Technical Rapid Response Team

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SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

Infant and Young Child Feeding in Emergencies Counselling Training

22 to 26 September 2019

Amman, Jordan

Training Report

Authors

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1. Objectives

The aim of this training course was to give participants the skills, knowledge and understanding to establish and deliver high quality Infant and Young Child Feeding in an Emergency (IYCFE) counselling programmes which are consistent with sector-wide approaches and best standard practices in humanitarian settings.

Budget downsizing in 2017 triggered the necessity to integrate IYCFE into primary health care services. As the main primary healthcare provider in both Azraq and Zaatri Camp, IMC took over CMAM/IYCF implementation and since the transition, staff operating in both CMAM/IYCFE and Reproductive Health programmes have not received a comprehensive, harmonised IYCFE counselling training by a specialist.

This training was developed to address the fact that there is significant room for improving the services currently being provided.

On the completion of the course, participants should be able to demonstrate:

- knowledge and understanding of global humanitarian standards in IYCFE
- the ability to deliver in-depth, quality IYCFE counselling
- confidence in their ability to apply humanitarian guidelines and standards to the context in which they work in IYCFE to both develop and provide IYCFE programmes according to best practice
- ability to use a range of practical skills to deliver appropriately integrated and quality humanitarian IYCFE programs
- a tangible plan for the expansion of IYCFE counselling programming within their organization
- confidence in being an IYCFE focal point within their organization and, if identified, to act as a trainer for IYCFE within both their organization and the Nutrition Working Group
- for those identified as trainers, the ability to deliver one to three day orientations, sensitization sessions, and cascade trainings at all levels on IYCFE

2. Training details

The training was held at the Geneva Hotel in Amman, Jordan from the 22nd to the 26th of September 2019. The training was an initiative of International Medical Corps, UNHCR, UNICEF, Save the Children, and the Nutrition Working Group. Participants of the training were selected by Nutrition Working Group with priority given to Nutrition Focal Points and Reproductive Health actors who have direct contact with women and children and who work directly in IYCFE programmes.

The first two days provided a in-depth overview of IYCFE integration into reproductive health and allowed for the participation of medical providers who wanted training in IYCFE as a general overview within their health practice but who weren't able to stay the entire week. This accounted for 14 people total during the initial registration. However, in the end, all but two of these participants decided to stay and complete the entire week.

There were a total of 37 and 39 participants on day one and two respectively. The rest of the week remained at a similar number per day with a total of 22 participants completing the entire five days and 36 completing the final assessment to qualify as a trainer (results found under section 4. MEAL). In the first day there were 34 women and 3 men, the second day consisted of 36 women and 3 men. Of the 22 who completed all days, 20 were women and 2 were men. The training register is located in Annex A.

Organisations included were: International Medical Corps, Save the Children, MedAir, Caritas, Institute of Family Health, UNICEF, Jordan Health Aid Society (JHAS), Future Pioneers, and Emirates Red Crescent. Of these six were international NGOs and three were local NGOs; Institute of Family Health, JHAS, and Future Pioneers. The participant list can be found in Annex A.

The training was led by Brooke Bauer, IYCFE Advisor to the Technical Rapid Response Team (Tech RRT) and was co-facilitated by Sura Alsamman, Tech RRT IYCFE Consultant and former Health and Nutrition Manager at Save the Children Jordan.

3. Agenda

The training was conducted over five days and consisted of the agenda detailed in Fig 1.

Training sessions were adapted from: Save the Children's IYCF-E Curriculum; WHO Infant and Young Child Feeding Counselling: An Integrated Course; WHO Combined Course on Growth assessment and IYCF Counselling, the UNICEF Community Infant and Young Child Feeding Package; Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action; Integration of IYCF Support into CMAM by UNICEF; WHO and UNICEF Baby Friendly-Hospital Initiative; WHO and UNICEF Infant young child feeding counselling: An integrated course; and the Investing in Childhood Nutrition Course on the IYCF-E Learning Hub managed by Alive & Thrive and implemented by FHI 360 and contextualized to the current context.

Figure 1: 5 Days IYCF-E Integration and Counselling ToT Amman, Jordan

Day 1	Session	Facilitator
9:30	Opening Remarks and Introductions	Brooke
9:45	Pre-assessment	Brooke
10:00	IYCF-E Importance and Guiding Documents	Brooke
10:25	Breastfeeding Importance	Sura
10:45	Break	
11	Dangers of Infant Formula and Teats	Brooke
12	Why Do Mothers Ask for Formula?	Brooke
12:30	Common Breastfeeding Myths	Brooke/Sura
13:00	Lunch	
14:00	Breastmilk Prescription Procedures and discussion	Sura
15:45	Post-Assessment	Brooke

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16:00	End of Day One	
Day 2		
9:30	Introduction to Day	Brooke
9:45	Pre-Assessment	Brooke
10:00	Breastfeeding Basics	Sura
10:30	Alternatives before BMS	Sura
10:45	Break	
11:00	Effects of common labour interventions and newborn care	Brooke
12:00	Referral Pathways	Sura
12:30	Breast Conditions and Counselling	Sura
13:30	Lunch	
14:30	Framework Video	Sura
15:00	Integration Action Plans	Brooke
15:45	Post-Assessment	Brooke
16:00	End of Day Two	
Day 3		
9:30	Introduction to Day	Brooke
9:45	Common Breastfeeding Difficulties	Sura
10:45	Break	
11:00	Counselling during common Breastfeeding Difficulties	Sura
11:30	Complementary Feeding	Brooke
13:00	Lunch	
14:00	Counseling Skills	Brooke
15:30	Feeding The Sick Child	Brooke
16:00	End of Day Three	
Day 4		
9:30	Introduction to Day	Brooke
9:45	Use of the IYCF-E Assessment Form (SRA/Full assessment/breastfeeding observation checklist /Decision tree)	Sura
10:15	Break	
10:15	Counseling Role Play	Sura
11:30	Anthropometric measurements	Brooke
12:00	Growth Charts	Brooke
13:00	Lunch	
14:00	CMAM Overview and integration	Brooke/Sura
16:00	End of Day Three	
Day 5		
9:30	Introduction to Day	Brooke
9:45	In-Depth Discussion on Integration and current activities	Sura
10:45	Break	
11:00	Action Oriented Support Groups	Brooke
11:45	Peer Support Groups	Brooke
12:30	Action Plans	Brooke

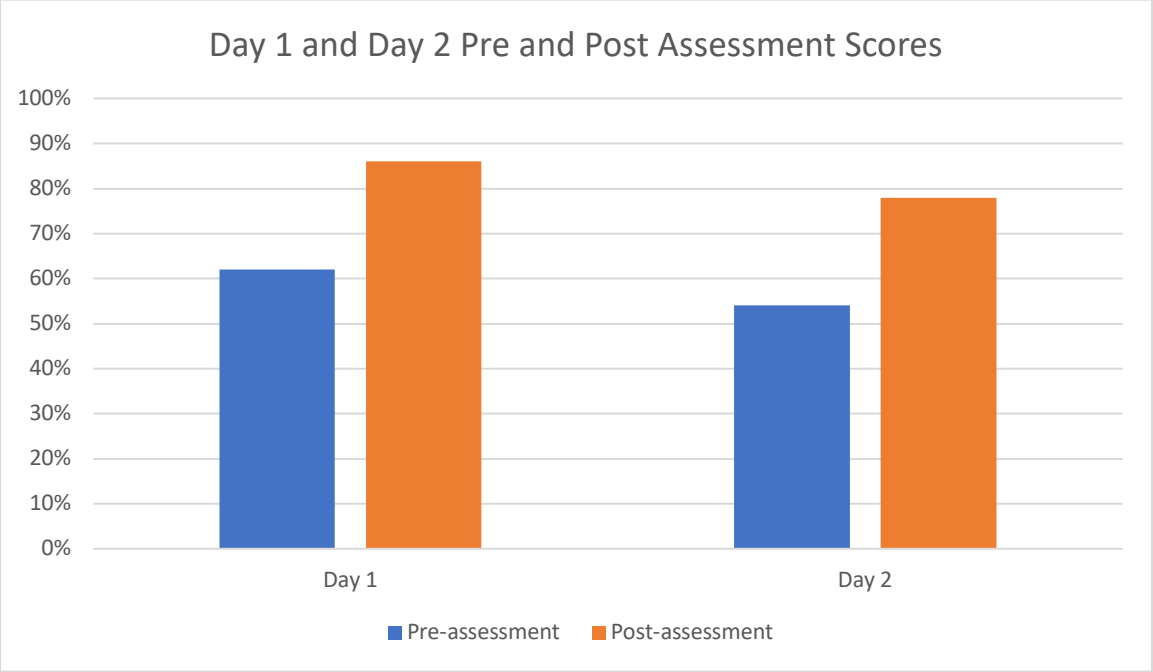
13:00	Lunch	
14:00	Post-Assessment	Sura
16:00	End of Day Five	

4. Monitoring, Evaluation, Accountability and Learning

Pre and post assessment of participants' knowledge

For days one and two each participant was asked to complete a pre and post assessment of knowledge on IYCF-E. The assessment templates can be found in Annex B (day one) and C (day two).

Figure 2: Pre and Post Assessment Scores

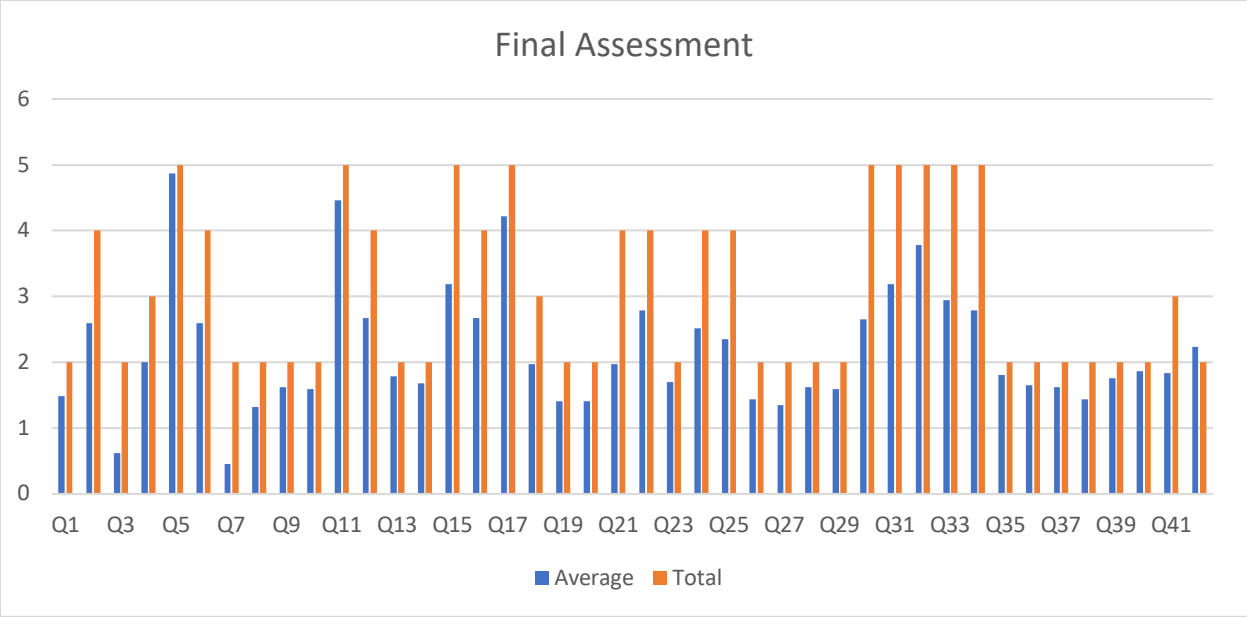


Average score for day one pre-assessment was 62% and the post-assessment was 86% with a 24 point positive change in score. The second day pre-assessment was 54% and the post-assessment was 76% with a 22 point positive change in score. 37 participants took the pre and post assessment on day one and 39 participants took the pre and post assessment on day two . The assessments were in English and all participants attending on each day completed all assessments.

Final Assessment

On the fifth day a 2 hours final assessment was conducted, in Arabic, found in Annex D. 36 out of 38 participants on the day completed the assessment. Exam scores can be found in Annex B.

Figure 3: Final Assessment Individual Question Averages



Maximum score possible per question depended on the question and ranged from 2 to 5 per question.

The five lowest averages compare to maximum scores were on questions related to (most commonly answered incorrectly first):

- Q30 BMS Code Regulations
- Q34 Ready for Complementary Foods
- Q21 Flat and Inverted Nipples
- Q33 OTP and SFP Medications
- Q31 WHO Medical Reasons for BMS

Action plans

Participants completed individual action plans with a timeline and measurable indicators for how they would continue to use their acquired knowledge, advocate for consideration of IYCF-E, and strengthen current IYCF-E activities within their Province and their organisations.

Training Evaluation

Participants were given the opportunity to complete an anonymous evaluation form at the end of the training. The results of the scoring questions are shown in Fig 4; for most criteria the majority of participants scored 5 (very satisfied) or 4 (satisfied).

The percent of participants satisfied or very satisfied overall was 89.19%.

Fig 4: Training Evaluation Scores

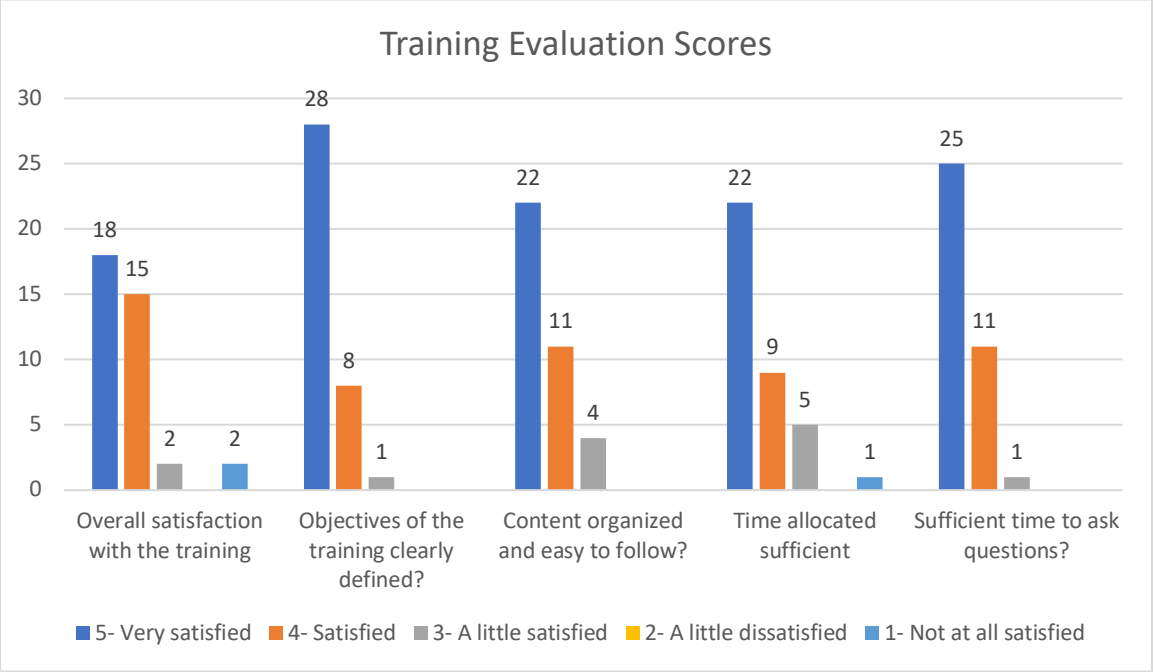


Figure five below summarizes feedback given by the participants.

Fig. 5: Participant Feedback Summary

What did you like most about the training?	What aspects of the training could be improved?	How will you apply the information presented to your work?
☺ There was a wide range of topics covered	☹ CMAM could have been covered in more depth	✓ Start mother/peer support groups
☺ Well organised	☹ Having the entire training in Arabic would be more helpful	✓ Provide more in depth counseling support
☺ The trainers were knowledgeable and good facilitators	☹ More group work and activities	✓ Cascade the training to the rest of the staff

☺ There was a lot of space for the participants to share thoughts, ask questions, and participate	☹ More case studies would be helpful	✓ It gave ideas to more extend services in the clinics
☺ The breastfeeding knowledge that was shared was very beneficial and practical for the field experience.	☹ Going in depth regarding referral pathways	✓ Counseling skills improved allowing to use better skills when working with mothers
☺ Learning in depth about relactation and induced lactation was really beneficial.		✓ The action plan was very helpful to create and gives a concrete plan for implementation
☺ The variety in the training materials was really useful		

5. Identified Trainers

Part of the objective of the ToT was to clearly identify trainers to facilitate capacity building activities within the Jordan Response.

The trainers were selected based on the following criteria and were selected from a range of positions in a range of organisations:

- Motivation to train
- Remain in current position for at least six months more
- High Level of Participation in current ToT
- Test Score of above 100 points on the final assessment

Figure 6: Identified Trainers

Master Trainers: Supervision and Lead on Trainings		
Responsibility: Identify and initiate trainings, develop trainings, mentor trainers, build capacity of all trainers		
Name	Organisation	Notes
Dina Jardaneh	UNHCR	
Buthainah Alkhatib	UNICEF	
Israa Abu Jamous	Save the Children Jordan	

Ruba Abu Taleb	IMC	
Trainers: based on participation and post-test score		
Responsibility: Assist in the development of trainings alongside Master Trainers, act as lead trainer during the trainings, mentor and support assistant trainers, build capacity of assistant trainers		
Zainab Albukhari	Save the Children	IYCF Consultant
Eman Saleh	Medair	Health Officer
Lubna Shneis	Caritas	Sr. Nutritionist
Bayan Alqadamani	IMC	Nutrition Counselor
Batool Tabaza	IMC	Nutrition Officer
Razan Mousa	IMC	Community Health Officer
Dr. Alaa	JHAS	Pediatrician *(Note: Could act as RH trainer/advocate)*
Assistant Trainers: Did extremely well in the post test but may need support with facilitation skills.		
Responsibilities: Support lead trainers during trainings, assist in the admin of the trainings, provide feedback on trainings to lead and master trainers		
Siren Abu Alhaj	IMC	Nutrition Counselor
Waed Qawasmi	IMC	Nutrition Counselor
Farah Nasereddin	IMC	Nutrition Officer
Juman Yaghi	IMC	Nutrition Counselor
Muna Yaseen	Future Pioneers	Health Specialist
Waed Yousef	IMC	Nutrition Counselor
Noor Touqan	Save the Children	Health Coordinator
Wafaa Alkhawaja	IMC	Nutrition Counselor

6. Photos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Infant and Young Child Feeding (IYCF) Integration Orientation for Medical Providers


Examples of WHO Child Growth Standards
Weight-for-age GIRLS


Breastfeeding Difficulties

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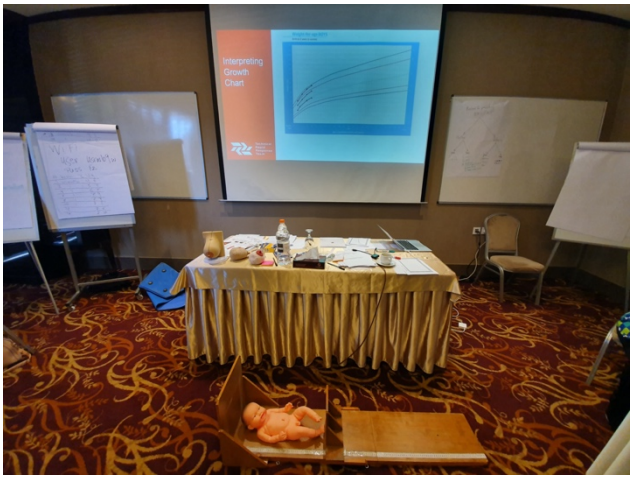

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Annex A: Attendance List

№	Name	M/F	Organisation	Local/INGO	Designation	Day 1	Day 2	Day 3	Day 4	Day 5
1	Nermen Issa Qandah	Female	Caritas	International	Nutritionist	Yes	Yes	Yes	Yes	Yes
2	Sandy Majid Abbasi	Female	Caritas	International	Nutritionist	Yes	Yes	Yes	Yes	Yes
3	Charmain Rabreeh	Female	Caritas	International	Nutritionist	Yes	No	No	No	Yes
4	Kholoud Dababreh	Female	Caritas	International	Nutritionist	Yes	Yes	Yes	Yes	Yes
5	Batool Tabara	Female	IMC	International	Nutrition Officer	Yes	Yes	Yes	Yes	Yes
6	Eman Saleh	Female	Medair	International	Health Officer	Yes	Yes	Yes	Yes	Yes
7	Wafa Alkhawajch	Female	IMC	International	Nutrition Counselor	Yes	Yes	Yes	Yes	Yes
8	Nagham Abu Saad	Female	IMC	International	Nutrition Counselor	Yes	Yes	Yes	Yes	Yes
9	Fadi Samarneh	Male	Caritas	International	Clinic Manager	Yes	Yes	No	No	No
10	Ghadeer Talafha	Female	Institute of Family Health	National	Nutritionist	Yes	No	Yes	Yes	Yes
11	Reem Awwad	Female	Caritas	International	Nutritionist	Yes	Yes	Yes	Yes	Yes
12	Israa Abujamos	Female	Save the Children	International	Programme Manager	Yes	Yes	No	Yes	Yes
13	Abdullah Oleimat	Male	UNICEF	International	Health and Nutrition Officer	Yes	Yes	Yes	Yes	Yes
14	Dr. Khalid Qaryab	Male	IMC	International	Pediatrics Specialist	Yes	Yes	No	No	No
15	Zanab Albkhari	Female	Save the Children	International	IYCF Consultant	Yes	Yes	Yes	Yes	Yes
16	Noor Touqam	Female	Save the Children	International	Health Coordinator	Yes	Yes	Yes	Yes	Yes
17	Dr. Sara Alremawi	Female	IMC	International	Pediatrician	Yes	No	No	No	No
18	Tamara Qalqili	Female	Caritas	International	Nutritionist	Yes	Yes	Yes	Yes	Yes
19	Razan Mousa	Female	IMC	International	Community Health Officer	Yes	Yes	Yes	Yes	Yes
20	Siwar Ashraf Al Khidan	Female	Caritas	International	Nutritionist	Yes	Yes	Yes	Yes	Yes
21	Lubna Shemmis	Female	Caritas	International	Sr. Nutritionist	Yes	Yes	Yes	Yes	Yes
22	Raya Haddan	Female	Caritas	International	Nutritionist	Yes	Yes	Yes	Yes	Yes

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23	Hanin Zoubi	Female	UNICEF	International	Health and Nutrition Officer	Yes	No	No	No	No
24	Wead Yousef	Female	IMC	International	Nutrition Counselor	Yes	Yes	Yes	Yes	Yes
25	Sireen Abulhaj	Female	IMC	International	Nutrition Counselor	Yes	Yes	Yes	Yes	Yes
26	Juman Yaghi	Female	IMC	International	Nutrition Counselor	Yes	Yes	Yes	Yes	Yes
27	Nisrean Bain Hamad	Female	IMC	International	Nutrition Counselor	Yes	Yes	Yes	Yes	Yes
28	Ala Momani	Male	JHASI	National	Pediatrician	Yes	Yes	Yes	Yes	Yes
29	Farah Ezeddin Nasereddin	Female	IMC	International	Nutrition Officer	Yes	Yes	No	Yes	Yes
30	Waed Emad Al-Qawasmi	Female	IMC	International	Nutrition Counselor	Yes	Yes	Yes	Yes	Yes
31	Bayan Al-Qadamani	Female	IMC	International	Nutrition Counselor	Yes	Yes	Yes	Yes	Yes
32	Aseel Abjabry	Female	IMC	International	Nutrition Counselor	Yes	Yes	Yes	Yes	Yes
33	Ruba Kanani	Female	IMC	International	Nutrition Counselor	Yes	Yes	Yes	Yes	Yes
34	Eman Bany Faiad	Female	IMC	International	Nutrition Counselor	Yes	No	Yes	Yes	Yes
35	Muna Aref Yassen	Female	Future Pioners	National	Health Specialist	Yes	Yes	Yes	Yes	Yes
36	Nevin Nujadut	Female	JHASI	National	Midwife	Yes	Yes	Yes	Yes	Yes
37	Ghada Al-Sa'ad	Female	JHASI	National	Clinic Manager	Yes	Yes	No	No	No
38	Sara Alremawi	Female	IMC	International	Pediatrician	No	Yes	No	No	No
39	Garam Rabadi	Female	Caritas	International	Nutritionist	No	Yes	Yes	Yes	Yes
40	Reeman Al-Rhoub	Female	IRC	International	Midwife	No	Yes	Yes	Yes	Yes
41	Marium Awad	Female	IRC	International	Midwife	No	Yes	Yes	Yes	Yes
42	Tagheed Marji	Female	Caritas	International	Medical Coordinator	No	Yes	No	No	No
43	Salam Alkiswani	Female	Emirates Red Crescent	International	Nutritionist	No	No	Yes	Yes	Yes
45	Ruba Abu Taled	Female	IMC	International	Nutrition Programme Manager	Yes	Yes	Yes	Yes	Yes
46	Reham Qandeel	Female	IMC	International	Nutrition Counselor	No	No	No	Yes	Yes
47	Auliana Dababneh	Female	Caritas	International	Nutritionist	No	No	No	Yes	Yes
	Total					38	39	35	39	40

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ANNEX B: Day One Pre and Post Assessment

Title: IYCFE TOT Date: 22 Sept 2019 Location: Amman, Jordan

1. True or False: Infant formula donations in health clinics are dangerous and can cause harm to mothers and infants. Circle one: True False

2. True or False: Exclusive and continued breastfeeding prevents the highest number of childhood deaths under 5. Circle one: True False

3. The following are basic IYCF interventions (Circle **ALL** that apply)
   a. Ensure support for early initiation of exclusive breastfeeding for all newborns
   b. Distribution of non-food items to each shelter
   c. Ensuring transportation to health facilities

4. Name one important guidance document for IYCF programming: _____

5. What makes complemenatry feeding difficult in humanitarian settings? (Circle **ALL** that apply)
   a. Lack of clean water
   b. Food insecurity
   c. Unsanitary conditions
   d. Disruptions to market systems, poor quality food available, disrupted harvests
   e. Premature cessation of breastfeeding due to stress, illness, death, premature established weaning, distributions of unsolicited BMS

6. What is one reason that bottles and teats are dangerous in low-resource settings?
   _____

7. True or False: Counselling, relactation, expressed milk, wet nursing should all be explored before resorting to infant formula. Circle one: True False

8. True or False: Trauma makes breastmilk bad. Circle one: True False

9. What is one common reason that a breastfeeding mother might request formula?
   _____

10. Which is **NOT** a medically indicated reason to prescribe infant formula?
    a. Infants born weighing less than 1500 g (very low birth weight)
    b. Maternal medication such as sedating psychotherapeutic drugs
    c. Mother of child has the cold or flu
    d. Infants with maple syrup urine disease

Score: _____/10

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ANNEX C: Day two pre and post test

Title: IYCF TOR Date: 23 Sept 2019 Location: Amman, Jordan

1. Sucking at the nipple sends impulses to the brain to release the hormones _____and _____.

2. The following are true about breastmilk supply (Circle **ALL** that are true)
   a. Breastmilk production is about supply and demand
   b. It is important for women to eat certain foods that increase supply to ensure that they are making enough milk.
   c. A baby removes milk from the breast more efficiently than a baby

3. True or False: Empowering a mother is an important part of breastfeeding interventions.
   Circle one: True. False

4. True or False: Crying is a most effective way to know that the baby is hungry.
   Circle one: True False

5. What makes complemenatry feeding difficult in humanitarian settings? (Circle **ALL** that are true)
   e. Food insecurity
   f. Disruptions to market systems, poor quality food available, disrupted harvests
   g. Premature cessation of breastfeeding due to stress, illness, death, premature established weaning, distributions of unsolicited BMS

6. Evidence suggests that babies who are entirely formula-fed are more likely to become (Circle ONE)
   a. Stunted because they are receiving optimal nutrition once complementary foods are introduced
   b. Obese toddlers if they are introduced to solid foods early.

7. Name two staple foods that are locally available and appropriate for complementary feeding:
   _____

8. True or False: It is good if complementary foods are diluted with lots of water so the baby gets all the energy he needs to grow.

9. Skin to Skin after birth is beneficial because: (Circle **ALL** that are true)
   a. Increases duration of breastfeeding
   b. More quickly stabilizes vital signs
   c. Babies learn to suckle more effectively
   d. Encourages milk supply

10. How long should you aim to wash your hands for?
    a. 10 – 15 seconds
    b. 40 – 60 seconds
    c. 90 – 120 seconds

Score: _____/10

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ANNEX D: Final Assessment

1. ما هي أهمية تطبيق برنامج تغذية الرضع وصغار الأطفال في أي موقع؟
2. ما هي توصيات منظمة الصحة العالمية واليونسيف لتغذية الرضع وصغار الأطفال؟
3. اذكر اسم مرجعين أساسيين يتم الرجوع اليهما في تخطيط برامج تغذية الرضع وصغار الأطفال؟
4. كيف تؤثر حالات الطوارئ على ممارسات تغذية الأطفال؟
5. اذكر 5 فوائد للرضاعة الطبيعية لكل من الأم و الطفل؟
6. كيف تحمي الرضاعة الطبيعية الطفل من العدوى (4 خطوات)
7. البدء المبكر من الساعة الأولى يحمي من الوفاة بنسبة ..... أما في اليوم الأول فبنسبة .....
8. ما هي مكونات اللبأ الأساسية التي تجعله مهما للمناعة وما وظيفة كل منها (اذكر 4)
9. قارن بين مكونات الحليب (كربوهيدرات/بروتين/دهون) في اللبأ والحليب التالي و بين الحليب في بداية الرضعة واخرها (جدولين)
10. قارن بين مكونات حليب الأم و الحليب البقري (كربوهيدرات/بروتين/دهون) و نوعية البروتين في كل منهما (جدولين)
11. اذكر 10 مضار لاستخدام الحليب الصناعي
12. ما هي الهرمونات المسؤولة عن عملية الرضاعة وما الية عملها؟
13. على ماذا تعتمد كمية انتاج الحليب في الأسابيع الأربعة الأولى ؟
14. لماذا يجب تفريغ الصدر من الحليب بشكل مستمر؟
15. ما هي علامات التعلق الجيد بثدي الأم ؟ وما هي أهم المسببات للتعلق الخاطئ؟
16. قارن بين علامات المص الفعال وغير الفعال (جدول)
17. ما هي الخطوات التي يجب اتباعها لتأسيس/الحفاظ على مخزون جيد للحليب ؟ (10 خطوات)
18. كيف تكون الوضعية الصحيحة للرضاعة؟
19. ما هي العلامات التي تدل على عدم الحصول على كمية كافية من الحليب؟
20. كيف تستطيع مساعدة الأم اذا كان الطفل فعليا لا يحصل على كمية كافية من الحليب ؟
21. ما هي النصائح التي يجب تقديمها للأم في حالة الحلمة المسطحة والمنقلبة؟
22. ما الفرق بين أعراض الاحتقان والصدر الممتلئ ؟ (جدول)
23. ما أسباب حدوث الاحتقان وكيف يمكن تجنبه؟
24. كيف تتم مساعدة الأم التي تعاني من الاحتقان؟
25. ما الفرق بين أعراض انسداد القنوات والتهاب الثدي وكيف يتم علاجهما؟
26. كيف يتم علاج تشقق الحلمة؟
27. متى يمكن ان تلجأ الأم لعصر الحليب وكم يمكن تخزينه في درجة حرارة الغرفة؟
28. ما هو تعريف بدائل الحليب؟ اذكر 5 أمثلة
29. كيف تساهم بدائل الحليب في جعل الطفل عرضة للعدوى؟
30. اذكر 5 من اهم القوانين الواردة في المدونة الدولية لتسويق بدائل حليب الأم و 3 من القوانين المخصصة لحالات الطوارئ
31. ما هي الحالات الطبية/الأمراض التي تستلزم استخدام الحليب الصناعي (للأم والطفل)
32. ما هي خطوات قياس محيط منتصف الذراع للطفل وكيف يتم تصنيف النتائج (طبيعي/سوء تغذية معتدل أو حاد) ؟
33. ما هي الأدوية الروتينية التي يجب اعطائها لكل من الطفل المصاب بسوء التغذية الحاد والمعتدل ؟
34. ما هي أهم العلامات التي تدل على أن الطفل أصبح مستعدا للأغذية التكميلية؟
35. ما هو تعريف الأغذية التكميلية ؟
36. ما أهمية الاستمرار في الرضاعة الطبيعية بعد البدء في الأغذية التكميلية؟
37. ما أضرار ادخال الأغذية التكميلية في الشهر الثالث أو الثامن ؟

38. ما أهمية التركيز على "كثافة" الغذاء المقدم للطفل؟
39. ما هي أهم مصادر الحديد (حيوانية ونباتية) وعلى ماذا يعتمد امتصاص الطفل للحديد؟
40. ما أهمية فيتامين أ و ما أهم مصادره ؟
41.

age	texture	frequency	amount
6-8 months			
9-11 months			
12-23 months			

42. ما الفرق بين الأجوبة المذكورة في السؤال السابق و الكميات التي يجب اعطائها للطفل الذي لا يرضع رضاعة طبيعية؟

Technical Rapid Response Team

Sida
SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

ANNEX E: Final Assessment Score per participant:

№ participant	Final Exam Score (130 maximum score)	Exam success rate %
1	75	58%
2	68	52%
4	85	65%
5	115	88%
6	118	91%
7	113	87%
8	89	68%
9	53	41%
10	56	43%
11	89	68%
12	124	95%
13	107	82%
14	88	68%
15	105	81%
16	93	72%
17	108	83%
18	61	47%
19	104	80%
20	100	77%
21	112	86%
22	38	29%
23	84	65%
24	115	88%
25	119	92%
26	106	82%
27	70	54%
28	99	76%
29	85	65%
30	103	79%
31	84	65%
32	47	36%
33	87	67%
34	87	67%
35	98	75%
36	89	68%
37	81	62%
38	69	53%