

Kyrgyz Republic: Training Community Volunteers on Nutrition and Hygiene Module Toolkit



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ABOUT SPRING

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

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DISCLAIMER

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SPRING

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COVER PHOTOS: SPRING/Kyrgyz Republic (Jumgal rayon, Naryn oblast)

Contents

Acronyms and Abbreviations	vii
Section 1. Introduction	1
Section 2. Activist Modules.....	9
MODULE 1: Activist Mobilization, Mapping, and Action Planning	11
MODULE 2: Exclusive Breastfeeding.....	15
MODULE 3: Complementary Feeding of Young Children	19
MODULE 4: Handwashing and Clean Latrines	23
MODULE 5: Dietary Diversity for the Whole Family	27
MODULE 6: Preventing Anemia	33
MODULE 7: Maternal Nutrition	41
MODULE 8: Food Storage and Preservation	47
MODULE 9: Deworming and Preventing Helminth Infections	51
MODULE 10: Strengthening Community Work.....	55
MODULE 11: Dietary Diversity and the Reduction of Junk Food Consumption	61
Annex 1. Checklist for Evaluating Module Trainings.....	67
Annex 2. Checklist for Supervision of Activists	71
Annex 3. Activist Monthly Planning and Reporting Forms.....	73

Acronyms and Abbreviations

EBF	exclusive breastfeeding
IFA	iron-folic acid
HPU	health promotion unit
JSI	JSI Research & Training Institute, Inc.
KVHC	Kyrgyz Association of Village Health Committees
MOH	Ministry of Health
RCHP	Republican Center for Health Promotion
SBCC	social and behavior change communication
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
USAID	U.S. Agency for International Development
VHC	village health committee
WHO	World Health Organization

Section 1. Introduction

How to Use This Toolkit

This toolkit is designed to provide program implementers with training session modules, job aids, and social and behavior change communication (SBCC) materials to help community volunteers (referred to as 'activists') and other frontline workers promote household nutrition and hygiene. The modules can be used in any order, with the exception of Module 1 (activist mobilization, mapping, and action-planning), which provide basic information and should be completed before the specific topic modules.

Project Overview

The work of the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project to deliver nutrition SBCC interventions through activists is part of a broader program to improve national nutrition policy and quality of nutrition service provision at health facilities. SPRING builds activist capacity to raise family and community awareness of nutrition during the first 1,000 days; promote improved nutrition, hygiene, and sanitation behaviors; and generate demand for nutrition and health services. The long-term social and behavior changes needed for improved nutrition require integrating ongoing SBCC activities into existing structures and systems, including health promotion units (HPUs) and village health committees (VHCs).

SPRING collaborates with local health education and communication mechanisms—including HPUs, VHCs, and activists—to reach communities with SBCC activities. Each district-level administration of primary health services (referred to as 'family medicine center') has an HPU staffed by one or two nurses who, with guidance from the health education arm of the Ministry of the Health (MOH) and the Republican Center for Health Promotion (RCHP), conduct outreach to all communities in their catchment area. HPU staff are also responsible for training and supporting VHCs, and coordinating health education through other government entities and schools through their established cadres of community volunteers. VHCs began in 2002 with funding from the Swiss Red Cross as a pilot project in one *rayon* (district) and quickly scaled up to more than 1,700 VHCs in 84 percent of the nation's villages. VHCs are organized into regional networks at the *rayon* level and operate under the umbrella of the Kyrgyz Association of Village Health Committees (KVHC). VHCs conduct activities to improve the health of their communities. As independent civil society organizations, they collaborate with the government health system through RCHP.

To maintain engagement with the large number of community volunteers, SPRING, through a subgrant, entered into a formal partnership with KVHC. KVHC, a national NGO, operates an extensive network of community-led health committees, and routinely disseminates important health information nationally. KVHC provided a team of coordinators who work with SPRING field staff (community mobilizers) to extend the

About SPRING/Kyrgyz Republic

Since late 2014, the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project has been working to improve the nutritional status of children under two years of age and women of reproductive age in Kyrgyzstan by promoting the uptake of 11 evidence-based practices. SPRING works through strategic partnerships in health, agriculture, and education to improve the nutritional capacity of health providers and households; increase the nutritional sensitivity of agriculture programs; and support national-level initiatives likely to improve nutrition outcomes. Partners include local government, village health committees, district health centers, local and international nongovernmental organizations, and other USAID projects. SPRING works in 11 *rayons* and townships of Jalalabad *oblast* and the entirety of Naryn *oblast*, all within the Feed the Future zone of influence.

program's reach by recruiting, training, and supporting activists. Activists are unpaid volunteers who are incentivized through regular training, quality-improvement efforts, and public recognition. They also get mugs (which they use to demonstrate the correct amount to feed children at different ages), bags to carry materials, and t-shirts.

SRING and KVHC help activists roll out the topical modules through household visits and community meetings in program areas according to a seasonal schedule. In addition to supporting RCHP on the development of nutrition content, SPRING builds HPU staff capacity to deliver nutrition SBCC to people at schools, health facilities, and in rural and urban communities.

Evidence-Based Practices Promoted by SPRING

1. Consumption of iron supplements by pregnant women.
2. Dietary diversity for women, with emphasis on food sources of iron and foods that enhance iron absorption.
3. Dietary diversity for children 6 to 23 months of age with emphasis on food sources of iron and vitamin A and foods that enhance iron absorption.
4. Optimal meal frequency for children 6 to 23 months of age.
5. Early initiation of breastfeeding.
6. Exclusive breastfeeding from birth through six months.
7. Timely introduction of appropriate complementary foods.
8. Reduced consumption of foods of low nutrient value (junk food).
9. Presumptive treatment for helminth infections in pregnant women and young children.
10. Handwashing at four critical times (after using the latrine; after changing a diaper/cleaning a child; before preparing food; and before feeding a child).
11. Adoption of methods for safe and prolonged storage of nutrient-dense produce in winter.

SPRING's Experience: Using Local Networks

SPRING's SBCC interventions rely on an existing network of community volunteers ('activists') distributed throughout the country who have been used in the past to disseminate a variety of social messages. This network includes people from a wide range of backgrounds (e.g., school teachers, housewives, local government leaders) who have varying levels of influence and access to social circles and communication channels. Activists have become the primary mode of delivery for community-level behavior change work. SPRING, KVHC, and local government authorities have recruited more activists to complement the existing network, expand its reach, and reduce the burden on individual activists.

Acknowledging SPRING activists' voluntarism and competing priorities for time and effort, training consists of a short session every 4–6 weeks on a different topic, followed by occasional support visits during household visits and community meetings. Short training sessions ensure that capacity is built without taking too much of volunteers' time, the majority of which is spent on household visits and/or community events and meetings. Activists, with additional support from SPRING staff and activist coordinators, may also participate in

community campaign events related to the SBCC strategy. As acknowledged community leaders, the activists raise awareness of simple, priority family behaviors that are taught in each topical module, and generate demand for the services of health workers.

SPRING's work on in-service training of health facility staff to improve the quality of nutrition services and counselling helps program staff and activists feel confident recommending the facility-level workers as an important source of information and care for mothers and children up to two years of age. This is reinforced at each contact with activists, with the tone and content of modules and job aids reflecting this role of general awareness-raising, focused promotion of a few simple family behaviors, and generating demand for the services of health workers. It is health workers' responsibility to provide in-depth, personalized counseling to mothers and their families about maternal and child nutrition, so activists are instructed to encourage mothers and families to seek regular information, preventive services, and care from health workers. This two-pronged approach also ensures that mothers and family members hear consistent messages at multiple contact points, which reinforces community-level communication.

Establishing a Structure: Targeting and Training Strategies

SPRING uses community mobilizers, activist coordinators, and activists to disseminate messages in communities. On a bimonthly basis, community mobilizers and activist coordinators are trained as activist trainers and supervisors, using the selected training module. These trainings typically last half a day and are conducted at the *oblast* (regional) level. During trainings, master trainers model methods that will be used to train activists in their coverage area. The trained activist coordinators and mobilizers cascade training to activists at the township and rayon levels.

All of the training modules are:

- Limited to priority messages about a subset of SPRING's 11 evidence-based behaviors, so that activists are not overwhelmed and can promote the behaviors with different groups in different settings with confidence.
- Interactive and participatory, respecting learners as adults who bring knowledge and experience to the training.
- Focused on skills, allowing time for role play to practice listening and talking to community members; using job aids to strengthen promotion and to respond to questions or objections from community members.
- Facilitate experience-sharing so trainees learn from each other and find solutions to challenges.

SPRING orients activists to a different theme every two months through a two-hour training on technical content, key messages, job aids, and SBCC materials (generally to be given to families) associated with the topical module. The training includes guidance on how to conduct household visits, community meetings, and data collection. SPRING's initial activist training module was "social mobilization and general nutrition," which was an introduction to the project and its content. This module was given to more than 2,000 activists who mapped "1,000-day households"—those with pregnant and lactating women and/or children younger than 2 years of age—as well as community resources in respective catchment areas. This module is an orientation and planning exercise, and does not include its own community engagement component.



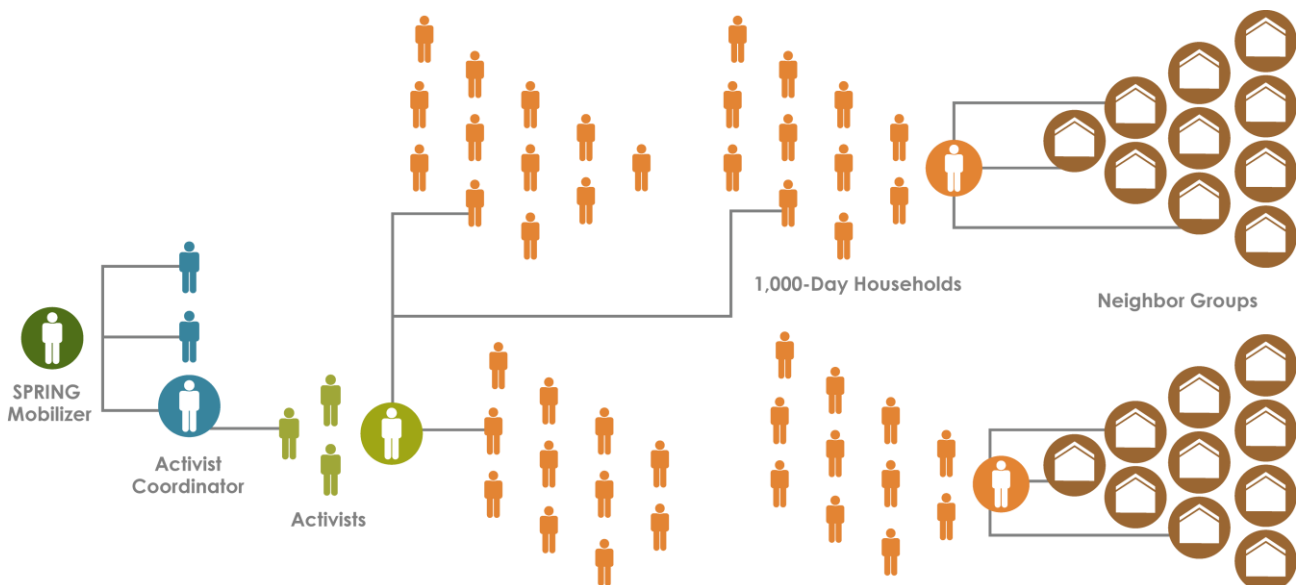
Activists then conduct household visits and community meetings in their catchment areas to raise awareness and promote simple key messages and behaviors. They also help to promote facility-level workers as an important source of information and health care. Accompanying SBCC materials convey and reinforce the project’s key messages in memorable and compelling ways. They include an informational brochure for mothers, a cookbook, and posters and leaflets on handwashing and clean latrines, dietary diversity, and anemia prevention. These materials complement activists’ messages, which are also displayed in HPUs and health facilities.

SPRING aims for a 1:30 ratio between activists and households, with activist coordinators and community mobilizers dividing the tasks of training, coordinating, and supervising the activists in their areas (Figure 1). While the primary target group for most module topics is 1,000-day households, messages target the whole family to build support for improved behaviors. Activists are encouraged to explain to husbands and mothers-in-law in 1,000-day households that it is important that they support the recommended behaviors, including helping with the work needed to practice them. Although 1,000-day households are prioritized for visits, general

Module Topics

- Activist Mobilization, Mapping, and Action Planning.
- Exclusive Breastfeeding
- Complementary Feeding of Young Children
- Handwashing and Clean Latrines
- Dietary Diversity for the Whole Family
- Preventing Anemia
- Maternal Nutrition
- Food Storage and Preservation
- Deworming and Preventing Helminth Infections
- Strengthening Community Work
- Dietary Diversity and the Reduction of Junk Food Consumption

Figure 1. SPRING’s structure for reaching communities



community members are also reached by activists through community meetings and other communication channels including media spots, posters in health facilities, social media, and special campaigns and events.

Quality Assurance, Monitoring, and Reporting

Each member of the team (nine KVHC activist coordinators and six SPRING community mobilizers) visits 10 activists each month to assess the quality of communication and build skills through coaching. SPRING gives its team mobile data collection devices to facilitate timely collection and analysis of observational checklist data. Training on data collection tools is integrated into team trainings.

Team members plan and implement a rotating schedule of observation to maximize on-the-job coaching. Coaching—observing someone at work and providing feedback including suggestions for improvement—helps ensure that interventions are implemented as intended and helps volunteers feel valued and motivated. Annexes 1 and 2 contain sample guides to help community mobilizers and activist coordinators provide effective supportive supervision.

SPRING developed monthly planning and reporting forms for activists to use with guidance from the team (See annexes). Every month, project staff collect information from activists and give it to the SPRING monitoring and evaluation team in the Bishkek office. SPRING encourages opportunities to share data with activists, families, and communities to build awareness of SPRING and Government of Kyrgyz Republic investments in nutrition to encourage community ownership of health and nutrition and motivate activists.

Lessons and Considerations for Future Implementation

1. Supporting activists and sustaining interest

Because paying activists is not sustainable, volunteers are not compensated for their time on the SPRING project. SPRING encountered challenges to convening activists and maintaining their attendance. The expansion of field presence with a subgrant to KVHC increased personal communication with activists, increased participation, and supported their work in communities. SPRING sought to simplify the activists' tasks through additional job aids and streamlined data collection, and found low-cost ways to motivate, recognize, and reward excellent performance and ideas. The project also encourages activists to find creative ways to interact with communities.

Midway through the program, in response to volunteers' varying levels of communication, facilitation, and reporting skills, SPRING created a module to build capacity in these areas. Modules are delivered on a cyclical basis and repeated occasionally to encourage sustained behavior change. When a module is repeated, it is updated with new information, activities, and materials. SPRING also combines topics in new ways to keep the exercises interesting for both activists and community members, while reinforcing the content of the nutrition messages. Activists love using and giving families copies of SPRING's SBCC materials—colorful brochures, a cookbook with recipes using diverse, nutritious, and affordable foods, and a guidebook on storing and preserving vitamin-rich foods—to reinforce key messages.

Working with volunteers from various backgrounds has yielded unintended secondary benefits for SPRING's reach of nutrition and hygiene messages. Volunteers are encouraged to use their personal networks to convey messages to the broader community. In some cases, volunteers and subgrantee staff have taken this a step further, expanding their communications beyond the scope of the project. With its focus on the 1,000 days, SPRING had not planned to provide content to school-aged children. However, some volunteers are elementary school teachers and principals and are including SPRING messages on hygiene and clean latrines in lessons. SPRING welcomes this kind of initiative to reinforce and increase the effectiveness the project's SBCC activities.

2. Adapting for different program settings and audiences

While this model is highly effective in rural areas, urban settings pose some challenges. SPRING found that rural community leaders are highly motivated to serve as activists but those in urban areas are not as interested. There are several potential reasons for this. For one, urban leaders tend to be employed or otherwise occupied during the day and do not have time for the role (to attend trainings, conduct visits for 1,000-day households, and organize community meetings). In addition, urban households are not as likely as rural households to perceive activists as credible sources of information on nutrition and hygiene, and feel too busy to participate in community meetings on general health issues. And in cities, the intrinsic and powerful motivator of peer recognition is less present. Without this key incentive, sustainability of the model is greatly compromised.

SPRING therefore modified its strategy to engage urban dwellers, based on understanding that while the prevalence of malnutrition in the Kyrgyz Republic is high in urban as well as rural areas, communication interventions to support behavior change and reduce malnutrition in urban areas needs more emphasis on campaigns or events, and social and mass media communication channels, rather than household visits.

SPRING conducted nutrition- and hygiene-focused events in urban areas (townships) in partnership with local government and HPUs to raise awareness of nutrition during the first 1,000 days and to promote improved nutrition, hygiene, and sanitation behavior. The local HPUs, which had higher capacity and involvement, lead events with support from SPRING and activists. Events have included musical entertainment, *akyn* (narrated singing), drama troupe skits, cooking demonstrations, information booths, speeches by authority figures, pop concerts, comedy shows, television appearances, and distribution of SBCC materials for families to take home.

3. Ensuring sustainability through capacity building

To the extent possible, SPRING delivers its SBCC activities through and in support of existing institutions and community mechanisms. All key messages and promotional materials were developed with and approved by the MOH's RCHP. These materials are owned by the government of Kyrgyz Republic and are available for further use. At community level, SPRING participates and supports health promotion efforts using existing health resources and socially conscious volunteers.

Through its partnership with KVHC, SPRING has built 27 activist coordinators' institutional capacity on nutrition, hygiene, and community and social mobilization. These trained individuals are a resource for their peers and can serve as master trainers should donors or other development partners want to hire KVHC to roll out this toolkit in other regions of the country.

SPRING also conducted a two-day HPU staff training on key messages, job aids, and SBCC materials from the modules (supplemented with technical background, as they are public health professionals). The training also had planning sessions on how to deliver messages and use the materials to complement their own programs and campaigns. This document will be turned over to RCHP for its work with communities through VHCs, HPUs, kindergartens, libraries, and schools.

Key Considerations for Adapting the Modules and Materials

SPRING and implementing partners hope that these modules will be used to support community volunteers and health workers in Kyrgyzstan and potentially elsewhere in the region. High levels of literacy, strong local administrations, and commitment to nutrition by key government departments (e.g., RCHP) and civil-society organizations (e.g., KVHC) all contribute to the effectiveness of the activist approach to deliver SBCC interventions. However, SPRING recommends that before use, the modules, job aids, and SBCC materials be adapted to the needs of the target communities. Below are factors to consider during adaptation.

1. Nutrition challenges and enabling environment

- i. What are the main nutrition problems in the implementation area? Will the practices promoted in a given module help to solve those problems? It's important to understand the challenges from the community perspective as well as that of technical experts or secondary data, and agree on priority challenges at the beginning of the intervention. This increases community ownership, which in turn provides a more supportive environment for volunteers or workers.
- ii. How big is the population that is affected by the nutrition problems? How many volunteers/workers would be needed to reach the population with regular SBCC activities? Are there more vulnerable subgroups that need special outreach or approaches? Is there a system to train, supervise, and support that many volunteers/workers?
- iii. Are there local policies or conditions that would make it difficult to recruit and work with volunteers/workers? For example, it may be acceptable for volunteers/workers to visit homes, but not acceptable for them to visit classrooms for SBCC activities.
- iv. Is there an existing pool of people who have a mandate to improve nutrition (e.g., through health, hygiene and sanitation, education, or agriculture)? Are they open to partnering with you? Will they volunteer or be paid? What will their role be? If a group doesn't exist, will you be able to create one?

2. Project/organization/resources fit

- i. What is the mission of the project or organization, and within that, what are the specific nutrition-related objectives? Will using these modules and materials to train and support community-level workers or volunteers contribute to that mission or those objectives? What other interventions will be needed to achieve these objectives?
- ii. Is it feasible (in terms of time, capacity, and human and financial resources) for the project to promote all the practices in the modules? Will your organization be able to roll out all the modules and support community-level workers with equity and high-quality? If not, ask partners and community members which modules or topics are most relevant to the local context.
- iii. Trying to do too much at once can overwhelm resources, volunteers/workers and community members. Think about promoting practices in phases that build on each other. Consider promoting the practices that require the least time and fewest resources for community members first.

3. Audience fit

- i. Are community members in your implementation area open to learning from volunteers/workers about nutrition? Do they prefer to meet in their homes or public places? Have they been asked about nutrition priorities? If possible, show the materials to small groups of people, such as mothers, fathers, and grandmothers, to find out if the materials make sense to them and if they can suggest ways to adapt the materials to their local area.
- ii. Are the practices promoted in each module feasible for target groups to adopt and to maintain? It's more effective to promote small, doable actions, and not ask for too many changes at one time. You may need to conduct a context assessment or formative research to determine whether community members will be able to implement and sustain the practices that the modules promote.
- iii. How many people in the community already practice what the modules promote? If few do and there aren't significant barriers like lacking resources, it might make sense to prioritize that module. For

example, if only a few people wash hands with soap and water at the five critical times, getting a lot more people to do it could reduce illnesses that contribute to malnutrition.

Thinking through these considerations will help you decide whether the SBCC approach of working with community-level volunteers or workers to promote awareness and key behaviors and increase demand for services fits your needs, and which materials fit your audience and its context. We wish you the best in bringing about improved nutrition outcomes for Kyrgyz families!

Section 2. Activist Modules

Module No.	Module topic	Materials for trainer	Materials for activists
1	Activist mobilization, mapping, and action planning	Mapping tools	N/A
2	Exclusive breastfeeding	Booklet for moms (<i>Nutrition for Children under 2 years old</i>)	<u>Booklet for moms (<i>Nutrition for Children under 2 years old</i>)</u>
3	Complementary feeding of young children	Cookbook (<i>Recipes for children and for the whole family</i>) SPRING demonstration cup	<u>Cookbook (<i>Recipes for children and for the whole family</i>)</u> SPRING demonstration cups
4	Handwashing and clean latrines	Leaflet (<i>Handwashing and clean latrines</i>)	<u>Leaflet (<i>Handwashing and clean latrines</i>)</u>
5	Dietary diversity for the whole family	Food pyramid (includes 10 steps of healthy nutrition) <u>Food cards</u>	<u>Food pyramid</u> (includes 10 steps of healthy nutrition)
6	Anemia prevention	Calendar (<i>Preventing anemia through consuming iron-rich food</i>); reminder card (<i>I am protecting my child and myself</i>)	<u>Calendar (<i>Preventing anemia through consuming iron-rich food</i>)</u> <u>Reminder card (<i>I am protecting my child and myself</i>)</u>
7	Maternal nutrition	Maternal nutrition leaflet	<u>Maternal nutrition leaflet</u>
8	Storage and preservation of healthy foods	Guidebook (<i>Storing foods at home</i>)	<u>Guidebook (<i>Storing foods at home</i>)</u>
9	Deworming and prevention of helminth infections	Handout (<i>Preventing helminths</i>)	<u>Handout (<i>Preventing helminths</i>)</u>
10	Strengthening community work	Communication tools	N/A
11	Dietary diversity and reduced consumption of junk food	Food pyramid (includes 10 steps of healthy nutrition) <u>Food cards</u>	<u>Food pyramid</u> (includes 10 steps of healthy nutrition)

MODULE 1: Activist Mobilization, Mapping, and Action Planning

Module objectives

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

- Explain the goal of the SPRING project and the role of activists in improving malnutrition.
- Explain key topics SPRING will be working on within nutrition.
- Draw participatory maps of households in the community and discuss coverage.

Materials and preparation

- Flip chart, markers, masking tape, SPRING overview poster, monthly planning and reporting form (Annex 3).

Time: 2 hours

Activity I: Introduce SPRING (10 minutes)

1. Show the overview poster. Introduce the SPRING project and yourself. Explain the following points:
 - SPRING stands for Strengthening Partnerships, Results, and Innovations in Nutrition Globally, and is supported by USAID.
 - SPRING works in partnership with Kyrgyz Republic MOH.
 - The main goal of SPRING is to improve mothers' and children's nutrition.
 - Activities of the project are in accord with World Health Organization (WHO) recommendations and KR MOH.
2. Explain the nutrition situation in Kyrgyzstan:
 - Survey results revealed that in Kyrgyz Republic, every fifth child suffers from malnutrition and is stunted as a result. In addition, every third woman of reproductive age suffers from anemia. (DHS-2012)
 - Stunting is caused when children do not get the proper care and feeding during their first 1,000 days, (pregnancy until age 2). Child growth and development are critical during the first 1,000 days, and problems during this time can't be reversed later on.
 - Anemia reduces immunity to disease, reduces productivity, and increases the risks involved with pregnancy and childbirth. Anemia rate is high in Kyrgyzstan and is a national burden that hinders development.
3. Explain that SPRING works on the following topics:
 - Exclusive breastfeeding.
 - Complementary feeding of young children.
 - Handwashing and clean latrines.
 - Dietary diversity for the whole family.
 - Anemia prevention.
 - Maternal nutrition.

- Preservation and storage of healthy foods.
- Deworming and prevention of helminth infections.
- Strengthening community work.
- Dietary diversity and reduced consumption of junk food.

Conclude the activity by stating that scientific evidence says that if we can address these issues at the household level, malnutrition will reduce. Invite participants to ask questions.

Activity II: Explain the role of activists (30 minutes)

1. Explain the role of the activists in working with government, schools, and households to reduce malnutrition:
 - Raise awareness, disseminate information, and increase motivation of the community toward positive nutrition.
 - Types of activities: household visits, hold school or speak at local government meetings, arrange small meetings, attend other community meetings, initiate informal conversations at household meetings/celebrations.
 - Time consumption: For example, in one month you might have one large meeting, give a talk to a school or government meeting, and make some household visits.
 - SPRING community mobilizers will provide training and materials, and communicate about your activities.
 - SPRING is also training health providers on details of maternal and child nutrition. As activists, you will help bridge between health facilities and the community.

Invite them to ask questions.

2. Ask each activist:
 - What is your name?
 - What do you do?
 - Are you involved in community development activities?

Activity III: Share community development experience (10 minutes)

1. Summarize responses to the following questions on a flip chart: Please give an example of positive community development. What did it achieve? What activities did you do to contribute to this success?
2. Tell them that you appreciate that their experiences will inform their work on nutrition in the community.

Activity IV: Map the community (20 minutes)

1. Ask the activists to think through how they will cover all the households in their community to make sure that everyone becomes aware of the importance of positive nutrition and learns positive practices.
2. Divide them into three groups and distribute flip chart page and markers.
3. Ask each group to draw a map of the community.
4. Ask each group to present its map to the larger group.
5. Using one of the maps, ask each activist to identify his/her location on the map.

6. Discuss how households can be divided. In rural areas, each activist should cover 20 households. In urban areas, each activist can cover as many as 40 households.

Activity V: Action planning and activist leader selection (10 minutes)

1. Distribute the module planning and reporting form (Annex 3).
2. Explain the form to the activists. Each time we call them for a meeting (about monthly) we'll provide training, sometimes with materials, and ask them to make an action plan for the month. As they conduct activities, they should keep track of who they meet with on the form. At the next meeting, we'll collect that month's forms and give new ones for the next month. Form 1 is completed during household visits and captures numbers of women over 15 years old, men, and children under 2 years old in each home. Form 2 captures number of women and men who attend community meetings. Both forms capture data on number of informed families.
3. Invite the participants to ask questions.
4. Explain that activists will be divided into teams of 15, and that each team should select a leader. Activist leaders will communicate with community mobilizers and help coordinate activists' work.
5. Collect activist leaders' names and phone numbers.

Activity VI: Summarize key messages (10 minutes)

1. Summarize the following key messages:
 - SPRING works to improve mothers' and children's nutrition with the support of USAID and in partnership with the Ministry of Health.
 - The role of activists is to raise awareness about nutrition in the community and motivate people to adopt positive nutrition practices.
 - Stunting and anemia are holding back the development of the country, and mothers and children under 2 years are the most affected.
 - The first 1,000 days (during pregnancy to 2-years-of-age) is an important time for child growth and development. If children don't get proper food and care during the first 1,000 days, they are affected negatively for their whole life.
 - Positive nutrition prevents anemia and other illnesses, including cardio-vascular diseases and diabetes, and contributes to good health and prosperity.
2. Invite the participants to ask questions.

Activity VII: Conclusion (2 minutes)

Conclude by saying something like, "We are thankful for your coming and delighted to be working with you to mobilize the community toward positive nutrition. By helping our moms and kids to be strong and well-nourished, we are helping Kyrgyzstan be a strong country."

MODULE 2: Exclusive Breastfeeding

Module objectives

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

- Explain the importance of exclusive breastfeeding (EBF).

Materials and preparation

- Flip chart, markers, masking tape, SPRING overview poster, booklet for moms (*Nutrition for Children under 2 years old*), and module planning and reporting form (Annex 3).

Time: 2 hours

Activity I: Re-introduce SPRING and the nutrition situation in Kyrgyzstan (20 minutes)

1. Show the overview poster. Review the following points:
 - SPRING stands for Strengthening Partnerships, Results, and Innovations in Nutrition Globally, and is supported by USAID. SPRING works in partnership with KR MOH.
 - The main goal of SPRING is to improve mothers' and children's nutrition. Activities of the project are according to WHO recommendations and KR MOH.
2. Ask audience to call out answers to these questions and reinforce correct responses:
 - Why is good nutrition important? (*health and development of children, overall health of communities, reaching full potential both physically and mentally, helps reduce illness, overall health and wellbeing of population*).
 - What is stunting? (*being too short for your age as the result of chronic malnutrition*).
 - What is the 1,000-day window of opportunity? (*the time starting in pregnancy through the first two years of a child's life, when it is possible to reverse stunting by addressing issues of malnutrition— after this window it becomes very difficult to prevent stunting from setting in for life*).
3. Explain the nutrition situation in Kyrgyzstan:
 - Survey results revealed that in Kyrgyz Republic, every fifth child suffers from malnutrition and is stunted as a result. In addition, every third woman of reproductive age suffers from anemia. (DHS-2012).
 - Anemia reduces immunity to disease and productivity, and increases the risks involved with pregnancy and childbirth. The high anemia in Kyrgyzstan is a national burden that hinders development.
4. Explain that SPRING works on the following topics:
 - **Exclusive breastfeeding (this month's topic).**
 - Complementary feeding of young children.
 - Handwashing and clean latrines.
 - Dietary diversity for the whole family.
 - Anemia prevention.
 - Maternal nutrition.

- Preservation and storage of healthy foods.
 - Deworming and prevention of helminth infections.
 - Strengthening community work.
 - Dietary diversity and reduced consumption of junk food.
5. How did the previous month go? Would anyone like tell us about a particular success or challenge? (SKIP IF THIS IS THE FIRST SESSION WITH THE ACTIVISTS)
- If people have encountered challenges, ask the group to think of ways to overcome them. If people are negative about the overall program or are asking for money, etc., tell them that we don't have the ability to change monetary or similar elements of the activity, but that we appreciate their work and are here to talk about ways to make it easier.

Activity II: Brainstorm (30 minutes)

(Sequence of brainstorming and providing information can be changed, depending on preference of trainer and appropriateness for the audience.)

1. The group will brainstorm likely reasons that women do not exclusively breastfeed their children until 6 months; what other foods are given to young infants; and what to communicate to families to help them change their behavior.
2. Ask the following questions and write answers on flip charts.
 - What foods/liquids (besides breast milk) are given to babies younger than 6 months?
 - Possible responses:
 - Water
 - Tea
 - Fruit juice
 - Rice
 - Soft foods
 - What challenges do women face in exclusively breastfeeding their babies for the first 6 months? Why do only 41 percent of women in Kyrgyzstan practice EBF?

Possible responses:

 - Don't have good information.
 - Believe that breast milk is not enough and their infants are hungry/thirsty.
 - Believe that other foods or formula may be healthier than breast milk.
 - Don't have time to stay with baby, other care givers.
 - Family members, neighbors, or health providers pressure them to give other food or liquids.
 - They become pregnant and believe breastfeeding will harm the fetus.
3. Brainstorm problem-solving ideas/responses that activists can give to families to encourage exclusive breastfeeding for infants 0–6 months.
 - For each reason that a mother does not practice EBF, ask activists how they should respond.

Possible reasons and responses:

- Lack of accurate information: EBF is the best thing for your baby until 6 months of age. Other foods/liquids are not necessary.
- Breast milk is not enough, my baby is hungry/thirsty: 99 percent of women can produce enough breast milk for their baby. The more the baby suckles, the more milk will be produced. Keep breastfeeding. If you are worried, ask your health provider for support and suggestions.
- Other foods are healthier: Nothing is healthier for your baby than your breast milk, and other foods/liquids expose your baby to harm. Breast milk is the best gift you can give to your baby. Nothing else is needed for the first 6 months.
- No time/other caregiver: exclusive breastfeeding is the best thing for your baby. Try to arrange for the mother and baby to stay together so other foods are not necessary. Other family members should help with household tasks, support exclusive breastfeeding, and not give other foods/liquids to baby.

Activity III: Introduce the topic of exclusive breastfeeding (20 minutes)

1. Define exclusive breastfeeding for the participants (slowly and clearly): "Exclusive breastfeeding means that only breast milk is given to babies from birth until they are six months of age. Exclusive breastfeeding means that no other food or liquid is given to the baby, not even water."
2. Explain the benefits of exclusive breastfeeding, which have been determined after years of scientific study in many countries throughout the world and are recommended by MOH:
 - Breast milk contains all the nutrients and fluids that babies need for the first six months of life.
 - Breastfeeding delivers health benefits to the infant and mother. Breast milk provides an ideal balance of nutrients for the human infant. The nutrients in breast milk are easily absorbed and digested. Other foods/liquids are hard for babies younger than 6 months to digest, and expose them to contamination and illnesses.
 - Infants younger than 6 months who received drink or food in addition to breast milk have a higher risk of diarrhea. Bottle-fed babies are 17 times more likely to get diarrhea than EBF babies.
 - Breastfeeding protects babies against respiratory diseases. Child mortality from pneumonia is higher among infants who did not exclusively breastfeed. Breast milk contains immune and anti-infective properties which protect babies from other infections and even allergies.
 - Nearly all women are biologically capable of breastfeeding, bar very few with severely limiting medical disorders. Even if they don't get enough to eat themselves, are ill, have twins, or become pregnant again.
 - Exclusive breastfeeding takes time and patience, because newborns have small stomachs, and should be breastfed 8 times through the day and night. Because of this, family and workplace support are very important for moms to exclusively breastfeed.
 - Health worker support is also important to help moms and babies establish a good breastfeeding routine and to help moms to overcome challenges.
 - Giving other liquids or food can decrease the mother's supply of breast milk. More breastfeeding means more breast milk is produced. Moms can increase the amount of milk by feeding more frequently, and making sure to feed long enough from each breast (until it feels soft).
3. Explain that although breastfeeding rates in Kyrgyzstan are very high, national statistics show that only 41 percent of women exclusively breastfeed their babies from birth to six months. This means that most

mothers breastfeed but also give other foods/liquids to their young babies. However, breast milk and nothing else is best for the child's nutrition.

4. Your role is to convey the importance of EBF through key messages and to encourage families with babies younger than six months to seek services that will help them achieve exclusive breastfeeding. Health facility workers have more detailed information and can give mothers and families counseling and support.
 - Present the SPRING booklet, which contains key EBF and other maternal and child nutrition messages. The book was written and designed by working group of SPRING project comprising consultants from National Centre for Mother and Child Healthcare Mothers and Republican Centre of Health Promotion. For EBF, refer to page 1, first section "Baby from 0 to 6 months".
 - Provide key messages for participants (from Section IV, below).

Activity IV: Summarize and restate key messages (10 minutes)

1. Ask participants to list one or more of the key messages.
2. Summarize and restate the key messages listed in Activity III, #4, above.
3. Ask if they have questions about EBF or the forms.

Activity V: Conclusion (2 minutes)

Thank you for coming and for your efforts to mobilize the community on exclusive breastfeeding. By helping our moms and kids to be strong and well-nourished, we are helping Kyrgyzstan be a strong country.

MODULE 3: Complementary Feeding of Young Children

Module objectives

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

- Explain the principles of good complementary feeding to caregivers.
- Complete data forms

Materials and preparation

- Flip chart, markers, masking tape, SPRING overview poster, booklet for moms (*Nutrition for Children under 2 years old*), water, SPRING demonstration cups, and module planning and reporting form (Annex 3).

Time: 2 hours

Activity I: Re-introduce SPRING (5 minutes)

1. Show the overview poster.
2. Remind them that SPRING works on the following topics:
 - Exclusive breastfeeding.
 - **Complementary feeding of young children (this month's topic).**
 - Handwashing and clean latrines.
 - Dietary diversity for the whole family.
 - Anemia prevention.
 - Maternal nutrition.
 - Preservation and storage of healthy foods.
 - Deworming and prevention of helminth infections.
 - Strengthening community work.
 - Dietary diversity and reduced consumption of junk food.

Remind the group that scientific evidence says that if we can improve these practices at the household level, we can help reduce malnutrition and contribute to progress.

Activity II: Experience-sharing on previous month's message dissemination (30 minutes)

Divide participants in two or three groups of 4–5 people and ask them to talk about their experiences disseminating EBF messages, including success and challenges. On a flip chart, make a column for each and list accordingly. Reconvene and ask each group to present its list. Ask group to discuss and offer advice to each other.

Activity III: Complementary feeding of small children: interactive method – brainstorm (40 min)

1. Ask "What is complementary feeding?" Write responses on flip chart.

Expected response: Feeding while a baby is hungry.

2. Ask "What types of food are usually given to babies when they first start eating food?" Write answers on flip chart.

Expected responses: Bulamyk (national porridge), cookies, bread, airan (national sour milk), other types of porridge.

3. Ask "What are some new products that people have recently started to give to babies when they first start eating?" (yogurt, etc.)

4. Ask "What age is the right time to start giving other liquids and foods in addition to breast milk to babies?"

Expected response: When a baby is crying, not enough milk, to make a baby grow fast.

5. After responses and discussion, convey the following key messages to the group:

- **Continue breastfeeding up to two years.** This will help your baby to be healthy and smart.
 - 'Complementary feeding' is food in addition to (complementing) breast milk. After 6 months, breast milk remains an important part of a child's diet, but by then does not provide enough nutrients for health and growth, so other foods must be added. Continued breastfeeding and complementary feeding starting at six months guarantees proper weight gain and growth of your baby.
- **Responsive feeding.** Introducing new foods to children at this age takes love and patience. They are learning how to eat and every taste and texture is new to them. Caregivers must take time to encourage children to eat and be patient and persistent to ensure that children are eating enough energy and nutrients.
- **Between 6 and 12 months is when stunting—insufficient growth and mental development—can begin.** To prevent this, caregivers must follow principles of good complementary feeding.
 - Frequency: Feeding must happen frequently because children at this age have small stomachs and can only eat a little bit at a time.
 - Adequacy: The total amount of food and breast milk eaten during the day must be of sufficient quantity. Thick-consistency food gives more energy and stays on spoon.
 - Diversity/density: Foods must be nutrient-dense (containing many nutrients per gram). First foods should be thick and include animal source foods and mashed fruits and vegetables. Give children a variety of foods to make sure that all their nutritional needs are met. For healthy growth children need domestic animal products; different kinds of beans; lentils; walnuts; and yellow fruit and vegetables that contain vitamin A.
 - Use: Bring children for regular health checks. Not all illnesses can be seen, and some interfere with the body's ability to use food for energy, growth, and mental development.
- **Handwashing:** Caregivers must wash their and the child's hands at the critical times. Tell activists that next month's topic will discuss handwashing and hygiene in more detail. For now, refer them to the booklet for moms page on handwashing at the five critical times.
- A growing child should eat three diverse meals and healthy snacks twice per day.
- A sick baby needs help drinking and eating. An additional portion a day may expedite recovery.

6. After key messages, refer to the booklet for moms, page 4.

7. If someone asks a question about complementary feeding and you don't know the answer, look in the booklet for moms to see if the answer is there. If not, refer the person asking to his/her health provider, who is trained to counsel families about nutrition for babies from 6 months to 2 years of age.
8. Distribute *Recipes for children and for the whole family* cookbook. Ask activists to open the cookbook, which has five sections: importance of nutrition for growth and development of children; what should be first complementary feeding; products ingredients and nutritious value; and a food pyramid and food group information.

Activity IV: Avoid harmful foods (30 minutes)

Ask the group "What is junk food?" and "Why we should avoid or reduce its consumption?"

Junk foods, which are defined as pre-packaged foods with lots of added salt, fat, and sugar, take up room in the child's stomach without providing with the nutrients they need to grow. They can also be expensive, using money that would be better spent on healthier foods like eggs, dairy, fish, meat, and nutrient-rich vegetables.

It is important to:

- Give healthy, clean water to children ages 6 months to 2 years. Do not give sugary drinks like sodas or fruit juice, which reduce appetite for healthy foods and rot the first teeth.
- Feed healthy snacks like dried or fresh fruit, cheese, or plain bread to children instead of sugary or salty pre-packaged snacks like biscuits/cookies, candies, chips, or croutons.
- Limit addition of oils and fats to food. When possible boil or steam food because those are healthier methods than frying.

Activity V: Summarize key messages (10 minutes)

Ask participants what they have learned. They should list one or more of the key messages.

Activity VI: Experience-sharing from the previous month, and action planning for the coming month (20 minutes)

1. Collect the activists' planning forms from the previous month. Make sure they are complete and have the activists' names on them. Speak with activists who haven't turned in a form or who have not filled one completely or correctly.
2. Ask a couple of volunteers to talk about something that went well in the previous month.
3. Distribute planning forms for the next month and ask them to take a few minutes to make a plan.
4. As they are planning their activities for the month, ask what they learned and what was most interesting.

Activity VII: Conclusion (2 minutes)

We are thankful for your coming and delighted to be working with you to mobilize the community toward positive nutrition. By helping our moms and kids to be strong and well-nourished, we are helping Kyrgyzstan be a strong country.

MODULE 4: Handwashing and Clean Latrines

Module objectives

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

- Communicate the five critical times for handwashing with soap and water.
- Demonstrate proper handwashing.
- Explain importance of properly disposing of children's excrement and keeping latrines clean.

Materials and preparation

- Flip chart, markers, masking tape, SPRING poster, double-sided leaflet on five critical times for handwashing and keeping latrines clean to prevent illness, and monthly planning and reporting form (Annex 3).

Time: 2 hours

Activity I: Re-introduce SPRING (5 minutes)

By now most of the activists will have heard this introduction twice. It is fine to go over the points quickly, but we always want to remind them how their work fits into this bigger picture.

1. Show the overview poster. Review the following points about SPRING:
 - SPRING stands for Strengthening Partnerships, Results, and Innovations in Nutrition Globally, and is supported by USAID. SPRING works in partnership with Kyrgyz Republic MOH.
 - The main goal of SPRING is to improve mothers' and children's nutrition. Activities of the project are in accord with WHO recommendations and KR MOH.
2. Ask audience to call out answers to these questions and reinforce correct responses:
 - Why is good nutrition important? (*health and development of children, overall health of communities, reaching full potential both physically and mentally, helps reduce illness, overall health and wellbeing of population*).
3. Review the nutrition situation in Kyrgyzstan:
 - Survey results revealed that in Kyrgyz Republic, every fifth child suffers from malnutrition and is stunted as a result. In addition, every third woman of reproductive age suffers from anemia. (DHS-2012)
 - Anemia reduces immunity to disease, reduces productivity, and increases the risks involved with pregnancy and childbirth. Kyrgyzstan's high anemia rate is a national burden that hinders development.
4. Remind them that SPRING works on the following topics:
 - Exclusive breastfeeding.
 - Complementary feeding of young children.
 - **Handwashing and clean latrines (this month's topic).**
 - Dietary diversity for the whole family.
 - Anemia prevention.

- Maternal nutrition.
- Preservation and storage of healthy foods.
- Deworming and prevention of helminth infections.
- Strengthening community work.
- Dietary diversity and reduced consumption of junk food.

Activity II: Introduce the topic of handwashing and clean latrines (30 minutes)

1. Explain that there is a strong link between diseases spread by bacteria and malnutrition because a sick body can't absorb food as well as a healthy body.
2. Keeping hands clean through improved handwashing is one of the most important things we can do to avoid getting sick and spreading bacteria to others. Many diseases and conditions are spread by unwashed hands.
3. Bacteria are transmitted by dirty hands and latrines:
 - Bacteria are tiny organisms that we can't see with our eyes. Some bacteria are helpful, but many cause diseases.
 - Diarrhea, food poisoning, some kinds of pneumonia, ear infection, tuberculosis, some infections of skin, and eyes, and other diseases are caused by bacteria.
 - We are constantly touching things that have disease-causing bacteria on them. Bacteria grow in human and other animals' feces, dirt, dirty/stagnant water, and on surfaces and foods that have come in contact with dirt or feces. When people touch any of these things and then don't wash their hands, they spread the bacteria to other things and people. Infant feces and dirty latrines are also sources of bacteria that can make our families sick. There are more bacteria in children's excrement.
 - The most common way bacteria enter our body is from our hands touching our eyes, nose, or mouth, or eating food that we touched without washing our hands. We have bacteria on our hands even when they do not look dirty.
 - The only way to prevent disease-causing bacteria from entering our body or spreading bacteria to other people is by frequently washing our hands carefully with soap and clean water.

Ask "Why is it very important to always dispose of infant feces in the latrine, and not just discard feces outside? Why is it important to keep latrines clean?"

After a couple of people have responded, show the clean latrines leaflet and explain:

- The feces of infants and small children carry bacteria and disease in the same way that adult feces do. Always discard infants' and small children's feces in the latrine.
- Because people carry bacteria from the latrines on their shoes and clothes, it is important for everyone who uses a latrine to help keep it clean.
- To avoid contaminating household water with bacteria from latrines, keep latrines at least 25 meters away from water sources.

Ask "Why is it important to use soap when washing our hands, not just water by itself?"

After a couple of people have responded, explain:

- Dirt and germs hide in the creases in our hands. Washing motion gets soap into those creases and pulls dirt and oils free from the skin.

- Soap suspends the dirt and skin oils that trap bacteria.
- Rinsing with running water washes away the soap that contains the dirt, oils, and germs.

Activity III: Brainstorm on when people should wash their hands (10 minutes)

1. Ask the participants for their ideas and write them on a flip chart. Do not comment until they have given all their ideas. Mark the five critical times below with a star or X.
 - *Before, during, and after preparing food.*
 - *Before feeding a child (wash your own and the child's hands.)*
 - *After using the toilet.*
 - *After changing diapers or cleaning a child who has used the toilet.*
 - *After touching an animal, animal feed, or animal waste.*

These are the most critical times to wash hands.

2. Distribute handwashing leaflets to each activist (sufficient number for catchment area 20–40 per activist). Ask them to give one to each family they visit. They will discuss the content with moms and families (not just drop it off without discussion). They can suggest that families hang leaflet on the wall to remind them of the five critical handwashing times and importance of keeping latrines clean for family health.

Activity IV: Handwashing demonstration (10 minutes)

1. Gather everyone around a sink.
2. Wet your hands with clean, flowing water (warm or cold).
3. Turn off the tap and apply soap.
4. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
5. Scrub your hands for at least 20 seconds. Sing a familiar song for 20 seconds to demonstrate the appropriate duration of handwashing.
6. Rinse your hands well under clean, flowing water.
7. Dry your hands using a clean towel or allow to air dry.

Activity V: Brainstorm why it is difficult for people to wash their hands at the five critical times (15 minutes)

Ask why they people do not wash their hands at these critical times. Probe: do not accept answer that it's simply because they lack knowledge. There are other barriers, including:

- *Lack of water near the toilet or in the cooking area.*
- *Lack of water when working in the fields or with the animals.*
- *Cost of soap.*
- *Forgetting or not being in the habit of washing hands with soap and water*

Ask the group to come up with solutions to each barrier mentioned. Examples: make a handwashing station near the latrine and keep it filled with water when it is not winter and hang soap there. Put water inside house by the door so that people can wash when coming from the field or milking the cow; mothers could teach

children to wash before coming to eat a meal and after using the toilet; if clean, running water is not accessible, as is common when people are working in their fields or pasturing animals, they can take soap and use available water or take it along for this purpose.

Activity VI: Experience-sharing from the previous month, and action planning for the coming month (20 minutes)

1. Collect the activists' planning forms from the previous month. Make sure they are complete and have the activists' names on them. Speak with activists who haven't turned in a form or who have not filled one completely or correctly.
2. Ask a couple of volunteers to talk about something that went well in the previous month.
3. Distribute planning forms for the next month and ask them to take a few minutes to make a plan.
4. As they are planning their activities for the month, ask what they learned and what was most interesting. Can they try to wash their hands at the five critical times for the next month? Who will share this learning with? What can they do to promote handwashing at home? In the community?

Activity VII: Summarize key messages (15 minutes)

1. Bacteria that cause diseases that facilitate malnutrition grow in feces, dirt, dirty water, and on surfaces and food that people have touched with dirty hands. We are constantly touching things with disease-causing bacteria on them. Often our hands are dirty, even when we can't see any dirt.
2. To effectively remove disease-causing bacteria, we must frequently wash our hands with soap, for at least 20 seconds, following the technique that was demonstrated earlier.
3. Dispose all infant and small children's feces in latrines, not outside (in yards or behind the house).
4. Dirty latrines are source of bacteria and spread disease. Everyone who uses a latrine should help to keep it clean.
5. The five most critical times to wash hands for both adults and children are:
 - *Before, during, and after preparing food.*
 - *Before feeding a child (wash your own and the child's hands).*
 - *After using the toilet.*
 - *After changing diapers or cleaning up a child who has used the toilet.*
 - *After touching an animal, animal feed, or animal waste.*
6. Invite the participants to ask questions.

Activity VIII: Conclusion (2 minutes)

Saying something like, "We thank you for coming and are delighted to be working with you to mobilize the community toward positive nutrition. By helping our moms and kids to be strong and well-nourished, we are helping Kyrgyzstan be a strong country."

MODULE 5: Dietary Diversity for the Whole Family

Note: This module introduces the topic of dietary diversity for the family. Module 11 reinforces much of the information from this module, but has more of a focus on the benefits of reducing junk food in family diets.

Module objectives

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

- Explain why it is important to eat a variety of foods every day
- Explain the Food Guide Pyramid and how families can use it to plan their meals
- Identify good local food sources of key nutrients (vitamin A, vitamin C, iron, and zinc) for their region, and what's available in different seasons
- Identify foods that are high in sugar, fat, or salt and that contribute little to nutrition.

Materials and preparation

- Flip chart, markers, masking tape, food pyramid and 10 steps of healthy nutrition leaflet, supporting material page on nutrients, four sets of cards with food names, and module planning and reporting form (Annex 3).

Time: 2 hours

Activity I: Re-introduce SPRING (5 minutes)

1. Show the overview poster.
2. Remind them that SPRING works on the following topics:
 - Exclusive breastfeeding.
 - Complementary feeding of young children.
 - Handwashing and clean latrines.
 - **Dietary diversity for the whole family (this month's topic).**
 - Anemia prevention.
 - Maternal nutrition.
 - Preservation and storage of healthy foods.
 - Deworming and prevention of helminth infections.
 - Strengthening community work.
 - Dietary diversity and reduction of junk food.

Activity II: Introduce the topic (5 minutes)

Provide correct responses (**shown in bold below**) on a flip chart after participants have responded.

1. Why do people need to eat a variety of food? Is it okay to eat just bread and tea? What will happen if we limit ourselves to just one or two kinds of foods? After a few people have responded, explain that eating one or two types of food every day over time leads to **nutrient deficiencies**. Nutrient deficiencies leave us vulnerable to illness and if severe enough can lead to death.

2. What happens if we eat too much food and regularly drink sugary drinks? After a few people have responded, explain that too much food and sugary drinks lead to people becoming **overweight**. Over time, these behaviors contribute to poor health, including **diabetes and heart disease**.
3. Are there many overweight or obese people in Kyrgyzstan? A large national survey conducted in 2012 found that more than **one-third of women in the Kyrgyz Republic are overweight or obese**. Preventing overweight and obesity is important, but people who are already overweight or obese also get health benefits from eating diverse foods and doing regular exercise.

Activity III: Key nutrients (10 minutes)

1. People eat food both for energy and for nutrients that our body uses for growth, replenishment, and keeping us healthy. **Calories** are the unit of measurement for the energy in food.
2. In this activity we are going to learn about different nutrients that are in food and what they do for our health. There are many nutrients in different foods and scientists are discovering new ones.
3. Divide participants into groups of four or five and give each a set of the cards with images of foods. Ask each group to identify the foods that correspond to their group: Allow 5 minutes.
 - Group I: Vitamin C-rich foods
 - Group II: Vitamin A-rich foods
 - Group III: Iron-rich foods
 - Group IV: Zinc-rich foods
4. Ask each group to hold up the cards they selected. Does everyone agree with the cards the group chose? Did they miss any? During the report, highlight the following important food sources for each group:
 - Vitamin C: lemons, oranges, red and green bell peppers, tangerines
 - Vitamin A: pumpkins, carrots, tomatoes, dark green leafy vegetables
 - Iron: meat, fish, and eggs, some in dried apricots and dried plums
 - Zinc: meat, fish, and eggs, some in dairy
5. Distribute Handout 1 (key nutrients). Point out that the nutrients that are **bolded** (vitamin A, vitamin C, iron, and zinc) are those that SPRING is focusing on because **research shows they are often too low in the diets of families in Kyrgyzstan**. This means that activists should emphasize foods high in vitamins A and C, iron, and zinc when discussing dietary diversity with families.

Activity IV: Unhealthy foods (15 minutes)

Now we'll discuss some foods that are readily available and consumed by most people but can lead to poor health.

1. Sodium. Too much sodium leads to hypertension. Where is sodium found? **Salt**. What kinds of foods do we consume that have a lot of salt? **Snacks, sausages, instant noodles**. We should limit salt to less than 6g per day, including what is added in cooking.
2. Eating too much fat and oil leads to overweight. Animal fats may cause heart disease. How can we reduce the amount of fat and oil we consume? **Use less oil when cooking; bake or boil foods instead of frying; trim fat from meat before cooking; skim fat off soup before serving**.
3. Refined carbohydrates—white flour and sugar—are in many foods we like. They are considered “empty calories” because they give energy without nutrients. Eating too much leads to overweight and may lead

to diabetes. What sugary foods do we consume (or add sugar to)? **Tea, coffee, candy, chocolates, biscuits, jam, compote, etc.** How can we reduce the amount of sugar we consume to less than 50g per day, including in foods we buy in shops or the market? **Gradually put less in tea, cut down on jam, use less in making compote or dilute compote with water before drinking, don't introduce or accustom babies to the taste of sugar, etc.**

Activity V: Use the food pyramid to plan meals (15 minutes)

1. Distribute the food pyramid leaflet (includes the 10 Steps to Healthy Eating on the back) and explain that the food pyramid helps us plan and assess what we eat so we can get the variety of foods we need in the right amounts. Where have you seen this before? **In the mothers' booklet, on the wall in family medical centers.** Which family members need to eat the variety of food groups shown? **Everyone.**
2. Explain that quantity of different types of food is very important. The amount of food we need for good nutrition is called "portion size." Portion sizes are estimates to guide us and those who prepare our food to eat enough but not too much. Discuss the number of servings from each part of the pyramid. Explain that there is a range for number of portions depending on the size of the person and how active s/he is. Ask participants to think about what they ate yesterday and how it compares to the number of recommended portions for each group.
3. Explain that in addition to following the Food Pyramid all the time, pregnant women need to eat an additional small meal each day and more vegetables and fruits than usual. They should also take iron supplements. While breastfeeding for the first six months, women need to eat one extra meal a day and eat more meat, vegetables and fruits. Children should have only breast milk for the first six months then be introduced to a variety of foods including fruits, vegetables, egg yolk, and finely chopped or ground meat and fish. There is more information about children's food needs in the module on complementary feeding, and a module on maternal nutrition during pregnancy and breastfeeding is upcoming.

Activity VI: Menu planning (10 minutes group work, 10 minutes report out and discussion)

Divide into groups of four or five people. Each group should have a copy of the food pyramid. Have half the groups plan food for a day in August and half for a day in December. Each group will write and present its results on a flip chart.

Ask:

- Which season is harder to plan for?
- Can people with limited resources follow the pyramid? **(Yes; every family can make small changes to increase the diversity of their diets. It is important for the whole family to support and make the changes together.)**
- What advice can we give people to help them eat more of the good foods? **(Plan and budget food purchases in advance, and stick with the plan when shopping. Spend less on sugary and salty junk food and more on healthy foods. Plant more vegetables and store or preserve more vegetables and fruit.)**

Activity VII: Ten steps to healthy eating—key messages (10 minutes)

1. Tell activists that while this training has a lot of information in it, activists should focus on three key messages during household visits and community meetings:
 - Eat a variety of foods.

- Reduce intake of foods and drinks that are high in fat, salt, and sugar.
- Plan your meals using the Food Pyramid for the Ten Steps to Healthy Eating leaflet.

Handout 1 will help activists remember which foods have which nutrients, and will help them respond to questions that families may ask, but it is not meant for household distribution. The Food Pyramid for the Ten Steps to Healthy Eating leaflet should be used during discussion and given to families and community members.

2. Have participants look at the back of the Food Pyramid for the Ten Steps to Healthy Eating leaflet. Explain that these steps summarize most of what we have just learned. Give them a few minutes to read it and ask if they have questions. Explain that this is the information they will discuss when they talk to families during home visits and community and school meetings.
3. Ask "Why is it important for men to learn about dietary diversity and the food pyramid? What role do men play in shopping for food? Do they help with gardening and food storage? Do men resist changes in diet? If so, what might convince them to try new things? How can men help to make sure that women, especially pregnant and breastfeeding women in the household get the extra food they need?"

Activity VIII: Share experience from previous month, hand in reporting forms, plan activities for the coming month (15 minutes)

1. Ask a few people to share a challenge or success from the previous month. Encourage the group to come up with solutions for the challenges and talk about how to increase success.
2. Collect remaining reporting forms from the activists. If anything missing ask before the activist leaves.
3. Ask the group to take a few minutes to think about what they'd like to do in the coming month to raise awareness of the importance of diverse diets and to help households eat more healthfully. Are any meetings coming up that they could speak at for a few minutes and distribute the mom's brochure and Food Pyramid for the Ten Steps to Healthy Eating leaflet?

Activity IX: Conclusion (2 minutes)

Thank you for coming and for your ongoing work to improve the health and nutrition of your community!

HANDOUT 1

Background information on key nutrients, functions, and sources.

This information is for community mobilizers and activists. It can help answer questions and correct misinformation about food sources of nutrients. It is not meant to be given to households.

Remember the three key messages to focus on during household visits and community meetings:

- Eat a variety of foods.
- Reduce consumption of foods and drinks that are high in fat, salt, and sugar.
- Plan your meals using the food pyramid and ten steps handout.

Nutrient	Function	Food sources
Protein	Builds and repairs body cells; forms part of various enzymes, hormones, and antibodies	Meat, poultry, fish, eggs, beans, milk and milk products, grains, seeds, and nuts
Fat	Provides energy; carries fat-soluble vitamins; part of cell membranes, forms membranes around nerves, hormones	Meat and poultry, some fish, milk and milk products, nuts and seeds, oils, butter, margarine, salad dressing, chocolates, pastries
Carbohydrates	Provides energy needed by the brain, nervous system, and red blood cells	Breads, grains, pasta, rice, fruit, starchy vegetables, sugar and all products containing sugar, honey
Vitamin A	Promotes healthy eyes, good eyesight, strengthens immunity, helps maintain skin	Pumpkin, carrots, apricots, persimmon, yellow melon, egg yolk, liver, green leaves, tomatoes
Vitamin C (ascorbic acid)	Promotes healthy teeth and gums. Essential for iron absorption. Promotes wound healing and immunity to illness.	Citrus fruits, red and green bell peppers, berries, tomatoes, potatoes, cabbage, pears, plums, grapes, quince, pomegranate
Folic acid (folate)	Helps form red blood cells, prevents birth defects	Beans, chick peas, lentils, green leaves such as sorrel, beetroot
Calcium	Builds bones and teeth	Milk and milk products, dark green leafy vegetables, broccoli
Iron	Forms red blood cells to carry oxygen throughout the body	Beef, mutton, lamb, goat, poultry, eggs, beans, dried fruits, green leaves such as sorrel, fortified flour
Zinc	Supports immune function, as well as the reproductive and nervous systems. Promotes growth in children.	Beef, mutton, lamb, goat, eggs, milk products, almonds, peanuts, chickpeas, soy foods
Iodine	Makes thyroid hormones and prevents goiter and cretinism, forms of mental and physical disability.	Iodized salt is the only source in Kyrgyzstan

Notes: Apples do not contain iron. Iodine is not found in local fish nor persimmons.

TRAINER REFERENCE:

TEN STEPS TO HEALTHY EATING

This information is included on the back of the Food Pyramid and Ten Steps to Healthy Eating leaflet, which is meant to be given to households. It has been included here as reference for the trainer.

1. Eat a nutritious diet every day based on a variety of foods as shown in the food pyramid.
2. Eat bread, grains, pasta, rice, or potatoes several times per day (total of 450–850g.) Black bread and all porridges have more nutrients and fiber than white bread, pasta, or rice.
3. Eat a variety of vegetables and fruits, preferably fresh, several times per day (at least 400g per day for adults).
4. Maintain body weight between the recommended limits (below body mass index of 25) by taking moderate levels of physical activity, preferably daily.
5. Limit fat intake including oil, butter, margarine, and other animal fat. Use as little oil in cooking as possible.
6. Replace fatty meat and meat products (sausages) with lean meat, beans, legumes, lentils, fish, or poultry. These foods are iron-rich and good sources of protein, which builds the body. Trim fat from beef, lamb, and mutton before cooking.
7. Use milk and dairy products (kefir, yoghurt, and cheese) that are low in both fat and salt and without added sugar.
8. Eat sugar sparingly, limiting the frequency of sugary drinks and sweets including candy, chocolates, cakes, biscuits. Consume less than 50g of sugar per day (including sugar in tea and prepared foods).
9. Choose a low-salt diet. Total salt intake should not be more than one teaspoon (6g) per day, including the salt in bread and processed, cured, and preserved foods. Avoid instant noodles and salty snacks.
10. Give children under six months breast milk only then add a variety of soft foods including vegetables, fruits, egg yolk, potato, and ground meat. By one-year-of-age, the child should eat a good variety of family foods. Continue breastfeeding for up to two years.

MODULE 6: Preventing Anemia

Module objectives

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

- Explain anemia and its primary cause in the Kyrgyz Republic.
- Communicate the consequences of anemia in children and women during the 1,000 days
- Identify foods that prevent iron deficiency and anemia, the role of tea, and using the iron-rich food poster as a job aid.
- List supplements available to women and children including deworming according to protocol (2nd and 3rd trimester).
- Explain how pregnant women can use the iron/folic acid supplement reminder card.
- Explain why handwashing with soap and keeping latrines clean are important for preventing anemia during the 1,000 days.
- Prioritize messages to convey during home visits.

Materials and preparation

- Flip chart, markers, masking tape, prepared flip charts for Activities 1, 2 and 3, two colored cards, copies of Handout 2, calendar (*Preventing anemia through consuming iron-rich food*), iron-folic acid (IFA) reminder card (*I am protecting my child and myself*), teapot, and module planning and reporting form (Annex 3).

Optional: Two people can facilitate the training to help with flow and time management

Time: 2 hours

Activity I: Re-introduce SPRING and introduce anemia (20 minutes)

SPRING focus areas:

- Exclusive breastfeeding.
- Complementary feeding of young children (this month's topic).
- Handwashing and clean latrines.
- Dietary diversity for the whole family.
- **Anemia prevention (this month's topic).**
- Maternal nutrition.
- Preservation and storage of healthy foods.
- Deworming and prevention of helminth infections.
- Strengthening community work.
- Dietary diversity and reduced consumption of junk food.

Flip chart 1

Anemia is a lack of red blood cells, which are important for getting oxygen to all parts of the body.

In Kyrgyzstan, anemia is found mostly in women (particularly pregnant) and young children:

43% of Kyrgyz women ages 15–49 years

35% of Kyrgyz children ages 6–59 months

Divide the participants into two or three groups. Distribute cards of two different colors to each group. Ask each group to discuss its experience and write understanding of anemia on one colored card (specify color). Give them five minutes for discussion and two minutes for writing.

On the other colored card (specify color), participants should write which population group is at the highest risk of and is affected by anemia. Again, the group will discuss for five minutes and write for two. The groups will then present their work and pin up their cards.

Discuss anemia in Kyrgyzstan, referencing flip chart 1. **Mention that rich and poor women in this country have comparable rates of anemia.**

Activity II: Understand the consequences of iron deficiency and anemia (10 minutes)

After reading each of the following paragraphs, ask participants to repeat the main points. Use the two flip charts below, which should be prepared in advance.

- Anemia is when a person has low numbers of red blood cells or red blood cells that aren't functioning properly. Red blood cells carry oxygen throughout the body, and if a person has anemia, the blood can't take enough oxygen to the body. Anemia has various causes. The most common cause of anemia in Kyrgyzstan is iron deficiency. As we said in the previous section, women and children in Kyrgyzstan suffer the most from anemia.
- Severe anemia can result in death, but even moderate anemia has serious consequences.

Flip chart 2

Consequences for women include:

- Reduced ability to work and reduced quality of life due to fatigue, weakness, and headaches.
- Increased chances of infection and illness.
- Increased risk of complications and death during child birth.
- Increased risk that the child will be born with low birth weight.
- Increased risk that the child will be born with low iron and have lower intelligence.

Flip chart 3

Consequences for infants and children include:

- Poor development of the brain and reduced learning capacity.
- Poor physical coordination and lethargy.
- Loss of appetite and tiredness.
- Reduced ability of immune system to fight diseases.

- Low consumption of iron-rich foods or poor absorption of iron in foods eaten is a key cause of anemia. Iron is found in many foods. Iron requirements for women are high during pregnancy and adolescence. Iron requirements are also high for growing infants and children.

- Iron requirements are highest in the second and third trimesters of pregnancy. Women draw on iron stored in the body before pregnancy and must increase iron intake. Women of childbearing age are at risk of iron deficiency with continued loss of iron during menstruation and repeated childbirth. Iron deficiency in pregnant women leads to low iron reserve in the fetus and newborn, and can result in more complications and even death during and after delivery.

Activity III: Prevent iron deficiency (30 minutes)

1. Say: “We have learned that anemia is most often caused by iron deficiency, which results from not eating enough food with iron. Another cause of iron deficiency that leads to anemia is when the body is not able to absorb the iron in food—which occurs when people become ill because of poor handwashing and sanitation.

In a previous month we talked about the importance of handwashing and sanitation. If families don’t practice handwashing with soap at the five critical times and don’t keep latrines clean—including disposing of children’s feces in latrines—women and children will be ill more frequently. Illness makes their bodies less able to absorb the iron in food, and they may become anemic.”

2. Tell the activists that another cause of the body not being able to absorb iron from food is intestinal worms and other parasites. Research has shown that there is a high prevalence of parasites in children in Kyrgyzstan. Therefore the Government of Kyrgyzstan supports deworming for children and women. Families can access deworming medications at health facilities.
3. Remind activists that we learned about foods that contain iron in the module on dietary diversity. Can they remember which foods are good sources of iron? (Suggest that they refer to their notes and handouts from the dietary diversity training.) Write their responses on a flip chart in two columns; one for meat, the other plants. Answers for the former include: (meat from) cows, sheep, goats, dark meat from poultry, liver from any animal, and egg yolks. Answers for the latter are beans, lentils, dried fruits, and dark green leaves such as sorrel. Note that dark green leaves from pumpkin, radish, turnip, and beetroot are also good sources of iron, but are rarely consumed in this country.
4. Ask “In which food group on the food pyramid can iron be found?” [Note: Tell participants that, despite what they’ve been told, apples do not contain iron. This is misinformation.]
5. Ask participants which vitamin helps our bodies absorb iron from foods (they can look at their handouts from dietary diversity module). The answer is vitamin C, but only if foods that contain it are eaten with foods that contain iron in the same meal. Write ‘vitamin C’ near the bottom of the flip chart and ask the participants to name foods that are good sources of it. List these on the flip chart (oranges, lemons, mandarin are best, then berries and other fruits, including tomatoes, *bulgarski*, and cabbage). Tell them that these foods have the most vitamin C when eaten fresh. They lose a lot of vitamin C when cooked.
6. Say that there is something that people in Kyrgyzstan consume every day that **prevents iron absorption by**

Flip chart 4

Sources of iron

From animals:	From plants:

Sources of Vitamin C:

the body. Do they know what it is? If not, hold up the teapot. Explain that drinking tea **with a meal** blocks the body from absorbing the iron in the food.

Children younger than two years should never drink tea, as it will affect their growth negatively. Women should wait for 1½ or 2 hours after meals before drinking green or black tea.

Ask participants to suggest beverages that women and children can drink with meals instead of tea (boiled water, **low-sugar** juice, “tea” made from rose hips, mint, or another herb). Instead of telling women not to drink tea with meals, activists can say “Substitute boiled water, juice, or tea made from herbs at meals. You can still drink regular green or black tea between meals.”

7. Distribute poster on iron-rich foods. Give them a few minutes to look it over then ask how they can use it when talking with families about preventing anemia. Ask them to advise families to hang the poster in their kitchen to remind them of the importance of eating iron- and vitamin C-rich foods together.

Activity IV: Free iron-folate tablets for pregnant women in Kyrgyzstan from the MOH (10 minutes)

1. Preventing anemia during pregnancy is a high priority for the government of Kyrgyzstan, so the Ministry of Health has started providing free tablets containing iron and folic acid to pregnant women. These tablets should be taken every day during pregnancy. They are of great benefit to the mother and help ensure good stores of iron in the child. Women should get antenatal care early in their pregnancy so that they and their child can get the maximum benefit from the tablets.
2. Distribute the IFA reminder/commitment card. Ask activists how it can help women remember to take a tablet every day. (Answer: they can carry the card with them, or hang it on the wall someplace where they will see it every day.)
3. Ask: What are some reasons that women don’t like to take the tablets? How can we advise them to mitigate them?
 - **Metallic taste.** They will become used to this after a few days. Also, it will be less noticeable if the tablet is taken with a meal.
 - **Nausea.** Take tablets with food to prevent this.
 - **Constipation.** Take tablets with food and drink about 1.5 liters of liquids per day, mostly fresh, clean water. Eat foods high in fiber (fruits, vegetables, potatoes, whole grains like buckwheat).

Tell the pregnant women that if side effects don’t go away, they should go the family medical center or family medical group for more advice. Also tell them not to drink tea with tablets. Just as with a meal, it will prevent the body from using the iron in the tablet.

Activity V: Summary (30 minutes)

1. Ask activists to approach the flip chart. Give the marker to one of them and ask the group to decide which information about anemia is most important to convey to families during home visits. Then, give them Handout 2 so they can make sure the list on the flip chart captures everything on the handout.
2. Select three activists to role play a home visit to talk about anemia. One person will be a mother-in-law, one the daughter-in-law, and one an activist. They should not need a script as they have all the information.
3. **Optional (depending on time):** The community mobilizer could play an activist and a co-trainer and a couple of participants the family members to demonstrate an ideal home visit.

Activity VI: Share experience from the previous month, hand in reporting forms, plan activities for the coming month (15 minutes)

1. Ask a few people to share a challenge or success from the previous month. Encourage the group to come up with solutions to the challenges and talk about how to increase success.
2. Collect remaining reporting forms from the activists. If anything missing ask before the activist leaves.
3. Ask the group to take a few minutes to think about what they'd like to do in the coming month to raise awareness of the importance of diverse diets and to help households eat more healthfully. Ask if there are meetings where they could speak at for a few minutes, distribute the anemia prevention calendar, and mention/demonstrate IFA supplements and distribute reminder cards (and tell pregnant women that they can get them at their health facility).

Activity VII: Conclusion (2 minutes)

Thank you for coming and for your ongoing work to improve the health and nutrition of your community!

HANDOUT 2

Key Messages on Anemia for Home Visits

1. Anemia is a condition that affects many women and children in Kyrgyzstan. The main cause of anemia in Kyrgyzstan is iron-deficiency, which leads to low numbers of red blood cells. Red blood cells are needed to carry oxygen throughout the body.
2. The consequences of anemia in pregnant women are serious. They may be too ill or tired to work or enjoy daily activities. During pregnancy and delivery they will be at higher risk for complications and even death. A mother who is anemic will give birth to a child with iron deficiency and the child may have poor brain development (lower ability to learn) and have increased risk of illness.
3. Proper handwashing with soap at the five critical times, and keeping latrines clean—including disposing of infant and child feces in the latrine—should be practiced all the time to prevent anemia in women and children during the 1,000 days.
4. Adolescent girls and women should eat foods rich in iron and vitamin C every day to prevent anemia before they become pregnant. The iron-rich foods poster can help families remember to eat these foods.
 - Iron-rich foods: meat from cows, sheep, goats, dark meat from poultry, liver from any animal, egg yolks, beans, lentils, dried fruits, dark green leaves such as sorrel.
 - Vitamin C foods: oranges, lemons, mandarins, followed by berries and other fruits, tomatoes, *bulgarski*, and cabbage.
5. Drinking green or black tea with a meal prevents the body from absorbing iron in food. Instead of tea, drink boiled water, low-sugar juice, or “tea” made with local products like rose hips or mint. It is ok to drink green or black tea about 2 hours after the meal. *Children younger than the age of two should never drink tea as it may negatively affect their growth.*
6. Pregnant women should attend antenatal care early in pregnancy to get the free iron-folic acid tablets and take one every day during pregnancy. Women can carry the IFA tablet commitment and reminder card with them or hang it on the wall where they will see it every day.
7. Some women experience side effects when they take IFA. Below is a table that lists side effects and gives suggestions for how to manage them. If women continue to experience side effects, doctors and nurses can give additional advice.

If you	Remedy
<p>Have black stools</p>	<p>Do nothing.</p> <p>The iron that is not absorbed will make your stool black.</p> <p>This is normal and not dangerous. It means that your body is getting (more than) enough iron.</p>
<p>Have stomach discomfort, nausea, diarrhea, or constipation</p>	<p>Take the IFA with meals.</p> <p>Split the tablet in half and take each half tablet at different times of the day.</p>
<p>Miss a daily dose</p>	<p>Skip the missed dose and take the one for the next day.</p> <p>Do not take two doses at one time.</p>
<p>Have children in the household</p>	<p>Keep the IFA tablets out of the reach of children.</p>

MODULE 7: Maternal Nutrition

Module objectives

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

- Explain importance of optimal nutrition during pregnancy and how poor nutrition affects pregnant women in Kyrgyzstan.
- Identify the food groups that are particularly important for pregnant and lactating women.
- Explain pregnant and lactating women's need for optimal and diversified nutrition.
- Describe what adolescent girls and newly married women can do to prevent nutrient deficiency during pregnancy.
- Explain what families can do to assure that women get adequate nutrition and rest during pregnancy.
- Explain why it is important for women to seek antenatal care as soon as they think they are pregnant.

Materials and preparation

- Flip chart, markers, masking tape, maternal nutrition leaflet, prepared flip charts for activities 1 and 2, and module planning and reporting form (Annex 3).

Time: 1.5 hours

Activity I: Re-introduce SPRING (5 minutes)

Remind them that SPRING works on the following topics:

- Exclusive breastfeeding.
- Complementary feeding of young children.
- Handwashing and clean latrines.
- Dietary diversity for the whole family.
- Anemia prevention.
- **Maternal nutrition (this month's topic).**
- Preservation and storage of healthy foods.
- Deworming and prevention of helminth infections.
- Strengthening community work.
- Dietary diversity and reduced consumption of junk food.

Activity II: Discuss the current nutrition situation of women in Kyrgyz Republic (5 minutes)

Correct answers are shown in italics after each question.

1. What are the main nutrition problems among women of reproductive age in Kyrgyzstan? *Anemia, deficiency of other micronutrients, under- or overweight.*
2. Show flip chart 1 with the data below. Note that it includes data for women at various ages, those who live in rural and urban areas, and who are wealthy and poor.

3. Which women are most likely to be too thin? *15–19 years, well-off.*
4. Which are most likely to be overweight? *Older, rural, poorer women.*
5. Which women are most likely to have anemia? *20–39 years, poorer women.*
6. Ask audience to call out answers to these questions and reinforce correct responses:
 - Why is good nutrition important? (Health and development of children, reaching full potential both physically and mentally, reducing illness, overall health and wellbeing of population.)
 - What is stunting? (Being too short for you age as the result of chronic malnutrition.)
 - What is the 1,000-day window of opportunity? (The time starting in pregnancy through the first two years of a child’s life, when it is possible to reverse stunting by addressing issues of malnutrition. After this window it becomes very difficult to prevent stunting from setting in for life.)

Do any of these findings surprise you? Why or why not?

Flip chart 1

Women’s Nutritional Status in Kyrgyz Republic 2012

% of women	Too thin	Normal	Overweight	Anemia
15–19 years	17.8	76.4	5.8	34.5
20–29 years	7.9	73.6	18.4	38.3
30–39 years	2.7	49.4	47.9	37.9
40–49 years	1.8	26.5	71.6	28.3
Urban	8.1	59.9	32.1	34.2
Rural	6.8	55.3	37.9	35.8
Poorest	6.9	53.1	40.1	38.8
Wealthiest	8.5	61.3	30.2	32.7

Activity III: Consequences of poor maternal nutrition (15 minutes)

1. Explain that there are many consequences of poor maternal nutrition, both for the mother and for her infant.
2. Show the flip chart with consequences for the woman. Anemia is the first one that comes to mind in Kyrgyzstan, but there are others.
3. Show the flip chart with consequences of poor maternal nutrition for the baby. Poor nutrition in the mother can have many consequences for the child.

4. Explain that some consequences are caused by lack of a specific micronutrient (such as iodine and creatinine), but others such as low birth weight, poor brain development, and increased risk of infection and illness are caused by a low-quality diet.
5. Explain that deficiencies of some micronutrients such as folic acid and iodine affect the fetus immediately after conception and by the time the pregnancy is detected, permanent damage is done. Therefore, women must improve nutrient intake before they become pregnant.
6. Show flip chart 1 again and note that many young women are too thin and have anemia. Such women need to improve their nutritional status before they become pregnant.

Flip chart 2: Consequences for the woman

- Increased risk of maternal complications and death
- Increased risk of infection
- Higher risk of still birth
- Anemia
- Lethargy and weakness
- Reduced work productivity

Flip chart 3: Consequences for her baby

- Increased risk of fetal and infant death.
- Low birth weight
- Premature birth
- Birth defects
- Cretinism
- Inadequate brain development
- Increased risk of infection and illness

Activity IV: Review the rational diet for everyone (15 minutes)

Distribute the Food Pyramid. On a flip chart, draw a replica of the pyramid with the names of food groups and numbers of servings or portions.

1. To advise women on nutrition during pregnancy and lactation and families, we need a common understanding of which nutrients are required and which foods contain them. Ask participants if they have seen the food pyramid or something like it before. Ask someone to explain the pyramid.
2. Remind participants that all of us should be eating the variety of foods shown in the pyramid every day. Pregnant and breastfeeding women must follow the food pyramid and get additional nutrients. Some benefit the growing fetus; many will prepare the mother for delivery and breastfeeding.
3. Explain that pregnant women also need extra protein, iron, calcium, vitamin A, vitamin C, and folate (write this on a flip chart). They will need to eat more of the foods that provide these nutrients every day.
4. Ask which foods contain the following nutrients:
 - **Iron** (mostly meat; also dark green leaves, raisins, dried plums, beans).
 - **Protein** (meat and dairy, beans).
 - **Calcium** (dairy, dark green leaves, broccoli).
 - **Vitamin A** (dark yellow and orange vegetables and fruits, dark green leaves).
 - **Vitamin C** (citrus fruits, berries, all fruits, tomatoes, bulgarski, cabbage).
 - **Folic acid** (green leaves, beetroot, beans, chickpeas, lentils, almonds, walnuts).

5. Explain that during the last months of pregnancy and for the first six months of breastfeeding, women need more energy in addition to the extra nutrients. Which foods can provide more energy? (*Breads and cereals are ok but women get more energy by eating more protein and calcium (dairy) foods, too. A woman may add one or two portions of bread or potatoes or rice unless she is overweight.*)

Activity V: Use cookbook during 1,000 days of maternal nutrition (20 minutes)

1. Ask how fathers, mothers-in-law, and other family members can support women during 1,000-day period. (*Use cookbook*).
2. Divide the participants into three groups and ask each to select two recipes from the cookbook that are best for women during the 1,000 days.
3. Each group should present its recipes and explain why they think it is healthy.
4. Activists should remind households about the cookbook and how to use it.

Other advice that activists should provide:

- Pregnant women, and all of us, should reduce salt intake to prevent hypertension.
- Pregnant women should continue to get exercise, but avoid heavy lifting and heavy work.
- If a pregnant woman suffers from nausea, she can try eating some bread before she gets up in the morning. If the nausea is severe, she should see a doctor.
- Women must seek antenatal care as soon as they think they are pregnant so they can get prescriptions for iodine, calcium, and iron or iron-folic acid, which they should take as often as the nurse or doctor recommends. These mineral supplements are important for the woman's health, safe delivery, and a healthy baby.
- Another advantage of seeking antenatal care as early as possible is that pregnant women will receive home visits from nurses to assure their pregnancy is going well, treat problems, and get information about the delivery and taking care of the child, including advice on breastfeeding.
- At the last antenatal visit, women should talk to their doctor or nurse about a family planning method for after the baby is born. A woman who waits two years or more to become pregnant again will have a healthier child and protect her own health.

Activity VI: Summarize key messages with activists for household visits (15 minutes)

Distribute maternal nutrition leaflet to all participants. Read and discuss each message. Activists should give every household a copy and explain all key messages.

Activity VII: Share experience from the previous month, hand in reporting forms, plan activities for the coming month (15 minutes)

1. Ask a few people to share a challenge or success from the previous month. Encourage the group to come up with solutions for challenges and talk about how to increase success.
2. Collect remaining reporting forms from the activists. If anything is missing, be sure to ask activists before they leave.
3. Ask the group to take a few minutes to think about what they'd like to do in the coming month to raise awareness of the importance of diverse diets and to help households eat more healthfully. Are there any

upcoming meetings at which they could speak for a few minutes and distribute the maternal nutrition brochure?

Activity VIII: Conclusion (2 minutes)

Thank them for coming and for their ongoing work to improve the health and nutrition of their communities.

MODULE 8: Food Storage and Preservation

Module objectives

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

- Explain the nutritional benefits of foods rich in vitamin A, vitamin C, iron, and zinc (i.e., improved dietary diversity).
- Describe how dietary diversity can be improved by making certain foods available for longer periods of times, such as after that food's season.
- Explain food storage and preservation methods that can be done at home with little or no cost.
- Describe fresh storage methods (e.g., apples, carrot, cabbage).
- Describe methods for drying fruits and berries.
- Discuss appropriate conditions (e.g., cellar), equipment (e.g., drying rack, string) and labor (e.g., digging trench) requirements for various home-based food storage and preservation methods, highlighting the easiest for people in their area to adopt.
- Introduce the *Storage of Nutritious Foods at Home* guidebook during 1,000-day household visits, explaining the benefits, and highlighting some simple methods to try first.

Materials and preparation

- Flip chart, markers, masking tape, *Storage of Nutritious Foods at Home* guidebooks, flip charts prepared in advance for activity 3, and module planning and reporting form (Annex 3).

Time: 2 hours

Activity I: Re-introduce SPRING (5 minutes)

1. Show the overview poster.
2. Remind them that SPRING works on the following topics:
 - Exclusive breastfeeding.
 - Complementary feeding of young children.
 - Handwashing and clean latrines.
 - Dietary diversity for the whole family.
 - Anemia prevention.
 - Maternal nutrition.
 - **Preservation and storage of healthy foods (this month's topic).**
 - Deworming and prevention of helminth infections.
 - Strengthening community work.
 - Dietary diversity and reduced consumption of junk food.

Remind the group that scientific evidence says that if we can improve these practices at the household level, we can help reduce malnutrition and contribute to progress.

Activity II: Introduce the topic (20 minutes)

Review by asking participants:

- Why do children and adults need a variety of food?
- Is it okay to eat bread and tea only?
- What will happen if we eat only one or two kinds of foods?
- What happens if we eat too much food? Too much of certain kinds of foods can lead to poor health of adults [diabetes, overweight, heart disease].
- Are there many overweight or obese people in Kyrgyzstan? (Every third woman is obese. Preventing obesity is very important and diversified diet and physical exercise can help).

Note responses on flip chart and summarize key messages below:

- You already know about the importance of dietary diversity and that eating a variety of foods, specifically those rich in vit A, vit C, iron, and zinc, is good for the health of your family.
- You already know that special attention needs to be paid to the nutrition of pregnant women, children under two and adolescent girls.
- SPRING has produced a reference book that explains how to keep food for as long as possible using different methods of storage and preservation. Some methods keep foods for a long time. Others, such as drying fruit and making compotes, involve actions that alter food so it retains nutrition and lasts longer.
- Sometimes there is an over-abundance of a product (e.g., apples) and its price drops. If we buy and store some of that food when it is cheap and consume it when it's less available and its price is high, we can have dietary diversity in lean times.
- Your job is to distribute the book to your community and explain storage methods that they can do at home.

Activity III: Exploring new book on storage and preservation (30 minutes)

1. Review the reference book, discuss content of each section
 - Give books to activists to review (5 min).
2. Divide into three groups and ask each to discuss one of the following methods of food storage/preservation
 - a. Fresh storage of apples/cabbage
 - b. Storage of cabbage in salt
 - c. Drying different types of fruit

Reconvene and ask if any of the information was new to them. Could they use the suggested methods? If not, why, and what resources would they need to use them? Which methods are most feasible/easiest?

Only the latest seasonal variety of each fruit or vegetable can be stored or preserved.

Activity IV: Plan what to eat (15 min)

1. Ask if they can recall the nutrients discussed in Module 4 (dietary diversity).
2. Write all statements.
3. Use the prepared flip chart to remind that all these nutrients are available in Kyrgyzstan.

Flip chart 1

Vitamin A	Promotes healthy eyes, good eyesight, strengthens immunity, helps maintain skin.	Pumpkin, carrots, apricots, persimmon, yellow melon, egg yolk, liver, green leaves, tomatoes.
Vitamin C (ascorbic acid)	Promotes healthy teeth and gums. Essential for iron absorption. Promotes wound healing and immunity to illness.	Citrus fruit, berries, tomatoes, potatoes, red and green bell peppers, cabbage, pears, plums, grapes, quince, pomegranate.
Folic acid (folate)	Helps form red blood cells, prevents birth defects.	Beans, chick peas, lentils, green leaves such as sorrel, beetroot.
Calcium	Builds bones and teeth.	Milk and milk products.
Iron	Forms red blood cells to carry oxygen throughout the body.	Beef, mutton, lamb, goat, poultry, eggs, beans, dried fruits, green leaves such as sorrel, fortified flour.

Activity V: Role play (30 min)

Role play helps us see a situation from the perspective of others.

1. Divide into two groups, one will role play a household visit; the other a community meeting. Think about the messages you will deliver while visiting and distributing the "Storage and Preservation" booklet.
2. After each group performs, ask larger group for feedback.

Key messages:

- Optimal nutrition – is a nutritious and diversified diet.
- One-type feeding – leads to hidden malnutrition and anemia.
- Storage methods that keep all nutrition values of a particular food:
 - Fresh
 - Freezing
 - Drying
 - Salting
- Following good hygiene during storage process
- Diversified diet for pregnant and lactating women
- Diversified complementary feeding for children starting at 6 months
- Reducing harmful food – salted, fatty, sweetened
- Follow food pyramid and 10 steps for healthy life style

Activity VI. Share experience from previous month, hand in reporting forms, plan activities for the coming month (15 minutes)

1. Ask a few people to share a challenge or success from the previous month. Encourage the group to come up with solutions for the challenges and ways to increase success.
2. Collect remaining reporting forms. If anything is missing get it before the activists leave.
3. Ask the group to take a few minutes to think about how they will raise awareness of the importance of storage and preservation to help households eat more healthfully in the coming month.
4. Tell them that this topic module is the last in nutrition. The last modules are deworming and community strengthening.

Activity VII: Conclusion (2 minutes)

Say, "Thank you for coming and for your ongoing work to improve the health and nutrition of your community!"

MODULE 9: Deworming and Preventing Helminth Infections

Module objectives

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

- Explain the problem of helminth infections in Kyrgyzstan and the Ministry of Health's new policy to prevent and treat them.
- Explain how helminths affect nutrition, how to prevent them, and where to seek treatment.
- Promote helminth prevention by disseminating key messages through household visits and community meetings.
- Brainstorm challenges to preventing and treating worms and ways that families can work together and with health care providers to overcome them.

Materials and preparation

- Flip chart, markers, masking tape, handout (preventing helminths), key messages on keeping families safe from worms, and module planning and reporting form (Annex 3).

Time: 2 hours

Activity I: Learning about the problem of helminth infections in Kyrgyzstan and the Ministry of Health's new policy to prevent and treat helminths (30 min)

Say, "We've been working together for a while now and are promoting improved nutrition practices in our communities on:"

- Exclusive breastfeeding.
- Complementary feeding of young children.
- Handwashing and clean latrines.
- Dietary diversity for the whole family.
- Anemia prevention.
- Maternal nutrition.
- Preservation and storage.
- **Deworming and prevention of helminth infections (this month's topic).**
- Strengthening community work.
- Dietary diversity and reduced consumption of junk food.

Say, "We have done a lot to promote better nutrition, especially for women and children during the 1,000 days in our communities. But a big problem sabotages our efforts: intestinal worms, which are very common in Kyrgyzstan. These worms, which can damage health and nutritional status, are also called helminths."

Review the scope of the problem of helminth infections in Kyrgyzstan (prepare flip chart before the meeting with the following information on it):

Flip chart 1

- According to the Ministry of Health in Kyrgyzstan, from 2006–2010 around 150,000 people registered with helminth infections. Eighty percent of those with helminth infections are children of preschool and school age.
- One survey of children ages 6–15 years in Kyrgyzstan showed that 41 percent had worms. The Sanitary Epidemiological Service of Kyrgyzstan found that among 427 school-age children in 2006/2007, 71.4 percent of them were infected with helminths.¹

The Ministry of Health recognizes that worms are a common problem, especially among children. It has adopted a policy of giving medicine to all children over one year of age and pregnant women to prevent and treat helminth infection. They will provide this medicine both through annual campaigns and health centers when pregnant women and children come for checkups.

We can help the Ministry of Health raise awareness about helminth infection and the new policy to prevent and treat it through home visits and community meetings. We can also promote safe water use, handwashing, and hygiene practices at home that will prevent helminths.

Activity II: What are helminths, how do they affect nutrition, how can we prevent them, and where can we seek treatment for them? (30 min)

1. Helminths, or parasitic worms, can infect humans and animals. They can be in soil, water, and improperly prepared food. There are many types of helminths. Kyrgyzstan has about 25.
2. Helminths infection is transmitted through contaminated water, soil, food, and from lack of personal hygiene, especially not practicing handwashing with soap and water during the five critical times we have learned about. Children are especially vulnerable to worm infection because they often play in the soil and put dirty hands or objects in their mouths.
3. Infection with helminths harms the health and nutrition of all family members, but especially children and pregnant women, in multiple ways:
 - The worms feed on host tissues, including blood, which leads to a loss of iron and protein.
 - Worms decrease absorption of vital nutrients and cause bleeding in stools, resulting in anemia.
 - Worms can cause diarrhea and loss of appetite, resulting in decreased growth and development.
 - They can hide in organs like the liver, brain, eyes, and heart and cause them to not work properly. For example, there is a worm that causes masses in the liver that can only be removed by surgery.
 - Worms can result in allergies, vitamin deficiencies that cause other health problems, and can reduce the function of the immune system, increasing risk of other illnesses.
4. To reduce the problem of helminths in Kyrgyzstan, the Ministry of Health recommends the following actions:
 - Periodic campaigns to provide safe and effective deworming medicine to treat infections among children and pregnant women, and providing deworming medicine at health centers when pregnant women or children come for checkups.
 - Community health education to promote behaviors like handwashing with soap and water.

- Improved disposal of feces and clean latrines to reduce soil contamination with infected eggs.

Activity III: Group work (30 minutes)

1. Distribute the preventing helminths handout and ask activists to read.
2. Divide activists into three groups and ask each to take turns playing the role of an activist disseminating key messages and discussing how to prevent and treat worms with different family or community members. Circulate among the groups to see how it is going and find out if there are any questions.
3. Reconvene and ask each group to report on their role-play: how did it go? What questions came up during the discussion/role play?

Key messages from the leaflet include:

- Wash fresh fruits and vegetables thoroughly using hot water before eating.
- Thoroughly cook meat and fish.
- Follow the preventive measures on deworming for the whole family, including children under 2 years old and pregnant women after family doctor counselling.
- Drink only potable water from a reservation or pipe.
- Manage feces properly, use only toilets, don't harm the environment.
- Frequently deworm domestic animals.
- **Wash your hands with soap:** Protect yourself and your family by following these simple rules.

The five most important times to wash your hands and prevent illness in your household are:

1. After using the toilet.
2. Before eating or feeding others.
3. Before preparing food.
4. After cleaning children's bottoms.
5. After contact with farm animals or pets.

Activity IV: Agree/disagree (10 minutes)

Instruct participants to stand on your right if they agree with the following statement and to your left if they disagree.

- You can prevent deworming by following personal hygiene.
- There is nothing bad in running water (Kyrgyz people believe this).
- You can't get worms if you do not have pets.
- A breastfed child cannot get worms.

After each statement, ask people to say why they agreed or disagreed and explain the correct answer.

Activity V: What are the barriers to prevention? (10 minutes)

Ask, "What challenges might people face when trying to prevent helminth infections?" Possible answers:

- No water near the toilet or cooking place.
- No toilet or safe water.

- No enough attention to or action on serious issues with domestic animals.
- Can't change habits.

After writing all statements on flip chart ask how we can overcome each, for instance vaccinating pets, handwashing in critical moments, and boiling water before drinking if the source not reliable.

Activity VI: Share experience from previous month, hand in reporting forms, plan activities for the coming month (15 minutes)

1. Ask a few people to share a challenge or success from the previous month. Encourage the group to come up with solutions for the challenges and ways to increase success.
2. Collect remaining reporting forms. If anything is missing get it before the activists leave.
3. Ask the group to take a few minutes to think about how they will raise awareness of the importance of storage and preservation to help households eat more healthfully in the coming month.

Activity VII: Conclusion (2 minutes)

Say, "Thank you for your efforts to learn how to improve nutrition practices at household level. We hope that what you have learned helps you and your community to understand the importance of positive nutrition and hygiene in our daily life."

MODULE 10: Strengthening Community Work

Module objectives

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

- Describe SPRING (goal, objectives, partners, funding organization).
- Explain what an activist does and his/her qualities.
- Use effective communication when working with communities.

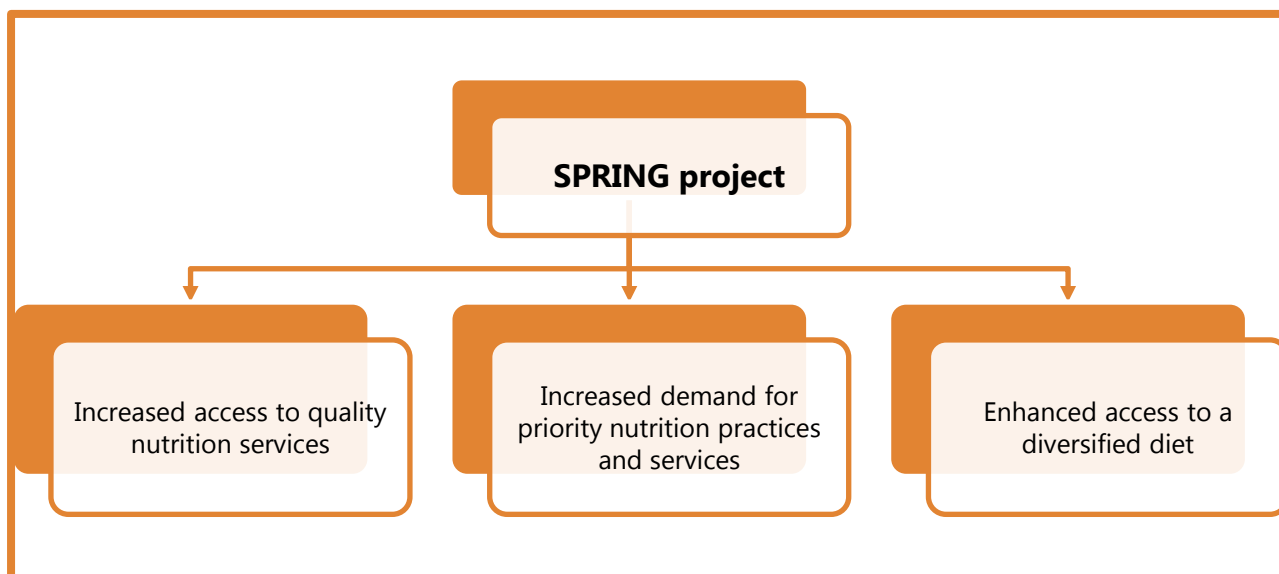
Materials and preparation

- Flip chart, markers, masking tape, SPRING poster, stickers of different colors, communication tools, flip charts prepared in advance for activities 1 and 3.

Time: 2 hours approximately

Activity I: Review (15 minutes)

- SPRING is an acronym in English and stands for Strengthening Partnerships, Results, and Innovations in Nutrition Globally.
- Goal of the project is to improve nutrition status of children under 2 years old and women of reproductive age.
- Survey results revealed that in Kyrgyz Republic one of every five children suffers from malnutrition and is stunted as a result. In addition, every third woman of reproductive age suffers from anemia. (DHS- 2012 survey). Project activities are in accordance with WHO recommendations and KR MOH, funded by USAID. Target areas are Jalalabad and Naryn *oblasts*.
- SPRING covers households with 1000-day status (time starting with pregnancy through the first two years of a child's life) and women of reproductive age.
- The project has 3 objectives (write scheme below on a flip chart in advance):



1. Say: "Let's review topics covered by SPRING"

Expected answers should be written on flip chart, after eliciting all possible responses see below topics. Summarize flip chart with SPRING topics at the end of activity.

SPRING works on:

- Exclusive breastfeeding.
- Complementary feeding of young children.
- Handwashing and clean latrines.
- Dietary diversity for the whole family.
- Anemia prevention.
- Maternal nutrition.
- Preservation and storage of healthy foods.
- Deworming and prevention of helminth infections.
- **Strengthening community work (this month's topic).**
- Dietary diversity and reduced consumption of junk food.

2. Ask, "Who delivers information to the community?"

Expected responses: health providers, media providers (TV, radio, newspapers), activists.

Activity II: Identify the role and characteristics of the activist: (30 minutes)

1. Each activist should define his/her values and write two on a sticker. Group values by type on an already-prepared flip chart with six sections, each named for an identified value.
2. After grouping all values, reflect on goal of the project and link it to activist values. Say "Please note that defined values are aligned with project objectives. Therefore, people are thankful for our messages on positive nutrition as we cover children and whole family."
3. Divide activists into two groups. Ask one group to list activist responsibilities and the other to list the desired activist qualities. Observe and support group work as necessary.

Prepare flip charts with following statements:

Group 1 "Activist responsibilities"

- Lead community work on voluntarily basis.
- Care about future of the community.
- Care about people's health, wellbeing, interests.
- Avail personal time for public activities.
- Complete appropriate training.
- Deliver key messages.

Group 2 "Activist qualities"

- Responsible
- Productive
- Organized
- Determined
- Motivated
- Creative
- Pressure-resistant
- Goal-oriented

Activity III: Communication approaches to working with communities (40 minutes)

1. Say, "We have defined activist's role and qualities. Let's talk about activist behavior when communication with the community." Expected responses – respectful attitude (greeting, warm relationships), thankfulness.

Say "All stated is correct; let's discuss." (Present flip chart with verbal and non-verbal communication). Give examples of verbal and non-verbal communication, written on flip chart in advance:

Verbal (oral)	Non-verbal (gestures)
<ul style="list-style-type: none"> • Tone of voice (not monotonous) • Annunciation (distinct speech) • Choice of words (full sentences) • Conversation cadence (pauses) • Delivery (simple language) 	<ul style="list-style-type: none"> • Body position (avoid crossed legs/arms) • Eye contact (direct but not staring) • Physical proximity (respectful distance) • Attitude (friendly) • Active listening (encouraging responses)

Use the examples below to explain and demonstrate appropriate communication:

- Tone—speaking voice should not be too loud or too quiet.
- Annunciate clearly and speak slowly.
- Pause before and after conveying important messages to allow listener to absorb what you've said and ask questions.
- Do not speak in monotonous manner (boring, droning, repetitive). Use inflection to make your points (demonstrate by reading the text in monotonous way and then in an engaging way: "The main goal of SPRING project is to improve nutrition status of children under 2 years old and women of reproductive age. To achieve this goal SPRING promotes 11 evidence-based practices, SPRING collaborates with Kyrgyz Republic Government and other partners...").
- Simple and understood language—use the dialect of area, do not use technical or unfamiliar words.
- Body positioning—turn your body toward the person, do not cross legs, hands, or arms. Do not stand erect.
- Make eye contact but do not stare—look into eyes of the listener for not more than 30 seconds).
- Appropriate gesticulate appropriately—don't move too fast or dramatically, but do use your hands and face for emphasis repeating one gestor repeatedly. Nod head to indicate that you understand, and empathize.
- Distance/personal space: in personal meetings, remain 1-2 steps from person. In public official meetings, 3 steps.
- Convey a warm attitude; do not convey negative emotions like anger or astonishment.
- Active listening (ask follow-up questions).
- Do not reject what person says immediately: e.g., if s/he says, "I think my child is thirsty, so I give some water, he is 3 months."

The approaches above are for interpersonal and group communication. When speaking in public, do the following as well:

- Give full and complete information.
- Information should be understandable, meaningful, and interesting.
- Information should be of use and presented logically.
- Do not talk for too long; pay attention to your audience's non-verbal cues (getting up to leave, yawning, fidgeting).

Summarize by reminding them that above all to respect confidentiality and not to pass judgement.

Activity IV: Summarize role play (30 minutes)

1. Split into two groups. Ask each to play an activist visiting a household and demonstrating verbal and non-verbal communication skills. Observe activist reactions and make suggestions to improve them.
2. Summarize role play and ask the questions below, which should be written in advance on a flip chart. Key take-away: Trainer in advance should prepare the following questions on a flip chart, one question in each flower petal (like a chamomile flower).

Questions:

1. What verbal approaches have you learned?
2. What non-verbal approaches have you learned?
3. What is the goal of SPRING project?
4. What are the objectives of SPRING project?
5. How do you understand 1,000-day household?
6. What are an activist's responsibilities?
7. What characteristics should an activist have?
8. What are public speaking approaches?
9. Who partners with SPRING?
10. Who does the project target?
11. What topics does SPRING focus on?
12. What does it mean to keep the confidence of visited households?
13. What gestures are appropriate?
14. What emotions should you not display during household visits?

Activity V: Conclusion and Review of Data Collection Forms (5 minutes)

Collect remaining reporting forms from the activists. Take a quick look to see if anything is missing and ask for it before the activists leave.

Say, "We have completed our today training, thank you for devoting your timing and participating in this training. We hope that you will apply the knowledge and skills that you've gained here to your efforts to direct women and children's behavior toward optimal nutrition. We wish you all good health!"

MODULE 11: Dietary Diversity and Reduced Consumption of Junk Food

Note: This module is a follow-up module to Module 5, which introduces the topic of dietary diversity for the family. This Module reinforces much of the information from Module 5, but has more of a focus on the benefits of reducing junk food in family diets.

Module objectives

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

- Explain why it is important to eat a variety of foods every day
- Explain food groups and portion sizes
- Identify good local food sources of key nutrients (vitamin A, vitamin C, iron, and zinc) for their region, and what's available in different seasons
- Identify "junk foods" – foods that are high in sugar, fat, or salt and that contribute little to nutrition.

Materials and preparation

- Flip chart, markers, masking tape, food pyramid and 10 steps of healthy nutrition leaflet, supporting material page on nutrients, four sets of cards with food names, and module planning and reporting form (Annex 3).

Time: 2 hours

Activity I: Re-introduce SPRING (5 minutes)

1. Show the overview poster.
2. Remind them that SPRING works on the following topics:
 - Exclusive breastfeeding.
 - Complementary feeding of young children.
 - Handwashing and clean latrines.
 - Dietary diversity for the whole family.
 - Anemia prevention.
 - Maternal nutrition.
 - Preservation and storage of healthy foods.
 - Deworming and prevention of helminth infections.
 - Strengthening community work.
 - **Dietary diversity and reduced consumption of junk food (this month's topic).**

Activity II: Introduce the topic (5 minutes)

*Provide correct responses (**shown in bold below**) on a flip chart after participants have responded.*

1. Why do people need to eat a variety of food? Is it okay to eat just bread and tea? What will happen if we limit ourselves to just one or two kinds of foods? After a few people have responded, explain that eating one or two types of food every day over time leads to **nutrient deficiencies**. Nutrient deficiencies leave us vulnerable to illness and if severe enough can lead to death.

2. What happens if we eat too much food and regularly drink sugary drinks? After a few people have responded, explain that too much food and sugary drinks lead to people becoming **overweight**. Over time, these behaviors contribute to poor health, including **diabetes and heart disease**.
3. Are there many overweight or obese people in Kyrgyzstan? A large national survey conducted in 2012 found that more than **one-third of women in the Kyrgyz Republic are overweight or obese**. Preventing overweight and obesity is important, but people who are already overweight or obese also get health benefits from eating diverse foods and doing regular exercise.

Activity III: Key nutrients (10 minutes)

1. People eat food both for energy and for nutrients that our body uses for growth, replenishment, and keeping us healthy. **Calories** are the unit of measurement for the energy in food.
2. In this activity we are going to learn about different nutrients that are in food and what they do for our health. There are many nutrients in different foods and scientists are discovering new ones.
3. Divide participants into groups of four or five and give each a set of the cards with images of foods. Ask each group to identify the foods that correspond to their group: Allow 5 minutes.
 - Group I: Vitamin C-rich foods
 - Group II: Vitamin A-rich foods
 - Group III: Iron-rich foods
 - Group IV: Zinc-rich foods
4. Ask each group to hold up the cards they selected. Does everyone agree with the cards the group chose? Did they miss any? During the report, highlight the following important food sources for each group:
 - Vitamin C: lemons, oranges, red and green bell peppers, tangerines
 - Vitamin A: pumpkins, carrots, tomatoes, dark green leafy vegetables
 - Iron: meat, fish, and eggs, some in dried apricots and dried plums
 - Zinc: meat, fish, and eggs, some in dairy
5. Distribute Handout 1 (key nutrients). Point out that the nutrients that are **bolded** (vitamin A, vitamin C, iron, and zinc) are those that SPRING is focusing on because **research shows they are often too low in the diets of families in Kyrgyzstan**. This means that activists should emphasize foods high in vitamins A and C, iron, and zinc when discussing dietary diversity with families.

Activity IV: Unhealthy foods (10 minutes)

1. Ask, "What is junk food? How does the consumption of junk food affect our health?" Record all ideas on a flipchart.
2. Our health depends on different factors, and nutrition is one of them. We get all nutrients, vitamins, minerals and microelements with food. However, apart from necessary, vital elements, many food products contain ingredients that are useless or even destructive for health. Unfortunately, very often unhealthy food is tasty, appetizing and relatively inexpensive, so, we are tempted to buy it again and again. As a result, we lose out on healthy elements, such as protein, unsaturated fats and fiber and take too many empty calories, trans fats and carbohydrates. It causes various health problems – from obesity to metabolic disease and accelerated physiological ageing. Eating a healthy diet today helps prevent health complications in the future.

3. Now we'll discuss some foods that are readily available and consumed by most people but can lead to poor health.
 - Sodium. Too much sodium leads to hypertension. Where is sodium found? **Salt**. What kinds of foods do we consume that have a lot of salt? **Snacks, sausages, instant noodles**. We should limit salt to less than 6g per day, including what is added in cooking.
 - Eating too much fat and oil leads to overweight. Animal fats may cause heart disease. How can we reduce the amount of fat and oil we consume? **Use less oil when cooking; bake or boil foods instead of frying; trim fat from meat before cooking; skim fat off soup before serving**.
 - Refined carbohydrates—white flour and sugar—are in many foods we like. They are considered “empty calories” because they give energy without nutrients. Eating too much leads to overweight and may lead to diabetes. What sugary foods do we consume (or add sugar to)? **Tea, coffee, candy, chocolates, biscuits, jam, compote, etc**. How can we reduce the amount of sugar we consume to less than 50g per day, including in foods we buy in shops or the market? **Gradually put less in tea, cut down on jam, use less in making compote or dilute compote with water before drinking, don't introduce or accustom babies to the taste of sugar, etc**.

Activity V: Learn about the food pyramid (15 minutes)

1. Distribute the food pyramid leaflet (includes the 10 Steps to Healthy Eating on the back) and explain that the food pyramid helps us plan and assess what we eat so we can get the variety of foods we need in the right amounts. Where have you seen this before? **In the mothers' booklet, on the wall in family medical centers**. Which family members need to eat the variety of food groups shown? **Everyone**.
2. Explain that quantity of different types of food is very important. The amount of food we need for good nutrition is called “portion size.” Portion sizes are estimates to guide us and those who prepare our food to eat enough but not too much. Discuss the number of servings from each part of the pyramid. Explain that there is a range for number of portions depending on the size of the person and how active s/he is. Ask participants to think about what they ate yesterday and how it compares to the number of recommended portions for each group.
3. Explain that in addition to following the Food Pyramid all the time, pregnant women need to eat an additional small meal each day and more vegetables and fruits than usual. They should also take iron supplements. While breastfeeding for the first six months, women need to eat one extra meal a day and eat more meat, vegetables and fruits. Children should have only breast milk for the first six months then be introduced to a variety of foods including fruits, vegetables, egg yolk, and finely chopped or ground meat and fish. There is more information about children's food needs in the module on complementary feeding, and a module on maternal nutrition during pregnancy and breastfeeding is upcoming.

Activity VI: Ten steps to healthy eating—key messages (10 minutes)

1. Tell activists that while this training has a lot of information in it, activists should focus on three key messages during household visits and community meetings:
 - Eat a variety of foods.
 - Reduce intake of foods and drinks that are high in fat, salt, and sugar.
 - Plan your meals using the food pyramid and ten steps handout.

Handout 1 will help activists remember which foods have which nutrients, and will help them respond to questions that families may ask, but it is not meant for household distribution. The Food Pyramid for the Ten

Steps to Healthy Eating leaflet should be used during discussion and given to families and community members.

2. Have participants look at the back of the Food Pyramid for the Ten Steps to Healthy Eating leaflet. Explain that these steps summarize most of what we have just learned. Give them a few minutes to read it and ask if they have questions. Explain that this is the information they will discuss when they talk to families during home visits and community and school meetings.
3. Ask "Why is it important for men to learn about dietary diversity and the food pyramid? What role do men play in shopping for food? Do they help with gardening and food storage? Do men resist changes in diet? If so, what might convince them to try new things? How can men help to make sure that women, especially pregnant and breastfeeding women in the household get the extra food they need?"

Activity VII: Share experience from previous month, hand in reporting forms, plan activities for the coming month (15 minutes)

1. Ask a few people to share a challenge or success from the previous month. Encourage the group to come up with solutions for the challenges and talk about how to increase success.
2. Collect remaining reporting forms from the activists. If anything missing ask before the activist leaves.
3. Ask the group to take a few minutes to think about what they'd like to do in the coming month to raise awareness of the importance of diverse diets and to help households eat more healthfully. Are any meetings coming up that they could speak at for a few minutes and distribute the mom's brochure and Food Pyramid for the Ten Steps to Healthy Eating leaflet?

Activity VIII: Conclusion (2 minutes)

Say, "Thank you for coming and for your ongoing work to improve the health and nutrition of your community!"

HANDOUT 1

Background information on key nutrients, functions, and sources.

Nutrient	Function	Food sources
Protein	Builds and repairs body cells; forms part of various enzymes, hormones, and antibodies	Meat, poultry, fish, eggs, beans, milk and milk products, grains, seeds, and nuts
Fat	Provides energy; carries fat-soluble vitamins; part of cell membranes, forms membranes around nerves, hormones	Meat and poultry, some fish, milk and milk products, nuts and seeds, oils, butter, margarine, salad dressing, chocolates, pastries
Carbohydrates	Provides energy needed by the brain, nervous system, and red blood cells	Breads, grains, pasta, rice, fruit, starchy vegetables, sugar and all products containing sugar, honey
Vitamin A	Promotes healthy eyes, good eyesight, strengthens immunity, helps maintain skin	Pumpkin, carrots, apricots, persimmon, yellow melon, egg yolk, liver, green leaves, tomatoes
Vitamin C (ascorbic acid)	Promotes healthy teeth and gums. Essential for iron absorption. Promotes wound healing and immunity to illness.	Citrus fruits, red and green bell peppers, berries, tomatoes, potatoes, cabbage, pears, plums, grapes, quince, pomegranate
Folic acid (folate)	Helps form red blood cells, prevents birth defects	Beans, chick peas, lentils, green leaves such as sorrel, beetroot
Calcium	Builds bones and teeth	Milk and milk products, dark green leafy vegetables, broccoli
Iron	Forms red blood cells to carry oxygen throughout the body	Beef, mutton, lamb, goat, poultry, eggs, beans, dried fruits, green leaves such as sorrel, fortified flour
Zinc	Supports immune function, as well as the reproductive and nervous systems. Promotes growth in children.	Beef, mutton, lamb, goat, eggs, milk products, almonds, peanuts, chickpeas, soy foods
Iodine	Makes thyroid hormones and prevents goiter and cretinism, forms of mental and physical disability.	Iodized salt is the only source in Kyrgyzstan

Notes: Apples do not contain iron. Iodine is not found in local fish nor persimmons.

TRAINER REFERENCE:

TEN STEPS TO HEALTHY EATING

This information is included on the back of the Food Pyramid and Ten Steps to Healthy Eating leaflet, which is meant to be given to households. It has been included here as reference for the trainer.

1. Eat a nutritious diet every day based on a variety of foods as shown in the food pyramid.
2. Eat bread, grains, pasta, rice, or potatoes several times per day (total of 450–850g.) Black bread and all porridges have more nutrients and fiber than white bread, pasta, or rice.
3. Eat a variety of vegetables and fruits, preferably fresh, several times per day (at least 400g per day for adults).
4. Maintain body weight between the recommended limits (below body mass index of 25) by taking moderate levels of physical activity, preferably daily.
5. Limit fat intake including oil, butter, margarine, and other animal fat. Use as little oil in cooking as possible.
6. Replace fatty meat and meat products (sausages) with lean meat, beans, legumes, lentils, fish, or poultry. These foods are iron-rich and good sources of protein, which builds the body. Trim fat from beef, lamb, and mutton before cooking.
7. Use milk and dairy products (kefir, yoghurt, and cheese) that are low in both fat and salt and without added sugar.
8. Eat sugar sparingly, limiting the frequency of sugary drinks and sweets including candy, chocolates, cakes, biscuits. Consume less than 50g of sugar per day (including sugar in tea and prepared foods).
9. Choose a low-salt diet. Total salt intake should not be more than one teaspoon (6g) per day, including the salt in bread and processed, cured, and preserved foods. Avoid instant noodles and salty snacks.
10. Give children under six months breast milk only then add a variety of soft foods including vegetables, fruits, egg yolk, potato, and ground meat. By one-year-of-age, the child should eat a good variety of family foods. Continue breastfeeding for up to two years.

Annex 1. Checklist for Evaluating Module Trainings

QUALITY IMPROVEMENT & VERIFICATION CHECKLIST FOR MODULE TRAININGS

To be filled out by SPRING Community Mobilizer.

Name of activist coordinator: _____ Evaluator: _____

Community: _____ Date: _____

METHODS	YES	NO
Set up		
1. Did the activist coordinator seat people so that all could see each other's faces?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the activist coordinator wear appropriate clothing?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the activist coordinator sit at the same level as the other participants?	<input type="checkbox"/>	<input type="checkbox"/>
Overall communication		
4. Did the activist coordinator speak loud enough that everyone could hear?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the activist coordinator use proper eye contact with everyone?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the activist coordinator use changes in voice intonation (not monotone)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the activist coordinator speak slowly and clearly?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the activist coordinator move around the room/area without distracting the group?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the activist coordinator always use examples/terminology that were culturally appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the activist coordinator encourage comments by nodding, smiling, or other actions that show s/he was listening?	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the activist coordinator ALWAYS reply to participants in a courteous and diplomatic way?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the activist coordinator prevent domination of the discussion by 1 or 2 people?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the activist coordinator encourage timid participants to speak/participate?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did the activist coordinator give participants adequate time to answer questions?	<input type="checkbox"/>	<input type="checkbox"/>
15. Did the activist coordinator encourage discussion amongst participants?	<input type="checkbox"/>	<input type="checkbox"/>
Beginning		
16. Did the activist coordinator introduce the topic well (who s/he is, topic, time)?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did the activist coordinator ask questions to relate topic to the participants' experiences?	<input type="checkbox"/>	<input type="checkbox"/>

18. Did the activist coordinator ask about the current practices of the participants?

Middle

19. Did the activist coordinator use the brainstorming technique at appropriate moments?

20. Did the activist coordinator use any materials (flipcharts, pictures)?

21. Did the activist coordinator explain the meaning of used materials?

22. Did the activist coordinator encourage comments by paraphrasing what people said (repeating statements in his or her own words)?

23. Did the activist coordinator ask participants if they agree with other participants' responses?

24. Did the participants make lots of comments?

25. Did the activist coordinator summarize the *participants'* discussion?

26. Did the activist coordinator reinforce statements by sharing relevant personal experience, or asking others to share personal experience?

27. Did the activist coordinator encourage participants to share what they know?

End

28. Did the activist coordinator verify that people understood the main points using open-ended questions?

29. Did the activist coordinator summarize the essential points presented at the end?

30. Did the activist coordinator finish the session within the allotted time?

Contents

31. Was the content of the educational messages CORRECT?

1 2 3 4 5 6 7 8 9 10

POOR

EXCELLENT

32. Was the content of the educational messages RELEVANT?

1 2 3 4 5 6 7 8 9 10

POOR

EXCELLENT

33. Was the content of the educational messages COMPLETE?

1 2 3 4 5 6 7 8 9 10

POOR

EXCELLENT

34. OVERALL EVALUATION OF THE activist coordinator's behavior change communication PERFORMANCE

1 2 3 4 5 6 7 8 9 10

POOR

EXCELLENT

Scoring: Yes = ____ Used (Yes+No) = ____ Score= ____%

Recommendations/suggestions for action/comments:

(continue on the next page if necessary)

Annex 2. Checklist for Supervision of Activists

QUALITY IMPROVEMENT & VERIFICATION CHECKLIST FOR ACTIVIST HOME VISITS AND COMMUNITY MEETINGS

To be filled out by SPRING Community Mobilizer or Activist Coordinator.

Date: _____ Rayon: _____ Village: _____

Community activist' name: _____

Checklist completed by: _____

HH..... Meeting.....

Please mark or **YES NO**

	YES	NO
1. Did activist announce goal and objectives of SPRING?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did activist announce the topic of key messages delivering?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did activist talk about key messages?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did activist use job aids (brochures etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did activist disseminate materials (brochures, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Were there any questions or answers?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did activist complete forms 1 & 2 after conversation?	<input type="checkbox"/>	<input type="checkbox"/>

Annex 3. Activist Module Planning and Reporting Forms

ACTIVIST DATA FORM 1: HOUSEHOLDS

(Try to speak with mother, mothers, fathers, and/or mothers-in-law)

Name of activist: _____ Village: _____

Month/year: _____ Rayon or township: _____

Topic: _____

No	Name of head of household (Father/mother in law)	Number of people spoken to		How many children (newborn to 2 years) live in this household?		Is there a pregnant woman in this household? Yes/No	COMMENTS [best practices or challenges]
		MALE (15 years and older)	FEMALE (15 years and older)	MALE	FEMALE		
1							
2							
3							
4							
5							
TOTAL							

ACTIVIST DATA FORM 2: MEETINGS

Activist complete this form after conveying SPRING messages at a meeting or community event.

SN	DATE OF MEETING dd/mm/yy	TYPE OF MEETING	PLACE/VENUE	Number of people spoken to about SPRING message (15 years and older)		COMMENTS
				Male	Female	
			Check			
1		Parent (schools/kindergarten)				
2		Official/government(village and other administration)				
3		Informal (during different celebrations)				
4		Parent (schools/kindergarten)				
5		Official/government(village and other administration)				
6		Informal (during different celebrations)				
7		Parent (schools/kindergarten)				
8		Official/government(village and other administration)				
9		Informal (during different				

		celebrations)					
10		Parent (schools/kindergarten)					
11		Official/government(village and other administration)					
12		Informal (during different celebrations)					
TOTAL							

SPRING

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