# Beyond the Message: Building Community Health Workers' Infant and Young Child Feeding Counseling Skills

**June 9, 2016**

*This is a list of questions received during the Community Infant and Young Child Feeding Webinar that we were not able to address during the webinar itself, with responses.*

1. **Anteneh: what will it took to scale up such community based counseling approaches in a country with big geographic coverage?**

   *(Answered verbally in webinar, additional comments):* As you know, Nigeria is definitely big… both in terms of population and geography. During the Nigeria C-IYCF Evaluation[1], we are working hard to track the detailed implementation steps and the costs associated with these in one LGA. We understand the importance of keeping all elements of the implementation as simple and low cost as possible, in order for the C-IYCF Counselling Package (and the overall approach) to be scaled up in a country like Nigeria, the required external support needs to be kept to a minimal. In addition to the C-IYCF Evaluation in Nigeria, SPRING as a project, with USAID funding, continues to support capacity building of local organization to implement the C-IYCF package in 128 LGAs in 18 states in Nigeria. UNICEF, Save the Children and other groups are are supporting the package in another 63 LGAs in another 12 states (a total of 191 LGAs and 30 of 36 states).

2. **Ramani Wijesinha-Bettoni: Question for Sasha: What is planned for the cost study? What will it include?**

   *SPRING on the Nigeria C-IYCF Evaluation:* This is still to be determined. At a minimum, we are keeping close tabs on the implementation expenditures which is mainly trainings and food and transport for the monthly review meetings (primarily by UNICEF, transferred to the State MOH in some cases). If we have additional funds, we will look to estimate opportunity costs of the community volunteers as well as the "cost" of time of health workers and local government officials.

3. **Judith Myers: What was your research study design? a comparison of the implementation between 2 locations?**

   *SPRING on the Nigeria C-IYCF Evaluation:* Yes, for the maternal survey (of pregnant women and mothers of children under two) we are comparing two local government areas (one intervention, one comparison). We collected data at baseline and will collect data again

[1] Comments from SPRING with regard to the Nigeria C-IYCF Evaluation are provided by Dr. Sascha Lamstein, co-Principal Investigator, and Susan Adeyemi, Study Coordinator based in Kaduna State, Nigeria.

after 18 months of implementation.

4. **Sarah Henton: What tools did you use for training at the various levels? Video? Radio? Flipcharts?**

   *Answered verbally during the webinar, additional comment:* Please see the C-IYCF tools available at: http://www.unicef.org/nutrition/index_58362.html

5. **Anteneh: Under the social support assessment, was there a way support at family/houshold level support addressed?**

   SPRING on the Nigeria C-IYCF Evaluation: Not entirely. As I am sure you know, this isn't so easy to ask in a quantitative survey. Our questions about who makes these decisions and whose responsibility it is to decide was in an effort to get at that. We also asked about intention to practice specific IYCF practices.

6. **Nicki Connell, Save the Children: What are your proposed solutions for increasing the percentages who strongly agree/disagree (depending on the indicator)?**

   *Answered verbally during the webinar. SPRING on the Nigeria C-IYCF Evaluation:* Recommendations made include reinforcing messages. At the moment, we are doing this during review meetings with CVs and health workers. During these review meetings, selected IYCF topics are discussed. There is also sharing of messages, experiences and success stories in support group meetings for caregivers. During these meetings those involved can ask questions to clear up doubts.

7. **Kate Reinsma: Was there any formative research done at the beginning to assess cultural beliefs that may influence breastfeeding practices?**

   *SPRING on the Nigeria C-IYCF Evaluation:* We did not do formative research before implementing the C-IYCF counseling package in Kajuru LGA. However, the adaptation process involves some research and effort to adapt to cultural beliefs like these.

   *Maaike (UNICEF):* The planning guide recommends to do a situation assessment, which would include both a review of existing data and undertake formative research. The extent to which this is needed and possible will vary per country.

   *Ninik (UNICEF):* In Indonesia, the facilitator will need to do quick formative research on cultural beliefs in the areas where they conduct the training. Facilitators built up their knowledge on the local beliefs when they interact in the discussion during early session of the training

8. **Lillian Kamowa: What sort of community volunteer incentives would you have given to ensure higher motivation?**

*SPRING on the Nigeria C-IYCF Evaluation:* For us, we know it isn't sustainable for the local government of state government to pay the volunteers. Therefore, we encourage communities to incentivize their volunteers. We have encouraged payment in cash or kind. To be honest, I am not sure if that has happened yet. I do know that several support groups have decided to establish a rotating fund or "kitty" that is then used in various ways, but so far I haven't heard of it being used to pay the volunteer. We do intend to deliver certificates to CVs for one year of service and we are hoping that the local government will pay for these certificates.

9. **Sarah Henton: Does the intervention package attempt to address the problems with decision makers in families - or will this be part of follow up? And what communication tools will you use for this?**

   *Ninik (UNICEF):* Yes, in Indonesia the package include the role of the father in supporting the IYCF practices. During counselling visit at home, counsellor also have discussion with other family members such as grand-parents and husbands. Counselling package consists of flipchart and brochures are the tools that they bring for counselling session.

10. **A.B. Singh: What is the size of village?**

    *SPRING on the Nigeria C-IYCF Evaluation:* Our intervention site is one local government area (LGA) which has a total population of about 100,000 people.

11. **Ramani Wijesinha-Bettoni: Question to Sri: is child dietary diversity score not one of the indicators used?**

    *Ninik (UNICEF):* We use UNICEF/WHO Indicators for assessing IYCF practice in the baseline and endline

12. **Felicien Paul Randriamanantenasoa: Hi, what do people mean by adapting the package? Removing some that are felt not appropriate? Changing contents?**

    *Maaike (UNICEF):* Please see the C-IYCF package available at: http://www.unicef.org/nutrition/index_58362.html for come examples. The most common adaptations are with regards to the drawings, the language, and logos of government institutions and partners. With regards to the contents, countries might add a mention specific foods or programmes (food supplementation for example), or make any adjustments related to specific practices that were found in the situation analysis. Care needs to be taken to keep the content in line with current global guidance on IYCF.

13. **Ramani Wijesinha-Bettoni: Question for Sri: Re. adaptation of global package for Indonesia, can you tell us more about this please? Was formative research done in Indonesia (e.g. Trials of Improved Practises - TIPs), to see if the recommendations**

**could actually be carried out by the families? Approximately how long did the process of adaptation take? Did it mean new material had to be developed and printed? (sorry for multiple questions!)**

*Ninik (UNICEF):* steps for adaptation of the package in Indonesia:

1. Representatives from MoH, NGOs, UN agencies participated in the Regional Training on IYCF counselling

2. Following to the training, MoH invited all partners that includes UNICEF, WFP, WHO, NGOs (World Vision, Plan, etc) to discuss the adaptation of the global package for Indonesia. Agreement was made, that includes changing the HIV & Infant Feeding component into Growth Monitoring component, strengthen the role of father to support the IYCF practices, adding more session on stunting and WASH.

3. The pictures on the package (brochure, counselling card, training tools) should be adapted into the "face" of Indonesian, and adding picture of the "husband" in some of the counselling cards to show their support.

4. Pre testing was conducted in two batches of IYCF counselling training to Community volunteer.

5. Once the package is finalized, it is printed by the government and other partners.

6. The process took approximately 6 months

14. **Anteneh: Could there be other factors (apart from the C-IYCF) that contributed for the improvements from 2011 to 2014 in Indonesia?**

*Ninik (UNICEF):* Enabling environment- In Klaten and Sikka districts, support for IYCF and other nutrition actions was prioritized in the District Plan of Action on Food and Nutrition, and incorporated into annual plans and budgets. Participatory learning and action was introduced to help communities analyse nutrition problems, define solutions, and translate these into realistic action plans to be implemented with village or district level funds. IYCF is also integrated into family planning promotion and agricultural extension programmes. The latter is especially valuable since it opens a key channel for engaging fathers on IYCF issues.

15. **Bushra AlMakaleh: Is merging the maternal nutrition a post-partum family planning with the IYFC approach and services in community as MYCIN-FP is more effective and sustainable than C-IYCF standing alone approach? What is the relationship between this approach with MIYCN-FP approach?**

*Maaike (UNICEF):* This will depend on the country and on the "mandate" and capacity of the CHWs, but in general terms integrated service delivery better as a matter of principle. So when possible we would be in favour.

16. **Joann McDermid: How can people access adapted packages for the 40 different countries?**

    *Maaike (UNICEF):* See http://www.unicef.org/nutrition/index_58362.html. This has the English and French versions, and examples from some country adaptations. We are working with SPRING on a way to have a full library of C-IYCF packages that have been adapted, as well as an image bank or graphic library with all of the illustrations used in the generic package. Once established, these images can be accessed publicly for use in adapting the package. The plan is to have this library posted by the end of 2016..

17. **Ramani Wijesinha-Bettoni: The results from Indonesia for All children show that MDD and MAD have hardly changed/not changed at all? Would you agree that these results suggest that more emphasis has to be given to actual food availability and access, and specially the diversity of available foods?**

    *Ninik (UNICEF):* In our field experiences, we do not have big issues on food availability and access, it is more on the food diversity that the family/mother should prepare for the family and their children.

18. **Jen Burns: How do you feel this package compares to the ENA package?**

    *Maaike (UNICEF):* This package focuses on IYCF and the communication between a community health worker and a family or mothers, on key IYCF practices. The developers of the C-IYCF package drew from the experience with the Essential Nutrition Actions (ENA) package .

    *Sascha and Peggy (SPRING):* With interest in clarifying the role and differences between these two packages, SPRING worked with one of the developers of both packages to create a working paper on this very topic. Please see: https://www.spring-nutrition.org/publications/briefs/side-side-summary-two-packages-support-community-based-infant-and-young-child. We always welcome feedback on this and other working papers. The link to the ENA package is available on the CORE website.)

19. **Amelia Reese-Masterson: Can a package like this be adapted to a refugee transit setting like Greece? In this setting, we need a module focusing on how to use breastmilk substitutes where indicated (without violating the code) as many women are already not BF and there is often not enough time/resources to initiate as refugees are on the move?**

    *Maaike (UNICEF):* in principle this package can be adapted for any situation. There is one slide about the preparation of infant formula (slide 29) and one about the conditions needed to safely formula feed (slide 30). These were made for women living with HIV in settings where authorities recommend replacement feeding. You need to see if you find the drawings

of use (The context is quite different), or the explanations in the key messages booklet. You could also review this WHO/FAO publication which has detailed information and clearly spells out risks: http://www.who.int/foodsafety/publications/powdered-infant-formula/en/

20. **Alison Mildon: Is the package implemented with existing cadres of community health workers? Have there been issues with workload, motivation and compensation?**

    *SPRING on the Nigeria C-IYCF Evaluation:* Yes, we ask that existing health workers participate in a training and help to support and supervise the volunteers. Workload is indeed a concern of ours, but so far it has not been mentioned as a complaint or challenge by health workers in our intervention site. I am, honestly, surprised. I think that people are enthused/motivated by the positive change they are observing… in practices and health of infants and young children.

21. **Ramani Wijesinha-Bettoni: But it won't only be drawings and language that need to be translated/adapted, but actual recommendations/messages to suit the context?**

    *Maaike (UNICEF):* With regards to the contents, countries might add a mention specific foods or programmes (food supplementation for example), or make any adjustments related to specific practices that were found in the situation analysis. The messages are quite general, but if needed they can be modified to better suit a specific situation. Care needs to be taken to keep the content in line with current global guidance on IYCF.

    *Ninik (UNICEF):* Yes, in Indonesia we also changed some of the sessions, for example since the prevalence of HIV in Indonesia is low in most places, the GoI changed the HIV and Infant Feeding session to Growth Monitoring Session. The recommendation and messages were also change to suit local context.

22. **Felicien Paul Randriamanantenasoa: From the Global nutrition report 2015 document, there are some countries where the stunting rate didn't change and stagnated over several years. Do you think using/ adapting the IYCF package can be a good way to improve results?**

    *Maaike (UNICEF):* For each country and even for different settings within each country, the reasons for high stunting rates are different. It could be related to IYCF practices, and within that either to (for example) low dietary diversity or late introduction of complementary foods, but also to other things like inadequate sanitation or inadequate access to foods of high nutritious value due to poverty. For each cause, there is a different solution. If it is determined that certain IYCF practices are causes for stunting, then the package can certainly support efforts to reduce stunting.

23. **Neha Santwani: When we talk about measuring stunting, do we take into account the prevalence of stunting or the incidence?**

*Ninik (UNICEF):* Prevalence of stunting

24. **Sarah Henton: would you align your communications strategies with public health messaging?**

    *SPRING on the Nigeria C-IYCF Evaluation:* It is our hope/next step to fully align the package with national and/or state information and communication systems.

25. **Sarah Henton: would you contemplate the use of short animations or films to support the flip charts?**

    *Maaike (UNICEF):* Nowadays there are some very good videos about supporting IYCF practices (specifically breastfeeding, but complementary feeding is forthcoming). See for example: http://globalhealthmedia.org/videos/breastfeeding/. These could be used if a community health worker deems it necessary to provide additional and/or specific information. Some CHWs have such videos on their cell phone. It is important to keep in mind though, that in general terms, animations or films are better suited for a larger audience, whereas the counselling cards are developed for use with a mother and possibly including other adults in her household, so quite a small group.

26. **Bushra AlMakaleh: What the role of community midwives in C-IYCF?**

    *Maaike (UNICEF):* I think that will depend from country to country. In general terms, community midwives should be able to support maternal nutrition during pregnancy, counselling about breastfeeding during pregnancy, early initiation of breastfeeding and possibly also during teh postpartum/neonatal period.

27. **Altrena Mukuria, SPRING Project. Thank you. The results from Indonesia are quite impressive. Well done on the increase in EBF and consumption of animal source foods. I noted that there were lower levels of increased practices for diet diversity and MAD. This seems to be a challenge for many programs. What do you think would be needed to added or additional emphasis to get movement in these indicators. (cooking demos; gardens, or others?)?**

    *Answered verbally during the webinar, additional comment—Ninik (UNICEF):* Agree with you on the need to have more cooking demos – Complementary feeding demonstrations at the monthly posyandu meetings attract many mothers and caregivers, especially from poor households, and provide a valuable opportunity for counselling. Home gardening is another initiative that we also think it is important.

    Following training in maternal nutrition IYCF, several villages initiated some highly effective and innovative schemes that responded to local nutrition challenges. One of them is the establishment of Café baby. The unique cafe sells age-appropriate and affordable complementary breakfast meals for children aged 6-23 months. Each meal has a 'four star'

list of ingredients that meets standards recommended by the Ministry of Health and UNICEF, meaning it contains a source of protein (beans or animal protein), vegetables and fruits, as well as carbohydrate (usually rice). The meals are prepared by the CHW and the menu is varied throughout the weak. The cafe operates at the village's meeting hall from 6.30 am to 7.30 am, so caregivers have time to buy breakfast before they depart for work. The demand for the meals is huge and they often sell out. The CHW working at the cafe also provide counselling on IYCF to customers – for example, on how to prepare healthy meals for the remainder of the day.

28. **Lola Gaparova: Question for Sri: How often the practical work with young women you conduct on child feeding in Indonesia?**

    *Ninik (UNICEF):* UNICEF supported the cascade training in three districts from 2012-2014. At the moment the goal is scaling-up the training using their own budget.

29. **Lola Gaparova: Which methods do you use to involve all family members?**

    *Ninik (UNICEF):* UNICEF supported the cascade training in three districts from 2012-2014. At the moment the GoI is scaling-up the training using their own budget.

30. **Lola Gaparova: Who selects volunteers, who are working close with community?**

    *SPRING on the Nigeria C-IYCF Evaluation:* Ward Development Committees worked with Ward Focal Officers to nominate community members who met the selection criteria proposed by the FMOH/UNICEF/SPRING to serve as community volunteers. This was what was done in the intervention LGA only.

31. **Lola Gaparova: How often TOT will conduct for volunteers in month?**

    *SPRING on the Nigeria C-IYCF Evaluation:* So far our implementation has only been going on for 1 year. When we trained health workers and volunteers last year, we worked with an existing cadre of master trainers that were trained by Maryanne Stone-Jimenez in 2010. There is need for training more master trainers in Nigeria. We also engaged the State Nutrition Officer who had been trained by SPRING in Nigeria as the second tier of trainer. They trained the health workers who then worked with the master trainers to train the volunteers. We have not yet repeated the training for our one LGA. I should note that there are other on-going efforts to roll out the C-IYCF package in Nigeria, led by SPRING, WINNN, UNICEF, and various State MOHs.

    Ninik (UNICEF): ToT is only targeted to Province/District level health staff. Community volunteer is the end-user, so they will not get any ToT.

32. **Maryanne Stone-Jimenez: With regards to "respect" for "Volunteers" - would it make a difference in 'naming'? e.g. Community Health Workers or Community Volunteers.**

**Depends on country?**

*SPRING on the Nigeria C-IYCF Evaluation:* Good point. Yes, perhaps. And, I agree that this will depend on the country.

33. **Carrie Hubbel Melgarejo: What is meant by the trainees showing competency in the skill; how is that tested?**

*Maaike (UNICEF):* This is best observed during a supportive supervision visit.