IIA. TRAINING GUIDE FOR HEALTH WORKERS

ESSENTIAL NUTRITION ACTIONS FRAMEWORK
2011
The 1,000 Days Effort to Reduce Child Undernutrition

What is 1,000 Days?
1,000 Days is a global effort to jumpstart the implementation of the Scaling Up Nutrition (SUN) Framework and Roadmap for addressing undernutrition during pregnancy and early childhood. On September 21, 2010, on the margins of the Millennium Development Goals summit, Secretary of State Hillary Clinton and Irish Foreign Minister Micheál Martin hosted an event to launch the effort, which was endorsed by more than a dozen ministers and heads of organizations. But 1,000 Days is more than a single event. It is the start of a larger movement to focus attention, align and increase resources, and build partnerships to alleviate the suffering caused by undernutrition among millions of people around the world, especially pregnant women and children under 2 years of age.

What Are the Scaling Up Nutrition (SUN) Framework and Roadmap?
The SUN Framework guides the international community in efforts to combat undernutrition and builds on the Paris-Accra principle of supporting country-led strategies. The Framework is endorsed by more than 100 partners, including international organizations, national governments, civil society, and the private sector. The SUN Framework and Roadmap are grounded in the at scale implementation of the Lancet-endorsed nutrition actions that are evidence-based, cost-effective interventions that could have enormous impact on reducing undernutrition.

Why 1,000 Days?
1,000 Days refers to the time from the start of a mother’s pregnancy until a child is two years old. Children suffering from undernutrition face physical stunting, mental impairment, higher susceptibility to disease, increased risk of mortality, poorer performance in school, and lower future incomes. 1,000 Days also refers to a window of opportunity for the international community to take action to combat undernutrition.

How to Support the 1,000 Days?
To jump-start the 1,000 Days in countries, the Core Group highly encourages its members to adopt such ‘tested and proven’ field tools as the Essential Nutrition Actions (ENA) Framework Trilogy training and communication materials. Not only does the ENA Framework focus on the first 1,000 days of life, but it emphasizes targeting “action oriented” nutrition messages and support - through multiple communication channels - to reach under-twos and their mothers when they need it the most. The Core Group believes that having many different field groups using these same ENA tools will lead to harmonized field approaches that result in greater progress, synergies and nutritional impact. Such harmonization is extremely critical as resources are scarce and the task ahead is enormous.

Where Can I Get More Information on the 1,000 Days?
Please visit www.thousanddays.org.
Preface

The Essential Nutrition Actions (ENA) framework was developed with the support of USAID and has been implemented across Africa and Asia since 1997. It is an operational framework for managing the advocacy, planning and delivery of an integrated package of preventive nutrition actions encompassing infant and young child feeding (IYCF), micronutrients and women’s nutrition. Using multiple contact points, it targets health services and behavior change communication support (BCC) to women and young children during the first 1,000 days of life - from conception through the first two years of life - when nutrient requirements are increased, the risks of undernutrition are great, and the consequences of deficiencies most likely to be irreversible. All these actions have been proven to improve nutritional status and reduce mortality.¹

The ENA framework promotes a “nutrition through the life cycle” approach, addressing women’s nutrition during pregnancy and lactation, optimal IYCF (breastfeeding and complementary feeding), nutritional care of sick and malnourished children (including zinc, vitamin A and ready to use therapeutic foods), and the control of anemia, vitamin A and iodine deficiencies. The ENA framework emphasizes that multiple program contact points at health facilities and beyond be used to reach mothers and children in order to give and re-enforce ENA messages. For example, such contact points could include educational settings (e.g. primary and secondary schools as well as pre-service education courses), agriculture extension services (e.g. to support nutrition relevant aspects of availability, access and utilization of nutritious and diverse foods), as well as a variety of program platforms at the community level including primary health care outreach, child health days, community-based volunteer groups, and water and sanitation programs. The intent is to maximize these multiple program opportunities and communication channels to deliver life cycle-appropriate nutrition messages at every opportunity possible to pregnant women and mothers with children under two years at very broad scale, in addition to other key child caregivers and influential family members.

The training component for the implementation of the ENA framework at both the health facility and community levels comprises a trilogy of materials as follows:

1. The Booklet on Key ENA messages illustrates the key ENA messages and can be used by those implementing and supporting health, nutrition, and food security programs for improving nutrition practices among pregnant and lactating mothers and children under two. It can be a resource for training community or facility-based workers or for promoting behavior change at the household level. The goal of this booklet is to make available an harmonized set of messages across all implementing partners working across various programs and regions in a targeted country. The booklet summarizes the “key actions” that mothers and caretakers can take (with support from other family and community members) to improve nutrition and feeding practices, thereby preventing malnutrition. Each message states:
   - Who should do the action...
   - What the action is...
   - What the benefits of the action are...

Ila and IIb. The ENA Framework Training Guide for Health Workers and Handouts equips health service providers with the technical, action-oriented nutrition knowledge and counseling skills needed to support pregnant women, mothers with children under two years of age, and other

key family members to adopt optimal nutrition practices. This course translates up-to-date international guidelines into action-oriented nutrition practices. The negotiation/counseling techniques are adapted from the Trials for Improved Practices (TIPS) and go beyond just conveying messages to providing support for the adoption of optimal behaviors. Infant feeding in the context of HIV and nutrition of women living with HIV and AIDS are also addressed, but might need further development in countries with high HIV prevalence. Guidelines to link the prevention of malnutrition with treatment via the community-based management of acute malnutrition are also included. Training handouts are distributed to each participant at the beginning of the ENA training.

III. The ENA Framework Training Guide for Community Volunteers equips semi-literate or illiterate Community Volunteers with the basic action-oriented nutrition knowledge and counseling skills needed to support pregnant women, mothers with children under two years and other key family members to adopt optimal nutrition practices. The course also covers basic skills for identifying children who are malnourished including appropriate referral. This course can be incorporated into any training at the community level, including on maternal & child health, community management of acute malnutrition, HIV/AIDS, agricultural production, food security, rural development, etc.

Country Adaptation
The generic versions of the above ENA Trilogy have been tested over time and are ready to be used in new settings and countries. However some adaptations are needed to ensure that these materials are country and situation specific. A guide to the key adaptation issues are as follows:

ENA Messages

- The specific actions recommended in the ENA messages don’t need to be changed as they have been compiled from scientific research to support nutritional status. However, they may need to be adjusted somewhat to match national guidelines (e.g. age appropriate de-worming) or may need to be periodically updated to reflect new global technical guidance (e.g. infant feeding in the context of HIV).
- While the specific actions are universal, the concepts and language used to promote them through counseling sessions with mothers and other child caretakers must be adapted via formative research to ensure their suitability for different cultural contexts. If it is not possible to conduct formative research, it is still important to field-test both the messages and illustrations used in this booklet with a sample of mothers, fathers and other child caretakers such as grandmothers to confirm their suitability.
- Further adaptation of the ENA messages may be needed to specify “who is doing the action” (e.g. mothers, fathers, grand-mothers, etc...) as well as the “benefits of the action” to ensure their relevance and resonance within the particular locality or setting. For example, what benefits will motivate mothers to practice exclusive breastfeeding? What types of local complementary foods (staple + nutrient-rich and/or enriched foods) are available? What local utensils (spoons, bowls, tea cups) will help illustrate the correct quantity of food the child needs?
- New illustrations aren’t always needed as existing illustrations often can be easily adapted and used.
Training Guides Focusing on Counseling Skills and Practicum Sessions

- The two ENA Framework training guides are ready to be used and do not require further adaptation, except to include country-specific maternal and infant & young child feeding messages and protocols guiding micronutrient supplementation, the integrated management of newborn and childhood illness, and the management of acute malnutrition. They may need to be periodically updated to reflect new global technical guidance.

- Built into the ENA Framework Training Guides are sessions covering the techniques of negotiating with mothers to help them try and succeed with new nutrition-related practices, and exercises through which participants practice and begin to master these skills. This includes role plays in the “classroom” setting and site visits to villages where participants can hone their skills working with real mothers. It cannot be emphasized enough that these practical sessions are the heart of the training program and should not be removed as this would profoundly reduce the effectiveness of the ENA training as well as the impact of the overall ENA support to women and young children.
Acknowledgements

We would like to acknowledge that the Booklet of Key ENA Messages and the two ENA Framework Training Guides to support the implementation of the ENA framework would not have been possible without the effort and support over the past 15 years of many institutions and individuals.

In 1997, the USAID-funded BASICS project initiated the approach under the rubric the Minimum Package for Nutrition or “MinPak.” Subsequently the approach was renamed the Essential Nutrition Actions (ENA) and was expanded considerably to include training and IEC materials under the USAID-funded LINKAGES Project managed by the Academy for Educational Development (AED), where we were both involved in designing and implementing large scale ENA programs for Madagascar\(^2\) and Ethiopia from 1999 to 2006.

The Booklet of Key ENA messages and its related ENA Framework training guides have been recently revised and tested within projects managed by John Snow Incorporated (JSI) in Ethiopia and Liberia, and by Helen Keller International (HKI) in a number of countries across Africa and the Asia-Pacific region. Much of the support for this work has come from USAID, UNICEF and the European Union.

Staff from many agencies also brought their expertise and are gratefully acknowledged for their contributions with support from USAID, including: the African Regional Center for the Quality of Health Care (RCQHC); the Africa’s Health in 2010 and FANTA Projects managed by AED; the West African Health Organization (WAHO); and the East Central and Southern Africa Health Community (ECSA-HC). UNICEF has also played a key role, especially in Liberia and Niger, as has the Carter Center in Ethiopia. National training partners in a number of countries have been central to the development of the ENA framework as well as related training and IEC materials.

Certain individuals were also instrumental in helping us to develop and test the original ENA training courses on which the present Booklet of Key ENA messages and its related ENA Framework Training Guides are based. These individuals include (by alphabetical order): Mesfin Beyero, Kristen Cashin, Serigne Diene, Tesfahiwot Dillnessa, Mulu Gedhin, Peter Gottert, Nancy Keith, Adbulselam Jirga, Dorcas Lwanga, Robert Mwadime, Hana NekaTebeb, Jennifer Nielsen, Alban Ramiandrisoa Ratsivalaka, Zo Rambeloson, Voahirana Ravelojoana, Priscilla Ravonimanantsoa, Kinday Samba, Maryanne Stone-Jimenez and Catherine Temkangama.

The Nutrition Working Group of CORE Group supported the efforts to update the tools and make them more widely available. CORE Group fosters collaborative action and learning to improve and expand community-focused public health practices. Established in 1997 in Washington D.C., CORE Group is an independent organization and home of the Community Health Network, which brings together CORE Group member organizations, scholars, advocates and donors to support the health of underserved mothers, children and communities around the world. These tools can be accessed at http://www.coregroup.org

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JSI Research & Training Institute

Victoria J. Quinn, PhD
Helen Keller International

The illustrations were produced under the LINKAGES and Jereo Salama Isika (JSI) projects in Madagascar, the Essential Services for Heath in Ethiopia (ESHE) and LINKAGES projects in Ethiopia, and UNICEF Liberia.

The Booklet on Key ENA Messages, the ENA Training Guide for Health Workers, and the ENA Training Guide for Community Volunteers can be duplicated if credit is properly given. Photos on cover page: Agnès Guyon, UNICEF Liberia and Victoria Quinn.

The recommended citations are as follows for these three ENA documents:

• Guyon, AB and Quinn, VJ. Booklet on Key Essential Nutrition Actions Messages. Core Group, Washington, D.C., January 2011


The Seven Essential Nutrition Actions: Background

The landmark *Lancet Series on Maternal and Child Undernutrition* published in early 2008 estimates that effective, targeted nutrition interventions to address maternal and child undernutrition exist and, if implemented at scale during the window of opportunity (conception and up to 24 months of age), could reduce nutrition-related mortality and disease burden by 25%. The **Essential Nutrition Actions framework** encompasses seven of these proven interventions targeting this window but also represents a comprehensive strategy for reaching near universal coverage (>90%) with these interventions in order to achieve public health impact. ENA programs are implemented through health facilities and community groups.

The approach includes ensuring that key messages and services pertaining to the seven action areas are integrated into all existing health sector programs, in particular those that reach mothers and children at critical contact points (maternal health and prenatal care; delivery and neonatal care; postpartum care for mothers and infants; family planning; immunizations; well child visits (including growth monitoring, promotion, and counseling); sick child visits (including Integrated Management of Newborn & Childhood Illnesses and Integrated Community Case Management); and Outpatient Therapeutic Care during Community-based Management of Acute Malnutrition.

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 contacts; education (pre-service, primary and secondary schools) and literacy; microcredit and livelihoods enhancement.

Implementing the ENA framework entails building partnerships with all groups supporting maternal and child health and nutrition programs so that messages are harmonized and all groups promote the same messages using the same job aids and IEC materials. Ideally partners are brought together at the regional and/or national levels to agree on these harmonized approaches and to advocate with policy leaders for the importance of nutrition to the nation’s economic as well as social development.

Messages are crafted as “small do-able” actions and behavior change communications (BCC) techniques are used to promote adoption of these actions. Special emphasis is given to interpersonal communications (counseling of individual mothers) that are reinforced by mass media and community festivals and other mobilizing events. Health and community agents are trained to employ negotiations for behavior change, visiting mothers in their households or community meeting places (markets, chores, women groups meetings, etc…) and helping them anticipate and overcome barriers to carrying out new practices.

The capacity for promoting the essential nutrition actions using negotiations for behavior change can be strengthened with existing “generic” training modules for health workers and community agents. While the content remains generally fixed, the details should be adapted through formative research to specific country and regional contexts.

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3 These two modules together with a booklet highlighting the key ENA messages can be downloaded from the CORE Group website on the Nutrition Working Group page.
The Seven Essential Nutrition Actions

All are equally important. This ENA list is organized by a lifecycle approach.

1. Promotion of optimal nutrition for women
2. Promotion of adequate intake of iron and folic acid and prevention and control of anemia for women and children
3. Promotion of adequate intake of iodine by all members of the household
4. Promotion of optimal breastfeeding during the first six months
5. Promotion of optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond
6. Promotion of optimal nutritional care of sick and severely malnourished children
7. Prevention of vitamin A deficiency in women and children

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INTRODUCTION

The purpose of this training guide is to train health workers in key infant and young child feeding practices/messages, the importance of micronutrients and women’s nutrition, and in crucial negotiation, and interpersonal communication skills. The knowledge and skills will enable health workers to help mothers/caregivers optimally feed their infants and young children and take care of their own nutritional needs. The training also provides an opportunity for supervisors and health workers to learn together and practice “coaching” to improve performance.

Training Agenda

This six-day training guide is organized in a sequence to facilitate learning and allow opportunities to practice negotiation skills.

The sessions for each day outline specific learning objectives, activity details, materials/handouts, duration, and methodologies for learning activities.

Training Methodology

The training guide applies the principles of Behavior Change Communication to promote small, doable actions, and the widely acknowledged theory that adults learn best by practice and reflection on their experiences. Attempts have been made to make the training sessions relevant to the needs of participants and their communities.

This participatory approach uses the experiential learning cycle method and allows participants the hands-on performance of skills as a means of acquiring them. The course employs a variety of training methods: demonstrations, practice, discussions, case studies, group discussions, and roleplays. Participants will learn to act as resource persons for breastfeeding mothers, pregnant women, and mothers/caregivers of young children.

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

Training Location

Wherever the training is planned, a site should be selected close to the training facility and readily available to allow the practicum for negotiation with mothers/caregivers on do-able infant and young child feeding practices. Prepare the practicum site by coordinating with the clinic and/or community, alerting them to the arrival of participants and arranging for space for practicing negotiation skills with actual mothers/caregivers. It is optimal to have one facilitator for every 6-8 participants for this session.

Materials Needed for the Training

Stationary

- Flipchart stands 1 or 2
- Flipchart papers 200 sheets
- Markers 2 boxes black + 2 boxes of color
- Masking tapes 3 rolls
- Participants’ registrations 1 per day
- Names’ badge 1 per participant
- Notebooks 1 per participant
- Pens 1 per participant
- Folders 1 per participant
- Copies of pre-/post-test 1 per participant
• Copies of negotiation form 1 per participant (on both sides)

**Teaching aids**
- Dolls 3
- Breast models 3
- MUAC Tapes 1 per participant
- Foods for display A variety of locally available foods
- ENA Handout for health worker 1 per participant
- Booklet on Key ENA messages 1 per participant
- Facilitator Guide for community health worker 1 per participant (if participant will conduct training on community health worker)

**Advance Preparation for field trip**
- One week in advance, make an appointment at the health clinic to plan a field practice during immunization or weighing sessions.
- One week in advance, make an appointment with the community chairman or the community health agent to prepare them for village visits.
- Confirm the day before the visit and specify the number of mothers needed (at least 10).

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

1. Describe the key messages and practices for optimal breastfeeding, including within the context of HIV/AIDS.
2. Describe the key messages and practices for adequate complementary feeding.
3. Describe the key messages and practices for optimal women’s nutrition and micronutrients.
4. Negotiate with the mothers (to encourage them) to try one improved practice in one of the learning objectives mentioned above and to reinforce the correct behaviors to encourage the adoption of the new practice.
5. Explain their role as counselors who are able to listen to, give constructive feedback, and practice positive coaching.
6. Develop a three-month action plan of the activities, which they will implement upon return to their health facilities.
## ENA TRAINING GUIDE FOR HEALTH WORKERS

### Day 1 (6 Hours 30 minutes)

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Session 1</td>
<td>Presentations, expectations, course objectives administration and logistics, Pre-test</td>
<td>1 hour</td>
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<tr>
<td>Session 2</td>
<td>Behavior Change Communication (BCC)</td>
<td>1 hour</td>
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<tr>
<td>Session 3</td>
<td>Causes of malnutrition and child health</td>
<td>15 min</td>
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<tr>
<td>Session 4</td>
<td>Essential Nutrition Actions for the prevention of malnutrition: role of the health workers and the community worker</td>
<td>30 min</td>
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<tr>
<td>Session 5</td>
<td>Advantages of breastfeeding/Risks of formula feeding</td>
<td>30 min</td>
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<tr>
<td>Session 6</td>
<td>Optimal breastfeeding practices, Correct positioning and attachment, Importance of Vitamin A &amp; Iron/Folic Acid supplementation</td>
<td>1 hour 45 min</td>
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<tr>
<td>Session 7</td>
<td>Beliefs and myths relating to breastfeeding</td>
<td>30 min</td>
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<tr>
<td>Session 8</td>
<td>Picture story</td>
<td>1 hour</td>
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<td>Evaluation of the day: Mood Meter</td>
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### Day 2 (5 Hours 50 minutes)

| Session 9   | Lactational Amenorrhea Method (LAM)                                   | 50 min   |
| Session 10  | Common breastfeeding difficulties: prevention and solutions            | 1 hour   |
| Session 11  | Infant feeding in the context of HIV/AIDS                              | 1 hours 30 min |
| Session 12  | Negotiation with mothers, caregivers, fathers, and grandmothers       | 2 hours 30 min |
|            | Evaluation of the day: Mood Meter                                      |          |

### Day 3 (7 Hours)

<p>| Session 13 | Field visit (health centers and villages)                             | 4 hours   |
| Session 14  | Key complementary feeding practices                                   | 3 hours   |
|            | Evaluation of the day: Mood meter                                     |          |</p>
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Duration</th>
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<tbody>
<tr>
<td>15</td>
<td>Review of day 2 &amp; day 3</td>
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<tr>
<td>16</td>
<td>Feeding of the sick child and danger signs</td>
<td>50 min</td>
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<tr>
<td>17</td>
<td>Community-Based Management of Acute Malnutrition (CMAM): Community Therapeutic Care</td>
<td>2 hours</td>
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<tr>
<td>18</td>
<td>Women’s nutrition&lt;br&gt;• The malnutrition cycle&lt;br&gt;• Strategies to break the malnutrition cycle</td>
<td>1 hour 30 min</td>
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<tr>
<td>19</td>
<td>Negotiation with mothers/caregivers&lt;br&gt;Use of visual aids</td>
<td>2 hours 30 min</td>
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<tr>
<td>20</td>
<td>Evaluation of the day: Mood meter</td>
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<tr>
<td>21</td>
<td>Field visit (health centers and villages)</td>
<td>3-4 hours</td>
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<td>22</td>
<td>The Essential Actions in Nutrition and contact points&lt;br&gt;Job aids for health workers</td>
<td>1 hour 30 min</td>
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<td>23</td>
<td>Support groups for infant and young child feeding</td>
<td>2 hours</td>
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<tr>
<td>24</td>
<td>Evaluation of the day: Mood meter</td>
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<td>25</td>
<td>Review of day 4 and day 5</td>
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<tr>
<td>26</td>
<td>Improving nutrition at the community level&lt;br&gt;Introduction to the community training course</td>
<td>2 hours</td>
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<tr>
<td>27</td>
<td>Development of an action plan (6 months)&lt;br&gt;Presentation of action plans</td>
<td>1 hour</td>
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<tr>
<td>28</td>
<td>Post-test&lt;br&gt;Course evaluation</td>
<td>45 min</td>
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<td>29</td>
<td>Certificates&lt;br&gt;Remarks</td>
<td>30 min</td>
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</table>
Daily Evaluations

A. Ask participants to write on a small piece of paper their answers to one, two, or all of the following questions, which have been displayed on a flip chart:
   1. What did you learn today that will be useful in your work?
   2. What was something that you liked?
   3. Give suggestions for improving today’s sessions.

Collect participants’ answers, mix up the papers, redistribute them, and ask participants to read the answers

OR

Collect participants’ answers, summarize, and provide summary on the following day.

B. A table measuring participants’ mood (filled out by participants at the end of each day).

<table>
<thead>
<tr>
<th>DATE</th>
<th>😊</th>
<th>😐</th>
<th>😞</th>
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<tbody>
<tr>
<td>DAY 1</td>
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<td>DAY 2</td>
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<td>DAY 4</td>
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<td>DAY 5</td>
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<td>DAY 6</td>
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</tbody>
</table>
Roleplaying with Case Studies

Participants

Participants take turns roleplaying as “mothers/fathers/caregivers” and “promoters.”

Participants are active, roleplays will happen at the same time. The facilitator will not be able to follow each and every roleplay. That is okay! The facilitator needs to give feedback to each group.

Giving the participants an opportunity to practice is important. They need several opportunities to PRACTICE their skills and improve based on the feedback they receive.
SESSION 1
INTRODUCTIONS, EXPECTATIONS, AND COURSE OBJECTIVES

Learning Objectives
• By the end of the session, participants will be able to:
  • Begin to name fellow participants, facilitators, and resource persons.
  • Create a dynamic relationship among participants and trainers.
  • Discuss participants’ expectations.
  • Explain course objectives and purpose of the training.

Overview
Activity 1.1  Presentation game for introductions and expectations (20 minutes)
Activity 1.2  Pre-test (20 minutes)
Activity 1.3  Presentation of course objectives (10 minutes)
Activity 1.4  Discuss administrations and housekeeping (10 minutes)

Total Time  60 minutes

Materials Needed
• Flipchart papers, markers, and masking tape
• Objectives written on flip chart
• Matching pairs of infant feeding pictures for presentation game
• Participants’ folders
• One copy of Pre-test of Module I for each participant
DETAILED ACTIVITIES

Activity 1.1  Introduction and Expectations  
(20 minutes)

Methodology
• Pair participants and ask them to introduce each other’s names, expectations of the training, and something of human interest (one or two favorite foods, hobbies, likes, dislikes, etc.)
• Facilitator writes them on flipchart.

Activity 1.2  Pre-test  
(20 minutes)

Methodology
• Pass out copies of the pre-test to the participants and ask them to complete it individually.
• Ask participants to select a code number from a bag and then write their code number on the pre-test. Remind them to remember it for the post-test.
• Correct all the tests as soon as possible the same day, identifying topics that caused disagreement or confusion and need to be addressed. Participants should be advised that these topics will be discussed in greater detail during the training.

Activity 1.3  Presentation of Course Objectives  
(10 minutes)

Methodology:
• Facilitator introduces course objectives and compares them with expectations of participants.
• Expectations and objectives remain in view during training course.

Activity 1.4  Discuss Administration and Housekeeping  
(10 minutes)
PRE-TEST AND POST-TEST

Please read through the following statements. Select **Yes** if you agree with the statement or select **No** if you disagree with the statement.

<table>
<thead>
<tr>
<th>#</th>
<th>PRE-TEST AND POST-TEST</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>It is good to put the baby on the breast immediately after birth.</td>
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<td>2.</td>
<td>In order to have enough milk, a mother needs to breastfeed 10 times a day.</td>
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<td>3.</td>
<td>Colostrum serves as the first immunization for the baby.</td>
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<td>4.</td>
<td>At 4 months, the infant needs water and other drinks in addition to breastmilk.</td>
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<td>5.</td>
<td>Demonstrating to a mother how to better feed her child is more effective than just telling her.</td>
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<td>6.</td>
<td>Having correct knowledge is all that is needed for a mother to optimally breastfeed her baby.</td>
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<td>7.</td>
<td>When breastfeeding, the baby’s chin needs to touch the mother’s breast.</td>
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<td>8.</td>
<td>Only food is important to prevent malnutrition.</td>
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<tr>
<td>9.</td>
<td>Vitamin A supplementation is necessary only for children under 1 year.</td>
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<td></td>
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<tr>
<td>10.</td>
<td>Breastfeeding benefits the baby, but not the mother.</td>
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<tr>
<td>11.</td>
<td>When a mother is HIV-positive, she cannot breastfeed.</td>
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<tr>
<td>12.</td>
<td>Even if a mother believes she does not have enough breastmilk, she can still be able to adequately breastfeed her baby.</td>
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<tr>
<td>13.</td>
<td>A mother can prevent sore and cracked nipples by correctly positioning and attaching her baby at the breast.</td>
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# PRE-TEST AND POST-TEST – ANSWERS

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<td>It is good to put the baby on the breast immediately after birth.</td>
<td>X</td>
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<td>2.</td>
<td>In order to have enough milk, a mother needs to breastfeed 10 times a day.</td>
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<td>3.</td>
<td>Colostrum serves as the first immunization for the baby.</td>
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<td>At 4 months, the infant needs water and other drinks in addition to breastmilk.</td>
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<td>5.</td>
<td>Demonstrating to a mother how to better feed her child is more effective than just telling her.</td>
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<td>Having correct knowledge is all that is needed for a mother to optimally breastfeed her baby.</td>
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<td>When breastfeeding, the baby’s chin needs to touch the mother’s breast.</td>
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<td>Only food is important to prevent malnutrition.</td>
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<td>9.</td>
<td>Vitamin A supplementation is necessary only for children under 1 year.</td>
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<td>Breastfeeding benefits the baby, but not the mother.</td>
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<td>When a mother is HIV-positive, she cannot breastfeed.</td>
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<td>Even if a mother believes she does not have enough breastmilk, she can still be able to adequately breastfeed her baby.</td>
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SESSION 2
BEHAVIOR CHANGE COMMUNICATION (BCC)

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

• Define behavior change communication.
• Explain why knowledge is not enough to change behavior.
• Explain the stages of behavior change.
• Practice identifying different behavior change stages.

Overview
Activity 2.1 Define Behavior Change Communication and explain why knowledge is usually not enough to change behavior (15 minutes)
Activity 2.2 Explain the stages of behavior change communication and the interventions required at each step of the change (15 minutes)
Activity 2.3 Practice identifying what behavior change stage a mother is in with regards to her infant feeding practices (30 minutes)

Total Time 1 hour

Materials Needed
• Flipchart papers, markers, and masking tape
• Behavior Change case studies on cards

Advance Preparation
Handouts
HO #1: Stages of Change Model
HO #2: Stages of Change and Interventions
DETAILED ACTIVITIES

Activity 2.1  Define Behavior Change Communication and explain why knowledge is usually never enough to change behavior (15 minutes)

Methodology
• Brainstorm the definition of behavior change communication.
• Divide participants into buzz groups of three people. Ask groups to think about a time when someone told them what to do. Ask them to think about how they felt.
• Ask participants to think about a time when someone asked them what they wanted to do. Ask them to think about how they felt in this situation.
• In plenary discuss the difference between how it felt to be told what to do and how it felt to be asked what they wanted to do. Ask a few participants to share their feelings.

Behavior = action/doing
Change = always involves motivators and barriers/obstacles
Communication = interpersonal, visuals, media, etc.

Behavior change communication (BCC) is any communication (e.g., interpersonal, group talks, mass media, support groups, visuals and print materials, videos) that helps foster a change in behavior in individuals, families, or communities.

Activity 2.2  Explain the stages of behavior change communication and the interventions required at each step of the change (15 minutes)

Methodology
• On flip-chart, draw steps and brainstorm with participants how one generally moves through the different stages to behavior change (use exclusive breastfeeding as an example).
• Distribute and discuss handouts (HO #1 and 2): “Stages of Change Model” and “Stages of Change and Interventions.”
• Ask participants to close their eyes and think about a behavior (other than drinking alcohol or smoking) they are trying to change. Ask them to identify at what stage they are and why. Ask what they think they will need to move to the next stage.
• Discuss how information is usually never enough to change behavior, and that motivation and reinforcement are required.
• Refer to handouts (HO #1 and 2) and discuss.
Activity 2.3  Practice identifying what behavior change stage a mother is in with regards to her infant feeding practices (30 minutes)

Methodology
• Divide into three working groups – give each group the three case studies.
• Assign each group a case study to present.
• When discussing each of the case studies, each group identifies which stage a mother is in.
• Each group presents one case study previously assigned.
• Discussion in plenary.

Behavior Change Case Studies
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.

Contemplation/Intention

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.

Awareness

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.

Behavior Change Case Studies (Answer Key)
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.
   Contemplation/Intention

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   Awareness

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   Trial/Adoption
SESSION 3
CAUSES OF MALNUTRITION AND CHILD HEALTH

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.

Overview
Activity 3.1 Brainstorm on the different causes of malnutrition (15 minutes)

Total Time 15 minutes

Materials Needed
• Flipchart

Advance Preparation
Handouts
HO #3: Conceptual Framework for Malnutrition

DETAILED ACTIVITIES
Activity 3.1 Brainstorm on the different causes of malnutrition (15 minutes)

Methodology
• Explain and discuss: what does the term malnutrition mean?
Malnutrition is a condition caused by not getting enough of the right food to eat or enough quantity of food. Causes of malnutrition are multi-factorial and can be divided into immediate, underlying and basic.
• Divide participants into groups of two or three.
• Ask them to discuss what they think are the main causes of malnutrition and then select the three most important causes.
• One participant from each group presents the identified causes.
• The presenter clusters the causes according to the three main causes (Immediate, Underlying and Basic).
• The facilitator summarizes the causes of malnutrition and asks the participant to read the HO #3.
• The facilitator explains the HO #3.
SESSION 4
THE ROLE OF HEALTH WORKERS
THE ESSENTIAL NUTRITION ACTIONS TO PREVENT MALNUTRITION

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

• Outline the different activities and places when health workers support the improvement of women and their children’s health.

Overview
Activity 4.1 What are the routine nutrition activities that the health worker can carry out with women to improve their own and children’s health? And where/when can the health worker share these messages with women?

Total Time 30 minutes

Materials Needed

• Flipchart papers, markers, and masking tape
• Flipchart with 7 essential nutrition actions written out

Advance Preparation
Handout
HO #4: The 7 Essential Nutrition Actions and 7 Contact Points for Implementing Essential Nutritional Actions

DETAILED ACTIVITIES

Activity 4.1 What are the routine nutrition services that the Health workers provide to women to improve their own and children’s health? And where/when can the health worker share these messages with women (30 minutes)

Methodology

• Brainstorm the routine nutrition activities that the health worker carry out with women to improve the health of women and their children.
• Brainstorm the places where/when the health worker share key messages with women.
• Compare participants’ responses with the prepared flipchart on the 7 essential nutrition actions and the contact points for implementing these activities.
• Refer to handout (HO #4).
• Discussion and summary.
SESSION 5
THE BENEFITS OF BREASTFEEDING

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

• Describe the benefits of breastfeeding and the risks of formula feeding for the infant, the mother, the family, and the community/nation.

Overview
Activity 5.1 Benefits of breastfeeding (30 minutes)

Total Time 30 minutes

Materials Needed
• Flipchart papers, markers, and masking tape

Advance Preparation
Handout
HO #5 Benefits of Breastfeeding for the Infant/Young Child and risks of formula feeding

DETAILED ACTIVITIES

Activity 5.1 How to explain the benefits of breastfeeding (30 minutes)

Methodology
• Divide participants into four groups. Five flipcharts are set-up throughout the room with the following titles: 1) Benefits of breastfeeding for the infant; 2) Benefits of breastfeeding for the mother; 3) Benefits of breastfeeding for the family; 4) Benefits of breastfeeding for the community/nation; and 5) Risks of formula feeding for the infant and the mother.
• Each group has three minutes at each flipchart to write as many benefits as they can think of (without repeating benefits already listed), then the groups rotate to the next flipchart and repeat the exercise.
• Discussion and summary in plenary.
• Refer to Handout “How to explain the benefits of BF” and “Risks of formula feeding” (HO #5) and discuss.
SESSION 6
OPTIMAL BREASTFEEDING PRACTICES CORRECT POSITIONING AND ATTACHMENT
IMPORTANCE OF VITAMIN A AND IRON SUPPLEMENTATION

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

• Explain the optimal breastfeeding practices.
• Explain the importance of each practice.
• Demonstrate proper positioning and attachment.
• Explain the importance of post-partum Vitamin A supplementation and iron supplementation for the mother.

Overview
Activity 6.1 Optimal breastfeeding messages (30 minutes)
Activity 6.2 How health workers support the health of women and children (30 minutes)
Activity 6.3 Proper positioning and attachment (45 minutes)

Total Time 1 hour 45 minutes

Materials Needed
• Flipchart papers, markers and masking tape
• Two flipcharts on the three optimal breastfeeding practices (initiation, exclusive, frequency)
• Booklet on key ENA messages
• Dolls and/or babies
• Breast models

Advance Preparation
Handouts
HO #6: Key messages on optimal breastfeeding 0 – 6 months
HO #7: “How health providers can support optimal breastfeeding practices” and “How to explain the common breastfeeding positions & proper attachment”
HO #36-38: Micronutrient protocols

Note: If possible, make arrangements in advance to have breastfeeding women present at the activity to demonstrate proper positioning and attachment.
DETAILED ACTIVITIES

Activity 6.1 Optimal breastfeeding messages (30 minutes)

Methodology
- Divide participants into six groups.
- Ask two groups to review Illustration #4, two to review Illustration #5, and two to review Illustration #6.
- Have each of the small groups discuss among themselves and make a list of optimal breastfeeding messages.
- Each group presents; and the second group on the same subject completes.
- Also refer to the HO #6.

Activity 6.2 How health workers support the health of women and children (30 minutes)

Methodology
- Divide participants into six groups; assign each group to one of the following questions 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 mother?
  3. Why must the mother take a Vitamin A capsule at the health centre within 8 weeks after delivery?
  4. Why should Iron/Folic Acid supplementation be continued after delivery?
  5. Which types of information do a mother of a 3-month-old baby need?
  6. Which immunization should the child receive before the age of 6 months?
- Presentations by the groups.
- Discussion and summary in plenary.

Possible Answers
Question 1: How can a health worker help mothers or child caretakers achieve optimal breastfeeding?
- Discuss the benefits of breastfeeding and birth spacing with the mother, her husband, and family (if possible).
- Help the mother to breastfeed immediately after delivery at hospital, at home, or at the midwife’s, and give colostrum to the baby.
- Explain that:
  - Colostrum protects infant from disease by providing the infant’s first vaccine.
  - Helps expel the placenta more rapidly and reduce blood loss.
  - Helps expel meconium, the infant’s first stool.
  - Stimulates breastmilk production.
  - Keeps newborn warm through skin-to-skin contact.
• Promote exclusive breastfeeding from 0 - < 6 months because:
  • Breastmilk contains all the water and nutrients that an infant needs to satisfy hunger, thirst, and growth.
  • No other foods for liquids should be given during the first six months.
  • Infants are likely to have fewer diarrheal, respiratory, and ear infections.
  • Exclusive breastfeeding helps space births by delaying the return of fertility.
• Mention the importance of initiating complementary foods at 6 months but continuing breastfeeding for two years.
• After 6 months, breastmilk alone cannot meet all the nutritional needs for baby’s growth and development.
• Mother or caregiver should begin complementary feeding by adding available affordable local foods to staple foods.
• Mother should continue to give breastmilk to the child for two years as it will continue to protect the child against illness.

Also
• Answer mother or caregiver’s questions.
• Congratulate and encourage the mother/caregiver.
• Encourage mother/caregiver to go to a community support group if she encounters breastfeeding difficulties.
• Refer her to community support groups or the health centre for other family planning methods.
• Remind mother or caregiver to immunize the child: BCG, DPT, and Polio.

Question 2: Which questions must a health worker ask a pregnant mother?
• How will you feed your baby?
• If the mother does not plan to breastfeed her baby, ask why.
• Have you heard of exclusively breastfed? **Reinforce the key points about exclusive breastfeeding (0 – < 6 months).**
• Did you encounter any difficulties breastfeeding other children? What?
• Have you already been to a health centre for prenatal care and for Iron/Folic Acid supplementation? Do you take the supplements every day?
• Did you get your tetanus vaccination?
• If HIV Testing and Counseling is available: have you thought of taking an HIV test?

Question 3: Why must the mother take a Vitamin A capsule within 8 weeks after delivery?
• Mothers need to increase her Vitamin A stores for her health and the baby’s health (Vitamin A passes into breastmilk)
• Vitamin A capsules should not be administered during the woman’s pregnancy because it is not good for baby at that point. This is why **Vitamin A should be administered within 8 weeks after delivery**, when the woman has no risk of being pregnant.
• Breastfeeding mothers must be encouraged to eat food rich in Vitamin A (papaya, mangos, carrots, pumpkin, green leafy vegetables, liver).
• Refer to HO #38 and ask a participant to read.
**Question 4:** Why should iron/folic acid supplementation be continued after delivery?

- The iron/folic acid supplementation should be given to the mother for a total of 6 months. After delivery, the mother has to continue the supplementation to complete the six months to prevent anemia.
- Because the mother has lost blood during delivery, she needs to increase her iron stores for the sake of her and her baby’s health (iron passes into breastmilk).
- Breastfeeding mothers should be encouraged to eat food rich in iron (greens, meat, liver, legumes).
- Refer to HO # 30 and ask a participant to read.

**Question 5:** What type of information should be given to a mother of a 3-month-old infant?

- The mother should increase breastfeeding frequency as the baby is growing fast.
- She needs to make sure that she empties one breast before she switches to the other.
- She should not give any food or drink to the infant, as the infant is not ready. The mother will have enough milk if she follows this advice (the more the baby sucks, the more milk the mother will produce).

**Question 6:** Which immunizations should a child receive before the age of 6 months?

- BCG + Polio 0
- Polio1 + Penta1
- Polio2 + Penta2
- Polio3 + Penta3
- Remind the mother to come back at 9 months for the measles and yellow fever vaccines, and at 6 months for Vitamin A supplementation (IU 100,000)
Activity 6.3  Proper positioning and attachment
(45 minutes)

**Methodology**
- Facilitator demonstrates incorrect positioning and attachment using doll.
- Mother and baby (if available) demonstrate proper positioning and attachment, or facilitator uses a doll.
- Facilitator asks participants to explain the position and attachment.
- Facilitators add additional explanations on position and attachment.
- In small groups of three to five (with a mother and baby), participants practice good positioning and attachment and receive feedback from each other.
- If no mothers and babies are available, participants practice in triads with dolls: mother, counselor, and observer. Each participant rotates each role.
- Two pairs demonstrate good positioning and attachment in plenary with baby or doll.
- Feedback and discussion.
- Read to handout (HO #7) or illustrations 8, 9, 10 from the Booklet on key ENA messages.

**Position and Attachment Techniques**

1. **Preparation and how to breastfeed (Proper positioning)**
   - The mother must be comfortable.
   - Hold the infant in such a way as to have his/her face at the mother’s breast level (the infant should be able to look up at the mother’s face, not facing her chest or abdomen).
   - The infant’s stomach should be against the mother’s stomach.
   - The infant’s head, back, and buttocks should be in a straight line.
   - The infant needs to be close to the mother.
   - The infant is brought to the breast; the baby's whole body should be supported, not just the head and shoulders.
   - The mother should hold her breast with her fingers in a C shape, the thumb being above the areola and the other fingers below. Fingers should not be in scissor hold because this method tends to put pressure on the milk ducts and can take the nipple out of the infant’s mouth.

2. **Signs of proper attachment**

**Good attachment** is important to enable the infant to suckle effectively, to remove the milk efficiently, and stimulate an adequate supply.

- Tease the infant’s lower lip with the nipple, in order for the infant to open wide his/her mouth.
- The infant’s mouth covers a large part of the areola (there is more areola showing above rather than below the nipple).
- Both lips are turned outwards.
- The areola and the nipple will stretch and become longer in the infant’s mouth.
- The infant’s chin touches the breast.

**Poor attachment** results in incomplete removal of milk, which can lead to sore nipples, inflammation of the breast, and mastitis.
3. Signs of efficient suckling
   • Slow and regular sucking at the following rhythm: two suckings and one swallowing.
   • The infant takes slow deep sucks, sometimes pausing.
   • Suckling is comfortable and pain-free.
   • The mother hears her baby swallowing.
   • The breast is softer after the feed.

**Demonstration of Different Breastfeeding Positions**

1. Sitting position
   • Usual position of most mothers.
   • Make sure infant’s and mother’s stomachs are facing each other.

2. Side-Lying
   • This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.
   • The mother and infant are both lying on their side and facing each other.

3. American Football
   • This position is best used:
     • after a Caesarean section;
     • when the nipples are painful; or
     • 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 his/her head is at breast level.
   • The mother supports the infant’s head and body with her hand and forearm.
   • Ask one or two participants to demonstrate this position with a doll and a breast model.

Regardless of the position chosen, the mother must be comfortable. She should not lean toward the infant but rather draw him/her towards herself. For example, sitting position: back resting on the chair’s back or cushion, feet crossed, or raised on a stool.
SESSION 7
BREASTFEEDING BELIEFS AND MYTHS

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

• Encourage beliefs that are beneficial to breastfeeding.
• Identify beliefs and myths that should be discouraged.

Overview
Activity 7.1 Reflection on breastfeeding beliefs and myths as they relate to breastfeeding practices (30 minutes)

Total Time 30 minutes

Materials Needed
• Flipchart papers, markers, and masking tape

DETAILED ACTIVITIES

Activity 7.1 Reflection on breastfeeding beliefs and myths as they relate to breastfeeding practices (30 minutes)

Methodology
• On a flipchart, facilitator draws three columns:
  • breastfeeding beliefs that have a positive effect on breastfeeding;
  • breastfeeding beliefs that have a negative effect on breastfeeding; and
  • breastfeeding beliefs that do not hinder breastfeeding (neutral).
• In plenary, participants brainstorm the breastfeeding beliefs that are practiced in their communities.
• In plenary, participants decide in which column to place each breastfeeding belief.
• Participants discuss how those beliefs that have a negative effect on breastfeeding might be changed (while always respecting the belief).
SESSION 8
PICTURE STORY

Learning Objective
By the end of the session, participants will be able to:
• Use picture story to help achieve behavior change.

Overview
Activity 8.1 Why, and how to use the picture story/poster, and practice exercises on optimal exclusive breastfeeding practices using picture stories (30 minutes)

Total Time 30 minutes

Materials Needed
• Flipchart papers, markers, and masking tape
• Picture story/poster, woman’s health record, child’s health record (or pictures) that convey immediate initiation of breastfeeding after delivery, providing pre-lacteal feeds, incorrect latching on, the correct position for breastfeeding, providing water, using a bottle with milk, giving food to a 4-month-old, using only one breast.

DETAILED ACTIVITIES

Activity 8.1 Why and how to use the picture story/poster and practice (30 minutes)

Methodology
• Discuss the benefits of using a picture story to facilitate counseling.
• Use a picture story/poster/drawing that shows exclusive breastfeeding or related behaviors such as the woman’s health record, child’s health record, chest skill tool, poster, etc.
• Ask participants to pair up.
• Each pair should practice two dialogues switching roles the second time (each person plays each role once).
• Discuss and summarize the effectiveness of this approach with the group.

Content
Benefits of using a picture story:
• It allows the health provider to discuss issues that may be personal in an impersonal way.
• It allows the health provider to ask about behaviors that the patient does indirectly.
• For example, by asking “if this person in the picture is your neighbor, what do you think they are doing or would do if or when?” The health provider is more apt to get the true answer, rather than what the patient thinks you (the health provider) want to hear.
• It is also easier to probe for more information by asking the patient to continue and tell you what might happen next.

Possible dialogue to roleplay:
• One person is the health provider and the other is a mother of an infant 0-5 months old (someone who is not very knowledgeable about breastfeeding). The pairs practice this dialogue twice, switching roles the second time (each person plays each role once).

Using picture to facilitate discussion:
1. What do you see happening in this picture? How old do you think this baby is? Are there any other breastfeeding behaviors that this mother should be sure to do or not do for this X-month-old infant?
2. Can you tell me what difficulties that mother might have while breastfeeding her X-month-old baby? What would you recommend to her to remove these difficulties?
SESSION 9
LACTATIONAL AMENORRHOEA METHOD (LAM)

Learning Objectives
By the end of the session, participants will be able to:
• Describe the three lactational amenorrhea method (LAM) criteria.
• Mention at least three benefits of LAM.
• Explain who can use LAM.
• Practice identifying the LAM criteria.

Overview
Activity 9.1  Relationship between breastfeeding and child spacing and definition of LAM and LAM criteria (10 minutes)
Activity 9.3  Benefits and disadvantages of LAM; who can use LAM; family planning methods for the woman who breastfeeds (10 minutes)
Activity 9.4  Through case studies, practice identifying the LAM criteria (30 minutes)

Total Time    50 minutes

Materials Needed
• Flipchart papers, markers, and masking tape

Advance Preparation
Handout
HO # 8: Key Messages on the Lactational Amenorrhea Method (LAM)

DETAILED ACTIVITIES
Activity 9.1  Relationship between breastfeeding and child spacing and definition of LAM and LAM criteria (10 minutes)

Methodology
• Facilitator asks participants if the women in the communities where they work/live relate breastfeeding to child spacing; discussion.
• Brainstorm the definition of LAM and LAM criteria.
• Facilitator presents the LAM criteria and the fourth parameter.
Introducing LAM

Breastfeeding is essential to child survival. It has many benefits for the child as well as for the mother, including birth spacing.

The method using breastfeeding to space births is called LAM (Lactational Amenorrhea Method).

L = Lactational  
A = Amenorrhea  
M = Method

Birth spacing is essential for maternal health and child survival. Spacing births to 3 years or more:

• Helps to save lives.
• Helps to reduce child mortality and morbidity.
• Gives the mother time to replenish her body stores.

LAM is more than 98% effective if the three following criteria are met:

1. Amenorrhea (no menses)
2. Exclusive breastfeeding
   • Exclusive breastfeeding is recommended/promoted
   • 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.
3. The infant is less than 6 months of age.

4th parameter – when a woman no longer meets one of the three criteria, she needs to begin another family planning method to prevent pregnancy.

Activity 9.2 Benefits and disadvantages of LAM; who can use LAM; family planning methods for the woman who breastfeeds (10 minutes)

Methodology

• Facilitators ask participants the following questions: 1) What are the benefits and disadvantages of LAM? 2) Who can use LAM? and 3) What other family planning methods can the breastfeeding mother use?
• Facilitators fill in the gaps.
• Refer to HO #8.

Benefits of LAM

• Universally available method
• More than 98% effective
• Starts immediately after delivery
• Promotes maternal and child health
• Does not require products or devices
• Preliminary step to using other contraceptive methods
• Accepted in most cultures

**Disadvantages of LAM**
• The method can be used only during a limited period of time (6 months after birth)
• Does not protect against STIs or HIV
• Exclusive breastfeeding may be difficult to maintain
• Can be used only by breastfeeding women

**Who can use LAM**
• All breastfeeding women, in their postpartum period, who plan to continue to breastfeed
• Working women

Intervals between feedings of more than four hours during the day can reduce LAM’s effectiveness. It is also recommended that there be no more than one interval of six hours between feedings (usually during the night).

It is possible to express milk (expressing must not replace nursing by more than 10 percent).

If mother is separated from her baby during the day, she may try frequent feeding during the night.

**What other family planning methods can be used while breastfeeding?**
• **Before 6 months:** minipills, progesterone-only injectables, implants
• **After 6 months:** combined oral contraceptives
• **Any time:**
  • Barrier methods
  • IUD
  • Sterilization (man or woman)
  • Natural family planning methods

**Activity 9.3 Practice identifying LAM criteria (30 minutes)**

**Methodology**
• Distribute eight case studies to groups of three participants. Each group decides if the mother can use LAM, and why or why not.
• Each group presents a case study until all are reported on.
• Participants give feedback.
• Discussion and summary in plenary.
**Case studies and answers to identify LAM Criteria: Can this woman use LAM?**

1. A mother has a 4-month-old baby and has not had her menstrual period. She does the laundry for three hours a day and leaves the baby with his brothers and sisters. She breastfeeds her baby exclusively.
   **A:** Yes, meets all three criteria.

2. Mother with a 3-month-old baby exclusively breastfeeds and has already had her menstrual periods.
   **A:** No, because her menstrual periods have returned.

3. Mother with a 2-week-old baby; exclusively breastfeeds, has vaginal bleeding.
   **A:** Yes, bleeding during the first two months postpartum is not considered menstrual bleeding.

4. Mother with a 2-month-old baby has not had a menstrual period; she breastfeeds her and gives her a bottle of sugar-water three times every day.
   **A:** No, because breastfeeding is not exclusive.

5. Mother with a four-month-old baby exclusively breastfeeds him and the baby sleeps from 12 midnight to 6 am. She has not had a menstrual period.
   **A:** Yes, because she meets all of the criteria.

6. Mother with a 3-month-old baby breastfeeds exclusively; she had her menstrual period last week.
   **A:** No, because her menstrual period returned.

7. Mother with a 4-month-old baby breastfeeds exclusively day and night and has not had a menstrual period yet.
   **A:** Yes, meets all three criteria.

7. Mother who is exclusively breastfeeding her 4-month-old baby. She saw a little spotting one day last month.
   **A:** Yes, because menstruation as defined for use in LAM is two consecutive days of bleeding after two months postpartum, or when a woman perceives that she has had a bleed similar to her menstrual bleed.
SESSION 10
COMMON BREASTFEEDING DIFFICULTIES: PREVENTION AND SOLUTIONS

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

• Identify common difficulties that can occur during breastfeeding.
• List ways to prevent common breastfeeding difficulties.
• Adequately solve these difficulties.

Overview
Activity 10.1 Identify common difficulties that can occur during breastfeeding (5 minutes)
Activity 10.2 Identify prevention measures and solutions for four of the most common breastfeeding difficulties (35 minutes)
Activity 10.3 Discuss “Special Situations” affecting breastfeeding (20 minutes)

Total Time 1 hour

Materials Needed
• Flipchart papers, markers, and masking tape
• Case studies of common breastfeeding difficulties on cards
• Each case study written on a piece of paper
• Each breastfeeding situation written on a card (small piece of paper)

Advance Preparation
Handouts
HO #9 Common Breastfeeding Difficulties and Special Situations
DETAILED ACTIVITIES

Activity 10.1  Identify common difficulties that can occur during breastfeeding
(5 minutes)

Methodology
• Brainstorm common difficulties that can occur during breastfeeding and on a flip-chart
group the difficulties into three categories:
  1) Difficulties related to mother;
  2) Difficulties related to the baby; and
  3) Special situations.

Activity 10.2  Identify prevention measures and solutions for four of the most common breastfeeding difficulties
(35 minutes)

Methodology
• Divide participants into four working groups.
• Each group lists the prevention measures and solutions to one of the four most common
  breastfeeding difficulties:
  • Engorgement;
  • Sore and cracked nipples;
  • Plugged ducts that can lead to mastitis; and
  • Insufficient milk.
• Each group presents the prevention measures and solutions of a common breastfeeding
difficulty.
• Give a case study to each group, and ask group to identify the problems and explain the
  solution.
• Each group presents.
• Discuss and summarize in plenary using Handout #9.

Case 1
Hawa delivered her second baby four days ago. Hawa breastfed her first baby, but never
exclusively, as she fed him tea and water from the first week. Today, at four days postpartum,
she comes to you very engorged and says that breastfeeding all the time hurts too much, and
she wants to give a bottle to the baby at night so she can sleep.

Case 2
Faith has come to you today (six weeks postpartum) because she is concerned that she is not
producing enough breastmilk for her baby. She says her baby seems to be crying more and
wanting to feed more.
Case 3
Mercy is three days postpartum, delivered by caesarean section, with a big baby boy. When you visit her, you find her grimacing in pain with the baby in her lap. Upon asking Mercy where she is having pain, she tells you that her nipples hurt. When you examine her, you find a small crack on each nipple.

Case 4
Rita’s mother-in-law has brought her and her two-month-old baby into your clinic. She says that recently Rita finds breastfeeding painful, that Rita has a red area on her right breast and complains of feeling very sick. She thinks that Rita has a fever.

Activity 10.3 Discuss “Special Situations” affecting breastfeeding (20 minutes)
Methodology: “Fishing-Game”
• Randomly, ask a participant to draw a piece of paper where a special breastfeeding situation is written on it.
• The participant tries to answer the question or ask assistance from others, and answer the question of how a woman with this special situation can be supported to successfully breastfeed her baby.
• Review together any missing points from HO #9.
SESSION 11
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 in detail at least two of these options.
• State the steps for safe preparation of commercial infant formula.
• Describe how to follow up with the mother and child based on her feeding choice.

Overview
Activity 11.1  Review of Mother-to-Child Transmission (MTCT) with HIV/AIDS (5 minutes)
Activity 11.2  Infants (0 – 6 months) feeding options and HIV status of the mother (25 minutes)
Activity 11.3  Infant and young feeding options for the HIV-positive mother (1 hour)

Total Time 1 hour 30 minutes

Materials Needed
• Flipchart papers, markers, and masking tape
• 1 tin of infant formula

Advanced Preparation
Handouts
HO #10: Assessing Infant Feeding Options
HO #11: Advantages and Disadvantages of Infant Feeding Options under HIV & AIDS Exclusive Breastfeeding & Replacement Feeding: Commercial Infant Formula
HO #12: How to Transition to Replacement Feeding
HO #13: Follow-up counseling of HIV positive mothers with infants 0-6 months old
DETAILED ACTIVITIES

Activity 11.1 Review of Mother-to-Child Transmission (MTCT) (5 minutes)

Methodology
- Brainstorm with participants the different ways in which HIV can be transmitted from mother-to-child (MTCT).
- Discuss points below.

A baby born to an HIV-positive mother can get HIV from the mother during pregnancy, labor and delivery, and breastfeeding.

It has been calculated that if 100 HIV-positive women get pregnant and deliver.
- About 63 of the babies will not get HIV;
- About 7 may be infected with HIV during pregnancy;
- About 15 may get infected with HIV during labor and delivery; and
- About 15 may get infected with HIV through breastfeeding, if the mothers breastfeed their babies for two years.

Risk of HIV transmission through breastfeeding when a woman is under antiretroviral therapy (ART):
- Exclusive breastfeeding (6 weeks – 6 months) ~ 4%
- HIV-positive infants benefit from continued breastfeeding

Activity 11.2 Infant (0-6 Months) feeding options and HIV status of the mother (25 minutes)

Methodology
- Brainstorm with participants the questions:
  - What are the options for HIV negative women, women who don’t know their status, and/or women receiving ART?
  - What infant feeding options does an HIV positive mother have?
- Discussion.
- Brainstorm on possible questions to assess which feeding options to recommend to the mother/family.
- Review HO #10 to summarize the recommendations.

Activity 11.3 Infant and young feeding options for the HIV-positive mother (1 hour)
**Methodology**

- Divide the participants into groups of five.
- Ask each group to discuss
  1) the advantages and disadvantages of exclusive breastfeeding
  2) the advantages and disadvantages of replacement feeding
  3) how to prepare infant formula
  4) the advantages and disadvantages of transitioning to replacement feeding at six months
  (more than one group can discuss the same option)
- If multiple groups discuss one of the options, only one presents.
- Discuss and summarize using summary points below (HO #11 and HO #12).
- Discuss. Review how to transition to a cup and switch from breastfeeding to formula or milk.
- Read HO #13 to review the “follow-up counseling done by health worker to HIV positive mother.”

**Summary Points**

1. Mixed feeding (breastfeeding plus replacement feeding) increases HIV transmission. The mother should be advised to EITHER exclusively breastfeed OR exclusively use replacement feeds.
2. Whatever option the mother chooses, she needs support and counseling.
3. Refer mother to PMTCT to be tested.
4. Mothers and their partners need to be counseled on safe sex.
SESSION 12
HOW TO NEGOTIATE WITH MOTHERS, CAREGIVERS, FATHERS, AND GRANDMOTHERS

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

• Explain the steps of negotiation (GALIDRAA).
• Demonstrate the initial visit of negotiation with a mother of a infant 0 – < 6 months.

Overview
Activity 12.1 Demonstration of negotiation to encourage mothers to try optimal breastfeeding practices: initial visit to mother with infant < 6 months; and group discussion (20 minutes)
Activity 12.2 Presentation of listening and learning skills and negotiation steps GALIDRAA (30 minutes)
Activity 12.3 Discussion of negotiation for follow-up visit(s) (20 minutes)
Activity 12.4 Practice negotiation in an initial visit to mother with infant < 6 months (1 hour 20 minutes)
Activity 12.5 Preparation for field work

Total Time 2 hours 30 minutes

Materials Needed
• Flipchart papers, markers, and masking tape
• Booklet on key ENA messages
• Case studies on cards

Advance Preparation
Handout
HO #14: General Case Studies of infant 0 - < 6 months
DETAILED ACTIVITIES

Activity 12.1  Demonstration of negotiation to encourage mothers to try optimal breastfeeding practices: initial visit to mother with infant < 6 months; and group discussion (20 minutes)

Methodology
• Facilitators demonstrate the visit #1 of health worker to Hawa who has a 2-month-old son, Amos
• Participants discuss what happened in the demonstration visit.

Demonstration of Case Study of Infant 0 - < 6 months: Hawa & Amos
Visit #1: Initial visit

Situation: A health worker visits Hawa, whose son, Amos, is 2 months old. Hawa tells the health worker she does not produce enough milk, so she feeds Amos other drinks.

Activity 12.2  Presentation of listening and learning skills and negotiation steps GALIDRAA (30 minutes)

Methodology
• In plenary ask participants: What are the different steps of negotiation? How many visits are needed for the full process of negotiation? Write answers on flipchart.
• Add any missing information.
• Review listening and learning skills.
• Presentation of the steps of negotiation: Greet, Ask, Listen, Identify, Discuss, Recommend and negotiate, Agree and repeat agreed upon action, follow-up Appointment (GALIDRAA).
• Read handout (HO #14) and discuss: General Case Studies of infant 0 - < 6 months.

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

**Observation Checklist: Negotiation Visit #1 (GALIDRAA)**

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

How many visits are needed for the full process of negotiation?

**At least 2 visits:**

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

**Example of possible follow-up negotiation visits to Hawa**

**Visit #2: Follow up**

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

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

Situation: Amos is now 5 months old, and Hawa has EXCLUSIVELY breastfed him for 3 months. She points out to the health worker that Amos has had neither diarrhea nor a cold.
Activity 12.3 Discussion of negotiation for follow-up visit(s)
(20 minutes)

Methodology
- Brainstorm additional points to be discussed with mother during negotiation for follow-up visit(s).

Negotiation Follow-up Visit(s)
- Asks whether the mother tried (or continued) the agreed practice.
- Congratulates the mother for trying (or continuing) the new practice.
- Asks what happened when she tried (or continued) the new practice.
- Asks whether she made any changes to the new practice and why?
- Asks what difficulties she had, how she solved them, or helps her find ways to solve the difficulties she might have had.
- Listens to the mother’s questions, concerns, and doubts.
- Asks whether she likes the practice agreed on and if she thinks she will continue.
- Praises the mother and motivates her to continue the practice.
- Reminds the mother to take the child to be weighed (attend well-baby clinic).
- Tells the mother where she can get support from community-based health workers, health centers, or mother support groups.
- Agrees on a date for the next visit (sees calendar of home visits).
- Depending on the age of the child:
  - Talks to the mother about a new practice; and
  - Encourages the mother to try a new practice (process of GALIDRAA).

Activity 12.4 Practice negotiation in an initial visit to mother with infant < 6 months
(1 hour 20 minutes)

Methodology
- Facilitator asks participants to recall the optimal breastfeeding practices.
- Participants are divided into triads: mother, health worker, and observer; triads are given one of six case studies to practice negotiation in an initial visit; each participant rotates roleplaying each of the three different roles.
- Two triads demonstrate a case study in plenary.
- Discussion and summary.
Encourage the participants to follow the negotiations steps [GALIDRAA] and use the listening and learning skills.

• **Greet** the mother and establish confidence.
• **Ask** the mother about current breastfeeding practices.
• **Listen** to the mother.
• **Identify** feeding difficulty, if any, causes of the difficulty, and select with the mother the difficulty to work on.
• **Discuss** with the mother different feasible options to overcome the difficulty.
• **Recommend and negotiate doable actions:** Present options and help mother select one that she can try.
• Mother **Agrees** to try one of the options, and mother repeats the agreed upon action.
• Make an **Appointment** for the follow-up visit.

**Possible Answers: Practice Case Studies 0 – < 6 months**

**Case Study #1**
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.

**Answer**
The participant has to ask and listen to the current feeding practices and identify problems and causes for the problems.

In this particular case, the main problem is giving water to the baby, the reason being the grandmother insisted that the mother do so. The participant has to ask why the grandmother thinks that the baby should take water. S/he also has to ask the mother whether she has been giving water to the baby or not.

The participant has to explain to the mother:

• The availability of adequate water for the baby in the breastmilk, demonstrated by the baby passing urine six or more times in 24 hours.
• The risks of giving water to the baby: risk of diarrhea; baby's stomach getting full with water and feeding less leading to weight loss; infrequent feeding leading to decreased breastmilk production.

S/he has to recommend, negotiate, and agree with the mother to try practicing exclusive breastfeeding (EBF) for two to three days and make an appointment for a later date. S/he needs to talk to the grandmother. S/he praises the mother and thanks her for her time.

**Case Study #2**
You visit Yamah, who has a 10-week-old girl. Yamah is breastfeeding and has decided to give her daughter some porridge to get her used to eating food.

**Answer**
The participant has to ask, listen, and identify problems and causes for the problem regarding the current feeding practice.
In this particular case, the problem is giving additional food before the age of six months.

The participant has to explain to the mother:

- Risks associated with providing food before six months for the baby and the mother (diarrhea and other illnesses; malnutrition; risk of early pregnancy; reduced breastmilk production)
- The reasons for not starting complementary feeding until after 6 months (developmental readiness, adequacy of breastmilk alone until 6 months of age and the health benefits for the baby by exclusive breastfeeding).
- When starting other foods at 6 months, start with soft porridge (not gruel) and increase the food thickness and variety as the child gets older
- S/he has to negotiate and get the mother to agree to exclusive breastfeeding her baby for several days and see the effect. S/he praises the mother and fixes time for follow up visit.

**Case Study #3**
Queta’s baby is 4 months old and Queta thinks she does not have enough milk; Queta and her husband are seeking advice on what they should give to their baby.

**Answer**
The participant has to ask, listen, and identify problems and causes with regard to current feeding practices.

In this case, why do the parents think or believe that there is not enough milk for the baby? S/he should ask about the frequency of breastfeeding, presence of on-demand feeding, night feeding, emptying one breast before switching to the other, presence of additional feeds, about the baby’s health and weight, and frequency of passing urine in 24 hours and other issues related to mother’s health or worries.

The participant has to explain to the mother

- Explain that the breast is like a “factory” – the greater the demand (for milk), the greater the supply. Discuss the benefits of exclusive breastfeeding until 6 months and the role of frequent suckling on the amount of breastmilk production.

S/he should recommend and agree for continuation of exclusive breastfeeding until 6 months and arrange a follow up visit after few days.

**Case Study #4**
Massa has a 3-month-old son. She works very hard in the day and doesn’t always have time to breastfeed him, but she does breastfeed her son at night.

**Answer**
The participant has to ask, listen, and identify problems related to the current feeding practices.

In this particular case, the problem is the stresses on a working mother. The fact that the mother has continued breastfeeding during the night should be recognized, and s/he should be encouraged to do so frequently.

The participant has to explain to the mother
• She should breastfeed before leaving the house in the morning, and explore the possibility of someone bringing the baby to her at the work place (and arrange for breastfeeding breaks).
• If bringing the baby to the work place is not possible, the main approach should be to give expressed breastmilk, and to feed the baby with a cup. The participant must explain to the mother how to express breastmilk and how to safely store it. Either s/he should teach her or refer her to a place where she can be taught breastmilk expression technique.

**Case Study #5**
Mercy says she gives only breastmilk to her 4-month-old daughter, but you see her give the daughter some water. When you mention to Mercy that she is not exclusively breastfeeding, she says that water is not food or milk.

**Answer**
The participant address the issues mentioned under in case study #1.

**Case Study #6**
Orphelia is living in a village and is 9 months pregnant; she is confused on which food to give to her baby after delivery. She is HIV positive.

**Answer**
The participant has to ask, listen, and identify problems related to the current feeding practices.

In this particular case, Orphelia is HIV positive, and does not know how to feed her baby.

The health provider needs to help Orphelia. S/he knows that access to save water is difficult where Orphelia lives. S/he advises her to exclusively breastfeed her baby: to start immediately after birth and give only breastmilk until the baby is 6 month old. S/he must emphasize that exclusive breastfeeding is very important as mixed feeding (breastfeeding with other drinks or foods) will be very dangerous for the baby and increase the risk of HIV transmission.

**Breastmilk expression technique:**
• Put your thumb on the breast above the dark area around the nipple, and your first finger below the nipple and areola. Support your breast with your other fingers.
• Gently press toward your chest wall with your thumb and finger together.
• Continue to compress the breast while moving your hand away from the chest wall. This should not hurt. If it does, then you are not doing it right.
• Press the same way on each side of the dark area around the nipple in order to empty all parts of the breast.
• Do not squeeze the nipple itself or rub your fingers over the skin.
• Express one breast for 3-to-5 minutes until the flow slows down and then switch to the other breast. Then do both breasts again. Change your hands when the one hand gets tired. You can use either hand for either breast. It usually takes 20-30 minutes to express all of the milk.
• Store the breastmilk in a clean, covered container in a cool place until you are ready to heat and feed it to your baby.
• Feed the baby using an open cup.
Activity 12.5  Preparation for field visit the next day

Methodology
• Facilitators discuss the logistics and ensure that all participants are clear about the expectations, dress, and timing of the field visit.
• Discuss how the groups will be divided and which group is going where and how.
• Encourage participants to review today’s session and bring to the field visit “negotiation” HO #15 and “GALIDRAA” HO #16 forms.
• Remind participants that after the field visit, there will a classroom session to summarize the field visits.
• Answer any questions participants have.
SESSION 13
FIELD PRACTICE

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

• Practice the negotiation technique by doing field practice at health centers or in villages.
• Evaluate for proper positioning and attachment required for successful breastfeeding.

Overview
Activity 13.1 Field practice in health clinic and villages (2 hours)
Activity 13.2 Feedback on practice session (1 hour)
Activity 13.3 Discussion on follow-up visit (15 minutes)

Total Time 3 to 4 hours

Materials Needed
• Negotiation form
• GALIDRAA form

Advance Preparation
• Make an appointment at the health clinic a week ahead to do the field practice during immunization or weighing sessions.
• Make an appointment with the community chairman or the community health workers (Chealth worker) a week ahead for village visits to do field practice.
• Prepare groups; give instructions the day before for the field practice visit.

Handouts
HO #15: Negotiation record
HO #16: Observation Checklist (GALIDRAA)

DETAILED ACTIVITIES
Activity 13.1 Field practice in health clinic and village (2 hours)

Methodology
• In plenary, review negotiation steps and plans for field visit.
• Divide participants in pairs: one will counsel and negotiate with the mother while the other follows the dialogue in order to give feedback later.
• Negotiator fills out “Negotiation Record” form (HO #15); colleague fills out GALIDRAA checklist (HO #16) and provides feedback.
• Participants change roles until each participant practices at least two negotiations, and evaluates positioning and attachment.

Activity 13.2 Feedback on practice session
(1 hour)

Methodology
• After returning to the training site, in plenary, each pair of participants will summarize their negotiation experience by filling-in the summary flipchart for negotiation visits (attached to the wall): participant(s) name, child’s name and age, difficulty identified, options suggested, and behavior mother agreed to try.
• Participants receive and give feedback on GALIDRAA.
• Discussion and summary.

Activity 13.3 Introduction of follow-up visit
(15 minutes)

Methodology
• Facilitators ask four to five groups what will be the focus for the follow-up visit.
• If time, the facilitator demonstrates a follow-up visit of health worker using the case of Hawa who has a 2-month-old son, Amos (Case Study from previous session).
Use this as a sample to record each participant’s field visit experience

**SAMPLE SUMMARY SHEET FOR NEGOTIATION DURING FIELD VISITS**

<table>
<thead>
<tr>
<th>INITIAL VISIT</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>ETC.</th>
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<tbody>
<tr>
<td>Participants’ names</td>
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<tr>
<td>Child’s name/age</td>
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<tr>
<td>Difficulty(ies) identified</td>
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<tr>
<td>Options suggested</td>
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<tr>
<td>Behavior mother agreed to try</td>
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Draw this table on flipchart paper.
Add additional columns for number of negotiation visits.
Each pair writes one case.
The facilitator summarizes the field visit.
Display the flipchart throughout the rest of the training.
SESSION 14
KEY COMPLEMENTARY FEEDING PRACTICES
IMPORTANCE OF MICRONUTRIENTS SUPPLEMENTATION

Learning Objectives
By the end of the session, participants will be able to:
• Describe key behaviors pertaining to child feeding from 6 to 24 months.
• Explain the importance of each behavior.

Overview
Activity 14.1 Key complementary feeding practices from 6 – 24 months (1 hour)
Activity 14.2 How health providers can support complementary feeding and nutrition practices? (1 hour)
Activity 14.3 Participants identify foods (purchased locally at the market) for infants and young children: 0<6 months, 6–12 months, and 12–24 months (30 minutes)
Activity 14.4 Seasonal food available calendar (30 minutes)

Total Time 3 hours

Materials Needed
• Flipchart papers, markers, and masking tape
• Booklet on key ENA messages
• Pictures of foods and/or those purchased at local market

Advance Preparation
• Prepare and gather foods for demonstration
• Food calendar is written on a flipchart

Handouts
HO #17 Key Messages on complementary feeding with breastfeeding 6 to 24 months
HO #18 How health providers can support complementary feeding practices?
HO #36-38: Micronutrients protocols
DETAILED ACTIVITIES

Activity 14.1  Key complementary feeding practices from 6 – 24 months (1 hour)

Methodology
- Divide participants into five working groups and ask each group to answer the following questions:
  1. Breastfeeding - When do infants begin to eat something other than breastmilk and how long should breastfeeding continue?
  2. Frequency - How many times a day does a child eat? Does s/he eat from her/his own plate?
  3. Amount - How much does child eat at the different age ranges 6-8 months, 9-11 months, and 12 -24 months?
  4. Density - What is the consistency of the food s/he eats?
  5. Diversity - How do you enrich the meals of children?
  6. Utilization - What does a mother or caregiver do before food preparation and before a young child eats?
  7. Active Feeding - Discuss the meaning and importance of active feeding, and give examples

- Brainstorm the key complementary feeding behaviors.
- Ask participants to read messages and supportive information from HO #17 and Booklet on key ENA messages.
- Ask for any comments.

Complementary Feeding Working Groups Questions

1. Breastfeeding - When do infants begin to eat something other than breastmilk and how long should breastfeeding continue?

2. Frequency - How many times a day does child eat? Does child get fed/eat from own plate?

<table>
<thead>
<tr>
<th>AGE</th>
<th>NUMBER OF TIMES A DAY A CHILD EATS</th>
<th>USES OWN PLATE?</th>
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<tbody>
<tr>
<td>6-8 months</td>
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<td>9-11 months</td>
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<tr>
<td>12-24 months</td>
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3. **Amount** - How much does the child eat?

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<tr>
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<th>6-8 MONTHS</th>
<th>9-11 MONTHS</th>
<th>12-24 MONTHS</th>
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4. **Density** – What is the consistency of the food child eats?

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<th>6-8 MONTHS</th>
<th>9-11 MONTHS</th>
<th>12-24 MONTHS</th>
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5. **Diversity** - How to enrich the food of children?

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<th></th>
<th>6-8 MONTHS</th>
<th>9-11 MONTHS</th>
<th>12-24 MONTHS</th>
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</table>

6. **Utilization** - What does mother or caregiver do before food preparation, and before a young child eats?

7. **Active Feeding** - Discuss the meaning and importance of active feeding, and give examples.

*After the presentations, ask participants read Key Messages on Complementary Feeding with Breastfeeding 6 to 24 months (Illustrations #12 to #19).*

Summarize using:

- BF
- +
- Frequency
- Amount
- Density
- Diversity
- Utilization
- Active Feeding
Activity 14.3  Participants answer questions on complementary feeding practices and importance of micronutrients (1 hour)

Methodology
• Set up five flipcharts throughout the room with the following questions, one per flip chart:
  1. What questions should be asked to mothers whose baby will soon be 6 months old?
  2. Why should Vitamin A be administered to children every 6 months from the age 6 months to 5 years? Which foods are rich in Vitamin A in your community?
  3. Why should a baby eat foods rich in iron? Which foods are rich in iron? Why should children be dewormed every 6 months starting at 2 years?
  4. Why encourage mothers, caregivers, and parents to use iodized salt for the whole family, even for children who start complementary feeding?
  5. How can health workers help mothers, caregivers, and parents make sure their children are properly fed?
• Divide participants into five groups (one group at each flipchart) and ask them to answer the question on flipchart.
• In plenary, each group presents the results of their initial flipchart.
• Ask participants to refer to HO #18 and compare the answers.
• Ask participants to look at HO #29 to review Vitamin A supplementation.
• Ask one participant to look at HO #30 explain Iron/Folic Acid supplementation and treatment (point out that there is no supplementation of iron/folic acid for children. When there is anemia, treat with iron, folic acid treatments)
• Ask another participant to explain HO #31.

Possible answers to questions
1. Which questions should be asked to mothers whose baby will soon be 6 months old?
   • Do you know why it is important to wait until 6 months before you feeding your child anything besides breastmilk?
   • How often will you need to feed your 6-8-month-old child?
   • What should you feed your child?
   • What consistency should the food be?
   • What amount should you feed your 6-8 month old child?
   • Do you know where to get Vitamin A supplements when your child is 6 months old?
   • When will you come back for the next Vitamin A supplement after the first 6 months?
   • What immunizations has your child received?

2. Why should Vitamin A be administered to children every 6 months from the age 6 months to 5 years?
   • Vitamin A supplementation ensures the child’s growth.
• Reinforces the child’s health.
• Protects the child from severe forms of infections such as diarrhea and respiratory diseases, thus reducing the risk of death.
• 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/yellow fruits (papaya, mangos).
• Orange/yellow vegetables (carrots, pumpkins).
• Liver and green leafy vegetables.

3. Why should a baby eat foods rich in iron?
• To gain more strength.
• To reinforce a child’s health, physical, and intellectual development.

Which foods are rich in iron?
• Breastmilk, green leafy vegetables, liver, meat, fish, and lentils.

Why should children be dewormed every 6 months starting at 2 years?
• Some worms exclusively feed on blood and if the child has them, s/he then becomes thin and weak.

4. Why encourage mothers, caregivers, and parents to use iodized salt for the whole family, including children who start complementary feeding?
• To ensure the child’s and the whole family’s physical and intellectual development.
• To prevent goitres and its complications.
• To prevent poor work performance in adults.
• For pregnant women, to prevent miscarriage, stillbirth, low birth weight, and cretinism in the baby.

5. How could health workers help mothers, caregivers, and parents to make sure their children are properly fed?
• Discuss the feeding recommendations with the mother, father, grandmother, and the entire family (if possible) according to the child’s age.
• Congratulate and encourage the mothers/caregivers to continue breastfeeding for two years.
• Encourage parents to give many different types of food including foods rich in Vitamin A and iron to their children.
• Encourage parents to bring their children to the health centre in case of malnutrition, weight loss, or edema.
• Encourage parents to have a garden with different green leafy vegetables, and orange/yellow vegetables and fruits.
• Raise awareness among the population to use only iodized salt.
• Encourage parents to call on support groups if difficulties occur.
• Encourage parents to go to the health centers or community outreach for immunization (measles at 9 months), for Vitamin A at 6 months and deworming starting from 2 years.
• Explain that LAM is not effective after 6 months (up to 6 months mother needs to meet other criteria: amenorrhea and exclusively breastfeeding) and parents must go to health centre for other family planning methods.
• Encourage sleeping under a long-lasting insecticide-treated mosquito net every night to protect child/mother/families against malaria.

Activity 14.4  Participants identify foods (purchased locally at the market) for infants and young children: 0<6 months, 6-12 months and 12-24 months (30 minutes)

Methodology
• Each participant is given two or more foods purchased locally at the market (water and pictures/dolls/models of a breast representing breastmilk are also distributed).
• (NB. If it is not possible to use food, write each food on a piece of paper.)
• On tables or the floor (covered with flipchart paper), facilitator writes three cards to distinguish the following categories: 0 < 6 months, 6-12 months, and 12-24 months.
• Each participant names the foods and places them in the age category in which s/he thinks is appropriate for the child to begin to eat.
• Hold discussion and rearrange foods if necessary.
• Summary of local available foods that can be given to children 6-24 months. Show that the diversity is locally available.

Activity 14.5  Seasonal available foods calendar (30 minutes)

Methodology
• Draw on a flipchart the seasonal food availability below.
• Participants will group themselves according to their region or village.
• Each group will fill the calendar with foods available during a given season.
• One group presents its calendar.
• Discuss that different types of foods are available at different types of the year.
• Participants are asked to finish filling in the calendar once they get back to their own village or region.
**CALENDAR: INEXPENSIVE AND AVAILABLE FOODS**
(MARKET AND/OR HOME)
(To be filled every month and brought at each training and follow-up)

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Day 3
**CALENDAR: INEXPENSIVE AND AVAILABLE FOODS**  
(MARKET AND/OR HOME)  
(To be filled every month and brought at each training and follow-up)

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SESSION 15
FEEDING OF A SICK CHILD AND DANGER SIGNS

Learning Objectives
By the end of the session, participants will be able to:
• Counsel on child feeding during and after illness.
• Explain the reasons for these practices.
• Describe the danger signs requiring referral of child to health facility.
• Describe the home management of the sick child.

Overview
Activity 15.1  Presentation of the relationship between a child’s illness, recovery, and feeding (10 minutes)
Activity 15.2  Feeding of a sick child and home care management (40 minutes)

Total Time  50 minutes

Materials Needed
• Flipchart papers, markers, and masking tape
• Flow chart of the relationship between illness and feeding
• Booklet on key ENA messages
• Posters on danger signs for immediate visit to health facility

Advance Preparation
Handouts:
HO #17:  Key ENA messages on complementary feeding practices for infant 0-24 months
HO #18:  Feeding of a Sick Child During and After Illness
**DETAILED ACTIVITIES**

**Activity 15.1**  
**Presentation of the relationship between illness, time needed to recover, and feeding (10 minutes)**

**Methodology**
- Ask participants what the practices for feeding a sick child are in their community.
- Write answers on flipchart.
- Present the flow chart of relationship between illness and feeding.
- Discussion and summary.

**Relationship between illness and feeding**
Content
A sick child usually does not feel like eating. But s/he needs even more strength to fight sickness. Strength comes from the food s/he eats. If the child does not eat or does not breastfeed during sickness, s/he will take more time to recover. The child will be in a chronic state of sickness and malnutrition, and may end up with a physical or intellectual disability related to malnutrition. The child takes more time to recover, sometimes the child’s condition worsens and s/he may even die.

Therefore, it is very important to encourage the sick child to eat during sickness, and to eat even more during recuperation so that the child can quickly regain strength.

Activity 15.2     Feeding of a Sick Child
(40 minutes)

Methodology
• Set-up six flipcharts (write each topic onto one flipchart) throughout the room and divide participants into six groups.
• Each group will discuss the following topics:
  1. Advice on feeding 0-<6 month old and 6-24 month old during illness
  2. Advice on feeding 0-<6 month old and 6-24 month old after illness
  3. Advice on feeding a child with moderate malnutrition
  4. Prevention of diarrhea
  5. Home management of child with diarrhea
  6. Signs of severe dehydration and general danger signs of illness
• Each team presents in plenary.
• Read to HO #18 (feeding during and after illness) or Booklet on key ENA messages (Illustrations 20, 21, and 24)
• The facilitator summarizes breastfeeding + FADDUA and asks participants to review HO #18 before the field visit

Content
1) Advice on feeding sick child during illness

Child under 6 months:
• If the baby is sick, particularly with diarrhea, the mother increases breastfeeding frequency and continues exclusively breastfeeding to avoid dehydration and malnutrition.
• Breastmilk contains water, sugar, nutrients, and salts in adequate quantities, which will help the baby recover quickly from diarrhea.
• If the baby has severe diarrhea, the mother should continue to breastfeed and go to the health centre for advice and treatment. If dehydrated, baby will need ORS.
Child older than 6 months:

- If the young child is sick, the mother should breastfeed frequently to avoid dehydration and malnutrition. She should also offer the baby’s favorite food (even if the baby is not hungry).
- If the baby has severe diarrhea and shows any signs of dehydration, the mother should continue to breastfeed and go to the health centre for advice and ORS treatment.

2) Advice on feeding sick child after illness

Child under 6 months:

- Continue to breastfeed exclusively, and breastfeed more frequently for at least two weeks after illness.
- Breastmilk contains all the nutrients to help the baby regain strength and weight loss.

Child older than 6 months:

- The mother should breastfeed more frequently and offer an extra meal daily for a period of two weeks.

3) Advice on feeding the malnourished child

- Counsel as if the child was a sick child (breastfeeding and complementary feeding). Encourage the mother to actively feed her child so that child finishes his/her food.
- Refer the mother to a Supplemental Food Distribution Centre or a Therapeutic Feeding Centre.
- Refer to HO #17 on Feeding of a Sick Child
SESSION 16
COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION (CMAM)

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

- Describe the techniques to assess acute malnutrition and the standards used.
- Describe how to identify and refer children with moderate and severe acute malnutrition (MAM and SAM) to community management of acute malnutrition (CMAM) services.
- Discuss how to give counseling to children with MAM or SAM in Outpatient Therapeutic Program (OTP).

Overview
Activity 16.1   Define CMAM (30 minutes)
Activity 16.2   How to identify acute malnutrition, referrals, and counseling (1 hour 30 minutes)

Total Time   2 hours

Materials Needed
- Flipchart papers, markers, and masking tape
- Booklet on key ENA messages
- Mid Upper Arm Circumference (MUAC) Tape

Advanced Preparation
Handouts
HO #19: What is CMAM
HO #20: Marasmus & Kawshiorkor
HO #21: Assess malnutrition at community level
HO #22: What are the admission criteria for CMAM?
HO #23: Management of Acute Malnutrition at community level
DETAILED ACTIVITIES

Activity 16.1   Define CMAM
(30 minutes)

Methodology

• Brainstorming: Ask participants how malnourished children are cared for in their areas.
• Facilitator briefly discusses:
  • Definition of CMAM
  • Four principles of CMAM
  • Components (types) of CMAM management for acute malnourished children
• Ask the participants to review HO #19.

CMAM consists of

• Community outreach.
  • The community element of CMAM program must be strong in order to mobilize mothers/caretakers to bring their children to the Outpatient Therapeutic Program (OTP) or Supplementary Feeding Program (SFP) for screening before SAM becomes serious and medical complications arise.
  • The outreach workers will also search for children who have dropped out of care and provide home visits as needed for follow-up care.
  • The volunteer community health workers should do this in their own communities.
• An Outpatient Therapeutic Program (OTP).
  • There will be an OTP in as many MOH or NGO health facilities as capacity allows.
  • This is where the majority of severely malnourished children will be assessed and treated.
  • The OTP will be run by staff given specific CMAM training and support.
• Stabilization Centre (SC) or Phase I.
  • This will be only for malnourished children with medical complications who are not well enough to be treated on an outpatient basis.
  • They are treated as inpatients until their condition is stable enough for them to be discharged and treated in outpatient care (OTP) (Average 5-7 days).
• A Supplementary Feeding Program (SFP).
  • This program treats and supports all the moderately malnourished children, lactating mothers who have infants less than 6 months of age with MUAC less than 21 cm, and pregnant mothers with MUAC less than 21 cm.
  • SFP usually provide Corn Soy Blend and oil for moderately malnourished children.
Four core principles of CMAM

1. High coverage and good access to services.
2. Timeliness, because mortality often occurs before emergency interventions are up and running.
3. Appropriate medical and nutrition care. The IMNCI protocols and appetite test determine the care needed.
4. Care for as long as needed.

Activity 16.2 How to identify acute malnutrition
(1 hour 30 minutes)

Methodology

• Divide participants into six groups.
• Ask each group to discuss and answer the following questions:
  1. Describe the signs of Marasmus [may have local name]
  2. Describe the signs of Kwashiorkor [may have local name]
  3. Explain how to identify oedema (bilateral-pitting oedema)
  4. Explain how to measure MUAC (Mid Upper Arm Circumference) and demonstrate. (In many countries, MUAC is the preferred measure for screening and admission to CMAM.)
  5. Explain the criteria for referral/admission to CMAM
  6. Explain the steps of counseling for children with MAM or SAM
• Invite one group to present and ask participants to refer to HO #19 to HO #23 and compare.
• All participants are asked to take MUAC measurements.

A small percentage of children may suffer from severe acute malnutrition with complications such as Marasmus and Kwashiorkor. During times of severe food shortages, it can be expected that a larger percentage of young children develop Marasmus and Kwashiorkor, but many countries experience high rates during non-crisis times due to feeding-related behaviors, disease, and other factors. Both conditions require immediate care by health workers.

Note: One should not wait for these signs to appear before acting because when the signs of complications become apparent, it means the child is in great danger. At this stage, the child may require intensive care. However, the signs of the onset of malnutrition, as well as the signs of malnutrition are often unrecognized. Possible conditions/early signs of malnutrition are:

• Recurrent or prolonged illness or diarrhea;
• Growth or weight leveling off or decreasing; and/or
• Feeding issues – fussy baby, breastfeeding problems.
Possible answers

1. The signs of Marasmus
   - HO #20
2. The signs of Kwashiorkor
   - HO #20
3. How to identify oedema (bilateral pitting oedema)
   - HO #21
4. How to measure MUAC (Mid Upper Arm Circumference) and demonstrate
   - HO #21
   - Ask each participant to practice
5. The criteria for referral/admission to CMAM
   - HO #22
   - Explain on flipchart if needed
6. The steps of counseling for children with MAM or SAM
   - HO #23
   - Illustration #23
SESSION 17
WOMAN’S NUTRITION

General Objectives
• Improve woman’s nutrition to promote maternal and family health.
• Improve child survival through woman’s nutrition. “A healthy mother is the first defense of the child against death, malnutrition, and the cycle of poverty and sickness.”

Learning Objectives
By the end of the session, participants will be able to:
• Describe the malnutrition life cycle.
• Name the consequences of maternal malnutrition.

Overview
Activity 17.1 Importance of promoting adequate nutrition for women, and explanation of the intergenerational malnutrition cycle (15 minutes)
Activity 17.2 Interventions that can be used to break the malnutrition life cycle (1 hour)
Activity 17.3 Nutrition and the HIV-positive mother (15 minutes)

Total Time 1 hour 30 minutes

Materials Needed
• Flipchart papers, markers, and masking tape
• Booklet on key ENA messages
• Drawing of malnutrition life cycle on flipchart
Handout
HO #24: Key Messages on Women’s Nutrition
DETAILED ACTIVITIES

Activity 17.1  Importance of promoting adequate dietary intake for women, and explanation of the intergenerational malnutrition cycle (15 minutes)

**Methodology**
- Brainstorm the question: Why is it important to promote adequate dietary intake for women?
- Write answers on flipchart and discuss.
- Facilitator explains the intergenerational malnutrition cycle.

**Content**
When a woman is malnourished, the next generation may also suffer from malnutrition and poor health. Malnourished women are more likely to have been:
- Girls that were low birth weight;
- Girls that were underweight and stunted;
- Girls that had their first pregnancy during adolescence; and/or
- Women who are undernourished, have close spaced pregnancies, and have heavy workloads during pregnancy and breastfeeding periods.

*Intergenerational malnutrition cycle*

- **Low weight & height of the child (Growth Failure)**
  - **Low birth weight**
  - **Teenage pregnancy**
  - **Woman with low weight & height**
  - **Adolescent girl with low weight & height**
Activity 17.2  Interventions that can be used to break the malnutrition life cycle (1 hour)

Methodology
- Divide participants into four groups and ask each group to focus on one point in the malnutrition life cycle (one arrow) developing strategies to break the cycle at that point.
- Each group will present their work in plenary.
- Discussion and summary.
- Refer to HO #24 or the Booklet on Key ENA messages and have participants read each messages (Illustrations # 1, 2, 3, 4, and 11).

Content
Initiatives aiming to improve child survival must start long before conception. They should start by improving the health status of adolescents and pre-pregnant women, and also addressing their economic and social problems.

Interventions to break the malnutrition cycle

1. Prevent low weight and height of the child (Growth Failure)
   - Early initiation of breastfeeding (within first hour after birth)
   - Exclusive breastfeeding 0- < 6 months
   - Timely initiation of complementary foods at 6 months with continuation of breastfeeding up to 2 years
   - Feed sick child more during illness and two weeks after recovery
   - Vitamin A supplementation and consumption of foods rich in Vitamin A
   - Anemia control (iron supplementation and deworming) and consumption of foods rich in iron
   - Iodine deficiency control: consumption of iodized salt
   - Immunizations
   - Family planning

2. Prevent low weight and height of adolescent girl
   - Increase the food intake of adolescents
   - Delay first pregnancy until after 20 years
   - Prevent and treat infections:
     - Ensure anti-tetanus immunizations for pregnant adolescents and women, five injections in total
     - Education on STIs and HIV & AIDS transmission and prevention
   - Prevent iron, Vitamin A, and Iodine deficiencies:
     - Encourage consumption of foods rich in iron (green leafy vegetables, beans, meat, and liver).
     - Encourage consumption of foods rich in Vitamin A (papaya, mangoes, carrots, pumpkins, milk, liver)
     - Encourage consumption of iodized salt and foods rich in iodine (fish and seafood)
• Encourage parents to give equal access to education to boys and girls (schooling of the girl child)

• Malnutrition decreases when girls/women receive a higher level of education.

3. Prevent low weight and height of woman

• Improve woman’s nutrition and health
  • Increase the food intake of the woman at every step of her life, especially during adolescence, pregnancy, or while breastfeeding: “an additional meal, more food than usual, and a varied diet.”
  • Fight iron, Vitamin A, and iodine deficiencies:
    • Iron/folic acid supplementation during pregnancy (1 tablet/day for 6 months).
    • Encourage consumption of foods rich in iron (green leafy vegetables, beans, meat, and liver).
    • Vitamin A supplementation after delivery (a single dose [1 capsule of 200,000IU] as soon as possible in the first six weeks after delivery).
    • Encourage consumption of foods rich in Vitamin A (papaya, mangoes, carrots, pumpkins, milk, liver)
    • Encourage consumption of iodized salt and foods rich in iodine (fish and seafood).
  • Prevent and treat infections:
    • Complete anti-tetanus immunizations for pregnant women, five injections in total
    • Use of insecticide treated bed nets (ITNs)
    • Deworming of pregnant women during third trimester
    • Education on STI and HIV & AIDS transmission and prevention

4. Family planning

• Women need to visit a family planning centre in order to space the births of her children

5. Decrease energy expenditure

• Delay the first pregnancy until after 20 years of age
• Encourage couples to use family planning
• Decrease workload of pregnant and breastfeeding women
• Rest more

6. Encourage men’s participation

• In birth spacing, and good follow-up of pregnancy and delivery
• In supporting more nutritious diet and a lighter workload for their wife/partner
Activity 17.3  Nutrition and the HIV-positive mother  
(15 minutes)

Methodology
• Brainstorm with participants the relationship between HIV-positive status and nutrition, the special nutrition needs of the HIV-positive woman, and suggestions to meet these needs.
• Discussion and summary.

Content
• There is less chance of an HIV-positive woman passing the virus to her baby if she is healthy.
• Nutritional requirements of HIV-positive women are greater and should be met by increased intakes of nutritious foods.
• 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.
• Encourage HIV-infected pregnant and lactating women to maintain energy and nutrition balance by:
  • Increasing food intake, eating an extra meal a day
  • Taking iron supplement and multivitamin if available
SESSION 18
NEGOTIATION WITH MOTHERS/CAREGIVERS

Learning Objectives
By the end of the session, participants will be able to:
• Explain the steps of negotiation (GALIDRAA).
• Use an illustration to negotiate with the mother/caregiver.
• Practice the initial visit of negotiation with a mother/caregiver of a child 6-24 months.
• Practice the initial visit of negotiation to improve a woman's nutrition.

Overview
Activity 18.1 Review listening and learning skills and negotiation steps: GALIDRAA – Greet, Ask, Listen, Identify difficulty, Discuss options, Recommend and negotiate, Agrees and repeats agreed-upon action, follow-up Appointment (10 minutes)
Activity 18.2 Use of visual in negotiation visit (20 minutes)
Activity 18.3 Demonstration of negotiation: initial visit to encourage mothers to try appropriate complementary feeding behaviors, and group discussion (30 minutes)
Activity 18.4 Practice negotiation in an initial visit to mother with infant between 6-24 months (1 hour 15 minutes) and for women’s nutrition
Activity 18.5 Discuss plans for field practice planned for the next morning (15 minutes)

Total Time 2 hours 30 minutes

Materials Needed
• Flipchart papers, markers, and masking tape
• Booklet on key ENA messages, counseling card, woman’s health record, child’s health record etc.
• Case studies on cards

Advance Preparation
Handouts
HO #25: General Case Studies of child 6-24 months
HO #26: How to Negotiate using visuals (ORPA): poster, counseling card, a child health booklet, etc.
DETAILED ACTIVITIES

Activity 18.1  Review listening and learning skills and negotiation steps: GALIDRAA – Greet, Ask, Listen, Identify difficulty, Discuss options, Recommend and negotiate, mother/caregiver Agrees and Repeats action to be followed, follow-up Appointment (10 minutes)

Methodology
• In plenary, ask participants: What are listening and learning skills? What are the different steps of negotiation? How many visits are needed for the full process of negotiation?
• Write answers on flipchart.
• Add any missing information.
• Ask the participants to review HO #15.

Negotiation is a method used to encourage mothers to try new recommended practices to improve their children’s feeding.

Listening and Learning Skills
1. Use helpful non-verbal communication
   • Keep your head level with mother
   • Pay attention
   • Nod head
   • Take time
   • Appropriate touch
2. Ask open-ended questions that start with what, why, how, or where rather than questions that require a yes or no only.
3. Use responses and gestures that show interest.
4. Reflect back what the mother says.
5. Empathize – show that you understand how she feels.
6. Avoid using words that sound judgmental.

Q: What are the different steps of negotiation?
A: Follow negotiation steps: GALIDRAA
   • Greet the mother and establish confidence
   • Ask about feeding practices, age of the child, and status
   • Listen to the mother
   • Identify feeding difficulty and causes of the difficulty
   • Discuss different feasible options to overcome the difficulty with the mother/caregiver
• Recommend and negotiate doable actions
• Agree with the mother which practice the mother will try; mother/caregiver repeats practice she will try
• Appointment for follow-up

Q: How many visits are necessary to carry out a negotiation?
A: At least **two visits are necessary to carry out a negotiation.**

- Initial visit-
  - At the beginning of the visit, check the child’s age or the child’s health card.
  - According to the child’s age, health provider should assess the mother’s current practice, if she could try out previous recommendations, if they are new recommendations to give, and continue negotiating to encourage continuing correct behaviors and adding improved behaviors.
- Follow-up 1: After one to two weeks
- If possible, follow-up 2: After one month

**Activity 18.2  Use of visual in negotiation visit**
**(20 minutes)**

**Methodology**
- The facilitator refers to the Booklet on Key ENA Messages and shows the pictures, and explains how pictures could be used as probes for negotiation, and refer to the session on day 1.
- Present the steps of using a visual: Observe, Reflect, Personalize, and Act.
- Distribute HO #26 and discuss.
- Discussion and summary.

**Activity 18.3  Demonstration of negotiation to encourage mothers to try appropriate complementary feeding behaviors:**
*initial visit to mother with child between 6 – 24 months; and group discussion*
**(30 minutes)**

**Methodology**
- Facilitators demonstrate the initial visit to Sayba with 6½-month-old daughter, Kortu
- Participants discuss what happened in the demonstration visit.
- Review listening and learning skills.
- Refer to HO #25 and discuss: General Case Studies of baby 6-24 months.
Demonstration of Case Study of baby 6-24 months: Sayba and Kortu

Visit #1: Initial Visit

Situation: The health worker is visiting Sayba. Kortu, her baby is now 6 and a half months. She feeds her daughter cow’s milk and gruel in addition to breastfeeding. The child screams and cries a lot. The child is not gaining weight.

Examples of possible follow-up negotiation visits with Sayba

Visit #2: Follow-up of the child 6 to 24 months

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

Visit #3: Maintain the practice and/or negotiate a new practice

Situation: Kortu is now 8 months old. Sayba still breastfeeds and serves three enriched meals per day since her child was 6 months old. She also gives her child a piece of fruit every day such as ripe mango and papaya. Kortu is very healthy and is growing well.

Activity 18.4 Practice negotiation in an initial visit to mother with 6-24 months and to improve woman’s nutrition (1 hour 15 minutes)

Methodology

- Participants are divided into triads: mother, health worker, and observer; triads are given three of five case studies to practice negotiation for an initial visit; each participant rotates the three different roles until all the case studies they have are complete.
- Refer to the negotiation practice instructions in Activities 18.1 and 18.2.
- Facilitator distributes case studies on complementary feeding and woman’s nutrition.
- Two triads demonstrate a case study in plenary.
- Discussion and summary.

Case studies related to complementary feeding 6-24 months

Possible answers: Practice Case Studies 6-24 months

Leading points for discussion of case studies

The participants are expected to follow the negotiations steps (GALIDRAA) and use the listening and learning skills. The participant has to ask about the current complementary feeding practices in the background of optimal complementary feeding practice recommendation for age 6-24 months.

- Greet the mother.
- Introduce him/herself.
- Ask permission to discuss with the mother her infant feeding practices.
- Ask about current infant feeding practices, praise positive practices and identify problems, if any, based on optimal infant feeding practices.
1. Introduce complementary foods at the age of 6 months.
2. Increase the frequency of feeding and the amount of food as the child gets older.
3. Start with soft porridge and increase the food thickness and variety as the child gets older.
4. Interact/play with the child during feeding.
5. Practice good hygiene and safe food preparation.
6. Breastfeed the child on demand until 2 years and beyond.
7. Continue to breastfeed when the child is ill and encourage the child older than 6 months to eat during and after illness.

Case Study #1
You visit Korpo, whose baby is 6½ months old. Korpo tells you that her baby is too young for food because the baby’s stomach is too small and that she will just continue to breastfeed him until he is older. Her husband and mother-in-law agree with her.

Case 1: Delayed initiation of complementary feeding
The participant has to ask and listen to current feeding practices and identify problems and causes for the problems. In this particular case, the problem is delayed initiation of complementary feeding. The reason given here is the baby's stomach is too small.
S/he has to explain:

• Even though the baby's stomach is small, by the age of 6 months, the baby’s gut is ready and needs to receive food other than breastmilk.
• You can start with small amounts of soft foods like porridge so that the baby can swallow and digest it easily.
• Increase the amount of food that the baby eats and vary the diet by combining cereals and legumes to make the porridge, and by providing mashed fruits and vegetables.
• For a 6-8-month-old baby, give food two to three times daily and include one or two other solid foods (snacks) each day to ensure healthy growth.
• To give the food more energy, add 1 tsp of oil or butter to the porridge or food at each meal.
• Wash hands with soap during preparation of food and before feeding the child.
• Interact while feeding.
• Continue breastfeeding until 2 years and beyond.

The participant has to recommend, negotiate, and agree with the mother to try practicing adequate Complementary Feeding (complementary feeding), then ask her to repeat the agreed points and arrange a second visit. Finally, praise the mother for taking her time and for her willingness.
Case Study #2
Hawa has a 9-month-old daughter who is eating plain gruel once a day. You talk to Hawa about the need to use porridge instead of gruel, add other foods to the porridge, feed at least three times a day, and to give fruit every day.

Case 2: Inadequate complementary feeding practice
The participant has to ask and listen to current feeding practices and identify problems and causes for the problems. In this particular case, the problem is inadequate complementary feeding practices in light of FADDUA.

S/he has to discuss about the need to feed the baby:
• Three to four times a day at this age with one or two snacks a day.
• Increase the amount of food the baby eats, and enrich the diet by adding animal products, fruits, and vegetables.
• Give her snacks.
• Add 2 tsp oil or butter to the food at each meal.
• Wash hands and utensils with soap before preparation of food and before feeding the baby.
• Store prepared food in clean area. Don't give food that was prepared the day before.
• Practice active feeding or interacting with the baby while feeding.
• Continue breastfeeding until 2 years and beyond.

The participant has to recommend, negotiate, and agree with the mother to try the new practice, ask her to repeat the agreed points, and arrange for a second visit. Finally, praise the mother for her time and willingness.

Case Study #3
Faith's 7-month-old baby is eating porridge every day. Faith is breastfeeding but not giving anything else to the baby except porridge.

Case 3: Inadequate complementary feeding practice
The participant has to ask and listen to current feeding practices and identify problems and causes for the problems with regard to FADDUA. In this case, the complementary feeding practice is unsatisfactory.

S/he has to discuss, recommend, and negotiate on the following points:
• To feed the baby two to three times a day and include one or two other solid foods (snacks) each day to ensure healthy growth.
• To increase the amount of food the baby eats as he gets older.
• Enrich the diet by adding animal products, fruits, and vegetables.
• Wash hands and utensils with soap before preparation of food and before feeding the baby. Store prepared food in clean area. Don't give food that was prepared the day before.
• Practice active feeding or interact while feeding.
• Continue breastfeeding until 2 years and beyond.

The participant has to recommend, negotiate, and agree with the mother to try the new practice, ask her to repeat the agreed upon points, and arrange for a second visit. Finally, praise the mother for giving her time and for her willingness.
Case Study #4
Yamah’s baby is 12 months old and the mother gives bites of adult food at meal time only.

Case 4: Inadequate complementary feeding practice
The health worker has to ask and listen to current feeding practice and identify problems and causes for the problems. In this particular case, the problem is that the mother is not following FADDUA.

S/he has to discuss, recommend, and negotiate on the following points:
• Feed the baby three to four times a day with one or two snacks.
• Increase the amount of food the baby eats as he gets older, at least one “buna” cup of food per meal.
• Enrich the family diet by adding animal products, fruits, and vegetables.
• Wash hands and utensils before preparation of food and feeding the baby. Store prepared food in clean area. Don’t give food that was prepared the day before.
• Practice active feeding or interacting with the baby while feeding.
• Continue breastfeeding until 2 years and beyond.

The participant has to recommend, negotiate, and agree with the mother to try the new practice, ask her to repeat the agreed points, and arrange for a second visit. Finally, praise the mother for her time and for her willingness.

Case Study #5
Massa’s child is 11 months old and she gives the child porridge two times a day and bits of soup with whatever she is feeding the family that day.

Case 5: Inadequate complementary feeding practice
The health worker has to ask and listen to current feeding practices and identify problems and causes for the problems. In this case, the problem is inadequate complementary feeding.

S/he has to address the need:
• Feed the baby three to four times a day with one or two snacks.
• Increase the amount of food the baby eats as s/he gets older.
• Enrich the diet by adding animal products, fruits, and vegetables.
• Wash hands with soap and utensils before preparation of food and feeding the baby. Store prepared food in clean area. Don’t give food that was prepared the day before.
• Practice active feeding or interact while feeding.
• Continue breastfeeding until 2 years and beyond.

The participant has to recommend, negotiate, and agree with the mother to try the new practice, ask her to repeat the agreed points, and make arrangement for a second visit. Finally, praise the mother for her time and for her willingness.
Case Study #6
Mary has a baby of 7 months; she is breastfeeding. Mary thinks her baby is too young to eat thick porridge, and so she feeds it a thin porridge without any added nutrients.

Case 6: Inadequate complementary feeding practice
The health worker explains that as soon as they are 6 months old, babies need to eat porridge in addition to breastmilk. This porridge can be prepared using different cereals but it must be thick enough not to flow from the spoon. It must also be enriched with different foods that will need to be mashed or ground for the baby to be able to swallow them. Brightly colored vegetables and fruits, eggs, milk, meat, peanuts, beans, or nuts can be used to enrich the porridge. At every meal, Mary can add oil, butter, or peanut butter to the baby’s food since they are good for its health. The health worker also praises Mary for having continued the breastfeeding. He advises her to continue doing so until the baby is at least 2 years old.

Case Study #7
Margo has a 6-month-old baby. She is planning on giving complementary foods to her baby soon. She thinks that her baby will only need millet porridge.

Case 7: The problem here is in adequate complementary feeding practice
The health worker explains that from 6 months onward, babies need to eat thick porridge in addition to breastmilk. This porridge can be made from various grains and tubers. The health worker explains that starting at the age of 6 months, it is good to give as many varieties of foods as possible to children. She explains that, to help the baby to grow properly, Margo can enrich the porridge at each meal with two or three kinds of foods already available to her. She can cook every meal with oil, butter, or ground peanuts. She should also give a red/orange fruit or vegetable to the baby at every meal. Every day, she should try to put meat, egg, beans, or peanuts in the baby’s food. If possible, she should use milk to cook the porridge instead of boiled water. The meat, poultry, or fish should be mashed or ground before serving it to baby and should be added to the baby’s food as much as possible because these animal-source foods promote growth. Margo should also continue to breastfeed until the baby is at least 2 years old. Margo tells the health worker that she has vegetables, fruits, oil, and milk. She agrees to enrich daily the thick porridge with these foods for her child and to continue breastfeeding.

Case Study #8
Eva has an 8-month-old daughter to whom she gives porridge enriched with different kinds of food once a day. However, it seems that the baby is hungry this afternoon.

Case 8: Inadequate complementary feeding practice
The health worker explains that from 6 to 11 months, babies need to eat enriched thick porridge at least two to three times a day, in addition to snacks and breastmilk. In one day, therefore, Eva’s daughter can eat at least three cups of enriched porridge and two snacks. If Eva sees that she is still hungry, she can still give her food. It is good that a baby eats the amount of food it wants, and that there is a wide variety. The health worker advises Eva to be patient, to take her time when she feeds her baby and to encourage her to eat all the food she serves. He also explains that in addition to proper meals (enriched porridge), the baby should receive one or two snacks a day. For that purpose, she can offer slices of mango, ripe papaya, banana, or liver. This will help her baby grow. Eva appreciates the advice and agrees to try the recommended practices.
Case Study #9
Fadji has a 7-month-old baby whom she breastfeeds. She also gives her child a thin oat porridge and cow’s milk. She uses a bottle to feed her baby these liquids. Fadji thinks her baby is not yet ready to eat other foods.

Case 9: Inadequate complementary feeding practice
The health worker explains to Fadji that from 6 months, babies’ porridge should be thick and enriched with a variety of foods in addition to breastmilk. Children this age cannot grow properly if they are only given thin oat porridge. The porridge must be thick enough to be fed by hand and if possible, it should also be enriched with two or three other kinds of food available at home, such as carrots, oil or butter, eggs, lentils, or meat. Cow milk or goat milk is good for the baby but it must only be given to the baby in a cup. Bottles should not be used because they are very difficult to clean and can cause diarrhea in babies. The health worker reminds Fadji to always breastfeed the baby before feeding it. Fadji likes the recommendations and agrees to give the thick enriched porridge to her baby and to stop using the bottle.

Case Study #10
Kaisha’s son is 15 months old and he eats the family meal with his parents two times a day. Kaisha has ceased to breastfeed him. He seems small for his age.

Case 10: Inadequate complementary feeding practice
The health worker asks Kaisha why she stopped breastfeeding: is it because she is pregnant or is it simply because the baby wanted to stop sucking? She reminds Kaisha that it is recommended to breastfeed until the baby is at least 2 years old. She explains to Kaisha that to stay healthy and grow properly, her son needs to eat more often (at least 5 times a day), especially since he no longer receives the benefits of breastmilk. She recommends serving the baby’s meal on an individual plate as this will enable Kaisha to make sure that the baby has finished his portion. She should also add other foods to the baby’s bowl in addition to the family meal because that dish is not rich enough for him. For that, she can use oil or butter, meat, fish, eggs, beans, peanuts, vegetables and fruits (papaya, mango, banana, orange). Between the meals, he eats with his parents, Kaisha’s son should also receive two snacks per day: slices of mango, ripe papaya, bananas, liver, beans, sweet potatoes, bread, or peanuts. Snacks will allow him to grow and become strong. Finally, the health worker advises Kaisha to resume breastfeeding until her son is at least 24 months old, especially as she has only stopped doing so in the last few days. Kaisha appreciates the advice of the promoter of nutrition and agrees to try to apply it.

Case Study #11
Hope has an 11-month-old daughter. She gives her thin oat porridge and only breastfeeds during the night.

Case 11: Inadequate complementary feeding practice
The health worker tells Hope that the porridge should be thick enough not to flow from the spoon. He also explains to her that if she breastfeeds only once a day, her baby might soon suffer from malnutrition, as she still needs lots of breastmilk. Hope should breastfeed whenever the baby is hungry or thirsty, at least 10 times a day. She should also give the baby other foods, always breastfeeding first. If she does all this, she will again have milk, and her baby will be healthier.
When the health worker asks what foods she has in her home, Hope said that she had peanut butter and beans. He explains to her that to maintain the health of the baby, she should give it three or four meals per day and should enrich the porridge each time with peanut butter, beans or oil. She should also add any fruit or vegetable she has at home to the baby’s meal: for example, mango, orange, or mashed bananas. She should also give her other snacks whenever she can: beans, pumpkin, donuts, or liver. Hope is happy to receive all this advice and agrees to follow it.

Case Studies Related to Women’s Nutrition

Case Study #1
You visit Kebbet who is 4 months pregnant. Kebbet has not yet visited the health clinic.

Answer
The participant has to ask and listen to the current practice and identify problems and causes for the problems. In this particular case, the main problem is that Kebbet is not attending the antenatal clinic.

The participant has to explain the importance of:

- Going to the prenatal clinic to ensure that the pregnancy is going well, to receive TT vaccines, and iron/folic acid supplementation.
- Eating well, one additional meal each day, particularly including meat as much as possible, fruits, and vegetables.
- Using iodized salt for her food and the family food.

Case Study #2
Hawa is a young woman of 18 years who has recently married. You talk to her about the need to eat adequately.

Answer
The participant has to ask and listen to the current practice and identify problems and causes for the problems. In this particular case, the participant has to explain that Hawa is only 18 years old, her body is still developing and she has to eat well to allow her body to develop more. The participant can also explain that it is important to delay the first pregnancy as Hawa’s body is still not fully developed and she could go the health facility to get advice on family planning, and be checked for anemia.

Case Study #3
Queta tells you that she has three daughters between the ages of 12 and 16. What themes will you try to negotiate with Queta?

Answer
The participant has to ask and listen to the current practice and identify problems and causes for the problems. In this particular case, the main problem is that Queta had children too close to each other. The participant has to explain the importance of eating well herself and encouraging her daughters to eat well, explaining this means eating animal-source foods as much as possible, dark green leafy vegetables and orange and yellow fruits and vegetables. The participant should
also explain how important it is Queta’s daughters to delay pregnancy until after age 20 and to space their own pregnancies at least 3 years apart in order to ensure their bodies are strong enough to have healthy infants. Queta and her daughters should to go to the health clinic to be checked for anemia.

Case Study #4
Betty is 35 years old and has five children. She is breastfeeding her youngest child, who is 18 months.

Answer
The participant has to ask and listen to the current practice and identify problems and causes for the problems. In this particular case, the main problem is that Betty had many children, and is probably weak from many pregnancies/breastfeeding. The participant has to explain the importance to Betty of eating well, including two additional meals each day, as much as possible containing meat (and other animal products) as well as fruits and vegetables, and of using iodized salt for her food and the family’s food.

Case Study #5
Faith is in her last month of pregnancy and does not know where she will give birth.

Answer
The participant has to ask and listen to the current practice and identify problems and causes for the problems. In this particular case, the main problem is that Faith has to be convinced to come to deliver at the health facility. She needs to be checked for anemia, and get iron/folic acid supplementation. The participant has also to counsel on early initiation of breastfeeding — within one hour after birth, before the placenta is expelled — and the advantages of breastfeeding exclusively until the baby is 6 months old.

Activity 18.5 Preparation for field visit the next day (15 minutes)

Methodology
• Facilitators discuss the logistics and ensure that all participants are clear about the expectations, dress, and timing of the field visit.
• Discuss how the groups will be divided and which group is going where and how.
• Encourage participants to review today’s session and bring to the field visit the handouts on “negotiation” HO #15 and “GALIDRAA.”
• Remind participants that after the field visit, there will a classroom session to summarize the field visits.
• Answer any questions participants have.
SESSION 19
FIELD PRACTICE

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

• Conduct negotiations with mothers/caregivers of a child 6-24 months of age by doing field practice at health centers or in villages.

Overview
Activity 19.1  Field practice in health centers or villages (2 hour 30 minutes)
Activity 19.2  Feedback on practice session (1 hour)

Total Time  3 hours 30 minutes

Materials Needed
• Visual support (posters, cards, health booklet, Booklet on ENA Messages, etc.)

Advance Preparation
• Prepare groups, give instructions the day before for the field visit.
• Make an appointment at the health center a week ahead to coincide with immunization or weighing sessions.

OR
• Make an appointment with the village chairman or the community health agent a week ahead to prepare village for the participants’ visits.
• Copy of summary sheet for negotiation for trainees.

Handouts
HO #15: Negotiation record
HO #16: Observation Checklist (GALIDRAA)
DETAILED ACTIVITIES

Activity 19.1  Field practice in health clinics or villages
(2 hours 30 minutes)

Methodology

• In plenary, review negotiation steps.
• Divide participants into pairs: one will counsel and negotiate with the mother/caregiver of a child 6 – 24 months while the other follows the dialogue with the observation checklist in order to give feedback later.
• Negotiator fills out HO #19 “Negotiation Record” form; colleague fills out GALIDRAA checklist HO #20 and provides feedback.
• Participants change roles until each participant practices at least two negotiations.

Activity 19.2  Feedback on practice session
(1 hour)

Methodology

• After returning to the training site, in plenary, each pair of participants will summarize their negotiation experience by filling in the summary sheet flipchart for negotiation visits (attached to the wall): participants’ names, child’s name and age, difficulty identified, options suggested, and behavior mother/caregiver agreed to try.
• Some groups presents. Participants receive and give feedback.
• Discussion and summary.
**NEGOTIATION RECORD**

Use this as a sample to record each participant’s field visit experience.

Sample Summary Sheet for Negotiation during Field Visits

<table>
<thead>
<tr>
<th>Initial Visit</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Etc.</th>
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</thead>
<tbody>
<tr>
<td>Participants’ names</td>
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<tr>
<td>Child’s name/age</td>
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<tr>
<td>Difficulty(ies)</td>
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<tr>
<td>identified</td>
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<tr>
<td>Options suggested</td>
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<td>Behavior mother</td>
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<td>agreed to try</td>
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</tbody>
</table>

Draw this table on flipchart paper.

Add additional columns for number of negotiation visits.

Each pair writes one case.

The facilitator summarizes the field visit.

Display the flipchart throughout the rest of the training.
SESSION 20
INTRODUCTION TO JOB AIDS

Learning Objective
By the end of the session, participants will:
• Know the different nutrition activities to be conducted at each health contact.

Overview
Activity 21.1  Introduction to Jobs Aids for Health Workers (45 minutes)

Total Time  45 minutes

Materials Needed
• Copies of Jobs Aids for each participant
Handouts
HO #27: Prenatal visit
HO #28: Delivery and Perinatal care
HO #29: Postnatal and Family planning
HO #30: EPI immunizations
HO #31: Growth monitoring and well child visit
HO #32: Sick child visit and IMNCI
HO #33: Community management of acute child malnutrition (OTP)

DETAILED ACTIVITIES

Activity 20.1  Introduction to Jobs Aids for Health Workers
(45 minutes)

Methodology
• Explain that ENA messages can be integrated into each contact of the health system and with other Child Survival and Safe Motherhood interventions. Distribute Jobs Aids (HO #27-33).
• Divide participants into groups (by contact point). Each group discusses what ENA and key interventions should be integrated into their assigned health contact point:
  • Pregnancy
  • Delivery
  • Postnatal
  • Immunization/EPI
  • Well child visit/GMP
  • Sick child visit/IMNCI- C-IMNCI
  • Community management of acute child malnutrition/OTP
• Each group presents.
• Ask participants to read each of the job aids after each presentation, and complete any gaps after each presentation.
• Discuss how the health workers will use the job aids and where the job aids could be displayed.
SESSION 21
COMMUNITY SUPPORT GROUPS

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

• Organize and facilitate an infant and young child feeding support group of child caretakers (mothers, fathers, grandparents, aunts, uncles...).
• Help caretakers to support each other in their infant and young child feeding practices.

Overview
Activity 21.1 Conduct an Infant and Young Child Feeding Support Group for Participants (15 minutes)
Activity 21.2 Discussion on the Support Group Experience (30 minutes)
Activity 21.3 The Role of the Facilitator in an Infant and Young Child Feeding Support group (15 minutes)
Activity 21.4 Practice Conducting a Support Group (45 minutes)

Total Time 2 hours

Materials Needed
• Flipchart papers, markers, and masking tape

Advanced Preparation
Handout
HO # 34: Observation Checklist for Support Groups

DETAILED ACTIVITIES
Activity 21.1 Conduct an Infant and Young Child Feeding Support Group for Participants (15 minutes)

Methodology
• Facilitator and eight participants form a “fish bowl” and roleplay a support group session, sharing their own (or wife’s, mother’s, sister’s) experience of exclusive breastfeeding.
• Only those in the “fish bowl” are permitted to talk
• Those who are not participating in the support group observe what is happening for discussion later
Activity 21.2 Discussion on the Support Group Experience (30 minutes)

Methodology
• After the support group session, ask the support group participants the following questions:
  • What did you like in the support group?
  • Did you learn anything new from other participants’ experiences?
  • Do you feel differently about breastfeeding after participating in the support group?
  • Is the support group different from an educational talk? How?
  • According to you, did we find answers to the doubts expressed in the support groups?
  • After this meeting, do you think you would try exclusive breastfeeding?
  • Participants who observed the support group respond to the same questions.

Activity 21.3 The Role of the Facilitator in an Infant and Young Child Feeding Support Group (15 minutes)

Participants discuss the following:
1. The role of the facilitator in a community support group;
2. Who can facilitate a community support group;
3. The characteristics of a community support group;
4. Who can participate in a community support group;
5. Topics of a support group; and
6. Different types of existing groups/gatherings in the community that could be support groups.

Methodology
• Six flipcharts are set-up throughout the room with the following headings:
  1. Role of the facilitator in a community support group
  2. Who can facilitate the community support group
3. Characteristics of a community support group
4. Who can participate in a community support group
5. Topics for a community support group
6. Different types of existing groups/gatherings in the community that could be support groups
   • Divide participants into six groups. Each group rotates to the next flipchart after three minutes to add additional content.

**Content**

**Definition:** A support group on infant and young child feeding is a group of mothers/caretakers that promote optimal breastfeeding and complementary feeding behaviors and provide mutual support. It holds periodic meetings facilitated by experienced mothers who have infant and young child feeding knowledge and, ideally, have mastered some group dynamic techniques. Group participants share their experiences, information, and provide mutual support.

1. Role of facilitator:
   • Sits in a circle at the same level as the rest of the group.
   • Introduces self and asks the group participants to introduce themselves.
   • Introduces the purpose and theme of the meeting.
   • Explains that the support group meeting will last 60-90 minutes.
   • Asks open-ended questions to encourage participation.
   • Encourages everyone to talk, even the quieter participants.
   • Encourages participants to share experiences and ideas.
   • Repeats key messages.
   • Asks participants to summarize what they learned.

2. Who can facilitate a community support group?
   • Experienced mothers and health workers.
   • Formally trained health workers.
   • Community workers.

3. 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, difficulties, popular beliefs, myths, 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. In this way all the women can express their ideas, knowledge, and doubts, share experiences and receive and give support to the other women who make up the group.
• Has a seating arrangement that allows all participants to have eye-to-eye contact (generally a circle).
• Varies in size from 3 to 15 participants.
• Is usually facilitated by an experienced and trained 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.
• The facilitator and the participants of the infant and young child feeding support group decide on the length of the meeting, the frequency and time of the meetings (number per month), and the topics.

4. Who can participate in an infant and young child feeding community support group?
• Breastfeeding mothers
• Mothers who have breastfed in the past
• Pregnant women
• Community workers
• Care takers/parents
• Formally trained health workers

5. Topics a community support group can discuss
• Benefits of breastfeeding
  • For the mother
  • For the child
  • For the family and community
• Techniques of breastfeeding
  • Position
  • Attachment
• LAM
  • The three criteria of LAM
  • The benefits of LAM
  • Who can use LAM
• Breastfeeding difficulties, prevention, and solutions
  • Insufficient breastmilk production
  • Sore and cracked nipples, infections, and engorgement
  • Babies separated from their mothers
  • Twins
  • Maternal or child sickness
• Woman’s nutrition
• Complementary feeding beginning at 6 months
  • How to ensure a variety of food is given
  • What is active feeding
  • How to vary feeding
  • Why keep on breastfeeding
  • Which snacks to give the child
  • How to increase amount, frequency, and density
• Feeding of 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 child sickness
  • Why give extra food during recuperation

6. Different types of existing groups/gatherings in the community that could be support groups
• People Living with HIV & AIDS (PLWHA) – where PMTCT sites are available
• Food distribution sites
• Therapeutic Feeding Centers
• Community Growth Monitoring and Promotion
• Agricultural groups, etc.
• Market women
• Coffee ceremonies
• School meetings

Activity 21.4 Practice conducting a support group
(45 minutes)

Methodology
• Divide participants in three groups of eight.
• Each group chooses a topic out of a basket for a support group meeting.
• One participant from each group will be facilitator.
• After group 1 conducts a support group for about 10 minutes, groups 2 and 3 fill in support group observation checklist (HO #27).
• Discussion in plenary.
• Repeat the process for the second and the third group until each group conducts a support group session in plenary with the other two groups observing.
SESSION 22
IMPROVING NUTRITION AT THE COMMUNITY LEVEL

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

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

Overview
Activity 22.1: Identification of community groups and ENA contact points (30 minutes)
Activity 22.2: Review of the training sessions for the community worker and follow-up (1 hour 30 minutes)

Total time 2 hours

Material Necessary
• Flip chart, markers, and masking tape
• 1 copy of the training guide for Community Health Workers

Handout
HO #35: Group supervision at community level

DETAILED ACTIVITIES
Activity 22.1 Identification of community groups and ENA contact points (30 minutes)

Methodology
• Divide the participants into six groups.
• Each group discusses the community groups that already exist and that could be used to pass on the ENA messages. For example, growth promotion and monitoring, micro-finance/micro-credit, agriculture, farming, literacy programs, etc.
• Each group describes what topics must be discussed with people in these groups to sensitize them and/or during a negotiation session.
• Presentation of group work in plenary and discussion.
Activity 22.2 Review of the training modules for the Community Health Volunteers and “supervision in groups”  
(1 hour 30 minutes)

Methodology

• Divide the participants into four groups.
• Each participant receives a copy of the Training Guide for Community Workers.
• Group 1 reviews the first day (themes presented and methodologies used).
• Group 2 reviews the second day (themes presented and methodologies used).
• Group 3 reviews the third day (themes presented and methodologies used).
• Group 4 reviews and discusses how the “supervision in groups” should be conducted (when, where, and how).
• Each group presents a summary of the discussion.
• Discuss practical issues of the training.
SESSION 23
PLANNING

Learning Objective
By the end of the session, participants will:
• Develop a 3-month action plan.

Overview
Activity 23.1  health workers from the same health facility and/or community develop a 3-month action plan (30 minutes)
Activity 23.2  Presentation of action plans (20 minutes)

Total Time    50 minutes

Materials Needed
• Flipchart papers, markers, and masking tape

Advance Preparation
• Sample action plan of flipchart

DETAILED ACTIVITIES

Activity 23.1  Health workers from the same health facility and/or community develop a 3-month action plan (30 minutes)

Methodology
• Every health worker from the same health facility or community develops an activity plan for the following three months.

Activity 23.2  Presentation of action plans (20 minutes)

Methodology
• In plenary, ask for two to four volunteers (as time allows) to present their group’s action plan.
• Feedback from participants.
## SAMPLE ACTION PLAN

**Group/Community:**

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>PEOPLE RESPONSIBLE</th>
<th>RESOURCES NEEDED</th>
<th>WHEN (TIME)</th>
<th>WHERE (PLACE)</th>
<th>FOLLOW-UP (WHO &amp; WHEN)</th>
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SESSION 24
FINAL EVALUATION

Learning Objective
By the end of the session, participants will:

- Evaluate their progress.
- Evaluate the training.

Overview
Activity 24.1  Post-test (15 minutes)
Activity 24.2  Participants fill out evaluation form and listen to results (15 minutes)

Total Time  30 minutes

Materials Needed
- Flipchart papers, markers, and masking tape

Advance Preparation
- Sample evaluation form on flipchart

DETAILED ACTIVITIES
Activity 24.1  Post-test

Methodology
- Pass out copies of the pre-test to each participant using their personal code and ask them to complete it individually.
- Ask participants to compare their results with their pre-test and assess their progress.
- Review the answers of the test and answer questions as needed
Activity 24.2  Participants assess the training  
(15 minutes)

**Methodology**
- Present the evaluation form on flipchart.
- Ask participants to write on their notebook their assessment.
- Have participants come one by one to copy their own assessment on the flipchart.
- When complete, present to the participants.
- Thanks the participants for their active participation.
- Proceed to the closure of the training.

**END-OF-TRAINING EVALUATION FORM**

Place a √ in the box that reflects your feelings about the following:

<table>
<thead>
<tr>
<th></th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>UNSATISFACTORY</th>
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<tbody>
<tr>
<td>Training objectives</td>
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<td>Methods used</td>
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<td>Materials used</td>
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<td>Field Practice</td>
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<td>Capacity to carry out an identical training (for TOT)</td>
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<td>Tea breaks</td>
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1. Which sessions did you find most useful?
2. What are your suggestions to improve the training?
3. Other comments: