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SPRING
Strengthening Partnerships, Results,
and Innovations in Nutrition Globally



ESSENTIAL NUTRITION ACTIONS AND ESSENTIAL HYGIENE ACTIONS

A TRAINING GUIDE FOR PEACE CORPS HEALTH VOLUNTEERS
AND PEACE CORPS STAFF

DECEMBER 2014

DISCLAIMER

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ABOUT SPRING

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

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

This training guide was tested in Benin during PCV in-service training 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	<u>G</u> reet, <u>A</u> sk, <u>L</u> isten, <u>I</u> dentify, <u>D</u> iscuss, <u>R</u> ecommend, <u>A</u> gree, set follow-up <u>A</u> ppointment
HFP	homestead food production
IFA	iron-folic acid
IPT	intermittent preventive treatment
ITN	insecticide-treated mosquito net
IYCF	infant and young child feeding
MTCT	mother-to-child transmission (of HIV)
ORS	oral rehydration solution
PCV	Peace Corps Volunteer
RUTF	ready-to-use therapeutic foods
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WAFSP	West Africa Food Security Partnership

GLOBAL NUTRITION EFFORTS

Around the world, some two billion people live on a diet lacking the nutrients needed to live healthy and productive lives. More than 200 million children under the age of five suffer from chronic undernutrition, which is manifested by stunting, wasting, and severe wasting.⁵ When undernutrition affects the 1,000-day window from conception to a child’s second birthday, one of many consequences is mental impairment, which affects the child’s entire life cycle. Children affected by stunting are more susceptible to sickness, fare poorly in school, enter adulthood more prone to noncommunicable diseases, and at work often earn less than non-stunted coworkers. When undernutrition affects girls and follows them into adolescence, the cycle begins 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. It is also aligning and increasing resources and building partnerships to alleviate suffering caused by undernutrition. Since 2010, more than 100 government, civil society, and university groups have endorsed the framework and roadmap for the Scaling Up Nutrition (SUN) Movement, which are grounded in nutrition actions endorsed by *The Lancet* in its landmark series *Maternal and Child Undernutrition*, published in 2008 with an update in 2013. The nutrition actions have been proven to combat malnutrition during the critical first 1,000 days.⁶ In 2010, more than half a dozen ministers and heads of organizations endorsed the 1,000 Days initiative, a global effort to implement the SUN framework and roadmap at country level, after its launch at an event hosted by U.S. Secretary of State Hillary Clinton and Irish Foreign Minister Micheál Martin.

PEACE CORPS

Peace Corps has identified nutrition as a key focus area of its interventions under Feed the Future, the U.S. Government’s global hunger and food security initiative. To further the goals of Feed the Future, in 2011, Peace Corps and USAID signed the Global Food Security Agreement. Then, the USAID/West Africa Regional and the Peace Corps established the USAID/Peace Corps West Africa Food Security Partnership that 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.

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

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

⁶ The Lancet. Maternal and Child Undernutrition. The Lancet, 2008, <http://www.thelancet.com/series/maternal-and-child-undernutrition>; and 2013, <http://www.thelancet.com/series/maternal-and-child-nutrition>. This landmark series estimated that effective, targeted nutrition interventions to address maternal and child undernutrition exist, and if implemented at scale during the 1,000-day-long window of opportunity, could reduce nutrition-related mortality and disease burden by 25 percent.

Nutrition Actions (ENA). ENA are key nutrition interventions supported by USAID that aim to achieve broad public health impact.

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

The training's goal is to empower Peace Corps Volunteers (PCVs) and community volunteers (CVs) with knowledge of 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 called the Minimum Package for Nutrition. Subsequently, this “MinPak” was renamed Essential Nutrition Actions (ENA).

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

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

ESSENTIAL NUTRITION ACTIONS

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

⁷ World Health Organization. 2013. “Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition.” Geneva: World Health Organization.

http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/.

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

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

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

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

ABOUT THE TRAINING

LEARNING OBJECTIVES FOR THE TRAINING

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

This training is to be conducted with Peace Corps staff members as a training of trainers to introduce them to the latest nutrition information and interpersonal skills to support Peace Corps Volunteers (PCVs) implementing nutrition or nutrition-related activities.

The training guide provides technical knowledge and teaches Health PCVs, with a special interest in nutrition, interpersonal communication skills to support frontline health workers and their communities in adopting improved practices on women’s nutrition, infant and young child feeding, micronutrients, and hygiene. The documents included in this training guide provide a summary of the essential basics of nutrition and hygiene in the health sector. The training is to be provided during preservice training or in-service training to those working more intensively in nutrition-related activities, hygiene, or homestead food production.

Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers will also be disseminated during the training. It guides volunteers in identifying existing community contacts and interventions to improve the adoption of high-impact nutrition interventions. If Health PCVs and counterparts plan to conduct nutrition training at the community level, they will use the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*.

TRAINING METHODOLOGY

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

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

Respect for individual trainees is central to the training, and sharing of experiences is encouraged throughout the sessions. Participants complete pre- and post-training assessment questionnaires to allow trainers to measure progress.

TRAINING AGENDA

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

WHAT YOU NEED FOR THE TRAINING

Document List

1. Learning Objectives for the Training
2. Role of Community Volunteers and Peace Corps Volunteers in Promoting and Implementing Essential Nutrition Actions
3. Using All Available Platforms and Contact Points
4. Stages of Change Model
5. Stages of Change and Interventions
6. Practice Case Studies: Behavior Change
7. Conceptual Framework for Malnutrition
8. Implementing the ENA and EHA to Prevent Undernutrition
9. The Intergenerational Cycle of Malnutrition
10. Interventions to Break the Intergenerational Cycle of Malnutrition
11. Counseling Provided to Adolescent Girls, Non-Pregnant Women, Pregnant and Lactating Women
12. Essential Nutrition Actions for Pregnant and Lactating Women and Their Children Who Are HIV-Negative or of Unknown Status
13. The Benefits of Breastfeeding for Infants and Young Children and the Risks of Formula Feeding
14. Breastfeeding Practices from Birth to Six Months
15. How Health Workers Can Support Maternal and Child Health
16. Proper Breastfeeding Positioning and Attachment
17. Infant Feeding Options in the Context of HIV and AIDS
18. Advantages and Disadvantages of Infant Feeding Options in the Context of HIV and AIDS
19. How to Transition to Replacement Feeding
20. Follow-Up Counseling for HIV-Positive Mothers of Infants under Six Months of Age
21. Family Planning, Nutrition, and Breastfeeding
22. Messages on the Lactation Amenorrhea Method
23. The Diarrhea Transmission Cycle: The Fecal–Oral Route
24. Building a Handwashing Device
25. Counseling and Negotiating Using Visuals
26. Listening and Learning Skills
27. GALIDRAA Negotiation Checklist
28. Negotiation Checklist for Follow-Up Visits
29. Practice Case Studies: Women’s Nutrition and Infants from Birth to Six Months
30. Preventing and Controlling Vitamin A Deficiency
31. Preventing and Controlling Anemia
32. Preventing and Controlling Zinc and Iodine Deficiency Disorders
33. Quiz on Breastfeeding +FADDUA
34. What Health Providers Can Teach Parents or Caregivers about Complementary Feeding
35. Complementary Feeding Practices for Children Aged 6 to 23 Months

36. Seasonal Food Availability
37. Illness, Feeding, and Recovery in a Sick Child
38. Nutritional Care During and After Illness
39. What Health Providers Can Teach Parents or Caregivers about feeding during and after Illness
40. What Is Integrated Management of Acute Malnutrition?
41. Signs of Marasmus, Kwashiorkor, and Bilateral Edema
42. Acute Malnutrition Management and Inpatient Treatment Admission Criteria
43. Food and Counseling for Outpatient Therapeutic Programs
44. Child MUAC Measurement
45. Facilitator Role Play: Complementary Feeding
46. Practice Case Studies: Complementary Feeding for Children Aged 6 to 23 Months
47. Antenatal Care for Pregnant Women in the Fourth, Sixth or Seventh, Eighth, and Ninth Months
48. Delivery and Perinatal Care
49. Postnatal Care and Family Planning on the 7th and 45th Days after Delivery
50. Expanded Program on Immunization
51. Growth Monitoring and Well-Child Visits
52. Sick-Child Visits and Integrated Management of Neonatal and Childhood Illnesses
53. Community Management of Acute Child Malnutrition in an Outpatient Therapeutic Program
54. About Support Groups
55. Support Group Observation Checklist
56. Initial-Visit Negotiation Record
57. Field-Practice Negotiation Summary Sheet
58. Group Supervision Guidelines
59. End-of-Training Evaluation Form

Stationery

- Flip chart stand(s) *(one or two)*
- Flip chart paper *(200 sheets)*
- Black and color markers *(two boxes each)*
- Masking tape *(three rolls)*
- Participants' registration forms *(one per day)*
- Name badges *(one per participant)*
- Notebooks *(one per participant)*
- Pens *(one per participant)*
- Folders *(one per participant)*
- Document #27: GALIDRAA Negotiation Checklist *(one copy per participant)*

Teaching Aids

- Paper figurines, photographs, or images representing a baby, a young girl between six and eight years of age, a teenager between ages 13 and 14, a pregnant young woman, and a young woman and her newborn
- Dolls (*three*)
- Breast models (*three*)
- Child MUAC tapes (*one per participant*)
- Adult MUAC tapes (*one per participant, if participants will be measuring one another rather than children*)
- Pieces of string (*one for each pair of participants*)
- Case studies written on cards
- A variety of locally available foods or pictures of these foods
- Basket with a number of potential support group topics written on small pieces of paper
- Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers (one copy per participant)*

Field Practice Location

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

Advance Preparation for the Field Practice

- One week in advance:** Make an appointment at the health clinic to do the field practice during immunization or weighing sessions.
- One week in advance:** Make an appointment with the community head or leader or the community health agent to request permission for village visits.
- The day before the visit:** Confirm appointments and specify the number of mothers needed (at least 10).

ROLE PLAYING WITH CASE STUDIES

The facilitator presents case studies to the group. Participants then pair up and take turns role playing as mothers, fathers, grandmothers, and other caregivers, and as health promoters. The facilitator listens to the role plays and gives feedback to each pair of participants. Role plays will happen at the same time, so the facilitator will not be able to follow all of them. That is okay!

Giving the participants an opportunity to practice is important. Each participant needs several opportunities to practice his or her skills, get feedback, and improve.

DAILY EVALUATIONS

- ✦ At the end of each day, display the questions below on a flip chart. Give participants a small piece of paper and have them write their answers to one, two, or all of the following questions:
 - What did you learn today that will be useful in your work?
 - Name something that you particularly liked.
 - Do you have any suggestions for improving today's sessions?
- ✦ Collect participants' answers, mix up the papers, redistribute them, and ask participants to read the answers. Or collect participants' answers, write a summary, and share it with participants the next day.
- ✦ Alternatively, you can end the day by having participants fill out a table measuring their mood. (See table below.)

Mood Meter			
DATE			
DAY 1			
DAY 2			
DAY 3			
DAY 4			
DAY 5			

TRAINING SCHEDULE

TIME	ACTIVITY	SESSION
DAY ONE		
8:30–9:00	Why are we here?	1
9:00–10:00	About Behavior Change Communication	2
10:00–10:30	Child Health and Causes of Malnutrition	3
10:30–10:45 Break		
10:45–11:15	Essential Nutrition Actions and Essential Hygiene Actions	4
11:15–12:30	Women’s Nutrition: The Malnutrition Cycle and Strategies to Break It	5
12:30–13:30 Lunch		
13:30–14:00	Nutrition in the Context of HIV	6
14:00–15:00	Breastfeeding Advantages, Beliefs, and Myths and the Risks of Formula Feeding	7
15:00–16:45	Breastfeeding Practices from birth to 6 months	8
16:45–17:30	Questions and Answers; Evaluation of the Day; Networking	
DAY TWO		
8:30–8:45	Review of Day 1	
8:45–10:15	Infant Feeding in the Context of HIV	9
10:15–10:30	Family Planning and Nutrition	10
10:30–10:45 Break		
10:45–12:00	Essential Hygiene Actions	11
12:00–12:30	Using Pictures to Discuss Practices	12
12:30–13:30 Lunch		
13:30–16:00	Negotiation with Mothers, Fathers, Grandmothers, and Other Caregivers: Women’s Nutrition during Pregnancy and Optimal Breastfeeding	13
16:00–16:45	Questions and Answers; Evaluation of the Day; Networking	

DAY THREE		
8:30–8:45	Review of Day 2	
8:45–9:45	Preventing and Controlling Micronutrient Deficiencies	14
9:45–12:15	Complementary Feeding Practices	15
12:15–13:05	Feeding the Sick Child and Danger Signs in Illness	16
13:05–14:05 Lunch		
14:05–16:05	Integrated Management of Acute Malnutrition	17
16:05–17:00	Questions and Answers; Evaluation of the Day; Networking	
DAY FOUR		
8:30–10:00	Negotiation with Mothers, Fathers, Grandmothers, and Other Caregivers: Complementary Feeding and the Sick Child	18
10:00–10:45	The Essential Nutrition Actions and Contact Points	19
10:45–12:45	Support Groups at Community Level	20
12:45–13:45 Lunch		
13:45–14:00	Questions and Answers; Evaluation of the Day; Networking	
DAY FIVE		
8:30–12:00	Field Practice	21
12:00–13:00 Lunch		
13:00–15:00	Improving Nutrition at the Community Level	22
15:00–15:30	Questions and Answers; Course Evaluation	23

SESSION 1: WHY ARE WE HERE?

Learning Objectives

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

-  Begin to name fellow participants and facilitators.
-  Discuss expectations.
-  Understand why we are here.

Total Time

30 minutes

Activities

- 1.1 Introduction and Review of Learning Objectives (*10 minutes*)
- 1.2 Administration and Housekeeping (*5 minutes*)
- 1.3 How Health Workers, Community Volunteers and Peace Corps Volunteers Can Improve Nutrition (*15 minutes*)

What You Need

- Document #1: Learning Objectives for the Training
- Document #2: Role of Community Volunteers and Peace Corps Volunteers in Promoting and Implementing Essential Nutrition Actions
- Document #3: Using All Available Platforms and Contact Points

ACTIVITY 1.1: INTRODUCTION AND REVIEW OF LEARNING OBJECTIVES

(10 minutes)

Methodology

- 🌿 Ask participants to introduce themselves; participants say their names, where they live, and why they came to this training.

ACTIVITY 1.2: ADMINISTRATION AND HOUSEKEEPING

(5 minutes)

ACTIVITY 1.3: HOW HEALTH WORKERS, COMMUNITY VOLUNTEERS AND PEACE CORPS VOLUNTEERS CAN IMPROVE NUTRITION

(15 minutes)

Methodology

- 🌿 Facilitator introduces learning objectives covered in Document #1.
- 🌿 Discuss Document #2 and these questions:
 - Who is responsible for the health of the community?
 - What role can community members play in solving their own health problems?
 - How can Peace Corps Volunteers support communities?
- 🌿 Discuss Document #3: Using All Available Platforms and Contact Points.

DOCUMENT #1: LEARNING OBJECTIVES FOR THE TRAINING

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

- 🌿 Describe the key nutrition practices and messages relating to women's nutrition during pregnancy and lactation.
- 🌿 Describe the key practices and messages for optimal breastfeeding, including within the context of HIV and AIDS.
- 🌿 Describe the key practices and messages for adequate complementary feeding.
- 🌿 Describe key practices and messages for controlling micronutrient deficiencies (e.g., relating to anemia, vitamin A, zinc, and iodine).
- 🌿 Describe the key practices and messages of the Essential Hygiene Actions.
- 🌿 Describe the main steps in assessing and referring acute malnourished children.
- 🌿 Negotiate with mothers to encourage them to try one improved practice in one of the above areas and reinforce correct behaviors to encourage adoption of the new practice.

DOCUMENT #2: 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 homestead food production (HFP) (e.g., of vegetables, fruits, fish, or small animals) and link them with nutrition practices.
- ✿ Support community members, so they can 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 a nutrition screening center
- ✿ Through drama, role playing, songs, and other activities
- ✿ During outreach for immunization
- ✿ During Child Health Days

DOCUMENT #3: USING ALL AVAILABLE PLATFORMS AND CONTACT POINTS

Opportunities in Health Facilities

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

Opportunities at Community Level

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

Opportunities at School

- 🌿 During classes
- 🌿 At parent–teacher association activities

Opportunities with Agriculture Platforms

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

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

SESSION 2: BEHAVIOR CHANGE COMMUNICATION

Learning Objectives

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

- 🌱 Define behavior change communication (BCC).
- 🌱 Explain why knowledge is not enough to change behavior.
- 🌱 Explain and identify the stages of behavior change.

Total Time

1 hour

Activities

- 2.1 Exploring Behavior Change Communication (*15 minutes*)
- 2.2 Stages of Behavior Change Communication and Interventions Required at Each Step (*15 minutes*)
- 2.3 Practice: Identifying a Mother's Behavior Change Status (*30 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Behavior change case studies on cards
- Document #4: Stages of Change Model
- Document #5: Stages of Change and Interventions
- Document #6: Practice Case Studies: Behavior Change

ACTIVITY 2.1: EXPLORING BEHAVIOR CHANGE COMMUNICATION

(15 minutes)

Methodology

🌿 Brainstorm BCC's definition.

- Behavior = Action/doing.
- Change always involves motivators and barriers or obstacles.
- Communication = Sharing of information, feelings, and ideas between people via language, visuals, media, or the like.
- BCC = Any communication that helps foster a change in behavior in individuals, families, or communities. BCC can be between and among individuals or groups and via mass media, audio, visual, and print materials and other means.

🌿 Divide participants into groups of three. Ask groups to recall a time when someone told them what to do and how they felt. Then ask how they felt at a time when they were asked what they *wanted* to do.

🌿 In the plenary, discuss possible reactions to the two situations; invite individuals to share.

ACTIVITY 2.2: STAGES OF BEHAVIOR CHANGE COMMUNICATION AND INTERVENTIONS REQUIRED AT EACH STEP

(15 minutes)

Methodology

🌿 On the flip chart, draw a picture of steps. Brainstorm with participants on how people move through stages to make a change. Use “exclusive breastfeeding” (EBF) as an example.

🌿 Distribute and discuss Document #4: Stages of Change Model and Document #5: Stages of Change and Interventions.

🌿 Ask participants to think about a behavior they want to change (other than drinking alcohol or smoking). Have them identify the stage of change they are in, explain why, and identify what it will take to move them to the next step.

🌿 Discuss how information usually does not suffice to change behavior and that motivation and reinforcement are often needed. Refer to Documents #4 and #5.

ACTIVITY 2.3: PRACTICE IDENTIFYING A MOTHER'S BEHAVIOR CHANGE STATUS

(30 minutes)

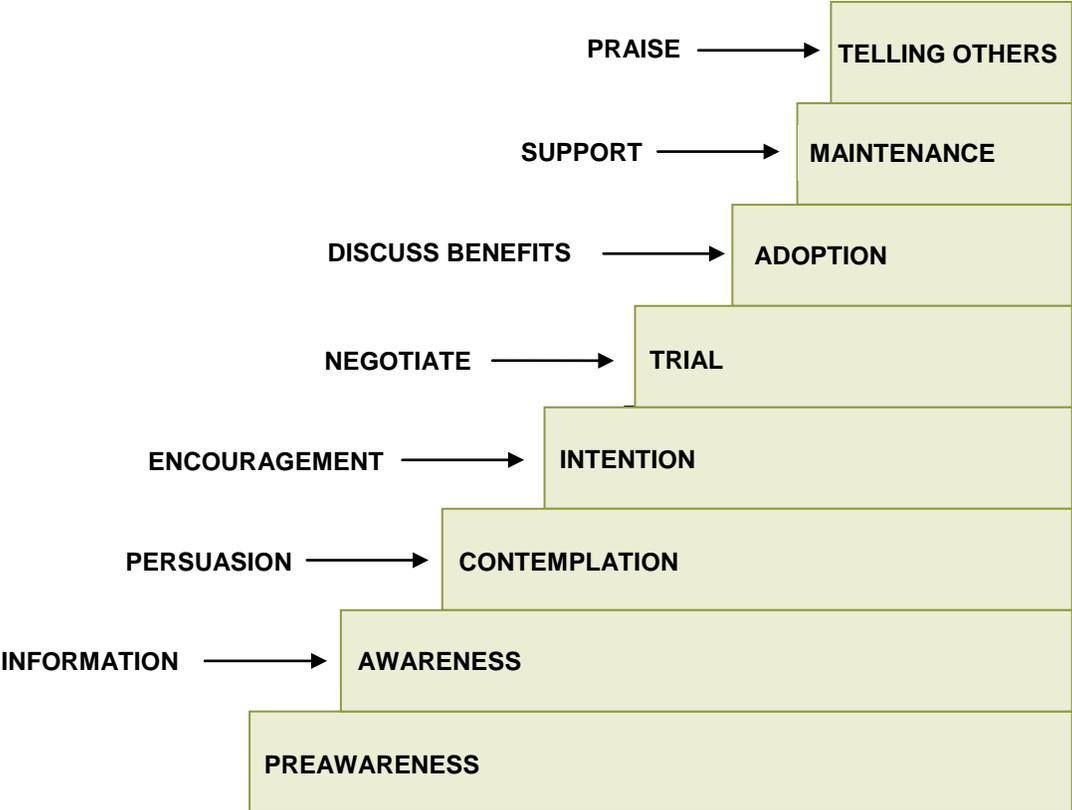
Methodology

- 🌿 Divide into three groups; give each group the three practice case studies (Document #6).
- 🌿 Assign one practice case study to each group to present, and instruct groups to identify the mother's stage of change⁹ during their presentations.
- 🌿 In the plenary, listen to each presentation and have all participants discuss the case.

⁹ Answers: The mother is in the CONTEMPLATION/INTENTION STAGE in Case Study 1, the AWARENESS STAGE in Case Study 2, and the TRIAL/ADOPTION STAGE in Case 3.

DOCUMENT #4: STAGES OF CHANGE MODEL

Steps a Person or Group Takes to Change Practices and Behaviors



DOCUMENT #5: STAGES OF CHANGE AND INTERVENTIONS

STAGE	APPROPRIATE INTERVENTIONS
<i>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.</i>	
NEVER HEARD ABOUT THE BEHAVIOR	<ul style="list-style-type: none">  Build awareness and 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	<ul style="list-style-type: none">  Encourage the behavior and discuss its benefits.  Hold group discussions or talks.  Disseminate information via the spoken or printed word.  Hand out counseling cards.  Form and promote breastfeeding and young child feeding support groups.
THINKING ABOUT THE NEW BEHAVIOR	<ul style="list-style-type: none">  Negotiate with community members and help them overcome obstacles.  Make home visits, and use visuals.  Create activities for families and the community.  Create structures for peer-to-peer support.  Negotiate with husbands, mothers-in-law, or other influential family members to support the mother.
TRYING OUT THE NEW BEHAVIOR	<ul style="list-style-type: none">  Praise the behavior and reinforce its benefits.  Congratulate the mother and other family members as appropriate.  Suggest support groups to visit or join to provide encouragement.  On radio programs and in other forums, encourage community members to provide support.
CONTINUING THE NEW BEHAVIOR OR MAINTAINING IT	<ul style="list-style-type: none">  Reinforce the benefits of the behavior.  Praise the individual for making the change.  Tell others about adopting the new practices.

DOCUMENT #6: PRACTICE CASE STUDIES: BEHAVIOR CHANGE

Case Study 1

A woman has heard the new information about breastfeeding; her husband and mother-in-law also are talking about it. She is thinking about trying EBF because she thinks it will be best for her child.

Case Study 2

A woman has brought her eight-month-old child to the baby weighing session. The child has lost weight. The health care worker tells her to give her child different foods because the child is not growing.

Case Study 3

During the past month, a health worker talked with a mother about gradually starting to feed her seven-month-old baby three times a day instead of just once a day. The mother began giving her baby a meal and a snack and then added a third feed. Now the baby wants to eat three times a day.

SESSION 3: CHILD HEALTH AND CAUSES OF MALNUTRITION

Learning Objectives

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

- 🌿 List five causes of malnutrition.
- 🌿 Explain how breastfeeding relates to child survival.

Total Time

30 minutes

Activity

3.1 Brainstorming about the Causes of Malnutrition (*30 minutes*)

What You Need

- Flip chart stand and paper
- Document #7: Conceptual Framework for Malnutrition

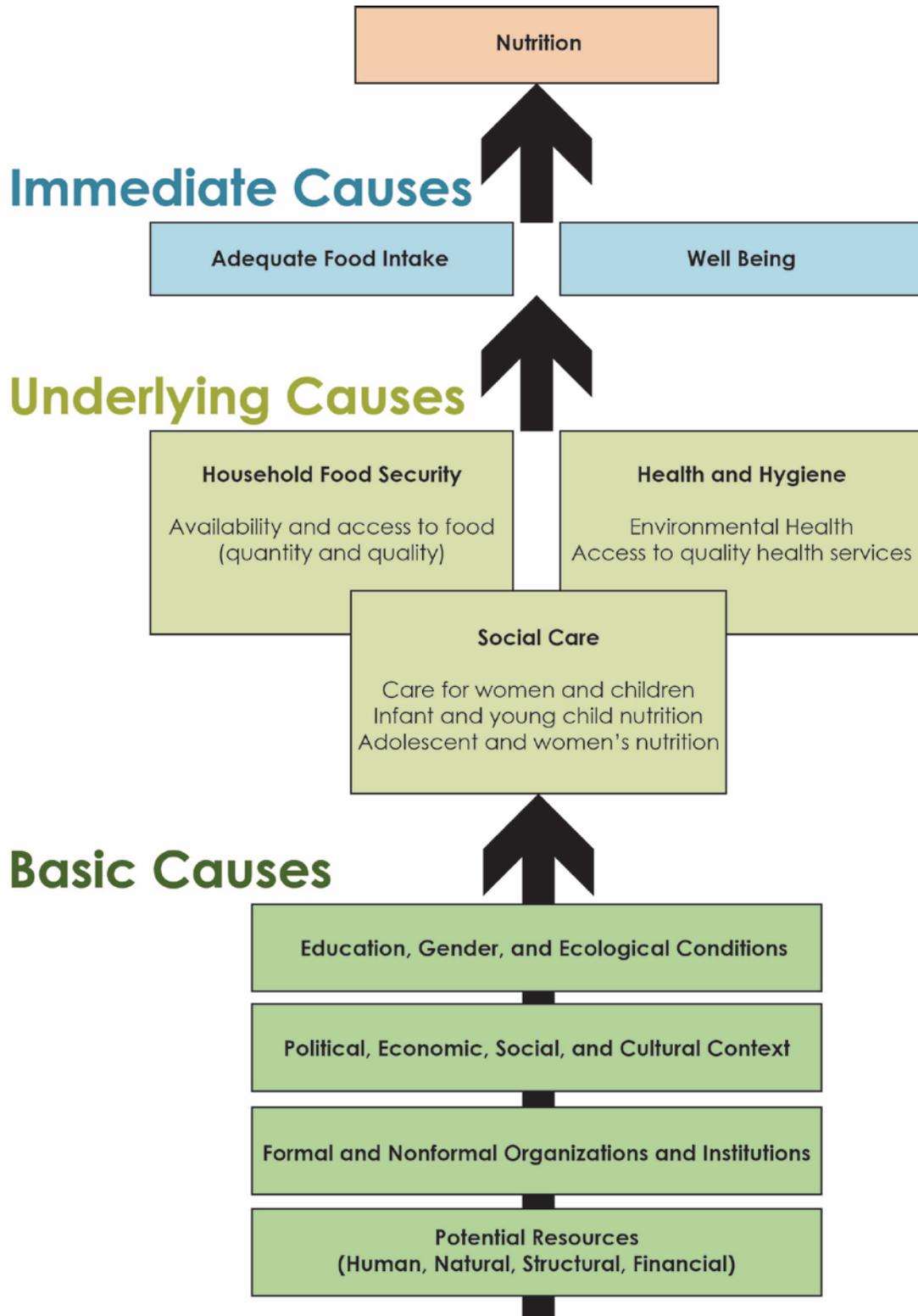
ACTIVITY 3.1: BRAINSTORMING ABOUT THE CAUSES OF MALNUTRITION

(30 minutes)

Methodology

- 🌿 Explain and discuss the meaning of the term “malnutrition.” Malnutrition is caused when a person does not consume enough food or enough of the right foods. The causes, which are multifactorial, are immediate, underlying, and basic.
- 🌿 Divide participants into groups of two or three. Ask them to brainstorm what they believe to be the main causes of malnutrition and then select the three most important ones.
- 🌿 Have one participant from each group present those three causes and categorize each according to whether it is immediate, underlying, or basic.
- 🌿 Explain and summarize the causes of malnutrition; ask a participant to read Document #7.
- 🌿 Explain Document #7.

DOCUMENT #7: CONCEPTUAL FRAMEWORK FOR NUTRITION



SESSION 4: ESSENTIAL NUTRITION ACTIONS AND ESSENTIAL HYGIENE ACTIONS

Learning Objective

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

- 🌿 Outline activities and places where health workers support the improvement of the health of women and their children.

Total Time

30 minutes

Activity

4.1 Routine Activities to Improve the Health of Women and Children (*30 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Flip chart pages that have Essential Nutrition Actions (ENA) and Essential Hygiene Actions (EHA) and platforms and contact points written on them for discussion
- Document #8: Implementing the ENA and EHA to Prevent Undernutrition

ACTIVITY 4.1: ROUTINE ACTIVITIES TO IMPROVE THE HEALTH OF WOMEN AND CHILDREN

(30 minutes)

Methodology

- 🌿 Brainstorm on the routine nutrition activities that health workers carry out with women to improve their health and their children's health. Think of places where workers can share key messages. Write ideas on the flip chart.
- 🌿 Compare participants' responses with Document #8.
- 🌿 Show the flip chart and summarize the ideas presented.

DOCUMENT #8: IMPLEMENTING THE ENA AND EHA TO PREVENT UNDERNUTRITION

The focus is on preconception and during the 1,000-day window of opportunity from pregnancy to a child's second birthday.

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 child complementary foods ("family foods") while breastfeeding.
- 🌿 Urge nutritional care of sick or malnourished children.
- 🌿 Control vitamin A deficiency.
- 🌿 Control anemia.
- 🌿 Control iodine deficiency disorders.

Focus on Essential Hygiene Actions

- 🌿 Promote the use of sanitary latrines, and explain that children need to use them.
- 🌿 Promote hand washing with soap and water after going to the bathroom and after cleaning baby's feces.
- 🌿 Promote hand washing with soap and water before preparing food, before eating food, and before feeding young children.
- 🌿 Promote the installation of a tippy tap next to the cooking area and another next to the toilet.
- 🌿 Encourage keeping all cooking containers and utensils clean, as well as water containers clean and covered.

Questions and Conversations

- 🌿 Check women's diet and anemia status during family planning sessions.
- 🌿 Promote the lactation amenorrhea method as postpartum family planning method.
- 🌿 Support breastfeeding practices among postpartum women.
- 🌿 Promote the introduction of complementary feeding and appropriate diet when meeting women with children aged 6 to 23 months.
- 🌿 Encourage focused nutritional care of children during and after illness.
- 🌿 Provide supplementation with iron–folic acid during pregnancy and postpartum.
- 🌿 Promote handwashing.
- 🌿 Promote exclusive breastfeeding for children from birth to six months.
- 🌿 For children aged 6 to 23 months, promote diversified diet and appropriate feeding.

Potential Platforms and Contact Points to be used

Opportunities at Health Clinics

- 🌿 Provide nutrition services to pregnant women at antenatal care clinics.
- 🌿 Provide nutrition services at delivery and post-delivery, in particular on breastfeeding.
- 🌿 Provide nutrition services and support to breastfeeding during postpartum and family planning sessions.
- 🌿 Encourage feeding of complementary foods while breastfeeding.
- 🌿 Provide nutritional care for sick or malnourished children.
- 🌿 Provide ways of controlling vitamin A deficiency.
- 🌿 Give counseling well-baby clinic sessions and promote nutrition and hygiene at immunization clinics.
- 🌿 Emphasize nutritional care at sick-child visits (integrated management of childhood illness and community case management).
- 🌿 Encourage counseling during integrated management of acute malnutrition (outpatient therapeutic care, food supplementation, stabilization centers).

Opportunities at the Community Level

- 🌿 Promote adequate nutrition and hygiene practices during home visits, and during outreach for immunization
- 🌿 Advocate prevention during nutrition screening.
- 🌿 Disseminate information on food diversity at market days, while fetching water, at work, and during visits to neighbors.
- 🌿 Publicize during religious, cultural, social, or economics-related gatherings (e.g., credit meetings), literacy groups, and with religious leaders.
- 🌿 Encourage nutrition and hygiene practices during farmers' schools.
- 🌿 Bring up at parent-teacher association meetings.

Opportunities with Agriculture Platforms

- 🌿 Promote in conversations with extension workers.
- 🌿 Discuss with seed traders.
- 🌿 Bring up at lectures or talks about homestead food production or about small husbandries.

Facilitators need to encourage brainstorming to help volunteers find as many platforms as possible in their communities.

SESSION 5: WOMEN'S NUTRITION: THE MALNUTRITION CYCLE AND STRATEGIES TO BREAK IT

Learning Objectives

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

- 🌱 Describe the cycle of malnutrition.
- 🌱 Name the consequences of women's undernutrition.
- 🌱 Describe steps required to break down the cycle of malnutrition.

Total Time

1 hour and 15 minutes

Activities

- 5.1 The Intergenerational Cycle of Malnutrition (15 minutes)
- 5.2 Interventions to Break the Intergenerational Cycle of Malnutrition (1 hour)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Appropriate pages of the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers* (containing the illustrations used below and in subsequent sessions)
- Document #9: The Intergenerational Cycle of Malnutrition
- Document #10: Interventions to Break the Intergenerational Cycle of Malnutrition
- Document #11: Counseling Provided to Adolescent Girls, Non-Pregnant Women and during Pregnancy and Lactation

ACTIVITY 5.1: THE INTERGENERATIONAL CYCLE OF MALNUTRITION

(15 minutes)

Methodology

- 🌱 In preparation, the facilitator copies Document #9 onto the flip chart.
- 🌱 Brainstorm on why promoting adequate dietary intake for women is important; write answers on a blank page on the flip chart; discuss with participants.
- 🌱 Explain the intergenerational cycle of malnutrition.

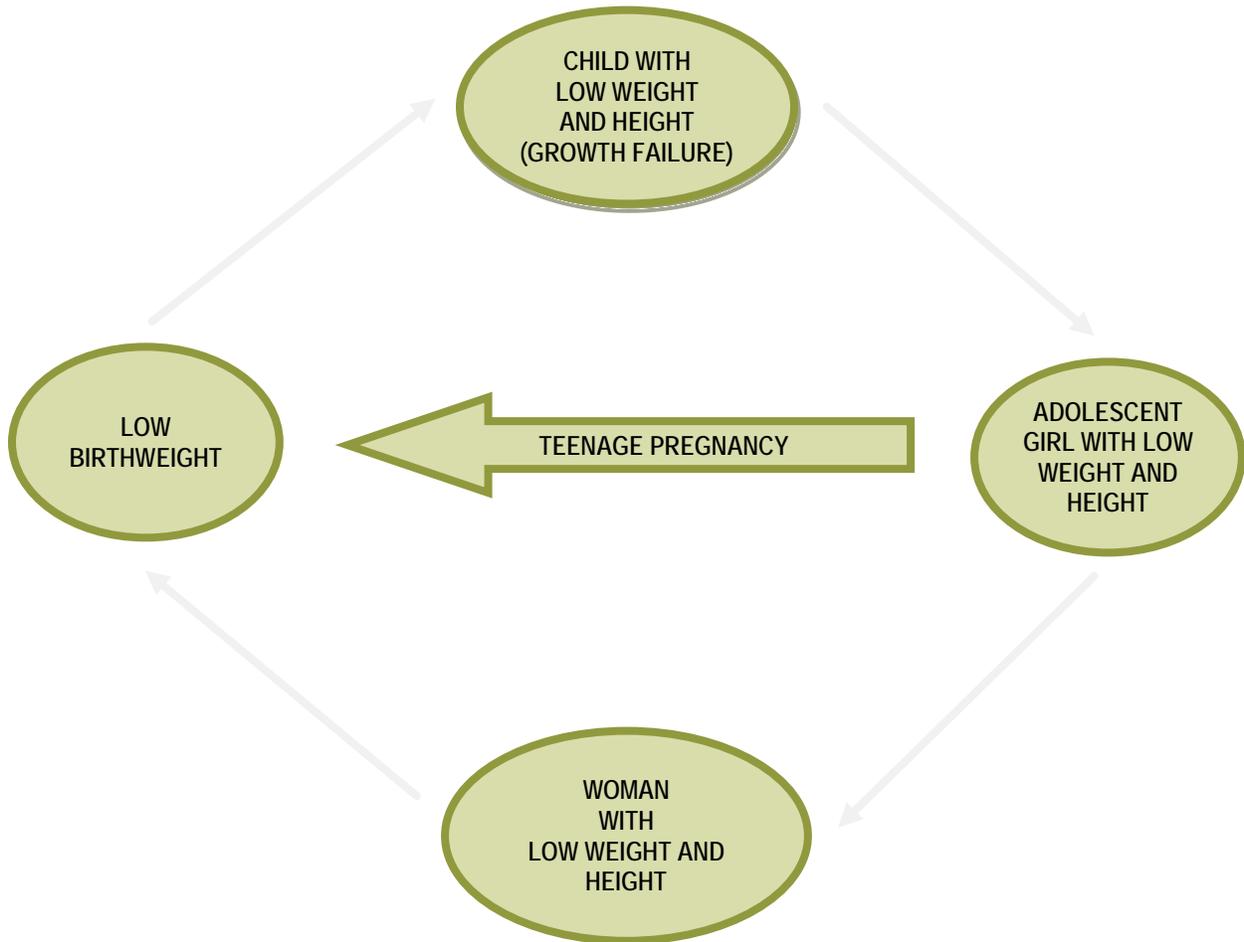
ACTIVITY 5.2: INTERVENTIONS TO BREAK THE INTERGENERATIONAL CYCLE OF MALNUTRITION

(1 hour)

Methodology

- 🌿 Divide participants into four groups. Ask each group to focus on one point in the Intergenerational cycle of malnutrition—that is, on one arrow—and to develop strategies to break the cycle at that point.
- 🌿 Have each group present its thoughts in the plenary.
- 🌿 Discuss proposals then summarize them; refer to Documents #10 and #11.

DOCUMENT #9: THE INTERGENERATIONAL CYCLE OF MALNUTRITION



THE CYCLE

When a woman is malnourished, the next generation may also suffer from malnutrition and poor health.

Malnourished women are more likely to have been:

Low birthweight babies.

Underweight and stunted as girls.

Girls whose first pregnancy occurred during their adolescence.

Women whose pregnancies have been closely spaced.

Women who had heavy workloads during pregnancy and breastfeeding.

DOCUMENT #10: INTERVENTIONS TO BREAK THE INTERGENERATIONAL CYCLE OF MALNUTRITION

Child survival initiatives must start before conception by improving the health of adolescent girls and women, addressing their economic and social problems.

Prevent Growth Failure (Low Weight and Height in a Child)

- 🌿 Initiate breastfeeding early (immediately after birth).
- 🌿 Practice exclusive breastfeeding from birth to six months of age.
- 🌿 Start complementary feeding at six months; supplement with breastfeeding until at least age two.
- 🌿 Continue adequate complementary feeding from 6 to 23 months
- 🌿 Feed sick children more than usual while they are ill and for two weeks after recovery.
- 🌿 Obtain vitamin A supplementation and consume a diet rich in vitamin A.
- 🌿 Control anemia via iron–folic acid (IFA) supplementation and deworming and by consuming iron-rich foods.
- 🌿 Control iodine deficiency by consuming iodized salt.
- 🌿 Obtain all needed immunizations.
- 🌿 Practice family planning.

Prevent Low Weight and Height in Adolescent Girls

- 🌿 Increase adolescents' food intake.
- 🌿 Delay first pregnancies until after age 20.
- 🌿 Prevent and treat infections via:
 - complete anti-tetanus immunizations for pregnant women (five injections in all)
 - education on prevention of sexually transmitted infections (STIs) and HIV
 - use of insecticide-treated nets (ITN)
- 🌿 Prevent iron, vitamin A, and iodine deficiencies via consumption of:
 - iron-rich foods (e.g., green leafy vegetables, beans, meat, and liver)
 - vitamin A-rich foods (e.g., papaya, mangoes, carrots, pumpkins, milk, and liver)
 - iodized salt and iodine-rich foods (e.g., fish and seafood)
- 🌿 Prevent vitamin A and anemia via supplementation of:
 - IFA supplementation and deworming
- 🌿 Encourage parents to give girls and boys equal access to education. (Malnutrition drops when girls and women receive more education.)

Prevent low weight and height in women.

- 🌿 Increase women's food intake at every stage of life, especially during adolescence, during pregnancy, and while breastfeeding. They should receive an additional meal, more food than usual, and a varied diet.
- 🌿 Prevent iron, vitamin A, and iodine deficiencies via consumption of:
 - iron-rich foods (e.g., green leafy vegetables, beans, meat, and liver)
 - vitamin A-rich foods (e.g., papaya, mangoes, carrots, pumpkins, milk, and liver)
 - iodized salt and iodine-rich foods (e.g., fish and seafood)
- 🌿 Prevent and treat infections via:
 - complete anti-tetanus immunizations for pregnant women (five injections in all)
 - use of insecticide-treated nets
 - IFA supplementation and deworming of pregnant women
 - education on STIs and HIV transmission and prevention

Implement Family Planning

- 🌿 Women need to visit a family planning center to space pregnancies (3 years).

Decrease Energy Expenditure

- 🌿 Delay the first pregnancy until after age 20.
- 🌿 Encourage couples to use family planning.
- 🌿 Decrease the workload of pregnant and breastfeeding women.
- 🌿 Rest more during pregnancy.

Encourage Men's Participation

- 🌿 Involve men in birth spacing and following up on pregnancy and delivery.
- 🌿 Obtain husbands or partners' involvement for a more nutritious diet and lighter workload for their wives

❑ DOCUMENT #11: COUNSELING PROVIDED TO ADOLESCENT GIRLS, NON-PREGNANT WOMEN, AND PREGNANT AND LACTATING WOMEN

Nutrition for Adolescent Girls and Nonpregnant Women

Girls between the ages of 10 and 20 years are still growing and need different types of food and an IFA supplement to fully develop their bodies. Non-pregnant women also need to build strong bodies to prepare for future pregnancies and to take care of their families.

- 🌿 Advise an adolescent girl to eat at least three meals daily; Eating fish, chicken, eggs, or meat at least once a day will help an adolescent girl develop strong bodies and help them develop into healthy adults and prepare them for future healthy motherhood.
- 🌿 Advise adolescent girl and non-pregnant woman to eat many different types of colorful foods to develop and build strong bodies. Some examples are amaranth and red amaranth, country bean, yard-long bean, soybeans, peanuts, black beans, orange-flesh sweet potato, pumpkin, moringa, okra, papaya, and spinach.
- 🌿 Provide adolescent girls and non-pregnant women weekly IFA supplementation and deworming medicine twice a year to prevent anemia or weak blood. Adolescent girls need IFA and deworming medicines, which may also be available at schools.
- 🌿 Advise an adolescent girl to delay her first pregnancy until after age 20 to allow her body to fully develop. A fully developed body will enable her to deliver a strong baby.

Nutrition for Pregnant Women

Pregnant women need to eat more food than usual (one extra bowl of food every day) to give birth to healthy and strong babies.

- Counsel a pregnant woman to get vitamins by eating a varied diet that consists of many different types of colorful foods, to have healthy and strong babies. Examples of these foods are amaranth and red amaranth, country bean, yard-long bean, potato greens, soybeans, peanuts, black beans, orange-flesh sweet potato, pumpkin, moringa, okra, papaya, and spinach. Pregnant women should also consume chicken, crayfish, eggs, fish, meat, peanuts, or snails.
 - The list of nutritious foods will change with regions and seasons.
- 🌿 Encourage husbands and partners to support their pregnant wives in these practices
- 🌿 Urge a pregnant woman need to rest and avoid carrying heavy loads. Husbands and partners should support their pregnant wives to take these steps, so they can deliver strong, healthy babies.
- 🌿 Counsel that to allow the body to rest, pregnancies need to be spaced by a minimum of three years

Nutritional Supplements, Medicines, and Vaccines during Pregnancy

Iron–Folic Acid Supplements during Pregnancy

Anemia (“low blood”) is a condition where the number of red blood cells in the body is too low. This causes a person to feel very sick and very weak. Not getting enough iron will lead to anemia and pregnant women need plenty of iron.

-  Provide to pregnant women IFA tablets to maintain their strength and health and to prevent anemia.
 - Pregnant women need to take IFA medicine throughout the pregnancy and after delivery.
 - Depending on the country protocol, IFA tablets are consumed daily or two to three times weekly.
 - Husbands need to make sure their pregnant wives obtain IFA tablets as soon as possible to keep them healthy and strong, and to have strong babies.
-  Inform them that IFA tablets need to be taken with food to avoid nausea and vomiting, stomach pain, or constipation. Also, to drink a lot of water to avoid becoming constipated.
 - Black stools are normal when taking iron medicine.
-  Encourage the consumption of fish, meat, eggs, liver, and dark green leafy vegetables, good sources of iron.
-  Depending on the country protocol, provide low dose vitamin A is consumed daily or two to three times weekly.

Deworming Medicines during Pregnancy

Worms can cause anemia.

-  Provide to pregnant women deworming medicine two times during a pregnancy to keep them from becoming anemic.
 - Husbands need to make sure their pregnant wives get deworming medicine.

Tetanus–Toxoid Vaccines during Pregnancy

-  Give to pregnant women tetanus-toxoid immunization at the health facility.

Preventing Malaria during Pregnancy

Malaria causes anemia, which can be harmful for the unborn baby.

-  Provide to pregnant women malaria medicine (intermittent preventive treatment [IPT]) at antenatal care clinics.
-  Advise them to sleep under an insecticide-treated mosquito net (ITN) to protect herself from malaria and to keep her unborn baby healthy.
 - Husbands need to make sure their pregnant wives get IPT at the clinic and that they sleep under an ITN to prevent malaria and to keep the unborn baby healthy.
 - Test and immediately treat a pregnant woman (or family member) who has fever.

Iodized Salt during Pregnancy

A pregnant woman needs to consume iodized salt to make sure her new baby is born healthy and would be able to learn at school when older.

- 🌿 Recommend that all family food needs to be cooked using iodized salt, so all family members remain healthy.
 - The iodized salt has to be added to the pot at the end of the cooking.
 - The iodized salt has to be stored in a covered container or jar and away from heat.

Nutrition for Breastfeeding Mothers

Diet Quantity and Quality

- 🌿 Counsel breastfeeding women to eat more food than usual and consume many different types of colorful foods to remind strong and get vitamins, including amaranth and red amaranth, country bean, yard-long bean, potato greens, soybeans, peanuts, black beans, orange-flesh sweet potato, pumpkin, moringa, okra, papaya, and spinach. They also have to eat chicken, crayfish, eggs, fish, meat, peanuts, or snails
- 🌿 Advise breastfeeding women to eat two extra bowls of food to maintain her and the baby's strength and health and to receive enough vitamins.

Vitamin A Supplementation Postpartum

Taking vitamin A enriches breastmilk, which helps babies fight illness.

- 🌿 Give vitamin A supplement (200,000 IU) to a post-partum woman, as soon as possible after the delivery, no later than eight weeks afterwards (check country protocol).

SESSION 6: NUTRITION IN THE CONTEXT OF HIV

Learning Objective

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

- 🌿 Describe the relationship between HIV-positive status and nutrition.

Total Time

30 minutes

Activity

6.1 Nutrition and the HIV-Positive Mother (30 minutes)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #12: Essential Nutrition Actions for Pregnant and Lactating Women and Their Children Who Are HIV-Negative or of Unknown Status

ACTIVITY 6.1: NUTRITION AND THE HIV-POSITIVE MOTHER

(30 minutes)

Methodology

- 🌿 Brainstorm on the relationship between HIV status and nutrition; discuss special nutrition needs of HIV-positive women and offer suggestions to meet those needs.
 - A healthy HIV-positive woman is less likely to pass the virus to her baby.
 - HIV-positive women's nutritional needs require greater intake of nutritious foods—even more during pregnancy and lactation, with iron supplements and multivitamins being optimal.
 - HIV infection increases energy and nutrient needs.
 - Reduced appetite, poor nutrient absorption, and physiological changes can lead to weight loss and malnutrition in HIV-infected people.
- 🌿 Have participants read Document #12 and compare nutrition needs of those who are HIV-negative and those who are HIV-positive. Discuss and summarize.

DOCUMENT #12: ESSENTIAL NUTRITION ACTIONS FOR PREGNANT AND LACTATING WOMEN AND THEIR CHILDREN WHO ARE HIV NEGATIVE OR OF UNKNOWN STATUS

OPTIMAL BREASTFEEDING (< SIX MONTHS)	ADEQUATE COMPLEMENTARY FEEDING WITH CONTINUED BREASTFEEDING (6–23 MONTHS)	NUTRITIONAL CARE OF SICK OR MALNOURISHED CHILD	CONTROLLING VITAMIN A DEFICIENCY	CONTROLLING ANEMIA	CONTROLLING IODINE DEFICIENCY DISORDERS	WOMEN'S NUTRITION DURING PREGNANCY AND LACTATION
<ul style="list-style-type: none"> • Early initiation of breastfeeding—within one hour of birth. • Keep newborn warm and dry (skin to skin). • Exclusive breastfeeding during first six months. 	<ul style="list-style-type: none"> • Complementary feeding starting at six months with mashed foods. • Continued breastfeeding to 23 months or beyond. • Increased amount of food with age. • Increased feeding frequency with age. • Enriched diet with a variety of foods and fortified foods. • Active feeding. (Encourage and play with the baby while eating. • Handwashing before feeding. • Food hygiene. 	<ul style="list-style-type: none"> • Increased frequency of breastfeeding during and after illness. • Increased frequency of complementary feeding during and after illness for children aged 6 to 23 months. • Zinc supplementation for children with diarrhea. • Vitamin A supplementation as recommended. • Special care for malnourished child, depending on severity. • Kangaroo care for low birth weight newborns. 	<ul style="list-style-type: none"> • Diversified diet with vitamin A-rich foods (e.g. ripe orange and yellow vegetables and fruits, liver,) and fortified foods. • Vitamin A supplementation for woman after delivery. • Vitamin A supplementation twice a year for children between 6 and 59 months of age. 	<ul style="list-style-type: none"> • Delayed cord clamping. • Diversified diet with iron-rich foods (red meat and dark green, leafy vegetables) and fortified foods. • Supplementation with IFA daily for six months for pregnant women and continuing after delivery, if needed. • Deworming for pregnant women and for children between 12 and 59 months of age, twice a year. • In malaria-endemic areas: sleep under ITN, IPT for pregnant women. • In areas where malaria is not endemic but anemia prevalence is > 50 percent: IFA supplementation daily for children aged six months and above. 	<ul style="list-style-type: none"> • Iodized salt, when available. 	<ul style="list-style-type: none"> • One additional meal daily during pregnancy. • Two additional meals daily during lactation. • Breast health during lactation. • Less workload and more rest during pregnancy.

KEY CONCEPTS OF ESSENTIAL NUTRITION ACTIONS

Delay of first pregnancy. Child spacing. Immunization.

Clean water, hygiene, and sanitation.

Developed by Agnes Guyon, Victoria Quinn, and Robert Mwadime. Revised 2013.

Additional Essential Nutrition Actions for HIV-Positive Adults, Pregnant and Lactating Women, and Their Children

OPTIMAL BREASTFEEDING (< SIX MONTHS)	ADEQUATE COMPLEMENTARY FEEDING WITH CONTINUED BREASTFEEDING (SIX TO 23 MONTHS)	NUTRITIONAL CARE OF SICK OR MALNOURISHED CHILD	CONTROLLING DEFICIENCIES OF VITAMIN A AND OTHER MICRONUTRIENTS	CONTROLLING ANEMIA AND IODINE DEFICIENCY DISORDERS	WOMEN'S NUTRITION DURING PREGNANCY AND LACTATION	ADULT'S HEALTH
<ul style="list-style-type: none"> • Support infant feeding option: exclusive breastfeeding or exclusive formula feeding. • Encourage exclusive breastfeeding for infants confirmed to be HIV-positive. • Energy intake increased by 10 percent if suspected HIV-positive and not losing weight (one extra feeding per day). 	<ul style="list-style-type: none"> • Early cessation of breastfeeding when breastmilk can be replaced by other milks (animal or commercial). • Energy intake increased by 10 percent if suspected HIV-positive and not losing weight (one extra feeding per day). • Use fortified, blended foods, when available. • Assess health and growth of child. 	<ul style="list-style-type: none"> • Counsel on testing child (depending on test availability). • Immediate treatment of sickness. • Diet management of nausea, vomiting, and oral sores, etc. • Energy intake increased by 50 to 100 percent if losing weight (double the daily feedings). • Supplementary or therapeutic feeding for moderate or severely malnourished child, per international guidelines. 	<ul style="list-style-type: none"> • Supplementation at one recommended daily allowance with multiple micronutrients if diet is not adequately diverse. 	<ul style="list-style-type: none"> • Follow ENA for HIV-negative individuals. 	<ul style="list-style-type: none"> • Energy intake increased by 10 percent if non-symptomatic; add one extra feeding daily. • Energy intake increased by 20 to 30 percent if symptomatic or losing weight; add two extra feedings daily. • BMI for nutritional monitoring or MUAC for pregnant women. • Breastfeeding stopped if encounter breast problems. • Dietary management of nutrition-related symptoms. • Importance of malaria prevention and deworming. • Counsel and refer for PMTCT or ART. 	<ul style="list-style-type: none"> • Diversified diet. • Energy intake increased by 10 percent in adults if not symptomatic; add one extra meal daily. • Energy intake increased by 20 to 30 percent if symptomatic or losing weight; add two extra feedings daily. • Evaluation of interaction of nutrition and ARVs. • Monitor weight and BMI. • Dietary management of vomiting, nausea, and other nutrition-related symptoms. Physical exercise to build muscle mass.
<p>Be sure to assess the household food security situation and to treat all illnesses immediately.</p>						
<p><i>Developed by Agnes Guyon, Victoria Quinn, and Robert Mwadime. Revised 2013.</i></p>						

SESSION 7: BREASTFEEDING ADVANTAGES, BELIEFS, AND MYTHS AND THE RISKS OF FORMULA FEEDING

Learning Objectives

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

- 🌿 Describe the benefits of breastfeeding and the formula feeding risks to the infant, mother, family, community, and nation.
- 🌿 Encourage beliefs that promote mothers' decisions to breastfeed their babies.
- 🌿 Identify beliefs and myths that undermine those decisions.

Total Time

1 hour

Activities

- 7.1 The Benefits of Breastfeeding (*30 minutes*)
- 7.2 Beliefs and Myths about Breastfeeding (*30 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*
- Document #13: The Benefits of Breastfeeding for Infants and Young Children and the Risks of Formula Feeding

ACTIVITY 7.1: THE BENEFITS OF BREASTFEEDING

(30 minutes)

Methodology

 Set up five flip charts:

- Breastfeeding Benefits for Infants
- Breastfeeding Benefits for Mothers
- Breastfeeding Benefits for Families
- Breastfeeding Benefits for the Community and the Nation
- Risks of Formula Feeding for Infants and Mothers

 Divide participants into five groups; each group will write down in three minutes what they know on the flip chart's title.

 Then, each group rotates and writes down additional information of those listed by previous groups.

 Repeat the rotation to the next flip chart another time.

 In the plenary, compare and discuss the ideas on the flip charts with the Document #13; summarize ideas.

ACTIVITY 7.2: BELIEFS AND MYTHS ABOUT BREASTFEEDING

(30 minutes)

Methodology

 On a flip chart, draw three columns:

- Beliefs that encourage breastfeeding
- Beliefs that discourage breastfeeding
- Beliefs that do not discourage breastfeeding (neutral)

 In the plenary, have participants brainstorm a list of their communities' beliefs about breastfeeding and assign each belief to a column on the flip chart.

 Have participants discuss how to change beliefs that discourage breastfeeding (while always respecting the belief).

DOCUMENT #13: THE BENEFITS OF BREASTFEEDING FOR INFANTS AND YOUNG CHILDREN AND THE RISKS OF FORMULA FEEDING

How Breastmilk Helps Infants and Young Children

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

How Breastfeeding Helps the Mother

- 🌿 The baby's suckling stimulates uterine contractions, so putting the baby to the breast immediately after birth facilitates expulsion of the placenta.
- 🌿 Breastfeeding reduces risks of bleeding after delivery.
- 🌿 Breastfeeding the baby immediately after birth stimulates breastmilk production.
- 🌿 Immediate and frequent suckling prevents engorgement.
- 🌿 Breastmilk is available at anytime and anywhere and is always clean, nutritious, and at the right temperature.
- 🌿 Breastfeeding is economical.
- 🌿 Breastfeeding stimulates the bond between mother and baby.
- 🌿 Breastfeeding reduces the mother's workload. She does not have to spend time gathering fuel, boiling water, or preparing milk to feed her baby.
- 🌿 Breastfeeding reduces risks of premenopausal breast and ovarian cancer.

- ✿ Exclusive breastfeeding is more than 98 percent effective as a contraceptive method during the first six months, provided that periods do not return.

How Breastfeeding Benefits the Family

- ✿ No money needs to be spent to buy formula, firewood, or other fuel to boil water or milk. The money saved can be used to meet the family's other needs.
- ✿ No medical expenses are incurred due to sickness that could be caused by formula. Breastfeeding mothers and their breastfed children are healthier.
- ✿ With fewer illnesses, the family encounters fewer emotional stresses.
- ✿ Breastfeeding's contraceptive effect spaces births.
- ✿ Breastfeeding saves time and reduces the family workload—breastmilk is always available and ready.

How Breastfeeding Is Good for the Community

- ✿ With no need to import formula and the utensils necessary for its preparation, hard currency is saved and can be used elsewhere.
- ✿ Healthy babies make a healthy nation.
- ✿ Savings are made in the health sector. Decreased child illnesses reduce the national cost of treating them.
- ✿ Breastfeeding improves child survival and reduces child morbidity and mortality.
- ✿ Breastfeeding benefits the environment—no trees need to be used for firewood to boil water or milk. Breastmilk is a natural renewable resource.

Risks of Formula Feeding

- ✿ Risk of mortality increases for formula-fed children.
- ✿ Risk of gastrointestinal infections and acute respiratory disease increases for formula-fed children.
- ✿ Formula-fed children are at increased risk for infection. Infant formula can become contaminated in the factory with heat-resistant, pathogenic, and highly contagious bacteria such as *Enterobacter sakazakii*.
- ✿ Formula-fed children are more likely to suffer from asthma.
- ✿ Formula-fed children are at increased risk for allergies.
- ✿ In formula-fed children, cognitive development and educational attainment are reduced.
- ✿ Formula-fed children are at increased risk for childhood cancers such as leukemia and for chronic diseases.
- ✿ Formula-fed children are at increased risk for obesity, Type 1 and Type 2 diabetes, and cardiovascular disease.

SESSION 8: BREASTFEEDING PRACTICES FROM BIRTH TO SIX MONTHS

Learning Objectives

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

Explain optimal breastfeeding practices and the importance of each.

Demonstrate proper positioning and attachment.

Total Time

1 hour 45 minutes

Activities

8.1 Breastfeeding Practices (30 minutes)

8.2 How Health Workers Can Support Maternal and Child Health (45 minutes)

8.3 Proper Breastfeeding Positioning and Attachment (30 minutes)

What You Need

- Flip chart stand(s) and papers, markers, and masking tape
- Three flip charts on optimal breastfeeding practices (initiation, exclusive, and frequency)
- Appropriate pages of the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*.
- Dolls for practicing breastfeeding
- Document #14: Breastfeeding Practices from Birth to Six Months
- Document #15: How Health Workers Can Support Maternal and Child Health
- Document #16: Proper Breastfeeding Positioning and Attachment

ACTIVITY 8.1: BREASTFEEDING PRACTICES

(30 minutes)

Methodology

-  Divide class into six groups; assign two groups to review each message in Document #14.
-  Have each group make a list of breastfeeding practices.
-  Ask one group to present its list and the second group on the same topic to complete.
-  Refer to the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*.

ACTIVITY 8.2: HOW HEALTH WORKERS CAN SUPPORT MATERNAL AND CHILD HEALTH

(45 minutes)

Methodology

 Divide participants into six groups; assign each group a question to answer and present.

1. How can a health worker help mothers or caretakers achieve optimal breastfeeding?
2. Which questions must a health worker ask a pregnant woman?
3. When is the best timing for clamping the baby umbilical cord? Why should iron–folic acid supplementation be continued after delivery?
4. What information does a mother of a three-month-old baby need?
5. What must be done when a child under six months is sick?
6. Which immunization should the child receive before the age of six months?

In the plenary, discuss the answers, referring to Document #15; summarize answers.

ACTIVITY 8.3: PROPER BREASTFEEDING POSITIONING AND ATTACHMENT

(30 minutes)

Methodology

 Using a doll, demonstrate incorrect positioning and attachment, then use it to show the correct method. (Alternatively, use a mother and baby, if present.)

 Ask participants to explain the position and attachment; add explanations, as needed.

 Divide class into groups of three. One participant plays the mother (with a doll as the baby) and the other participants play the counselor and observer; ask participants to rotate roles. Have participants practice good positioning and attachment and give feedback.

 In the plenary, ask two participants to demonstrate good positioning and attachment. Ask participants to offer feedback and discuss.

 Read Document #16.

DOCUMENT #14: BREASTFEEDING PRACTICES FROM BIRTH TO SIX MONTHS

Early Initiation of Breastfeeding

- 🌿 At delivery, put the newborn on the breast immediately after birth (even before expelling the placenta) to help the mother expel the placenta.
 - The first yellowish milk (colostrum) is rich in vitamins and is important for babies' health: It makes the babies strong. It also opens the baby's throat, cleans their stomachs, and helps them get rid of their first dark stool (meconium). Also, it acts as an infant's first vaccination, which helps keep the baby from getting sick and protects from infection.
 - Breastfeeding right away helps milk come in and helps mothers expel the placenta, reduce postpartum bleeding, and avoid swollen breasts.
- 🌿 Help the mother to supporting her breast with her whole hand; explain that putting fingers around the nipple in a scissors-like position risks stopping the milk flow.
- 🌿 Feeding the baby sugar water, honey, water, palm oil, butter, powdered milk, cow's milk, or goat's milk instead of breastfeeding may interfere with establishing good breastfeeding practices. It also could lead to diarrhea, pneumonia, or other illness in the baby. Only feed the baby breastmilk.
- 🌿 If a mother thinks the baby is thirsty, advise her to drink water; breastmilk will quench her baby's thirst.

Exclusive Breastfeeding from Birth to Six Months of Age

- 🌿 Advise a new mother to only feed her baby breastmilk. The baby should not be given water or other liquids or food, so she can grow healthy and strong during first six months of life.
 - Explain that frequent breastfeeding helps milk flow and keeps the baby growing big and strong. When a mother gives her baby water or other liquids, the child will suck less on the breast. This may hinder the baby's growth
 - Breastmilk contains all the food and water the baby needs for the first six months. It is clean and safe. It also protects babies from diarrhea, colds, and coughs.
- 🌿 Counsel that it is important to empty one breast before switching to the other to enable the baby to get the water and the nutrient of the breastmilk. The breastmilk at the beginning of the feeding is full of water and helps quench the baby's thirst. Later during the feeding the milk is richer, thicker, and full of nourishment. It will satisfy the baby's hunger.
- 🌿 Babies are smart and will let it be known when they need to eat to get strong and healthy.
- 🌿 During first six months breastmilk sufficiently satisfies the baby's thirst—even in hot weather. An important part of the breastmilk is water, so the mother needs to always drink enough water.

- Giving babies sugar water, traditional medicine, infant formula, milk powder, or other liquids or other foods can make them sick.

🌿 Recommend not to use a bottle to feed the baby bottle. Bottles are hard to keep clean and may become contaminated and cause illness.

How Often to Breastfeed

The more a baby suckles, the more milk is made. Mothers need to breastfeed as often as the baby wants—at least 10 to 12 times over a 24-hour period. Breastfeeding often helps milk production and gives the baby enough food to grow healthy and strong. One breast needs to be emptied before the mother offers the other breast.

🌿 Conform the mother that if she allows her baby to suckle frequently, she should not worry about having enough breastmilk.

- At around three months, the baby is likely to have a rapid growth spurt; therefore, the baby may cry more or want to feed more often. This is normal and temporary. Be sure that the baby suckle frequently and longer

🌿 While a woman is breastfeeding, she is also practicing family planning, i.e., the lactation amenorrhea method (LAM). This is effective as long as she is not having her menses and the baby is less than six months old and drinks only breastmilk.

How to Express Breastmilk

Explain and demonstrate with the mother:

🌿 To put her thumb on the breast above the areola, the dark area around the nipple, and the first finger below the nipple and areola. She can support her breast with her other fingers.

🌿 Gently press toward her chest wall with her thumb and finger.

🌿 To continue to compress the breast while moving her hand away from the chest wall. This should not hurt. If it does, she is not doing it right.

🌿 Press the same way on each side of the dark area around the nipple to empty all parts of the breast.

- She should not squeeze the nipple or rub her fingers over the skin.

🌿 She can express one breast for between three and five minutes until the flow slows down; she then switches to the other breast. Finally, do both breasts again. Change hands when one hand gets tired. It usually takes 20 to 30 minutes to express all the milk.

🌿 The breastmilk is stored in a clean, covered container in a cool place until she is ready to warm it and feed it to the baby.

Advise to feed the baby using an open cup; never feed the baby with a bottle. (Bottles are hard to clean and can give your baby diarrhea.)

DOCUMENT #15: HOW HEALTH WORKERS CAN SUPPORT MATERNAL AND CHILD HEALTH

Help Mothers (or Caretakers) to Achieve Breastfeeding Practices

- 🌿 Discuss breastfeeding and birth spacing's benefits with mother, husband, and family.
- 🌿 Help the mother breastfeed immediately after delivery (whether done by a midwife, at the hospital, or at home) to give the baby colostrum.
- 🌿 Explain the benefits of giving colostrum.
 - Colostrum will protect the infant from disease by providing first vaccine.
 - Colostrum will aid the mother in expelling the placenta more rapidly, helping her reduce blood loss.
 - Colostrum will help the baby expel meconium, the infant's first stool.
 - Giving colostrum will stimulate production of breastmilk.
 - Giving colostrum requires skin-to-skin contact, which will keep the baby warm.
- 🌿 Promote EBF from birth to six months. Tell the mother the following:
 - Breastmilk contains all the water and nutrients infants' need to grow and satisfy their hunger and thirst.
 - Give no other foods or liquids during the babies' first six months because their immature systems cannot digest them.
 - Exclusively-breastfed infants likely have fewer diarrheal, respiratory, and ear infections.
 - Exclusive breastfeeding helps space births by delaying the return of fertility (LAM).
- 🌿 Mention the importance of introducing complementary foods at six months while breastfeeding at least until the baby's second birthday. Tell the mother the following:
 - After six months, breastmilk alone cannot meet all of the baby's nutritional needs.
 - Complementary foods can include available, affordable local foods and staple foods.
 - Giving breastmilk to children for two years will continue to protect them from illness.
- 🌿 Congratulate and encourage the mother (or caregiver); answer her questions.
- 🌿 Urge her to seek out community support group meetings for breastfeeding support.
- 🌿 For family planning help, refer her to community support groups or the health center.
- 🌿 Remind her to immunize the child (see *below*).

Ask Pregnant Women Nutrition-Related Questions

- 🌿 How will you feed your baby? (If she does not plan to breastfeed, ask why.)
- 🌿 Have you heard of exclusive breastfeeding and why it is essential? (Reinforce key messages on EBF from birth to six months of age).
- 🌿 Did you encounter difficulties breastfeeding other children? If so, what were they?
- 🌿 Have you been to a health facility for prenatal care (i.e., antenatal care [ANC])?
- 🌿 Did you get iron–folic acid (IFA) supplements at the health facility? Do you take them daily?
- 🌿 Did you get your tetanus vaccination? Did you get your deworming medicine?
- 🌿 If malaria is endemic in the area: Do you sleep under an insecticide-treated mosquito net? Did you get the intermittent preventive treatment?
- 🌿 If HIV testing and counseling is available nearby: Have you considered HIV testing?

When is the best time for clamping the baby umbilical cord?

- 🌿 The clamping of the baby umbilical cord needs to be done when the pulsations have stopped (two to three minutes).
- 🌿 It helps to prevent mother’s heavy bleeding.
- 🌿 It increases blood flow to the newborn and builds infant’s body iron storage, preventing infant anemia.
- 🌿 There is no risk for HIV transmission.

Encourage Iron–Folic Acid Supplementation after Delivery

- 🌿 Mothers need IFA supplementation for three months after delivery to prevent iron-deficiency anemia.
- 🌿 Because mothers lose blood during delivery, they need to increase their iron stores for their own health and that of their babies. (Iron passes into breastmilk.)
- 🌿 Breastfeeding mothers need to eat food rich in iron, including dark green leafy vegetables, meat, liver, and legumes.

Give Mothers of Three-Month-Olds the Information They Need

- 🌿 Breastfeeding frequency needs to be increased because the baby is growing fast.
- 🌿 The mother needs to empty one breast before switching to the other. (Milk at the beginning is full of water to quench the baby’s thirst; milk at the end is richer, thicker, and full of food.)
- 🌿 No food or drink should be given to the infant—the child’s system is not mature enough.
- 🌿 A mother will have enough milk if she gives the baby no other food or drink. The more the baby sucks, the more milk the mother will produce.

Explain the Care of a Sick Child under Six Months of Age

- 🌿 Counsel the mother to breastfeed more often when her baby is sick to help the child gain strength and weight. She should continue breastfeeding more often for two weeks after baby recovers. She should give the baby no other liquids.

Provide Immunizations for Babies before Their Six-Month Birthday

- 🌿 BCG + Polio 0
- 🌿 Polio 1 + Penta 1 + Pneumococcus + Rota Vaccines
- 🌿 Polio 2 + Penta 2 + Pneumococcus + Rota Vaccines
- 🌿 Polio 3 + Penta 3 + Pneumococcus + Rota Vaccines

Remind the mother to come back at six months for vitamin A supplementation (IU 100,000) and at nine months for measles and yellow fever (if applicable) vaccines.

DOCUMENT #16: PROPER BREASTFEEDING POSITIONING AND ATTACHMENT

Positioning

- 🌿 The mother is comfortable.
- 🌿 The mother holds the infant so the child's face is at her breast level, with nose pointing straight toward mother's breast. The baby should have a direct view of the mother's face, not her chest or abdomen. The infant should be close to the mother, and the child's stomach should be against the mother's stomach. The infant's head, back, and buttocks should be in a straight line.
- 🌿 The mother brings the infant's body to her breast and supports the child's whole body, not just the head and shoulders.
- 🌿 The mother holds her breast with her fingers in a C shape, with the thumb above the dark part of the breast (the areola) and the other fingers below. Fingers are not in a scissor hold around the nipple (i.e., with two fingers on either side of it); this method puts pressure on the milk ducts and can stop the milk flow and pull the nipple out of the baby's mouth.
- 🌿 To stimulate the infant to open the mouth wide, the mother teases the infant's lower lip with her nipple.

Good Attachment

Good attachment enables the infant to suckle effectively, to remove the milk efficiently, and to stimulate an adequate supply.

- 🌿 The baby's mouth covers a large part of the areola; more of the areola shows above the nipple than below. The infant's chin touches the breast.
- 🌿 Both of the baby's lips turn outward.



The areola and the nipple stretch and become longer in the infant's mouth. (If attachment is not good, milk will not be completely removed, which can lead to sore nipples, inflammation of the breast, and mastitis.)

Signs of Efficient Suckling

- 🌿 Slow and regular sucking is good, with one swallow following each two sucks.
- 🌿 The infant's sucks are slow and deep with occasional pauses.
- 🌿 Suckling is comfortable and pain free for the mother.
- 🌿 The mother hears her baby swallowing.
- 🌿 The breast is softer after the baby has finished feeding.



Common Breastfeeding Positions

Regardless of position, the mother must be comfortable. In every position, she should draw the infant toward her rather than leaning toward the child.

Sitting

- 🌿 This is the position most breastfeeding mothers use. The mother's back may be resting on the chair's back and her feet crossed or raised on a stool.
- 🌿 Make sure infant's and mother's stomachs are facing each other.

Side-Lying

- 🌿 More comfortable for the mother after delivery, this position enables her to rest while breastfeeding.
- 🌿 Both mother and infant are lying on their sides, facing one another.

American Football

This position is best used:

- after a Caesarean section
- when the nipples are painful
- to breastfeed twins
- 🌿 The mother is comfortably seated with the infant under her arm. The infant's body passes by the mother's side and the child's head is at breast level.
- 🌿 The mother supports the infant's head and body with her hand and forearm.

BREASTFEEDING POSITIONS



FIGURE 9-9. Madonna (cradle) position. A. Front view. B. Side view.



FIGURE 9-10. Football position. A. Modified clutch position. B. Clutch hold.

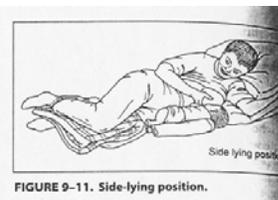


FIGURE 9-11. Side-lying position.

SESSION 9: INFANT FEEDING IN THE CONTEXT OF HIV

Learning Objectives

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

-  Explain the challenges of HIV in relation to infant feeding.
-  List four infant feeding options in the context of HIV and describe at least two in detail.
-  State the steps for safe preparation of commercial infant formula.
-  Describe how to follow up with a mother and child based on her feeding choice.

Total Time

1 hour 30 minutes

Activities

- 9.1 Mother-to-Child Transmission of HIV (*5 minutes*)
- 9.2 Feeding Options for HIV-Exposed Infants from Birth to Six Months (*25 minutes*)
- 9.3 Feeding Options for Infants and Young Children of HIV-Positive Mothers (*1 hour*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #17: Infant Feeding Options in the Context of HIV and AIDS
- Document #18: Advantages and Disadvantages of Infant Feeding Options in the Context of HIV and AIDS
- Document #19: How to Transition to Replacement Feeding
- Document #20: Follow-Up Counseling for HIV-Positive Mothers of Infants under Six Months of Age

ACTIVITY 9.1: MOTHER-TO-CHILD TRANSMISSION OF HIV

(5 minutes)

Methodology

- 🌿 With participants, brainstorm on how HIV can be transmitted from mother to child.
- 🌿 Discuss key facts about mother-to-child transmission of HIV (MTCT).
 - An HIV-positive mother can transmit HIV to her baby during pregnancy, labor, delivery, and breastfeeding.
 - If 100 HIV-positive women get pregnant and deliver, 63 babies will be HIV-negative; 7 babies may have gotten infected with HIV during pregnancy; 15 may have gotten infected with HIV during labor and delivery; 15 may have become infected during breastfeeding, if the mothers breastfeed for two years.
 - If a woman is taking antiretroviral therapy (ART), the risk of HIV transmission through breastfeeding is about 4 percent, if she breastfeeds exclusively from six weeks to six months.
 - HIV-positive infants benefit from continued breastfeeding.

ACTIVITY 9.2: FEEDING OPTIONS FOR HIV-EXPOSED INFANTS

(25 minutes)

Methodology

- 🌿 With participants, brainstorm about and discuss the following questions:
 - 🌿 —What are the options for HIV-negative women, women who do not know their status, and women receiving ART?
 - 🌿 —What infant feeding options are available to an HIV-positive mother?
- 🌿 Brainstorm on possible questions to ask to assess which feeding options should be recommended to these mothers and their families.
- 🌿 To summarize recommendations, review Document #17.

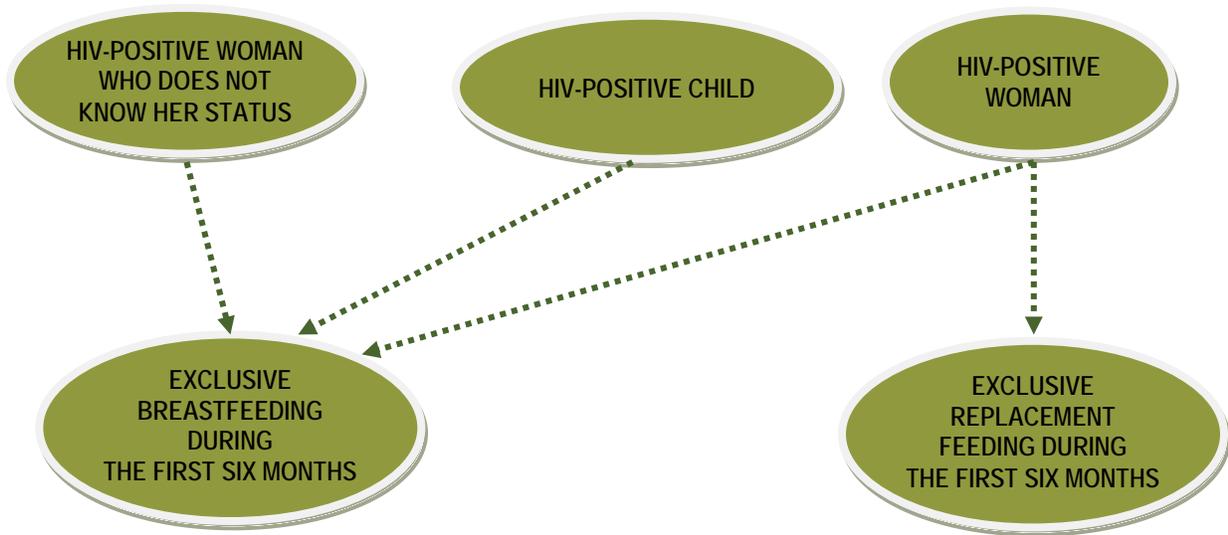
ACTIVITY 9.3: FEEDING OPTIONS FOR INFANTS AND YOUNG CHILDREN OF HIV-POSITIVE MOTHERS

(1 hour)

Methodology

- ✿ Divide participants into groups; ask each group to discuss the following topics and present thoughts. (Only one group presents on each option.)
 - Advantages and disadvantages of exclusive breastfeeding.
 - Advantages and disadvantages of replacement feeding.
 - How to prepare infant formula.
 - Advantages and disadvantages of transitioning to replacement feeding at six months.
- ✿ Discuss, reminding participants of the observations in Document #12 about the relative energy and nutritional needs of HIV-negative and HIV-positive adults and children. Summarize, drawing on points in Document #18.
- ✿ Review Document #19 and discuss how to transition to a cup and switch from breastfeeding to formula or milk.
- ✿ Review Document #20 to understand how to counsel HIV-positive mothers. (A mother needs support and counseling whether she chooses to breastfeed exclusively or to exclusively use replacement feeding. And she should be referred for HIV testing and counseling, if it is available. Mothers-to-be who do not know their status should be advised on prevention of MTCT; all HIV-positive mothers and their partners need to be counseled on safer sex.)

DOCUMENT #17: INFANT FEEDING OPTIONS IN THE CONTEXT OF HIV AND AIDS



BEST OPTIONS FOR HIV-POSITIVE MOTHERS

Mixed feeding—that is, breastfeeding plus replacement feeding—increases HIV transmission. An HIV-positive mother should either breastfeed exclusively or exclusively use replacement feeding.

Either way, she should introduce complementary feeding at six months.

After six months, if she has been breastfeeding, she should continue to breastfeed if breastmilk cannot be replaced by cow's milk, goat's milk, or other milk or infant formula.

DOCUMENT #18: ADVANTAGES AND DISADVANTAGES OF INFANT FEEDING OPTIONS IN THE CONTEXT OF HIV AND AIDS

Exclusive Breastfeeding

Advantages and Benefits

- 🌿 Breastmilk is the perfect food for babies. It gives them all the nutrition and liquids they need. Babies do not need any other food or water.
- 🌿 EBF protects infants from diarrhea, pneumonia, and other diseases.
- 🌿 Exclusive breastfeeding may reduce HIV transmission risk; factors in HIV-infected mother's milk directly combat the cells that contribute to the transmission of HIV infection.
- 🌿 No stigma is associated with breastfeeding: Many women breastfeed, and EBF is recommended for all HIV-negative women. Breastfeeding will not make people to whom an HIV-positive woman has not disclosed her status suspicious.
- 🌿 Breastmilk is free and always available and does not need special preparation.
- 🌿 Exclusive breastfeeding delays ovulation, preventing sexually active women from becoming pregnant during the first six months following delivery.

Disadvantages and Constraints

The risk of HIV transmission exists for as long as the HIV-infected mother breastfeeds. Breastfeeding increases the risk of HIV transmission to the child by up to 15 percent. The longer a child is breastfed by an HIV-positive mother, the higher his or her risk is of being infected. Although breastfeeding for six months has about one-third of the overall risk of breastfeeding transmission, giving breastmilk substitutes increases the risk of infectious diseases such as diarrhea and respiratory infections by about *six times* during the first two months of life.

- 🌿 This risk of HIV transmission increases if the mother has a breast infection (e.g., mastitis) or cracked and bleeding nipples.
- 🌿 The risk of transmission increases if the mother is giving mixed feeding. Family, friends, and neighbors may pressure mothers to give water, other liquids, or foods to the baby.
- 🌿 Many mothers are concerned they do not have enough milk to breastfeed exclusively.
- 🌿 During pregnancy and lactation, energy needs go up 10 percent (one extra feeding daily) for a non-symptomatic HIV-positive woman. Energy needs go up 20 to 30 percent (two extra feedings per day) if the woman is symptomatic or losing weight.

Replacement Feeding with Commercial Infant Formula

Advantages and Benefits

- 🌿 An infant cannot acquire HIV infection from infant formula.
- 🌿 Infant formula is made for babies and contains most nutrients they need.
- 🌿 Other adult family members can help to feed the baby.

Disadvantages and Constraints

- ✿ If the formula is not prepared correctly, an infant is more likely to get sick from diarrhea or pneumonia and develop malnutrition.
- ✿ Formula is expensive, and a continuous supply is needed to prevent malnutrition.

Commercial Infant Formula Requirements during the First Six Months

MONTH	500G TINS NEEDED PER MONTH	450G TINS NEEDED PER MONTH
First month	4 tins	5 tins
Second month	6 tins	6 tins
Third month	7 tins	8 tins
Fourth month	7 tins	8 tins
Fifth month	8 tins	8 tins
Sixth month	8 tins	9 tins

- ✿ Between 6 and 23 months, a breastmilk substitute such as formula will still be required.
- ✿ Formula takes time to prepare and must be made fresh for each feeding.
- ✿ The mother must stop breastfeeding completely or the risk of giving HIV to her baby through her breastmilk will be greater than if she is exclusively formula feeding.
- ✿ The baby must drink from a cup, which is possible even for young babies but time consuming to teach. (Bottles, if not properly cleaned, can transmit infections.)
- ✿ Safe preparation of formula requires clean water (i.e., boiled for five minutes), fuel to heat the fire used to boil water, and soap to clean the utensils used to mix the formula.
- ✿ Formula does not contain antibodies, which protect infants from infection.
- ✿ Not breastfeeding may arouse suspicion or anger among family and friends.
- ✿ A woman is not protected from pregnancy when formula feeding her infant.

How to Prepare Commercial Infant Formula for Feedings

- ✿ Using soap and water, wash hands as well as all utensils, containers, and cups.
- ✿ Read or have someone read directions for mixing the formula given on the formula tin.
- ✿ Boil water for five minutes then let it cool.
- ✿ Measure the milk powder needed for one feed; mix it with the correct amount of cooled boiled water; use a cup to offer the infant an appropriate amount of formula.

Daily Formula Amounts: Six Months

AGE IN MONTHS	# DAILY FEEDS x FEED QUANTITY	DAILY TOTAL
0 to <1	8 feeds x 60 ml/feed	480 ml
1 to <2	7 feeds x 90 ml/feed	630 ml
2 to <3	6 feeds x 120 ml/feed	720 ml
3 to <4	6 feeds x 120 ml/feed	720 ml
4 to <5	6 feeds x 150 ml/feed	900 ml
5 to <6	6 feeds x 150 ml/feed	900 ml

DOCUMENT #19: HOW TO TRANSITION TO REPLACEMENT FEEDING

The infant's well-being is the most important factor in deciding whether to keep breastfeeding or to transition to replacement feeding. Replacement feeding means that the infant is no longer exposed to HIV through the mother's breastmilk. If the mother cannot replace breastmilk with another type of milk

(animal or formula), she should continue breastfeeding to make sure her child gets enough food to grow, develop, and be healthy.

Disadvantages of Transitioning

- 🌿 If suitable breastmilk substitutes are not available or not provided appropriately, the infant risks becoming malnourished.
- 🌿 If breastmilk substitutes are not prepared safely, the infant may be at increased risk of diarrhea.
- 🌿 If breastfeeding cessation is too rapid and infants are not prepared for the transition, they can become dehydrated, anxious, disoriented, and unhappy. They may cry excessively or refuse food, making the transition more difficult for themselves and their families.
- 🌿 Infants need to learn to cup feed before breastfeeding cessation. Cup feeding requires the caregiver's patience and time.
 - Teach the baby to drink from a cup while you are still breastfeeding.
 - Start by replacing one breastfeeding with a cup of formula; increase the frequency of cup feeding every few days.
 - Stop breastfeeding completely once the baby can drink from a cup.
 - After six months, gradually replace the breastmilk with formula or animal milk.
- 🌿 To avoid breast engorgement, express and discard milk when your breasts feel too full.
- 🌿 Early breastfeeding cessation is not recommended for HIV-infected infants.
- 🌿 After the baby is six months old, do not dilute animal milks or add sugar. However, special preparation is still required for fresh and powdered milk.
 - Fresh animal's milk must be boiled to kill any bacteria.
 - To powdered or evaporated milk, add clean, boiled water, following the directions on the tin.

Breastmilk Substitute Requirements after Six Months

AGE	AVERAGE AMOUNT OF MILK PER DAY
6 to 8 months	600 ml
9 to 11 months	550 ml
12 to 23 months	500 ml

DOCUMENT #20: FOLLOW-UP COUNSELING FOR HIV-POSITIVE MOTHERS OF INFANTS UNDER SIX MONTHS OF AGE

The questions on this page are aimed at encouraging conversation that will identify a mother's actual behaviors. The health worker will, after all the questions have been answered, promote the desired behaviors and discourage those that are not recommended.

At Each Visit

- 🌿 Ask the mother how she is feeding her baby.
- 🌿 Check on the baby's growth and health.
- 🌿 Ask how the mother is coping with her health and whether she has any difficulties.

If the Mother Is Breastfeeding

- 🌿 Ask the mother what other foods and liquids, including milk or water, she is giving her baby.
- 🌿 Ask how often she feeds the baby during the day and during the night.
- 🌿 Ask whether she uses both breasts at each feeding.
- 🌿 Ask how often the baby urinates each day (should be at least six times).
- 🌿 Observe the mother breastfeeding, check the mother's breasts and suggest any needed improvements in technique.
- 🌿 When the baby is almost six months old, discuss the possibility of stopping breastfeeding and transitioning to replacement feeding.

If the Mother Is Using Replacement Feeding

- 🌿 Ask what kind of milk she is feeding her baby.
- 🌿 Ask to see the tin to learn whether she is using a commercial formula or canned milk.
- 🌿 Ask how many tins of formula or milk she buys each month.
- 🌿 Ask how much the milk or formula costs per month and whether she has money for the next month's supply.
- 🌿 Ask her to show you how she prepares a serving of formula or milk.
- 🌿 Observe the quantity used and the cleanliness.
- 🌿 Ask how often she feeds the baby during the day and during the night.
- 🌿 Ask her what container she uses to feed the baby with the replacement feeding.
- 🌿 Ask whether she is breastfeeding, and how often.
- 🌿 If the mother is preparing infant formula incorrectly, demonstrate the proper method.

SESSION 10: FAMILY PLANNING AND NUTRITION

Learning Objectives

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

-  Explain the importance of family planning in improving nutrition.
-  Describe the three criteria for using the lactation amenorrhea method (LAM).
-  Mention at least three benefits of LAM.
-  Explain who can use LAM.

Total Time

30 minutes

Activities

10.1 Relationship between Family Planning and Nutrition (*15 minutes*)

10.2 Pros and Cons of the Lactation Amenorrhea Method and Criteria for Using It (*15 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #21: Family Planning, Nutrition, and Breastfeeding
- Document #22: Messages on the Lactation Amenorrhea Method

ACTIVITY 10.1: RELATIONSHIP BETWEEN FAMILY PLANNING AND NUTRITION

(15 minutes)

Methodology

- 🌿 Ask participants whether there is a relation between family planning and nutrition.
- 🌿 List answers on the flip chart; summarize.
- 🌿 Ask which family planning methods are recommended for breastfeeding women.

ACTIVITY 10.2: PROS AND CONS OF THE LACTATION AMENORRHEA METHOD AND CRITERIA FOR USING IT

(15 minutes)

Methodology

- 🌿 Ask participants whether women in their communities relate breastfeeding to child spacing; discuss.
- 🌿 Brainstorm the definition of “lactation amenorrhea method” and criteria for its use; present the criteria.
- 🌿 Ask participants the questions listed below; solicit and discuss answers, referring to Document #22.
 - What are LAM’s pros and cons?
 - Who can use LAM?
 - What other family planning methods can breastfeeding mothers use?

DOCUMENT #21: FAMILY PLANNING, NUTRITION, AND BREASTFEEDING

Timing Pregnancy to Improve Nutritional Status

- 🌿 Delaying first pregnancies gives adolescents and young women the opportunity to reach their full adult growth before becoming pregnant.
- 🌿 Spacing children at least three years apart allows each baby to grow well and the mother to recover fully before she undergoes another pregnancy.
- 🌿 Spacing also permits the mother to give her full attention and care to a young child until the child is three years old.
- 🌿 Having fewer children means better access to more food for the entire family.

Other Family Planning Methods

Prior to Six Months Post Delivery

- 🌿 LAM
- 🌿 Minipills
- 🌿 Progesterone-only injectables
- 🌿 Implants

After Six Months Post Delivery

- 🌿 Combined oral contraceptives

At Any Point

- 🌿 Barrier methods
- 🌿 Intrauterine devices
- 🌿 Sterilization of either partner
- 🌿 Natural family planning methods

DOCUMENT #22: MESSAGE ON THE LACTATION AMENORRHEA METHOD

Introducing the Lactation Amenorrhea Method

- 🌿 The lactation amenorrhea method uses breastfeeding to space births.
- 🌿 Birth spacing by three years or more is vital for maternal health and child survival. It:
 - helps save lives
 - helps to reduce child mortality and morbidity
 - gives the mother's body time to replenish its nutritional stores
- 🌿 The lactation amenorrhea method is more than 98 percent effective at preventing pregnancy, if three criteria are met:
 - Amenorrhea—that is, a woman has no menses (menstrual periods).
 - Exclusive breastfeeding. (*For LAM to be effective, the mother must breastfeed at least every four hours, with an interval of no longer than six hours at night.*)
 - The infant is under six months of age.
- 🌿 When a woman no longer meets one of the three criteria, she needs to use another family planning method to prevent pregnancy.

Benefits

- 🌿 The lactation amenorrhea method is universally acceptable.
- 🌿 It is more than 98 percent effective.
- 🌿 It is started immediately after delivery.
- 🌿 It promotes maternal and child health.
- 🌿 It does not require products or devices.
- 🌿 It is accepted in most cultures.
- 🌿 It acts as a preliminary step to using other contraceptive methods.

Disadvantages

- 🌿 The method can only be used during a limited period of time (six months after birth).
- 🌿 It does not protect against HIV or other STIs.
- 🌿 It can only be used by breastfeeding women, and exclusive breastfeeding may be difficult to maintain.

Who Can Use the Lactation Amenorrhea Method

- 🌿 All breastfeeding women up to six months postpartum can use LAM.
- 🌿 Working women can use LAM, however, LAM's effectiveness is reduced if between-feeding intervals extend more than four hours during the day or more than six hours at night. Expressing milk (up to

10 percent of nursing time) counts as feeding. Mothers who are separated from their babies during the day may try more frequent feeding at night.

Messages on the Lactation Amenorrhea Method and Other Family Planning Options

For Mothers and Fathers

- 🌿 Explain that the lactation amenorrhea method is a modern family planning method that is more than 98 percent effective if all three of the following criteria are met:
 - The mother does not have her menses.
 - The baby is exclusively breastfed.
 - The baby is less than six months old.
- 🌿 Recommend that when the baby is older than six months or if the mother does not meet one of the LAM criteria, wives and their husbands need to visit the health facility or a community-based reproductive health agent to obtain another family planning method.
 - Do not wait until the baby is six months old to decide on a family planning method.

SESSION 11: ESSENTIAL HYGIENE ACTIONS

Learning Objectives

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

- 🌿 Explain how feces can be spread, via the five Fs.
- 🌿 Describe Essential Hygiene Actions (EHA) to stop the spread of the five Fs.
- 🌿 Specify the critical time to wash hands.
- 🌿 Spell out the process of washing hands with minimum water and a tippy tap.

Total Time

1 hour 20minutes

Activities

- 11.1 How Feces Are Spread: The Five Fs (10 minutes)
- 11.2 Essential Hygiene Actions to Eliminate the Five Fs (20 minutes)
- 11.3 Why and When Handwashing Is Critical to Nutrition (20 minutes)
- 11.4 How to Make a Tippy Tap (30 minutes)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Schema of the five Fs on flip chart
- Appropriate pages of *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*
- Document #23: The Diarrhea Transmission Cycle: The Fecal–Oral Route
- Document #24: Building a Handwashing Device

ACTIVITY 11.1: HOW FECES ARE SPREAD: THE FIVE FS

(10 minutes)

Methodology

- 🌿 In the plenary, ask participants whether they know the five Fs that can spread feces. Ask them to explain each.
- 🌿 Complete the explanations, consulting Document #23.

ACTIVITY 11.2: ESSENTIAL HYGIENE ACTIONS TO ELIMINATE THE FIVE FS

(20 minutes)

Methodology

- 🌿 Divide participants into five groups; ask each group to list EHA that will prevent feces from reaching women, children, and families.
- 🌿 In the plenary, discuss, referring to Document #23, and the Reference Handbook.

ACTIVITY 11.3: WHY AND WHEN HANDWASHING IS CRITICAL TO NUTRITION

(20 minutes)

Methodology

- 🌿 In the plenary, ask participants why handwashing matters for nutrition; write answers on the flip chart; summarize. Ask participants when hands should be washed; write answers on the flip chart; match answers with EHA outlined in the appropriate pages of the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*

- 🌿 Activity 11.4: How to Make a Tippy Tap

(30 minutes)

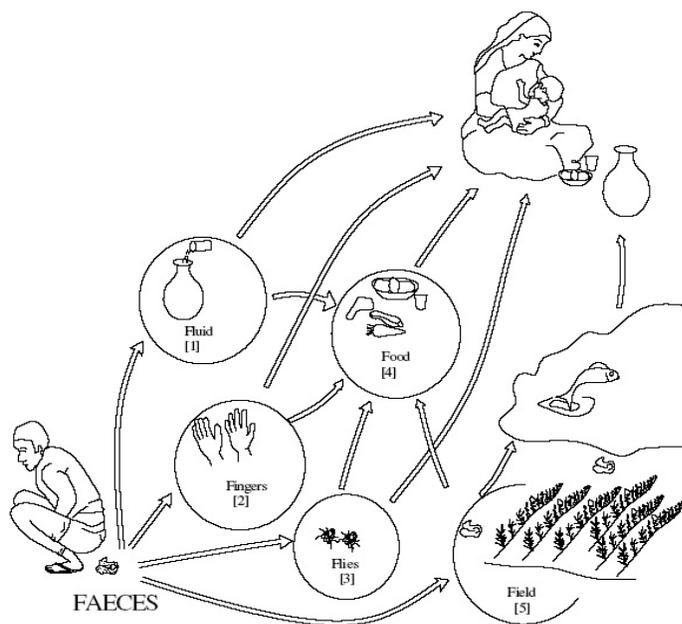
Methodology

- 🌿 Place participants in groups of four; distribute to each group materials to make one tippy tap.
- 🌿 Ask each group to build one tippy tap based on the instructions in Document #24.
- 🌿 Ask one group to use its creation to demonstrate use of a tippy tap to wash hands using correct handwashing protocols. Give feedback on the handwashing technique.

DOCUMENT #23: THE DIARRHEA TRANSMISSION CYCLE: THE FECAL-ORAL ROUTE

Pathogens and parasites found in human excreta, if ingested, can result in illness, including diarrhea. Diarrhea leads to **both** malnutrition and death, particularly in small children.

How Feces Enter the Human Mouth: The Five Fs



Block the Five Fs

- *Use a sanitary latrine and have your children do so.*
- *Properly dispose of children's feces.*
- *Do not use dirty water.*
- *Wash your hands.*
- *Do not eat unhygienic food.*
- *Prevent flies.*

1. **Fluid/water.** When you drink water that has been contaminated by feces.
2. **Fingers.** By direct transmission, as when hands not washed after defecation come into contact with feces on the ground (e.g., when small children are crawling) and then are put into the mouth. Or by indirect transmission, as when food is prepared or eaten with contaminated, unwashed hands or using dishes, cups, or utensils handled with contaminated, unwashed hands.
3. **Flies.** Because flies sit on feces and then sit on food.
4. **Food.** When people eat food that flies have been sitting on.
5. **Field.** When soil contains feces due to direct defecation or other means; unwashed hands that have worked the soil and improperly cleaned and cooked crops from the fields can enable feces to be ingested.

DOCUMENT #24: BUILDING A HANDWASHING DEVICE

A tippy tap helps you wash your hands when you should—even with scarce water. And making one is easy:

1. **Decide on the design** of your handwashing station: Will it sit, hand, or hang and tip?
2. Find a vessel and spout—a hollow tube such as a pen casing or pawpaw stem. Wash vessel and spout.
3. **Poke a hole in the vessel for the tube.** Use a sharp knife, nail, or screw driver, heating it first. Make the hole small (a bit smaller than the tube) and as low on the container as you can (about two finger widths from the bottom). Slowly and carefully push the tube into the hole. Be careful not to push the hole so big that it leaks.
4. **Test the water flow.** *When using a Highland bottle:* Water flows when the cap is unscrewed and stops when the cap is tightly shut. *With a Jerry can or gourd:* Water flows when the cap on the pen or plug in the tub is removed. If you don't have the original cap, just find an old stick to plug up the flow.
5. **Set up the washing station.** Put one tippy tap by the latrine and another near where you cook and eat; tie a string around its neck and hang. Or set on a stable shelf. Hang or place an old shallow can or plastic bowl for soap or ash for washing.



How To Wash

1. Wet hands with running water.
2. Rub with soap or ash for the time it takes to sing “Happy Birthday” (about 30 seconds).
3. Clean between fingers, under fingernails, up to wrists. Scrubbing and soap or ash dislodges and remove germs.
4. Rinse hands with water poured from jug or tippy tap. Then air-dry—don't pick up germs from a dirty towel!

IMPORTANT! You can wash your hands with “dirty” water and still get them clean—as long as you *pour* water over your hands—no dipping into a bowl! The soap or ash lifts the dirt; water flushes off germs.

SESSION 12: USING PICTURES TO DISCUSS PRACTICES

Learning Objective

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

- 🌿 Use a picture story to help achieve behavior change.

Total Time

30 minutes

Activity

12.1 Using Picture Stories to Discuss Practices (30 minutes)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Illustrations from the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*; or other country-specific picture stories, posters, or documents (such as the woman's or child's health record) to illustrate the practices that will be discussed.
- Document #25: Counseling and Negotiating Using Visuals

ACTIVITY 12.1: USING PICTURE STORIES TO DISCUSS PRACTICES

(30 minutes)

Methodology

- 🌿 Discuss the benefits of using a picture story to facilitate counseling.
- 🌿 Ask participants to pair up and read Document #25. Next, have each pair practice two dialogues, with one person as the health provider and the other as the mother of an infant under five months of age who is not knowledgeable about breastfeeding. Have participants switch roles, so each person plays each role once.
- 🌿 In the plenary, discuss picture stories' effectiveness as teaching aids; summarize.

DOCUMENT #25: COUNSELING AND NEGOTIATING USING VISUALS

Why Use Picture Stories?

- 🌿 They permit impersonal discussions of issues that may be personal.
- 🌿 They open the door for indirect questions—and more accurate answers—about behaviors. They are particularly useful in sensitive situations where, if asked a direct question, the mother or caregiver may answer by telling you, the provider, what the person thinks you want to hear.
- 🌿 They make it easier to probe for more information: You can ask what might happen next.

Representative Questions to Ask to Open a Dialogue

Ask for Observations

- 🌿 What is happening in the picture? How old do you think the baby is?
- 🌿 What are the characters in the picture doing?
- 🌿 How does the character feel about what he was doing? Why did she do that?

Ask for Reflections

- 🌿 Who do you agree with? Why?
- 🌿 Who do you disagree with? Why?
- 🌿 Are there other behaviors that the character(s) should be sure to do or not do?
- 🌿 What is the advantage of adopting the practice shown in the picture?

Personalize

- 🌿 What would people in this community do in the same situation? Why?
- 🌿 What would you do in the same situation? Why?
- 🌿 What difficulties might you experience? Would you be able to overcome them? How?

Repeat Key Messages, Then Explore Actions

- 🌿 If you were the mother (or another character), would you be willing to try the new practice?
- 🌿 Can you tell me what difficulties that character might have? What would you recommend to remove these difficulties? How would you overcome any barriers to trying the new practice?
- 🌿 What doable actions can you try? (*Together with the mother or caregiver, explore the person's ideas.*)

SESSION 13: NEGOTIATION WITH MOTHERS, FATHERS, GRANDMOTHERS, AND OTHER CAREGIVERS: WOMEN'S NUTRITION DURING PREGNANCY AND BREASTFEEDING PRACTICES

Learning Objectives

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

- 🌱 Explain the steps of negotiation (GALIDRAA).
- 🌱 Demonstrate an initial visit and negotiation with a mother of an infant.

Total Time

2 hours 30 minutes

Activities

- 13.1 Negotiation Demonstration: Initial Visit (20 minutes)
- 13.2 GALIDRAA and Listening and Learning Skills (30 minutes)
- 13.3 Negotiation during Follow-Up Visits (20 minutes)
- 13.4 Practice Negotiation: Initial Visit to Mother with Infant (1 hour 20 minutes)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Appropriate pages of the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*
- Case studies written on cards
- Document #26: Listening and Learning Skills
- Document #27: GALIDRAA Negotiation Checklist
- Document #28: Negotiation Checklist for Follow-Up Visits
- Document #29: Practice Case Studies: Women's Nutrition and Infants from Birth to Six Months

ACTIVITY 13.1: NEGOTIATION DEMONSTRATION: INITIAL VISIT

(20 minutes)

Methodology

- 🌱 Demonstrate a health worker's first encounter with Hawa, who gives her two-month-old son, Amos, other drinks because she believes she does not produce enough milk.
- 🌱 Have participants discuss the visit.

ACTIVITY 13.2: GALIDRAA AND LISTENING AND LEARNING SKILLS

(30 minutes)

Methodology

- 🌿 In the plenary, ask participants the following: What are the basic skills for listening and learning? What are the different steps of negotiation? How many visits are needed for the full process of negotiation? Write answers on the flip chart and add any missing information.
- 🌿 Review listening and learning skills using Document #26.
- 🌿 Review the steps of negotiation using Document #27.

ACTIVITY 13.3: NEGOTIATION DURING FOLLOW-UP VISITS

(20 minutes)

Methodology

- 🌿 With participants, brainstorm other points to discuss with a mother during follow-up visits; write answers on the flip chart.
- 🌿 Referring to Document #28, expand on the list of possible questions to ask; write additions on the flip chart.
- 🌿 With another facilitator or a participant demonstrate a health worker's first follow-up conversation with Hawa. Asked whether she has been able to *exclusively* breastfeed Amos, Hawa says yes, explaining that Amos seemed to suckle around the clock for the first two days. Hawa confides that her mother will visit her the following week and will likely advise her to feed Amos other things besides breastmilk.
- 🌿 With another facilitator or a participant demonstrate a health worker's second follow-up conversation with Hawa. Hawa says for the past three months she has exclusively breastfed Amos, now aged five months. Amos has not had diarrhea or a cold.

ACTIVITY 13.4: PRACTICE NEGOTIATION: INITIAL VISIT TO MOTHER WITH INFANT

(1 hour 20 minutes)

Methodology

- 🌿 Ask participants to recall women's nutrition and breastfeeding practices, then group them by threes, giving each triad a case study from Document #29 to practice an initial-visit negotiation. Each participant rotates into the roles of volunteer, mother, and observer. Encourage participants to use GALIDRAA and listening and learning skills.
- 🌿 In the plenary, have two triads demonstrate case studies by doing role plays.
- 🌿 Read the practice case studies in Document #29, and discuss.

DOCUMENT #26: LISTENING AND LEARNING SKILLS

Use helpful nonverbal communication

- 🌿 Keep your head level with the mother's.
 - Pay attention.
 - Nod your head.
 - Take your time.
 - Use appropriate touch.
- 🌿 Ask open-ended questions—that is, ask questions that start with *what*, *why*, *how*, or *where* rather than questions that require merely a *yes* or *no* answer.
- 🌿 Use responses and gestures that demonstrate your interest.
- 🌿 Reflect back on what the mother said—that is, repeat her ideas back to her using your own words.
- 🌿 Empathize: Demonstrate that you understand how she feels.
- 🌿 Do not use words that sound judgmental (e.g., words that suggest you believe what she is doing is wrong or bad).

DOCUMENT #27: GALIDRAA NEGOTIATION CHECKLIST

Greet the mother and be friendly. Establish her confidence.

Ask the mother about feeding practices, her children's ages, and their feeding status.

Listen to the mother.

Identify feeding challenges and their causes. With the mother, choose one challenge to overcome.

Discuss different feasible options with the mother.

Recommend and negotiate doable actions. Present options and negotiate with the mother to help her choose one practice to try.

Agree on which practice the mother will try; ask her to repeat the agreed-upon practice back to you.

Appointment made for follow-up visit.

DOCUMENT #28: NEGOTIATION CHECKLIST FOR FOLLOW-UP VISITS

The full process of negotiation requires at least two visits: the initial visit and a follow-up visit a week or two after the first one. If possible, schedule a third visit to maintain the practice or to negotiate another practice.

Second Visit: Questions to Ask

For visits after the initial one, cover these topics:

- 🌿 Ask whether the mother tried the agreed-upon practice or continued it. (*If she did not try the practice, ask why.*)

- 🌿 Congratulate the mother for trying or continuing the new practice.
- 🌿 Ask what happened when she tried or continued the new practice. What did she think of it?
- 🌿 Ask whether she made any changes to the new practice, and if so, why.
- 🌿 Ask what problems or difficulties she had and how she solved or overcame them. Or help her find ways to resolve difficulties she *might have* had.
- 🌿 Listen to the mother's questions, concerns, or doubts.
- 🌿 Ask whether she likes the practice and whether she thinks she will continue it.
- 🌿 Praise the mother; motivate her to continue the practice.
- 🌿 Remind the mother to take the child to be weighed (i.e., to attend the well-baby clinic).
- 🌿 Tell the mother where she can get support from community-based health workers, health centers, and mother groups.
- 🌿 Talk to the mother about the new practice that was previously recommended.
- 🌿 Encourage her to try a new practice and agree on the one she will try; have her repeat the agreement in her own words.
- 🌿 Agree on a date for the next visit.

Third Visit: Questions to Ask

Before making the visit, check on the age of the child. Based on that information, decide whether the mother should keep the current practice or begin a new one.

Maintain the New Practice

- 🌿 Ask the mother whether she has continued the new practice.
- 🌿 Congratulate her if she has.
- 🌿 If she has not, ask why.
- 🌿 Which changes did she make to the new practice, and why.
- 🌿 Find out what difficulties she had and how she solved them.
- 🌿 Listen to the mother's questions, concerns, or doubts.
- 🌿 Discuss the recommendations made during the second visit. For example, if the new practice was EBF, remind the mother that when her baby reaches the age of six months, she must give the child other foods besides breastmilk.

Negotiate a New Practice

- 🌿 Encourage the mother to try another new practice.
- 🌿 Ask her which recommendation she thinks she can carry out.
- 🌿 Find out whether she thinks she can practice it every day.
- 🌿 If she thinks she can implement this new practice twice a week and the previous for the rest of the week, encourage her to give it a try.

DOCUMENT #29: PRACTICE CASE STUDIES: WOMEN'S NUTRITION AND INFANTS FROM BIRTH TO SIX MONTHS

Practice Case Studies: Women's Nutrition

Case Study 1

The Situation: Kebbet is four months pregnant but has not yet visited the health clinic.

The Visit: The volunteer asks Kebbet about her pregnancy and listens carefully. The fact that Kebbet has not attended the antenatal clinic is a problem. (A participant should explain that visiting the prenatal clinic is important to ensure the pregnancy is going well and to receive tetanus–toxoid vaccines and iron–folic acid [IFA] supplementation.) The volunteer also reminds Kebbet that it is important for her to eat well—one additional meal each day, including as much meat as possible, as well as colorful fruits and vegetables. Kebbet should also use iodized salt to season not only her own food but also the families.

Case Study 2

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

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

Case Study 3

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

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

Case Study 4

The Situation: Thirty-five-year-old Betty has five children and is breastfeeding her youngest, who is 18 months of age.

The Visit: The volunteer should ask Betty questions about her nutrition practices and should listen carefully to understand any problems and their causes. The main problem is that Betty, having had many children, is probably weak from the many pregnancies and many months of breastfeeding. The volunteer needs to explain to Betty the importance of eating well. Betty should have two additional meals each day that contain meat and animal-source products as often as possible, as well as colorful fruits and vegetables. The volunteer should also urge Betty to use iodized salt when preparing her food and her family's.

Case Study 5

The Situation: Faith is in her last month of pregnancy and does not know where she will give birth.

The Visit: The volunteer should ask Faith questions about her plans for delivering and feeding her baby. The volunteer should then listen carefully and identify any problems that may affect Faith's nutritional status and their causes. The main challenge is to convince Faith to deliver her baby at a health facility. Faith also needs to be checked for anemia and to be given IFA supplementation. Faith should also be counseled on early initiation of breastfeeding (within an hour of birth, before the placenta is expelled) and should be advised on the advantages of breastfeeding exclusively until the baby is six months old.

Case Study 6

The Situation: Hawa is four months pregnant and has not yet visited the health clinic.

The Visit: The Peace Corps Volunteer (PCV) or community volunteer (CV) should ask Hawa about community practices regarding antenatal clinic (ANC) visits, listen carefully to Hawa, then identify any potential problems or impediments to visiting the clinic, as well as their causes. The main problem is that Hawa has not been attending the clinic. To begin, the volunteer should ask about any concerns or challenges Hawa has faced during her pregnancy. The volunteer needs to explain the importance of:

- going to an ANC to ensure the pregnancy is going well and to receive tetanus–toxoid vaccines, iron–folic acid (IFA) supplementation, deworming medicine, antimalarial tablets, and additional counseling and support
- eating well—specifically, one additional meal each day—and consuming a diversified diet, comprising animal-source foods, fruits, and vegetables
- using iodized salt

Case Study 7

The Situation: Queta, 21, has three daughters between the ages of two and six.

The Visit: The PCV or CV should learn about community practices regarding pregnancy and child rearing, listen carefully to Queta, then identify the potential problems in Queta's situation, as well as their causes. The main issue is that Queta's pregnancies were too close to one another and started when she was very young. The volunteer needs to explain that these pregnancies might have been difficult for her body. The volunteer should also stress the importance of eating well and going to the health clinic, so she can be checked for anemia. The volunteer should suggest Queta wait at least three years before

having her next child. The volunteer should also recommend that Queta speak with her husband about family planning to delay another pregnancy.

Case Study 8

The Situation: HIV-positive Orphelia lives in a village and is nine months pregnant. She is confused about what to feed her baby after delivery.

The Visit: Orphelia is uncertain about how to feed her child in the context of her HIV status. The PCV or CV should get more information on Orphelia's thoughts and find out what she knows about how other mothers in her community handle the situation. The volunteer should listen carefully to Orphelia. The volunteer knows that access to safe water is difficult where Orphelia lives. For that reason, the volunteer advises Orphelia to exclusively breastfeed her baby (i.e., start immediately after birth and give the baby only breastmilk until the child is six months old). The volunteer must emphasize that EBF is very important and that mixed feeding—mixing breastfeeding with other drinks or foods—is very dangerous for the baby of an HIV-positive mother. Mixed feeding increases the risk of HIV transmission.

Practice Case Studies: Infants from Birth to Six Months

Case Study 1

The Situation: You visit a new mother, Betty, who has a newborn son. She is breastfeeding, and her mother-in-law insists that she give water to her grandson.

The Visit: In visiting mothers, the first job of the Peace Corps volunteer or community volunteer is to find out what practices are common among other mothers in the community; to listen carefully to the mother being visited; and then to identify any problems current and potential and their causes. Here, the main problem is the mother-in-law's insistence that Betty give water to the baby. The volunteer has to ask why the grandmother thinks that the baby should take water and found out that Betty has been giving the baby water. Upon learning this, the volunteer needs to explain that if the baby passes urine six or more times in 24 hours, it means he is getting enough water from breastmilk. Then, Betty needs to understand that water puts her baby at risk for diarrhea or potential weight loss: That's because, with a stomach full of water, he may feed less. Less feeding will lower breast-milk production, leading to weight loss.

The volunteer needs to make recommendations to Betty, negotiate with her, and persuade her to agree to practice EBF for two to three days and to meet again at a later date. The volunteer also needs to talk to the grandmother. The volunteer should be sure to praise the mother and thank her for her time.

Case Study 2

The Situation: Yamah is breastfeeding her 10-week-old daughter but has decided to give her some porridge to accustom her to eating food.

The Visit: Giving food to a baby before her six-month birthday puts her at risk for malnutrition, diarrhea, and other illnesses; and puts Yamah at risk for too-soon pregnancy and reduced breast-milk production. But before recommendations, the Peace Corps volunteer or community volunteer needs to gently probe about local practices and listen carefully to Yamah. The fact that Yamah wants to give her daughter

complementary food before she has reached six months of age is the main issue. The volunteer needs to stress that this complementary feeding of porridge before the age of six months is not only risky but is also inappropriate because the baby is not developmentally ready for family foods. And Yamah needs to understand that for a baby of ten weeks of age, breastmilk alone is completely sufficient to meet all her needs for both food and water. Moreover, EBF brings the baby many health benefits, including resistance to diseases. The volunteer can take the opportunity to look ahead with Yamah to when her baby is six months of age, the appropriate time to introduce complementary foods. At that time, she should start with soft porridge (not gruel) and increase food thickness and variety as her daughter gets older.

The volunteer needs to negotiate with Yamah to get her to agree to EBF for several days to see the effect. The volunteer should praise Yamah and fix a time for a follow-up visit.

Case Study 3

The Situation: Queta does not think she has enough milk for her four-month-old baby. She and her husband are seeking advice on what they should give to their baby.

The Visit: Why do the parents believe that Queta's milk is not sufficient for the baby? The volunteer should ask about: breastfeeding frequency; on-demand feeding, night feeding, emptying one breast before switching to the other, and any additional feedings; the baby's health and weight; frequency of passing urine over 24 hours; and other issues related to Queta's health or concerns. The volunteer should also find out about community practices, and then identify potential problems and their causes. The volunteer should definitely explain the role of frequent suckling in breast-milk production: The breast is like a factory: The greater the demand for milk, the greater the supply will be. The volunteer should also make sure that Queta and her husband understand all the benefits of exclusive breastfeeding until six months of age.

The Conclusion: The volunteer should recommend that Queta continue EBF until her baby is six months old and should arrange a follow-up visit after few days.

Case Study 4

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

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

The volunteer can also suggest that Massa express her breastmilk so that it can be given to her baby in a cup while she is at work, provided that bringing the baby to her during the day is impossible. The volunteer will need to explain how to express breastmilk and how to store it safely. If the volunteer

cannot teach Massa how to express her milk, she should provide a referral to a place where she can learn the techniques.

Case Study 5

The Situation: Mercy says she gives only breastmilk to her four-month-old daughter. But in visiting Mercy, the volunteer sees her give the daughter some water. When that observation is mentioned to Mercy, she explains that water is not food or milk.

The Visit: The volunteer should address the issues mentioned in practice case study #1, *above*.

Case Study 6

The Situation: HIV-positive Orphelia, living in a village and nine months pregnant, is confused about what to feed her baby after delivery.

The Visit: Orphelia is uncertain about how to feed her child in the context of her HIV status. The Peace Corps volunteer or community volunteer should find out more about what Orphelia is thinking and what she knows about how other mothers in her community handle the situation. The volunteer should listen carefully to Orphelia. The volunteer knows that where Orphelia lives, access to safe water is difficult. For that reason, the volunteer advises Orphelia to exclusively breastfeed her baby—to start immediately after birth and give only breastmilk until the baby is six months old. The volunteer must emphasize that EBF is very important; that is because mixed feeding—mixing breastfeeding with other drinks or foods—is very dangerous for the baby of an HIV-positive mother and will increase the risk of HIV transmission.

SESSION 14: PREVENTING AND CONTROLLING MICRONUTRIENT DEFICIENCIES

Learning Objectives

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

- 🌿 Identify disorders resulting from deficiencies of iron and iodine.
- 🌿 Talk about foods that are rich in micronutrients.
- 🌿 Describe vitamin A deficiency disorder and its causes.
- 🌿 Explain how to resolve micronutrient deficiencies.

Total Time

1 hour

Activity

14.1 Health Problems Caused by Micronutrient Deficiencies and How to Remedy Them (1 hour)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #30: Preventing and Controlling Vitamin A Deficiency
- Document #31: Preventing and Controlling Anemia
- Document #32: Preventing and Controlling Zinc and Iodine Deficiency Disorders

ACTIVITY 14.1: HEALTH PROBLEMS CAUSED BY MICRONUTRIENT DEFICIENCIES AND HOW TO REMEDY THEM

(1 hour)

Methodology

- 🌿 Split participants into three groups and assign each group a topic: vitamin A deficiency, anemia, and iodine and zinc deficiencies.
- 🌿 In the plenary, have each group review one of the document #30, #31 and #32, then present information about that deficiency's causes and consequences, its prevention and treatment, and sources of micronutrient-rich foods available in participants' home regions.

DOCUMENT #30: PREVENTING AND CONTROLLING VITAMIN A DEFICIENCY

Background

Among the serious public health problems of developing countries is deficiency in vitamin A, one of six vitamins (the others being A, D, E, K, B, and C). The impact of vitamin A is most profound during the first three years of life and during a pregnancy, as women need more vitamins and minerals for themselves and the fetus.

Causes

- Low consumption of vitamin A
- High burden of infections, which burn up vitamin A

Multisystem Effects of Vitamin A Deficiency

- Vision:** The most common manifestation is night blindness: people have trouble seeing at night. Another disease is xerophthalmia: a dry, thickened, lusterless condition of the white part of the eye. Bitop's spot, a spot-like, white foam, is one of the symptoms. Dryness affects the cornea that eventually starts to "melt, and permanent vision loss follows.
- Immunity:** Lowered immunity puts vitamin A-deficient children at higher risk of infection and thus higher mortality.
- Physical Growth:** Vitamin A deficiency retards children's physical growth
- Anemia:** Vitamin A-deficient patients suffer from iron deficiency and anemia.
- Reproductive System:** Its effectiveness is maintained by vitamin A.

Five Strategies to Prevent Vitamin A Deficiency

- Promote Breastfeeding as Source of Vitamin A
Vitamin A in the mother's body passes into the breastmilk, so breastfeeding women must obtain vitamin A supplementation and eat a vitamin A-rich diet. (Women should also get enough vitamin A prior to pregnancy.)
- Provide High-Dose Vitamin A Supplements to Lactating Women and Children Under Five

AGE OR STATUS	QUANTITY	DOSE
Pregnant woman*	1 capsule 10,000 IU	Daily
	1 capsule 25,000 IU	Weekly
Aged 6–11 months	1 capsule 100,000 IU	Once
Aged 12 months and above	1 capsule 200,000 IU	Every four to six months
Postpartum mother*	1 capsule 200,000 IU	Within 42 days of delivery

*Refer to country protocol

Supplementation may be provided during routine health services, national immunization days, child health days, or micronutrient days.

3. Promote Consumption of Vitamin A-Rich Foods

This is especially important in pregnant and lactating women and in children under five.

Representative Vitamin A-Rich Foods

LEAFY VEGETABLES		OTHER VEGETABLES	FRUIT	ANIMAL-SOURCE FOODS
Spinach	Coriander leaves	Pumpkin	Jackfruit	Liver
Water spinach	Halencha leaves	Sweet potato	Mango	Fish oil
Mint leaves	Gourd leaves	Carrot	Ripe papaya	Egg yolk
Sweet potato leaves	Radish leaves			Butter

4. Treat Conditions and Diseases with Vitamin A

Guidelines for Treatment with Vitamin A*

CONDITION	PATIENT AGE	DOSAGE AND FREQUENCY
Severe and Moderate Acute Malnutrition	Children 6–11 months	100,000 IU on Day 1, Day 2 and Day 14
	Children 12–59 months	200,000 IU on Day 1, Day 2 and Day 14
HIV Infection	Children 6–59 months	Every 6 months
Persistent Diarrhea	Children 6–11 months	100,000 IU once
	Children 12–59 months	200,000 IU once
Measles	Children 6–11 months	100,000 IU on Day 1, Day 2, and Day 14
	Children 12–59 months	200,000 IU on Day 1, Day 2, and Day 14
Xerophthalmia	Children birth to 6 months	50,000 IU on Day 1, Day 2, and Day 14
	Children 6–11 months	100,000 IU on Day 1, Day 2, and Day 14
	Children 12–59 months	200,000 IU on Day 1, Day 2, and Day 14

* Refer to national integrated management of childhood illnesses guidelines.

5. Fortify Foods

Populations in industrialized countries get an abundant supply of vitamin A, not just in the natural diet, but also through fortification of foods, such as margarines and vegetable or canola oil. Many Central American countries, including Guatemala and Honduras, have fortified sugar. Elsewhere, flour and oils are commonly fortified.

DOCUMENT #31: PREVENTING AND CONTROLLING ANEMIA

Background

Anemia is a condition in which the red cells in the blood are too few in number to meet the body's physiological needs (which vary by age, sex, altitude, and smoking and pregnancy status). Almost 2 billion people globally—over 30 percent of the world's population—are anemic; anemia causes between 10 and 15 percent of total mortality. The most vulnerable, the poorest, and the least educated—including women and children—are affected disproportionately. According to the World Health Organization, the health consequences are “steady but devastating.”

Hemoglobin Values Defining Anemia for Population Groups

AGE OR SEX GROUP	HEMOGLOBIN VALUE DEFINING ANEMIA (G/dL)
CHILDREN 6–59 MONTHS	<11.0
CHILDREN 5–11 YEARS	<11.5
CHILDREN 12–14 YEARS	<12.0
NONPREGNANT WOMEN OLDER THAN AGE 15	<12.0
PREGNANT WOMEN	<11.0
MEN OLDER THAN AGE 15	<13.0

Types and Causes

- Iron deficiency due to inadequate iron intake or poor iron absorption is a major cause of anemia. Deficiency of vitamin B12, folic acid, zinc, and vitamin A and eating foods that are poor sources of iron are also associated with iron deficiency.
- Iron deficiency resulting from infection—specifically by hookworm or from schistosomiasis or malaria—is the second major cause of anemia. Almost 80 percent of children in rural areas have hookworm.

Signs and Symptoms

- weakness, poor concentration at work
- burning and pain in upper and lower limbs
- dizziness, drowsiness, and a high rate of palpitation when standing from sitting or lying position
- pale appearance, especially in the hands, whites of the eye, and underneath tongue
- sores in the corner of the mouth and cracks in the tongue
- tiredness and loss of appetite

Consequences

- During Pregnancy:** The baby's birthweight may be low. The risk of death from excessive bleeding increases. Delay in delivery may result in the newborn's death. Twenty percent of all maternal deaths are associated with anemia.

🌿 **Children:** Anemia impairs physical and cognitive development in children; the World Health Organization estimates that 40 percent of preschoolers are anemic. School performance suffers.

🌿 **Adults and Older People:** Decreased productivity and lowered immune capacity are consequences in adults. Severe anemia causes deposition of water in lower limbs and heart attack.

Solutions

Increase Iron Intake

🌿 Advocate for consumption of iron-rich foods, particularly among pregnant and lactating women and children under the age of five.

🌿 Encourage iron–folic acid (IFA) supplementation and treatment.

Iron Supplementation and Treatment Dosage and Duration by Vulnerable Group

TARGETS	DOSAGES	DURATION
PREVENTIVE SUPPLEMENTATION		
PREGNANT AND LACTATING WOMEN	Iron: 60 mg/day Folic acid: 400 mcg/day	At least six months. Take IFA from conception until three months postpartum
TREATMENT		
CHILDREN UNDER 2	Iron: 25 mg/day Folic acid: 100–400 mcg/day	Three months
CHILDREN AGED 2–12	Iron: 60 mg/day Folic acid: 400 mcg/day	Three months
ADOLESCENTS AND ADULTS	Iron: 120 mg/day Folic acid: 400 mcg/day	Three months

Control Infection

Helminthiasis Control and Deworming

TARGETS	TREATMENT	WHEN
PREGNANT WOMEN	Mebendazole 500 mg OR Albendazole 400 mg	One dose in the second trimester of pregnancy
CHILDREN OLDER THAN 12 MONTHS	Mebendazole 500 mg OR Albendazole 400 mg	Routine dose every six months

DOCUMENT #32: PREVENTING AND CONTROLLING ZINC AND IODINE DEFICIENCY DISORDERS

Preventing and Controlling Zinc Deficiency

Background

Zinc deficiency affects almost a quarter of the world's population. Pregnant women and young children are at higher risk of zinc deficiency.

Causes

- 🌿 low consumption of zinc
- 🌿 high burden of infections, which burn off zinc
- 🌿 high zinc needs during growth

Consequences

Children may be vulnerable to zinc shortages during infancy and adolescence; these shortages may be associated with deficits in cognitive development. Mild to moderate deficiency accounts for some 16 percent of lower respiratory tract infections, 18 percent of malaria infections, and 10 percent of diarrheal disease.

Solutions

- 🌿 Advocate for consumption of zinc-rich foods, such as animal source products, particularly among pregnant and lactating women and children under the age of five.
- 🌿 Treat all cases of diarrhea with zinc in addition to low osmolarity oral rehydration therapy.

Zinc Treatment for Diarrhea

GROUPS	DOSING	DURATION
CHILDREN UNDER SIX MONTHS	10 mg	10–14 days
CHILDREN OLDER THAN SIX MONTHS	20 mg	10–14 days

Preventing and Controlling Iodine Deficiency

Background

Globally, more than 2.2 billion people may be at risk for iodine deficiency; recent estimates point to more than 1 billion people experiencing some degree of goiter, one of iodine deficiency's effects. Pregnant women and young children are most at risk of iodine deficiency.

Causes

- 🌿 Inadequate intake of iodine causes iodine deficiency disorder (IDD), particularly in regions where quantity of iodine in the soil is low.

Consequences

Iodine deficiency is one of the most common preventable causes of mental retardation and brain damage, with “endemic cretinism”—a profound mental retardation—at the severe end of the spectrum of IDD. Lower mean birthweight, higher infant mortality, hearing impairment, impaired motor skills, and neurological dysfunction are also associated with IDD.

Other Effects of Iodine Deficiency Disorder

IN CHILDREN	IN WOMEN	
Impaired physical growth Chilling Apathy	Goiter Irregular menstruation Fatigue, dementia, and apathy	Delay in pregnancy Stillbirths

Solutions

- 🌿 Make available iodized salt for entire population.
- 🌿 Encourage the consumption of iodized salt for the entire family and of foods rich in natural iodine, such as seafood.
- 🌿 In regions where the access to iodized salt is less than 20 percent, iodized capsules may be distributed to pregnant women and children under five.

USE AND PRESERVATION OF IODIZED SALT

Preserve iodized salt in a covered glass jar in a darkened place or in a covered clay or plastic pot. Keeping iodized salt in a wet container or brightly lit place may reduce its iodine content.

Use the salt within six months of the iodine's addition to the salt.

Add the iodized salt *after* cooking the food.

SESSION 15: COMPLEMENTARY FEEDING PRACTICES

Learning Objectives

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

- 🌿 Describe feeding practices for children between the ages of 6 and 23 months.
- 🌿 Explain why each practice is important.

Total Time

2 hours 30 minutes

Activities

- 15.1 Complementary Feeding Practices for Children Aged 6 to 23 Months (*45 minutes*)
- 15.2 How Health Providers Can Support Complementary Feeding Practices (*45 minutes*)
- 15.3 Locally Available Foods Suitable for Infants and Young Children (*30 minutes*)
- 15.4 Making a Calendar of Seasonal Foods (*30 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Appropriate pages of the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*.
- A variety of locally available foods or pictures of these foods
- Document #33: Quiz on Breastfeeding +FADDUA
- Document #34: What Health Providers Can Teach Parents or Caregivers about Complementary Feeding
- Document #35: Complementary Feeding Practices for Children Aged 6 to 23 Months
- Document #36: Seasonal Food Availability

ACTIVITY 15.1: COMPLEMENTARY FEEDING PRACTICES FOR CHILDREN AGED 6 TO 23 MONTHS

(45 minutes)

Methodology

- Split participants into five groups; ask each group to answer key questions on **Breastfeeding + FADDUA**.

Breastfeeding: When should infants begin to consume something other than breastmilk? How long should breastfeeding continue?

Frequency: How many times a day should a child eat at six to eight months of age? At 9–11 months? At 12–23 months? Should the child eat or be fed from his or her own plate at 6–8 months of age? At 9–11 months? At 12–23 months?

Amount: How much food should a child consume every day at 6–8 months of age? At 9–11 months? At 12–23 months?

Density: What is the consistency of the food a child should eat at 6–8 months of age? At 9–11 months? At 12–23 months?

Diversity: What is the best way to enrich children’s food at 6–8 months of age? At 9–11 months? At 12–23 months?

Utilization: What does a mother or caregiver do before food preparation and before a young child eats?

Active Feeding: Discuss the meaning and importance of active feeding; give examples. (See Document #35)

- Have participants brainstorm on the key complementary feeding behaviors; list behaviors on the flip chart.
- Ask participants to read messages and supportive information from Documents #34 and #35 and the appropriate pages of the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*; solicit comments.

ACTIVITY 15.2: HOW HEALTH PROVIDERS CAN SUPPORT COMPLEMENTARY FEEDING PRACTICES

(45 minutes)

Methodology

- Divide participants into groups; each group should be in front of a flip chart bearing one of these sets of questions:
 - Which questions should be asked of mothers whose babies will soon be six months old?
 - Why should vitamin A be administered to children every six months from the age of six months to five years? Which foods are rich in vitamin A in your community?

- Why should a baby eat foods rich in iron? Which foods are rich in iron? Why should children be dewormed every six months starting at two years of age?
- Why encourage mothers, fathers, or caregivers to use iodized salt for the whole family, including children who have begun complementary feeding?
- How could health workers help mothers, fathers, or caregivers make sure that their children are properly fed and that they obtain the nourishment they need? What does it mean for mothers, fathers, and caregivers to “actively feed” a young child?
- Have the groups refer to Documents #34 and #35.
- Summarize using the mnemonic Breastfeeding + FADDUA.

ACTIVITY 15.3: LOCALLY AVAILABLE FOODS SUITABLE FOR INFANTS AND YOUNG CHILDREN

(30 minutes)

Methodology

- 🌿 Give each participant two or more locally purchased foods or pictures of foods. (To represent breastmilk, use a glass of water or pictures or models of a breast.) Include many different fruits and vegetables as well as different types of starches (e.g., flour), protein foods (e.g., meat, chicken, fish, dried fish, beans, and nuts), and oils (e.g., palm oil and vitamin A-fortified oil).
- 🌿 Explain the three age categories for feeding purposes:
 - Birth through six months
 - Six through 11 months
 - Twelve through 23 months
- 🌿 One at a time, have participants identify the foods they have been given and, on tables or on a cloth on the floor, place those foods in the age category in which they believe it is appropriate for a child to begin to eat them.
- 🌿 Rearrange the foods on the cloth or tables as appropriate.

ACTIVITY 15.4: MAKING A CALENDAR OF SEASONAL FOODS

(30 minutes)

Methodology

- 🌿 On a flip chart, draw the seasonal food availability table (Document #36).
- 🌿 Have participants group themselves according to their region or village. Next, have them fill in the blanks on the calendar with the names of foods available during each month or season.
- 🌿 Have groups discuss why it is important to keep some of the harvest from the home gardens to improve nutrition for children and women.

- 🌿 Ask groups to discuss how practical and feasible it is for individuals in their communities to store part of the harvest from the home gardens, and how to encourage this practice. Ask participants to give examples.
- 🌿 Ask groups to talk about how community members could broaden their gardens or homestead farms (e.g., by raising chickens to eat or for eggs or growing pumpkin, papaya, or banana trees) and what assistance might be available from the agriculture sector to make such changes.
- 🌿 In plenary, have one group present its calendar and discuss seasonal food availability.

Ask participants to complete the calendar for their own locality.

DOCUMENT #33: QUIZ ON BREASTFEEDING + FADDUA

1. **Breastfeeding:** When should infants begin to consume something other than breastmilk? How long should breastfeeding continue?
2. **Frequency:** How many times a day should a child eat? Should the child eat or be fed from his or her own plate?

AGE	NUMBER OF TIMES A DAY A CHILD EATS	USES OWN PLATE?
6–8 MONTHS		
9–11 MONTHS		
12–23MONTHS		

3. **Amount:** How much food should a child consume every day?

6–8 MONTHS	9–11 MONTHS	12–23 MONTHS

4. **Density:** What is the consistency of the food a child should eat?

6–8 MONTHS	9–11 MONTHS	12–23 MONTHS

5. **Diversity:** What is the best way to enrich children’s food?

6–8 MONTHS	9–11 MONTHS	12–23 MONTHS

6. **Utilization:** What should a mother or caregiver do before preparing food and before feeding a young child?

7. **Active Feeding:** Discuss the meaning and importance of active feeding. Give examples.

DOCUMENT #34: WHAT HEALTH PROVIDERS CAN TEACH PARENTS OR CAREGIVERS ABOUT COMPLEMENTARY FEEDING

Which questions should be asked of mothers whose babies will soon be six months old?

- 🌿 Do you know why it is important to wait until your baby is six months old before feeding the child anything besides from breastmilk?
- 🌿 How often will you need to feed your six- to eight-month-old child?
- 🌿 What should you feed your child?
- 🌿 What should be the consistency of your baby's first foods?
- 🌿 How much food should you give your child aged six to eight months?
- 🌿 Where can you obtain vitamin A supplements that your child needs when he or she is six months old?
- 🌿 After your baby has his or her first vitamin A supplementation at the age of six months, when will you return for the second supplementation?
- 🌿 What immunizations has your child received?

Why should vitamin A be administered to children every six months from the age of six months to five years?

- 🌿 Vitamin A supplementation ensures the child's growth.
- 🌿 Vitamin A reinforces the child's health.
- 🌿 Vitamin A protects the child from severe forms of infection, such as diarrhea and respiratory diseases, thus reducing the risk of death.
- 🌿 Vitamin A improves the child's sight and prevents night blindness, which can lead to childhood blindness.

Which foods are rich in vitamin A in your community?

- 🌿 Colostrum and breastmilk are important sources of vitamin A.
- 🌿 Ripe orange and yellow fruits (e.g., papaya and mangoes) are good sources of vitamin A.
- 🌿 Orange and yellow vegetables (e.g., carrots and pumpkins) as well as liver and green leafy vegetables are good sources of vitamin A.

Why should a baby eat foods rich in iron?

- 🌿 To gain strength.
- 🌿 To reinforce the baby's health, as well as the child's physical and intellectual development.

Which foods are rich in iron?

- 🌿 Green leafy vegetables, liver, meat, fish, and lentils.

Why should children be dewormed every six months starting at two years of age?

- Some worms feed exclusively on blood. If the child has these worms, he or she becomes anemic (thin and weak).

Why encourage mothers, fathers, or caregivers to use iodized salt for the whole family, including children who have begun complementary feeding?

- To ensure the physical and intellectual development of not only the child but also the whole family.
- To prevent goiters and their complications.
- To prevent poor work performance in adults.
- In pregnant women: To prevent miscarriage, stillbirth, low birth weight, and cretinism in the baby.

How could health workers help mothers, fathers, or caregivers make sure that their children are properly fed and that they obtain the nourishment they need?

- Discuss age-appropriate feeding recommendations with the mother or caregiver and, if possible, with the father, grandmother, and the rest of the family.
- Congratulate and encourage mothers to continue breastfeeding for two years.
- Encourage parents to give their children many different types of food, including foods rich in vitamin A and iron.
- Encourage parents to bring their children to the health center in the case of malnutrition, weight loss, or edema.
- Encourage parents to have a garden and to grow different green leafy vegetables and orange and yellow vegetables and fruits.
- Raise awareness among the population to use only salt that has been iodized.
- Encourage parents to call on support groups when they face difficulties.
- Encourage parents to go to health centers or community outreach to obtain needed immunizations (e.g., measles at nine months); for vitamin A supplementation at six months; and for deworming beginning at the age of two.
- Explain that the lactation amenorrhea method (LAM) is not effective after six months. For it to be effective, the mother needs to meet additional criteria: no menses and exclusive breastfeeding. Advise parents to go to the health center to learn about other family planning methods.
- Encourage families, including their children, to sleep every night under mosquito nets treated with long-lasting insecticides to protect against malaria.

What does it mean for mothers, fathers, or caregivers to “actively feed” a young child?

- 🌿 Active or responsive feeding is a method that encourages the child to eat and to finish his or her meals.
- 🌿 When feeding himself, a child is easily distracted. Distractions may lead to the child not eating enough, putting him or her at risk for malnutrition
- 🌿 Let the child eat from his or her plate, so you will know how much he or she has consumed.
- 🌿 Sit down with the child and encourage him or her, if needed.
- 🌿 Offer the child food he or she can hold; young children often want to feed themselves. Encourage self-feeding, but make sure most of the food goes into the child’s mouth.
- 🌿 After washing your hands, use your fingers to feed a child, if that is your preference.
- 🌿 Feed the child as soon as he or she starts to get hungry.
- 🌿 Have the child eat in his or her usual mealtime or snack time setting.
- 🌿 As much as possible, have the child eat with the family to create an atmosphere promoting his or her psycho-affective development.
- 🌿 Do not insist on feeding the child if he or she does not want to eat; wait a bit or put eating off until later.
- 🌿 Talk to the child or play with him or her while he or she eats.
- 🌿 Congratulate the child when he or she eats.
- 🌿 Be sure to involve parents, older children and other family members, and child caretakers in active feeding.



DOCUMENT #35: COMPLEMENTARY FEEDING PRACTICES FOR CHILDREN AGED 6 TO 23 MONTHS

About Complementary Feeding

Introduce Complementary Food

At six months of age, breastmilk alone is not enough for a young child to continue to grow and stay healthy and strong.

- 🌿 Advise the mother or caregiver to introduce pureed or mashed food twice a day when the baby is six months.
 - Porridge is made from rice, plantain, cassava, corn, sorghum, sweet potatoes, eddo, or yam.
 - At 12 months, the baby may start to feed himself or herself; the child needs help to eat all the food served.
 - The baby's food should be put in a separate bowl, so the mother or caregiver knows how much the child is eating.
 - Do not add pepper or chili to the baby's food. The pepper kills the appetite and discourages the baby from eating.
- 🌿 Encourage the mother or caregiver to help the baby learn how to eat by taking the time and feeding the child patiently. Explain to the mother that she should play with and sing to the child and encourage eating all the food offered. Force feeding or stuffing may discourage the baby from eating and can be harmful.
- 🌿 Explain that the porridge is just right and good for the baby when it is thick enough to slowly fall off the spoon. A watery or thin porridge is not healthy for the baby; it does not provide enough nutrients for the baby to grow strong and healthy.
 - A sticky porridge is difficult for the baby to swallow, making it unhealthy for the child.
 - Porridge should get thicker as the baby grows older; making sure the child is still able to easily swallow it without choking. To thicken porridge, add more flour or paste.

Continue Breastfeeding—and Space Your Pregnancies

- 🌿 Counsel the mother to continue breastfeeding until the baby is two years old to make sure the baby grows strong and stays healthy.
 - From 6 to 23 months of age, give the child breastmilk as often as he or she wants (at least eight times) during the day and night.
- 🌿 Advise the mother to space their pregnancies at least three years apart for her health and the health of the baby.
 - When the baby is six months old, the mother can no longer use LAM and needs to adopt another family planning method.

- Mothers should not wait until the baby is six months old to decide on which family planning method to use.
- Having sex will not spoil breastmilk. A pregnant woman can breastfeed safely.

Consume a Varied Diet

For women, children, and other family members to get the vitamins they need, their diet needs to be varied.

- 🌿 Counsel the mother to enrich the food at each meal with two to three different types of colorful foods to help the baby grow and get strong.
 - Colorful foods enrich the baby's diet. They include vegetables and fruits that are orange and red, such as carrots, orange-fleshed sweet potatoes, and ripe mango and papaya; dark green leafy vegetables, such as kale and chard; and avocado, beans, eggs, peanuts, and peas or lentils.
 - Animal-source foods such as fish, eggs, chicken, liver and other meat, and milk should be added to the diet whenever they are available. Animal-source foods help babies and children grow healthy and strong.
 - A little butter, spoon oil, palm oil, vegetable oil, sesame seed, or peanut paste can be added to the baby's food.
 - Advise giving the baby a little bit of fruit every day. In addition to fruit listed above, babies can have bananas, butter pears, plum mangoes, or watermelons. Fruit needs to be well washed and, for younger babies, well mashed or squeezed into juice.
 - Other family foods need to be mashed to make them easy for the child to chew and swallow.

Feeding Frequency and Quantity for Children between 6 to 11 Months

- 🌿 Young children have small stomachs and can eat only small amounts at each meal, so feed young children frequently throughout the day.
- 🌿 Advise the mother or caretaker to wash hands before feeding the child, to avoid diarrhea, and wash the child's hands.
- 🌿 For children between the ages of six and 11 months, explain that the baby needs to eat two to three times each day and have one or two nutritious pureed or mashed snacks. This will help the baby grow healthy and strong.
 - Tell the mother to encourage the baby to eat everything that is given to the child. All foods should be mashed, so the baby can swallow without choking.
 - Every day, the baby needs to eat a variety of different foods along with porridge to make sure the child gets all the nutrients he or she needs to grow well.
 - Start by giving a 6 to 8 month-old baby half of a 250 ml bowl of colorful food twice daily (three times daily as the baby gets older).
 - If the baby is 6 to 8 months old, mix two tablespoons of porridge with one tablespoon of other foods.

- If the baby is 9 to 11 months old, mix four tablespoons of porridge with two tablespoons of other foods.

🌿 Inform that by eight months, the baby is usually able to begin eating with his or her hands. The child should be given small pieces of finger foods, e.g., soft-cooked vegetables or soft ripe fruit, such as bananas, papaya, ripe plum mango, or butter pear; or bread, biscuits, or doughnuts. Caregivers need to remember to help the baby eat all the food that it is served to him or her

🌿 Tell the mother not to use a baby bottle to feed the baby, as it is difficult to clean and the baby can get diarrhea.

🌿 Recommend to use iodized salt to prepare food for the whole family, including the baby.



Representative One-Day Menu for Children Aged 6 to 11 Months

MORNING MEAL	<ul style="list-style-type: none"> • Serve rice porridge. • Add an egg, oil, or small piece of butter and avocado or papaya, if available.
MORNING SNACK	<ul style="list-style-type: none"> • Give child one half of a mashed ripe mango or an equivalent amount of mashed papaya, banana, or mango; doughnuts, bread, or biscuits; or roasted or fried plantain or yam.
MIDDAY MEAL	<ul style="list-style-type: none"> • Serve yam porridge. • Add a tablespoon of vegetable oil, a tablespoon of mashed beans, and one-half tablespoon of green leafy vegetables.
AFTERNOON SNACK	<ul style="list-style-type: none"> • Same as the morning snack.
EVENING MEAL	<ul style="list-style-type: none"> • Serve cassava porridge. • Add a piece of cooked sweet potato or roasted soft plantain, a tablespoon of palm oil, a tablespoon of dried fish or mashed chicken, and mashed vegetables (e.g., carrots, pumpkins, or okra).

Feeding Frequency and Quantity for Children Aged 12 to 23 Months

Young children have small stomachs and can eat only small amounts at each meal, so feed the baby frequently throughout the day.

- 🌿 Counsel the mother that to ensure healthy growth, the baby needs be fed a meal of family foods plus one or two snacks at least three to four times a day.
 - At 12 months, the baby can begin to eat family foods, such as rice, yam, plantain, cassava, or sweet potato.
 - From the family bowl, a portion can be kept for the baby and be enriched with one or two additional foods—for example, sesame seeds or cassava leaves or other dark leafy vegetables; and milk, meat, fish, egg, mashed beans, peanuts, or other nuts.
 - Whenever available, animal-source foods (e.g., fish, eggs, chicken, liver and other meat, and milk) should be included for the child to get strong.
 - At each meal, mix six tablespoons of porridge with three tablespoons of other foods.

- To support the baby’s growth, the child can be given more food if he or she asks for it.
- 🌿 Advise that the baby eats snacks at least twice a day between main meals, such as doughnuts, bread, biscuits, banana, roasted or fried plantain, or yam; the child is growing and needs more food.
- 🌿 Recommend to use iodized salt to cook all family food.

Representative One-Day Menu for Children Aged 12 to 23 Months

MORNING MEAL	<ul style="list-style-type: none"> • Serve rice porridge. • Add half a small butter pear and a banana.
MORNING SNACK	<ul style="list-style-type: none"> • Give child half a plum mango or fried plantain.
MIDDAY MEAL	<ul style="list-style-type: none"> • To family food, add a tablespoon of palm oil and dried fish.
AFTERNOON SNACK	<ul style="list-style-type: none"> • Give child one doughnut.
EVENING MEAL	<ul style="list-style-type: none"> • Add an egg and a small piece of pumpkin to family food.

About Vitamin A and Medicine for Malaria and Worms

Vitamin A

Vitamin A is important for the baby’s eyesight and to help the child fight illness.

- 🌿 Remind the mother to obtain vitamin A supplementation for the child when he or she turns six months old (and every six months after that until fifth birthday).
 - To obtain child’s vitamin A supplementation, look for vitamin A supplementation sessions on national immunization days or at similar events
- 🌿 Recommend that everyone in the family, including the baby, needs to eat foods rich in vitamin A, such as papaya, mango, and other orange and yellow fruits, as well as orange-fleshed sweet potatoes, dark green leafy vegetables, liver, and milk.
 - Vitamin A–rich foods enrich breastmilk with vital nutrients to keep babies healthy and strong.
 - Pregnant and breastfeeding women in the household, as well as children aged six months to two years, should get as much animal-source food (i.e., fish, eggs, chicken, liver and other meat, and milk) as possible.
- 🌿 Advise that fortified foods should be eaten when they are available for purchase in stores.

Malaria Prevention

Malaria causes anemia (“low blood”), which makes family members weak and sick.

- 🌿 Recommend that all members of the family, especially pregnant women and young children, need to sleep under an insecticide-treated mosquito net to prevent malaria.
- 🌿 Children and any family member with fever should be tested for malaria when they visit the health facility for immediate treatment.

Deworming

In young children, worms cause anemia, which makes them weak and sick.

- 🌿 Remind the mother that when the child is a year old, he or she needs to be treated with worm medicine every six months until fifth birthday to maintain healthy growth and prevent anemia.
 - Deworming medicine can also be obtained during national immunization days or similar events.

Hygiene

Good hygiene and sanitation is important to prevent a runny stomach, worms, and other sickness. It also keeps families healthy.

- 🌿 Explain that the mother has to wash her hands with soap and water before cooking, handling food, eating, and feeding her child.
- 🌿 Hands should be washed with soap and water after visiting the toilet or cleaning a child.
- 🌿 Surroundings should be kept clean.
- 🌿 Shoes should be worn to prevent worms.
- 🌿 A clean cup or bowl should be used to feed the baby. Bottles are hard to clean and germs may cause diarrhea.

DOCUMENT #36: SEASONAL FOOD AVAILABILITY

JANUARY	FEBRUARY	MARCH
HOME	HOME	HOME
MARKET	MARKET	MARKET

APRIL	MAY	JUNE
HOME	HOME	HOME
MARKET	MARKET	MARKET

JULY	AUGUST	SEPTEMBER
HOME	HOME	HOME
MARKET	MARKET	MARKET

OCTOBER	NOVEMBER	DECEMBER
HOME	HOME	HOME
MARKET	MARKET	MARKET

SESSION 16: FEEDING THE SICK CHILD AND DANGER SIGNS IN ILLNESS

Learning Objectives

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

- 🌿 Counsel on child feeding during and after illness and explain these practices.
- 🌿 Describe danger signs requiring referral of a child to a health facility.
- 🌿 Describe home management of the sick child.

Activities

16.1 Illness, Feeding, and Recovery in a Child (15 minutes)

16.2 Feeding and Home Care of a Sick Child (35 minutes)

Total Time

50 minutes

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Appropriate pages of the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*.
- Document #37: Illness, Feeding, and Recovery in a Sick Child
- Document #38: Nutritional Care During and After Illness
- Document #39: What Health Providers Can Teach Parents or Caregivers about feeding during and after illness

ACTIVITY 16.1: ILLNESS, FEEDING, AND RECOVERY IN A CHILD

(15 minutes)

Methodology

- 🌿 Ask about community practices for feeding sick children; write answers on the flip chart.
- 🌿 Present Document #37, the flow chart describing the relationship between feeding and recovery time in a sick child; discuss and summarize.
- 🌿 Discuss community practices versus optimal practices and how to convince caregivers that optimal practices will improve mothers' health and their children's.

DOCUMENT #37: ILLNESS, FEEDING, AND RECOVERY IN A SICK CHILD



WHY FEEDING DURING SICKNESS AND RECOVERY IS CRITICAL TO A CHILD'S HEALTH

Although a sick child usually does not feel like eating, he or she needs strength to fight the illness. Strength comes from the food the child eats, and he or she needs to eat more food and breastfeed more than when he or she is well—if she does not, recovery time will be longer. The baby may become chronically sick or malnourished. If the child's condition worsens, he or she may develop a nutrition-related physical or intellectual disability or even die.

ACTIVITY 16.2: FEEDING AND HOME CARE OF A SICK CHILD

(35 minutes)

Methodology

- 🌿 Set up six flip charts, each headed with one of the following topics:
 - Feeding children from birth to six months of age and from 6 to 23 months of age *during* illness
 - Feeding children from birth to six months of age and from 6 to 23 months of age *after* illness
 - Feeding a child with moderate malnutrition
 - Preventing diarrhea
 - Home management of a child with diarrhea
 - Signs of severe dehydration and general danger signs of illnesses
- 🌿 Divide participants into six groups and assign a topic to each one; have each team present its members' ideas in the plenary.
- 🌿 Read Documents #38 and #39 and Practice 12 in *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*.

DOCUMENT #38: NUTRITIONAL CARE DURING AND AFTER ILLNESS

During Illness

Breastmilk contains water and nutrients in the quantities the baby needs to get better quicker. In addition, breastfeeding comforts a sick child.

From Birth through 23 Months

- 🌿 Encourage the mother to breastfeed more often and for longer each time when the baby is sick and after the child recovers. Breastmilk helps the baby recover faster and prevents weight loss.
 - The mother has to continue breastfeeding even if she is sick.

Aged Six Months and Up

- 🌿 Advise the mother to keep giving her child complementary foods during illness along with breastmilk to maintain the child's strength and reduce weight loss. (The mother should also breastfeed more frequently.)
 - Meals should be frequent and small; this works better for sick children.
 - Be patient when encouraging the sick child to eat—illness may have taken away his or her appetite.

After Illness

Each time babies are sick, they lose weight, so it is important to give breastmilk as often as possible *after* and *during* an illness. Breastmilk is the safest and most important food offered to the baby to restore the child's health and help him or her regain lost weight.

From Birth to 23 Months

- 🌿 Advise the mother to continue giving breastmilk more often for two weeks after the illness and to practice exclusively breastfed if child is under six months of age.
 - The mother has to continue breastfeeding even if she is sick.

Aged Six Months and Up

- 🌿 Recommend that the mother give one extra bowl of food each day for two weeks after illness to restore the baby's strength and help him or her regain lost weight.
 - The recovering baby should continue getting family foods, the meals being more frequent and smaller, which is easier for recovering children to consume.
 - The mother or caregiver should be patient when encouraging the baby to eat. After illness, it may take the child a while to regain his or her appetite.

Feeding a Child Who Has Moderate Acute Malnutrition

From Birth to 23 Months

- 🌿 The child should get breastmilk more often to ensure he or she gets vitamins and other nourishment. This will help improve the child's condition quicker.

Aged Six Months and Up

- 🌿 Recommend that the mother give the baby one additional bowl of family foods each day—or it may be easier to give smaller but more frequent meals - to speed recovery and help a child with moderate acute malnutrition regain his strength.
 - If the child receives a ration of supplementary foods, it has to be given to the child for regular child feeding and for the additional bowl.
 - Select the baby's favorite foods
 - The mother needs to be patient when encouraging the child to eat, as he or she may have lost his or her appetite.
- 🌿 Encourage the mother to breastfeed more often until the child recovers.

Nutritional Care of Infants and Children with Diarrhea

From Birth through 6 Months

- 🌿 Advise the mother to breastfeed the child even if he or she has diarrhea and to breastfeed the child more frequently to replace the lost liquid.
 - If the baby's diarrhea is severe and he or she shows signs of dehydration, the mother must continue breastfeeding, give oral rehydration therapy, and come back to the health center.

Aged Six Months and Up

- Advise that when the child has diarrhea, the mother must continue giving complementary foods, as well as breastmilk, and breastfeed more frequently. This will help maintain the child's strength and reduce weight loss.
 - Advise the mother to be patient when encouraging the child to eat, as the illness may have taken away his or her appetite; to select the child favorite foods, and to give in small quantities throughout the days; smaller, more frequent meals are easier for a sick child to eat.
- 🌿 Recommend water, rice water, or ORT, to ensure the child does not become dehydrated.
- 🌿 Give the child zinc medicine with ORT; provide instructions to continue the treatment for 10 to 14 days (as recommended), even after the runny stomach has stopped

Zinc Treatment for Diarrhea

GROUPS	DOSING	DURATION
CHILDREN UNDER SIX MONTHS	10 mg	10–14 days
CHILDREN OLDER THAN SIX MONTHS	20 mg	10–14 days

DOCUMENT #39: WHAT HEALTH PROVIDERS CAN TEACH PARENTS OR CAREGIVERS ABOUT FEEDING DURING AND AFTER ILLNESS

How should you counsel parents or other caregivers on child feeding during and after illness?

- 🌿 A sick child usually does not feel like eating, but he or she needs even more strength to fight illness. Strength comes from the food the child eats. If the child does not eat or breastfeed during sickness, it will take him or her more time to recover.
- 🌿 If the child does not eat, he or she will be in a chronic state of sickness and malnutrition and may end up with a physical or intellectual disability as a result. Sometimes, if the child takes longer to recover, his or her condition will worsen, which could lead to death.
- 🌿 A sick child should be encouraged to eat even if he or she does not feel like it. Also, the child should eat even more during recovery to regain strength more quickly.

What is the best way to help mothers, fathers, and caregivers prevent diarrhea?

- 🌿 Urge exclusive breastfeeding from birth to six months of age.
- 🌿 Initiate complementary feeding in a timely fashion, emphasizing FADDUA (correct frequency, amount, density, diversity, utilization, and active feeding).
- 🌿 Wash hands with soap and water before preparing food.
- 🌿 Wash hands with soap and water before feeding infants and young children.
- 🌿 Wash hands with soap and water after using the toilet or cleaning the baby.
- 🌿 Dispose of waste appropriately.
- 🌿 Observe correct personal and environmental hygiene.
- 🌿 Have an adequate supply of safe water and protect it.
- 🌿 Ensure your child has all necessary vaccinations.
- 🌿 Obtain vitamin A supplementation for your child.
- 🌿 Avoid bottle feeding; use cups and bowls instead.

What is the best way to help mothers, fathers, and caregivers manage a child with diarrhea?

- 🌿 Advise them to continue exclusive breastfeeding if the child is younger than six months of age.
- 🌿 If the child is six months or older, offer more liquids and more food; breastfeed more often.
- 🌿 Increase feedings' frequency.
- 🌿 Never feed your baby using a bottle.
- 🌿 Identify and treat the underlying cause of the diarrhea.

What signs of severe dehydration should all parents and caregivers be aware of?

- 🌿 Eyes are dry and sunken.
- 🌿 Skin, when pinched, returns slowly to its original state.
- 🌿 The child is lethargic or unconscious.
- 🌿 The child fails to suckle, drink, or feed.

What general danger signs of illness should all parents and caregivers be aware of?

- 🌿 The child is unable to drink and eat.
- 🌿 The child experiences loss of consciousness or is lethargic.
- 🌿 The child vomits up everything.
- 🌿 The child has convulsions.



If you note severe dehydration or danger signs of illness, go to the nearest health clinic.

SESSION 17: INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION

Learning Objectives

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

- 🌿 Describe the techniques and standards to assess acute malnutrition.
- 🌿 Be able to identify and refer children with moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) to appropriate community services.
- 🌿 Discuss how to counsel children with MAM or SAM in an outpatient therapeutic program (OTP).

Activities

17.1 Defining Integrated Management of Acute Malnutrition (30 minutes)

17.2 How to Identify, Refer, and Counsel Patients with Acute Malnutrition (1 hours 30 minutes)

Total Time

2 hours

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Appropriate pages of the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*.
- Document #40: What Is Integrated Management of Acute Malnutrition?
- Document #41: Signs of Marasmus, Kwashiorkor, and Bilateral Edema
- Document #42: Acute Malnutrition Management and Inpatient Treatment Admission Criteria
- Document #43: Food and Counseling for Outpatient Therapeutic Programs
- Document #44: Child MUAC Measurement

ACTIVITY 17.1: DEFINING INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION

(30 minutes)

Methodology

- 🌿 Ask participants how malnourished children are cared for in their communities.
- 🌿 Briefly discuss the meaning of the term “integrated management of acute malnutrition” (IMAM); IMAM’s four principles; and the components of child IMAM.
- 🌿 Ask participants to review Document #40.

ACTIVITY 17.2: HOW TO IDENTIFY, REFER, AND COUNSEL PATIENTS WITH ACUTE MALNUTRITION

(1 hour 30 minutes)

Methodology

- 🌿 Divide participants into six groups.
- 🌿 Ask each group to discuss and answer all of the following questions, referring to Documents #40–44.
 - —What are the signs of marasmus? What is the local name, if any?
 - —What are the signs of kwashiorkor? What is the local name, if any?
 - —What is bilateral pitting edema? Describe it.
 - —Describe and demonstrate how to measure mid-upper arm circumference (MUAC). (Note that in many countries, MUAC is the preferred measure for screening and admission to IMAM.)
 - —Explain the criteria for referral and admission to IMAM.
 - —Explain the steps of counseling for children with MAM or SAM.
- 🌿 In the plenary, have one group present its answers; ask other groups to compare their answers.
- 🌿 Invite all participants to take MUAC measurements.

DOCUMENT #40: WHAT IS INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION?

Four Core Principles

- High coverage and good access to services.
- Timeliness. Mortality often occurs before appropriate health interventions are up and running.
- Appropriate medical and nutrition care. Follow the integrated management of neonatal and childhood illnesses protocols and appetite test to determine the care needed.
- Care for as long as needed.

Components of Integrated Management of Acute Malnutrition

Community Outreach

- IMAM's community element must be strong to mobilize mothers and caretakers to bring their children to the OTP or supplementary feeding program (SFP) for screening before medical complications arise from SAM.
- Outreach workers will search for children who have dropped out of care and will follow up with home visits.
- Health workers and community health volunteers should do this in their communities.

An Outpatient Therapeutic Program

- OTPs will assess and treat the majority of severely malnourished children.
- OTP staff will have specific IMAM training and support.

A Stabilization Center

- The stabilization center (SC) will only admit as inpatients malnourished children with medical complications who are not well enough to be treated as outpatients.
- These children will remain inpatients (five to seven days on average) until their condition is stable enough for discharge to outpatient care for treatment.

A Supplementary Feeding Program

- The SFP treats and supports all moderately malnourished children, lactating mothers with have infants under six months of age with MUAC of less than 21 cm, and pregnant women with MUAC of less than 21 cm.
- SFPs usually provide corn–soy blend and oil to supplement the diets of moderately malnourished children.

DOCUMENT #41: SIGNS OF MARASMUS, KWASHIORKOR, AND BILATERAL EDEMA

A small percentage of children may suffer from SAM and have complications such as marasmus and kwashiorkor. During times of severe food shortages, it can be expected that a larger percentage of young children will develop marasmus and kwashiorkor; feeding-related behaviors as well as disease and other factors also result in high rates during non-crisis times.

Clinical Manifestations of Marasmus

- wasting of subcutaneous fat and muscles
- quiet, apathetic demeanor
- flabby muscles
- easily-seen ribs and bones
- wrinkled buttocks
- “old man” face
- sunken eyes



Clinical Manifestations of Kwashiorkor

- 🌿 bilateral pitting edema—usually on the lower limbs but also sometimes on the child’s feet, hands, eyelids, belly, or even over the whole body
- 🌿 difficulty to begin walking
- 🌿 moon face or hanging cheeks
- 🌿 loss of appetite
- 🌿 lack of interest in surroundings, little energy
- 🌿 skin changes
- 🌿 hair changes
- 🌿 straightening of hair and presence of different color bands in the hair, indicating periods of malnourishment and improved nourishment (a red flag)
- 🌿 hair is easy to pluck out, and straightening at the bottom and curling on the top, which looks like a forest (a so-called “forest sign”)



Marasmic Kwashiorkor

- 🌿 Bilateral pitting edema
- 🌿 Severe wasting

IMPORTANT

Do not wait for any of these signs to appear before acting. After complications have become apparent, the child is in great danger and may require intensive care. Signs of malnutrition’s onset often go unrecognized. LOOK FOR recurrent or prolonged illness or diarrhea, growth issues or weight leveling off or decreasing, and feeding issues (e.g., fussy baby or breastfeeding problems).

How to Recognize Bilateral Pitting Edema

Bilateral pitting edema (BPE) is a sign of kwashiorkor—always a severe form of malnutrition.

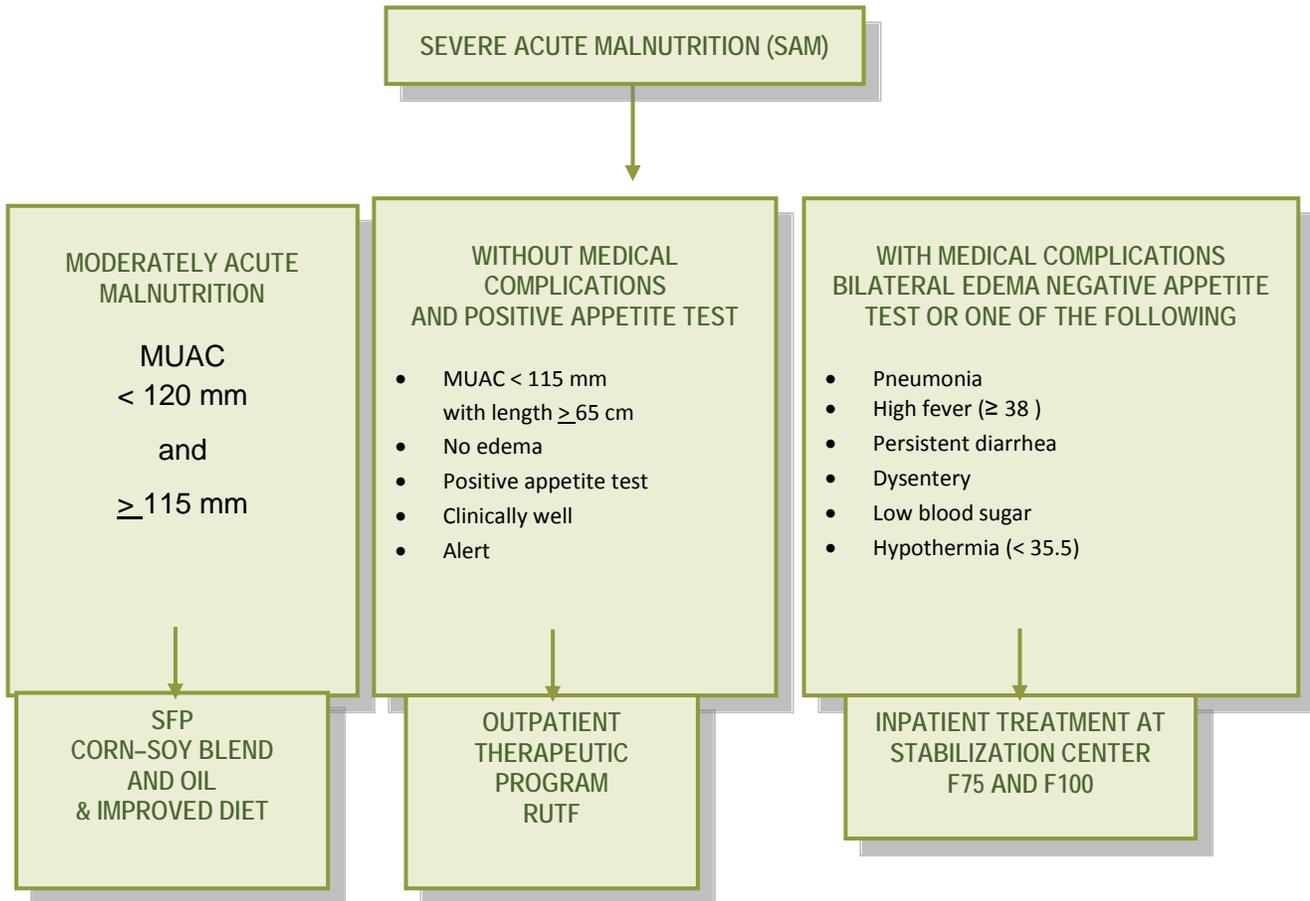
To assess BPE, apply normal thumb pressure to both feet for three seconds. If a shallow print persists on both feet, the child has nutritional edema.

There is no need to take another anthropometric measurement of children with bilateral edema; this condition is evidence enough of severe malnutrition with complications.

These children are at high risk of mortality and urgently need to be treated in an SC.



DOCUMENT #42: ACUTE MALNUTRITION MANAGEMENT AND INPATIENT TREATMENT ADMISSION CRITERIA



DOCUMENT #43: FOOD AND COUNSELING FOR OUTPATIENT THERAPEUTIC PROGRAMS

Management of Severe Acute Malnutrition Without Complications

Food

- 🌿 Provide a one-week supply of RUTF based on the child's weight. The most common RUTF is Plumpy'Nut®.

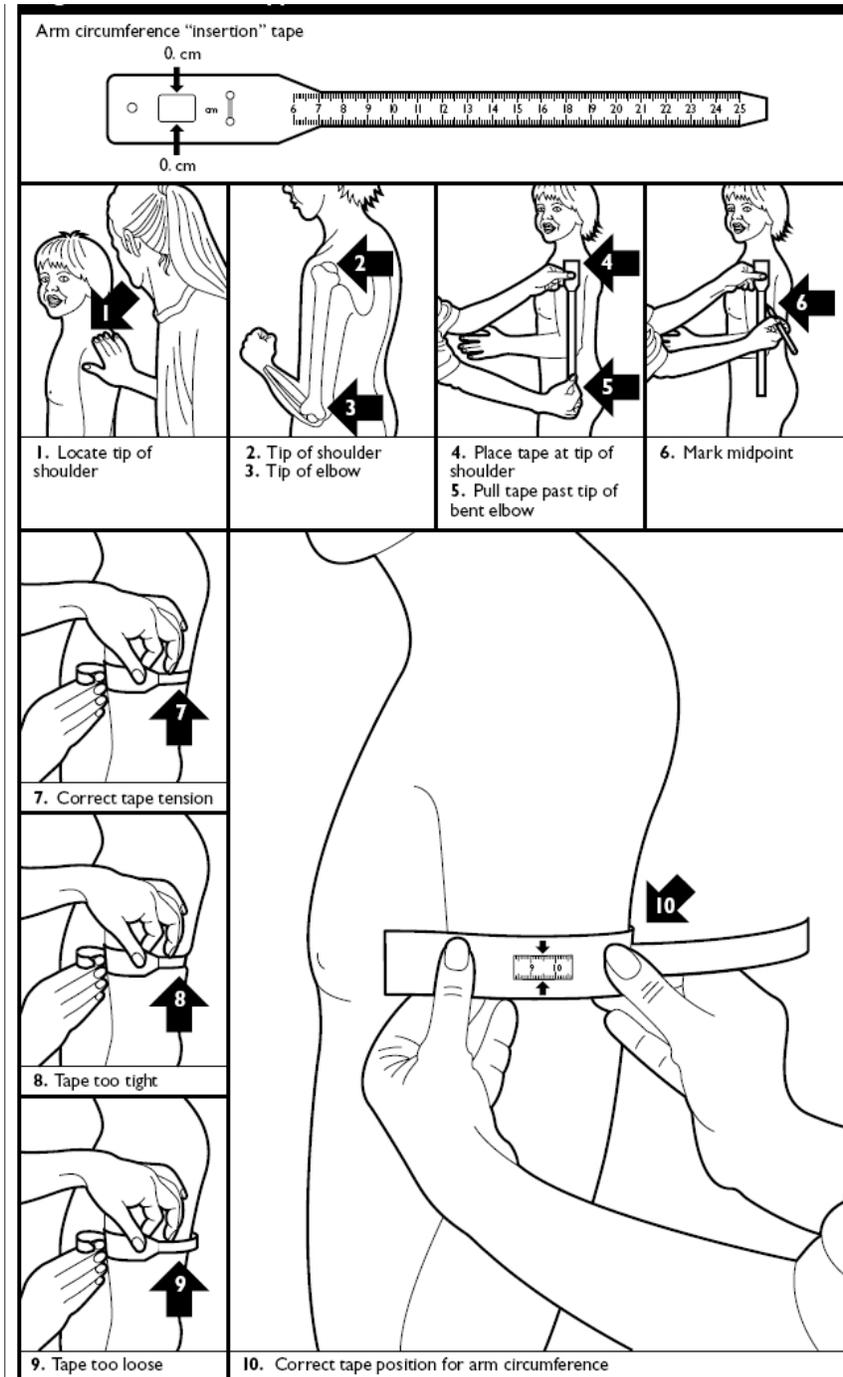
Messages for Caretakers of OTP Children

- 🌿 Follow the Breastfeeding + FADDUA recommendations to encourage the mother to improve feeding practices of the child.
- 🌿 Explain that RUTF is a food and medicine for malnourished children only. It should not be shared.
 - It is given before other foods. Encourage the mother or caregiver to offer small regular meals of RUTF and to get the child to eat often.
 - The child has to drink plenty of clean water to drink while he or she is eating RUTF.
- 🌿 If the mother is breastfeeding, urge her to consistently give breastmilk before the RUTF and to breastfeed on demand.
- 🌿 Recommend the mother to use soap for washing a child's hand and face before feeding.
- 🌿 All food should be clean and kept covered.
- 🌿 Sick children get cold quickly. Always keep the child covered and warm.
- 🌿 When the child has diarrhea, never stop feeding. Offer extra breastmilk or extra food and clean water.

Managing Moderate Acute Malnutrition: Diet, Treatment, and Care

- 🌿 Refer the child to a SFP for food, counseling, and follow-up, if there is one nearby.
 - Assist the mother or caregiver to use the food received appropriately.
- 🌿 Assess current feeding practices.
- 🌿 Use nutritional counseling messages for the sick child.
 - Emphasize optimal breastfeeding and complementary feeding.
 - Encourage the mother or caregiver to use active feeding, so child finishes his or her food.
- 🌿 Encourage the mother to take the child to monthly weigh-in visits, providing they are available.
- 🌿 Encourage the mother to make sure the child is immunized and receives vitamin A and deworming.

DOCUMENT #44: CHILD MUAC MEASUREMENT



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

How to Take MUAC Measurement

The mid-upper arm circumference is used to measure “thinness.” The World Health Organization recommends it as the preferred method for screening for moderate or severe acute malnutrition.

The MUAC tape has a number of different parts.

- It has a wide section and a narrow section.
- In the middle of the wide section, there is a hole with an arrow on each side.
- The tape’s narrow end has three colored sections: green, yellow, and red.
- 🌿 MUAC measurement reflects health status: **Green** indicates good nutrition. **Yellow** points to sickness or a lack of proper feeding, with nutrition in the danger zone. Increased feeding and follow-up are essential. **Red** alerts you to very poor feeding, with nutrition at a very dangerous level. *Immediate* attention is needed to prevent death.
- 🌿 Take measurements on the middle of the upper arm—and always on the left arm.
- 🌿 To measure a child under five, use only the child MUAC tape.
 - Remove clothing covering the left arm.
 - Find the midpoint of left upper arm.
 - Locate the tip of the child’s shoulder with your fingertips.
 - Bend the child’s elbow to make a right angle.
 - Measure the tip of the shoulder to the tip of the elbow using a string, and fold the string in half. Use a marker or pen to mark the midpoint on the child’s arm.
 - Straighten the child’s arm, have him or her keep it relaxed, and wrap the tape around the arm at the midpoint. Make sure the tape has the proper tension—it should be neither too tight nor too loose.
 - Read the number between the two arrows to the nearest 0.1 cm. Immediately record the measurement and identify the color of the tape between the two arrows flanking the hole.
- 🌿 For patients who have passed their fifth birthday, use the adult MUAC tape.

COMMON MISTAKES

Wrapping the tape too tightly or too loosely
Not taking the measurement at the midpoint between shoulder and elbow
Measuring the MUAC with a bent elbow or an arm that is not relaxed
Measuring the right arm rather than the left

SESSION 18: NEGOTIATION WITH MOTHERS, FATHERS, GRANDMOTHERS, AND OTHER CAREGIVERS: COMPLEMENTARY FEEDING AND THE SICK CHILD

Learning Objectives

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

-  Explain the steps of negotiation (GALIDRAA).
-  Use an illustration to negotiate with the mother or caregiver.
-  Negotiate with a mother or caregiver of a child between the ages of 6 and 23 months.
-  Negotiate to improve a woman's nutrition.

Total Time

1 hour 30 minutes

Activities

- 18.1 Review: Listening and Learning Skills and GALIDRAA Negotiation Steps (*10 minutes*)
- 18.2 Review: Using Visuals during Negotiation Visits (*20 minutes*)
- 18.3 Negotiation Demonstration: Initial Visit on Complementary Feeding (*30 minutes*)
- 18.4 Practice Negotiation: Initial Visit to the Mother of a Baby Aged between 6 and 23 Months and for Women's Nutrition (*30 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- The Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*, counseling card, woman's health record, child's health record, etc.
- Case studies on cards
- Document #25: Negotiating Using Visuals
- Document #26: Listening and Learning Skills
- Document #27: GALIDRAA Negotiation Checklist
- Document #28: Negotiation Checklist for Follow-Up Visits
- Document #45: Facilitator Role Play: Complementary Feeding
- Document #46: Practice Case Studies: Complementary Feeding for Children Aged 6 to 23 Months
- Document #47: Practice Case Studies: Women's Nutrition

ACTIVITY 18.1: REVIEW: LISTENING AND LEARNING SKILLS AND GALIDRAA NEGOTIATION STEPS

(10 minutes)

Methodology

- 🌿 In the plenary, ask participants what they remember of what they learned about listening and learning skills and the steps of negotiation. Ask them how many visits are needed for the full process of negotiation; write answers on the flip chart.
- 🌿 Have participants review Documents #26 and #27, and add any missing ideas.

ACTIVITY 18.2: REVIEW: USING VISUALS DURING NEGOTIATION VISITS

(20 minutes)

Methodology

- 🌿 In the plenary, ask participants to recall how to use pictures as probes for negotiation; write answers on the flip chart.
- 🌿 Have participants review Document #25, and add any missing ideas.

ACTIVITY 18.3: NEGOTIATION DEMONSTRATION: INITIAL VISIT ON COMPLEMENTARY FEEDING

(30 minutes)

Methodology

- 🌿 Demonstrate a volunteer's initial visit to Sayba, who has a six and a half-month-old daughter, Kortu, as described in Document #45.
- 🌿 Have participants review and discuss what happened during the visit using optimal listening and learning skills and GALIDRAA.

DOCUMENT #45: FACILITATOR ROLE PLAY: COMPLEMENTARY FEEDING

Visit #1: Initial Visit

The Situation: The health worker is visiting Sayba for the first time. Her baby, Kortu, is now six and a half months old. Sayba gives her daughter cow's milk and gruel in addition to breastmilk. But the child screams and cries a lot and is not gaining weight.

The Visit: The Peace Corps Volunteer (PCV) or community volunteer (CV) finds out about common practices, listens carefully to Sayba, and then identifies potential problems and their causes. The volunteer congratulates Sayba for having continued breastfeeding and recommends she continue to breastfeed until Kortu is two. Babies need three meals a day consisting of family foods mashed into a porridge beginning at the age of six months. This is necessary to make sure children keep growing strong and healthy. This porridge should be soft and thick enough for the spoon to stick up. It should not be too runny or it will not be nutritious enough to keep Sayba's baby growing. Varying the contents of the porridge is important; it can be prepared using rice, cassava, plantain, maize, yam, or the like. The porridge should be enriched with colorful foods that have been mashed to make it easier for the baby to swallow. Examples of these foods include sesame seeds, banana, milk, meat, fish, beans, and peanuts or other nuts. Adding palm oil or peanut or sesame seed paste increases nutrients, which is important for the baby to have. Sayba agrees to follow the volunteer's recommendations.

Visit #2: Follow-up of the Child Aged 6 to 23 Months

The Situation: Sayba has served Kortu porridge, a little oil, and banana. She has some difficulties varying the porridge; also, she does not always have enough money to buy meat.

The Visit: The volunteer greets Sayba and asks her whether she likes the new practice. The volunteer also inquires about Kortu—whether she is gaining weight and seems satisfied by the porridge. The volunteer praises Sayba for making the change and for continuing to breastfeed then learns about the difficulties Sayba has encountered. The volunteer applauds Sayba's efforts then asks to hear more about Sayba's efforts to vary the porridge. The volunteer wants to know whether Sayba has considered sesame seeds, fish, beans, or peanuts or other nuts as alternatives to meat. Sayba and the volunteer discuss Kortu's diet, and Sayba decides to try something new. The volunteer reminds Sayba of community-based health workers, health centers, and mother support groups as sources for ideas in the future; the two agree on a date for the volunteer's next visit.

Visit #3: Maintain the Practice or Negotiate a New Practice

The Situation: Kortu is now eight months old. Sayba still breastfeeds and has served three enriched meals per day since her child was six months old. And every day, she gives Kortu a piece of ripe mango, papaya, or other fruit. Kortu is very healthy and growing well. The volunteer asks whether Sayba has any questions, concerns, or doubts and, if so, what efforts she has made to resolve them. They talk about Sayba's feeding options for Kortu. After praising Sayba's efforts so far, the volunteer reminds Sayba to seek support within her community and to attend the well-baby clinic if she has not already done so. Sayba and the volunteer decide on a new behavior to try and agree on a date for another visit.

ACTIVITY 18.4: PRACTICE NEGOTIATION: INITIAL VISIT TO THE MOTHER OF A BABY AGED BETWEEN 6 AND 23 MONTHS AND FOR WOMEN'S NUTRITION

(30 minutes)

Methodology

- 🌿 Ask participants to review Documents #25–27.
- 🌿 Review visit protocols.
 - Greet the mother.
 - Introduce yourself.
 - Ask the mother's permission to discuss how she is feeding her baby.
 - Ask about her current feeding practices, praise optimal practices, and identify any of her doubts, concerns, or problems.
- 🌿 Review key optimal feeding practices.
 - Introduce complementary foods at six months of age.
 - Increase feeding frequency and quantity as the child gets older.
 - Start with soft porridge; increase food thickness and variety as the child gets older.
 - Play and interact with the child while feeding him or her.
 - Practice good hygiene and safe food preparation.
 - Breastfeed the child on demand until he or she is at least two years old.
 - Continue breastfeeding if the child gets sick; encourage babies older than six months to eat while they are ill and during recovery.
- 🌿 Divide participants into triads ("mother," "health worker," and "observer"); assign each triad three case studies from Document #46, so participants can practice negotiating during an initial visit. Then ask participants to rotate through the three roles until they have practiced all case studies. Remind participants to follow GALIDRAA negotiation steps and to use optimal listening and learning skills.
- 🌿 In the plenary, have two triads demonstrate a case study and have a class discussion; summarize.

DOCUMENT #46: PRACTICE CASE STUDIES: COMPLEMENTARY FEEDING FOR CHILDREN AGED 6 TO 23 MONTHS

Case Study 1

The Situation: You visit Korpo, whose baby is six and a half months old. Korpo tells you her child is too young for food because his stomach is too small. She says she will continue exclusively breastfeeding him until he is older. Her husband and mother-in-law agree with her.

The Visit: The volunteer should ask about Korpo's current feeding practices and identify problems and their causes. The problem is Korpo is delaying initiation of complementary feeding based on the idea that her baby's stomach is too small. The volunteer should explain that even though the baby's stomach is small, his gut is ready by the age of six months to receive food other than breastmilk. The volunteer should tell Korpo her child needs to be fed food in addition to breastmilk to grow strong and healthy. The volunteer can suggest Korpo start with small amounts of soft foods like porridge, so the baby can swallow and digest the food easily. Korpo should increase the amount of food the baby eats and vary his diet by combining cereals and legumes to make porridge and by providing mashed fruits and vegetables. For a six- to eight-month-old baby to ensure healthy growth, Korpo should give her child food two to three times daily and include one or two other solid foods as snacks each day. To give the porridge or food more energy, she should add one teaspoon of oil or butter at each meal.

The volunteer should remind Korpo to wash her hands with soap and water when preparing food or before feeding the baby; to store prepared food, covered, in a clean area (and not give her baby food prepared the day before); and to practice active feeding, i.e., she should play and interact with her baby while feeding him. Korpo should also continue breastfeeding until the baby is at least two years old.

The volunteer has to make such recommendations to Korpo, to negotiate with her to try new complementary feeding practices, and then to agree with her on which practices she will try. The volunteer should then ask Korpo to repeat the agreed-upon points and arrange to return for a second visit. Finally, the volunteer should praise Korpo for her willingness to take the time to discuss her feeding practices.

Case Study 2

The Situation: Hawa has a nine-month-old daughter who is eating plain gruel once a day.

The Visit: The volunteer needs to ask Hawa about her feeding practices, to listen carefully to her, and then identify problems and their possible causes. In this case, although Hawa is practicing complementary feeding, the feeding is inadequate according to FADDUA principles. The volunteer should educate Hawa about optimal feeding practices, telling her, for instance, that:

- Porridge is optimal; gruel will not provide enough nourishment for her daughter.
- The baby needs three to four meals a day at this age, plus one or two snacks.
- Over time, Hawa should increase the amount of food her daughter eats.
- Hawa should round out her baby's diet by adding animal-source foods plus colorful fruits and vegetables. The food should be enriched with a teaspoon of oil or butter at each meal.

The volunteer should also remind Hawa to wash her hands and utensils with soap and water before preparing food or feeding her daughter. The volunteer needs to also remind Hawa to store prepared food in a clean area and keep it covered. She should not give her baby food prepared the day before. She should practice active feeding—that is, playing and interacting with the baby while feeding her. Finally, Hawa should continue breastfeeding until her daughter is at least two years old.

The volunteer should make recommendations, and then negotiate with Hawa about which practices she will adopt. After Hawa agrees to try a new practice, the volunteer should ask her to repeat the agreed-upon points and then schedule a time for a return visit. Finally, the volunteer should praise Hawa for her willingness to discuss her feeding practices and to consider making changes to help her daughter grow strong and healthy.

Case Study 3

The Situation: Faith's seven-month-old baby is eating porridge every day. Faith is breastfeeding but is not giving him anything other than the porridge.

The Visit: The volunteer has to ask Faith about her current feeding practices, listen carefully, and then identify where the practices do not align with FADDUA. The volunteer also needs to find out what is causing the problem. Here, the volunteer finds that Faith's complementary feeding practices are not optimal. First, to ensure healthy growth, Faith needs to feed her baby two to three meals a day plus one or two other solid foods as snacks. Faith needs to increase the amount of food the baby eats as he gets older. The baby's diet should be enriched with the addition of animal-source foods and colorful fruits and vegetables; it would be optimal to add a teaspoon of oil or butter at each meal.

The volunteer should remind Faith how important it is to wash her hands and utensils with soap and water before preparing food or feeding her baby; to store prepared food in a clean area; and not to give her baby food prepared the day before. Faith should also be advised about active feeding—that is, playing and interacting with her son while feeding him. Finally, the volunteer should praise Faith for breastfeeding and urge her to continue until her son is at least two years old.

The volunteer has to make these recommendations, negotiate with Faith, and get her to agree to implement the new practices. Faith should repeat back the agreed-upon points to ensure her understanding; she and the volunteer should then set a time for another visit. The volunteer should once again praise Faith for her continued breastfeeding and for taking the time to speak with the volunteer to learn how to feed her baby better.

Case Study 4

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

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

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

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

Case Study 5

The Situation: Twice a day, Massa gives her 11-month-old child porridge and a bit of soup along with whatever she is feeding the family that day.

The Visit: The volunteer needs to ask Massa more about her feeding practices and listen carefully to identify how she is not implementing FADDUA and why. The volunteer should recommend ways that Massa can improve her complementary feeding, which is not optimal. Massa should give her baby three to four meals a day, plus one or two snacks. Massa should remember to increase the amount of food she gives her baby as she gets older.

The family diet should be enriched by adding animal-source foods plus colorful fruits and vegetables. Massa should add a teaspoon of oil or butter to her baby’s food at each meal.

In addition, the volunteer should remind Massa about proper hygiene and food preparations: Her hands and utensils should be washed with soap and water before preparing food or feeding the baby. Prepared food should be stored and covered in a clean area. The baby should not be given food that was prepared the day before.

In addition, Massa should practice active feeding—that is, play and interact with her baby during feeding. Finally, Massa should keep breastfeeding until her baby is at least two years old.

The volunteer should negotiate with Massa on these recommendations and have Massa repeat the new practices she has agreed to try. Massa and the volunteer should also arrange for a second visit. Finally, the volunteer should praise Massa for being willing to learn more about how to improve her baby's nutrition.

Case Study 6

The Situation: Mary, who is breastfeeding her seven-month-old, thinks the baby is too young to eat thick porridge, so the porridge she is feeding him is thin and without added nutrients.

The Visit: The volunteer should probe to find out more about how Mary is feeding her baby. The PCV or CV should also listen with care to find out ways in which Mary's feeding practices do not align with the FADDUA principles and why. The volunteer should then make recommendations, discuss them with Mary, and negotiate. For instance, the volunteer should explain that as soon as babies are six months old, they need to have porridge as well as breastmilk. The volunteer needs to also explain that this porridge can be prepared using different cereals, but it must always be thick enough to stick to the spoon, so it can provide the baby with proper nourishment. In addition, Mary should always enrich the porridge with different animal-source foods and colorful fruits and vegetables (mashed or ground so the baby can swallow them), as well as beans, peanuts, or other nuts. At every meal, Mary should add a couple of teaspoons of oil or butter. (She needs to remember to increase the amount of food her baby is offered as she gets older.)

Mary should make sure she observes proper hygiene and food-handling protocols: She needs to wash her hands and utensils with soap and water before preparing food or feeding the baby. Food should be stored and covered in a clean area. Also, Mary should never give her baby food prepared the day before. Active feeding—playing and interacting with her baby during feeding—is important.

The volunteer should praise Mary for continuing to breastfeed and should advise her to continue doing so until the baby is at least two years old.

Case Study 7

The Situation: Margo is planning on giving complementary foods to her six-month-old baby soon. She thinks millet porridge should be enough food for her baby.

The Visit: The volunteer should ask Margo what she plans to do and why. The volunteer should also listen to Margo with care to find out ways to ensure that her feeding practices conform to FADDUA principles. Next, the volunteer needs to recommend improvements, initiate a discussion with Margo, and negotiate. For example, the volunteer might tell Margo that from six months onward, babies need to eat thick porridge in addition to breastmilk. Although this porridge can be made from various grains and tubers, it is best to vary the baby's food to help her grow properly. At each meal, Margo should enrich the porridge with two or three kinds of foods already available to her. She can cook every meal with oil, butter, or ground peanuts. The baby should also be given a colorful red or orange fruit as well as a vegetable at every meal. To promote growth, all meals should be enriched with meat, egg, beans, or

peanuts. If possible, porridge should be cooked with milk instead of boiled water. Meat, poultry, or fish should be mashed or ground before serving. And Margo should continue to breastfeed until the baby is at least two years old.

Margo tells the health worker she has vegetables, fruits, oil, and milk. She agrees to enrich the thick porridge with these foods daily and to continue breastfeeding. She and the volunteer schedule another visit for follow-up.

Case Study 8

The Situation: Once a day, Eva gives porridge enriched with different kinds of food to her eight-month-old daughter. However, the baby seems to be hungry in the afternoon.

The Visit: The volunteer should ask Eva what she feeds her daughter, when she feeds her, and why she feeds her that food. The volunteer should carefully listen to Eva to get more information. The volunteer then should suggest ways to improve the baby's nutritional status, discuss these improvements, and then negotiate with Eva. For example, it would be good for the volunteer to explain that two to three times a day, babies from 6 months of age through 11 months need to eat enriched thick porridge plus breastmilk and one or two snacks, such as slices of mango, ripe papaya, banana, or liver. Thus, in a single day, Eva's daughter can eat at least three cups of enriched porridge and two snacks. And if the baby still seems to be hungry, Eva can give her more food. Babies around the same age as Eva's daughter should eat a wide variety of food as often as they want.

Eva needs to take her time when she feeds her daughter and encourage her to eat all the food she is served. Eva needs to be mindful of the concept of active feeding—that is, playing and interacting with her daughter during the meal. Eva also should remember her baby will want more food as she gets older; to keep her growing strong and healthy, Eva should serve her daughter as much food as she wants to eat.

Finally, the volunteer should remind Eva to observe proper hygiene and food handling protocols—for example, washing hands and utensils with soap and water before preparing food or feeding the baby and covering and storing food in a clean area.

The volunteer should praise Eva for breastfeeding and should urge her to continue until her daughter is at least two years of age. Eva appreciates the advice and agrees to try the recommended practices. She and the volunteer schedule a time to meet again.

Case Study 9

The Situation: Fadji is breastfeeding her seven-month-old baby. She also feeds him thin oat porridge and cow's milk; both are fed to the child in a baby bottle. Fadji thinks her baby is not yet ready to eat other foods.

The Visit: The volunteer needs to ask Fadji what she is feeding her baby, when and how much the baby eats, and why she feeds her baby that food. After listening carefully, the volunteer should suggest new practices that will help the baby grow strong and healthy. The volunteer should also discuss these ideas with Fadji, and then negotiate with her. For example, the volunteer should explain to Fadji that from the age of six months, babies need to consume not only breastmilk but also porridge, and that this porridge

should be thick enough for a baby to be fed by hand and enriched with two or three other kinds of animal-source foods and colorful vegetables and fruits (e.g., oil or butter, eggs, lentils, meat, carrots, and papaya). Fadji needs to know that children this age cannot grow properly if they are given only thin oat porridge. The volunteer should also tell Fadji that although cow's or goat's milk is good for the baby, the child must only drink it from a cup. Bottles are very difficult to clean, and germs can cause diarrhea.

The volunteer urges Fadji to breastfeed her baby *before* giving family foods. Otherwise, he will be too full to drink the amount of breastmilk he needs to grow. The volunteer should remind Fadji that over time, her son will need increasingly larger quantities of food and that she should observe proper hygiene and food handling protocols—specifically, washing hands and utensils with soap and water before preparing food or feeding the baby and storing covered food in a clean area.

The volunteer should praise Fadji for breastfeeding and recommend she continue doing it until the baby is two. Fadji likes all the recommendations and agrees to give thick, enriched porridge to her baby and to stop using the bottle. She and the volunteer agree on a second meeting time.

Case Study 10

The Situation: Kaisha's son, 15 months old, eats a family meal with his parents two times a day. Kaisha has stopped breastfeeding him, and he seems small for his age.

The Visit: The volunteer asks Kaisha many questions to learn more about the situation and listens carefully to the answers. Why did Kaisha stop breastfeeding? Is it because she is pregnant or is it simply because the baby wanted to stop sucking? The volunteer should remind Kaisha that breastfeeding is recommended for babies until at least the age of two. The volunteer should also explain to Kaisha that to grow healthy and strong, her son needs to eat more often—at least three meals, plus two snacks—especially since he no longer receives the benefits of breastmilk.

The volunteer should recommend serving the baby's meal on an individual plate. This way, Kaisha will be able to see whether he has finished a full portion.

Kaisha should add other foods to the baby's bowl in addition to family foods, which is not rich enough for him. To enrich family food, Kaisha can add two teaspoons of oil or butter, plus meat, fish, eggs, beans, or peanuts and colorful vegetables and fruits (e.g., carrots, sweet potato, papayas, mangos, bananas, and oranges). As snacks, Kaisha's son needs to be given mangoes, ripe papayas, bananas, liver, beans, sweet potatoes, bread, or peanuts.

The volunteer should introduce Kaisha to the concept of active feeding—that is, playing and interacting with her baby during a feeding—to encourage him to finish his meals.

Then, the volunteer should remind Kaisha about the importance of good hygiene—washing hands and utensils with soap and water before preparing food or feeding the baby and storing covered food in a clean place.

Because Kaisha recently stopped breastfeeding (during the last few days), the health worker should advise Kaisha to resume breastfeeding and to continue doing it until her son is at least two years old. Kaisha will appreciate the advice and agree to try the practice. Kaisha and the volunteer should agree to meet again at a later date.

Case Study 11

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

The Visit: The volunteer asks questions to learn more about Hope's feeding practices and listens with care to the answers. The volunteer should then explain to Hope that only one breastfeeding a day might cause her baby to suffer from malnutrition because she still needs lots of breastmilk. Hope should breastfeed whenever the baby is hungry or thirsty (at least 10 times a day). The volunteer should remind Hope that babies older than six months need increasing amounts of food in addition to breastmilk, including porridge that is thick enough to stick to the spoon. (Thin porridge is not nourishing enough to help a baby grow strong and healthy.) Hope should be reminded to breastfeed the baby before offering the solid foods.

The volunteer should urge Hope to give her daughter three or four meals per day. The volunteer should also suggest that Hope enrich each meal with other foods—for example, some of the peanut butter, beans, and oil she has in her home. Hope should add any colorful fruits or vegetables she has on hand—for example, mangoes, oranges, mashed bananas, and carrots. In addition, the volunteer should suggest Hope give her daughter snacks, such as beans, pumpkin, doughnuts, or liver, whenever she can.

The volunteer should talk to Kaisha about active feeding and remind her about the importance of good hygiene and proper food storage. Hope should agree to follow the volunteer's advice and to provide an update when the volunteer returns for a second visit.

SESSION 19: THE ESSENTIAL NUTRITION ACTIONS AND CONTACT POINTS

Learning Objective

By the end of the session, participants will:

- 🌿 Understand the different nutrition activities to be conducted at each health contact.

Total Time

45 minutes

Activities

19.1 Job Aids for Health Workers (*30 minutes*)

19.2 Field Visit Preparation (*15 minutes*)

What You Need

- Job aids for each participant (See documents below.)
- Document #47: Antenatal Care for Pregnant Women in the Fourth, Sixth or Seventh, Eighth, and Ninth Months
- Document #48: Delivery and Perinatal Care
- Document #49: Postnatal Care and Family Planning on the 7th and 45th Days after Delivery
- Document #50: Expanded Program on Immunization
- Document #51: Growth Monitoring and Well-Child Visits
- Document #52: Sick-Child Visits and Integrated Management of Neonatal and Childhood Illnesses
- Document #53: Community Management of Acute Child Malnutrition in an Outpatient Therapeutic Program

ACTIVITY 19.1: JOB AIDS FOR HEALTH WORKERS

(30 minutes)

Methodology

- 🌿 Explain that ENA messages can be integrated into each contact of the health system and into other child survival and safe motherhood interventions. Distribute job aids: Documents #47–53.
- 🌿 Divide participants into groups (by contact point). Each group discusses which ENA and key interventions to integrate into the assigned health contact point:
 - Pregnancy
 - Delivery

- Postnatal
 - Immunization/expanded program on immunization
 - Well-child visits and growth monitoring and promotion
 - Sick-child visit/integrated management of neonatal and childhood illnesses and community integrated management of neonatal and childhood illnesses (IMNCI)
 - Community management of acute child malnutrition/outpatient therapeutic program (OTP)
- 🌿 Each group presents.
 - 🌿 Ask participants to read each of the job aids after each presentation and fill in any gaps after each presentation.
 - 🌿 Discuss how volunteers will use the job aids and where they could be displayed.

ACTIVITY 19.2: FIELD VISIT PREPARATION

(15 minutes)

Methodology

- 🌿 Discuss the logistics of the field practice; ensure all participants are clear about field practice expectations, e.g., dress, materials, time.
- 🌿 Discuss how groups will be divided, where they are going, and how they will get there.
- 🌿 Encourage participants to review today's session and bring to the field practice the documents on negotiation and GALIDRAA (Documents #26 and #27, respectively).
- 🌿 Remind participants that after the field practice, there will be a classroom session to summarize the experience.
- 🌿 Answer any questions participants have.

DOCUMENT #47: ANTENATAL CARE IN FOURTH, SIXTH OR SEVENTH, EIGHTH, AND NINTH MONTHS

Evaluate for Danger Signs

Ask the mother to come back if she has any of these signs; **refer immediately to the health facility**, if necessary.

- Vaginal bleeding
- Excessive weight gain
- Breathing difficulty
- Severe headache/blurred vision
- Foul-smelling or yellowish/green/brown vaginal discharge
- Ruptured membrane without onset of labor within 18 hours
- Convulsions/loss of consciousness
- Loss of fetal movement
- Severe abdominal pain
- Fever
- History of leakage of amniotic fluid for more than 18 hours
- No weight gain
- Swollen hands and legs

Check the Mother's Tetanus–Toxoid Immunization

- Complete if Necessary

TT1: as soon as possible

TT3: six months later

TT5: one year later

TT2: one month later

TT4: one year later

Assess Health Indicators

- 🌿 Weigh the mother and check that she is gaining weight (norm: 1kg/month in the second and third trimesters).
- 🌿 Measure mid-upper arm circumference (MUAC) and check for underweight (norm >23 cm).
- 🌿 Check blood pressure (norm <140/90), Hb (norm >11gm/dl), albumin, and blood sugar (norm, negative).
- 🌿 Check blood group and venereal disease and HIV statuses.

Advise to Take and Continue Iron–Folic Acid Supplementation

(Check national guideline)

- 🌿 Advise patient to take one tablet daily (iron 60 mg, folic acid 400 mcg) for six months starting in pregnancy and continuing until completed.
- 🌿 Explain side effects (e.g., difficult to digest, black stools, constipation), how to take it (i.e., between meals with fruits), and where to get more tablets.
- 🌿 Screen for anemia (e.g., check color of palm) or Hb <12 gm/dl and treat (iron 120 mg, folic acid 400 mcg daily for three months).

Give Vitamin A Supplementation

(Check national guideline)

- 🌿 Give 10,000 IU daily or 25,000 weekly.

Counsel on the Need for Diversified Diet during Pregnancy

- 🌿 Advise women to eat one extra meal—i.e., an extra bowl of food—each day.
- 🌿 Emphasize importance of using iodized salt for herself and the whole family.
- 🌿 Recommend a varied diet containing animal-source foods: egg, liver, and other meats; Vitamin A: palm oil, pawpaw, plum, pumpkin, red and yellow sweet potato, carrot, and dark green leafy vegetables; Iron: beans, meat, liver, and dark green leafy vegetables; Vitamin C: citrus fruits.

Treat and Counsel on Malaria Prevention and Treatment

(Check national guideline)

- 🌿 Urge the importance of sleeping under a mosquito net to prevent malaria.
- 🌿 Advise the mother to obtain antimalarial treatment—specifically, one dose of sulfadoxine-pyrimethamine 500 mg + 25 mg (three tablets) during each month of the pregnancy.

Counsel on Breastfeeding Practices

- 🌿 Put the baby to the breast immediately after birth, even before the placenta has been expelled.
- 🌿 Check for and demonstrate correct positioning and attachment.
- 🌿 Give baby colostrum, not pre-lacteals (e.g., pepper water, water, butter, traditional medicine, or other liquids).
- 🌿 Breastfeed exclusively (no water, rice water, coconut water, or other liquids or foods) until baby is six months of age.
- 🌿 Breastfeed on demand at least 10 times, day and night, each 24-hour period.
- 🌿 Empty one breast completely before switching to the other to give the baby the nutritious milk.
- 🌿 Come back if any breast or nipple problems or other breastfeeding difficulties occur.

Review Status on Sexually Transmitted Infections

- 🌿 Identify and treat STIs.
- 🌿 Counsel the mother to use a condom during sexual intercourse to prevent HIV infection during breastfeeding.
- 🌿 Counsel for HIV testing and refer to sites offering prevention of mother-to-child transmission (PMTCT) services and voluntary counseling and testing (VCT).

Counsel on Family Planning

- Advise the mother to delay any new pregnancy at least 23 months after the delivery; explain family planning options.

Short-Term Options		Long-Term Options	Permanent Options
<ul style="list-style-type: none"> Natural family planning LAM Standard day method 	<ul style="list-style-type: none"> Injectables: medroxyprogesterone or Depo-Provera Mini pills Spermicides and condoms 	<ul style="list-style-type: none"> IUD Norplant 	<ul style="list-style-type: none"> Male and female voluntary surgical contraception

Offer General Advice

- Rest at least an hour a day during the third trimester.
- Avoid heavy lifting and heavy work.
- Attend the antenatal clinic four times during pregnancy, if possible (optimally, the fourth, sixth or seventh, eighth, and ninth months).
- Deliver in a health facility.
- Return for a postnatal visit on the 7th and 45th days and in between, as needed.

DOCUMENT #48: DELIVERY AND PERINATAL CARE

Evaluate Danger Signs Requiring Immediate Referral

- Watch for labor lasting more than 12 hours.
- Watch for labor before the completion of 37 weeks of pregnancy.
- Watch for baby in abnormal position (breech, transverse).
- Spot excessive vaginal bleeding.
- Check for severe fever or foul-smelling vaginal discharge.
- Watch for headache/visual disturbances/convulsions/fits.

At birth, be sure to:

- 🌿 Cut the umbilical cord after pulsation has stopped (two to three minutes).
- 🌿 Cut the umbilical cord with clean instruments and cover it with a clean gaze (nothing else).
- 🌿 Dry and warm the newborn.
- 🌿 Clean the newborn's airway if the baby does not cry immediately.
- 🌿 Ensure skin-to-skin contact with the mother.
- 🌿 Put baby to the breast immediately after birth (within one hour) even before the placenta has been expelled.
- 🌿 Weigh the baby and record the weight on growth chart or health card.

Counsel on Breastfeeding Practices

- 🌿 Give baby colostrum, not pre-lacteals (e.g., pepper water, water, butter, traditional medicine, other liquids).
- 🌿 Breastfeed exclusively (no water, rice water, coconut water, or other liquids or foods) until baby is six months of age.
- 🌿 Breastfeed on demand at least 10 times, day and night, each 24-hour period.
- 🌿 Empty one breast completely before switching to the other to give the baby the nutritious milk.
- 🌿 Come back if any breast or nipple problems or other breastfeeding difficulties occur.
- 🌿 Help the mother on correct positioning and attachment.
- 🌿 Expressing breastmilk
- 🌿 Explain to the mother how to express her breastmilk; demonstrate.
- 🌿 Let her know she can store her milk safely up to eight hours at room temperature.

Give Vitamin A Supplementation

(Check national guideline)

- 🌿 Give 200,000 IU to the mother *once* within eight weeks after delivery.

Advise to Continue Iron–Folic Acid Supplementation

(Check national guideline)

- 🌿 Advise one tablet daily (iron 60 mg; folic acid 400 mcg) for six months starting in pregnancy and continuing until completed.
- 🌿 Explain side effects (e.g., difficult to digest, black stools, constipation) and how to take it (i.e., between meals with fruits) and where to get more tablets.
- 🌿 Screen for anemia (e.g., color of palm) or Hb <12 gm/dl and treat (iron 120 mg; folic acid 400 mcg daily for three months).

Counsel on the Need for Diversified Diet during Lactation

- 🌿 Advise women to eat two extra bowls of foods as side meals.
- 🌿 Emphasize importance of using iodized salt for herself and the whole family.
- 🌿 Recommend a varied diet containing animal-source foods: egg, liver, and other meats; Vitamin A: palm oil, pawpaw, plum, pumpkin, red and yellow sweet potato, carrot, and dark green leafy vegetables; Iron: beans, meat, liver, and dark green leafy vegetables; Vitamin C: citrus fruits.

Counsel on Malaria Prevention and Treatment

(Check national guideline)

Prevention

Urge the importance of sleeping under a mosquito net to prevent malaria, especially for pregnant and lactating women and young children.

Treatment

Advise the mother to get antimalarial treatment if she has fever.

- Malaria with no complications: Give artesunate + amodiaquine.
- Malaria with complications: Give quinine.

Review and Administer Immunizations

- Check the mother's immunization tetanus–toxoid (TT) status and complete if necessary.
- Give the baby bacillus of Calmette–Guérin (BCG) and oral polio vaccine.

Review Status on Sexually Transmitted Infections

- 🌿 Identify and treat STIs.
- 🌿 Counsel the mother to use a condom during sexual intercourse to prevent HIV infection during breastfeeding.
- 🌿 Counsel for HIV testing and refer to sites offering prevention of mother-to-child transmission (PMTCT) services and voluntary counseling and testing (VCT).

Advise on Postnatal Practices

- 🌿 Bring the baby back for a postnatal visit on the 7th and 45th days and in between, as needed.
- 🌿 Observe the baby's immunization schedule.
- 🌿 Check the baby's weight monthly.
- 🌿 Avoid heavy work and lifting for two weeks after delivery.

Counsel on Family Planning

- 🌿 Choose a family planning practice.
- 🌿 Advise on lactation amenorrhea method.
- 🌿 Advise at least 3 years delay between two pregnancies.

Short-Term Options		Long-Term Options	Permanent Options
<ul style="list-style-type: none"> • Natural family planning • LAM • Standard day method 	<ul style="list-style-type: none"> • Injectables: medroxyprogesterone or Depo-Provera • Mini pills • Spermicides and condoms 	<ul style="list-style-type: none"> • IUD • Norplant 	<ul style="list-style-type: none"> • Male and female voluntary surgical contraception

DOCUMENT #49: POSTNATAL CARE AND FAMILY PLANNING ON THE 7TH AND 45TH DAYS AFTER DELIVERY

Evaluate Danger Signs in Mothers Requiring Immediate Visit to Health Facility

- Heavy vaginal bleeding
- Breathing difficulty
- Fever or foul-smelling vaginal discharge
- Abdominal pain
- Convulsions (fits)
- Severe headache or visual disturbances
- Hot, red, and painful areola or lump on the breast
- Pain in calf, with or without swelling

Watch for Danger Signs in Newborns Requiring Immediate Visit to Health Facility

- Breathing problems (slow or fast breaths; grunting)
- Feeding difficulties or not sucking well
- Feels cold to touch
- Fever
- Umbilical pus
- Jaundice or yellow skin
- Convulsions
- Lethargy
- Diarrhea
- Persistent vomiting or abdominal distension

Counsel on Breastfeeding Practices

- 🌿 Assess and demonstrate correct positioning and attachment.
- 🌿 Breastfeed exclusively until baby is six months of age—no water, rice water, coconut water, or other liquids or foods.
- 🌿 Breastfeed on demand, at least 10 times day and night during each 24-hour period.
- 🌿 Empty one breast completely before switching to the other in order to get the nutritious milk.
- 🌿 Come back if any breast or nipple problems or other breastfeeding difficulties.

Expressing Breastmilk

- 🌿 Explain to the mother how to express her breastmilk; demonstrate.
- 🌿 Let her know she can store her milk safely up to eight hours at room temperature.

Counsel on the Need for Diversified Diet during Lactation

- 🌿 Advise women to eat two extra bowls of foods as side meals.
- 🌿 Emphasize importance of using iodized salt for herself and the whole family.

- 🌿 Recommend a varied diet containing animal-source foods: egg, liver, and other meats; Vitamin A: palm oil, pawpaw, plum, pumpkin, red and yellow sweet potato, carrot, and dark green leafy vegetables; Iron: beans, meat, liver, and dark green leafy vegetables; Vitamin C: citrus fruits.

Give Vitamin A Supplementation

(Check national guideline)

- 🌿 Check status. If not given at delivery, give 200,000 IU to the mother within eight weeks.

Advise to Continue Iron–Folic Acid Supplementation

(Check national guideline)

- 🌿 Advise one tablet daily (iron 60 mg; folic acid 400 mcg) for six months starting in pregnancy and continuing until completed.
- 🌿 Explain side effects (e.g., difficult to digest, black stools, constipation) and how to take it (i.e., between meals with fruits) and where to get more tablets.
- 🌿 Screen for anemia (e.g., color of palm) or Hb <12 gm/dl and treat (iron 120 mg; folic acid 400 mcg daily for three months).

Counsel on Malaria Prevention and Treatment

(Check national guideline)

Prevention

- 🌿 Urge the importance of sleeping under an insecticide-treated mosquito net, especially for pregnant and lactating women and young children.

Treatment

- 🌿 Advise the mother to get antimalarial treatment if she has fever.
 - Malaria with no complications: Give artesunate + amodiaquine.
 - Malaria with complications: Give quinine.

Review and Administer Immunizations

- 🌿 Check the mother's immunization TT status and complete.
- 🌿 Give the baby BCG and oral polio vaccine as needed.

Review Status on Sexually Transmitted Infections

- 🌿 Identify and treat STIs.
- 🌿 Counsel the mother to use a condom during sexual intercourse to prevent HIV infection during breastfeeding.
- 🌿 Counsel for HIV testing and refer to sites offering prevention of mother-to-child transmission (PMTCT) services and voluntary counseling and testing (VCT).

Counsel on Family Planning

- Advise the mother to delay any new pregnancy at least 23 months after the delivery; explain family planning options.

Short-Term Options		Long-Term Options	Permanent Options
<ul style="list-style-type: none"> • Natural family planning • LAM • Standard day method 	<ul style="list-style-type: none"> • Injectables: medroxyprogesterone or Depo-Provera • Mini pills • Spermicides and condoms 	<ul style="list-style-type: none"> • IUD • Norplant 	<ul style="list-style-type: none"> • Male and female voluntary surgical contraception

Offer General Advice

- 🌿 Advise the mother to expose the baby (undressed below the waist) to morning sunlight every day for 20 to 30 minutes.
- 🌿 Advise the mother to return for postnatal visit on the 7th and 45th days and in between, as needed.
- 🌿 Observe the baby's immunization schedule.
- 🌿 Check the baby's weight monthly.
- 🌿 Avoid heavy work and lifting for up to two weeks after delivery.

DOCUMENT #50: EXPANDED PROGRAM ON IMMUNIZATION

Assess the Child's Immunization Status

(Check national guideline)

-  Check before the baby's first birthday and update as needed.
-  Advise the mother to follow the baby's immunization schedule and weigh the baby monthly.

IMMUNIZATION	WHEN	IMMUNIZATIONS	PROTECTS FROM
FIRST IMMUNIZATION	At birth	BCG Oral polio	Tuberculosis Polio
SECOND IMMUNIZATION	Sixth week	Pentavalent I Oral Polio 1 PCV Rota	Diphtheria Hepatitis B Haemophilus influenza Tetanus Pertussis Polio Pneumococcus Rotavirus
THIRD IMMUNIZATION	10 th week (Four weeks after Pentavalent I)	Pentavalent II Oral Polio 2 PCV Rota	
FOURTH IMMUNIZATION	14 th week (Four weeks after Pentavalent II)	Pentavalent III Oral Polio 3 PCV Rota	
FIFTH IMMUNIZATION	Nine months of age	Measles and yellow fever Vitamin A	

Screen the Mother's Status

-  Evaluate the mother's immunization status; complete as necessary; remind her of the next session.
-  Check the mother's vitamin A supplementation status; administer 200,000 IU, if needed within eight weeks after delivery.
-  Screen for anemia (check color of palm) or Hb <12gm/dl) and treat (iron 120mg, folic acid 400mcg daily for three months).

Update the Child's Vitamin A Supplementation Status

- 🌿 As needed, for children 6 through 11 months, administer 100,000 IU vitamin A during measles immunization (once).
- 🌿 For children 12 through 59 months, administer 200,000 IU vitamin A every six months.

Update the Child's Deworming

- 🌿 As needed, for children from 12 to 59 months, provide a single 500 mg dose of Mebendazole (or Albendazole) every four to six months.

Check for and Treat the Child's Anemia

(Check national guideline)

- 🌿 For children under two years of age: iron 25mg, folic acid 100–400 mcg daily over three months.
- 🌿 Simultaneously, treat malaria: amodiaquine 153 mg + artesunate 50 mg for three days.

Assess and Counsel on Breastfeeding Practices for Children under Six Months

- 🌿 Review and correct positioning and attachment if the child is less than three months of age.
- 🌿 Breastfeed exclusively until the baby is six months of age—no water, rice water, coconut water, or other liquids or foods.
- 🌿 Breastfeed on demand, at least 10 times day and night during each 24-hour period.
- 🌿 Empty one breast completely before switching to the other in order to get the nutritious milk.
- 🌿 Come back if any breast or nipple problems or other breastfeeding difficulties.

Assess and Counsel on Adequate Complementary Feeding from 6 to 23 Months

- 🌿 Continue breastfeeding child until he or she is 23 months old (at least eight times during a 24-hour period).
- 🌿 Beginning at six months, feed infants two to three meals of porridge each day, plus one or two other snacks in addition to breastmilk.
- 🌿 Beginning at 12 months of age, offer family food to the baby four times a day; also, give the child one or two snacks in addition to breastmilk.
- 🌿 Enrich the baby's diet with varied foods: Animal-source foods: egg, liver, and other meats; Vitamin A: palm oil, pawpaw, plum, pumpkin, red and yellow sweet potato, carrot, and dark green leafy vegetables; Iron: beans, meat, liver, and dark green leafy vegetables; Vitamin C: citrus fruits; Oil or butter.
- 🌿 Wash your hands and your baby's before preparing food and before feeding him or her.
- 🌿 Encourage the child to eat from his or her plate; encourage and assist him or her to finish all food.

Counsel on the Need for Diversified Diet during Lactation

- 🌿 Advise women to eat two extra bowls of foods as side meals.
- 🌿 Emphasize importance of using iodized salt for herself and the whole family.
- 🌿 Recommend a varied diet containing animal-source foods: egg, liver, and other meats; Vitamin A: palm oil, pawpaw, plum, pumpkin, red and yellow sweet potato, carrot, and dark green leafy vegetables; Iron: beans, meat, liver, and dark green leafy vegetables; Vitamin C: citrus fruits.

Counsel on Malaria Prevention

- 🌿 Urge the importance of sleeping under an insecticide-treated mosquito net, especially for pregnant and lactating women and young children.

Review Status on Sexually Transmitted Infections

- 🌿 Identify and treat STIs.
- 🌿 Counsel the mother to use a condom during sexual intercourse to prevent HIV infection during breastfeeding.
- 🌿 Counsel for HIV testing and refer to sites offering prevention of mother-to-child transmission (PMTCT) services and voluntary counseling and testing (VCT).

Counsel on Family Planning

- 🌿 Advise the mother to delay any new pregnancy at least 23 months after the delivery; explain family planning options

Short-Term Options		Long-Term Options	Permanent Options
<ul style="list-style-type: none"> • Natural family planning • LAM • Standard day method 	<ul style="list-style-type: none"> • Injectables: medroxyprogesterone or Depo-Provera • Mini pills • Spermicides and condoms 	<ul style="list-style-type: none"> • IUD • Norplant 	<ul style="list-style-type: none"> • Male and female voluntary surgical contraception

DOCUMENT #51: GROWTH MONITORING AND WELL-CHILD VISITS

Growth Monitoring and Promotion

- Record the child's birthweight onto the growth card if that information is available.
- Determine the child's age in months.
- Calibrate the scale to zero and weigh the child (after removing heavy clothing); record weight on the growth chart.
- Evaluate the direction and position of the baby's growth curve; compare with the reference curves on the card.
- Explain the child's growth curve to the mother.
- Congratulate the mother if the child is growing well; assess feeding practices; offer relevant counseling.
- If the child is not growing well, counsel mother on appropriate feeding; measure height; check for acute malnutrition and edema; and refer for treatment, if necessary.
- Advise the mother to weigh the baby monthly.

Counsel on Breastfeeding Practices for Children under Six Months

- Assess and demonstrate correct positioning and attachment if the child is less than three months of age.
- Breastfeed exclusively until the baby is six months of age—no water, rice water, coconut water, or other liquids or foods.
- Breastfeed on demand, at least 10 times day and night during each 24-hour period.
- Empty one breast completely before switching to the other in order to get the nutritious milk.
- Come back if any breast or nipple problems or other breastfeeding difficulties.

Expressing Breastmilk

- Explain to the mother how to express her breastmilk; demonstrate.
- Let her know she can store her milk safely up to eight hours at room temperature.

Assess and Counsel on Adequate Complementary Feeding from 6 to 23 Months

- Continue breastfeeding at least up to 23 months (at least eight times during each 24-hour period).
- Beginning at 6 months, feed infants two to three meals of porridge each day, plus one or two other snacks in addition to breastmilk.
- Beginning at 12 months of age, offer family food to the baby four times a day; also give one or two snacks in addition to breastmilk.
- Enrich the baby's diet with varied foods: animal-source foods: egg, liver, and other meats; Vitamin A: palm oil, pawpaw, plum, pumpkin, red and yellow sweet potato, carrot, and dark green leafy

vegetables; Iron: beans, meat, liver, and dark green leafy vegetables; Vitamin C: citrus fruits; oil or butter.

- 🌿 Wash your hands and your baby's before preparing food and before feeding.
- 🌿 Encourage the child to eat from her own plate, and encourage and assist her to finish all her food.

During and after Illnesses

- 🌿 Counsel the mother to increase breastfeeding frequency during and after illnesses.
- 🌿 During recovery, for children older than six months of age, advise the mother to give one additional bowl of food every day for two weeks in addition to breastmilk.

Assess Immunization Status

- 🌿 Complete immunizations as appropriate.
- 🌿 Advise the mother to follow the baby's immunization schedule.

Update the Child's Vitamin A Supplementation Status

- 🌿 As needed, for children 6 to 11 months, administer 100,000 IU vitamin A during measles immunization (once).
- 🌿 For children 12 to 59 months, administer 200,000 IU vitamin A every six months.

Update the Child Deworming

(Check national guideline)

As needed, for children from 12 to 59 months, provide a single 500 mg dose of Mebendazole (or Albendazole) every four to six months.

Check for and Treat the Child's Anemia

(Check national guideline)

For children under two years of age: iron 25 mg; folic acid 100–400 mcg daily over three months.

Simultaneously, treat malaria: amodiaquine 153 mg + artesunate 50 mg for three days.

Counsel on the Need for Diversified Diet during Lactation

- 🌿 Advise women to eat two extra bowls of foods as side meals.
- 🌿 Emphasize importance of using iodized salt for herself and the whole family.
- 🌿 Recommend a varied diet containing animal-source foods: egg, liver, and other meats; Vitamin A: palm oil, pawpaw, plum, pumpkin, red and yellow sweet potato, carrot, and dark green leafy vegetables; Iron: beans, meat, liver, and dark green leafy vegetables; Vitamin C: citrus fruits.

Counsel on Malaria Prevention

- 🌿 Urge the importance of sleeping under an insecticide-treated mosquito net, especially for pregnant and lactating women and young children.

Review Status on Sexually Transmitted Infections

- Identify and treat STIs.
- Counsel the mother to use a condom during sexual intercourse to prevent HIV infection during breastfeeding.
- Counsel for HIV testing and refer to sites offering prevention of mother-to-child transmission (PMTCT) services and voluntary counseling and testing (VCT).

Counsel on Family Planning

- Advise the mother to delay any new pregnancy at least 23 months after the delivery; explain family planning options

Short-Term Options		Long-Term Options	Permanent Options
<ul style="list-style-type: none">Natural family planningLAMStandard day method	<ul style="list-style-type: none">Injectables: medroxyprogesterone or Depo-ProveraMini pillsSpermicides and condoms	<ul style="list-style-type: none">IUDNorplant	<ul style="list-style-type: none">Male and female voluntary surgical contraception

Offer General Advice

Urge the mother to expose the baby (undressed below the waist) to morning sunlight every day for 20 to 30 minutes.

DOCUMENT #52: SICK-CHILD VISITS AND INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESSES

Check for Danger Signs and Refer, If Necessary

- 🌿 Assess, classify illness, and treat according to the IMNCI algorithms (e.g., for cough, difficult breathing, diarrhea, fever, ear problems).
- 🌿 Refer if danger signs are found. They include:
 - Lethargy or unconsciousness
 - Vomiting everything
 - Convulsing in past or now
 - Unable to eat or drink

Assess the Child's Nutritional Status

- 🌿 Determine the child's age in months.
- 🌿 Check for visible and severe wasting with weight for height (or MUAC if height is impossible to measure); refer for treatment of acute malnutrition, if necessary.
- 🌿 Check for swelling (edema); refer for treatment, if necessary.
- 🌿 Weigh child (remove heavy clothing) and record weight on the growth chart.
- 🌿 Evaluate the direction and position of the baby's growth curve; compare with the reference curves on the card.
- 🌿 Explain the child's growth curve to the mother.
- 🌿 Urge the mother to weigh the baby monthly.
- 🌿 Counsel the mother on appropriate feeding during and after illness.

Counsel on More-Frequent Breastfeeding during and after Illness

- 🌿 For a child older than six months of age, urge the mother to breastfeed more often and to give him or her one extra meal every day for two weeks after recovery from an illness.

Counsel on Breastfeeding Practices for Children under Six Months

- 🌿 Assess and demonstrate correct positioning and attachment if the child is less than three months of age.
- 🌿 Breastfeed exclusively until the baby is six months of age—no water, rice water, coconut water, or other liquids or foods.
- 🌿 Breastfeed on demand, at least 10 times day and night during each 24-hour period.
- 🌿 Empty one breast completely before switching to the other in order to get the nutritious milk.
- 🌿 Come back if any breast or nipple problems or other breastfeeding difficulties.

Expressing Breastmilk

- 🌿 Explain to the mother how to express her breastmilk; demonstrate.
- 🌿 Let her know she can store her milk safely up to eight hours at room temperature.

Assess and Counsel on Adequate Complementary Feeding from 6 to 23 Months

- 🌿 Continue breastfeeding at least up to 23 months (at least eight times during each 24-hour period).
- 🌿 Beginning at six months, feed infants two to three meals of porridge each day, plus one or two other snacks in addition to breastmilk.
- 🌿 Beginning at 12 months of age, offer family food to the baby four times a day; also give one or two snacks in addition to breastmilk.
- 🌿 Enrich the baby's diet with varied foods: Animal-source foods: egg, liver, and other meats; Vitamin A: palm oil, pawpaw, plum, pumpkin, red and yellow sweet potato, carrot, and dark green leafy vegetables; Iron: beans, meat, liver, and dark green leafy vegetables; Vitamin C: citrus fruits; Oil or butter.
- 🌿 Wash your hands and your baby's before preparing food and before feeding her.
- 🌿 Encourage the child to eat from her own plate, and encourage and assist her to finish all her food.

If the Child Has Diarrhea

- 🌿 For children under six months, give zinc 10 mg daily for 10 to 14 days.
- 🌿 For children aged six months to five years, give zinc 20 mg daily for 10 to 14 days.

Check for Anemia in the Child and Treat

(Check national guideline)

- 🌿 For children under two years of age, give iron 25 mg and folic acid 100–400 mcg daily over three months.
- 🌿 For children aged two to five years, give iron 60 mg and folic acid 400 mcg daily over three months.
- 🌿 Simultaneously treat malaria with amodiaquine 153 mg + artesunate 50 mg over three days.

Update the Child’s Vitamin A Supplementation Status

(Check national guideline)

- As needed, for children 6 through 11 months, administer 100,000 IU vitamin A during measles immunization (once).
- For children 12 through 59 months, administer 200,000 IU vitamin A every six months.
- Add vitamin A to treatment for other conditions according to IMNCI protocol. (See table below.)

DISEASES	6 THROUGH 11 MONTHS (100,000 IU)	12 THROUGH 59 MONTHS (200,000 IU)
Persistent diarrhea	Day 1	Day 1
Severe malnutrition (eye lesions)	Day 1	Day 1
Measles	Day 1, Day 2, Day 14	Day 1, Day 2, Day 14
Xerophthalmia (night blindness, eye lesion)	Day 1, Day 2, Day 14	Day 1, Day 2, Day 14

Update the Child’s Deworming

(Check national guideline)

As needed, for children from 12 to 59 months, provide a single 500 mg dose of Mebendazole (or Albendazole) every four to six months.

Check the Mother’s Tetanus–Toxoid Immunization Status and Complete, If Necessary

- TT1: as soon as possible
- TT2: one month later
- TT3: six months later
- TT4: one year later
- TT5: one year late

DOCUMENT #53: COMMUNITY MANAGEMENT OF ACUTE CHILD MALNUTRITION IN AN OUTPATIENT THERAPEUTIC PROGRAM

Measure Mid-Upper Arm Circumference and Weight for Height and Classify

(Check national guideline)

How to Classify

- Moderate acute malnutrition if MUAC < 12 cm > 11.5 cm or wt/ht $> -3 < -2$ z score
- Severe acute malnutrition if MUAC < 11.5 cm or wt/ht < -3 z score

Identify complicated SAM and refer to stabilization center for inpatient treatment, if there is:

- Presence of bilateral pitted edema
- Failed appetite test
- Other medical complications (diarrhea, pneumonia, fever)

On Admission, If Severe Acute Malnutrition, Provide Counseling and Medical Treatment

(Check national guideline)

-  Vitamin A, depending on age
-  Folic acid if there are signs of anemia (5 mg or 2.5 mg in endemic malaria areas)
-  Antibiotic therapy for seven days (amoxicillin, ampicillin, or gentamycin) , if necessary
-  Malaria treatment and insecticide-treated mosquito nets
-  Measles immunization
-  RUTF by weight (following national guidelines)

If Moderate Acute Malnutrition, Refer to SFP

-  In the SFP, obtain corn–soya blend, sugar, and oil.
-  Provide counseling, as relevant and as noted below.

Counsel on More-Frequent Breastfeeding during and after Illness

For a child older than six months of age, urge the mother to breastfeed more often and to give him or her one extra meal, every day for two weeks after recovery from an illness.

Counsel on Breastfeeding Practices for Children under Six Months

-  Assess and demonstrate correct positioning and attachment if the child is less than three months of age.
-  Breastfeed exclusively until the baby is six months of age—no water, rice water, coconut water, or other liquids or foods.
-  Breastfeed on demand, at least 10 times day and night during each 24-hour period.

- 🌿 Empty one breast completely before switching to the other to get the nutritious milk.
- 🌿 Try to reinitiate breastfeeding if the child is less than 23 months of age.

Assess and Counsel on Adequate Complementary Feeding from 6 to 23 Months

- 🌿 Continue breastfeeding at least up to 23 months (at least eight times during each 24-hour period).
- 🌿 Beginning at six months, in addition to breastmilk, feed infants two to three meals of porridge each day plus one or two other snacks.
- 🌿 Beginning at 12 months of age, offer family food to the baby four times a day; also give one or two snacks in addition to breastmilk.
- 🌿 Enrich the baby's diet with varied foods: Animal-source foods: egg, liver, and other meats; Vitamin A: palm oil, pawpaw, plum, pumpkin, red and yellow sweet potato, carrot, and dark green leafy vegetables; Iron: beans, meat, liver, and dark green leafy vegetables; Vitamin C: citrus fruits; Oil or butter.
- 🌿 Wash your hands and your baby's before preparing food and before feeding her.
- 🌿 Encourage the child to eat from her own plate, and encourage and assist her to finish all her food.
- 🌿 Check on Immunization Status
- 🌿 Complete immunizations as needed.
- 🌿 Advise the mother to observe the appropriate immunization schedule and weigh the baby monthly.

Check for Child's Anemia and Treat

(Check national guideline)

- 🌿 For children under two years of age, give iron 25 mg and folic acid 100–400 mcg daily over three months.
- 🌿 For children aged two to five years, give iron 60 mg and folic acid 400 mcg daily over three months.
 - Simultaneously treat malaria with amodiaquine 153 mg + artesunate 50 mg over three days.

Update the Child's Vitamin A Supplementation Status

- 🌿 As needed, for children 6 through 11 months, administer 100,000 IU vitamin A during measles immunization (once).
- 🌿 For children 12 through 59 months, administer 200,000 IU vitamin A every six months.

Update the Child's Deworming

- 🌿 As needed, for children from 12 to 59 months, provide a single 500 mg dose of Mebendazole (or Albendazole) every four to six months.

Counsel on Family Planning

- Advise the mother to delay any new pregnancy at least 23 months after the delivery; explain family planning options

Short-Term Options		Long-Term Options	Permanent Options
<ul style="list-style-type: none">• Natural family planning• LAM• Standard day method	<ul style="list-style-type: none">• Injectables: medroxyprogesterone or Depo-Provera• Mini pills• Spermicides and condoms	<ul style="list-style-type: none">• IUD• Norplant	<ul style="list-style-type: none">• Male and female voluntary surgical contraception

SESSION 20: SUPPORT GROUPS AT COMMUNITY LEVEL

Learning Objectives

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

- 🌱 Organize and facilitate a community support group, such as for infant and young child feeding (IYCF), with mothers, fathers, grandparents, aunts, uncles, and other caretakers.
- 🌱 Help caretakers support one another in nutrition and hygiene practices.

Total Time

2 hours

Activities

20.1 Community Support Group: Demonstration and Discussion (45 minutes)

20.2 The Support Group Facilitator's Role (15 minutes)

20.3 Practice Conducting a Support Group Meeting (1 hour)

Materials

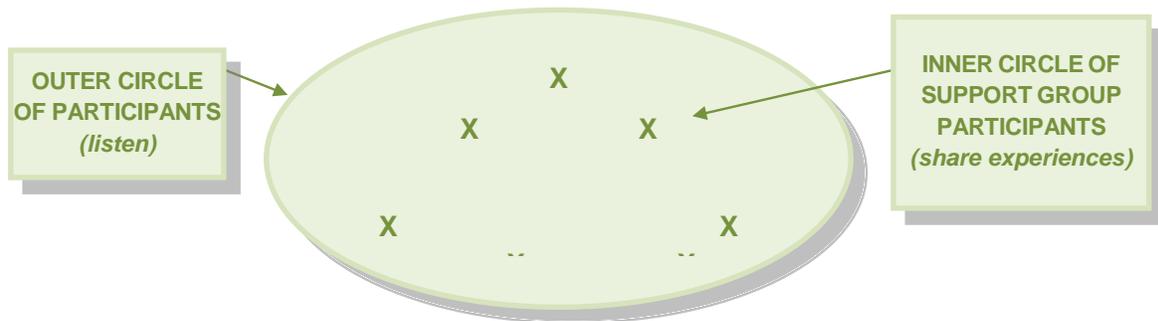
- Flip chart stand(s) paper, markers, and masking tape
- Basket with a number of potential support group topics written on small pieces of paper
- Document #54: About Support Groups
- Document #55: Support Group Observation Checklist

ACTIVITY 20.1: COMMUNITY SUPPORT GROUP: DEMONSTRATION AND DISCUSSION

(45 minutes)

Methodology

- 🌱 Have eight participants sit in a circle to form a “fish bowl” and spend 15 minutes role playing a support group session, each participant sharing his or her own experience of IYCF (or wives', mothers', or sisters' experiences). Only those in the fish bowl may talk. *Support groups can also focus on exclusive breastfeeding, complementary feeding, or other issues; the format and roles will not change.*
- 🌱 Have nonparticipants observe what is happening for later discussion.



🌿 After the support group session ends, ask participants and observers the following:

- What did you like about the support group?
- From listening to other participants' experiences, did you learn anything new?
- Having participated in the support group, do you feel differently about the topic?
- How is the support group different from an educational talk?
- Do you think the group answered any doubts that were expressed during the support group conversation?
- After participating in this meeting, do you think you would try any of the practices you learned about?

ACTIVITY 20.2: THE SUPPORT GROUP FACILITATOR'S ROLE

(15 minutes)

Methodology

🌿 Set up six flip charts around the room with the following headings:

- Role of the facilitator in community support groups
- Who can facilitate community support groups
- Characteristics of community support groups
- Who can participate in community support groups
- Topics for community support groups
- Types of community groups or gatherings that could serve as support groups

Divide participants into six groups and assign them to one of the flip charts. Ask each group to add content to that flip chart. Then, after, three minutes, have groups move to the next flip chart and add content there.

When all groups have added content to all flip charts, ask one or two participants to read Document #54.

ACTIVITY 20.3: PRACTICE CONDUCTING A SUPPORT GROUP MEETING

(1 hour)

Methodology

- 🌿 Divide participants in three groups of eight. Have each group choose a potential support group topic out of the basket.
- 🌿 Have each group designate one participant as facilitator.
- 🌿 Ask the first group to spend about 10 minutes conducting a mock support group meeting on its topic as members of the other two groups observe and complete the Observation Checklist for Support Groups (Document #55). In plenary, discuss checklist findings.
- 🌿 In plenary, repeat the process for the second and third groups with different topics.

DOCUMENT #54: ABOUT SUPPORT GROUPS

Definition

A support group on IYCF is a group of mothers and caretakers who promote optimal breastfeeding and complementary feeding behaviors and provide mutual support. The group meets periodically and is facilitated by experienced mothers who know about IYCF and who, ideally, have mastered group dynamic techniques. Group participants share their experiences and information and provide mutual support.

The Facilitator

- 🌿 Sits in a circle at the same level as the rest of the group.
- 🌿 Introduces himself or herself and asks participants to introduce themselves.
- 🌿 Introduces the meeting's purpose and theme.
- 🌿 Explains that the support group meeting will last 60 to 90 minutes.
- 🌿 Asks open-ended questions to encourage participation.
- 🌿 Encourages all to share experiences and ideas, even quieter participants.
- 🌿 Repeats key messages.
- 🌿 Asks participants to summarize what they learned.
- 🌿 Decides, with participants, on meeting length, frequency, timing, and topics.

Potential Community Support Group Facilitators

- 🌿 Experienced mothers and health workers.
- 🌿 Formally trained health workers.
- 🌿 Community workers.

Characteristics of a Community Support Group

- 🌿 Provides a safe environment of respect and trust.
- 🌿 Allows participants to:
 - Share infant and young child feeding information and personal experiences.
 - Mutually support each other through their own experiences.
 - Strengthen or modify certain attitudes and practices.
 - Learn from each other's experiences.
- 🌿 Allows participants to reflect on their experiences, doubts, and difficulties, as well as on popular beliefs and myths, common information, and adequate infant practices. In this safe environment, the mother has the knowledge and confidence needed to decide to either strengthen or modify her infant feeding practices.
- 🌿 Is not a lecture or a class. All participants play an active role.

- 🌿 Focuses on the importance of interpersonal communication to allow all women to express their ideas, knowledge, and doubts; share experiences; and receive and give support.
- 🌿 Has a seating arrangement that allows all participants to have eye-to-eye contact (generally a circle).
- 🌿 Varies in size between three and 15 participants.
- 🌿 Is usually facilitated by a trained, experienced caregiver whose role it is to listen and guide the discussion.
- 🌿 Is open, allowing the admission of all interested pregnant women, mothers who are breastfeeding, women with older toddlers, and other interested people.

Participants: Infant and Young Child Feeding Support Group

- 🌿 Breastfeeding mothers.
- 🌿 Mothers who have breastfed in the past.
- 🌿 Pregnant women.
- 🌿 Community workers.
- 🌿 Caretakers and parents.
- 🌿 Formally trained health workers.

Possible Topics for a Community Support Group

- 🌿 Benefits of breastfeeding (for mother, child, family, and community).
- 🌿 Breastfeeding techniques and challenges (position, attachment; insufficient breastmilk production and sore, cracked nipples; babies separated from their mothers, twins; maternal or child sickness).
- 🌿 Women's nutrition.
- 🌿 Complementary feeding beginning at six months (how to ensure a variety of food, active feeding, how to vary feeding, why keep on breastfeeding, snacks, and how to increase amount, frequency, and density).
- 🌿 Feeding a sick child (how to encourage a sick child to eat or breastfeed, how to vary and enrich feeding during and after sickness, why continue breastfeeding during a child's sickness, why give extra food during recuperation).

Community Groups and Gatherings as Basis for Support Groups

- 🌿 People living with HIV and AIDS—where PMTCT sites are available.
- 🌿 Food distribution sites or therapeutic feeding centers.
- 🌿 Community growth monitoring and promotion.
- 🌿 Agricultural and similar groups.
- 🌿 At the market.
- 🌿 At school meetings and coffee ceremonies.

DOCUMENT #55 SUPPORT GROUP OBSERVATION CHECKLIST

COMMUNITY

PLACE

DATE

TIME

OF ATTENDEES

THEME

GROUP FACILITATOR(S)

WHAT THE FACILITATOR DOES DURING THE MEETING	COMMENTS
Introduces self to group.	
Clearly explains the day's theme.	
Asks questions that generate participation.	
Motivates quiet women to participate.	
Applies communication skills.	
Adequately manages content.	
Shares tasks (<i>if more than one facilitator</i>).	
Fills out the information sheet on the group.	
Thanks women for attending the meeting.	
Invites women to attend the next support group meeting (provides place, date, and theme).	
Asks women to talk to a pregnant or breastfeeding woman before the next meeting, and report back.	
WHAT MOTHERS DO DURING THE MEETING	COMMENT
Share their experiences.	
Sit in a circle.	

SESSION 21: FIELD PRACTICE

Learning Objectives

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

- 🌱 Practice the negotiation technique by doing field practice in villages.
- 🌱 Evaluate breastfeeding practices.
- 🌱 Evaluate additional feeding practices.

Total Time

3 hours 30 minutes

Activities

21.1 Field Practice in Health Centers or Villages (*2 hour 30 minutes*)

21.2 Feedback on the Field Practice (*1 hour*)

Field Practice

Number of People on the Site

8 to 10, to constitute 4 to 5 pairs

Potential Sites

- 🌱 Growth monitoring or nutrition screening and promotion sites
- 🌱 Community groupings
- 🌱 Mothers with infants under six months old or pregnant mothers
- 🌱 Mother with infants 6 to 23 months old or lactating mothers

What You Need

- Visual aids such as posters, notebooks or cards, health records, counseling cards
- Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*
- Document #27: GALIDRAA Negotiation Checklist
- Document #56: Initial-Visit Negotiation Record
- Document #57 Field-Practice Negotiation Summary Sheet

ACTIVITY 21.1: FIELD PRACTICE IN HEALTH CENTERS OR VILLAGES

(2 hours 30 minutes)

Methodology

- 🌿 In class, review negotiation steps.
- 🌿 Divide participants into pairs: One participant counsels and negotiates with a pregnant or lactating mother or caregiver of a child from birth to age 23 months; the other participant follows the dialogue with the observation checklist to give feedback later.
- 🌿 Have negotiators record the name, age, identified difficulties, options suggested, and behavior agreed to by the mother; have negotiator colleagues fill out the GALIDRAA checklist and provide feedback.
- 🌿 Ask participants to change roles until each person has practiced at least two negotiations.

ACTIVITY 21.2: FEEDBACK ON THE FIELD PRACTICE

(1 hour)

Methodology

- 🌿 In the plenary, when all have returned to the training site, have each pair of participants summarize their negotiation experience by filling in the cells of Document #58: Field-Practice Negotiation Summary Sheet on a flip chart,
- 🌿 Have a few groups present their experiences. Ask other participants for feedback.
- 🌿 Summarize all field visits on the same flip chart through the rest of the session using the information in Document #57.

DOCUMENT #56: INITIAL-VISIT NEGOTIATION RECORD

	COMMENT
NAME	
AGE	
FEEDING DIFFICULTY(IES) IDENTIFIED	
OPTIONS SUGGESTED	
WHAT MOTHER AGREED TO TRY	

DOCUMENT #57: FIELD-PRACTICE NEGOTIATION SUMMARY SHEET

INITIAL VISIT	1	2	3	ETC.
PARTICIPANT NAMES				
CHILD'S NAME AND AGE				
DIFFICULTIES IDENTIFIED				
OPTIONS SUGGESTED				
BEHAVIOR MOTHER AGREED TO TRY				

SESSION 22: IMPROVING NUTRITION AT THE COMMUNITY LEVEL

Learning Objectives

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

- 🌿 Discuss activities that can be conducted at the community level.
- 🌿 Explain the different training sessions for community health workers.
- 🌿 Organize supervision activities with community health workers.

Total Time

2 hours

Activities

22.1 Identifying Community Groups and Contact Points for Essential Nutrition Actions (30 minutes)

22.2 Review of Training Guide on ENA, EHA and FHP for Peace Corps Volunteers and Community Volunteers (1 hour 30 minutes)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- One copy of the training guide for each participant
- Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*, Document #58: Group Supervision Guidelines

ACTIVITY 22.1: IDENTIFYING COMMUNITY GROUPS AND CONTACT POINTS FOR ESSENTIAL NUTRITION ACTIONS

(30 minutes)

Methodology

- 🌿 Divide participants into six groups. Have each group discuss the community groups that exist that could be used to pass on the Essential Nutrition Actions messages—for example, groups concerned with growth promotion and monitoring, microfinance and microcredit, agriculture, farming, and literacy programs.
- 🌿 Ask each group to describe topics that should be discussed with people in these groups to sensitize them during a negotiation session.
- 🌿 Have the groups present their work in the plenary; discuss.

ACTIVITY 22.2: REVIEW OF TRAINING GUIDE ON ENA, EHA AND FHP FOR PEACE CORPS VOLUNTEERS AND COMMUNITY VOLUNTEERS

(1 hour 30 minutes)

Methodology

- 🌿 Divide participants into four groups.
- 🌿 Give each participant a copy of the *Essential Nutrition Actions and Essential Hygiene Actions A Reference Handbook for Peace Corps Volunteers and Community Volunteers*.
 - Ask Group 1 to review themes presented and methodologies used on the first day.
 - Have Group 2 review themes presented and methodologies used on the second day.
 - Assign to Group 3 themes presented and methodologies used on the third day.
 - Designate Group 4 to review and discuss when, where, and how “supervision in groups” should be conducted.
- 🌿 Invite each group to present a summary of its review and discussion.
- 🌿 Discuss practical issues of the training.

DOCUMENT #58: GROUP SUPERVISION GUIDELINES

Objectives

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

Time

2 hours 15 minutes

Frequency of supervision

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

Activity 1: Problems and Solutions in Breastfeeding, Complementary Feeding, Sick Children, and Women's Nutrition and Micronutrients

(45 minutes)

- 🌱 Each participant writes (or thinks of) two questions relating to breastfeeding, complementary feeding, sick children, and women's nutrition and micronutrients.
- 🌱 Have participants form three groups.
- 🌱 Have group members list all their questions and then as a group, discuss answers to shared questions.
- 🌱 In plenary, pose the questions, with facilitators to help provide answers.

Activity 2: Assessment of Negotiation Field Practice

(1 hour 30 minutes)

- 🌱 Divide participants into pairs.
- 🌱 Ask participants to practice negotiation sessions (four to six mothers per team).
- 🌱 Divide the tasks for each team as follows:
 - One participant negotiates with a mother while other participants observe, using the negotiation observation checklist (*see Document #55, Observation Checklist for Support Groups, above*). Then participants provide feedback.
 - Reverse roles until each team has negotiated with four to six mothers.
 - When all the teams have had a chance to practice negotiation skills, review feedback in plenary.
- 🌱 In plenary, have each team present the strong points and points to be improved.
- 🌱 Summarize key points and reinforce important ones.

Activity 3: Experience Sharing

(45 minutes)

- 🌿 Divide participants into three groups.
- 🌿 Have each group describe its community work.
- 🌿 Discuss the strong points, problems encountered, and solutions undertaken to solve those problems.
- 🌿 For each unsolved problem, ask group members to suggest potential appropriate solutions. The goal is for group members to see how to improve their way of working, choose which activities to maintain, and decide on optimal next steps.

Closing

- 🌿 Present and summarize group thoughts and highlights.
- 🌿 Set a date for the next meeting.

SESSION 23: COURSE EVALUATION

Time

15 minutes

Activity

23.1 Training Assessment (*15 minutes*)

What You Need

 Document #59: End-of-Training Evaluation Form

ACTIVITY 23.1: TRAINING ASSESSMENT

(15 minutes)

Methodology

-  Present Document #60 on a flip chart.
-  Ask participants to write their assessments in their notebooks.
-  Have each participant put his or her assessments on the flip chart.
-  Summarize participants' thoughts and present them to the group.
-  Thank everyone for their active participation.
-  Proceed to the closure of the training.

DOCUMENT #59: END-OF-TRAINING EVALUATION FORM

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

	GOOD	AVERAGE	UNSATISFACTORY
TRAINING OBJECTIVES			
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?

