

***Infant and Young Child Feeding
Counselling:
An Integrated Course***

Director's Guide



**World Health
Organization**

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1. Introduction to the course

1.1 Why this course is needed

The WHO and UNICEF developed The Global Strategy for Infant and Young Child Feeding in 2002 to revitalize world attention to the impact that feeding practices have on the nutritional status, growth, development, health, and survival of infants and young children. This strategy is based on the conclusions and recommendations of expert consultations, which resulted in the global public health recommendation to protect, promote and support exclusive breastfeeding for six months, and to provide safe and appropriate complementary foods with continued breastfeeding for up to two years of age or beyond.

However, many children are not fed in the recommended way. Many mothers, who initiate breastfeeding satisfactorily, often start complementary feeds or stop breastfeeding within a few weeks of delivery. In addition, many children, even those who have grown well for the first six months of life, do not receive adequate complementary feeds. This may result in malnutrition, which is an increasing problem in many countries. More than one-third of under-five children are malnourished – whether stunted, wasted, or deficient in vitamin A, iron or other micronutrients – and malnutrition contributes to more than half of the 10.6 million deaths each year among young children in developing countries.

Information on how to feed young children comes from family beliefs, community practices and information from health workers. Advertising and commercial promotion by food manufacturers is sometimes the source of information for many people, both families and health workers. It has often been difficult for health workers to discuss with families how best to feed their young children due to the confusing, and often conflicting, information available. Inadequate knowledge about how to breastfeed, the appropriate complementary foods to give, and good feeding practices are often a greater determinant of malnutrition than the availability of food.

Hence, there is an urgent need to train all those involved in infant feeding counselling, in all countries, in the skills needed to support and protect breastfeeding and good complementary feeding practices.

Messages about infant feeding have become confused over recent years with the HIV pandemic. In some countries, HIV infection amongst children is now one of the main causes of childhood death. In 90% of cases, children acquire the infection from their mothers, before or during delivery, or through breastfeeding. In 1997, WHO, UNICEF and UNAIDS issued a joint policy statement, indicating that HIV-positive women should be enabled to make a fully informed decision about feeding their infants, and supported to carry out the method of their choice. Guidelines developed in 1998 set out several feeding options to suggest to HIV-positive women. These guidelines also emphasized the need to protect, promote and support breastfeeding for those who are HIV-negative or untested, and to prevent any spillover of artificial feeding to infants of uninfected mothers. There is an urgent need to train those who work in areas where HIV is a problem to counsel women about infant feeding, according to these guidelines.

There are three existing courses available from WHO/UNICEF:

- Breastfeeding Counselling: A Training Course (5 days)
- HIV and Infant Feeding Counselling: A Training Course (3 days) [with UNAIDS]
- Complementary Feeding Counselling: A Training Course (3 days).

This 5-day *Infant and Young Child Feeding Counselling: An Integrated Course* does not set out to replace these courses. In fact, most of the material in this integrated course is taken from the three existing courses. However, it is recognized that in many situations there is simply not enough time available to allow health workers to attend all of the above courses. Given the urgency of training large numbers of health workers and counsellors, this integrated course has been developed to train those who care for mothers and young children in the basics of good infant and young child feeding.

'Counselling' is an extremely important component of this course, as it is in the three existing courses. The concept of 'counselling' is new to many people and can be difficult to translate. Some languages use the same word as 'advising'. However, counselling means more than simple advising. Often, when you advise people, you tell them what you think they should do. When you counsel, you listen to the person and help the person decide what is best for them from various options or suggestions, and you help them to have the confidence to carry out their decision. You listen to them and try to understand how they feel. This course aims to give health workers basic counselling skills so that they can help mothers and caregivers more effectively.

This course is based on a set of competencies which participants are expected to learn during training and follow-up. 'Competencies' may be a concept that is new to trainers and participants so it is important to make sure that everyone understands what this means (See Section 1.4).

This course can be used to complement existing courses such as *Integrated Management of Childhood Illness (IMCI)*. This course could also be used as part of the pre-service training of health workers.

This course does NOT prepare people to have responsibility for the nutritional care of young children with severe malnutrition or nutrition-related diseases such as diabetes or metabolic problems. Participants are encouraged to refer young children for further services and care as necessary. In addition this course does not prepare people to conduct full voluntary confidential counselling and HIV testing – which includes pre-test and post-test counselling for HIV, and follow-up support for those living with HIV. This course covers only aspects specifically related to infant feeding.

1.2 Target audience

This course is aimed at the following groups of people:

- Lay counsellors
- Community health workers
- PMTCT counsellors (first level counsellors at district level)
- Primary Health Care nurses and doctors – especially if supervising and/or a referral level for lay counsellors, community health workers or PMTCT counsellors
- Clinicians at first referral level

Course participants are not expected to have any prior knowledge of infant feeding.

People who are expected to have a more specialized knowledge of infant feeding should participate in the individual, as opposed to integrated, infant and young child feeding courses:

- Breastfeeding Counselling: a Training course
- HIV and Infant Feeding Counselling: a Training Course
- Complementary Feeding Counselling: a Training Course.

One trainer is required for every three to four participants on the course. This is essential for the practical work and counselling sessions so that each participant has the chance to practise as much as possible (See Section 3.1 for details on the selection of trainers).

1.3 Course objectives

After completing this course, participants will be able to counsel and support mothers to carry out WHO/UNICEF recommended feeding practices for their infants and young children from birth up to 24 months of age, and to counsel and support HIV-infected mothers to choose and carry out an appropriate feeding method for the first two years of life.

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