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SPRING
Strengthening Partnerships, Results, and Innovations in Nutrition Globally

ESSENTIAL NUTRITION ACTIONS AND ESSENTIAL HYGIENE ACTIONS

A FOUR HOUR ORIENTATION FOR PEACE CORPS VOLUNTEERS AND COMMUNITY VOLUNTEERS

DECEMBER 2014

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

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Adaptation from generic ENA materials[1] was initiated by JSI Research & Training Institute, Inc. and SPRING,[2] who worked closely with Peace Corps headquarters,[3] USAID/Peace Corps West Africa Food Security Partnership (WAFSP),[4] and Peace Corps Benin to ensure that the materials respond to Peace Corps philosophy and experience. SPRING also assists Peace Corps Volunteers (PCVs) in delivering the best nutrition support to their communities. SPRING built on training materials developed by the project and HKI in Bangladesh and SPRING/Nigeria.

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

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[1] http://www.jsi.com/JSIInternet/Inc/Common/_display_related_objects.cfm?thisSection=IntlHealth&thisSectionTitle=International%5EHealth&thisPage=techexpertise&ctid=1000&cid=83&tid=2010
[2] http://www.spring-nutrition.org/news/spring-partners-peace-corps-provide-nutrition-training-west-africa
[3] http://www.feedthefuture.gov/institutional-sponsor/peace-corps
[4] http://www.feedthefuture.gov/article/west-africa-peace-corps-raises-profile-undernutrition

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LIST OF ACRONYMS

BCC	behavior change communication
CV	community volunteer
EBF	exclusive breastfeeding
EHA	Essential Hygiene Actions
ENA	Essential Nutrition Actions
GALIDRAA	Greet, Ask, Listen, Identify, Discuss, Recommend, Agree, set follow-up Appointment
HFP	homestead food production
IFA	iron–folic acid
IPT	intermittent preventive treatment
ITN	insecticide-treated mosquito net
IYCF	infant and young child feeding
MTCT	mother-to-child transmission (of HIV)
ORS	oral rehydration solution
PCV	Peace Corps Volunteer
RUTF	ready-to-use therapeutic foods
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WAFSP	West Africa Food Security Partnership

GLOBAL NUTRITION EFFORTS

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

The world community is reacting with increasing urgency to the gravity of this situation and its effects for the long term, focusing on global undernutrition, especially among pregnant women and children under two years of age, and aligning and increasing resources and building partnerships to alleviate suffering caused by undernutrition. Since 2010, more than 100 government, civil society, and university groups have endorsed the framework and roadmap for the Scaling Up Nutrition (SUN) Movement, which are grounded in nutrition actions endorsed by *The Lancet* in its landmark series *Maternal and Child Undernutrition,* published in 2008 with an update in 2013—nutrition actions proven to combat malnutrition during these critical first 1,000 days.[6] The 1,000 Days initiative, a global effort to implement the SUN framework and roadmap at country level, was endorsed in 2010 by more than half a dozen ministers and heads of organizations after its launch at an event hosted by United States Secretary of State Hillary Clinton and Irish Foreign Minister Micheál Martin.

PEACE CORPS

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

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

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

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

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

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

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

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

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

ABOUT THE ESSENTIAL NUTRITION ACTIONS

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

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

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

ESSENTIAL NUTRITION ACTIONS

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

[7] World Health Organization (WHO), Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition. Geneva: WHO, 2013. http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/.
[8] Guyon, Agnes, and Victoria Quinn. Understanding the Essential Nutrition Actions (ENA) Framework. Washington, DC: CORE Group. http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=14139&lid=3.

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

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

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

ABOUT THIS ORIENTATION PROGRAM

Learning Objectives for the Orientation

At the end of the orientation, participants will be able to describe the nutrition situation in the country or region where they are working, as well as key nutrition and hygiene practices, and how and where to deliver messages about these practices.

The orientation is to be provided during PCV pre-service training (PST) or in-service training (IST) and represents the minimum level of nutrition knowledge recommended for PCVs who will not receive additional nutrition training.

Orientation Agenda

This four-hour orientation is designed to introduce some simple specific and sensitive nutrition interventions to all PCV regardless of their sectors of work. The orientation is organized in a sequence that follows the ENA & EHA Reference Handbook for PCV and CV. This orientation is given to each PCV during the pre-service training to allow them to accurately address nutrition and hygiene in their communities. The outline for each day's session describes specific learning objectives and activities, as well as required materials, instruction duration, and recommended methodologies.

Orientation Program Overview

ACTIVITY DURATION	LEARNING SEGMENT TOPIC	ACTIVITY
15 minutes	Introduction and Review of Learning Objectives	1.1
30 minutes	Country Context of Nutrition	1.2
60 minutes	Essential Nutrition Actions and Essential Hygiene Actions	1.3
60 minutes	Using All Available Platforms and Contact Points	1.4
60 minutes	Role of Peace Corps Volunteers	1.5
15 minutes	Monitoring and Wrap-Up	1.6

What You Need for the Orientation

- ❑ Flip chart stands *(one or two)*
- ❑ Flip chart paper (2 rolls)
- ❑ Markers in black and colors
- ❑ Masking tape *(one roll)*
- ❑ Nutrition and hygiene information from the latest Demographic and Health Survey (DHS), United Nations Children's Fund (UNICEF) data or World Health Organization (WHO) Health Survey for the country
- ❑ Documents #1–#8 written on flip chart pages.
- ❑ *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers.*

Documents

- ❑ Document #1: Learning Objectives
- ❑ Document #2: Conceptual Framework for Malnutrition
- ❑ Document #3: Essential Nutrition Actions and Essential Hygiene Actions
- ❑ Document #4: Country Statistics On Essential Nutrition Actions And Essential Hygiene Actions
- ❑ Document #5: Using All Available Platforms and Contact Points
- ❑ Document #6: Role of Community Volunteers and Peace Corps Volunteers in Promoting and Implementing Essential Nutrition Actions
- ❑ Document #7: The Stages of Change Model
- ❑ Document #8: Stages of Change and Interventions

ACTIVITY 1.1: INTRODUCTION AND REVIEW OF LEARNING OBJECTIVES

(15 minutes)

Methodology

- Ask participants to pair up and to discuss what they know about nutrition in general—in their country and in their sectors.
- Ask each participant to write down one thing they expect to take away from the orientation.
- Ask one participant to read the learning objectives and explain the schedule (Document #1).

ACTIVITY 1.2: COUNTRY CONTEXT OF NUTRITION

(30 minutes)

Methodology

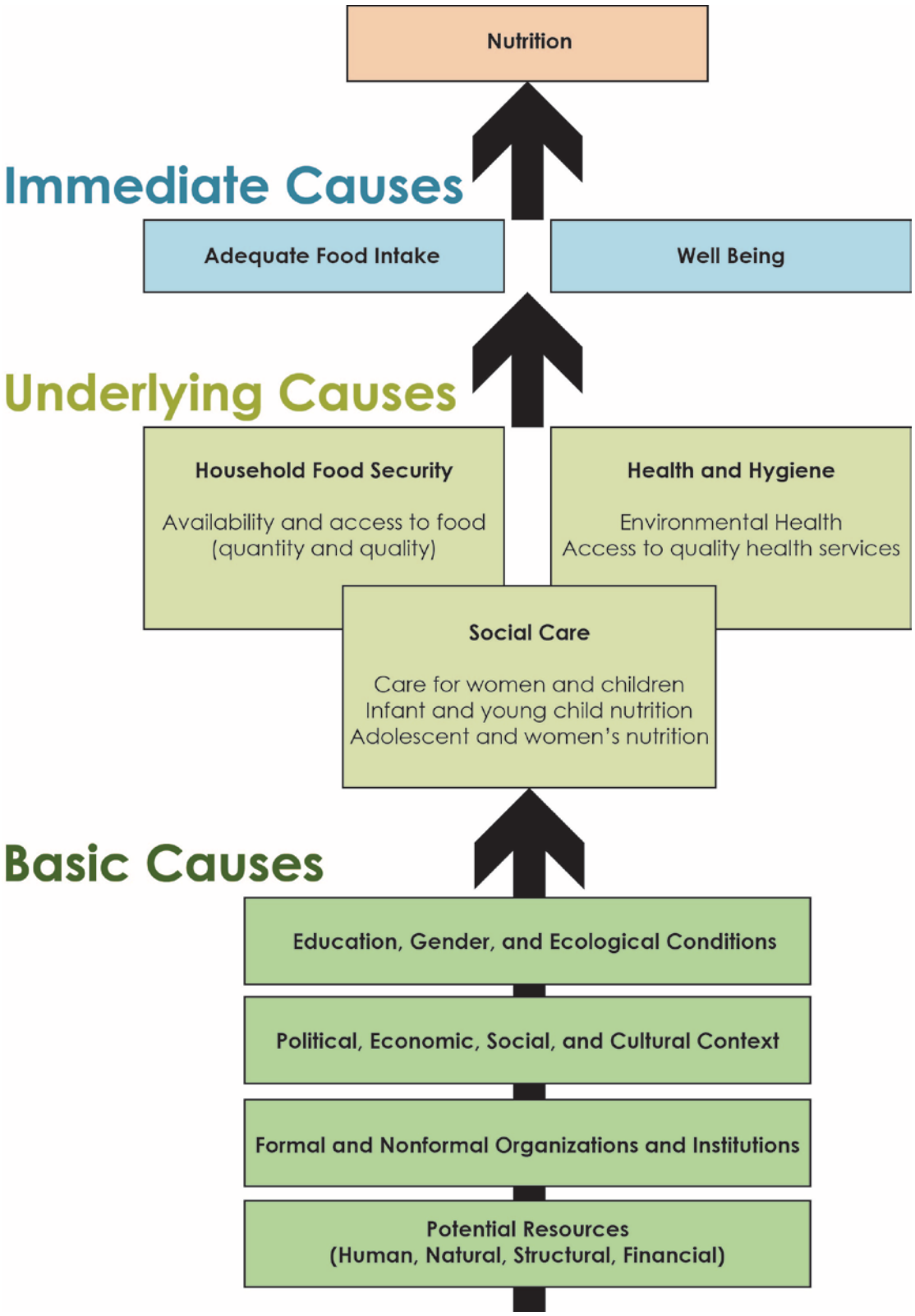
- Present the conceptual framework for nutrition (Document #2*).*
- Ask participants to give feedback and to think about their activities sector.
- Ask participants which nutrition and hygiene actions are important; write on flip chart.
- Ask two to four participants to read the summary on the flip chart (Document #3).
- Ask participants whether they know what the practices are in the country where they work (in the region, if applicable).
- For each country, describe each ENA and EHA practices, one by one, using DHS, UNICEF and/or WHO statistics (Document #4).
- In summary, say that we will review all these practices and see how you, as a PCV, can contribute to improving them in your community.

DOCUMENT #1. LEARNING OBJECTIVES

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

- Describe the nutrition situation in the country or region where PCVs are working.
- Recite key nutrition practices and messages about women's nutrition, IYCF, and controlling micronutrient deficiencies.
- Recite key hygiene practices that are directly related to preventing illness and malnutrition.
- Enumerate contacts and platforms where messages on ENA and EHA could be delivered, along with messages on HFP.

DOCUMENT #2. CONCEPTUAL FRAMEWORK FOR NUTRITION



DOCUMENT #3. ESSENTIAL NUTRITION ACTIONS AND ESSENTIAL HYGIENE ACTIONS

Focus on Essential Nutrition Actions

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

Focus on Essential Hygiene Actions

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

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

Women's Nutrition

- Rate of women consuming a diversified diet

Breastfeeding

- Rate of exclusive breastfeeding from birth through six months

Complementary Feeding While Breastfeeding

- Rate of introduction to complementary food at the age of six through eight[9] months
- Rate of children receiving the minimum acceptable diet at ages six through two months

Feeding a Sick Child

- Rate of feeding during diarrhea

Controlling Vitamin A Deficiency

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

Controlling Anemia

- Rate of women consuming iron-folic acid (IFA) pills
- Rate of women receiving deworming medication during pregnancy
- Rate of children (12-59 months) receiving deworming

Controlling Iodine Deficiency Disorders

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

Country Statistics on Essential Hygiene Actions

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

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

ACTIVITY 1.3: ESSENTIAL NUTRITION ACTIONS AND ESSENTIAL HYGIENE ACTIONS

(60 minutes)

Methodology

- Divide participants into groups. Assign each group to one theme, combining groups so that all subjects in the table below are covered.
- Explain that each page in the volunteer handbook suggests questions to stimulate discussion. Describe the five steps that are helpful in stimulating discussion.
    - Show the picture.
    - Ask the questions.
    - Explain the messages and the additional information.
    - Ask one or two participants to repeat to assess whether the group understood.
    - Encourage discussion on how these practices can be adopted in households.
- Ask each group to read the message and additional information, and have each group member practice and get feedback from other group members *(20 minutes).*
- In plenary, ask whether any participants have questions or clarifications on the practices covered by the handbook *(5 minutes).*
- Assign new groups and repeat the exercise. Make sure that each participant addresses a different theme.
- In plenary, call again for questions and clarifications.

Action-Oriented Illustrations and Practices

TOPIC	RELEVANT PRACTICES
Nutrition for Adolescent Girls and Non-Pregnant Women	Practice 1
Pregnant women's nutrition (diet, supplementation and Iodized salt)	Practices 2–4
Early Initiation of Breastfeeding	Practices 5
Exclusive Breastfeeding to Six Months of Age and Positioning	Practices 6–7
Nutrition for Lactating Mothers	Practice 8
Introducing Complementary Feeding	Practice 9
A Varied Diet	Practice 10
Feeding Frequency and Quantity for Children Aged Six to 23 Months	Practices 11–12
Feeding Sick Children During and After Illness	Practices 13–14
Importance of Vitamin A and preventing Anemia	Practices 15–16
Keeping the Environment Clean and Handwashing	Practices 17 and 21
Raising Diverse Crops and Small Animals, and Consuming a Varied Diet	Practices 18–20
Raising Diverse Crops and Small Animals, and Consuming a Varied Diet	Practices 22–24
Raising and Eating Fish	Practice 25
Having Small-Animal Products	Practices 26–27
Composting and mulching	Practices 28-29
Farmers' Role in Providing a Varied Diet to Their Pregnant and Lactating Wives and Children under Two	Practice 30

ACTIVITY 1.4: USING ALL AVAILABLE PLATFORMS

(60 minutes)

Methodology

- Divide participants in groups of four—by sector, if there are many sectors involved.
- Ask participants to list and discuss existing platforms in their community.
- Ask participants to read Document #5.

Discussion will be different between preservice and in-service training. During the former, the facilitator might assist participants in identfying platforms.

DOCUMENT #5. USING ALL AVAILABLE PLATFORMS AND CONTACT POINTS

Opportunities in Health Facilities

- At every contact with a pregnant woman at a health clinic or in the community
- At antenatal care clinics
- At delivery and post delivery
- During postpartum and family planning sessions
- During well-baby clinic sessions
- In immunization clinics
- During growth monitoring and promotion (GMP)
- At sick-child visits (integrated management of childhood illness, or IMCI, and community case management, or CCM)
- During outpatient care for malnutrition and integrated management of acute malnutrition (outpatient therapeutic care, food supplementation, stabilization centers)

Opportunities at Schools and in the Community

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

Opportunities in Agriculture Platforms

- While collaborating or involved in discussions with extension workers
- When interacting with seed traders
- When discussing homestead food production or small husbandries

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

ACTIVITY 1.5: ROLE OF PEACE CORPS VOLUNTEERS

(60 minutes)

Methodology: Part 1

(30 minutes)

- Ask participants to think quietly and see how they could improve nutrition or hygiene in their current or future work.
- Ask participants to divide themselves into groups of three and share their thoughts with one another *(10 minutes).*
- Merge two groups together and ask people to share their thoughts within the larger groups. *(20 minutes).*
- Ask participants to read Document #6, and then make sure that all the bullet points were discussed in their groups *(15 minutes).*

Methodology: Part 2

(30 minutes)

- Present the graphic outlining the Stages of Change Model (Document #7).
- Ask participants to return to their groups of three.
- Distribute "Stages of Changes and Interventions" to each participant (Document #8).
- Ask each group to discuss all the stages of change and the potential interventions at each stage.
- Ask each participant to select an activity to try, and discuss it with the group.
- In plenary, have each participant present their ideas, and have someone make a list of all ideas.

DOCUMENT #6. ROLE OF COMMUNITY VOLUNTEERS AND PEACE CORPS VOLUNTEERS IN PROMOTING AND IMPLEMENTING ESSENTIAL NUTRITION ACTIONS

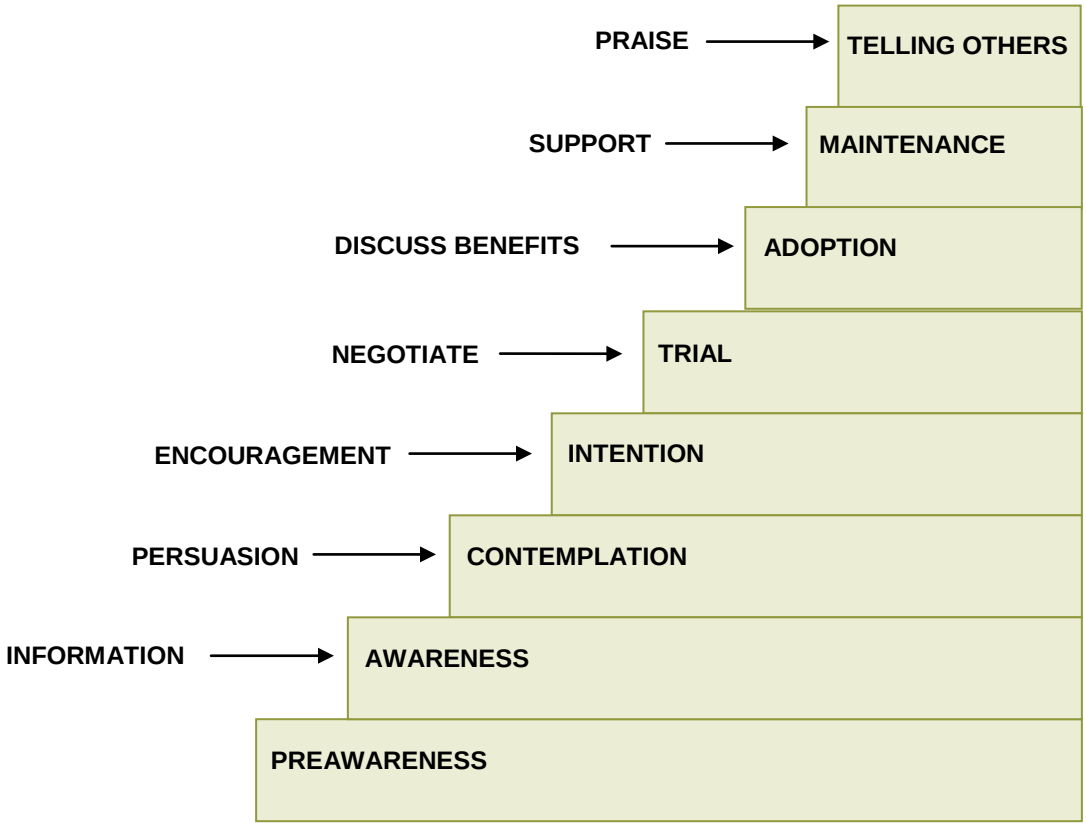
- Serve as a role model in the community by adhering to recommended practices.
- Communicate key practices and messages to friends and neighbors.
- Screen children for malnutrition.
- Refer mothers and children who need treatment to a health center or health facility.
- Act as a bridge between the community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

Ways to Communicate Messages

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

DOCUMENT #7. STAGES OF CHANGE MODEL

Steps a Person or Group Takes to Change Practices and Behaviors



DOCUMENT #8. STAGES OF CHANGE AND INTERVENTIONS

STAGE	APPROPRIATE INTERVENTIONS
At each stage, the goal is to encourage the target audience to try a new practice—to provide support for a mother's choice and to change community norms.	
Never heard about the behavior	• Build awareness/provide information. • Stage skits and plays, participate in fairs. • Give talks for community groups. • Participate in radio broadcasts. • Offer individual counseling. • Form and promote support groups.
Heard about the new behavior or know what it is	• Encourage the behavior and discuss its benefits. • Hold group discussions or talks. • Disseminate information via the spoken and printed word. • Hand out counseling cards. • Form and promote breastfeeding and young child feeding support groups.
Thinking about the new behavior	• Negotiate with community members and help them overcome obstacles. • Make home visits and use visuals. • Create activities for families and the community. • Create structures for peer-to-peer support. • Negotiate with husbands, mothers-in-law, or other influential family members to support the mother.
Trying out the new behavior	• Praise the behavior and reinforce its benefits. • Congratulate the mother and other family members as appropriate. • Suggest support groups to visit or join to provide encouragement. • On radio programs and in other forums, encourage community members to provide support.
Continuing the new behavior or maintaining it	• Reinforce the benefits of the behavior. • Praise the individual for making the change. • Tell others about adopting the new practice.

ACTIVITY 1.6: MONITORING AND WRAP-UP

(15 minutes)

Part 1: Methodology

- Explain that under Peace Corps–Feed The Future agreements, all nutrition- and hygiene-related activities by PCVs need to be reported.
- Distribute and explain the monitoring form.
- Explain the frequency of data collection—monthly or quarterly.

Part 2: Methodology

- Recap the four-hour orientation.
- Reinforce the importance of nutrition and hygiene to mothers, babies and young children, and their families.
- Emphasize the existence of small, doable actions that can be taken at family, household, and community levels to improve nutrition and hygiene practices.
- Stress the important role of PCVs in improving these practices—both directly by advising community members on positive change, and indirectly by encouraging and mentoring friends and counterparts to adopt these practices.