



Strengthening of IYCF-E services for displaced populations in IDP camps in Herat and Badghis, Western Region, Afghanistan:

Field Mission Report





Western Region, Afghanistan

27th January - 14th February 2019

Alice Burrell, IYCF-E Adviser – Tech RRT

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1. Background

The north-western part of Afghanistan has been severely impacted by drought in 2018. The drought response has consisted of a two-fold approach – on the one side an intensification of screening and support to health facilities delivering services and on the other, a scale up of mobile health and nutrition teams to reach children & PLWs in settlements and hard to reach locations. While breastfeeding is a very common norm and practice in Afghanistan, the practice of optimal IYCF practices remains a major problem. Integrated Management of Acute Malnutrition (IMAM) services have been scaled up in 2016-2017, yet the increased coverage and quality of Infant and Young Child Feeding in Emergencies (IYCF-E) intervention remain a major need.

Mobile teams consist of a doctor, nutrition nurse, vaccinator and midwife. The doctor provides medical consultation and treatment for children under 5 years, the midwife provides ANC, PNC and IYCF support, the Nutrition Nurse provides growth monitoring, OPD-SAM treatment, and IYCF Counselling, and the vaccinator provides routine vaccinations for children under 5 years and pregnant women.

2. Objectives

The objective of the field mission to the Western Region of Afghanistan, was to strengthen the capacity of IYCF-E service providers in Herat and Badghis Provinces with the aim to improve service delivery of the IYCF-E response. In addition, to document lessons learnt to input to the current review of the national IYCF strategy.

Specific Objectives were to:

- ➤ Review the current implementation of IYCF-E programming through program visits and on-site observation of the quality of IYCF-E activities, providing "On the job" technical support and guidance to partners, whenever possible.
- > Facilitate a meeting with nutrition supervisors, Provincial nutrition officers and nutrition/health managers in Herat province to present the findings from the program visits and discuss the best way forward for appropriate programs/adjustment of programs and develop a capacity building plan.
- ➤ Provide practical training to health/nutrition workers in Herat Province directly involved in delivery of IYCF-E services, addressing the weaknesses encountered during program visits.

3. Programme Visits





3.1. Schedule

Date	Programme sites visited
Herat Province	
28 th January 2019	UNICEF Mobile Team B in Sharak Sabz new sites
	> UNICEF Mobile Team C in Regration area
	> IPD SAM and OPD SAM at Guzara District Hospital
29 th January 2019	➤ World Vision Mobile Teams A and B in Shaidaee
	 Regional Paediatric Hospital IPD SAM
30 th January 2019	➤ Health Net Mobile Team A in Shaidaee
	Health Net Mobile Team B in Shehzabee Bazaar
Badghis Province	
11 th February	> UNICEF Mobile Team in Jarekhosh
	UNICEF Mobile Team in Nurbadh
	> WVI team in Zaimati
	 Hewat team (supported by WHO) in Baghlar

3.2. Observations of current IYCF-E activities

Quality Benchmarks

Quality benchmarks exist in other contexts for IYCF/IYCF-E activities, to structure programme observations, a selection of these criteria were used to compare the various Mobile Teams current services and identify areas that required strengthening to reach basic, quality benchmarks.

The tables below categorise quality benchmarks of IYCF-E support being provided by the Mobile Teams that were observed during programme visits:

Herat

	UNICEF	UNICEF	WVI	WVI	Health	Health
	Team B	Team C	Team B	Team A	Net	Net
					Team A	Team B

Staff providing counselling are	Yes	Yes	Yes	No	No	No
trained on IYCF counselling						
IYCF/IYCF-E Guidelines are	No	No	No	No	No	No
available						
IEC materials are available and	No	No	Yes	Yes	No	No
used						
Recording and reporting forms are	No	No	IYCF	IYCF	IYCF	IYCF
available for IYCF			register	register	register	register
There is knowledge of the key IYCF	Yes	Yes	Yes	Yes	Yes	Yes
messages among staff						
1-on-1 counselling is observed	Yes	Yes	No	No	Yes	Yes
Demonstration of appropriate	No	No	No	No	No	No
counselling skills						
Group education is observed	No	No	Yes	Yes	No	No

Badghis

	UNICEF	UNICEF	WVI	Hewat
	Jarekhosh	Nurabadh	Zaimati	Baghlar
Staff providing counselling are trained on	No	No	Nurse, not	Counsellor,
IYCF counselling			Midwife	not Midwife
IEC materials are available (and used)	Posters,	No	Cards not	No
	cards not		used	
	used			
Recording and reporting forms are	No	No	Yes	No
available for IYCF				
There is knowledge of the key IYCF	Yes	Yes	Yes	Yes
messages among staff				
1-on-1 counselling is observed	Yes	Yes	Yes	No
Demonstration of appropriate	No	No	No	No
counselling skills				
Group education is observed	No	No	No	No

Strengths of current IYCF-E services

- ✓ IYCF activities were well integrated in to the mobile health teams services, with a holistic approach taken to each mother who attended the clinic (doctor, vaccinator, nutrition nurse/counsellor, midwife)
- ✓ Knowledge of key IYCF messages among all staff, although not specific IYCF-E messages
- ✓ A multi-sector approach was taken to messaging sessions e.g. covering IYCF, hygiene, and family planning
- ✓ Mothers feedback was that they learnt a lot from the sessions
- \checkmark Community Health Workers also including IYCF messaging in their group sessions
- ✓ In the UNICEF Clinics in Badghis, the nurses were observed to give praise to mother's in relation to the growth monitoring

Weaknesses of current IYCF-E services

- × IYCF messaging was being provided, not counselling
- * There were no mother-baby IYCF assessments being conducted
- ✗ Generic IYCF messages were being given to each mother, instead of relevant information
- Counselling was not age-appropriate
- × Counsellors demonstrated poor listening skills, talking for the majority of the consultation
- Sessions were rushed, there was not significant time given to each mother-baby pair
- * A large amount of information was provided each session (for both group and 1-on-1 sessions). Almost all key IYCF topics were covered in each session, including hygiene and family planning WVI clinic in Badghis
- There was no privacy for breastfeeding observations and 1-on-1 counselling, apart from in the
- **x** IEC materials were mostly not available, and when they were posters were used but not counselling cards
- When Counselling cards were used, the full booklet of cards was discussed in one session
- × In Badghis, staff who were not trained themselves on IYCF were training volunteers on IYCF
- Currently reporting on IYCF activities is poor with the 'IYCF Counselling' equating to 'all children under 2 years seen at the clinic that week'.
- * Interpersonal skills need improvement e.g. babies very upset during anthropometric measurements, compassion to teenage mother.
- * All infants under 6 months with SAM referred for inpatient treatment

3.3. IYCF challenges

The following were the IYCF challenges reported by the health workers during programme visits:

- · Mothers reporting they did not have enough breastmilk
 - Most often this was linked to the misconception that the mother did not have sufficient food so could not produce enough breastmilk for the baby
 - This resulted in mothers providing: boiled water and sugar, infant formula, early introduction of complementary foods
- Due to economic constraints, many families reported having limited food access
 - o many talking about only having bread and tea
 - o this led to late initiation of complementary feeding in some cases
 - o often led to perception of "not enough breastmilk"
 - o Not able to follow advice to eat extra meal when pregnant of breastfeeding
- Mothers were stopped breastfeeding when they became pregnant
 - Reasons included: breastmilk becomes bad when pregnant, not good for the unborn child, not enough food to breastfeed
 - o Child spacing is on average short in Afghanistan, therefore this is a common issue
- Breast pain, engorgement
- · Nipple problems due to poor attachment
- · Limited knowledge on position and attachment for successful breastfeeding
- Staff requested support with counselling on emergency topics e.g. limited access to food, not enough breastmilk

Comment [AB1]: Change section?

- Poor hygiene practices and facilities
 - o Open defecation common among men and children in some camps

In the majority of sites, Infant formula was used by some mothers. In no sites did they report distributions of infant formula, families were purchasing from the bazaar.

4. Meeting with supervisors of Mobile Health Clinics

Herat

Following the Programme visits, supervisors of the mobile health teams and provincial nutrition management met on the 31st January 2019 to discuss the observations and plan for the Workshop on Practical Training for IYCF-E Workers.

The above findings were presented, and a discussion facilitated. All management agreed with the observations and re-iterated the main challenge was the counselling skills.

The draft agenda for the practical workshop on IYCF-E Counselling was presented, and all agreed on the content. The focus of the workshops would be:

- ✓ Defining Counselling (compared to messaging)
- ✓ The 3-step counselling process: Assess, Analyse and Act
- ✓ Practical Counselling skills
- ✓ Role plays
- ✓ "not enough breastmilk"
- ✓ IYCF myths and misconceptions e.g. stopping breastfeeding whilst pregnant, mother's nutrition affects breastmilk supply.

All those in attendance at the meeting confirmed their availability and willingness to co-facilitate the workshop.

Badghis

Due to time constraints, the meeting with Nutrition Managers in Badghis occurred before the programmes visits on 10th February 2019. The purpose of the IYCF-E Advisers visit to the Province was presented, and the findings and outcomes from the visit in Herat were presented.

The workshops were introduced, and participation requested from each of the organisations.

All those in attendance at the meeting confirmed their availability and willingness to attend the workshop. Unfortunately they were not of capacity themselves to co-facilitate. They were encouraged to attend as participants to be able to effectively supervise counselling after the workshop.

5. Workshops on practical counselling training for IYCF-E workers



5.1. Workshop Content

The workshop package used materials from the UNICEF IYCF Counsellor Training and Save the Children's IYCF-E Curriculum. It used the 3-step counselling process to structure the sessions: Assess, Analyse, and Act. In addition two technical sessions were added on breastfeeding myths and misconceptions and "not enough milk", both of which were common challenges reported by the mobile teams during programme visits in both provinces.

Scenarios used were, where possible, taken from real-life examples from programme visits to ensure they were contextually relevant.

5.2. Workshop in Herat

Herat Workshop details

The workshop was decided to be 1-day long to minimise disruption to the programmes, and was conducted twice on the 3^{rd} and 4^{th} February 2019 to allow for batches from each organisation.

The workshop was led by Alice Burrell, IYCF-E Adviser of the Technical Rapid Response Team (Tech RRT) with facilitation support from:

- Dr Sohail, Provincial Nutrition Officer at the Provincial Public Health Department
- Dr Khatera Ahmadzai, Technical Worker of IYCF at the Public Nutrition Directorate (PND)
- Dr Qayoumi, Nutrition Extender at UNICEF Herat

Khatera Fayeq, Nutrition Project Officer at World Vision International (WVI)

The workshop was funded by World Vision and held at Hotel Sadaf.

Herat Agenda

Time	Method				
8 – 8:30am		Welcome and introduction			
8:30 – 9:00am	1	The 3-step counselling process	Presentation		
9:00 – 10:00am	2	Counselling Skills	Brainstorm, practice,		
		Behaviour Change model	activities		
		 Listening and learning 			
		 Asking the right questions 			
		 Building confidence 			
10:00 – 10:30am	3	Breastfeeding myths and misconceptions	Game		
10:30 – 11:00am		Tea break			
11:00 – 12:00pm	4	"not enough milk"	Presentation, practice		
12:00 – 1:00pm	5	Step 1: Assess	Role play		
1:00 – 2:00pm		Lunch			
2:00 – 2:30pm	6	Step 2: Analyse	Individual activity		
2:30 – 4:00pm	7	Step 3: Act	Practice role plays		
4:00 – 4:30pm		Wrap up			

Herat Participants

Participants were selected as those providing IYCF Counselling in the Mobile Health Teams in the IDP Camps, this included Nutrition Nurses, Health Promoters, and Midwives. Participants were from: UNICEF, World Vision, Health Net and ARCS.

The first workshop had 22 participants and the second had 24 participants, therefore in total 46 participants completed the IYCF-E Workshop (44 female, 2 male). Attendance lists can be found in Annex 1.

5.3. Workshop in Badghis

Badghis Workshop details

The workshop was decided to be 1-day long to minimise disruption to the programmes, and was conducted twice on the 12th and 13th February 2019 to allow for batches from each organisation.

The workshop was led by Alice Burrell, IYCF-E Adviser of the Tech RRT with facilitation support from:

- Dr Qadria, Regional Nutrition Officer at UNCIEF Western Region
- Abdullah Qayoumi, Nutrition Extender at UNICEF Badghis

The workshop was funded by World Vision and held at the Directorate of Public Health (DoPH).

Badghis Agenda

Time	Session Name	Method
_		

8 – 8:30am		Welcome and introduction		
8:30 – 9:00am	1	The 3-step counselling process	Presentation	
9:00 – 10:00am	2	Counselling Skills	Brainstorm, practice,	
		 Listening 	activities	
		 Asking the right questions 		
		Building confidence		
		 Providing appropriate support 		
10:00 – 10:30am	3	Breastfeeding myths and misconceptions	Game	
10:30 – 11:00am		Tea break		
11:00 – 12:00pm	4	"not enough milk"	Presentation, practice	
12:00 – 1:00pm	5	Step 1: Assess and Step 2: Analyse	Role play	
1:00 – 2:00pm		Lunch		
2:00 – 3:00pm	6	Step 3: Act	Role Play	
3:00 – 4:00pm	8	Field practice at the Hospital Practice		
4:00 – 4:30pm		Wrap up		

Badghis Participants

Participants were selected as those providing IYCF Counselling in the Mobile Health Teams in the IDP Camps, this included Nutrition Nurses, Counsellors and Midwives. Participants were from: UNICEF, World Vision, Hewat, ARCS, and Afghanistan Youth Services Organisation (AYSO)/ ACF.

The first workshop had 22 participants and the second had 20 participants, therefore in total 45 participants completed the IYCF-E Workshop (40 female, 5 male). Attendance lists can be found in Annex 2.

5.4. Workshop Photos

The workshop was designed to be as practical and interactive as possible. The following photos show the different techniques used.

Role Plays

Role plays, with scenarios relevant to the IYCF-E context, were used to allow participants to practice the learnt skills for counselling.









Activities

Activities were used to encourage participants active and group learning and discussion.









Group work

Participants were invited to discuss in small groups and practice various counselling skills in small groups.





Field Practice

In Badghis, as the workshop was held in the DoPH compound, we were next to the hospital. We were able to agree with some of the mothers admitted as inpatients to have counsellors practice their new skills with them.







6. Next steps

The mobile team supervisors will be responsible to monitor and follow-up on progress after the workshop, continuing to provide on the job-coaching. Supervisors of Mobile Teams were requested to complete the IYCF counselling supervision checklist (Annex 3) once per month for each staff providing IYCF counselling in order to monitor individual progress and to re-inforce the counselling skills that were covered in the workshop.

Dr Qadria, UNICEF's Nutrition Officer for the Western Region, will be responsible for ensuring this system is put in place for Herat and Badghis.

The Workshop Training Package will be made available, to allow for Nutrition Extenders to facilitate future workshops if required.

6.1. Annex 1: Herat Workshop attendance sheets

Participant List for 03rd February 2019

	Conduct sinsitazation Training for staff 3.2.2019 Participants time sheet										
NO	Name	Last name	Position	Gender	Organization name	3.2.2019	Remark				
1	Fatema	fai2	protection community promotor	f	w.V.I	THE					
2	and ghetai	Habib Redha	county promter	t	WI	K					
3	Fariba	Hag foost	Notrition Commuter Plomuter	F	UUI	Thu					
4	shogoo Fa	N00(4	Midwike	F	ARCS	leff					
1	fariba	Razagee	nutrition	t	Echo Echo	The state of the s					

	Fahima	Mohammacl	Nutrition Nurse	F	W.VI	430	
	3 haimer	Azizi	Nutrition Newse	F	W.V.I AHF Health	Storge 3	
8	Forzaman	EHSUNZONO	Nurse	F	AHF Health	786	
9	Nasrin	Ali zada	IPD sum nurse	F	AHS Health	Swi	
10	Razia	karini*	Murs Murs	- F	AHF Hewsti	the	
11	Maryam	Noori	Notrition Narse	£	AHF Health	mul	
12	Sakena	hossiny	IPD sum	F	AHF Herat	Judien	
3	Dr. Khatora Ahmadzae	Ammasian	PND IYCY officer	F	paro	Armit 20 F	

				1	wuI	900	
14	Yakajan	Yavav	N. Nurse	71		ed AR Z	
15	Abdullah	Rasekh	~. Mens	M	WVA	The state of the s	
16	Rolice	Timori	miclo: fe	F	z-cHo	Jan .	
17		Najibi	Notrat Promot	F	CHF	A A	
18	Schaile	Rotaic	//	F	CHF	the	
19	parmana	Rozobay	-	F	ADH	#	
-		Ehrahimi	-	F	ECHO	<u>Q</u>	
21	Elnaz		Midwife	F	ECHO	Em Hakimi	

23	Rahila Fayeza Dragowa	Haidary	Midwife Midwife MIF	5	Health net 1PO Health wat TPO	3.2.2019	Duy Devy
25							
27							
29							

Participant list for 04th February 2019

				d Vision Interna	ational - Afghanistan	World Visio لـد ويـژن	on 29
			Conduct si	insitazation Tra	aining for taff 4. FEB. s time sheet	2019	
NO	Name	Last name	Position	Gender	Organization Name	4.Feb.2019	Remark
1	Sahela	Faizan	Medwife	F	unitef	Sulf	
2	Khadija	Borhani	Nutrition Nurse	F	unicef	Borhay	
3	zia gul	Sultanyor	nutrition nurse	F	unicel	alings.	
4	Sussan	Haidary	Medifile	F	unicef		
5	Sohila	Alizay	Medwite	F	unicet	~ // H	
6	Sima	Akberry	N. Nurse	f	unicet	-SE	

			148-34 25			
7	Shabana	Amani	F	N.Nurse	wi	sharper
8	Janagul	Bamshicki	F	N. Nurse	wi	- Anni
9	Rogain	Neoszen	F	N. Nurse	wi	Sem
10	Atifa	Sharifi	F	N. Newsee	Heath Net	المتريق المتريق
11	Ziber gul	Shahiol gar	f	N. Nurse	wi	The second second
12	Parwane	Saithi	F	N.Nurse	wvi	- April - Apri
13	Mozhgan	Hosini	t	N.Nurse	wvi	Alex
14	Ezzat	yousefi	f	N. Nurse	wvi	
15	Rayhana	Husain Zada	1	N. Nurse	wvi	4

					1	(0)	
16	Parisa	M. Aioub		ARES	ARCS	Polit	
17	Magisorah	Novemi	rutrition Promoter	F	mri	Auto	
18	Asifa	najibullah	med Wife	F	wvi	Quizaela	
19	Ramika	Ab. Ahmad	Medwife	F	wvi	my	
20	NovZanin	Ab. Karim	Madwife	F	world	,	
21	Agila	8 horrer f	Community Nutrition Promoter	P	wi	Alelo	
22	Zia gul	Jam shidi	N. Nurse	F	wvi	2	
23	Taeybu	Fazl	N. Nurse	F	Heath next	Fazy	
			Mid of	£	wordwis		
24	Kolenin	Ah Karim	MICH T	7		/ / ·	

6.2. Annex 2: Badghis Workshop Attendance Sheets

Participant List for 12th February 2019

	Participant	list of IYCF	-E Workshop 12th Fe	bruary 20	019 at DoPH	
NO	Name	اسم	اسمFather Name	/SEX جنس	وظیفه Profession/ possition	Organization موسسه/
1	Roqiah		Habibullah	f	Nutrition Couselor	ACF/AYSO
2	Lila		Mohammad Eysa	f	Nutrition Couselor	ACF/AYSO
3	Mah Gul		Mohammad Naser	f	Nutrition nurse	wvi
4	Maryam		Gul Ahmad	f	Nutrition nurse	DOP/UNICEF
5	Nargis		Ab.samad	f	Nutrition nurse	hewad
6	Shukria		Sayed Jamal	f	Nutrition nurse	ACF/AYSO
7	Yalda		Mirza Khan	f	Nutrition nurse	wvi
8	Firouza		Mohammad Ibrahim	f	Nutrition Couselor	ACF/AYSO
9	Ziba		Abdul Rahman	f	Nutrition nurse	DOP/UNICEF
10	Rahima		Ghousadin	f	Nutrition nurse	DOP/UNICEF
11	Rahila		Abdul salam	f	Nutrition Couselor	ACF/AYSO
12	Shabana		Ab. Samie	f	Health promoter	DOP/UNICEF
13	Mah bibi		Nazar Mohammad	f	Nutrition Couselor	ACF/AYSO
14	Rahima		Juma khan	f	Health promoter	DOP/UNICEF
15	ziagoul		Mohammad amin	f	Nutrition nurse	wvi
16	Rabiah		Ramazan	f	Nutrition nurse	wvi
17	Sima		Mohammad ismail	f	Health promoter	DOP/UNICEF
18	Simin		Mohammad nader	f	Nutrition nurse	DOP/UNICEF
19	Sohila		Sayed Ab, hamid	f	Health promoter	DOP/UNICEF
20	Nabila		Zabihullah	f	Nutrition nurse	wvi
21	Faizurahman		mohammad	m	Nutrtion officer	wvi
22	Dr. rahimi		soliman	m	nutrition officer	ACF/AYSO

Participant list for 13th February 2019

NO	Name اسم	اسم پدر Father Name	SEX / win	Profession/ possition		World Visi	on
1	Mondson	Said Ramazon	F	Nurse	Organization /موسسه	شماره تماس /Contact Number	Signature / Us
2	Aneta	Ab Jasar	F	Modering	WVA	0794341150	-OH
3	Razia	Husain Dad		11	N	07286 46419	Anto
4	Zahra	Ab Hamid	R	11/2	1×20	78.787173	All
/ 5	Mhacifer	Note prese	-	ear	N	0774748760	£
6	Mach Sima	Moh. Massan	- Car		tel	cocces	
1	Shavie			N	unices	0197780898	(ID)
1	Natisa.	Loor Mah	F	vaccinator	Mnicel	-792125848	Z
- 8	Abdulah	Shirmohan	al F	prigluire	wva	-798-24456	1:00
9		Hamidul 194	M	RPremetor	11	070188121212	200
10	Mina Lina	Paida Moh	1=	Midwife	unicer	07	TARRE
11	Par wana	Mon. Alcram	12	Midwiegs	unices	0729815645	No A
12	Zaleia	4 hmad shar	2	N	~	0792365309	
13	Adena	Moh-Kazin	F	N	HEWAD	079188757	
14	Fozia	Haji Sardar	F	Musne	WUA		1 10
15	Mozhda	Moh-Islam	12	Midwiet	11	0799520716	
16	Sulton Ahn		m	Promotor	~	0799010590	
17 5	Sardar	Sharacullin	m	referreng		5 Eb 008 10to	1000
18	West: Make	roof i . Man . Hrushi			N	07945288	3 1000
	Sadiga	Fazl Shmed	12	reteem and	WVA	079637086	1
100	Boraiga	11 Conmed		Midwick	Irso	079740761	16
20 0	Di wild	Ab Qayoum	12	11	ARCS	07945771	th sten
21 101	chnegar	Ab Cohuper	F	M	IYSU	07754388	21

6.3. Annex 3: IYCF-E Counselling Observation Checklist

Name of Counsellor: _	
Name of Observer:	
Date of visit:	

(√ for yes and × for No)

Did the Counsellor

Use Listening and Learning skills:

- Keep head level with mother/parent/caregiver?
- Pay attention? (eye contact)
- Remove barriers? (tables and notes)
- Take time?
- Use appropriate touch?
- Ask open questions?
- Use responses and gestures that show interest?
- Reflect back what the mother said?
- Avoid using judging words?
- Allow mother/parent/caregiver time to talk?

Use Building Confidence and Giving Support skills:

- Accept what a mother thinks and feels?
- Listen to the mother/caregiver's concerns?
- Recognize and praise what a mother and baby are doing correctly?
- Give practical help?
- Give a little, relevant information?
- Use simple language?
- Make one or two suggestions, not commands?

ASSESSMENT

(√ for yes and × for No)

Did the counsellor

- Assess age accurately?
- Check mother/father/ caregiver's understanding of child growth curve? (if GMP exists in area)
- Check on recent child illness?

Breastfeeding (with mother):

- Assess the current breastfeeding status?
- Check for breastfeeding difficulties?
- Observe a breastfeed?

Fluids:

• Assess 'other fluid' intake? ☐ Assess feeding bottle use?

Foods:

• Assess 'other food' intake?

Responsive Feeding:

- Ask about whether the child receives assistance when eating?
- Asks about responsive feeding and care practices.

Hygiene:

• Check on hygiene related to feeding?

ANALYSIS

(√ for yes and × for No)

Did the counsellor?

- · Identify any feeding difficulty?
- Prioritize difficulties? (if there is more than one)
 Record prioritized difficulty:

ACTION

(√ for yes and × for No)

Did the counsellor?

- Praise the mother/father/caregiver for doing recommended practices?
- Address breastfeeding difficulties e.g. poor attachment or poor breastfeeding pattern with practical help.
- Discuss age-appropriate feeding recommendations and possible discussion points?
- Present one or two options? (time-bound) that are appropriate to the child's age and feeding behaviours
- Help the mother/father/caregiver select one or two that she or he can try to address the feeding challenges?
- Use appropriate **Counselling Cards** (with OTTA) and Take-home Brochures that are most relevant to the child's situation and discuss that information with mother/father/caregiver?
- Ask the mother/father/caregiver to repeat the agreed-upon new behaviour?
 Record agreed-upon behaviour:
- Ask the mother/father/caregiver if she or he has questions/ concerns?
- Refer as necessary?
- Suggest where the mother/father/caregiver can find additional support?
- Agree upon a date/time for a follow-up session?
- Thank the mother/father/caregiver for her or his time?

Note: Taken from Participant Materials 9.3: Observation Checklist for IYCF Assessment from UNICEF's Community IYCF Counselling Package, Facilitator's Guide, Page 112-113.