Guide on Mobilizing Community Support for Infant and Young Child Feeding (IYCF) Program
What’s inside?

Message, (i)
Overview, (1)

Steps in mobilizing community support

Step 1: Mapping/Identification of possible partners, (8)
Step 2: Conducting community assembly, (10)
Step 3: Organizing volunteers, (13)
Step 4: Assessing IYCF practices in the community, (21)
Step 5: Orienting peer counsellors, (25)
Step 6: Action planning, (31)
Step 7: Implementation, (36)
Step 8: Monitoring, evaluation and documentation, (39)

End notes, (42)
Attachments, (43)

Frequently Asked Questions:

1. Who are the target users of this guide?
   The primary target users of this guide are the midwives and other designated persons in the barangay.

2. What is this guide all about?
   This guide is about community mobilization and will introduce the target users to the 8 basic steps needed to organize and mobilize community support groups for implementing and expanding the IYCF program.

3. What are the expectations from using this guide?
   Upon completion, the target users should be able to carry out the steps, deliver the target output for each step, and train others on using this guide.
MESSAGE

This Guide on Mobilizing Community Support for Infant and Young Child Feeding (IYCF) Program was developed in order to guide communities in strengthening their IYCF Program. Specifically, individual counselling of mothers by their peers, i.e. mothers of the same background and with successful IYCF experience, has been proven to be an effective intervention in reducing malnutrition among infants and young children as exclusive breastfeeding is ensured and that appropriate complementary feeding is practiced.

The National Nutrition Council (NNC) developed this guide in collaboration with the National Center for Disease Prevention and Control, the United Nations Children’s Fund and the World Health Organization. The NNC also acknowledges the assistance of local government units in the pre-testing of this guide and the help of the IYCF national trainers for their practical and technical advice.

The development of this guide was partly supported by the Joint Programme MDG-F 2030: Ensuring Food Security and Nutrition for Children 0-24 Months Old in the Philippines through the Millennium Development Goals Achievement Fund established by the government of Spain through its development agency (AECID).

Assistant Secretary of Health Maria-Bernardita T. Flores, CESO II
Executive Director IV, National Nutrition Council
The Global Strategy for Infant and Young Child Feeding was jointly developed by the World Health Organization (WHO) and by the United Nations Children’s Fund (UNICEF) to revitalize world attention to the impact that feeding practices have on the nutritional status, growth, development and health, and survival of infants and children.

Globally, malnutrition was responsible—directly and indirectly—for 54% of the 10.9 million deaths annually among children under five. Over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life.

The protection, promotion, and support of breastfeeding rank among the most effective interventions to improve child survival. According to the WHO, it is estimated that high coverage of optimal breastfeeding practices could prevent 13% of the 10.6 million yearly deaths of children five years old and below. Evidence on the importance of exclusive breastfeeding and early initiation includes:

- Babies who were not breastfed during the first 6 months of their lives are 25 times more likely to die than those who experienced exclusive breastfeeding from the time they were born.
- The timing of initiation of breastfeeding is important since there is a higher risk of death among infants when the delay in the initiation of breastfeeding is longer.
Hospitalized low birth weight infants who were fed with formula milk had 4 times the incidence of serious illnesses compared to infants who were breastfed.

There is a 2-4 fold increase in neonatal mortality rate (NMR) among infants who did not receive colostrum. There is a 5-13% decrease in NMR with exclusive breastfeeding.

Breastfeeding not only saves babies from death, but also provides long-term benefits. Breastfed babies do better in school cognitive tests by as much as 4.9 points. There is a positive association of breastfeeding with educational attainment.

In the Philippines, about half of newborn infants are not initiated to breastfeeding within the first hour after birth although nearly half are exclusively breastfed during the first 6 months.

To promote, protect and support IYCF, several laws/policies have been passed (A-1). The Department of Health issued the National Policies on Infant and Young Child Feeding in 2005 as contained in DOH Administrative Order 2005-0014. The Administrative Order underscores the following policies:

1. Initiation of breastfeeding within the first hour after birth
2. Exclusive breastfeeding for the first six months of life, meaning no other food but breastmilk
3. Introduction of other foods after the first 6 months with continued breastfeeding, and
4. Continued breastfeeding up to two years and beyond.

The policies are further translated into the National Plan of Action on IYCF which is anchored on the Global Strategy on IYCF. The plan of action aims to contribute to nutrition improvement and reduction of infant and child morbidity and mortality.

The four main objectives of the plan are to:

1. Promote IYCF appropriate practices
2. Increase political commitment at different levels of government, international organizations, NGOs, private sector and civil society

3. Provide a supportive environment to enable families and communities to implement optimal IYCF practices, and

4. Ensure sustainability of interventions along IYCF.

The plan also identifies four key strategies, namely

1. Development of policies and standards
2. Improvement of systems for effective IYCF
3. Mobilization of stakeholders on IYCF, and
4. Involvement of families and communities to promote and adopt IYCF.

These strategies will focus in transforming the following various settings to become mother-child-friendly (A-2):

1. Families/Communities
2. Work Place
3. Health Facilities
4. Schools
5. Industry

This Guide on Mobilizing Community Support for IYCF Program will introduce the IYCF team to the 8 basic steps of organizing and mobilizing community support groups that will protect, promote and support IYCF practices.

Several reasons are identified why IYCF should be done in the community:

1. Malnutrition usually starts in the first year of life because of poor infant and young child feeding practices and its consequences are carried over to the following years;

2. Effective intervention, which is group and individual counselling on IYCF, has been identified;

3. There is a need to support IYCF practices especially at the community level where it is important to provide
the enabling environment and give support to mothers and their families to practice correct IYCF; and

4. To guard and push the National IYCF policy, Global Strategy on IYCF, and make IYCF a priority action in local development plans and programs.

It is in that context that mobilizing the community is seen to be very important. The additional community support spells out additional success on the IYCF program.

In community mobilization, one of the basic and usual challenges is coordination. And in coordination, we should always consider the structure at the city/municipal and at the barangay levels.

In this case, IYCF program coordination best starts at the city/municipal level that is supported at the provincial, regional and national levels. This is initiated by the IYCF focal persons or IYCF technical program officers/coordinators. Below are the things that should take place at this stage:

1. Meeting with the Local Chief Executive together with the local nutrition committee as well as the local legislative bodies e.g. Committee on Health;

2. Orientation on the IYCF program;

3. Presentation and defining the support needed from the LGU i.e. financial, resolution or ordinance to institutionalize the agreements and support; and

4. Endorsement of the IYCF program by the Mayor to the barangay for implementation.

For the particular IYCF component of mobilizing community support groups, with the aid of this guide, the main actors are: the rural health physician as lead convenor of the mobilization meeting, nurses, midwives and other designated persons by the barangay captain i.e. Barangay Health Workers, Barangay Nutrition Scholars, community health teams and others. The aim is to start organizing and create support groups from the community.
In doing so, the ultimate starting point is to follow the steps needed to make our mobilization work easy.

**IYCF community support mobilization framework**

**Figure 1** shows the eight (8) basic steps in IYCF community support group mobilization. The arrows represent the general sequence of steps, with room for great variety in implementation given the objectives of the program. The movement of the arrows shows the movement of steps in IYCF mobilization which means that it is a continuing process and learning.

The steps involved in the framework are simplified to make mobilization less complicated and easy to do. The framework suggests that action will not start from zero and that there are existing IYCF focal persons at the local level who can assist when needed.
Definition of terms:
The following are some of the definition of terms to help clarify concepts on IYCF community support:

**IYCF peer counsellors** refer to individual volunteers that provide counselling to mothers, fathers, other family members and other carers to promote appropriate IYCF practices. They are called peer counsellors because they are also mothers with similar experience on IYCF.

**IYCF support group** is a group of IYCF peer counsellors organized in the community or other settings such as workplaces. IYCF support group provides support either to individual or groups of pregnant women and mothers with children 0-2 years old. Support can be in the form of individual or group counselling, wet-nursing, child minding, and other practical help to enable the adoption of appropriate IYCF practices.

**IYCF support** refers to the various forms of support provided by an individual, community or organization to promote, protect and support appropriate IYCF practices. The support can be in the form of budget for IYCF activities, passage of local resolutions and ordinances, monitoring of Milk Code and related policies/laws like RA 10028, advocacy for IYCF, among others.
1 Mapping/ Identification of possible partners

This step will require us to list down the possible partners we could tap in the community who can help in different ways. It is very important to identify partners and invite them early on.

The list might include several or all of the following groups, but not limited to the examples in the table. The list might include even those groups that are not popular but can make significant impact to mobilization of IYCF support groups.

It is important NOT TO MISS OUT on any significant group. The more IYCF partners that can be identified, the better!

List of possible partners / groups:

1. Faith-based/Religious groups
2. Youth
3. Senior Citizens group
4. Women’s group
5. Organized mothers in the barangay
6. Community-based organization/NGOs
7. Associations
8. Civic groups
9. ______________________________
10. ______________________________
11. ______________________________
12. ______________________________
13. ______________________________
14. ______________________________
15. ______________________________

It is also important to identify the possible support that partners or groups can contribute or support to IYCF.
Quick tips...

1. Prepare your list. Ask your peers/friends for their own list and compare.
2. Get the names of the key persons in the groups you identified in your list. Be sure that these persons have influence or decision-making power to represent their group.
3. Request the Barangay Chairperson to issue an invitation/notice for the general assembly.
4. Once the invitation/notice is final, four (4) things can be done to reach out to your target audience:
   a. Sending a formal invitation;
   b. Doing house to house visits;
   c. Posting of the Notice of General Assembly at the barangay or community bulletin boards; and
   d. Organizing a caravan.
5. Do not forget to ask assistance from the BHWs, BNS and mother leaders to assist in informing possible groups to the general assembly.
6. Follow-up after one week of sending the invitation or one week before the general assembly.
7. Prepare your presentation and other IYCF materials.

Your notes here:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Now we are ready for the next step!
Conducting community assembly

We are now on the second step!

At this point there are two (2) things that we need to accomplish:

1. Conduct an assembly, and
2. Recruit volunteers

The assembly is the perfect venue for us to orient members of the community (especially our identified and invited partners) about the IYCF program particularly on the:

- Need to improve IYCF practices in the community to address malnutrition and prevent child death;
- Need to advocate for community action for IYCF;
- Need for the mobilizer to share the possible actions that the community can do to promote, protect and support IYCF.

Some little steps for the assembly...

1. Choose the proper venue.
2. Prepare the sound system, snacks, physical layout, chairs, tables, food, etc.
3. Do not forget to prepare an attendance sheet.
4. Be ready with your presentation materials.
5. Your presentation should focus on:
   - Key concepts on the IYCF program
   - The purpose and importance of the program
   - The need for support groups / IYCF volunteers
   - The criteria in selecting the volunteers
6. Do encourage your audience to participate by asking and don’t dominate the orientation.
7. Smile!
8. Be on time always!
Once you are done with your presentation, emphasize again your goal to form and create an IYCF support group. Show the audience again the criteria in selecting IYCF support groups/volunteers:

- Women with successful breastfeeding experience
- Have similar background to the women to be counseled
- Have experience in community work
- Live in the community
- Respected by the community
- Can allocate and commit time
- Motivated to help other mothers
- Can read and write

Tell the group that the criteria are just guide posts and constant reminder in choosing volunteers. The criteria can be modified, and/or the group can define a new set of criteria, whenever necessary.

In recruiting your volunteers among the participants, follow the simple tips below:

**Tips in recruiting volunteers during the assembly:**

1. Politely and simply ask who wants or is interested to volunteer for the IYCF work
2. Encourage those who are interested to raise their hand
3. Get the names of those who raised their hand then write their names on a Volunteer Recruitment Sheet
4. Recognize and thank the volunteers
5. Seal the volunteers’ commitment by letting them sign on a “pledge of commitment” and the individual commitment form
6. Inform them of the orientation for volunteers that will take place
7. Ask from the group for other possible referrals
8. Do not forget to display the “pledge of commitment” in the barangay to inspire others.
Sample Pledge of Commitment

Pledge of Commitment

We, the Infant and Young Child Feeding community support group, hereby commit to do our best and extend our help in the most possible way we can to promote optimal infant and young child feeding practices in our community.

We further commit to exercise our roles and responsibilities to reach out to the mothers and children in need of IYCF intervention.

We hereby set our hands, in the name of volunteerism, this__ day of _____, year______, at ______________.

(Name and Signature)

Attested by:

_________________________
Barangay Chairperson

Now let us move on to Step 3...!
Organizing volunteers

We are done with the two steps; welcome to step 3!

The main goal here is to set our mind, as IYCF volunteers, on our tasks, and our roles and responsibilities.

Specifically, in this step, we are going to:

a. Conduct an assessment by doing simple spot mapping and stakeholder mapping;

b. Explore our roles and responsibilities as volunteers, as well as the roles and responsibilities of the local chief executive, the city/municipal team, and the barangay team.

We will do an assessment to gather information and data directly related to the IYCF program implementation.

In Spot Mapping, these are the most important data that we should gather:

1. Number of pregnant women in the community;
2. Number of children 0 – 6 months old;
3. Number of children 7 – 11 months old;
4. Number of children 12 – 24 months old;
5. Number of children 25 – 35 months old.

Alongside these data, we should also take note the complete address of the target women and/or children.

To estimate the number of infants 0-11 months old, multiply the population by 2.7%
Steps in doing the spot mapping:

1. Before going to the area, have a meeting with the volunteers and discuss the data that they need to gather and their area of assignment;

2. Depending on the size of the area, the assignment could be:
   a. one midwife per area, if the area is small;
   b. two midwives per area, if the area is big and complicated.

3. If the group is composed of members from different areas, you can group the members first according to their respective area of residence so mapping would be easy for them. Then you may enjoin members coming from adjoining areas, especially if the adjoining areas are complicated and difficult, to cover all the target mothers and children.

4. After the grouping, ask each group to make a map of their neighborhood or area they are assigned to. Ask them to draw the border lines, identify the landmarks, and let them mark in the map the households with pregnant women and children 0-35 months old, etc.

5. Remind the volunteers to write the complete address of the target pregnant women/children they have identified.

6. Once the spot mapping is done, the volunteers should submit to the IYCF coordinator their spot map with the complete data of the targets they have encountered.

7. The IYCF coordinator should make a summary table of the data gathered.

8. This data is now the baseline information for which the IYCF survey and counselling will take off.
In summary, the information from spot mapping will help us:

- Set our priority area;
- Divide the area if it is too big;
- Spread the tasks equitably among us; and
- Define the most immediate and appropriate intervention needed by the particular group.

After doing spot mapping, the next assessment that we should do is the stakeholder mapping. Unlike the spot mapping, we don’t need to actually go to the community to map or identify the stakeholders in our community.

A stakeholder means any group or individual which could have a possible “stake” or “contribution” to the IYCF program. These could be persons or groups that are involved in children’s work, community work in health and nutrition, or simply care for their community.

In stakeholder mapping, these are the information that we should explore:

1. Number of private or commercial establishments
2. Number of schools
3. Number of community-based media
4. Number community-based organizations
5. Number of faith-based organizations
6. Number of youth organizations
7. Number of civic groups
8. Number of individuals with known community development projects and many others

Let us go back to the list that we did in Step 1 – the possible partners. We can also use this as baseline data. Stakeholder mapping can be done through a workshop among the volunteers. The common practice is to use the Venn Diagram as a tool to identify stakeholders and their strength of influence in the IYCF program. But to make the stakeholder mapping simple, below are the simple tips that we can do:
1. Have a meeting with the volunteers;
2. Discuss among you the information or data that need to be identified in stakeholder mapping as listed previously;
3. Make a final list of your stakeholders or possible partners existing in your community;
4. Instead of using circles, like with the Venn Diagram, group your identified stakeholders or possible partners according to COLD, WARM, or HOT.

**COLD** = means these groups/stakeholders are not known to be active or do not support development programs in the community but have influence in the community and with more than enough resources to tap;

**WARM** = have been involved in development programs, with enough resources to tap, but with program preference.

**HOT** = always active and participate in development works in the community.

5. By grouping the stakeholders according to COLD, WARM, and HOT, you can decide on the most appropriate strategies how to approach them for support. **Remember** that those under COLD category need more personal and face-to-face approach, than those under the WARM and HOT.

<table>
<thead>
<tr>
<th>COLD</th>
<th>WARM</th>
<th>HOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In summary, the result of our stakeholder mapping will tell us:

- Who to approach for a particular IYCF activity;
- How many to ask for a particular support that we need for IYCF; and
- What advocacy strategy to use due to the many kinds and level of interest the stakeholders have in our community.

The **bottom line** is that all information we gather from spot mapping and stakeholder mapping will enable us to:

- Reach a wider target in need of IYCF approach intervention;
- Match and meet the identified level of need of our targets with the support that we could have from our stakeholders;
- Position ourselves better in doing and rolling out the IYCF program.

We are now done in assessing our community using spot mapping and stakeholder mapping. Our next step now is to explore our roles and responsibilities so we could function accordingly and deliver the output expected from us from different levels.

The key here is to make sure that everyone is clear about what they need to focus on.
Below is the quick view of who are involved in each level:

1. **Local Chief Executive:**
   - ✓ Provide overall direction/leadership
   - ✓ Issue Executive Orders supportive of IYCF
   - ✓ Provide support to the IYCF program

2. **City/Municipal IYCF Team:**
   - ✓ Oversee the overall implementation of the IYCF program
   - ✓ Convene and/or mobilize barangay teams
   - ✓ Train/Orient/Supervise barangay teams
   - ✓ Advocate to the city/municipal the issuance of resolutions or ordinances
   - ✓ Conduct resource generation/mobilization
   - ✓ Monitor and evaluate, including prepare reports of accomplishment and conduct program implementation reviews

---

1. Local Chief Executive
2. City/Municipal IYCF Team
   - Health Office/Nutrition Office
     - C/MHO, C/MNAO, PHN, Nutritionist, Nurse/DOHRep
3. Barangay Chairperson/Barangay Council
4. Barangay IYCF Team
   - Health Center, RHU
   - Midwives, BNS, BHW
5. IYCF Community Support Group
   - Volunteers
✓ Prepare the IYCF action plan to be included in the Annual Investment Plan (AIP)
✓ Provide incentives in the form of recognition or whichever is available to the support group

3. Barangay Chairperson/Barangay Council
✓ Provide financial, material and other support
✓ Issue barangay resolutions and ordinances
✓ Oversee the Barangay IYCF team

4. Barangay IYCF Team
✓ Mobilize support group
✓ Identify IYCF concerns through periodic assessment
✓ Prepare barangay IYCF action plan
✓ Prepare reports
✓ Coordinate the peer counsellors’ concerns to the Health Center, specifically the BHW and BNS
✓ Identify IYCF targets
✓ Initiate scheduling of meetings of support groups
✓ Attend to the referrals of the peer counsellors

5. IYCF community support group
✓ Identify target pregnant women, mothers and children
✓ Conduct home visits
✓ Counsel mothers or carers
✓ Record and report activities between the counsellors and the mother
✓ Refer mothers needing clinical management or treatment
✓ Attend regular meetings

**Reminder . . .**

It is also recommended that a team leader be identified to act as focal person.

**Ready for Step 4...**
Assessment of IYCF practices in the community

We are already half way...let us finish Step 4!

A quick review:

- We have identified our possible partners in Step 1;
- We have conducted a community assembly and recruited our volunteers in Step 2; and
- We have conducted the spot mapping and stakeholder mapping, and have explored our roles and responsibilities in Step 3.

All these outputs when put together will give us a strong foundation to move forward.

At this point, we are expected to assess the IYCF practices in our community. We will do the assessment using the Focus Group Discussion (FGD) approach.

FGD is a simple and practical way to get feedback and comments from stakeholders. Focus groups can also give feedback that can lead to new ideas useful for IYCF work.

Specifically, the focus group session concentrates on:

- Gathering opinions, beliefs and attitudes about issues of interest
- Testing your existing ideas about the issues
- Encouraging discussion about a particular topic
- Building excitement from the sharing of comments of participants
- Providing an opportunity to learn more about a topic or issue
The result of the assessment will guide us to:

a. The level and kind of IYCF practices in our community; and

b. The appropriate capacity building/training design that is best for us as volunteers so we could carry on with our tasks smoothly.

In doing the FGD, here are the quick simple steps:

1. Convene the IYCF volunteers.

2. Create or divide the whole group into small groups ideally with minimum of six (6) and maximum of twelve (12) members for each group.

3. Make sure that there is one facilitator for each group. Assign another person to record the responses.

4. Prepare your FGD tool or guide questions. The discussion should focus on IYCF practices in general.

5. Before the FGD proper, introduce the facilitator and recorder, the purpose and context of the focus group; explain what a focus group is, and how it will flow. Let the mothers also introduce themselves.

6. Set the tone. Participants should have fun and feel good about the session.

7. Make sure every participant is heard. Draw out quieter group members.

8. Get full answers. Do not settle for a yes or no answer from the members. Ask follow up questions when necessary.


10. Keep the discussion on track. Try to get answers for all or most of the questions.

11. Steer the discussion within the topic of discussion.
12. Make sure to take down their answers and note/mark responses or topics which generated debate among the group.

13. Validate their responses by sometimes echoing back their answers.

14. Summarize the results and present and discuss it with the barangay IYCF team.

The ultimate aim here is to make sure that everyone has participated in the discussion and all important topics on IYCF practices had been covered.

We must remember that we cannot share what we don’t know, and we cannot intervene if we don’t really know what to resolve.

Sample FGD Guide Questions:

1. How are infants fed?
2. What are breastfeeding practices in the area?
3. What are the usual reasons or situations for not breastfeeding?
4. When are infants usually given solid foods?
5. What solid foods are usually given to infants?
6. How is feeding of solid foods usually done for infants?
7. What are common practices when giving solid foods to infants?
8. What are the common problems encountered when feeding infants and young children? How are these addressed?
We are already half way ...let us prepare for Step 5!
Welcome to Step 5!

In this step, we have two major things to finish:

1. An orientation on the IYCF concept, especially on the messages and use of the IYCF counselling cards; and
2. An orientation on the Peer Counselling Methodology and forms to be used.

These orientations will equip the peer counsellors with the necessary knowledge and skills. Specifically, the orientations will fill in the understanding gap about IYCF practices and help correct and validate the wrong beliefs about IYCF practices.

Quick reminders in doing the orientation on IYCF Concept:

1. Use the separate outline of IYCF presentation as attached (A-3) in this guide.
2. Your discussion should include and address the results of the focus group discussion (FGD) you have done in Step 4, especially correcting the IYCF misconceptions the volunteers raised and pointed out. Refer to attached (A-4) for common situations that can affect IYCF and actions that can be done to address these situations.
3. Always involve your audience in the discussion. Ask questions and encourage them to talk and share their experiences.
4. Spend time on topics that need to be explained more.
5. Use the presentation style that you are most comfortable with.
6. In presenting the counselling cards, stress and point out that the use of the cards varies, which means that in actual practice, only the cards with direct relevance to the mother’s situation should be used and focused on.

7. Practice doing the orientation to prepare yourself.

8. Process and summarize the discussions you’ve had.

The orientation of peer counsellors aims to give the volunteers with the following basic information and skills

a. IYCF Concept
b. Peer Counselling Methodology
c. IYCF Counselling process

The orientation can be done in 1 day or several half day sessions depending on the schedule of the mothers.

Quick run through on the Peer Counselling Methodology

1. Peer counsellors interview mothers assigned to them by facilitator with 1 mother per peer counsellor.
2. Facilitator conducts meeting of peer counsellors to learn from other mothers and peer counsellors.
3. Show results of survey.
4. Discuss IYCF issues per mother.
5. Advice peer counsellors on recommendations to address IYCF issue.
6. Peer counsellors conduct 2nd visit after one week to the mothers and conduct counselling based on issues, and make agreements with the mothers based on the problem.
7. Peer counsellors return for 3rd visit after one week to the mothers and discuss problem, identify motivators for the mothers, and make the agreement with the mother on positive change she can commit to.
8. Meeting of peer counsellors to discuss each situation of mother.
9. Peer counsellors return for 4th visit after one week to follow up on problem; agreement with mother on positive change.
10. Peer counsellors return to mothers regularly for home visits to check on the progress of the IYCF practices.
**A quick look on the IYCF Counselling form:**

<table>
<thead>
<tr>
<th>Mother’s Name</th>
<th>Age of child</th>
<th>IYCF practices</th>
<th>Reasons for feeding practices</th>
<th>Issues/problem identified</th>
<th>Agreement during 2(^{nd}) visit</th>
<th>Motivator of Mother</th>
<th>IYCF practices (3(^{rd}) visit)</th>
<th>Agreement during 3(^{rd}) visit</th>
<th>IYCF Practices (4(^{th}) visit)</th>
<th>Agreement during 4(^{th}) visit</th>
</tr>
</thead>
</table>
| 1. Rose Garcia | 2 months    | Combined feeding (breast-feeding and bottle feeding) | Will return to work | a. Working Rose on expressing milk and cup feeding  
|               |             |                 |                               |                          | a. Counsels Rose that her milk is enough and there is no need for water or other foods until baby is 6 months old | Supportive husband and mother-in-law |                                |                                | Rose has difficulty expressing breastmilk and is not confident that she can continue exclusive breast-feeding now that she started working | Demonstrates again the technique for expressing her breastmilk and how to store and give the milk while she is at work |

Guide on Mobilizing Community Support for Infant and Young Child Feeding (IYCF) Program
Remember these tips for peer counsellors in going about the counselling methodology:

1. It is very important to complete the IYCF counselling form.
2. Do not leave the columns blank in the actual survey. It will be difficult to follow the progress of each mother. The IYCF survey form is an important tool in determining appropriate IYCF interventions.
3. The entries in the survey form should be discussed with the IYCF barangay team.
4. It is best to regularly report counselling progress and status to your IYCF barangay team leader.
5. You should not leave anything to chance, always validate, and ask assistance if you need to.
6. Always be on track with your scheduled visitations and follow-up.
7. Always meet with your targets with a happy heart.

Refer to attachment (A-5) for the Guide in IYCF Counselling in doing one-on-one sessions with mothers/caregivers. The Guide also includes practice sessions using different case studies.

Aside from the counselling form, there are also other forms that the volunteers should be familiar with. These are the referral and follow-up forms.

The referral and follow-up forms should be used by the volunteers in recording important information about IYCF practices of mothers under their care.
Use of the forms

1. To have a list of mothers to be counselled
2. To record information, observation and findings about the mothers being counselled
3. Reference of the peer counsellor to assess whether tasks are done correctly

The COMBI project has developed BF TSEK forms that can be used. These forms will help the volunteers in generating valuable information from the mothers, without overlooking or missing out on any important data.

See Attachment (A-6) for sample of TSEK forms.

<table>
<thead>
<tr>
<th>Form</th>
<th>Title</th>
<th>Content</th>
</tr>
</thead>
</table>
| 1. TSEK Form 1 | Background Information | • Basic information about the mother to be counselled  
• Questions related to the condition of a pregnant or lactating mother |
| 2. TSEK Form 2 | Feeding Plans | • Questions about the feeding plans of the mother  
• With accompanying checklist card to be given to the mother to be counselled |
| 3. TSEK Form 3 | Summary of Infant Feeding Practices | • Questions about foods given to the child the day or night before |
| 4. TSEK Form 4A | Classification of Feeding Plans | • List of mothers to be counselled, with information classified according to their feeding plans  
• For submission to midwife on the first week of July |
| 4. TSEK Form 4B | Classification of Feeding Plans | • List of mothers to be counselled, with information classified according to their feeding plans  
• For submission to midwife on the first week of January |
| 5. TSEK Form 5A | Classification of Infant Feeding Practices | • List of mothers and infants, with information classified according to Infant Feeding Practices  
• For submission to midwife on the first week of July |
| 6. TSEK Form 5B | Classification of Infant Feeding Practices | • List of mothers and infants, with information classified according to Infant Feeding Practices  
• For submission to midwife on the first week of January |

Get ready for Step 6!
After the orientation, we are ready to make our action plan. Our action plan will serve as our guide on the things that we should be able to do over a definite period of time. The action plan should be part of the local nutrition action plan and integrated in the annual investment plan.

That is why this should be done together with the key personalities and/or sector representatives in our community. Through the initiative of the barangay IYCF team, we should invite to the action planning the following:

- Barangay Council members
- Barangay Nutrition Committee
- Barangay Council for the Protection of Children
- IYCF volunteers
- NGO representatives
- IYCF city/municipal team

**Important key points to remember in action planning:**

1. Generally, you should always take into consideration the results of the assessment of the IYCF practices in the community when planning.

2. In objective setting, it should focus on breastfeeding up to complementary feeding issues. Remember the SMART (Specific, Measurable, Attainable, Realistic and Time-bound) principle in defining objectives.
3. For simplicity and ease, these two objectives should be reflected and be the priority in your action plan:
   - Increased percentage (%) of exclusive breastfeeding among 0-6 months old infants
   - Increased percentage (%) of timely, adequate and safe complementary feeding.

4. In determining the activities, look back to the two specific objectives defined above.

5. Line up your activities that will meet the two specific objectives.

6. The activities and/or interventions in your action plan should not necessarily be expensive. You should explore and maximize resources in the community.

7. Set your timeline within the context and capacity of your available financial and human resources.

8. Your action plan should be for a period of one (1) year.


10. Your action plan should be endorsed and submitted by the barangay IYCF team leader to the barangay chairperson for approval. At this point, you can still proceed with the IYCF implementation even while waiting for the barangay approval.

11. The barangay approval is a strong addition to implement the action plan, but because of other resources that you can get from other program stakeholders or groups, you can start with the most available resources you have.

12. The approved action plan should then be forwarded to the IYCF City/Municipal team for consideration of the City/Municipal Nutrition Committee chaired by the Mayor.

13. The city/municipal team can request for financial support if needed, for the implementation of the action plan.

14. You must always remember that the IYCF program is a collaborative effort, always involve and tap your stakeholders in the community.

15. Do not forget that you are doing this action plan as an initial step. The goal is that by the following year, this action plan should already be part of the local development plan and annual investment plan.

Let’s have a look at the Action Plan Matrix on the next page...
**The Action Plan Matrix with examples:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Results Expected</th>
<th>Target</th>
<th>Lead person(s) responsible</th>
<th>Schedule</th>
<th>Resources Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organize IYCF support groups</td>
<td>Organized support groups</td>
<td>Volunteers</td>
<td>At least 20 members</td>
<td>Public Health Nurse (PHN), Rural Health Midwife (RHM)</td>
<td></td>
</tr>
<tr>
<td>2. Conduct meetings of the peer counsellors</td>
<td>Peer counsellors</td>
<td>Monthly meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Conduct orientation or training for peer counsellors</td>
<td>Peer counsellors</td>
<td>1 orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Conduct peer-to-peer counselling among pregnant women and mothers of children 0-2 years old</td>
<td>Pregnant women and mothers with 0-2 years old children are given counselling on IYCF</td>
<td>Pregnant women, Mothers with 0-6 months old, Mothers with 7-11 months old, Mothers with 12-24 months old, Mothers with 25-35 months</td>
<td>All 2-5 mothers per counsellor</td>
<td>PHN, RHM Peer counsellors</td>
<td>Weekly</td>
</tr>
<tr>
<td>5. Prepare report on IYCF practices</td>
<td>Status of IYCF practices documented and monitored</td>
<td>4</td>
<td>RHM/peer counsellors</td>
<td>Quarterly</td>
<td></td>
</tr>
</tbody>
</table>

Guide on Mobilizing Community Support for Infant and Young Child Feeding (IYCF) Program
<table>
<thead>
<tr>
<th>Activity</th>
<th>Results Expected</th>
<th>Target Group</th>
<th>Number</th>
<th>Lead person(s) responsible</th>
<th>Schedule</th>
<th>Resources Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Pass barangay ordinances or resolutions to support IYCF</td>
<td>Ordinance approved by the Barangay Council</td>
<td>Barangay Council</td>
<td></td>
<td>Barangay Council</td>
<td>First Quarter</td>
<td></td>
</tr>
<tr>
<td>7. Establish lactation stations in public places, workplaces, schools</td>
<td>Lactating mothers outside of their homes are able to comfortably continue breastfeeding even in public places</td>
<td>Owners of public places and workplaces</td>
<td></td>
<td>Barangay Nutrition Committee or Barangay Infant and Young Child Feeding Team</td>
<td>Year-round</td>
<td></td>
</tr>
<tr>
<td>8. Enforcement of the Milk Code and reporting of violations</td>
<td>No Milk Code violations in the barangay</td>
<td>Health workers, Health facilities</td>
<td></td>
<td>Barangay Chairperson, Barangay Council, all rural health staff</td>
<td>Year-round</td>
<td></td>
</tr>
<tr>
<td>9. Monitoring, evaluation and documentation</td>
<td>Monthly reports prepared</td>
<td>12</td>
<td></td>
<td>Barangay Nutrition Committee or Barangay Infant and Young Child Feeding Team</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Let us move on to Step 7!
Implementation

Hurray...We are now in Step 7!

In this step, the main goal is to roll out our tasks and also look into the output that the other teams will have to accomplish.

We have already defined and gotten familiar with our roles and responsibilities. And we have already been oriented to the peer counselling methodology and the use of the IYCF counselling forms. All these together are our basis in reaching our priority targets – the mothers and children!

Most importantly, we have to be guided by the action plan we have just developed in Step 6, especially the activities we have identified to do for one year.

At the start of rolling out the program here are the things expected from each team to do:

1. IYCF Support Group

✓ Report mothers who have sustained and were converted to practicing exclusive breastfeeding

✓ Coordinate with health facilities to identify mothers who have given birth and who will sustain breastfeeding after discharge from the hospital or other health facility

✓ Enforcement of the Milk Code by reporting the violators/violations thru Hotline +63.917.583.1271 and through the website, www.milkcodephilippines.org

✓ Home visits

✓ Counselling mothers on breastfeeding and complementary feeding

✓ Recruitment of other volunteers
Referral of mothers, infants and young children needing clinical management/treatment

- Attendance to meetings
- Support and involvement to IYCF advocacy activities

2. Barangay and City/Municipal IYCF Teams

- Engaging other partners
- Advocacy in the enactment of local legislation on IYCF
- Advocate for IYCF Friendly Setting:
  - **Workplace** (Putting up of lactation stations and enforcement of paid breastfeeding breaks)
  - **School** (concepts of breastfeeding are included in the curriculum)
  - **Family/Community**
  - **Industry**
  - **Health facilities with maternity and newborn care:**
    a. Lying-in clinics and birthing homes
    b. Hospital - enforcement of Mother-Baby Friendly Hospital Initiative through compliance to and adoption of the Ten Steps to Successful Breastfeeding.

Ten Steps to Successful Breastfeeding:
1. Have a written breastfeeding policy that is routinely communicated to all health staff.
2. Train all health care staff on skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within the first 30 minutes of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in: allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

Let us now go to the final Step!
Finally at Step 8!

Our main tasks here are to make sure that:

1. The activities are proceeding as planned;
2. These activities are making a difference i.e. having an impact on improving the nutritional status of children;
3. We take note of the adjustments or changes that need to be done if the activities are not producing the desired results;
4. The process and learning are documented for discussion and resolution of all the IYCF teams; and
5. The IYCF coordinator is the focal person in completing this monitoring and evaluation tool/form, and s/he should work this out and discuss among the volunteers.

In monitoring, here is the simple matrix that we can use with sample entries:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organize community support group</td>
<td>at least 20 members</td>
<td>Support group organized with 25 members (100%)</td>
</tr>
<tr>
<td>2. Conduct meetings of the peer counsellors</td>
<td>1 meeting per month</td>
<td>9 meetings held (75%)</td>
</tr>
<tr>
<td>3. Conduct orientation or training for peer counsellors</td>
<td>1 orientation</td>
<td>2 orientations conducted (100%)</td>
</tr>
<tr>
<td>4. Conduct counselling among pregnant women and mothers</td>
<td>30 pregnant women and 82 mothers with 0-2 years old children</td>
<td>28 pregnant women counselled (93%) 72 mothers counselled (88%)</td>
</tr>
</tbody>
</table>
Quick Reminders...

- Make sure that activities to be monitored are reflected in the monitoring sheet;
- It would be easier if your monitoring is done every quarter or every 3rd month of the quarter;
- Always indicate the specific value for measurement;
- Explanation as to why targets are not met should also be reflected. This will help the teams come up with correct evaluation of the entire IYCF program;
- Always compile your activity reports and counselling forms. These will help the team know the real situation in your routine tasks;
- Short and simple narrative report of your transactions with your targets is a helpful tool to know lessons and experiences in the field. So make it habit to make and keep a daily diary;
- Always collaborate with your teams so that necessary adjustments on the activities and strategies can be done without letting the program suffer;
- Again, never leave anything to chance. Take down important issues and concerns all the time;
- Make sure that you raise the important matters which needed urgent decision for the teams;
- Always keep in mind the activities you need to monitor;
- Do not be shy to ask question and assistance. In monitoring and evaluation, your full understanding on the entire program and its activities is very critical; and
- Monitoring and evaluation results should be discussed among the group especially with the barangay IYCF team in collaboration with the city/municipal IYCF team.
Congratulations! You have just finished a complete cycle in mobilizing community support group for the IYCF program. But do not forget that since the process is cyclical, it continues on. This means that the cycle should not stop from here. Let it continue to roll until more support groups are formed and until everyone is involved in the program.

For your constant and quick reminder of what you have gone through, here again are the 8 Steps:

- **Step 1:** Mapping/Identification of possible IYCF partners
- **Step 2:** Conducting community assembly
- **Step 3:** Organizing volunteers
- **Step 4:** Assessing IYCF practices in the community
- **Step 5:** Orienting peer counsellors
- **Step 6:** Action planning
- **Step 7:** Implementation
- **Step 8:** Monitoring, evaluation and documentation
Attachments...

A-1 Policies and programs that protect, promote and support breastfeeding, (44-45)
A-2 IYCF Intervention Settings, (46-48)
A-3 Outline of Presentation on the Orientation of Peer Counsellors, (49-53)
A-4 Common situations that can affect IYCF, (54-63)
A-5 Guide in IYCF Counselling, (64-71)
A-6 Breastfeeding TSEK Forms, (72-80)
A. Executive Order 51 or the "National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements, and Other Related Products, Penalizing Violation Thereof, and for Other Purposes", otherwise known as the Milk Code. It aims to promote, protect and support breastfeeding through intensified dissemination of information on breastfeeding and the regulation of advertising, marketing and distribution of breastmilk substitutes and other related products, including bottles and teats.

B. RA 7600 or "The Rooming-In and Breastfeeding Act of 1992". This law aims to create an environment where basic physical, emotional and psychological needs of mothers and infants are fulfilled after birth through the practice of rooming-in and breastfeeding. Health institutions must provide facilities for rooming-in and expenses incurred by the health facility, in this regard, shall be deductible expenses for income tax purposes.

C. RA 10028 or "Expanded Breastfeeding Promotion Act of 2009". The law provides for the necessary support services to enable breastfeeding mothers to combine family obligations with work responsibilities. The law provides for the establishment of lactation stations in workplaces, provision of breastfeeding breaks for working breastfeeding mothers, establishment of human milk banks in health institutions, inclusion of breastfeeding in curriculum of schools and declaring August of each year as Breastfeeding Awareness Month.

D. DOH Administrative Order (AO) 2005-0014- "National Policies on Infant and Young Child Feeding". The policy provides the guidelines for improving the survival of infants and young children by improving their nutritional status, growth and development through optimal feeding anchored on exclusive breastfeeding, early initiation within one hour after birth, provision of timely, adequate and safe complementary foods at six months while continuing breastfeeding up to two years and beyond. The AO is supported by the National Plan of Action for IYCF.
E. DOH AO 2007-0026 or the "Revitalization of Mother-Baby Friendly Hospital Initiative in Health Facilities with Maternity and Newborn Care Services". The AO aims to transform these health institutions into facilities that protect, promote and support rooming-in, breastfeeding and mother-baby friendly practices.

F. DOH AO 2009-0025 or "Adopting New Policies and Protocol on Essential Newborn Care". It provides guidelines on evidence-based essential newborn care for health workers and medical practitioners. The protocol entails four key elements including: 1) immediate and thorough drying of the newborn; 2) early skin-to-skin contact of the newborn to mother’s skin; 3) properly-timed cord clamping and cutting; and 4) non-separation of the newborn from the mother for early breastfeeding initiation and rooming-in.

G. Philippine Plan of Action for Nutrition. The country’s framework for nutrition identifies as priority action the promotion, protection and support of breastfeeding and complementary feeding and the other necessary conditions to promote appropriate infant and young child feeding practices.
A. **FAMILIES/COMMUNITIES**

- Report violations of the Milk Code to the Department of Health. As such, health and nutrition workers and health facilities must not be used to promote breastmilk substitutes but instead should be strongly promoting breastfeeding. There must be no milk company-supported activities. Remove marketing materials of formula milk displayed in the health facilities.
- Create local media watch to monitor Milk Code violations and report to the Department of Health.
- Organize groups of volunteers as IYCF peer counsellors that will provide counseling to mothers, fathers and other family members to create a supportive family environment for appropriate IYCF practices.
- Protect IYCF even during emergencies and disasters. Communities must be prepared during emergencies by having trained personnel on IYCF to be able to assist, support and counsel mothers to continue breastfeeding even during emergencies as well as ensure that infants 6 months and older received appropriate complementary feeding. Young infants are especially vulnerable during emergencies and disasters particularly to
diarrhea, acute respiratory tract infections and malnutrition. The Milk Code does not allow donation of formula milk during emergencies and disasters because use of formula milk increases the risk to death and disease. Breastfeeding reduces the risk of death up to six times during emergencies.
- Disseminate correct information about IYCF through seminars and other fora to discuss the importance of IYCF and correct some of the misconceptions by increasing awareness on correct breastfeeding and complementary practices.
- Family members can support breastfeeding mothers by building their confidence to be able to breastfeed, help care for the baby so the mother can have enough rest; provide nutritious and balance meals; and give practical help.
- Pass local resolutions and ordinances that enforce the Milk Code, promote IYCF, establish lactation stations in barangay halls, markets and other places, providing budget for breastfeeding promotion and support groups.
B. WORK PLACE

- Establish lactation stations in accordance with the Expanded Breastfeeding Promotion Act (RA 10028) wherein the lactation centers shall be adequately provided with the necessary equipment and facilities, such as: lavatory for handwashing, unless there is an easily-accessible lavatory nearby; refrigeration or appropriate cooling facilities for storing expressed breastmilk; electrical outlets for breast pumps; a small table; comfortable seats; and other items, the standards of which are defined by the Department of Health.
- Provide paid breastfeeding breaks for working mothers in addition to their regular breaks. The breastfeeding breaks should not be less than 40 minutes for every 8 hours of work.
- Enforce the two-month maternity leave and when possible, allow extended maternity leave or allow work-from-home scheme to enable the mother to continue exclusive breastfeeding.
- Do not allow any direct or indirect marketing, promotion or sales of infant formula or breastmilk substitutes within the work place.

C. HEALTH FACILITIES

- Be certified as a Mother-Baby Friendly Hospital (MBFH). Follow the Ten Steps to Successful Breastfeeding. Implement the Essential Newborn Care Protocol. Train health facility staff on lactation management.
- Provide pre- and post-natal services for pregnant and lactating women to support mothers to breastfeed their child.
- Set-up milk banks or milk storage and pasteurization facilities for breastmilk donated by mothers. The milk shall be given to infants in the neonatal intensive care unit whose own mothers are seriously ill.
- Provide continuing education, re-education and training of health workers including doctors, nurses, midwives, nutritionist-dietitians on current and updated lactation management. Health workers must be able to provide correct information and support for breastfeeding.
- Produce and distribute information materials on breastfeeding for distribution to mothers in addition to breastfeeding counsellors.
IYCF Intervention Settings

- Refer breastfeeding mothers prior to discharge from the health facility, to IYCF support groups in the community to help them continue breastfeeding when they return home.

D. SCHOOLS

- Integration of IYCF in the curriculum. The Department of Education, the Commission on Higher Education and the Technical Education and Skills Development Authority are tasked to integrate in the relevant subjects in the elementary, high school and college levels, especially in the medical school, the importance, benefits, methods or techniques of breastfeeding and complementary feeding and change of societal attitudes towards breastfeeding.

- Enforcement of the Milk Code in schools. Schools must not allow any marketing including sponsorship from milk companies within the school. Schools must also not accept donations of formula milk and breastmilk substitutes as this is against the Milk Code.

- Place posters, brochures and other information about IYCF in school-based health centers.

- Establish lactation stations in the school to enable teaching and non-teaching personnel to breastfeed or express and store breastmilk. Schools are also considered workplaces and therefore must comply with the provisions of RA 10028.

E. INDUSTRY/MANUFACTURERS

- Compliance to the Milk Code by milk companies. Strictly no marketing of products within the scope of the Milk Code.

- Fortify foods that are mandated by RA 8976 or the Food Fortification Law and volunteer to fortify other food products.

- Compliance to the Code of Hygienic Practice for Food for Infants and Children of manufacturers in accordance to the proper handling of foods in the food chain. This will ensure that food products intended for infants and children are safe.
Outline of Presentation on the Orientation of Peer Counsellors

1. Introduction
   a. Thank the volunteers for:
      - positively accepting the challenge as IYCF peer counsellors
      - their interest to learn more about caring for infants and young children
      - their concern to help pregnant and lactating mothers and other caregivers to care for their infants and young children; and
      - their help to protect, promote and support IYCF practices.
   b. Getting to know you activity. This is important for the peer counsellors to become familiar with each other and to share their own IYCF practices.
      - Distribute half sheets of paper to each volunteer. Ask the volunteer to write down the following information:
        - Name:
        - Address:
        - Number of children:
        - Breastfeeding experience:
        - First solid food given to child and age started:
        - Reason for joining the support group:

   For breastfeeding experience, the volunteers may share if their children were breastfed, how long, any difficulty they faced and why they practiced breastfeeding.
   - After about 5 minutes, ask the volunteers to share to the group what they have written. Each volunteer is given about 1-2 minutes to share.
   - The facilitator will summarize the sharing by emphasizing the positive reasons for joining the support group.

2. Expectations settings. Ask them about their expectations as volunteers. Briefly discuss their expectations and their roles as IYCF peer counsellors.

3. The IYCF Concept. Briefly discuss the IYCF concept by mentioning the initiatives done to protect, promote and support the IYCF practice. Explain also the reasons why IYCF should be done in the community.

4. Give an orientation on IYCF messages. Use the IYCF Counselling Cards to explain key messages in IYCF to build-up their knowledge and skills in IYCF. Show the picture for each card and ask the peer counsellor to explain how they understand the picture. Explain using the sub-messages at the back of each card. Continue until all cards are explained.
5. **How to do counselling.** Discuss the Guide in IYCF Counselling (A-5). Since this is just an orientation, you may schedule another session with the IYCF peer counsellors to practice counselling. They may opt to use the IYCF counselling cards or not when counselling the mothers.

6. **Overview of the TSEK Forms.** Refer to page 29 of the guide in discussing the TSEK forms.

7. **Overview of the Counselling Methodology.** Discuss here the process in counselling mothers in coordination with the facilitators.
   
   **Step 1.** Facilitator or IYCF coordinator assigns an IYCF peer counsellor (PC) to a mother.

   **Step 2.** PC conducts home visit and interviews the mother using TSEK Form 1 and TSEK Form 2 (for pregnant mother).

   **Step 3.** Facilitator meets the PCs to discuss their findings and record these on the IYCF Counselling Matrix written on a cartolina or kraft paper that could be seen by everyone. *Refer to the IYCF Counselling form with an example on page 27 of the guide.*

   Since this is the first visit to the mother, only the first 5 columns of the IYCF counselling matrix will be filled up. Each of the PC will be asked to share the IYCF issue/s identified by the PC based on the interview with the mother. The IYCF coordinator should facilitate the discussion, encouraging everyone to give their views, suggestions and opinions about the IYCF issue/s being presented.

   Before the meeting ends, the IYCF coordinator should have agreed with the ready advice of the PC on the appropriate recommendations to be given to the mother to address the IYCF issue/s identified.

   **Step 4.** PC visits again the mother for the second time. The schedule of the second visit depends on the agreement of the PC and mother which could be a day or a few days after.

   PC may bring the IYCF counselling cards as a tool to counsel the mother, although the PC can refer to her own experiences in counselling the mother. Thus, the counselling cards may not be used in this case. Using the IYCF 3-step counselling, PC negotiates and makes
agreements with the mother based on the IYCF issue/s raised.

On the example provided on page 27 of the guide, the child is receiving both breast milk and formula milk (combined feeding) because the mother has already returned to work. There were two IYCF issues identified by the PC, the mother is working and she may decide to stop breastfeeding and she does not know how to express breastmilk.

During this 2nd visit, PC can share to the mother how to express milk and how to cup feed the baby. The PC will also make an agreement with the mother that since she already knew how to express milk she has to reduce the number of bottle feedings that she gives her child and to give her expressed milk instead.

**Step 5.** IYCF coordinator meets with the PCs to discuss each situation of the mother during the second visit. PCs will fill-up columns 6 and 7 of the IYCF Counselling Matrix. IYCF coordinator will ask PCs to share difficulties encountered during the 2nd visit and how these were resolved. This is an opportunity for the PCs to learn from the experiences of the other mothers. IYCF coordinator should encourage participation of the PCs in the discussion to build their self-confidence. He/she should be ready to provide advise and assistance to the PCs, when necessary.

**Step 6.** PC shall visit again the mother the third time, after one week (or other schedule as agreed with the mother). PC discusses with the mother agreements made during the 2nd visit such as breastmilk expression, cup feeding and reduction in the number of bottlefeeds given to her child.

During the visits, PC identifies the motivator/s of mother. Motivator could be a person or situation. Example, the supportive husband and mother-in-law are the motivators of the mother for her to continue expressing breastmilk and cup feed her child. The increased production of breastmilk and the reduction in the number of bottle feeding could also be motivators of the mother to continue with the positive change and abide by the agreement with the PC. If during the 3rd visit, there are still issues that will be identified, the PC can immediately discuss this with the mother.
In the example provided, the mother is already giving only breastmilk but still gives water in a bottle because she thinks that her milk is not enough. PC, using the IYCF counselling card and the IYCF 3-step counselling method, can counsel the mother that her breastmilk is enough and there is no need for water or other foods until the baby is 6 months old. The PC will negotiate with the mother not to give water or other fluids.

**Step 7.** IYCF coordinator meets with the PCs to discuss and share experiences during the 3rd visit with the mother. PCs will fill-up the 9th column of the IYCF Counselling matrix. IYCF coordinator will facilitate the discussion and encourage participation of the PCs and makes sure that positive IYCF counselling skills are being practiced by the PCs.

**Step 8.** PC returns to the mother for the 4th visit after one week to check on the status of issues identified during the 3rd visit.

In the example provided, the mother had difficulty expressing breastmilk and is not confident that she can continue exclusive breastfeeding now that she has started working. The PC, may demonstrate the technique for expressing breastmilk and how to store and give milk while the mother is at work and make an agreement with the mother on a positive change.

**Step 9.** PC attends regular meeting to share with the IYCF coordinator and other PCs her experiences during the 4th visit with the mother. PCs will fill-up columns 10 and 11 of the IYCF Counselling matrix and discuss progress with other PCs. The IYCF coordinator shall ensure that every meeting of the peer counsellors will be an opportunity to learn from the experiences of other PCs and to practice positive IYCF counselling skills.

**Step 10.** PC returns to mother regularly for home visits to check on the progress of the IYCF practices. It is important that PC regularly visits the child to make sure that the child is exclusively breastfeed in the first six months. The PC visits the child before the child is 6 months old to help the mother plan and prepare for complementary feeding. The PC visits again until child is given appropriate complementary food up to 2 years.
Outline of Presentation on the Orientation of Peer Counsellors

**Step 11.** PC records and fills-up appropriate TSEK forms and submits these to IYCF coordinator on agreed upon dates.

8. **Closing.**
   - The facilitator asks the volunteers for the schedule of their regular meetings and the schedule of their next meeting.
   - The facilitator thanks the volunteers and wishes them good luck.
## Common situations that can affect infant and young child feeding

<table>
<thead>
<tr>
<th>Common Situation/Local Belief</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Giving of colostrum</strong></td>
<td>• Colostrum contains antibodies and other protective factors for the infant. It is yellow because it is rich in Vitamin A.</td>
</tr>
<tr>
<td></td>
<td>• The newborn has a stomach the size of a marble. The few drops of colostrum fill the stomach perfectly. If water or other substances are given to the newborn at birth, the stomach is filled and there is no room for the colostrum.</td>
</tr>
<tr>
<td><strong>Local belief:</strong> Colostrum should be discarded; it is ‘expired milk’, not good, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>2. Low Birth Weight (LBW) or premature baby</strong></td>
<td>• A premature baby should be kept in skin-to-skin contact with the mother; this will help to regulate his body temperature and breathing, and keep him in close contact with the breast.</td>
</tr>
<tr>
<td><strong>Local belief:</strong> The low birth weight baby or premature baby is too small and weak to be able to suckle/breastfeed</td>
<td>• A full-term LBW infant may suckle more slowly; allow him the time.</td>
</tr>
<tr>
<td></td>
<td>• The breastmilk from the mother of a premature baby is perfectly suited to the age of her baby, and will change as the baby develops.</td>
</tr>
<tr>
<td></td>
<td>• Mother needs support for good attachment.</td>
</tr>
<tr>
<td></td>
<td>• Feeding pattern: give long slow feeds and keep baby at the breast.</td>
</tr>
<tr>
<td></td>
<td>• Direct breastfeeding may not be possible for several weeks, but mothers should be encouraged to express breastmilk and feed the breastmilk to the infant using a cup.</td>
</tr>
<tr>
<td></td>
<td>• If the baby sleeps for long period of time, and is wrapped up in several layers, open and take off some of the clothes to help waken him for the feed.</td>
</tr>
<tr>
<td></td>
<td>• Crying is the last sign of hunger. Earlier signs of hunger include a <strong>combination</strong> of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist. One sign by itself may not indicate hunger. So explain that the mother can respond by feeding the baby when s/he shows these signs.</td>
</tr>
</tbody>
</table>

• [Page 54 of 80]
### Common situations that can affect infant and young child feeding

<table>
<thead>
<tr>
<th>Common Situation/Local Belief</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Cleft lip and cleft palate</strong></td>
<td>• Advise mother to position her nipple on the one side of the cleft. Then use her thumb to fill the defect.  &lt;br&gt;• Refer the infant to a medical professional for treatment such as use of obturator and surgery.</td>
</tr>
<tr>
<td><strong>4. Twins</strong></td>
<td>• A mother can breastfeed both babies.  &lt;br&gt;• The more a baby suckles and removes milk from the breast, the more milk the mother produces. A mother of twins produces enough milk to feed both babies if the babies breastfeed frequently and are well attached.  &lt;br&gt;• The twins need to start breastfeeding as soon as possible after birth – if they cannot suckle immediately, help the mother to express and cup feed. Build up the milk supply from very early to ensure that breasts make enough for two babies.  &lt;br&gt;• Explain different positions – cross cradle, one under arm, one across, feed one by one etc. Help the mother to find the position where she is most comfortable with.</td>
</tr>
<tr>
<td><strong>5. Refusal of baby to breastfeed</strong></td>
<td>Usually, refusal to breastfeed is the result of bad experiences, such as pressure on the head. Refusal may also result when mastitis changes the taste of the breast milk (more salty).  &lt;br&gt;• Check baby for signs of illness that may interfere with feeding, including signs of thrush in the mouth.  &lt;br&gt;• Refer baby for treatment if sick.</td>
</tr>
</tbody>
</table>
### Common situations that can affect infant and young child feeding

<table>
<thead>
<tr>
<th><strong>Common Situation/Local Belief</strong></th>
<th><strong>What to do</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Let the baby have plenty of skin-to-skin contact; let baby have a good experience just cuddling mother before trying to make the baby suckle; the baby may not want to go near breast at first — cuddle in any position and gradually over a period of days bring nearer to the breast.</td>
<td>- Let the baby have plenty of skin-to-skin contact; let baby have a good experience just cuddling mother before trying to make the baby suckle; the baby may not want to go near breast at first — cuddle in any position and gradually over a period of days bring nearer to the breast.</td>
</tr>
<tr>
<td>Let mother and baby try different positions.</td>
<td>- Let mother and baby try different positions.</td>
</tr>
<tr>
<td>Wait for the baby to be wide awake and hungry (but not crying) before offering the breast.</td>
<td>- Wait for the baby to be wide awake and hungry (but not crying) before offering the breast.</td>
</tr>
<tr>
<td>Gently touch the baby’s bottom lip with the nipple until he opens his mouth wide.</td>
<td>- Gently touch the baby’s bottom lip with the nipple until he opens his mouth wide.</td>
</tr>
<tr>
<td>Do not force baby to breastfeed and do not try to force mouth open or pull the baby’s chin down — this makes the baby refuse more.</td>
<td>- Do not force baby to breastfeed and do not try to force mouth open or pull the baby’s chin down — this makes the baby refuse more.</td>
</tr>
<tr>
<td>Do not hold baby’s head.</td>
<td>- Do not hold baby’s head.</td>
</tr>
<tr>
<td>Express and feed baby by cup until baby is willing to suckle. Express directly into baby’s mouth.</td>
<td>- Express and feed baby by cup until baby is willing to suckle. Express directly into baby’s mouth.</td>
</tr>
<tr>
<td>Avoid giving the baby bottles with teats or dummies.</td>
<td>- Avoid giving the baby bottles with teats or dummies.</td>
</tr>
</tbody>
</table>

**6. New pregnancy**

**Local belief:** A woman must stop breastfeeding her older child as soon as she learns she is pregnant

<table>
<thead>
<tr>
<th><strong>What to do</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>It is important that a child be breastfed until he/she is at least 1 year old.</td>
</tr>
<tr>
<td>A pregnant woman can safely breastfeed her older child, but should eat very well herself to protect her own health (she will be eating for 3: herself, the new baby, and the older child).</td>
</tr>
<tr>
<td>Because she is pregnant, her breastmilk will now contain small amounts of colostrum, which may cause the older child to experience diarrhea for a few days (colostrum has a laxative effect). After a few days, the older child will no longer be affected by diarrhea. Sometimes the mother’s nipples feel tender. However, it is perfectly safe to breastfeed two babies and will not harm either baby — there will be enough milk for both.</td>
</tr>
</tbody>
</table>
## Common situations that can affect infant and young child feeding

<table>
<thead>
<tr>
<th>Common Situation/Local Belief</th>
<th>What to do</th>
</tr>
</thead>
</table>
| **7. Mother away from baby** | - If a mother must be separated from her baby, she can express her breastmilk and leave it to be fed to the baby in her absence.  
- Help mother to express her breastmilk and store it to feed the baby while she is away. The baby should be fed this milk at times when he or she would normally feed.  
- Teach caregiver how to store and safely feed expressed breastmilk from a cup. It may be stored safely at room temperature for up to 8 hours.  
- Mother should allow infant to feed frequently at night and whenever she is at home or with the baby.  
- Mother who is able to keep her infant with her at the work site or to go home to feed the baby should be encouraged to do so and to feed her infant frequently. |
| **8. Crying baby** | - Help mother to try to figure out the cause of baby’s crying and listen to her feelings such as:  
  - Discomfort: hot, cold, dirty  
  - Tiredness: too many visitors  
  - Illness or pain: changed pattern of crying  
  - Hunger: not getting enough breast milk; growth spurt  
  - Mother’s foods: can be a certain food; sometimes cow’s milk  
  - Mother’s drugs or medicine  
  - Colic |
## Common situations that can affect infant and young child feeding

<table>
<thead>
<tr>
<th>Common Situation/ Local Belief</th>
<th>What to do</th>
</tr>
</thead>
</table>
| 9. Sick mother               | • When the mother is suffering from common illnesses she **should continue to breastfeed her baby**. *(Seek medical attention for serious or long lasting illness).*  
• The mother needs to rest and drink plenty of fluids to help her recover. |
| 10. Stress                   | • Mother’s stress does not spoil breastmilk, or result in decreased production. However, milk may not flow well temporarily.  
• If mother continues to breastfeed, milk flow will start again.  
• Keep baby in skin-to-skin contact with mother if she will permit.  
• Find reassuring companions to listen, give mother an opportunity to talk, and provide emotional support and practical help.  
• Help her to sit or lie down in a relaxed position and to breastfeed baby.  
• Show her companion how to give her a massage, such as a back massage, to help her to relax and her milk to flow.  
• Give her a warm drink such as tea or warm water, to help relax and assist the let down reflex. |
| 11. Thin or malnourished mother | **Local belief:** A thin or malnourished mother cannot produce enough breastmilk.  
• It is important that a mother be well-fed to protect her own health.  
• A mother who is thin and malnourished will produce a sufficient quantity of breastmilk (better quality than most other foods a child will get) if the child suckles frequently.  
• More sucking and removal of the breastmilk from the breast leads to production of more breastmilk.  
• Eating more will not lead to more production of breastmilk. |
### Common situations that can affect infant and young child feeding

<table>
<thead>
<tr>
<th>Common Situation/Local Belief</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>A mother needs to eat more food for her own health. Feed the mother and let her breastfeed her baby.</td>
<td>- Mothers need to take Vitamin A within 8 weeks after delivery, and a daily multiple micronutrient supplement, if available.</td>
</tr>
<tr>
<td>If the mother is severely malnourished, refer her to a health facility.</td>
<td></td>
</tr>
</tbody>
</table>

#### 12. Sick baby under 6 months

**Local belief:** fluids should be withheld from the sick baby/baby with diarrhea  
**What we know:** A sick child often does not feel like eating, but needs even more strength to fight the illness

- Breastfeed more frequently during diarrhea to help the baby fight the sickness, prevent dehydration and not lose weight.
- Breastfeeding also provides comfort to a sick baby.
- If the baby is too weak to suckle, express breastmilk to give to the baby (either by cup or by expressing directly into the baby’s mouth. This will help the mother keep up her milk supply and prevent engorgement.

#### 13. Sick baby over 6 months

**Local belief:** fluids should be withheld from the sick baby/baby with diarrhea

- Increase breastfeeding during diarrhea, and continue to offer favorite foods in small quantities.
- During recovery, offer more foods than usual (an additional meal of solid food each day) during recuperation (for the next two weeks) to replenish the energy and nutrients lost during illness.
- Offer the young child simple foods like porridge, even if s/he does not express interest in eating.
- Avoid spicy or fatty foods.
- Breastfeed more frequently during two weeks after recovery.
### Common situations that can affect infant and young child feeding

<table>
<thead>
<tr>
<th>Common Situation/Local Belief</th>
<th>What to do</th>
</tr>
</thead>
</table>
- Try to pull nipple out and rotate (like turning the knob on a radio).  
- If acceptable, ask husband or partner to suckle the nipple. |
| 15. Sore nipple or mastitis | - Can be avoided by good prenatal care of the nipples and breasts and by the proper management of the first days after childbirth when lactation is established. |
| 16. Eating during pregnancy | - During pregnancy the body needs extra food each day – eat one extra small meal or snack each day.  
- Drink whenever thirsty, but avoid taking tea or coffee with meals.  
- The pregnant woman should avoid alcoholic drinks and smoking.  
- Avoid non-food items like charcoal and clay. |
| 17. Eating during breastfeeding | - During breastfeeding the body needs extra food each day – eat two extra small meals or snacks each day.  
- No one special food or diet is required to provide adequate quantity or quality of breastmilk.  
- Breastmilk production is not affected by maternal diet. |
### Common situations that can affect infant and young child feeding

<table>
<thead>
<tr>
<th>Common Situation/Local Belief</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mothers should be encouraged to eat more food to maintain their own health (eat from different food groups)</td>
<td></td>
</tr>
<tr>
<td>• Some cultures claim that certain drinks help to ‘make milk’; these drinks usually have a relaxing effect on the mother.</td>
<td></td>
</tr>
<tr>
<td>• During breastfeeding the mother should avoid alcohol and avoid smoking.</td>
<td></td>
</tr>
</tbody>
</table>

18. **Medication during breastfeeding**

- Facts about drugs in lactation
  - Most drugs pass through breastmilk
  - 1% less of maternal dose appear in breastmilk
  - Few drugs are contraindicated
  - Some drugs cause side effects on the baby. Consult a medical professional before taking any medication.
  - Baby’s exposure to a drug can be minimized.
## Common situations that can affect infant and young child feeding

<table>
<thead>
<tr>
<th>Common Situation/Local Belief</th>
<th>What to do</th>
</tr>
</thead>
</table>
| 19. Influence of mother-in-law and other household members on giving formula milk to infants | - Explain the advantages and importance of breastfeeding to child, mother, family, community and nation  
- Explain the risks of giving artificial or milk formula to infant. A non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first 6 months  
- Formula milk has no antibodies that protect the infant against illness.  
- Formula-fed infants  
  - experience frequent diarrhea and gets sick more often  
  - have greater risk of becoming undernourished  
  - have risk of under-development such as retarded growth, underweight, stunting, wasting due to higher infectious diseases such as diarrhea and pneumonia  
  - more likely to be overweight  
  - greater risk of heart disease, diabetes, cancer, asthma and dental decay later in life  
  - lower scores on intelligence tests and difficulty learning at school  
  - poorer bonding between mother and infant. |
| 20. Stale expressed breast milk | - There are instances when expressed breastmilk that was not kept in a cool storage area or was not stored properly gets stale. Do not give stale milk anymore to infant or young child.  
- Apply the principle in food safety that says, “when in doubt, throw it out”. |
Common situations that can affect infant and young child feeding

Sources:
Guide in IVCF Counselling

The IYCF counselling cards “Gabay sa Pagpapasuso at Pagpapakaining Sanggol at Bata” is a tool to help counsel mothers and other caregivers about infant and young child feeding. As counsellors continue to do counselling, their skills and knowledge are developed.

- Can be used for information dissemination and education
- Can be used when facilitating a session for a big group of caregivers or a one-on-one counselling session with a mother/caregiver
- The user should read the main message and explain the key points
- The user can mix and match the topics whenever applicable to the situation/target audience

3-STEP COUNSELLING ON IYCF

1. **Assess**: ask, listen and observe
2. **Analyze**: identify the difficulty and if there is more than one – prioritize difficulties
3. **Act**: discuss, suggest a small amount of relevant information and agree on doable action

**Step 1 - Assess**

1. Greet the mother/caregiver
2. Ask questions that encourage her to talk
   - Use 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
       - Avoid using “judging” words
     - Keep your head at level with the mother/caregiver
     - Pay attention
     - Reduce physical barriers
     - Take time
     - Touch appropriately
Guide in IYCF Counselling

- **Use building confidence and giving support skills**
  - Accept what a mother/caregiver thinks and feels.
  - Listen carefully to the concerns of the mother/caregiver.
  - Recognize and praise what a mother/caregiver and child are doing correctly.
  - Give practical help.
  - Give little, relevant information at a time.
  - Use simple language that the mother/caregiver will understand.
  - Make one or two suggestions, not commands.

3. May ask the following questions
   - What is your name and your child’s name?
   - What is the age of the child?
   - Has your child been recently sick? (If presently sick, refer mother to health facility.)
   - Ask mother/caregiver if you can check the child’s growth chart. Is growth curve going up? Is it going down? Is it leveling off? Does the mother/caregiver know how the child is growing?
   - Ask the mother/caregiver how the child is doing, whether the child is gaining weight (do not just rely on the plots on the growth chart).
   - If there is no growth chart, ask mother/caregiver how the child is growing?
   - Ask about the child’s usual food intake
   - Observe mother and baby’s general condition
   - Observe baby’s position and attachment when breastfeeding
   - Ask about breastfeeding and complementary feeding
   - What type/kinds of foods are given
   - How often are foods given
   - How much food is given every breastfeeding
   - Texture (thickness/consistency: mashed, sliced, chunks)
   - Ask about other milks
   - Ask about other liquids
Guide on Mobilizing Community Support for Infant and Young Child Feeding (IYCF) Program

Guide in IYCF Counselling

- Do you use a cup to feed your child?
- Who assist child to eat?
- Are there other challenges that mother/caregiver faces in feeding the child?

**Step 2 – Analyze. May ask the following questions:**

1. Is feeding age-appropriate? Identify feeding difficulty
2. If there is more than one difficulty, prioritize difficulties
3. Answer the mother’s questions, if any

**Step 3 – Act**

1. Depending on the age of baby and analysis, select a small amount of information relevant to the mother’s situation
2. Praise the mother
3. For any difficulty, discuss with mother/caregiver how to overcome the difficulty
4. Present options/small doable actions and help mother/caregiver to select one that she can try to overcome the difficulty
5. Share with mother/caregiver appropriate counselling card and discuss
6. Check understanding
7. Let mother/caregiver know that you will follow-up with her at the next weekly visit
8. Suggest where mother/caregiver can find additional support
9. Refer as necessary
10. Thank mother/caregiver for her time
Mechanics for the practice session

a. Before the practice session, 2 facilitators should demonstrate how to counsel a mother using the case of Selena, a 19-year old mother of a 3-month old baby girl named Ariana. See case study for demonstration of facilitators on page 68.

b. After the demonstration, discuss with the peer counsellors their comments and observation following the 3-step counselling on IYCF or the observation checklist for IYCF counselling on page 69.

c. Divide the peer counsellors by threes (triad).

d. Decide who among the triad will be the mother, counsellor or observer.

e. Each group will be assigned a case study. See sample case studies for practice sessions on pages 68-69.

f. “Mothers” should give all the information included in the case study and should answer other questions that the counsellor may ask outside the case study.

g. Counsellor of each triad should ask the “mother” about her situation and practice
   • assess, analyze and act steps
   • listening and learning skills
   • building confidence and giving support skills

h. Observer’s task
   • Record the skills of the counsellor used
   • Provide feedback after the case study

i. Participants in the triad will switch roles and repeat the steps using another case study

j. One working group demonstrate a case study in front of the whole group

k. Group discussion – to process the practice session, ask participants to share any difficulty, worry or good experience. Explain that with practice, counselling mothers becomes easy.
CASE STUDY FOR DEMONSTRATION OF FACILITATORS

You are Selena, 19 years old. You have a 3-month old baby girl named Ariana. You are breastfeeding Ariana because you were told at the hospital that your breast milk is the best for Ariana. You also give Ariana water because you were advised by your mother-in-law to give water during this hot climate. You also think that your breast milk is not enough for her. For the past three days Ariana has diarrhea and you noticed that she does not suckle well and has been weak and inactive. Ariana continuously cries at night and this bothers you and your young husband, Diether, so much. You consulted your best friend Victoria who referred you to a peer counsellor. If you were the peer counsellor, what will you tell Selena?

CASE STUDIES FOR PRACTICE SESSIONS

Case Study 1

You are Bea, 24 years old and a housewife. Your firstborn daughter, Ana, is 2 days old. Your husband works as an engineer in a multinational company. You are breastfeeding Ana because you know breast milk is the best food for her. You know this because the midwife visited you before you gave birth. After giving birth in the hospital, the doctor helped you initiate breastfeeding within the first hour. However, once at home, you noticed there is no milk coming out from your breast. You mother-in-law wants to give formula milk to Ana since she has been crying frequently. You are not sure what to do so you ask the midwife if she can come to your house. But the midwife is busy and so she sends another mother from your neighbourhood to help you.

Case Study 2:

You are “Lagring”, a 35 year old housewife. You sell vegetables in the local market not far from your home. Your fourth child, Daniel, is 8 months old. You bring him to the market with you. Your other three children already go to school. Since you are busy at the market, you breastfeed Daniel only in the morning and at night. Throughout the day you are giving Daniel powdered milk that you buy weekly. Sometimes you have no money to buy milk on certain days. Daniel does not receive other milk and in addition you give Daniel about ½ cup thin lugao for each meal. Sometimes you add boiled vegetables from unsold vegetables from your stall. You
noticed that last week Daniel has been crying more often. You have not brought him to the health center as you have no time.

Case Study 3

You are Mayang, a 20-year old single working mother who works as a saleslady in a department store. You are on maternity leave and you will soon go back to work in two weeks time. You are exclusively breastfeeding your one-month old son, Enzo. You are worried that once you go back to work you will stop breastfeeding Enzo. You will leave Enzo under the care of your mother while working. You plan to bottle feed Enzo using formula milk. But you are worried also that your salary is not enough to buy the formula milk.

Observation Checklist for IYCF Counselling

Name of Counsellor: _____________________________
Name of Observer: _______________________________________
Date of visit: ___________________

<table>
<thead>
<tr>
<th>Did the IYCF peer counsellor . . .</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use Listening and Learning Skills</td>
<td></td>
</tr>
<tr>
<td>• Keep the head at level with mother/caregiver</td>
<td></td>
</tr>
<tr>
<td>• Pay attention (eye contact)</td>
<td></td>
</tr>
<tr>
<td>• Remove barriers (tables and notes)</td>
<td></td>
</tr>
<tr>
<td>• Take time</td>
<td></td>
</tr>
<tr>
<td>• Use appropriate touch</td>
<td></td>
</tr>
<tr>
<td>• Ask open questions</td>
<td></td>
</tr>
<tr>
<td>• Use responses and gestures that show interest</td>
<td></td>
</tr>
<tr>
<td>• Reflect back what the mother/caregiver said</td>
<td></td>
</tr>
<tr>
<td>• Avoid using judging words</td>
<td></td>
</tr>
<tr>
<td>• Allow mother/caregiver time to talk</td>
<td></td>
</tr>
</tbody>
</table>
## Guide in IVCF Counselling

<table>
<thead>
<tr>
<th>Did the IYCF peer counsellor . . .</th>
<th>/ Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Use Building Confidence and Giving Support Skills</td>
<td></td>
</tr>
<tr>
<td>• Accept what a mother/caregiver thinks and feels</td>
<td></td>
</tr>
<tr>
<td>• Listen to the mother/caregiver’s concerns</td>
<td></td>
</tr>
<tr>
<td>• Recognize and praise what a mother/caregiver and baby are doing correctly</td>
<td></td>
</tr>
<tr>
<td>• Give practical help</td>
<td></td>
</tr>
<tr>
<td>• Give little, relevant information</td>
<td></td>
</tr>
<tr>
<td>• Use simple language</td>
<td></td>
</tr>
<tr>
<td>• Make one or two suggestions, not commands</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the IYCF peer counsellor . . .</th>
<th>/ Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Assess</td>
<td></td>
</tr>
<tr>
<td>• Child’s age accurately</td>
<td></td>
</tr>
<tr>
<td>• Check mother/caregiver’s understanding of child’s growth curve</td>
<td></td>
</tr>
<tr>
<td>• Check on recent child’s illness</td>
<td></td>
</tr>
<tr>
<td>• Assess the current breastfeeding status</td>
<td></td>
</tr>
<tr>
<td>• Check for breastfeeding difficulties</td>
<td></td>
</tr>
<tr>
<td>• Observe a breastfeed</td>
<td></td>
</tr>
<tr>
<td>• Assess other fluid intake</td>
<td></td>
</tr>
<tr>
<td>• Assess other food intake</td>
<td></td>
</tr>
<tr>
<td>• Ask about whether the child receives assistance when eating</td>
<td></td>
</tr>
<tr>
<td>• Check on hygiene related to feeding</td>
<td></td>
</tr>
</tbody>
</table>
### Guide in IYCF Counselling

<table>
<thead>
<tr>
<th>Did the IYCF peer counsellor . . .</th>
<th>/</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. Analyze</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify any feeding difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prioritize difficulties (if there is more than one). Record prioritized difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Act</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Praise the mother/caregiver for doing recommended practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Address breastfeeding difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Discuss age-appropriate feeding recommendations and possible discussion points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Present one or two options (time-bound) and appropriate for the child’s age and feeding behaviours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Help the mother/caregiver select one or two that she can try to address the feeding challenges</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the IYCF peer counsellor . . .</th>
<th>/</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use appropriate IYCF Counselling Cards that are relevant to the child’s situation and discuss that information with mother/caregiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ask mother/caregiver to repeat the agreed-upon new behavior Record agreed-upon behavior:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ask mother/caregiver if she has questions/concerns?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Refer mother/caregiver, as necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Suggest where mother/caregiver can find additional support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Agree upon a date/time for a follow-up session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Thank mother/caregiver for her time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A-6
Breastfeeding TSEK Forms
Form 1

BACKGROUND INFORMATION

(Passarong tungkol sa sarili)

Pangalan ng gumagabay sa nanay (Peer counselor): ______________________________

Petsa ng pagbisita: _________________________

Pangalan ng ina: ___________________________

Edad ng ina: ________

Pangalan ng pangunahing tagapag-alaga (Kung hindi ang ina): __________________________________

Adres: ______________________________________________________________________________________

Purok / Sitio / Zone / Block (Pakisulat ang nakopya): ______________________________

Barangay: ______________________________

Lungsod / Munisipalidad: ______________________________

Paalala: Huwag sabihin sa nanay ang mga posibleng sagot. Hintayin ang sagot ng nanay. Lagyan ng tsek (✓) ang isagot ng nanay.

MGA TANONG PARA SA BUNTIS

1. Kailan ka manganganak? (Pakisulat ang buwan/taon at petsa kung mayroon) _________________________

2. Saan mo binabalak na manganak? (Ospital, lying-in clinic, bahay, iba pa, pakitukoy) __________________

3. May iba ka pa bang anak bukod sa ipinagbubuntis mo ngayon? (Meron, ilan? _____ (Pumunta sa tanong 4))

4. Ano ang petsa ng kapanganakan ng iyong bunsong anak? (Kung hindi alam ang eksaktong petsa, tiyakin ang buwan at taon ng kapanganakan) _________________________

5. Sino ang nagpapakain sa bunsong anak? (Lagyan ng tsek ang sagot na pinakaangkop)

6. Ano ang pinainom o ibinigay mo sa kaniyang unang 6 na buwan? (Gatas ng ina, gatas na tinimpla, gatas ng ina at gatas na tinimpla, iba pa, pakitukoy) __________________

7. Bukod sa sagot sa tanong 6, ano ang iba mo pang pinainom o ibinigay? (Tubig, juice, gatas na tinimpla, sabaw, malalambot na pagkain (lugaw, Cerelac, biskwit, noodles, dinurog na pagkain) pakitukoy, _____) _________

MGA TANONG PARA SA NANGANAK NA BUNSO

1. Kailan ka nanganak? (Pakisulat ang buwan/taon at petsa kung mayroon) ________

2. Saan ka nanganak? (Ospital, lying-in clinic, bahay, iba pa, pakitukoy) __________________

3. May iba ka pa bang anak bukod sa ipinanganak mo ngayon? (Meron, ilan? _____ (Pumunta sa tanong 4))

4. Ano ang petsa ng kapanganakan ng anak mo na sinundan ng bunso? (Kung hindi alam ang eksaktong petsa, tiyakin ang buwan at taon ng kapanganakan) _________________________

5. Sino ang nagpapakain sa anak mo na sinundan ng bunso? (Lagyan ng tsek ang sagot na pinakaangkop)

6. Ano ang pinainom o ibinigay mo sa kaniyang unang 6 na buwan? (Gatas ng ina, gatas na tinimpla, gatas ng ina at gatas na tinimpla, iba pa, pakitukoy) __________________

7. Bukod sa sagot sa tanong 6, ano ang iba mo pang pinainom o ibinigay? (Tubig, juice, gatas na tinimpla, sabaw, malalambot na pagkain (lugaw, Cerelac, biskwit, noodles, dinurog na pagkain) pakitukoy, _____) _________

FORMATION TUNGKOL SA SARILI

(Passarong tungkol sa sarili)

Pangalan ng gumagabay sa nanay (Peer counselor): ______________________________

Petsa ng pagbisita: _________________________

Pangalan ng ina: ___________________________

Edad ng ina: ________

Pangalan ng pangunahing tagapag-alaga (Kung hindi ang ina): __________________________________

Adres: ______________________________________________________________________________________

Purok / Sitio / Zone / Block (Pakisulat ang nakopya): ______________________________

Barangay: ______________________________

Lungsod / Munisipalidad: ______________________________

Paalala: Huwag sabihin sa nanay ang mga posibleng sagot. Hintayin ang sagot ng nanay. Lagyan ng tsek (✓) ang isagot ng nanay.

MGA TANONG PARA SA BUNTIS

1. Kailan ka manganganak? (Pakisulat ang buwan/taon at petsa kung mayroon) _________________________

2. Saan mo binabalak na manganak? (Ospital, lying-in clinic, bahay, iba pa, pakitukoy) __________________

3. May iba ka pa bang anak bukod sa ipinagbubuntis mo ngayon? (Meron, ilan? _____ (Pumunta sa tanong 4))

4. Ano ang petsa ng kapanganakan ng iyong bunsong anak? (Kung hindi alam ang eksaktong petsa, tiyakin ang buwan at taon ng kapanganakan) _________________________

5. Sino ang nagpapakain sa bunsong anak? (Lagyan ng tsek ang sagot na pinakaangkop)

6. Ano ang pinainom o ibinigay mo sa kaniyang unang 6 na buwan? (Gatas ng ina, gatas na tinimpla, gatas ng ina at gatas na tinimpla, iba pa, pakitukoy) __________________

7. Bukod sa sagot sa tanong 6, ano ang iba mo pang pinainom o ibinigay? (Tubig, juice, gatas na tinimpla, sabaw, malalambot na pagkain (lugaw, Cerelac, biskwit, noodles, dinurog na pagkain) pakitukoy, _____) _________

MGA TANONG PARA SA NANGANAK NA BUNSO

1. Kailan ka nanganak? (Pakisulat ang buwan/taon at petsa kung mayroon) ________

2. Saan ka nanganak? (Ospital, lying-in clinic, bahay, iba pa, pakitukoy) __________________

3. May iba ka pa bang anak bukod sa ipinanganak mo ngayon? (Meron, ilan? _____ (Pumunta sa tanong 4))

4. Ano ang petsa ng kapanganakan ng anak mo na sinundan ng bunso? (Kung hindi alam ang eksaktong petsa, tiyakin ang buwan at taon ng kapanganakan) _________________________

5. Sino ang nagpapakain sa anak mo na sinundan ng bunso? (Lagyan ng tsek ang sagot na pinakaangkop)

6. Ano ang pinainom o ibinigay mo sa kaniyang unang 6 na buwan? (Gatas ng ina, gatas na tinimpla, gatas ng ina at gatas na tinimpla, iba pa, pakitukoy) __________________

7. Bukod sa sagot sa tanong 6, ano ang iba mo pang pinainom o ibinigay? (Tubig, juice, gatas na tinimpla, sabaw, malalambot na pagkain (lugaw, Cerelac, biskwit, noodles, dinurog na pagkain) pakitukoy, _____) _________

FORMATION TUNGKOL SA SARILI

(Passarong tungkol sa sarili)
8. Ano ang pinakamalaking problema o hirap na naranasan sa pagpapasuso?

- Gatas ng ina
- Namamagang maasok ang utong
- Masakit ng suko
- Bayan ng suko

9. Ikaw ba ay nagtatrabaho o naghahanap-buhay?

- Oo

10. Balak mo bang bumalik sa trabaho matapos makapanganak?

- Oo

11. Ano ang balak mong ipainom o ibigay sa iyong sanggol kapag bumalik ka na sa trabaho?

- Gatas ng ina
- Gatas na tinimpla

12. Ano ang balak mong ipainom o ibigay sa iyong sanggol kapag kailangan mong umalis sa bahay (halimbawa)?

- Gatas ng ina
- Gatas na tinimpla
### Form 2

**FEEDING PLANS**

*(MGA PLANO SA PAGPAPASUSO AT PAGPAPAKAIN)*

**PAALALA:** Gamitin ang form na ito para sa mga nanay na BUNTIS.


#### Bilang ng pagbisita

<table>
<thead>
<tr>
<th>Pagbisita 1</th>
<th>Pagbisita 2</th>
</tr>
</thead>
</table>
| Petsa ng pagbisita (
*month/day/year*) | Petsa ng pagbisita (
*month/day/year*) |

### Ilang buwan ka nang buntis?

1. Pagkapanganak, ano ang balak mong ipakain sa iyong sanggol?

- Gatas ng ina/magpapasuso
- Tubig
- Juice
- Gatas na tinimpla
- Sabaw
- Malalambot na pagkain
- Cerelac, biskwit, noodles,
- Dinurog na ulam o pagkain
- Bitamina/gamot/oresol
- Iba pa, pakitukoy _________

2. Kung ikaw ay magpapasuso, ano pa ang balak mong ipainom o ibigay sa iyong sanggol?

- Gatas ng ina/magpapasuso
- Tubig
- Juice
- Gatas na tinimpla
- Sabaw
- Malalambot na pagkain
- Cerelac, biskwit, noodles,
- Dinurog na ulam o pagkain
- Bitamina/gamot/oresol
- Iba pa, pakitukoy _________

Ang mga sagot dito ay makatutulong na maintindihan ang angkop na mensaheng maipapayo sa buntis na nanay.

**PARA LANG ITO SA GAMAGABAY SA NANAY:**

Uriin ang plano ng ina sa pagpapakain. Lagyan ng tsek (✓) ang lahat ng isagot sa bawat pagbisita.

Pagbisita 1

Magpapasuso lamang (exclusive breastfeeding)

Kung sa tanong 1 at 2, ay "gatas ng ina/magpapasuso" lang ang may tsek o "gatas ng ina/magpapasuso" at "bitamina/gamot/oresol" ang may tsek.

Magpapasuso kasabay ng iba pang pagkain o inumin

Kung ang "gatas ng ina/magpapasuso" at alinman sa iba pang kahon ang may tsek.

Hindi magpapasuso

Kung ang iba pang kahon ay may tsek maliban sa "gatas ng ina/magpapasuso".

### (MGA PLANO SA PAGPAPASUSO AT PAGPAPAKAIN)

**FEEDING PLANS**
Form 3

SUMMARY OF INFANT FEEDING PRACTICES
(BUOD NG PARAAN NG PAGPAPAKAIN SA SANGGOL)

Pangalan ng sanggol: ___________________________________
Petsa ng kapanganakan ng sanggol (month/day/year): ______________________


<table>
<thead>
<tr>
<th>Edad ng sanggol nang mabisita</th>
<th>1 linggo</th>
<th>2 linggo</th>
<th>3 linggo</th>
<th>1 buwan</th>
<th>2 buwan</th>
<th>3 buwan</th>
<th>3 buwan</th>
<th>4 buwan</th>
<th>4 buwan</th>
<th>5 buwan</th>
<th>5 buwan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petsa ng pagbisita (month/day/year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Sa nakaraang araw at gabi, ano ang kinain at ininom ni (pangalan ng sanggol)?
   - gatas ng ina/nagpasuso
   - tubig
   - juice
   - gatas na tinimpla
   - sabaw
   - malalambot na pagkain (lugaw, Cerelac, biskwit, noodles,
     - dinurog na ulam o pagkain)
   - bitamina/gamot/oresol
   - iba pa, pakitukoy

2. Sa nakaraang araw at gabi, ilang beses pinainom o pinakain ang mga sumusunod na pagkain kay (pangalan ng sanggol)?
   - gatas ng ina/nagpasuso
   - tubig
   - juice
   - gatas na tinimpla
   - sabaw
   - malalambot na pagkain (lugaw, Cerelac, biskwit, noodles,
     - dinurog na ulam o pagkain)
   - bitamina/gamot/oresol
   - iba pa, pakitukoy

PARA LANG ITO SA GUMAGABAY SA NANAY:

Nagpapasuso lamang (exclusive breastfeeding): kung sa tanong 1 at 2, ay “gatas ng ina/nagpasuso” lang ang may tsek o "gatas ng ina/nagpasuso" at "bitamina/gamot/oresol" ang may tsek.

Nagpapasuso kasabay ng iba pang pagkain o inumin: kung ang "gatas ng ina/nagpasuso" at alinman sa iba pang kahon ang may tsek.

Hindi nagpapasuso: kung ang iba pang kahon ay may tsek maliban sa "gatas ng ina/nagpasuso".

Gabay sa pag-uuri:

Nagpapasuso lamang: kung sa tanong 1 at 2, ay "gatas ng ina/nagpasuso" lang ang may tsek o "gatas ng ina/nagpasuso" at "bitamina/gamot/oresol" ang may tsek.

Nagpapasuso kasabay ng iba pang pagkain o inumin: kung ang "gatas ng ina/nagpasuso" at alinman sa iba pang kahon ang may tsek.

Hindi nagpapasuso: kung ang iba pang kahon ay may tsek maliban sa "gatas ng ina/nagpasuso".
Isulat ang mga kailangang impormasyon tungkol sa binisitang NANAY NA BUNTIS sa form na ito. Pagkatapos ay pilasin ang form na ito mula sa inyong notebook at ipasa ito sa inyong midwife. Ang form na ito ay ipinapasa tuwing unang linggo ng Hulyo.

<table>
<thead>
<tr>
<th>CODE:</th>
<th>LUNGSOD/MUNISIPALIDAD:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BARANGAY (PUROK/SITIO/ZONE/BLOCK):</td>
</tr>
<tr>
<td></td>
<td>PETSA NG PAGSUMITE NG FORM 4-A:</td>
</tr>
</tbody>
</table>

URI NG PLANO NG INA SA PAGPAPAKAIN. Itanong sa nanay kung ano ang kanyang balak gawin na pagpapakain ng isang nanay sa kanyang sanggol. Tukuyin kung ito ay:

- Exclusive Breastfeeding (Magpapasuso lamang)
- Mixed Feeding (Magpapasuso kasabay ng iba pang pagkain o inumin)
- Not Breastfeeding (Hindi magpapasuso)

Isulat sa patlang ang letra na katumbas ng kung anong klase ng pagpapakain ang balak ng nanay para sa kanyang anak.

<table>
<thead>
<tr>
<th>NO.</th>
<th>PANAGAHAN NG NANAY</th>
<th>MAKAPANGYARIHAN NA BUNTIS</th>
<th>PANSAYO/KALABASAN</th>
<th>TARAIS/BARANGAY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

URI NG PLANO NG INA SA PAGPAPAINOM. Itanong sa nanay kung ano ang kanyang balak gawin na pagpapainom sa kanyang sanggol. Tukuyin kung ito ay:

- Exclusive Breastfeeding (Magpapasuso lamang)
- Mixed Feeding (Magpapasuso kasabay ng iba pang pagkain o inumin)
- Not Breastfeeding (Hindi magpapasuso)

Isulat sa patlang ang letra na katumbas ng kung anong klase ng pagpapainom ang balak ng nanay para sa kanyang anak.
NAGA PLAN SA PAGPAPAKAIN O PAGPAAPKAN

<table>
<thead>
<tr>
<th>CODE</th>
<th>LUNGSOD/MUNISIPALIDAD:</th>
<th>BARANGAY (PUROK/SITIO/ZONE/BLOCK)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PETSA NG PAGSUMITE NG FORM 4-B: [ ]

PANGALAN NG GUMAGABAY SA NANAY: [ ]

PANAHON NG PAGBISITA:

1. SIMULA (BUWAN/TAON): [ ]
2. Tapos (BUWAN/TAON): [ ]

URI NG PLANO NG INA SA PAGPAPAKAIN. Itanong sa nanay kung ano ang kanyang balak gawin na pagpapakain ng isang nanay sa kanyang sanggol. Tukuyin kung ito ay:

- Exclusive Breastfeeding (Magpapasuso lamang)
- Mixed Feeding (Magpapasuso kasabay ng iba pang pagkain o inumin)
- Not Breastfeeding (Hindi magpapasuso)

Isulat sa patlang ang letra na katumbas ng kung anong klase ng pagpapakain ang balak ng nanay para sa kanyang anak.

<table>
<thead>
<tr>
<th>NO.</th>
<th>PANAGALAN NG NANAY</th>
<th>MGA PLANO SA PAGPAPAKAIN O PAGPAAPKAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ULTO NG SUMITONG BILANGAN: [ ]

PETSA NG LUNGSOD/MUNISIPALIDAD: [ ]

BALANGAY (PUBUK/STITION/ZONE/BLOCK): [ ]

LUNGSOD/MUNISIPALIDAD: [ ]

CODE: [ ]

(form 4-b)
URI NG PARAAN NG PAGPAPAKAIN SA SANGGOL
(CLASSIFICATION OF INFANT FEEDING PRACTICES)

Isulat ang mga kailangang impormasyon tungkol sa binisitang nanay na may anak na 0-5 buwang gulang sa form na ito. Pagkatapos ay pilasin ang form na ito mula sa inyong notebook at ipasa ito sa inyong midwife. Ang form na ito ay ipinapasa tuwing unang linggo ng Hulyo.

<table>
<thead>
<tr>
<th>CODE:</th>
<th>CODE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNGSOD/MUNISIPALIDAD</td>
<td>BARANGAY (PUROK/SITIO/ZONE/BLOCK)</td>
</tr>
<tr>
<td>PETSA NG PAGSUSUMITE NG FORM 5-A:</td>
<td></td>
</tr>
</tbody>
</table>

**PANGALAN NG GUMAGABAY SA NANAY:**

**PANAHON NG PAGBISITA:**

**SIMULA (BUWAN/TAON):**

**TAPOS (BUWAN/TAON):**

**URI NG PARAAN NG INA SA PAGPAPAKAIN SA SANGGOL (0-5 BUWAN).** Itanong sa nanay kung ano ang kanyang ginagawa na paraan ng pagpapakain para sa kanyang sanggol. Tukuyin kung ito ay:

- Exclusive Breastfeeding (Nagpapasuso lamang) **E**
- Mixed Feeding (Nagpapasuso kasabay ng iba pang pagkain o inumin) **M**
- Not Breastfeeding (Hindi nagpapasuso) **N**

Isulat sa patlang kung anong klase ng pagpapakain ang ginagawa ng nanay para sa kanyang anak.

<table>
<thead>
<tr>
<th>EDAD NG SANGGOL SA PAGBISITA</th>
<th>1 LINGGO</th>
<th>1 BUWAN</th>
<th>2 BUWAN</th>
<th>3 BUWAN</th>
<th>4 BUWAN</th>
<th>5 BUWAN</th>
<th>PARAAN NG PAGPAPAKAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO.</td>
<td>PANGALAN NG NANAY</td>
<td>PANGALAN NG BATA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FORM 5-B

CLASSIFICATION OF INFANT FEEDING PRACTICES

Isulat ang mga kailangang impormasyon tungkol sa binisitang NANAY NA MAY ANAK na 0-5 buwang gulang sa form na ito. Pagkatapos ay pilasin ang form na ito mula sa inyong notebook at ipasa ito sa inyong midwife. Ang form na ito ay ipinapasa tuwing unang linggo ng Enero.

<table>
<thead>
<tr>
<th>CODE:</th>
<th>CODE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNGSOD/MUNISIPALIDAD</td>
<td>BARANGAY (PUROK/SITIO/ZONE/BLOCK)</td>
</tr>
<tr>
<td>PETSA NG PAGSUSUMITE NG FORM 5-B:</td>
<td></td>
</tr>
</tbody>
</table>

PANGALAN NG GUMAGABAY SA NANAY:  
PANAHON NG PAGBISITA:  
SIMULA (BUWAN/TAON):  
TAPOS (BUWAN/TAON):

URI NG PARAAN NG INA SA PAGPAPAKAIN SA SANGGOL (0-5 BUWAN). Itanong sa nanay kung ano ang kanyang ginagawa na paraan ng pagpapakain o pagpapainom para sa kanyang sanggol. Tukuyin kung ito ay:  
Exclusive Breastfeeding (Nagpapasuso lamang) E  
Mixed Feeding (Nagpapasuso kasabay ng iba pang pagkain o inumin) M  
Not Breastfeeding (Hindi nagpapasuso) N

Isulat sa patlang kung anong klase ng pagpapakain ang ginagawa ng nanay para sa kanyang anak.

<table>
<thead>
<tr>
<th>EDAD NG SANGGOL SA PAGBISITA</th>
<th>1 LINGGO</th>
<th>1 BUWAN</th>
<th>2 BUWAN</th>
<th>3 BUWAN</th>
<th>4 BUWAN</th>
<th>5 BUWAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO.</td>
<td>PANGALAN NG NAY</td>
<td>PANGALAN NG BATA</td>
<td>PARAAN NG PAGPAPAKAIN O PAGPAPAINOM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A publication of the National Nutrition Council of the Department of Health under the Joint Programme MDG-F 2030: Ensuring Food Security and Nutrition for Children 0-24 Months Old in the Philippines

Editor: Maria-Bernardita T. Flores, RND, MPS-FNP, CESO II

Writers: Roda B. Valenzuela, PhD
         Jovita B. Raval, RND, MPS-FNP
         Ana Maria B. Rosaldo, RND, MPS-FNP

Staff Support: Teodora C. Castor
              Rachel L. Basconcillo

Technical Advisers: Vicenta E. Borja, RN, MPH
                   Mary Juliet D.R. Labitigan, MS SocDev
                   Shari Ludovina L. Sabalvaro, MD
                   Soccoro Alma F. Gammad, MSN

This publication may be reproduced in part or in whole provided that the National Nutrition Council is acknowledged as source.

Suggested Citation:
National Nutrition Council (2013)
Guide on Mobilizing Community Support for Infant and Young Child Feeding (IYCF) Program
Taguig City, Philippines

Printed in Taguig City, Philippines
2013