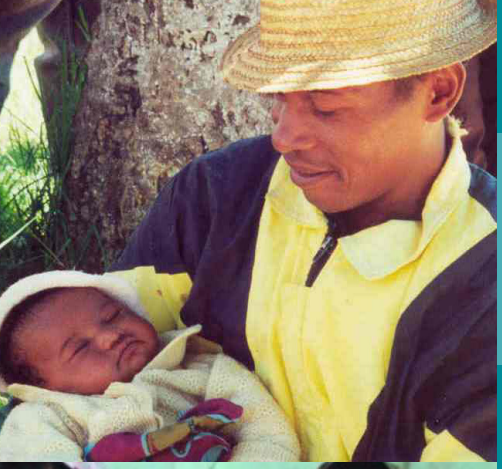

Essential Nutrition Actions and Essential Hygiene Actions

Training Guide:

Community Workers

April 2015

USAID FROM THE AMERICAN PEOPLE

John Snow, Inc.

Helen Keller INTERNATIONAL

coregroup
Advancing community health worldwide.

Acknowledgments

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The 2014 revision of the generic ENA materials was initiated by JSI Research & Training Institute Incorporated and Helen Keller International, with the support of the CORE Group and the Food-for-Peace Technical and Operational Performance Support (TOPS) Project. Revisions include work from Helen Keller International, the USAID-funded Strengthening Partnership, Results, and Innovations in Nutrition Globally (SPRING) project in Bangladesh and Nigeria, the USAID/Peace Corps West Africa Food Security Partnership (WAFSP), and Peace Corps Benin. Illustrations are from SPRING/Nigeria and SPRING/India adapted from UNICEF and URC/CHS: *The Community Infant and Young Child Feeding (IYCF) Counselling Package* 2013, and from the USAID/Suaahara project in Nepal.

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Citation

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Contents

Acronyms and Abbreviations

ANC	antenatal care
ARV	antiretroviral
BF	breastfeeding
BMI	body mass index
CV	community volunteer
EBF	exclusive breastfeeding
EHA	Essential Hygiene Actions
ENA	Essential Nutrition Actions
FADDUA	frequency, amount, density, diversity, utilization, active feeding
GALIDRAA	Greet, Ask, Listen, Identify, Discuss, Recommend, Agree, set follow-up Appointment
GMP	growth monitoring and promotion
HFP	homestead food production
IDD	iodine deficiency disorder
IFA	iron–folic acid
IMAM	integrated management of acute malnutrition
IMNCI	integrated management of neonatal and childhood illnesses
IPT	intermittent preventive treatment
ITN	insecticide-treated mosquito net
IU	international units
IYCF	infant and young child feeding
LAM	lactation amenorrhea method
MAM	moderate acute malnutrition
MTCT	mother-to-child transmission (of HIV)
MUAC	mid-upper arm circumference
OTP	outpatient therapeutic program
PMTCT	prevention of mother-to-child transmission (of HIV)
RUTF	ready-to-use therapeutic foods
SAM	severe acute malnutrition
SBCC	social behavior change communication
SFP	supplementary feeding program
STI	sexually transmitted infection
TOT	training of trainers
TT	tetanus–toxoid

Global Nutrition Efforts

Around the world **some 162 million children under five were stunted in 2012**. "At current trends, the number of stunted children under five is projected to be 128 million in 2025, against a target of 100 million. The current prevalence of anaemia in women of reproductive age is 29.4%, against the 2025 target of 14.7% (WHO, 2014)".[5] Beyond the scourge of the lack of food is the even more pervasive problem of "hidden hunger," or deficiencies in key micronutrients like vitamin A, iron, zinc and iodine. Children affected by stunting and micronutrient deficiencies are more susceptible to sickness, fare poorly in school, enter adulthood more prone to non-communicable diseases, and at work often earn less than non-stunted coworkers. Children suffer, families suffer and nations suffer.

The world community is reacting with increasing urgency to the gravity of this situation and its effects for the long term, focusing on global undernutrition, especially among pregnant women and children under two years of age. It is also aligning and increasing resources and building partnerships to combat suffering caused by undernutrition. Since 2010, more than 100 government, civil society, and university groups have endorsed the framework and roadmap for the Scaling-Up Nutrition (SUN) Movement. There is also broad recognition that a well-defined set of essential nutrition actions has proven effective in combating malnutrition during the critical first 1,000 days.[6]

The landmark *Lancet Series on Maternal and Child Undernutrition* published in 2008 and updated in 2013[7] [8] [9] estimates that maternal and child undernutrition is the cause of 45 percent of under-five deaths.[1] These series reviewed global data from randomized control trials and confirmed that if implemented at scale during the window of opportunity (from conception up to 24 months of age) this package of nutrition-specific and nutrition-sensitive interventions can significantly reduce mortality and related morbidity and disability.

In 2013, the World Health Organization (WHO) released a guide entitled, *Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition*[10], which also draws on the findings of systematic reviews such as those of the Lancet to highlight the proven actions that need to be taken to scale within the health sector.

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[5] http://www.who.int/nutrition/en/

[6] http://www.thousanddays.org/

[7] The Lancet. Maternal and Child Undernutrition. The Lancet, 2008, http://www.thelancet.com/series/maternal-and-child-undernutrition; and 2013, http://www.thelancet.com/series/maternal-and-child-nutrition. This landmark series estimated that effective, targeted nutrition interventions to address maternal and child undernutrition exist, and if implemented at scale during the 1,000-day-long window of opportunity, could reduce nutrition-related mortality and disease burden by 25 percent

[8] Black, R. E., C. G. Victora, et al. (2013). "Maternal and child undernutrition and overweight in low-income and middle-income countries." The Lancet

[9] Bhutta, Z. A., J. K. Das, et al. (2013). "Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?" Lancet.

[10] World Health Organization. 2013. "Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition." Geneva: World Health Organization. http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/.

About the Essential Nutrition Actions OPERATIONAL FRAMEWORK

The **Essential Nutrition Actions (ENA) framework** was originally developed with the support of USAID, WHO and UNICEF, and has been implemented across Africa and Asia since 1997.[11] **The full ENA framework** is an approach for managing the **advocacy, planning and delivery** of an integrated package of interventions to **reach near universal coverage** (>90%) in order to achieve public health impact.

It promotes a **"nutrition through the life cycle"** approach to deliver the right services and messages **to the right person at the right time** using all relevant program platforms. It provides an **operational framework** for reducing "missed opportunities" both within[12] and outside the health system for delivering nutrition messages and services.

The recommended practices are multiple and potentially complex. However, over years of experience the program has evolved to distill the most important and practical aspects, and to **organize delivery mechanisms** that refresh and reinforce the knowledge of implementers. In addition, in each setting users can select priority elements from the full package for their context, and/or phase in components over time to avoid overloading health agents, community workers and other cadres helping to roll out nutrition strategies.

[11] Guyon AB, Quinn VQ, Hainsworth M, Ravonimanantsoa P, Ravelojoana V, Rambeloson Z, and Martin L. (2009) Implementing an integrated nutrition package at large scale in Madagascar: The Essential Nutrition Actions Framework. Food & Nutrition Bulletin 30(3):233-44.

[12] Hampshire, R. D., V. M. Aguayo, et al. (2004). "Delivery of nutrition services in health systems in sub-Saharan Africa: opportunities in Burkina Faso, Mozambique and Niger." Public Health Nutr 7(8): 1047-1053.

The Essential Nutrition Actions

Women's Nutrition

For adolescents and women: the importance of the healthy timing and spacing of pregnancy, consumption of diversified diet and/or of fortified foods (commercial and/or in-home fortification).

During pregnancy and lactation: increased protein, caloric and micronutrient (Vitamin A, Iron, Calcium, Zinc) intake, dietary change to increase iron absorption, rest during pregnancy, and the lactation amenorrhea method (LAM) of contraception.

Breastfeeding

Early initiation of breastfeeding (immediately after birth), exclusive breastfeeding for the first 6 months, continued breastfeeding with complementary foods up to 2 years or beyond, and HIV and infant feeding.

Complementary Feeding

From 6 months (age-appropriate frequency, amount, density, diversity, utilization) with continued breastfeeding for up to two years or beyond, consumption of fortified foods (commercial and/or in-home fortification), responsive feeding, food hygiene.

Nutritional Care of Sick and Malnourished Children

Feeding more during and after illness, provision of vitamin A, and treatment of diarrhea with low-osmolarity ORS and zinc supplements, and the integrated management of acute malnutrition (IMAM) for moderate and severe acute malnutrition.

Prevention and Control of Anemia

Among women: increased dietary intake of iron-rich or enhancing foods, iron-folic acid supplementation during pregnancy, post-partum and more routinely by women of childbearing age, intermittent preventive treatment (IPT) for malaria and de-worming treatment during pregnancy, use of insecticide-treated bed nets (ITNs), and delayed cord clamping at birth.

Among children: delayed cord clamping at birth, implementation of the Integrated Management of Neonatal and Childhood Illness (IMNCI) algorithm and integrated Community Case Management (iCCM) of malaria, diarrhea, pneumonia, anemia and acute malnutrition, use of ITNs, de-worming from age 12 months, increased dietary intake of iron-rich or enhancing foods from age 6 months, and iron supplementation where indicated.

Prevention and Control of Vitamin A Deficiency

Among children and women: through breastfeeding, high dose supplementation of children ages 6-59 months and of women post-partum where appropriate, low dose supplementation during pregnancy where indicated, and promoting the regular consumption of vitamin A-rich, fortified or bio-fortified foods.

Prevention and Control of Iodine Deficiency

Among children and women: through promotion of iodized salt or through supplementation in the absence of scaled up iodized salt programs.

In addition, mounting evidence suggests it is necessary to give more emphasis to **the ESSENTIAL HYGIENE ACTIONS** previously embedded within complementary feeding and feeding the sick child. These actions include: household treatment and safe storage of drinking water (such as utilizing chlorine solution and storing water in closed container with tap), hand washing at five critical occasions (after defecation; after cleaning child who has defecated; before preparing food; before feeding child; before eating), safe storage and handling of food, the safe disposal of feces through the use of latrines and promotion of open defecation free communities, and creating barriers between toddlers and soiled environments and animal feces.

The ***2013 Lancet Maternal and Child Nutrition*** series emphasized that nutrition-*sensitive* programs, such as those shown in the box below, can improve nutritional outcomes by addressing many of the underlying determinants of malnutrition especially those related to food security, caregiving practices and adequate health services, water and sanitation. These nutrition-*sensitive* programs also offer an opportunity to integrate nutrition-*specific* interventions, such as the Essential Nutrition Actions (ENA) and Essential Hygiene Actions (EHA), which in turn leads to their increased coverage and effectiveness. As the Lancet authors note, *"…nutrition-sensitive programs can help scale up nutrition-specific interventions and create a stimulating environment in which young children can grow and develop to their full potential*".[13]

The ENA & EHA training materials aim to provide skills on how to effectively implement *nutrition-specific* ENA & EHA interventions during the first 1,000 days, as well as emphasizes how to integrate these into a range of *nutrition-sensitive* programs including health services and community level interventions in other sectors.

[13] (Ruel M, Alderman H, and the Maternal and Child Nutrition Study Group. Nutrition-sensitive interventions and programmes. *Lancet* 2013; published online June 6. http://dx.doi.org/10.1016/S0140- 6736(13)60843-0)

Nutrition *Sensitive* Interventions

Health and Family Planning Services

- Family planning
- Adolescent and women health
- Immunization
- Management of childhood illnesses

Food Security and Livelihoods

- Agricultural interventions
- Addressing seasonal food insecurity
- Early warning and resilience
- Social protection and safety nets
- Conditional and unconditional cash transfers
- Dietary quality and diversity

Water, Sanitation and Hygiene (WASH) interventions

- Environmental enteropathy
- Promotion of hygiene behaviors and practices
- Hygienic and sanitary environment
- Drinking water – quality, distance and source
- Improved sanitation facilities
- Reduction and elimination of open defecation

Early Childhood Development (ECD) and Positive Caregiving

Women's Empowerment and Gender Equality

Maternal Mental Health

Child Protection

Classroom Education

The Framework to Integrate, Communicate and Harmonize

The ENA Framework includes ensuring that priority messages and services from this comprehensive list are integrated into all existing **health sector programs**, in particular those that reach mothers and children at critical contact points in the first thousand days of the life cycle: maternal health and prenatal care; delivery and neonatal care; postpartum care; family planning; immunizations; well child visits (including growth monitoring, promotion and counseling); sick child visits (including facility and community IMCI and CCM); and IMAM.

The appropriate messages and services are also integrated to the greatest extent possible into programs **outside the health sector**: agriculture and food security activities; education (pre-service for health, primary and secondary schools for general education) and literacy programs; microcredit and livelihoods enhancement; and water, sanitation, and hygiene (WASH). ENA messages and behavior change communications are also delivered and reinforced by **community groups.**

Implementing the ENA framework entails building the widest possible network of partnerships across sectors so that interventions, practices and messages are harmonized and all groups use similar materials and jobs aids. Ideally, ministries and partners are brought together at the regional and/or national levels to agree on these harmonized approaches. Such fora can also serve as a platform for **advocacy** with policy leaders on the importance of nutrition to the nation's economic as well as social development.

Implementing the ENA framework entails three interconnected strategies

Develop **a multi-channel social and behavior change communication** (SBCC) plan to promote and support the adoption of "small do-able" actions. Special emphasis is given to **interpersonal counseling** (supporting individual mothers, especially in the context of their daily routines, to adopt optimal practices) reinforced by **group discussions**, **mass media, community festivals** and other **social mobilization events**. Health workers, other agents, and community workers are trained to employ the counseling technique of "negotiation for behavior change," to help mothers anticipate and overcome barriers to carrying out new practices. Health workers can use these approaches with clients at clinics, while community workers apply them during home visits or at community meeting places (markets, chores, women groups meetings, etc.).

Tailor a capacity building strategy to enable program managers, health workers, other agents (agriculture extension workers, teachers, credit groups, etc…) and community workers to acquire knowledge and skills in delivering services and counseling through all relevant existing platforms and contacts, therefore decreasing missed opportunities to deliver ENA and EHA.

Strengthen delivery systems (health, agriculture, water & sanitation, education, finance) to secure the **regular supply** of nutrition related products, to include the **monitoring** of nutrition actions into information systems, and to incorporate nutrition into supportive supervision and quality improvement schemes.

2015 Updates, Compared to ENA 2011

The updated ENA-EHA training builds on the ENA 2011 training Trilogy keeping the overall format of the materials. The 2015 revised version also:

- Includes the latest **ENA recommendations from WHO**[14] across the life cycle; in particular, nutrition for adolescents, non-pregnant and non-lactating women, revised micronutrient protocols, and the importance of working beyond the health sector.
- Serves as **an operational and practical** tool for translating 2013 Lancet recommendations and SUN aspirations into action on the ground
- Gives central focus to moving **beyond nutrition education to promotion of social and behaviour change**. Includes exercises throughout to build participants' skills in counselling and negotiation to support caregivers to adopt improved practices, including role plays, field practicums, using illustrations to animate group discussions and individual counselling, facilitating community support groups, and applying these skills across both ENA and EHA.
- Equips health workers at health facilities to **better deliver nutrition services** and messages at each health contact.
- Guides **nutrition managers** through practical exercises to **build their training skills** and provides them with a tool to train **community workers across all sectors** to promote high impact nutrition and hygiene.
- Includes the promotion of the **Essential Hygiene Actions** as inextricably linked to improved nutrition, going beyond hand washing to food hygiene, animal hygiene, safe water, and introduction to simple hand washing stations.
- Incorporates suggestions for ways that **Homestead Food Production** can contribute to improved nutrition and how agriculture in general can be made nutrition-sensitive.

[14] World Health Organization. 2013. "Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition." Geneva: World Health Organization. http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/.

Reference Documents

Lancet References (2008 -2013)

Lancet Series on Maternal and Child Undernutrition (2008) Lancet Series on Maternal and Child Nutrition (2013)

WHO References (2013)

WHO Essential Nutrition Actions Guide

ENA Training Materials (2015)

- ENA & EHA Training Guide - Health Workers and Nutrition Managers
- ENA & EHA Reference Manual - Health Workers and Nutrition Managers
- ENA & EHA Training Guide - Community Workers (all sectors)
- ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors)

ENA State of the Art Training for Managers (English & French, 2006)

Includes nine modules on rational for the essential nutrition actions and large scale implementation

Technical Capacity Assessment tools (JSI, 2013)

These tools are designed to help an organization assess its ability to implement various nutrition programs, looking holistically at personnel, documents, and systems in place at the organizational and implementing partner levels.

- Essential Nutrition Actions Framework within the Health system
- Community-based Management of Acute Malnutrition
- Essential Nutrition Actions Framework within the context of HIV & AIDS

Quality Assessment of Nutrition Services-A How-To Guide (HKI. jnielsen@hki.org)

Surveying Nutrition-Related Services Offered to Pregnant Women, Postpartum Women, and Caregivers of Children Under Five in Health Facilities

Supportive Supervision Tools

Quality Improvement Verification Checklists Partnership Defined Quality (Save the Children) Integrated MNCH Supportive

Supervision (JSI) Supportive Supervision at key health contact points (JSI)

Care Group Guidance for Community

- Care Group Difference: Guide to Mobilizing Community-Based Volunteer Health Educators (World Relief/CORE Group, 2004)
- Care Groups: A Training Manual for Program Design and Implementation (TOPS; Food for the Hungry, 2014)

Formative Research Tools

- ProPAN 2.0 (PAHO, CDC, 2013)/Optifoods Focused Ethnographic Study Guide (GAIN, 2012)
- Designing for Behavior Change (CORE Group & Food Security & Nutrition Network, 2013)

About the Training

By the end of this three-day training, participants will have learned which nutrition services to deliver at each relevant contact and will be able to act as resource persons for adolescents, women, pregnant and breastfeeding women and for young children's caregivers.

The training guide applies a participatory approach, reflecting the considerable evidencethat adults learn best by practicing and reflecting on their experiences. The course encourages participants to acquire skills in a hands-on way, using varied training methods including demonstrations, case studies, group discussions, role plays and practices in the field. In addition, training sessions are designed to be relevant to trainee needs.

Respect for individual trainees is central to the training, and each is encouraged to share different perspectives and experiences throughout the sessions.

This training is to be conducted with community workers to introduce them to the most up to date nutrition information and to guide them in introducing small-doable nutrition and hygiene actions that can be adopted by individuals as well as at the community level, and to work with them to identify existing community platforms where discussions about the merits and challenges of adopting particular practices can be conducted.

The training is sequenced to facilitate learning and allow opportunities to practice new skills. In this guide, the pages covering each day's sessions outline specific learning objectives; suggested materials and preparations; and duration, methodologies, and instructions for activities.

The Essential Nutrition Actions and Essential Hygiene Actions Reference Materials on Key Practices - Community Workers (all sectors) is distributed during the training. It provides messages and additional information for each of the ENA and EHA practices as "who is doing the action", what is the action", and "the benefit of the intended action" and can serve as a job aid when they facilitate group discussions and visit mothers. It provides messages and additional information for each of the ENA and EHA practices as well as a brief introduction on how Homestead Food production (HFP) can be developed to improve household dietary quality and diversity.

About Adapting the Training

This training guide is designed to strengthen the capacity of community workers to deliver and promote the essential nutrition and hygiene by incorporating sessions introducing **technical contents** with **practical sessions on counseling and negotiations** that use role plays and field practice, and guiding providers in ways to deliver nutrition and hygiene messages and services using **existing contacts and a life cycle approach**.

This full training guide can be used as a stand-alone training or selected sessions can be incorporated into other Maternal and Child Health, homestead Food Production, Water, Sanitation and Hygiene, microfinance and other training programs being carried out at the community level.

While the content of the training guides remain generally fixed, the messages to encourage new practices and for communicating the rationale and benefits of the practices may need to be adapted through **formative research or testing of the messages** to ensure they speak to the specific local culture and context. Such research will identify key behavioral determinants of priority practices, local terms and social norms to be taken into account, and other strategies to tailor the general messages, training modules and communications strategies to the specific values and needs of each unique area. Similarly, protocols related to micronutrient supplementation and treatments will have to be aligned with country recommendations.

Once materials have been adapted, **cascade training** is most often used: one or two seasoned trainers conduct an initial training of trainers using the training guide for health workers to build a team of master trainers. Health workers and/or nutrition managers supervised by the master trainers then train community workers (over at least 3 days). Supportive supervision is often needed to reinforce both new knowledge and skills over time as well as refresher training is recommended to ensure that all health contacts are used for nutrition and that counseling and negotiation skills are optimal.

What You Need for the Training

Essential Nutrition Actions and Essential Hygiene Actions Reference Materials – Community Workers (all sectors)

Stationery

- ❑ Flip chart stands *(one or two) - Flip charts may be used more for placing pictures/illustrations than writing*
- ❑ Flip chart papers *(200 sheets) - depends on the literacy of the participants*
- ❑ Markers in black *(two boxes)* and colors *(two boxes)*
- ❑ Masking tape *(three rolls)*
- ❑ Participants' registration forms *(one per day)*
- ❑ Name badges *(one per participant)*
- ❑ Notebooks *(one per participant)*
- ❑ Pens *(one per participant)*
- ❑ Folders *(one per participant)*

Teaching Aids

- ❑ Paper figurines, photographs, or images representing a baby, a young girl between six and eight years of age, a teenager between ages 13 and 14, a pregnant young woman, and a young woman and her newborn
- ❑ Dolls *(three)*
- ❑ Breast models *(three)*
- ❑ Child MUAC tapes *(one per participant)*
- ❑ Adult MUAC tapes *(one per participant, if participants will be measuring one another rather than children)*
- ❑ Pieces of string *(one for each four participants)*
- ❑ Case studies written on small piece of paper
- ❑ A variety of locally available foods or pictures of these foods
- ❑ Basket with a number of potential support group topics written on small slips of paper
- ❑ *Essential Nutrition Action and Essential Hygiene Actions Training Guide - Community workers (across sectors) ,* one copy per participant

Field Practice Location

During the practicum, trainees can acquire skills to negotiate with mothers and caregivers on women's nutrition and feeding practices for infants and young children.

Choose a site close to wherever the training is planned. Once permission from authorities is obtained, prepare the site by coordinating with the clinic and/or community, alerting them to participants' arrival, and arranging space for them to practice negotiation skills with actual mothers and caregivers. Optimally, have one facilitator for every six to eight participants.

REFER TO SESSION ON FIELD PRACTICE

Trainers will benefit to practice counseling and negotiation in the field numerous times.

If possible, organize more than one field practice, one after women's nutrition and breastfeeding, and one after complementary feeding sessions.

Advance Preparation for the Field Practice

- ❑ **One week in advance:** Make an appointment at the health clinic to do the field practice during immunization or weighing sessions. Ensure that sufficient numbers of mothers will be available so that each participant can counsel at least one during the visit.
- ❑ **One week in advance:** Make an appointment with the community head or leader or the community health agent to request permission for village visits.
- ❑ **The day before the visit:** Confirm appointments and specify the number of mothers needed (at least 10).

Training Schedule

TIME	ACTIVITY	SESSION
DAY ONE		
8:30–9:30	Why Are We Here?	1
9:30–10:30	Adolescent Girls and Women's Nutrition during Pregnancy, and the Importance of Micronutrients	2
10:30–12:30	Breastfeeding Practices from Birth Up To Six Months	3
Lunch 12:30–13:30		
13:30- 14:00	Using Pictures to Discuss Practices	4
13:30–15:30	Negotiation with Mothers, Fathers, Grandmothers, or Other Caregivers: Women's Nutrition and Breastfeeding Practices	5
15:30–16:45	Complementary Feeding Practices, and Feeding a Sick Child *(Part 1)*	6
DAY TWO		
8:30–10:00	Complementary Feeding Practices, and Feeding a Sick Child *(Part 2)*	6
10:30–11:00	Essential Hygiene Actions	7
11:00-12:45	Screening for Malnutrition and Referring a Child Who Is Malnourished	8
Lunch 12:45–13:45		
13:45–16:00	Negotiation with Mothers, Fathers, Grandmothers, or Other Caregivers: Complementary Feeding and the Sick Child	9
16:00–16:45	Gender Roles	10
DAY THREE		
8:30–11:30	Field Practice	11
11:30–12:15	Homestead Food Production and Nutrition	12
Lunch 12:15–13:15		
13:15–15:15	Community Support Groups	13
15:15-16:45	Implementation and Action Plans	14

Session 1: Why Are We Here?

Learning Objectives

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

- Begin to name fellow participants and facilitators.
- Discuss expectations.
- Reflect on why we are here.

Total Time

1 hour

Activities

1.1 Meet Participants and Review Learning Objectives *(15 Minutes)*

1.2 Explore How To Stay Well-Nourished *(20 minutes)*

1.3 Identify How Community Workers Can Improve Nutrition And Hygiene *(20 minutes)*

1.4 Discuss Administration and Housekeeping *(5 minutes)*

What You Need

- ❑ Flip charts, paper, markers, masking tape
- ❑ Note for Facilitator #1: Learning Objectives for the Training
- ❑ Pictures as Note For Facilitator #2
- ❑ Note for Facilitator #2: Conceptual Framework for Nutrition
- ❑ Note for Facilitator #3: Essential Nutrition Actions and Essential Hygiene Actions

Activity 1.1: Meet Participants and Review Learning Objectives

(15 minutes)

Methodology

Discussion

- Ask participants to introduce themselves; participants say their names, where they live, and why they came to this training.
- Facilitator writes “why participants came” on flipchart and compares them with objectives of Notes for Facilitator #1

Activity 1.2: Explore How to Stay Well-Nourished

(20 minutes)

Methodology

Interactive Presentation

- Tape or stick the illustration of a healthy, well-nourished infant, child, adolescent and woman to a flip chart or the wall.
- Ask participants to name all the things necessary to have a healthy and well-nourished child. As participants mention food, feeding and care practices, health services, and water, hygiene and sanitation, show that illustration and tape or stick it to flipchart.
- Ask participants to discuss their ideas about what foods make up a healthy diet.
- Draw arrows from the illustrations to the healthy, well-nourished infant, child, adolescent and woman (see Note for Facilitator #2).
- Why are we focusing on the first 2 years of life?
    - Effects of malnutrition (including stunting) can be irreversible after 2 years of age.
    - Harm to growth and development during this time cannot be corrected.
    - Stunting affects mental and physical development and leads to poor productivity, low economic growth and the perpetuation of poverty.
- Encourage participants to discuss, ask questions and then summarize the key concepts.

Activity 1.3: Identify How Community Workers Can Improve Nutrition and Hygiene

(20 minutes)

Methodology

Discussion

- Ask participants what nutrition and hygiene actions they think are important; write them on the flip chart.
- Ask which ones are more difficult to change and that will need additional counseling/negotiation and support
- Ask them where in the community they are able to promote adquate nutrition and hygiene practices
- Ask two to four participants to read the summary on the flip chart (Note For Facilitator #3).
- Summarize by saying that the training will cover all ENA/EHA practices to help understand how you as a community worker can help improve in your locality. Be sure to point out that this will require problem solving with mothers and families, as providing information alone does not lead to behavior change.

Note: if trainees are not literate, facilitator will not write on the flipchart, and will read any missing information from Note for Facilitator #3.

Activity 1.4: Discuss Administration and Housekeeping

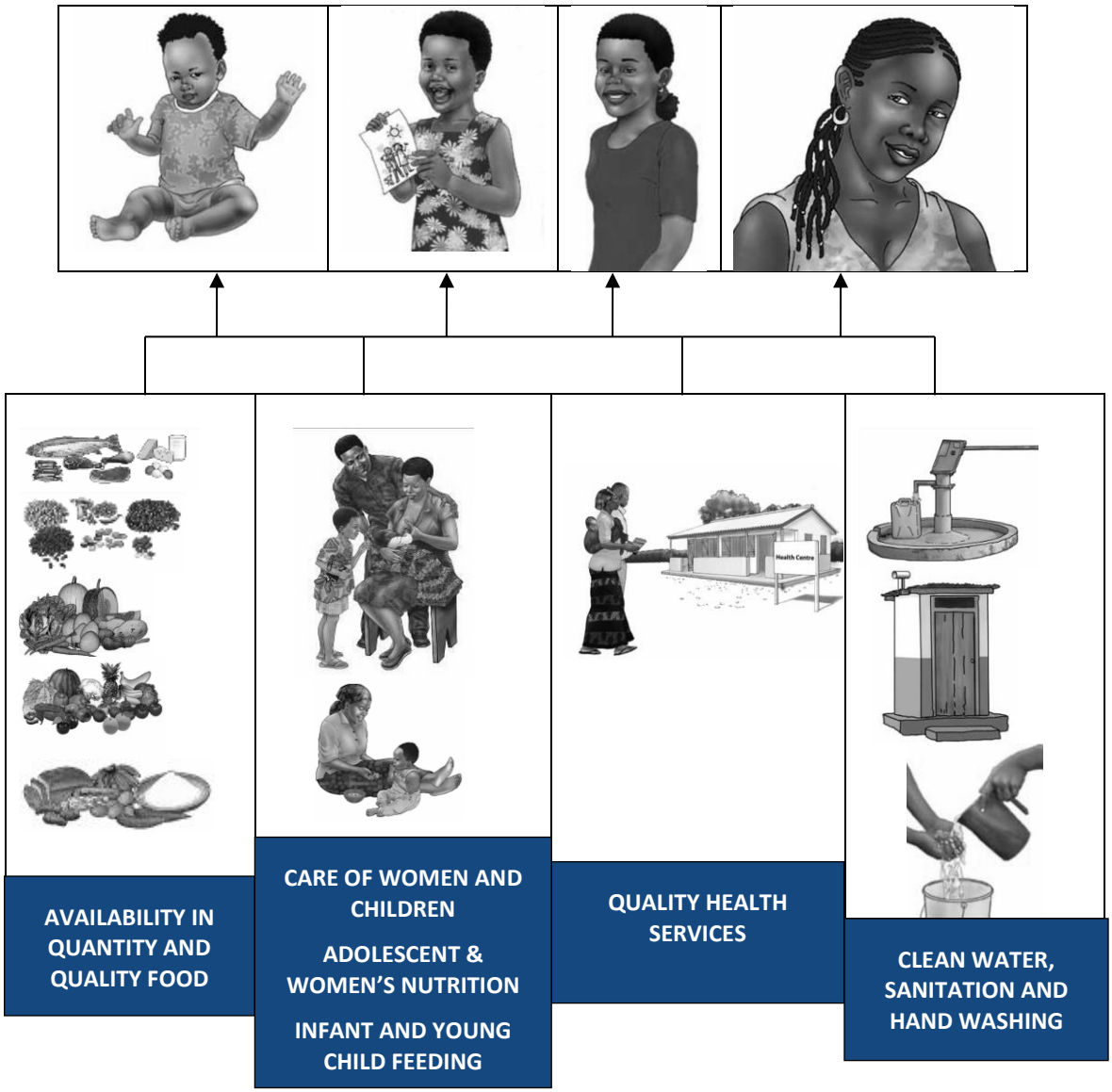
(5 minutes)

Note For Facilitator #1: Learning Objectives For The Training

At the end of the training, community workers will be able to:

- Describe the key nutrition practices and messages relating to:
  - women's nutrition (adolescents, and during pregnancy and lactation)
  - breastfeeding, including infant feeding and HIV
  - complementary feeding from 0 up to 24 months: BF + FADDUA
  - prevention and control of micronutrient deficiencies (anemia, vitamin A, zinc, iodine, and calcium).
  - assessment and referral of acute malnourished children
  - Essential Hygiene Actions
- Explain which nutrition actions to deliver at each contact (community)
- Perform the following skills:
  - negotiate with mothers/fathers/caregivers to encourage them to try one improved practice and reinforce correct behaviors
  - facilitate participatory group discussions and community support groups that will stimulate problem solving to overcome barriers to behavior change

Note For Facilitator #2: Conceptual Framework For Nutrition



Note For Facilitator #3: Implementing the ENA and EHA to Prevent Undernutrition

WHO	WHEN/WHERE/CONTACT	NUTRITION AND HYGIENE PRACTICES
Adolescent	• Schools • Community-wide events	• Adolescent nutrition • Micronutrient supplementation and treatment • WASH
Woman	• Discussion groups • Community Support Groups • Care groups • Family planning	• Woman's nutrition • Micronutrient supplementation and treatment • WASH
Pregnant Woman	• Antenatal and postnatal care • Family planning • Community support Groups • Care Groups • • •	• One extra meal per day • Micronutrient supplements/treatment (or protein-energy supplements for undernourished mothers) • Discuss the following: o Importance of skin-to-skin with newborn o Good positioning and attachment o Early initiation of breastfeeding (give colostrum) o Exclusive breastfeeding from birth up to 6 months (avoid other liquids and food, even water) o Breastfeeding on demand – up to 12 times day and night • WASH
Newborn	Delivery	• Place baby skin-to-skin with mother • Good positioning and attachment • Early initiation of breastfeeding (give colostrum, avoid water and other liquids)
Lactating mother	• Postnatal care • Family planning • Community support Groups • Care Groups	• Two extra meals per day • Micronutrient supplements/treatment • Vitamin A supplementation (from birth to 6 weeks post-delivery according to national protocol) • WASH

Session 2: Adolescent Girls and Women's Nutrition During Pregnancy, and the Importance of Micronutrients

Learning Objectives

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

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

Total Time

1 hour

Activities

2.1 Explain Why Nutrition Is Important for Women throughout the Life Cycle *(25 minutes)*

2.2 Describe Nutrition for Adolescent Girls and Pregnant Women *(35 minutes)*

What You Need

- ❑ Flip charts, paper, markers, masking tape
- ❑ Paper figurines, photographs, or images representing a baby, a young girl between six and eight years of age, a teenager between 13 and 14, a pregnant young woman, and a young woman and her newborn
- ❑ Note For Facilitator #4: Intergenerational cycle of malnutrition
- ❑ *ENA & EHA* Reference Materials on Key Practices - Community Workers (all sectors)

Activity 2.1: Explain Why Nutrition for Women is Important Throughout the Life Cycle

(25 minutes)

Methodology

Brainstorming

- Brainstorm on effective nutrition practices within the community and the importance of good nutrition for adolescents and women. Also discuss the role that husbands and households' oldest women play in food access and distribution.
- Explain the cycle of malnutrition (Note For Facilitator #4) from one generation to the next, and describe interventions that make it possible to break this cycle. For each stage of a woman's life, ask such questions as:
    - What will happen if this baby girl (or this girl or woman) does not receive all the nutrition that she needs?
    - What will happen to this girl when she reaches age twelve? *(Or* when she becomes pregnant or has a baby)?
    - What can be done to prevent this cycle from continuing?
- If possible, use pictures or illustrations in the cycle.
- Conclude that it is important to improve adolescent and women's nutrition for the benefit of babies, households, and communities.

Activity 2.2: Describe Nutrition for Adolescent Girls and Pregnant Women

(35 minutes)

Methodology

Group Work

- Divide participants into 4 groups
- Refer to the *ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors)*
- Give each group a set of the Practices 1, 2, 3 and 4.
    - **Practice 1**: Nutrition for Adolescent Girls and Women of Reproductive Age
    - **Practice 2**: Nutrition for Pregnant Woman
    - **Practice 3**: Preventing Anemia and Malaria during Pregnancy
    - **Practice 4**: Using Iodized Salt
- Ask groups to review the pictures one by one, then to answer the questions at the top of the page describing the practice.

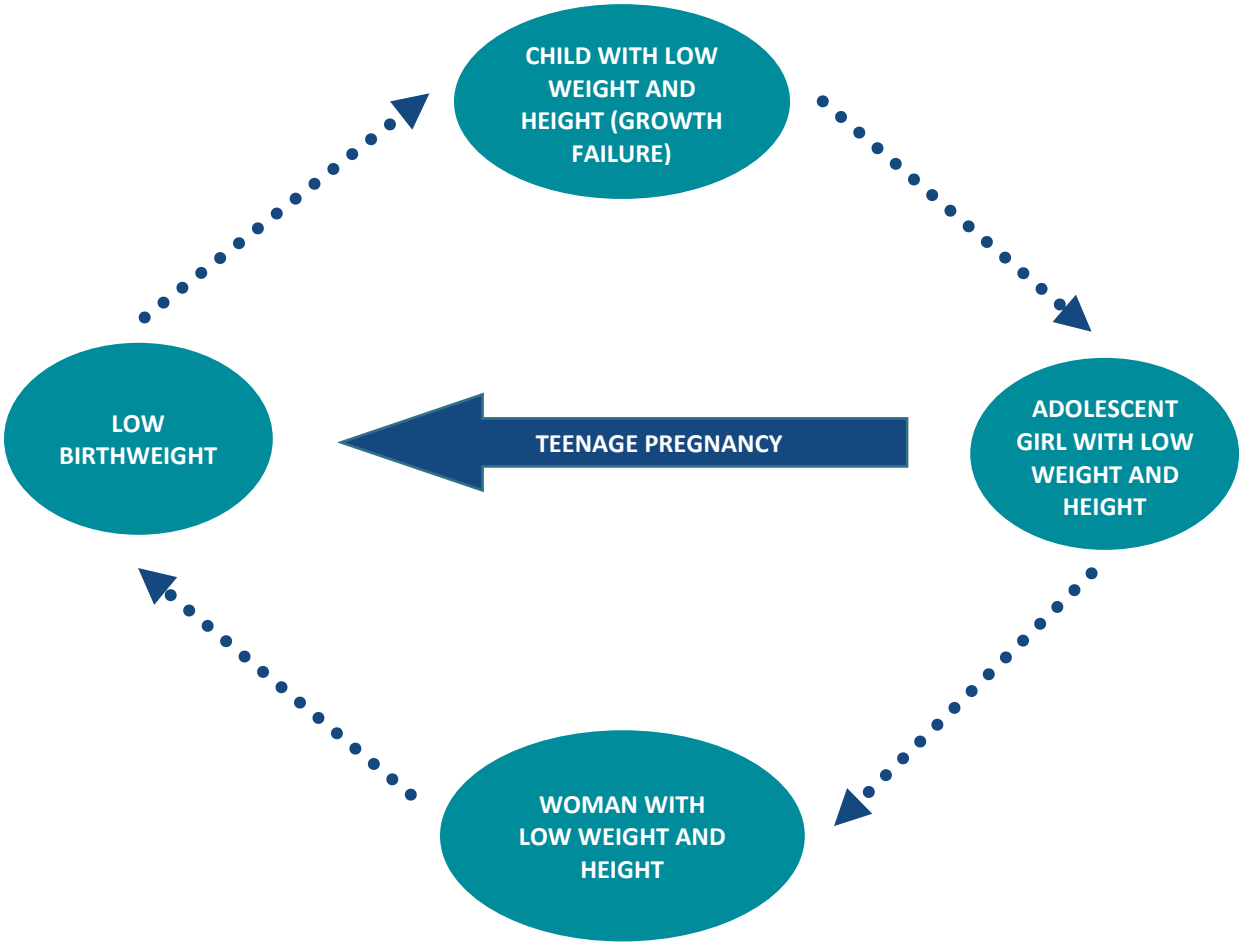
- Read the message, then the additional information.
- Ask participants to discuss the messages and additional information and to compare recommended practices with those in their communities; and to talk about how to persuade community members that recommended practices can improve the health of mothers and their children.
- Ask each group to share one practice with the entire group
- Facilitator summarizes and fills-in the gaps

Note: If trainees are not literate, facilitator will read the questions and messages to each individual group.

Note For Facilitator #4: The Intergenerational Cycle of Malnutrition

The Cycle

When a woman is malnourished, the next generation may also suffer from malnutrition and poor health. Malnourished women are more likely to have been:



- Low-birthweight babies.
- Underweight and stunted as girls.
- Girls whose first pregnancy occurred during their adolescence.
- Women whose pregnancies have been closely spaced.
- Women who have heavy workloads during pregnancy and breastfeeding.

Session 3: Breastfeeding Practices From Birth Up to Six Months

Learning Objectives

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

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

Total Time

2 hours

Activities

3.1 List the Benefits of Breastfeeding and Risks of not breastfeeding *(30 minutes)*

3.2 Describe Breastfeeding Practices from Birth up to 6 months *(1 hour 30 minutes)*

What You Need

- ❑ Flip chart, papers, markers, masking tape
- ❑ A doll or a baby
- ❑ Note For Facilitator #5: The Benefits of Breastfeeding for Infants and Young Children, and the Risks of Formula Feeding
- ❑ Note For Facilitator #6: Positioning and Attachment
- ❑ *ENA & EHA Reference Materials on Key Practices – Community Workers (all sectors)*

Activity 3.1: List the Benefits of Breastfeeding

(30 minutes)

Methodology

Group Work

- Set up five flip charts:
  - BF Benefits for Infants
  - BF Benefits for Mothers
  - BF Benefits for Families
  - BF Benefits for the Community and the Nation
  - Risks of formula feeding

- Divide participants into four groups. Give each group three minutes at each flip chart to write down as many points as possible in addition to those listed by previous groups; then have groups rotate to the next flip chart to repeat the exercise.
- In plenary, discuss the ideas on the flip charts, supplementing from Document #5;
- Summarize.

Note: If trainees are not literate, ask each group (5) to discuss benefits of breastfeeding for infant, mother, family, and community/nation. After 10 minutes each group shares their discussion points in plenary.

Activity 3.2: Describe Breastfeeding Practices from Birth up to 6 months

(1 hour 30 minutes)

Methodology

Group Work

- Divide participants into 4 groups
- Refer to the ENA & EHA Reference Materials on Key Practices- Community Workers (all sectors)
- Give each group a set of the Practices 5, 6, 7 and 8
- One at a time, show each practice:
  - **Practice 5**: Early Initiation of Breastfeeding
  - **Practice 6**: Exclusive Breastfeeding from Birth up to Six Months of Age
  - **Practice 7**: Positioning Your Baby Correctly for Breastfeeding
  - **Practice 8**: Nutrition for Lactating Mothers
- For Practices 5, 6, and 8, ask participants to review the pictures, then answer the questions at the top of the page describing the practice. Then have participants read the message and the additional information; compare recommended practices with those in their communities; and talk about how to persuade community members that recommended practices can improve the health of mothers and their children.
- For Practice 7, start by using a doll or baby to demonstrate the baby's correct position for breastfeeding and correct attachment to the breast. Then ask participants to describe what they see. Next, show Practice 6 in the handbook, ask participants to review the pictures, then answer the questions at the top of the page describing the practice. Finally, have participants read the message and the additional information; compare recommended practices with those in their communities; and talk about how to persuade community members that recommended practices can improve the health of mothers and their children.

Note: If trainees are not literate, facilitator will read the questions and messages to each group.

Note for Facilitator #5: The Benefits of Breastfeeding for Infants and Young Children and the Risks of Formula Feeding

How Breastmilk Helps Infants and Young Children

- **Breastmilk:**
  - saves infants' lives
  - is a complete food for the infant because it contains balanced proportions and sufficient quantity of all the nutrients a baby needs during her first six months of life
  - contains antibodies that protect against diseases, especially against diarrhea and respiratory infections
  - promotes adequate growth and development, preventing stunting
  - is always clean
  - is always ready and at the right temperature
  - is easy to digest; its nutrients are well absorbed
  - protects against allergies
  - has antibodies protect the baby's stomach, preventing harmful substances from passing into the blood
  - contains the right amount of water to meet a baby's needs; (Most of breastmilk is water)
- helps jaw and teeth development; suckling develops facial muscles
- Frequent skin-to-skin contact with the mother betters the baby's motor, emotional, and social development.
- Infants benefit from the colostrum, the yellowish "first milk," which protects them from diseases. Colostrum cleans the infant's stomach.

How Breastfeeding Helps the Mother

- **Breastfeeding:**
  - (suckling immediately after birth) stimulates uterine contractions, so putting the baby to the breast immediately after birth facilitates expulsion of the placenta
  - reduces risks of bleeding after delivery
  - (immediately after birth) stimulates breast-milk production
  - Immediate and frequent suckling prevents engorgement.
  - Breast milk is available at anytime and anywhere and is always clean, nutritious, and at the right temperature.
  - is economical
  - stimulates the bond between mother and baby

- reduces the mother's workload; she does not have to spend time gathering fuel, boiling water, or preparing milk in order to feed her baby
- reduces risks of breast and ovarian cancer

- Exclusive breastfeeding is very effective as a contraceptive method during the first six months, provided that periods do not return.

How Breastfeeding Benefits the Family

- No money needs to be spent to buy 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 are incurred due to sickness that could be caused by formula, water or other milks. Breastfeeding mothers and their breastfed children are healthier.
- With fewer illnesses, the family encounters fewer emotional stresses.
- Excusive breastfeeding helps space births.
- Breastfeeding saves time and reduces the family workload—breastmilk is always available and ready.

How Breastfeeding is Good for the Community

- Healthy babies make a healthy nation.
- Savings are made in the health sector. Decreased child illnesses decreases the national cost of treating them.
- When all mothers are breastfeeding they can support and encourage each other.
- When fewer infants and children get sick, health workers have more time to take care of other health problems and to conduct outreach visits.
- Breastfeeding improves child survival and reduces child morbidity and mortality.
- Breastfeeding benefits the environment—no trees need to be used for firewood to boil water or milk. Breastmilk is a natural renewable resource.

Risks of Formula Feeding

- Risk of death increases for formula-fed children.
- Risk of gastrointestinal infections and acute respiratory disease increases for formula-fed children.

Formula-fed children:

- are at increased risk for infection
- are more likely to suffer from respiratory problems

Note for Facilitator #6 Positioning and Attachment: Demonstration and Practice

- Using a real mother (if possible), facilitator explains the 4 signs of good positioning:
  - The baby's body should be **straight**
  - The baby's body should be **facing the breast**
  - The baby should be **close to mother**
  - Mother should **support** the baby's whole body
- If no mother is present, one facilitator acting as a community worker helps another facilitator acting as a mother role play: helping a mother position baby at breast using a doll or rolled up towel
- Demonstration: facilitator extends one arm, and with hand of her/his opposite arm shows the position of 1) head of baby (hand of un-extended arm of facilitator slaps fore arm of extended arm), 2) buttocks of baby (hand of un-extended arm of facilitator slaps hand of extended arm), 3) facing mother (hand of un-extended arm of facilitator slaps her/his stomach), and 4) passing baby's hand behind the mother's waist (facilitator swoops her/his hand of un-extended arm behind waist)
- Explain that when a baby's head is positioned too far out at the crook of the mother's arm, the baby will have to tilt his head downward to attach to the breast, making it difficult to swallow; baby's head needs to be positioned more on the fore arm
- The facilitator as Community Worker now explains to mother the 4 signs of attachment: **"CALM"**
  - The **Chin should touch the breast**
  - You should see **more Areola above the baby's mouth than below**
  - The **baby's Lower Lip is turned outwards**; and
  - The baby should be close to the breast with **Mouth wide open**

  OR (pointing in order)
  - Mouth wide open
  - Lower lip turned outwards
  - Chin touching breast
  - More areola above the baby's mouth than below

Session 4: Using Pictures to Discuss Practices

Learning Objective

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

- Use a picture story to help achieve behavior change.

Total Time

30 minutes

Activity

4.1 Facilitate a discussion with an illustration *(30 minutes)*

What You Need

- ❑ Flip chart stand(s) and paper, markers, and masking tape
- ❑ Note For Facilitator #7: Discussion Using an illustration
- ❑ *Illustrations*
- ❑ *ENA & EHA Reference Materials on Key Practices – Community Workers (all sectors)*

Activity 4.1: Facilitate a Discussion with an Illustration

(30 minutes)

Methodology

Practice

- Facilitator puts the letters ORPA on a flipchart with the words Observe, Reflect, Personalize and Act next to each letter (for literate trainees)
- Facilitator models a discussion using an illustration from the *ENA & EHA Reference Materials on Key Practices – Community Workers (all sectors)* or using other illustrations– applying the steps: Observe, Reflect, Personalize and Act
- Divide participants into pairs: one participant is the community worker and the other is the mother of an infant under five months of age (i.e., not knowledgeable about breastfeeding).
- Ask 'community worker' to use another illustration from the *ENA & EHA Reference Materials on Key Practices – Community Workers (all sectors)* – applying the steps: Observe, Reflect, Personalize and Act.
- After 10 minutes, ask participants to switch roles so that each participant plays both roles once.
- Discuss and summarize in large group

Note For Facilitator #7: Discussion Using An Illustration

Why Use Picture Stories?

- They permit impersonal discussions of issues that may be personal.
- They open the door for indirect questions—and more accurate answers—about behaviors. They are particularly useful in sensitive situations where, if asked a direct question, the mother or caregiver may answer by telling you, the provider, what the person thinks you want to hear.
- They make it easier to probe for more information: You can ask what might happen next.

Representative Questions to Ask to Open a Dialogue

Ask for Observations

- What is happening in the picture? How old do you think the baby is?
- What are the characters in the picture doing?
- How does the character feel about what he was doing? Why did she do that?

Ask for Reflections

- Who do you agree with? Why?
- Who do you disagree with? Why?
- Are there other behaviors that the character(s) should be sure to do or not do?
- What is the advantage of adopting the practice shown in the picture?

Personalize

- What would people in this community do in the same situation? Why?
- What would you do in the same situation? Why?
- What difficulties might you experience? Would you be able to overcome them? How?

Repeat Key Messages, Then Explore Actions

- If you were the mother (or another character), would you be willing to try the new practice?
- Can you tell me what difficulties that character might have? What would you recommend to remove these difficulties? How would you overcome any barriers to trying the new practice?
- What doable actions can you try? (Together with the mother or caregiver, explore the person's ideas.)

Session 5: Negotiation with Mothers, Fathers, Grandmothers, or Other Caregivers: Women's Nutrition and Breastfeeding practices

Learning Objectives

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

- Explain the steps of negotiation (GALIDRAA).
- Demonstrate an initial visit and negotiation with a mother of an infant.

Total Time

2 hours

Activities

5.1 Identify Listening and Learning Skills, and Building Confidence and Giving Support Skills *(20 minutes)*

5.2 Present Negotiation Steps - GALIDRAA *(15 minutes)*

5.3 Demonstrate Negotiation: Initial Visit *(15 minutes)*

5.4 Discuss Negotiation during Follow-Up Visits *(10 minutes)*

5.5 Practice Negotiation: Initial Visit to Mother with Infant under 6 months *(1 hour)*

What You Need

- ❑ Flip chart stand(s) and paper, markers, and masking tape
- ❑ Illustrations on women's nutrition or breastfeeding
- ❑ Case studies written on small piece of paper (or case studies told to participants)
- ❑ Observation Checklist of GALIDRAA Counselling: 1 per participant (or participants will be asked to observe the GALIDRAA steps)
- ❑ Note For Facilitator #8: Listening and Learning Skills, Building Confidence and Giving Support Skills
- ❑ Note For Facilitator #9: GALIDRAA Negotiation Checklist
- ❑ Note For facilitator #10: Demonstration of Case Study
- ❑ Note For Facilitator# 11: Observation Checklist Of GALIDRAA Counselling Steps
- ❑ Note For Facilitator #12: Practice Case Studies: Women's Nutrition
- ❑ Note For Facilitator #13: Practice Case Studies: Breastfeeding
- ❑ *ENA & EHA Reference Materials on Key Practices – Community Workers (all sectors)*

Activity 5.1: Identify Listening and Learning Skills, and Building Confidence and Giving Support Skills

(20 minutes)

Part 1: Methodology

Group work

Listening 15 minutes

- Pair participants. Ask them to tell a story to each other at the same time for 2 min.
- Then, ask large group:
  - How did you feel talking at the same time with another person?
  - Did you catch anything of the story?
- In the same pairs repeat the exercise, but this time listen to one another with lots of concentration (without taking notes, but listening carefully).
- Then, in turn, tell each other's stories (each of pair speaks for 1 minute).
- In large group facilitator asks:
  - How much of your story did your partner get right?
  - How did it make you feel inside to tell a story and see someone listening to you?
- What things did you do to make sure that your partner was listening to you?
  - Use responses and gestures that show interest
  - Use non-verbal communication
- Two facilitators demonstrate the non-verbal communication skills by first demonstrating the opposite of the skills listed below, and then the correct techniques:
  - Keep head at same level
  - Pay attention (eye contact)
  - Remove barriers (tables and notes)
  - Take time
  - Appropriate touch
- Two facilitators demonstrate "reflecting back" and "non-use of judging words" by first demonstrating the opposite of these skills, and then the skills.
- Explain that *Listening and Learning* skills are the first set of skills to be learned and practised.
- General rule of counseling: "We have 2 ears and 1 mouth, so we must listen twice as much as we talk."

Part 2: Methodology

Asking questions 5 minutes

- Five participants get to ask the facilitator 1 question. Facilitator will answer truthfully. [Facilitator stops participants at just 1 question]
- Ask participants, what did you get from this exercise? [Some types of questions bring out more information than others] Asking about 'age': gets you a specific piece of information (which is what you sometimes want).
- Open-ended questions usually begin with why, how, when and where?
- What techniques bring out more information?
    - Reflecting back what the facilitator (mother/father/caregiver) says
    - Listening to the facilitator's (mother/father/caregiver's) concerns
    - Avoiding judging words

Note: Use Note for Facilitator #8 to discuss other listening and learning skills, and building confidence and giving support skills

Activity 5.2: Present Negotiation Steps - GALIDRAA

(15 minutes)

Methodology

Interactive presentation

- Ask participants: What are the different steps of counseling/reaching an agreement/negotiation? And, how many visits are needed for the full process of counseling/negotiation?
- Write answers on flipchart
- Add any missing information
- Present the steps of counselling/negotiation: Greets, Asks, Listens, Discusses, Recommends and suggests possible practices, Agrees and Repeats agreed upon action, follow-up Appointment (GALIDRAA)

Activity 5.3: Demonstrate Negotiation: Initial Visit
(15 minutes)

Methodology

Demonstration

Note: 2 Facilitators need to prepare this demonstration in advance (Facilitator Mother and Facilitator Counsellor)

- Demonstrate steps: Greets, Asks, Listens between a mother (Hawa) with 2-month son Amos and Counsellor (situation described below)
- Facilitator to speak out loud to group during step: Identify
    - Demonstrates steps: **Discuss, Recommend, Act**
    - Demonstrates step: follow-up **Appointment**
    - Refers as necessary
    - Thanks Hawa for her time
- Discuss the demonstration with participants and answer questions

Activity 5.4: Discuss Negotiation During Follow-Up Visits
(10 minutes)

Methodology

Brainstorming

- Explain the optimal number of follow-up visits

At least 2 visits:

- Initial visit
- Follow-up: after 1 to 2 weeks to maintain the practice or negotiate another practice
- If possible a 3rd visit to maintain the practice or negotiate another practice
- Ask participants the possible points to be discussed with mother during counselling/negotiation for follow-up visit(s)

Example of possible follow-up visits to Hawa

- **1st Follow up visit**
  Situation: The Community Counsellor visits Hawa to ask her whether she has been able to breastfeed Amos more frequently during the past week, before he cries and checking proper positioning and attachment. Hawa answers that she was able to do the agreed-upon actions.

She says her mother is coming to see her the following week and will surely advise her to give Amos water because it is so hot.

- **2nd Follow-up Visit:** Maintain the practice and/or counsel or reach-an-agreement on another practice
  Situation: Amos is now 4 months old, and Hawa is asking about what foods she can give to Amos.

Activity 5.5: Practice Negotiation: Initial Visit To Mother With Infant Under 6 Months

(1 hour)

Methodology

Practice

- Facilitator asks participants to recall women's nutrition and breastfeeding practices
- Participants are divided into groups of three: Mother, Counsellor, and Observer.
- Review steps of GALIDRAA
- Distribute: Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother /Caregiver/Child Pair and review with participants.
- Ask each group to have the *ENA & ENA Reference Materials on Key Practices – Community Workers (all sectors)* or an illustration used by their program
- Ask the 'Mothers' of the working groups to gather together and distribute to each a different case study. Note: The 'Mothers' need to be sure that they give all the information included in their 'Case study'. Emphasize to participants the need to stick to the (minimal) information in the case studies and not embellish.
- Ask the 'Mothers' to return to their working groups.
- The Counsellor of each working group (of three) asks the 'Mother' about her situation, and practises the GALIDRAA steps with *listening and learning* skills and *building confidence and giving support* skills.
- In each working group, the Observer's task is to record the skills the Counsellor used on: Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother/Caregiver /Child Pair and to provide feedback after the Case Study.
- The participants in working groups switch roles twice to allow each of them to practice once and the above steps are repeated using different case studies.
- One group or two groups demonstrate a case study in front of the whole group.
- Discuss the content of the counselling and the steps of GALIDRAA

Note For Facilitator #8: Listening And Learning Skills, Building Confidence and giving Support Skills

- Use helpful nonverbal communication:
  - Keep your head level with the mother's.
  - Pay attention.
  - Nod your head.
  - Take your time.
  - Use appropriate touch.
- Ask open-ended questions—that is, questions that start with what, why, how, or where, rather than questions that require merely a yes or no answer.
- Use responses and gestures that demonstrate your interest.
- Reflect back what the mother says—that is, repeat her ideas back to her using your own words and ask if you are correct.
- Empathize—demonstrate that you understand how she feels.
- Don't use words that sound judgmental (e.g., that suggest that you believe what she is doing is wrong or bad).

Building Confidence and Giving Support Skills

- Accept what a mother/father/caregiver thinks and feels (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information)
- Recognize and praise what a mother/father/caregiver and baby are doing correctly
- Give practical help
- Give a little, relevant information
- Use simple language
- Use appropriate counselling card or cards
- Make one or two suggestions, not commands

Note For Facilitator #9: Galidraa Negotiation Checklist

- ❑ **Greet** the mother and be friendly. Establish her confidence.
- ❑ **Ask** the mother about feeding practices, her children's ages, and their feeding status.
- ❑ **Listen** to the mother.
- ❑ **Identify** feeding challenges and their causes. With the mother, choose one challenge to work to overcome.
- ❑ **Discuss** different feasible options with the mother.
- ❑ **Recommend and negotiate doable actions**. Present options and negotiate with the mother to help her choose one practice to try.
- ❑ **Agree** on which practice the mother will try; ask her to repeat the agreed-upon practice back to you.
- ❑ **Appointment** made for follow-up visit.

Note For Facilitator #10: Demonstration Of Case Study

Hawa and 2-month old Amos

Situation: Hawa

- feels she does not produce enough milk
- gives Amos other drinks

Counselling Steps (GALIDRAA)

- **Greet** Hawa and introduce him/herself
  - Allow Hawa to introduce herself and the baby
  - Use listening and learning skills, and building confidence and giving support skills
- **Ask** Hawa about her current breastfeeding practices
- **Ask** Hawa to see Amos's growth card
- **Ask** if Amos has been sick
- **Ask** if Amos is her first child
- **Listen** to Asha's concerns, and observes Amos and Hawa
- Accept what Hawa is doing without disagreeing or agreeing and praise Hawa for one good practice (breastfeeding)
- **Identify difficulties:**
  - Hawa is worried she does not have enough breastmilk
  - Hawa is giving other drinks to Amos
- **Discuss, Recommend, she Agrees to Act**
  - Praise Hawa for breastfeeding
  - Ask Hawa about breastfeeding frequency and if she is breastfeeding whenever Amos wants and for as long as he wants, both day and night. Does Amos come off breast himself? Is Amos fed on demand? (Age-appropriate recommended breastfeeding practices)
  - Suggest that Asha breastfeed Amos when he shows interest in feeding (before he starts to cry)
  - Ask Hawa to breastfeed Amos and review signs of proper positioning and attachment
  - Share with Hawa and discuss **Practice 6:** Exclusive breastfeeding to 6 months of age; and **Practice 7:** Positioning your baby correctly for breastfeeding
  - Help Hawa select a practice that she can try (e.g. breastfeed more frequently day and night, corrects positioning and attachment)
  - Ask Hawa to repeat verbally the agreed upon behaviour
  - Tell Hawa that a Counsellor will follow-up with her at her next weekly visit
  - Suggest where Hawa can find support (attend educational talk, IYCF Support Group in community, Supplementary Feeding Programme, and refer to community workers.
- Thank Hawa for her time

Note For Facilitator# 11: Observation Checklist Of GALIDRAA Counselling Steps

Name of Counsellor: _____

Name of Observer: _____

Date of visit: _____

(√ for yes and × for No)

Did the Counsellor

Use Listening and Learning skills:

- ❑ Keep head level with mother/parent/caregiver
- ❑ Pay attention (eye contact)
- ❑ Remove barriers (tables and notes)
- ❑ Take time
- ❑ Use appropriate touch
- ❑ Ask open questions
- ❑ Use responses and gestures that show interest
- ❑ Reflect back what the mother said
- ❑ Avoid using judging words
- ❑ Allow mother/parent/caregiver time to talk

Use Building Confidence and Giving Support skills:

- ❑ Accept what a mother thinks and feels
- ❑ Listen to the mother/caregiver's concerns
- ❑ Recognize and praise what a mother and baby are doing correctly
- ❑ Give practical help
- ❑ Give a little, relevant information
- ❑ Use simple language
- ❑ Make one or two suggestions, not commands

GALIDRAA Counselling Steps

Did the counsellor

- ❑ **GREET** the mother/caregiver
- ❑ **ASK** and **LISTEN** to mother/caregiver

Ask mother or caregiver:

- ❑ Child's age
- ❑ Checking child's growth curve (if GMP exists in area)
- ❑ Checking recent child illness

Breastfeeding (with mother):

- ❑ Assess the current breastfeeding practice
- ❑ Check for breastfeeding difficulties
- ❑ Observe a breastfeed

Fluids:

- ❑ Assess 'other fluid' intake

Foods:

- ❑ Assess 'other food' intake

Active Feeding:

- ❑ Ask about whether the child receives assistance when eating

Hygiene:

- ❑ Check on hygiene related to feeding

Did the counsellor?

- ❑ **IDENTIFY** any feeding difficulty
- ❑ Prioritize difficulties (if there is more than one)
  Record prioritized difficulty: _____

Discuss, Recommend

Did the counsellor?

- ❑ Praise the mother/caregiver for following recommended practices
- ❑ Identify a nutrition problem, e.g. poor breastfeeding pattern or complementary feeding weakness, and provide a practical suggestion.
- ❑ Discuss the ***ENA & EHA*** relevant practices to the situation (use illustrations from *ENA & EHA Reference Materials on Key Practices – Community Workers (all sectors)*)
- ❑ Present one or two options that are appropriate to the child's age and feeding behaviours
- ❑ Help the mother/caregiver **SELECT AGREED UPON BEHAVIOUR** that she or he can try to address the feeding challenges
- ❑ Ask the mother/caregiver to repeat the agreed-upon new behaviour
- ❑ Record agreed-upon behaviour: _____
- ❑ Ask the mother/caregiver if she or he has questions/concerns
- ❑ Refer to additional services as necessary
- ❑ Suggest where the mother/caregiver can find additional support
- ❑ Agree upon a date/time for a **FOLLOW-UP APPOINTMENT**
- ❑ Thank the mother/caregiver for her or his time

Note For Facilitator #12: Practice Case Studies – Women's Nutrition

Case Study 1

The Situation: Hawa is four months pregnant and has not yet visited the health clinic.

The Visit: The community worker should ask Hawa about community practices on visiting antenatal clinics, listen carefully, and then identify any potential problems or impediments to visiting the clinic and their causes and how they might be overcome. The main problem is that Hawa has not been attending the clinic. To begin, the community worker should ask about any concerns or challenges that Hawa has faced during her pregnancy. The community worker needs to explain the importance of:

* Going to an antenatal clinic to ensure that the pregnancy is going well and to receive tetanus–toxoid (TT) vaccines, iron–folic acid supplementation, deworming medicine, antimalarial tablets, and additional counseling and support.

* Eating well—specifically, one additional meal each day—and consuming as diversified a diet as possible, comprising animal-source foods, fruits, and vegetables.

* Using iodized salt.

Case Study 2

The Situation: Queta, 21, has three daughters between the ages of two and six.

The Visit: The community worker should learn about community practices on pregnancy and child rearing, listen carefully, and then identify the potential problems in Queta's situation and their causes. The main issue is that Queta's pregnancies were too close to one another and started when she was very young. The community worker needs to understand the pressures or expectations that have led to these pregnancies and how they can be overcome. S/he should explain that these pregnancies might have been difficult for her body and should stress the importance of eating well and going to the health clinic to be checked for anemia. The community worker should suggest that Queta wait at least three years before the next child and should recommend that Queta speak with her husband about family planning to delay another pregnancy.

Case Study 3

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

The Visit: Talking to Massa, the community worker should find out about community customs on delivering babies, should listen carefully, and then should identify potential problems that Massa might encounter and their causes and possible solutions. The community worker's main challenge will be to convince Massa to deliver her baby at a health facility. There, she needs to be checked for anemia and be given iron–folic acid supplementation and deworming medicine. She also should be counseled on early initiation of breastfeeding—within the first hour of birth, before the placenta is expelled, and on the advantages of exclusive breastfeeding for six months.

Case Study 4

The Situation: Fatu, six months pregnant, has a fever and feels weak.

The Visit: The community worker should learn about community practices, listen to Fatu carefully, and then identify her potential problems and their causes. It may be that Fatu has malaria, which is harmful both for her and her baby, so the challenge is to persuade her to come to the health facility to be treated for it and checked for anemia as well as to receive antenatal care. The community worker also needs to explain that Fatu must sleep under an insecticide-treated bed-net (ITN) to avoid getting malaria.

Case Study 5

The Situation: Kebbeh, age 35, has five children and is breastfeeding her youngest, aged 18 months.

The Visit: The community worker should find out about breastfeeding and feeding practices in Kebbeh's locality, should listen carefully, and then should identify any potential problems for Kebbeh and their causes. Importantly, Kebbeh—having had many children and still breastfeeding—is probably weak from the many pregnancies and periods of breastfeeding. The community worker needs to explain the importance of eating well—two additional meals each day, with many different types of foods, particularly meat, fruits, and vegetables, and using iodized salt to season her own food and her family's. The community worker also needs to encourage Kebbeh to seek family planning to prevent additional pregnancies.

The community worker should find out whether Kebbeh received iron tablets during her prenatal visits. Learning that Kebbeh forgot to take them after the birth of her baby and still has a three-month supply, the community worker needs to recommend that Kebbeh continue to take them until the bottle is empty and to find out whether her husband could buy her liver once a week.

Kebbeh consults her mother, who promises to ask the husband and explain that Kebbeh's health depends on treating her anemia. The community worker should promise a follow-up visit for the following week.

Note For Facilitator #13: Practice Case Studies – Breastfeeding

Case Study 1

The Situation: Yamah is nine months pregnant with her first child. She wants the baby to be strong and healthy, but she is too timid to talk about breastfeeding. Her mother-in-law decided that during the first three days after childbirth, Yamah should give pepper soup to the baby. The mother-in-law also believes that the first yellow milk is bad.

The Visit: In a conversation with Yamah, the community worker should learn about how other mothers in her community are feeding their babies, should listen carefully, and should then identify potential challenges for Yamah and their causes. Early initiation of breastfeeding and exclusive breastfeeding are optimal, but Yamah's mother-in-law does not understand the importance of colostrum. For that reason, the community worker might invite the mother-in-law to join Yamah as they talk and then explain the importance of early initiation of breastfeeding—immediately after delivery—to *both* women. This milk is a rich in fats and in nutrition and it allows the baby to start life healthy and strong. The community worker explains that breastfeeding the baby stimulates the discharge of the placenta, preventing the mother from bleeding after childbirth. It also stimulates milk production; when the baby is suckling, the mother's body begins to produce breastmilk for the baby.

The community worker should ask the mother-in-law what she thinks of the explanations. The mother-in-law answers that in her days, they did not believe in these things but notes that she has heard that a woman in her village tried the recommended practices, 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 he is bathed and even before the placenta is discharged. She asks her mother-in-law whether she is in agreement, and the mother-in-law promises to help and to reassure the rest of the family.

Case Study 2

The Situation: Hawa breastfeeds her two-month-old when he starts to cry and when he wakes up. Because the weather is hot, Hawa also gives the baby water using a feeding bottle.

The Visit: The community worker should learn from Hawa what other mothers are doing in her community, should listen carefully, and then identify issues that could potentially be problems for Hawa and their causes. The community worker should explain that until this age, infants should drink only breastmilk and that their mother's milk contains all the water and nutrients necessary to satisfy both hunger and thirst; no additional fluids or liquids are required. The community worker also needs to emphasize that babies of this age must be breastfed every time they are hungry or thirsty, both day and night, 10 to 12 times each 24 hours, and that the more frequently the mother breastfeeds, the more milk she will produce. Finally, the community worker should recommend that Hawa never use feeding bottles to feed her baby, because they are difficult to clean and can cause the baby to have diarrhea.

The community worker should ask Hawa what she thinks she is likely to occur if she does not give the baby water today.

Hawa might respond by asserting that her husband believes that the baby needs water. The community worker should then try to invited the husband to join the conversation with Hawa, might then explain that God put all the water the baby needs in breastmilk and that giving water to babies under six 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 might note having heard these same ideas on the radio or might have been told by health worker that giving water to babies was the principal cause of malnutrition in their area. Hawa and her husband might then agree to exclusive breastfeeding.

Case Study 3

The Situation: Kortu, who gives only breastmilk to her three-month-old baby, is thinking of introducing rice porridge to the baby because she feels her milk production is decreasing. Korfu's sister-in-law sits in on the discussion.

The Visit: Is giving porridge to a very young baby common in Korfu's community? The community worker should find out about practices on breastfeeding and giving porridge within Korfu's community, should listen to her carefully, and then should identify the potential problems in this situation and their causes. What is happening is that the infant is experiencing a growth spurt and needs more breastmilk. The community worker needs to convince Kortu that if she breastfeeds more frequently, her milk production will increase and she will have enough milk. The community worker should explain that until the age of six months, babies should be given only breastmilk and no other liquids because breastmilk contains all the liquid and all the nutrition that babies need during their first six months of life. Kortu needs to know that she should breastfeed the baby every time the baby is hungry or thirsty, 10 to 12 times per 24-hour period.

Explaining this, the community worker must reiterate that health worker often recommend this when the quantity of a mother's breastmilk drops and should inquire whether Kortu can follow this suggestion.

The community worker should advise Kortu to put her baby to the breast more frequently for the next two weeks and to make sure that the baby empties one breast before she switches to the other breast. The community worker should then ask the sister-in-law whether she will support Kortu's decision not to give the baby porridge.

The community worker should promise to return for a follow-up visit in four days to see how she is doing.

Session 6: Complementary Feeding Practices, and Feeding a Sick Child

Learning Objectives

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

- Talk about local feeding practices.
- Explain the practices and messages for optimal complementary feeding.
- Discuss messages for sick and malnourished children.
- Describe locally and seasonally available foods for optimal complementary feeding.

Total Time

2 hours 15 minutes

Activities

6.1 Identify Practices in Complementary Feeding and Feeding a Sick Child *(1 hour 30 minutes)*

6.2 Name Local, Available, and Seasonal Foods Suitable for Infants and Young Children *(1 hour)*

What You Need

- ❑ Flip charts, paper, markers, masking tape
- ❑ Note For Facilitator #14: Continuation of breastfeeding and complementary feeding
- ❑ Food purchased at local market
- ❑ *ENA & EHA Reference Materials on Key Practices – Community Workers (all sectors)*

Activity 6.1: Practices in Complementary Feeding and Feeding a Sick Child

(1 hour 15 minutes)

Methodology

Group Work

Complementary Feeding, Diversified Diet, and Frequency and Quantity

- Ask participants: How much energy is provided by breastmilk for an infant/young child:
  - From 0 up to 6 months
  - From 6 up to 12 months
  - From 12 up to 24 months

- What is complementary feeding? What are the characteristics of complementary feeding?
- Probe until the following are mentioned: Continued breastfeeding, Frequency, Amount, Density (thickness/consistency), Diversity (different foods), Utilization (before preparing food); and Active or responsive feeding (BF+FADDUA)
- Divide participants into 4 groups
- Refer to the *ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors)*
- Give each group a set of the Practices 9, 10, 11, and 12
- One at a time, show each practice:
    - **Practice 9**: Introducing Complementary Feeding
    - **Practice10**: A Varied Diet
    - **Practice 11**: Feeding Frequency and Quantity for Children Aged Six up to 11 Months
    - **Practice 12**: Feeding Frequency and Quantity for Children Aged 12 up to 24 Months
- For each practice, ask participants to review the pictures, then answer the questions at the top of the page describing the practice. Then have participants read the message and the additional information; compare recommended practices with those in their communities; and talk about how to persuade community members that recommended practices can improve the health of mothers and their children.
- Summarize the preceding discussions by explaining BF + FADDUA:

BREASTFEEDING

+

FREQUENCY + AMOUNT + DENSITY + DIVERSITY + UTILIZATION + ACTIVE FEEDING

- Explain “active feeding.”

Note: If trainees are not literate, facilitator will read the questions and messages to each individual group.

Feeding Sick Children During and After Illness and Micronutrients

- Divide participants into 4 different groups
- Refer to the *ENA & EHA Reference Maretials on Key Practices - Community Workers (all sectors)*
- Give each group a set of the Practices 13, 14, 15 and 16
- One at a time, show each practice:
    - **Practice 13**: Feeding Sick Children During and After Illness
    - **Practice 14**: Nutritional Care of Infants and Children with Diarrhea or Moderate Malnutrition
    - **Practice 15:** Importance of Vitamin A
    - **Practice 16:** Preventing Anemia

- For each practice, ask participants to review the pictures, then answer the questions at the top of the page describing the practice. Then have participants read the message and the additional information; compare recommended practices with those in their communities; and talk about how to persuade community members that recommended practices can improve the health of mothers and their children.

Note: If trainees are not literate, facilitator will read the questions and messages to each individual group.

Activity 6.2: Name Local, Available, and Seasonal Foods Suitable for Infants and Young Children

(1 hour)

Part 1: Methodology

(30 minutes)

Demonstration

- Give each participant two or more locally purchased foods, or, alternatively, pictures of foods. (To represent breastmilk, use a glass of water or pictures or models of a breast.) Include many different fruits and vegetables as well as different types of starches (e.g., flour), protein foods (e.g., meat, chicken, fish, dried fish, beans, and nuts), and oils (e.g., palm oil and vitamin A-fortified oil).
- Explain the three age categories for feeding purposes:
  - Birth up to the six-month birthday
  - Six through 11 months
  - Twelve up to the child's second birthday
- One at a time, have participants identify the foods they have been given and, on tables or on a cloth on the floor, place those foods in the age category in which they believe it is appropriate for a child to begin to eat them.
- Explain how the food can be prepared and the correct consistency for each age group.
- Rearrange the foods on the cloth or tables as appropriate.
- Discuss foods that are available only seasonally.

Part 2: Methodology

(30 minutes)

Group Work

- Divide participants into three groups.
- Ask them to discuss within their groups where, in their localities, they can find foods similar to those on the cloth or tables (e.g., at home, from the garden, at markets).
- Have groups discuss why it is important to keep some of the harvest from the garden to improve nutrition for children and women.
- Ask groups to discuss how practical and feasible it is for individuals in their communities to keep some of the harvest from their gardens and how current situations can be improved. Ask participants to give examples.
- Ask groups to talk about how community members could broaden their gardens or homestead farms (e.g., by raising chickens to eat or for eggs or growing pumpkin or papaya or banana trees) and what assistance might be available from the agriculture sector to make such changes.
- Ask each group to present its main ideas.

Note for Facilitator #14: Continuation of Breastfeeding and Complementary Feeding

- Write on flipchart: breastmilk supplies ALL of the 'energy needs' of a child from 0 up to 6 months, about 60% of 'energy needs' of a child from 6 up to 12 months and 40% of 'energy needs' of a child from 12 up to 24 months; leave posted throughout the training
- Complementary feeding means giving other foods in addition to breastmilk. When an infant is 6 months old, breastmilk alone is no longer sufficient to meet the nutritional needs and therefore other foods and liquids need to be given along with breastmilk.
- These other foods are called complementary foods
- Use the term BF+FADUAA rather than the general wording 'adequate' or 'appropriate' complementary feeding
- Active Feeding: Helping to keep a child from being distracted during a meal, active feeding involves a caregiver's encouraging her to eat—talking and playing with her while she's eating and congratulating her on doing a good job when she finishes. Caregivers should feed the child with the family as often as possible and let her feed herself, while making sure that most food goes into her mouth. All her food should go on her own plate, so her food intake can be monitored. All child caretakers should participate in active feeding.

Session 7: Essential Hygiene Actions

Learning Objectives

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

- Describe the Essential Hygiene Actions.

Total Time

30 minutes

Activities

7.1 Identify Essential Hygiene Actions *(30 minutes)*

What You Need

- ❑ Flip charts, paper, markers, masking tape
- ❑ Purchased at local market
- ❑ *ENA & EHA Reference Materials on Key Practices – Community Workers (all sectors)*

Activity 7.1: Identify Essential Hygiene Actions

(30 minutes)

Methodology

Group Work

- Divide participants into 5 groups
- Refer to the *ENA & EHA Reference Materials on Key Practices – Community Workers (all sectors)*
- Give each group a set of the Practices 17, 18, 19, 20 and 21
- Ask groups to observe and answer the questions at the top of the page describing the practice:
    - **Practice 17**: Keeping the Environment Clean
    - **Practice 18**: Hand washing
    - **Practice 19**: Washing a Child's Hands before Feeding
    - **Practice 20**: Washing Your Hands Easily Using Minimum Water
    - **Practice 21**: Keeping Food and Food Containers Clean
- Then have participants read the message and the additional information; compare recommended practices with those in their communities; and talk about how to persuade community members that recommended practices can improve the health of mothers and their children.
- Ask each group to briefly summarize one card
- Other groups to add any additional points; facilitator fills-in gaps

Note: If trainees are not literate, facilitator will read the questions and messages to each individual group.

Session 8: Screening for Malnutrition and Referring a Child Who is Malnourished

Learning Objectives

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

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

Total Time

1 hour 45 minutes

Activities

8.1 Identify a Severely Malnourished Child *(1 hour)*

8.2 Refer a Severely Malnourished Child for Treatment *(30 minutes)*

8.3 Study The Monthly Tally Report *(15 minutes)*

What You Need

- ❑ Children to measure (one per two participants; alternatively, participants can practice measuring one another)
- ❑ Child MUAC tapes (one per participant, if you are measuring children)
- ❑ Adult MUAC tape (one per participant, if participants are measuring one another)
- ❑ Markers or pens (one for each four participants)
- ❑ Note For Facilitator #15: Child MUAC Measurement
- ❑ Note For Facilitator #16: Refer a Child to a Health Facility If …
- ❑ Note For Facilitator #17: Example of a Community-Level Referral Form *(one per participant; the forms should come from the local ministry of health)*
- ❑ Note For Facilitator #18: Case Studies of Acute Malnutrition
- ❑ Note For facilitator #19: Monthly Malnutrition Screening Tally Sheet *(one per participant; training should use locally validated forms)*

Activity 8.1: Identify a Severely Malnourished Child

(1 hour)

Part 1: Methodology

Practice 20 minutes

- Pass around one MUAC tape per participant*. (Participants will keep the tapes).*
- Ask whether anyone has seen or used such a tape and what it is used for. Explain that it is used to measure thinness.
- Hold up a tape and ask a participant to describe its different parts:
  - The tape has a wide section and a narrow section.
  - In the middle of the wide section, there is a hole, with an arrow on each side. Demonstrate how the tape end feeds through the hole and the arrows point to the measure.
  - The tape's narrow end has three colored sections: green, yellow, and red.
- Explain that MUAC measurement reflects nutrition status: **Green** indicates good nutrition. **Yellow** points to sickness or a lack of proper feeding, with nutrition in the danger zone. Increased feeding and follow-up is essential. **Red** alerts you to very poor feeding, with nutrition at a very dangerous level. *Immediate* attention is needed to prevent death.
- Note that the child MUAC tape should be used only on children between from the age of six months until their fifth birthday.
- Explain that the measurement is done on the middle of the upper arm—and always on the left arm.
- Ask a participant to use his own words to describe how to use the MUAC tape, referencing Note For Facilitator #15
- Demonstrate how to measure MUAC with a child under five. (If none is available, use an adult MUAC tape to take a participant's MUAC measurement.)
  - Remove clothing covering the left arm.
  - Find the midpoint of left upper arm.
  - With your fingertips, locate the tip of the child's shoulder.
  - Bend the child's elbow to make a right angle.
  - Using a string or the tape itself, measure the tip of the shoulder to the tip of the elbow and fold the string in half. Using a marker or pen, mark the midpoint on the child's arm.
  - Straighten the child's arm, have her keep it relaxed, and wrap the tape around the arm at the midpoint. Make sure the tape has the proper tension, neither too tight nor too loose.
  - Identify the color of the tape between the two arrows flanking the hole. Record the measurement.

Part 2: Methodology

Group work 40 minutes

- Divide participants into groups of four, and give each group an MUAC tape, string, and a child to practice with.
- Ask each person in each group to practice measure the MUAC of the child (or their partner).
- Ask participants to share their experiences.
- Discuss common mistakes:
    - Wrapping the tape too tightly or too loosely.
    - Not taking the measurement at the midpoint between shoulder and elbow.
    - Measuring the MUAC with a bent elbow or an arm that is not relaxed.
    - Measuring the right arm rather than the left.

Activity 8.2: Refer a Severely Malnourished Child for Treatment

(30 minutes)

Part 1: Methodology

(10 minutes)

- Ask participants why and when to refer a child to a health facility.
- Ask participants why and when to follow up to ensure the child received treatment.
- Cover all points on Note For Facilitator #16; summarize.

Part 2: Methodology

(20 minutes)

- Explain to participants how to use the referral card.
- Show the Referral Card (Note For Facilitator #17) or the locally used version, and describe how to fill it out.
- Discuss what to tell the mother of a child you are referring to a health facility; what you should do after the child has been referred; and why you need to follow up.
- Remind participants to ensure that all of the following take place:
    - The mother fully understands the reason for the referral and what will happen next. The referral card will allow her to see a health worker quickly.
    - After the child has been referred, community worker follows up to make sure the child has been taken to a health facility and has received appropriate treatment.
    - The mother understands that after the child has been treated at the facility, the mother will be sent home with follow-up instructions, including appropriate feeding and when to return for further rations and other needed care. The mother or caretaker should bring this

form to community worker so they can explain its contents as necessary and reinforce counseling messages.

- Using case studies *(below: Note For Facilitator #18),* have participants practice referring a child:
  - Have participants pair off and complete the referral form (Note For Facilitator #17 or local version) based on the case study information.
  - Have participants practice the referral process using the completed form.
  - Have a facilitator observe each pair and give feedback.
  - Have participants change roles and practice on a different case study.
- After the observation, lead a discussion by asking: What happened? Will the mother go to the clinic? What else could the community workers have said to encourage the mother to go? Then review the referral process.

Activity 8.3: The Monthly Tally Report (15 minutes)

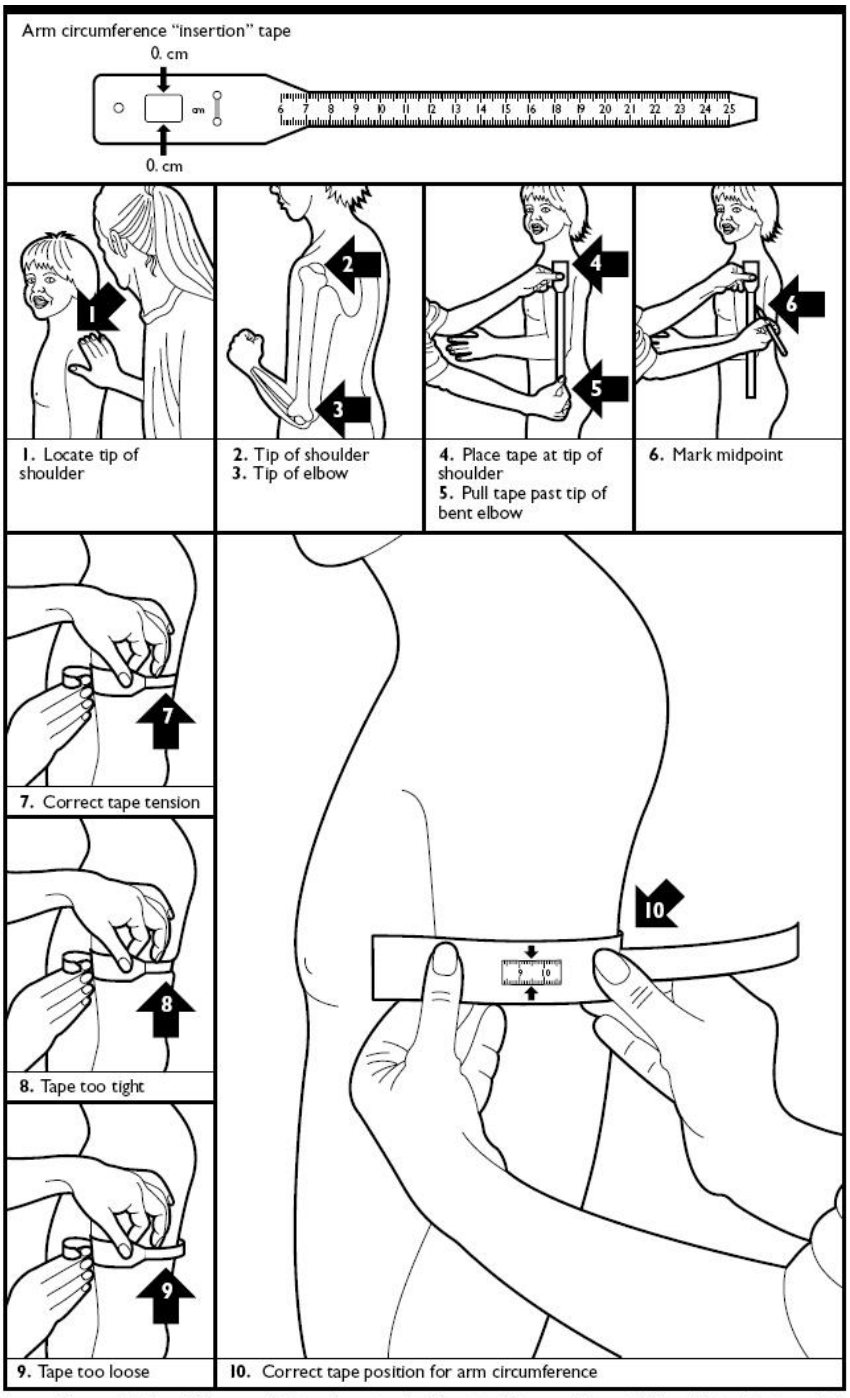
Methodology

Discussion

Note: When community workers are involved in reporting Malnutrition Screening

- Share copies of the tally sheet and discuss with the participants the following:
  - What information the tally sheet collects (Note For Facilitator #19)
  - When and how often this information is collected
  - How the collected information is used
- Explain the different pieces of information collected on the sheet.

Note For Facilitator #15: Child MUAC Measurement



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

Note For Facilitator #16: When to Refer A Child To A Health Facility …

- If the child's MUAC measurement is in the yellow zone, the child needs special counseling and can be referred to supplementary feeding if available.
- If the child's MUAC measurement is in the red zone, the child's feeding situation is very dangerous and the child needs immediate treatment.
- If the child has edema (both feet are swollen), the child's feeding situation is extremely dangerous, and the child needs immediate treatment;
- If the child has diarrhea and is not improving or is unable to drink or breastfeed, if there is blood or mucus in his stool, or if he is very weak (i.e., he cannot sit or stand without help), the situation is urgent and the child must be taken immediately to a health facility.
- If the child has a fever and is unable to breast feed or is vomiting, very weak, or jerking or has a stiff neck (i.e., convulsing), the situation is urgent and the child must be taken immediately to a health facility.
- If the child has any other illness, refer the child to a health facility.
- If the child does not have a Child Growth Card, encourage the mother to go to a health facility for nutrition follow-up for the child.

Note For Facilitator #17: Example of a Community-Level Referral Form

Name: _____

Community: _____ District: _____ County: _____

Client Name: _____ Age: _____ Sex: _____

Referred to: _____

Reason for Referral

1. Diarrhea/Running Stomach

2. Malaria or Fever

3. Cough (ARI)

4. Malnutrition

5. Family Planning

6. Other Diseases

Referral Date: _____

Referred by: _____

Signature

Note For Facilitator #18: case Studies Of Acute Malnutrition

Case Study 1

Eighteen-month-old Musu has been attending monthly screening sessions for four months. For the past two, her weight has been in the yellow zone; this month, her MUAC dropped into the red zone. Her mother says she has had diarrhea for the last three days.

Case Study 2

Thirteen-month-old 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 both feet are swollen.

Note For Facilitator #19: Monthly Malnutrition Screening Tally Sheet

DISTRICT________________________VILLAGE_________________			MONTH__________________________		
FROM ______/______/______ TO ______/______/______			NAME AND 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	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 9: Negotiation with Mothers, Fathers, Grandmothers, OR Other Caregivers: Complementary Feeding and the Sick Child

Learning Objectives

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

- Review the steps of negotiation (GALIDRAA).
- Review the use of an illustration to negotiate with the mother or caregiver. Negotiate with a mother or caregiver of a child 6 up to 24 months.

Total Time

2 hours 15 minutes

Activities

9.1 Review: Listening and Learning Skills, Building Confidence and Giving Support Skills, and GALIDRAA Negotiation Steps *(10 minutes)*

9.2 Review: Using Visuals during Negotiation *(20 minutes)*

9.3 Demonstrate Negotiation: Initial Visit on Complementary Feeding *(30 minutes)*

9.4 Practice Negotiation: Initial Visit to the Mother of a Baby 6 up to 24 Months *(1 hour 15 minutes)*

What You Need

- ❑ Flip chart stand(s) and paper, markers, and masking tape
- ❑ *Illustrations*.
- ❑ Case studies on cards
- ❑ Note For Facilitator #7: Discussion Using an illustration
- ❑ Note For Facilitator #8: Listening and Learning Skills, and building Confidence and Giving support Skills
- ❑ Note For Facilitator #9: GALIDRAA Negotiation Checklist
- ❑ Note For Facilitator #11: Observation checklist of GALIDRAA Counseling Steps
- ❑ Note For Facilitator #20: Demonstration of negotiation
- ❑ Note For Facilitator #21: Practice Case Studies: Complementary Feeding for Children Aged 6 up to 24 Months
- ❑ Note For Facilitator #22: Practice Case Studies: Feeding of sick Children Aged 6 up to 24 Months
- ❑ *The ENA &EHA Reference Materials on Key Practices - Community Workers (all sectors)*

Activity 9.1: Review: Listening and Learning Skills, Building Confidence and Giving Support Skills, and GALIDRAA Negotiation Steps

(10 minutes)

Methodology

Review

- In the plenary, ask participants what they remember of what they learned about listening and learning skills, building confidence and giving support skills, and the steps of negotiation. Ask them how many visits are needed for the full process of negotiation; write answers on the flip chart.
- Have participants review Notes For Facilitators #8 and #9.

Activity 9.2: Review: Using Illustrations During Negotiation

(20 minutes)

Methodology

Review

- In the plenary, ask participants to recall how to use pictures as probes for negotiation; write answers on the flip chart.
- Facilitator reads the Note For Facilitator # 7: Discussion using an Illustration.

Activity 9.3: Demonstrate Negotiation: Initial Visit on Complementary Feeding

(30 minutes)

Methodology

Demonstration

Note: 2 facilitators need to prepare this demonstration in advance (Facilitator Mother and Facilitator Counsellor)

- Demonstrate steps: Greets, Asks, Listens between a mother (Raha) with 18-month daughter Mia and Counsellor (situation described below)
- Facilitator to speak out loud to group during step: **Identify**
- Demonstrates steps: **Discuss, Recommend, Act**
    - Demonstrates step: follow-up **Appointment**
    - Refers as necessary
    - Thanks Raha for her time
- Discuss the demonstration with participants and answer questions

Activity 9.4: Practice Negotiation: Initial Visit to the Mother of a Young Child 6 up to 24 Months

(1 hour 15 minutes)

Methodology

Practice

- Facilitator asks participants to recall adolescent and women's nutrition and breastfeeding practices
- Participants are divided into groups of three: Mother, Counsellor, and Observer.
- Review steps of GALIDRAA
- Distribute: Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother/Caregiver /Child Pair and review with participants.
- Ask each group to have the *ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors)* or an illustration used by their program
- Ask the 'Mothers' of the working groups to gather together and distribute to each a different case study. Note: The 'Mothers' need to be sure that they give all the information included in their 'Case study'. Emphasize to participants the need to stick to the (minimal) information in the case studies and not embellish.
- Ask the 'Mothers' to return to their working groups.
- The Counsellor of each working group (of three) asks the 'Mother' about her situation, and practises the GALIDRAA steps with *listening and learning* skills and *building confidence and giving support* skills.
- In each working group, the Observer's task is to record the skills the Counsellor used on: Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother/Caregiver /Child Pair and to provide feedback after the Case Study.
- The participants in working groups switch twice roles to allow each of them to practice once and the above steps are repeated using different case studies.
- One group or two groups demonstrate a case study in front of the whole group.
- Discuss the content of the counselling and the steps of GALIDRAA

Note For Facilitator #20: Demonstration of Negotiation

Raha has a daughter, Mia, 18 months old. Raha is breastfeeding her on demand. She is giving Mia milk and sorghum cereal only, 3 times a day. She noticed that during the last weeks Mia has been inactive.

Possible Answer

- Counsellor **greets** Raha
- Counsellor praises for breastfeeding Mia
- Counsellor **asks, listens and identifies** problems related to the current feeding practices, in this case:
    - Raha is breastfeeding Mia on demand
    - Raha is giving another milk to Mia
    - Mia has been inactive
    - Raha is not following age-appropriate feeding recommendations (e.g. Frequency and Variety; check on Amount)
- Counsellor shares the following practices (handbook or illustrations):
    - A Varied Diet
    - Feeding frequency and quantity for children aged 12 up to 24 months
- Counsellor discusses and recommends:
    - Increase frequency of food to 4 times a day
    - Increase the amount of food
    - Ask about thickness of cereal
    - Increase variety of food and add other locally available family foods
    - Suggests that Mia may be inactive because of lack of food
- Counsellor **reaches an agreement** and with Raha to increase the frequency and variety of foods
- Asks Raha to repeat the agreed upon behaviour
- Suggests where Raha can find support (attend an action-oriented group, IYCF Support Group in community)
- Counsellor fixes time with Raha for **follow up appointment**.
- Thanks Raha for her time

Follow-up Visits

- The facilitator asks participants how many follow-up visits the mother will need to have, and what questions the health workers might have to ask

At least 2 visits:

- Initial visit
- Follow-up: after 1 to 2 weeks
- If possible a 3rd visit to maintain the practice or negotiate another practice
- Ask participants the possible points to be discussed with mother during counselling/negotiation for follow-up visit(s)

Example of possible follow-up visits to Raha to prompt discussion

- **1st Follow up visit**
  Situation: The health worker visits Raha to ask her whether she has been able to increase the frequency and variety of foods to Mia (4 times a day and adding other foods). Raha answers that she was able to do the agreed-upon actions although it takes her a lot of time to prepare special meals, and she can't always buy all the foods she knows Mia needs. She asks if Mia is old enough to take family foods.
- **2nd Follow-up Visit: Maintain the practice and/or counsel or reach-an-agreement on another practice**
  Situation: Mia is nearly 2 years old, and Raha is thinking about having another baby.

Note For Facilitator #21: Practice Case Studies: Complementary Feeding

Case Study 1

The Situation: Breastfeeding her seven-month-old baby, Korpo thinks that her baby is too young to eat thick porridge. So she gives him liquid porridge, which she does not enrich.

The Visit: The community worker should start her conversation with Korpo by learning more about practices on feeding porridge among mothers in her community; should listen to Korpo carefully; and then should identify issues and their causes. To begin, the community worker needs to explain that, beginning at the age of six months, babies need to consume porridge in addition to breastmilk. This porridge can be prepared using rice, cassava, plantain, maize, yam, or the like, and it must be sufficiently thick to stick to the spoon, and not too runny. It should also be enriched with various and colorful foods that have been mashed to make it easier for the baby to swallow; these enrichments could include cassava leaves, sesame seeds, or banana, as well as milk, meat, fish, beans, and peanuts or other nuts. The community worker might also encourage Korpo to add palm oil or peanut or sesame seed paste—all good for the baby. The community worker should be sure to congratulate Korpo for having continued breastfeeding and to recommend that she continues to breastfeed until the child reaches at two.

Case Study 2

The Situation: Betty is thinking of starting to give additional food to her six-month-old baby but thinks the baby needs only porridge made from white rice.

The Visit: Before recommending a diverse diet to nourish Betty's baby, the community worker should take the time to listen to Betty and learn about feeding practices in that locality and to understand the reasons for her ideas. Then the community worker needs to explain to Betty that from six months of age, babies need to be given porridge thick enough to stick to a spoon in addition to breastmilk. The community worker needs to explain that starting after six months of age, it is wise to give a baby as many different varieties of food with the porridge as possible. To help her baby grow and develop well, it is important that Betty enrich each meal by adding two or three different foods to the porridge. For example, she should add orange or red fruit or cassava leaves to each meal and, every day;she should try to add pureed or mashed meat, chicken, or fish; bean flour; or peanuts or benne seed to the baby's food. In addition, she should use milk to cook the porridge instead of water, if possible. Betty should also continue to breastfeed whenever her baby wants until the baby is at least two years of age. Betty tells the community worker that she does have vegetables, fruits, and beans in the house and agrees to enrich the baby's porridge at each meal and to continue breastfeeding 10 – 12 times a day.

Case Study 3

The Situation: Each day, Queta feeds her eight-month-old daughter porridge enriched with various foods. However, it seems that the baby is hungry this afternoon.

The Visit: The community worker needs to ask Queta specific questions about how she's feeding her baby and how others in her community feed their children. After listening carefully and identifying

Queta's problems and their causes, the community worker should explain that from six months of age until the baby's first birthday, she can be given soft, thick, enriched porridge at least three times every day, in addition to breastmilk. Queta should learn that at each meal, her daughter can eat at least two tablespoons of porridge enriched with one tablespoon of one or more of various colorful foods—or even more if she seems hungry, because it is healthy for her baby to eat as much as she wants, particularly of a variety of foods. The community worker needs to encourage Queta to be patient and to take her time when feeding her baby, actively encouraging and stimulating her to eat all the food given. The community worker should explain to Queta that every day, between porridge feedings, the baby should be given one or two snacks (e.g., biscuits, banana, and mango). Such snacks and meals will help Queta's baby grow. Queta agrees to try the community worker's suggestions.

Case Study 4

The Situation: Kebbeh, who is breastfeeding her seven-month-old baby, also gives him a thin liquid porridge and infant formula in a feeding bottle. Kebbeh does not think that her baby is ready to eat other foods.

The Visit: The community worker should ask Kebbeh about the feeding practices in her community, listening with care before identifying the problems with Kebbeh's plans. To begin, the community worker needs to advise Kebbeh that at six months of age, in addition to breastmilk, babies need to eat additional foods such as porridge, but that they will not grow well if the porridge is thin and liquid. The porridge needs to be thick enough that it will stick to the spoon and should be enriched with two or three other types of foods that are available in the house: cassava leaves, sesame seeds, or banana, for example, as well as milk, meat, fish, beans, or groundnuts. The community worker can also suggest that at each meal, Kebbeh add peanut paste to the baby's food. In addition, the community worker needs to warn Kebbeh never to use feeding bottles, because they are hard to clean properly and can cause her baby to get diarrhea. If relevant, the community worker should explain that instead of infant formula, which is expensive, it is better to buy the baby some fish or meat. The community worker should end by reminding Kebbeh to continue breastfeeding between meals, whenever her baby wants 10 – 12 times a day.

Kebbeh agrees with the recommendations and will start giving her baby thick porridge and will stop using the feeding bottle.

Case Study 5

The Situation: Sayba's 15-month-old baby boy eats family foods with his parents twice each day. Sayba stopped breastfeeding a few days before the community worker's visit, and her son seems small for his age.

The Visit: The community worker should talk to Sayba carefully and get a sense for community practices on feeding babies. The community workers should ask Sayba why she stopped breastfeeding. Was it because she became pregnant or was it simply because the baby stopped breastfeeding? The community workers should remind Sayba that her baby still needs breastmilk until he is two years old years and should explain that for her son to stay healthy and grow and develop well, he needs to eat

more often—at least five times a day (three meals and, between these meals, two snacks)—especially if he is no longer benefiting from breastmilk.

The community worker should advise Sayba that at each meal, she should give six tablespoons of of family food enriched with three tablespoons of such other foods as cassava leaves, banana, vegetables, palm oil, eggs, milk, meat, fish, beans, nuts, and sesame seed or peanut paste. The community worker should let Sayba know that the enrichment is important because her family food alone will not meet the baby's nutritional requirements. The community worker should also urge Sayba to serve her son's food on a separate plate, so that she can make sure that he is eating the amount of food that he needs. As snacks, Sayba can offer banana or other fruits. Finally, the community worker should suggest that especially because Sayba stopped breastfeeding so recently, she try breastfeeding again and keep it up until her son is at least two years old. Sayba agrees to try to apply the community worker's advise.

Case Study 6

The Situation: Massa gives thin porridge to her 11-month-old daughter and breastfeeds her only at night.

The Visit: Before making any recommendations to Massa, the community worker needs to ask Massa to tell her more about community practices on feeding and breastfeeding, and should listen carefully. Having identified the problems in Massa's current feeding regime, and their causes, the community worker should advise Massa that the porridge should be thick enough to stick to a spoon and never runny. This porridge can be prepared using rice, cassava, millet, maize, plantain, yam, or the like, but should always be enriched with various colorful foods that have been mashed or ground up to help the baby swallow them: cassava leaves, sesame seed, or banana, as well as milk, meat, fish, peanuts, beans, or nuts. At each meal, Massa can also add a small spoon of palm oil or butter—also nutritious in small quantities. The community worker should also recommend that every day in addition to the meals, Massa should give her baby one to two snacks. Finally, the community worker should urge Massa to continue breastfeeding whenever her baby wants during the day and night during each 24-hour period until her baby is two years old.

Note For Facilitator #22: Practice Case Studies: Feeding The Sick Child

Case Study 1

The Situation: Hannah's three-month-old baby has diarrhea and is vomiting. Although still breastfeeding, Hannah has also been giving her baby water in a bottle.

The Visit: The community worker should ask Hannah how other mothers in her community feed sick children and should learn Hannah's reasons for feeding her baby water in a bottle. The community worker should realize that this is a potential problem for Hannah's baby and should then emphasize to Hannah that she should give her baby only breastmilk for the first six months of life, not giving water, other liquids, or foods—even though the baby is sick. Breastmilk alone provides the baby with all the nutrients and liquids needed to grow healthy and strong. The community worker should counsel Hannah never to use baby bottles, which are hard to keep clean and can contain germs that cause diarrhea. The community worker also needs to advocate for Hannah to breastfeed more often both when her baby is sick and after the sickness is over, to help the baby recover more quickly and start to gain weight again. The community worker's final advice should be for Hannah to take her 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

The Situation: Joyce's daughter, who is nine months old, has a mild fever and cough and refuses to eat food.

The Visit: The community worker will want to find out more about Joyce's daughter's sickness, what Joyce has done to try to get her to eat, and how mothers in her community typically feed sick children. With this knowledge, the community worker should advise Joyce to be patient and to take the time to encourage her baby to eat, understanding that her appetite may be less because of the illness. Since her daughter is older than six months of age, the community worker should counsel Joyce to increase her breastfeeding frequency; to offer the baby her favorite food while she's sick; and, for the two weeks after she's better, to give the baby one additional meal of enriched porridge each day while maintaining increased breastfeeding frequency. Finally, the community worker should recommend that Joyce visit the health center for treatment for her baby. Joyce agrees to follow the community worker's advice.

Case Study 3

The Situation: Betty's baby boy was sick last week and is now recovering. He is five months old. Betty continues to breastfeed as usual, but her baby is losing weight.

The Visit: The community worker should find out more about Betty's son's illness and Betty's breastfeeding frequency and practices since he's been sick. After listening carefully, the community worker should identify the potential issues in the situation and their causes. The community worker's main concern should be to make recommendations to Betty that will help her help her baby recover from the illness and regain the lost weight. For example, Betty needs to increase the number of times she breastfeeds—even after the illness. The community worker should also ensure that Betty is

observing optimal breastfeeding practices, such as completely emptying one breast before offering the other. Betty agrees to try the advice.

Case Study 4

The Situation: Faith, whose baby is nine months old, tells a community worker that her baby is recovering from an illness and has started eating well but is still losing weight.

The Visit: The community worker should find out from Faith what she knows about other mothers' experiences in her community. Listening carefully and identifying Faith's challenges and their root causes, the community worker should advise Faith to give her baby one additional meal each day for two weeks after every illness, in addition to the regular three daily feedings of enriched porridge and two between-meal snacks, such as banana or avocado. In addition, Faith should be counseled to breastfeed her baby more often after the illness to help speed recovery. The community worker can explain to Faith that the illness may have taken away the baby's appetite; Faith should offer his favorite foods and be patient in encouraging him to eat. In addition, Faith may want to try offering the day's food as smaller, more-frequent meals—easier for recovering children—at least at first. Faith agrees to follow this advice.

Session 10: Gender Roles

Learning Objectives

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

- Discuss and be aware of gender roles in nutrition, hygiene and homestead food production.

Total Time

45 minutes

Activities

10.1 Define Gender Roles in Nutrition, Hygiene, and Homestead Food Production *(45 minutes)*

What You Need

- ❑ Flip charts, paper, markers, masking tape
- ❑ *ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors)*

Activity 10.1: Define Gender Roles in Nutrition, Hygiene, and Homestead Food Production

(45 minutes)

Methodology

Group Work

- Divide participants in groups of three (men together, women together), and ask each group to review two to four practices discussed in the *ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors),* depending of the number of groups.
- Ask each group to discuss the potential roles that mother, mother-in-law, husband, and community could play in supporting each practice.
- Discuss in plenary—do not conduct a group presentation but ask for comments from participants.

Session 11: Field Practice

Learning Objectives

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

- Use negotiation techniques in health centers, villages, and elsewhere in the field.
- Evaluate breastfeeding and complementary feeding and other nutrition practices.

Total Time

3 hours

Activities

11.1 Practice in the Field: Health Centers or Villages *(2 hours 15 minutes)*

11.2 Provide Feedback on the Field Practice *(30 minutes)*

11.3 Conduct Class Demonstration of a Follow-Up Visit *(15 minutes)*

What You Need

- ❑ Note For Facilitator #8: Listening and Learning Skills (page 39)
- ❑ Note For Facilitator #9: GALIDRAA Negotiation Checklist (page 40)
- ❑ Note For Facilitator #11: Observation Checklist Of GALIDRAA Counselling Steps (page 42)
- ❑ Note For Facilitator #20: Demonstration of Negotiation (page 65)
- ❑ *ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors)*

About the Field Practice

Number of People on the Site

- 8 to 10, to constitute 4 to 5 pairs

Potential Sites

- Health clinics during vaccinations or well-baby visits
- At clinics during sick baby visits or visits for integrated management of neonatal and childhood illnesses (IMNCI)
- On maternity wards and at antenatal clinics
- At sites offering growth monitoring and promotion or nutrition screening and promotion
- In support group meetings for pregnant women or for mothers with infants from birth to six months of age and other community groups

- In support group meetings for mothers with infants from six months of age up to the second birthday, and/or lactating mothers

Activity 11.1: Practice in the Field: Health Centers or Villages

(2 hours 15 min)

Methodology

- In plenary, review the GALIDRAA steps for negotiation (Note For Facilitator #9).
- Have participants pair up. During the field practice, ask them to take turns role playing as negotiator and observer. The negotiator will conduct the counseling and negotiation with the mother; the observer will watch silently, with the objective of giving feedback later, using GALIDRAA after the mother has left (Note For Facilitators #9 and #11).
    - Have participants exchange roles until each of them has completed at least three negotiations and two observations with mothers.

Activity 11.2: Provide Feedback on the Field Practice

(30 minutes)

Methodology

Discussion

- Back in class, ask each pair to summarize participants' experience with negotiation by giving a report on one example using the following format: indicating client name(s), name and age of her child, the problem identified, proposed solutions, and the behavior the mother agreed to adopt. Ask participants to provide feedback to one another. Summarize the group experiences.

Activity 11.3: Conduct Class Demonstration of a Follow-Up Visit

(15 minutes)

Methodology

Demonstration

- As facilitator, demonstrate how the community worker might conduct a follow-up visit to Hawa, who has a two-month-old (*see Note For Facilitator #19)*
- Have five to six participants explain, from their field visit experience, what they will follow up on and discuss when they will carry out the second visit.

Session 12: Homestead Food Production and Nutrition

Learning Objectives

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

- Identify the key homestead food production activities that can contribute to improved nutrition.

Total Time

45 minutes

Activity

12.1 Use Homestead Food Production to Improve Nutrition *(45 minutes)*

What You Need

- ❑ Flip charts, paper, markers, masking tape
- ❑ *ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors)*

Activity 12.1: Use Homestead Food Production to Improve Nutrition

(45 minutes)

Methodology

Group work

- Divide participants into 4 groups
- Refer to the *ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors)*
- Give each group a set of the Practices 22 – 30
- One at a time, show each practice:
  - **Practice 22:** Raising Diverse Crops and Small Animals, and Consuming a Varied Diet
  - **Practice 23**: Diversifying Crops for a Varied Diet
  - **Practice 24**: Importance of Varied Diet for Pregnant and Lactating Farmers
  - **Practice 25**: Raising and Eating Fish
  - **Practice 26**: Having Small-Animal Products
  - **Practice 27**: Taking Care of Poultry or Small Livestock
  - **Practice 28:** Composting
  - **Practice 29**: Water Management through Mulching

- **Practice 30**: Farmers' Role in Providing a Varied Diet to Their Pregnant and Lactating Wives and Children Under Two

- For each practice, ask participants to review the pictures, then answer the questions at the top of the page describing each practice. Then have participants read the message and the additional information; compare recommended practices with those in their communities; and talk about how to persuade community members that recommended practices can improve the health of mothers and their children.

Note: If trainees are not literate, facilitator will read the questions and messages to each individual group.

Session 13: Community Support Groups

(Optional)

Learning Objectives

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

- Organize and facilitate an infant and young child feeding support group of child caregivers (e.g., mothers, fathers, grandparents, aunts, and uncles).
- Help caregivers support each other in their infant and young child feeding practices.
- Organize supervision activities with community workers.

Total Time

2 hours

Activities

13.1 Demonstrate and Discuss Community Support Groups *(30 minutes)*

13.2 Describe the elements of a Support Group *(15 minutes)*

13.3 Practice Facilitating a Support Group *(45 minutes)*

13.4 Describe How to Conduct Supervision for community workers *(30 minutes)*

What You Need

- ❑ Flip chart, markers, masking tape
- ❑ Basket with a number of potential support group topics written on small slips of paper
- ❑ Note For Facilitator #23: About Support Groups
- ❑ Note For Facilitator #24: Observation Checklist for Support Groups
- ❑ Note For Facilitator #25: Group Supervision Guidelines

Activity 13.1: Demonstrate and Discuss Community Support Groups

(30 minutes)

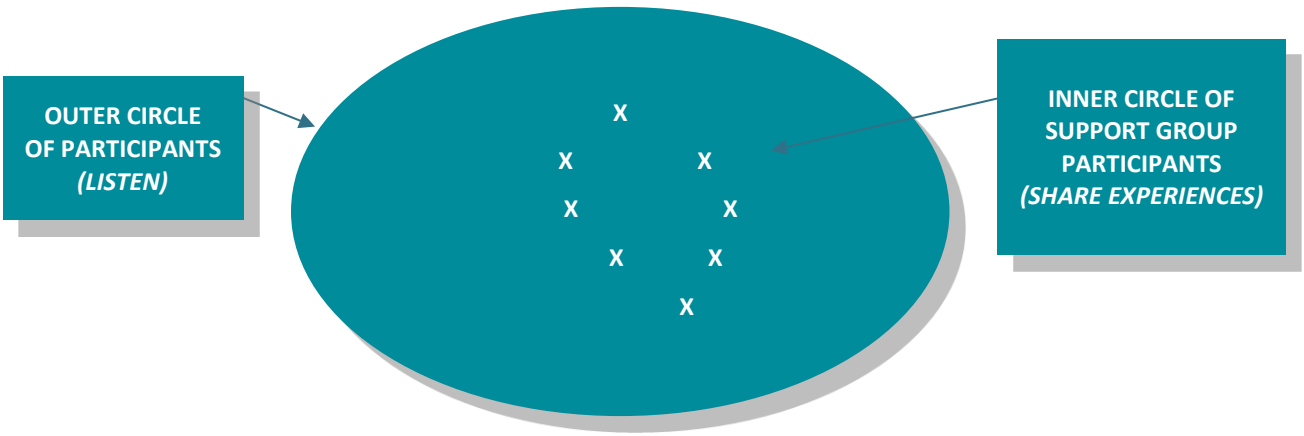
Methodology

Demonstration

- Have eight participants sit in a circle to form a "fish bowl" and spend 15 minutes role playing a support group session, , each participant sharing his or her own experience of infant and young child feeding (or wives', mothers', or sisters' experiences). Only those in the fish bowl may talk.

Support groups can also focus on exclusive breastfeeding, complementary feeding, or other issues; the format and roles will not change.

- Have non participants observe what is happening for later discussion.



- After the support group session ends, ask its participants and observers:
  - What did you like about the support group?
  - From listening to other participants' experiences, did you learn anything new?
  - Having participated in the support group, do you feel differently about the topic?
  - How is the support group different from an educational talk?
  - Do you think the group answered any doubts that were expressed during the support group conversation?
  - After participating in this meeting, do you think you would try any of the practices you learned about?

Activity 13.2: Describe the Elements of a Support Group

(15 minutes)

Methodology

Rotation of Flipcharts

- Set up six flip charts around the room with the following headings:
  1) Role of the facilitator in community support groups
  2) Who can facilitate community support groups
  3) Characteristics of community support groups
  4) Who can participate in community support groups
  5) Topics for community support groups
  6) Types of community groups or gatherings that could serve as support groups

- Divide participants into six groups, assign each group to a flip chart, and ask participants to add content to their flip chart. After, three minutes, have groups move to the next flip chart and add content there.
- When all groups have added to all charts, ask two participants to read Note For Facilitator #23.

Activity 13.3: Practice Facilitating a Support Group

(45 minutes)

Methodology

Practice

- Divide participants in three groups of eight. Have each group choose a potential support group topic out of the basket.
- Have each group designate one participant as facilitator.
- Ask the first group to spend about 10 minutes conducting a mock support group meeting on its topic as members of the other two groups observe and complete the Observation Checklist for Support Groups (Note For Facilitator #24). In plenary, discuss checklist findings.
- In plenary, repeat the process for the second and third groups, with different topics.

Activity 13.4: Describe How to Conduct Group Supervision of Community Workers

Note: The activity is optional, only if Community Workers are supervising volunteers or other community group.

(30 minutes)

Methodology

Group Work

- Divide participants in three groups.
- Ask each group to conduct one of the three activities outlined in the Group Supervision Guidelines (Note For Facilitator #25).
- Call for a volunteer to facilitate a 10-minute discussion.
- Ask another volunteer to carry out the same exercise with another of the three activities.
- Conclude the session by explaining the importance of supervision and learning from one another's experience—group supervision often brings the answers to most issues community workers will encounter in their communities

Note For Facilitator #23: About Support Groups

Definition

A support group is a group of mothers and caretakers who promote essential nutrition actions and essential hygiene actions and provide mutual support to each other. The group meets periodically and is facilitated by experienced mothers who know nutrition and/or hygiene practices and who, ideally, have mastered group dynamic techniques. Group participants share their experiences and information and provide mutual support.

The Facilitator

- Sits in a circle at the same level as the rest of the group.
- Introduces himself or herself and asks participants to introduce themselves.
- Introduces the meeting's purpose and theme.
- Explains that the support group meeting will last 60 to 90 minutes.
- Asks open-ended questions to encourage participation.
- Encourages all to share experiences and ideas, even quieter participants.
- Repeats key messages.
- Asks participants to summarize what they learned.
- Decides, with participants, on meeting length, frequency, timing, and topics.

Potential Community Support Group Facilitators

- Experienced mothers and health workers.
- Formally trained health workers.
- Community workers.

Characteristics of a Community Support Group

- Provides a safe environment of respect and trust.
- Allows participants to:
    - Share information and personal experiences on any nutrition or hygiene practice of shared interest.
    - Mutually support each other through their own experiences.
    - Strengthen or modify certain attitudes and practices.
    - Learn from each other's experiences.
- Allows participants to reflect on their experiences, doubts, and difficulties, as well as on popular beliefs and myths, common information, and adequate infant practices. In this safe

environment, the mother has the knowledge and confidence needed to decide to either strengthen or modify her infant feeding practices.

- Is not a lecture or a class. All participants play an active role.
- Focuses on the importance of interpersonal communication to allow all participants to express their ideas, knowledge, and doubts; share experiences; and receive and give support.
- Has a seating arrangement that allows all participants to have eye-to-eye contact (generally a circle).
- Varies in size between three and 15 participants.
- Is usually facilitated by a trained, experienced caregiver whose role it is to listen and guide the discussion.
- Is open, allowing the admission of all interested pregnant women, mothers who are breastfeeding, women with older toddlers, and other interested people.

Participants: Community Support Group

- Breastfeeding mothers.
- Mothers who have breastfed in the past.
- Pregnant women.
- Community workers.
- Caretakers and parents.
- Formally trained health workers.

Possible Topics for a Community Support Group

- Benefits of breastfeeding (for mother, child, family, and community).
- Breastfeeding techniques and challenges (position, attachment; insufficient breastmilk production and sore, cracked nipples; babies separated from their mothers, twins; maternal or child sickness).
- Adolescent and women's nutrition.
- Complementary feeding beginning at six months (how to ensure a variety of food, active feeding, how to vary feeding, why keep on breastfeeding, snacks, and how to increase amount, frequency, and density).
- Feeding a sick child (how to encourage a sick child to eat or breastfeed, how to vary and enrich feeding during and after sickness, why continue breastfeeding during a child's sickness, why give extra food during recuperation).

Community Groups and Gatherings as Basis for Support Groups

- People living with HIV and AIDS—where PMTCT sites are available.
- Food distribution sites.
- Therapeutic feeding centers.
- Community growth monitoring and promotion.
- Agricultural and similar groups.
- At the market.
- At school meetings and coffee ceremonies.

Note For Facilitator #24: Observation Checklist For Support Groups

COMMUNITY		
PLACE		
DATE	**TIME**	**# OF ATTENDEES**
THEME		
GROUP FACILITATOR(S)		

ACTIONS	COMMENTS
WHAT THE FACILITATOR DOES DURING THE MEETING	
Introduces self to group.	
Clearly explains the day's theme.	
Asks questions that generate participation.	
Motivates quiet women to participate.	
Applies communication skills (listening and learning skills, and building confidence and giving support skills).	
Adequately manages content.	
Shares tasks *(if more than one facilitator)*.	
Fills out the information sheet on the group.	
Thanks women for attending the meeting.	
Invites women to attend the next support group meeting (provides place, date, and theme).	
Asks women to talk to a pregnant or breastfeeding woman before the next meeting, and report back.	
WHAT MOTHERS DO DURING THE MEETING	
Share their experiences.	
Sit in a circle.	

Note For Facilitator #25: Group Supervision Guidelines for Community Workers

Objectives of Group Supervision

- Mentor community workers in promoting nutrition, hygiene, and homestead food production.
  - Provide further opportunities for learning and exchanging experiences.

Time

2 hours 15 minutes

Frequency of supervision

- For community workers: One month after training, then every two to three months, as needed.
- For community groups functioning well: Every three to four months.

Activity 1: Problems and Solutions in Breastfeeding, Complementary Feeding, Sick Children, and Women's Nutrition and Micronutrients

(45 minutes)

- Each participant writes (or thinks of) two questions relating to breastfeeding, complementary feeding, sick children, and women's nutrition and micronutrients.
- Have participants form three groups.
- Have group members list all their questions and then as a group, discuss answers to shared questions.
- In plenary, pose the questions, with facilitators to help provide answers.

Activity 2: Assessment of Negotiation Field Practice

(1 hour 30 minutes)

- Divide participants into pairs.
- Ask participants to practice negotiation sessions (four to six mothers per team).
- Divide the tasks for each team as follows:
  - One participant negotiates with a mother while other participants observe, using the negotiation observation checklist *(see* Document #55, Observation Checklist for Support Groups, *above).* Then participants provide feedback.
  - Reverse roles until each team has negotiated with four to six mothers.
  - When all the teams have had a chance to practice negotiation skills, review feedback in plenary.

- In plenary, have each team present the strong points and points to be improved.
- Summarize key points and reinforce important ones.

Activity 3: Experience Sharing

(45 minutes)

- Divide participants into three groups.
- Have each group describe its community work.
- Discuss the strong points, problems encountered, and solutions undertaken to solve those problems.
- For each unsolved problem, ask group members to suggest potential appropriate solutions. The goal is for group members to see how to improve their way of working, choose which activities to maintain, and decide on optimal next steps.

Closing

- Present and summarize group thoughts and highlights.
- Set a date for the next meeting.

Session 14: Implementation and Action Plans

Learning Objectives

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

- Review the various activities where the community workers can work to improve the health of women and children; also consider the places and occasions where they can do this.
- Identify concrete points of contact that community workers can use in their daily work, and devise a weekly and then monthly schedule.
- Develop an action plan for three months and present it to the group.

Total Time

2 hour 30 minutes

Activities

14.1 Review the role of Community Workers Using All Available Platforms and Contact Points (45 minutes)

14.2 Develop a Three-Month Activity Plan (55 minutes)

14.3 Evaluate the Training (10 minutes)

14.4 Distribute Badges and Certificates (5 minutes)

What You Need

- ❑ Note For Facilitator #3: Implementing the ENA and EHA to Prevent Undernutrition
- ❑ Note For Facilitator #26: End-of-Training Evaluation

Activity 14.1: Review the Role of Community Workers Using All Available Platforms and Contact Points

(45 minutes)

Methodology

Group Work

- Ask participants to think quietly about ideas to improve nutrition or hygiene in their current or future work.
- Organize the participants into groups of four and ask them to share their thoughts with one another

- Ask participants to list and discuss platforms in their communities.
- Have participants read Note For Facilitator #3.

Activity 14.2: Develop a Three-Month Activity Plan

(55 minutes)

Methodology

Group Work

- Divide participants according to the villages or communities they serve.
- Ask whether participants will plan to visit their community's health clinics, will hold group discussions and/or will make home visits to pregnant women and women with children under two years of age.
- Ensure that their plans are feasible. It would be realistic to make a weekly home visit to a pregnant woman and to a family with a child under two.
- Following the discussion, ask each team to decide on its main activities over a three-month period.
- In plenary, have each group make an oral presentation of its plan. Lead a discussion, and after all groups have presented, summarize their plans.

Activity 14.3: Training Evaluation

(10 minutes)

Methodology

- Write The End-Of-Training Evaluations (Note For Facilitator #26) on a Flip Chart, and ssk participants to check the corresponding box: Good, Average, Unsatisfactory.

Activity 14.4: Distribution of Badges and Certificates

(5 minutes)

- Hand out certificates to the participants, if appropriate.

Note For Facilitator #26: End-Of-Training Evaluation

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

	GOOD	AVERAGE	UNSATISFACTORY
Training Objectives Met			
Methods Used			
Materials Used			
Field Practice			
Lunch			

1. Which sessions did you find most useful?

2. What are your suggestions to improve the training?