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Strengthening Partnerships, Results,
and Innovations in Nutrition Globally



ESSENTIAL NUTRITION ACTIONS AND ESSENTIAL HYGIENE ACTIONS

A TRAINING GUIDE FOR PEACE CORPS VOLUNTEERS AND
COMMUNITY VOLUNTEERS

DECEMBER 2014

DISCLAIMER

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ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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Adaptation from generic ENA materials¹ was initiated by JSI Research & Training Institute, Inc. and SPRING,² who worked closely with Peace Corps headquarters,³ USAID/Peace Corps West Africa Food Security Partnership (WAFSP),⁴ and Peace Corps Benin to ensure that the materials respond to Peace Corps philosophy and experience. SPRING also assists Peace Corps Volunteers (PCVs) in delivering the best nutrition support to their communities. SPRING built on training materials developed by the project and HKI in Bangladesh and SPRING/Nigeria.

This training guide was tested in Benin during Peace Corps Volunteers (PCV) in-service training (IST) in February 2013.

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¹http://www.jsi.com/JSIInternet/Inc/Common/display_related_objects.cfm?thisSection=IntlHealth&thisSectionTitle=International%5EHealth&thisPage=techexpertise&ctid=1000&cid=83&tid=2010

² <http://www.spring-nutrition.org/news/spring-partners-peace-corps-provide-nutrition-training-west-africa>

³ <http://www.feedthefuture.gov/institutional-sponsor/peace-corps>

⁴ <http://www.feedthefuture.gov/article/west-africa-peace-corps-raises-profile-undernutrition>

CONTENTS

GLOBAL NUTRITION EFFORTS.....	I
PEACE CORPS	I
ABOUT THE ESSENTIAL NUTRITION ACTIONS.....	III
ABOUT THE TRAINING	1
TRAINING SCHEDULE	3
SESSION 1: WHY ARE WE HERE?.....	4
SESSION 2: ADOLESCENT GIRLS AND WOMEN'S NUTRITION DURING PREGNANCY AND THE IMPORTANCE OF MICRONUTRIENTS	10
SESSION 3: OPTIMAL BREASTFEEDING.....	13
SESSION 4: NEGOTIATION WITH MOTHERS, FATHERS, GRANDMOTHERS, AND OTHER CAREGIVERS: WOMEN'S NUTRITION DURING PREGNANCY AND OPTIMAL BREASTFEEDING.....	18
SESSION 5: SCREENING FOR MALNUTRITION AND REFERRING A CHILD WHO IS MALNOURISHED	28
SESSION 6: COMPLEMENTARY FEEDING, FEEDING A SICK CHILD, ESSENTIAL HYGIENE ACTIONS, AND HOMESTEAD FOOD PRODUCTION.....	37
SESSION 7: NEGOTIATION WITH MOTHERS, FATHERS, GRANDMOTHERS, AND OTHER CAREGIVERS: COMPLEMENTARY FEEDING AND THE SICK CHILD	41
SESSION 8: GENDER ROLES.....	49
SESSION 9: FIELD PRACTICE	50
SESSION 10: HOMESTEAD FOOD PRODUCTION AND NUTRITION	52
SESSION 11: IMPLEMENTATION AND ACTION PLANS	53
SESSION 12: HOW TO INTEGRATE ESSENTIAL NUTRITION ACTIONS, ESSENTIAL HYGIENE ACTIONS, AND HOMESTEAD FOOD PRODUCTION INTO CURRENT TRAINING CURRICULA	61
SESSION 13: SUPPORT TO COMMUNITY GROUPS	63
GROUP WORK	66

LIST OF ACRONYMS

BCC	behavior change communication
CV	community volunteer
EBF	exclusive breastfeeding
EHA	Essential Hygiene Actions
ENA	Essential Nutrition Actions
GALIDRAA	<u>G</u> reet, <u>A</u> sk, <u>L</u> isten, <u>I</u> dentify, <u>D</u> iscuss, <u>R</u> ecommend, <u>A</u> gree, set follow-up <u>A</u> ppointment
HFP	homestead food production
IFA	iron-folic acid
IPT	intermittent preventive treatment
ITN	insecticide-treated mosquito net
IYCF	infant and young child feeding
MTCT	mother-to-child transmission (of HIV)
ORS	oral rehydration solution
PCV	Peace Corps Volunteer
RUTF	ready-to-use therapeutic foods
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WAFSP	West Africa Food Security Partnership

GLOBAL NUTRITION EFFORTS

Around the world, some two billion people live on a diet lacking the nutrients needed to live healthy and productive lives. More than 200 million children under the age of five suffer from chronic undernutrition, which is manifested by stunting, wasting, and severe wasting.⁵ When undernutrition affects the 1,000-day window from conception to a child’s second birthday, one of many consequences is mental impairment, which affects the child’s entire life cycle. Children affected by stunting are more susceptible to sickness, fare poorly in school, enter adulthood more prone to noncommunicable diseases, and at work often earn less than non-stunted coworkers. When undernutrition affects girls and follows them into adolescence, the cycle begins again.

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 alleviate 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, which are grounded in nutrition actions endorsed by *The Lancet* in its landmark series *Maternal and Child Undernutrition*, published in 2008 with an update in 2013. The nutrition actions have been proven to combat malnutrition during the critical first 1,000 days.⁶ In 2010, more than half a dozen ministers and heads of organizations endorsed the 1,000 Days initiative, a global effort to implement the SUN framework and roadmap at country level, after its launch at an event hosted by U.S. Secretary of State Hillary Clinton and Irish Foreign Minister Micheál Martin.

PEACE CORPS

Peace Corps has identified nutrition as a key focus area of its interventions under Feed the Future, the U.S. Government’s global hunger and food security initiative. To further the goals of Feed the Future, in 2011, Peace Corps and USAID signed the Global Food Security Agreement, and the USAID/West Africa Regional Mission and the Peace Corps established the USAID/Peace Corps West Africa Food Security Partnership (WAFSP). Support from USAID/West Africa facilitates opportunities for synergistic food security programming between three West African Feed the Future focus countries (Ghana, Liberia, and Senegal) and seven West African countries that, although not participating in Feed the Future, are targeted by Peace Corps programs (Benin, Burkina Faso, Cameroon, Gambia, Guinea, Sierra Leone, and Togo). The funding is supporting small grant projects, trainings, technical exchanges, and materials development.

⁵ Thompson, Andrew, Monika Blössner, and Elaine Borhi, Juan Feng, and Johan Mistiaen. 2012. “Joint UNICEF–WHO–The World Bank Child Malnutrition Database: Estimates for 2012 and Launch of Interactive Data Dashboards.” Geneva: World Health Organization. http://www.who.int/nutgrowthdb/jme_2012_summary_note_v2.pdf?ua=1

⁶ 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.

Globally, Peace Corps has also encouraged its country programs to adopt and adapt tested and proven field tools such as the trio of publications designed for training in and communication about Essential Nutrition Actions (ENA). ENA are key nutrition interventions supported by USAID that aim to achieve broad public health impact.

Peace Corps believes greater progress and impact will result from harmonizing the field approaches and tools of many different groups. Harmonization is critical: Resources are scarce, and the task ahead is immense. At the country level, the need for harmonization will mandate that many different field groups work in synchrony and with intention to build program synergies, to combine efforts whenever possible, and to leverage all available resources for a single purpose.

The training's goal is to empower Peace Corps Volunteers (PCVs) and community volunteers (CVs) with knowledge and proven effective messages on women's nutrition, infant and young child feeding (IYCF) practices, the importance of micronutrients and hygiene practices, and the basics of homestead food production (HFP).

The training introduces the concept of behavior change communication and explores how different community channels and platforms can be adapted to PCV activities around ENA, as well as Essential Hygiene Actions and HFP. In addition, the training builds crucial negotiation and interpersonal communication skills to enable PCVs and CVs to optimally integrate high-impact nutrition interventions into their daily activities.

Informed by the knowledge and supported by the skills from this training, PCVs and CVs have an exciting opportunity to contribute their own support to significant global initiatives aimed at combating malnutrition during the critical first 1,000 days.

FOR MORE INFORMATION ON 1,000 DAYS, please visit <http://www.thousanddays.org/>

ABOUT THE ESSENTIAL NUTRITION ACTIONS

In 1997, the USAID-funded Basic Support for Institutionalizing Child Survival (BASICS) project, introduced a new approach to nutrition and health called the Minimum Package for Nutrition. Subsequently, this “MinPak” was renamed Essential Nutrition Actions (ENA).

The ENA framework represents a comprehensive strategy for reaching 90 percent coverage with high-impact nutrition interventions to achieve public health impact. Designed to manage the advocacy, planning, and delivery of an integrated package of preventive high-impact nutrition actions, this operational framework has been implemented across Africa and Asia. Health facilities and community groups carry out ENA implementation. At multiple contact points, health services support women and young children during their first 1,000 days—from conception through age two—a period when nutrient requirements are increased, the risks of undernutrition are great, and the consequences of deficiencies are most likely to be irreversible over the child’s life course. All ENA have been proven to improve nutritional status and reduce mortality.⁷

The ENA framework promotes and supports “nutrition through the life cycle,” addressing women’s nutrition during adolescence, pregnancy and lactation, optimal IYCF (i.e., breastfeeding and complementary feeding); nutritional care of sick or malnourished children (e.g., with zinc, vitamin A, and ready-to-use therapeutic foods (RUTF)); and the control of anemia, vitamin A, and iodine deficiencies. The ENA framework requires integration of key messages and services into all existing health sector programs.⁸ In particular, integration means reaching mothers and their babies and children at critical contact points, such as in maternal health and prenatal care, in delivery and neonatal care, in postpartum care for mothers and infants, during family planning, at immunizations, at well-child visits (including growth monitoring, promotion, and counseling), at sick-child visits (including integrated management of newborn and childhood illnesses and integrated community case management), and during outpatient therapeutic care as part of community-based management of acute malnutrition.

ESSENTIAL NUTRITION ACTIONS

- Nutrition for adolescents and women during pregnancy and lactation
- Exclusive breastfeeding during the first six months of life
- Complementary feeding starting at six months, with continued breastfeeding to two years of age and beyond
- Nutritional care of sick or malnourished children
- Prevention of vitamin A deficiency in women and children
- Prevention and control of anemia in women and children
- Consumption of iodized salt among household members

⁷ 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/.

⁸ Guyon, Agnes, and Victoria Quinn. 2014. “Understanding the Essential Nutrition Actions (ENA) Framework.” Washington, DC: CORE Group. http://www.jsi.com/JSIInternet/Inc/Common/download_pub.cfm?id=14139&lid=3.

The appropriate messages and services are also integrated to the greatest extent possible into programs outside the health sector, such as agriculture and food security (e.g., HFP and agriculture extension agents), education (e.g., pre-service and in primary and secondary schools) and literacy education, and microcredit and livelihoods enhancement. Implementing the ENA framework entails building partnerships with all groups supporting maternal and child health and nutrition programs. This is done so messages are harmonized and all groups promote the same messages using the same job aids and information and education communication materials. Ideally, partners are brought together at the regional and national levels to agree on the harmonized approaches and to advocate with policy leaders for the importance of nutrition to the nation's economic and social development.

Messages are crafted to highlight actions that are small and doable, and techniques of social and behavior change communications are used to promote adoption of these actions. Special emphasis is given to interpersonal communications—notably, during counseling of individual mothers or during group events—that are reinforced by mass media and at community festivals and other mobilizing events. Health and community agents are trained to employ negotiations for behavior change—while visiting mothers in their households or at markets, during their chores, at women's group meetings, and at community meeting places—and to help them anticipate and overcome barriers to carrying out new practices.

Existing ENA training materials can strengthen those individuals' abilities to promote ENA by teaching them how to negotiate for behavior change. Although content remains generally fixed from one country or region to the next, formative research can shape the details of adaption to the context.

ABOUT THE TRAINING

LEARNING OBJECTIVES FOR THE TRAINING

By the end of this three-day training, participants will have learned to act as resource persons for pregnant and breastfeeding women and for young children’s caregivers.

This training guide is to be used during pre-service or in-service training for Peace Corps Volunteers (PCVs) who will initiate activities related to nutrition, hygiene, or homestead food production in collaboration with their counterparts.

This training guide is to be provided with the reference handbook on ENA, Essential Hygiene Actions (EHA), and homestead food production, as it guides volunteers in identifying community contacts and interventions to improve the adoption of high-impact nutrition interventions.

TRAINING METHODOLOGY

The training takes a participatory approach, reflecting the widely acknowledged theory that adults learn best by practicing and reflecting on their experiences. The goal was to keep training sessions relevant to participant needs.

The course encourages participants to acquire skills in a hands-on way. It also uses varied training methods, including demonstrations, practice, discussions, case studies, group discussions, and role playing.

Respect for individual trainees is central to the training, and sharing of experiences is encouraged throughout the sessions.

TRAINING AGENDA

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

WHAT YOU NEED FOR THE TRAINING

Stationery

- Flip chart stand(s) *(one or two)*
- Flip chart paper *(200 sheets)*
- Black and color markers *(two boxes each)*
- 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)*
- Document #8: GALIDRAA Negotiation Checklist *(one copy 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 pieces 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 pieces of paper
- Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers (one copy per participant)*

Field Practice Location

During the practicum, trainees acquire skills to negotiate with mothers and caregivers on doable feeding practices for infants and young children. Choose a site close to where the training is planned. Prepare the site by coordinating with the clinic and/or community, alerting point persons to the participants' arrival. Arrange space for participants to practice negotiation skills with actual mothers and caregivers. Ideally, there should be one facilitator for every six to eight participants.

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.
- 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).

REFER TO SESSION 9: FIELD PRACTICE

Trainers will benefit from practicing counseling and negotiation in the field numerous times.

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

TRAINING SCHEDULE

Time	Activity	Session
DAY ONE		
8:30–9:30	Introduction: 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	Optimal Breastfeeding	3
Lunch 12:30–13:30		
13:30–15:45	Negotiation with Mothers, Fathers, Grandmothers, or Other Caregivers: Women’s Nutrition during Pregnancy and Optimal Breastfeeding	4
15:45–16:45	Screening for Malnutrition and Referring a Child Who Is Malnourished (<i>Part 1</i>)	5
DAY TWO		
8:30–9:30	Screening for Malnutrition and Referring a Child Who Is Malnourished (<i>Part 2</i>)	5
9:30–12:45	Complementary Feeding, Feeding a Sick Child, Essential Hygiene Actions, and Homestead Food Production	6
Lunch 12:45–13:45		
13:45–16:00	Negotiation with Mothers, Fathers, Grandmothers, or Other Caregivers: Complementary Feeding and the Sick Child	7
16:00–16:45	Gender Roles	8
DAY THREE		
8:30–11:30	Field Practice	9
11:30–12:15	Homestead Food Production and Nutrition	10
Lunch 12:15–13:15		
13:15–15:45	Implementation and Action Plans	11
<i>(Optional)</i>	How to Integrate Essential Nutrition Actions, Essential Hygiene Actions, and Homestead Food Production into Current Training Curricula	12
<i>(Optional)</i>	Support to Community Groups	13

SESSION 1: WHY ARE WE HERE?

Learning Objectives

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

- Name fellow participants and facilitator(s).
- Discuss expectations.
- Understand why we are here.

Total Time

1 hour

Activities

- 1.1 Introduction and Review of Learning Objectives (*15 minutes*)
- 1.2 Administration and Housekeeping (*5 minutes*)
- 1.3 Country Context (*40 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #1: Learning Objectives for the Training
- Document #2: Conceptual Framework for Nutrition
- Document #3: Essential Nutrition Actions and Essential Hygiene Actions
- Document #4: Country Statistics on Essential Nutrition Actions and Essential Hygiene Actions

ACTIVITY 1.1: INTRODUCTION AND REVIEW OF LEARNING OBJECTIVES

(15 minutes)

Methodology

- Ask participants to pair up and discuss what they know about nutrition in general, in their country, and in their sectors.
- Ask each participant to write one expectation of the orientation.
- Ask one participant to read the learning objectives (Document #1) and explain the schedule.

ACTIVITY 1.2: ADMINISTRATION AND HOUSEKEEPING

(5 minutes)

ACTIVITY 1.3: COUNTRY CONTEXT

(40 minutes)

Methodology

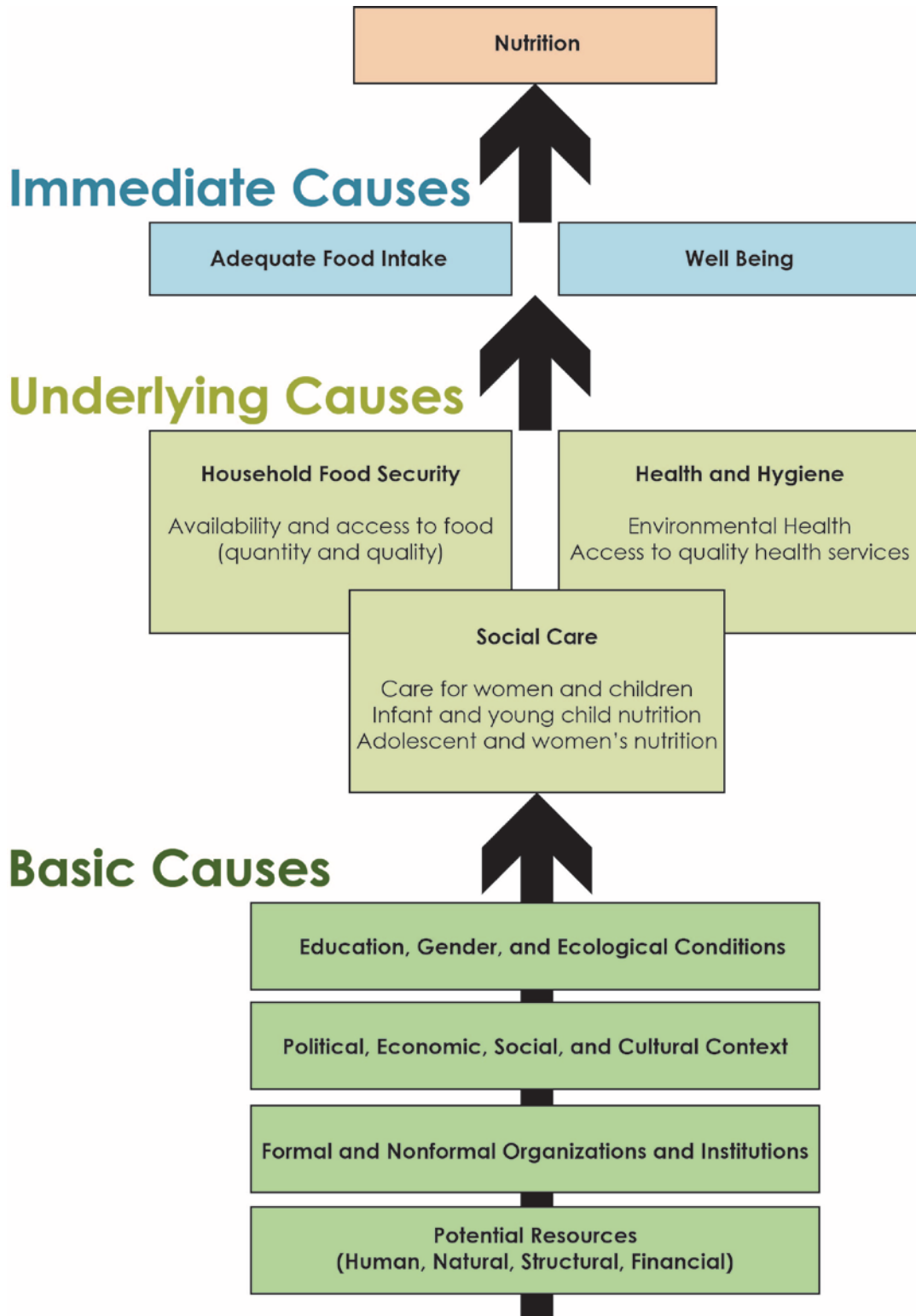
- Present the Conceptual Framework for Malnutrition (Document #2).
- Ask participants for feedback and about their activities and context.
- Ask participants what nutrition and hygiene actions they think are important; write them on the flip chart, then ask two to four participants to read the summary on the flip chart (Document #3; *10 minutes*).
- Ask participants what they know about the maternal and child nutrition practices in the region or country where they work. Then, for each maternal and child nutrition practice, give relevant statistics from the country's Demographic and Health Survey (DHS), UNICEF data, or the World Health Organization Health Survey (Document #4).
- Summarize by saying the training will cover all Essential Nutrition Actions (ENA) and Essential Hygiene Actions (EHA) practices to help participants understand how they as Peace Corps Volunteers (PCVs) can help improve them in their localities.

DOCUMENT #1: LEARNING OBJECTIVES FOR THE TRAINING

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

- Describe the nutrition situation in the country or region where participants are working.
- Describe key practices and messages relating to adolescent girls' and women's nutrition during pregnancy and lactation.
- Describe key practices and messages for optimal breastfeeding, including within the context of HIV and AIDS.
- Describe key messages and practices for adequate complementary feeding.
- Describe key messages and practices for controlling micronutrient deficiencies (e.g., relating to anemia, vitamin A, zinc, and iodine).
- Recite key hygiene practices directly related to preventing illness and malnutrition.
- Encourage and negotiate with mothers to try one improved practice, and reinforce adoption of the new practice.
- Use the mid-upper arm circumference measurement to identify children who are malnourished for counseling, follow-up, and referral.
- Explain PCVs' role as counselors who are able to listen, give constructive feedback, and practice positive coaching.
- Enumerate contacts and platforms where PCVs could deliver messages on ENA and EHA, as well as on homestead food production.

DOCUMENT #2: CONCEPTUAL FRAMEWORK FOR NUTRITION



DOCUMENT #3: ESSENTIAL NUTRITION ACTIONS AND ESSENTIAL HYGIENE ACTIONS

Focus on Essential Nutrition Actions

- Promote adolescent's nutrition.
- Promote women's nutrition during pregnancy and lactation.
- Promote and support breastfeeding practices.
- Advocate for feeding complementary foods ("family foods") while breastfeeding.
- Urge nutritional care of sick or malnourished children.
- Control vitamin A deficiency.
- Control anemia.
- Control iodine deficiency disorders.

Focus on Essential Hygiene Actions

- Use a sanitary latrine, and encourage your children to use it.
- Wash your child's hands and your own with soap and water before preparing food, before eating food, and before feeding your child.
- Wash your hands with soap and water after going to the bathroom and after cleaning your baby.
- Install a tippy tap next to the cooking area.
- Keep all cooking containers and utensils clean.
- Keep water containers clean and covered.

DOCUMENT #4: COUNTRY STATISTICS ON ESSENTIAL NUTRITION ACTIONS AND ESSENTIAL HYGIENE ACTIONS

Women's Nutrition

- Rate of women consuming a diversified diet

Breastfeeding

- Rate of exclusive breastfeeding from birth through six months

Complementary Feeding while Breastfeeding

- Rate of introduction to complementary food at the age of six through eight⁹ months
- Rate of children receiving the minimum acceptable diet at ages six through two months

Feeding a Sick Child

- Rate of feeding during diarrhea

Controlling Vitamin A Deficiency

- Rate of children (6–59 months) receiving vitamin A supplements
- Rate of women consuming fruits, vegetables, or other foods rich in vitamin A
- Rate of children (6–23 months) consuming fruits, vegetables, or other foods rich in vitamin A

Controlling Anemia

- Rate of women consuming iron–folic acid (IFA) tablets
- Rate of women receiving deworming medicine during pregnancy
- Rate of children (12–59 months) receiving deworming medicine

Controlling Iodine Deficiency Disorders

- Rate of women living in households using adequate amounts of iodized salt

Country Statistics on Essential Hygiene Actions

- Prevalence of handwashing materials in the household
- Household water source (piped water, well water, surface water, rainwater, tanker truck, bottled water, or other)
- Pit toilet or flush toilet in the household

⁹ Age groups in this document are described in terms of months completed. For instance, a child “6 through 23 months of age” has had his or her six-month birthday but has not yet turned two. The word “through” indicates to the end of the month, to be distinguished from the word “to,” which indicates “up to the beginning of the month.” These practices are in accordance with UNICEF’s Indicators for Assessing Infant and Young Child Feeding Practices, Part 1, Definitions, http://www.unicef.org/nutritioncluster/files/IYCFE_WHO_Part1_eng.pdf.

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 women's nutrition.
- Negotiate with women to improve key practices for their nutrition.
- Describe the importance of iron–folic acid supplementation for women and children, deworming, and iodized salt.

Total Time

1 hour

Activities

- 2.1 Why Nutrition Is Important for Women through the Life Cycle *(25 minutes)*
- 2.2 Nutrition for Pregnant Women: Practices, Messages, and Additional Information *(35 minutes)*

What You Need

- Flip chart stand(s) and paper, markers, and 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
- Document #5: Intergenerational Cycle of Nutrition
- Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

ACTIVITY 2.1: WHY NUTRITION FOR WOMEN IS IMPORTANT THROUGH THE LIFE CYCLE

(25 minutes)

Methodology

- Brainstorm on effective nutrition practices within the community and the importance of good nutrition for women. Also, discuss the role that husbands and households' oldest women play in food access and distribution.
- Explain the cycle of malnutrition (Document #5) from one generation to the next, and describe interventions that make it possible to break this cycle. Using the paper figurines, for each stage of a woman's life, ask questions such as:
 - What will happen if this baby girl (or this girl or woman) does not receive all the nutrition she needs?
 - What will happen to this girl when she reaches age fourteen? (Or when she becomes pregnant or has a baby)?
 - What can be done to prevent this cycle from continuing?
- Conclude that it is important to improve women's nutrition for the benefit of babies, households, and communities.

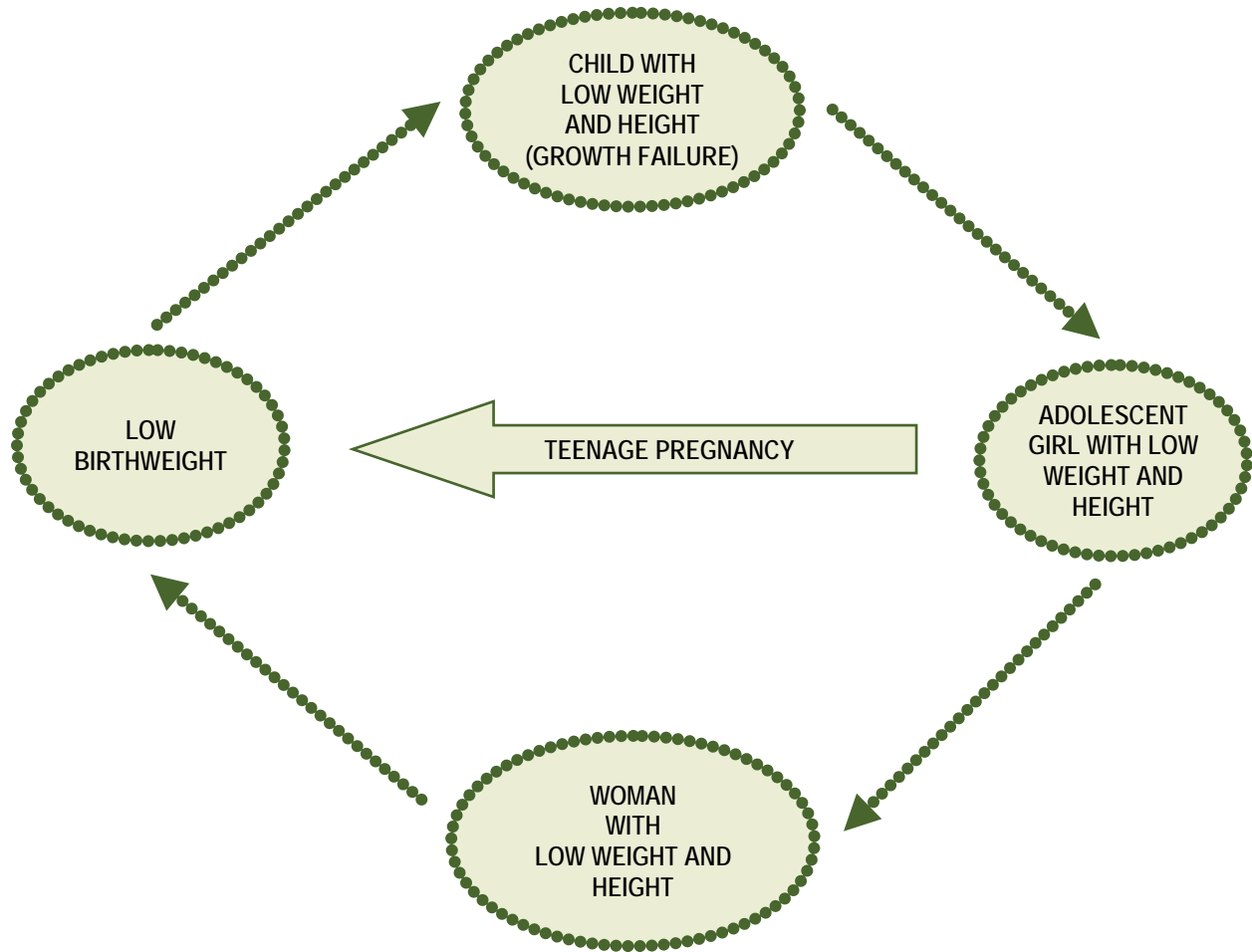
ACTIVITY 2.2: NUTRITION FOR PREGNANT WOMEN: PRACTICES, MESSAGES, AND ADDITIONAL INFORMATION

(35 minutes)

Methodology

- Show participants each of the following practices, one at a time:
 - Practice 1: Nutrition for Adolescent Girls
 - Practice 2: Nutrition for Pregnant Woman
 - Practice 3: Preventing Anemia and Malaria during Pregnancy
 - Practice 4: Using Iodized Salt
- Ask participants to review the pictures one by one, then have them answer the questions at the top of each page describing the practice.
- For each practice, read the message, then the additional information.
- Ask participants to discuss the messages and additional information; 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.

DOCUMENT #5: INTERGENERATIONAL CYCLE OF NUTRITION



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
- to have been underweight and stunted as girls
- to have had their first pregnancy during their adolescence
- to have had closely-spaced pregnancies
- to have heavy workloads during pregnancy and breastfeeding

SESSION 3: OPTIMAL BREASTFEEDING

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 Advantages of Breastfeeding (*30 minutes*)

3.2 Optimal Breastfeeding Practices (*1 hour 30 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- A doll or a baby
- Document #6: The Benefits of Breastfeeding for Infants and Young Children and the Risks of Formula Feeding
- Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

ACTIVITY 3.1: ADVANTAGES OF BREASTFEEDING

(30 minutes)

Methodology

- Divide participants into four groups.
- Ask each group what the benefits of breastfeeding are for the infant, the mother, the family, the community, and the nation. Give the groups 15 minutes to think of as many advantages as they can. (They do not need to write them down.)
- When time is up, have each group present its ideas. Add any ideas that have been missed (refer to Document #6).

ACTIVITY 3.2: OPTIMAL BREASTFEEDING PRACTICES

(1 hour 30 minutes)

Methodology

- Show participants each of the following practices, one
 - Practice 5: Early Initiation of Breastfeeding
 - Practice 6: Exclusive Breastfeeding 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 have them answer the questions at the top of the page for each practice.
- Ask the participants to read the message and the additional information for each practice; 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 attachment to the breast. Next, ask participants to describe what they see. Show them Practice 6 in the handbook; ask participants to review the pictures, then have them answer the questions at the top of the page for each practice.
- Ask each participant to read the message and the additional information for each practice; 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.

DOCUMENT #6: 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.
- Breastmilk is a complete food for infants because it contains balanced proportions and a sufficient quantity of all the nutrients babies need during their first six months of life.
- Breastmilk contains antibodies that protect against diseases, especially against diarrhea and respiratory infections.
- Infants benefit from colostrum, the yellowish "first milk," which protects them from diseases. The colostrum acts as a laxative, cleaning the infant's stomach.
- Breastmilk promotes adequate growth and development, preventing stunting.
- Breastmilk is always clean.
- Breastmilk is always ready and at the right temperature.
- Breastmilk is easy to digest; its nutrients are well absorbed.
- Breastmilk protects against allergies.
- Breastmilk antibodies protect the baby's gut, preventing harmful substances from passing into the blood.
- Breastmilk contains the right amount of water to meet a baby's needs. (Up to 80 percent of breastmilk is water.)
- Breastmilk helps jaw and teeth development; suckling develops facial muscles.
- Frequent skin-to-skin contact with the mother improves the baby's psychomotor, emotional, and social development.

How Breastfeeding Helps the Mother

- The baby's suckling stimulates uterine contractions, so putting the baby to the breast immediately after birth facilitates expulsion of the placenta.
- Breastfeeding reduces risks of bleeding after delivery.
- Breastfeeding the baby immediately after birth stimulates breastmilk production.
- Immediate and frequent suckling prevents engorgement.
- Breastmilk is available at anytime and anywhere and is always clean, nutritious, and at the right temperature.
- Breastfeeding is economical.
- Breastfeeding stimulates the bond between mother and baby.
- Breastfeeding reduces the mother's workload. She does not have to spend time gathering fuel, boiling water, or preparing milk to feed her baby.
- Breastfeeding reduces risks of premenopausal breast and ovarian cancer.
- Exclusive breastfeeding is more than 98 percent 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. Breastfeeding mothers and their breastfed children are healthier.
- With fewer illnesses, the family encounters fewer emotional stresses.
- Breastfeeding's contraceptive effect spaces births.
- Breastfeeding saves time and reduces the family workload—breastmilk is always available and ready.

How Breastfeeding Is Good for the Community

- With no need to import formula and the utensils necessary for its preparation, hard currency is saved and can be used elsewhere.
- Healthy babies make a healthy nation.
- Savings are made in the health sector. Decreased child illnesses reduce the national cost of treating them.
- 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 mortality 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. Infant formula can become contaminated in the factory with heat-resistant, pathogenic, and highly contagious bacteria such as *Enterobacter sakazakii*.
- Formula-fed children are more likely to suffer from asthma.
- Formula-fed children are at increased risk for allergies.
- In formula-fed children, cognitive development and educational attainment are reduced.
- Formula-fed children are at increased risk for childhood cancers such as leukemia and for chronic diseases.

Formula-fed children are at increased risk for obesity, Type 1 and Type 2 diabetes, and cardiovascular disease

SESSION 4: NEGOTIATION WITH MOTHERS, FATHERS, GRANDMOTHERS, OR OTHER CAREGIVERS: WOMEN'S NUTRITION DURING PREGNANCY AND OPTIMAL BREASTFEEDING

Learning Objectives

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

- Explain the steps of negotiation (GALIDRAA).
- Practice negotiation with pregnant women and with the mother of a baby under six months of age.
- Observe and encourage participants to improve their performance.

Total Time

2 hours 15 minutes

Activity

- 4.1 Negotiation Demonstration and Practice with Pregnant Women and a Mother of a Baby under Six Months of Age (*2 hours 15 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Case studies written on small piece of paper
- Document #7: Listening and Learning Skills
- Document #8: GALIDRAA Negotiation Checklist
- Document #9: Facilitator Role Play: Negotiation on Early Initiation of Breastfeeding and Exclusive Breastfeeding
- Document #10: Practice Case Studies: Women's Nutrition during Pregnancy
- Document #11: Practice Case Studies: Optimal Breastfeeding
- Essential Nutrition Actions and Essential Hygiene Actions, A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

ACTIVITY 4.1: NEGOTIATION DEMONSTRATION AND PRACTICE WITH PREGNANT WOMEN AND A MOTHER OF A BABY UNDER SIX MONTHS OF AGE

(2 hours 15 minutes)

Methodology

- Discuss GALIDRAA negotiation skills (Documents #7 and #8).
- Demonstrate how to negotiate and help persuade a mother to try out a recommendation (Document #9). Discuss key strategies that will lead the mother to try the new behavior—for example, the volunteer asks other family members to participate in the discussion and adopt the new behavior themselves.
- Have participants pair up and practice negotiation skills using case studies, with one participant playing the role of the mother and the other as the Peace Corps Volunteer (PCV); next, have participants change roles and continue practicing using a different case study. Each participant should negotiate on both women’s nutrition and optimal breastfeeding practices (Documents #10 and #11).
- As facilitator, silently observe each pair and then give feedback. After the observation, lead a discussion, asking the following: What happened? Will the mother attempt the practice? What else could the PCV or community volunteer (CV) have said to encourage the mother to try it? Review negotiation skills, and explain that the full negotiation process requires at least two visits: the initial visit and a follow-up after a week or two. If possible, a third visit should be scheduled to maintain the practice or negotiate another practice.

DOCUMENT #7: LISTENING AND LEARNING 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, ask 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 on what the mother said—that is, repeat her ideas back to her using your own words.
- Empathize: Demonstrate that you understand how she feels.
- Do not use words that sound judgmental (e.g., words that suggest you believe what she is doing is wrong or bad).

DOCUMENT #8: GALIDRAA NEGOTIATION CHECKLIST

- G**reet the mother and be friendly. Establish her confidence.
- A**sk the mother about feeding practices, her children's ages, and their feeding status.
- L**isten to the mother.
- I**dentify feeding challenges and their causes. With the mother, choose one challenge to overcome.
- D**iscuss different feasible options with the mother.
- R**ecommend and negotiate doable actions. Present options and negotiate with the mother to help her choose one practice to try.
- A**gree on which practice the mother will try; ask her to repeat the agreed-upon practice back to you.
- A**ppointment made for follow-up visit.

DOCUMENT #9: FACILITATOR ROLE PLAY: NEGOTIATION ON EARLY INITIATION OF BREASTFEEDING AND EXCLUSIVE BREASTFEEDING

Initial Visit

The Situation: Faith is nine months pregnant with her second child. After her first delivery, she did not give her first milk, known as colostrum, to her baby. Colostrum, which is yellow, contains vitamins and will protect the baby from disease. She is planning to do the same thing because she thinks colostrum is bad for the baby.

The Visit: Talking with Faith, the volunteer explains early initiation of breastfeeding after birth. The volunteer stresses that this practice is important because colostrum helps protect the baby from infection and disease. The volunteer also speaks to Faith about exclusive breastfeeding for the baby's first six months of life and recommends not giving the baby any water.

Possible Follow-Up Negotiation Visits

Visit #2: Follow-Up: The PCV or CV asks Faith whether she has been able to exclusively breastfeed Amos over the past week. Faith answers that it seemed to her that, for the first two days, Amos suckled for the whole day, but she did breastfeed exclusively. She says her mother is coming the following week for a visit and will surely advise her to feed Amos other things besides breast milk.

Visit #3: Maintain the Practice or Negotiate another Practice: Amos is now five months old, and Faith has exclusively breastfed him since birth. She mentions that Amos has never had diarrhea or a cold.

DOCUMENT #10: PRACTICE CASE STUDIES: WOMEN'S NUTRITION DURING PREGNANCY

Case Study 1

The Situation: Hawa is a recently married 18-year-old woman.

The Visit: The volunteer has to find out about Hawa's eating habits and overall nutrition. The volunteer also has to listen carefully to Hawa to identify problems and their causes. Specifically, Hawa needs to understand her body is still developing and she has to eat well to allow her body to develop more. At each meal, she needs to eat animal-source foods, as well as brightly colored fruits and vegetables. The volunteer should urge her to delay her first pregnancy while her body continues to develop. Finally, the volunteer should suggest that Hawa go to the health facility for advice on family planning and to be checked for anemia.

Case Study 2

The Situation: Queta has three daughters between the ages of 12 and 16.

The Visit: The volunteer needs to ask questions about the nutrition practices of the mother and her daughters, listen carefully, and then identify problems and their causes. After deducing that Queta's children were spaced closely, the volunteer should explain the importance of good nutrition. Queta should eat well and encourage her daughters to do so as well. Queta needs to learn that this means eating animal-source foods as much as possible, dark green leafy vegetables, and orange and yellow fruits and vegetables. The volunteer needs to explain how important it is that Queta's daughters delay pregnancy until after age 20 and to space their own pregnancies at least three years apart. Birth spacing ensures bodies are strong enough to have healthy infants. Finally, the volunteer should urge Queta and her daughters to go to the health clinic to be checked for anemia.

Case Study 3

The Situation: Massa works very hard and does not always have time to breastfeed her three-month-old son by day but does breastfeed him at night.

The Visit: As a working mother, Massa has many stresses. The Peace Corps volunteer or community volunteer should find out more about these as well as about how other mothers in the community with similar challenges handle the stress. Massa's nighttime breastfeeding should be recognized and praised, and she should be encouraged to keep it up. Further, the volunteer needs to recommend that Massa breastfeed before leaving the house in the morning; look into the feasibility of someone else bringing the baby to her workplace; and negotiate with her employer for breastfeeding breaks.

The volunteer can also suggest that Massa express her breastmilk so that it can be given to her baby in a cup while she is at work, provided that bringing the baby to her during the day is impossible. The volunteer will need to explain how to express breastmilk and how to store it safely. If the volunteer cannot teach Massa how to express her milk, she should provide a referral to a place where she can learn the techniques.

Case Study 4

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

The Visit: The PCV or CV 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 volunteer also needs to explain that Fatu must sleep under an insecticide-treated mosquito net (ITN) to avoid getting malaria.

DOCUMENT #11: PRACTICE CASE STUDIES: OPTIMAL BREASTFEEDING

Case Study 1

The Situation: Yamah's gives her 12-month-old baby bites of family food at mealtime only.

The Visit: The volunteer should ask Yamah more about how she feeds her baby and listen carefully to identify where her practices do not align with FADDUA and why. The volunteer should then make recommendations, discuss them with Yamah, and negotiate. For instance, Yamah needs to feed her one-year-old three to four meals a day, plus one or two snacks. She should remember to increase the amount of food she gives her baby as he gets older; at his age, he should be receiving at least one "buna" cup of food per meal. In addition, the volunteer should encourage Yamah to enrich the family diet by adding animal-source foods and colorful fruits and vegetables. She should also add a teaspoon of oil or butter to the baby's food at each meal.

Additionally, Yamah should remember to wash her hands and utensils with soap and water before preparing food or feeding the baby. Prepared food should be stored and covered in a clean area. The baby should not be given any food prepared the day before. Also, Yamah should practice active feeding—that is, she should play and interact with her baby while she feeds him. Yamah should continue breastfeeding until her baby is at least two years old.

After Yamah has agreed to try new practices, the volunteer should ask her to repeat what they have agreed upon. They should then schedule a return visit for the volunteer. Finally, the volunteer should praise Yamah for her willingness to spend time with the volunteer and for considering the new practices.

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 PCV or CV should learn from Hawa what other mothers are doing in her community. The volunteer should listen carefully to Hawa, and then identify potential problems and their causes. Exclusive breastfeeding is important to the health of Hawa's baby, yet she does not realize breast milk is the only source of liquids needed by an infant less than six months of age. The volunteer should explain that infants less than six months of age should drink only breast milk. The volunteer should also mention that mother's milk contains all the water and nutrients necessary to satisfy both hunger and thirst; no additional fluids or liquids are required. The volunteer also needs to emphasize that babies of this age must be breastfed every time they are hungry or thirsty, both day and night, at least 10 to 12 times each 24 hours, and that the more frequently the mother breastfeeds, the more milk she will produce. Finally, the volunteer should recommend that Hawa never use feeding bottles to feed her baby because they are difficult to clean. A dirty bottle can cause the baby to have diarrhea.

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

Hawa might respond by asserting that her husband believes the baby needs water. The volunteer, having invited the husband to join the conversation with Hawa, might then explain that 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 workers 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.

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

While explaining this, the volunteer must reiterate that health workers often recommend this when the quantity of a mother's breastmilk drops. The volunteer should also ask Kortu whether she can follow this suggestion.

The volunteer promises Kortu that she will see her milk production increase and her baby satisfied at the end of a few days. The volunteer should advise Kortu to put her baby to the breast more frequently for the next two weeks, and to make sure the baby empties one breast before the child switches to the other breast. The volunteer should then ask the sister-in-law, who has followed the whole conversation, whether she will support Kortu's decision not to give the baby porridge.

Kortu's sister-in-law agrees and says she will explain the decision to the husband and grandmother. Kortu smiles and says she will breastfeed more frequently and give the baby only breastmilk for the next three months. The volunteer should promise to return for a follow-up visit in four days to see how Kortu and the baby are doing.

Case Study 4

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

The Visit: The PCV or CV should find out about breastfeeding and feeding practices in Kebbeh's locality. The volunteer should listen carefully to Kebbeh and then identify any potential problems and their causes. Importantly, Kebbeh, having had many children and still breastfeeding, is probably weak from the many pregnancies and periods of breastfeeding. The volunteer needs to explain the importance of eating well. Kebbeh should have two additional meals each day that consist of many different types of

foods, particularly meat, fruits, and vegetables. Kebbeh should be checked for anemia as she had many close pregnancies. Kebbeh should also use iodized salt to season her and her family's food. The volunteer also needs to encourage Kebbeh to seek family planning to prevent additional pregnancies.

The volunteer 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 that she still has a three-month supply, the volunteer should recommend that Kebbeh continue to take them until the bottle is empty. She should also find out whether her husband can buy her liver once a week.

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

REFER TO SESSION 9: FIELD PRACTICE

A field practice at a village or health facility can be conducted after the in-class practicum.

SESSION 5: 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).
- Know when and how to refer a child for treatment.
- Know how to complete a Monthly Malnutrition screening tally sheet after the malnutrition screening session.

Total Time

2 hours

Activities

- 5.1 Identifying a Severely Malnourished Child (*1 hour*)
- 5.2 Referring a Severely Malnourished Child for Treatment (*45 minutes*)
- 5.3 The Monthly Tally Report (*15 minutes*)

What You Need

- Children to measure (one child per two participants; alternatively, participants can practice measuring one another.)
- Child MUAC tapes (one per participant, if you are measuring children)
- Adult MUAC tapes (one per participant, if participants are measuring one another)
- Pieces of string (one for each four participants)
- Markers or pens (one for each four participants)
- Document #12: Child MUAC Measurement
- Document #13: Refer a Child to a Health Facility If ...
- Document #14: Community-Level Referral Form (*one per participant; often available from ministries of health under UNICEF's Community Management of Acute Malnutrition program*)
- Document #15: Monthly Malnutrition Screening Tally Sheet (*one per participant*)

ACTIVITY 5.1: IDENTIFYING A SEVERELY MALNOURISHED CHILD

(1 hour)

Part 1: Methodology

(20 minutes)

- Pass around one mid-upper arm circumference (MUAC) tape per participant. (*Participants will keep the tapes.*)
- Ask whether anyone has seen or used this kind of 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.
 - 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 are 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 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 or her own words to describe how to use the MUAC tape, referencing Document #12.
- Demonstrate how to measure MUAC with a child under five. (If a child MUAC tape is available, use an adult one to take a participant's MUAC measurement.)
 - Remove clothing covering the left arm.
 - Find the midpoint of left upper arm.
 - Locate the tip of the child's shoulder with your fingertips.
 - Bend the child's elbow to make a right angle.
 - Measure the tip of the shoulder to the tip of the elbow using string, and fold the string in half. Mark the midpoint on the child's arm using a marker or pen.
 - Straighten the child's arm, have him or her keep it relaxed, and wrap the tape around the arm at the midpoint. Make sure the tape has the proper tension—it should be 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

(40 minutes)

- Divide participants into groups of four; give each group an MUAC tape and string. Assign a child to practice with each group
- Ask each person in each group to practice measuring the MUAC of the child (or their partner).
- Ask participants to share their experiences.
- Discuss common mistakes, such as:
 - 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 5.2: REFERRING A SEVERELY MALNOURISHED CHILD FOR TREATMENT

(45 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 in Document #13; summarize.

Part 2: Methodology

(35 minutes)

- Explain to participants how to use the referral card.
- Show participants the referral card (Document #14), 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 postreferral:
 - The mother needs to understand 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 workers should follow up to make sure the child has been taken to a facility and obtains appropriate treatment.
 - After the child has been treated at the facility, he or she will be sent back to the community with follow-up instructions. These instructions include information on feeding and on when to return for further rations and other needed care. The mother or caretaker should bring this form to community workers, so they can explain its contents and reinforce counseling messages.
- Using case studies (*below*), have participants practice referring a child.
 - Have participants pair off and complete the referral form (Document #14) based on the case study information.
 - Have participants practice the referral process using the completed form.
 - 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 these questions: What happened? Will the mother go to the clinic? What else could the community volunteer have said to encourage the mother to go? Then review the referral process.

Case Study 1

Eighteen-month-old Musu, from Suakoko town, Suakoko district, Bong County, has been attending monthly screening sessions for four months. For the past two months, 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, who comes from Little Kola, District 4, Grand Bassa, has not been doing well for a while. In addition, his mother did not bring him to the past two nutrition screening sessions. His MUAC is in the yellow zone, and both feet are swollen.

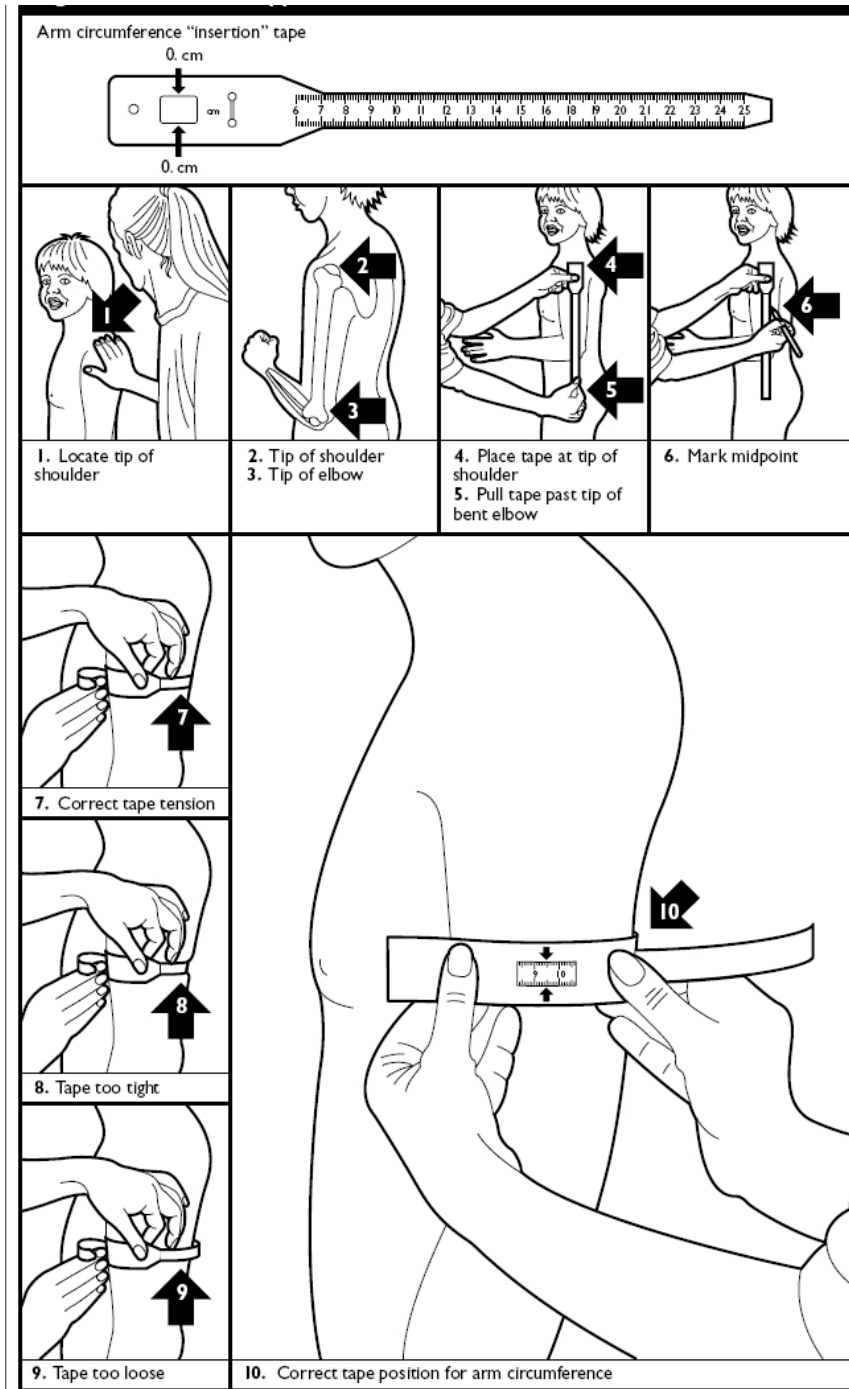
ACTIVITY 5.3: THE MONTHLY TALLY REPORT

(15 minutes)

Methodology

- Share copies of the tally sheet and discuss with the participants the following:
 - what information the tally sheet collects (Document #15)
 - when and how often this information is collected
 - how the collected information is used
- Explain the different pieces of information collected on the sheet.

DOCUMENT #12: CHILD MUAC MEASUREMENT



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

DOCUMENT #13: REFER A CHILD TO A HEALTH FACILITY IF ...

- If the child's MUAC measurement is in the yellow zone, the child needs special counseling and can be referred to a supplementary feeding program, 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 or she is very weak (i.e., child cannot sit or stand without help), refer the child to a health facility.
- If the child has a fever and is unable to breastfeed or is vomiting, very weak, or jerking or has a stiff neck (i.e., convulsing), refer the child 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.

DOCUMENT #14: 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

DOCUMENT #15: MONTHLY MALNUTRITION SCREENING TALLY SHEET

DISTRICT _____ VILLAGE _____ MONTH _____

FROM ____/____/____ TO ____/____/____

NAME AND SIGNATURE ▼

	MUAC RED	MUAC YELLOW	MUAC GREEN	OEDEMA
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
6-59 MONTHS	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
	00000	00000	00000000000000	00000
TOTAL				

SESSION 6: COMPLEMENTARY FEEDING, FEEDING A SICK CHILD, ESSENTIAL HYGIENE ACTIONS, AND HOMESTEAD FOOD PRODUCTION

Learning Objectives

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

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

Total Time

3 hours 15 minutes

Activities

- 6.1 Practices in Complementary Feeding and Feeding a Sick Child (*1 hour 30 minutes*)
- 6.2 Locally and Seasonally Available Foods Appropriate for Infants and Young Children (*1 hour*)
- 6.3 Essential Hygiene Actions (*45 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Food purchased at local market
- Essential Nutrition Actions and Essential Hygiene Actions, A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

ACTIVITY 6.1: PRACTICES IN COMPLEMENTARY FEEDING AND FEEDING A SICK CHILD

(1 hour 30 minutes)

Methodology

Complementary Feeding, Diversified Diet, and Frequency and Quantity

- Show participants each of the following practices, one at a time.
- Practice 9: Introducing Complementary Feeding
- Practice 10: A Varied Diet
- Practice 11: Feeding Frequency and Quantity for Children Aged 6 through 11 Months
- Practice 12: Feeding Frequency and Quantity for Children Aged 12 to 24 Months
- Ask participants to review each picture, then have them answer the questions at the top of the page for each practice.
- Have participants read the message and the additional information for each practice; 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.
- BF + FADDUA
- Summarize the preceding discussions by explaining BF + FADDUA

Breastfeeding + Frequency + Amount + Density + Diversity + Utilization + Active Feeding

Explain “active feeding.” Active feeding helps keep a child from being distracted during a meal. It involves a caregiver encouraging the child to eat—talking and playing with him or her while he or she is eating—and congratulating her on doing a good job when she finishes. Caregivers should feed children with the family as often as possible and let them feed themselves, while making sure most food goes into their mouths. All the food should go on the child’s plate, so his or her food intake can be monitored. All child caretakers should participate in active feeding.

Feeding Sick Children During and After Illness

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 for 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.

ACTIVITY 6.2: LOCALLY AND SEASONALLY AVAILABLE FOODS APPROPRIATE FOR INFANTS AND YOUNG CHILDREN

(1 hour)

Part 1: Methodology

(30 minutes)

- Give each participant two or more locally purchased foods or pictures of foods. (To represent breastmilk, use a glass of water, pictures, or models of a breast.) Include many different fruits and vegetables and 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
 - 6 through 11 months
 - 12 months 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, have them place the 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 food 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)

- 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 part of the harvest for household consumption. 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, 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.

ACTIVITY 6.3: ESSENTIAL HYGIENE ACTIONS

(45 minutes)

Methodology

Keeping a Clean Environment, Handwashing, and Keeping Food and Containers Clean

- One at a time, show each practice:
 - Practice 17: Keeping the Environment Clean
 - Practice 18: Handwashing
 - 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
- For each practice, ask participants to review the pictures, then answer the questions at the top of the page for each practice. Then have participants read the message and the additional information for each practice; 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.

SESSION 7: NEGOTIATION WITH MOTHERS, FATHERS, GRANDMOTHERS, AND OTHER CAREGIVERS: COMPLEMENTARY FEEDING AND THE SICK CHILD

Learning Objectives

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

- Explain the steps of negotiation (GALIDRAA).
- Negotiate on complementary feeding of a sick child with mothers of babies under six months of age.

Total Time

2 hours 15 minutes

Activity

- 7.1 Negotiation Demonstration and Discussion: Complementary Feeding of Babies under Six Months of Age (*2 hours 15 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Case studies written on small pieces of paper
- Document #7: Listening and Learning Skills
- Document #8: GALIDRAA Negotiation Checklist
- Document #16: Facilitator Role Play: Complementary Feeding of a Sick Baby
- Document #17: Practice Case Studies: Complementary Feeding
- Document #18: Practice Case Studies: Feeding the Sick Child
- Essential Nutrition Actions and Essential Hygiene Actions, A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

ACTIVITY 7.1: NEGOTIATION DEMONSTRATION AND DISCUSSION: COMPLEMENTARY FEEDING OF BABIES UNDER SIX MONTHS OF AGE

(2 hours 15 minutes)

Methodology

- Discuss GALIDRAA negotiation skills (Documents #7 and #8).
- Demonstrate how to negotiate and encourage a mother to try an improved complementary feeding practice (Document #16). Use visual aids (reference handbook or other visual illustrations).
- Have participants pair up and practice negotiation skills using case studies, with one participant playing the role of the mother and the other as the PCV; next, have participants change roles and continue practicing using a different case study. Each participant should negotiate on both complementary feeding and feeding sick children (Documents #17 and #18).
- As facilitator, silently observe each pair and then give feedback. After the observation, lead a discussion, asking the following: What happened? Will the mother attempt the practice? What else could the volunteer have said to encourage the mother to try it? Review negotiation skills, and explain that the full negotiation process requires at least two visits: the initial visit and a follow-up after a week or two. If possible, a third visit should be scheduled to maintain the practice or negotiate another practice.

DOCUMENT #16: FACILITATOR ROLE PLAY: COMPLEMENTARY FEEDING OF A SICK BABY

The Situation: Miatta has stopped breastfeeding her 10-month-old son because she thinks her milk worsens the baby's diarrhea.

The Visit: Miatta does not understand the importance of breastfeeding (BF). The PCV or community volunteer (CV) should find out more about how other mothers in Miatta's locality feed their babies during and after an illness. The volunteer should also listen carefully to Miatta and then identify potential problems and their causes. Miatta needs to learn that BF is even more important because her baby is sick. Breastfeeding will help make up for the baby's water and energy loss, limit his weight loss, and help him recover faster.

Because her son is more than six months of age, the volunteer needs to advise Miatta to offer her son a glass of oral rehydration solution (ORS) after each episode of diarrhea; to increase the amount of enriched porridge she gives her son during his illness; and, after he recovers, to feed him an additional meal each day for two weeks to help him to regain lost weight more quickly.

The volunteer also should recommend that Miatta take her baby to the nearest health facility if the diarrhea persists. Finally, the volunteer and Miatta need to discuss the problems she is likely to encounter while trying to get to the health facility and to consider potential solutions.

DOCUMENT #17: PRACTICE CASE STUDIES: COMPLEMENTARY FEEDING

Case Study 1

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

The Visit: The PCV or CV should start the conversation with Korpo by learning more about practices on feeding babies porridge among mothers in her community. The volunteer should listen carefully to Korpo and then identify issues and their causes. To begin, the volunteer needs to explain that, beginning at the age of six months, babies need to consume porridge in addition to breast milk. This porridge can be prepared using rice, cassava, plantain, maize, yam, or the like; it must be sufficiently thick to stick to the spoon and not too runny. It should also be enriched with various 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 volunteer needs to encourage Korpo to add palm oil or peanut or sesame seed paste (all good for the baby) to her baby's food. The volunteer should be sure to congratulate Korpo for having continued breastfeeding and to recommend she continues to breastfeed until the child reaches at two.

Case Study 2

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

The Visit: Before recommending a diverse diet to nourish Betty's baby, the PCV or CV should take the time to listen to Betty and learn about feeding practices in that locality to understand the reasons for her ideas. The volunteer then 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 breast milk. In addition to eddoes, this porridge can be prepared using rice, cassava, plantain, maize, or yam. The volunteer needs to explain that starting after six months of age, it is wise to give a baby as many different varieties of food as possible. Betty needs to learn that to help her baby grow and develop well, it is important that she enriches each meal of porridge by adding two or three kinds of food to it. She should also add orange or red fruit or cassava leaves to each meal. Also, she should try to add pureed or mashed meat, chicken, or fish; bean flour; or peanuts or benne seed to the baby's food every day. She could also use palm oil. She should use milk to cook the porridge instead of water, if possible. Betty should also continue to breastfeed whenever her baby wants for at least two years. Betty tells the volunteer she has vegetables, fruits, palm oil, and beans in the house. She agrees to enrich the baby's porridge at each meal and to continue breastfeeding at least eight 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 PCV or CV needs to ask Queta specific questions about how she is feeding her baby and how others in her community feed their children. After listening carefully and identifying Queta's

problems and their causes, the volunteer should explain that from six months of age until the baby's first birthday, the child 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. It is healthy for her baby to eat as much as she wants, particularly when the food is diverse. The volunteer 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 volunteer should explain to Queta that every day, between porridge feedings, the baby should be given one or two snacks (e.g., biscuits, banana, or mango). Such snacks and meals will help Queta's baby grow. Queta agrees to try the volunteer'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 her baby is ready to eat other foods.

The Visit: The PCV or CV should ask Kebbeh about the feeding practices in her community, listening with care before identifying the problems with Kebbeh's plans. To begin, the volunteer needs to advise Kebbeh that at six months of age, in addition to breast milk, babies need to eat additional foods such as porridge. The volunteer needs to tell Kebbeh that her baby will not grow well if the porridge is thin and liquid. The porridge needs to be thick enough to stick to the spoon and should be enriched with two or three other types of foods that are available in the house, e.g., cassava leaves, sesame seeds, or banana, as well as milk, meat, fish, beans, or groundnuts. The volunteer should suggest that at each meal, Kebbeh add palm oil or peanut paste to the baby's food—both are good for the baby. In addition, the volunteer needs to warn Kebbeh not to use feeding bottles because they are hard to clean properly and can cause her baby to get diarrhea. The volunteer should also explain that instead of infant formula, which is expensive, it is better to buy the baby some fish or meat. The volunteer should end by reminding Kebbeh to continue breastfeeding between meals, whenever her baby wants to breastfeed. The baby needs to be breastfed at least eight times a day.

Kebbeh agrees with the recommendations and will start giving her baby thick porridge. She also 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 volunteer's visit, and her son seems small for his age.

The Visit: The PCV or CV should talk to Sayba, listen carefully to her, and get a sense for community practices on feeding babies. The volunteer should ask Sayba why she stopped breastfeeding. Was it because she became pregnant or was it because the baby stopped breastfeeding? The volunteer should remind Sayba her baby still needs breast milk until he is two years old. The volunteer should also explain to Sayba 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 the meals he eats with his parents, two snacks)—especially since he is no longer benefiting from breastmilk.

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

Case Study 6

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

The Visit: Before making any recommendations to Massa, the PCV or CV needs to ask her more about community practices on feeding and breastfeeding. The volunteer should listen carefully to Massa. Having identified the problems in Massa's current feeding regime and their causes, the volunteer 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. It should always be enriched with various colorful foods that have been mashed or ground up to help the baby swallow. Some examples of various colorful foods are cassava leaves, sesame seed, or banana, as well as milk, meat, fish, peanuts, beans, or nuts. At each meal, Massa can also add palm oil or butter, which is also good for the baby. The volunteer should also recommend Massa give her baby one to two snacks every day in addition to porridge. Finally, the volunteer should urge Massa to continue breastfeeding whenever her baby wants. The baby should be breastfed at least eight times during each 24-hour period until the child is two years old.

DOCUMENT #18: PRACTICE CASE STUDIES: FEEDING THE SICK CHILD

Case Study 1

The Situation: Hannah’s three-month-old baby has diarrhea and is vomiting. Hannah is breastfeeding, but she also gives her baby water in a bottle.

The Visit: The PCV or CV should ask Hannah how other mothers in her community feed sick children. The volunteer should also learn Hannah’s reasons for feeding her baby water in a bottle. The volunteer should realize this is a potential problem for Hannah’s baby. The PCV or CV should then emphasize to Hannah that she should give her baby only breastmilk for the first six months of life—not water, other liquids, or foods—even if the baby is sick. Breastmilk alone provides the baby with all the nutrients and liquids needed to grow healthy and strong. The volunteer should counsel Hannah never to use baby bottles, which are hard to keep clean and can contain germs that cause diarrhea. The volunteer 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 gain weight again. The volunteer’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 PCV or CV 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 their sick children. With this knowledge, the volunteer should advise Joyce to be patient and to take the time to encourage her baby to eat, understanding that she may not have an appetite because of the illness. Since her daughter is older than six months of age, the volunteer should counsel Joyce to increase her breastfeeding frequency; to offer the baby her favorite food while she is sick; and, for the two weeks after she is better, to give the baby one additional meal of enriched porridge each day while maintaining increased breastfeeding frequency. Finally, the volunteer should recommend that Joyce visit the health center for treatment for her baby. Joyce agrees to follow the volunteer’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 PCV or CV should find out more about Betty’s son’s illness and Betty’s breastfeeding frequency and practices since he has been sick. After listening carefully to Betty, the volunteer should identify the potential issues in the situation and their causes. The volunteer’s main concern should be to make recommendations to Betty that will assist her in helping 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 volunteer should also ensure 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 volunteer her baby is recovering from an illness and has started eating well but is still losing weight.

The Visit: The PCV or CV 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 volunteer should advise Faith that she should 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, biscuits, or bread. In addition, Faith should be counseled to breastfeed her baby more often after the illness to help speed recovery. The volunteer might explain to Faith that the illness may have taken away the baby's appetite. Faith should offer her baby his favorite foods and be patient when encouraging him to eat. In addition, Faith may want to try offering the day's food in the form of smaller, more-frequent meals, which is easier for recovering children to eat. Faith agrees to follow this advice.

SESSION 8: GENDER ROLES

Learning Objective

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

Activity

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

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Essential Nutrition Actions and Essential Hygiene Actions, A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

ACTIVITY 8.1: GENDER ROLES IN NUTRITION, HYGIENE, AND HOMESTEAD FOOD PRODUCTION

(45 minutes)

Methodology

- Divide participants in groups of three (men together, women together); ask each group to review two to four practices (depending on the number of groups) discussed in the volunteer handbook.
- Ask each group to discuss the roles that mothers, mothers-in-law, husbands, and community members could play in supporting each practice.
- Discuss in plenary. Do not conduct a group presentation; ask for comments from participants instead.

SESSION 9: 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 practices and other nutrition and feeding practices.

Total Time

3 hours

Activities

- 9.1 Field Practice in Health Centers or Villages (*2 hours 15 minutes*)
- 9.2 Feedback on the Field Practice (*30 minutes*)
- 9.3 Class Demonstration of a Follow-Up Visit (*15 minutes*)

What You Need

- Document #7: Listening and Learning Skills
- Document #8: GALIDRAA Negotiation Checklist
- Document #9: Facilitator's Role Play: Negotiation
- Essential Nutrition Actions and Essential Hygiene Actions, A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

About the Field Practice

Number of People

8 to 10, to constitute 4 to 5 pairs

Possible Locations

- Health clinics during vaccinations or weight recording sessions
- At clinics during sick baby visits or visits for integrated management of neonatal and childhood illnesses
- On maternity wards and at antenatal clinics
- At sites offering growth monitoring and 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 children aged six months to the second birthday or lactating mothers

What You Need

- Visual aids such as posters, notebooks or cards, health records, and counseling cards
- Essential Nutrition Actions and Essential Hygiene Actions, A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

ACTIVITY 9.1: FIELD PRACTICE IN HEALTH CENTERS OR VILLAGES

(2 hours 15 minutes)

Methodology

- In the plenary, review the GALIDRAA steps for negotiation (Document #8).
- Have participants form groups of three. 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 (Documents #7 and #8).
- Have participants exchange roles until each one person has completed at least three negotiations with mothers.

ACTIVITY 9.2: FEEDBACK ON THE FIELD PRACTICE

(30 minutes)

Methodology

- Back in class, ask each pair to summarize participants' experience with negotiation by giving a report on one example using the following format: indicate 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 9.3: CLASS DEMONSTRATION OF A FOLLOW-UP VISIT

(15 minutes)

Methodology

- As facilitator, demonstrate how the community agent or health agent might conduct a follow-up visit to Hawa, who has a two-month-old (see Document #9).
- Have five to six participants explain, from their field visit experience, what they will follow up on and discuss when they carry out the second visit.

SESSION 10: HOMESTEAD FOOD PRODUCTION AND NUTRITION

Learning Objective

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

- Identify the key contacts in the homestead food production value chain where nutrition can be addressed.

Total Time

45 minutes

Activity

10.1 Using Homestead Food Production to Improve Nutrition (*45 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Essential Nutrition Actions and Essential Hygiene Actions, A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

ACTIVITY 10.1: USING HOMESTEAD FOOD PRODUCTION TO IMPROVE NUTRITION

(45 minutes)

Methodology

Show participants each of the following practices, one at a time:

- 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 or 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 for each practice. Then have participants read the message and the additional information for each practice; 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.

SESSION 11: IMPLEMENTATION AND ACTION PLANS

Learning Objectives

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

- Review the various activities where Peace Corps Volunteers (PCVs) or community volunteers (CVs) can work to improve the health of women and children; consider the places where and the occasions when they can do this.
- Identify concrete points of contact that PCVs and CVs can use in their daily work; devise a weekly schedule then create a monthly one.
- Develop an action plan for three months and present it to the group.

Total Time

2 hour 30 minutes

Activities

- 11.1 Using All Available Platforms and Contact Points *(25 minutes)*
- 11.2 Role of Community Volunteers and Peace Corps Volunteers in promoting nutrition and hygiene *(55 minutes)*
- 11.3 Developing a Three-Month Activity Plan *(55 minutes)*
- 11.4 Training Evaluation *(10 minutes)*
- 11.5 Distribution of Badges and Certificates *(5 minutes)*

What You Need

- Document #19: Using All Available Platforms and Contact Points
- Document #20: Role of Community Volunteers and Peace Corps Volunteers in Promoting Essential Nutrition Actions in Their Communities
- Document #21: Stages of Change Model
- Document #22: Stages of Change and Interventions
- Document #23: End-of-Training Evaluation

ACTIVITY 11.1: USING ALL AVAILABLE PLATFORMS AND CONTACT POINTS

(25 minutes)

Methodology

- Organize the participants into groups of four—by sector, if there are many sectors involved.
- Ask participants to list and discuss platforms in their communities.
- Have participants read Document #19.
- Discussion during the pre-service training (PST) will be different from the discussion in the in-service training. During PST, the facilitator might assist participants in identifying platforms.

ACTIVITY 11.2: ROLE OF COMMUNITY VOLUNTEERS AND PEACE CORPS VOLUNTEERS

(55 minutes)

Methodology

- Ask participants to quietly think about ideas to improve nutrition or hygiene in their current or future work.
- Ask them to organize themselves into groups of three and share their thoughts with one another.
- Merge two groups and again ask them to share their thoughts with one another.
- Ask participants to read Document #20 and put a check mark next to each activity discussed in their groups.
- Present and explain Document #21: Stages of Change Model.
- Ask participants to return to their groups of three; distribute Document #22 (Stages of Changes and Interventions) and have each group discuss each stage of change and potential interventions.
- Ask participants to select an action to be improved or changed and discuss it with their group. Then, in the plenary, have participants present their ideas. Collect this information and write it on the flip chart.

ACTIVITY 11.3: DEVELOPING A THREE-MONTH ACTIVITY PLAN

(55 minutes)

Methodology

- Divide participants according to the villages or communities they serve.
- Ask whether participants plan to visit their community's health clinics, will hold group discussions, or will visit pregnant women and women with children under two years of age.
- Ensure their plans are feasible. In a single day, 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 the plenary, have each group make an oral presentation on its plan. Lead a discussion; after all groups have presented, summarize their plans.

ACTIVITY 11.4 : TRAINING EVALUATION

(10 minutes)

Methodology

- Write the end-of-training evaluations (Document #23) on a flip chart; ask participants to check one of the corresponding boxes: Good, Average, or Unsatisfactory.

ACTIVITY 11.5: DISTRIBUTION OF BADGES AND CERTIFICATES

(5 minutes)

- Hand out certificates to the participants, if appropriate.

DOCUMENT #19: USING ALL AVAILABLE PLATFORMS AND CONTACT POINTS

Opportunities in Health Facilities

- At antenatal care clinics
- At delivery and post delivery
- During postpartum/family planning sessions
- During well-baby clinic sessions
- In immunization clinics
- During growth monitoring and promotion
- At sick-child visits
- During outpatient care for malnutrition

Opportunities at Community Level

- During home visits
- During outreach for immunization
- During nutrition screening
- During market days, while fetching water, and at work
- During visits to neighbors
- During religious, cultural, or social- or economics-related gatherings (e.g., credit meetings, literacy groups, with religious leaders)
- At farmers' schools
- During traditional gatherings for men or women

Opportunities at School

- During classes
- At parent–teacher association activities

Opportunities with Agriculture Platforms

- Conversations with extension workers
- Discussions with seed traders
- Lectures or talks about HFP or about small husbandries

Encourage brainstorming to find as many platforms as possible in volunteers' communities.

DOCUMENT #20: ROLE OF COMMUNITY VOLUNTEERS AND PEACE CORPS VOLUNTEERS IN PROMOTING NUTRITION AND HYGIENE

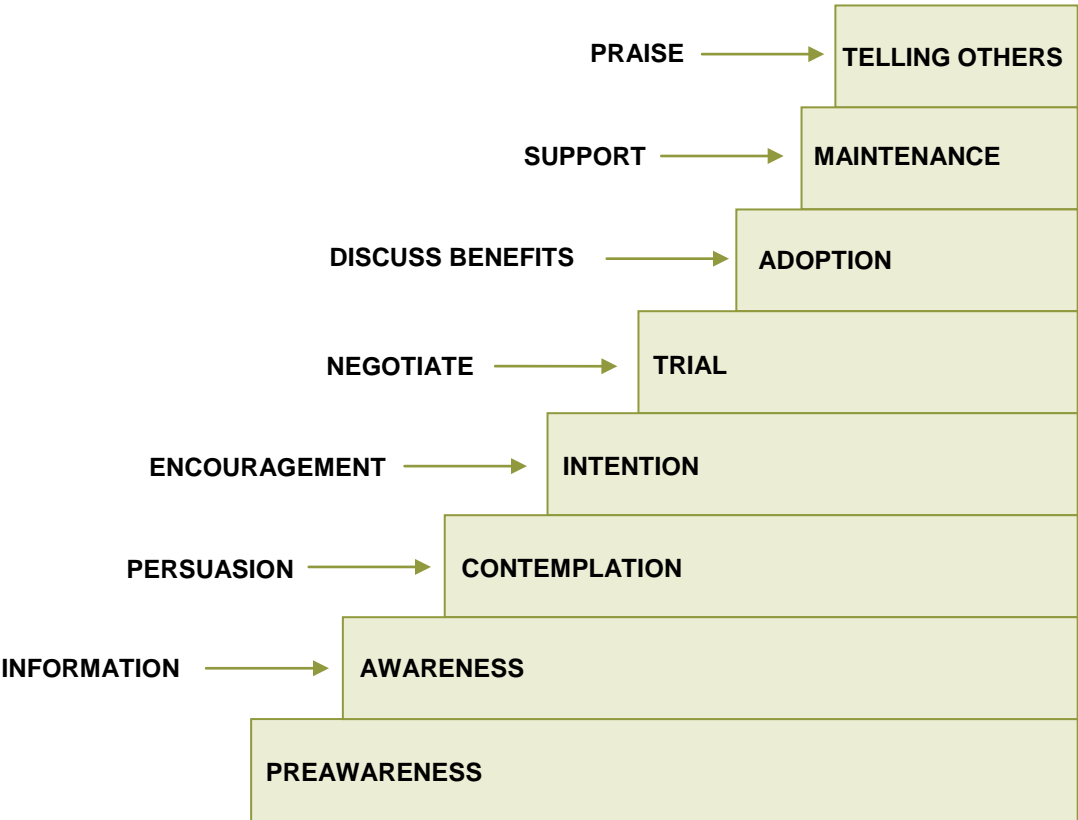
- Serve as a role model in the community by adhering to recommended practices.
- Communicate key practices and messages to friends and neighbors.
- Screen children for malnutrition.
- Refer mothers and children who need treatment to a health center or health facility.
- Act as a bridge between the community and health facilities.
- Act as a bridge between school and community or health facility.
- Initiate HFP (e.g., of vegetables, fruits, fish, or small animals) and link them to nutrition practices.
- Support community members to enable them to solve their own nutrition problems.
- Encourage families to undertake small, doable actions.
- Organize community events to promote key Essential Nutrition Actions and Essential Hygiene Actions.
- Organize community support groups (e.g., mother-to-mother support groups and care groups).

Ways to Communicate Messages

- Through negotiations in which volunteer asks the mother to try a new practice.
- Through group discussions at nutrition screening centers.
- Through drama, role playing, songs, or other activities.
- During outreach for immunization.
- During child health days.

DOCUMENT #21: STAGES OF CHANGE MODEL

Steps a Person or Group Takes to Change Practices and Behaviors



DOCUMENT #22: STAGES OF CHANGE AND INTERVENTIONS

STAGE	APPROPRIATE INTERVENTIONS
<p><i>At each stage, the goal is to encourage the target audience to try a new practice, e.g. to provide support for a mother's choice and to change community norms.</i></p>	
<p>NEVER HEARD ABOUT THE BEHAVIOR</p>	<ul style="list-style-type: none"> • Build awareness/provide information. • Stage skits and plays; participate in fairs. • Give talks to community groups. • Participate in radio broadcasts. • Offer individual counseling. • Form and promote support groups.
<p>HEARD ABOUT THE NEW BEHAVIOR OR KNOW WHAT IT IS</p>	<ul style="list-style-type: none"> • Encourage the behavior and discuss its benefits. • Hold group discussions or talks. • Disseminate information via the spoken and printed word. • Hand out counseling cards. • Form and promote breastfeeding and young child feeding support groups.
<p>THINKING ABOUT THE NEW BEHAVIOR</p>	<ul style="list-style-type: none"> • Negotiate with community members and help them overcome obstacles. • Make home visits, and use visuals. • Create activities for families and the community. • Create structures for peer-to-peer support. • Negotiate with husbands, mothers-in-law, or other influential family members to support the mother.
<p>TRYING OUT THE NEW BEHAVIOR</p>	<ul style="list-style-type: none"> • Praise the behavior and reinforce its benefits. • Congratulate the mother and other family members, as appropriate. • Suggest support groups to visit or join to provide encouragement. • Encourage community members to provide support on radio programs and in other forums.
<p>CONTINUING THE NEW BEHAVIOR OR MAINTAINING IT</p>	<ul style="list-style-type: none"> • Reinforce the benefits of the behavior. • Praise the individual for making the change. • Tell others about the change.

DOCUMENT #23: END-OF-TRAINING EVALUATION

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

	GOOD	AVERAGE	UNSATISFACTORY
Training Objectives Being Met			
Methods Used			
Materials Used			
Field Practice			
Your Capacity to Carry Out an Identical Training (For Training of Trainers)			
Lunch			

1. Which sessions did you find most useful?

2. What are your suggestions to improve the training?

3. Other comments

SESSION 12: HOW TO INTEGRATE ESSENTIAL NUTRITION ACTIONS, ESSENTIAL HYGIENE ACTIONS, AND HOMESTEAD FOOD PRODUCTION INTO CURRENT TRAINING CURRICULA

(Optional)

Learning Objective

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

- Incorporate Essential Nutrition Actions, Essential Hygiene Actions, and homestead food production sessions in their own community sessions.

Total Time

45 minutes

Activity

12.1 Using Messages from the Volunteer Handbook (45 minutes)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #24: Action-Oriented Illustrations and Messages
- Essential Nutrition Actions and Essential Hygiene Actions, A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

ACTIVITY 12.1: USING MESSAGES FROM THE VOLUNTEER HANDBOOK

(45 minutes)

Methodology

- Explain how to use illustrations in the handbook for Peace Corps Volunteers and community volunteers as themes for short messaging sessions.
- Show participants the questions to stimulate discussion on the paragraph introducing each practice.
- Explain the five steps to stimulate discussion:
 - Show the picture.
 - Ask the questions in the introductory text.
 - Explain the messages and the additional information.
 - Ask one or two participants to repeat messages to assess whether the group understood.
 - Encourage discussion on how the practice can be implemented within households.
- Divide participants into groups of three. Have the groups quickly pick four topics from Document #24.
- Ask each group member to lead a 15-minute discussion using the reference handbook.
- As facilitator, observe the groups. In the plenary, ask each group to present observations on one topic. Make sure a group does not repeat what was said by another group.

DOCUMENT #24: ACTION-ORIENTED ILLUSTRATIONS AND MESSAGES

Adolescent Girls and Women’s Nutrition during Pregnancy. Plus IFA Supplementation and Using Iodized Salt	Practices 1–4
Initiating Breastfeeding	Practice 5
Exclusive Breastfeeding	Practices 6–7
Nutrition for Lactating Mothers	Practice 8
Introducing Complementary Feeding	Practice 9
A Varied Diet	Practice 10
Feeding Frequency and Quantity for Children Aged 6 to 24 Months	Practices 11–12
Feeding during and after Illness	Practices 13-14
Importance of Micronutrients	Practices 15-16
Keeping the Environment Clean	Practices 17-19
Handwashing and Clean Water	Practices 20-21
Diversifying Food Production and Diet	Practices 22-24
Raising and Eating Fish	Practice 25
Raising and Eating Poultry	Practices 26-27
Composting and Mulching	Practices 28-29
Farmer’s Role	Practice 30

SESSION 13: SUPPORT TO COMMUNITY GROUPS

(Optional)

Learning Objectives

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

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

Total Time

2 hours

Activities

13.1 Community Support Group Demonstration and Discussion *(30 minutes)*

13.2 The Support Group Facilitator's Role *(15 minutes)*

13.3 Practice Conducting a Support Group Meeting *(45 minutes)*

13.4 How to Conduct Support Group Supervision *(30 minutes)*

What You Need

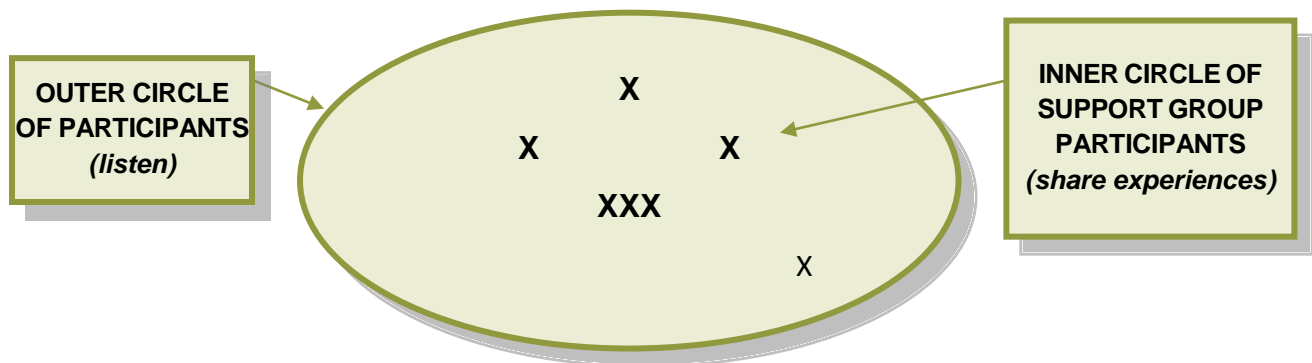
- Flip chart stand(s), paper, markers, and masking tape
- Basket with a number of potential support group topics written on small slips of paper
- Document #25: About Support Groups
- Document #26: Observation Checklist for Support Groups
- Document #27: Group Supervision Guidelines

ACTIVITY 13.1: COMMUNITY SUPPORT GROUP DEMONSTRATION AND DISCUSSION

(30 minutes)

Methodology

- Have eight participants sit in a circle to form a “fish bowl”; spend 15 minutes role playing a support group session, with each participant sharing his or her experience (or wives’, mothers’, or sisters’ experiences) of IYCF. 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 nonparticipants 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: THE SUPPORT GROUP FACILITATOR'S ROLE

(15 minutes)

Methodology

- Set up six flip charts around the room with the following headings:
 - Role of the Facilitator in Community Support Groups
 - Who Can Facilitate Community Support Groups
 - Characteristics of Community Support Groups
 - Who Can Participate in Community Support Groups
 - Topics for Community Support Groups
 - Types of Community Groups or Gatherings that Could Serve as Support Groups
- Divide participants into six groups; assign each group to a flip chart. Ask participants to add content to their flip chart. After three minutes, have groups move to the next flip chart to add content.
- When all groups have added information to all charts, ask two participants to read Document #25.

ACTIVITY 13.3: PRACTICE CONDUCTING A SUPPORT GROUP MEETING

(45 minutes)

Methodology

- 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. Members of the other two groups will observe the mock support group and complete the Observation Checklist for Support Groups (Document #26). In the plenary, discuss checklist findings.
- In the plenary, repeat the process for the second and third groups using different topics.

ACTIVITY 13.4: HOW TO CONDUCT SUPPORT GROUP SUPERVISION

(30 minutes)

Methodology

- Divide participants in three groups.
- Ask each group to conduct one of the three activities outlined in the Group Supervision Guidelines (Document #27).
- Call for a volunteer to facilitate a 10-minute discussion.
- Ask another volunteer to carry out the same exercise.
- Conclude the session by explaining the importance of supervision and learning from one another's experience. (Group supervision often discusses the answers to most issues volunteers will or have encountered in their communities.)

Group Work

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 and have each group list all questions and discuss answers.
- In plenary, pose the questions and help provide answers.

ACTIVITY 2: ASSESSMENT OF NEGOTIATION FIELD PRACTICE

1 hour 30 minutes

- Divide participants into pairs.
- Practice field sessions with "mothers" (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 #26: Observation Checklist for Support Groups, above*). Participants then 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 the plenary.
- In the plenary, each team presents the strong points and points that need to be improved.
- Facilitators 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.

DOCUMENT #25: ABOUT SUPPORT GROUPS

Definition

A support group on IYCF is a group of mothers and caretakers who promote optimal breastfeeding and complementary feeding behaviors and provide mutual support. The group meets periodically and is facilitated by experienced mothers who know about IYCF and who, ideally, have mastered group dynamic techniques. 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 will last 60 to 90 minutes.
- Asks open-ended questions to encourage participation.
- Encourages all, including the quieter participants, to share experiences and ideas.
- 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, respectful, and trusting environment.
- Allows participants to:
 - Share IYCF information and personal experiences.
 - Mutually support each other through their 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 women 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 3 and 15 participants).
- Is usually facilitated by a trained, experienced caregiver whose role 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: Infant and Young Child Feeding 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 breast milk production and sore, cracked nipples; babies separated from their mothers; twins; maternal or child sickness).
- Women's nutrition.
- Complementary feeding beginning at six months (how to ensure a variety of food and active feeding; how to vary feeding; why keep 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 foods eaten while ill and after illness; why continue breastfeeding during a child's sickness; and why give extra food during recuperation).

Community Groups and Gatherings as Basis for Support Groups

- People living with HIV and AIDS (where prevention of mother-to-child transmission (of HIV) 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.

DOCUMENT #26: 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.	
Adequately manages content.	
Shares tasks (<i>if more than one facilitator</i>).	
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.	

DOCUMENT #27: GROUP SUPERVISION GUIDELINES

Overview

Objectives

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

Time

3 hours

Frequency of Group supervision

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

Group Work

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CLOSING

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