body should be **facing the breast (nose to nipple)**.
- The baby should be **close to the mother**.
- Mother should **support** the baby's whole body.

20. Memory aid: review the following steps:

- Slap hand on opposite forearm (demonstrating where baby's head lies).
- Slap hand on opposite palm (demonstrating where mother supports buttocks).
- Slap palm and whole arm against stomach (demonstrating that baby is close to mother and turns towards mother).
- Swing hand and arm behind waist (demonstrating that baby's hand and arm should be behind mother).

21. Review **Counseling Card 6**: Good Positioning



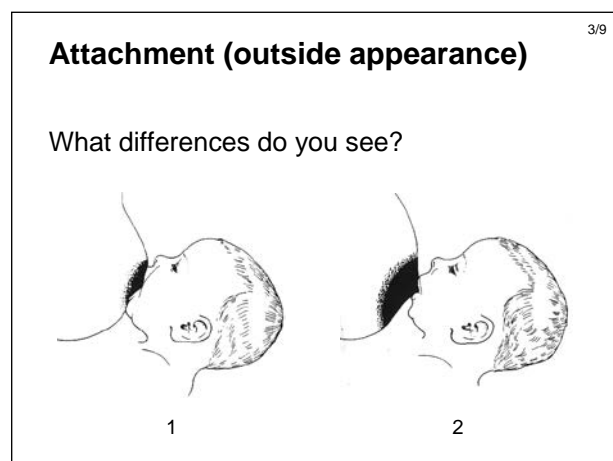
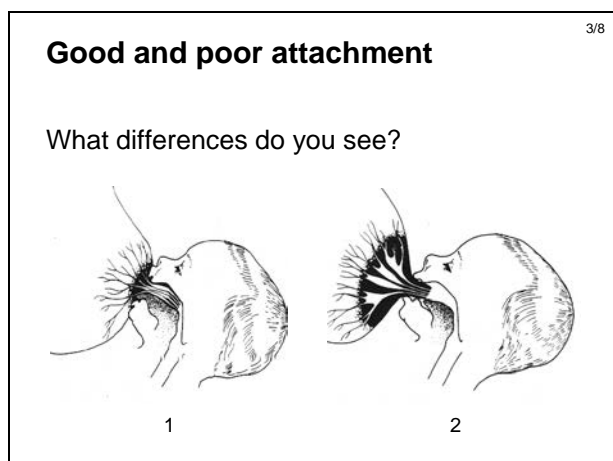
2. Four signs of **attachment**:

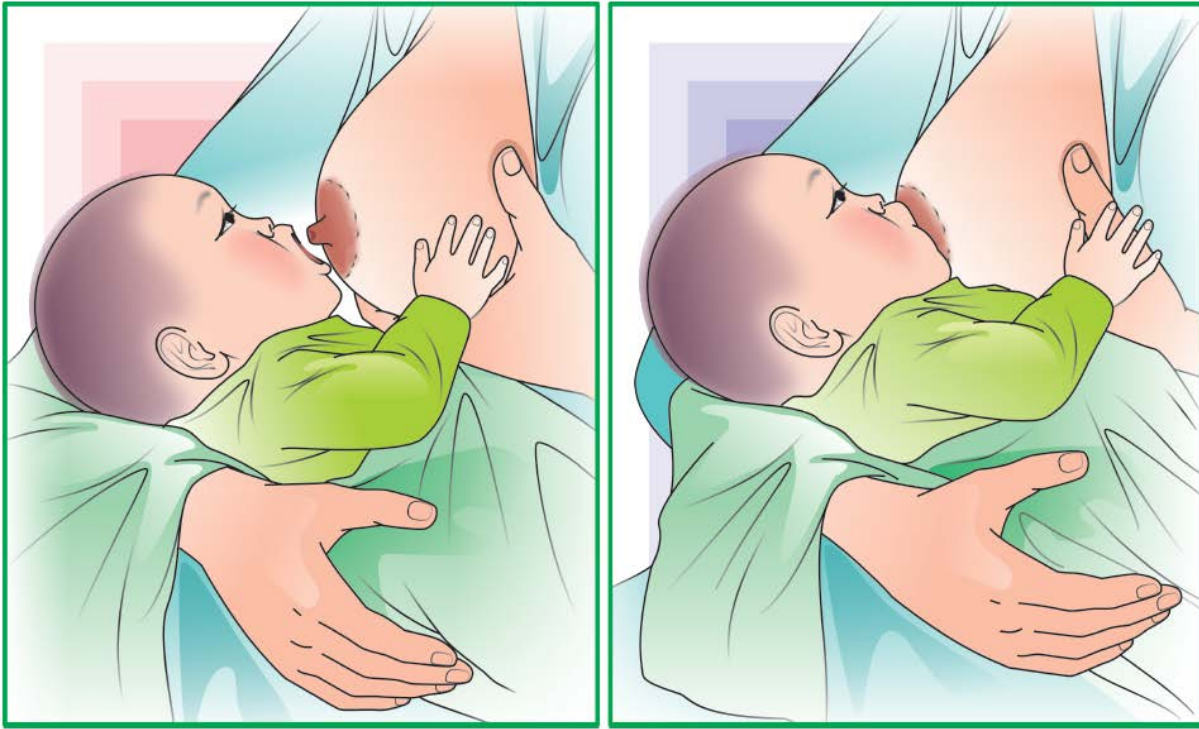
- Baby's mouth is wide open.
- Baby's lower lip is turned outwards.
- Baby's chin is touching mother's breast.
- There is more of the darker skin (areola) above the baby's top lip than below the bottom lip.

22. Memory aid: Number 1 to 4 in sequence to help participants/mothers remember the four signs of attachment. Participants/mothers can point to themselves, and name in sequence:

- Baby's mouth wide open
- Baby's lower lip turned outwards
- Baby's chin touching mother's breast
- You can see more of the darker skin (areola) above the baby's top lip than below bottom lip.

23. Review **Counseling Card 7: Good Attachment**





Handout 5.2: Profile of a Mother Support Group Facilitator

1. Initially, in maternity clinics, a health care provider (doctor, midwife, or nurse) will be responsible for mother support group work.
2. A facilitator needs to take a minimum of 20 hours training (of which 4.5 hours are practice). The training includes the following:
 - breastfeeding and complementary feeding basics
 - group dynamics and practice of conducting support groups
 - interpersonal communication skills
 - how to use materials to help change behaviors
3. Mothers with experience in breastfeeding her infant for at least one year are preferred.
4. A person who desires to share breastfeeding experiences with pregnant women and other mothers.
5. An individual with good communication skills and the ability to listen.
6. Someone who is caring, considerate, and respectful.
7. Mothers with a desire to share her breastfeeding knowledge.
8. Someone who is available to facilitate group discussions and to help other mothers outside meetings.
9. An individual with support from her husband/partner and family to be a facilitator.

In addition to all the above, the **community mother support group facilitator** needs to live in the community and be accepted by her community and health personnel.

Session 6. Review Listening & Learning skills, and Building Confidence & Giving Support skills

Time: 30 minutes

Objectives

After completing this session, participants will be able to:

1. Identify Listening and Learning skills, and Building Confidence and Giving Support skills

Preparation

- Prepare two flipcharts with the following titles: 1) Listening & Learning skills; and 2) Building Confidence and Giving Support skills
- **Handout 6.1:** Listening and Learning skills, and Building Confidence and Giving Support skills

Learning Objective 1: Identify Listening and Learning Skills, and Building Confidence and Giving Support Skills

Methodology: Brainstorming; interactive presentation

Suggested Time: 1 hour

Instructions for Activity:

1. Ask participants to brainstorm the Listening & Learning skills.
2. Write responses on flipchart with the same title.
3. Probe until each of the skills in **Handout 6.1** are mentioned.
4. Ask participants: Before you begin to facilitate a mother support group, ask yourself 'What helps to give a mother/caregiver confidence and support?'
5. Write responses on flipchart with the same title.
6. Probe until each of the skills in **Handout 6.1** are mentioned.
7. Explain that Listening and Learning skills, and Building Confidence & Giving Support skills are the first set of skills to be learned and practiced for a mother support group facilitator.
8. Review together **Handout 6.1:** Listening and Learning Skills, and Building Confidence and Giving Support skills.

Handout 6.1: Listening & Learning Skills, and Building Confidence & Giving Support Skills

Listening and Learning skills

1. Use helpful non-verbal communication:
 - keep your head level with participants of mother support group
 - pay attention (eye contact)
 - remove barriers (computer, phone, tables and notes)
 - take time

- use appropriate touch
2. Ask questions that allow participants of mother support group to give detailed information.
 3. Use responses and gestures that show interest.
 4. Listen to the concerns of participants of mother support group.
 5. Reflect back what the participants of mother support group say.
 6. Avoid using judging words.

Building Confidence and Giving Support skills

1. Accept what participants of the mother support group think and feel. To establish confidence, let the participant talk through her concerns before correcting information.
2. Recognize and praise what practices participants of mother support group are doing correctly.
3. Give practical help.
4. Provide succinct, relevant information.
5. Use simple language.
6. Make one or two suggestions, not commands.

Session 7. Review Recommended Breastfeeding Practices

Time: 1 hour

Objectives

After completing this session, participants will be able to:

1. Name ten recommended breastfeeding practices

Preparation

- Ten large cards (½ A4 size) or pieces of paper of the same size with a recommended breastfeeding practice written on each card/piece of paper
- **Handout 7.1:** Recommended Breastfeeding Practices

Learning Objective 1: Name ten recommended breastfeeding practices

Methodology: Group work

Suggested Time: 1 hour

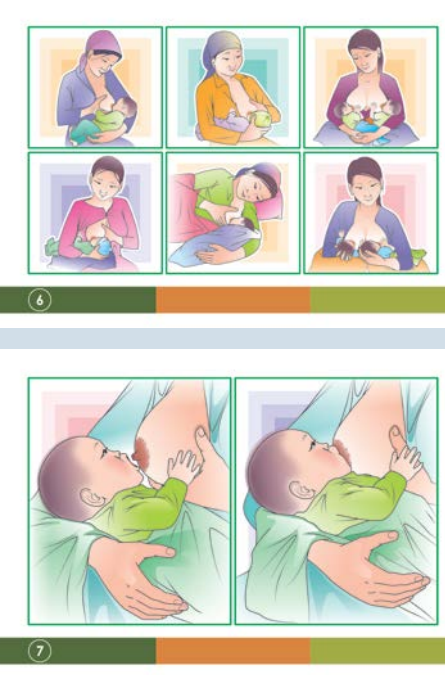

Instructions for Activity:



1. Divide participants into groups of four.
2. Ask each group to discuss and name recommended breastfeeding practices (or ask groups to write their responses on a flipchart).
3. After 10 minutes, ask each group – one by one – to name a recommended breastfeeding practice.
4. Tape recommended practice to the wall as each group mentions one.
5. Probe groups until all the recommended breastfeeding practices are mentioned and taped to a wall.
6. Leave the recommended breastfeeding practices posted in the centre of the board/flipchart for the remainder of the training.
7. Ask each group to review **Handout 7.1:** Recommended breastfeeding practices.
8. Discuss and summarize.

Handout 7.1: Recommended Breastfeeding Practices

Recommended IYCF Practice	Discussion Points
<p>Place infant skin-to-skin with mother immediately after birth.</p>  <p>Counseling Card 2</p>	<ul style="list-style-type: none"> • Skin-to-skin helps the "let down" of the colostrum/milk. • There may be no visible milk in the first hours. For some women, it even takes a day or two to experience the "let down". It is important to continue putting the baby to the breast to stimulate milk production and let down. • Colostrum is the first thick, yellowish milk that protects baby from illness. • Frequent skin-to-skin contact between mother and infant: <ul style="list-style-type: none"> ◦ leads to bonding ◦ leads to better psychomotor, affective and social development of the infant ◦ stimulates baby's brain development ◦ keeps baby warm and breathing well ◦ helps baby reach the breast easily • Left undisturbed, a newborn will spontaneously move toward mother's breast – stimulated by senses of sight and smell.
<p>Initiate breastfeeding within the first hour of birth.</p>  <p>Counseling Card 2</p>	<ul style="list-style-type: none"> • Make sure baby is well positioned and attached. • This first milk 'local word' is called colostrum. It is yellow and full of antibodies which help protect your baby. • Colostrum provides the first immunization against many diseases. • DO NOT give GLUCOSE or GRIPE WATER after birth. • Breastfeeding frequently from birth helps the baby learn to attach and helps to prevent engorgement and other complications. • Give nothing else -- no water, no infant formula, no other foods or liquids -- to the newborn. • Breastfeeding stimulates the baby's senses: touch, taste, sight, smell, hearing; comforts child; promotes baby's brain development; and stimulates his or her eye and jaw (language) development.

Recommended IYCF Practice	Discussion Points
<p>Exclusively breastfeed (no other food or drink including water) from 0 up to 6 months (<i>Counseling Cards 3 & 4</i>).</p>  <p>3</p>  <p>4</p>	<ul style="list-style-type: none"> Breast milk is all the infant needs for the first 6 months. Do not give anything else to the infant before 6 months, not even water. Breast milk contains all the water a baby needs, even in a hot climate. Giving water will fill the infant and cause less suckling; less breast milk will be produced. Water and other liquids and foods for an infant less than six months can cause diarrhea.
<p>Breastfeed frequently, day and night (<i>Counseling Card 5</i>).</p> 	<ul style="list-style-type: none"> After the first few days, most newborns want to breastfeed frequently, 8 to 12 times/day. Frequent breastfeeding helps produce lots of breast milk. Once breastfeeding is well-established, breastfeed 8 or more times day and night to continue to produce plenty of breast milk. If the baby is well attached, contented and gaining weight, the number of feeds is not important. More suckling (with good attachment) makes more breast milk.
<p>Breastfeed on demand every time the baby wants to breastfeed (CC 5).</p>  <p>5</p>	<ul style="list-style-type: none"> Crying is a <u>late</u> sign of hunger. Early signs that baby wants to breastfeed: <ul style="list-style-type: none"> restlessness opening mouth and turning head from side to side putting tongue in and out sucking on fingers or fists

Recommended IYCF Practice	Discussion Points
<p>Let infant finish one breast and come off by him/ herself before switching to the other breast.</p>	<ul style="list-style-type: none"> Switching back and forth from one breast to the other prevents the infant from getting the nutritious 'hind milk'. The 'fore milk' has more water content and quenches infant's thirst; the 'hind milk' has more fat content and satisfies the infant's hunger.
<p>Ensure good positioning and attachment (CCs 6 & 7).</p>  <p>The illustrations for CCs 6 and 7 show various breastfeeding positions and close-up details of the baby's mouth and chin touching the breast. CC 6 includes six panels showing different ways a mother can hold her baby while breastfeeding. CC 7 includes two panels showing the baby's mouth latched onto the breast, with the lower lip turned out and the chin touching the breast.</p>	<ul style="list-style-type: none"> Four signs of good positioning: baby's body should be <u>straight</u> and <u>facing</u> the breast, baby should be <u>close</u> to mother, and mother should <u>support</u> the baby's whole body, not just the neck and shoulders with her hand and forearm. Four signs of good attachment: 1) mouth open wide; 2) lower lip turned out; 3) baby's chin touching breast; 4) more areola showing above than below nipple. At the breast, the baby is positioned at just the right distance to be able to focus on mother's eyes; when mother feeds on one breast, and then change breasts for the next feed, the baby's brain is stimulated from both sides. With good attachment at the breast, the mother can see or hear the baby swallowing; baby's cheeks are rounded and not dimpled or indrawn. Mother responds with satisfaction and self-confidence.
<p>Continue breastfeeding up to 2 years of age or longer (CC 15).</p>  <p>The illustration for CC 15 shows a mother breastfeeding her child. Below this, there are several small images showing different types of complementary foods, including fruits, vegetables, grains, and proteins. There are also icons showing a mother feeding her child with a spoon and a mother holding her child, indicating the importance of continued breastfeeding alongside complementary feeding.</p>	<ul style="list-style-type: none"> Breast milk contributes a significant proportion of energy and nutrients during the complementary feeding period (from 6 up to 2 years and beyond) and helps protect babies from illness.

Recommended IYCF Practice	Discussion Points
<p>Continue breastfeeding when infant or mother is ill (CC 17).</p>  <p>17</p>	<ul style="list-style-type: none"> • Breastfeed more frequently during and after child illness (including diarrhoea). • The nutrients and immunological protection of breast milk are important to the infant when mother or infant is ill. • Breastfeeding provides comfort to a sick infant.
<p>Mother needs more food and should eat and drink to satisfy her hunger and thirst (CC 1).</p>  <p>1</p>	<ul style="list-style-type: none"> • No one special food or diet is required to provide adequate quantity or quality of breast milk. • Breast milk production is not affected by maternal diet. • No foods are forbidden. • Mothers should be encouraged to eat more food to maintain their own health - two extra small meals or “snacks” each day.

Session 8. Review: Overcoming Common Breastfeeding Conditions/Difficulties, and Insufficient Milk

Time: 1 hour

Objectives

After completing this session, participants will be able to:

- Review common breastfeeding conditions/difficulties, and insufficient milk

Preparation

- Prepare images of engorgement, sore/cracked nipples and mastitis
- **Handout 8.1:** Common Breastfeeding Conditions/Difficulties and Insufficient Milk
- **Handout 8.2:** How to Express Breastmilk and Cup Feed

Learning Objective 1: Review common breastfeeding conditions/difficulties, and insufficient milk



Methodology: Group work


Suggested Time: 1 hour

Instructions for Activity:

1. Form four groups and ask each group to discuss a common breastfeeding condition/difficulty with regards to symptoms, prevention, and solutions:
 - Engorgement (give image to group)
 - Sore/cracked nipples (give image to group)
 - Blocked ducts (that can lead to breast infection - mastitis) [give image to group]
 - Insufficient milk
7. Ask each group to present their common breastfeeding condition/difficulty.
8. Discuss and fill in gaps using **Handout 8.1:** Common Breastfeeding Conditions/ difficulties, and Insufficient Milk.
9. Review together **Handout 8.2:** How to express breastmilk and cup feed.
10. Ask the following questions.
 - What other difficulties have you or other women experienced?
 - What community resources are available for women who are breastfeeding?
11. Where and to whom can referrals be made?
12. Discuss and summarize.

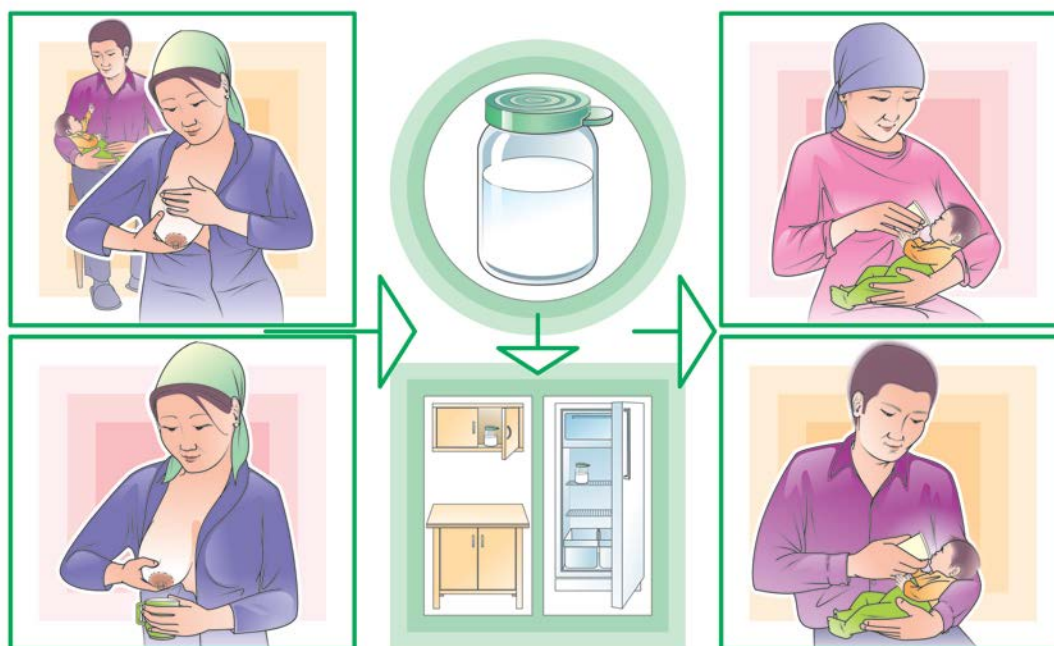
Handout 8.1: Common Breastfeeding Conditions/ Difficulties, and Insufficient Milk

Breast Condition	Prevention	Solutions
Engorgement  <p>Symptoms:</p> <ul style="list-style-type: none"> • swelling • tenderness • warmth • slight redness • pain • 24-hour fever • skin shiny, tight and nipple flattened • usually begins on the 3rd – 5th day after birth 	<ul style="list-style-type: none"> • Ensure correct attachment. • Start breastfeeding within an hour of birth. • Breastfeed frequently on demand (as often and as long as baby wants) day and night: 8 – 12 times per 24 hours. 	<ol style="list-style-type: none"> 1. Apply cold compresses to breasts to reduce swelling; apply warmth to help milk to flow. 2. Breastfeed more frequently. 3. Improve attachment. 4. Gentle stroking of breasts helps to stimulate milk flow. 5. Express milk to relieve pressure until baby can suckle. <p><i>Warmth may be warm water, shower or bath if possible, or a warm dry cloth, not necessarily a compress.</i></p>
Sore or Cracked Nipples  <p>Symptoms:</p> <ul style="list-style-type: none"> • Breast/nipple pain • Cracks across top of nipple or around base • Occasional bleeding • May become infected 	<ul style="list-style-type: none"> • Ensure correct attachment of baby. • Do not use bottles. • Do not use soap or creams on nipples. 	<ol style="list-style-type: none"> 1. Do not stop breastfeeding. 2. Improve attachment. 3. Let baby come off breast by him/herself. 4. Apply drops of breastmilk to nipples and allow to air dry. 5. Remove the baby from the breast by breaking suction first. 6. Begin to breastfeed on the side that hurts less. 7. Do not use bottles. 8. Do not use soap or cream on nipples. 9. Do not wait until the breast is full to breastfeed.

Breast Condition	Prevention	Solutions
<p>Plugged Ducts that can lead to Mastitis</p>  <p>Symptoms of Plugged Ducts:</p> <ul style="list-style-type: none"> Lump, tender, localized redness, feels well, no fever <p>Symptoms of Mastitis</p> <ul style="list-style-type: none"> Hard swelling Severe pain Redness in one area Generally not feeling well Fever <p>Sometimes a baby refuses to feed as milk tastes saltier</p>	<ul style="list-style-type: none"> Get support from the family to perform non-infant care chores. Ensure good attachment. Breastfeed on demand, and let infant finish/come off breast by him/herself. Avoid holding the breast in scissors hold. Avoid tight clothing. 	<ol style="list-style-type: none"> Do not stop breastfeeding (if milk is not removed risk of mastitis and abscess increases; let baby feed as often as s/he will). Apply warmth (water, hot towel, warm sun) . Apply gentle pressure to breast with flat of hand, rolling fingers towards nipple . Then express milk or let baby feed every 2-3 hours day and night. Hold baby in different positions and ensure good attachment. The mother should rest. Ensure that mother drinks plenty of liquids. <p>If no improvement in 24 hours:</p> <p>Refer mother for analgesics (ibuprofen, or paracetamol) and antibiotics (mastitis may have developed).</p>

Insufficient Breastmilk	Prevention	Solutions
<p>Perceived by mother</p> <ul style="list-style-type: none"> The mother thinks she does not have enough milk, The baby is restless or unsatisfied. <p>First, decide whether or not the baby is getting enough milk, based on weight and urine output.</p>	<ul style="list-style-type: none"> Start breastfeeding within an hour of birth. Keep mother and baby together. Ensure good attachment. Encourage frequent demand feeding. Let baby finish first breast first. Breastfeed exclusively day and night. Avoid bottles. Encourage use of non-estrogen family planning methods. Promote family support. 	<ol style="list-style-type: none"> Listen to mother's concerns and why she thinks she does not have enough milk. Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother's depression, baby or mother ill). Check baby's weight and urine output (if poor weight gain refer). Build mother's confidence – reassure her that she can produce enough milk. Explain what the problem may be - growth spurts Explain fore and hind milk. Check and improve attachment. Suggest stopping any supplements water, formulas, tea, or liquids. Avoid separation from baby and care of baby by others. Suggest improvements to feeding pattern. Feed baby frequently on demand, day and night. Finish the first breast first – let the baby come off the breast by him/herself. Ensure mother gets enough to drink. Promote family support.
<p>Baby not getting enough breastmilk</p> <ul style="list-style-type: none"> Insufficient weight gain Fewer than six wets/day 	<ul style="list-style-type: none"> Same as above 	<ul style="list-style-type: none"> Same as above If no improvement in weight gain after one week, refer mother and baby to nearest health post

Handout 8.2: How to Express Breastmilk and Cup Feed



9

- Wash your hands with soap and running water.
- Clean and boil the container you will use to collect your breast milk.
- Get comfortable.
- It is sometimes helpful to gently stroke 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 two fingers press a little bit in towards chest wall and then press gently 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 3-5 minutes until the flow slows, then express the 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.
- Pour just enough breast milk from the clean covered container into the feeding cup.
- 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 or her tongue. Do not pour the milk into baby's mouth.
- Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.

Session 9. Mother Support Group on “Overcoming Common Breastfeeding Difficulties”

Time: 1 hour

Objectives

After completing this session, participants will be able to:

1. Experience participation in a mother support group
2. Share experiences and provide feedback of mother support group

Preparation

- **Handout 3.2:** Observation Checklist of Facilitator of a Mother Support Group
- **Handout 8.1:** Common Breastfeeding Conditions/Difficulties and Insufficient Milk
- **Handout 8.2:** How to Express Breastmilk and Cup Feed

Learning Objective 1: Experience participation in a mother support group

Methodology: Practice

Suggested Time: 40 minutes

Instructions for Activity:

1. Divide participants into four groups.
2. Ask each group to sit in a circle to form a mother support group on the topic: Overcoming common breastfeeding difficulties.
3. Ask each group to select two facilitators to facilitate the mother support group (different than previous mother support group).
4. All participants experience attendance at a mother support group.

Note: The mother support group is not a role play.

Learning Objective 2: Share experiences and provide feedback of support group

Methodology: Interactive discussion

Suggested Time: 20 minutes

Instructions for Activity:

1. In the plenary session, discuss and reflect on the experience of attending a mother support group.
2. How did you feel as participant in the mother support group?
3. What did you learn about facilitating a support group?
4. Were your questions answered?
5. Review together **Handout 3.2: Observation Checklist of Facilitator of a Mother Support Group**, and identify the points that were made and those not mentioned.
6. If necessary, review together **Handout 8.1** and **Handout 8.2**.
7. Discuss and summarize.

Session 10. Topics and Structure of Mother Support Groups

Time: 1 hour 30 minutes

Objectives

After completing this session, participants will be able to:

1. List possible IYCF topics for mother support groups
2. Describe where, when and duration of mother support groups
3. Explain how to promote attendance at mother support groups
4. Identify components of mother support group monitoring

Preparation

- Prepare four flipcharts with the following titles:
 - IYCF Topics for a Mother Support Group
 - Where, When and Duration of Mother Support Groups
 - How to Promote Attendance at Mother Support Groups
 - What information needs to be collected in mother support groups? Why? Who collects it? Who uses it?
- **Handout 10.1:** Topics for a Mother Support Group
- **Handout 10.3:** Monitoring Form to Record Attendance at a Mother Support Group

Learning Objectives:

1. List possible IYCF topics for a mother support group.
2. Describe where, when and duration of mother support groups.
3. Explain how to promote attendance at mother support groups.
4. Identify components of mother support group monitoring form.

Methodology: Group work and rotation of flipcharts

Suggested Time: 1 hour 30 minutes

Instructions for Activity:

1. Divide participants into four groups.
2. Four flipcharts are set-up throughout the room with the following titles:
 - IYCF Topics for a mother support group
 - Where, when and duration of mother support groups
 - How to promote attendance at mother support groups?
 - What information needs to be collected in mother support groups? Why? Who collects it? Who uses it?

3. Each group has 5 minutes at each flipchart to write as many points as they can, then the groups rotate to the next flipchart and repeat the exercise (without repeating the points already listed).
4. Ask each group to present their initial flipchart.
5. Review together **Handout 10.1: IYCF Topics for a Mother Support Group**, **Handout 10.2: Location, Frequency, and Duration of Mother Support Groups**, and **Handout 10.3: Monitoring Form to Record Attendance at a Mother Support Group**.
6. Ask participants: Who can attend a mother support group? Can husbands attend?
7. Discuss and summarize.

Handout 10.1: IYCF Topics for a Mother Support Group

Four main topics of Mother Support Groups

1. Benefits of breastfeeding for infant, mother, family (one –three different topics)
2. How to breastfeed in the early days after birth - techniques and pattern of breastfeeding: attachment and positioning, frequency, suckling
3. Prevention, symptoms, and solutions of common breastfeeding conditions/difficulties: engorgement, cracked/sore nipples, blocked ducts that can lead to mastitis, and insufficient milk
4. Complementary foods after 6 months

Other possible topics

1. Special situations for breastfeeding: sick baby or mother, premature baby, low birth weight baby, kangaroo mother care, malnourished mother, twins, inverted nipples, baby who refuses to breastfeed, new pregnancy, mother away from baby
2. Support to mothers of malnourished children in in-patient therapeutic feeding centers; support to mothers of malnourished children who are being treated in community-settings
3. Beliefs/myths of breastfeeding: maternal concern about a) the effect of breastfeeding on breast size and shape; b) maternal diet and relationship to breastfeeding; and c) stress and breastfeeding
4. Working mothers: some possible solutions to help make breastfeeding feasible
5. The Lactational Amenorrhea Method (LAM)
6. Actions to help health facilities, communities and agencies become 'Baby-Friendly'

Handout 10.2: Location, Frequency, and Duration of a Mother Support Group

Location:

The meeting venue needs to be accessible to women's homes, and should be a place where pregnant women, children, and family members will feel comfortable. The place should be warm, with visible information on breastfeeding (posters, pictures, photos of children etc.). Some possible venues include:

- hospital
- health center
- religious facility

- school
- home
- under a tree

Frequency:

- Monthly, bi-monthly, or three times a month
- Schedule depends on the needs of the women – the most convenient day and time is decided upon by the group
- Day when mothers come with their babies and young children for monthly check-up

Duration:






- Meetings last between 60 to 90 minutes and are led by one or two facilitators.
- The number of participants can range from three to twelve.

Handout 10.3: Monitoring Form to Record Attendance at a Mother Support Group

Facility/Place _____ Date _____

Facilitator's Name _____ Topic _____

Place a ✓ in the appropriate box.

Name/Address/Telephone		Pregnant 	Exclusive BF 	Baby 	Father 	Grandmother 
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Totals						

Session 11. Mother Support Group on “Complementary Foods after 6 Months”

Time: 1 hour

Objectives

After completing this session, participants will be able to:

1. Experience participation in a mother support group
2. Share experiences and provide feedback about mother support groups

Preparation

- **Handout 3.2:** Observation Checklist of a Facilitator of a Mother Support Group
- **Handout 10.3:** Monitoring Form to Record Attendance at a Mother Support Group
- **Handout 11.1:** Recommended Complementary Feeding Practices

Learning Objective 1: Experience participation in a mother support group

Methodology: Practice

Suggested Time: 40 minutes

Instructions for Activity:

1. Review **Handout 11.1:** Recommended Complementary Feeding Practices. Make sure to review age appropriate, frequency, amount, thickness/texture, variety, responsive feeding, and hygiene.
2. Divide participants into four groups.
3. Ask each group to sit in a circle to form a mother support group on the topic: Complementary foods after 6 months.
4. Ask each group to select two facilitators to facilitate the mother support group (different than previous mother support group).
5. All participants experience attendance at a mother support group.

Note: The mother support group is not a role play.

Learning Objective 2: Share experiences and provide feedback of support group

Methodology: Interactive discussion

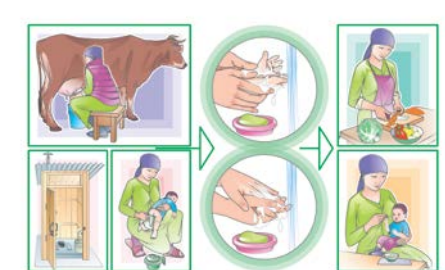
Suggested Time: 30 minutes

Instructions for Activity:

1. In the plenary session, reflect on the experience of attending a mother support group.


- a. How did you feel as a participant in the mother support group?
 - b. How did you feel as a facilitator in the mother support group?
 - c. What was the role of the facilitators?
 - d. What did you like about the mother support group?
 - e. Were your questions answered?
2. Review **Handout 3.2:** Observation Checklist of a Facilitator of a Mother Support Group.
 3. Review **Handout 10.3:** Monitoring Form to Record Attendance at a Mother Support Group.
 4. Discuss and summarize.


Handout 11.1: Recommended Complementary Feeding Practices

Recommended Complementary Feeding Practice	Possible Counseling Discussion Points
<p>After baby reaches six months of age add complementary foods (such as thick porridge 2 to 3 times a day) to breastfeeds (CCs 11 & 12).</p>  <p>11</p>	<ul style="list-style-type: none"> • Give local examples of first types of complementary foods. • When possible, use half milk and half water to cook the porridge. Breast milk can be used to moisten the porridge. • CC 11: Good hygiene (cleanliness) practices prevent disease <ul style="list-style-type: none"> ◦ Wash hands AFTER FECES (self/infant/animal) and BEFORE FOOD (eating/feeding/food prep). ◦ Feed your baby using a clean cup and spoon, not a bottle as it is difficult to clean and may cause your baby to get diarrhea. • CC 12: Start Complementary Feeding when baby reaches 6 Months
 <p>12</p>	<p>Responsive Feeding and Care Practices</p> <ul style="list-style-type: none"> • Continue breastfeeding on demand (on cue) both day and night. • Interact with baby while washing hands. • Give baby time to get used to eating foods other than breast milk. • Sit down with the child, be patient and actively encourage him/her to eat. • Sing/talk/play with the baby. • Look at baby while feeding. • Hold baby in your lap. • Do not force baby to eat.

Recommended Complementary Feeding Practice	Possible Counseling Discussion Points
<p>As baby grows older increase feeding frequency, amount, texture (thickness/consistency) and variety</p> 	<ul style="list-style-type: none"> Gradually increase the frequency, the amount, the texture (thickness/consistency), and the variety of foods, especially animal-source
<p>Complementary Feeding from 6 up to 9 months: Breastfeed plus give 2 to 3 meals and offer 1 to 2 snacks per day (CCs 13 & 16)</p>  <p>13</p>  <p>16</p>	<ul style="list-style-type: none"> When baby is 6 months old, he or she begins to eat two to three tablespoons of cooked porridge or mashed foods (give examples of cereals and family foods). At 6 months, these foods are more like 'tastes' than actual servings. The porridge is usually made with half milk and half water. Breastmilk can also be used; (a small amount of oil may also be added). Increase gradually to 12 Tb (180 ml). Show amount in cup brought by mother. Any food can be given to children after 6 months if it is mashed/ chopped. Children do not need teeth to consume foods such as eggs, meat, and green leafy vegetables CC 11: Good hygiene (cleanliness) practices prevent disease CC 13: Complementary Feeding from 6 up to 9 Months CC 16: Food variety <p>Continue with Responsive Feeding and Care Practices</p>
<p>Complementary Feeding from 9 up to 12 months: Breastfeed plus give 3 to 4 meals and offer 1 to 2 snacks per day (CC 14)</p>  <p>14</p>	<ul style="list-style-type: none"> Give finely chopped, mashed foods, and finger foods Increase gradually to 15 Tb (225 ml). Show amount in cup brought by mother. Animal source foods are very important and can be given to young children: cook well and cut into very small pieces. CC 11: Good hygiene (cleanliness) practices prevent disease CC 14: Complementary Feeding from 9 up to 12 Months CC 16: Food variety <p>Continue with Responsive Feeding and Care Practices</p>

Recommended Complementary Feeding Practice	Possible Counseling Discussion Points
<p>Complementary Feeding from 12 up to 24 months: Give 3 to 4 meals and offer 1 to 2 snacks per day, with continued breastfeeding (CC 15)</p>  <p>15</p>	<ul style="list-style-type: none"> • Give family foods • Give 20 Tb (300 ml). Show amount in cup brought by mother. • Foods given to the child must be prepared and stored in hygienic conditions to avoid diarrhoea and illness. • Food stored at room temperature should be used within two hours of preparation. • CC 11: Good hygiene (cleanliness) practices prevent disease • CC 15: Complementary Feeding from 12 up to 24 Months • CC 16: Food variety <p>Continue with Responsive Feeding and Care Practices</p>
<p>Give baby 2 to 3 different family foods: staple, legumes, vegetables/fruits, and animal foods at each serving (CC 16)</p>  <p>16</p>	<p>Try to feed different food groups at each serving. For example:</p> <ul style="list-style-type: none"> • Animal-source foods: flesh foods such as <i>chicken, fish, liver, and eggs</i> and <i>milk and milk products</i> • Staples: grains such as <i>maize, wheat, rice, corn (in season)</i> and roots and tubers such as <i>sweet potatoes, potatoes</i> • Legumes such as <i>beans, lentils, chick peas, almonds, pistachios</i>, and seeds such as <i>sesame</i> • Vitamin A-rich fruits and vegetables such as <i>apricots, dark-green leaves, carrots, yellow sweet potato and pumpkin (butternut squash)</i>, and other fruits and vegetables such as <i>banana, pineapple, watermelon, tomatoes, avocado, eggplant and cabbage</i> • Add a small amount of fat or oil to give extra energy (additional oil will not be required if fried foods are given, or if baby seems healthy/ fat). • Adding animal-source foods is extremely important. • Complementary Feeding Counseling Cards
<p>Continue breastfeeding for two years of age or longer (CC 15)</p>  <p>15</p>	<ul style="list-style-type: none"> • During the first and second years, breast milk is an important source of nutrients for your baby. • Breastfeed between meals and after meals; don't reduce the number of breastfeeds. • Complementary Feeding Counseling Cards

Recommended Complementary Feeding Practice	Possible Counseling Discussion Points
<p>Be patient and actively encourage baby to eat all his/her food.</p>	<ul style="list-style-type: none"> • At first, baby may need time to get used to eating foods other than breast milk. • Use a separate plate to feed the child to make sure he or she eats all the food given. • Complementary Feeding Counseling Cards <p>Continue with Responsive Feeding and Care Practices</p> <ul style="list-style-type: none"> • Encourage child repeatedly; face child. • Engage the child in "play" trying to make the eating session a happy and learning experience...not just an eating experience. • Make eating a happy time: in addition to making certain child is eating sufficient food (by using own plate/bowl), encourage 'conversation' by copying child's sounds/gestures. • Encourage child to learn by copying what others do: if you want your child to eat a different food, show the child by eating the food yourself or asking an older child/another family member to demonstrate eating the food for the child. Respond to baby's surprise at a new taste or texture by communicating joy/surprise/encouragement. • Accompany baby in his/her usual setting. (As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her social and affective development.) • Do not insist if the child does not want to eat. • If the child refuses to eat, wait or put it off until later. • Congratulate the child when he or she eats. • Offer new foods several times, children may not like (or accept) new foods in the first few tries. • Follow the young child's lead.
<p>Wash hands with soap and water before preparing food, eating, and feeding young children. Wash baby's hands before eating (CC 11)</p> <div data-bbox="156 1731 622 1957">  </div>	<ul style="list-style-type: none"> • Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses. • Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom. • CC 11: Good hygiene (cleanliness) practices prevent disease

Recommended Complementary Feeding Practice	Possible Counseling Discussion Points
<p>Feed baby using a clean cup and spoon.</p>	<ul style="list-style-type: none"> • Cups are easy to keep clean. • Complementary Feeding Counseling Cards
<p>Encourage the child to breastfeed more and continue eating during illness and provide extra food after illness (CC 18).</p> 	<ul style="list-style-type: none"> • Fluid and food requirements are higher during illness. • Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness. • Take advantage of the period after illness when appetite is back to make sure the child makes up for loss of appetite during sickness. • CC 18: Feeding the sick child more than 6 months of age <p>Responsive Feeding and Care Practices</p> <ul style="list-style-type: none"> • Recognize and respond to signs of childhood illness. • If child's appetite is decreased, encourage him or her to eat small frequent meals. • 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) favorite soft foods. After illness feed more food and more often than usual for at least two weeks.

Session 12. Preparation of Clinical Practice: Facilitation of a Mother Support Group

Time: 1 hour

Objectives

After completing this session, participants will be able to:

1. Review the steps of facilitating a mother support group

Preparation

- **Handout 12.1:** How to Facilitate a Mother Support Group

Learning Objective 1: Explain the steps of facilitating a mother support group

Methodology: Demonstration, buzz groups of three participants, interactive presentation

Suggested Time: 1 hour

Instructions for Activity:

2. Ask participants to count off numbers 1, 2, and 3.
3. Ask participants with number 2 to join a facilitator and sit in a circle to form a mother support group.
4. The facilitator models the role of mother support group facilitator by facilitating a mother support group, sharing their own (or wife's, mother's, sister's) experience with breastfeeding and the benefits of breastfeeding. Only those in the mother support group are permitted to talk. This is not a role play.
5. The other participants sit outside the mother support group to listen and observe.
6. After the mother support group, in plenary, distribute copies of **Handout 12.1:** How To Facilitate a Mother Support Group. The handout provides a summary of the the steps for facilitating a mother support group.
7. Form buzz groups of three participants, and ask buzz groups to check the following sections of Handout 12.1, and be prepared to comment on the facilitator's role in:
 - Welcoming participants
 - Introducing today's topic for discussion
 - Managing the content
 - Closing
8. Discuss and summarize.

Handout 12.1: How to Facilitate a Mother Support Group

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) are part of the circle and sit on same level as participants.
- Welcome all participants, including babies and young children, and thank everyone for coming.
- Introduce yourself and your and co-facilitator.
- Ask participants of the support group to introduce themselves.
- Remind participants that everything said in the group setting 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 benefits 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? If not, 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 the information-giving source (World Health Organization (WHO), United Nations Children's Emergency Fund (UNICEF), Ministry of Health (MOH) doctors, health personnel).
- Let participants know where they can receive the nearest support.
- Give advice only when asked.
- Summarize ideas during the session.
- Keep group focused on topic.
- Summarize main points at the end of the session.
- Make a note of any questions or issues that require more information; let the group know you will seek this information from an expert.

CLOSING

- Thank the participants for attending the mother support group.
- Invite women/men to attend the next mother support group meeting (place, date, time and topic).

- Ask the group participants to:
 - Talk to a pregnant woman, a breastfeeding mother or a father before the next meeting; share what they have learned during the mother support group, and report back; and
 - 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, or question

Session 13. Clinical Practice: Facilitation of Mother Support Group

Time: 2 hours 30 minutes

Objectives

After completing this session, participants will be able to:

1. Practice facilitating a mother support group in a hospital setting

Preparation

- Ahead of time, arrange with hospital(s) the invitation of pregnant women, lactating mothers and mothers with children under 2 years of age to attend the mother support groups. Be sure to provide the time, the maximum number of participants, and the specific location. If possible arrange for groups of five or six pregnant women and mothers for every two facilitator-participants.
- **Handout 3.2:** Observation Checklist of a Facilitator of a Mother Support Group
- **Handout 10.3:** Monitoring Form to Record Attendance at a Mother Support Group
- **Handout 12.1:** How to Facilitate a Mother Support Group

Learning Objective 1: Practice facilitating a mother support group

Methodology: Practice

Suggested Time: 2 hours 30 minutes (including travel)

Instructions for Activity:

1. At training site, review Listening and Learning and Building Confidence and Giving Support skills, and **Handout 12.1:** How to Facilitate a Mother Support Group.
2. Divide participants into facilitator-participant pairs.
3. These co-facilitators will facilitate the mother support groups at the hospital.
4. Choose a generic topic, such as: 'Your experience with infant and young child feeding'.
5. If the attendees are mainly pregnant women choose the topic: "Benefits of breastfeeding for infant, mother, and family." If attendees are mothers with babies over 6 months old, choose the topic: "Complementary feeding after 6 months."
6. After the mother support group, fill-in **Handout 3.2:** Observation Checklist of a Facilitator of a Mother Support Group.
7. One of the facilitators from each mother support group fills out **Handout 10.3:** Monitoring Form to Record Attendance at a Mother Support Group.
8. Discuss and summarize.

Session 14. Reflect on Strengths and Gaps of Mother Support Groups in a Hospital Setting

Time: 1 hour 30 minutes

Objectives

After completing this session, participants will be able to:

1. Identify the key strengths and gaps of mother support groups in a hospital setting.

Preparation

- **Handout 3.2:** Observation Checklist of a Facilitator of a Mother Support Group
- **Handout 10.3:** Monitoring Form to Record Attendance at a Mother Support Group

Learning Objective: Identify key strengths and gaps of mother support group in a hospital setting

Methodology: Feedback exchange

Suggested Time: 1 hour 30 minutes

Instructions for Activity:

1. Ask each participant to complete the sentence: "I am ready to facilitate a mother support group because....." Collect and read the sentences back to the participants. Open the discussion to the entire group and ask them what they learned from the practice experience.
2. Ask two mother support group facilitators: 1) How did you feel in the mother support group? 2) What difficulties did you encounter?
3. Using **Handout 3.2:** Observation Checklist of a Facilitator of a Mother Support Group, discuss the following questions: 1) How did facilitator(s) apply the Listening and Learning skills? Specify; and 2) In what ways, do you think participants in mother support groups will change their practices?
4. Are there any comments on **Handout 10.3:** Monitoring form to record attendance at a mother support group? Was it useful?
5. Participants receive and give feedback.
6. Facilitators and participants should identify key gaps that need more practice time.
7. Discuss and summarize.

Session 15. Training Plan

Time: 1 hour 30 minutes

Objective

After completing this session, participants will be able to:

1. Prepare and present oblast/district Training Action Plans

Preparation

- **Handout 15.1:** Training Plan Template for mother support group training

Learning Objective 1: Prepare and present oblast/district training plans

Methodology: Group work

Suggested Time: 1 hour 30 minutes

Instructions for Activity:

1. On the first day of training, the facilitator will have explained to participants that they would be expected to present their training plans to their fellow participants on the third day of the training. Group the participants according to where they work, and ask each group to discuss how they will begin to use this training.
2. If needed, distribute another copy of **Handout 15.1:** Training Plan Template for mother support group training to groups.
3. Ask groups, organized by oblast/district, to present their training plans.
4. Ask other participants for input and feedback.
5. Collect copies of various training plans (**Handout 15.1**).
6. Share training plans with organizing entities, health facilities, and MOH.

Handout 15.1: Training Plan Template for Mother Support Group

Activity	Target	Who	Number of participants	When	Where	Resources / Materials required/ # of copies	Responsible

Session 16. Post-Assessment and End-of-Training Evaluation

Time: 30 minutes

Objectives

After completing this session participants will be able to:

1. Identify strengths and weaknesses of participant's mother support group knowledge and skills post training
2. Conduct an evaluation of the training

Preparation

- **Handout 16.1:** Post-assessment
- **Handout 16.2:** Evaluation form

Learning Objective 1: Identify strengths and weaknesses of participants mother support group knowledge and skills post training

Methodology: Written post-assessment

Suggested Time: 15 Minutes

Instructions for Activity:

1. Pass out copies of the post-assessment (**Handout 16.1**) to the participants and ask them to complete it individually.
2. Ask participants to write their birth date on the post-assessment (to match both pre- and post-assessments).
3. Correct all the assessments, identifying topics that still cause confusion and need to be addressed.
4. Create a simple graph of the pre- and post-assessment results: questions are indicated on the x-axis and correct answers on the y-axis, using different colours for pre- and post-assessment results.
5. Share results of pre- and post-assessment with participants and compare/review the answers.

Learning Objective 2: Conduct evaluation of training

Methodology: Written evaluation

Suggested Time: 15 minutes

Instructions for Activity:

1. Explain that their suggestions will be used to improve future trainings.
2. Distribute end-of-training evaluations to participants and ask them to write their comments.
3. Have participants fill the form without writing their name on it.
4. Tick the corresponding box: unsatisfactory, good, very good.

Handout 16.1: Post-assessment (What have we learned?)

Date of birth: _____

No.	Statement	True	False
1.	During a breastfeeding mother support group, mothers share their individual breastfeeding experiences.	X	
2.	Telling a mother what to do is the best way to improve how she feeds her child.		X
3.	At four months, infants need water and other drinks in addition to breast milk.		X
4.	Correct knowledge is enough to change behavior.		X
5.	The maximum number for an effective mother support group is 10 -12 pregnant and lactating mothers.	X	
6.	A mother-to-mother support group is the same as an educational talk.		X
7.	When complementary feeding starts at six months, the first food a baby takes should have the texture or thickness/consistency of breast milk so that the young baby can swallow it easily.		X
8.	The facilitator listens and guides the mother support group discussion.	X	
9.	The main purpose of a mother support group is to teach all mothers how to feed their children.		X
10.	A lactating mother needs to eat two more meals per day than usual.	X	
11.	The facilitator of a mother support group provides all the information to the group.		X
12.	A circle is the preferred sitting arrangement for a mother support group.	X	
13.	A mother who is malnourished can still produce enough good quality breast milk for her baby.	X	
14.	It is important that the facilitator fosters an environment of ease and respect.	X	
15.	In a support group, pregnant women and lactating mothers share experiences, information and mutually support each other.	X	
16.	The more milk a baby removes from the breast, the more breast milk the mother makes.	X	
17.	An experienced mother can facilitate a mother support group.	X	
18.	A mother support group is open to male partners.	X	
19.	A mother support group facilitator must be able to answer all questions that arise during a support group meeting.		X
20.	The facilitator should ask that all comments from the participants be directed to her.		X

Handout 16.2: End-of-Training Evaluation

Place a ✓ in the box that reflects your feelings about the following:

	Unsatisfactory	Good	Very Good
Training objectives			
Methodologies used			
Materials used			
Useful in your work			
Hospital practice			

1. Which topics did you find most useful?

2. What are your suggestions to improve the training?

Other comments

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