



# Global Launch: IYCF-E Counselling Training Package for Frontline Workers



June 11, 2026  
at 14:00 – 15:00 CEST

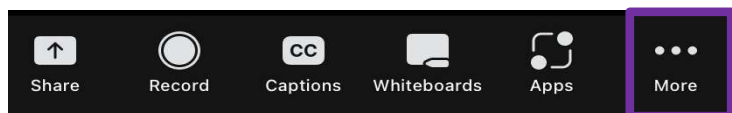
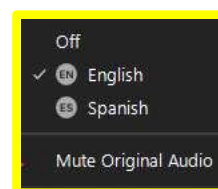
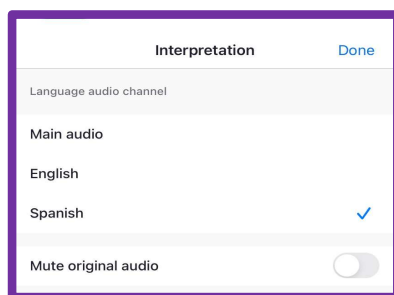
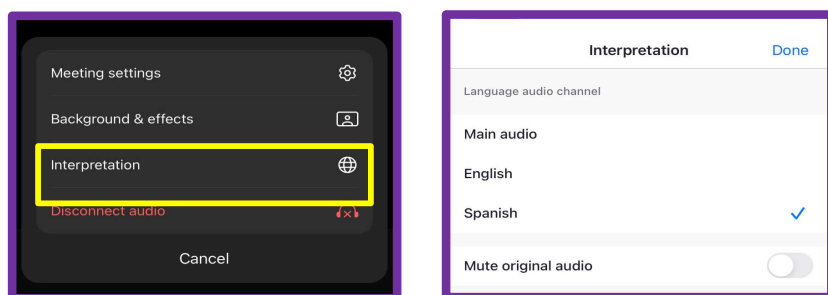
# Translation / Traduction

Translation is accessible by clicking the globe icon on the bottom of your screen.

La traduction est accessible en cliquant sur l'icône du globe terrestre au bas de votre écran.

Se puede acceder a la traducción haciendo clic en el icono del globo en la parte inferior de la pantalla.

يمكن الاستفادة من الترجمة الفورية عن طريق النقر فوق رمز الكرة الأرضية أسفل الشاشة.



# Housekeeping rules



The **webinar will be recorded**. The webinar recording, slides and other resources, will be posted on the GNC website and shared with you all soon afterwards.



Please **introduce yourself in the chat**, who you are, your name, where you are listening in from, so that we know who we all are.



Please **keep your mics and cameras off**, to save on bandwidth.



Please **put your questions in the Q&A box**, it is next to the Globe icon at the bottom of your screen.



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For any **other general questions or comments**, please **put them in the chat**.



## Supporting Donors



## Webinar Group



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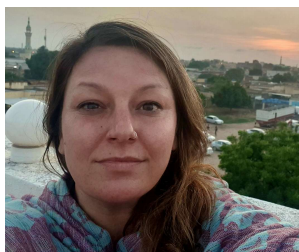


## **Webinar Agenda**

- Introduction
- UNICEF Community IYCF training package
- Save the Children Frontline Worker Curriculum
- Q&A
- Closing

# Introducing our facilitators and speakers

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**Brooke Bauer**  
Senior Nutrition  
Advisor, IYCF/E  
**Save the Children**  
**International**



**Linda Shaker Barbari**  
Nutrition Specialist  
**UNICEF**



**Najwa Al-Dheeb**  
Nutrition Specialist  
**UNICEF**



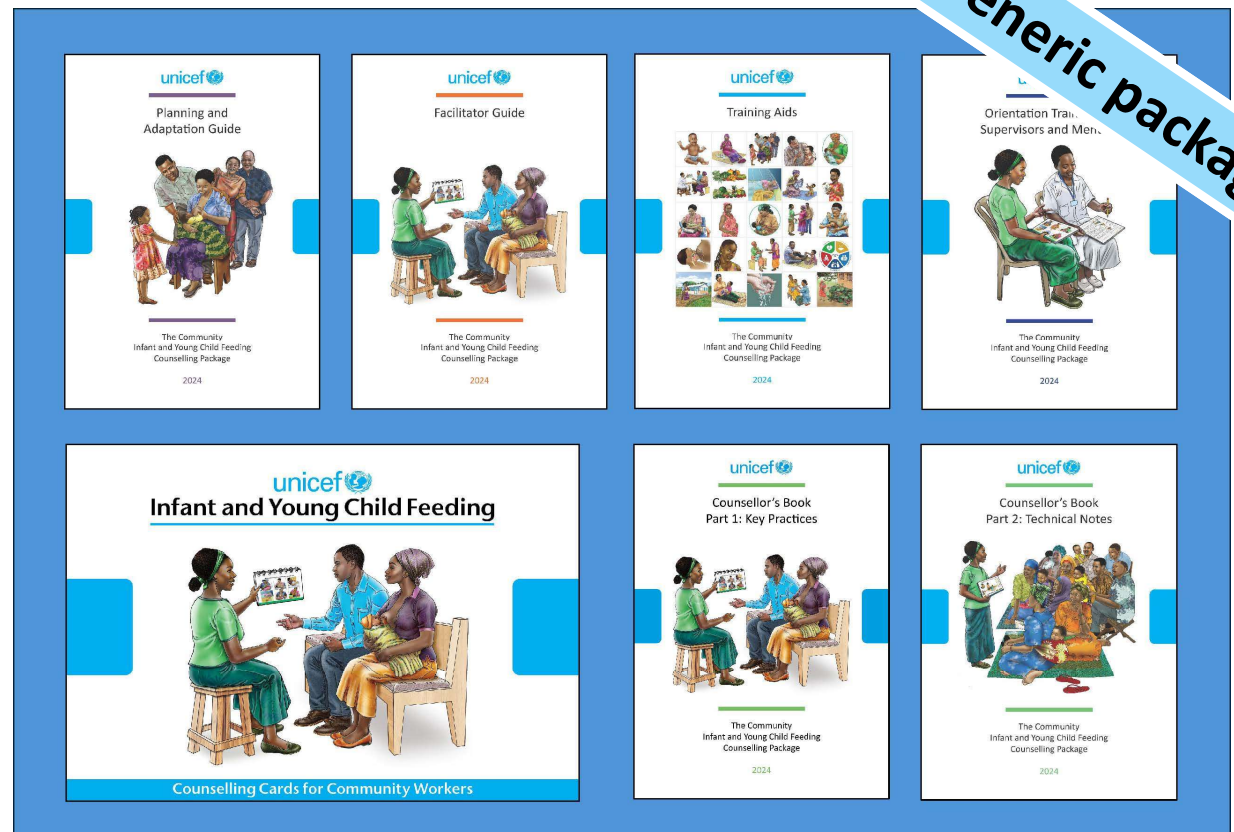
# The Updated IYCF *Package* is composed of 7 documents

Supporting countries to design and scale community-based quality IYCF counselling tailored to local contexts.

Widely adapted across countries

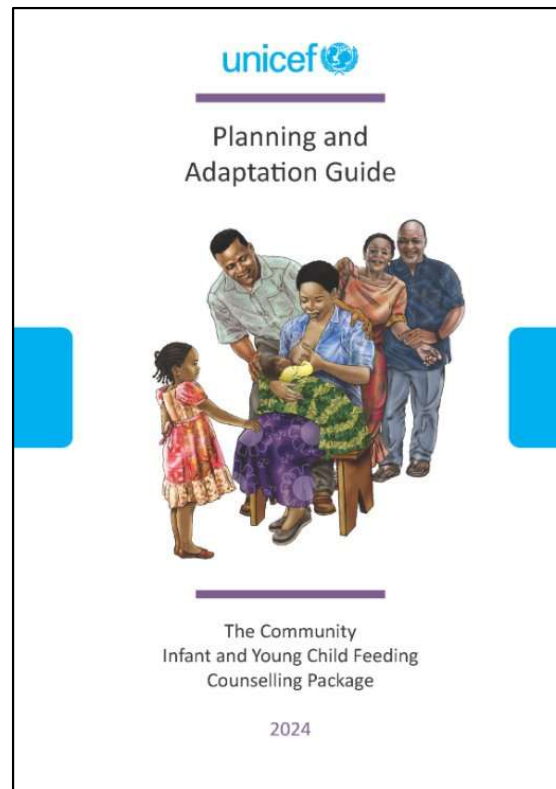
**Updated 2024 package:** Integrates nurturing care, disability inclusion, malnutrition prevention, and provides a full set of training guides, counselling tools, and planning resources.

Generic package



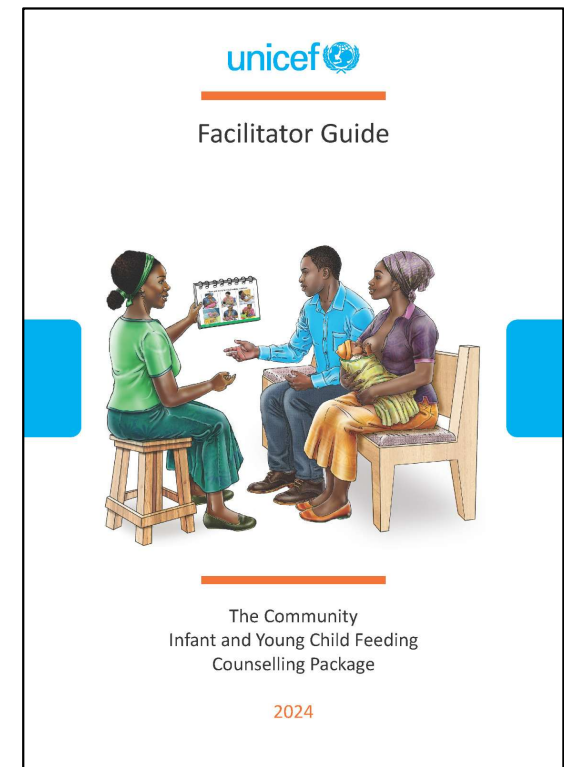
## Planning and Adaptation Guide

- Tool for stakeholder engagement and consensus building
- Guidance to prioritize and adapt content to context
- Support for translation and local customization
- Resources for testing, printing, training, and follow-up planning



- For community health workers; builds IYCF knowledge and skills
- Interactive, hands-on training with group learning
- No reliance on PowerPoint or electronic devices
- Strengthens counselling confidence using practical job aids

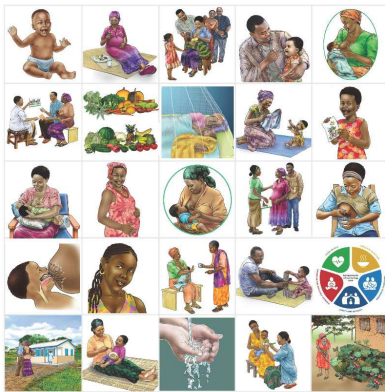
## Facilitator Guide – 5 day training



# Training Aids



## Training Aids



The Community Infant and Young Child Feeding Counselling Package

2024

## First 1,000 Days



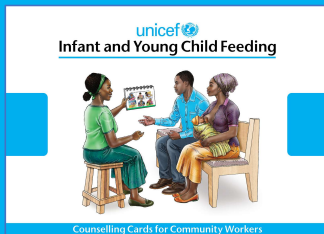
Designed to maximize hands-on experience!

Key Time Points for Breastfeeding Counselling		
1. Before birth (antenatal period)	2. During and immediately after birth (up to the first 2-3 days after birth)	3. At one to two weeks after birth
4. In the first three to four months	5. At 6 months of age (at the start of complementary feeding)	6. After 6 months of age

Recommended Breastfeeding Practices		
Place infant, able to see and initiate breastfeeding within the first hour of birth	Exclusively breastfeed (no other food, water or drink) from 0 up to 6 months	Breastfeed frequently, on demand, both day and night
Let infant suckle on breast and come off before switching breasts	Practice good positioning	Practice good attachment
Continue breastfeeding for 2 years of age or longer	Continue breastfeeding when infant is ill (or when mother is ill)	Mother needs to eat and drink to satisfy her hunger and thirst

Recommended Complementary Feeding Practices			
What?			
When?		How?	
Continue to breastfeed	Frequency	Amount	Consistency
	Transition from 2 to 3 times to 4 to 5 times (including snacks)	Transition from 2 to 3 spoonfuls to 1/2 cup to 3/4 cup to 1 cup per meal	Transition from soft to semi-soft to solid foods
Start foods at 6 months		2 to 3 spoonfuls	
6 up to 9 months		1/2 cup	
9 up to 12 months		3/4 cup	
12 up to 24 months		1 cup	
Hygiene		Responsive Care	Sick Child
		For 2 weeks following illness:	



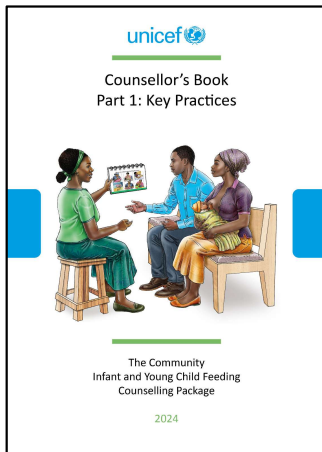
# 38 Colour-Coded *Counselling Cards*

## Table of contents

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					Women's nutrition and health	
					Breastfeeding	
					Hygiene, clean water, and food safety	
					Complementary feeding	
					Responsive care and early learning	
					Growth, development and health care	
					Feeding the non-breastfed infant and child	

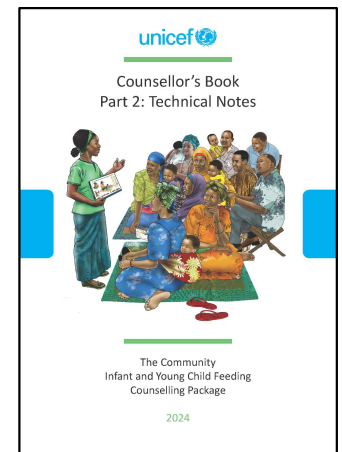
- Women's nutrition and health
- Breastfeeding
- Hygiene, clean water, and food safety
- Complementary feeding
- Responsive care and early learning
- Growth, development and health care
- Feeding the non-breastfed infant and child

# Counsellor's Book Parts 1 and 2



**Part 1** highlights the recommended **Key Practices** associated with each of ***Counselling Card***.


- Can be used as a memory aid to support IYCF assessments, and to guide individual or small group counselling.



**Part 2** presents **technical content** covered during the training, plus additional **useful information**.

- Intended as a take-home job aid for everyone who participates in the IYCF training.

# Building on What Works: From non-emergency to emergency



unicef

Facilitator Guide

The Community  
Infant and Young Child Feeding  
Counselling Package  
2024

## THE FOUNDATION


Community IYCF counselling equips frontline workers with core skills to support caregivers in everyday settings.

EMERGENCIES CREATE ADDITIONAL CHALLENGES FOR FAMILIES



- Displacement and instability
- Disease outbreaks
- Caregiver stress and mental health
- Protection risks, violence and safeguarding
- Food insecurity and limited resources
- Separation from family and community
- Disability inclusion
- Poor WASH and difficult living conditions

These challenges can affect feeding practices, caregiving and children's health and wellbeing.



Save the Children

Facilitator Guide

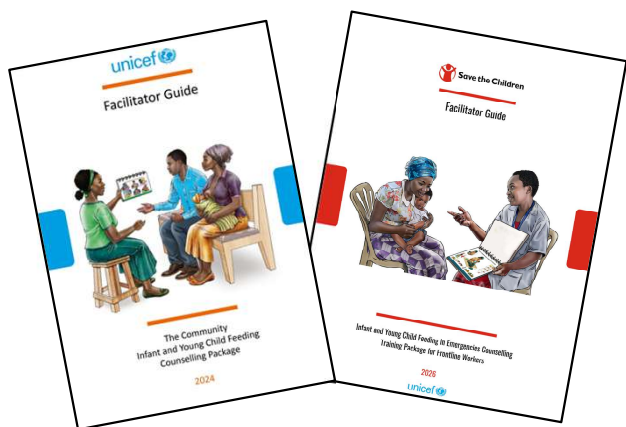
Infant and Young Child Feeding in Emergencies Counselling  
Training Package for Frontline Workers  
2026  
unicef  
for every child

## INTRODUCING THE IYCFE COUNSELLING TRAINING PACKAGE

The IYCFE package builds on core counselling skills and adds the knowledge and approaches needed to support caregivers and young children in emergencies.

# Complementarity with UNICEF C-IYCF Package

- Builds on foundational counselling skills
- Designed as an advanced emergency-focused package
- Reinforces counselling process and practical application
- Not a replacement for foundational IYCF training



IYCF-E COUNSELLING TRAINING PACKAGE FOR FRONTLINE WORKERS

In emergency settings, caregivers face increased risks, disruptions and stress. Frontline workers must therefore be able to adapt their counselling approaches, manage more complex situations and provide technically sound, emotionally responsive support.

**Key differences and complementarity**

Community Infant and Young Child Feeding (C-IYCF) Counselling Package	Infant and Young Child Feeding in Emergency Counselling Training Package for Frontline Workers
<b>AUDIENCE</b>	
Primarily for health workers at <b>Community</b> level, but also applicable in facility settings	Primarily for health workers at <b>Facility</b> level, but also applicable in community settings
<b>DURATION</b>	
5 days	3 days
<b>SETTINGS</b>	
Non-emergency	Emergency
<b>SKILLS AND KNOWLEDGE</b>	
<b>Basic skills and knowledge</b> <ul style="list-style-type: none"> <li>• Provides the foundational competencies required to prepare for advanced emergency training</li> </ul>	<b>Advanced skills and knowledge</b> <ul style="list-style-type: none"> <li>• Builds on the foundational skills to address the specific challenges of emergency contexts</li> <li>• Includes refreshers on core counselling skills</li> <li>• Reinforces the use of the Assess-Analyse-Act (3As) counselling process</li> </ul>
<b>LIST OF TOPICS</b>	
The C-IYCF Counselling Package provides the essential foundation for frontline workers. It introduces such key topics as: <ul style="list-style-type: none"> <li>• Why IYCF matters</li> <li>• Recommended breastfeeding and complementary feeding practices</li> <li>• How to counsel caregivers effectively</li> <li>• Managing feeding difficulties</li> </ul>	Building on this foundation, the IYCF-E Counselling Training Package focuses on more complex and context-specific situations that are typical in emergency settings. It covers: <ul style="list-style-type: none"> <li>• IYCF counselling adapted to emergency contexts</li> <li>• Conducting individual assessments and triage</li> <li>• Supporting caregivers experiencing stress</li> <li>• Responding to gender-based violence</li> </ul>
Introduction	Facilitator Guide 8

# Question

What are our biggest challenges with IYCFE counselling?

- Displacement
- Stress affecting breastfeeding practices
- Limited privacy
- Food insecurity
- Illness and disrupted services
- Lack of information and support
- Uncontrolled donations of BMS
- Outbreaks and movement restrictions



Photo Credit: Amie Richardson/Save the Children, 2025

# Why this training package matters

- Emergencies disrupt caregiving, feeding, health services, and social support.
- Frontline workers frequently encounter complex counselling situations in rapidly changing environments.
- Standard community IYCF counselling training may not fully prepare staff for emergency contexts.
- Caregivers rarely face a single challenge; overlapping vulnerabilities shape feeding and caregiving decisions.
- Frontline workers themselves operate under significant stress and need practical techniques to support their own wellbeing while supporting others.
- Effective support requires practical, adaptive, intersectional, and person-centred counselling approaches.



# Purpose of this package

- To provide hands on support to strengthen advanced emergency counselling competencies
- Build confidence for difficult and sensitive conversations
- Support technically sound, person-centred care
- Help frontline workers adapt counselling under pressure and instability, example stress reduction techniques embedded throughout

**STEP 4: Role Play**

**Now, it is your turn!**  
 Before beginning the role-play, take a moment to prepare yourself. Counselling in emergencies can feel intense, and it is important for counsellors to be calm and centred in order to support caregivers effectively. A simple regulation exercise can help you settle, focus and be more present.

**Activity:** 5-4-3-2-1 method  
 This exercise brings your attention to the present moment and the sensation in your body. In your mind, think of the following:

- 5 things you see \_\_\_\_\_
- 4 things you can feel \_\_\_\_\_
- 3 things you hear \_\_\_\_\_
- 2 things you smell \_\_\_\_\_
- 1 thing you taste \_\_\_\_\_

**Role-play:** Continuation of Hana's story  
**Timing:** 10 minutes

Hana returns to the Mother-Baby Tent the next day. Yesterday, it was agreed that she would:

- Try to make a little private space with a sheet.

**Counselling Skills Checklist for the observer**  
 Instructions: Tick Yes, Partially, or No for each skill or action you observe during the counselling session.

Counselling Skills Checklist			
Core counselling skills	Yes	Partially	No
Greeted the mother warmly and created emotional safety			
Adjusted speed, tone, and language appropriately			
Expressed understanding and empathy for the mother's feelings			
Praised positive behaviours observed in the mother or child			
Used simple, clear language, avoiding jargon			
Case-specific / Practical actions	Yes	Partially	No
Acknowledged the mother's progress since the last visit			
Offered feasible solutions or options for the mother to consider			
Addressed the mother's stress and concerns			
Corrected any beliefs or misinformation the mother may have			
Supported responsive feeding practices			
Discussed strategies for self-regulation and co-regulation			
Included family support in the discussion where appropriate			
Summarized a clear plan and agreed next steps with the mother			

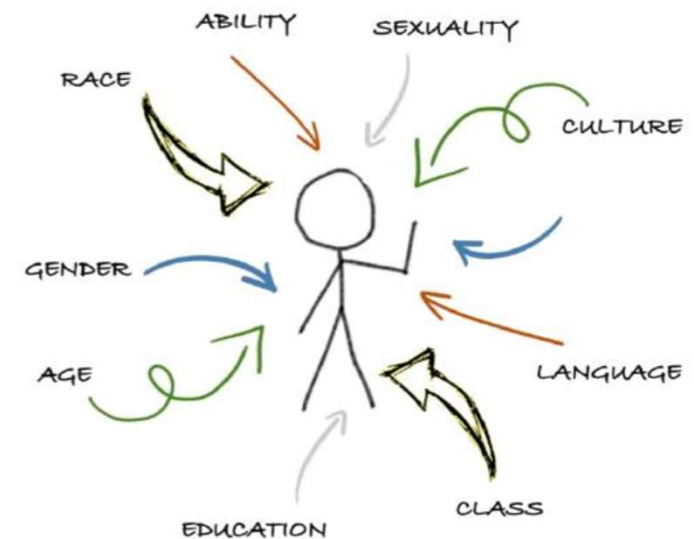
or but still feels stressed and uncertain. Today,  
 the role-play.  
 a short role-play card with Hana's situation.  
 Skills Checklist below to note key strengths and

# Intersectional by Design

Caregivers do not experience challenges in isolation. A young mother may also be displaced, living with a disability, experiencing violence, caring for multiple children, or navigating an infectious disease outbreak.

Recognising this reality, this training was:

- Developed intentionally, over two years, through an intersectional and multi-sectoral lens from the beginning.
- Disability, gender, age, protection, and mental health considerations integrated throughout, not treated as separate topics.
- Built collaboratively: with health, WASH, child protection, GBV, MHPSS, disability inclusion, and infectious disease response.
- Reflects the reality: caregivers experience multiple, overlapping challenges that influence infant and young child feeding.
- Supports frontline workers to provide more inclusive, person-centred counselling and support.



*Image source: GNC Anti-racism and Localisation working group*

# Cross Cutting Themes

- Trauma-informed care
- MHPSS and stress
- Gender transformative programmatic considerations
- GBV survivor-centred support
- Responsive caregiving and ECCD
- Disability inclusion: caregiver and child
- Infectious disease outbreak adaptations
- Remote counselling considerations

## Box: Trauma-informed care definition

Trauma-informed care is an approach that guides how counsellors support caregivers in a way that is sensitive to trauma's ongoing impact on a person's wellbeing, relationships and caregiving. Trauma-informed care aims to avoid re-traumatization and to create safe, respectful and supportive interactions.

## Why it matters in emergencies

- Emergency-affected populations often experience high levels of trauma
- Providing trauma-informed care prevents harm, improves access to services and supports recovery

## Your role and trauma-informed care

Figure: Multi-tiered approach to trauma-informed care



Figure: Relationship among impairments, barriers and disabilities

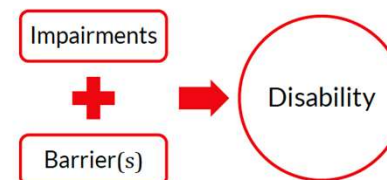


Figure: Models of disability

Three main approaches to understanding disability have been used throughout history:



# Audience

- Health professionals: nurses, midwives, nutritionists, physicians, lactation specialists
- Paraprofessionals: peer counsellors, CHWs, psychosocial workers, support groups
- Flexible for preparedness and active emergency response contexts
- Can be adapted for mixed-experience groups

## 3. Audience

This training package is aimed at frontline workers who may have IYCF counselling responsibilities during emergencies. The specific learners will vary depending on context but generally fall into two categories: health professionals and paraprofessionals (lay counsellors).

The table summarizes the roles and responsibilities of these two types of counselling providers, showing where they typically work and the competencies they bring to IYCF counselling.

Healthcare professionals	Paraprofessionals
<p>Professionals within the health system, e.g., physicians, midwives, nurses, lactation consultants, nutritionists, psychologists.</p> <ul style="list-style-type: none"><li>• Trained and tasked to provide counselling, mostly at facility level</li><li>• May also work at household and community level</li><li>• May have multiple responsibilities beyond counselling</li><li>• May have advanced counselling competencies, including aspects of lactation management that require clinical knowledge and skills</li><li>• Good knowledge of and linkages to the health system</li></ul>	<p>Lay and peer breastfeeding counsellors, e.g., mother-to-mother support-group facilitators, community health workers, traditional birth attendants, psychosocial workers.</p> <ul style="list-style-type: none"><li>• Trained and tasked to provide counselling, mostly at household and community level</li><li>• May also work at facility level</li><li>• May have advanced counselling competencies that do not require clinical knowledge and skills</li><li>• Good knowledge of and linkages to the community</li></ul>

Adapted ENN, IFE Core Group (2021). *Operational Guidance on Breastfeeding Counselling*

# Training structure

**Built for emergency contexts:** Addresses displacement, insecurity, limited services.

**Counselling focused:** Not only technical recommendations but how to support caregivers.

**Supports all infant feeding situations:** Breastfeeding, Non-breastfed infants, Complementary feeding in crises

**Practical tools:** Case studies, Assessment guidance, Counselling exercises

**Flexible use:** Health facilities, Community outreach, Mother and baby spaces, Mobile teams

**Cross cutting themes:** Disability, Trauma Informed Care, gender

	Day 1	Day 2	Day 3
15 mins	Arrival	Arrival and Recap	Arrival and Recap
3 hours	Training Introduction (1h)	<b>Session 4:</b> Supporting Caregivers Affected by Gender-Based Violence (2h30)	<b>Session 6:</b> Increasing Breast Milk Intake (2h)
	<b>Session 1:</b> IYCF Counselling in Emergencies (1h)		<b>Session 7:</b> Complementary Feeding in Emergencies (part 1 - 1h)
	<b>Session 2:</b> Individual Assessment in Emergencies (part 1 - 0h30)		
1 hour	Lunch break	Lunch break	Lunch break
3 hours	<b>Session 2:</b> Individual Assessment in Emergencies (part 2 - 1h)	<b>Session 5:</b> Supporting Caregivers during Infectious Disease Outbreaks (2h30)	<b>Session 7:</b> Complementary Feeding in Emergencies (part 2 - 1h)
	<b>Session 3:</b> Addressing Stress in Emergencies (2h)		<b>Session 8:</b> Assessing and Supporting Non-Breastfed Infants (2h)
15 mins	Wrap-up	Wrap-Up	Certificates/Photo

- 8 sessions over 3 days
- Sessions range between 1 and 2.5 hours
- Scenario-based learning
- Demonstrations and participant role-play
- Integrated self-reflection and emotional regulation practices

## 5. Structure of the Training Package

The training consists of eight sessions delivered over three days, each lasting between 1 and 2.5 hours.

Together, these sessions progressively build participants' ability to apply IYCF counselling skills in emergency contexts, moving from core concepts to more complex and sensitive situations.

Session	Title	Learning objectives
Session 1	IYCF Counselling in Emergencies	<ol style="list-style-type: none"> <li>Describe the basic IYCF counselling skills and key definitions used in breastfeeding support</li> <li>Explain how IYCF counselling is adapted in emergency contexts and why it is critical</li> <li>Recognize cross-cutting considerations in emergencies, including trauma-informed care, responsive feeding and disability inclusion</li> </ol>
Session 2	Individual Assessment in Emergencies	<ol style="list-style-type: none"> <li>Complete triage for IYCF counselling recipients in an emergency</li> <li>Describe how to conduct an individual full assessment in an emergency</li> </ol>
Session 3	Addressing Stress in Emergencies	<ol style="list-style-type: none"> <li>Describe how the timing, duration and frequency of IYCF-E counselling are adapted to support caregivers who are stressed</li> <li>Explain how stress impacts responsive feeding; describe strategies to mitigate those impacts</li> <li>Apply self-care strategies to manage your own stress and regulate your emotions as a counsellor</li> </ol>
Session 4	Supporting Caregivers Affected by Gender-Based Violence	<ol style="list-style-type: none"> <li>Apply a survivor-centred approach while receiving a gender-based violence (GBV) disclosure</li> <li>Identify safe and appropriate ways to support recommended IYCF-E practices for GBV survivors</li> <li>Practise self-care as a counsellor working in an emergency</li> </ol>
Session 5	Supporting Caregivers During Infectious Disease Outbreaks	<ol style="list-style-type: none"> <li>Explain how to protect recommended IYCF-E practices during an infectious disease outbreak</li> <li>Identify key IYCF-E counselling adaptations during an infectious disease outbreak</li> <li>Describe how to provide effective remote IYCF-E counselling</li> </ol>
Session 6	Increasing Breast Milk Intake	<ol style="list-style-type: none"> <li>Assist a mother or caregiver to increase breast milk intake</li> <li>Assist a mother or caregiver with relactation and induced lactation</li> </ol>
Session 7	Complementary Feeding in Emergencies	<ol style="list-style-type: none"> <li>Support a caregiver's responsive feeding and caregiving practices</li> <li>Assess nutritional risk and possible causes of poor growth in a child age 6–23 months</li> <li>Counsel a caregiver on complementary feeding during extreme food insecurity</li> </ol>
Session 8	Assessing and Supporting Infants Receiving Breast Milk Substitutes	<ol style="list-style-type: none"> <li>Assess an infant's need for commercial infant formula and identify feeding options that minimize risk</li> <li>Counsel caregivers on recommended feeding practices when using commercial infant formula</li> <li>Identify and act on violations of the Code as a frontline worker</li> </ol>

# Modules

Modules were chosen through country office surveys and feedback from technical reviews. Technical working group input ensured modules were mainstreamed across all cross-cutting themes.

## SESSION 7: COMPLEMENTARY FEEDING IN EMERGENCIES



### LEARNING OBJECTIVES

- Support a caregiver's responsive feeding and caregiving practices
- Assess nutritional risk and possible causes of poor growth in a child from 6 to 23 months
- Counsel a caregiver on complementary feeding during extreme food insecurity



### COUNSELLING SKILLS FOCUS\*

- Ask open questions
- Avoid using words that sound judging
- Make one or two suggestions, not commands

\*Reminder: The full 3A process and counselling skill set remain essential. The focus skills is for practice and learning purposes.



**Counsellor**

Thank you for coming. Today we are talking about eat in this situation. Many families tell me mealtimes lately. What changes have you noticed with the child weeks?



**Father 1**

The children don't eat like before. They refuse food



**Counsellor**

That sounds frustrating. What do you usually do w



**Father 2**

We insist. Food is expensive. There isn't much avail



**Counsellor**

Many parents feel that way when food is scarce. W care and love. Sometimes when children are stress appetite becomes smaller.



**Facilitator**

- Prompt:** What did you notice about how the counsellor responded to the fathers' concerns?

#### Explanation:

The counsellor normalized the fathers' feelings rather than correcting them.

By acknowledging their concern about food waste, the counsellor shows respect for the family's reality and keeps the discussion open.

2

### Stress-adapted feeding responses (5 min)

#### Action:

- Say:** "Under stress and scarcity, caregivers' feeding behaviours often become protective coping strategies. We call these stress-adapted feeding responses. Our role is to understand which stress pathway may be influencing the feeding interaction, so we can support caregivers safely and realistically."
- Refer:** Table: Three general stress pathways (Participant Handbook)
- Introduce 3 patterns:** There are three general stress pathways caregivers may experience. These descriptions help counsellors understand feeding responses commonly observed under stress.
- Refer:** Table: Stress pathways: Caregiver experience, feeding pattern and risks (Participant Handbook)
- Highlight:** These are common patterns, not diagnostic categories. Caregivers may move between these patterns depending on stress, resources and the child's condition.
- Say:** "Let's look at each pathway briefly. I'll highlight what it looks like in practice, why it happens in emergencies and the possible risks."



**Facilitator Tip**

Go row by row, summarizing key points in your own words. Keep it conversational and use examples. Emphasize that caregivers may show **overlapping stress-adapted feeding patterns** during a single mealtime.

#### Key Points:

- Pressure-based feeding**
  - Caregiver encourages or insists the child eat because they fear weight loss, illness or food being wasted.
  - Mealtimes may feel tense, and child may resist.
- Reduced-engagement feeding**
  - Caregiver may be exhausted, grieving or managing multiple survival demands.
  - Less supervision and encouragement; meals may be missed or delayed.
- Comfort-focused feeding**

# Learning Methodology

Modules are based around five key steps:

- Set the scene
- Strengthen knowledge and skills
- Demonstrate
- Participant role-play
- Self-reflection

<b>STEP</b> 1	<b>Set the scene</b>	Begin with a realistic scenario that connects the topic to an emergency setting. Use short discussions to help participants relate the situation to their work.
<b>STEP</b> 2	<b>Strengthen key knowledge, concepts and skills</b>	Present the technical content and counselling considerations linked to the session objectives. Use visuals, short inputs and examples to keep it interactive.
<b>STEP</b> 3	<b>Demonstrate</b>	Model key skills in a short role-play between two facilitators. Highlight effective communication, empathy and adaptation to an emergency context.
<b>STEP</b> 4	<b>Participant role-play</b>	Guide participants to practise in small groups of three (counsellor, caregiver, observer). Circulate to observe, support and give feedback.
<b>STEP</b> 5	<b>Self-reflection</b>	Close with individual reflection and/or group discussion. Encourage participants to identify strengths, areas to improve, and actions to apply their learning in their daily work.

#### Applying and Strengthening Counselling Skills

This learning approach is designed to support the progressive development and application of counselling skills in realistic emergency scenarios.

As described in the previous section, foundational counselling skills and the Assess–Analyse–Act (3As) process are integrated throughout the training. These are not taught separately but continuously reinforced through demonstrations, role plays and reflection.

Participants are encouraged to:

- Practise specific counselling skills intentionally during each session
- Reflect on what feels effective or challenging
- Gradually integrate all skills to provide responsive, high-quality support to caregivers

For a summary of the core counselling skills and the 3As process, refer to the Participant Handbook, which serves as a key resource throughout the training. These are also reinforced through posters on the Assess–Analyse–Act (3As) process and core counselling skills (Listening and Learning; Building Confidence and Giving Support), which are displayed and used throughout the sessions.

## 7. How to Use This Package

#### Materials

The training package includes two complementary resources:

- **Facilitator Guide:** Provides detailed step-by-step instructions for delivering each session, including explanations of content, scripts, facilitation tips and guidance for activities. The Facilitator Guide is a support tool for facilitators and should not be read aloud. It references the Participant Handbook throughout, so facilitators need to switch between the two files during training.
- **Participant Handbook:** Contains key messages, definitions, visuals and activity materials for learners. It is designed as the main tool for participants (similar to slides), allowing them to follow along, take notes and engage in activities.

# What would you say first?

A mother arrives with a 2-month-old baby. She says her milk has stopped since she had to leave her home and community.

























1. "Stress does not stop milk. It is likely that you need to breastfeed more often."
2. "Tell me what has been happening since you had to leave."
3. "Your milk might be gone because you haven't been feeding as often. It is important that your baby has something so you may need infant formula."

Answer: #2

Listen → Assess → Support

A person-centred, trauma informed counselling approach runs through the curriculum.

# Materials included

 <a href="#">Session 6 Video Drop-Drop-Method</a>		
 <a href="#">Poster AAA-Format-to-Print-A0</a>		
 <a href="#">Poster Counselling-Skills-Format-to-Print-A0</a>		
 <a href="#">Act_EN.mp3</a>		
 <a href="#">Analyse_1_EN.mp3</a>		
 <a href="#">Analyse_2_EN.mp3</a>		
 <a href="#">Assess_1_EN.mp3</a>		
 <a href="#">Assess_2_EN.mp3</a>		



- Facilitator Guide
- Participant Handbook
- Counselling posters and job aids
- Audio files for remote counselling practice
- Video demonstration for breast milk intake support

# Operational Strengths

- Offline and printable
- Designed for low-resource and unstable settings. Is not dependent on ppt or electricity.
- Supports adaptation and contextualization
- Can integrate with existing national training systems (has already been adapted for Sudan)

## SESSION 2: INDIVIDUAL ASSESSMENT IN EMERGENCIES



### LEARNING OBJECTIVES

1. Complete triage for IYCF Counselling Recipients in an emergency
2. Describe how to conduct an individual full assessment in an emergency



### COUNSELLING SKILLS FOCUS\*

- Ask open questions
- Reflect back on what the mother or caregiver says
- Accept what a mother or caregiver thinks and feels

*\*Reminder: The full 3A process and counselling skills set remain essential. The focus on these select three skills is for practice and learning purposes.*

## STEP 1: Set the Scene

### IYCF counselling recipient

- IYCF counselling recipients are people who receive IYCF counselling. They are usually pregnant women, mothers or other caregivers or family members who are responsible for the care and feeding of infants and young children.
- In non-emergency settings, counselling aims to reach everyone who is pregnant or breastfeeding. In emergencies, however, reaching everyone immediately is often not possible and so prioritisation and triage is necessary.

### Scenario: Health centre responding to flood displacement



Mudslides and flooding have caused widespread casualties and destroyed homes and infrastructure. Many families have fled their communities and arrived in the centre of town to seek safety. The health centre courtyard has been converted into an intake point where displaced families register and are referred to available services and care.

### Question:

In this situation, who may need IYCF counselling, and how might this differ from a non-emergency setting?

Write key points from the group discussion below:

---

# Piloting and Collaboration

- Piloted in Rwanda and Zimbabwe
- Developed with multidisciplinary technical input
- Collaboration between Save the Children and UNICEF reviewers
- Designed for global humanitarian application
- Has fed into other country trainings. For example, in Lebanon a disability and nutrition training was built using some of these modules as foundation



Photo credit: Claude Sabwa/ Save the Children, 2025

# Poll Question:

Which cross-cutting or intersectional themes would you most like additional practical guidance or training on?

- Gender and gender-responsive programming
- Disability inclusion
- GBV risk mitigation and safe referrals
- Mental health and psychosocial support (MHPSS)
- Child protection and safeguarding
- Adolescent-responsive programming
- Working with caregivers experiencing multiple vulnerabilities (intersectionality in practice)
- Inclusion of LGBTQIA+/SOGIESC-diverse populations
- Accountability to affected populations (AAP) and community engagement
- Cultural, linguistic, and social inclusion
- Infectious disease outbreaks and their impact on caregiving and nutrition
- Applying an intersectional lens across all programming stages (assessment, design, implementation, monitoring)

# Looking Ahead

Frontline workers are often the first people caregivers turn to when they are worried about feeding their babies. This curriculum aims to support those workers with practical counselling skills adapted for crisis environments.

Up next:

- Dissemination and adaptation support
- Translation and contextualisation encouraged
- Potential integration into country preparedness plans
- Opportunity to strengthen quality and consistency of IYCF-E counselling globally

The ask for you all:

- Read through the curriculum and share it with your teams. Reach out if you have questions about adaptation or use: [Brooke.Bauer@SaveTheChildren.org](mailto:Brooke.Bauer@SaveTheChildren.org)



Photo credit: Kate Stanworth/ Save the Children, 2024

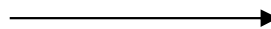


# Q&A and Plenary Discussions

# Looking for support in Nutrition in Emergencies?

	Type of supported needed	Provider
1	I want remote or in-country technical support	GNC
2	I want to hire a consultant directly	GNC
3	I want quick technical advice	GNC
4	I want peer support	<a href="http://www.en-net.org">www.en-net.org</a>

Visit: <https://nutritioncluster.net/> to  
Request Support or scan the QR code



# To Access GNC Support




Request support on coordination, information management, integration for nutrition outcomes or technical nutrition in emergencies assistance. [Request Support](#)

[About Us](#) [Thematic Areas](#) [Capacity Strengthening](#) [Where We Work](#) [Resources](#) [News And Events](#) English

## GNC Support

The GNC remains active in providing support for nutrition in emergencies. Please click the link below to go directly to our support page and visit the resource link in the menu bar for access to hundreds of guidance and resource docs.

[Our support](#)



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**it will take less than 5 minutes**  
*(it will pop up when you close the webinar)*

Asante  
Teşekkürler  
धन्यवाद  
Matondo Mingi  
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Afoyo  
धन्यवाद

Mwebale  
ကျေးဇူးတင်ပါတယ်  
Obrigado  
شكراً  
Gracias  
Merci  
Thank you