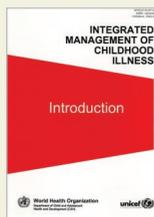


Tools...



Integrated Management of Childhood Illness (IMCI): a training course (1997)

The IMCI course for first-level health workers integrates case management of common childhood illnesses with preventive interventions to promote health and development. It includes basic knowledge and skills for how to support infant and young child feeding, including an assessment of feeding practices and counselling for all children under two years of age. The generic IMCI course was updated and adapted for settings with HIV infection in 2006 and is also available as the *Integrated Management of Childhood Illness: Complementary Course on HIV/AIDS* (2006)

http://www.who.int/child_adolescent_health/documents/9241595650/en/index.html

http://www.who.int/child_adolescent_health/documents/9241594373/en/index.html

MONITORING AND EVALUATION

Indicators for assessing infant and young child feeding (2008)

New and updated indicators for infant and young child feeding were agreed in 2007 as a collaborative effort of multiple partners. The indicators include measures of dietary diversity, feeding frequency, and consumption of iron-rich foods as proxies for adequacy of complementary feeding. The indicators are intended for use in large-scale population-based surveys such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). As companion documents, an operational guide on measurement issues and an update with indicator results from 54 countries will become available in 2009.



http://www.who.int/child_adolescent_health/documents/9789241596664/en/index.html

MATERIALS IN THE PIPELINE

CAH is currently developing a package of training materials for community health workers entitled *Caring for newborns and children in the community*. The materials are composed of various modules, including on the management of the sick child, home-based post-natal care, and healthy child care practices. The training will equip community health workers to support infant and young child feeding, including early initiation of breastfeeding, exclusive breastfeeding, and timely introduction of adequate complementary foods with continued breastfeeding. Modules will become available incrementally in the course of 2009.

The Department is also finalizing a *Model Chapter on infant and young child feeding for medical students and allied health professionals*. This document is intended for use in the basic training of health professionals. The Chapter includes knowledge and descriptions of the essential skills that every health worker should master to support infant and young child feeding and to help caregivers overcome feeding difficulties when they occur.

TITLE	AUDIENCE	LANGUAGES
POLICY AND STRATEGY		
<i>Global Strategy for Infant and Young Child Feeding</i>	Policy-makers, national and mid-level managers, health professionals, civil society, private sector	E/F/S/R/CH/A/P
<i>Planning guide for national implementation of the Global Strategy for Infant and Young Child Feeding</i>	National and mid-level managers	E
<i>The International Code of Marketing of Breast-milk Substitutes: Frequently asked questions</i>	Policy-makers, national and mid-level managers, health professionals, civil society, private sector	E
TECHNICAL REVIEWS ON BREASTFEEDING		
<i>The optimal duration of exclusive breastfeeding: report of an expert consultation</i>	Policy-makers, national and mid-level managers, researchers, health professionals	E
<i>Optimal feeding of low-birth-weight infants: a review</i>	National and mid-level managers, researchers, health professionals	E
<i>Evidence on the long-term effects of breastfeeding</i>	Policy-makers, national and mid-level managers, researchers, health professionals	E
GUIDELINES ON COMPLEMENTARY FEEDING		
<i>Guiding principles for complementary feeding of the breastfed child</i>	Policy-makers, national and mid-level managers, researchers, health professionals	E/F/S
GUIDELINES FOR CHILDREN LIVING IN SPECIAL CIRCUMSTANCES		
<i>Guiding principles for feeding non-breastfed children 6–24 months of age</i>	Policy-makers, national and mid-level managers, researchers, health professionals	E/F/S
<i>Community-based management of severe, acute malnutrition: A joint statement</i>	Policy-makers, national and mid-level managers, researchers, health professionals	E
<i>HIV and infant feeding: tools and materials (leaflet)</i>	National and mid-level managers, researchers, health professionals	E/F/S
TRAINING		
<i>Infant and young child feeding counselling: an integrated course</i>	Health professionals, counsellors, supervisors	E/F/S/CH/P
<i>Breastfeeding counselling: A training course</i>	Health professionals, counsellors, trainers, supervisors	E/F/S/R/P
MONITORING AND EVALUATION		
<i>Indicators for assessing infant and young child feeding practices</i>	Policy-makers, national and mid-level managers, evaluators, researchers, health professionals	E (F/S/P in preparation)

E = English, F = French, S = Spanish, R = Russian, CH = Chinese, A = Arabic, P = Portuguese

FOR FURTHER INFORMATION PLEASE CONTACT:

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Infant and young child feeding

TOOLS AND MATERIALS

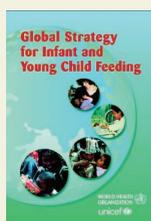


Good nutrition is critical for healthy growth and development of infants and young children. The WHO/UNICEF *Global strategy for infant and young child feeding* summarizes the actions that governments and other concerned parties should take to protect, promote and support appropriate infant and young child feeding. This brochure presents tools developed and supported by WHO's Department of Child and Adolescent Health and Development, in collaboration with other relevant WHO departments and partners, to facilitate the implementation of the *Global Strategy* and increase coverage of effective interventions.



Tools...

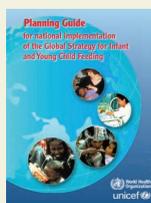
INFANT AND YOUNG CHILD FEEDING: POLICY AND STRATEGY



Global Strategy for Infant and Young Child Feeding (2003)

The *Global Strategy for Infant and Young Child Feeding* was endorsed by all WHO Member States in 2002, and provides the main framework for WHO's actions to promote breastfeeding and complementary feeding. It also addresses feeding of children living in special circumstances, such as those of low birth weight or who are born to mothers who are HIV-infected. The *Strategy* specifies responsibilities for all concerned parties including governments, international agencies, civil society and the private sector.

http://www.who.int/child_adolescent_health/documents/9241562218/en/index.html



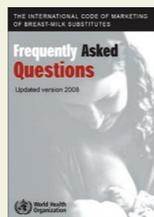
Planning Guide for national implementation of the Global Strategy for Infant and Young Child Feeding (2007)

The *Planning Guide* proposes a systematic process to translate the *Global Strategy* into country action. It describes seven steps to plan, implement and monitor actions to attain the nine operational targets defined in the *Global Strategy*. The *Guide* is intended for use by programme managers and coordinators to develop focused national strategies, policies and action plans for infant and young child feeding.

http://www.who.int/child_adolescent_health/documents/9789241595193/en/index.html

The International Code of Marketing of Breast-milk Substitutes: Frequently Asked Questions (2006 – updated 2008)

The *International Code* was adopted by WHO Member States in 1981 to protect, promote and support breastfeeding. This booklet aims to increase awareness and understanding of how the *International Code* and subsequent relevant World Health Assembly resolutions can help to ensure that mothers and caregivers are able to make fully informed choices on how to feed their infants, free of commercial influence.



http://www.who.int/child_adolescent_health/documents/9241594292/en/index.html

TECHNICAL REVIEWS ON BREASTFEEDING



The optimal duration of exclusive breastfeeding: report of an expert consultation (2001)

The report summarizes the evidence for the WHO recommendation of exclusive breastfeeding for the first six months of life, with introduction of complementary foods and continued breastfeeding thereafter. It also includes recommendations for research. The conclusions are supported by two related publications: *The optimal duration of exclusive breastfeeding: a systematic review and Nutrient adequacy of exclusive breastfeeding for the term infant during the first six months of life*.

http://www.who.int/child_adolescent_health/documents/nhd_01_09/en/index.html

Tools...



Optimal feeding of low-birth-weight infants: A review (2006)

Up to 70% of newborn deaths occur in babies who are of low birth weight; many of which could be prevented with adequate care and feeding. This systematic review addresses the questions of what to feed, when to start feeding, how to feed, how often and how much to feed low-birth-weight babies. The outcomes considered are mortality, severe morbidity, growth and development. The review is the basis of practical guidelines and training materials on feeding low-birth-weight babies that will be published in 2009.

http://www.who.int/child_adolescent_health/documents/9241595094/en/index.html

Evidence on the long-term effects of breastfeeding (2007)

This systematic review and meta-analysis demonstrates that people who were breastfed in their infancy have reduced risk factors for cardiovascular diseases in later life. They have lower mean and total cholesterol, higher performance on intelligence tests, and lower prevalence of overweight/obesity and of type 2 diabetes. The review substantiates the fact that being breastfed has long-term benefits on health.



http://www.who.int/child_adolescent_health/documents/9241595230/en/index.html

GUIDELINES ON COMPLEMENTARY FEEDING

Guiding principles for complementary feeding of the breastfed child (2003)

The ten guiding principles summarized in this document are the basis for practical feeding recommendations for breastfed children 6–23 months of age. The principles set standards for dietary guidelines, and discuss when, where and how young children should be fed. Further background that contributed to their formulation is published in the *Food and Nutrition Bulletin*: Special Issue based on a WHO expert consultation on complementary feeding. Volume 24 (1) March 2003.



http://www.who.int/child_adolescent_health/documents/a85622/en/index.html

GUIDELINES FOR CHILDREN IN SPECIAL CIRCUMSTANCES



Guiding principles for feeding non-breastfed children 6–24 months of age (2005)

There are infants who will not enjoy the benefits of breastfeeding, including those born to HIV-infected mothers who choose not to breastfeed. These guiding principles are based on a detailed assessment of the feasibility of preparing adequate diets for non-breastfed children, using locally available foods. Annexes provide guidance on the process of developing feeding recommendations and on key issues around early cessation of breastfeeding for infants of HIV-infected mothers.

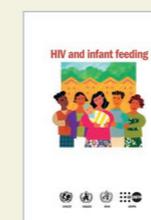
http://www.who.int/child_adolescent_health/documents/9241593431/en/index.html

Tools...

Community-based management of severe acute malnutrition: A joint statement by WHO, UNICEF, WFP, and the UN System Standing Committee on Nutrition (2007)

Recommendations for the community-based management of uncomplicated severe malnutrition were agreed by leading experts and international agencies in 2006, paving the way for an important acceleration in treatment coverage of severe malnutrition. The statement makes practical recommendations for what countries can do to save the lives of severely malnourished children, as well as what international partners can do.

http://www.who.int/child_adolescent_health/documents/a91065/en/index.html



HIV and infant feeding

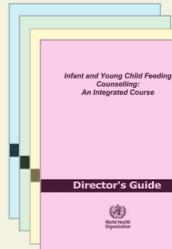
The Department has developed a range of tools and materials on HIV and infant feeding that are summarized in a separate brochure. These can also be downloaded from the CAH web site:

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

TRAINING TOOLS

Infant and young child feeding counselling: an integrated course (2006)

This five-day course is designed to provide knowledge and skills to health workers and counsellors (including lay counsellors) to support appropriate breastfeeding and complementary feeding, as well as feeding of infants born to HIV-infected mothers. The course integrates the essential content of three specialized counselling courses, namely the 'Breastfeeding counselling: a training course', the 'HIV and infant feeding counselling: a training course', and the 'Complementary feeding counselling: a training course'. It also teaches how to use the 'HIV and infant feeding counselling cards'.



http://www.who.int/child_adolescent_health/documents/9789241594745/en/index.html



Breastfeeding counselling: a training course (1993)

The course is designed to help health workers acquire the knowledge and the skills to support mothers to breastfeed optimally, and help her overcome problems when they occur. It is appropriate for building the skills of breastfeeding counsellors, as well as to train trainers and supervisors who support primary health care workers in acquiring knowledge and skills to deliver a basic package of child health interventions.

http://www.who.int/child_adolescent_health/documents/who_cdr_93_3/en/index.html