



Using Essential Nutrition Actions (ENA) To Improve the Nutrition of Children and Women

Facilitators' Guide for Training Community Health Volunteers

Optimal Breastfeeding	Complementary Feeding with BF	Nutritional Care of the sick & Malnourished child	Women's Nutrition
Control of Vitamin A deficiency	Control of Anemia	Control of Iodine Deficiency Disorders	

Liberia
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Dr. Bernice T. Dahn, MD, MPH
Chief Medical Officer & Deputy Minister
Ministry of Health & Social Welfare

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Background

The Essential Nutrition Actions (ENA) framework is a framework for managing the advocacy, planning and delivery of an integrated package of preventive nutrition actions encompassing infant and young child feeding, micronutrients and women's nutrition. Multiple program opportunities and communication channels are used at both the health facility and community levels to deliver life cycle appropriate nutrition messages at broad scale to pregnant women, mothers with children under two years, as well as other key child caregivers using behavior change techniques.

The training component for the implementation of the ENA framework comprises a trilogy of courses as follows:

1. The first is the ***'ENA Technical Course'*** which equips senior health planners and program managers with the basic theory and technical action oriented nutrition knowledge to design and implement the Essential Nutrition Actions (ENA) framework at scale, and/or to train others to do so. This course represents the state-of-the-art (SOTA) of what actions are needed to prevent malnutrition in regular country settings as well as in the context of emergencies and HIV/AIDS.
2. The second is the ***'ENA Counselor's Course for Health Workers'*** which equips health service providers with the technical action oriented nutrition knowledge and counseling skills needed to support pregnant women, mothers with children under two years and other key family members adopt optimal nutrition practices. This course can also be adapted and utilized within the context of the Baby Friendly Hospital Initiative.
3. The third is the ***'ENA Counselor's Course for Community Health Volunteers'*** which equips semi-literate or illiterate Community Health Volunteers and/or volunteers with the basic action-oriented nutrition knowledge and counseling skills needed to support pregnant women, mothers with children under two years and other key family members adopt optimal nutrition practices. The course also covers basic skills for identifying children who are malnourished. This course can be incorporated into any Maternal & Child Health, Community Management of Acute Malnutrition, HIV/AIDS, food security, rural development, etc... training at the community level.

3-DAY TRAINING PROGRAMME

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

Materials needed for the training

Stationary

- | | |
|------------------------------------|-------------------------------|
| - Flipchart stands | 1 |
| - Flipchart papers | 50 sheets |
| - Markers | 1 box black + 1 box of colour |
| - Masking tape | 1 roll |
| - Participants' registration forms | 1 per day |
| - Twine cut into 6 inch pieces | 1 roll |

Teaching aids

- | | |
|-------------------------------|--------------------------------------|
| - Dolls | 3 |
| - Breast models | 3 |
| - Foods for display | A variety of locally available foods |
| - Booklet on Key ENA messages | 1 per participant |
| - Child MUAC tapes | 1 per participant |
| - Adult MUAC tapes (optional) | 15 MUAC tapes |
| - Biscuits | for 6 children |

Advance Preparation for field trip

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

SESSION 1:

INTRODUCTION: Why we are here?

Learning objectives

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

1. Begin to name fellow participants and facilitators
2. Discuss expectations
3. Explain "why we are here?"

Activities

Activity 1 Introduction (15 minutes) and review of the learning objectives

Activity 2 Pre-test of infant & young child feeding practices (15 minutes)

Activity 3 Administration and housekeeping (5minutes)

Activity 4 Discuss the role of Community Health Volunteers (CHV) (25 minutes) and how and when they can improve nutrition practices

Facilitator's note 1: Learning objectives

Facilitator's note 2: Role of Community Health Volunteer and Essential Nutrition Actions

Total Time: 1 hour

ACTIVITY 1. Introduction (15 minutes) and review the objectives

Methodology:

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

ACTIVITY 2. Pre-test of infant and young child feeding practice (15 minutes)

Methodology:

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

Pre-Test and Post-Test for Community Health Volunteers

#	Pre-Test	Yes	No
1	It is important to immediately put the new-born baby to the breast after birth.		
2	It is necessary to give babies less than 6 months of age water several times per day, because they need water to survive.		
3	If at 3 months, the mother thinks that her milk is decreasing, she should nurse the baby more frequently.		
4	At 6 months, should a mother begin giving her baby foods in addition to breast milk?		
5	After 6 months, is it good to only breastfeed?		
6	A watery porridge is a better food for a 6 month old baby than soft enriched porridge?		
7	When a baby reaches 8 months, the baby needs to eat 2-3 times a day, in addition to breast-milk.		
8	At 12 months of age a baby can eat the family food but they also need to have snacks between meals as their stomachs are small.		
9	When a young child over 6 months has diarrhea, the mother needs to increase the frequency of breastfeeding and the frequency of giving them other liquids and foods.		
10	Infants need to take vitamin A capsule once a year.		
11	Should the mother wait until a sick child is healthy before giving him/her more foods?		
12	To help ensure a health pregnancy, pregnant women must eat an extra meal per day, especially in the third trimester.		
13	Breastfeeding mothers need to eat two extra meals per day.		
14	To protect herself and her baby, the mother should take one capsule of vitamin A after birth (or within 8 weeks after birth).		
15	During pregnancy women usually feel weak and dizzy. This is due to a lack of blood and is normal.		
16	Until the age of 2 years and beyond the mother should continue to breastfeed her child when the child is hungry or thirsty. She should breast feed at least 8-10 times per day, this helps to delay another pregnancy and helps to maintain the health of the baby.		
17	There is nothing that can be done about intestinal worms, everyone has them.		

#	Pre-Test Continued	Yes	No
18	To prevent problems associated with anemia, notable weakness, fatigue and problems during birth, pregnant women should take iron tablets.		
19	Always use iodized salt when cooking food.		
20	Children who sleep under an impregnated mosquito net are protected against malaria.		
21	If a mother only breast feeds 4-5 times per day, her baby will be at risk of being malnourished.		
22	There is no need to worry if after illness an infant does not eat.		
23	Should children 12-24 months of age eat 4 times or more a day?		
24	Should children under 5 who are too dry be referred to a health facility		
25	One of the responsibilities of Community Health Volunteers is to practice optimal infant and young child feeding practices for their own children.		
26	Community Health Volunteers are volunteers working to improve the health of infants and young children without payment.		

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

#	Pre-Test	Yes	No
1	It is important to immediately put the new-born baby to the breast after birth.	x	
2	It is necessary to give water to babies less than 6 months of age several times per day, because they need water to survive.		x
3	If at 3 months, the mother thinks that her milk is decreasing, she should nurse the baby more frequently.	x	
4	At 6 months, should a mother begin giving her baby foods in addition to breast milk?	x	
5	After 6 months, is it good to only breastfeed?		x
6	A watery porridge is a better food for a 6 month old baby than soft enriched porridge?		
7	When a baby reaches 8 months, the baby needs to eat 2-3 times a day, in addition to breast milk.	x	
8	At 12 months of age a baby can eat the family food but they also need to have snacks between meals as their stomachs are small.	x	
9	When a young child over 6 months has diarrhea, the mother needs to increase the frequency of breastfeeding and the frequency of giving them other liquids and foods.	x	
10	Infants need to take a vitamin A capsule once a year.		x
11	Should the mother wait until a sick child is healthy before giving him/her more foods?		
12	To help ensure a healthy pregnancy, pregnant women must eat an extra meal per day, especially in the third trimester.	x	
13	Breastfeeding mothers need to eat two extra meals per day.	x	
14	To protect herself and her baby, the mother should take one capsule of vitamin A after birth (or within 8 weeks after birth).	x	
15	During pregnancy women usually feel weak and dizzy. This is due to a lack of blood and is normal.		x
16	Until the age of 2 years and beyond the mother should continue to breastfeed her child when the child is hungry or thirsty. She should breast feed at least 8-10 times per day, this helps to delay another pregnancy and helps to maintain the health of the baby.	x	
17	There is nothing that can be done about intestinal worms, everyone has them		x

18	To prevent problems associated with anemia, notable weakness, fatigue and problems during birth, pregnant women should take iron tablets.	x	
19	Always use iodized salt when cooking food.	x	
20	Children who sleep under an impregnated mosquito net are protected against malaria.	x	
21	If a mother only breast feeds 4-5 times per day, her baby will be at risk of being malnourished.	x	
22	There is no need to worry if after illness an infant does not eat.		x
23	Should children 12-24 months of age eat 4 times or more a day?	x	
24	Should children under 5 who are too dry be referred to a health facility	x	
25	One of the responsibilities of Community Health Volunteers is to practice optimal infant and young child feeding practices for their own children.	x	
26	Community Health Volunteers are volunteers working to improve the health of infants and young children without payment.	x	

ACTIVITY 3. Administration and housekeeping (5 minutes)

ACTIVITY 4. Discuss the role of Community Health Volunteers (CHV) and how they can improve nutrition (25 minutes)

Methodology

- Facilitator introduces learning objectives (Refer to page 13)
- Discuss "Who are Community Health Volunteers?" (Refer to page 14 and 15)

Who are Community Health Volunteers?

Discussion questions:

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

Learning Objectives

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

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

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

Roles

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

Opportunities to communicate messages

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

Ways to communicate messages

- Through negotiation when you ask the mother to try the new practice
- Through group discussions at the Nutrition Screening Centre
- Through drama, role play, songs and other activities
- During outreach for immunization
- During Child Health Days

The Essential Nutrition Actions and Contact Points for Community Health Volunteers

Examples of what can be done

1. Focus on the Essential Nutrition Actions:
 - Optimal breastfeeding
 - Complementary feeding to breastfeeding
 - Feeding a sick child
 - Women's nutrition
 - Control of vitamin A deficiency
 - Control of anemia
 - Control of Iodine Deficiency Disorders
2. Organize community support groups on various themes discussed in this training.
3. Discuss feeding practices with mothers (individually) particularly if the child is malnourished:

During home visits or informal encounters

 - During home visits or informal encounters
 - During nutrition screening sessions
 - During community management of acute malnutrition sessions
 - During Health Days
 - At the health facilities or outreach sessions during immunizations, ANC (Antenatal Clinic), Growth Monitoring and Promotion
4. Discuss home gardening, particularly linked with development agents or Agriculture extension workers

SESSION 2:

WOMEN'S NUTRITION DURING PREGNANCY IMPORTANCE OF MICRONUTRIENTS

Learning objectives

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

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

Activities

Activity 1 Why nutrition of women is important. Discuss the life cycle (30 minutes)

Activity 2 Messages and additional information for adequate nutrition for a pregnant woman (45 minutes)

Total time 1 hour

Materials

- Flip charts, paper, markers, masking tape
- Booklet on key ENA messages

Illustration 1 Nutrition of pregnant woman

Illustration 2 Iron folic acid supplementation & de-worming during pregnancy

Illustration 3 Prevention of Malaria and Anemia

Illustration 4 Use of iodized salt

ACTIVITY 1. Why nutrition of women is important?

Methodology: Facilitated discussion (1 hour)

- Brainstorm on the effective practices of nutrition within the community, the importance of the nutrition of the woman. Also discuss the role that the oldest woman and husband in the household plays in food access and distribution.
- Explain the cycle of malnutrition from one generation to another and describe the interventions which make it possible to break it. Use paper figurines, photographs or images representing a baby, young girl between 6 and 8 years old, a teenager between 13 and 14 years old, a pregnant young woman and a young woman and her new-born baby. For each stage of a woman's life ask the following questions:
 - What would happen if this baby girl (or this girl or woman) did not receive all the nutrition that she needs?
 - What will happen to this girl when she reaches 8 years of age? (or becomes pregnant or has a baby)?
 - Why does this problem persist when the baby grows and becomes mother?
 - What can be done to prevent this from continuing?
- Conclude that it is important to improve women's nutrition for the benefit of the baby, the household, and the community

ACTIVITY 2. Women's Nutrition during pregnancy & Importance of micro-nutrients

Methodology: Facilitated discussion (45 minutes)

- Ask the participants to review the pictures
- Ask them the questions suggested for each illustration.
- Read the message, and read the additional information one by one
- Ask the participants to discuss the messages and additional information, compare to current practices, and how to convince them that the practice can improve the health of mothers and children.

SESSION 3:

OPTIMAL BREASTFEEDING

Learning objectives

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

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

Activities

Activity 1 Discuss advantages of breastfeeding, key optimal breastfeeding practices, and review correct positioning and attachment (2 hours)

Total time 2 hours

Materials

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

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

Illustration 5	Early initiation of breastfeeding
Illustration 6	Exclusive breastfeeding to 6 months of age
Illustration 7	Frequency of breastfeeding
Illustration 8	Correct positioning for optimal breastfeeding
Illustration 9	Proper attachment for optimal breastfeeding
Illustration 10	Other correct positioning
Illustration 11	Nutrition of lactating women

ACTIVITY 1. Discuss key optimal breastfeeding practices (2 hours)

Methodology: Brainstorming (30 minutes)

- Divide the participants into 4 groups.
- Ask each group to discuss the following titles:
 1. "Advantages of breastfeeding for the infant"
 2. "Advantages of breastfeeding for the mother"
 3. "Advantages of breastfeeding for the family"
 4. "Advantages of the breastfeeding for the community/nation"
- Assign a topic to each group: the four groups have 15 minutes to discuss all the advantages which they can think about. They don't write but give only an oral presentation
- Each group presents.
- The Facilitator completes by adding any point that has been missed out.

How to explain the benefits of breastfeeding?

For the infant and young child, breastmilk:

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

For the mother

- Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby's suckling stimulates uterine contractions.
- Reduces risks of bleeding after delivery.
- When the baby is immediately breastfed after birth, breastmilk production is stimulated.
- Immediate and frequent suckling prevents engorgement.
- Breastmilk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.
- It is economical.
- Stimulates the bond between mother and baby.
- Reduces the mother's workload (no time is involved in boiling water, gathering fuel, or preparing milk).
- Reduces risks of pre-menopausal breast and ovarian cancer.
- Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months provided that breastfeeding is exclusive and amenorrhoea persists.

For the family

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

For the community

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

Methodology: Demonstration and discussion (1 hour 30 minutes)

Immediate Initiation

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

Breastfeeding exclusively until 6 months of age

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

Demonstration of correct position and attachment

- Using a doll (or a baby), the facilitator demonstrates the correct position and attachment to the breast.
- The facilitator asks the participants to describe what they see
- Show illustrations 8, 9, and 10
- Answer the questions on the illustrations
- Read the additional information
- Compare to current practices, and how to convince that the practice can improve the health of mothers and children?- check wording for clarity

Women's nutrition during lactation

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

SESSION 4:

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

Learning objectives

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

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

Overview

Activity 12.1	Demonstration of negotiation to encourage mothers to try optimal breastfeeding practices: initial visit to mother with infant < 6 months; and group discussion (15 minutes)
Activity 12.2	Presentation of listening and learning skills and negotiation steps GALIDRAA (15 minutes)
Activity 12.3	Discussion of negotiation for follow-up visit(s) (15 minutes)
Activity 12.4	Practice negotiation in an initial visit to mother with infant < 6 months (1 hour 30 minutes)

Total Time 2 hours & 15 minutes

Materials needed

- Flipchart papers, markers and masking tape
- Booklet on key ENA messages
- Case studies on cards

Facilitator's note 4: Listening and learning skills

Facilitator's note 5: GALIDRAA

Facilitator's note 6: Role play by facilitator

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

Facilitator's note 8: Case studies for optimal breastfeeding

ACTIVITY 1. Demonstrate and practice negotiation for pregnant women and women of baby 0- <6 months (2 hours 30 minutes)

Methodology: Learning to use the negotiation skills

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

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

At least 2 visits:

- Initial visit
- Follow-up: after 1 to 2 weeks
- If possible a 3rd visit to maintain the practice or negotiate another practice

Listening and Learning Skills

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

Observation Checklist: (GALIDRAA)

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

Role play done by facilitator(s)

Faith is 9 months pregnant and it is her second pregnancy. For her first delivery she did not give colostrum to the baby. She is planning on not giving the colostrum this time as well because she thinks it is bad for the baby.

The Community Health Volunteer

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

The facilitator

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

Example of possible follow-up negotiation visits to Faith:

Visit # 2: Follow up

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

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

Situation: Amos is now 5 months old, and Faith has EXCLUSIVELY breastfed him for 5 months. She points out to the HW that Amos has had neither diarrhoea nor a cold.

Practice Case Studies: Woman's Nutrition during pregnancy**Case Study 1**

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

The Community Health Volunteer (CHV)

The CHV asks, listens to Hawa and identifies problems and causes for the problems. In this particular case the main problem that has to be identified is that Hawa has not attending ante-natal clinic.

The CHV has to explain the importance of:

- Going to ante-natal clinic to ensure that the pregnancy is going well, to receive TT vaccines, Iron Folic acid supplementation, de-worming medicine, anti-malarial tablets and additional counselling and support.
- Eating well, one additional meal each day, particularly diversified diet as much as possible, fruits and vegetables.
- Using iodized salt.

Case Study 2

Queta is 21. She tells you that she has 3 daughters between the ages of 2 and 6. What themes will you try to discuss with Queta?

The Community Health Volunteer (CHV)

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

In this particular case the main problem that has to be identified is that Queta had children too close to each other and she was very young when she started having children. The CHV has to explain the importance of eating well, as these pregnancies might have been difficult for her body, she has to go to be checked for anemia. Queta has to wait at least 3 years before the next child and the CHV needs to recommend that she speak with her husband about family planning to delay another pregnancy.

Case Study 3

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

The Community Health Volunteer (CHV)

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

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

Case Study 4

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

The Community Health Volunteer (CHV)

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

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

Practice Case Studies: Optimal Breastfeeding

Case study 1

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

The Community Health Volunteer (CHV)

The CHV asks mother-in-law to join Yamah and him/herself. The CHV explains to the two women the importance of early initiation of breastfeed immediately after the childbirth. **The first milk or "colostrum" is yellow because it contains vitamin and it will protect the baby from the diseases.** This milk is a rich in fats and in foods and it allows the baby to start a healthy life from the beginning, and the baby will be strong. The CHV explains that breastfeeding the baby stimulates the discharge of the placenta, thus preventing the bleeding of the mother after childbirth. It also helps with milk production, when the baby is suckling the mother's body begins to produce the breast milk for the baby.

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

Case study 2

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

The Community Health Volunteer (CHV)

The CHV discusses with Hawa that up to 6 months the infant should only drink breast milk. She explains that **the mother's milk contains all the water and all the foods that the baby needs** to satisfy the baby's hunger and thirst and therefore does not need any additional fluids or liquids. The CHV also explains that babies less than 6 months must be breastfed each time they are hungry or thirsty, during the day and the night, **at least 10 to 12 times per day**. The more frequently the mother breastfeeds the more milk she produces. Finally, the CHV recommends to Hawa to never use feeding-bottles to feed the baby because they are difficult to clean and can cause the baby to have diarrhea.

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

Case study 3

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

The Community Health Volunteer (CHV)

The CHV explains to Kortu that she will have enough milk if she breastfeed more frequently. **Indeed one can increase milk production by breastfeeding more frequently.** The CHV also explains that **until 6 months of age the baby should only be given breast milk.** Breast milk contains all the water and foods that the baby needs to satisfy the baby's hunger and thirst. It is then not necessary to give the baby any other liquids for the first 6 months of life. Breastfeeding the baby every time the baby is hungry or thirsty, day and night at least 10-12 times per day. The CHV asks Kortu if she will try this recommendation made by health workers when there is a reduction in the mother's milk. Kortu accepts but she seems rather hesitant. She lowers her eyes then looks over to her husband's elder sister. The CHV explains that for the next two weeks she should put the baby to the breast more frequently, and she will ensure that the baby empties one breast before she switches to the other breast. She will see that her milk production will increase and that the baby will be satisfied at the end of a few days. The sister-in-law followed the whole conversation and the CHV asks her whether she agrees to support Kortu's decision not to give porridge to the baby. She says that she will and that she will explain to the husband and the grandmother. Kortu smiles and says that she will try to breastfeed the baby more frequently to help increase her milk production and that until 6 months of age she will only give breast milk to the baby. The CHV promises to return for a follow up visit in 4 days to see how she is doing. Kortu gives a sigh of relief and thanks the CHV.

Case Study 4

Kebbeh is 35 years old and has 5 children. She is breastfeeding her youngest child who is 18 months.

The community health volunteer (CHV)

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

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

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

Session 5

SCREENING FOR MALNUTRITION

Learning Objectives

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

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

Activity 1 How do we identify a "dry" child

Activity 2 Describe the steps in referring a 'dry' child' for treatment

Activity 3 How to complete the monthly tally sheet

Total time 2 hours

Materials

- MUAC tapes (one per participant)
- Rope
- Child MUAC measurement poster (adjust)
- 4-6 children 6 to 59 months (provide biscuits for them)
(if children are not available, use the adult MUAC for participants to practice with each other)
- Copies of referral cards (one per participant)
- Tally Charts (one per participant)

Activity 1. What is the MUAC tape and how is it used (45 minutes)

Methodology: Facilitated discussion (15 minutes)

- Pass around a MUAC tape per participant to see and hold. (they will keep them)
- Ask if any of the participants had seen, or used a tape like this before and what was it used for.

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

Methodology: Demonstration and discussion (30 minutes)

- Divide participants into groups of 4.
- Give each group a MUAC tape, twine with one child.
- Each person in each group practices measuring the MUAC of the child (or their partner) following the correct steps.
- After everyone has taken a turn, ask participants to share their experiences.
- Discuss the common mistakes that can be made when using a MUAC tape. These are:
 - Wrapping the tape too tightly or too loosely
 - Not taking the measurement at the mid-point between the shoulder and elbow
 - Taking a measurement when the child still has its elbow bent or not relaxed
 - Taking a measurement on the right arm rather than the left arm

Arm circumference "insertion" tape

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

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

Activity 2: Refer a child who needs special attention (1 hour)

Methodology: Facilitated discussion (15 minutes)

- Ask the participants why and when they should refer a child to a health facility.
- Make sure that all the points on facilitator's note 9 are covered, and summarize them

Facilitator's note 9

When to refer a child to a health facility

If:

- the child's MUAC color code is YELLOW: the child needs special counseling and can be referred to supplementary feeding if available
- the Child's MUAC color code is RED: **very dangerous**, and the child needs treatment
- the child has oedema (both feet swollen): **very dangerous**, and the child needs treatment
- the child has diarrhea (refer to gCHV Module One) :
 - a. The child is not improving
 - b. The child is unable to drink or breast feed
 - c. There is blood or mucus in the stool
 - d. The child is very weak
- the child has a fever (refer to gCHV Module Two):
 - a. Vomiting
 - b. The child is very weak (cannot sit or stand without help)
 - c. The child is jerking or has a stiff neck (convulsing)
 - d. The child is not able to breast feed,
- the child has any other illness
- the child does not have a Child Growth Card, encourage the mother to go to a health facilities for the child to have nutrition follow-up

Methodology: Demonstration and discussion (45 minutes)

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

Using cases studies participants practice how to refer a child to a health facility for further assistance:

1. In pairs, participants complete the referral form based on the information in the case studies (facilitator's note11). The participants practice the referral process using the completed referral card. the facilitator observes each pair in silence and gives feedback thereafter. The participants change roles and continue practicing the referral card by changing the case studies.

Case Study 1

Musu is girl of 18 months from Suakoko town, Suakoko district in Bong County. She has been attending monthly screening sessions regularly for the past 4 months. For the past 2 months Musu's weight has been in the yellow zone. This month her MUAC dropped. Her mother says she has had diarrhea for the past 3 days. Her MUAC is in the Red Zone.

Case Study 2

Mathew is a boy of 13 months from Little Kola, District 4 in Grand Bassa. Mathew has not been doing well for a while and his mother has not brought him to the past 2 nutrition screening sessions. His MUAC is in the yellow zone and he has swelling in both feet.

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

Facilitator's note 10

Community - Level Referral Form

NAME OF gCHV: _____

Community: _____ District: _____ County: _____

Name of Client: _____ Age: _____ Sex: _____

Referred To: _____

Reason For Referral

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

Date of Referral: _____

Referred By: _____

Signature of
gCHV

Activity 3: The Monthly Tally Report (15 minutes)

Methodology: Facilitated discussion (15 minutes)

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

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

SESSION 6:

COMPLEMENTARY FEEDING TO BREASFEEDING FEEDING A SICK CHILD

Learning objectives

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

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

Activities

- Activity 1 Discuss key complementary feeding practices (1 hour)
 Discuss the nutritional care of a sick or malnourished child (30 minutes)
- Activity 2 Identify locally available foods and seasonally available foods for
 adequate complementary feeding (1 hour 30 minutes)

Total time 3 hours

Materials

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

Illustration 12	Introduction complementary feeding
Illustration 13	Continue breastfeeding until 2 years and beyond
Illustration 14	Feed a variety of foods
Illustration 15	Frequency of feeding for 6-11 months old children
Illustration 16	Amount of food for 6-11 month old child
Illustration 17	Frequency of feeding for the 12-24 months old children
Illustration 18	Amount of food for 12-24 months old children
Illustration 19	Importance of Vitamin A, deworming and ITN
Illustration 20	Feeding of the sick child during illness
Illustration 21	Feeding of the sick child after illness
Illustration 22	feeding of a child with diarrhea
Illustration 23	Counselling for a child with moderate or severe acute malnutrition

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

Methodology: Demonstration and discussion

Introduction of complementary foods and continuation of breastfeeding

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

Food diversity

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

Feeding children 6-11 months: frequency and amount

- Show illustration 15 & 16
- Answer the questions on the illustrations
- Read the additional information
- Compare to current practices, and how to convince that the practice can improve the health of mothers and children?- check wording for clarity

Feeding children 12-24 months: frequency and amount

- Show illustration 17 & 18
- Answer the questions on the illustrations
- Read the additional information
- Compare to current practices, and how to convince that the practice can improve the health of mothers and children?- check wording for clarity

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

Breastfeeding

+

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

Vitamin A, Malaria, and worm medicine

- Show illustration 19
- Answer the questions on the illustrations
- Read the additional information
- Compare to current practices, and how to convince that the practice can improve the health of mothers and children?- check wording for clarity

Feeding of a sick child during and after illness

- Show illustration 20 & 21
- Answer the questions on the illustrations
- Read the additional information
- Compare to current practices, and how to convince that the practice can improve the health of mothers and children?- check wording for clarity

Feeding of a sick child with diarrhea or with malnutrition

- Show illustration 22 & 23
- Answer the questions on the illustrations
- Read the additional information
- Compare to current practices, and how to convince that the practice can improve the health of mothers and children?- check wording for clarity

ACTIVITY 2. Identification of foods (purchased locally at the market) appropriate for infants and young children (1 hour)

Methodology: Facilitated discussion

- Each participant is given 2 or more foods purchased locally at the market or pictures of foods (a glass of water representing breast milk and pictures/models of a breast representing breast milk are also distributed). Use all sorts of vegetables, different types of meat, chicken, fish, dried fish, eddoes, plantains, nuts, flour, palm oil, agoroil, plums, kala, etc...
- On tables or the floor (covered with cloth) facilitator explains that there are the following three age categories:
 - 0-<6 months
 - 6- 11 months
 - 12- 24 months

- Each participant names the foods they have received and places them in the age category in which s/he thinks is appropriate for the child to begin to eat.
- Explain how the food can be prepared and the consistency of the food for each age group.
- Discussion and rearranging of foods if needed.
- Discuss seasonally available foods and which foods are available during other seasons.

Methodology: Group discussion

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

- Divide participants into 3 groups.
- Ask them to discuss where they can find similar types of foods in their environment (home, garden, market);
 - Why it is important to keep some "harvest" to improve feeding practices for children and women?
 - Ask how much they can keep?
 - How they can improve the current situation?
- Ask them to give examples.
- Ask them to give examples on what could be added to their gardens (e.g., pumpkin, eggs, pawpaw, banana tree, chicken, etc...).
- Discuss what assistance they could get from the agriculture sectors.
- Ask each group to present the main ideas.

SESSION 7:

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

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

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

1. Demonstrate how to negotiate and encourage a mother to try an improved and complementary feeding behavioural practice. Use the role play on the next page. Discuss the steps for negotiation. **Use visual aids.**
2. In pairs, participants practice the negotiation skills using the case studies. (Facilitator's note 8) A supervisor or facilitator observes each pair in silence and gives a feedback thereafter. The participants change roles and continue practicing the negotiation skills by changing the case studies. Each participant needs to practice complementary feeding and feeding of the sick child.
3. After the observation, the facilitator leads the discussion by asking the following questions: What happened? Will the mother try this practice? What else could the Community Health Volunteer have said to encourage the mother to try the practice?
4. The facilitator reviews the steps for negotiation.
5. The facilitator explains that more than one visit is needed for the full process of negotiation?

At least 2 visits:

- Initial visit
- Follow-up: after 1 to 2 weeks
- If possible a 3rd visit to maintain the practice or negotiate another practice

Practice Case Studies: Complementary feeding

Case study 1

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

The Community Health Volunteer (CHV)

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

Case study 2

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

The Community Health Volunteer (CHV)

The CHV explains that as from 6 months babies need to eat thick porridge (stick to the spoon) in addition to the mother's milk. This porridge can be prepared using rice, cassava, plantain, eddoes, yam, etc... The CHV explains that starting at 6 months it is wise to give as many varieties of food as possible to the child. The CHV explains that to help the baby grow well, Betty can enrich each meal of porridge by adding 2 or 3 kinds of food that she has in the house to it. She can enrich the porridge by adding palm oil, benne seeds or peanut paste to each meal. She should also give fruit (orange/red coloured fruit) or cassava leaves to each of the baby's meals. Everyday, she should try to add meat, fish, bean flour, or peanuts/benne seed to the baby's food. She can also use milk to cook the porridge instead of water, if possible. The meat, chicken or fish should be mashed or pureed before feeding it to the baby and that it is important to enrich the baby's food as often as possible to support proper growth and development of the baby. Betty should also continue to breastfeed the baby on demand for at least 2 years. Betty tells the CHV that she has vegetables, fruits, palm oil and beans. She agrees to enrich the baby's porridge at each meal and to continue to breastfeed at least 8 times a day.

Case study 3

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

The Community Health Volunteer (CHV)

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

Case study 4

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

The Community Health Volunteer (CHV)

The CHV explains to Kebbeh that at 6 months of age babies need to eat additional foods such as the soft porridge, in addition to breast-milk. The CHV explains that babies will not grow well if only given a thin liquid porridge. The porridge needs to be thick enough that it can stick to the table spoon and should also be enriched with 2 or 3 other types of foods available in the house, cassava leaves, benne seeds, banana, as well as milk, meat, fish (Bony), groundnuts, beans or other nuts can be used to enrich the porridge. At each meal, Kebbeh can add palm oil or peanut paste to the baby's food as these foods are good for the baby. The CHV advises Kebbeh never to use feeding bottles as they very hard to clean properly and can cause her baby to get diarrhea. She advises that infant formula is expensive, and she can instead buy some fish or meat for the baby. The CHV reminds Kebbeh to continue breastfeeding on demand between the meals (at least 8 times). Kebbeh is in agreement with the recommendations the CHV has made and agrees to give thick porridge to the baby and to stop using the feeding-bottle.

Case study 5

Sayba's baby boy is 15 months old and eats family foods with his parents 2 times each day. Sayba is no longer breastfeeding. Her son seems to be small for his age.

The Community Health Volunteer (CHV)

The CHV asks Sayba why she stopped breastfeeding. Was it because she is pregnant or is it simply because the baby stopped breastfeeding? The CHV reminds Sayba that it is recommended to breastfeed the baby up to at least 2 years. She explains to Sayba for her son to stay health and grow well, her son needs to eat more often (at least 5 times per day 3 meals and 2 snacks), especially since he is not benefiting from getting breast milk. At each meal, she should give 6 table spoon of porridge enriched with 3 table spoon of enriched foods. The CHV recommends that the baby's food should be served in an individual plate because this will allow Sayba to see if the baby is eating and finishing the amount of food that he needs to grow properly. She should add other foods for the baby to eat, in addition to the family food as this is not sufficiently enriched to meet the baby's needs. To enrich the baby's food Sayba can add palm oil, meat, fish, eggs, beans flour, benne seed or peanut paste, vegetables, cassava leaves. She can give fruits (banana) or biscuits between meals that the baby

eats with his parents. The snacks will enable the baby to become strong. Finally, the CHV advises Sayba to try breastfeeding again until her son is at least 24 months. She had only stopped breastfeed a few days ago. Sayba appreciates the advice from the CHV and agrees to try to apply them.

Case study 6

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

The Community Health Volunteer (CHV)

Massa is advised that the consistency of the porridge should be thick enough to stick to the spoon. This porridge can be prepared using rice, cassava, plantain, eddoes, yam, etc... and it must be sufficiently thick in consistency and not too runny (stick to the spoon). It should be enriched with various and colourful foods that have been mashed to help the baby swallow it. Foods such as cassava leaves, benne seed, banana, as well as milk, meat, fish (Bony), peanuts, beans or other nuts can be used to enrich the porridge. At each meal, Massa can add palm oil or ground pea paste butter to the baby's food as these foods are good for the baby. The CHV also explains that in addition to feeding porridge, Massa should also give her baby 1 to 2 snacks every day in between the feeding of porridge. Massa is advised to continue to breastfeed on demand, at least 8 times during the day and night, until her baby is 2 years of age. Massa is happy and agrees to try what they discussed.

Practice Case Studies: Feeding of the sick child**Role play by facilitator(s)**

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

The Community Health Volunteer (CHV)

The CHV explains to Miatta that it is even more important that she breast feeds her baby during and after the illness. This helps the baby to make up for the loss in water, energy, limits weight loss and helps the baby to recover faster. Since the baby is more than 6 months of age, the CHV advises to give a glass of clean water after each episode of diarrhea. The CHV advises Miatta to try to increase the amount of enriched porridge during the illness and to also give the baby an additional meal each day for 2 weeks after the baby has recovered to allow the baby to gain weight quickly. The CHV also recommends to Miatta to take the baby to the nearest health facility if the diarrhea persists. The CHV and the mother talk about the problems which she is likely to encounter and look for appropriate solutions.

Case study 1

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

The Community Health Volunteer (CHV)

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

Case study 2

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

The Community Health Volunteer (CHV)

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

Case study 3

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

The Community Health Volunteer (CHV)

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

Case study 4

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

The Community Health Volunteer (CHV)

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

SESSION 8:

FIELD PRACTICE

Learning Objectives

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

1. Use negotiation techniques in the field, in the health centers or in the villages
2. Evaluate the breastfeeding process
3. Evaluate additional feeding practices

Overview

Activity 1	Field practice at the health centers or villages (2 hour 30 minutes)
Activity 2	Feedback on the practical session (45 minutes)
Activity 3	Demonstration of a follow-up visit in class (15 minutes)

Total duration 3 hours 30 minutes

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

Description of the sites:

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

Materials

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

ACTIVITY 1. Field practice in the health centers or in the villages
(2 hours 30 minutes)

Methodology

- In plenary review the negotiation steps.
- Group the participants into pairs. During the field practice, the participants will take turns role-playing the parts of the negotiator and that of the observer. The negotiator will conduct the counselling and the negotiation with the mother and the observer will observe with the objective of giving feedback, using GALIDRAA
- The participants will exchange roles until each of them has completed at least 3 negotiations and 2 evaluations of the breastfeeding process.

ACTIVITY 2. Feedback on the field practice (45 minutes)

Methodology

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

ACTIVITY 3. Demonstration of a follow-up visit (15 minutes)

Methodology

- Facilitators demonstrate the conduct of a follow-up visit of the community agent (or health agent) in the case of Hawa who is 2 months old.
- From the field visit experience, 5 to 6 participants explain what they will follow/discuss when they will carry out the second visit

SESSION 9: DEVELOPMENT OF ACTION PLANS

Learning Objectives

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

Preparation

If possible, **invite community leaders** to be attended the action plans presentation.

Total duration: 2 hours

Activities

- Activity 1 The activities of Community Health Volunteer (CHV) which contribute to improving the health of the women and their children. Places where and occasions when the CHV can speak them (30 minutes)
- Activity 2 Development of the action plans (1 hour)
- Activity 3 Post-test and course evaluation (30 minutes)

CLOSURE

Distribution of badges and certificates

ACTIVITY 1. Activities of Community Health Volunteer that contribute to improving the health of women and children. (30 minutes)

Methodology: Brainstorming

- The facilitator presents the 7 essential nutrition actions and the key contacts
- Brainstorm together what activities the Community Health Volunteer (CHV) can do in one week. Ask them in what instances would they visit a woman? Which types of women do they visit? What do they do in that instance? Then ask them to think of occasions they can take advantage of to share the things they have learned in the training

Refer to Facilitator's notes pages 1 and 2

ACTIVITY 2. Development of a three month activity plan (1 hour)

Methodology: Group discussion

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

- Each group presents their plan of actions (oral presentation)
- Discussion with the groups and summary

ACTIVITY 3. Post-test and training evaluation (30 minutes)

Methodology:

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

Closing Ceremony

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

Handout certificates to the participants

End-of-Training Evaluation

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

	Good	Average	Unsatisfactory
Training objectives met			
Methods used			
Materials used			
Field Practice			
Capacity to carry out an identical training (for TOT)			
breaks			

1. Which sessions did you find most useful?

2. What are your suggestions to improve the training?

3. Other comments: