

III. TRAINING GUIDE FOR COMMUNITY VOLUNTEERS



ESSENTIAL NUTRITION ACTIONS FRAMEWORK 2011



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The 1,000 Days Effort to Reduce Child Undernutrition



What is 1,000 Days?

1,000 Days is a global effort to jumpstart the implementation of the Scaling Up Nutrition (SUN) Framework and Roadmap for addressing undernutrition during pregnancy and early childhood. On September 21, 2010, on the margins of the Millennium Development Goals summit, Secretary of State Hillary Clinton and Irish Foreign Minister Micheál Martin hosted an event to launch the effort, which was endorsed by more than a dozen ministers and heads of organizations. But *1,000 Days* is more than a single event. It is the start of a larger movement to focus attention, align and increase resources, and build partnerships to alleviate the suffering caused by undernutrition among millions of people around the world, especially pregnant women and children under 2 years of age.

What Are the Scaling Up Nutrition (SUN) Framework and Roadmap?

The SUN Framework guides the international community in efforts to combat undernutrition and builds on the Paris-Accra principle of supporting country-led strategies. The Framework is endorsed by more than 100 partners, including international organizations, national governments, civil society, and the private sector. The SUN Framework and Roadmap are grounded in the at scale implementation of the Lancet-endorsed nutrition actions that are evidence-based, cost-effective interventions that could have enormous impact on reducing undernutrition.

Why 1,000 Days?

1,000 Days refers to the time from the start of a mother's pregnancy until a child is two years old. Children suffering from undernutrition face physical stunting, mental impairment, higher susceptibility to disease, increased risk of mortality, poorer performance in school, and lower future incomes. *1,000 Days* also refers to a window of opportunity for the international community to take action to combat undernutrition.

How to Support the 1,000 Days?

To jump-start the *1,000 Days* in countries, the **Core Group** highly encourages its members to adopt such '*tested and proven*' field tools as the **Essential Nutrition Actions (ENA) Framework Trilogy** training and communication materials. Not only does the ENA Framework focus on the first 1,000 days of life, but it emphasizes targeting "action oriented" nutrition messages and support -through multiple communication channels- to reach under-tuos and their mothers when they need it the most. The **Core Group** believes that having many different field groups using these same ENA tools will lead to harmonized field approaches that result in greater progress, synergies and nutritional impact. Such harmonization is extremely critical as resources are scarce and the task ahead is enormous.

Where Can I Get More Information on the 1,000 Days?

Please visit www.thousanddays.org.

Preface

The Essential Nutrition Actions (ENA) framework was developed with the support of USAID and has been implemented across Africa and Asia since 1997. It is an operational framework for managing the advocacy, planning and delivery of an integrated package of preventive nutrition actions encompassing infant and young child feeding (IYCF), micronutrients and women's nutrition. Using multiple contact points, it targets health services and behavior change communication support (BCC) to women and young children during the first 1,000 days of life - from conception through the first two years of life - when nutrient requirements are increased, the risks of undernutrition are great, and the consequences of deficiencies most likely to be irreversible. All these actions have been proven to improve nutritional status and reduce mortality.¹

The ENA framework promotes a "nutrition through the life cycle" approach, addressing women's nutrition during pregnancy and lactation, optimal IYCF (breastfeeding and complementary feeding), nutritional care of sick and malnourished children (including zinc, vitamin A and ready to use therapeutic foods), and the control of anemia, vitamin A and iodine deficiencies. The ENA framework emphasizes that multiple program contact points at health facilities and beyond be used to reach mothers and children in order to give and re-enforce ENA messages. For example, such contact points could include educational settings (e.g. primary and secondary schools as well as pre-service education courses), agriculture extension services (e.g. to support nutrition relevant aspects of availability, access and utilization of nutritious and diverse foods), as well as a variety of program platforms at the community level including primary health care outreach, child health days, community-based volunteer groups, and water and sanitation programs. The intent is to maximize these multiple program opportunities and communication channels to deliver life cycle-appropriate nutrition messages at every opportunity possible to pregnant women and mothers with children under two years at very broad scale, in addition to other key child caregivers and influential family members.

The training component for the implementation of the ENA framework at both the health facility and community levels comprises a **trilogy of materials** as follows:

- I. The ***Booklet on Key ENA messages*** illustrates the key ENA messages and can be used by those implementing and supporting health, nutrition, and food security programs for improving nutrition practices among pregnant and lactating mothers and children under two. It can be a resource for training community or facility-based workers or for promoting behavior change at the household level. The goal of this booklet is to make available an harmonized set of messages across all implementing partners working across various programs and regions in a targeted country. The booklet summarizes *the "key actions"* that mothers and caretakers can take (with support from other family and community members) to improve nutrition and feeding practices, thereby preventing malnutrition. Each message states:

- Who should do the action...
- What the action is...
- What the benefits of the action are...

- Ila and IIb. The ***ENA Framework Training Guide for Health Workers and Handouts*** equips health service providers with the technical, action-oriented nutrition knowledge and counseling skills needed to support pregnant women, mothers with children under two years of age, and other

¹ Bhutta Z, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, Haider B, Kirkwood B, Morris S, Sachdev HPS, Shekar M. (2008) What works? Interventions for maternal and child undernutrition and survival. *Maternal and Child Undernutrition Series. Lancet*;371:417–40.

key family members to adopt optimal nutrition practices. This course translates up-to-date international guidelines into action-oriented nutrition practices. The negotiation/counseling techniques are adapted from the Trials for Improved Practices (TIPS) and go beyond just conveying messages to providing support for the adoption of optimal behaviors. Infant feeding in the context of HIV and nutrition of women living with HIV and AIDS are also addressed, but might need further development in countries with high HIV prevalence. Guidelines to link the prevention of malnutrition with treatment via the community-based management of acute malnutrition are also included. Training handouts are distributed to each participant at the beginning of the ENA training.

- III. The ***ENA Framework Training Guide for Community Volunteers*** equips semi-literate or illiterate Community Volunteers with the basic action-oriented nutrition knowledge and counseling skills needed to support pregnant women, mothers with children under two years and other key family members to adopt optimal nutrition practices. The course also covers basic skills for identifying children who are malnourished including appropriate referral. This course can be incorporated into any training at the community level, including on maternal & child health, community management of acute malnutrition, HIV/AIDS, agricultural production, food security, rural development, etc.

Country Adaptation

The generic versions of the above ENA Trilogy have been tested over time and are ready to be used in new settings and countries. However some adaptations are needed to ensure that these materials are country and situation specific. A guide to the key adaptation issues are as follows:

ENA Messages

- The specific actions recommended in the ENA messages don't need to be changed as they have been compiled from scientific research to support nutritional status. However, they may need to be adjusted somewhat to match national guidelines (e.g. age appropriate de-worming) or may need to be periodically updated to reflect new global technical guidance (e.g. infant feeding in the context of HIV).
- While the specific actions are universal, the concepts and language used to promote them through counseling sessions with mothers and other child caretakers must be adapted via formative research to ensure their suitability for different cultural contexts. If it is not possible to conduct formative research, it is still important to field-test both the messages and illustrations used in this booklet with a sample of mothers, fathers and other child-caretakers such as grandmothers to confirm their suitability.
- Further adaptation of the ENA messages may be needed to specify "who is doing the action" (e.g. mothers, fathers, grand-mothers, etc...) as well as the "benefits of the action" to ensure their relevance and resonance within the particular locality or setting. For example, what benefits will motivate mothers to practice exclusive breastfeeding? What types of local complementary foods (staple + nutrient-rich and/or enriched foods) are available? What local utensils (spoons, bowls, tea cups) will help illustrate the correct quantity of food the child needs?
- New illustrations aren't always needed as existing illustrations often can be easily adapted and used.

Training Guides Focusing on Counseling Skills and Practicum Sessions

- The two ENA Framework training guides are ready to be used and do not require further adaptation, except to include country-specific maternal and infant & young child feeding messages and protocols guiding micronutrient supplementation, the integrated management of newborn and childhood illness, and the management of acute malnutrition. They may need to be periodically updated to reflect new global technical guidance.
- Built into the ENA Framework Training Guides are sessions covering the techniques of negotiating with mothers to help them try and succeed with new nutrition-related practices, and exercises through which participants practice and begin to master these skills. This includes role plays in the “classroom” setting and site visits to villages where participants can hone their skills working with real mothers. It *cannot* be emphasized enough that these practical sessions are the heart of the training program and *should not* be removed as this would profoundly reduce the effectiveness of the ENA training as well as the impact of the overall ENA support to women and young children.

Acknowledgements

We would like to acknowledge that the *Booklet of Key ENA Messages* and the two *ENA Framework Training Guides* to support the implementation of the ENA framework would not have been possible without the effort and support over the past 15 years of many institutions and individuals.

In 1997, the USAID-funded BASICS project initiated the approach under the rubric *the Minimum Package for Nutrition* or “*MinPak*.” Subsequently the approach was renamed the *Essential Nutrition Actions (ENA)* and was expanded considerably to include training and IEC materials under the USAID-funded LINKAGES Project managed by the Academy for Educational Development (AED), where we were both involved in designing and implementing large scale ENA programs for Madagascar² and Ethiopia from 1999 to 2006.

The *Booklet of Key ENA messages* and its related *ENA Framework training guides* have been recently revised and tested within projects managed by John Snow Incorporated (JSI) in Ethiopia and Liberia, and by Helen Keller International (HKI) in a number of countries across Africa and the Asia-Pacific region. Much of the support for this work has come from USAID, UNICEF and the European Union.

Staff from many agencies also brought their expertise and are gratefully acknowledged for their contributions with support from USAID, including: the African Regional Center for the Quality of Health Care (RCQHC); the Africa’s Health in 2010 and FANTA Projects managed by AED; the West African Health Organization (WAHO); and the East Central and Southern Africa Health Community (ECSA-HC). UNICEF has also played a key role, especially in Liberia and Niger, as has the Carter Center in Ethiopia. National training partners in a number of countries have been central to the development of the ENA framework as well as related training and IEC materials.

Certain individuals were also instrumental in helping us to develop and test the original ENA training courses on which the present *Booklet of Key ENA messages* and its related *ENA Framework Training Guides* are based. These individuals include (by alphabetical order): Mesfin Beyero, Kristen Cashin, Serigne Diene, Tesfahiwot Dillnessa, Mulu Gedhin, Peter Gottert, Nancy Keith, Adbulselam Jirga, Dorcas Lwanga, Robert Mwadime, Hana NekaTebeb, Jennifer Nielsen, Alban Ramiandrisoa Ratsivalaka, Zo Rabeloson, Voahirana Ravelojoana, Priscilla Ravonimanantsoa, Kinday Samba, Maryanne Stone-Jimenez and Catherine Temkangama.

² Guyon, AB, Quinn, VJ, Hainsworth, M, Ravonimanantsoa, P, Ravelojoana, V, Rabeloson, Z and Martin, L, *Implementing an integrated nutrition package at large scale in Madagascar: The Essential Nutrition Actions Framework*. Food and Nutrition Bulletin. 30(3): 233-44. The United Nations University. 2009.

The Nutrition Working Group of CORE Group supported the efforts to update the tools and make them more widely available. CORE Group fosters collaborative action and learning to improve and expand community-focused public health practices. Established in 1997 in Washington D.C., CORE Group is an independent organization and home of the Community Health Network, which brings together CORE Group member organizations, scholars, advocates and donors to support the health of underserved mothers, children and communities around the world. These tools can be accessed at <http://www.coregroup.org>



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The illustrations were produced under the LINKAGES and Jereo Salama Isika (JSI) projects in Madagascar, the Essential Services for Health in Ethiopia (ESHE) and LINKAGES projects in Ethiopia, and UNICEF Liberia.

The *Booklet on Key ENA Messages*, the *ENA Training Guide for Health Workers*, and the *ENA Training Guide for Community Volunteers* can be duplicated if credit is properly given. Photos on cover page: Agnès Guyon, UNICEF Liberia and Victoria Quinn.

The recommended citations are as follows for these three ENA documents:

- Guyon, AB and Quinn, VJ. *Booklet on Key Essential Nutrition Actions Messages*. Core Group, Washington, D.C., January 2011
- Guyon, AB and Quinn, VJ. *Essential Nutrition Actions Framework Training Guide for Health Workers*. Core Group, Washington, D.C., January 2011
- Guyon, AB and Quinn, VJ. *Essential Nutrition Actions Framework Training Guide for Community Volunteers*. Core Group, Washington, D.C., January 2011

The Seven Essential Nutrition Actions: Background

The landmark *Lancet Series on Maternal and Child Undernutrition* published in early 2008 estimates that effective, targeted nutrition interventions to address maternal and child undernutrition exist and, if implemented at scale during the window of opportunity (conception and up to 24 months of age), could reduce nutrition-related mortality and disease burden by 25%. The **Essential Nutrition Actions framework** encompasses seven of these proven interventions targeting this window but also represents a **comprehensive strategy for reaching near universal coverage** (>90%) with these interventions in order to achieve public health impact. ENA programs are implemented through **health facilities and community groups**.

The approach includes ensuring that key messages and services pertaining to the seven action areas are **integrated into all existing health sector programs**, in particular those that reach mothers and children at critical contact points (maternal health and prenatal care; delivery and neonatal care; postpartum care for mothers and infants; family planning; immunizations; well child visits (including growth monitoring, promotion, and counseling); sick child visits (including Integrated Management of Newborn & Childhood Illnesses and Integrated Community Case Management); and Outpatient Therapeutic Care during Community-based Management of Acute Malnutrition).

The appropriate messages and services are also integrated to the greatest extent possible into programs **outside the health sector**, such as agriculture and food security contacts; education (pre-service, primary and secondary schools) and literacy; microcredit and livelihoods enhancement.

Implementing the ENA framework entails building **partnerships** with all groups supporting maternal and child health and nutrition programs so that messages are harmonized and all groups promote the same messages using the same job aids and IEC materials. Ideally partners are brought together at the regional and/or national levels to agree on these harmonized approaches and to **advocate** with policy leaders for the importance of nutrition to the nation's economic as well as social development.

Messages are crafted as “small do-able” actions and **behavior change communications** (BCC) techniques are used to promote adoption of these actions. Special emphasis is given to interpersonal communications (counseling of individual mothers) that are reinforced by mass media and community festivals and other mobilizing events. Health and community agents are trained to employ negotiations for behavior change, visiting mothers in their households or community meeting places (markets, chores, women groups meetings, etc...) and helping them anticipate and overcome barriers to carrying out new practices.

The capacity for promoting the essential nutrition actions using negotiations for behavior change can be strengthened with existing “generic” **training modules**³ for health workers and community agents. While the content remains generally fixed, the details should be adapted through formative research to specific country and regional contexts.

³ These two modules together with a booklet highlighting the key ENA messages can be downloaded from the CORE Group website on the Nutrition Working Group page.

The Seven Essential Nutrition Actions⁴

All are equally important. This ENA list is organized by a lifecycle approach.

1. Promotion of optimal nutrition for women
2. Promotion of adequate intake of iron and folic acid and prevention and control of anemia for women and children
3. Promotion of adequate intake of iodine by all members of the household
4. Promotion of optimal breastfeeding during the first six months
5. Promotion of optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond
6. Promotion of optimal nutritional care of sick and severely malnourished children
7. Prevention of vitamin A deficiency in women and children

⁴ CORE Group. Nutrition Working Group. Nutrition Program Design Assistant: A Tool for Program Planners, Washington, DC: 2010

INTRODUCTION

The purpose of this training guide is to train Community Volunteers (CV) in key infant and young child feeding practices/messages, the importance of micronutrients and women's nutrition, and in crucial negotiation, and interpersonal communication skills. The knowledge and skills will enable Community Volunteers to help mothers/caregivers optimally feed their infants and young children and take care of their own nutritional needs. The training also provides an opportunity for supervisors and Community Volunteers to learn together and practice "coaching" to improve performance.

Training Agenda

This three-day training guide is organized in a sequence to facilitate learning and allow opportunities to practice negotiation skills

The sessions for each day outline specific learning objectives, activity details, materials/handouts, duration and methodologies for learning activities.

Training Methodology

The training guide applies the principles of Behaviour Change Communication to promote small, do-able actions, and the widely acknowledged theory that adults learn best by practice and reflection on their experiences. Attempts have been made to make the training sessions relevant to the needs of participants and their communities.

This participatory approach uses the experiential learning cycle method and allows participants the hands-on performance of skills as a means of acquiring them. The course employs a variety of training methods: demonstrations, practice, discussions, case studies, group discussions, and role plays. Participants will learn to act as resource persons for breastfeeding mothers, pregnant women, and mothers/caregivers of young children.

Respect for individual trainees is central to the training and sharing of experiences is encouraged throughout. Participants complete pre and post training assessment questionnaires to allow trainers to measure their progress.

Training Location

Wherever the training is planned, a site should be selected close to the training facility and readily available to allow the practicum for negotiation with mothers/caregivers on do-able infant and young child feeding practices. Prepare the practicum site by coordinating with the clinic and/or community, alerting them to the arrival of participants and arranging for space for practicing negotiation skills with actual mothers/caregivers. It is optimal to have one facilitator for every 6-8 participants for this session.

Materials Needed for the Training

Stationary

- Flipchart stands 1
- Flipchart papers 50 sheets
- Markers 1 box black + 1 box of color
- Masking tape 1 roll
- Participants' registration forms 1 per day

Teaching aids

- Dolls 3*
- Breast models 3
- Foods for display a variety of locally available foods
- Booklet on Key ENA messages 1 per participant
- Child MUAC tapes 1 per participant
- Adult MUAC tapes (optional) 15 MUAC tapes

Advance Preparation for Field Trip

- One week in advance, make an appointment at the health clinic to do the field practice during immunization or weighing sessions.
- One week in advance, make an appointment with the community head/leader or the community health agent to request permission for village visits.
- Confirm the day before the visit and specify the number of mothers needed (at least 10).

Real mothers and babies can be also invited.

DAY 1 WOMEN NUTRITION AND OPTIMAL BREASTFEEDING		
		<i>DURATION</i>
Session 1	Introduction Pre-test Learning Objectives Role of the Community Volunteer	1 hour
Session 2	The cycle of malnutrition Key messages woman's nutrition (pregnancy)	1 hours
Session 3	Advantages of breastfeeding Early initiation of breastfeeding Exclusively breastfeeding 0 - 6 months Demonstration of correct positioning and attachment	2 hours
LUNCH (1 hour 30 minutes)		
Session 4	Negotiation and case studies	2 hours 15 minutes
DAY 2 COMPLEMENTARY FEEDING AND NUTRITION OF THE SICK CHILD		
Session 5	Screening for malnutrition Referring a child who is malnourished	2 hours
Session 6	Key messages on complementary feeding Nutrition management of the sick child or malnourished child Available local foods	3 hours
LUNCH (1 hour 30 minutes)		
Session 7	Negotiation and case studies	2 hours 15 minutes
DAY 3 FIELD PRACTICE AND PLANNING		
Session 8	Field practicum	3 hours 30 minutes
Session 9	Summary Development of action plans	
CLOSING CEREMONY		

SESSION 1

INTRODUCTION: WHY WE ARE HERE?

Learning Objectives

By the end of the session, participants will be able to:

- Begin to name fellow participants and facilitators.
- Discuss expectations.
- Explain “why we are here?”

Activities

- Activity 1.1 Introduction (15 minutes) and review of the learning objectives
- Activity 1.2 Pre-test of infant and young child feeding practices (15 minutes)
- Activity 1.3 Administration and housekeeping (5 minutes)
- Activity 1.4 Discuss the role of Community Volunteers (CVs) (25 minutes) and how and when they can improve nutrition practices

Facilitator’s Note 1: Learning objectives

Facilitator’s Note 2: Role of Community Volunteer and Essential Nutrition Actions

Total Time 1 hour

ACTIVITY 1.1 Introduction and review the objectives (15 minutes)

Methodology

- Ask participants to introduce themselves; each participant introduces her name, where she lives, and why she came to this training.

ACTIVITY 1.2 Pre-test of infant and young child feeding practice (15 minutes)

Methodology

- Ask participants to form a circle and sit (or stand) so their chair backs are facing the center.
- Explain that questions will be asked and participants will be asked to raise their hand if they think the answer is “Yes” and not to raise their hand if they think the answer is “No.” (Refer to pages 11/12 for questions and 13/14 for answers)
- One facilitator reads the questions and another facilitator records the answers and notes which topics may be causing confusion.
- Advise participants that these topics will be discussed in greater detail during the training.

Pre-Test and Post-Test for Community Volunteers

#	PRE-TEST	YES	NO
1	Is it important to put the new-born baby to the breast immediately after birth?		
2	Is it necessary to give babies younger than 6 months of age water several times per day, because they need water to survive?		
3	If at 3 months, the mother thinks that her milk is decreasing, should she nurse the baby more frequently?		
4	At 6 months, should a mother begin giving her baby foods in addition to breastmilk?		
5	After 6 months, is it good to give the infant only breastmilk?		
6	Is a watery porridge a better food for a 6-month-old baby than soft enriched porridge?		
7	When a baby reaches 8 months, does the baby need to eat 2-3 times a day, in addition to breastmilk?		
8	At 12 months of age, can a baby eat the family food and also need to have snacks between meals as their stomachs are small?		
9	When a young child over 6 months has diarrhea, does the mother need to increase the frequency of breastfeeding and the frequency of feeding other liquids and foods?		
10	Do infants need to take a Vitamin A capsule once a year?		
11	Should the mother wait until a sick child is healthy before giving him/her more foods?		
12	To help ensure a healthy pregnancy, do pregnant women need to eat an extra meal per day, especially in the third trimester?		
13	Do breastfeeding mothers need to eat two extra meals per day?		
14	To protect herself and her baby, should the mother take one capsule of Vitamin A after birth (or within 8 weeks after birth)?		
15	During pregnancy, many women feel weak and dizzy. Is this normal?		
16	Will breastfeeding a child younger than 6 months of age at least 8-10 times per day help to delay another pregnancy?		
17	Is it true that there is nothing that can be done about intestinal worms?		
18	To prevent weakness, fatigue and problems during birth, should pregnant women take iron tablets?		
19	Should families always use iodized salt when cooking food?		
20	Are children who sleep under an treated mosquito net protected against malaria?		
21	If a mother only breastfeeds a child who is under 2 years of age 4-5 times per day, will her baby be at risk of being malnourished?		
22	Should a mother worry if after illness, her infant does not eat?		
23	Should children 12-24 months of age eat 4 or more times a day?		
24	Should children under 5 who are too thin be referred to a health facility?		
25	Is one of the responsibilities of Community Volunteers to practice optimal infant and young child feeding with their own children?		

Pre-Test and Post-Test for Community Volunteers - Answers

#	PRE-TEST	YES	NO
1	Is it important to put the new-born baby to the breast immediately after birth?	x	
2	Is it necessary to give babies younger than 6 months of age water several times per day, because they need water to survive?		x
3	If at 3 months, the mother thinks that her milk is decreasing, should she nurse the baby more frequently?	x	
4	At 6 months, should a mother begin giving her baby foods in addition to breastmilk?	x	
5	After 6 months, is it good to give the infant only breastmilk?		x
6	Is a watery porridge a better food for a 6-month-old baby than soft enriched porridge?		
7	When a baby reaches 8 months, does the baby need to eat 2-3 times a day, in addition to breastmilk?	x	
8	At 12 months of age, can a baby eat the family food and also need to have snacks between meals as their stomachs are small?	x	
9	When a young child over 6 months has diarrhea, does the mother need to increase the frequency of breastfeeding and the frequency of feeding other liquids and foods?	x	
10	Do infants need to take a Vitamin A capsule once a year?		x
11	Should the mother wait until a sick child is healthy before giving him/her more foods?		
12	To help ensure a healthy pregnancy, do pregnant women need to eat an extra meal per day, especially in the third trimester?	x	
13	Do breastfeeding mothers need to eat two extra meals per day?	x	
14	To protect herself and her baby, should the mother take one capsule of Vitamin A after birth (or within 8 weeks after birth)?	x	
15	During pregnancy, many women feel weak and dizzy. Is this normal?		x
16	Will breastfeeding a child younger than 6 months of age at least 8-10 times per day help to delay another pregnancy?	x	
17	Is it true that there is nothing that can be done about intestinal worms?		x
18	To prevent weakness, fatigue and problems during birth, should pregnant women take iron tablets?	x	
19	Should families always use iodized salt when cooking food?	x	
20	Are children who sleep under an treated mosquito net protected against malaria?	x	
21	If a mother only breastfeeds a child who is under 2 years of age 4-5 times per day, will her baby be at risk of being malnourished?	x	
22	Should a mother worry if after illness, her infant does not eat?	x	
23	Should children 12-24 months of age eat 4 or more times a day?	x	
24	Should children under 5 who are too thin be referred to a health facility?	x	
25	Is one of the responsibilities of Community Volunteers to practice optimal infant and young child feeding with their own children?	x	

**ACTIVITY 1.3 Administration and Housekeeping
(5 minutes)**

**ACTIVITY 1.4 Discuss the role of Community Volunteers (CVs) and how they
can improve nutrition
(25 minutes)**

Methodology

- Facilitator introduces learning objectives (Facilitator's Note 1)
- Discuss "Who are Community Volunteers?" (Facilitator's Note 2)

Who are Community Volunteers?

Discussion questions:

1. Who is responsible for the health of the community?
2. What role can community members play to solve their health problems?

Facilitator's Note 1

Learning Objectives

At the end of the training, the participants will be able to:

1. Describe the key messages and practices for optimal breast-feeding.
2. Describe the key messages and practices for adequate complementary feeding.
3. Describe the key messages and practices for adequate women's nutrition during pregnancy and lactation.
4. Describe the key messages and practices for controlling micronutrient deficiencies (Vitamin A, Anaemia, Zinc, and Iodine).
5. Negotiate with the mothers (to encourage them) to try one improved practice in one of the learning objectives mentioned above and to reinforce the adoption of the new practice.
6. Use the MUAC measurement to identify children who are malnourished for counselling, follow-up, and or referral.
7. Explain their role as counsellors who are able to listen to, give constructive feedback, and practice positive coaching.
8. Develop a three-month action plan of the activities they will implement upon return to their communities.

Facilitator's Note 2

Roles of Community Volunteers and How/When They Can Communicate Messages

Roles

- Serve as a role model in the community by practicing optimal infant and young child feeding practices.
- Communicate key messages to friends and neighbors.
- Screen children for malnutrition.
- Refer mothers and children who need treatment to the health center/facility.
- Act as a bridge between the community and health facilities.
- Support community members to solve their own health problems.
- Encourage families to undertake do-able actions.

Opportunities to communicate messages

- During home visits
- During outreach for immunization
- During nutrition screening
- During market days, while fetching water, and at work
- During deliveries
- During visits to sick neighbors
- During religious, cultural, or economical/social meetings or gatherings

Ways to communicate messages

- Through negotiations, in which you ask the mother to try a new practice
- Through group discussions at the Nutrition Screening Centre
- Through drama, roleplay, songs, and other activities
- During outreach for immunization
- During Child Health Days

The Essential Nutrition Actions and Contact Points for Community Volunteers

Examples of what can be done

1. Focus on the Essential Nutrition Actions:

- Optimal breastfeeding
- Complementary feeding to breastfeeding
- Feeding a sick child
- Women's nutrition
- Control of Vitamin A deficiency
- Control of anemia
- Control of iodine deficiency disorders

2. Organize community support groups on various themes discussed in this training

3. Discuss feeding practices with mothers (individually) particularly if the child is malnourished:

- During home visits or informal encounters
- During nutrition screening sessions
- During community management of acute malnutrition sessions
- During Health Days
- At the health facilities or outreach sessions during immunizations, ANC (Antenatal Clinic), Growth Monitoring and Promotion

4. Discuss home gardening, particularly linked with development agents or agriculture extension workers

SESSION 2

WOMEN'S NUTRITION DURING PREGNANCY IMPORTANCE OF MICRONUTRIENTS

Learning Objectives

By the end of the session, participants will be able to:

- Describe the malnutrition life cycle.
- Explain key practices/messages pertaining to woman's nutrition.
- Negotiate with women to improve key practices for their nutrition.
- Describe the importance of iron folic acid supplementation children and women, deworming, and using iodized salt during pregnancy.

Activities

Activity 2.1 Why nutrition of women is important. Discuss the life cycle (30 minutes)

Activity 2.2 Messages and additional information for adequate nutrition for a pregnant woman (45 minutes)

Total Time 1 hour

Materials

- Flip charts, paper, markers, and masking tape
- Booklet on Key ENA Messages (contains illustrations used below and in subsequent sessions)

Illustration 1 Nutrition of pregnant woman

Illustration 2 Iron folic acid supplementation and deworming during pregnancy

Illustration 3 Prevention of malaria and anemia

Illustration 4 Use of iodized salt

ACTIVITY 2.1. Why nutrition of women is important?

Methodology: Facilitated discussion (1 hour)

- Brainstorm on the effective practices of nutrition within the community, the importance of women's nutrition. Also discuss the role that the oldest woman and husband in the household play in food access and distribution.
- Explain the cycle of malnutrition from one generation to another and describe interventions that make it possible to break this vicious cycle. Use paper figurines, photographs, or images representing a baby, a young girl between 6 and 8 years old, a teenager between 13 and 14 years old, a pregnant young woman, and a young woman and her new-born baby. For each stage of a woman's life, ask questions such as the following:
 - What would happen if this baby girl (or this girl or woman) did not receive all the nutrition that she needs?

- What will happen to this girl when she reaches 8 years of age? (Or becomes pregnant or has a baby)?
- Why does this problem persist when the baby grows and becomes mother?
- What can be done to prevent this from continuing?
- Conclude that it is important to improve women's nutrition for the benefit of the baby, the household, and the community.

ACTIVITY 2.2 Women's nutrition during pregnancy and importance of micro-nutrients

Methodology: Facilitated discussion (45 minutes)

- Ask the participants to review the pictures.
- Ask them the questions suggested for each illustration.
- Read the message, and read the additional information one by one.
- Ask the participants to discuss the messages and additional information, compare these to current practices in their communities, and how they might try to convince members of these communities that the recommended practices can improve the health of mothers and children.

SESSION 3

OPTIMAL BREASTFEEDING

Learning Objectives

By the end of this session, participants will be able to:

- Describe key practices for optimal breastfeeding.
- Explain the advantages of breastfeeding for the mother and child.
- Describe key practices and messages for optimal breastfeeding.
- Discuss with mothers/caregivers how to adopt better feeding practices.

Activities

Activity 3.1 Discuss advantages of breastfeeding, key optimal breastfeeding practices, and review correct positioning and attachment (2 hours)

Total Time 2 hours

Materials

- Flipchart, papers, markers, masking tape
- Booklet on key ENA messages
- Dolls and/or babies

Facilitator's Note 3: How to explain the benefits of breastfeeding?

Illustration 5 Early initiation of breastfeeding

Illustration 6 Exclusive breastfeeding to 6 months of age

Illustration 7 Frequency of breastfeeding

Illustration 8 Correct positioning for optimal breastfeeding

Illustration 9 Proper attachment for optimal breastfeeding

Illustration 10 Other correct positioning

Illustration 11 Nutrition of lactating women

ACTIVITY 3.1 Discuss key optimal breastfeeding practices (2 hours)

Methodology: Brainstorming (30 minutes)

Divide the participants into four groups.

- Ask each group to discuss the following topics:
 1. “Advantages of breastfeeding for the infant”
 2. “Advantages of breastfeeding for the mother”
 3. “Advantages of breastfeeding for the family”
 4. “Advantages of the breastfeeding for the community/nation”
- Assign a topic to each group: the four groups have 15 minutes to discuss all the advantages they can think of. They needn’t write but rather give oral presentations.
- Each group presents.
- The facilitator completes by adding any point that has been missed.

Facilitator's Note 3

How to explain the benefits of breastfeeding?

For the infant and young child, breastmilk

- Saves infants' lives.
- Is a complete food for the infant because it contains balanced proportions and sufficient quantity of all the nutrients needed during the first 6 months.
- Contains antibodies that protect against diseases, especially against diarrhoea and respiratory infections.
- The infant benefits from the colostrum, which protects him/her from diseases. The colostrum acts as a laxative cleaning the infant's stomach.
- Promotes adequate growth and development, thus preventing stunting.
- Is always clean.
- Is always ready and at the right temperature.
- Is easy to digest. Nutrients are well absorbed.
- Protects against allergies. Breastmilk antibodies protect the baby's gut, preventing harmful substances from passing into the blood.
- Contains the right amount of water to meet the baby's needs. (Up to 80% of breastmilk is water.)
- Helps jaw and teeth development; suckling develops facial muscles.
- Frequent skin-to-skin contact between mother and infant leads to better psychomotor, emotional, and social development of the infant.

For the mother

- Putting the baby to the breast immediately after birth facilitates the expulsion of the placenta because the baby's suckling stimulates uterine contractions.
- Reduces risks of bleeding after delivery.
- When the baby is immediately breastfed after birth, breastmilk production is stimulated.
- Immediate and frequent suckling prevents engorgement.
- Breastmilk is available at anytime and anywhere, is always clean, nutritious, and at the right temperature.
- It is economical.
- Stimulates the bond between mother and baby.
- Reduces the mother's workload (no time is involved in boiling water, gathering fuel, or preparing milk).
- Reduces risks of pre-menopausal breast and ovarian cancer.
- Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months provided that breastfeeding is exclusive and periods do not return.

For the family

- No expenses in buying formula, firewood, or other fuel to boil water or milk. The money saved can be used to meet the family's other needs.
- No medical expenses due to sickness that formula could cause. The mothers and their children are healthier.
- As illness episodes are reduced in number, the family encounters fewer emotional difficulties associated with the baby's illness.
- Births are spaced thanks to the contraceptive effect.
- Time is saved.
- Feeding the baby reduces work because the milk is always available and ready.

For the community

- Not importing formula and utensils necessary for its preparation saves hard currency that could be used elsewhere.
- Healthy babies make a healthy nation.
- Savings are made in the health sector. A decrease in the number of child illnesses leads to decreased national expenses of treatments.
- Improves child survival. Reduces child morbidity and mortality.
- Protects the environment (trees are not used for firewood to boil water or milk, thus protecting the environment). Breastmilk is a natural renewable resource.

Methodology: Demonstration and discussion (1 hour 30 minutes)

Immediate Initiation

- Show Illustration 5.
- Ask the participants to answer the questions on the illustration.
- Read the message and discuss the additional information.
- Ask the participants to discuss the messages and additional information, compare to current practices, and how to convince that the practice can improve the health of mothers and children.

Breastfeeding exclusively until 6 months of age

- Show Illustrations 6 and 7.
- Ask the participants to answer the questions on the illustrations.
- Read the message and discuss the additional information.
- Ask the participants to discuss the messages and additional information, compare to current practices, and how to convince people that the practice can improve the health of mothers and children.

Demonstration of correct position and attachment

- Using a doll (or a baby), the facilitator demonstrates the correct position and attachment to the breast.
- The facilitator asks the participants to describe what they see.
- Show Illustrations 8, 9, and 10.
- Answer the questions on the illustrations.
- Read the additional information.
- Compare with the current practices, and how to improve them.

Women's nutrition during lactation

- Show Illustration 11.
- Ask the participants to answer the questions on the illustration.
- Read the message and discuss the additional information.
- Ask the participants to discuss the messages and additional information, compare to current practices, and how to convince people that the practice can improve the health of mothers and children.

SESSION 4

HOW TO NEGOTIATE WITH MOTHERS, CAREGIVERS, FATHERS, GRANDMOTHERS ON WOMEN'S NUTRITION DURING PREGNANCY AND OPTIMAL BREASTFEEDING

Learning Objectives

By the end of the session, participants will be able to:

- Explain the steps of negotiation (GALIDRAA).
- Practice negotiation with pregnant women and a mother of a baby 0- <6 months.

Overview

Activity 4.1 Demonstration of negotiation to encourage mothers to try optimal breastfeeding practices: initial visit to mother with infant < 6 months; and group discussion (15 minutes)

Total Time 2 hours 15 minutes

Materials Needed

- Flipchart papers, markers, and masking tape
- Booklet on Key ENA Messages
- Case studies on cards

Facilitator's Note 4: Listening and learning skills

Facilitator's Note 5: GALIDRAA

Facilitator's Note 6: Roleplays by facilitator

Facilitator's Note 7: Case studies for women's nutrition during pregnancy

Facilitator's Note 8: Case studies for optimal breastfeeding

ACTIVITY 4.1 Demonstrate and practice negotiation for pregnant women and women of baby 0- <6 months (2 hours 15 minutes)

Methodology: Learning to use the negotiation skills

Using case studies, participants practice negotiation skills to persuade the mother to try a new practice. The supervisors learn how to observe the participants and to encourage them to improve their performance.

- Discuss the negotiation skills. Greet, Asks, Listens, Identify, Discusses, Recommends and Negotiates, Agrees and Repeats agreed upon action, follow-up Appointment (GALIDRAA) (Facilitator's Notes 4 and 5).
- Demonstrate how to negotiate and help persuade a mother to try an improved new practice. Use the roleplay on the next page (Facilitator's Note 6).
- In pairs, participants practice the negotiation skills using the case studies (Facilitator's Notes 7 and 8). A supervisor or a facilitator observes each pair in silence and gives feedback afterwards. The participants change roles and continue practicing the negotiation skills by changing the case studies. Each participant must practice negotiation for woman's nutrition and optimal breastfeeding practices.
- After the observation, the facilitator leads the discussion by asking the following questions: What happened? Will the mother try the practice? What else could the Community Volunteer have said to encourage the mother to try this practice?
- The facilitator reviews the skills for negotiation.
- The facilitator explains that more than one visit is needed for the full process of negotiation.

At least two visits:

- Initial visit
- Follow-up: after 1 to 2 weeks
- If possible, a third visit to maintain the practice or negotiate another practice

Facilitator's Note 4

Listening and Learning Skills

1. Use helpful non-verbal communication.
 - a. Keep your head level with mother
 - b. Pay attention
 - c. Nod head
 - d. Take time
 - e. Appropriate touch
2. Ask open-ended questions that start with what, why, how, or where rather than questions that require a yes or no answer only.
3. Use responses and gestures that show interest.
4. Reflect back what the mother says.
5. Empathize – show that you understand how she feels.
6. Avoid using words that sound judgemental e.g. what you are doing is wrong or bad.

Facilitator's Note 5

Observation Checklist: (GALIDRAA)

1. **Greets** the mother and establishes confidence.
2. **Asks** the mother about current breastfeeding practices.
3. **Listens** to what the mother says.
4. **Identifies** feeding difficulties, if any, causes of the difficulties, and selects with the mother one difficulty to overcome.
5. **Discusses** with the mother different feasible options to overcome the difficulty.
6. **Recommends and negotiates doable actions:** Presents options and NEGOTIATES with the mother to help her select one that she can try.
7. Mother **Agrees** to try one or more of the options, and mother **repeats** the agreed upon action.
8. Make an **Appointment** for the follow-up visit.

Facilitator's Note 6

Roleplay done by facilitator(s)

Faith is 9 months pregnant and it is her second pregnancy. In her first delivery, she did not give colostrum to the baby. She is not planning to give the colostrum this time either because she thinks it is bad for the baby.

The Community Volunteer

The Community Volunteer talks with Faith and explains early initiation of breastfeeding after birth, and that this practice is important because the first milk (colostrum) helps protect the baby from infections and diseases. The Community Volunteer also speaks to her about exclusive breastfeeding for the first 6 months and recommends not giving the baby any water.

The Facilitator

Discusses key strategies that will lead the mother to try the new behavior and solve the potential problems. These strategies, for example, consist of asking other members of the family to take part in the discussion and try the new behavior themselves.

Example of possible follow-up negotiation visits to Faith:

Visit # 2: Follow up

Situation: The health worker visits Faith to ask her whether she has been able to **exclusively** breastfeed Amos during the past week. Faith answers that it seemed to her that, for the first two days, Amos suckled for the whole day. But she did **exclusively** breastfeed. She says her mother is coming to see her the following week and will surely advise her to feed Amos other things besides breastmilk.

Visit #3: Maintain the practice and/or negotiate another practice

Situation: Amos is now 5 months old, and Faith has **exclusively** breastfed him for 5 months. She points out to the health worker that Amos has had neither diarrhea nor a cold.

Facilitator's Note 7

Practice Case Studies: Woman's Nutrition during Pregnancy

Case Study 1

You visit Hawa who is 4 months pregnant. Hawa has not yet visited the health clinic.

The Community Volunteer

The community volunteer (CV) asks, listens to Hawa, and identifies problems and causes for the problems. In this particular case, the main problem is that Hawa has not been attending an ante-natal clinic.

The CV has to explain the importance of:

- Going to ante-natal clinic to ensure that the pregnancy is going well, to receive TT vaccines, iron-folic acid supplementation, deworming medicine, anti-malarial tablets, and additional counseling and support.
- Eating well, one additional meal each day, and diversified diet as much as possible (animal source foods, fruits and vegetables).
- Using iodized salt.

Case Study 2

Queta is 21. She tells you that she has three daughters between the ages of 2 and 6. What themes will you try to discuss with Queta?

The Community Volunteer

The CV asks and listens to the practice and identifies problems and the causes for the problems.

In this particular case, the main problem is that Queta had children too close to each other starting when she was very young. The CV has to explain the importance of eating well, as these pregnancies might have been difficult for her body; she has to go to be checked for anemia. Queta should wait at least three years before the next child and the CV needs to recommend that she speak with her husband about family planning to delay another pregnancy.

Case Study 3

Massa is in her last month of pregnancy and does not know where she will give birth.

The Community Volunteer

The CV needs to ask and listen to the current practice and identify problems and causes for the problems.

In this particular case, the main problem is that Massa has to be convinced to come in and deliver her baby at the health facility. She needs to be checked for anemia, and get iron/folic acid supplementation and deworming medicine. Massa also needs to be counsel on breastfeeding early, within the first hour after birth, before the placenta is expelled. She also needs to be told of the advantages of only breastfeeding her baby, no other food or water, until the baby is 6 months old.

Case Study 4

Fatu is 6 months pregnant, and has a fever. She feels weak.

The Community Volunteer

The CV needs to ask and listen to the current practice and identify problems and causes for the problems.

In this particular case, the main problem is that Fatu has to be convinced to come to the health facility and be treated for malaria, be checked for anemia, and receive ante-natal care. The CV needs to explain that she has to sleep under a treated net to avoid getting malaria, which is harmful for her and the baby.

Facilitator's Note 8

Practice Case Studies: Optimal Breastfeeding

Case Study 1

Yamah is 9 months pregnant. As this is her first pregnancy, she wants the baby to be strong and in good health, but she is too timid to talk about breastfeeding. Her mother-in-law decided that during the first three days after childbirth, Yamah will give pepper soup to the baby. She believes that the first yellow milk is bad.

The Community Volunteer

The CV needs to ask and listen to the current practice and identify problems and causes for the problems.

In this particular case, the main problem is that Yamah's mother-in-law does not understand the importance of colostrum. The CV asks the mother-in-law to join Yamah and him/herself. The CV explains to the two women the importance of early initiation of breastfeed immediately after the childbirth. **The first milk or "colostrum" is yellow because it contains vitamins and it will protect the baby from the diseases.** This milk is a rich in fats and in foods and it allows the baby to start a healthy life from the beginning, and the baby will be strong. The CV explains that breastfeeding the baby stimulates the discharge of the placenta, thus preventing the bleeding of the mother after childbirth. It also helps with milk production; when the baby is suckling the mother's body begins to produce the breastmilk for the baby.

The CV asks the mother-in-law what she thinks of the explanations. She answers that in her days, they did not believe in these things. But she adds that she has heard that what the CVs recommends was tried by a woman in her village and all went well and the baby is in good health and growing well. After the discussion, Yamah says she will try to put the baby to the breast before they bathe the baby and even before the placenta is discharged. She asks her mother-in-law if she is in agreement. The mother-in-law answers her that she will help and that she will reassure the rest of the family.

Case Study 2

Hawa breastfeeds her 2-month-old when he starts to cry and when he wakes up. As it is hot, Hawa also gives the baby water using a feeding bottle.

The Community Volunteer

The CV needs to ask and listen to the current practice and identify problems and causes for the problems.

In this particular case, the main problem is that Hawa does not realize that breastmilk is the only source of water an infant under 6 months needs. The CV discusses with Hawa that up to 6 months, the infant should only drink breastmilk. She explains that **the mother's milk contains all the water and all the foods that the baby needs** to satisfy the baby's hunger and thirst and therefore does not need any additional fluids or liquids. The CV also explains that babies less than 6 months must be breastfed every time they are hungry or thirsty, during the day and the night, **at least 10 to 12 times per day.** The more frequently the mother breastfeeds, the more milk she produces. Finally, the CV recommends to Hawa to

never use feeding bottles to feed the baby because they are difficult to clean and can cause the baby to have diarrhea.

The CV asks Hawa what problems she thinks she is likely to encounter if she does not give the baby water today. Hawa answers that her husband believes that the baby needs water. The CV asks to speak with the husband and a child is sent to get him. He comes to listen. The CV explains to him that God put all the water the baby needs in the mother's milk and that giving water to babies less than 6 months of age allows germs carrying disease to enter the baby's still weak body. In addition, when the baby's stomach is filled with water the baby sucks less on the breast, which reduces the mother's milk production. The husband listens to what the CV is saying and after a moment the husband says to his wife, "The CV is correct. I heard these same words on the radio and the Health Workers said that our practice of giving water to babies is bad. According to them, this practice is the principal cause of malnutrition in our area. We will stop giving water to our baby until he is 6 months."

Case Study 3

Kortu gives only breastmilk to her 3-month-old baby. She is thinking of introducing rice porridge to the baby because she feels her milk is decreasing.

The Community Volunteer

The CV needs to ask and listen to the current practice and identify problems and causes for the problems.

In this particular case, the main problem is that the infant is experiencing a growth spurt and must be given more breastmilk. The CV explains to Kortu that she will have enough milk if **she breastfeeds more frequently, which will increase her milk production**. The CV also explains that **until 6 months of age the baby should only be given breastmilk**. Breastmilk contains all the water and foods that the baby needs to satisfy the baby's hunger and thirst. It is thus not necessary to give the baby any other liquids during the first 6 months of life. Kortu should breastfeed the baby every time the baby is hungry or thirsty, at least 10-12 times over one day and night. The CV says this recommendation is often given by health workers when there is a reduction in the mother's milk and asks if Kortu can follow it. Kortu accepts but she seems rather hesitant. She lowers her eyes then looks over to her husband's elder sister. The CV explains that for the next 2 weeks, she should put the baby to the breast more frequently and ensure that the baby empties one breast before she switches to the other breast. She will see that her milk production will increase and that the baby will be satisfied at the end of a few days. The sister-in-law has followed the whole conversation and the CV asks her whether she agrees to support Kortu's decision not to give porridge to the baby. She says that she will and that she will explain to the husband and the grandmother. Kortu smiles and says that she will try to breastfeed the baby more frequently to help increase her milk production and that until 6 months of age she will only give breastmilk to the baby. The CV promises to return for a follow up visit in four days to see how she is doing. Kortu gives a sigh of relief and thanks the CV.

Case Study 4

Kebbeh is 35 years old and has five children. She is breastfeeding her youngest child, who is 18 months.

The Community Volunteer

The CV has to ask and listen to the current practice and identify problems and causes for the problems.

In this particular case, the main problem is that Kebbeh had many children and she is still breastfeeding. She is probably weak from having so many pregnancies/breastfeeding. The CV needs to explain the importance of eating well, **eating two additional meals each day**, with many different types of foods as much as possible, particularly meat, fruits, and vegetables, and to use iodized salt for her and her family's food. She also should encourage Kebbeh to seek family planning to prevent additional pregnancies.

The CV asks her whether she received iron tablets during her prenatal visits. She replies that she forgot to take them after the birth of her baby and that she still has tablets for three months. The CV asks Kebbeh to show her the tablets. The CV recommends Kebbeh continue to take them until they are finished. The CV asks if her husband could buy her some liver once a week. Kebbeh consults her mother, and her mother assures Kebbeh that she will ask the husband to do it and explain to him that Kebbeh will not be healthy unless her anemia is treated. The CV then promises to follow up with another visit at the beginning of the next week to see how they are doing. Kebbeh and her mother thank the CV and assure h/she is most welcome next week.

SESSION 5

SCREENING FOR MALNUTRITION

Learning Objectives

By the end of the session, participants will be able to:

- Identify a child who is malnourished (or too thin).
- Know when and how to refer a child for treatment.
- Know how to complete the tally sheet after the malnutrition screening session.

Overview

Activity 5.1	How do we identify a severely malnourished child
Activity 5.2	Describe the steps in referring a severely malnourished child for treatment
Activity 5.3	How to complete the monthly tally sheet

Total Time **2 hours**

Materials

- MUAC tapes (one per participant)
 - Child MUAC measurement poster (Facilitator's Note 9)
 - 4-6 children 6-59 months (provide biscuits for them)
- (if children are not available, use the adult MUAC for participants to practice with each other)

Facilitator's Note 10: When to refer

Facilitator's Note 11: Copies of referral cards (one per participant), most of the time provided by MOH (CMAM program)

Facilitator's Note 12: Monthly Tally Reports (one per participant)

Activity 5.1 **What is the MUAC tape and how is it used?** **(45 minutes)**

Methodology: Facilitated discussion (15 minutes)

- Pass around one MUAC tape per participant (they will keep them).
- Ask if any of the participants has seen, or used, a tape like this before and what it is used for.
- Explain that the MUAC tape is used to measure thinness and that it should always be used on the left arm.
- Hold up one tape and ask a participant to describe the different parts of the tape:
 1. The tape has a wide side and a narrow side


2. The wide side has a hole and the narrow end of the tape is divided into three colors (green, yellow, and red).
 - A measurement in the **green** zone means the child is properly fed and so the nutrition is **good**
 - A measurement in the **yellow** zone means the child is not properly fed or is sick and the nutrition is in the **danger** zone. This child's mother or caretaker should be counseled on increased feeding and the child followed up.
 - A measurement in the **red** zone means the child is very poorly fed and bad off and is in the **very dangerous** zone. This child could die if nothing is done so the child should be referred "quick- quick" for treatment.
- Explain that the child MUAC tape should only be used with children over 6 months and under 5 years of age.
- Explain that the measurement is done on the middle of the upper arm.
- Ask a participant to describe how to use the MUAC tape; refer to the picture on the Facilitator's Note 8.
- Demonstrate how to use MUAC with a child under-five or with a participant using an adult MUAC by following:
 1. Ask the mother or the caretaker to remove all clothing that may cover the child's left arm.
 2. Find the midpoint of the child's left upper arm
 - Locate the tip of the child's shoulder with your finger tips
 - Bend the child's elbow to make a right angle
 - Using a string, measure the tip of the shoulder to the tip of the elbow and fold the string in half. Mark the half way point mid-point on the child's arm.
 3. Straighten the child's arm and wrap the tape around the arm at the midpoint.
 4. Inspect the tension of the tape on the child's arm. Make sure the tape has the proper tension and is not too tight or too loose.
 5. Identify the color between the two arrows and immediately record the measurement.


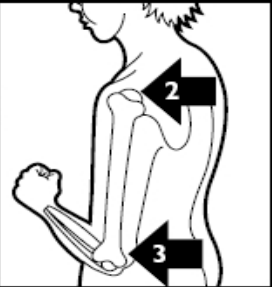
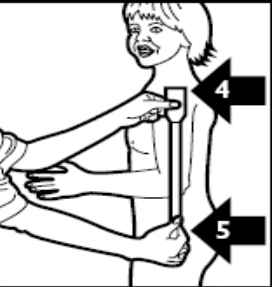


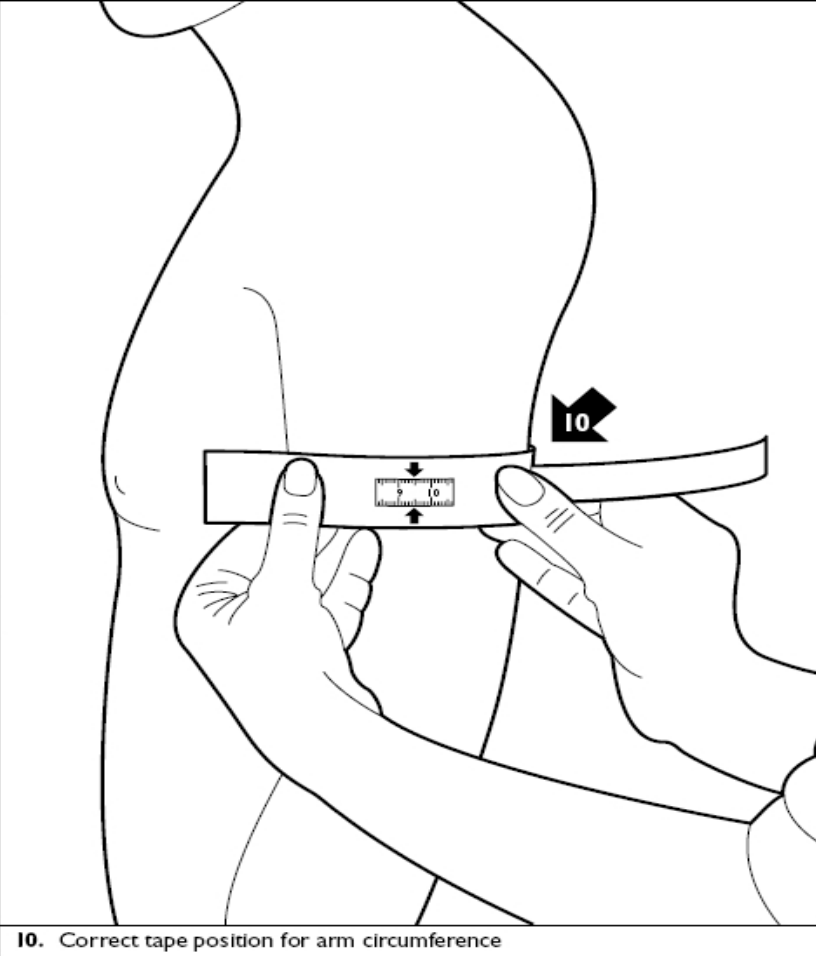


Methodology: Demonstration and discussion (30 minutes)

- Divide participants into groups of four.
- Give each group a MUAC tape, twine, and a child to practice with.
- Each person in each group practices, measuring the MUAC of the child (or their partner) following the correct steps.
- After everyone has taken a turn, ask participants to share their experiences.
- Discuss the common mistakes that can be made when using a MUAC tape. These are:
 - Wrapping the tape too tightly or too loosely
 - Not taking the measurement at the mid-point between the shoulder and elbow
 - Taking a measurement when the child still has its elbow bent or not relaxed
 - Taking a measurement on the right arm rather than the left arm

Facilitator's Note 9

Arm circumference "insertion" tape



			
<p>1. Locate tip of shoulder</p>	<p>2. Tip of shoulder 3. Tip of elbow</p>	<p>4. Place tape at tip of shoulder 5. Pull tape past tip of bent elbow</p>	<p>6. Mark midpoint</p>
			
<p>7. Correct tape tension</p>			
			
<p>8. Tape too tight</p>			
		<p>10. Correct tape position for arm circumference</p>	
<p>9. Tape too loose</p>			

Source: How to Weigh and Measure Children: Assessing the Nutritional Status of Young Children, United Nations, 1986.

Activity 5.2 Refer a child who needs special attention (1 hour)

Methodology: Facilitated discussion (15 minutes)

- Ask the participants why and when they should refer a child to a health facility.
- Ask the participants why and when they should follow-up to ensure the child received treatment.
- Make sure that all the points on Facilitator’s Note 9 are covered, and summarize them.

Facilitator’s Note 10

When to refer a child to a health facility

If:

- the child’s MUAC color code is **yellow**: the child needs special counseling and can be referred to supplementary feeding if available;
- the child’s MUAC color code is **red: very dangerous**, and the child needs treatment;
- the child has oedema (both feet swollen): **extremely dangerous**, and the child needs immediate treatment;
- the child has diarrhea :
 1. The child is not improving
 2. The child is unable to drink or breastfeed
 3. There is blood or mucus in the stool
 4. The child is very weak
- the child has a fever and is:
 1. Vomiting
 2. Very weak (cannot sit or stand without help)
 3. Jerking or has a stiff neck (convulsing)
 4. Not able to breastfeed
- the child has any other illness; or
- the child does not have a Child Growth Card. Encourage the mother to go to a health facilities for the child to have nutrition follow-up.

Methodology: Demonstration and discussion (45 minutes)

- Explain to participants how to use the referral card.
- Show participants the flip chart/referral card (Facilitator's Note 10) and describe the different parts and how to fill them out.
- Discuss with the participants:
 - What should you tell the mother whose child you are referring to a health facility? What should you do after the child has been referred?
 - Why do you need to follow-up on a child who has been referred?
- Make sure all the points are mentioned:
 - The mother needs to know the reason why she is being referred to a health facility and what should happen when she gets there. The referral card will allow her to see a health worker very quickly.
 - After the child has been referred, the Community Workers should follow-up to make sure that the child has been taken to a facility and gets appropriate treatment.
 - After the child has been treated at the facility, s/he will be sent back to the community with follow-up instructions. This will include instructions on feeding, when to return for further rations, and other needed care. The mother/caretaker should bring this form to the Community Workers so they can explain its contents and reinforce the counseling messages.

Using cases studies, participants practice referring a child to a health facility for further assistance:

- In pairs, participants complete the referral form based on the information in the case studies (Facilitator's Note 10). The participants practice the referral process using the completed referral card. The facilitator observes each pair in silence and gives feedback thereafter. The participants change roles and continue practicing the referral card by changing the case studies.

Case Study 1

Musu is girl of 18 months from Suakoko town, Suakoko district in Bong County. She has been attending monthly screening sessions regularly for the past 4 months. For the past 2 months, Musu's weight has been in the yellow zone. This month, her MUAC dropped. Her mother says she has had diarrhea for the past three days. Her MUAC is in the Red Zone.

Case Study 2

Mathew is a boy of 13 months from Little Kola, District 4 in Grand Bassa. Mathew has not been doing well for a while and his mother has not brought him to the past two nutrition screening sessions. His MUAC is in the yellow zone and he has swelling in both feet.

- After the observation, the facilitator leads the discussion by asking the following questions: What happened? Will the mother go to the clinic? What else could the Community Volunteer have said to encourage the mother to go to the clinic?
- The facilitator reviews the referral process.

Facilitator's Note 11

COMMUNITY - LEVEL REFERRAL FORM

NAME: _____

Community: _____ District: _____ County: _____

Name of Client: _____ Age: _____ Sex: _____

Referred To: _____

Reason For Referral

- | | | |
|---|--------------------------|--------------------------|
| 1 | Diarrhea/Running Stomach | <input type="checkbox"/> |
| 2 | Malaria or Fever | <input type="checkbox"/> |
| 3 | Cough (ARI) | <input type="checkbox"/> |
| 4 | Malnutrition/ | <input type="checkbox"/> |
| 5 | Family Planning | <input type="checkbox"/> |
| 6 | Other Diseases | <input type="checkbox"/> |

Date of Referral: _____

Referred By: _____
Signature

Activity 5.3 The Monthly Tally Report (15 minutes)

Methodology: Facilitated Discussion (15 minutes)

- Share copies of the tally sheet and discuss with the participants the following:
 1. What information do we collect on the tally sheet?
 2. When and how often do we collect this information?
 3. What do we do with the information after we have collected it?
- Explain the different pieces of information collected on the sheet.

Facilitator's Note 12

MALNUTRITION SCREENING TALLY SHEET				
DISTRICT _____ VILLAGE _____			Month _____	
From ____/____/____ to ____/____/____			Name Signature _____	
6 - 59 months	MUAC RED	MUAC YELLOW	MUAC GREEN	Oedema
	o o o o o	o o o o o	o o o o o o o o o o o o o o o o	o o o o o
	o o o o o	o o o o o	o o o o o o o o o o o o o o o o	o o o o o
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	o o o o o	o o o o o	o o o o o o o o o o o o o o o o	o o o o o
	o o o o o	o o o o o	o o o o o o o o o o o o o o o o	o o o o o
	o o o o o	o o o o o	o o o o o o o o o o o o o o o o	o o o o o
	o o o o o	o o o o o	o o o o o o o o o o o o o o o o	o o o o o
	o o o o o	o o o o o	o o o o o o o o o o o o o o o o	o o o o o
	o o o o o	o o o o o	o o o o o o o o o o o o o o o o	o o o o o
	TOTAL			

SESSION 6

COMPLEMENTARY FEEDING: FEEDING A SICK CHILD

Learning Objectives

By the end of this session, participants will be able to:

- Describe key feeding practices.
- Explain the key practices and messages for optimal complementary feeding.
- Explain the key messages for the sick and/or malnourished child.
- Explain locally available foods and seasonally available foods for optimal complementary feeding.

Activities

Activity 6.1 Discuss key complementary feeding practices (1 hour)

Activity 6.2 Identify locally available foods and seasonally available foods for adequate complementary feeding (1 hour)

Total Time 2 hours 30 minutes

Materials

- Flip charts, paper, markers, masking tape
- Booklet on key ENA messages
- Food purchased at local market

Illustration 12 Introduction complementary feeding

Illustration 13 Continue breastfeeding until 2 years and beyond

Illustration 14 Feed a variety of foods

Illustration 15 Frequency of feeding for 6-11 month old children

Illustration 16 Amount of food for 6-11 month old child

Illustration 17 Frequency of feeding for the 12-24 month old children

Illustration 18 Amount of food for 12-24 month old children

Illustration 19 Feeding of the child during illness

Illustration 20 Feeding of the child after illness

Illustration 21 Feeding of a child with diarrhea

Illustration 22 Counseling for a child with moderate or severe acute malnutrition

Illustration 23 Importance of Vitamin A

Illustration 24 Prevent anemia from parasites

ACTIVITY 6.1 Key complementary feeding practices (1 hour 30 minutes)

Methodology: Demonstration and discussion

Introduction of complementary foods and continuation of breastfeeding

- Show Illustrations 12 and 13.
- Ask the participants to answer the questions on the illustrations.
- Read the message and discuss the additional information.
- Ask the participants to discuss the messages and additional information, compare to current practices, and how to convince that the practice can improve the health of mothers and children.

Food diversity

- Show Illustration 14.
- Ask the participants to answer the questions on the illustration.
- Read the message and discuss the additional information.
- Ask the participants to discuss the messages and additional information, compare to current practices, and strategize how to convince caregivers that the practice can improve the health of mothers and children.

Feeding children 6-11 months: frequency and amount

- Show Illustrations 15 and 16
- Answer the questions on the illustrations.
- Read the additional information.
- Compare to current practices, and discuss how to convince caregivers that the practice can improve the health of mothers and children.

Feeding children 12-24 months: frequency and amount

- Show Illustrations 17 and 18.
- Answer the questions on the illustrations.
- Read the additional information.
- Compare to current practices, and discuss how to convince caregivers that the practice can improve the health of mothers and children.

The facilitator summarizes by explaining the meaning of **BF + FADDUA**

Breastfeeding

+

Frequency + Amount + Density + Diversity + Utilization + Active feeding

Feeding of a sick child during and after illness

- Show Illustrations 19 and 20.
- Answer the questions on the illustrations.
- Read the additional information.
- Compare to current practices, and discuss how to convince caregivers that the practice can improve the health of mothers and children.

Feeding of a sick child with diarrhea or with malnutrition

- Show Illustrations 21 and 22.
- Answer the questions on the illustrations.
- Read the additional information.
- Compare to current practices, and discuss how to convince caregivers that the practice can improve the health of mothers and children.

Vitamin A, malaria, and worm medicine

- Show illustrations 23 and 24.
- Answer the questions on the illustrations.
- Read the additional information.
- Compare to current practices, and discuss how to convince caregivers that the practice can improve the health of mothers and children.

ACTIVITY 6.2 Identification of foods (purchased locally at the market) appropriate for infants and young children (1 hour)

Methodology: Facilitated discussion

- Each participant is given two or more foods purchased locally at the market or pictures of foods (a glass of water representing breastmilk and pictures/models of a breast representing breastmilk are also distributed). Use all sorts of vegetables, different types of meat, chicken, fish, dried fish, beans, plantains, nuts, flour, palm oil, Vitamin A-fortified oil, papaya, mangoes, and lemons etc.
- On tables or the floor (covered with cloth) facilitator explains that there are the following three age categories:
 - 0- <6 months
 - 6-11 months
 - 12-24 months
- Each participant names the foods they have received and places them in the age category in which s/he thinks is appropriate for the child to begin to eat.
Explain how the food can be prepared and the consistency of the food for each age group.
- Discussion and rearranging of foods if needed.
- Discuss seasonally available foods and which foods are available during other seasons.

Methodology: Group Discussion

Discuss how to encourage families to keep something from the "harvest" to feed children and women (30 minutes)

- Divide participants into three groups.
- Ask them to discuss where they can find similar types of foods in their environment (home, garden, market);
 - Why it is important to keep some "harvest" to improve feeding practices for children and women?
 - Ask how much they can keep?
 - How they can improve the current situation?
- Ask them to give examples.
- Ask them to give examples on what could be added to their gardens (e.g., pumpkin, eggs, papaya, banana tree, chicken, etc.).
- Discuss what assistance they could get from the agriculture sectors.
- Ask each group to present the main ideas.

SESSION 7

HOW TO NEGOTIATE WITH MOTHERS, CAREGIVERS, FATHERS, GRANDMOTHERS: COMPLEMENTARY FEEDING AND THE SICK CHILD

Methodology: Learning to use the steps of negotiation for adequate complementary feeding (2 hours)

Using case studies, participants practice negotiation skills to persuade the mother to try a new practice. The facilitator observes the participants and encourages them to improve their performance.

1. Demonstrate how to negotiate and encourage a mother to try an improved complementary feeding practice. Use the roleplay on the next page. Discuss the steps for negotiation. **Use visual aids.**
2. In pairs, participants practice the negotiation skills using the case studies (Facilitator's Notes 13 and 14). A supervisor or facilitator observes each pair in silence and gives a feedback thereafter. The participants change roles and continue practicing the negotiation skills by changing the case studies. Each participant needs to practice negotiations on complementary feeding and feeding of the sick child.
3. After the observation, the facilitator leads the discussion by asking the following questions: What happened? Will the mother try this practice? What else could the Community Volunteer have said to encourage the mother to try the practice?
4. The facilitator reviews the steps of negotiation.
5. The facilitator explains that more than one visit is needed for the full process of negotiation.

At least 2 visits:

- Initial visit
- Follow-up: after 1 to 2 weeks
- If possible, a third visit to maintain the practice or negotiate another practice

Facilitator's Note 13

Practice Case Studies: Complementary feeding

Case Study 1

Korpo has a 7-month-old baby that she is breastfeeding. Korpo thinks that her baby is too young to eat thick porridge, so she gives him liquid porridge, which she does not enrich.

The Community Volunteer

The CV explains that starting from 6 months babies need to eat porridge in addition to the mother's milk. This porridge can be prepared using rice, cassava, plantain, maize, yam, etc. and it must be sufficiently thick in consistency and not too runny (stick to the spoon). It should be enriched with various and colorful foods that have been mashed to help the baby swallow it. Cassava leaves, sesame seeds, banana, as well as milk, meat, fish, beans, and peanuts or nuts can be used to enrich the porridge. At each meal, Korpo can add palm oil or peanut/sesame seed paste to the baby's food as these foods are good for the baby. The CV congratulates Korpo for having continued breastfeeding and recommends she continues to breastfeed until the child is at least 2 years.

Case Study 2

Betty has a 6-month-old baby. She is thinking of starting to give additional food to her baby. She thinks the baby only needs porridge made from eddoe dust.

The Community Volunteer

The CV explains that from 6 months, babies need to eat thick porridge (stick to the spoon) in addition to the mother's milk. This porridge can be prepared using rice, cassava, plantain, eddoes, yam, etc. The CV explains that starting at 6 months, it is wise to give as many varieties of food as possible to the child. The CV explains that to help the baby grow well, Betty can enrich each meal of porridge by adding two or three kinds of food that she has in the house to it. She can enrich the porridge by adding palm oil, benne seeds, or peanut paste to each meal. She should also give fruit (orange/red colored fruit) or cassava leaves to each of the baby's meals. Every day, she should try to add meat, fish, bean flour, or peanuts/benne seed to the baby's food. She can also use milk to cook the porridge instead of water, if possible. The meat, chicken, or fish should be mashed or pureed before feeding it to the baby, and it is important to enrich the baby's food as often as possible to support proper growth and development of the baby. Betty should also continue to breastfeed the baby on demand for at least two years. Betty tells the CV that she has vegetables, fruits, palm oil, and beans. She agrees to enrich the baby's porridge at each meal and to continue to breastfeed at least eight times a day.

Case Study 3

Queta has an 8-month-old girl, whom she feeds porridge enriched with various different foods each day. However, it seems that the baby is hungry this afternoon.

The Community Volunteer

The CV explains that from 6 to 11 months, a baby can be given soft enriched thick porridge at least 3 times every day, in addition to breastmilk. In each meal, Queta's baby can eat at least 2 tablespoons of porridge enriched with 1 tablespoon of various colorful foods. She can even give her daughter more if she seems hungry, as it is healthy for her baby to eat as much food as possible, particularly a variety of foods. The CV advises Queta to be patient and to take her time when feeding her baby, actively encouraging her to eat all the food given. The CV also explains to Queta that in addition to porridge, the baby should be given 1-2 snacks (biscuits, banana, mango, etc.) every day in between the feeding of porridge. This will help the baby to grow. Queta appreciates the advice and agrees to try the recommended practices.

Case Study 4

Kebbeh has a 7-month-old baby, whom she breastfeeds. She also gives her baby a thin liquid porridge and infant formula. She puts this thin liquid porridge in a feeding-bottle to feed the baby. Kebbeh does not think that her baby is ready to eat other foods.

The Community Volunteer

The CV explains to Kebbeh that at 6 months of age, babies need to eat additional foods such as the soft porridge, in addition to breastmilk. The CV explains that babies will not grow well if only given a thin liquid porridge. The porridge needs to be thick enough that it can stick to the spoon and should also be enriched with two or three other types of foods available in the house: cassava leaves, sesame seeds, banana, as well as milk, meat, fish, groundnuts, beans or nuts can be used to enrich the porridge. At each meal, Kebbeh can add palm oil or peanut paste to the baby's food as these foods are good for the baby. The CV advises Kebbeh never to use feeding bottles as they very hard to clean properly and can cause her baby to get diarrhea. She also notes that infant formula is expensive, and it is better instead to buy some fish or meat for the baby. The CV reminds Kebbeh to continue breastfeeding on demand between the meals (at least 8 times). Kebbeh is in agreement with the recommendations the CV has made and agrees to give thick porridge to the baby and to stop using the feeding bottle.

Case Study 5

Sayba's baby boy is 15 months old and eats family foods with his parents two times each day. Sayba is no longer breastfeeding. Her son seems to be small for his age.

The Community Volunteer

The CV asks Sayba why she stopped breastfeeding. Was it because she is pregnant or is it simply because the baby stopped breastfeeding? The CV reminds Sayba that the baby still needs breastmilk up to at least 2 years. She explains to Sayba for her son to stay health and grow well he needs to eat more often (at least 5 times per day: 3 meals plus 2 snacks), especially since he is not benefiting from breastmilk. At each meal, she should give 6 tablespoons of porridge enriched with 3 tablespoons of other foods such as cassava leaves, sesame seeds, banana, vegetables, palm oil, as well as eggs, milk, meat, fish, sesame seed or peanut paste, beans or nuts. The CV recommends that the baby's food should be served in a

separate plate because this will allow Sayba to see if the baby is eating and finishing the amount of food that he needs to grow properly. And because the family food is not sufficiently enriched to meet the baby's needs, Sayba should add these other foods. As snacks, Sayba can give fruits (banana) or biscuits between the meals the baby eats with his parents. The additional foods and snacks will make the baby strong. Finally, the CV advises Sayba to try breastfeeding again until her son is at least 24 months, especially since she had only stopped breastfeeding a few days previously. Sayba appreciates the advice from the CV and agrees to try to apply it.

Case Study 6

Massa's daughter is 11 months old and she gives her thin porridge. Massa breastfeeds her daughter only at night.

The Community Volunteer

Massa is advised that the consistency of the porridge should be thick enough to stick to the spoon. This porridge can be prepared using rice, cassava, millet, maize, plantain, yam, etc. and it must be sufficiently thick in consistency and not so runny it runs off the spoon. It should be enriched with various and colorful foods that have been mashed or ground up to help the baby swallow them. Foods such as cassava leaves, sesame seed, banana, as well as milk, meat, fish, peanuts, beans or nuts can be used to enrich the porridge. At each meal, Massa can also add palm oil or butter to the baby's food as these foods are good for the baby as well. The CV also explains that in addition to feeding porridge, Massa should also give her baby one to two snacks every day in between the feeding of porridge. Massa is advised to continue to breastfeed on the baby's demand, at least 8 times during the day and night, until her baby is 2 years of age. Massa is happy and agrees to try what they discussed.

Facilitator's Note 14

Practice Case Studies: Feeding of the sick child

Roleplay by facilitator(s)

Miatta's son is 10 months old and has diarrhea. Miatta stopped breastfeeding because she thinks that milk worsens the baby's diarrhea.

The Community Volunteer

The CV explains to Miatta that it is even more important that she breastfeeds her baby during and after the illness. This helps the baby to make up for the loss in water and energy, limits his weight loss, and helps the baby to recover faster. Since the baby is more than 6 months of age, the CV advises to give a glass of oral rehydration solution (ORS) after each episode of diarrhea. The CV advises Miatta to try to increase the amount of enriched porridge during the illness and to also give the baby an additional meal each day for 2 weeks after the baby has recovered to allow the baby to regain quickly any weight he lost during the illness. The CV also recommends to Miatta to take the baby to the nearest health facility if the diarrhea persists. The CV and the mother talk about the problems she is likely to encounter trying to get to the health center and look for appropriate solutions.

Case Study 1

Hannah's 3-month-old baby has diarrhea and is vomiting. The mother is still breastfeeding but has also been giving water to the baby in a bottle.

The Community Volunteer

Hannah is advised by the CV that her baby should be fed only breastmilk for the first 6 months of life, not giving water, other liquids or foods as breastmilk alone provides everything a baby needs to grow healthy and strong. The CV advises Hannah to stop giving water and never to use baby bottles as these are hard to keep clean and contain germs that will cause diarrhea. She also advises Hannah to breastfeed more often when her baby is sick as well as more often after the sickness to help the baby recover more quickly and start to gain weight. Hannah is told to take the baby to the health center as soon as she can. Hannah is grateful to have this advice and plans to follow it.

Case Study 2

Joyce's daughter is 9 months old. The baby has a mild fever and cough, and in addition, refuses to eat food.

The Community Volunteer

The CV advises Joyce to take time to patiently encourage her baby to eat as her appetite may be lower because of the illness. Since her daughter is older than 6 months, Joyce is advised that she should increase the frequency of breastfeeding, and also offer the baby's favorite food during illness. She recommends giving the daughter one additional meal of enriched porridge each day for the 2 weeks following the illness and to increase the frequency of breastfeeding after the baby seems better. Joyce

agrees to follow the advice of the CV. The CV also advises the mother to visit the health center to get treatment.

Case Study 3

Betty's baby boy was sick last week and is now recovering from the illness. He is 5 months old. Betty continues to breastfeed as usual, but her baby is losing weight.

The Community Volunteer

Betty is advised that to help her baby recover from the illness and gain weight, she should increase the numbers of times she breastfeeds both during and after the illness. Betty agrees to try the advice given by the CV.

Case Study 4

Faith has a baby who is 9 months old. Faith tells the CV that her baby is recovering from an illness and has started eating well but is still losing weight.

The Community Volunteer

The CV advises Faith that after every illness, her baby will need 1 additional meal each day for 2 weeks in addition to the 3 daily feedings of enriched porridge. She also advises Faith to give snacks one to two times each day, such as banana, biscuits, or bread, in between the feedings of enriched porridge. In addition, she should also breastfeed her baby more after illness to help recover more quickly. Faith agrees to try this advice.

SESSION 8

FIELD PRACTICE

Learning Objectives

At the end of the session, the participants will be able to:

- Use negotiation techniques in the field, in the health centers, or in the villages.
- Evaluate the breastfeeding practices.
- Evaluate additional feeding practices.

Overview

Activity 8.1 Field practice at the health centers or villages (2 hour 30 minutes)

Activity 8.2 Feedback on the practical session (45 minutes)

Activity 8.3 Demonstration of a follow-up visit in class (15 minutes)

Total Time 3 hours 30 minutes

Number of people on the site: 8 to 10, to constitute 4 to 5 pairs

Description of the Sites

- Health clinic at the time of vaccination or weight recording session
- Sick baby clinic visits/IMNCI
- Maternity wards/ANC
- Growth monitoring/nutrition screening and promotion sites
- Community groupings
- Mothers with infants 0 to 6 months old and/or pregnant mothers
- Mother with infants 6 to 24 months old and/or lactating mothers

Materials

- Visual aids: posters, notebooks/cards, health records, counseling cards
- Booklet with key ENA messages

ACTIVITY 8.1 Field practice in the health centers or in the villages (2 hours 30 minutes)

Methodology

- In plenary, review the steps of negotiation.
- Group the participants into pairs. During the field practice, the participants will take turns role-playing the parts of the negotiator and that of the observer. The negotiator will conduct the counseling and negotiation with the mother and the observer will observe with the objective of giving feedback, using GALIDRAA after the mother has left (Facilitator's Notes 4 and 5).
- The participants will exchange roles until each of them has completed at least three negotiations and two observations of negotiations with breastfeeding mothers.

ACTIVITY 8.2 Feedback on the field practice (45 minutes)

Methodology

- Back in class, each pair will summarize their experience with the practice of negotiation by giving a report on one example using the following format - they will indicate the name(s) of the participant(s), the name and age of the child, the problem they've identified, the proposed solutions, and the behavior that the mother has agreed to adopt.
- The participants listen to the feedback provided by their peers and give their own.
- Discussion and summary.

ACTIVITY 8.3 Demonstration of a follow-up visit (15 minutes)

Methodology

- Facilitators demonstrate the conduct of a follow-up visit of the community agent (or health agent) in the case of Hawa who is 2 months old.
- From the field visit experience, five to six participants explain what they will follow/discuss when they will carry out the second visit.

SESSION 9

DEVELOPMENT OF ACTION PLANS

Learning Objectives

- To review the various activities through which the Community Volunteer contributes to improve the health of women and children, as well as the places and the occasions where they can take advantage to do this.
- To identify concrete points of contact that they can use in their daily work and work out a weekly and then monthly schedule of work.
- To develop an action plan for 3 months and present it to the whole group.

Overview

- Activity 9.1 The activities of Community Volunteer (CV) that contribute to improving the health of mothers and their children. Places where and occasions when the CV can speak them (30 minutes)
- Activity 9.2 Development of the action plans (1 hour)
- Activity 9.3 Post-test and course evaluation (30 minutes)

Preparation

If possible, **invite community leaders** to attend the action plan presentation.

Total Time 2 hours

Closure

Distribution of badges and certificates

ACTIVITY 9.1 Activities of Community Volunteer that contribute to improving the health of women and children. (30 minutes)

Methodology: Brainstorming

- The facilitator presents the seven essential nutrition actions and the key contacts.
- Brainstorm together what activities the Community Volunteer (CV) can do in one week. Ask in what instances would they visit a woman? Which types of women do they visit? What do they do in that instance? Then ask them to think of occasions they can take advantage of to share the things they have learned in the training.

Refer to Facilitator's Notes pages 1 and 2

ACTIVITY 9.2 Development of a three-month activity plan (1 hour)

Methodology: Group discussion

- Divide the participants into their respective zones (villages/communities they serve).
- Ask the CVs if they will go to all the health clinics, do group discussions, home visits, visit pregnant women and women with children under 2 years.
- Ensure that the decisions taken are realistic. The CVs should consider the possibility, for example, of making one home visit per week for children less than 2 years and combining it with one visit per week with a pregnant woman on the same day.
- Following the discussion, each team will decide on their main activities.
- Each group presents their plan of actions (oral presentation).
- Discussion with the groups and summary.

ACTIVITY 9.3 Post-test and training evaluation (30 minutes)

Methodology

- Ask participants to form a circle and sit (stand) so that their chair backs are facing the center.
- Proceed as for the pre-test.
- Compare the results with the pre-test and present to the participants during the closing ceremony.
- Write the end-of-training evaluations on a flipchart and ask the participants to check the corresponding box: good, average, unsatisfactory.

Closing Ceremony

Invite key members of the community (health center, schools, local administration, village chief, etc).

Handout certificates to the participants.

END-OF-TRAINING EVALUATION

Place a ✓ in the box that reflects your feelings about the following:

	GOOD	AVERAGE	UNSATISFACTORY
Training objectives met			
Methods used			
Materials used			
Field Practice			
Capacity to carry out an identical training (for TOT)			
Tea breaks			

1. Which sessions did you find most useful?

2. What are your suggestions to improve the training?

3. Other comments:

ACTIVITY 9.2 Development of a three-month activity plan (1 hour)

Methodology: Group discussion

- Divide the participants into their respective zones (villages/communities they serve).
- Ask the CVs if they will go to all the health clinics, do group discussions, home visits, visit pregnant women and women with children under 2 years.
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- Discussion with the groups and summary.

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Methodology

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Handout certificates to the participants.

END-OF-TRAINING EVALUATION

Place a ✓ in the box that reflects your feelings about the following:

	GOOD	AVERAGE	UNSATISFACTORY
Training objectives met			
Methods used			
Materials used			
Field Practice			
Capacity to carry out an identical training (for TOT)			
Tea breaks			

1. Which sessions did you find most useful?

2. What are your suggestions to improve the training?

3. Other comments: