

Infant and Young Child Feeding in Emergencies Training of Trainers **Training report**



20th to 24th January 2019

Kabul, Afghanistan

Alice Burrell, IYCF-E Adviser – Tech RRT

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1. Objectives

The aim of this training course was to give participants the skills, knowledge and understanding to establish and implement programmes for Infant and Young Child Feeding in an Emergency (IYCF-E) which are consistent with agreed sector-wide approaches and standards. This is the first training to be conducted on IYCF-E in Afghanistan.

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

- ✓ knowledge and understanding of the difference between IYCF and IYCF-E, as well as the continuum between the two
- ✓ confidence in their ability to apply humanitarian principles and standards to the context in which they work in IYCF-E
- ✓ ability to use a range of practical skills and know about available tools to deliver timely and quality humanitarian IYCF-E programs
- ✓ a tangible plan for their ongoing personal development as well as their organization's contribution overall to IYCF/IYCF-E programming
- ✓ ability to deliver a 3-day cascade training at provincial level on IYCF-E

2. Training details

The training was held at Kabul Star Hotel in Kabul, Afghanistan from the 20th to the 24th January 2019. The training was an initiative of UNICEF, the Nutrition Cluster Afghanistan and the Public Nutrition Directorate (PND).

Participants of the training were selected by the PND and Nutrition Cluster, with priority given to PND staff and Provincial Nutrition Office (PNO) extenders from the Western region, where the current drought response is ongoing.

There were 24 participants from 10 Provinces and 9 organisations: PND, World Vision International (WVI), Ministry of Public Health (MoPH), WFP, UNICEF Contractors, UNICEF, Provincial Public Health Department (PPHD), and the Agency for Assistance and Development Afghanistan (AADA). The participant list can be found in Annex A.

The training was led by Alice Burrell, IYCF-E Adviser to the Technical Rapid Response Team (Tech RRT). The training was co-facilitated by Dr Ludin (PND), Dr Zarmina Safi (FHI), Dr Ghutai (PND), and Dr Muhibshah (Save the Children). Dr Ulfat (PND) led the review and reflection sessions.

3. Agenda

The training was conducted over 5-days and consisted of the agenda detailed in Fig 1; training sessions were taken from Save the Children's IYCF-E Curriculum and contextualised to Afghanistan.

In addition, a session on Training skills was added as the first 3-days were conducted as a training of trainers. And lastly, a session on the Nutrition Cluster was conducted by the co-lead of the Nutrition Cluster in Afghanistan.

Fig 1. Agenda for 5-day IYCF-E Training in Kabul, Afghanistan

Day 1		Session	Facilitator
8:00 – 8:30		Registration	Administration
8:30 – 8:45		Opening speech	Dr Ludin, PND
8:45 - 9:45	1.	Training Introduction	Alice Burrell
<i>09:45 – 10:00</i>		<i>Tea</i>	
10:00 – 11:00	2.	Why IYCF-E is important	Alice Burrell
11:00 – 12:00	3.	The IYCF and IYCF-E Continuum	Alice Burrell
12:00 – 12:45	4.	Overview of Global IYCF-E Documentation	Alice Burrell
<i>12:45 – 13:45</i>		<i>Lunch</i>	
13:45 - 14:45	5.	IYCF-E Policy	D. Ludin
14:45 – 15:30	6.	The Nutrition Cluster Afghanistan	Bijoy Sarker
15:30 – 16:00		Reflection	Dr Ulfat
Day 2			
8:30 – 9:00		Review of Day 1	Dr Muhibshah
9:00 – 9:45	7.	Breastfeeding Myths and Misconceptions	Dr Zarmina Safi
9:45 – 10:45	8.	Review of Breastfeeding	Dr. Zarmina Safi
<i>10:45 – 11:15</i>		<i>Tea</i>	
11:15 – 12:15	9.	Complementary Feeding in Emergencies	Dr.S. Muhibshah
12:15 – 13:00	10.	Maternal Nutrition in Emergencies	Dr. Zarmina Safi
<i>12:30 - 13:30</i>		<i>Lunch</i>	
13:30 – 14:30	11.	Psychosocial Support and IYCF-E	Alice Burrell
14:30 – 15:30	12.	CMAM and IYCF-E	Alice Burrell
15:30 – 16:00		Reflection	Dr Ulfat
Day 3			
8:30 – 9:00		Review of Day 2	Dr Ulfat
9:00 – 10:30	13.	Managing the Non-Breastfed Child - Exploring Safer Options	Alice Burrell
<i>10:30 – 11:00</i>		<i>Tea</i>	
11:00 – 12:00	14.	Managing the Non-Breastfed Child – Breast Milk Substitutes	Alice Burrell
12:00 – 12:30	15.	IYCF Counselling	Dr Ghutai
<i>12:30 – 13:30</i>		<i>Lunch</i>	
13:30 – 15:30		IYCF Counselling continued	Dr Ghutai
15:30 - 16:00		Reflection	Participants
Day 4			
8:30 – 9:00		Review of Day 3	Dr Ulfat
9:00 – 9:45	16.	IYCF-E Staffing, Training, and Orientation	Alice Burrell
9:45 – 10:30	17.	Training Skills	Dr Zarmina Safi
<i>10:30 - 11:00</i>		<i>Tea</i>	

11:00 – 12:00	18.	Group Work: Cascade Training plans at Provincial level	Participants
12:00 – 12:30	19.	IYCF-E Interventions	Alice Burrell
<i>12:30 - 13:30</i>		<i>Lunch</i>	
13:30 - 15:30		IYCF-E Interventions continued	Alice Burrell
15:30 – 16:00		Reflection	Participants
Day 5			
8:30 - 9:00		Review of Day 4	Dr Ulfat
9:00 – 10:30	20.	Conducting IYCF Assessments	Alice Burrell
<i>10:30 - 11:00</i>		<i>Tea</i>	
11:00 - 12:00	21.	IYCF-E Communication	Dr Zarmina Safi
12:00 – 13:00	22.	Proposals, Budgets, Log Frames	Alice Burrell
<i>13:00 - 14:00</i>		<i>Lunch</i>	
14:00 - 15:00	23.	Group Work: Action Planning	Participants
15:00 - 15:30	24.	Next steps	Alice Burrell
15:30 – 16:00	25.	Post-test and Evaluations	Participants

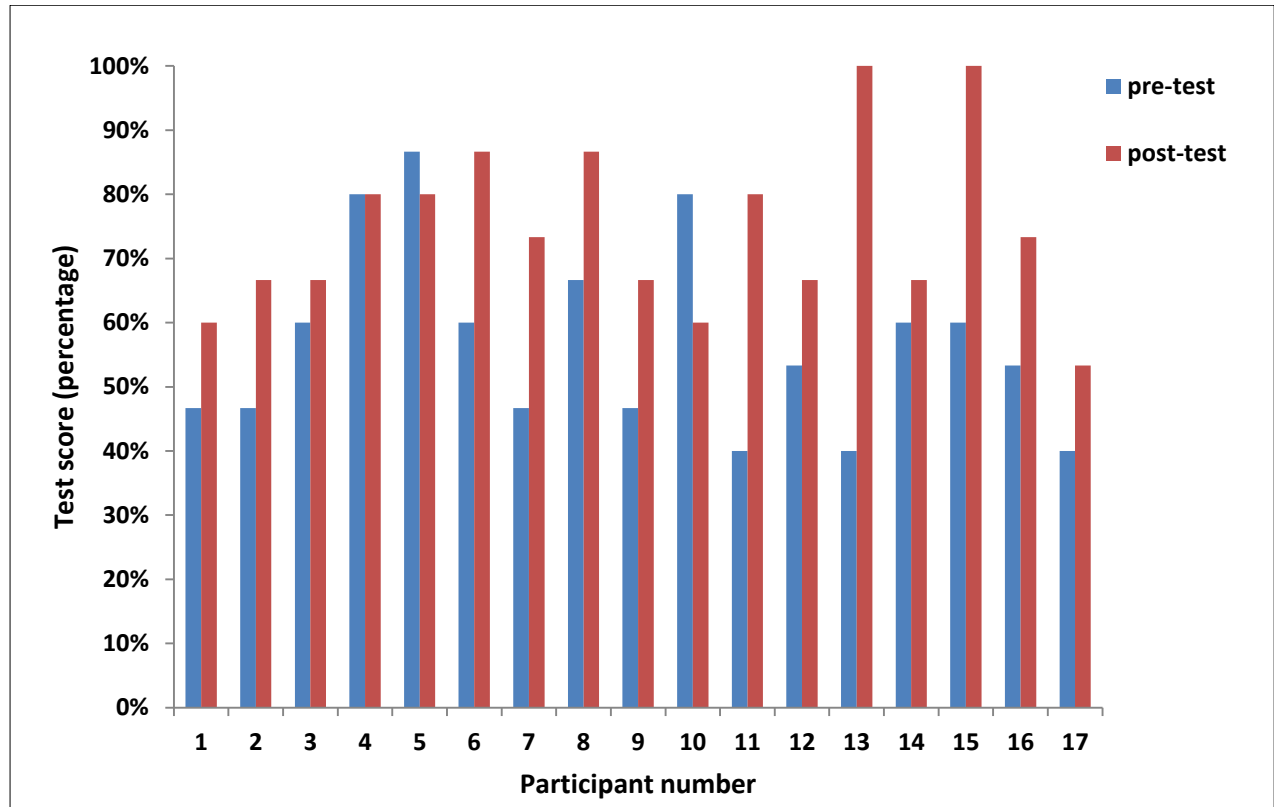
4. Monitoring, evaluation, accountability and learning

Participant test scores

Each participant was asked to complete a pre and post-test on IYCF-E. The tests can be found in Annex B and C.

Average change in score was 18% for the 17 participants who completed both the pre and post-test. Fig 2 shows individual change, the range of change was -20% to 60%.

Fig 2. Pre and post test results of the IYCF-E Training in Kabul Afghanistan January 2019



Unfortunately 5 participants only took the post-test, and 2 participants did not take either test (or did not hand them in).

Training plans

Each participant was to cascade the first 3-days of the training to their Province of work. Therefore each participant prepared a training cascade plan as part of the 5-day training.

Copies were taken of training plans and provided to the PND for monitoring and follow-up.

Action plans

Each participant is expected to be an IYCF-E champion/ advocate for their Province and organisation. Therefore participants completed individual action plans with measurable indicators for how they would continue to cascade their acquired knowledge, advocate for consideration of IYCF-E, and strengthen current IYCF-E activities within their Province and their organisations.

Action plans were copied and provided to the PND for follow-up.

Training Evaluation

Participants were given the opportunity to complete an anonymous evaluation form at the end of the training. The results of the scoring questions are shown in Fig 3; for most criteria the majority of participants scored 5 (very satisfied) or 4.

Fig 3. Training Evaluation scores of the IYCF-E Training participant's

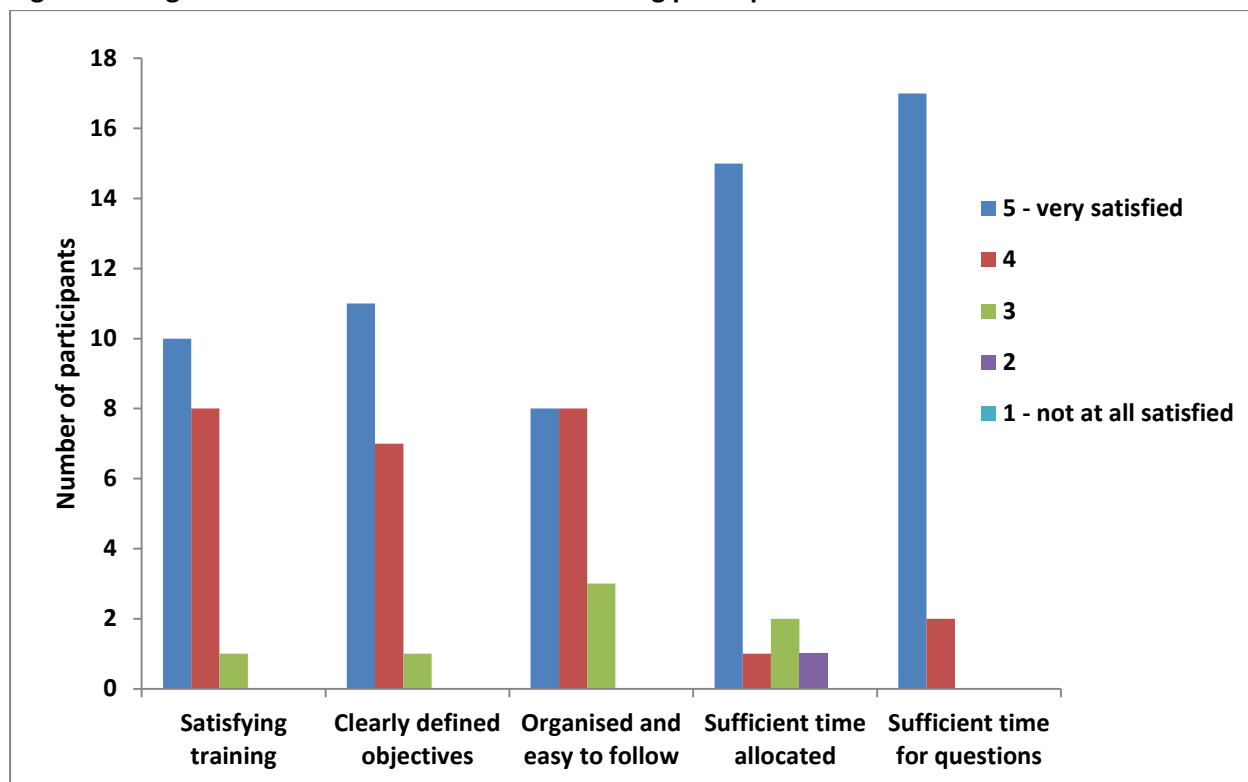


Fig 4 below summarises the feedback for strengths, improvements and application of the training material.

Fig 4. Participant evaluation of training strengths, weakness and intended application of the content

What did you like most about the training?	What aspects of the training could be improved?	How will you apply the information presented to your work?
☺ Group work	☹ Provide material before training	✓ Cascade training to Provinces
☺ Role plays/ practice	☹ Provide materials in local language	✓ Apply to IYCF-E activities
☺ Videos	☹ Conduct training in local language	✓ Sensitisation on IYCF-E of government, leaders, family
☺ Importance and implementation of IYCFE strategy	☹ More time for group work	✓ Implement IYCF-E interventions
☺ Different methods for group work	☹ Preparation of co-facilitators	✓ Integrate IYCF-E in to emergency response
☺ Planning for IYCF-E and IYCF-E interventions	☹ More focus on practical aspects	✓ Take coordination meeting with stakeholders, advocacy for IYCF-E, training preparation and implementation.

☺ Proposal writing

✓ Share information with all stakeholders

☺ Coordination

5. Photos of the training



6. Annex

Annex A Participant List

Public Nutrition Directorate								
IYCF-E ToT (20-24 Jan 2019)								
Registration sheet								
No	Name	Province	Position	Organization	Gender	Ph Number	Email	Signature
1	Abdul Qadir Baga Khil	Kabul	Manager program	AADA	M	0765197616	qbagaqkhal@aad.org.af	
2	Mohammad Nasim Zareet	Kabul	NE	AWLS	M	0780072224	drnasim.zareet@gmail.com	
3	Dr. Sa'id Mahmood Shah	Balkh	NE	AWLS	M	0798454580	saidmahmood2005@yahoo.com	
4	Hosina	Kabul	Technical worker	PND	F	0780902873	HosinaAlokozai12@gmail.com	
5	Palwashe Anwar	Kabul	Nutrition officer	UNICEF	F	0730717625	Palwashe@unicef.org	
6	Asfandiyar	Chor	N/E	PPHD	M	0781233189	asfandiyarsaboorigo.com	
7	Khatera Fayeg	Herat	Nutrition Project officer	World vision	F	071677167	Khatera_Fayeg@wvi.org	
8	Abduljabbar Sahai (Hanani)	Herat	PNO	PPHD	M	0799401961	abjabbar.sahai@gmail.com	
9	Wafizullah	Kabul	CD & C off	PND	M	07802302499	coordination.pnd@amghulamali.ahmed@gmail.com	
10	Ghulamali	Daukandi	PNO	DOPH	M	0775858140	ghulamali.ahmed@gmail.com	
11	Dr. Noorullah	Kabul	IYCF officer	MOPH/PND	M	0785031136	IYCF.pnd.moph@gmail.com	
12	Dr. Abdul Qudus Makhli	Kanduhar	HMS officer	DOPH	M	0700354979	ab.qudus@yahoo.com	

Public Nutrition Directorate								
IYCF-E ToT (20-24 Jan 2019)								
Registration sheet								
No	Name	Province	Position	Organization	Gender	Ph Number	Email	Signature
1	Wahidullah Hussainzai	Badghis	Nut. officer	World Vision	M	0777729468	wahidullah_hussainzai@wvi.org	
2	Abrauf Sabery	Badghis	PNO	MOPH	M	0795717341	abraufsabery@gmail.com	
3	Ab. Qayum	Badghis	NE	B.DOPH	M	0798254980	qayumm4@gmail.com	
4	Hafizullah Elham	Kabul	Nutrition officer	WFP	M	0795034754	Hafizullah.elham@wfp.org	
5	Dr. Ahmad Jawid Makhli	Badakhshan	PNO	MOPH	M	0795791440	mohibi.drjaved@gmail.com	
6	Dr. Amanullah	Nuristan	Nutrition Extender	AWLS	M	0706604655	mahmand1234@gmail.com	
7	Dr. Wajehullah	Laghman	Nut. Extender	AWLS	M	0785549744	dr.abidmuslim@yahoo.com	
8	Dr. Khatera Ahmad Zai	Kabul	Technical worker of IYCF	PND	F	0781712601	khateraahmadzai99@gmail.com	
9	Dr. Fahim	Kabul	Advocacy officer	PND	M	0799227150	ahmadifahim88@gmail.com	
10	Dr. Zia Dasti	Kabul	NE officer	PND	M	0785398999	shz-dasti@gmail.com	
11	Dr. Noor Rahman	Kabul	NSC	PND	M	0780549708	drnoor330@gmail.com	

Annex B. IYCF-E Training: Pre-test

Name _____

Date _____

No.	Question	TRUE	FALSE
1	It is not necessary to have an IYCF specialist to collect data for an IYCF-E rapid assessment.		
2	Media reports can often undermine optimal IYCF practices during an emergency response.		
3	Breastmilk substitutes should not be allowed under any circumstances during an emergency even if infants are artificially fed before the emergency or mother is re-lactating until breastfeeding is re-established.		
4	All IYCF-E staff should implement psychological first aid.		
5	There is no consensus about an optimal number of IYCF field workers for a population in an emergency.		
6	Multi-sectoral collaboration creates an enabling environment for protection and promotion of optimal Infant and Young Child Feeding practices.		
7	Telling a mother what to do is the best way to improve how she feeds her child.		
8	Solid foods should provide a greater proportion of the total nutrient requirement for a child aged 6-12 months than breastmilk.		
9	In order to calculate the supply need for infant formula in an emergency, we only need to know how many infants are exclusively breastfed.		
10	The main focus of IYCF-E programming is long-term behaviour change.		
11	In emergencies, donations of breastmilk substitutes, such as infant formula, should be encouraged by all stakeholders in populations where infants are predominately artificially fed.		
12	An example of an output indicator is: Number of nutrition staff trained on infant and young child feeding in emergencies.		
13	A mother who is highly stressed cannot produce enough breastmilk for her baby.		
14	Companies, hospitals and aid agencies have to comply with the International Code of Marketing of Breastmilk Substitutes irrespective of any national measures taken to implement it.		
15	Which initial document related to appropriate IYCF and the stance on breastmilk substitutes should the Nutrition Cluster/ Nutrition Working Group issue following an emergency?	Name of Document:	

Annex C. IYCF-E Training: Post-test

Name _____

Date _____

No.	Question	TRUE	FALSE
1	Immediately following an emergency, a rapid assessment can be used to make an initial assessment of infant and young child feeding practices instead of undertaking a detailed survey.		
2	Media reports can often undermine optimal IYCF practices during an emergency response.		
3	Breastmilk substitutes should not be allowed under any circumstances during an emergency even if infants are artificially fed before the emergency or mother is re-lactating until breastfeeding is re-established.		
4	It is not necessary to include other caregivers, orphans or unaccompanied children when addressing the infant and young child needs of mothers, infants and young children in the early stages of an emergency.		
5	There is no consensus about an optimal number of Infant and Young Child Feeding field workers for a population in an emergency.		
6	Agencies working in the nutrition sector should be the only ones to endorse or develop a policy on infant and young child feeding in emergencies.		
7	Telling a mother what to do is the best way to improve how she feeds her child.		
8	Solid foods should provide a greater proportion of the total nutrient requirement for a child aged 6-12 months than breastmilk.		
9	In order to calculate the supply need for infant formula in an emergency, we only need to know how many infants are exclusively breastfed.		
10	The main focus of IYCF-E programming is long-term behaviour change.		
11	In emergencies, donations of breastmilk substitutes, such as infant formula, should be encouraged by all stakeholders in populations where infants are predominately artificially fed.		
12	An example of an output indicator is: Number of nutrition staff trained on infant and young child feeding in emergencies.		
13	A mother who is malnourished or highly stressed cannot produce enough breastmilk for her baby.		
14	Companies, hospitals and aid agencies have to comply with the International Code of Marketing of Breastmilk Substitutes irrespective of any national measures taken to implement it.		
15	Which initial document related to appropriate infant and young child feeding and their stance on breastmilk substitutes should the Nutrition Cluster issue following an emergency?	Name of Document:	

Annex D. Tech RRT Training Evaluation Form

Dear Participant,

Thank you for attending the training on IYCF-E. The purpose of this short questionnaire is to understand whether the training has met your expectations and to help us improve future Tech RRT trainings. Your answers will remain **anonymous and confidential**.

For questions Q2 – Q6, kindly answer using a scale from 1 to 5 with '1' being no/negative and '5' being yes/positive

1. Date(s) of the training?

2. Overall, how satisfied were you with the training?

1. not at all satisfied	2.	3.	4.	5. Very satisfied

3. Were the objectives of the training clearly defined?

1. Not at all defined	2.	3.	4.	5. Very well defined

4. Was the content presented organized and easy to follow?

1. not at all organized and easy to follow	2.	3.	4.	5. Very organized and easy to follow

5. Was the time allotted for the training sufficient?

1. not nearly enough time	2.	3.	4.	5. there was sufficient time

6. Was their sufficient time for participants to ask questions?

1. not nearly enough time	2.	3.	4.	5. there was sufficient time

7. What did you like most about the training?

8. What aspects of the training could be improved?

9. How will you apply the information presented to your work?

10. Do you have any other comments?

Thank you very much for completing the questionnaire. You can follow Tech RRT on twitter at **@techrrt** and the Tech RRT website at **techrrt.org**