

HIV AND INFANT FEEDING COUNSELLING TOOLS



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Update note

A technical consultation on HIV and infant feeding in October 2006 reviewed recent evidence and experience. The main recommendations now include:

- The most appropriate infant feeding option for an HIV-infected mother depends on her individual circumstances, including her health status and the local situation, and should consider the health services available and the counselling and support she is likely to receive.
- Exclusive breastfeeding is recommended for HIV-infected women for the first 6 months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) for them and their infants before that time.
- When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected women is recommended.

For further details, the Consensus Statement and Report of the Consultation are available at:

http://www.who.int/child_adolescent_health/documents/en/

The implications of the conclusions of the meeting for the present publication include:

- Exclusive breastfeeding DOES carry a lower risk of HIV transmission than mixed feeding.
- If an HIV-infected woman decides to breastfeed, it is recommended that she do so for six months (or until AFASS conditions are present).
- If a breastfed infant is found to be HIV-infected, breastfeeding should continue.
- If at six months it is still not appropriate for a woman to stop breastfeeding (i.e. she has no milk or other animal source food to feed the baby appropriately) then she should continue to breastfeed.
- The counselling process may be simplified for infants 0 to 6 months of age: in Step 2, only the two main options (infant formula or exclusive breastfeeding) need be discussed. Only if neither of these options is suitable, or the woman expresses interest in another option, would the counsellor discuss further options.
- Home-modified animal milk is no longer considered as an acceptable replacement feeding option for the whole first six months of life. For women who choose replacement feeding, home-modified animal milk should only be used for short times when commercial infant formula is not available.

I. Introduction

The fourth Millennium Development Goal (MDG) — to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate — is ambitious, but achievable. Currently, more than 10 million children under five die each year, four million of them in the first month. It is estimated that around two-thirds of these child deaths could be prevented by increasing coverage of a handful of existing, relatively low-tech and inexpensive interventions. Promoting breastfeeding is key among these interventions. MDG 7 — to have halted by 2015 and begun to reverse the spread of HIV/AIDS — is also closely linked to this issue. Governments and donors must greatly increase their commitment and resources for implementation of the Global Strategy for Infant and Young Child Feeding and the United Nations (UN) HIV and Infant Feeding Framework for Priority Action in order to effectively prevent postnatal HIV infections, improve HIV-free survival and achieve the relevant global goals.

Currently, an estimated 5–20% of infants born to HIV-infected women are infected through breastfeeding. The most recent UN recommendations for HIV infected mothers¹ state that

- The most appropriate infant feeding option for an HIV-infected mother should continue to depend on her individual circumstances, including her health status and the local situation, but should take greater consideration of the health services available and the counselling and support she is likely to receive.
- Exclusive breastfeeding is recommended for HIV-infected women for the first six months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) for them and their infants before that time.
- When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected women is recommended.

To provide practical guidance for countries, WHO has developed a comprehensive set of policy documents, training materials and job aids for national planning and implementation.

The *HIV and Infant Feeding Counselling Tools* are designed as job aids to help counsellors give HIV-positive mothers **information** about the risks and benefits of various feeding options, **guidance** in selecting the most suitable option for their situation and **support** to carry out their decision. The tools consist of the following elements:

- A **reference guide**, which contains an overview of the tools and the counselling process, in addition to technical information on HIV and infant feeding for counsellors;
- A **flipchart** that includes a flow chart illustrating the counselling process and counselling cards to be used during one-to-one counselling sessions with pregnant women and/or mothers;
- **Take-home flyers** for mothers on how to practise the chosen feeding option safely;
- This suggested **orientation guide** for health-care managers to train infant feeding counsellors on how to use the tools.

¹ WHO, for the Inter-Agency Task Team, HIV and Infant Feeding Technical Consultation Consensus Statement, 2006, World Health Organization, Geneva, http://www.who.int/child_adolescent_health/documents/if_consensus/en/index.html

This orientation is designed for health workers or counsellors who counsel HIV-positive women on infant feeding issues in the context of programmes for the prevention of HIV infection in infants and young children.

The participants should be experienced counsellors who have received prior training in both breastfeeding and HIV and infant feeding counselling through courses such as the *WHO/UNICEF Breastfeeding Counselling: A training course* and the *WHO/UNAIDS/UNICEF HIV and Infant Feeding Counselling: A training course*. Alternatively, they should have been trained on the *WHO/UNICEF Infant Feeding Counselling: An integrated course*. It is recognized that participants in the orientation may have varying amounts of counselling experience. In order to accommodate participants with different levels of expertise, two versions of the orientation have been designed:

- **The one-day orientation** is suggested for experienced counsellors who have been recently trained on infant feeding counselling and who counsel HIV-positive women on a regular basis. It can also be used as a follow-up session after having been trained on the *Infant Feeding Counselling: An integrated course*.
- **The two-day orientation** is suggested for counsellors with less HIV and infant feeding counselling experience. It is also suggested for counsellors who may be “out of practice” because they were trained a long time ago or they have not counselled mothers recently.

This Orientation Guide was developed in response to findings from the field test of the HIV and Infant Feeding Counselling Cards (June 2003) and the recommendations of the meeting “HIV and Infant Feeding Counselling: From Research to Practice” (WHO, Geneva, 15-16 November 2004). Its content is expected to be valid for the next five years.

II. Orientation Objectives

Both versions of the orientation have similar objectives. By the end of the orientation, participants will be able to:

1. Describe the HIV and infant feeding counselling process;
2. Identify the various components of the counselling tools; and
3. Use the tools effectively.

This training is NOT designed to replace training on HIV and infant feeding counselling. The job aids are designed for trained counsellors who already have a solid knowledge of HIV and infant feeding issues. Therefore, the orientation does not cover technical content related to these issues, nor does it cover basic counselling competencies.

III. Participants and Trainers

This orientation is designed for up to 24 participants, although the ideal number is 12-16 participants due to the participatory nature of the workshop. There should be one trainer for every four to six participants on the orientation. This is essential for the practical work so that each participant has the chance to practise as much as possible and to receive immediate feedback from the trainer. The trainers should have a high level of expertise in breastfeeding counselling, HIV and infant feeding counselling, and adult learning methods.

IV. Tailoring the Orientation

Before conducting the orientation, the trainer needs to find out which infant feeding methods are recommended by the Ministry of Health for that country to ensure consistency with national policy. The trainers may need to find out which of the recommended methods are actually practised by the local populations in the geographic areas where the counsellors are working. There may be variations within a country. For example, wet-nursing may be practised by one ethnic group, but not another. This information can usually be obtained by consulting the national policy on HIV and infant feeding and Ministry of Health guidelines.

Infant feeding methods that are *not* practised or recommended should *not* be included during the orientation. The trainer can point out that this information is included in the tools, but these methods need not be mentioned in the role plays or demonstrations. Role plays and demonstrations should only focus on methods that are practised and recommended in that setting.

V. Materials Needed

- One set of counselling tools per participant (reference guide, counselling cards and take-home flyers)
- Flipchart and flipchart paper
- One check list with counselling skills per participant
- Markers
- Masking tape (or other tape suitable for posting flipchart paper on the wall)
- Supplies for preparing infant formula:
 - Tin of locally-available formula
 - Clean water
 - Small stove and fuel
 - Small cup for feeding
 - 60ml container
 - Teaspoon
 - Container for measuring water
 - Pots (one large and one small)
 - Soap, sponge and basin for washing

- Additional supplies for preparing animal milk
 - Animal milk
 - Sugar
 - Micronutrient supplements for infants

NOTE: Animal milk supplies are necessary **only** if appropriate micronutrient supplements for infants are locally available – See the Reference Guide for a description of appropriate micronutrients.

Photocopies:

- Annex 1: Steps of the counselling process (1 set for each group of 3 participants)
- Annex 2: Counselling skills checklist (one copy per participant)
- Copies of counselling scenarios on pp. 24-25 (See the note in the session “Helping the Mother to Choose a Feeding Method” regarding the choice of scenarios)

VI. Suggested Agenda

Below are suggested agendas for both the one-day and the two-day orientations. The specific times can be adapted according to the local situation.

ONE-DAY ORIENTATION

Time needed	Sessions
45 minutes	Session 1: Overview of the Tools
1-1/2 hours	Session 2: Counselling Process
15 minutes	Coffee/tea break
1 hour	Session 3: Assessing the Mother's Situation
1 hour	Lunch
1-1/2 hours	Session 4: Helping the Mother to Choose a Method
15 minutes	Coffee/tea break
1-1/2 hours	Session 5: Teaching the Mother how to Practise a Method
15 minutes	Orientation Evaluation and Closure

TWO-DAY ORIENTATION

Day 1

Time needed	Sessions
1 hour	Session 1: Overview of the Tools
1 hour	Session 2: Counselling Process
15 minutes	Coffee/tea break
1 hour	Session 2 (cont'd): Counselling Process
1 hour	Lunch
1 hour	Session 3: Getting to Know the Tools
1 hour	Session 4: Assessing the Mother's Situation
15 minutes	Coffee/tea break
1 hour	Session 4 (cont'd): Assessing the Mother's Situation

Day 2

Time needed	Sessions
2 hours	Session 5: Helping the Mother to Choose a Feeding Method
15 minutes	Coffee/tea break
30 minutes	Session 5 (cont'd): Helping the Mother to Choose a Feeding Method
1 hour	Session 6: Feeding Preparation
1 hour	Lunch
75 minutes	Session 7: COUNSELLING PRACTICE: Teaching the Mother how to Practise a Method
15 minutes	Coffee/tea break
45 minutes	Session 7 (cont'd): COUNSELLING PRACTICE: Teaching the Mother how to Practise a Method
15 minutes	Orientation Evaluation and Closure

Agenda

Time needed	Sessions
45 minutes	Session 1: Overview of the Tools
1-1/2 hours	Session 2: Counselling Process
15 minutes	Coffee/tea break
1 hour	Session 3: Assessing the Mother's Situation
1 hour	Lunch
1-1/2 hours	Session 4: Helping the Mother to Choose a Method
15 minutes	Coffee/tea break
1-1/2 hours	Session 5: Teaching the Mother how to Practise a Method
15 minutes	Orientation Evaluation and Closure

Session 1

Overview of the Tools

Objectives

At the end of this session, participants will have:

- Introduced themselves to each other
- Reviewed the workshop objectives
- Reviewed the counselling tool components

Session Outline

Total time – 45 minutes

I. Participant introductions and workshop objectives	15 minutes
II. Overview of counselling tools	30 minutes

Preparation

- Distribute to each participant: 1 copy of the flipchart (which includes the Flow Chart and all the counselling cards) and one set of take-home flyers.
***NOTE:** These tools should be distributed before the orientation and participants should be asked to read them before this session.*
 - Write the workshop objectives on the flipchart.
-

As you follow the text, remember:

- indicates an instruction to you, the trainer
 - indicates what you say to participants

I. Participant introductions and workshop objectives (15 minutes)

- Welcome participants and have them introduce themselves.
- Refer to the flipchart and read out the objectives for the workshop.

Workshop objectives

By the end of this workshop, participants will be able to:

- List the steps involved in the HIV and infant feeding counselling process
- Identify the various components of the counselling tools
- Use the tools effectively

II. Overview of Counselling Tools (30 minutes)

- Ask the participants to look at their tools. Introduce the tools as follows:
 - In this session we will review the tools available, which can be used when counselling women about infant feeding decisions.
 - The first set of tools is a **flipchart** that includes a flow chart illustrating the counselling process and counselling cards to be used during one-to-one sessions with pregnant women and/or mothers. Please look through the flipchart with me:
 - The first page is a **Flow Chart** of the recommended steps to follow for HIV and infant feeding counselling. On the left-hand side there are some simple instructions for how to use the flow chart, depending on the type of session (first session, follow-up) and whether the woman is pregnant or her baby is already born. Each of the cards we will now look at has a step number which fits in with the steps on the Flow Chart.
 - **Card 1** is called 'The risk of mother-to-child transmission'. Use this card to help you to explain to a woman the chances of her child being infected. Remember, if all the mothers of the babies shown are HIV-positive, three of the babies are likely to get HIV through breastfeeding.
 - **Cards 2-6** illustrate the feeding options. Each card shows the advantages and disadvantages of one option.
 - **Card 2** is called 'Advantages and disadvantages of commercial infant formula'.
 - **Card 3** is called 'Advantages and disadvantages of exclusive breastfeeding'.
 - **Card 4** shows 'Advantages and disadvantages of expressing and heat-treating breast milk'.
 - **Card 5** shows 'Advantages and disadvantages of wet-nursing'.
 - **Card 6** shows 'Advantages and disadvantages of home-modified animal milk'.

- **Card 7** helps you to assess the mother's home situation in order to determine which feeding method might be most suitable for her. It is important to remember that a woman may choose one method to start with and then later change to another, depending on whether the conditions for replacement feeding are present.
- **Cards 8-15** give instructions for practising the different feeding methods.
- **Card 16** contains questions to ask mothers when they come in for follow-up visits if their babies are less than 6 months old.
- **Card 17** provides mothers with guidance for how to stop breastfeeding early.
- **Cards 18-20** discuss feeding for babies 6-24 months old.

You will get to review the content of these cards in more detail in the sessions to come.

- The second tool is a set of **take-home flyers** for mothers on how to practise safely the chosen feeding options. These are what you will use during the counselling session to explain to mothers how to practise the feeding option they have chosen.
- The third tool is a **reference guide** to provide additional technical information for you, the counsellors.
- The cards reflect the human-rights based approach that HIV-positive mothers have the right to receive complete information about the advantages and disadvantages of different infant feeding options and to make their own decisions about how to feed their children.

Session 2

Counselling Process

Objectives

At the end of this session, participants will have:

- Reviewed the HIV and infant feeding counselling process
- Observed a demonstration of how to use the tools
- Review basic counselling skills

Session Outline

Total time – 1-1/2 hours

I. Counselling process	45 minutes
II. Demonstration	30 minutes
III. Review of basic counselling skills	15 minutes

Preparation

- Write the session objectives on a flipchart.
 - Photocopy the steps of the Counselling Flow Chart (Annex 1) and cut them into rectangles. There should be one set of steps for each group of three participants.
 - Write instructions for the learning activities on a flipchart.
 - Choose a participant to conduct the demonstration with you. Give her a copy of the demonstration ahead of time to read.
 - Make copies of the Counselling Skills Checklist (Annex 2).
-

As you follow the text, remember:

- *indicates an instruction to you, the trainer*
 - indicates what you say to participants

I. Counselling Process (45 minutes)

- ❑ Introduce the session and the objectives.
- ❑ Divide participants into groups of three. Give each group a set of cards with the Counselling Steps. Instruct them to put the cards into order. Tell them to imagine that they are counselling an HIV-positive woman who is 8 months pregnant. Allow them 10 minutes to complete the task, and tell them that they should not consult the flipchart.
- ❑ Bring the groups back together and ask one group to present their steps. Ask the other groups if they have any cards in a different order.
- ❑ Refer participants to the flow chart and discuss the steps. Next, discuss how the steps would be different in the following scenarios:
 - HIV-positive woman who is only 4 months pregnant
 - HIV-positive woman who has a 3-week old baby
 - Follow-up visit after a woman has begun practising a feeding method
 - Pregnant woman who thinks she is HIV-positive and wants to formula-feed

Refer participants back to the flow chart for instructions on how to handle each of these scenarios.

II. Demonstration (30 minutes)

- ❑ Using the script below, conduct a demonstration of an initial counselling session with a pregnant woman. You should play the counsellor, and one of the participants can play the mother. Afterwards, ask participants if they have any questions about how the tools are used.

We will now see a demonstration of how to use these tools. Imagine that a pregnant woman has recently tested positive for HIV. She has come to see the counsellor to discuss her options for feeding her baby.

First we will see the opening of the counselling session, before the counsellor reaches Step 1.

Counsellor: Hello Mrs Thank you for coming to talk to me about ways you could feed your baby. We want to help you to make a choice which is best for you, in your situation, and which gives the best chance for your baby to remain healthy.

COMMENT: Here the counsellor introduces the session, explaining that the purpose is to help the mother to make an appropriate feeding choice. The counsellor also emphasizes the idea that we want a healthy baby. In many cases we have to balance the risks of HIV transmission with the risk of a baby getting very sick from diarrhoea or pneumonia.

Now we will see the counsellor moving to Step 1: “Explain the risks of mother-to-child transmission”.

Counsellor: What have you heard about the ways in which HIV can be transmitted from a mother to her baby?

Mother: Well, I know that the baby can be infected during birth, and if I choose to breastfeed.

Counsellor: It is true that babies may get HIV in these ways. Let me show you a picture which may help you to understand.

COMMENT: *The counsellor shows CARD #1.*

Counsellor: What do you see in this picture?

Mother: I see some babies, and some of them have different-coloured shirts on.

Counsellor: This card shows 20 babies born to HIV-positive women. As you mentioned, HIV can be passed to the baby at 3 stages: during the time you are pregnant, during delivery and during breastfeeding. The babies with white shirts are the babies that will NOT be infected at all. The babies with black shirts were already infected with HIV through pregnancy and delivery. The babies with grey shirts are the ones who may be infected with HIV through breastfeeding.

Mother: So don't all babies get HIV through breastfeeding?

Counsellor: No – as you see most of them will not be infected. Some things can increase the risk of passing HIV through breastfeeding. For example, there is a higher chance if you have been recently infected with HIV or if you breastfeed for a long time. There are ways of reducing the risk of transmission by practising a feeding option that is appropriate for your situation. What other questions do you have about what I have just told you?

Mrs. E: I think I understand. I am relieved to hear that not all babies are infected through breastfeeding.

COMMENT: *How did the counsellor introduce the risk of mother-to-child transmission? Wait for a few replies, and then explain:*

She used an open question to assess the mother's understanding of the risk. She said: “What have you heard of the ways in which HIV can be transmitted from a mother to her baby?”

This is a useful way to introduce the concept of risk.

Now the counsellor moves to Step 2 of the Flow Chart: She will explain the advantages and disadvantages of different feeding options starting with the mother's initial preference.

Counsellor: There are various ways you could feed your baby. Is there any particular way you have thought of?

Mother: Well, now I know not all babies are infected through breastfeeding, can we talk about that first, as I breastfed my other children?

Counsellor: Yes, what do you see in this picture?

Mother: I see a mother breastfeeding her baby, and someone trying to give her a baby bottle. The mother seems to be refusing.

Counsellor: Yes, this is about exclusive breastfeeding. What do you think exclusive breastfeeding means?

Mother: Well, I'm not sure, but I saw something about it on a poster once.

Counsellor: Yes, there are a lot of posters about exclusive breastfeeding these days. Exclusive breastfeeding means giving only breast milk and no other drinks or foods, not even water. Exclusive breastfeeding for the first few months may lower the risk of passing HIV, compared to mixed feeding. Breastfeeding is a perfect food because it protects against many illnesses. Also, it prevents a new pregnancy. On the other hand, as long as you breastfeed, there's some chance that your baby might get HIV.

COMMENT: At this stage the counsellor would go through the other advantages and disadvantages of exclusive breastfeeding with the mother using CARD #3.

Counsellor: How do you feel about breastfeeding now?

Mother: Oh, well, I could think about it. I'd still be worried about the baby getting HIV, though.

COMMENT: The counsellor then covers other feeding options.

Counsellor: Well there are several other ways of feeding your baby you may like to think about. You could breastfeed and then stop early, you could use formula bought from a store or you could make home-prepared formula. There are also other ways to make your breast milk safe.

COMMENT: Only mention the methods that are practised and feasible in this community.

Mother: Oh, I didn't know there were so many ways. I just thought I would have to use formula, but I didn't know.

Counsellor: Yes, there are a number of possibilities. Which one would you like to hear more about?

Mother: Well, maybe using the infant formula.

Counsellor: That's fine. Let me show you another card.

COMMENT: *The counsellor will discuss the questions and messages on card #2, using counselling skills.*

Counsellor: How do you feel about infant formula?

Mother: I'm not sure. It is hard for me to come and get the formula every month. And my husband really wants me to breastfeed.

COMMENT: *The counsellor would discuss the options which are suitable and appropriate for the local area with the mother.*

It is important to be led by the mother's preferences, and not to overwhelm her with information in a series of lists. Leave time for a mother to ask questions and check she understands what is being discussed.

Imagine the different feeding options have been discussed with a mother. Now the counsellor moves to Step 3: "Explore with the mother her home and family situation", using Card 7.

Counsellor: We've just discussed the advantages and disadvantages of different feeding methods. After hearing all of this information, which method are you most interested in trying?

Mother: I would like to use formula, since they give it for free here at the clinic.

COMMENT: *Note that this is not the final decision by the mother. She may change her mind at a later stage.*

Counsellor: Let's think together about the things you will need in order for you to decide if formula is the best choice for you.

Mother: Yes, okay.

COMMENT: *The counsellor shows Card #7.*

Counsellor: Where do you get your drinking water?

Mother: We have a tap in our kitchen with clean water.

Counsellor: That's good – you need clean water to make formula. Can you prepare each feed with boiled water and utensils?

Mother: That seems like too much work. Do I need to boil the water each time if we have clean water in the sink?

Counsellor: Yes, it's recommended.

Mother: Okay, well then... I guess I could manage. I could ask my niece to help me.

Counsellor: That's good. What about preparing formula at night? Would you be able to do this two or three times each night?

Mother: Can't I just prepare it before I go to bed and then just keep the bottle near the bed and use it all night?

Counsellor: I understand why this might seem easier, but babies may get very sick if formula is not prepared fresh for each feed. Perhaps we could talk about the cost of formula now.

Mother: Oh, but I thought it was free.

Counsellor: Even though you're getting the formula for free, you may run out before you can get more, or the clinic might temporarily run out. Formula costs about _____ per tin (INSERT LOCAL COST). If you had to buy 3 or 4 tins, could you afford to do this?

Mother: Yes, my husband has steady work. We could find the money if we need to.

Counsellor: That's good. The cost is not too much of a problem if your husband is working. Does your husband know that you are HIV-positive?

Mother: Yes, he does. He's HIV-positive too.

Counsellor: It must be difficult for you, but it can be helpful that you both know. What about the rest of your family?

Mother: We haven't told anybody else. We are afraid of what they might say.

Counsellor: Oh, that must be a worry. In this case, how will your family feel if you don't breastfeed?

Mother: My mother-in-law might get upset, since she breastfed all of her children. She really thinks it's the best thing to do.

Counsellor: What reason do you think you could give her for why you don't want to breastfeed?

Mother: Maybe I could tell her that I am taking some medicine which affects the breast milk. That happened to our neighbour last year.

Counsellor: Do you think that your mother-in-law would accept this explanation? Or would she insist that you breastfeed?

Mother: I think that she would accept it. That neighbour is a friend of hers, and her baby is doing okay.

COMMENT: At this stage the counsellor would ask the mother if she would like to go through any other feeding options and whether she has any questions. The counsellor then moves to Step 4: "Help the mother choose an appropriate feeding option".

Counsellor: We have talked about many things today. After all we have discussed, what are your thoughts about how you might like to feed your new baby?

Mother: I am so confused. There seem to be good things and bad things about each feeding option for me. What would *you* suggest that I do?

Counsellor: Well let's think through the different ways, looking at your situation. You have breastfed your other children and your mother-in-law wants you to breastfeed.

Mother: Yes, she does.

Counsellor: Also, your husband knows that you are HIV-positive, so perhaps he could support you to exclusively breastfeed.....On the other hand you do have all the things needed for you to be able to prepare formula feeds safely. You have clean water, fuel, and money to buy the formula.

Mother: That's right.

Counsellor: As your husband knows your status, he could help to support you with your decision and perhaps talk to his mother.

Mother: Hmmm. I would like to think about this more and discuss it with my husband. But I think I would like to formula-feed this baby. I could explain to my husband about what you have said. I think he'll understand.

COMMENT: The counsellor did not tell the woman what to do. She summarized the reasons why the different feeding options would be suitable for her. The woman made an initial choice, but will go home to discuss this with her husband. The counsellor would then go on to Step 5 – explain how to practise the chosen feeding option and provide a take-home flyer.

III. Review of basic counselling skills (15 minutes)

- ❑ Using the Counselling Skills Checklist (Annex 2), do a quick review of basic counselling skills with participants. This should be a review from previous courses they have attended.

Session 3

Assessing the Mother's Situation

Objectives

At the end of this session, participants will have:

- Identified aspects of a mother's situation that need to be assessed when determining which feeding option might be most appropriate for her situation
- Reviewed Card 7 "Assessing the mother's situation"
- Conducted role plays to assess the mother's situation

Session Outline

Total time – 1 hour

I. What to assess?	15 minutes
II. Card 7 "Assessing the mother's situation"	15 minutes
III. Role plays	30 minutes

Preparation

- Write the session objectives on a flipchart.

As you follow the text, remember:

- indicates an instruction to you, the trainer*
 - indicates what you say to participants

I. What to assess? (15 minutes)

- ❑ Introduce the session and the objectives.

- ❑ Ask participants to brainstorm about aspects of a situation that a counsellor would need to assess in order to determine the feeding method that would be most suitable for her situation. Write their responses on a flipchart.
 - The following aspects of a mother's situation need to be assessed:
 - **Source of drinking water:** If a mother does not have access to clean drinking water, then it will be hard for her to safely prepare infant formula or home-modified animal milk.
 - **Type of latrine:** The type of latrine in the mother's home will give you an idea of the sanitation/hygiene situation.
 - **Money available for formula for each month:** By asking a mother how much money she would have available for formula each month, you will see if she is able to purchase it on a regular basis. Even if she is receiving formula for free, she may need to purchase it if there is a stock rupture at the health centre, and she will need to consider what to do when the infant is older and she no longer receives free supplies.
 - **Transportation money:** Even if a mother receives formula for free, she may need money to take transportation to obtain the formula when it runs out. If she doesn't have any spare money for transportation, it may be hard for her to replace her formula stock before she runs out.
 - **Refrigerator:** A refrigerator makes it easier to store formula, expressed breast milk and home-modified animal milk.
 - **Feed preparation:** A mother needs to have access to boiled water and clean utensils in order to be able to prepare formula or home-modified animal milk in a hygienic manner. She also needs clean utensils if she is planning to express and heat her breast milk.
 - **Night feeds:** It's important to assess whether a mother can get up and prepare feeds multiple times during the night. If this is not possible, then it will be hard for her to successfully formula feed, prepare animal milk or express and heat-treat her breast milk. Alternatively, she could store hot boiled water in a thermos flask and mix formula during the night.
 - **Disclosure of her HIV status:** If a woman's family knows that she is HIV positive, then it will be easier for her to replacement feed than if they do not know.
 - **Family support:** If her family is willing to help her with replacement feeding, then it will be much more feasible for her to practise than if she has to do it all alone.

II. Card 7. Assessing a mother's situation (15 minutes)

- ❑ Ask participants to look at Card 7, which contains a table with questions and possible answers. Explain the following points:
 - The table shown in Card 7 should be used with pregnant women or mothers who are being counselled for the first time or who are thinking of changing their feeding option. It helps the counsellor explore the woman's living conditions in order to help her choose the most suitable method for her situation.
 - The first step is to ask the woman all the questions in the left-hand column. For example: *Where do you get your drinking water?*
 - Keep a mental note of the woman's responses to the question.
 - Repeat the process for the rest of the questions in the tool.
 - When all of the questions have been discussed, do a mental note of the responses. Do not discuss the results with her at this point – just keep them in mind when you are discussing the advantages and disadvantages of each feeding method with her.
 - **VERY IMPORTANT:** This table **is not** designed as a scoring tool or to make the mother's decision for her. Her combined replies to these questions can help the woman to decide which is the most suitable method for her situation, after she has learned the advantages and disadvantages of each method.

III. Role plays (30 minutes)

- ❑ Divide participants into groups of three. Have one person be the HIV-positive woman and another participant be the counsellor. The third participant can be an observer. Give them 10 minutes to practise using Card 7 ("Assessing a mother's situation") in a counselling session. Tell them to focus only on using the card – they do not have to role-play all of the other things that would happen before and in the session.
- ❑ Tell them to stop, then give them 5 minutes for the observer to provide his or her feedback to the other team members.
- ❑ Bring the participants back together and ask for one pair to volunteer to demonstrate their role play in front of the others. Ask the other participants to provide feedback on what worked well and what didn't.

Session 4

Helping the Mother to Choose a Method

Objectives

At the end of this session, participants will have:

- Reviewed how to help a mother choose a feeding method
- Role-played how to help a mother choose a feeding method using role plays

Session Outline

Total time – 1-1/2 hours

- | | |
|--------------------------------------|-----------------------|
| I. Review of the counselling process | 15 minutes |
| II. Role plays | 1 hour and 15 minutes |

Preparation

- Write the session objectives on a flipchart.
- Have ready enough copies of the counselling stories. There should be one story for each group of three participants.

As you follow the text, remember:

- *indicates an instruction to you, the trainer*
 - indicates what you say to participants

I. Review of the counselling process (15 minutes)

- ❑ Introduce the session and the objectives.
- ❑ Review the counselling process for the following scenarios, using Card 7:
 - a. Pregnant HIV-positive women
 - b. HIV-positive women with young infants

II. Role plays (1 hour and 15 minutes)

- ❑ Counselling Scenarios #1 and #2 are appropriate for counsellors who have not been trained recently or who have little experience. If participants have recently taken the WHO Integrated Course or if they are very experienced, then Counselling Scenarios #3, #4 and #5 would be more appropriate.
- ❑ Ask participants to get into the same groups of three that they were in earlier. Ask them to switch roles so that a different person plays the counsellor, mother and observer. Provide them with the following instructions for the role play:
 - You have 30 minutes to practise the role play. The role play itself should be no longer than 15 minutes.
 - Try and use the flipchart as much as possible.
 - When you are the ‘counsellor’:
 - Greet the ‘mother’ and introduce yourself. Ask for her name and her baby’s name, and use them.
 - Ask one or two open questions to start the conversation and to find out why she is consulting you.
 - Use each of the counselling skills to encourage her to talk with you.
 - Use **Cards #1-7** to help the mother choose a feeding method. Explain the risk of MTCT, explain the advantages and disadvantages of different feeding methods, starting with her preferred method, and then assess her home and family situation.
 - When you use the card do not just read it. Use your skills to give a little, relevant information by summarizing the information without being prescriptive.
 - Once the mother has chosen a method, stop the role play. Do not start discussing how to practise the method yet.
 - When you are the ‘mother’:
 - Give yourself and your baby (if your story has one) names and tell them to your ‘counsellor’.
 - Answer the counsellor’s questions from your story. Don’t give all the information at once.
 - If your counsellor uses good listening and learning skills, and makes you feel that she is interested, you can tell her more.

-
- ❑ When the participants are finished practising, ask for one group who had Counselling Scenario #1 to volunteer to perform their role play. Ask the others to give feedback on what the counsellor did well, and what she could have done better

 - ❑ Ask one group who had Counselling Scenario #2 to volunteer to perform their role play. Ask the others to give feedback on what the counsellor did well, and what she could have done better.

Counselling Scenario #1: Mary

- Your baby was born last night in the hospital. He was three weeks early. You found out that you were HIV-positive two days ago, and you have not yet seen the infant feeding counsellor. You didn't have much time to consider how you would feed your baby. You have been breastfeeding him for the past two days.
- You have to walk half a kilometre to collect water from a well. You have a paraffin stove, but sometimes use wood for fuel if you run out of money.
- You mother receives a small pension. Your sister works part-time as a domestic worker. Neither you nor your partner are working.
- You are not sure how to feed this baby, but are frightened to disclose your status to your family.

**Counselling Scenario #2: Jane**

- You are 32 weeks pregnant with your first baby. You are a teacher, married to a policeman. You live in your own house which has running water and electricity.
- You were tested and found to be HIV-positive. You have not told your husband yet as you are worried about what he might think.
- You will take 3 months maternity leave when the baby is born and then go back to work. You will employ a nanny to look after the baby.

**Counselling Scenario #3: Elizabeth**

- You are a 16-year old secondary school student and just had a baby 2 weeks ago. You learned that you were HIV-positive just before you gave birth.
- You live at home with your parents and 4 siblings in a poor part of the city. They do not know that you are HIV-positive and you are afraid to tell them, because your father would kick you out of the house.
- Your father is a day labourer and your mother runs a kiosk in the market. They barely make enough money to support the family. You have managed to get a scholarship to go to school, but you could not afford to buy infant formula if you had to pay for it.
- You were impregnated by an older "sugar daddy" who is married to someone else. He would buy you clothes and school supplies in exchange for occasional sex. He knows about the baby and said that he can give you money to buy formula.
- You wish to return to school, so exclusive breastfeeding will be challenging. All of your siblings were breastfed, though, and your mother tells you that it is the right thing to do. You do not know if you should listen to her or take money from the sugar daddy.

Counselling Scenario #4: Ruth

- You are a 25-year old mother who has just given birth to your second child. Your first child is 4 years old and is HIV-positive.
- You are not married, but have been living with the father of your children for 5 years. He is also HIV-positive and knows about your status.
- Even though your partner is supportive, you live in a slum area and do not have much money. You sell second-hand clothing at the market and your partner is unemployed. Sometimes he gets work as a day labourer, but it is not a steady income. The two of you barely make enough to pay your living expenses. The sanitation in the slum is poor, and you do not have running water in your shack. You get your water from a standpipe.
- You breastfed your first child, but you want to try and protect your second child from HIV. You have heard that HIV-positive mothers should not breastfeed, so you want to give formula to your baby.

**Counselling Scenario #5: Anne**

- You are a 55-year old grandmother who lives in a rural village. The nearest clinic offering PMTCT services is a 1-hour bus ride away.
- Your 25-year old daughter has just died of AIDS, leaving you with a baby girl to raise. Her husband also died of AIDS.
- You live with your husband. Two of your sons also live at home with their wives and children. The wives have offered to nurse your daughter's baby, but you do not like your daughters-in-law and do not trust their milk. You think it would be better to give the baby cow milk.
- Your husband and sons are farmers. They have several cows and your family always has plenty of milk. Your house has electricity but you do not have running water – you get your water from the village spigot. You use a pit latrine in the back yard.



Session 5

Teaching the Mother how to Practise a Method

Objectives

At the end of this session, participants will have:

- Reviewed how to help a mother practise a feeding method
- Practised teaching a mother how to implement a feeding method using role plays

Session Outline

Total time – 1-1/2 hours

- | | |
|--------------------------------|------------|
| I. Practising a feeding method | 15 minutes |
| II. Role plays | 1 hour |

Preparation

- Write the session objectives on a flipchart.
- Write the three role play scenarios on a flipchart.

As you follow the text, remember:

- indicates an instruction to you, the trainer*
 - indicates what you say to participants

I. Practising a feeding method (15 minutes)

- ❑ Introduce the session and the objectives.
- ❑ Ask the participants to list the different issues that would need to be discussed with a mother when teaching her how to practise a feeding method. Make a list for each method separately. Following are some examples of issues to be discussed:

Exclusive Breastfeeding

What “exclusive” means
Positioning and attachment
Prevention/treatment of cracked nipples
Prevention/treatment of mastitis
When to stop breastfeeding

Commercial Infant Formula

How many tins are needed per month
How to prepare the formula
Hygienic preparation and storage of formula
What to do if she runs out of formula

Wet-Nursing

HIV testing of the wet-nurse
HIV prevention for the wet-nurse
Prevention/treatment of cracked nipples
Prevention/treatment of mastitis
Possibility of HIV infection from the baby

Home-modified Animal Milk

What types of milk to use
How to prepare the milk
Hygienic preparation and storage of formula
Where to obtain micronutrient supplements for infants

Expressing and Heating Breast Milk

How to express and heat milk
How to store milk
Hygiene precautions

II. Role plays (1 hour and 15 minutes)

- ❑ Ask participants to get into the same groups of three that they were in earlier. Ask them to switch roles so that a different person plays the counsellor, mother and observer. Provide them with the following instructions for the role play:
 - You have 30 minutes to practise the role play. The role play itself should be no longer than 15 minutes.
 - Try and use the flipchart as much as possible.
 - Ask the groups to name the option that their “mother” chose in the last role play. This is the option that the “counsellor” should demonstrate in this role play.
- ❑ When the participants are finished practising, ask for one group to volunteer to perform their role play. Ask the others to give feedback on what the counsellor did well, and what she could have done better.

- Ask one group who had chosen a different feeding option to volunteer to perform their role play. Ask the others to give feedback on the counselling session.

- Ask participants if they have any final questions about the counselling tools.

Orientation Evaluation and Closure

Objectives

At the end of this session, participants will have:

- Evaluated the orientation workshop
-

Session Outline

Total time – 15 minutes

- I. Orientation evaluation
 - II. Wrap-up
-

Preparation

- Photocopy the evaluation forms.
 - Prepare certificates of attendance (if required).
-

As you follow the text, remember:

- indicates an instruction to you, the trainer*
 - indicates what you say to participants
-

- Distribute the workshop evaluation forms and ask participants to complete them.
- Tell participants where they can get extra copies of flyers and other materials if they need them.
- Distribute certificates of attendance and close the workshop.

Workshop Evaluation Form

	Very prepared	Prepared	Poorly prepared
1. After participating in this workshop, how prepared do you feel to use the counselling cards?			

	Very useful	Useful	Not useful
2. How useful will the cards be in your work with HIV-positive mothers?			

	Very useful	Useful	Not useful
3. How would you rate each of the sessions in terms of its usefulness for preparing you to use the tools?			
#1 Overview of the Cards			
#2 Counselling Process			
#3 Assessing the Mother's Situation			
#4 Helping the Mother to Choose a Feeding Method			
#5 Teaching the Mother how to Practise a Feeding Method			

	Excellent	Good	Poor
4. How would you rate the workshop trainer(s)?			

5. How could the orientation be improved?

Other comments:

Agenda

Day 1

Time needed	Sessions
1 hour	Session 1: Overview of the Tools
1 hour	Session 2: Counselling Process
15 minutes	Coffee/tea break
1 hour	Session 2 (cont'd): Counselling Process
1 hour	Lunch
1 hour	Session 3: Getting to Know the Tools
1 hour	Session 4: Assessing the Mother's Situation
15 minutes	Coffee/tea break
1 hour	Session 4 (cont'd): Assessing the Mother's Situation

Day 2

Time needed	Sessions
2 hours	Session 5: Helping the Mother to Choose a Feeding Method
15 minutes	Coffee/tea break
30 minutes	Session 5 (cont'd): Helping the Mother to Choose a Feeding Method
1 hour	Session 6: Feeding Preparation
1 hour	Lunch
75 minutes	Session 7: COUNSELLING PRACTICE: Teaching the Mother how to Practise a Method
15 minutes	Coffee/tea break
45 minutes	Session 7 (cont'd): COUNSELLING PRACTICE: Teaching the Mother how to Practise a Method
15 minutes	Orientation Evaluation and Closure

Session 1

Overview of the Tools

Objectives

At the end of this session, participants will have:

- Introduced themselves to each other
- Reviewed the workshop objectives
- Reviewed the counselling tool components

Session Outline

Total time – 60 minutes

I. Participant introductions and workshop objectives	15 minutes
II. Discussion of local feeding practices	15 minutes
III. Overview of counselling tools	30 minutes

Preparation

- Distribute to each participant: 1 copy of the flipchart (which includes the flow chart and all the counselling cards) and 1 set of take-home flyers.
NOTE: These tools should be distributed before the orientation and participants should be asked to read them before this session.
- Write the workshop objectives on the flipchart.

As you follow the text, remember:

- indicates an instruction to you, the trainer
 - indicates what you say to participants

I. Participant introductions and workshop objectives (15 minutes)

- Welcome participants and have them introduce themselves.
- Refer to the flipchart and read out the objectives for the workshop.

Workshop objectives

By the end of this workshop, participants will be able to:

- List the steps involved in the HIV and infant feeding counselling process
- Identify the various components of the counselling tools
- Use the tools effectively

II. Discussion of Local Feeding Practices (15 minutes)

- Ask participants how mothers feed their babies from birth to 6 months. Probe to find out if there are any other feeding practices besides breastfeeding (animal milk, wet-nurses, expressing milk, rice water, formula).

III. Overview of Counselling Tools (30 minutes)

- Ask the participants to look at their tools. Introduce the tools as follows:
 - In this session we will review the tools available, which can be used when counselling women about infant feeding decisions.
 - The first set of tools is a **flipchart** that includes a Flow Chart illustrating the counselling process and counselling cards to be used during one-to-one sessions with pregnant women and/or mothers. Please look through the flipchart with me:
 - The first page is a **Flow Chart** of the recommended steps to follow for HIV and infant feeding counselling. On the left-hand side there are some simple instructions for how to use the flow chart, depending on the type of session (first session, follow-up) and whether the woman is pregnant or her baby is already born. Each of the cards we will now look at has a step number which fits in with the steps on the Flow Chart.
 - **Card 1** is called 'The risk of mother-to-child transmission'. Use this card to help you to explain to a woman the chances of her child being infected. Remember, if all the mothers of the babies shown are HIV-positive, three of the babies are likely to get HIV through breastfeeding.
 - **Cards 2-6** illustrate the feeding options. Each card shows the advantages and disadvantages of one option.

- **Card 2** is called 'Advantages and disadvantages of commercial infant formula'.
- **Card 3** is called 'Advantages and disadvantages of exclusive breastfeeding'.
- **Card 4** shows 'Advantages and disadvantages of expressing and heat-treating breast milk'.
- **Card 5** shows 'Advantages and disadvantages of wet-nursing'.
- **Card 6** shows 'Advantages and disadvantages of home-modified animal milk'.
- **Card 7** helps you to assess the mother's home situation in order to determine which feeding method might be most suitable for her. It is important to remember that a woman may choose one method to start with and then later change to another, depending on whether the conditions for replacement feeding are present.
- **Cards 8-15** give instructions for practising the different feeding methods.
- **Card 16** contains questions to ask mothers when they come in for follow-up visits if their babies are less than 6 months old.
- **Card 17** provides mothers with guidance for how to stop breastfeeding early.
- **Cards 18-20** discuss feeding for babies 6-24 months old.

You will get to review the content of these cards in more detail in the sessions to come.

- The second tool is a set of **take-home flyers** for mothers on how to practise safely the chosen feeding options. These are what you will use during the counselling session to explain to mothers how to practise the feeding option they have chosen.
- The third tool is a **reference guide** to provide additional technical information for you, the counsellors.
- The cards reflect the human-rights based approach that HIV-positive mothers have the right to receive complete information about the advantages and disadvantages of infant feeding options that are available in their communities and to make their own decisions about how to feed their children.

Session 2

Counselling Process

Objectives

At the end of this session, participants will have:

- Reviewed the HIV and infant feeding counselling process
- Observed a demonstration of how to use the tools
- Review basic counselling skills

Session Outline

Total time – 2 hours

I. Counselling process	60 minutes
II. Demonstration	30 minutes
III. Review of basic counselling skills	30 minutes

Preparation

- Write the session objectives on a flipchart.
 - Photocopy the steps of the Counselling Flow Chart (Annex 1) and cut them into rectangles.
 - Write instructions for the learning activities on a flipchart.
 - Choose a participant to conduct the role play with you.
 - Make copies of the Counselling Skills Checklist (Annex 2).
-

As you follow the text, remember:

- indicates an instruction to you, the trainer
 - indicates what you say to participants

I. Counselling Process (60 minutes)

- Introduce the session and the objectives.
- Divide participants into groups of three. Give each group a set of cards with the Counselling Steps. Instruct them to put the cards into order. Tell them to imagine that they are counselling an HIV-positive woman who is 8 months pregnant. Allow them 20 minutes to complete the task, and tell them that they should not consult the flipchart.
- Bring the groups back together and ask one group to present their steps. Ask the other groups if they have any cards in a different order.
- Refer participants to the flow chart and discuss the steps. Next, discuss how the steps would be different in the following scenarios:
 - HIV-positive woman who is only 4 months pregnant
 - HIV-positive woman who has a 3-week-old baby
 - Follow-up visit after a woman has begun practising a feeding method
 - Pregnant woman who thinks she is HIV-positive and wants to formula-feed
- Look at the flow chart together and explain the different steps. Next, review the different steps for different types of scenarios. Ensure that the participants understand the process clearly.

II. Demonstration (30 minutes)

- Using the script below, conduct a demonstration of an initial counselling session with a pregnant woman. You should play the counsellor, and one of the participants can play the mother. Afterwards, ask participants if they have any questions about how the tools are used.

We will now see a demonstration of how to use these tools. Imagine that a pregnant woman has recently tested positive for HIV. She has come to see the counsellor to discuss her options for feeding her baby.

First we will see the opening of the counselling session, before the counsellor reaches Step 1.

Counsellor: Hello Mrs Thank you for coming to talk to me about ways you could feed your baby. We want to help you to make a choice which is best for you, in your situation, and which gives the best chance for your baby to remain healthy.

COMMENT: Here the counsellor introduces the session, explaining that the purpose is to help the mother to make an appropriate feeding choice. The counsellor also emphasizes the idea that we want a healthy baby. In many cases we have to balance the risks of HIV transmission with the risk of a baby getting very sick from diarrhoea or pneumonia.

Now we will see the counsellor moving to Step 1: “Explain the risks of mother-to-child transmission”.

Counsellor: What have you heard about the ways in which HIV can be transmitted from a mother to her baby?

Mother: Well, I know that the baby can be infected during birth, and if I choose to breastfeed.

Counsellor: It is true that babies may get HIV in these ways. Let me show you a picture which may help you to understand.

COMMENT: The counsellor shows CARD #1.

Counsellor: What do you see in this picture?

Mother: I see some babies, and some of them have different-coloured shirts on.

Counsellor: This card shows 20 babies born to HIV-positive women. As you mentioned, HIV can be passed to the baby at 3 stages: during the time you are pregnant, during delivery and during breastfeeding. The babies with white shirts are the babies that will NOT be infected at all. The babies with black shirts were already infected with HIV through pregnancy and delivery. The babies with grey shirts are the ones who may be infected with HIV through breastfeeding.

Mother: So don't all babies get HIV through breastfeeding?

Counsellor: No – as you see most of them will not be infected. Some things can increase the risk of passing HIV through breastfeeding. For example, there is a higher chance if you have been recently infected with HIV or if you breastfeed for a long time. There are ways of reducing the risk of transmission by practising a feeding option that is appropriate for your situation. What other questions do you have about what I have just told you?

Mrs. E: I think I understand. I am relieved to hear that not all babies are infected through breastfeeding.

COMMENT: How did the counsellor introduce the risk of mother-to-child transmission? Wait for a few replies, and then explain:

She used an open question to assess the mother's understanding of the risk. She said: “What have you heard of the ways in which HIV can be transmitted from a mother to her baby?”

This is a useful way to introduce the concept of risk.

Now the counsellor moves to Step 2 of the Flow Chart: She will explain the advantages and disadvantages of different feeding options starting with the mother's initial preference.

Counsellor: There are various ways you could feed your baby. Is there any particular way you have thought of?

Mother: Well, now I know not all babies are infected through breastfeeding, can we talk about that first, as I breastfed my other children?

Counsellor: Yes, what do you see in this picture?

Mother: I see a mother breastfeeding her baby, and someone trying to give her a baby bottle. The mother seems to be refusing.

Counsellor: Yes, this is about exclusive breastfeeding. What do you think exclusive breastfeeding means?

Mother: Well, I'm not sure, but I saw something about it on a poster once.

Counsellor: Yes, there are a lot of posters about exclusive breastfeeding these days. Exclusive breastfeeding means giving only breast milk and no other drinks or foods, not even water. Exclusive breastfeeding for the first few months may lower the risk of passing HIV, compared to mixed feeding. Breastfeeding is a perfect food because it protects against many illnesses. Also, it prevents a new pregnancy. On the other hand, as long as you breastfeed, there's some chance that your baby might get HIV.

COMMENT: At this stage the counsellor would go through the other advantages and disadvantages of exclusive breastfeeding with the mother using CARD #3.

Counsellor: How do you feel about breastfeeding now?

Mother: Oh, well, I could think about it. I'd still be worried about the baby getting HIV, though.

COMMENT: The counsellor then covers other feeding options.

Counsellor: Well there are several other ways of feeding your baby you may like to think about. You could breastfeed and then stop early, you could use formula bought from a store or you could make home-prepared formula. There are also other ways to make your breast milk safe.

COMMENT: Only mention the methods that are practised and feasible in this community.

Mother: Oh, I didn't know there were so many ways. I just thought I would have to use formula, but I didn't know.

Counsellor: Yes, there are a number of possibilities. Which one would you like to hear more about?

Mother: Well, maybe using the infant formula.

Counsellor: That's fine. Let me show you another card.

COMMENT: The counsellor will discuss the questions and messages on card #2, using counselling skills.

Counsellor: How do you feel about infant formula?

Mother: I'm not sure. It is hard for me to come and get the formula every month. And my husband really wants me to breastfeed.

COMMENT: The counsellor would discuss the options which are suitable and appropriate for the local area with the mother.

It is important to be led by the mother's preferences, and not to overwhelm her with information in a series of lists. Leave time for a mother to ask questions and check she understands what is being discussed.

III. Review of basic counselling skills (30 minutes)

- Using the Counselling Skills Checklist (Annex 2), do a quick review of basic counselling skills with participants. This should be a review from previous courses they have attended.
- Ask participants to describe how the various skills were used in the demonstration.

Session 3

Getting to Know the Tools

Objectives

At the end of this session, participants will have:

- Done an in-depth review of the different elements of the tools
-

Session Outline

Total time – 1 hour

I. Review of the flipchart	30 minutes
II. Review of the take-home flyers	15 minutes
III. Review of the Reference Guide	30 minutes

Preparation

- Ensure that each participant has a copy of the tools.
-

As you follow the text, remember:

- indicates an instruction to you, the trainer*
 - indicates what you say to participants

I. Review of the flipchart (30 minutes)

- ❑ Divide participants into groups of four. Point out the different types of questions/instructions on the cards, and then give them 20 minutes to look through the flipchart. Ask if they have any questions.

II. Review of the take home flyers (15 minutes)

- ❑ Give the groups 10 minutes to review the take-home flyers. Ask if they have any questions.

III. Review of the Reference Guide (30 minutes)

- ❑ Give the groups 10 minutes to review the Reference Guide. Encourage them to glance at the different sections as opposed to reading the material in detail. Explain that the document is meant to serve as a reference for them, and it is not to be used during the counselling session. Ask for questions, and encourage them to read the Guide in detail later.

Session 4

Assessing the Mother's Situation

Objectives

At the end of this session, participants will have:

- Identified aspects of a mother's situation that need to be assessed when determining which feeding option might be most appropriate for her situation
- Reviewed Card 7 "Assessing the mother's situation"
- Conducted role plays to assess the mother's situation

Session Outline

Total time – 2 hours

I. What to assess?	30 minutes
II. Card 7 "Assessing the mother's situation"	30 minutes
III. Role plays	60 minutes

Preparation

- Write the session objectives on a flipchart.

As you follow the text, remember:

- indicates an instruction to you, the trainer*
 - indicates what you say to participants

I. What to assess? (30 minutes)

- ❑ Introduce the session and the objectives.

- ❑ Ask participants to brainstorm about aspects of a situation that a counsellor would need to assess in order to determine the feeding method that would be most suitable for her situation. Write their responses on a flipchart.
 - The following aspects of a mother's situation need to be assessed:
 - **Source of drinking water:** If a mother does not have access to clean drinking water, then it will be hard for her to safely prepare infant formula or home-modified animal milk.
 - **Type of latrine:** The type of latrine in the mother's home will give you an idea of the sanitation/hygiene situation.
 - **Money available for formula for each month:** By asking a mother how much money she would have available for formula each month, you will see if she is able to purchase it on a regular basis. Even if she is receiving formula for free, she may need to purchase it if there is a stock rupture at the health centre.
 - **Transportation money:** Even if a mother receives formula for free, she needs money to take transportation to obtain the formula when it runs out. If she doesn't have any spare money for transportation, it may be hard for her to replace her formula stock before she runs out.
 - **Refrigerator:** A refrigerator makes it easier to store formula, expressed breast milk and home modified animal milk.
 - **Feed preparation:** A mother needs to have access to boiled water and clean utensils in order to be able to prepare formula or home modified animal milk in a hygienic manner. She also needs clean utensils if she is planning to express and heat her breast milk.
 - **Night feeds:** It's important to assess whether or not a mother can get up and prepare feeds multiple times during the night. If this is not possible, then it will be hard for her to successfully formula feed, prepare animal milk or express and heat her breast milk. Alternatively, she could store hot boiled water in a thermos flask and mix formula during the night.
 - **Disclosure of her HIV status:** If a woman's family knows that she is HIV positive, then it will be easier for her to replacement feed than if they do not know.
 - **Family support:** If her family is willing to help her with replacement feeding, then it will be much more feasible for her to practise than if she has to do it all alone.

II. Card 7, Assessing a mother's situation (30 minutes)

- Ask participants to look at Card 7, which contains a table with questions and possible answers. Explain the following points:
 - The table shown in Card 7 should be used with pregnant women or mothers who are being counselled for the first time or who are thinking of changing their feeding option. It helps the counsellor explore the woman's living conditions in order to help her choose the most suitable method for her situation.
 - The first step is to ask the woman all the questions in the left-hand column. For example: *Where do you get your drinking water?*
 - Keep a mental note of the woman's responses to the question.
 - Repeat the process for the rest of the questions in the tool.
 - When all of the questions have been discussed, do a mental note of the responses. Do not discuss the results with her at this point – just keep them in mind when you are discussing the advantages and disadvantages of each feeding method with her.
 - **VERY IMPORTANT:** This table **is not** designed as a scoring tool or to make the mother's decision for her. Her combined replies to these questions can help the woman to decide which is the most suitable method for her situation, after she has learned the advantages and disadvantages of each method.

III. Role plays (60 minutes)

- Divide participants into groups of three. Have one person be the HIV-positive woman and another participant be the counsellor. The third participant can be an observer. Give them 20 minutes to practise using Card 7 ("Assessing a mother's situation") in a counselling session. Tell them to focus only on using the card – they do not have to role play all of the other things that would happen beforehand in the session.
- Tell them to stop, then give them 5 minutes for the observer to provide his or her feedback to the other team members.
- Bring the participants back together and ask for one pair to volunteer to demonstrate their role play in front of the others. Ask the other participants to provide feedback on what worked well and what didn't.
- Ask for one more pair to demonstrate their role play and provide feedback.

Session 5

Helping the Mother to Choose a Method

Objectives

At the end of this session, participants will have:

- Reviewed how to help a mother choose a feeding method
- Practised helping a mother choose a feeding method using role plays

Session Outline

Total time – 2 hours 30 minutes

I. Review of counselling process and assessing the mother's situation	30 minutes
II. Demonstration	30 minutes
III. Role plays	1 hour and 30 minutes

Preparation

- Write the session objectives on a flipchart.
- Choose a participant to do the demonstration with you. Give him/her a copy of the demonstration beforehand to review.
- Have ready enough copies of the counselling stories. There should be one story for each group of three participants.

As you follow the text, remember:

- indicates an instruction to you, the trainer*
 - indicates what you say to participants

I. Review of the counselling process and assessing the mother's situation (30 minutes)

- Introduce the session and the objectives.
- Review the counselling process for the following scenarios, using Card 7:
 - a. Pregnant HIV-positive women
 - b. HIV-positive women with young infants
- Review the home situation assessment tool.

II. Demonstration (30 minutes)

- Briefly review Card 7 Assessing the mother's situation.
- Explain that you will do a demonstration of how to help a mother choose a feeding method.

Imagine the different feeding options have been discussed with a mother. Now the counsellor moves to Step 3: "Explore with the mother her home and family situation", using Card 7.

Counsellor: We've just discussed the advantages and disadvantages of different feeding methods. After hearing all of this information, which method are you most interested in trying?

Mother: I would like to use formula, since they give it for free here at the clinic.

COMMENT: *Note that this is not the final decision by the mother. She may change her mind at a later stage.*

Counsellor: Let's think together about the things you will need in order for you to decide if formula is the best choice for you.

Mother: Yes, okay.

COMMENT: *The counsellor shows Card #7.*

Counsellor: Where do you get your drinking water?

Mother: We have a tap in our kitchen with clean water.

Counsellor: That's good – you need clean water to make formula. Can you prepare each feed with boiled water and utensils?

Mother: That seems like too much work. Do I need to boil the water each time if we have clean water in the sink?

Counsellor: Yes, it's recommended.

Mother: Okay, well then...I guess I could manage. I could ask my niece to help me.

Counsellor: That's good. What about preparing formula at night? Would you be able to do this two or three times each night?

Mother: Can't I just prepare it before I go to bed and then just keep the bottle near the bed and use it all night?

Counsellor: I understand why this might seem easier, but babies may get very sick if formula is not prepared fresh for each feed. ... Perhaps we could talk about the cost of formula now.

Mother: Oh, but I thought it was free.

Counsellor: Even though you're getting the formula for free, you may run out before you can get more, or the clinic might temporarily run out. Formula costs about _____ per tin (INSERT LOCAL COST). If you had to buy 3 or 4 tins, could you afford to do this?

Mother: Yes, my husband has steady work. We could find the money if we need to.

Counsellor: That's good. The cost is not too much of a problem if your husband is working. Does your husband know that you are HIV-positive?

Mother: Yes, he does. He's HIV-positive too.

Counsellor: It must be difficult for you, but it can be helpful that you both know. What about the rest of your family?

Mother: We haven't told anybody else. We are afraid of what they might say.

Counsellor: Oh, that must be a worry. In this case, how will your family feel if you don't breastfeed?

Mother: My mother-in-law might get upset, since she breastfed all of her children. She really thinks it's the best thing to do.

Counsellor: What reason do you think you could give her for why you don't want to breastfeed?

Mother: Maybe I could tell her that I am taking some medicine which affects the breast milk. That happened to our neighbour last year.

Counsellor: Do you think that your mother-in-law would accept this explanation? Or would she insist that you breastfeed?

Mother: I think that she would accept it. That neighbour is a friend of hers, and her baby is doing okay.

COMMENT: At this stage the counsellor would ask the mother if she would like to go through any other feeding options and whether she has any questions. The counsellor then moves to Step 4: "Help the mother choose an appropriate feeding option".

Counsellor: We have talked about many things today. After all we have discussed, what are your thoughts about how you might like to feed your new baby?

Mother: I am so confused. There seem to be good things and bad things about each feeding option for me. What would **you** suggest that I do?

Counsellor: Well let's think through the different ways, looking at your situation. You have breastfed your other children and your mother-in-law wants you to breastfeed.

Mother: Yes, she does.

Counsellor: Also, your husband knows that you are HIV-positive, so perhaps he could support you to exclusively breastfeed.....On the other hand you do have all the things needed for you to be able to prepare formula feeds safely. You have clean water, fuel, and money to buy the formula.

Mother: That's right.

Counsellor: As your husband knows your status, he could help to support you with your decision and perhaps talk to his mother.

Mother: Hmmm. I would like to think about this more and discuss it with my husband. But I think I would like to formula-feed this baby. I could explain to my husband about what you have said. I think he'll understand.

COMMENT: The counsellor did not tell the woman what to do. She summarized the reasons why the different feeding options would be suitable for her. The woman made an initial choice, but will go home to discuss this with her husband. The counsellor would then go on to Step 5 – explain how to practise the chosen feeding option and provide a take-home flyer.

III. Role plays (1 hour and 30 minutes)

- Counselling Scenarios #1 and #2 are appropriate for counsellors who have not been trained recently or who have little experience. If participants have recently taken the WHO Integrated Course or if they are very experienced, then Counselling Scenarios #3, #4 and #5 would be more appropriate.

- ❑ Ask participants to get into the same groups of 3 that they were in earlier. Ask them to switch roles so that a different person plays the counsellor, mother and observer. Provide them with the following instructions for the role play:
 - You have 30 minutes to practise the role play. The role play itself should be no longer than 15 minutes.
 - Try and use the flipchart as much as possible.
 - When you are the ‘counsellor’:
 - Greet the ‘mother’ and introduce yourself. Ask for her name and her baby’s name, and use them.
 - Ask one or two open questions to start the conversation and to find out why she is consulting you.
 - Use each of the counselling skills to encourage her to talk to you.
 - Use **Cards #1-7** to help the mother choose a feeding method. Explain the risk of MTCT, explain the advantages and disadvantages of different feeding methods, starting with her preferred method, and then assess her home and family situation.
 - When you use the card do not just read it. Use your skills to give a little, relevant information by summarizing the information without being prescriptive.
 - Once the mother has chosen a method, stop the role play. Do not start discussing how to practise the method yet.
 - When you are the ‘mother’:
 - Give yourself and your baby (if your story has one) names and tell them to your ‘counsellor’.
 - Answer the counsellor’s questions from your story. Don’t give all the information at once.
 - If your counsellor uses good listening and learning skills, and makes you feel that she is interested, you can tell her more.
- ❑ When the participants are finished practising, ask for one group who had Counselling Scenario #1 to volunteer to perform their role play. Ask the others to give feedback on what the counsellor did well, and what she could have done better
- ❑ Ask one group who had Counselling Scenario #2 to volunteer to perform their role play. Ask the others to give feedback on what the counsellor did well, and what she could have done better.

Counselling Scenario #1: Mary

- Your baby was born last night in the hospital. He was three weeks early. You found out that you were HIV-positive two days ago, and you have not yet seen the infant feeding counsellor. You didn't have much time to consider how you would feed your baby. You have been breastfeeding him for the past two days.
- You have to walk half a kilometre to collect water from a well. You have a paraffin stove, but sometimes use wood for fuel if you run out of money.
- You mother receives a small pension. Your sister works part-time as a domestic worker. Neither you nor your partner are working.
- You are not sure how to feed this baby, but are frightened to disclose your status to your family.

**Counselling Scenario #2: Jane**

- You are 32 weeks pregnant with your first baby. You are a teacher, married to a policeman. You live in your own house which has running water and electricity.
- You were tested and found to be HIV-positive. You have not told your husband yet as you are worried about what he might think.
- You will take 3 months maternity leave when the baby is born and then go back to work. You will employ a nanny to look after the baby.

**Counselling Scenario #3: Elizabeth**

- You are a 16-year old secondary school student and just had a baby 2 weeks ago. You learned that you were HIV-positive just before you gave birth.
- You live at home with your parents and 4 siblings in a poor part of the city. They do not know that you are HIV-positive and you are afraid to tell them, because your father would kick you out of the house.
- Your father is a day labourer and your mother runs a kiosk in the market. They barely make enough money to support the family. You have managed to get a scholarship to go to school, but you could not afford to buy infant formula if you had to pay for it.
- You were impregnated by an older "sugar daddy" who is married to someone else. He would buy you clothes and school supplies in exchange for occasional sex. He knows about the baby and said that he can give you money to buy formula.
- You wish to return to school, so exclusive breastfeeding will be challenging. All of your siblings were breastfed, though, and your mother tells you that it is the right thing to do. You do not know if you should listen to her or take money from the sugar daddy.

Counselling Scenario #4: Ruth

- You are a 25-year old mother who has just given birth to your second child. Your first child is 4 years old and is HIV-positive.
 - You are not married, but have been living with the father of your children for 5 years. He is also HIV-positive and knows about your status.
 - Even though your partner is supportive, you live in a slum area and do not have much money. You sell second-hand clothing at the market and your partner is unemployed. Sometimes he gets work as a day labourer, but it is not a steady income. The two of you barely make enough to pay your living expenses. The sanitation in the slum is poor, and you do not have running water in your shack. You get your water from a standpipe.
 - You breastfed your first child, but you want to try and protect your second child from HIV. You have heard that HIV-positive mothers should not breastfeed, so you want to give formula to your baby.
- ✂

Counselling Scenario #5: Anne

- You are a 55-year old grandmother who lives in a rural village. The nearest clinic offering PMTCT services is a 1-hour bus ride away.
 - Your 25-year old daughter has just died of AIDS, leaving you with a baby girl to raise. Her husband also died of AIDS.
 - You live with your husband. Two of your sons also live at home with their wives and children. The wives have offered to nurse your daughter's baby, but you do not like your daughters-in-law and do not trust their milk. You think it would be better to give the baby cow milk.
 - Your husband and sons are farmers. They have several cows and your family always has plenty of milk. Your house has electricity but you do not have running water – you get your water from the village spigot. You use a pit latrine in the back yard.
- ✂

Session 6

Feeding Preparation

Objectives

At the end of this session, participants will have:

- Seen a demonstration of how to prepare formula
- Seen a demonstration of how to prepare animal milk

Session Outline

Total time – 1 hour

- | | |
|--|------------|
| I. Demonstration of infant formula preparation | 30 minutes |
| II. Demonstration of animal milk preparation | 30 minutes |

Preparation

- Gather materials needed for the demonstrations. There should be enough materials so that each group of three participants has a set.

As you follow the text, remember:

- *indicates an instruction to you, the trainer*
 - indicates what you say to participants

I. Demonstration of infant formula preparation (30 minutes)

- ❑ Using the instructions in the Reference Guide, demonstrate how to correctly prepare formula for a 1-month-old baby. Invite a participant to come up and repeat the demonstration. Ask participants what kinds of containers a mother could use to correctly measure water, and how they could mark the containers to show different water levels. Discuss the quantities of formula that would be needed for each month up to 6 months of age.

SUPPLIES NEEDED (1 set per group of 3 participants):

Tin of locally-available infant formula	Spoon for mixing
Clean water	Container for measuring water
Small cup for feeding	Soap, sponge and basin for washing
Small stove/cooker and fuel	Pot for boiling water

II. Demonstration of animal milk preparation (30 minutes)

- ❑ Using the instructions in the Reference Guide, demonstrate how to correctly prepare animal milk for a 1-month old baby. Invite a participant to come up and repeat the demonstration. Ask participants what kinds of containers a mother could use to correctly measure water, and how they could mark the containers to show different water levels. Discuss the quantities of formula that would be needed for each month up to 6 months of age.

SUPPLIES NEEDED (1 set per group of 3 participants):

Animal milk	Teaspoon for mixing and measuring sugar
Clean water	Containers (60ml, 90ml, 120ml, 150 ml)
Sugar	Micronutrient supplements for infants
Small cup for feeding	Soap, sponge and basin for washing
Small stove/cooker and fuel	Large pot and small pots

NOTE: Only do this demonstration if micronutrient supplements specially formulated for infants are available. See the Reference Guide for a list of vitamins and minerals that the supplement should contain. If adequate supplements are not available, then discuss the different types of micronutrients that are available in this community, and compare them to the list in the Reference Guide. Ask participants to determine whether or not the available supplements would be adequate.

Session 7

Teaching the Mother how to Practise a Method

Objectives

At the end of this session, participants will have:

- Reviewed how to help a mother practise a feeding method
- Practised teaching a mother how to implement a feeding method using role plays

Session Outline

Total time – 2 hours

- | | |
|--|------------|
| I. Issues to remember when practising a feeding method | 30 minutes |
| II. Role plays | 90 minutes |

Preparation

- Write the session objectives on a flipchart.
- Write role play scenarios on flipchart paper and post them clearly.

As you follow the text, remember:

- indicates an instruction to you, the trainer*
 - indicates what you say to participants

I. Issues to remember when practising a method (30 minutes)

- ❑ Introduce the session and the objectives.
- ❑ Ask participants to list the different issues that they would need to discuss with a mother when teaching her how to practise a feeding method. (Make different lists for each feeding method). The following issues should be discussed with a mother when teaching her how to practise a feeding method:

Exclusive Breastfeeding

What “exclusive” means
Positioning and attachment
Prevention/treatment of cracked nipples
Prevention/treatment of mastitis
When to stop breastfeeding

Commercial Infant Formula

How many tins needed per month
How to prepare formula
Hygienic preparation and storage
What to do if formula runs out

Home-modified Animal Milk

What types of milk to use
How to prepare the milk
Micronutrients for infants
How to store the milk

Expressing and Heating Breast Milk

How to express milk
How to heat milk
How to store breast milk

Wet-Nursing

How to ensure that the wet-nurse is HIV-negative
How the wet-nurse can protect herself from HIV
Positioning and attachment
Prevention/treatment of cracked nipples
Prevention/treatment of mastitis
NOTE: The wet-nurse should accompany the mother to the counselling session

II. Role plays (90 minutes)

- ❑ Ask participants to get into the same groups of three that they were in earlier. Ask them to switch roles so that a different person plays the counsellor, mother and observer. Provide them with the following instructions for the role play:
 - You have 20 minutes to practise the role play. The role play itself should be no longer than 15 minutes.
 - Try and use the flipchart as much as possible.
 - Ask the groups to name the option that their “mother” chose in the last role play. This is the option that the “counsellor” should demonstrate in this role play.

- When the participants are finished practising, ask for one group to volunteer to perform their role play. Ask the others to give feedback on what the counsellor did well, and what she could have done better.

- Ask one group who had chosen a different feeding option to volunteer to perform their role play. Ask the others to give feedback on the counselling session.

- Ask participants if they have any final questions about the counselling tools.

Orientation Evaluation and Closure

Objectives

At the end of this session, participants will have:

- Evaluated the orientation workshop
-

Session Outline

Total time – 15 minutes

- I. Orientation evaluation
 - II. Wrap-up
-

Preparation

- Photocopy the evaluation forms.
 - Prepare certificates of attendance (if required).
-

As you follow the text, remember:

- indicates an instruction to you, the trainer*
 - indicates what you say to participants
-

- Distribute the workshop evaluation forms and ask participants to complete them.
- Tell participants where they can get extra copies of flyers and other materials if they need them.
- Distribute certificates of attendance and close the workshop.

Workshop Evaluation Form

	Very prepared	Prepared	Poorly prepared
1. After participating in this workshop, how prepared do you feel to use the counselling cards?			

	Very useful	Useful	Not useful
2. How useful will the cards be in your work with HIV-positive mothers?			

	Very useful	Useful	Not useful
3. How would you rate each of the sessions in terms of its usefulness for preparing you to use the tools?			
#1 Overview of the Cards			
#2 Counselling Process			
#3 Assessing the Mother's Situation			
#4 Helping the Mother to Choose a Feeding Method			
#5 Teaching the Mother how to Practise a Feeding Method			

	Excellent	Good	Poor
4. How would you rate the workshop trainer(s)?			

5. How could the orientation be improved?

Other comments:

Steps of the Counselling Process

Photocopy one set of steps for each group of three participants and cut them into rectangles.



Explain the risks of mother-to-child transmission	Explain the advantages and disadvantages of different feeding options, starting with the mother's preference
Explore with the mother her home and family situation	Help the mother choose an appropriate feeding option
Demonstrate how to practise the chosen feeding option. Provide a take-home flyer	Provide follow-up counselling and support

Counselling Skills Checklist

Make copies of the Counselling Skills Checklist for all participants.

Listening and learning skills:

- Use helpful non-verbal communication.
- Ask open questions.
- Use responses and gestures that show interest.
- Reflect back what the mother/caregiver says.
- Empathize - show that you understand how she/he feels.
- Avoid words that sound judging.

Building confidence and giving support skills:

- Accept what the caregiver thinks and feels.
- Recognize and praise what a mother/caregiver and child are doing right.
- Give practical help.
- Give relevant information.
- Use simple language.
- Make one or two suggestions, not commands.

For further information, please contact:

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