

Village Volunteer Micro-nutrient Module

National Nutrition Program



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*National Nutrition Program, National Maternal and Child Health Centre.
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Day 1

Introduction to module



Introduction

The content, methodologies, and job aids of the micro-nutrient module of the community-IMCI package was revised in 2008 -2009. Input for the revision was provided by the National Nutrition Program (NNP), partners and village volunteers who had previously received training using the original version of the module.

The main changes made were:

1. Active learning methods replaced lectures
2. Games, jokes and stories are used to create a conducive learning environment
3. Volunteers should receive regular follow up after training and participate in peer meetings to exchange experiences and build on learning
4. Introduction of job aids and simple text during the training will help volunteers communicate the messages in their communities

The training module takes two days. Each day is 6.5 training hours (total 13 hours). The module should be facilitated by health center staff who have been trained in how to facilitate the module using participatory methodology. Health center staff will also provide follow up support and supervision after training.

The participants will receive a job aid and a '12 Key Family Practices' flip chart during the training. Throughout the training the participants practice providing counselling and health education using the job aids. The facilitators' manual contains all the information needed for the facilitators to facilitate the training.

For further queries, please contact the National Nutrition Program (National Maternal and Child Health Centre).

Learning objectives of the module

At the end of this module participants are able to:

- Describe their roles and responsibilities for nutrition activities in their village
- Provide mothers and caregivers with information about good nutrition and vitamin A, iron and iodine
- Advise pregnant women to attend antenatal care at least 4 times during pregnancy
- Advise women about anaemia, the importance of taking 90 Iron/folate tablets during pregnancy and how to manage side effects of Iron/folate tablets
- Advise women about post partum care and the importance of taking iron folate, mebendazole and vitamin A during the first six weeks after delivery
- Advise mothers of young children about breast feeding and appropriate complementary feeding
- Assist in the preparation of vitamin A distribution rounds twice a year (around May and November) including:
 - ➔ Make a list of all eligible children 0-59 months and women who should receive vitamin A, iron and mebendazole
 - ➔ Provide information to the mothers and caregivers about the location and date of HC outreach activities
 - ➔ Assist HC staff during HC outreach activities and twice yearly VAC distribution
 - ➔ Support the health staff during mop up activities to identify and provide vitamin A and mebendazole to children who have not received
- As requested by health center staff test salt for iodine levels

Day 1 - Morning programme, 8.00 – 11.30, total 3.5 hours

Time	Duration	Activity
8.00	15	<p>1.1 Throw the ball! – icebreaker</p> <p>Introduction game: People throw the ball to each other They will learn each others names, where they work and what they like to do in their free time</p>
8.15	15	<p>1.2 What do we know? – Pretest</p> <p>Hand out the pre test forms and pens. Participants answer the pre test questions</p>
8.30	25	<p>1.3 Roles and responsibilities of village volunteer for nutrition activities</p> <p>Participants share ideas of their roles and responsibilities for nutrition activities Facilitators add and present additional roles and responsibilities for nutrition activities</p>
8.55	90	<p>1.4 All those nutrients</p> <p>Review of nutritious foods Game activity to provide village volunteer with basic information about vitamin A, iron and iodine (micronutrients)</p> <p>Break of 15 minutes included</p>
10.25	20	<p>1.5 Micro-nutrients - Wrap-up lecture</p> <p>Facilitators summarize and expand the information provided to the participants during the previous game activity</p>
10.55	30	<p>1.6 Create an imaginary meal</p> <p>Groups of participants develop imaginary meals which are rich in vitamin A, iron, and iodine They present their work to the group. Facilitators provide feedback</p>
11.25	5	<p>1.7 What have we learned?</p> <p>Participants and facilitators together go through the morning topics. Facilitators clarify subjects that were not clearly understood</p>
11.30		Close

Learning objectives of the module

1.1. Throw the ball!

(15 minutes)

Learning objectives

At the end of this activity, participants are able to:

Work with other participants and know their names, where they come from, where they work and what they like.

Training aids and materials

1. Three different coloured balls (or 3 different colored papers rolled into a ball)
2. Participants standing or sitting in a circle

Methodology

Icebreaker game

Introduction

This icebreaker allows participants to get to know each other in a fun way. After the icebreaker people know each others' names, where they work and what they like to do in their free time. Icebreakers and energizers allow energy to flow in a group and activate participants to pay attention during the next activity.

Instruction

Invite the people to stand or sit in a circle. Begin by using only one of the coloured balls.

Explain that everybody has to remember:

- ➡ Who threw the ball to them
- ➡ Who they threw the ball to

Tell them that the colour of the ball you are holding is for finding the name of the other participants. You say "my name is ... (your name)" and throw the ball to a participant. Then cross your arms in front of your body as a sign that you cannot receive the ball again. The participant who caught the ball says "my name is ... (her or his name)" and remembersto who she or he will throw the ball.

When everybody has had a turn, ask for the ball again and repeat the round. Then repeat again, but faster.

Then take the first coloured ball and show the second coloured ball. Tell the participants that this colour stands for "where you work". Explain that they have to do the same thing, but have to throw the ball to somebody other than the person they threw it to during the first round. Remind them they still have to remember who threw the ball to them and who they threw the ball to. As during the first round participants should cross their arms in front of their body when they have had their turn.

Repeat this round 2 times, going faster each round.

When 2 rounds have been completed start the round about work again, but after 2 participants have thrown the ball, start throwing the “name ball” from the first round. This will be confusing at first, because now there are two balls in the same game.

If there is still time, you can introduce the third ball (things participants like to do in their free time).

1.2. Pre-test: What do we Know? (15 minutes)

Learning objectives

At the end of this activity, participants are able to:

Assess their level of knowledge about nutrition

Training aids and materials

1. Pre-tests printed on paper, one for each participant
2. Pens

Methodology

Pre test paper

Introduction

With the pre-test, the level of knowledge of the participants is assessed at the beginning of the training and facilitators can identify areas that need to be emphasised during the training.

Instruction

Provide each participant with a pen or pencil. Instruct them to answer the questions by themselves. Read the questions one by one aloud and let the volunteers answer the questions sheets.

Collect all the pre-tests. Explain to the participants that at the end of the two days they will repeat the test. This will give them the opportunity to compare their knowledge at the beginning and end of the training. Correct the pre-tests during the break.

1.3. Role and responsibility of volunteers for nutrition (30 minutes)

Learning objectives

At the end of this activity, participants are able to:

Describe their roles and responsibilities for nutrition activities in the village

Training aids and materials

Flipcharts and markers

Prepared flipchart

Roles and responsibilities of village volunteer written on chart paper

Methodology

Group discussion

Introduction

During this session, participants discuss about their roles and responsibilities as village volunteers. They learn how to prepare for outreach activities, how to support HC outreach activities and how to provide information about nutrition and vitamin A, iron and iodine to mothers and caregivers.

Instruction

Ask participants about their past experiences with conducting nutrition activities at village level. When participants have shared their experiences, put a flipchart on the board and ask participants to describe village volunteer's role and responsibilities for nutrition activities in their village. Write up their ideas on a flip chart paper. When the participants run out of ideas, post the list of roles and responsibilities (see below) on flip chart paper (that has been prepared before the session). Present each activity and ask participants why it is important.

Roles and responsibilities of village volunteers for nutrition:

- ① Attend meetings and trainings as requested by the health center staff
- ② Using the format provided by the health center staff, make a list of all the children from birth to 59 months and all the pregnant and post partum women in your village
- ③ Keep the list safely and update it regularly
- ④ Inform mothers and caregivers about the date, place and time of the next health center outreach activity. On the day of the outreach activity mobilize women and caretakers to come to the outreach session. Remind them to bring their child's yellow card and the mother card to outreach session
- ⑤ Assist the HC staff as requested during the outreach activity
- ⑥ Mobilize mothers and caregiver to bring their children (6 months – 59 months) to receive vitamin A supplementation twice a year. Remind them to bring their child's yellow card to the outreach session
- ⑦ Assist HC staff during VAC distribution rounds twice a year (around May and November)
- ⑧ Assist health center staff to follow up and provide vitamin A supplement to the children who missed the vitamin A supplementation round

- ⑨ Provide mothers and caregivers with information about good nutrition and the benefits of vitamin A, iron and iodine
- ⑩ Assist health center staff with testing iodine sample in your village and providing feedback to the village community
- Provide information about good nutrition, vitamin A, iron and iodine during:
 - a. *One-to-one contacts with mothers and caregivers*
 - b. *Community group meetings*
 - c. *Small group meetings*

Then tell the participants that the 2 days of training will:

- ① Strengthen village volunteers knowledge about good nutrition for mothers and young children including the benefits of important nutrients such as vitamin A, iron and iodine
- ② Strengthen village volunteers knowledge and skills for preparing and assisting with HC outreach activities and twice yearly VAC distribution
- ③ Strengthen village volunteers knowledge and skills to provide information about nutrition during:
 - a. *One-to-one meetings with mothers with young children, and pregnant women*
 - b. *Community group meetings*
 - c. *Small group meetings with parents of young children*

1.4. All those nutrients!

90 minutes (15 minutes break included)

Learning objectives

After this activity, participants are able to:

Recognize and describe the various foods which contain vitamin A, iron and, iodine and know about:

- a. *Importance of these nutrients*
- b. *Risks of deficiency of these nutrients*
- c. *Key messages for prevention of vitamin A, iron and iodine deficiencies*

Training aids and materials

- ➔ The samples of the cards to copy for this activity are in the appendix
Please prepare all the cards in advance. Make sure you have one set for each group
- ➔ Three food group poster

Methodology

Group discussion, puzzle game, group work.

Introduction

This session provides the participants with knowledge they need to do their job. During the 90 minutes of this activity, participants learn about nutrition and the foods that are rich in important nutrients (vitamin A, iron and iodine).

They also learn about which people/groups are vulnerable to deficiencies of these nutrients, and about vitamin A supplementation to prevent vitamin A deficiency in vulnerable groups, and iron folate supplementation to prevent anaemia in pregnant and post partum women.

First 20 minutes

Review key points about general nutrition:

Ask the participants “What does ‘nutritious diet’ or good nutrition mean?”

Write up their ideas on flip chart paper. When participants have given their ideas ask them to name the three main food groups. Use the table of food groups provided in the appendix or the large food group poster (food table also included in the participant’s job aid) to discuss why each food group is important and give examples of food from each group.

Ask participants to name some common foods in their village from each food group
Discuss which foods are plentiful in which season.

Ask for volunteers to summarize the key points about a nutritious diet:

A nutritious diet means eating a varied diet that includes eating food from the following food groups at each meal:

1. Carbohydrates and fats (energy foods)
2. Proteins
3. Vitamins, minerals/micronutrients (vitamin A, iron and iodine)

The body needs energy, protein and vitamins to help it grow and keep it in good working order. It is important to eat a varied diet in order to get all the nutrients needed to stay healthy. Some very important nutrients are vitamin A, iron and iodine.

Explain that some groups are more vulnerable to vitamin deficiencies such as pregnant and breast feeding women, who need extra nutritious foods, as their diet is providing food for both the baby and mother. Young infants from 0- 6 months should be exclusively breastfed. Breast milk contains all the nutrients a baby needs until 6 months. Young children from 6 months to 5 years need nutritious complementary foods and continued breastfeeding until at least 2 years, as they are growing and developing very rapidly.

Game Instructions

Next 30 minutes:

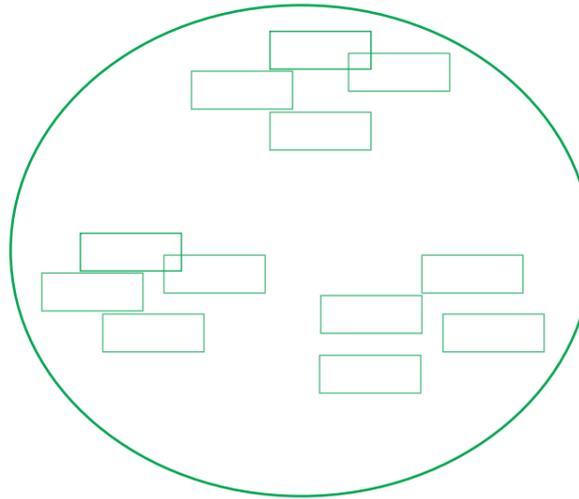
Explain how to play the game.

Each participant gets half a puzzle piece from the first set of cards (FOOD CARDS)
Make sure you only hand out cards to participants, if the other half is also given to another participant. Explain to participants that they have to find the other missing half, held by one of the other participants. When the pairs find each other, they should stay together.

Invite the participants to put the cards together, set by set on the floor (star set, circle set and triangle set) on the floor in the middle of the room. The rest of the activity will centre on learning about the 3 groups of foods.

Next 10 minutes:

Now take the second set of cards (Title Cards). Hold each card up so that the participants can see it clearly, and discuss with the participants where to put the cards: either with the 'star group', the 'circle group' or the 'triangle group'? Put the Title Cards in place only when the participants agree. Otherwise, discuss longer.



Next 10 minutes:

Now spread the third group of cards (Prevention Cards). Divide the large group into smaller groups and divide the cards among the groups. Ask the groups to discuss and decide where they would like to put the cards.

Ask them to place the card where they think it should be, tell them they need to explain why they wish to put it there. If they place incorrectly, ask the other groups to correct and explain why.

Next 20 minutes:

Then spread the fourth group of cards (Key messages). Give some cards to each group. Ask the groups to discuss and decide where they would like to put the cards. If they place incorrectly ask the other groups to correct and explain why.

1.5. Micronutrients (vitamin A, iron and iodine) wrap-up lecture

20 minutes

Learning objectives

At the end of this activity, participants are able to:

Recognize and describe foods rich in vitamin A, iron and iodine and know about their:

- a. Importance
- b. Target groups for prevention
- c. Key messages for prevention

Training aids and materials

1. The cards mapped out on the ground.

Methodology

Wrap-up summary.

Introduction

This summary makes use of the cards that are on the ground in the middle of the participants' circle. For each nutrient group, the facilitator explains the:

- Importance of the nutrient
- Target groups for prevention – explain that all children 6 -59 months need vitamin A supplementation twice per year around May and November, in addition to eating a diet rich in vitamin A foods. At this young age it is difficult to meet the daily requirements for vitamin A from diet alone
- Explain that all post partum women should receive vitamin A supplementation during the first six weeks after delivery. It will not only help to protect the mother's health but will also provide vitamin A to her breastfeeding baby
- Explain that all pregnant and post partum women should receive iron/folate tablets. During pregnancy and the post partum period women's daily iron requirements are higher than normal
- Explain that all families should use iodized salt to prevent iodine deficiency
- Review foods rich in vitamin A, iron and iodine
- Review key messages for vitamin A, iron, iodine

Instruction

Go through all the nutrients, using the laid-out cards in the participants' circle. Use 5 to 10 minutes for each. Show the village volunteer job aid and explain that it contains information and messages about vitamin A, iron and iodine that volunteers can use when talking to their community.

1.6. Create an imaginary meal

30 minutes

Learning objectives

At the end of this activity, participants are able to:

Identify the 3 important micronutrients (vitamin A, iron and iodine) and describe their:

- a. *Importance*
- b. *The risks of deficiencies*
- c. *Key messages for prevention of vitamin A, iron and iodine deficiencies*

Training aids and materials

1. Flipchart paper
2. Markers of different colours

Methodology

Group work (groups of maximum 4).

Introduction

After the previous game activity, participants are asked to put their knowledge and experience into practice, by preparing an imaginary meal.

Instruction

Explain that the participants should prepare an imaginary meal using the information discussed in the morning. The participants have 30 minutes to plan a meal. Participants are asked to present their meals on flipcharts. Invite the participants to be creative. They can draw a picture of their meal if they want to.

Post the criteria for a nutritious well balanced meal are on flip chart paper and review the criteria with the large group before they start to work on their meal:

A nutritious well balanced meal should contain:

- A variety of foods
- Contain important nutrients (vitamin A, iron and iodine)
- Affordable/easily available
- Easy and quick to prepare
- Tasty

Divide the group into smaller groups (maximum 4 people per group).

At the end of the 30 minutes, ask the participants to display their flipcharts on the wall, so others participants can view the imaginary meals.

Ask the participants to walk around, view the posters and provide feedback about the meals prepared by other groups according to the criteria for a nutritious well balanced meal. The facilitators provides additional feedback as necessary.

1.7. Summary of what have we have learned?

15 minutes

Learning objectives

At the end of this activity, participants are able to:

Use the information they learned during the morning activities for their work as village volunteers.

Training aids and materials

1. Flipchart
2. Markers
3. Tape

Methodology

Wrap up.

Introduction

During this activity the lessons learned are summarized to make sure participants remember the most important information from the sessions.

Instruction

The facilitator asks for volunteers to summarize the activities of the morning. The facilitator adds key points as necessary and briefly explains the afternoon activities.

Day 1 - Afternoon programme, 14.00 – 17.00 - (3 hours)

Time	Duration	Activity
2.00	10	1.8 Measles, capsules and other things – Energizer Participants and facilitators create positive energy for the afternoon activities
2.10	60	1.9 Counselling skills, with presentation of the micronutrient job aid and the 12 key family practises flip chart Participants practise their counselling and health education skills by conducting role plays using the job aids
3.10	20	1.10 Explanation of the job aids Participants learn how to use the job aids
3.30	15	Break
3.45	60	1.11 Using the job aid for one to one contact Participants practise using the job aid for one to one contact by conducting role plays and receiving peer feedback
4.45	15	1.12 What have we learned? Review of the Day Participants and facilitators review the afternoon topics. Facilitators clarify topics that were not clearly understood
5.00		Close

Please seat the participants in a circle of chairs.

1.8. Energizer - Measles, capsules, and other things

10 minutes

Learning objectives

At the end of this activity, participants are able to:

Work on the activities of this afternoon with motivation and energy.

Training aids and materials

None.

Methodology

Energizer.

Introduction

This energizer recalls the information provided to the participants during the morning. It is a funny way to activate that knowledge again. Icebreakers and energizers allow energy to flow in a group and activate people to pay attention during the next activity.

Instruction

Request the participants to form 2 circles, each of 10-12 persons. Explain that each of the groups is led by a facilitator. Invite the participants to shout things they remember about vitamin A in the order that they are standing in the circle. We start going left from the facilitator. Each person should shout one thing. People could shout things like: “measles”, “capsule”, “night blindness” and so on. Explain that if the participant hesitates or shouts the same thing as another participant they should step one step outside the circle (backwards). When people run out of things to shout, ask the people from the inner circle to join with a person from the outer circle and stand behind them. The formed pairs are standing in a circle, with one person in front and one behind. The person behind can advise the person in front. Invite the outer circle to shout things about Iron and Anaemia, start going left from the facilitator. Repeat this activity again for iodine.

1.9. Health education skills and introduction of the job aids

60 minutes

Learning objectives

At the end of the activity, the participants are able to:

Provide health education to women and caregivers during one-to-one contacts and in small and big community group meeting, using job aids and good communication skills.

Training aids and materials

- Flipchart with 12 Key Family Practices (Community IMCI flip chart)
- 1-to-1 Micronutrient Job Aid
- Flipcharts with communication skills (facilitator develops on flip chart paper)

Methodology

Short introduction, role plays

Introduction

During this session, participants practice providing health information to mothers and caregivers of young children.

Ask participants about various places or opportunities when they could provide health education to community members about nutrition. Discuss the participant's experiences.

There are three settings in which village volunteers provide information about nutrition:

1. One-to-one contacts (meeting women informally in the market, the field, or at home)
2. During community activities in the village, either during HC outreach activity, bi-annual VAC distribution or other health center staff outreach activities
3. During smaller group meetings with women at home

This session provides examples of when which job aid can be used, and examples of communication skills that are important for effective health education.

Instruction

Prepare 8 flipcharts for this session as described below:

1. One flip chart paper for each of the 3 health education opportunities (one-to-one, small group and big group) with a table of columns as illustrated below describing when, where, job aids and appropriate communication skills for this contact
2. Four flip chart papers (2 charts with “bad communicator” as the headline and 2 charts with “good communicator” as the headline)
3. Flip chart paper with an overview of good communication skills (see below)

Show the 3 health education opportunities flip charts to the participants (as illustrated below) with the health education opportunities. Explain and discuss each of the flipcharts.

As the facilitator goes through the list of good communication skills the facilitator should give examples and demonstrate each of the good communication skills:

1. Opened ended questions – questions that do not allow the participants to just answer YES or NO
 - ➔ **Example of closed ended question:** “Do you know about vitamin A”?
 - ➔ **Example of opened ended question:** “Tell me what you know about vitamin A”
2. Demonstrate good listening skills – maintain eye contact, show you are listening carefully by nodding head, making approving sounds or showing empathy for what participant is saying
3. **Reflect back what the participant has just said:** “so you take your child to the outreach session every time the village volunteer calls you”
4. **Praise positive practices:** “It’s great that you are still breast feeding your child, well done”
5. **Summarise what has been discussed, example:** “This morning we have talked about the importance of iron/folate for pregnant women. Every pregnant woman should take iron/folate during her pregnancy to prevent anemia and keep her well and strong. Pregnant women can receive iron/folate when they attend antenatal care at the health center. Foods rich in iron are red meats, liver, eggs, and green vegetables

Health Education Opportunities

Health education opportunity	When	Where	Job Aid	Communication skills
1. One-to-One	Anytime it is convenient	Street, Market, Field, Home	Job aid or flip chart	<ul style="list-style-type: none"> - Sit on the same level as the woman - Smile and make eye contact - Ask open ended questions to identify current practices - Listen carefully - Reflect back what the woman has said - Praise positive practices - Explain how she can do better - Use the job aid or flip chart to illustrate what you are saying - Summarise the main points of the discussion
2. Small group	Special meeting 4-5 women	Home, HC Outreach	Job aid or Flipchart	<ul style="list-style-type: none"> - Sit on the same level as the participants - Smile and make eye contact - Welcome everybody - Explain the purpose of the session - Ask open ended questions to identify current practices and knowledge - Listen carefully - Give participants enough time to talk - Reflect back what has been said - Praises positive practices - Use the job/aid to clarify/ reinforce messages - Summarize what has been discussed - Thank everybody for coming

Health education opportunity	When	Where	Job Aid	Communication skills
3. Big community group	Special meeting Many people	- HC Outreach, - Village hall - In-Outside meeting place	Flipchart	<ul style="list-style-type: none"> - Stand in front of the group - Smile and make eye contact - Welcome everybody - Explain the purpose of the session - Ask open ended questions to identify current practices and knowledge - Give participants enough time to talk - Listen carefully - Reflect back what participants have said - Praise positive practices - Use the flipchart to clarify reinforce messages - Choose your position carefully to ensure that everybody can see the flipchart - Summarize what has been discussed - Thank them for coming

Now divide the large group into 4 groups. Provide each group with 1 pre-prepared 'communicator' flip chart paper and ask them to take 5 minutes to discuss and write up ideas about the behaviour and characteristics of good OR bad communicators, depending on the title of the flip chart paper they have received.

After 5 minutes, ask a member of each group to present a brief summary of their flip chart.

Summarize the flip chart paper about good communication skills using the guide, 'Good Communication skills' on the next page. Ask participants why each point is important.

Good Communication Skills

- ➔ Be friendly
- ➔ Speak clearly
- ➔ Welcome everybody and explain the purpose of the session
- ➔ Maintain eye contact
- ➔ Ask open ended questions to identify current behaviours and what participants already know about the topic
- ➔ Listen carefully to what participants say
- ➔ Allow participants time to talk
- ➔ Reflect back what participants have said
- ➔ Praise positive practices
- ➔ Use IEC materials/job aids to clarify/reinforce messages
- ➔ If using IEC materials or job aids make sure everyone in the room can see them clearly
- ➔ Point specifically to the information on the flipchart/poster that you are talking about
- ➔ Summarize what has been discussed

Tell the participants that they will practice good communication skills during the next two days. It is important to apply the principles of good communication during all sessions.

Put the flipchart with 'Good Communication Skills' on the wall.

Review the checklist for good communication with the participants and explain that for every role play we will use this checklist to assess if the participants practice good communication skills. Give each participant a copy of the checklist and allow time for review and questions.

1.10. Explanation of the Job Aids

20 minutes

Learning objectives

After this activity, participants are able to:

- ➔ Counsel women and caregivers during one-to-one contacts and in small and big community groups using job aids, the 12 Key Family Practices flip charts and good communication skills.

Training aids and materials

1. Job aids: 12 Key Family Practice Flipchart and 1-to-1 Micronutrient Job Aid – one set for each participant

Methodology

Lecture.

Introduction

There are 2 job aids:

- ➔ The Community IMCI 12 Key Family Practices Flipchart (to be used for big gatherings)
- ➔ 1-to-1 Micronutrient Job Aid (to be used for 1-1 or small group discussions)

During this session, the job aids will be distributed. The ways to use the job aids will be explained.

Instruction

Present the two job aids showing the layout. Briefly present the topics and key messages and demonstrate how each of the job aids can be used.

Give each participant a set of job aids and ask them to look carefully through the job aids. Request them to ask questions about anything that is not clear.

Break

15 minutes

1.11. Using the Job Aids - One to One Contact

60 minutes

Learning objectives

After this activity, participants are able to:

Provide health education to women and caregivers during one-to-one contacts, using the one-to-one Micronutrient Job Aid and good communication skills.

Training aids and materials

1. 1-to-1 Micronutrient Job Aid
2. 12 Key Family Practices Flipchart
3. Checklist 'Village Volunteers Nutrition Contacts' for each participant – (in appendix)
4. Role-play cards for each group

Role play cards for activity 1.11 – Using the 1-1 Micronutrient Job Aid

(see appendix for photocopying these role play cards for the participants)

- ① Your name is Navy. You are 32 years old and you are 4 months pregnant with your second baby. You meet the village volunteer in the market and tell him/her that you are feeling very tired. You also tell the volunteer that you didn't go for antenatal care as it was too far. You have not received any tablets/supplements from the health center staff
- ② Your name is Sotheavy, you delivered your first baby 4 weeks ago. Your baby is a beautiful baby girl. You tell the volunteer that she is breast feeding very well and is healthy. You ask the volunteer if it is necessary to return to the health center. You have not been to the health center since the delivery one month ago?
- ③ Your name is Sopheara. You are the aunt of Bopha who is 7 months old. You are very busy taking care of Bopha. Her mother is working at a garment factory in Phnom Penh. You tell the village volunteer you are too busy to take Bopha to the vitamin A supplementation round. You don't think it's necessary as Bopha is healthy
- ④ Your name is Chanthea. You are a mother of 2 children: a boy of 8 months and a girl of 2 years old. You tell the village volunteer that you have seen a TV spot about vitamin A supplement and explain that your children have never received vitamin A supplement. You ask for more information

Methodology

Role plays in small groups with peers and facilitator feedback.

Introduction

The role plays are designed to allow the participants' to practice using their communication skills and the job aids in a safe environment. Having received the theory and the introduction of the job aids, it is now time to practice providing health education. The facilitator gives each participant a copy of the 'Village volunteer nutrition contact checklist and asks them to read it quietly. Request them to ask questions for any points that are not clear on the checklist.

Instruction

The role plays are done in as many groups as there are facilitators. Each group will need one facilitator to provide feedback. With 2 facilitators present, there can be two groups, with 3 facilitator's three groups.

Explain the activity. Each group will take turns to practice role plays. The role plays are on small cards. Each role play is short and focuses on 1-to-1 meetings between women

and volunteers. Group members should take turns being the woman and the village volunteer. The others participants observe and give their ideas after the role play is finished. Only the role of the target women is described on the cards. The role of the village volunteer is always the same: provide the best service using the key messages and the job aids. Key messages for each role play are provided for the facilitator in the appendix of this module. Remind the groups they have 60 minutes for this activity.

The role plays are short. Each participant should take a turn to play the mother and the village volunteer at least one time.

The peer members of the group provide feedback after each role play using the good communication checklist. The group facilitator provides additional feedback as necessary.

1.12. What have we learned? Summary of Day 1

15 minutes

Learning objectives

After this activity, participants are able to:

Provide health education to women and caregivers during one-to-one contacts, using the job aids and good communication skills.

Training aids and materials

1. Flipchart; (12 Key Family Practices)
2. Markers
3. Tape
4. Daily evaluation
5. Mood Meter

Methodology

Wrap up.

Introduction

During this activity the lessons learned are summarized to make sure participants remember the most important points of the sessions.

Instruction

The facilitator asks participants to summarize the activities of the day and s/he adds additional information as necessary.

Alternatively distribute daily evaluation questions (in appendix) and ask participants to complete. Discuss answers. Briefly explain the sessions for Day 2. Ask the participants to fill out the 'Mood Meter' before they leave the room (place 'Mood Meter' on the wall) Participants can tick in the column they most agree with.

Day 2



Day 2 - Morning programme, 8.00 – 11.30, total 3.5 hours

Time	Duration	Activity
8.00	15	2.1 Seven-up! – Energizer Participants and facilitators create positive energy for the afternoon activities
8.15	15	Review of Day 1
8.30	60	2.2 Use the flip chart for big group meetings. Participants practise communication skills using the 12 Key Family Practices Flipchart and giving peer feedback using the nutrition contact checklist
9.30	60	2.3 Prepare for HC outreach and bi-annual VAC distribution rounds Participants learn how to prepare for outreach activities and VAC distribution by working in groups and conducting role plays
10.30	15	Break
10.45	60	2.4 Assist during HC outreach activities and bi-annual VAC distribution rounds Participants learn how to counsel women and care givers on nutrition during outreach activities and VAC distribution Provide Vitamin A and Mebendazole during mop up activities and record and report back to health center staff
11.45	15	2.5 What have we learned? Participants and facilitators together go through the subjects of the morning. Facilitators clarify subjects that were not clearly understood
12.00		Close – lunch

2.1. Seven-up!

15 minutes

Learning objectives

After this activity, participants are able to:

Receive positive energy to work and learn during the morning programme.

Training aids and materials

- ➔ People standing in a circle.

Methodology

Energizer.

Introduction

This energizer allows people to create positive energy to work on the morning programme. Icebreakers and energizers allow energy to flow in a group and activate people to pay attention during the next activity.

Instruction

Invite the people to stand in a circle. *Explain the rules:*

The facilitator starts with shouting “MOYE” and pointing with the right hand towards the person at the left. He or she shouts “PII”, and points with the right hand had towards to person at the left. That person shouts “BEY”, this goes on until the 7th person, who shouts “SEVEN UP” and puts both arms in the air. The person to the left stars a new With: MOYE” and points with the right hand to the person at the left.

Stop the game after 10 minutes and invite the people to take their place in the room.

2.2 Review of Day 1

15 minutes

Ask for volunteers to review day 1 asking: “What did you learn during Day 1 that will be useful for your work as a village volunteer?”

2.3. Using the 12 Key Family Practices flip chart for small and big group meetings

60 minutes

Learning objectives

After this activity, participants are able to:

Provide health education to women and caregivers in small and big community group sessions, using the 12 Key Family Practices flip chart and good communication skills.

Training aids and materials

1. 12 Key Family Practices flipchart
2. Nutrition contact checklist for each participant

Methodology

Role play
Peer and facilitator feedback

Introduction

The role plays are designed to let participants' practice with the job aids in a safe environment. Having received the theory and the introduction to the job aids, it is now time to practice using communication skills and the flipchart for health education in small and large groups.

Instruction

The role plays are done in 3 or 4 groups, each with a facilitator. Each role play is short and focuses on group meetings between women and volunteers. Explain that participants should take time to review the flip chart topics and choose a topic they would like to talk about. Each participant should present a different part of the flipchart to the group. The participant presenting has about 5 minutes to present to the group. H/she should practice using the good communication skills described on the nutrition contact checklist. The others participants play the women or caregivers of the group. Following the role play the participants give feedback to the presenter using the nutrition contact checklist. The facilitator gives additional feedback as necessary.

Try to give the opportunity to all the participants to present before their group.

The facilitator provides additional feedback as necessary at the end of each short role play.

2.4. Preparing for HC outreach activity and bi-annual vitamin A supplementation round

60 minutes

Learning objectives

After this activity, participants are able to:

Prepare for a HC outreach activity /bi-annual VAC distribution rounds by making a list of all eligible children and women for preventive treatment for vitamin A, Iron and Mebedendazole.

Training aids and materials

1. Registration forms (village volunteers register)
2. Mother Cards
3. Child Health Cards
4. Job aids
5. Role play cards
6. Flipcharts and markers
7. Flip chart with role of village volunteers for HC outreach activities and vitamin A distribution
8. Flip chart with village volunteer register table (in appendix)

Methodology

Group work / role play.

Introduction

During this session, participants learn how to prepare for a HC outreach and bi-annual VAC distribution rounds.

Instruction

During the next 15 minutes, review with the participants about their role for HC outreach activities.

Show the following tasks and responsibilities on flipcharts and discuss challenges they may face. Ask participants to share ideas about how they can overcome the challenges.

One to two weeks before the HC outreach activity:

- ① Make a list or update a current list of all eligible children in their village for VAC and Mebendazole (children 0-11 months and 12-59 months of age)
- ② Make a list or update current list of all eligible women in their village for vitamin A, IFA and Mebendazole (postpartum women) and pregnant women for IFA and Mebendazole
- ③ Inform the health center staff and the village chief about the number of eligible women and children in the village
- ④ Inform the village leader about the planned outreach activity and discuss with the village leader to decide the best location to conduct the activity

A few days before the HC outreach activity:

- ⑤ Inform mothers and caretakers about the HC outreach activity:
 - ➔ Who should come?
 - ➔ When, where and what time the activity will happen
 - ➔ Explain why VAC is important for children 6-59 months
 - ➔ Explain why Mebendazole is important for children 1 – 5 years
 - ➔ Remind mothers to bring the Mother Card and Child Health Cards
- ⑥ Conduct health education about vitamin A using the Micronutrient Job Aids

Present the form the volunteers will use to register all eligible children and women for VAC, Iron and Mebendazole. Put a copy of the registration form on large flip chart paper. Fill in a few examples to illustrate how the form is completed. (copy of registration form is included in the appendix).

The next 30 minutes are for role plays on preparing for HC outreach activities and bi-annual VAC distribution rounds.

Role play cards for activity

2.3 – Preparing for HC outreach activity and bi-annual VAC distribution rounds

(see appendix for photocopying these role plays for the participants)

Divide the large group into groups of 5. Explain that 1 member of the group will be the village volunteer who will register the others group members on the registration form. Provide the participant playing the village volunteer with the form. Provide the other participants with the role play cards. Ask them to give their information one by one to the village volunteer. The participant playing the village volunteer records each client on the registration form. She/he is also responsible for telling the women and caregivers about the next outreach session, date, time and place. The volunteer should remind the women and caregivers to bring their children 6 – 59 months, the Child Health Card and mother card

- ① Sophea is 27 years old and has a healthy son of 4 years old
- ② Bunna is 21 years old and delivered a baby 3 days ago
- ③ Kunthea is 24 years old, delivered a baby 6 weeks ago and has a 18 months year old son
- ④ Thevea is 31 years old, has a 4 year old daughter and a 2 year old son. She is pregnant and this is her 2nd visit to the HC outreach. She already received her first 60 Iron tablets

Review

During the last 15 minutes discuss the results of the groups. Ask what they found easy to do, what they found difficult and how these difficulties could be solved.

- ➔ Are the registration forms filled out correctly?
- ➔ Did the village volunteer inform all women/caregivers about the HC outreach activity/day, place and time?
- ➔ Was the information about the HC outreach activity communicated clearly?
- ➔ Were women and caregivers informed to bring the Child Health Card and Mother Card?

Break

15 minutes

2.5. Assisting during HC outreach activities, bi-annual VAC distribution rounds and mop up activities

40 minutes

Learning objectives

After this activity, participants are able to:

- ➔ Assist HC staff during a HC outreach activity
- ➔ Provide health education to women and caregivers on nutrition
- ➔ Give vitamin A supplementation and Mebendazole during mop up activities and report back to health center staff about number of children who were reached during mop up activities

Training aids and materials

1. Village volunteer registration forms
2. Job aids and IEC materials
3. Flipcharts and markers
4. Role play cards
5. Vitamin A and Mebendazole dose chart (on village volunteer job aid)
6. Vitamin A capsules - 100,000 IU and 200,000 IU
7. Mebendazole (deworming medicine)
8. Scissors

Methodology

Model outreach session activities by conducting a role play
Large group discussion

Introduction

During this session, participants learn how to assist during a HC outreach activity in their village and counsel women and caregivers on nutrition. Village volunteers also learn about their role for mop up (how to administer vitamin A supplement and Mebendazole to children 6 – 59 months who missed outreach and record and report on children reached during mop up). The facilitators will explain briefly and then model a session by conducting a role play.

Instruction

Before conducting the role play ask volunteers for ideas about what they can do to assist health center staff during outreach. Discuss and write up their ideas on flip chart paper.

Show the following tasks and responsibilities on flipcharts and explain and discuss each task.

During the HC outreach activity village volunteers will:

- ① Call the mothers and caregivers to bring children 6- 59 months to the vitamin A distribution round
- ② Provide health education to mothers and caregivers on nutrition (vitamin A, Iron, Iodine and Mebendazole) using the job aids
- ③ Check which children have attended and record on village volunteer register
- ④ In collaboration with health center staff conduct 'mop up' activity by following up children 6-59 months that missed the outreach. Provide the correct dose of vitamin A and Mebendazole to eligible children. Provide health education to mother/caregiver about the importance of vitamin A and Mebendazole. Record and report back to health center staff

Demonstrate the role of village volunteer by conducting a role play

The facilitator plays the part of a village volunteer and demonstrates how a volunteer can assist during outreach sessions. Point to the responsibilities on the flipchart for outreach.

Ask for four participants to role play mothers and six participants to role play children. One facilitator will play the village volunteer and another the health center staff.

Use the same role plays as in previous session. Give each of the role play participants a role play card.

- ① Sophea is 27 years old and has a healthy son of 4 years old
- ② Bunna is 21 years old and delivered a baby 3 days ago
- ③ Kunthea is 24 years old, delivered a baby 6 weeks ago and has a 18 months year old son
- ④ Thevea is 31 years old, has a 4 year old daughter and a 2 year old son. She is pregnant and this is her 2nd visit to the HC outreach. She already received her first 60 Iron tablets

Ask the other participants to watch carefully what is happening during the outreach session.

Spend a few minutes to plan the role play with the participants. Assign each role play participant a role as the 4 roles described above.

Role Play

1. Village volunteer greets the mothers and children and checks their name on the village register. Add the name if not on the register
2. Village volunteer provides information about vitamin A using good communication skills and IEC materials/job aids
3. Health center staff carefully checks age of child/children and gives vitamin A and Mebendazole according to age of child. IMPORTANT: Health center staff slowly and clearly demonstrates how to correctly give vitamin A; how to cut the top off the VAC capsule, and tells the mother that child is receiving vitamin A and why vitamin A is important

Health center staff also explains about Mebendazole while giving mebendazole to children 12 – 59 months

4. Health center staff record on the tally sheet and Child Health Card that they have given vitamin A and Mebendazole – demonstrate how this is done using the tally sheet and Child Health Card
5. Health center staff instructs mothers to keep Child Health Card and bring to next outreach session or bring to health center every time they attend health center
6. Village volunteer records on the village volunteer register the children who have attended the session

Following the role play the facilitator asks for feedback from the participants who observed the role play.

Use the following questions to receive feedback:

- ➞ What was the role of the village volunteer during outreach?
- ➞ What was the role of the health center staff?
- ➞ What went well?
- ➞ What didn't go so well? How could it be improved?
- ➞ What challenges were encountered during the outreach session
- ➞ How might the challenges be addressed?

20 minutes:

Village volunteer role for mop up activities 20 minutes

Instructions

Introduce the role of the village volunteer for mop up activities by reviewing why it is important every child 6-59 months receives vitamin A twice per year around May and November.

Ask the volunteers what they can do to ensure that children 6- 59 months who do not attend outreach receive vitamin A (and Mebendazole if they are 12 – 59 months).

Discuss participant's ideas.

Explain that the MoH policy allows village volunteers in collaboration with health staff to distribute vitamin A to children 6- 59 months who missed the supplementation, round if they have received training in how to administer vitamin A and Mebendazole correctly. This means RIGHT CHILD, RIGHT DOSE, RIGHT TIME.

Explain about conducting the activity as soon as possible after the vitamin A round; the importance of giving the right dose to children, provide health education to mothers about vitamin A, record in the village volunteer register and report back to health center staff about the number of children who received vitamin A and Mebendazole in mop up activities. Village volunteers should also return any unused capsules/tablets to health center staff.

Present the Vitamin A and Mebendazole Preventive Protocol Table which you have prepared on a large flip chart paper (explain that the protocol is included on the village volunteers job aid.

Go through each line of the table and explain – ask questions, discuss.

Show the different doses and colors of vitamin A and demonstrate how to cut the top of the capsule, correct administration to child and explanation to mother about vitamin A Show the Mebendazole tablet. Demonstrate how to cut the tablet in half according to the dose required. Explain that the child should chew the tablet immediately and then drink some water.

Ask for volunteers to explain and demonstrate the following to the large group:

- ➔ Why mop up is important
- ➔ How to conduct mop up activities
- ➔ Explain preventive protocol table
- ➔ Administer vitamin A to a child 6 – 11 months
- ➔ Administer vitamin A and Mebendazole to a child 12 - 59 months old
- ➔ Record on the village volunteer register that the child has received vitamin A/ Mebendazole
- ➔ Reporting back to health center staff about mop up and returning any unused VAC and Mebendazole

Review village volunteers job aid. Distribute a job aid to each participant and ask them to spend time to review the job aid, and discuss as necessary.

Discuss iron supplementation for pregnant and post partum women

Ask participants:

What is the role of the village volunteer for iron folate supplementation?

Explain that the village volunteer can play a valuable role to provide information to pregnant and post partum women about the importance of iron and folate tablets and iron rich nutritious foods, where to obtain them and how to prevent and manage potential side effects.

Review the section on pregnant and post partum care contact in village volunteer job aids and answer any questions.

2.6. What have we learned?

15 minutes

Learning objectives

After this activity, participants are able to:

Provide health education to women and mothers appropriately according to their situation.

Training aids and materials

1. Flipchart
2. Markers
3. Tape

Methodology

Wrap up.

Introduction

During this activity the lessons learned are summarized to make sure participants remember the most important issues of the sessions.

Instruction

The facilitator summarizes the activities of the morning or asks participants to summarize what they have learned and briefly explains the afternoon activities.

Day 2 - Afternoon programme, 14.00 – 17.00, 3 hours

Time	Duration	Activity
2.00	15	2.6 Our ingredients! – Energizer Participants and facilitators create positive energy for the afternoon activities
2.15	30	2.7 Salt testing Participants practice with salt testing in small groups, after explanation by facilitators
2.45	30	2.8 Peer follow-up How to conduct a peer follow-up meeting? Group practice
3.15	15	Break
3.30	15	2.9 What did we learn? - Post test Hand out the post test forms and pens Participants answer the post test questions
3.45	45	Marking of post test and discussion/ clarification of areas that are not clear
4.30	30	2.10 Evaluation of Training Closing of the training Thank the participants for joining
5.00		Close

Please seat the participants in a circle of chairs.

2.7. Food groups– energizer

15 minutes

Learning objectives

After this activity, participants are able to:

Recognize which food belong to each of the three food groups

Materials

Pictures of foods (see appendix)

Introduction

This energizer allows people to create positive energy to work on the afternoon programme. Icebreakers and energizers allow energy to flow in a group and activate people to pay attention during the next activity. The activity also reviews the 3 food groups discussed during the first day.

Instruction

Ask participants to stand in a circle. Provide each participant with a food picture. Give them a few minutes to decide to which group their food belongs. Explain that when they decide to which food group the food belongs they should hold it in the air and shout the name of the food group out loud.

Participants should shout the food groups one by one. Check if the participants are putting their food in the correct group or not.

Ask the participants to give their food picture to the persons on the right (everybody does that, so all participants receive a new food card. Shout the food groups again, in another order. Check if the participants do it right.

Ask the participants to give the food card to the persons on their right, and shout the food groups again.

Stop the activity after 15 minutes.

2.8. Salt Testing

30 minutes

Learning objectives

After this activity, participants are able to:

Test salt for iodine content and conduct salt testing in their village.

Training aids and materials

1. Sheet
2. Different packages of salt – some without iodine
3. Dropper for reagent
4. Spoons
5. Job aid

Methodology

Large group discussion – why is iodine important?
Facilitated group work.

Introduction

During this session, participants learn how to test salt for iodine content. Use the village volunteer job aid to review why iodine is important. Ask participants to name foods that contain iodine. Read the key messages about iodine.

Instruction

This is a practical session, with group assignments about how to test salt for iodine content. Divide the large group into smaller groups, each group should be assisted by a facilitator. The facilitator is to provide assistance, not only model.

Provide each group with 3 or 4 salt samples and dropper for reagent.

Explain how to test the salt and then demonstrate how to conduct the test (see instruction of salt testing in appendices).

Let the participants test the salt and record (either written or by showing) the results. Each group has 20 minutes to test the samples.

Provide assistance when necessary, but don't take over the activity.

Then wrap up and emphasize that for the salt testing activity:

- ➔ The village chief must be informed
- ➔ The testing should be discussed with salt sellers
- ➔ A village meeting could be organised to inform people about the importance of iodized salt
- ➔ Salt should be tested
- ➔ Volunteers should share the information with people in the village

2.9. Peer follow-up

30 minutes

Learning objectives

After this activity, participants are able to:

- ➔ Conduct a peer follow-up meeting during the monthly or 2-monthly meeting at HC
- ➔ Use the Self Assessment Form to assess their work and identify areas that need improvement

Training aids and materials

1. Peer 'Self Assessment Tool' (appendix)
2. Pens
3. Flipcharts
4. Markers

Methodology

Facilitated group work.

Introduction

Explain to the participants that peer follow-up meetings are important to share experiences and find solutions for challenges they meet in their work. Peer follow-up is to support their work. Peer follow-up meetings should be carried out during the monthly or two-monthly meetings at the HC. During the peer meetings the volunteers will use a section of the peer self assessment tool to discuss their work and share ideas about how it could be strengthened.

Present the self assessment form (pre-prepared on a large flip chart paper) explain that peers can use this form to assess their work and share ideas during the peer meeting about what part of their work is going well and areas that need strengthening.

Explain that together with other village volunteer, volunteers try to find solutions for problems they meet in their work.

In the peer follow-up meetings the village volunteers will discuss real challenges they meet in their work. During this session if volunteers have not yet began work in the village they will fill out the self assessment form considering the challenges they might face. If they are already working they will use their experience from their work.

Instructions

Explain the importance and need for peer follow-up. Ask the participants to form groups of 5 and provide each participant with a copy of the volunteer self assessment tool (in appendix) Ask them to think about what challenges they might meet for their work. Ask them to identify practical solutions that they can carry out by themselves.

Every group presents to the big group and discusses about issue/challenges and possible solutions.

Break – 15 minutes

2.10. What did we learn? - Post-test

15 minutes

Learning objectives

At the end of the activity, the participants are able to:

Identify their level of knowledge and compare it to their pre-training test results.

Training aids and materials

1. Pre-tests printed on paper, one for each participant
2. Pens

Methodology

Pre- and post-test.

Introduction

With the post test the level of knowledge of the participants is assessed at the end of the training.

Instruction

Provide each participant with a pen or pencil. Instruct them to answer the questions by themselves. Read the questions one by one aloud and let the volunteers answer the questions on the sheet.

Review of pre and post test

Give out the pre-test and post test to each participant. The pre-test will have already been marked by the facilitator.

Mark the post test with the participants by reading out each questions and asking participants for the answer. Discuss differences of opinion or queries that the participants have about the answer. Praise participants for the right answer. Complete the post test review. After all the participants have completed marking the post test collect them in.

Ask participants how they felt about the pre and post test? Invite them to share their feelings about the training. What have they learned during the 2 days? How will it be helpful to them when they return to the village?

Evaluation of Training

Ask participants if they have any suggestions about how the training could be improved in the future. Record their ideas on a big flip chart paper.

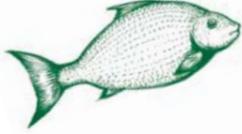
2.11. Close the training

Thank all the participants and wish them good luck.

Appendix 1

Three Food Groups



Food Groups What are they called?	What do they do?	Where do you find them?	Examples
Carbohydrates and fats	Give you energy	Sugary and starchy foods like rice, bread, potatoes, taro, cereals, noodles, and some fruit and vegetables Fats are in dairy products, meat and oils	 
Proteins	Help your body grow and repair itself	Fish, meats, poultry, eggs, dairy products, beans and nuts	  

Vitamins, minerals/ micronutrients	Vitamins and micronutrients are good for protecting your body and keeping it healthy	Vitamins are mostly found in fresh fruit and vegetables and dairy products (milk and eggs) Minerals/micronutrients are in lots of foods but are especially in red meat, liver and fresh fruit and vegetables	
Fibre	Helps you digest food	Fruit, vegetables and cereals	

If we feed ourselves poorly, we get sick easier and recover slowly. If children are not fed well, they do not grow and develop well. They may become slow learners.

If pregnant women do need eat enough food and a variety of foods, they are at risk of malnutrition, anaemia and infection, which can lead to complications and even death of mother and baby during pregnancy, delivery and after delivery.

Appendix 2

Activity 1.4

Activity cards for 'All those nutrients' game.'



1. Cards of foods

(The pictures are below)

Set of picture cards to be cut in half.

Facilitator should cut each picture in half and put a symbol on each piece as described below:

- Vitamin A (Star symbol on the back of each part of picture card) ★
- Iron (Circle symbol to be put on the back half of each part of the picture card) ○
- Iodine (Triangle symbol to be put on the back half of each card) △

Vitamin A Rich Food - (Print pictures on A4 paper)

Star symbol on back of each half of picture

- Egg yolk
- Fish, chicken
- Liver
- Dark green leafy vegetables
- Orange and yellow vegetables and fruits
- Breast milk

Iron Rich Foods – (Print pictures on A4 paper)

Circle symbol on back of each part of picture

- Fish
- Pork
- Beef
- Chicken
- Liver and other animal products
- Green leafy vegetables
- Tofu
- Soya milk/beans

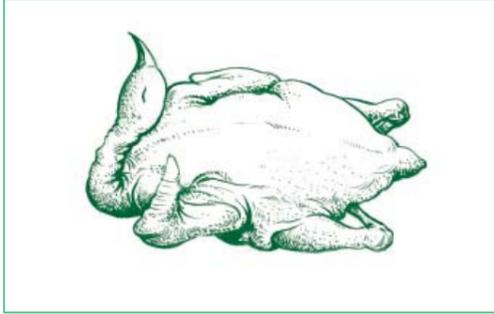
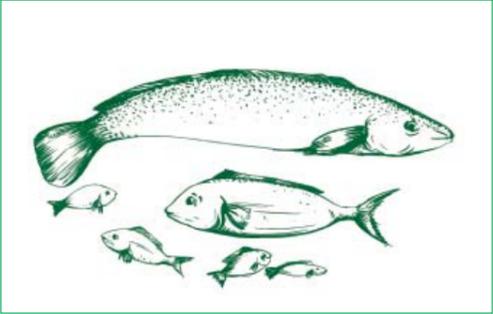
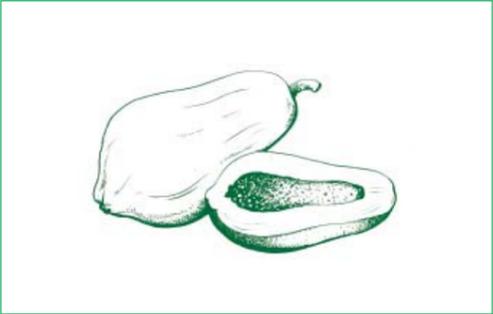
Iodine Rich Foods – (Print pictures on A4 paper)

Triangle symbol on back of each half of picture

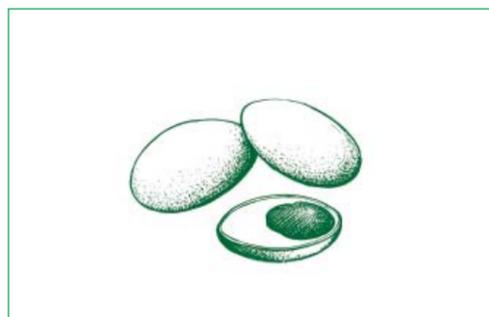
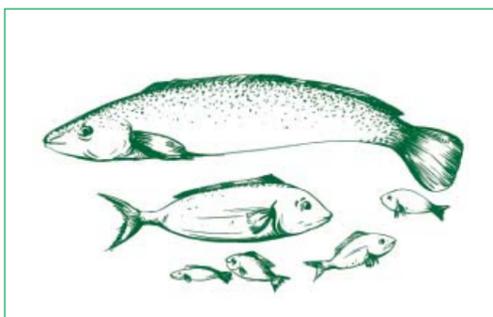
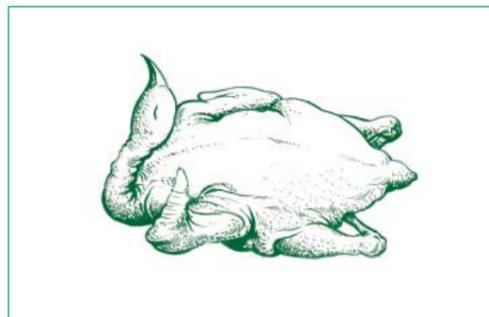
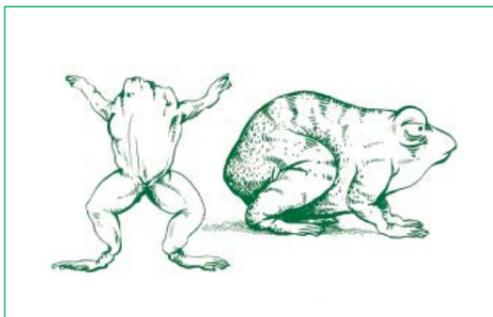
- Sea Fish
- Shrimp and other seafood
- Iodized salt

Food Cards for Game

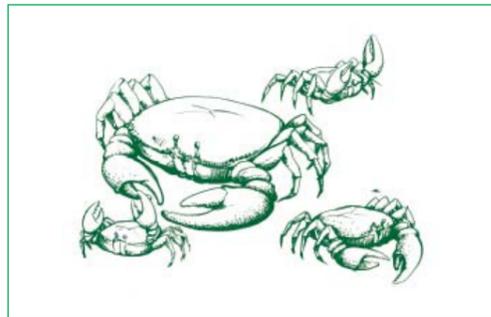
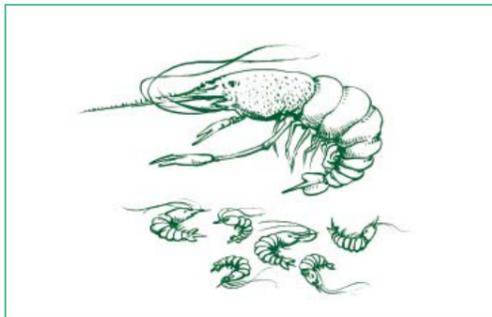
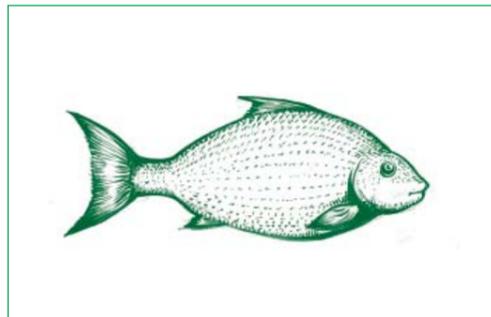
Vitamin A Rich Foods (Star Symbol)



Iron Rich Foods (Circle Symbol)



Iodine Rich Foods (Triangle Symbol)



2. Title Cards for Micronutrient Groups

① Vitamin A – saves children’s lives by protecting them from illness, keeps children healthy and promotes good growth and good vision

② Iron prevents anaemia and helps the body to create energy

③ Iodine helps children to grow well and have good brain development

(Write each of the title cards on a separate piece of paper)

3. Cards with clinical signs and at risk groups

(IMPORTANT Do not put the names vitamin A, iron, or iodine, on the cards)

CARD 1 VITAMIN A

Signs

- ➔ Night Blindness

At risk groups

- ➔ children with persistent diarrhoea
- ➔ pregnant women
- ➔ severely malnourished children
- ➔ infants 0-6 months without breast feeding
- ➔ children with measles
- ➔ children 6-59 months
- ➔ post partum mothers

CARD 2 IRON

Signs

- ➔ fatigue
- ➔ difficulty with learning
- ➔ palmar pallor

At risk groups

- ➔ pregnant women
- ➔ post partum women
- ➔ young children 0 – 59 months

CARD 3 IODINE

Signs

- ➔ Goiter

At risk groups

- ➔ Everybody

4. Prevention Cards

(IMPORTANT: Do not put the names vitamin A, iron and iodine on the cards)

VITAMIN A PREVENTION CARD 1

At risk group – Post partum women

Prevention:

Give vitamin A (200,000 IU) within six weeks of delivery

Eat foods rich in vitamin A such as:

liver, fish, meat, fish oils, green vegetable and orange fruit and vegetables such as pumpkin and ripe mangoes and papaya

VITAMIN A PREVENTION CARD 2

At risk group: Children 0-6 months:

Prevention:

- ➔ Exclusive breastfeeding from birth to six months

VITAMIN A PREVENTION CARD 3

At risk group: Children 6-59 months:

Prevention:

- ➔ Continued breastfeeding until 2 years or beyond
- ➔ Give appropriate complementary feeding with vitamin A rich foods (according to IYCF Guidelines)
- ➔ Give vitamin A capsule twice per year from 6 – 59 months

IRON PREVENTION CARD 1

At risk group: pregnant women

Prevention:

- ➔ 1 tablet Iron/Folate per day for 90 days (60 tablets at first contact and 30 tablets at 2nd contact)
- ➔ Eat foods rich in iron such as: liver, all kinds of meats, fish, green vegetables, and eggs

IRON PREVENTION CARD 2

At risk group: post partum women

Prevention:

- ➔ Iron folate tablets 42 days (1 tablet per day) within the first six weeks of delivery
- ➔ *Eat foods rich in iron such as* liver, all kinds of meats, fish, green vegetables, and eggs

IRON PREVENTION CARD 3

At risk group: children 12-23 months:

Prevention:

- ➔ Give ½ dose (=250 mgs) mebendazole every 6 months at same time as vitamin A
- ➔ Give iron rich foods such as liver, all kinds of meats, fish, green vegetables, and eggs

IRON PREVENTION CARD 4

At risk group: children 24 – 59 months

Prevention:

- ➔ Give 1 dose (=500 mgs) mebendazole every 6 months at same time as vitamin A
- ➔ Give iron rich foods such as liver, all kinds of meats, fish, green vegetables, and eggs

IODINE PREVENTION CARD 1

At risk group: everyone

Prevention:

- ➔ Use Iodized salt and eat iodine rich seafoods such as shrimp, crab and fish

5. Cards with key messages:

(IMPORTANT: Do not put the names vitamin A, iron or iodine on the cards)

VITAMIN A KEY MESSAGES

- ➔ Mothers should bring their children from 6 – 59 months to receive... at twice yearly... distribution rounds (around May and November)
- ➔ Saves children's lives by protecting them from illness, keeps them healthy and promotes good growth
- ➔ Family should eat... rich foods such as liver, eggs, meat, dark green leafy vegetables, dark yellow vegetables and fruits
- ➔ It is necessary for good vision, optimal growth and prevents infections
- ➔ Postpartum mothers should come to HC or outreach activities to receive..... within the first six weeks after delivery

IRON KEY MESSAGES

- ➔ It protects the mother and child from anaemia and stimulates the development of the child's brain and body
- ➔ Women should come to the HC or outreach activities to receive... tablets during pregnancy (90 tablets, 60 1st visit, 30 2nd visit) and postpartum (42 tablets)
- ➔ The family should eat... rich foods such as meat, animal entrails, fish and dark green leafy vegetables

IODINE KEY MESSAGES

- ➔ It stimulates the development of the child's brain and prevents goitre and cretinism
- ➔ The family should eat... foods such as seafood and... salt

Appendix 3

Activity 1.11 Case studies for health education using job aids



Copy the role plays below.

MAKE ONE SET OF THE FOUR ROLE PLAYS FOR EACH MEMBER OF EACH GROUP

1. Your name is Navy. You are 32 years old. You are 4 months pregnant with your second baby. You meet the village volunteer in the market and tell him/her that you are feeling tired. You also tell the volunteer that you didn't go for antenatal care as it was too far. You have not received any tablets/supplements from the health center staff

2. Your name is Sotheavy, you delivered your first baby 4 weeks ago. Your baby is a beautiful baby girl. You tell the volunteer that she is breast feeding well and is healthy. You ask the volunteer if it is necessary to return to the health center? You have not been back since the delivery one month ago?

3. Your name is Sopheara. You are the aunt of Bopha who is 7 months old. You are very busy taking care of Bopha. Her mother is working at a garment factory in Phnom Penh. You tell the village volunteer you are too busy take Bopha to the vitamin A supplementation round, and that Bopha does have any health problems

4. Your name is Chanthea. You are a mother of 2 children: a boy of 8 months and a girl of 2 years old. You tell the village volunteer that you have seen a TV spot about vitamin A supplement. You explain that your children have never received vitamin A supplement. You ask for more information

Facilitators Role Play Guide: Key messages that VILLAGE VOLUNTEERS can provide during the role plays

1. Your name is Navy. You are 32 years old and you are 4 months pregnant with your second baby. You meet the village volunteer in the market and tell the volunteer that you are feeling tired. You also tell the volunteer that you didn't go for antenatal care as it was too far to the health center. You have not received any tablets/supplements from the health center staff

Key Messages:

- Advise to attend the health center for antenatal care
- **Benefits of antenatal care:** check health of mother and baby; identify and treat problems early; receive advice on staying healthy during pregnancy; receive iron folate tablets to prevent anaemia; receive mebendazole for treating worms after the first three months of pregnancy; plan and prepare for delivery; plan place of delivery
- Advise about iron folate one tablets. Take one tablet per day for 90 days. On the first contact with health center staff she will receive 60 tablets, on the second visit 30 tablets
- Advise about possible side effects of iron tablets and what she can do to help prevent side effects of iron
- Advise about preventing anemia by eating foods rich in iron such as liver, eggs, meat, fish, green leafy vegetables
- Advise about a good nutritious diet during pregnancy. Pregnant women should eat 4 meals per day as they need additional nutrition for both mother and growing baby

2. Your name is Sotheavy, you delivered your first baby 4 weeks ago. Your baby is a beautiful baby girl. You tell the volunteer that she is breast feeding well and is healthy. You ask the volunteer if it is necessary to return to the health center? You have not been back since the delivery one month ago?

Key Messages:

- ➔ **Advise about the importance of attending health center even if baby and mother are healthy, as the health center staff can provide post partum care which includes:** checking the health of both mother and baby, providing the mother with advise and support for breast feeding, providing the mother IFA, Mebendazole and Vitamin A, giving advice about birth spacing methods and giving vaccinations to the baby
- ➔ Praise the mother for her successful breast feeding. Advise about exclusive breast feeding – giving nothing but breast milk for the first six months – not even water
- ➔ Advise about a nutritious diet for the mother – four meals per day with a variety of foods from the 3 food groups
- ➔ Ask about vaccinations for BCG and Hep B? Has the baby received them. If not advise to go to the health center
- ➔ Tell the mother about the benefits of post partum care and advise her to go to the health center
- ➔ **Benefits of post partum care:** check health of mother and baby; mother will receive 40 iron tablets to prevent anemia; mebendazole to treat worms and vitamin A supplement which will benefit both mother and baby, as her baby will receive vitamin A in the breast milk. Vitamin A protects against diseases and keeps mother and baby strong

3. Your name is Sopheara. You are the aunt of Bopha who is 7 months old. You are very busy taking care of Bopha. Her mother is working at a garment factory in Phnom Penh. You tell the village volunteer you are too busy take Bopha to the vitamin A supplementation round taking place in the village, you don't think it's important as Bopha is healthy

Key Messages:

- ➔ All children 6-59 months should receive vitamin A supplement twice per year around the months of May and November. Vitamin A protects children against diseases and helps to keep them healthy and strong
 - ➔ Vitamin A is a supplement, not an injection. It is quick and easy to give
 - ➔ Bopha is 7 months old and needs to receive appropriate complementary foods (enriched babor) containing a variety of foods such as fish, eggs, green and yellow vegetables and oil. At 7- 8 months Bopha should be eating half a bowl of enriched babor three times per day plus continued breast feeding
 - ➔ Sopheara should bring Bopha's Child Health Card (yellow card) to the vitamin A distribution as the health center staff will record on the card that Bopha has received vitamin A
4. Your name is Chanthea. **You are a mother of 2 children:** a boy of 8 months and a girl of 2. years old. You tell the village volunteer that you have seen a TV spot about vitamin A supplement and explain that your children have never received vitamin A supplement. You ask for more information

Key Messages:

- ➔ All children 6-59 months should receive vitamin A supplement twice per year around the months of May and November. Vitamin A protects children against diseases and helps to keep them healthy and strong
- ➔ Vitamin A is a supplement, not an injection. It is quick and easy to give
- ➔ The 8 month old son needs to receive appropriate complementary foods (enriched babor) containing a variety of foods such as fish, eggs, green and yellow vegetables and oil. At 8 months he should be eating half a bowl of enriched babor three times per day plus continued breast feeding. Gradual increase amount until he is eating one bowl three times per day. Her two year old daughter should be eating a variety of family foods and also some health snacks such as banana, papaya and bread
- ➔ Chanthea should bring her children's Child Health Card (yellow card) to the vitamin A distribution as the health center staff will record on the card that her children have received vitamin A

Appendix 4

Role play cards for outreach practice session



Make groups of 5

(Copy this instruction sheet with the role plays and give a copy to each participant)

One member of the group will be the village volunteer who will register the others on the form. Provide this person with the record form. Provide the other participants with the role play cards. Ask them to give their information one by one to the village volunteer. The participant playing the village volunteer records each client on the registration form. She/he is also responsible for telling the women and caregivers: the date, place and time of the next HC outreach activity. The volunteer should also remind mothers and caregivers to bring their Child's Health Card and the Mother's card

1. Sophea is 27 years old and has a healthy son of 4 years old
2. Bunna is 21 years old and delivered 3 days ago
3. Kunthea is 24 years old, delivered 5 weeks ago and has a 18 months year old son
4. Thevea is 31 years old, has a 4 year old daughter and a 2 year old son. She is pregnant and this is her 2nd visit to the HC outreach at village level. She already received her first 60 Iron tablets

Appendix 6

Example of village volunteer register form for pregnant women



Name of village: Name of Health Center..... District..... Province/City.....

	Vit A 200,000 IU Date	Deworm 1 tablet 500mgs Date	IFA 42 tablets Date																	
Post partum package																				
Date delivered baby																				
Date received Deworming during pregnancy																				
Date received IFA 1 st contact 60 tablets 2 nd contact 30 tablets																				
Expected day/ month/ year of delivery																				
Number of months pregnant																				
# of pregnancies including this pregnancy																				
Age of woman																				
Other name for woman or partner																				
Partners name																				
Woman's Name																				
#																				



Appendix 7

Village volunteer self assessment tool

The self assessment tool will be used during village volunteer meetings held at health center level.

How to use the tool

1. Health center staff introduce the assessment tool.

The assessment tool provides the opportunity for village volunteers and health staff to identify which nutrition activities are going well in their area, and which activities need strengthening. It allows the group to work together to identify ways to strengthen their activities and agree on some actions.

Village volunteers will work individually to complete the form, and then use the form to discuss in the larger group with other volunteers and the health staff.

NB. If village volunteers have low literacy skills the health staff can read each point in the assessment form and fill it in according to the village volunteers feedback.

2. Health staff present and explains assessment form. Give a copy to each volunteer

The self-assessment tool is divided into 3 columns:

First column provides the nutrition actions at each contact point

Second column asks you to rate yourself. The rating is divided as following:

- 0 = insufficient
- 1 = fair
- 2 = good
- 3 = very good
- 4 = excellent

For each section rate all items included in each section and add the scores to obtain the total of each section. At the end, sum up the sub totals of each section to obtain the total.

Third column asks you to identify follow up actions. Identify the topics with the lowest scores.

When every one has completed the form – discuss the results in the large group. Give praise for activities that are going well and discuss activities that are not going well. Identify actions to improve the areas that are not going well.

The health center staff will keep a record of recommended actions and follow up on progress and discuss at the next village volunteer meeting. The self assessment can be conducted twice per year (following the bi annual vitamin A rounds).

Rating: 0 = insufficient; 1 = fair; 2 = good; 3 = very good; 4 = excellent

Self Assessment Form for Village Volunteers

Key Action	Rating*	Recommended Actions
1. All pregnant women in my village:		
Are registered in my village register		
Attend antenatal care 4 times during pregnancy		
Take 90 tablets of iron folate tablets during pregnancy		
Receive deworming medicine after the first 3 months		
Eat an extra meal per day during pregnancy		
Know danger signs during pregnancy		
Plan and prepare for transport costs for delivery		
Have received information about exclusive breastfeeding and early initiation of breast feeding		
Total		

2. All post partum women and newborn in my village:		
Are registered in my village register		
All mothers are supported to give skin to skin care		
All mothers initiate breast feeding within 1 hour of delivery		
All mothers are counseled about exclusive breast feeding for the first six months		
All mothers are advised to breast feed frequently on demand day and night		
All mothers are provided with 42 tablets of IFA as soon as possible after delivery		
All mothers are given vitamin A 200,000 IU as soon as possible after delivery within the first six weeks		
All mothers receive deworming (mebendazole 500mgs) soon after delivery		
New born babies receive BCG and HepB as soon as possible after delivery		
All mothers receive information about eating an extra meal every day when they are breast feeding		
All mothers receive information about good nutrition and a varied diet		
Total		
3. All children 0 – 5 years in my village:		
Are registered in my village volunteer register		
Are exclusively breast fed for 6 months		
Mothers have received information about complementary foods, consistency, variety, amount and frequency		
Start complementary foods at six months		
All children from 6 – 11 months receive vitamin A capsule 100,000 IU twice per year during May and November		

All children 12 – 59 months receive vitamin A capsule 200,000 IU and Deworming medicine twice per year during May and November		
Mothers always bring Child Health card to outreach session and health center		
Vitamin A and Mebendazole are recorded on the yellow card		
Mothers have received information about vitamin A, iron and iodine rich foods		
Total		
4. Vitamin A supplementation rounds around May and November		
One month before the vitamin A round		
Village volunteers attend HC meeting to help plan vitamin A supplementation round		
Village register is updated before round and information about the number of children is provided to the health center staff		
Village chief and community is informed of the day, time and location of vitamin A round		
During Vitamin A Supplementation Round		
Banners and posters about vitamin A are displayed in the village		
Parents and caretakers have received information about the importance of vitamin A supplementation		
On the day of the round village volunteers calls mothers and children to attend and reminds them to bring Child Health Card		
Village volunteer provides information to mothers about vitamin A		
Village volunteer records on their list the children who have received vitamin A		
Total		

Key Action	Rating*	Recommended Actions
5. Mop up activities for vitamin A round		
In my village following the vitamin A round:		
Village volunteer discusses with health center staff about how many children missed the supplementation round		
Health center staff and village volunteer compare tally sheet and village volunteer register		
Village volunteer receive VAC and deworming medicine to give to children who have missed round		
Village volunteer explains to mother about vitamin A and gives the child the VAC and deworming if 12 – 59 months		
Village volunteer records on Child Health Card and register that child has received vitamin A during the outreach session in village		
Village volunteer reports back to health staff and return any unused vitamin A and deworming medicine		
Total		
6. Testing of iodized salt		
In my village:		
Community members have received information about iodine and iodized salt		
Village volunteers participate in testing salt samples as instructed by health staff and provide information to the community about the status of salt in their community		
Village volunteer reports back to village leader and health staff the results of salt testing		
Total		
Overall score		
Rating: 0 = insufficient; 1 = fair; 2 = good; 3 = very good; 4 = excellent		

Follow up action plan

Date	Key Actions	Person responsible	Signature Supervisor



Appendix 8

Checklist for volunteer nutrition contacts

N°	Checklist Village Volunteer's Nutrition Contacts	☺ Good	☹ Not	Uses job aid
A	Village volunteer communication skills			
1	Greet the client in a friendly manner			
2	Sits when working with small groups, or 1-to-1 meeting – maintains eye contact			
4	Stands when working with big groups			
5	Uses simple language			
6	Speaks clearly			
7	Asks open ended questions to find out about current practices			
8	Listens carefully to what mother/ participants say			
9	Reflects back what mother/participants says			
10	Identifies relevant topic to discuss			
11	Effectively uses job aid to clarify/reinforce information			
12	Summarizes what has been discussed			
14	Thank everybody for coming			

B Nutrition skills The village volunteer provided accurate information on:				
1	Nutritious foods – 3 food groups			
2	Vitamin A			
3	Anaemia and Iron			
4	Iodine			
5	Breast feeding			
6	Complementary Feeding			
C HC Outreach visit and bi-annual VAC distribution The village volunteer:				
1	Maintain register of pregnant women and children 0 -59 months			
2	Provide information to community about next HC outreach activity – date, time and place			
3	Mobilizes mothers to attend			
4	Explains what will happen during outreach activity			
5	Reminds mother to bring Mother Card and Child Health Card (yellow card)			
6	Provide health information to mothers during outreach sessions using job aids and IEC materials			
7	Support health center staff for mop up activities			



Appendix 9

Daily evaluation form and 'Mood Meter'

Daily Evaluations:

A. Ask participants to write on a small page of paper their answers to one, two, or all of the following questions which have been displayed on a flip chart:

1. What did you learn today that will be useful in your work?
2. What was something that you liked?
3. Give suggestions for improving today's sessions

Collect participants' answers, mix-up the papers, redistribute them and ask participants to read the answers, OR Collect participants' answers, summarize and provide summary on the following day.

B. 'Mood Meter'

Ask participants to put a tick in the box which reflects their mood at the end of the day

Mood Meter			
Date	😊	😐	😞

Appendix 10

Pre and post test forms and answers



Pre and Post test for village volunteers

1	Pregnant women don't need to attend ante-natal care unless they have a problem		
2	Anaemia causes tiredness and poor health		
3	Pregnant women should take 15 iron folate tablets during pregnancy to prevent anaemia		
4	If a pregnant women has stomach upset while taking iron/folate she should stop taking it		
5	Mebendazole (deworming) is never given during pregnancy		
6	Pregnant women should eat an extra meal everyday during pregnancy to provide enough nutrients for both mother and baby		
7	Beans, meat and dark leafy vegetables are rich in iron		
8	Meat, eggs, liver, ripe papaya, ripe mangoes and dark green vegetables are rich in vitamin A		
9	A new born baby should not be put to the breast for the first three hours after delivery		
10	A young infant should not be given any fluids except breast milk, not even water for the first six months		
11	The newborn baby should be breastfed four times per day		
12	If a new born mother and baby are healthy they don't need to be checked by the health staff during the first six weeks after delivery		

13	During the first six weeks after delivery mothers should take 1 iron folate tablet per day		
14	Vitamin A supplement is provided to the mother when her baby is eight weeks old		
15	All mothers who are breastfeeding need to eat an extra meal every day		
16	Mebendazole (deworming medicine) should be given to a mother during the first six weeks after delivery of her baby		
17	Young infants should not receive vitamin A supplement until they are 12 months old		
18	Vitamin A supplementation rounds are conducted twice a year around May and November		
19	All infants should start to receive complementary foods when they reach six months old		
20	Young infants should not receive Mebendazole (deworming medicine) until they are 12 months old		
21	When a mother starts complementary feeding for her child she can stop breast feeding		
22	If a child misses the vitamin A round, the child should wait another six months for the next round		
23	Iodine is important for normal growth and development		
24	Salt always contains iodine, so if the family eat salt every day they will not be iodine deficient		
25	Fresh fruit and vegetables contain a lot of iodine		

Pre and Post test with correct answers

N°	Pre and Post -test	Yes	No	Notes
1	Pregnant women don't need to attend ante-natal care unless they have a problem		x	All pregnant women should attend antenatal care at least 4 times during pregnancy Antenatal care helps to keep mother and baby healthy
2	Anaemia causes tiredness and poor health	x		Anemia is dangerous during pregnancy as it increases a pregnant woman's risk of infection, prolonged labour and puts her at increased risk of post partum haemorrhage
3	Pregnant women should take 15 iron folate tablets during pregnancy to prevent anaemia		x	All pregnant women should take at least 90 IFA tablets during pregnancy. They will receive 60 tablets at 1st contact and 30 tablets at 2nd contact
4	If a pregnant women has stomach upset while taking iron/folate she should stop taking it		x	Side effects of IFA can be avoided by taking IFA after a meal or last thing at night before sleeping
5	Mebendazole (deworming) is never given during pregnancy		x	Mebendazole is given after the first 3 months of pregnancy. It is not given in the first 3 months as it may effect the development of the baby. After the first 3 months the baby is fully developed. In the last six months the baby grows in size
6	Pregnant women should eat an extra meal everyday during pregnancy to provide enough nutrients for both mother and baby	x		Pregnant women need additional nutrients for their own health and their growing baby. The mother will store fat to help produce breast milk and the baby will need nutrients to grow healthy and strong
7	Beans, meat and dark leafy vegetables are rich in iron	x		

8	Meat, eggs, liver, ripe papaya, ripe mangoes and dark green vegetables are rich in vitamin A	x		Meat, liver and fish oil are the best source of vitamin A. Ripe yellow fruit and vegetables also contain vitamin A but it is not as easily utilised by the body as vitamin A in meat, liver and fish oil
9	A new born baby should not be put to the breast for the first three hours after delivery		x	All new born babies should be put to the breast immediately after delivery, even before the placenta is delivered. Early breast feeding has many benefits such as the baby can receive colostrums which contains lots of special nutrients and protection for the baby against common child hood illness. Early breast feeding also promotes mother and child bonding
10	A young infant should not be given any fluids except breast milk, not even water for the first six months	x		Breast milk contains all the nutrients and water a young infant needs for the first six months
11	The newborn baby should be breastfed four times per day		x	A newborn baby needs to be fed at least 10 times during day and night
12	If a new born mother and baby are healthy they don't need to be checked by the health staff during the first six weeks after delivery		x	All newborn mothers and babies need to receive a health check – at least 3 times during the first six weeks after delivery. During this time mother will receive support for breast feeding, receive IFA, VAC and deworming. Baby will receive BCG and Hepatitis vaccine. Problems for mother and baby will be detected and treated before they become serious
13	During the first six weeks after delivery mothers should take 1 iron folate tablet per day	x		All mothers following delivery should receive 42 tablets of IFA (6 weeks supply) Mothers should take one tablet a day. This will help to replace iron lost during delivery and help to keep mother strong and healthy

14	Vitamin A supplement is provided to the mother when her baby is eight weeks old		x	Vitamin A must be given within first six weeks after delivery At eight weeks vitamin A is not given as the mother may be pregnant
15	All mothers who are breastfeeding need to eat an extra meal every day	x		Extra food is required during breastfeeding as the mother needs additional energy for breast feeding and extra nutrients to make breast milk
16	Mebendazole (deworming medicine) should be given to a mother during the first six weeks after delivery of her baby	x		All post partum women should receive deworming in the first six weeks after delivery. After 6 weeks the mother may become pregnant
17	Young infants should not receive vitamin A supplement until they are 12 months old		x	Infants should start to receive vitamin A supplement 100,000 IU when they are six months old
18	Vitamin A supplementation rounds are conducted twice a year around May and November	x		
19	All infants should start to receive complementary foods when they reach six months old	x		At six months old an infant needs complementary food in addition to breast milk food to meet his/her nutritional requirements. Breast milk remains important and all babies should be breast fed for 24 months
20	Young infants should not receive Mebendazole (deworming medicine) until they are 12 months old	x		Infants start receiving deworming at 12 months (250 mgs Mebendazole - half a tablet) At 24 months – 5 years, infants can receive 500mgs – 1 tablet of Mebendazole
21	When a mother starts complementary feeding for her child she can stop breast feeding		x	Breast feeding should continue even if a baby starts complementary feeding. Breast feeding continues to provide the majority of baby's nutritional needs until 24 months

22	If a child misses the vitamin A round, the child should wait another six months for the next round	x		If a child misses VAC round, the village volunteer with health staff should conduct mop up activity to provide vitamin A to all children who missed the round. The child should not have to wait another six months to receive vitamin A
23	Iodine is important for normal growth and development	x		
24	Salt always contains iodine, so if the family eat salt every day they will not be iodine deficient		x	Only iodized salt contains iodine. If the family eats non iodized salt they are at risk of iodine deficiency
25	Fresh fruit and vegetables contain a lot of iodine		x	Only sea food and sea fish contain iodine

Appendix 11

Nutrition job aid



Pregnant woman contact

1 Advise about antenatal care

- Greet the woman. Introduce yourself
- Ask how she is feeling
- Explain the benefits of antenatal care

Antenatal care helps you and your baby stay healthy

- ❖ Health staff check the health of mother and baby and treat problems early
- ❖ Receive advice about care during pregnancy
- ❖ Receive iron/folate supplements, mebendazole (deworming) and Tetanus Toxoid

2 Discuss danger signs. Refer to health facility immediately if any danger signs.

- Vaginal bleeding
- Convulsions
- Hands and feet swollen
- Severe headache
- Very pale/anaemic
- Fever



3 Discuss iron/folate tablets

- Iron/ folate helps to prevent anaemia and keeps mother and baby healthy
- Pregnantwomanshouldtakeonetabletofiron/folateadayfor 90 days
- Discuss side effects such as stomach discomfort, nausea, diarrhoea, or constipation and black stools. Reassure that side effects are not serious.
- If stomach upset occurs take iron following a meal or last thing at night



4 Discuss deworming

- Worms may cause anaemia
- Deworming tablet is given after the first three months of pregnancy



5 Discuss Good Nutrition

- Eat 1 extra meal each day
- Eat a varied diet with iron rich foods (eggs, liver, meat), vit A rich foods (meat, ripe papaya, ripe mangoes, dark green leafy vegetables), and Vit C foods (all kinds of fruits)
- Use iodized salt for all the family
- Avoid food taboos women should gain at least 7 kgs during pregnancy



6 Advise about Tetanus Toxioid vaccine



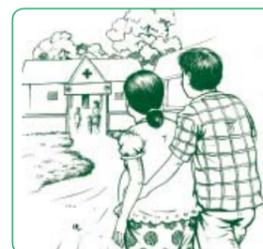
- The health center staff will provide as necessary
- Tetanus toxioid protects the mother against tetanus infection and the baby against newborn tetanus

7 Advise about self care during pregnancy

- Attend antenatal care at least 4 times during pregnancy
- Rest frequently and avoid lifting heavy objects
- Avoid smoking and alcohol
- Sleep under a mosquito net
- Don't take any medicines except that provided at the health facility
- Bathe daily, eat clean fresh food and drink clean water

8 Discuss place of delivery and transport

- Safest place to deliver is at a health facility
- Keep money for travel cost to health facility



9 Counsel about breastfeeding

- Put baby to the breast immediately after birth, within the first hour
- Put baby on mother's chest - baby's skin next to mother's skin
- Do not give pre-lacteal feeds (sugared water or any other liquids)
- Breastfeed exclusively until baby is 6 months (no water, other liquids or foods)
- Breastfeed on-demand, at least 10 times day and night
- Empty one breast completely before switching to the other in order to get the nutritious 'hind milk'
- Make sure baby is correctly positioned and attached



Post partum mother and newborn contact

1 If child is 6- 11 months

- Greet mother and introduce yourself
- Ask mother how she is feeling, how is her baby?
- Explain the benefits of post partum care



Benefits of Post Partum Care

- ❖ Health staff will check mother and baby's health and treat problems early
- ❖ Receive advice and support for breast feeding
- ❖ Receive iron/folate tablets, vitamin A and Mebendazole (deworming)
- ❖ Baby will receive vaccine such as BCG and Hepatitis vaccine

2 Advise about danger signs for mother and baby

If mother has any of these signs she should go to health facility immediately:

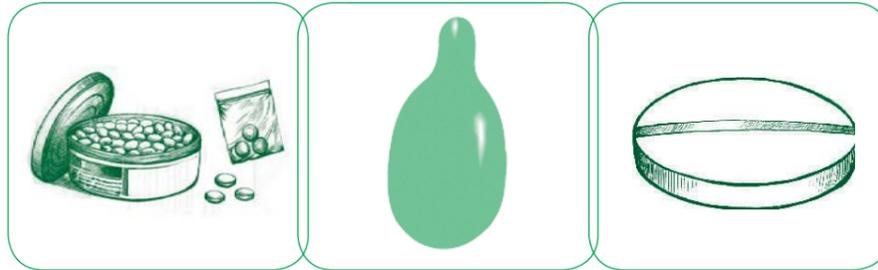
- Excessive vaginal bleeding
- Fast or difficult breathing
- Severe abdominal pain
- Fever
- Convulsions

If baby has any of these signs take to health facility immediately:



- Difficulty breathing
- Very small
- Convulsions
- Not feeding at all
- Fever or feels cold
- Bleeding
- Diarrhea

3 Counsel about Iron, Vitamin A and Deworming Medicine



- Take iron/ folate tablets – 1 per day for 42 days to help keep mother and baby strong and healthy
- Advise about side effects such as stomach discomfort, nausea, diarrhoea, or constipation and black stools. Reassure her that side effects are not serious
- If stomach upset occurs take iron/folate following a meal or last thing at night
- Vitamin A 200,000 IU to mother will help keep baby and mother healthy
- Mebendazole (deworming medicine) will get rid of worms

4 Counsel about nutrition

- Eat 1 extra meal each day for as long as breastfeeding baby
- Eat a varied diet with different types of foods - rich in iron (egg, liver, meat), vit A (ripe papaya, mangoes, and dark green leafy vegetables), and Vit C (all kinds of fruits)
- Use iodized salt for the whole family



5 Counsel about good hygiene and self care

- Bathe daily and keep genital area clean and dry
- Wash hands before handling baby
- Rest and sleep as much as possible when baby is sleeping
- Sleep under a mosquito net

6 Counsel about breastfeeding

- Skin to skin contact of mother and baby
- Do not give pre-lacteals (sugared water or any other liquids)
- Breastfeed exclusively until baby is 6 months (no water, other liquids or foods)
- Breastfeed on-demand, at least 10 times day and night
- Empty one breast completely before switching to the other in order to get the nutritious '*hind milk*'
- Make sure baby is correctly positioned and attached



7 Discuss birth spacing

- If mother has sex and is not exclusively breastfeeding she can become pregnant as soon as 4 weeks after delivery
- Woman and partner should go to the nearest health facility to receive information about birth spacing services

Mother and Child Contact



1 If child is 6- 11 months

- Greet mother, introduce yourself
- Ask mother how she is feeling
- Ask mother about her baby's health

2 Advise the mother about good feeding practices

- Continue breastfeeding for as long as possible, at least until 24 months
- When baby is 6 months, breast milk is still important but not enough to meet the nutrition needs of growing baby. Start complementary feeding
- When breast feeding mother should eat an extra meal every day
- Use the chart on next page to counsel on complementary feeding



When an infant is 6 months old give complementary food. Add a variety of foods to thick rice porridge. Feed frequently according to the infants age and continue breast feeding



<p>6 months</p>	
<p>7 - 8 months</p>	
<p>9 -11 months</p>	
<p>12 months and above</p>	

3 Discuss with the mother about the importance of Vitamin A supplementation for her child



- All children from 6 months to 5 years should receive vitamin A supplement twice per year – around May and November
- Vitamin A is distributed at health centers and during village outreach sessions
- Vitamin A saves children's lives by helping to protect them from common infections
- Vitamin A helps to keep children healthy and strong
- Vitamin A supplement is easy to give, safe, quick and painless
- Check that child has received vaccinations

❖ *Remind mothers to bring Child Health Card every time they attend outreach or health facilities*

4 If child is 12 months - 5 years discuss:

- Current feeding practices. Use complementary feeding chart to check if child is eating the required amount and variety
- Vitamin A supplementation for child twice per year around May and November
- Deworming medicine (mebendazole) which child can receive twice per year during the vitamin A supplementation round
- Check child has received the full course of vaccinations
- Remind her to bring Child Health Card every time she attends outreach or health facility



How to prepare for Vitamin A Supplementation Round

(Around May and November)



1 The month before the round

- ① Attend health center meeting to plan the vitamin A round
- ② Make a list or update list of children 0 -59 months
- ③ Make a list or update list of pregnant and post partum women
- ④ Inform the health staff about the number of women and children 0-59 months
- ⑤ Inform the village leader about the outreach activity and identify location

2 A few days before the round

- ① Inform mothers and caretakers about the HC outreach activity
 - Who should come
 - When, where and what time
 - Explain why VAC is important
 - Explain why Mebendazole is important
- ② Remind mothers to bring the Mother Card and Child Health Card
- ③ Conduct health education about vitamin A

3 Day of the Vitamin A Round

- ① Call mothers and children. Remind them to bring Child Health Card
- ② Help health staff set up the distribution area
- ③ Greet mothers and provide health education while they are waiting
- ④ Record vitamin A distribution in village volunteer register
- ⑤ Help with other activities as requested by health staff

4 Mop Up Activities

Village volunteers play an important role to ensure that all the children in their village receive vitamin A

- ① Following the vitamin A distribution check village register to see how many children were absent
- ② Estimate with health staff how many vitamin A capsules and mebendazole are needed
- ③ Visit families who did not attend. Explain about the importance of vitamin A
- ④ Check age of child
- ⑤ Give vitamin A (100,000 IU) to a child 6 – 11 months
- ⑥ Give vitamin A and half a tablet of Mebendazole to a child 12 – 23 months old
- ⑦ Give vitamin A 200,000 IU and 1 tablet of Mebendazole to a child 24 -59 months old
- ⑧ Record on the village volunteer register that the child has received vitamin A / Mebendazole
- ⑨ If the child has a Child Health Card record on the card that the child has received VAC and Mebendazole
- ⑩ Report back to health center staff and return any unused VAC and Mebendazole

Vitamin A Preventive Supplement Twice per year in May and November

(For children 6 – 59 months)

Target group	Dose vitamin A	Mebendazole
Children 6-11 months	100,000 IU 	*NO mebendazole*
Children 12 -59 months	200,000 IU 	12- 23 months <i>1/2 tablet (=250 mg) of Mebendazole</i> 
		24 -59 months <i>1 tablet (=500 mg) of Mebendazole</i> 

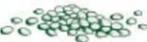
Post partum Vitamin A, Iron/Folate tablets and Mebendazole

(within the first six weeks after delivery)

Target group	Dose vitamin A	Iron/folate	Mebendazole
Women within the first six weeks after delivery	200,000 IU 	42 tablets 1 tablet a day 	1 tablet <i>(=500 mg) of Mebendazole</i> 

The Three Food Groups

Food Group	What do they do?	Where do you find them?	Examples
Carbohydrates and fats	Give you energy	Sugary and starchy foods like rice, bread, potatoes, taro, cereals, and some fruit and vegetables Fats are in dairy products, meat and oils	 
Proteins	Help your body grow and repair itself	Fish, meats, poultry, eggs, dairy products, beans and nuts	  

Food Group	What do they do?	Where do you find them?	Examples
Vitamins, minerals / micronutrients	Vitamins and micronutrients are good for protecting your body and keeping it healthy	Vitamins are mostly found in fresh fruit and vegetables and dairy products (milk, and eggs Minerals / micronutrients are in lots of foods but are especially in red meat, liver and fresh fruit and vegetables	  
Fibre	Helps you digest food	Fruit, vegetables and cereals	

What is Iodine

1 What is Iodine

Iodine is a micronutrient that is present in seafood and added to salt. Only salt that has been fortified with iodine contains iodine.

2 Why iodine is important

Iodine makes the thyroid gland work well. The thyroid gland is in the neck and plays an important role in the growth of children, the development and function of the brain, the way energy is used in the body, and also in regulating the body temperature.

Lack of iodine in the diet can cause:

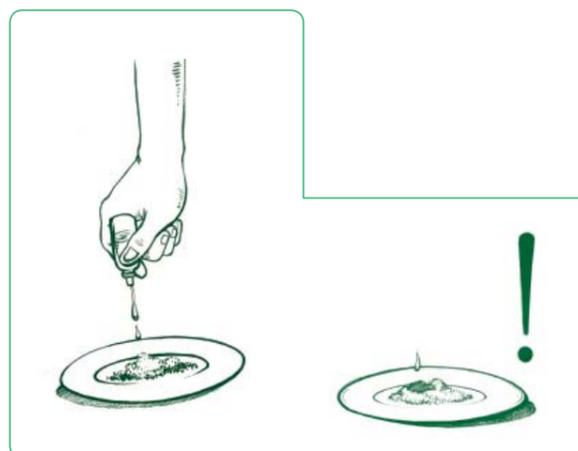
- ☺ Goitre
- ☺ Impaired growth and mental retardation in children
- ☺ Fatigue and slow movements
- ☺ Miscarriage, birth abnormalities
- ☺ Low birth weight
- ☺ Still birth

3 How to test salt for iodine content

To test salt, ask mothers to bring a little of the salt they use at home. A small spoon of salt is enough.

- ☺ Add one or two drops of the test liquid to the salt
- ☺ If the salt turns purple, there is enough iodine in the salt
- ☺ If the salt stays the same, there is not enough or no iodine at all in the salt

If there is no iodine in the salt, mothers and village chiefs should request salt vendors to provide iodized salt. Repeat the test on the newly acquired salt.



ACTIVITY 2.6 Food pictures



Note: Facilitator should make two copies of each picture and cut them out in preparation for the game





Appendix 13

Suggested IEC materials for this module

Suggested IEC materials for this module

1. National Nutrition Program- Food Group Poster
2. National Communication Strategy - Vitamin A poster and flyer
3. Village volunteer Micronutrient Job Aid
4. 12 Key Family Practices Flip Chart
5. Iron/folate leaflet use for early antenatal care campaign
6. In 2009 new national communication materials will be developed for promotion

References



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Training Curriculum for Cambodian Community Health Volunteers on C.IMCI Key Family Practices – Draft June 2004. Ministry of Health Cambodia, WHO and UNICEF.

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