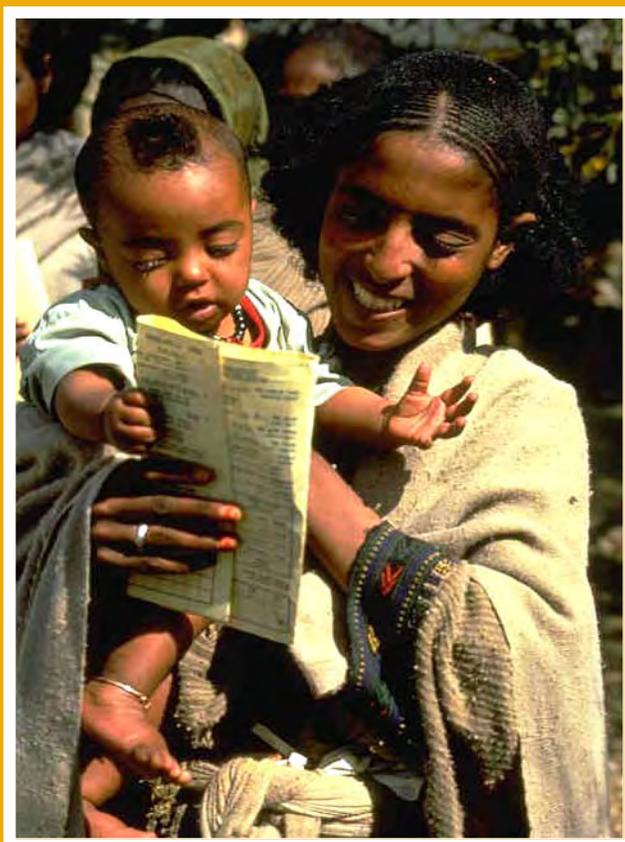


# **Trainer's Guide**

**Using the Essential Nutrition Actions  
to Improve the Nutrition  
of Women and Children in Ethiopia,  
including under Situations of  
Emergencies and HIV and AIDS**



**A Four Day Training Course  
for Pre-service Instructors  
of Health Training Institutions  
and MOH Program Planners**

**Ethiopia Public Health Training Initiative  
February 2004**

# The Ethiopia Public Health Training Initiative is supported by:



Federal Democratic Republic of Ethiopia  
Ministry of Education  
Ministry of Health



This Training Guide on the Essential Nutrition Actions for use in Ethiopia is a publication developed by LINKAGES: Breastfeeding, LAM, Related Complementary Feeding, and Maternal Nutrition Program, and was made possible through funding from the United States Agency for International Development (USAID) provided to the Academy for Educational Development (AED) by The Carter Center in Ethiopia and by the Bureau for Global Health of USAID under the terms of Cooperative Agreement No. HRN-A-00-97-00007-00. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the Carter Center, USAID or AED. For further information please contact:

Dr. Agnes B. Guyon  
Regional Advisor  
The LINKAGES Project/AED  
Addis Ababa, Ethiopia  
Email: [agneslk@telecom.net.et](mailto:agneslk@telecom.net.et)

Dr. Victoria Quinn  
Country Program Technical Manager  
The LINKAGES Project/AED  
1825 Connecticut Avenue, NW  
Washington, D.C. U.S.A. 20009  
Email: [vquinn@aed.org](mailto:vquinn@aed.org)

# Acknowledgements

AED/LINKAGES wishes to acknowledge the efforts of those individuals and their institutions that led to the development of this Four Day Training Course on 'Essential Nutrition Actions for Instructors of Pre-service Health Training Institutions and MOH Program Planners' in Ethiopia.

Appreciation is given to the United States Agency for International Development (USAID) for funding work related to the Essential Nutrition Actions, especially in the Greater Horn of Africa, as well as in Ethiopia and Madagascar, countries from which experiences have been drawn to lay the foundation of this present curricula. The Carter Center in Ethiopia, with funding from USAID/Ethiopia, is also gratefully acknowledged, along with its national training partners, in supporting AED/LINKAGES to undertake the development of this ENA course. In particular, the support of the Ministries of Education and Health is also appreciated in creating a conducive environment for the collaborative effort to take place which led to the development of these materials.

Dr Agnes Guyon (LINKAGES/Ethiopia Regional Advisor) and Dr Victoria Quinn (LINKAGES/D.C. Country Program Technical Manager) are the principal authors of this ENA training course and its technical presentations. They gratefully acknowledge the existing work of Dr Robert Mwadime (Regional Quality of Health Care Center in Uganda and LINKAGES Project), Dr Ellen Piwoz (AED/SARA Project), Dr Nancy Keith (formally LINKAGES Project), Ms Joan Schubert (LINKAGES Project), and AED's FANta Project from whom valuable reference materials were drawn. Acknowledgement is also given to UNICEF for the electronic photos used in the course presentations.

February 2004

# Background

This Trainer's Guide is intended to equip senior health instructors and planners in Ethiopia with the basic theory and technical update to design and implement the Essential Nutrition Actions (ENA) approach, or to train others to do so. A set of Lecture Notes on the Essential Nutrition Actions approach is also being developed, with USAID funding through the Carter Center, to accompany this Trainer's Guide with more detailed information on ENA.

The course is organized around different technical themes, which include malnutrition concepts and consequences, introduction to the ENA approach, infant and young child feeding, micronutrients, women's nutrition, contact points for ENA, behavior change communication, and monitoring and evaluation. For each technical theme, a detailed course plan is presented which includes objectives, time schedule, list of materials needed, *PowerPoint* presentations, handouts and reference documents. A pre-test and a post-test have also been included, as have 'key questions and answers' to be asked at the end of each thematic session. Plenary and group exercises are also described in full, and have been included to make the course participatory and interesting. It is intended that the basic reference documents should be provided to participants in hard copies, including all *PowerPoint* presentations.

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# Theme 1: Introduction and Pre-test

## PURPOSE

Create an atmosphere conducive for learning and the exchange of ideas among participants and facilitators.

## Theme objectives

At the end of the session, participants will have

1. Become acquainted with each other;
2. Shared their expectation;
3. Discussed the workshop objectives and time-table;
4. Discussed logistical questions; and
5. Established roles and rules.

## Overview

ACTIVITY 1.1: Introduction (40 minutes)

ACTIVITY 1.2: Expectations and Course Objectives (45 minutes)

ACTIVITY 1.3: Course Program and Logistics (20 minutes)

ACTIVITY 1.4: Pre-Test (30mn)

**Total Time** (2 hours and 15 minutes)

## Materials needed

- ✓ Flipcharts papers (+ markers)
- ✓ Overhead projector (or LCD projector)
- ✓ Strips of paper (cut A4 paper into 4 strips)
- ✓ Ball of string

## Advance Preparation

## Handouts

HO1.1	Course overview
HO1.2	Course goal and objectives
HO1.3	Time Table
HO1.4	Pre-test

## Detailed activities

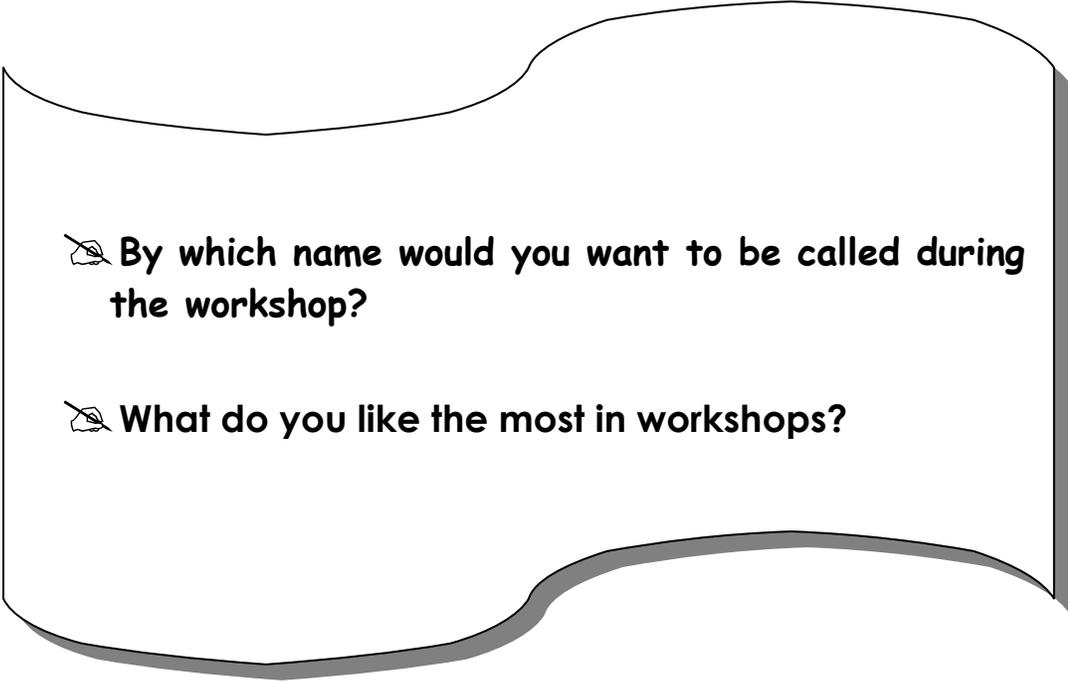
### ACTIVITY 1.1: Introduction (40 minutes)

Step 1: (5 minutes)

- Welcome the participants and explain the purpose of the workshop

Step 2: (15-35 minutes)

- Ice-breaker and introductions. Ask participants to introduce themselves.
- Throw the ball of string, with the person receiving the ball introducing her/himself and telling what they like most in workshops.



By which name would you want to be called during the workshop?

What do you like the most in workshops?

### **ACTIVITY 1.2: Expectations and Course Objectives (45 minutes)**

#### Step 1: (5minutes)

- Individually, ask participants to write their main expectation on a strip of paper.
- Allow one expectation per strip.

#### Step 2: (10 minutes)

- Collect the strip
- Read each strip out loud
- Pin/tape them on the board or wall so all can see

#### Step 3 (25 minutes)

- Present the workshop objectives on the flipchart and distribute **(HO1.1)**.
- Compare the objectives to the participant's expectation list. (10 minutes).  
If necessary, discuss how to change the objectives to better meet the expectations of the group.
- Present the description of the course. Distribute **(HO1.2)**

### **ACTIVITY 1.3: Course Program and Logistics (20 minutes)**

#### Step 1: (5 minutes)

- Present the workshop time-table **(HO1.3)**

#### Step 2: (5 minutes)

- Invite participants to decide on workshop rules.

#### Step 3: (10 minutes)

- Invite the person overseeing logistics to discuss these points

### **ACTIVITY 1.4: Pre-test (30 minutes)**

#### Step 1:

- Present the pre-test and distribute to each participant **(HO1.4)**
- Allow a maximum of 45 minutes to answer the questions

#### Step 2:

- Collect the pre-test forms and analyze them to assess baseline knowledge of the participants

## Theme 2: Malnutrition Concepts & Consequences

### PURPOSE

Provide participants with a basic foundation on the nature of malnutrition, its causes, consequences, and possible intervention points. Emphasis is given to creating a common understanding through the Conceptual Framework of Young Child Malnutrition and the Triple A Cycle.

### Theme objectives

At the end of the session, participants will:

1. Describe the type and scope of malnutrition problems in women and children in Ethiopia;
2. Analyze the causes and consequences of malnutrition in Ethiopia;
3. Discuss the different ways to assess malnutrition;
4. Identify the key periods for nutrition in the lifecycle; and
5. Analyze the strengths and weaknesses of approaches used to address malnutrition in Ethiopia.

### Overview

- ACTIVITY 2.1: Review the objectives of Theme 2 (5 minutes)  
ACTIVITY 2.2: General concepts and definitions (45 minutes)  
ACTIVITY 2.3: Why nutrition matters? (1 hour)  
ACTIVITY 2.4: Conceptual framework of young child nutrition (1 hour)  
ACTIVITY 2.5: What is currently be done/taught in nutrition? (1 hour)  
ACTIVITY 2.6: What can be reinforced, improved, or modified (1 hour)

ACTIVITY 2.7: Mood meter (10 minutes)

**Total Time** (5 hours)

### **Materials needed**

- ✓ Flipchart papers (+ markers)
- ✓ Overhead projector (or LCD projector)
- ✓ Strips of paper (cut A4 paper into 4 strips)
- ✓ Tape or pins

### **Advance Preparation**

#### PowerPoint Presentations

- PPT 2.1 Malnutrition: *General concepts and definition*  
PPT 2.2 Why nutrition matters?  
PPT 2.3 Young child malnutrition: The Conceptual Framework & Triple A Cycle

#### Handouts

- HO2.1 Objectives of Theme 2: Malnutrition-Types, causes, consequences and solutions  
HO2.2 Ethiopian Nutrition *Profiles* (script)  
HO2.3 Ethiopian Nutrition *Profiles* (also refer to Reference 2.1)  
HO2.4 Conceptual framework of young child nutrition  
HO2.5 Mood meter

#### Reference document

- Ref2.1 PowerPoint presentation on Ethiopia *Profiles* (see electronic reference)

### **Detailed activities**

#### **ACTIVITY 2.1: Review the objectives of Theme 2**

Step 1: (5 minutes)

- Review the objectives of Theme 2 and distribute (HO2.1)

**ACTIVITY 2.2: General concepts and definitions (45 minutes)**

Step 1: (30 minutes)

- Present "Malnutrition: General concepts and definition (PPT2.1) (or overhead)

Step 2: (10 minutes)

- Ask for questions and clarification

Step 3: (5 minutes)

- Ask Key Questions to participants (see page 2.6)

**ACTIVITY 2.3: Why nutrition matters? (1 hour)**

Step 1: (40 minutes)

- Present "Why nutrition matters? (PPT2.2) (or overhead)
- Refer to the Ethiopian nutrition *Profiles* (HO2.2 and HO2.3/Ref.2.1)
- Distribute handouts

Step 2: (10 minutes)

- Ask for questions and clarification

Step 3: (10 minutes)

- Ask key questions to participants (see page 2.7)

**ACTIVITY 2.4: Conceptual framework of young child nutrition (1 hour)**

Step 1: (10 minutes)

- Give two strips of paper to each participant
- Ask them to write one main cause of malnutrition on each strip.

Step 2: (5 minutes)

- Using larger strips of paper, write out the following headings and stick onto wall or board, situating underlying causes above, and root causes below.

Underlying Causes (Household Food Security, Health, Care)

Root Causes

Allow enough room between headings for participants to later stick their papers containing causes of malnutrition

Step 3: (30 minutes)

- Ask the participants to one at a time to stick their strips of paper with the causes of malnutrition under the most appropriate heading

- Guide the participants, as appropriate, to place their strips with various causes of malnutrition to follow the overall lay-out of the Conceptual Framework

Step 4: (10 minutes)

- Present the Conceptual Framework (**PPT2.3**) (or overhead)
- Discuss what the participants did under Step 3 above to reinforce points related to the causes of malnutrition as well as to identify any gaps

Step 5: (5 minutes)

- Distribute the handout (**HO2.4**)

### **ACTIVITY 2.5: What is currently be done/taught in nutrition?**

**(1 hour)**

Step 1: (5 minutes)

- Divide the participants into groups of four to five persons with common backgrounds.

- Ask each group to discuss what is currently happening in nutrition (in terms of intervention programs or teaching courses).

Step 2: (30 minutes)

- Working groups

Step 3: (25 minutes)

- Presentation of each group

- Ask for questions and clarification

### **ACTIVITY 2.6: What can be reinforced, improved, and/or modified**

**(1 hour)**

Step 1: (5 minutes)

- Organize participants into groups of five to six persons (randomly) to discuss what is missing in nutrition programming/teaching?

Step 2: (30 minutes)

- Working groups

Step 3: (25 minutes)

- Presentation of each group
- Ask for questions and clarification

**ACTIVITY 2.7: Mood meter (10 minutes)**

- Ask the participants to put a check for "Day 1" in either the column happy, indifferent, or unhappy to represent their assessment of that day. (Explain this is to assess the mood of the group). **(HO2.5)**

**Key Questions and Answers:**  
**Malnutrition general concepts and definitions**

Q1: Name two indicators used to assess PEM in a two-year old child.

A1: Weight/age, height/age and/or weight/height (answering weight and height alone is incorrect as these are measurements and not indicators).

Q2: What is the best indicator to reflect chronic malnutrition in children?

A2: Stunting (height for age)

Q3: What is one way to assess PEM in a non-pregnant woman?

A3: BMI ( $\text{kg}/\text{m}^2$ ) less than 18.5 (a measure of 'thinness' and current nutritional status) or weight less than 45 kg.

Q4: What are the best ways to assess micronutrient deficiencies?

A4: Biochemical or clinical assessment.

Q5: What percent of Ethiopian children under the age of five are chronically malnourished?

A5: 51%

Q6: What percent of Ethiopian women suffer from PEM?

A6: 26%

Q7: What are the key points in the life cycle that are critical for nutritional interventions?

A7: Birth and neonatal period; infancy; pre-school; school age; adolescence (esp. for females), pregnancy/lactation

Q8: What causes the majority of the short height seen in Ethiopian women?

A8: Childhood malnutrition NOT genetics.

## Key Questions and Answers:

### Why nutrition matters?

Q1: What are the two major 'immediate' causes of child malnutrition in Ethiopia?

A1: Inadequate diet and poor health

Q2: What are the three major underlying causes of child malnutrition in Ethiopia?

A2: Inadequate household food security, inadequate maternal and childcare and insufficient health care, sanitation and hygiene.

Q3: How much height can a young child 'lose' due to malnutrition by the age of 24 months?

A3: Over 11 cm.

Q4: Why is the wellbeing of women so important to ensuring good nutrition in young children?

A4: Women's access and control over resources directly affects the three underlying causes of malnutrition (household food security, care and health). Other factors such as a woman's knowledge and education level also affect her ability to care for her child, and hence can impact on nutrition, health and mortality outcomes.

Q5: To combat the growth faltering that occurs in the first year of life, where should we intervene?

A5: Infant and young child feeding practices during the first year of life, and women's nutrition, particularly during pregnancy.

Q6: Why does nutrition matter?

A6: Because of its huge impact on morbidity, survival, educability, and productivity.

## Theme 3: The Essential Nutrition Actions (ENA)

### PURPOSE

Introduce the ENA approach to the participants emphasizing:

1. It is action oriented;
2. It increases coverage of nutrition services beyond growth monitoring and promotion (GM/P); and
3. Each component is based on proven impact.

### Theme objectives

At the end of the session, participants will:

1. Describe the Essential Nutrition Actions for maternal and child nutrition; and
2. Recite the key messages under each of the Essential Nutrition Action.

### Overview

ACTIVITY 3.1: Review the objectives of Theme 3 (5 minutes)

ACTIVITY 3.2: Presentation of Essential Nutrition Actions (45 minutes)

**Total Time** (50 minutes)

### Materials needed

- ✓ Overhead projector (or LCD projector)

## **Advance Preparation**

### PowerPoint Presentation

PPT 3.1 The Essential Nutrition Actions

### Handouts

HO3.1 Objectives of Theme 3

### Reference document

Ref3.1 "Program Review of Essential Nutrition Actions: District Check-list" (see electronic reference)

## **Detailed activities**

### **ACTIVITY 3.1: Review the objectives of Theme 3**

Step 1: (5 minutes)

- Review the objectives of Theme 3 and distribute (**HO3.1**)

### **ACTIVITY 3.2: (45 minutes)**

Step 1: (25 minutes)

- Present the ENA approach (**PPT3.1**) (or overhead)

Step 2: (10 minutes)

- Ask for questions and clarification

Step 3: (5 minutes)

- Ask Key Questions to the participants (**see page 3.3**)

Step 4 (5 minutes)

- Explain "Program Review of ENA: District Check-list" document (**see electronic copy Ref 3.1**)
- Distribute

**Key Questions and Answers:**  
**The Essential Nutrition Actions**

Q1: Name the one Essential Nutrition Action that is very important and NOT in the book "Nutrition Essentials"?

A1: Women's Nutrition

Q2: How many months should a mother exclusively breastfeed her baby?

A2: 6 months

Q3: What are the 6 health contacts to implement ENA?

- A3:
- Pregnancy
  - Delivery
  - Post-natal
  - Immunization
  - Well Baby contact
  - IMCI

Q4: In what other health programs could ENA be integrated?

## Theme 4: Infants and Young Child Feeding (IYCF)

### PURPOSE

Provide participants with a basic foundation in infant and young child feeding (IYCF), including key messages, benefits of breastfeeding, guiding principles for breastfeeding and complementary feeding, as well as infant feeding options under conditions of HIV and AIDS.

### Theme objectives

At the end of the session, participants will:

1. Describe infant and young child feeding patterns in Ethiopia, and their implications for child health;
2. Recite optimal breastfeeding behaviors;
3. Recite optimal complementary behaviors;
4. Describe the benefits of breastfeeding for the infant, mother, family and community;
5. Understand how to address IYCF during times of emergencies;
6. Describe key elements of the Code of Marketing of Breast Milk Substitutes;
7. Describe key elements of the Baby Friendly Hospital Initiative;
8. Identify common breastfeeding problems and their solutions; and
9. Describe the issues related to infant feeding and HIV and AIDS, including different infant feeding options.

## Overview

- ACTIVITY 4.1: Review objectives of Theme 4 (5 minutes)
- ACTIVITY 4.2: Infant and Young Child Feeding: Guiding Principles (45 minutes)
- ACTIVITY 4.3: To Remember (45 minutes)
- Benefits of breast feeding for the baby
  - Benefits of breast feeding for the mother and the community
  - Key breastfeeding behaviors
  - Key complementary feeding behaviors
- ACTIVITY 4.4: The Code of Breast Milk Substitutes (BMS) and the Baby Friendly Hospital Initiative (BFHI) (30 minutes)
- ACTIVITY 4.5: Identification of breast feeding problems and their solutions (1 hour)
- ACTIVITY 4.6: Prevention of Mother to Child Transmission (pMTCT) (1 hour 20 minutes)
- ACTIVITY 4.7: Mood meter (5 minutes)

**Total Time** (4 hours & 30 minutes)

## Materials needed

- ✓ Flipchart papers (+ markers)
- ✓ Overhead projector (or LCD projector)

## Advance Preparation

### PowerPoint Presentations

- PPT 4.1 Infant & Young Child Feeding: Guiding Principles
- PPT 4.2 The Code of Marketing of Breast Milk Substitutes and the Baby Friendly Hospital Initiative
- PPT 4.3 Infant Feeding and HIV and AIDS: Prevention of Mother to Child Transmission

## Handouts

- HO4.1 Objectives of Theme 4
- HO4.2 Benefits of breastfeeding for the baby, the mother, the community and the country
- HO4.3 Optimal breastfeeding behaviors
- HO4.4 Optimal complementary feeding behaviors
- HO4.5 Correct positioning and attachment
- HO4.6 Ten conditions for a successful Baby Friendly Hospital
- HO4.7 Breastfeeding problems and their solutions
- HO4.8 AFASS Guidance Sheet
- HO4.9a Preparation guide for home prepared replacement feedings for infants
- HO4.9b Recipes and amounts for replacement feedings needed at different ages
- HO4.10a Advantages and disadvantages of exclusive breastfeeding
- HO4.10b Advantages and disadvantages of wet-nursing
- HO4.10c Advantages and disadvantages of treated breastmilk
- HO4.10d Advantages and disadvantages of commercial infant formula
- HO4.10e Advantages and disadvantages of home-prepared animal milk
- HO11 Early cessation of breastfeeding

## Reference documents

- Ref 4.1 Global Strategy for Infant & Young Child feeding. WHO 2002 (see electronic copy)
- Ref 4.2 Guiding Principles for Complementary Feeding of the Breastfeeding Child. PAHO (see electronic copy)
- Ref 4.3 Facts for Feeding: Recommended Practices to Improve Infant Nutrition during the first 6 months. LINKAGES/AED (see electronic copy)
- Ref 4.4 Facts for Feeding: Birth, Initiation of BF, and the First Seven Days after Birth. LINKAGES/AED (see electronic copy)
- Ref 4.5 Facts for Feeding: Exclusive BF: The Only Water Source Young Infants Needs. LINKAGES/AED (see electronic copy)
- Ref 4.6 Facts for Feeding: Guidelines for Appropriate Complementary Feeding of BF Children 6-24 months of age. LINKAGES/AED (see electronic copy)

- Ref 4.7 Frequency Asked Questions: BF and Maternal Nutrition. LINKAGES/AED  
(see electronic copy)
- Ref 4.8 Frequency Asked Questions: Lactational Amenorrhea Method. (LAM). LINKAGES/AED (see electronic copy)
- Ref 4.9 The International Code of Breast Milk Substitutes  
(see electronic copy)
- Ref 4.10 HIV and Infant Feeding: Guidelines for Decision-makers. UNICEF/UNAIDS/WHO/UNFPA. 2003 (see electronic copy)
- Ref 4.11 HIV and Infant Feeding: A Guide for Health Care Managers and Supervisors. UNICEF/UNAIDS/WHO/UNFPA. 2003 (see electronic copy)
- Ref 4.12 HIV and Infant Feeding - Framework on Primary Actions. UNICEF/UNAIDS/WHO/UNFPA. 2003 (see electronic copy)
- Ref 4.13 Frequently asked questions: Breast Feeding and HIV/AIDS. LINKAGES/AED (see electronic copy)

## Detailed activities

### **ACTIVITY 4.1: Review objectives of Theme 4**

Step 1: (5 minutes)

- Review the objectives of Theme 4 and distribute **(HO4.1)**

### **ACTIVITY 4.2: Infant and Young Child Feeding: Guiding Principles (45 minutes)**

Step 1: (20 minutes)

- Present the "IYCF: Guiding Principles" **(PPT4.1)** (or overhead)

Step 2: (10 minutes)

- Ask for questions and clarification

Step 3: (5 minutes)

- Ask Key Questions to the participants **(see page 4.8)**

Step 4: (10 minutes)

- Distribute reference documents **(Ref 4.1 to Ref 4.8)**

**ACTIVITY 4.3: To Remember: Benefits of Breastfeeding (45 minutes)**

Step 1: (20 minutes)

- 4 flipcharts are displayed throughout the room, each with a theme:  
1) Benefits of breast feeding for the baby; 2) Benefits of breast feeding for the mother and the community; 3) Key breast feeding behaviors; 4) Key complementary feeding behaviors
- Divide the participants into four groups
- Each group rotate from chart to chart (2 minutes per chart) and write down benefits/key behaviors. Participants are asked not to repeat the same benefit/key behaviors

Step 2: (25 minutes)

- Presentation of each group
- Ask for questions and clarification
- Distribute handouts and ask participants to read them out loud (**HO4.2, HO4.3, HO4.3, HO4.5**)

**ACTIVITY 4.4: The code of Breast Milk Substitution (BMS) and The Baby Friendly Hospital Initiative (BFHI) (30 minutes)**

Step 1: (20 minutes)

- Present "The Code of Marketing of Breast Milk Substitutes (BMS) and The Baby Friendly Hospital Initiative (BFHI) (**PPT 4.2**)

Step 2: (10 minutes)

- Ask for questions and clarification
- Distribute handout (**HO4.6**) and reference document (**Ref 4.9**)

**ACTIVITY 4.5: Identification of breast feeding problems and their solutions (1 hour)**

Step 1: (5 minutes)

- Divide participants into six groups
  - Two groups address BF problems related to the breasts and their solutions (for women who are HIV negative or do not know their status)

- Two groups address BF problems related to the baby and their solutions
- Two groups address BF problems related to the mother and their solutions

Step 2: (30 minutes)

- Working groups

Step 3: (25 minutes)

- Presentation of each group
- Ask for questions and clarification
- Vote for the best group presentation within the same subject

Step 4:

- Distribute handout (**HO4.7**)

**ACTIVITY 4.6: Infant Feeding and HIV/AIDS: Prevention of Mother to Child Transmission (pMTCT) (1 hour 20 minutes)**

Step 1: (15 minutes)

- In plenary, ask participants *"What infant feeding options exist for mothers in an area affected by HIV and AIDS?"*
- Write answers on a flipchart (be sure to separate the options for women who know they are HIV positive and options for women who are HIV negative or do not know their status).

Step 2 (40 minutes)

- Present "Infant Feeding and HIV and AIDS" (**PPT4.3**) (or overhead)

Step 3: (15 minutes)

- Ask for questions and clarification

Step 4: (10 minutes)

- Ask Key Questions to the participants (**see page 4.9**)

Step 5:

- Distribute handouts to participants (**HO4.8, HO4.9, HO4.10, HO4.11**)

- Distribute reference documents (Ref4.10 to Ref4.13)

### **Activity 4.7      Mood Meter (5 minutes)**

- From the same mood meter chart from Day 1, the participants mark a cross depending on in their mood at the end of the Day 2.

## Key Questions and Answers: Infant and Young Child Feeding

Q1: For how many months should an infant in Ethiopia be exclusively breastfed (assume women is of unknown HIV status).

A1: 6 months

Q2: What is the infant feeding advice to give a mother with an infant less than 6 months who is sick?

A2: Breastfeed more during and after illness.

Q3: What is the major factor influencing breastmilk production?

A3: Frequency of suckling

Q4: Should a women empty one breast before the other, and why?

A4: Yes, as this ensures that the infant gets the rich hindmilk.

Q5: What percentage of calories does breastmilk provide from 12-24 months?

A5: 35-40% of calories during the second year of life typically come from breastmilk.

Q6: How many times a day, on average, should a child 6-8 months be fed? 9-11 months? 12-34 months?

A6: 2-3 times, 3-4 times, 3-4 times, if the child is healthy. In all cases 1-2 snacks a day should also be eaten.

Q7: What micronutrient is almost always deficient in complementary foods?

A7: iron

**Key Questions and Answers:**  
**Infant Feeding in the context of HIV and AIDS**

Q1: All babies born to HIV+ mothers will contract the HIV virus (please circle). True or False?

A1: False, about 55-75% do NOT become infected.

Q2: What is the percentage breakdown of the timing of MTCT?

A2: Pregnancy: 5-10%; Delivery: 10-20%; Breastfeeding for 24 months: 10-20%

Q3: What infant feeding options exist for HIV positive women?

A3: Depending on the AFASS status, options include:

- exclusive breastfeeding (with early cessation, if possible)
- express, heat-treat and cup-feed breastmilk
- use a HIV negative wet-nurse
- use exclusive replacement feeding with commercial formula
- use exclusive replacement feeding with home-made formula

Q4: The best advice that a health worker can give to a well-to-do HIV+ mother is NOT to breastfeed at all (please circle). True or False

A4: True.

Q5: The best advice that a health worker can give to a poor HIV+ mother is NOT to breastfeed at all (please circle). True or False

A5: False

Q6: What AFASS stand for?

A6: Acceptable, Feasible, Affordable, Sustainable and Safe.

Q7: For an HIV positive mother who chooses to exclusive breastfeed, what are two very important factors of which she must take care?

A7: (1) Early detection and treatment of breast problems, and (2) Ensure her health and nutrition status are adequately looked after.

## Theme 5: Micronutrients

### PURPOSE

Provide information to participants on micronutrient deficiencies in general, with specific focus on the control of vitamin A deficiency, anemia, and iodine deficiency.

### Theme objectives

At the end of the session, participants will:

1. Describe each problem, who is affected, and the consequences;
2. Describe the diagnosis of each;
3. Describe the preventative and curative actions that can be taken for each;
4. Recite what the key contact points are for promoting actions for each; and
5. Appreciate the role of the Essential Nutrition Actions approach to address micronutrient deficiencies during times of emergencies.

### Overview

- ACTIVITY 5.1: Review of the objectives of the Theme 5 (5 minutes)  
ACTIVITY 5.2: Control of vitamin A deficiency (45 minutes)  
ACTIVITY 5.3: Control of anemia deficiency (35 minutes)  
ACTIVITY 5.4: Control of Iodine Deficiency Disorders (35 minutes)

**Total Time** (2 hours)

### Materials needed

- ✓ Flipchart paper (+ markers)
- ✓ Overhead projector (or LCD projector)

## **Advance Preparation**

### PowerPoint Presentations

- PPT 5.1 Vitamin A Deficiency
- PPT 5.2 Control of Anemia
- PPT 5.3 Iodine Deficiency Disorders (IDD)

### Handouts

- HO5.1 Objectives of Theme 5

### Reference documents

- Ref5.1 Facts for Feeding: Breast Milk - A Critical Source of Vitamin A for Infants and Young children. (see electronic copy)
- Ref5.2 Integrating Vitamin A with Immunization (see electronic copy)
- Ref5.3 Anemia Prevention and Control: What Works USAID et. al. 2003 (see electronic copy)
- Ref5.4 Assessment of IDD and Monitoring their Elimination, WHO 2001 (see electronic copy)

## **Detailed activities**

### **ACTIVITY 5.1 Review the objectives of Theme 5**

Step 1: (5 minutes)

- Review the objectives of Theme 5 and distribute (HO5.0)

### **ACTIVITY 5.2: Vitamin A deficiency (45 minutes)**

Step 1: (30 minutes)

- Present "Control of Vitamin A Deficiency" (PPT5.1) (or overhead)

Step 2: (10 minutes)

- Ask for questions and clarification

Step 3: (5 minutes)

- Ask Key Questions to the participants (see page 5.4)
- Distribute and refer to reference documents (Ref 5.1 and 5.2)

**ACTIVITY 5.3: Control of Anemia (35 minutes)**

Step 1: (20 minutes)

- Present "Control of Anemia" (PPT5.2) (or overhead)

Step 2: (10 minutes)

- Ask for questions and clarification

Step 3: (5 minutes)

- Ask Key Questions to the participants (see page 5.5)
- Refer to electronic reference document (Ref 5.3)

**ACTIVITY 5.4: Iodine Deficiency Disorders (35 minutes)**

Step 1: (20 minutes)

- Present "Control of Iodine Deficiency Disorders" (PPT5.3) (or overhead)

Step 2: (10 minutes)

- Ask for questions and clarification

Step 3: (5 minutes)

- Ask Key Questions to the participants (see page 5.5)
- Distribute handouts (HO5.5 to HO5.7)

**Key Questions and Answers:**  
**Control of Vitamin A deficiency**

Q1: Vitamin A deficiency is due to inadequate food intake and multiple infections. True or False?

A1: True

Q2: What are the four strategies to control Vitamin A deficiency?

A2: Breastfeeding, food diversification, supplementation and fortification

Q3: One action is to give one Vitamin A capsule 200 000 IU to women during pregnancy. True or False

A3: False, never give Vitamin a capsules during pregnancy; only give to post-partum women within 8 weeks after delivery

Q4: The supplementation of vitamin A for children 6-59 months is done once a year. True or false?

A4: False, twice a year

Q5: Children 6-12 months should receive 100 000 IU of A vitamin. True or False?

A5: True.

## **Key Questions and Answers:** **Control of Anemia**

Q1: What parasites can cause anemia?

A2: Hookworm, schistosomiasis, malaria

Q2: The supplementation regime of iron/folic acid for pregnant women is 30 tablets. True or False?

A2: False, 1 tablet each day for six months during pregnancy, and if the prevalence is more than 40%, then an additional three months post-partum is recommended

Q3: De-worming during the last quarter of the pregnancy is dangerous. True or False?

A3: False, it is not dangerous during pregnancy.

Q4: What are the four major strategies to control anemia?

A4: Food diversification, supplementation or treatment, fortification, control of parasites (malaria and worms)

## **Key Questions and Answers:** **Control of IDD**

Q1: For what is thyroxine important?

A1: Brain development, reproduction, growth, body temperature

Q2: Who is most at risk?

A2: People living in areas with iodine deficient soil

Q3: What is the current strategy recommended to control IDD?

A3: Universal iodized salt

## Theme 6: Women's Nutrition

### PURPOSE

Provide information to the participants on the importance of women's nutrition, and on nutrition in the context of HIV and AIDS.

### Theme objectives

At the end of the session, participants will:

1. Describe the problem of women's nutrition, its magnitude, and consequences;
2. Describe the preventative and curative actions that can be taken;
3. Recite what the key contact points are for promoting actions; and
4. Appreciate the role of the Essential Nutrition Action approach to address women's nutrition during times of emergencies and in the context of HIV and AIDS

### Overview

- ACTIVITY 6.1: Review the objectives of Theme 6 (5 minutes)  
ACTIVITY 6.2: Women's Nutrition (30 minutes)  
ACTIVITY 6.3: How to break the inter-generational cycle of malnutrition? (1 hour)  
ACTIVITY 6.4: Nutrition and HIV and AIDS (30 minutes)  
ACTIVITY 6.5: Mood meter (5 minutes)

**Total Time** (2 hours & 10 minutes)

### Materials needed

- ✓ Flipchart papers (+ markers)
- ✓ Overhead projector (or LCD projector)

## **Advance Preparation**

### PowerPoint Presentations

PPT6.1: Woman's Nutrition

PPT6.2: Nutrition and HIV and AIDS

### Handouts

HO6.1 Objectives for Theme 6

### Reference document

Ref 6.1 Essential Health Sector Actions to Improve Maternal Nutrition in Africa (see electronic copy)

## **Detailed activities**

### **ACTIVITY 6.1: Review the objectives of Theme 6**

Step 1: (5 minutes)

- Review the objectives of Theme 6 and distribute (HO6.1)

### **ACTIVITY 6.2: Women's Nutrition (30 minutes)**

Step 1: (20 minutes)

- Present "Women's Nutrition" (PPT6.1) (or overhead)

Step 2: (5 minutes)

- Ask for questions and clarification

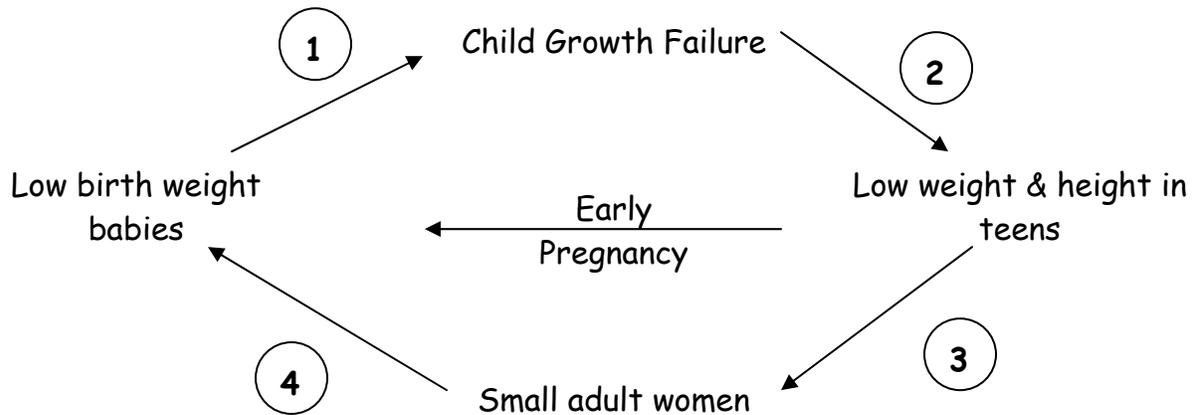
Step 3: (5 minutes)

- Ask Key Questions to the participants (see page 6.4)

Step 4:

- Distribute reference document (Ref 6.1)

**ACTIVITY 6.3: How to break the inter-generational cycle of malnutrition? (1 hour)**



Step 1: (30 minutes)

- Divide participants into 4 working groups
- Each group discuss how to break the cycle at each of the four levels 1, 2, 3, and 4

Step 2: (30 minutes)

- Presentation of each group
- Ask participants to make comments as necessary

**ACTIVITY 6.4: Nutrition and HIV and AIDS (30 minutes)**

Step 1: (20 minutes)

- Present nutrition and HIV/AIDS

Step 2: (10 minutes)

- Ask for questions and clarification
- Ask Key Questions to the participants (see page 6.4)

**Activity 6.5: Mood meters (5 minutes)**

- From the same mood meter chart from the Days 1 and 2, the participants mark a cross depending on their mood at the end of the Day 3.

## **Key Questions and Answers:** **Women's Nutrition**

Q1: What physiological condition requires the most iron?

A1: Pregnancy

Q2: Pregnant women need to increase their caloric intake more than lactating women. True or False?

A2: False, pregnant women need an additional 200 kcal/day versus an additional 650 kcal/day for lactating women

Q3: Focusing on pregnant and lactating women is the most important point in the life cycle to improve the nutrition of women.

A3: False, we need to start at infancy, and continue through childhood and adolescence

Q4: Name three nutrition messages/actions for a pregnant women.

A4: Increase dietary intake; give IFA supplementation; give malaria prophylaxis/treatment; give anti-helminthics

## **Key Questions and Answers:** **HIV and Nutrition**

Q1: The promotion of a nutritious diet is a key component in the Care and Support of HIV+ mothers. True or False?

A1: True.

## Theme 7: ENA Contacts

### PURPOSE

Provide participants with an understanding of the different periods of the life cycle where the Essential Nutrition Actions can be implemented, both in the health sector as well as in other relevant sectors.

### Theme objectives

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

1. Integrate Essential Nutrition Actions into each major health sector contacts; and
2. Integrate Essential Nutrition Actions into selected contacts outside of the health sector, including emergency contacts such as at Therapeutic Feeding Centers and emergency food distribution.

### Overview

- ACTIVITY 7.1: Objectives of Theme 7 (5 minutes)  
ACTIVITY 7.2: The Missing Piece (video) (45 minutes)  
ACTIVITY 7.3: ENA contacts (30 minutes)  
ACTIVITY 7.4: ENA in the health sector (1 hour)  
ACTIVITY 7.5: ENA outside the health sector (45 minutes)

**Total Time** (3 hours & 5 minutes)

### Materials needed

- ✓ Flipchart papers (+ markers)
- ✓ Overhead projector (or LCD projector)
- ✓ TV and VCR
- ✓ Video: The Missing Piece: ENA in Madagascar (country case study)

## **Advance Preparation**

### PowerPoint Presentations

PPT7.1      ENA Contacts

### Handout

HO7.1:      Objectives of Theme 7

HO7.2:      ENA Jobs Aids

## **Detailed activities**

### **ACTIVITY 7.1: Review the objectives of Theme 7**

Step 1: (5 minutes)

- Review the objectives of Theme 3 and distribute **(HO7.1)**

### **ACTIVITY 7.2: (45 minutes)**

Step 1: (25 minutes)

- Show the Madagascar video "The Missing Piece"
- Introduce the video as a country case study for ENA

Step 2: (20 minutes)

- Ask for questions and clarification

### **ACTIVITY 7.3: (30 minutes)**

Step 1: (25 minutes)

Present "ENA contacts" **(PPT7.1)**

Step 2: (5 minutes)

Ask for questions and clarification

### **ACTIVITY 7.4: (1 hour)**

Step 1: (30 minutes)

- Divide participants into 6 groups (by contact point)
- Each group discusses what ENA should be integrated into their assigned health contact point:
  - Pregnancy
  - Delivery
  - Postnatal
  - Immunization
  - Well child visit
  - IMCI

Step 2: (30 minutes)

- Each group presents
- Ask participants to identify and complete any gaps after each presentation
- Distribute examples of Jobs Aids (**HO7.2**)

### **ACTIVITY 7.5 (45 minutes)**

Step 1: (10 minutes)

- In plenary, ask the participants to identify other possible contacts outside the health sector.

Step 2: (20 minutes)

- Divide participants into groups (one group per non-health contact identified in Step 1)
- Each group discusses the possible ENA for each of the non-health sector contacts identified in Step 1.

Step 3: (15 minutes)

- Each group presents
- Ask the participants to identify and complete gaps at end of all presentations.

## Theme 8: Behavior Change Communication for ENA

### PURPOSE

Provide information to the participants on the importance of Behavior Change Communication for implementing ENA.

### Theme objectives

At the end of the session, participants will:

1. Describe the difference between health education and BCC;
2. Describe the Stages of Change model;
3. Describe key steps in planning for a BCC program;
4. Identify key target groups for IYCF BCC;
5. Name three different types of communication channels;
6. Name the strengths of each channel in term of increasing knowledge or changing behaviors; and
7. Understand why promoting breastfeeding is a good entry point for ENA BCC.

### Overview

- ACTIVITY 8.1: Review of objectives of Theme 8 (5 minutes)  
ACTIVITY 8.2: "Importance of BCC for implementing the ENA approach:  
Part 1 - The Theory. (40 minutes)  
ACTIVITY 8.3: BCC Case Studies (30 minutes)  
ACTIVITY 8.4: "Importance of BCC for implementing the ENA approach:  
Part 2 - The Practice (45 minutes)

**Total Time** (2 hours)

## Materials needed

- ✓ Flipchart papers (+ markers)
- ✓ Overhead projector (or LCD projector)

## Advance Preparation

### PowerPoint Presentations

- PPT8.1 "Importance of BCC for implementing the ENA approach: Part I  
The Theory
- PPT8.2 "Importance of BCC for implementing the ENA approach: Part II  
The Practice

### Handouts

- HO8.1 Objectives for Theme 8

### Reference documents

- Ref 8.1 Training Tools: Experiences LINKAGES. (see electronic copy)
- Ref 8.2 Behavior Change Communication: Experiences LINKAGES.  
(see electronic copy)
- Ref 8.3 Program Approach: Experiences LINKAGES.  
(see electronic copy)
- Ref 8.4 Mother-To-Mother Support Groups for Breastfeeding:  
Frequently Asked Questions. LINKAGES/AED(see electronic  
copy)

## Detailed activities

### **ACTIVITY 8.1: Review the objectives of Theme 8**

Step 1: (5 minutes)

- Review the objectives of Theme 8 and distribute (HO8.1)

### **ACTIVITY 8.2: "Importance of BCC for Implementing ENA: The Theory (40 minutes)**

Step 1: (30 minutes)

- Present the "Importance of BCC for Implementing ENA: The Theory (PPT8.1) (or overhead)

Step 2: (10 minutes)

- Ask for questions and clarification

### **ACTIVITY 8.3: BCC Case Studies (30 minutes)**

Step 1: (20 minutes)

- Organize participants into three working groups with each group discussing one of the three Behavior Change case studies (distribute HO 8.2)

Step2: (10 minutes)

- Each group presents in plenary
- Ask for questions and clarification
- Give the answers of the three case studies (see page 8.4)

### **ACTIVITY 8.4: "Importance of BCC for Implementing ENA: The Practice (45 minutes)**

Step 1: (30 minutes)

- Present the "Importance of BCC for Implementing ENA: The Practice (PPT8.2) (or overhead)

Step 2: (10 minutes)

- Ask for questions and clarification
- Ask Key Questions to the participants (see page 8.5)

Step 4: (5 minutes)

- Distribute reference document (Ref 8.1 to Ref 8.4)

## Behaviour Change Case Studies: Answers

**Behaviour Change Case Study 1:** A woman has heard the new breastfeeding information, and her husband and mother-in-law also are talking about it. She is thinking about trying exclusive breastfeeding because she thinks it will be best for her child.

**Answer:** The mother knows the information; she is at the stage of *contemplation and intention* for the new practices

**Behaviour Change Case Study 2:** A woman has brought her 8-month-old child to the baby weighing session. The child has lost weight. The health care worker tells her to give her child different food because the child is not growing.

**Answer:** The mother does not know; she is at the stage of *awareness*

**Behaviour Change Case Study 3:** The past month a health worker talked with a mother about gradually starting to feed her 7-month-old baby three times a day instead of just once a day. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day.

**Answer:** The mother *is trying* and in the process of *adopting* the new practice

## Key Questions and Answers: Behavior Change Communication and ENA

Q1: What is the major difference between Health Education and Behavior Change Communication?

A1: Health Education: we tell them what to do. BCC: we discuss with them and see if we can have them try the new behavior

Q2: Name three key target groups important to recognize in a BCC that aims to improve breastfeeding behaviors:

A2: mothers, fathers, grandmothers

Q3: What are the three main 'communication channels' used in BCC for health promotion?

A3: Inter-personal, mass media, traditional

Q4: Give examples of inter-personal communication.

A4: Health worker discussing with a mother, a mother discussing with a friend

Q5: Promoting 'breastfeeding messages' through the radio has the highest likelihood of changing breastfeeding behavior than any other communication channel. True or False?

A5: False. Interpersonal communication has the highest likelihood

Q6: Cite three examples of IEC materials used for BCC to promote better IYCF.

A6: Counseling cards, flip-charts, health booklets

Q7: Define what a 'Trial of Improved Practice' is.

A7: It involves a succession of visits to a household to encourage a mother (or caretaker) to adopt a new behavior.

## Theme 9: Introduction to Monitoring Evaluation for ENA

### PURPOSE

Provide participants with an understanding of the importance of Monitoring & Evaluation for implementing the Essential Nutrition Actions approach.

### Theme objectives

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

1. Define key infant feeding indicators and the way in which they are collected (24 hour recall);
2. Describe two major types of indicators: impact and process; and
3. Describe four components of a M/E system

### Overview

ACTIVITY 9.1: Review the objectives of Theme 9 (5 minutes)

ACTIVITY 9.2: Presentation of "Monitoring & Evaluation for ENA" (45 minutes)

**Total Time** (50 minutes)

### Materials needed

- ✓ Overhead projector (or LCD projector)

### Advance Preparation

### PowerPoint Presentation

PPT 9.1 Monitoring & Evaluation for ENA

### Handouts

HO 9.1 Objectives of Theme 9

HO 9.2 Sample Questionnaire Format to Collect IYCF Indicators

HO 9.3 Definitions of Key IYCF Indicators

HO 9.4 Methodological Challenges of Evaluating IYCF Programs

### Reference document

Ref 9.1 Results: Experiences LINKAGES. (see electronic copy)

## **Detailed activities**

### **ACTIVITY 9.1: Review the objectives of Theme 9**

Step 1: (5 minutes)

- Review the objectives of Theme 9

### **ACTIVITY 9.2: (45 minutes)**

Step 1: (30 minutes)

- Present "Monitoring & Evaluation for ENA" (PPT9.1) (or overhead)

Step 2: (10 minutes)

- Ask for questions and clarification

Step 3: (5 minutes)

- Ask Key Questions to the participants (see page 9.3)

Step 4:

- Distribute reference document (Ref 9.1)

## Key Questions and Answers: Monitoring and Evaluation for ENA

Q1: Please define the following indicators: Timely Initiation of Breastfeeding Rate (TIBF), Exclusive Breastfeeding Rate (EBR), and Timely Complementary Feeding Rate (TCFR).

A1: TIBF: ( $\frac{\text{\# infants 0 - <12 months put to breast within 1 hour}}{\text{total \# of infants 0 - <12 months}}$ ) multiplied by 100

EBR: ( $\frac{\text{\# infants 0 - <6 months exclusively breastfed}}{\text{total \# infants 0 - <6 months}}$ ) multiplied by 100

TCFR: ( $\frac{\text{\# infants 6 - <10 months receiving breastmilk and semi-solid/solid foods}}{\text{total \# infants 6 - <10 months}}$ ) multiplied by 100

Q2: Name four major components of a comprehensive M/E system.

A2: 1. Baseline/Endline Surveys, 2. Rapid Annual Surveys, 3. Program Monitoring, and 4.) Special Studies

Q3: Name two major types of indicators and explain their purpose.

A3: Impact Indicators: provide information on whether the program has had the effect on major outcomes as originally planned. Process Indicators: provides information on whether the program is being implemented as planned.

# Theme 10: Post-Test and Evaluation

## PURPOSE

Evaluate the knowledge of the participants after the training and evaluate the course

## Overview

- ACTIVITY 10.1: Evaluate the course (15 minutes)  
ACTIVITY 10.2: Evaluate the knowledge of the participants (30 minutes)  
ACTIVITY 10.3: Feedback from the course evaluation (10 minutes)  
ACTIVITY 10.4: Have participants say good-bye to each other

**Total Time** (55 minutes)

## Materials needed

- ✓ Evaluation sheet for the course
- ✓ Post-test for participants

## Advance Preparation

### Handouts

- HO10.1 Course Evaluation  
HO10.2 Post-test for the participants

## Detailed activities

### **ACTIVITY 10.1: Evaluation of the course (15 minutes)**

Step 1:

- Distribute the Course Evaluation to each participant (HO10.1)
- Each participant answers the questions

- Collect the forms and analyze them during the activity 10.2

**ACTIVITY 10.2: Post-Test (20 minutes)**

Step 1:

- Distribute the Post-test to each participant (HO10.2)
- Each participant answer the questions
- Collect the forms and analyze them as soon as the course is finished

**ACTIVITY 10.3: Give the feedback from the course to the participants**

**ACTIVITY 10.4: Have participants say good-bye to each other**

# Annex 1

## List of Handouts

HO1.1	Course overview
HO1.2	Course goal and objectives
HO1.3	Time Table
HO1.4	Pre-test
HO2.1	Objectives of Theme 2: Malnutrition-Types, causes, consequences and solutions
HO2.2	Ethiopian Nutrition <i>Profiles</i> (script)
HO2.3	Ethiopian Nutrition <i>Profiles</i> (also refer to Reference 2.1)
HO2.4	Conceptual framework of young child nutrition
HO2.5	Mood meter
HO3.1	Objectives of Theme 3
HO4.1	Objectives of Theme 4
HO4.2	Benefits of breastfeeding for the baby, the mother, the community and the country
HO4.3	Optimal breastfeeding behaviors
HO4.4	Optimal complementary feeding behaviors
HO4.5	Correct positioning and attachment
HO4.6	Ten conditions for a successful Baby Friendly Hospital
HO4.7	Breastfeeding problems and their solutions
HO4.8	AFASS Guidance Sheet
HO4.9a	Preparation guide for home prepared replacement feedings for infants
HO4.9b	Recipes and amounts for replacement feedings needed at different ages
HO4.10a	Advantages and disadvantages of exclusive breastfeeding
HO4.10b	Advantages and disadvantages of wet-nursing
HO4.10c	Advantages and disadvantages of treated breastmilk
HO4.10d	Advantages and disadvantages of commercial infant formula
HO4.10e	Advantages and disadvantages of home-prepared animal milk
HO4.11	Early cessation of breastfeeding
HO5.1	Objectives of Theme 5

HO6.1	Objectives for Theme 6
HO7.1	Objectives of Theme 7
HO7.2	ENA Jobs Aids
HO8.1	Objectives for Theme 8
HO9.1	Objectives of Theme 9
HO10.1	Course Evaluation
HO10.2	Post-test for the participants

## Annex 2

### List of Reference Documents

- Ref 2.1 PowerPoint presentation on Ethiopia *Profiles (see electronic reference)*
- Ref 3.1 "Program Review of Essential Nutrition Actions: District Checklist" *(see electronic reference)*
- Ref 4.1 Global Strategy for Infant & Young Child feeding. WHO 2002 *(see electronic copy)*
- Ref 4.2 Guiding Principles for Complementary Feeding of the Breastfeeding Child. PAHO *(see electronic copy)*
- Ref 4.3 Facts for Feeding: Recommended Practices to Improve Infant Nutrition during the first 6 months. LINKAGES/AED *(see electronic copy)*
- Ref 4.4 Facts for Feeding: Birth, Initiation of BF, and the First Seven Days after Birth. LINKAGES/AED *(see electronic copy)*
- Ref 4.5 Facts for Feeding: Exclusive BF: The Only Water Source Young Infants Needs. LINKAGES/AED *(see electronic copy)*
- Ref 4.6 Facts for Feeding: Guidelines for Appropriate Complementary Feeding of BF Children 6-24 months of age. LINKAGES/AED *(see electronic copy)*
- Ref 4.7 Frequency Asked Questions: BF and Maternal Nutrition. LINKAGES/AED *(see electronic copy)*
- Ref 4.8 Frequency Asked Questions: Lactational Amenorrhea Method. (LAM). LINKAGES/AED *(see electronic copy)*
- Ref 4.9 The International Code of Breast Milk Substitutes *(see electronic copy)*
- Ref 4.10 HIV and Infant Feeding: Guidelines for Decision-makers. UNICEF/UNAIDS/WHO/UNFPA. 2003 *(see electronic copy)*
- Ref 4.11 HIV and Infant Feeding: A Guide for Health Care Managers and Supervisors. UNICEF/UNAIDS/WHO/UNFPA. 2003 *(see electronic copy)*
- Ref 4.12 HIV and Infant Feeding - Framework on Primary Actions. UNICEF/UNAIDS/WHO/UNFPA. 2003 *(see electronic copy)*
- Ref 4.13 Frequently asked questions: Breast Feeding and HIV/AIDS. LINKAGES/AED *(see electronic copy)*

- Ref 5.1 Facts for Feeding: Breast Milk - A Critical Source of Vitamin A for Infants and Young children. LINKAGES/AED (*see electronic copy*)
- Ref 5.2 Integrating Vitamin A with Immunization (*see electronic copy*)
- Ref 5.3 Anemia Prevention and Control: What Works 2003 (*see electronic copy*)
- Ref 5.4 Assessment of IDD and Monitoring their Elimination, WHO 2001 (*see electronic copy*)
- Ref 6.1 Essential Health Sector Actions to Improve Maternal Nutrition in Africa (*see electronic copy*)
- Ref 8.1 Training Tools: Experiences LINKAGES. (*see electronic copy*)
- Ref 8.2 Behavior Change Communication: Experiences LINKAGES. (*see electronic copy*)
- Ref 8.3 Program Approach: Experiences LINKAGES. (*see electronic copy*)
- Ref 8.4 Mother-To-Mother Support Groups for Breastfeeding: Frequently Asked Questions. LINKAGES/AED (*see electronic copy*)
- Ref 9.1 Results: Experiences LINKAGES. (*see electronic copy*)