

Essential Nutrition Actions and Essential Hygiene Actions

Training Guide: Health Workers and Nutrition Managers

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Acronyms and Abbreviations

ANC	antenatal care
ARV	antiretroviral
BF	breastfeeding
BMI	body mass index
CV	community volunteer
EBF	exclusive breastfeeding
EHA	Essential Hygiene Actions
ENA	Essential Nutrition Actions
FADDUA	frequency, amount, density, diversity, utilization, active feeding
GALIDRAA	<u>G</u> reet, <u>A</u> sk, <u>L</u> isten, <u>I</u> dentify, <u>D</u> iscuss, <u>R</u> ecommend, <u>A</u> gree, set follow-up <u>A</u> ppointment
GMP	growth monitoring and promotion
HFP	homestead food production
IDD	iodine deficiency disorder
IFA	iron–folic acid
IMAM	integrated management of acute malnutrition
IMNCI	integrated management of neonatal and childhood illnesses
IPT	intermittent preventive treatment
ITN	insecticide-treated mosquito net
IU	international units
IYCF	infant and young child feeding
LAM	lactation amenorrhea method
MAM	moderate acute malnutrition
MTCT	mother-to-child transmission (of HIV)
MUAC	mid-upper arm circumference
OTP	outpatient therapeutic program
PMTCT	prevention of mother-to-child transmission (of HIV)
RUTF	ready-to-use therapeutic foods
SAM	severe acute malnutrition
SBCC	social behavior change communication
SFP	supplementary feeding program
STI	sexually transmitted infection
TOT	training of trainers
TT	tetanus–toxoid

Global Nutrition Efforts

Around the world **some 162 million children under five were stunted in 2012**. ‘At current trends, the number of stunted children under five is projected to be 128 million in 2025, against a target of 100 million. The current prevalence of anaemia in women of reproductive age is 29.4%, against the 2025 target of 14.7% (WHO, 2014)’.⁵ Beyond the scourge of the lack of food is the even more pervasive problem of “hidden hunger,” or deficiencies in key micronutrients like vitamin A, iron, zinc and iodine. Children affected by stunting and micronutrient deficiencies are more susceptible to sickness, fare poorly in school, enter adulthood more prone to non-communicable diseases, and at work often earn less than non-stunted coworkers. Children suffer, families suffer and nations suffer.

The world community is reacting with increasing urgency to the gravity of this situation and its effects for the long term, focusing on global undernutrition, especially among pregnant women and children under two years of age. It is also aligning and increasing resources and building partnerships to combat suffering caused by undernutrition. Since 2010, more than 100 government, civil society, and university groups have endorsed the framework and roadmap for the Scaling-Up Nutrition (SUN) Movement. There is also broad recognition that a well-defined set of essential nutrition actions has proven effective in combating malnutrition during the critical first 1,000 days.⁶

The landmark *Lancet Series on Maternal and Child Undernutrition* published in 2008 and updated in 2013^{7 8 9} estimates that maternal and child undernutrition is the cause of 45 percent of under-five deaths.¹ These series reviewed global data from randomized control trials and confirmed that if implemented at scale during the window of opportunity (from conception up to 24 months of age) this package of nutrition-specific and nutrition-sensitive interventions can significantly reduce mortality and related morbidity and disability.

In 2013, the World Health Organization (WHO) released a guide entitled, *Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition*¹⁰, which also draws on the findings of systematic reviews such as those of the Lancet to highlight the proven actions that need to be taken to scale within the health sector.

⁵ <http://www.who.int/nutrition/en/>

⁶ <http://www.thousanddays.org/>

⁷ The Lancet. Maternal and Child Undernutrition. The Lancet, 2008, <http://www.thelancet.com/series/maternal-and-child-undernutrition>; and 2013, <http://www.thelancet.com/series/maternal-and-child-nutrition>. This landmark series estimated that effective, targeted nutrition interventions to address maternal and child undernutrition exist, and if implemented at scale during the 1,000-day-long window of opportunity, could reduce nutrition-related mortality and disease burden by 25 percent

⁸ Black, R. E., C. G. Victora, et al. (2013). “Maternal and child undernutrition and overweight in low-income and middle-income countries.” The Lancet

⁹ Bhutta, Z. A., J. K. Das, et al. (2013). “Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?” Lancet.

¹⁰ World Health Organization. 2013. “Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition.”

Geneva: World Health Organization. http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/.

About the Essential Nutrition Actions

OPERATIONAL FRAMEWORK

The **Essential Nutrition Actions (ENA) framework** was originally developed with the support of USAID, WHO and UNICEF, and has been implemented across Africa and Asia since 1997.¹¹ **The full ENA framework** is an approach for managing the **advocacy, planning and delivery** of an integrated package of interventions to **reach near universal coverage** (>90%) in order to achieve public health impact.

It promotes a **“nutrition through the life cycle”** approach to deliver the right services and messages **to the right person at the right time** using all relevant program platforms. It provides an **operational framework** for reducing “missed opportunities” both within¹² and outside the health system for delivering nutrition messages and services.

The recommended practices are multiple and potentially complex. However, over years of experience the program has evolved to distill the most important and practical aspects, and to **organize delivery mechanisms** that refresh and reinforce the knowledge of implementers. In addition, in each setting users can select priority elements from the full package for their context, and/or phase in components over time to avoid overloading health agents, community workers and other cadres helping to roll out nutrition strategies.

¹¹ Guyon AB, Quinn VQ, Hainsworth M, Ravonimanantsoa P, Ravelojoana V, Rambelison Z, and Martin L. (2009) Implementing an integrated nutrition package at large scale in Madagascar: The Essential Nutrition Actions Framework. *Food & Nutrition Bulletin* 30(3):233-44.

¹² Hampshire, R. D., V. M. Aguayo, et al. (2004). “Delivery of nutrition services in health systems in sub-Saharan Africa: opportunities in Burkina Faso, Mozambique and Niger.” *Public Health Nutr* 7(8): 1047-1053.

The Essential Nutrition Actions

Women's Nutrition

For adolescents and women: the importance of the healthy timing and spacing of pregnancy, consumption of diversified diet and/or of fortified foods (commercial and/or in-home fortification).

During pregnancy and lactation: increased protein, caloric and micronutrient (Vitamin A, Iron, Calcium, Zinc) intake, dietary change to increase iron absorption, rest during pregnancy, and the lactation amenorrhea method (LAM) of contraception.

Breastfeeding

Early initiation of breastfeeding (immediately after birth), exclusive breastfeeding for the first 6 months, continued breastfeeding with complementary foods up to 2 years or beyond, and HIV and infant feeding.

Complementary Feeding

From 6 months (age-appropriate frequency, amount, density, diversity, utilization) with continued breastfeeding for up to two years or beyond, consumption of fortified foods (commercial and/or in-home fortification), responsive feeding, food hygiene.

Nutritional Care of Sick and Malnourished Children

Feeding more during and after illness, provision of vitamin A, and treatment of diarrhea with low-osmolarity ORS and zinc supplements, and the integrated management of acute malnutrition (IMAM) for moderate and severe acute malnutrition.

Prevention and Control of Anemia

Among women: increased dietary intake of iron-rich or enhancing foods, iron-folic acid supplementation during pregnancy, post-partum and more routinely by women of childbearing age, intermittent preventive treatment (IPT) for malaria and de-worming treatment during pregnancy, use of insecticide-treated bed nets (ITNs), and delayed cord clamping at birth.

Among children: delayed cord clamping at birth, implementation of the Integrated Management of Neonatal and Childhood Illness (IMNCI) algorithm and integrated Community Case Management (iCCM) of malaria, diarrhea, pneumonia, anemia and acute malnutrition, use of ITNs, de-worming from age 12 months, increased dietary intake of iron-rich or enhancing foods from age 6 months, and iron supplementation where indicated.

Prevention and Control of Vitamin A Deficiency

Among children and women: through breastfeeding, high dose supplementation of children ages 6-59 months and of women post-partum where appropriate, low dose supplementation during pregnancy where indicated, and promoting the regular consumption of vitamin A-rich, fortified or bio-fortified foods.

Prevention and Control of Iodine Deficiency

Among children and women: through promotion of iodized salt or through supplementation in the absence of scaled up iodized salt programs.

In addition, mounting evidence suggests it is necessary to give more emphasis to **the ESSENTIAL HYGIENE ACTIONS** previously embedded within complementary feeding and feeding the sick child. These actions include: household treatment and safe storage of drinking water (such as utilizing chlorine solution and storing water in closed container with tap), hand washing at five critical occasions (after defecation; after cleaning child who has defecated; before preparing food; before feeding child; before eating), safe storage and handling of food, the safe disposal of feces through the use of latrines and promotion of open defecation free communities, and creating barriers between toddlers and soiled environments and animal feces.

The **2013 Lancet Maternal and Child Nutrition** series emphasized that nutrition-sensitive programs, such as those shown in the box below, can improve nutritional outcomes by addressing many of the underlying determinants of malnutrition especially those related to food security, caregiving practices and adequate health services, water and sanitation. These nutrition-sensitive programs also offer an opportunity to integrate nutrition-specific interventions, such as the Essential Nutrition Actions (ENA) and Essential Hygiene Actions (EHA), which in turn leads to their increased coverage and effectiveness. As the Lancet authors note, “...nutrition-sensitive programs can help scale up nutrition-specific interventions and create a stimulating environment in which young children can grow and develop to their full potential”.¹³

The ENA & EHA training materials aim to provide skills on how to effectively implement *nutrition-specific* ENA & EHA interventions during the first 1,000 days, as well as emphasizes how to integrate these into a range of *nutrition-sensitive* programs including health services and community level interventions in other sectors.

¹³ (Ruel M, Alderman H, and the Maternal and Child Nutrition Study Group. Nutrition-sensitive interventions and programmes. *Lancet* 2013; published online June 6. [http://dx.doi.org/10.1016/S0140-6736\(13\)60843-0](http://dx.doi.org/10.1016/S0140-6736(13)60843-0))

Nutrition *Sensitive* Interventions

Health and Family Planning Services

- Family planning
- Adolescent and women health
- Immunization
- Management of childhood illnesses

Food Security and Livelihoods

- Agricultural interventions
- Addressing seasonal food insecurity
- Early warning and resilience
- Social protection and safety nets
- Conditional and unconditional cash transfers
- Dietary quality and diversity

Water, Sanitation and Hygiene (WASH) interventions

- Environmental enteropathy
- Promotion of hygiene behaviors and practices
- Hygienic and sanitary environment
- Drinking water – quality, distance and source
- Improved sanitation facilities
- Reduction and elimination of open defecation

Early Childhood Development (ECD) and Positive Caregiving

Women's Empowerment and Gender Equality

Maternal Mental Health

Child Protection

Classroom Education

The Framework to Integrate, Communicate and Harmonize

The ENA Framework includes ensuring that priority messages and services from this comprehensive list are integrated into all existing **health sector programs**, in particular those that reach mothers and children at critical contact points in the first thousand days of the life cycle: maternal health and prenatal care; delivery and neonatal care; postpartum care; family planning; immunizations; well child visits (including growth monitoring, promotion and counseling); sick child visits (including facility and community IMCI and CCM); and IMAM.

The appropriate messages and services are also integrated to the greatest extent possible into programs **outside the health sector**: agriculture and food security activities; education (pre-service for health, primary and secondary schools for general education) and literacy programs; microcredit and livelihoods enhancement; and water, sanitation, and hygiene (WASH). ENA messages and behavior change communications are also delivered and reinforced by **community groups**.

Implementing the ENA framework entails building the widest possible network of partnerships across sectors so that interventions, practices and messages are harmonized and all groups use similar materials and jobs aids. Ideally, ministries and partners are brought together at the regional and/or national levels to agree on these harmonized approaches. Such fora can also serve as a platform for **advocacy** with policy leaders on the importance of nutrition to the nation's economic as well as social development.

Implementing the ENA framework entails three interconnected strategies

Develop a **multi-channel social and behavior change communication** (SBCC) plan to promote and support the adoption of “small do-able” actions. Special emphasis is given to **interpersonal counseling** (supporting individual mothers, especially in the context of their daily routines, to adopt optimal practices) reinforced by **group discussions, mass media, community festivals** and other **social mobilization events**. Health workers, other agents, and community workers are trained to employ the counseling technique of “negotiation for behavior change,” to help mothers anticipate and overcome barriers to carrying out new practices. Health workers can use these approaches with clients at clinics, while community workers apply them during home visits or at community meeting places (markets, chores, women groups meetings, etc.).

Tailor a capacity building strategy to enable program managers, health workers, other agents (agriculture extension workers, teachers, credit groups, etc...) and community workers to acquire knowledge and skills in delivering services and counseling through all relevant existing platforms and contacts, therefore decreasing missed opportunities to deliver ENA and EHA.

Strengthen delivery systems (health, agriculture, water & sanitation, education, finance) to secure the **regular supply** of nutrition related products, to include the **monitoring** of nutrition actions into information systems, and to incorporate nutrition into supportive supervision and quality improvement schemes.

2015 Updates, Compared to ENA 2010

The updated ENA-EHA training builds on the ENA 2010 training Trilogy keeping the overall format of the materials. The 2015 revised version also:

- Includes the latest **ENA recommendations from WHO¹⁴** across the life cycle; in particular, nutrition for adolescents, non-pregnant and non-lactating women, revised micronutrient protocols, and the importance of working beyond the health sector.
- Serves as **an operational and practical** tool for translating 2013 Lancet recommendations and SUN aspirations into action on the ground
- Gives central focus to moving **beyond nutrition education to promotion of social and behaviour change**. Includes exercises throughout to build participants' skills in counselling and negotiation to support caregivers to adopt improved practices, including role plays, field practicums, using illustrations to animate group discussions and individual counselling, facilitating community support groups, and applying these skills across both ENA and EHA.
- Equips health workers at health facilities to **better deliver nutrition services** and messages at each health contact.
- Guides **nutrition managers** through practical exercises to **build their training skills** and provides them with a tool to train **community workers across all sectors** to promote high impact nutrition and hygiene.
- Includes the promotion of the **Essential Hygiene Actions** as inextricably linked to improved nutrition, going beyond hand washing to food hygiene, animal hygiene, safe water, and introduction to simple hand washing stations.
- Incorporates suggestions for ways that **Homestead Food Production** can contribute to improved nutrition and how agriculture in general can be made nutrition-sensitive.

¹⁴ World Health Organization. 2013. "Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition." Geneva: World Health Organization. http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/.

Reference Documents

Lancet References (2008 -2013)

Lancet Series on Maternal and Child Undernutrition (2008) Lancet Series on Maternal and Child Nutrition (2013)

WHO References (2013)

WHO Essential Nutrition Actions Guide

ENA Training Materials (2015)

- ENA & EHA Training Guide - Health Workers and Nutrition Managers
- ENA & EHA Reference Manual - Health Workers and Nutrition Managers
- ENA & EHA Training Guide - Community Workers (all sectors)
- ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors)

ENA State of the Art Training for Managers (English & French, 2006)

Includes nine modules on rationale for the essential nutrition actions and large scale implementation

Technical Capacity Assessment tools (JSI, 2013)

These tools are designed to help an organization assess its ability to implement various nutrition programs, looking holistically at personnel, documents, and systems in place at the organizational and implementing partner levels.

- Essential Nutrition Actions Framework within the Health system
- Community-based Management of Acute Malnutrition
- Essential Nutrition Actions Framework within the context of HIV & AIDS

Quality Assessment of Nutrition Services-A How-To Guide (HKL_jnielsen@hki.org)

Surveying Nutrition-Related Services Offered to Pregnant Women, Postpartum Women, and Caregivers of Children Under Five in Health Facilities

Supportive Supervision Tools

Quality Improvement Verification Checklists Partnership Defined Quality (Save the Children) Integrated MNCH Supportive

Supervision (JSI) Supportive Supervision at key health contact points (JSI)

Care Group Guidance for Community

- Care Group Difference: Guide to Mobilizing Community-Based Volunteer Health Educators (World Relief/CORE Group, 2004)
- Training Manual for Program Design and Implementation (Food for the Hungry, 2013)

Formative Research Tools

- ProPAN 2.0 (PAHO, CDC, 2013)/Optifoods Focused Ethnographic Study Guide (GAIN, 2012)
- Designing for Behavior Change (CORE Group & Food Security & Nutrition Network, 2013)

The Training

By the end of this five-day training, participants will have learned which nutrition services to deliver at each relevant contact and will be able to act as resource persons for adolescents, women, pregnant and breastfeeding women and for young children’s caregivers.

The training guide applies a participatory approach, reflecting the considerable evidence that adults learn best by practicing and reflecting on their experiences. The course encourages participants to acquire skills in a hands-on way, using varied training methods including demonstrations, case studies, group discussions, role plays and practices in the field. In addition, training sessions are designed to be relevant to trainee needs.

Respect for individual trainees is central to the training, and each is encouraged to share different perspectives and experiences throughout the sessions.

This training is to be conducted with community workers to introduce them to the most up to date nutrition information and to guide them in introducing small-doable nutrition and hygiene actions that can be adopted by individuals as well as at the community level, and to work with them to identify existing community platforms where discussions about the merits and challenges of adopting particular practices can be conducted.

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

The Essential Nutrition Actions and Essential Hygiene Actions Reference Materials on Key Practices - Community Workers (all sectors) is distributed during the training. It provides messages and additional information for each of the ENA and EHA practices as “who is doing the action”, what is the action”, and “the benefit of the intended action” and can serve as a job aid when they facilitate group discussions and visit mothers. It provides messages and additional information for each of the ENA and EHA practices as well as a brief introduction on how Homestead Food production (HFP) can be developed to improve household dietary quality and diversity.

About Adapting the Training

This training guide is designed to strengthen the capacity of community workers to deliver and promote the essential nutrition and hygiene by incorporating sessions introducing **technical contents** with **practical sessions on counseling and negotiations** that use role plays and field practice, and guiding providers in ways to deliver nutrition and hygiene messages and services using **existing contacts and a life cycle approach**.

This full training guide can be used as a stand-alone training or selected sessions can be incorporated into other Maternal and Child Health, homestead Food Production, Water, Sanitation and Hygiene, microfinance and other training programs being carried out at the community level.

While the content of the training guides remain generally fixed, the messages to encourage new practices and for communicating the rationale and benefits of the practices may need to be adapted through **formative research or testing of the messages** to ensure they speak to the specific local culture and context. Such research will identify key behavioral determinants of priority practices, local terms and social norms to be taken into account, and other strategies to tailor the general messages, training modules and communications strategies to the specific values and needs of each unique area. Similarly, protocols related to micronutrient supplementation and treatments will have to be aligned with country recommendations.

Once materials have been adapted, **cascade training** is most often used: one or two seasoned trainers conduct an initial training of trainers using the training guide for health workers to build a team of master trainers. Health workers and/or nutrition managers supervised by the master trainers then train community workers (over at least 3 days). Supportive supervision is often needed to reinforce both new knowledge and skills over time as well as refresher training is recommended to ensure that all health contacts are used for nutrition and that counseling and negotiation skills are optimal.

What You Need for the Training

Essential Nutrition Actions and Essential Hygiene Actions Reference Manual - Health Workers and Nutrition Managers

Document List

1. Learning Objectives for the ENA & EHA Training
2. Pre-assessment
3. Role of Health Workers in Improving Nutrition
4. Helping Health Workers and Community Workers Use All Available Platforms and Contact Points
5. Stages of Change Model
6. Stages of Change and Interventions
7. Conceptual Framework for Nutrition
8. Implementing the ENA & EHA to Prevent Undernutrition
9. The Intergenerational Cycle of Malnutrition
10. Interventions to Break the Intergenerational Cycle of Malnutrition
11. Practices Provided by Health Workers to Adolescent Girls, Non-Pregnant Women, Pregnant and Lactating Women
12. Essential Nutrition Actions in the Context of HIV
13. The Benefits of Breastfeeding for Infants and Young Children and the Risks of Formula Feeding
14. Breastfeeding Practices from Birth to Six Months
15. How Health Workers Can Support Maternal and Child Health
16. Proper Breastfeeding Positioning and Attachment
17. Breastfeeding option for HIV positive mothers
18. How to Transition to Replacement Feeding
19. Replacement Feeding
20. Family Planning, Nutrition, and Breastfeeding
21. Messages on the Lactation Amenorrhea Method
22. The Diarrhea Transmission Cycle: The Fecal–Oral Route
23. Building a Hand Washing Device
24. Discussion Using an Illustration
25. Listening and Learning Skills, and Building Confidence and Giving Support Skills

- 26A. GALIDRAA Negotiation Checklist
- 26B. Observation checklist of GALIDRAA Counseling Steps
- 26C: Initial-Visit Negotiation Record
27. Negotiation Checklist for Follow-Up Visits
28. Practice Case Studies: Adolescents and Women’s Nutrition
29. Practice Case Studies: Infants from Birth to Six Months
30. Preventing and Controlling Vitamin A Deficiency
31. Preventing and Controlling Anemia
32. Preventing and Controlling Zinc and Calcium Deficiencies, and Iodine Deficiency Disorders
33. Complementary Feeding Practices for Children Aged 6 up to 24 Months
34. Active Feeding
35. What Health Providers Can Teach Parents or Caregivers about Complementary Feeding
36. Seasonal Food Calendar
37. Illness, Feeding, and Recovery
38. Nutritional Care During and After Illness
39. What Health Providers Can Teach Parents or Caregivers about feeding during and after Illness
- 40A. Practice Case Studies: Complementary Feeding for Children Aged 6 up to 24 Months
- 40B. Practice Case Studies: feeding the sick child
41. About Support Groups
42. Support Group Observation Checklist
43. What Is Integrated Management of Acute Malnutrition?
44. Signs of Marasmus, Kwashiorkor, and Bilateral Edema
45. Acute Malnutrition Management and Inpatient Treatment Admission Criteria
46. Food and Counseling for Outpatient Therapeutic Programs
47. Child MUAC Measurement
48. Antenatal Care for Pregnant Women in the Fourth, Sixth or Seventh, Eighth, and Ninth Months
49. Delivery and Perinatal Care
50. Postnatal Care and Family Planning on the 7th and 45th Days after Delivery
51. Expanded Program on Immunization
52. Growth Monitoring and Well-Child Visits

53. Sick-Child Visits and Integrated Management of Neonatal and Childhood Illnesses
54. Community Management of Acute Child Malnutrition in an Outpatient Therapeutic Program
55. Comparison of Training Guides for Health Workers and Community workers
56. Supervision Guidelines for Community workers
57. Action Plan Template for Implementation of ENA & EHA
58. Post-assessment
59. Pre and Post Assessment Answers
60. Course Evaluation

Stationery

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

Teaching Aids

- Paper figurines, photographs, or images representing a baby, a young girl between six and eight years of age, a teenager between ages 13 and 14, a pregnant young woman, and a young woman and her newborn
- Dolls *(three)*
- Breast models *(three)*
- Child MUAC tapes *(one per participant)*
- Adult MUAC tapes *(one per participant, if participants will be measuring one another rather than children)*
- Case studies written on cards
- A variety of locally available foods or pictures of these foods
- Essential Nutrition Actions and Essential Hygiene Actions Reference Manual - Health Workers and Nutrition Managers: one copy per participant*

- ❑ *Essential Nutrition Actions and Essential Hygiene Actions Reference Materials on Key Practices – Community Workers (all sectors): one copy per participant*

Field Practice Location

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

Advance Preparation for the Field Practice

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

Role Playing With Case Studies

The facilitator presents case studies to the group. Participants form groups of three and take turns role playing as: 1) mothers, fathers, grandmothers, or other caregivers, 2) health workers, and 3) observers. The observer in each role play provides feedback to the health worker. The facilitator listens to the role plays and gives feedback to each pair of participants. Role plays will happen at the same time, so the facilitator will not be able to follow all of them. That is okay!

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




Daily Evaluations

At the end of each day, display the questions below on a flip chart. Give participants a small piece of paper and have them write their answers to one, two, or all of the following questions:

- What did you learn today that will be useful in your work?
- Name something that you particularly liked.
- Do you have any suggestions for improving today's sessions?

Collect participants' answers, mix up the papers, redistribute them, and ask participants to read the answers. Or collect participants' answers, write a summary, and share it with participants the next day.

Alternatively, you can end the day by having participants fill out a table measuring their mood. (See table below.)

MOOD METER				
DATE				
DAY 1				
DAY 2				
DAY 3				
DAY 4				
DAY 5				

Training Schedule

TIME	ACTIVITY	SESSION
DAY ONE		
8:30–9:45	Why Are we Here? - Welcome, Introductions and Pre-assessment	1
9:45–10:45	About Social Behavior Change Communication	2
10:45–11:00 Break		
11:45–11:30	Nutrition for women and Children	3
11:30–12:30	Essential Nutrition Actions and Essential Hygiene Actions	4
12:30–13:15 Lunch		
13:15–14:45	Women’s Nutrition: the Malnutrition Cycle and Strategies to Break It	5
14:45–15:15	Nutrition in the Context of HIV	6
15:15–16:15	Breastfeeding’s Advantages, Beliefs, and Myths and the Risks of Formula Feeding	7

TIME	ACTIVITY	SESSION
16:15–16:45	Breastfeeding Practices from Birth up to Six Months (Part I)	8
16:45–17:30	Questions and Answers; Evaluation of the Day; Networking	
DAY TWO		
8:30–8:45	Review of Day 1	
8:45–10:00	Breastfeeding Practices from Birth up to Six Months (Part II)	8
10:00–10:30	Infant Feeding and HIV (Part I)	9
10:30–10:45 Break		
10:45–11:15	Infant Feeding and HIV (Part II)	9
11:15–11:45	Family Planning and Nutrition	10
11:45–13:00	Essential Hygiene Actions	11
13:00–14:00 Lunch		
14:00–14:30	Using Pictures to Discuss Practices	12
14:30–17:00	Negotiation with Mothers, Fathers, Grandmothers, or Other Caregivers: Women’s Nutrition during Pregnancy and Optimal Breastfeeding Practices	13
17:00–17:30	Questions and Answers; Evaluation of the Day; Networking	
DAY THREE		
8:30–8:45	Review of Day 2	
8:45–9:45	Preventing and Controlling Micronutrient Deficiencies	14
9:45–12:15	Complementary Feeding Practices	15
10:30–10:45 Break		
12:15–13:15	Feeding the Sick Child and Danger Signs in Illness	16
13:15–14:15 Lunch		
14:15–16:15	Negotiation with Mothers, Fathers, Grandmothers, or Other Caregivers: Complementary Feeding and the Sick Child	17
16:15–17:00	Questions and Answers; Evaluation of the Day; Networking	

DAY FOUR		
8:30–12:00	1 st Field Practice	18
12:00–13:00 Lunch		
13:00–15:00	Community Support Groups	19
15:00–15:15	Questions and Answers; Evaluation of the Day; Networking	
DAY FIVE		
8:30–12:00	2 nd Field Practice	20
12:00–13:00 Lunch		
13:00–14:00	Integrated Management of Acute Malnutrition	21
14:00–14:45	The Essential Nutrition Actions and Contact Points	22
14:45–16:45	Improving Nutrition at the Community Level and Developing Action Plans	23
16:45–17:15	Post-assessment and Course Evaluation	24

Session 1: Why Are We Here?

Learning Objectives

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

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

Total Time

1 hour 15 minutes

Activities

1.1 Make Introductions and Review Learning Objectives (*15 minutes*)

1.2 Discuss Administration and Housekeeping (*5 minutes*)

1.3 Take Pre-assessment (*15 minutes*)

1.4 Identify How Health Workers, and Community workers can Improve the Delivery of Nutrition and Hygiene (*20 minutes*)

1.5 Introduce Participants to *ENA & EHA training materials (20 minutes)*

What You Need

- Document #1: Learning Objectives for the ENA &EHA Training
- Document #2: Pre-assessment
- Document #3: Role of Health Workers in Improving Nutrition
- Document #4: Helping Health Workers and Community workers Use All Available Platforms and Contact Points
- During Health Worker Training**
 - ENA & EHA Reference Manual - Health Workers and Nutrition Managers
 - ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors)
- During Nutrition Manager Training**
 - ENA & EHA Training Guide - Health Workers and Nutrition Managers
 - ENA & EHA Reference Manual - Health Workers and Nutrition Managers
 - ENA & EHA Training Guide - Community Workers (all sectors)
 - ENA & EHA: Reference Materials on Key Practices - Community Workers (all sectors)

Activity 1.1: Make Introductions and Review Learning Objectives

(15 min)

Methodology

Introductions

- Ask participants to introduce themselves; participants say their names, where they live, and why they came to this training.
- Facilitator writes “why participants came” on flipchart and later compares them with objectives of Document #1

Activity 1.2: Discuss Administration and Housekeeping

(5 minutes)

Activity 1.3: Take Pre-Assessment

(15 minutes)

Methodology

Written pre-assessment

- Ask participants to select a code number from a bag/basket and then write their code number on the pre-assessment.
- Refer to Document #2: Pre-assessment and ask participants to complete it individually or ask participants to do it on the Reference Manual
- Pre-assessment scores will be compared to the post-assessment scores and shared with participants at the end of the post-assessment

Activity 1.4: Identify How Health Workers, and Community Workers Can Improve Nutrition and Hygiene

(20 minutes)

Methodology

Buzz Groups

- Facilitator introduces learning objectives covered in Document #1: Learning Objectives for the Training and compares them with the participants expectations
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to brainstorm responses to the following questions:

- o Who is responsible for the health of the community?
- o What role can Health Workers play in the health of the community?
- o Where and when can health activities/interventions take place?
- Distribute *ENA & EHA Reference Manual - Health Workers and Nutrition Managers* and review Document #3: Role of Health Workers in Improving Nutrition, and Document #4: Helping Health and Community Workers to Use All Available Platforms and Contact Points.
- Fill-in the gaps and point out that these activities/interventions are the Essential Nutrition Actions and Essential Hygiene Actions – both of which we will be discussing in more detail throughout the training

Activity 1.5: Introduce Participants to ENA-EHA Training Materials

(20 minutes)

Methodology

Buzz Groups

During Health Worker Training

ENA & EHA Reference Manual - Health Workers and Nutrition Managers

ENA & EHA: Reference Materials on Key Practices - Community Workers (all sectors)

- Facilitator introduces each document and distributes them one at the time

Facilitator explains that

- o ENA & EHA Reference Manual - Health Workers and Nutrition Managers provide key information on nutrition and hygiene to be referred to after the training. The messages are targeted to health providers.
- o ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors) comprise similar messages targeted to mother, father, husband and caregivers that can be given by health workers and/or community workers.
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to look at the two reference documents

During Nutrition Manager Training

ENA & EHA Training Guide - Health Workers and Nutrition Managers

ENA & EHA Reference Manual - Health Workers and Nutrition Managers

ENA & EHA Training Guide - Community Workers (all sectors)

ENA & EHA: Reference Materials on Key Practices - Community Workers (all sectors)

- Facilitator introduces each document and distributes them one at the time

- Facilitator refers to Session 1: “Why are we here?” in both Training Guides for Health Workers and Nutrition Managers and for Community Workers and explains the similarities in layout.
- Facilitator explains that many sessions between the two training guides are similar; however they have been simplified for training community workers who are often illiterate. For example, Activity 1.1 in *ENA & EHA Training Guide for Community Workers (all sectors)* is aligned with Activity 1.4 in *ENA & EHA Training Guide for Health Workers – Training Objectives*
- Facilitator introduces each document and distributes them one at the time
- Facilitator explains that
 - o ENA & EHA Reference Manual - Health Workers and Nutrition Managers provide key information on nutrition and hygiene to be referred to and that will allow nutrition managers to better prepare their future training. The messages are targeted to health providers.
 - o ENA & EHA Reference Materials on Key Practices - Community Workers (all sectors) comprise similar messages targeted to mother, father, husband and caregivers that can be given by health workers and/or community workers.
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to look at the two documents

Note:

- On the 1st day of training explain to participants that on day-5 of training they will present their action plans to their fellow participants.
- Distribute the following: Training Plan Template for Implementation of ENA & EHA (Document #57)
 1. Ask Participants to find time to meet together in their specific groups during the week
 2. Task Participants to submit a written copy of their Action Plans on day-5 of training

Session 2: About Social Behavior Change Communication

Learning Objectives

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

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

Total Time

1 hour

Activities

- 2.1 Explore Social Behavior Change Communication (*15 minutes*)
- 2.2 Explain why changing behaviour is difficult (*30 minutes*)
- 2.3 Practice identifying what behaviour change stage a mother is in with regards to her infant feeding practices (*15 minutes*)

What You Need

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

Activity 2.1: Explore Social Behavior Change Communication

(15 minutes)

Methodology

Brainstorm

- Components of the definition of SBCC.
 - o Social = Context within which all behavior (action/doing) takes place (includes relationships with family members, peers, community and work colleagues)
 - o Behavior = an Action, Observable, Specific (time, place, quantity, duration, frequency), Measurable, Feasible, Directly linked to an improved outcome

- o Change = always involves motivators and barriers.
- o Communication = Sharing of information, feelings, and ideas between people via language, visuals, media, or the like.
- o SBCC = Any communication that helps foster a change in behavior in individuals, families, or communities. SBCC can be between and among individuals or groups and via mass media, audio, visual, and print materials and other means.
- Other related definitions:
 - o Intention = an important predictor of whether a behavior will be adopted, especially if made public.
 - o Environment = wider setting in which a behavior is performed and which exerts a crucial influence (includes policies, infrastructure, resources, cultural norms)
 - o Cues to action = visual reminders to perform behavior, especially key to changing behaviors.
- Ask participants to recall a time when someone told them what to do and how they felt. Then ask how they felt at a time when they were asked what they *wanted* to do.
- In the plenary, discuss possible reactions to the two situations; invite individuals to share.
- There are many different theories/models of Behavior Change that help us understand factors that influence people’s ability to change behaviors and habits.
 - o We are going to concentrate on one influential theory, Stages of Change, theory because of its relevance to the life cycle approach of ENA/EHA.

Activity 2.2: Explain Why Changing Behavior is Difficult

(30 minutes)

Methodology

Group Work

- Divide Participants into groups of 4
- Explain that Stages of Change is one of many influential theories of how people move through behavior change.
- Give each group the 5 steps to behavior change: *not knowing; knowing; intention; action; and maintenance.*
- Ask each group to put the steps in order of what comes first and what comes last.
- Ask Participants: What helps a person to move through the different stages or steps?
- Ask each group to add for each of the 5 steps, the appropriate support from the Health Worker or the Community Worker: 1. identify problem, 2. share/discuss information, encourage; 3. negotiate 4. Praise, discuss benefits, support; and 5. celebrate success

- The Facilitator leads a discussion of the change process asking such questions as:
 - o What did you learn from this exercise?
 - o Does everyone in a community go through the stages of change at the same pace?
 - o Once a person reaches a certain stage of change, do they ever regress to a prior stage?
 - o What role does the family and community play in supporting or slowing progress?
- Does behavior change happen more effectively if it is planned or if it is unplanned? Discuss how information usually does not suffice to change behavior and that motivation and reinforcement are often needed. Changing behavior is difficult and it is not a linear process. Refer to Documents #5 and #6.

Activity 2.3: Practice Identifying What Behaviour Change Stage a Mother is in with Regards to her Infant Feeding Practices

(15 minutes)

Methodology

Practice, Demonstration

- Give to the same four groups the 3 case studies below. For each case study, each group discusses the question 'at what stage of the behaviour change process is the mother'?
- Share ideas in large group.

NOTE: behavior change should not be limited to efforts with the mother/father/caregiver, but rather encompass the entire community of influencers.

- Demonstrate the following:
 - o Amina has just had a new baby girl. She wants to exclusively breastfeed her.
 - o Ask a Participant to represent Amina with her baby and come and sit in an opening of the circle
 - o Ask other Participants: who will support her? Whose support does Amina need?
- As Participants mention different family and community members, ask a Participant to come and represent that person (father, grandmothers, grandfathers, siblings, aunties, cousins, TBA, midwife, doctor, nurse, religious leaders, elders, national policies, politicians, etc.)

“It takes a village to raise a child,” and the entire village to support a mother to optimally feed her child.

Case Study 1

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

Case Study 2

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

Case Study 3

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

Behavior Change Case Studies (Answer Key)

1. Intention
2. Knowledge
3. Action

Session 3: Nutrition for Women and Children

Learning Objectives

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

- Explain what contributes to nutrition

Total Time

30 minutes

Activity

3.1 Recognize key factors that contribute to a healthy, well-nourished woman and child (15 minutes)

3.2 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (15 minutes)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

What You Need

- Flip chart stand and paper
- Flip chart with 3 rows: top row, write “immediate causes (adequate food and not sick); middle row, “underlying causes”; low row “basic causes”
- Document #7: Conceptual Framework for Nutrition

Activity 3.1: Recognize Key Factors that Contribute to a Healthy, Well-Nourished Woman and Child

(15 minutes)

Methodology

Interactive Presentation

- Explain and discuss the meaning of the term “nutrition.” Nutrition is when a person consumes enough food in quantity and in quality and is not sick (immediate causes). However, the causes of undernutrition are multifactorial and can be immediate, underlying, and basic.
- Ask Participants to name what’s necessary to have healthy and well-nourished women and children. Ask Participants mention food, feeding and care practices, health services, and water, hygiene and sanitation, education, poverty, write them on the prepared flip chart.

- Ask participants to discuss in groups what major obstacles prevent the adoption of the different practices that we know contribute to improved nutrition?
- Complete, explain and summarize the causes of nutrition with Document #7.

Activity 3.2: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(15 minutes)

Methodology

Buzz Groups

- Facilitator explains that Activity 3.1 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Activity 1.2 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Check understanding

Session 4: Essential Nutrition Actions and Essential Hygiene Actions

Learning Objective

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

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

Total Time

1 hour

Activity

4.1 Describe the routine nutrition practices that the HW shares with women to improve their own and their children's health; and where/when can the HW share these messages with women? (45 minutes)

4.2 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (15 minutes)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

What You Need

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

Activity 4.1: Describe the Routine Nutrition Practices that the HW Shares with Women to Improve Their Own and Their Children's Health; and Where/When Can the HW Share These Messages with Women?

(45 minutes)

Methodology

Group Work

- Divide Participants into 5 working groups
- Ask them to brainstorm the routine nutrition practices and hygiene practices that the HW shares with women to improve their own and their children's health
- After 7 minutes ask each group to share a nutrition or hygiene practice, and go around all groups until there are no more new practices mentioned
- As Participants mention a practice, place illustration on the wall (or write on a flip chart) on wall
- Brainstorm the places where/when HW shares these practices with women
- As Participants mention a contact point, place illustration on wall (or write on a flip chart)
- Compare Participants responses with Documents #8
- Discussion and summarize the ENA approach:
 - o Focuses on women and under-2
 - o Package of evidence-based integrated approach of interventions
 - o Women's nutrition and health, micronutrients and IYCF
 - o Behavior change-based approaches
- Ask the participants "Why are we focusing on women and children under 2 years of life?"
- Summarize the answers as:

The window of opportunity for improving nutrition is small – from before pregnancy through the first 2 years of life (first 1000 days). Any damage to physical growth and brain development that occurs during this period is likely to be extensive and, if not corrected, irreversible. Stunting and anemia affect mental and physical development and lead to poor productivity, low economic growth and the perpetuation of poverty.
- Ask the participants "Why is hygiene important for the nutrition of women and children under 2 years of life?"
- Summarize the answers as:

With an unclean environment, children will get diarrhea more often and are more likely to become malnourished as their bodies fight infection and leak nutrients. In addition, the children don't process the food if their guts are inflamed with constant infection, even sometimes not visible. The mothers, caregivers and all family members have to wash hands to ensure that the food prepared and eaten is not contaminated.

Activity 4.2: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(15 minutes)

Methodology

Buzz Groups

- Facilitator explains that Activity 4.1 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Activity 1.3 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Check understanding

Session 5: Women's Nutrition: The Malnutrition Cycle and Strategies to Break It

Learning Objectives

- By the end of the session, participants will be able to:
- Describe the cycle of malnutrition.
- Name the consequences of women's malnutrition.
- Describe steps required to break down the cycle of malnutrition.

Total Time

1 hour and 30 minutes

Activities

- 5.1 Explain the Intergenerational Cycle of Malnutrition (*15 minutes*)
- 5.2 Identify the Interventions to Break the Intergenerational Cycle of Malnutrition (*40 minutes*)
- 5.3 Name the Key Interventions to improve Women's Nutrition (*20 minutes*)
- 5.4 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (*15 minutes*)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Appropriate pages of the *Essential Nutrition Actions and Essential Hygiene Actions: A Reference Handbook (or any existing illustrations)*
- Document #9: The Intergenerational Cycle of Malnutrition
- Document #10: Interventions to Break the Intergenerational Cycle of Malnutrition
- Document #11: Practices Provided by Health Workers to Adolescent Girls, Non-Pregnant Women, and Pregnant and Lactating Women

Activity 5.1: Explain the Intergenerational Cycle of Malnutrition

(15 minutes)

Methodology

Brainstorming, Discussion

- In preparation, the facilitator copies Document #9 onto the flip chart.
- Brainstorm the consequences of malnutrition for women; write answers on a blank page on the flip chart; discuss with participants.
- Explain the intergenerational cycle of malnutrition.

Activity 5.2: Identify the Interventions to Break the Intergenerational Cycle of Malnutrition

(40 minutes)

Methodology

Group Work

- Divide participants into four groups. Ask each group to focus on one point in the Intergenerational cycle of malnutrition—that is, on one arrow—and to identify the interventions to break the cycle at that point.

Note: If participants are not familiar with the subject, they can refer and use Documents #10.

- Have each group present its thoughts in the plenary.
- Refer to Document #10 and discuss interventions; summarize the interventions by placing illustrations (if available) of well-nourished baby, child, teen, woman and pregnant woman on the intergenerational cycle flipchart

Activity 5.3: Name the Key Nutrition Interventions to Improve Women's Nutrition

(30 minutes)

Methodology

Plenary

- Ask participants to name the key interventions to improve the nutrition of adolescent and women of reproductive. Probe. Refer to Document #11 and complete.
- Ask participants to name the key interventions to improve the nutrition of pregnant women. Probe. Refer to Document #11 and complete

- Ask participants to name the key interventions to improve the nutrition of lactating women. Probe. Refer to Document #11 and complete

Activity 5.4: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(15 minutes)

Methodology

Buzz Groups

- Facilitator explains that Activity 5.2 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Activity 2.1 in *ENA & EHA Training Guide - Community Workers (all sectors)* and that at Activity 5.3 is aligned with Activity 2.2.
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Ask participants to compare Documents #11 with the following practices in the *ENA & EHA Reference Handbook on Key Practices – Community Workers (all sectors)*:
 - o **Practice 1:** Nutrition for Adolescent Girls and Non-Pregnant women
 - o **Practice 2:** Nutrition for Pregnant Women
 - o **Practice 3:** Preventing Anemia and Malaria during Pregnancy
 - o **Practice 4:** Using Iodized Salt

Session 6: Nutrition in the Context of HIV

Learning Objective

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

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

Total Time

30 minutes

Activity

6.1 Describe the relationship between nutrition and the HIV-positive mother (*30 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #12: Essential Nutrition Actions in The Context of HIV

Activity 6.1: Describe the Relationship Between Nutrition and the HIV-Positive Mother

(30 minutes)

Methodology

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

Session 7: Breastfeeding Advantages, Beliefs, and Myths and the Risks of Formula Feeding

Learning Objectives

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

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

Total Time

1 hour

Activities

7.1 List the benefits of breastfeeding and risks of formula feeding (*30 minutes*)

7.2 Reflect on beliefs and myths about breastfeeding (*30 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #13: The Benefits of Breastfeeding for Infants and Young Children and the Risks of Formula Feeding

Activity 7.1: List the Benefits of Breastfeeding and Risks of Formula Feeding

(30 minutes)

Methodology

Rotation of Flipcharts

- Set up five flip charts:
 - o Breastfeeding Benefits for Infants
 - o Breastfeeding Benefits for Mothers
 - o Breastfeeding Benefits for Families
 - o Breastfeeding Benefits for the Community and the Nation
 - o Risks of Formula Feeding for Infants and Mothers

- Divide participants into five groups; each group will write down in three minutes what they know on the flip chart's title.
- Then, each group rotates and writes down additional information of those listed by previous groups.
- Repeat the rotation to the next flip chart another time.
- In the plenary, compare and discuss the ideas on the flip charts with the Document #13.
- Summarize ideas.

Activity 7.2: Reflect on the Beliefs and Myths About Breastfeeding

(30 minutes)

Methodology

Brainstorming

- On a flip chart, draw three columns:
 - o Beliefs that encourage breastfeeding
 - o Beliefs that discourage breastfeeding
 - o Beliefs that are neutral: neither encourage nor discourage
- In the plenary, have participants brainstorm a list of their communities' beliefs about breastfeeding and assign each belief to a column on the flip chart.
Have participants discuss how to change beliefs that discourage breastfeeding (while always respecting the belief)

Session 8: Breastfeeding Practices From Birth Up to Six Months

Learning Objectives

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

- Describe optimal breastfeeding practices and the importance of each.
- Demonstrate proper positioning and attachment.

Total Time

1 hour 45 minutes

Activities

- 8.1 Describe recommended breastfeeding practices (30 minutes)
- 8.2 Describe how health workers can support maternal and child health (30 minutes)
- 8.3 Demonstrate proper breastfeeding positioning and attachment (30 minutes)
- 8.4 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (15 minutes)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

What You Need

- Flip chart stand(s) and papers, markers, and masking tape
- Three flip charts on optimal breastfeeding practices (initiation, exclusive, and frequency)
- Dolls for practicing breastfeeding
- Document #14: Breastfeeding Practices from Birth up to Six Months
- Document #15: How Health Workers Can Support Maternal and Child Health
- Document #16: Proper Breastfeeding Positioning and Attachment

Activity 8.1: Identify Recommended Breastfeeding Practices From Birth Up to 6 months

(30 minutes)

Methodology

Group Work

- Divide participants into four groups
- Ask each group to discuss what health workers have to do to support mothers to 1) initiate breastfeeding immediately after birth, 2) practice exclusive breastfeeding, 3) advise on breastfeeding frequency and 4) advise on milk expression
- After 10 minutes, ask each group to report back and to name a recommended breastfeeding practice

Activity 8.2: Describe How Health Workers Can Support Maternal and Child Health

(30 minutes)

Methodology

Group Work

- Divide participants into four groups; assign each group a question to answer and present.
 1. Which questions must a health worker ask a pregnant woman?
 2. When is the best timing for clamping the umbilical cord? Why should iron–folic acid supplementation be continued after delivery?
 3. What information does a mother of a three-month-old baby need?
 4. Which immunization should the child receive before the age of six months?
- In plenary, discuss the answers and complete by referring to Document #15
- Summarize.

Activity 8.3: Demonstrate Proper Breastfeeding Positioning and Attachment

(30 minutes)

Methodology

Demonstration or Role play, Practice

- The facilitator demonstrates and explains the 4 signs of good positioning:

1. The baby's body should be **straight**
 2. The baby's body should be **facing the breast**
 3. The baby should be **close to mother**
 4. Mother should **support** the baby's whole body
- One facilitator acts as a Health Worker and helps another Facilitator acting as a mother role play helping a mother position baby to breast using a doll or rolled up towel
 - Explain that when a baby's head is positioned too far out at the crook of the mother's arm, the baby will have to tilt his head downward to attach to the breast, making it difficult to swallow; baby's head needs to be positioned more on the fore arm
 - The Facilitator as Health Worker now explains to mother the 4 signs of attachment, pointing in order:
 1. Mouth wide open
 2. Lower lip turned outwards
 3. Chin touching breast
 4. More areola above the baby's mouth than below
- Or "**CALM**"
1. The *Chin* should touch the breast
 2. You should see more *Areola* above the baby's mouth than below
 3. The baby's Lower *Lip* is turned outwards; and
 4. The baby should be close to the breast with *Mouth* wide open
- OR** Refer to Document #16 to show the picture of good positioning and attachment
- Divide class into groups of three. One participant plays the mother (with a doll as the baby) and the other participants play the counselor and observer; ask participants to rotate roles. Have participants practice good positioning and attachment and give feedback.
 - Read Document #16.

Activity 8.4: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(15 minutes)

Methodology

Buzz Groups

- Facilitator explains that Activity 7.1 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Activity 3.1 in *ENA & EHA Training Guide - Community Workers (all sectors)* and that Activity 8.1 is aligned with 3.2.
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Check understanding
- Ask participants to compare Documents #11 with the following practices in the *ENA & EHA Reference Handbook on Key Practices – Community Workers (all sectors)*:
 - o **Practice 5:** Early Initiation of Breastfeeding
 - o **Practice 6:** Exclusive Breastfeeding from Birth up to 6 Months of Age
 - o **Practice 8:** Nutrition for Lactating Mothers
 - o **Practice 7:** Positioning your baby correctly for breastfeeding

Session 9: Infant Feeding and HIV

Learning Objectives

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

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

Total Time

1 hour

Activities

- 9.1 Review of mother-to-child transmission of HIV (*10 minutes*)
- 9.2 Review feeding options for HIV-exposed infants (*5 minutes*)
- 9.3 Support HIV-positive mothers to breastfeed with ARVs (*20 minutes*)
- 9.4 Support HIV-positive mothers to replacement feed (*25 minutes*)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #17: Breastfeeding option for HIV positive mothers
- Document #18: How to transition to replacement feeding
- Document #19: Replacement feeding option

Activity 9.1: Review of Mother-to-Child Transmission of HIV

(10 minutes)

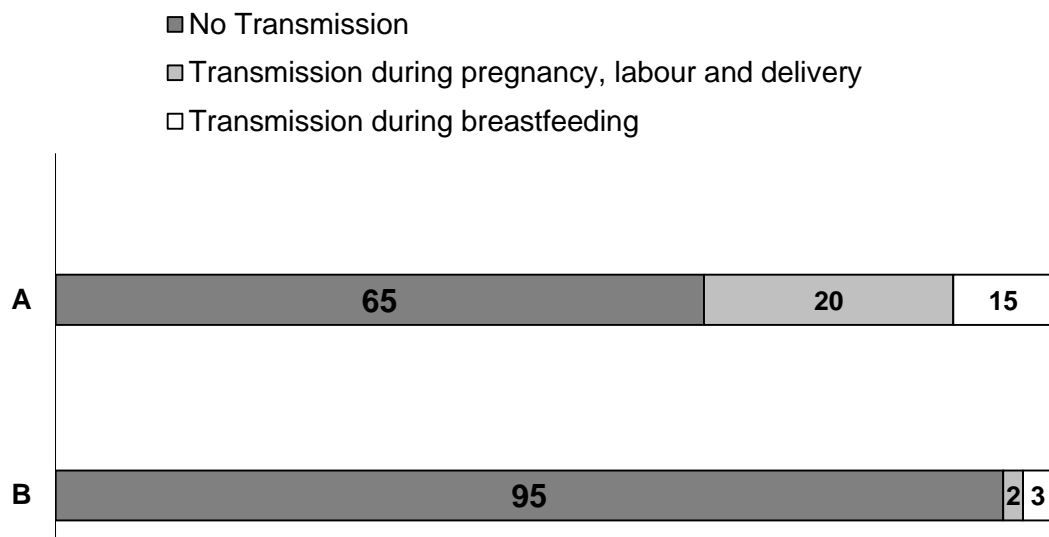
Methodology

Brainstorming

- Ask participants the question: how is HIV transmitted?
- When can HIV be transmitted from mother-to-child (MTCT)?
- Probe until participants mention during pregnancy, labour and delivery, and breastfeeding.
- On flipchart draw a horizontal bar to indicate infant outcomes at 2 years when 100 HIV-positive mothers breastfeed for 2 years and no preventive actions are taken.

- Ask participants: what is the risk of HIV passing to baby when no preventive actions are taken?
- On bar indicate participants' answers.
- Then mark (65 not infected; 20 become infected during pregnancy, labour, and delivery; and 15 become infected during breastfeeding) and compare to participants' answers.
- Construct another horizontal bar indicating infant outcomes at two years when 100 HIV infected mothers practice exclusive breastfeeding for 6 months, continue breastfeeding for 12 months, and mother takes ARVs?
- Ask participants: what is the risk of HIV passing to baby when mother practices exclusive breastfeeding for 6 months and both mother and infant take ARVs?
- On bar indicate participants' answers.
- Then mark (95 not infected, 2 become infected during pregnancy, labour and delivery, and 3 become infected during breastfeeding) and compare to participants' answers.
- Make sure the horizontal bars are labelled.
- Discuss and summarize.

Risk of Mother-to-Child Transmission (MTCT) in pregnancy, labour and delivery, and breastfeeding without ARV intervention (A) and with ARV (B)



If a woman is HIV positive, what is the risk of HIV passing to her baby when NO preventive actions are taken?

- **In the absence of any interventions** to prevent or reduce HIV transmission, research has shown that if 100 HIV-positive women get pregnant, deliver, and breastfeed for two years:
 - o About 20 may be infected with HIV during pregnancy, labour and delivery
 - o About 15 may be infected with HIV through breastfeeding, if the mothers breastfeed their babies for 2 years
 - o **About 65 of the babies will not get HIV**

If a woman is HIV positive, what is the risk of passing HIV to her baby if the mother practices exclusive breastfeeding during the first 6 months and takes ARVs?

- If 100 HIV-positive mothers practise exclusive breastfeeding during the first 6 months and take ARVs:
 - o About 2 babies are infected during pregnancy and labour and delivery
 - o About 3 babies are infected during breastfeeding
 - o **About 95 babies will not get HIV**

Activity 9.2: Review Feeding Options for HIV-Exposed Infants

(5 minutes)

Methodology

Plenary

- Ask participants which feeding option is recommended by the country's national authority for HIV-positive pregnant women.
- Collect the answers and share the national guidelines.
 1. exclusive breastfeeding for 6 months
 2. exclusive replacement feeding
- *Ask what ARV protocol(s) for PMTCT are in place?*
- Wait for one or two replies and then compare their answers with the national ARV protocols

NB. Health Workers no longer provide options to HIV positive mothers, but follow the National Health Authority infant feeding recommendations. Health Workers have to support mother's and family's choice even when they decide to opt-out of National Health Authority infant feeding recommendations.

Activity 9.3: Support HIV-Positive Mothers to Breastfeed

(20 minutes)

Methodology

Group work

- Divide participants into 4 groups
- Ask each group to list the infant feeding recommendations for HIV positive women of the National Health Authority (duration: exclusive breastfeeding, continued breastfeeding, ARVs, stopping breastfeeding)
- Ask each group to discuss their country's antiretroviral treatment (ART) option for HIV positive women and their infants
- Ask them to discuss the infant feeding option if ARVs are not available
- Ask one group to report back to the whole group
- Ask other groups to add additional information only
- Add any missing information or fill-in any gaps
- Discuss, read Document #17 and summarize Refer to Document #18 and explain how transition from breastfeeding to replacement feeding needs to happen.

Activity 9.4: Support HIV-Positive Mothers to Replacement Feed

(25 minutes)

Methodology

Buzz Groups

- Ask participants to form groups of three
- Ask each group of three to discuss: How to support a mother when she decides to use replacement feeding
- Ask for feedback and add any missing information or fill-in any gaps
- Discuss, read Document #19 and summarize

Session 10: Family Planning and Nutrition

Learning Objectives

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

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

Total Time

30 minutes

Activities

10.1 Identify the relationship between family planning and nutrition *(15 minutes)*

10.2 Describe the pros and cons of the lactation amenorrhea method and criteria for using it *(15 minutes)*

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #20: Family Planning, Nutrition, and Breastfeeding
- Document #21: Messages on the Lactation Amenorrhea Method

Activity 10.1: Identify the Relationship Between Family Planning and Nutrition

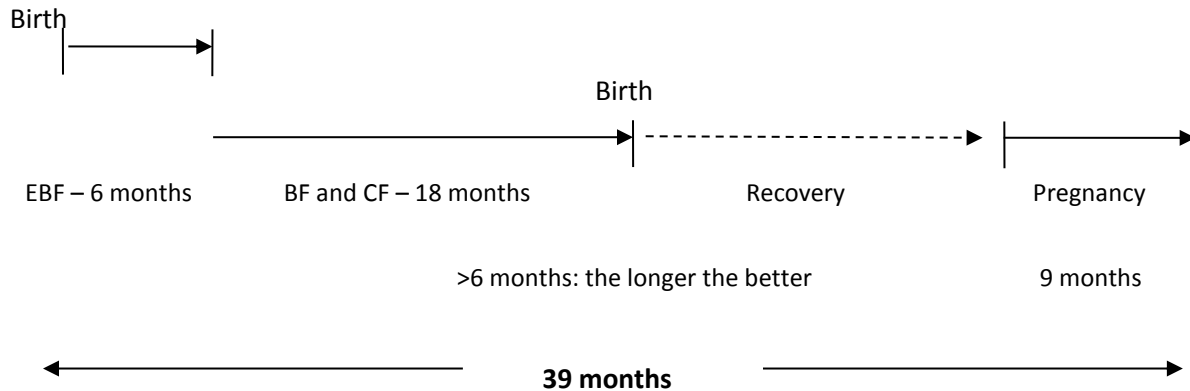
(15 minutes)

Methodology

Interactive presentation

- Ask Participants what is the recommended time to have the first pregnancy and for spacing children? After hearing comments, use a timeline (see following page) showing the breakdown of recommended practices leading to optimal child spacing; let participants fill in the number of months
- Explain that the recommended time between babies is at least 3 years
- Discuss and fill in gaps
- Ask which family planning methods are recommended for breastfeeding women.

- Ask one participant to read Document #20 and summarize
- Pregnancy before the age of 20 increases the risks of mortality and health for the mother and her baby.
- Pregnancy spacing less **than 30 months** (nearly 3 years) has negative effects on women’s health and child’s health, nutrition and development



Note:

- Six months exclusive breastfeeding, followed by at least 18 months additional breastfeeding with complementary foods, and at least six months of neither breastfeeding nor pregnancy gives best child outcomes. This would be inter-birth spacing of 39 months.
- Communicate with fathers and family members on the importance of delaying the first pregnancy, and the importance of child spacing/family planning.

Activity 10.2: Describe the Pros and Cons of the Lactation Amenorrhea Method and Criteria for Using It

(15 minutes)

Methodology

Brainstorming, Discussion

- Ask participants whether women in their communities relate breastfeeding to child spacing; discuss.
- Brainstorm the definition of “lactation amenorrhea method” and criteria for its use; present the criteria.
- Ask participants the questions listed below; solicit and discuss answers, referring to Document #21.
 - o What are LAM’s pros and cons?
 - o Who can use LAM?

Session 11: Essential Hygiene Actions

Learning Objectives

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

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

Total Time

1 hour 15 minutes

Activities

11.1 Identify fecal oral transmission (15 minutes)

11.2 Identify the Essential Hygiene Actions to eliminate transmission (15 minutes)

11.3 Explain why and when hand washing is critical to nutrition (15 minutes)

11.4 Describe how to make a tippy tap (15 minutes)

11.5 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (15 minutes)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Materials to make a tippy tap: Jerry can or plastic bottle, nail or knife or screwdriver, candle, sticks
- Document #22: The Diarrhea Transmission Cycle: The Fecal–Oral Route
- Document #23: Building a Hand Washing Device

Activity 11.1: Identify Fecal Oral Transmission

(15 minutes)

Methodology

Writing or illustrations

- Divide participants into 4 groups
- Place large piece of paper on the floor (or use flipchart) for each group
- Write or illustrate 'feces' at top of paper
- Ask groups to write or illustrate with pictures the different ways feces make it to our mouths
- Draw arrows from written words or pictures to word or picture of feces
- Facilitator summarizes the most important ways of transmission

Activity 11.2: Identify the Essential Hygiene Actions to Eliminate Transmission

(15 minutes)

Methodology

Writing or illustrations

- Distribute 5 cards to the same 4 groups and ask participants to write on cards or illustrate with pictures the different ways we can prevent feces getting into our mouths
- Ask participants to tape their cards on the paper
- Facilitator and participants refer to Document #22
- Facilitator summarizes the most important ways to prevent feces from getting to our mouths.

Activity 11.3: Explain Why and When Hand Washing is Critical to Nutrition

(15 minutes)

Methodology

Plenary

- Ask participants why hand washing matters for nutrition; write answers on the flip chart; summarize.
- Ask participants when hands should be washed; write answers on the flip chart
 - o Before preparing food
 - o Before eating

- o Before feeding children
- o After cleaning bottom of children
- o After going to the toilet

Activity 11.4: Describe How to Make a Tippy Tap

(15 minutes)

Methodology

Group Work

- Place participants in groups of four; distribute to each group materials to make one tippy tap.
- Ask each group to build one tippy tap based on the instructions in Document #23.
- Ask one group to use its creation to demonstrate use of a tippy tap to wash hands using correct handwashing protocols. Give feedback on the handwashing technique.

Activity 11.5: Compare ENA & EHA Training Guide -Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors) and ENA & EHA Reference Handbook on Key Practices (all sectors)

(15 minutes)

Methodology

Buzz Groups

- Facilitator explains that Activity 11.1 and Activity 11.2 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Activity 7.1 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Check understanding
- Ask participants to compare Documents #11 with the following practices in the *ENA & EHA Reference Handbook on key Practices – Community Workers (all sectors)*:
 - o **Practice 17:** Keeping the Environment Clean
 - o **Practice 18:** Hand Washing
 - o **Practice 19:** Washing a Child’s Hands before Feeding
 - o **Practice 20:** Washing Your Hands Easily Using Minimum water
 - o **Practice 21:** Keeping Food and Food Containers Clean

Session 12: Using Pictures to Discuss Practices

Learning Objective

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

- Use a picture story to help achieve behavior change.

Total Time

30 minutes

Activity

12.1 Facilitate a discussion with an illustration (25 minutes)

12.2 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (15 minutes)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #24: Discussion Using an Illustration

Activity 12.1: Facilitate a Discussion with an Illustration

(25 minutes)

Methodology

Practice

- Facilitator puts the letters ORPA on a flipchart with the words Observe, Reflect, Personalize and Act next to each letter
- Facilitator models a discussion using an illustration from the *Reference Handbook* or using other illustrations— applying the steps: Observe, Reflect, Personalize and Act
- Ask one or two participants to read Document #24
- Divide participants into pairs: one participant is the health worker and the other is the mother of an infant under five months of age (i.e., not knowledgeable about breastfeeding).
- Ask the ‘Health Worker’ to use another illustration from the *Reference Materials* – applying the steps: Observe, Reflect, Personalize and Act Have participants switch roles so that each plays each role once.

- After 10 minutes, ask participants to switch roles so that each participant plays both roles once.
- Discuss and summarize in large group

Activity 12.2: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(5 minutes)

Methodology

Buzz Groups

- Facilitator explains that Activity 12.1 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Activity 4.1 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides *Community wo*
- Check understanding

Session 13: Negotiation with Mothers, Fathers, Grandmothers, or Other Caregivers: Women's Nutrition and Breastfeeding practices

Learning Objectives

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

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

Total Time

2 hours 30 minutes

Activities

13.1 Identify listening and learning skills, and building confidence and giving support skills (25 minutes)

13.2 Present negotiation steps - GALIDRAA (20 minutes)

13.3 Demonstrate negotiation: initial visit (25 minutes)

13.4 Discuss negotiation during follow-up visits (20 minutes)

13.5 Practice negotiation: initial visit to mother with infant (55 minutes)

13.6 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (5 minutes)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Illustrations on women's nutrition or breastfeeding
- Case studies written on cards
- Document #25: Listening and Learning Skills, and Building Confidence and Giving Support Skills
- Document #26A: GALIDRAA Negotiation Checklist
- Document #26B: Observation Checklist of GALIDRAA Counseling Steps
- Document #26C: Initial Visit Negotiation Record
- Document #27: Negotiation Checklist for Follow-Up Visits
- Document #28: Practice Case Studies: Adolescents and Women's Nutrition
- Document #29: Practice Case Studies: Infants from Birth up to Six Months

Activity 13.1: Identify Listening and Learning Skills, Building Confidence and Giving Support Skills

(25 minutes)

Methodology

Group work

Part A: Listening 15 minutes

- Pair Participants. Ask them to tell a story to each other at the same time for 2 min.
- Then, ask large group:
 - o How did you feel talking at the same time with another person?
 - o Did you catch anything of the story?
- In the same pairs repeat the exercise, but this time listen to one another with lots of concentration (do not take notes, but listen carefully).
- Then, tell each other's stories (each of pair speaks for 1 minute).
- In large group Facilitator asks:
 - o How much of your story did your partner get right?
 - o How did it make you feel inside to tell a story and see someone listening to you?
- What things did you do to make sure that your partner was listening to you?
 - a. Use responses and gestures that show interest
 - b. Use non-verbal communication
- Two Facilitators demonstrate the non-verbal communication skills by first demonstrating the opposite of the skills listed below, and then the non-verbal communication skills:
 - o Keep head at same level
 - o Pay attention (eye contact)
 - o Remove barriers (tables and notes)
 - o Take time
 - o Appropriate touch
- Two Facilitators demonstrate "reflecting back" and "non-use of judging words" by first demonstrating the opposite of these skills, and then the skills
- Ask participants how they build confidence and give support to a mother/caregiver and write ideas on flipchart
- Explain that *Listening and Learning* skills and *Building Confidence and Giving Support* skills are the first set of skills to be learned and practised
- General rule of counseling: "We have 2 ears and 1 mouth, so we must listen twice as much as we talk"

Part B: Asking questions: 10 minutes

- Five participants get to ask a facilitator 1 question. Facilitator will answer truthfully. [Facilitator stops Participants at just 1 question]
- What did you get from this exercise? [Some types of questions bring out more information than others] Asking about 'age': gets you a specific piece of information (which is what you sometimes want).
- Open-ended questions usually begin with why, how, when and where?
- What things can you do to bring out more information?
 - o Reflect back what the Facilitator (mother/father/caregiver) says
 - o Listen to the Facilitator's (mother/father/caregiver's) concerns
 - o Avoid using judging words
- Review listening and learning skills using Document #25.

Activity 13.2: Present Negotiation Steps - GALIDRAA

(20 minutes)

Methodology

Interactive presentation

- Ask Participants: What are the different steps of counseling/reaching-an-agreement/negotiation? And, how many visits are needed for the full process of counseling/negotiation?
- Write answers on flipchart
- Add any missing information
- Present the steps of counselling/negotiation: Greets, Asks, Listens, Discusses, Recommends and suggests possible practices, Agrees and Repeats agreed upon action, follow-up Appointment (GALIDRAA)
- Review together Document #26A

Activity 13.3: Demonstrate Negotiation: Initial Visit

(25 minutes)

Methodology

Demonstration

Note: 2 Facilitators need to prepare this demonstration in advance (Facilitator Mother and Facilitator Counsellor)

- Demonstrate steps: Greets, Asks, Listens between a mother (Hawa) with 2-month son Amos and Counsellor (situation described below)
- Facilitator to speak out loud to group during step: Identify
 - o Demonstrates steps: **Discuss, Recommend, Act**
 - o Demonstrates step: follow-up **Appointment**
 - o Refers as necessary
 - o Thanks Hawa for her time
- Discuss the demonstration with Participants and answer questions

Demonstration of Case Study

Hawa and 2-month old Amos

Situation: Hawa

- feels she does not produce enough milk
- gives Amos other drinks

Counselling Steps (GALIDRAA)

- **Greets** Hawa and introduces him/herself
 - o Allows Hawa to introduce herself and the baby
 - o Uses *listening and learning skills*, and *building confidence and giving support skills*
- **Asks** Hawa about her current breastfeeding practices
- **Asks** Hawa to see Amos's growth card
- **Asks** if Amos has been sick
- **Asks** if Amos is her first child
- **Listens** to Hawas concerns, and observes Amos and Hawa
- Accepts what Hawa is doing without disagreeing or agreeing and praises Hawa for one good practice (breastfeeding)

- **Identifies difficulties:**
 - Hawa is worried she does not have enough breast milk
 - Hawa is giving other drinks to Amos

- **Discuss, Recommend, Agrees to Act**
 - o Praises Hawa for breastfeeding
 - o Asks Hawa about breastfeeding frequency and if she is breastfeeding whenever Amos wants and for as long as he wants, both day and night. Does Amos come off breast himself? Is Amos fed on demand? (Age-appropriate recommended breastfeeding practices)
 - o Suggests that Asha breastfeed Amos when he shows interest in feeding (before he starts to cry, when he moves his lips or tongue; roots or looks for breast; sucks on fingers)
 - o Asks Hawa to breastfeed Amos and reviews signs of proper positioning and attachment
 - o Shares with Hawa and discusses **Practice 6:** Exclusive breastfeeding to 6 months of age; and **Practice 7:** Positioning your baby correctly for breastfeeding
 - o Helps Hawa select a practice that she can try (e.g. breastfeed more frequently day and night, correct positioning and attachment)
 - o Asks Hawa to repeat verbally the agreed upon behaviour
 - o Tells Hawa that a Counsellor will follow-up with her at her next weekly visit
 - o Suggests where Hawa can find support (attend educational talk, Support Group in community, and Community Volunteer).

- Thanks Hawa for her time
- Review together Document #26b

Activity 13.4: Discuss Negotiation during Follow-Up Visits

(20 minutes)

Methodology

Brainstorming

- Explain the optimal number of follow-up visits

At least 2 visits:

- Initial visit
- Follow-up: after 1 to 2 weeks
- If possible a 3rd visit to maintain the practice or negotiate another practice
- Ask participants the possible points to be discussed with mother during counselling/negotiation for follow-up visit(s)

Example of possible follow-up visits to Hawa

- **First follow-up visit**
Situation: The Community Counsellor visits Hawa to ask her whether she has been able to breastfeed Amos more frequently during the past week, before he cries and checking proper positioning and attachment. Hawa answers that she was able to do the agreed-upon actions. She says her mother is coming to see her the following week and will surely advise her to give Amos water because it is so hot.
- **Second follow-up visit:** Maintain the practice and/or counsel or reach an agreement on another practice
Situation: Amos is now 4 months old, and Hawa is asking about what foods she can give to Amos.
- Refer to Document #27 and read the list of possible questions to ask

Activity 13.5: Practice Negotiation: Initial Visit to Mother with Infant Under 6 Months

(55 minutes)

Methodology

Practice

- Facilitator asks Participants to recall women’s nutrition and breastfeeding practices
- Participants are divided into groups of three: Mother, Counsellor, and Observer.
- Refer to Document #26 and review steps of GALIDRAA
- Distribute: Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother /Caregiver/Child Pair and review with Participants.
- Ask each group to refer to the *ENA & ENA Reference Handbook on Key Practices – Community Workers (all sectors)* or an illustration used by their program
- Ask the ‘Mothers’ of the working groups to gather together and distribute to each a different case study. Note: The ‘Mothers’ need to be sure that they give all the information included in their ‘Case study’. Emphasize to Participants the need to stick to the (minimal) information in the case studies and not embellish.
- Ask the ‘Mothers’ to return to their working groups.
- The Counsellor of each working group (of three) asks the ‘Mother’ about her situation, and practises the GALIDRAA steps with *listening and learning* skills and *building confidence and giving support* skills.
- In each working group, the Observer’s task is to record the skills the Counsellor used on the Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother/Caregiver /Child Pair (Document #26B) and to provide feedback after the Case Study.

- The Participants in working groups switch twice roles to allow each of them to practice once and the above steps are repeated using different case studies.
- One group or two groups demonstrate a case study in front of the whole group.
- Discuss the content of the counselling and the steps of GALIDRAA
- Refer to Documents #28 and #29 to explain that all case studies have proposed answers

Activity 13.6: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(5 minutes)

Methodology

Buzz Groups

- Facilitator explains that Session 13 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Session 5 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Check understanding

Session 14: Preventing and Controlling Micronutrient Deficiencies

Learning Objectives

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

- Identify disorders resulting from deficiencies of iron, vitamin A, iodine, zinc, and calcium
- Talk about foods that are rich in micronutrients.
- Cite micronutrient supplementation and treatment related to women and child nutrition
- Explain how to resolve micronutrient deficiencies.

Total Time

1 hour

Activity

14.1 Name essential minerals and vitamins needed by pregnant women, breastfeeding mothers, and young children under 2 years (5 minutes)

14.2 Identify health problems caused by micronutrient deficiencies and how to remedy them
(45 minutes)

14.3 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (15 minutes)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

What You Need

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

Activity 14.1: Name Essential Minerals and Vitamins Needed by Pregnant Women, Breastfeeding Mothers, and Young Children Under 2 Years

(5 minutes)

Methodology

Brainstorming

- Ask Participants to name minerals and vitamins needed by pregnant women, breastfeeding mothers, and young children under 2 years
- Facilitator fills-in gaps with content listed below

Minerals and vitamins:

- **Vitamin A, iron, iodine, Zinc and calcium** are essential to the functioning of the human body and are obtained from foods, supplementation and fortified foods

Activity 14.2: Identify Health Problems Caused by Micronutrient Deficiencies and How to Remedy Them

(45 minutes)

Methodology

Group Work

- Divide Participants into 3 groups. Four flipcharts are set up throughout the training room with the three titles: 1) Vitamin A deficiency, 2) Anemia, 3) Zinc, calcium and Iodine deficiencies. On each flipchart there are four columns: causes, consequences of deficiency, prevention, and sources
- Ask Participants to fill- in each column), including the foods in their communities that contain these minerals or vitamins or minerals (15 minutes)
- Ask each group to move clockwise to the next flipchart and to refer to Document #30: Preventing and Controlling Vitamin A Deficiency; Document #31: Preventing and Controlling Anemia; and Document #32: Preventing Zinc and Iodine Deficiency Disorders
- Ask participants to move clockwise to the next flip, to review the contents (5 minutes), fill in missing gaps (15 minutes), and to present in plenary (20 minutes)
- Discuss and summarize the importance of delivery of minerals and vitamins through foods, supplementation, treatment as needed and fortification (commercial or home-based)

Activity 14.3: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(10 minutes)

Methodology

Buzz Groups

- Ask participants to compare Documents #30, #31, #32 with the following practices in the *ENA & EHA Reference Handbook on Key Practices – Community Workers (all sectors)*:
 - o **Practice 3:** Preventing anemia and malaria during pregnancy
 - o **Practice 4:** Using iodized salt
 - o **Practice 15:** Importance of vitamin A
 - o **Practice 16:** Preventing anemia in children

Session 15: Complementary Feeding Practices

Learning Objectives

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

- Describe feeding practices for children between the ages of 6 and 24 months.
- Explain why each practice is important.

Total Time

2 hours 30 minutes

Activities

15.1 Identify Complementary Feeding Practices for Children Aged 6 up to 24 Months (45 minutes)

15.2 Describe How Health Providers Can Support Complementary Feeding Practices (30 minutes)

15.3 Compare *ENA & EHA Training Guide -Health Workers and Nutrition Managers* with *ENA & EHA Training Guide -Community Workers (all sectors)* and *ENA & EHA Reference Materials on Key Practices – Community Workers (all sectors)* (15 minutes)

Note: This session is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

15.4 Name Local, Available, and Seasonal Foods Suitable for Infants and Young Children (30 minutes)

15.4 Make a Calendar of Seasonal Foods (25 minutes)

15.6 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (5 minutes)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Preparation of 2 flipcharts with columns: Age, Frequency, Amount, Density (thickness/consistency), and Diversity; and rows: 6 up to 9 months, 9 up to 12 months, and 12 up to 24 months
- Prepare cards with the information in the following boxes on Frequency, Amount, Density, and Diversity

	FREQUENCY (PER DAY)	AMOUNT OF FOOD (EACH MEAL)	DENSITY (THICKNESS/CONSISTENCY)	DIVERSITY
From 6 up to 9 months	2 to 3 meals + frequent breastfeeds 1 to 2 snacks may be offered	2 to 3 tablespoonsful per feed	Thick porridge/pap Mashed/pureed family foods	Breast milk Animal foods Legumes
From 9 up to 12 months	3 to 4 meals + breastfeeds 1 to 2 snacks may be offered	Half (½) 250 ml cup/bowl	Finely chopped family foods Finger foods Sliced foods	Staples Fruits/ Vegetables
From 12 up to 24 months	3 to 4 meals + breastfeeds 1 to 2 snacks may be offered	Three-quarters (¾) to 1 250 ml cup/bowl	Sliced foods Family foods	Micronutrient Powder (country specific)

- A variety of locally available foods or pictures of these foods
- Document #33: Complementary Feeding Practices for Children Aged 6 up to 24 Months
- Document # 34: Active Feeding
- Document #35: What Health Providers Can Teach Parents or Caregivers about Complementary Feeding
- Document #36: Seasonal Food Calendar

Activity 15.1: Identify Complementary Feeding Practices for Children Aged 6 Up to 24 Months

(45 minutes)

Methodology

Brainstroming, Group Work

- Brainstorm with Participants the question: What are the characteristics of complementary feeding?

- Probe until the following are mentioned: Continued breastfeeding, Frequency, Amount, Density (thickness/consistency), Diversity (different foods), Utilization (before preparing food); and Active or responsive feeding, and Hygiene (BF+ frequency, amount, density, diversity, utilization, and active feeding [FADDUA]).

Participatory Presentation by working groups

- Divide the participants into 2 groups
- Present the 2 flipcharts with columns: Age, Frequency, Amount, Density (thickness/consistency), and Diversity; and rows: 6 up to 9 12 months, and 12 up to 24 months
- Distribute cards with the written content on frequency, amount, density and diversity to the 2 groups
- Ask both groups to fill in their flipchart content: taping or sticking their cards in the appropriate box on flipchart
- Ask groups to continue until all chart content is filled
- Ask each group to review Documents #33
- Ask one group to explain their entries for age 6 up to 12 months (6 up to 9 and 9 up to 12 months) providing additional information from the Document #33
- Ask 2nd group to explain their entries for age 12 up to 24 months providing additional information from the Document #33
- Ask participants in plenary what is active feeding and its relation with Early Childhood development and review Document#34
- Discuss and summarize

Activity 15.2: Describe How Health Workers Can Support Complementary Feeding Practices

(30 minutes)

Methodology

Group Work

- Divide participants into five groups with each group in front of a flip chart bearing one of these sets of questions:
 1. Which questions on nutrition should be asked of mothers whose babies will soon be six months old? Why encourage mothers, fathers, or caregivers to use iodized salt for the whole family, including children who have begun complementary feeding?
 2. What are the supplementation, immunization, treatment or medicines that a child 6-59 months needs to receive and with what frequency?
 3. How can health workers help mothers, fathers, or caregivers make sure that their children are properly fed and that they obtain the nourishment they need?

4. What do you advise to mothers and family members so that mothers and children (birth up to 24 months) stay healthy?
 5. How can health workers maintain the supply of nutrition related drugs and materials?
List them and explain how to maintain supply.
- Each group briefly presents their assigned flipchart
 - Other groups to add any additional points
 - Facilitator fills-in gaps reviewing together Document #35

Activity 15.3: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors) (15 minutes)

Methodology

Working Groups

- Facilitator explains that Activity 15.2 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Activity 6.1 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- Divide Participants into 7 working groups
- Assign each group one of the following Practices from *ENA & EHA Reference Handbook on Key Practices – Community Workers*:
 - o **Practice 9:** Introducing complementary foods
 - o **Practice 10:** A varied diet
 - o **Practice 11:** Feeding frequency and quantity for children aged 6 - 11 months
 - o **Practice 12:** Feeding frequency and quantity for children aged 12 up to 24 months
 - o **Practice 17:** Keeping the environment clean
 - o **Practice 18:** Hand washing
 - o **Practice 19:** Washing a child's hands before feeding

Activity 15.4: Name Local, Available, and Seasonal Foods Suitable for Infants and Young Children

(30 minutes)

Methodology

Demonstration

- Give each participant two or more locally purchased foods or pictures of foods. (To represent breastmilk, use a glass of water or pictures or models of a breast.) Include many different fruits and vegetables as well as different types of starches (e.g., flour), protein foods (e.g., meat, chicken, fish, dried fish, beans, and nuts), and oils (e.g., palm oil and vitamin A-fortified oil).
- Explain the three age categories for feeding purposes:
 - o Birth up to 6 months
 - o Six up to 12 months
 - o Twelve up to 24 months
- One at a time, have participants identify the foods they have been given and, on tables or on a cloth on the floor, place those foods in the age category in which they believe it is appropriate for a child to begin to eat them.
- Rearrange the foods on the cloth or tables as appropriate and discuss

Activity 15.5: Make a Calendar of Seasonal Foods

(25 minutes)

Methodology

Group Work by region/village

- On a flip chart, draw the seasonal food availability table (Document #36).
- Have participants group themselves according to their region or village. Next, have them fill in the blanks on the calendar with the names of foods available during each month or season.
- Have groups discuss why it is important to keep some of the harvest from the home gardens to improve nutrition for children and women and family.
- Ask groups to discuss how practical and feasible it is for individuals in their communities to store part of the harvest from the home gardens, and how to encourage this practice. Ask participants to give examples.
- Ask groups to talk about how community members could broaden their gardens or homestead farms (e.g., by raising chickens to eat or for eggs or growing pumpkin, papaya, or banana trees) and what assistance might be available from the agriculture sector to make such changes.

- In plenary, have one group present its calendar and discuss seasonal food availability and their ideas for expanding.
- Ask participants to complete the calendar for their own locality.

Activity 15.6: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(5 minutes)

Methodology

Buzz Groups

- Facilitator explains that Activities 15.4 and 15.5 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Activity 6.2 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Check understanding

Session 16: Feeding the Sick Child and Danger Signs in Illness

Learning Objectives

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

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

Activities

16.1 Identify the relationship between illness, feeding, and recovery (15 minutes)

16.2 Describe how to feed and take care of a sick child at home (35 minutes)

16.3 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (15 minutes)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

Total Time

1 hour

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Document #37: Illness, Feeding, and Recovery
- Document #38: Nutritional Care During and After Illness
- Document #39: What Health Providers Can Teach Parents or Caregivers about feeding during and after Illness

Activity 16.1: Identify the Relationship between Illness, Feeding, and Recovery

(15 minutes)

Methodology

Brainstorming, Interactive presentation

- Ask Participants what is the relationship between illness, feeding and recovery.
- Compare answers with 'Relationship between illness, feeding and recovery' in Document #37.
- Discuss and summarize

Activity 16.2: Describe How to Feed and Take Care of a Sick Child at Home

(35 minutes)

Methodology

Group work

- Set up six flip charts, each headed with one of the following topics:
 - o Feeding children from birth up to six months of age and from 6 up to 24 months of age *during* illness
 - o Feeding children from birth up to six months of age and from 6 up to 24 months of age *after* illness
 - o Feeding a child with moderate malnutrition
 - o Preventing diarrhea
 - o Home management of a child with diarrhea
 - o Signs of severe dehydration and general danger signs of illnesses
- Divide participants into six groups and assign a topic to each one; ask participants to refer to Documents #38 and #39
- Have each team present. And other groups complete
- Facilitator summarizes Read Documents.

Activity 16.3: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors) (10 minutes)

Methodology

Buzz Groups

- Facilitator explains that Activity 16.2 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Activity 6.1 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- In buzz groups ask participants to review the following practices from *ENA & EHA Reference Handbook* on Key Practices pour Community Workers
 - o **Practice 13:** Feeding sick children during and after illness
 - o **Practice 14:** Nutritional care of infants and children with diarrhea or moderate malnutrition
- Discuss and summarize

Session 17: Negotiation with Mothers, Fathers, Grandmothers, OR Other Caregivers: Complementary Feeding and the Sick Child

Learning Objectives

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

- Explain the steps of negotiation (GALIDRAA).
- Use an illustration to negotiate with the mother or caregiver.
- Negotiate with a mother or caregiver of a child from 6 up to 24 months.

Total Time

1 hour 30 minutes

Activities

- 17.1 Review: Listening and Learning Skills, Building Confidence and Giving Support Skills, and GALIDRAA Negotiation Steps (*10 minutes*)
- 17.2 Review: Using Visuals during Negotiation Visits (*20 minutes*)
- 17.3 Demonstrate Negotiation: Initial Visit on Complementary Feeding (*30 minutes*)
- 17.4 Practice Negotiation: Initial Visit to the Mother of a Young Child from 6 up to 24 Months (*30 minutes*)
- 17.5 Prepare for Filed Visit (15 minutes)
- 17.6 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (15 minutes)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Illustrations
- Case studies on cards
- Document #25: Listening and Learning Skills, and building Confidence and Giving support Skills
- Document #26A: GALIDRAA Negotiation Checklist
- Document #26B: Observation checklist of GALIDRAA Counseling Steps

- Document #26C: Initial-visit Negotiation Record
- Document #27: Negotiation Checklist for Follow-Up Visits
- Document #40A: Practice Case Studies: Complementary Feeding for Children from 6 up to 24 Months
- Documents #40B: Practice Case Studies: Feeding the sick child

Activity 17.1: Review: Listening and Learning Skills, Building Confidence and Giving Support Skills, and GALIDRAA Negotiation Steps

(10 minutes)

Methodology

Review

- In the plenary, ask participants what they remember of what they learned about listening and learning skills, building confidence and giving support skills and the steps of negotiation in Activity 13. Ask them how many visits are needed for the full process of negotiation; write answers on the flip chart.
- Have participants review Documents #25, #26a and #26b.

Activity 17.2: Review: Using Illustrations During Negotiation Visits

(20 minutes)

Methodology

Review

- In the plenary, ask participants to recall how to use pictures as probes for negotiation; write answers on the flip chart.
- Have participants review Document #27, and add any missing ideas.

Activity 17.3: Demonstrate Negotiation: Initial Visit on Complementary Feeding

(30 minutes)

Methodology

Demonstration

Note: 2 Facilitators need to prepare this demonstration in advance (Facilitator Mother and Facilitator Counsellor)

- Demonstrate steps: **Greets, Asks, Listens** between a mother (Raha) with 18-month daughter Mia and Counsellor (situation described below)
- Facilitator to speak out loud to group during step: **Identify**
 - o Demonstrates steps: **Discuss, Recommend, Act**
 - o Demonstrates step: follow-up **Appointment**
 - o Refers as necessary
 - o Thanks Raha for her time
- Discuss the demonstration with Participants and answer questions

Demonstration of Case Study

Raha has a daughter, Mia, 18 months old. Raha is breastfeeding her on demand. She is giving Mia milk and sorghum cereal 3 times a day. She noticed that during the last weeks Mia has been inactive.

Possible Answer

- Counsellor **greet**s Raha
- Counsellor praises for breastfeeding Mia
- Counsellor **asks, listens and identifies** problems related to the current feeding practices, in this case:
 - o Raha is breastfeeding Mia on demand
 - o Raha is giving another milk to Mia
 - o Mia has been inactive
 - o Raha is not following age-appropriate feeding recommendations (e.g. Frequency and Variety; check on Amount)
- Counsellor shares the following practices (handbook or illustrations):
 - o A Varied Diet
 - o Feeding frequency and quantity for children aged 12 up to 24 months
- Counsellor discusses and recommends:

- o Increase frequency of food to 4 times a day
 - o Increase the amount of food
 - o Ask about thickness of cereal
 - o Increase variety of food and add other locally available family foods
 - o Suggests that Mia may be inactive because of lack of food
- Counsellor **reaches-an-agreement** and with Raha to increase the frequency and variety of foods
 - Asks Raha to repeat the agreed upon behaviour
 - Suggests where Raha can find support (attend an action-oriented group, IYCF Support Group in community)
 - Counsellor fixes time with Raha for **follow up appointment**.
 - Thanks Raha for her time

Follow-up Visits

- The facilitator ask how many follow-up visits the mother will need to have, and what questions the health workers might have to ask

At least 2 visits:

- Initial visit
- Follow-up: after 1 to 2 weeks
- If possible, a third visit to maintain the practice or negotiate another practice
- Ask participants the possible points to be discussed with mother during counselling/negotiation for follow-up visit(s)

Example of possible follow-up visits to Raha

- **First Follow-Up Visit**
Situation: The health worker visits Raha to ask her whether she has been able to increase the frequency and variety of foods to Mia (4 times a day and adding other foods). Raha answers that she was able to do the agreed-upon actions although it takes her a lot of time to prepare special meals, and she can't always buy all the foods she knows Mia needs. She asks if Mia is old enough to take family foods.
- **Second Follow-Up Visit: Maintain the practice and/or counsel or reach-an-agreement on another practice**
Situation: Mia is nearly 2 years old, and Raha is thinking about having another baby.
- Refer to Document #27 and read the list of possible questions to ask

Activity 17.4: Practice Negotiation -Initial Visit to the Mother of a Young Child from 6 up to 24 Months

(30 minutes)

Methodology

Practice

- Facilitator asks Participants to recall adolescent and women’s nutrition and breastfeeding practices
- Participants are divided into groups of three: Mother, Counsellor, and Observer.
- Refer to Document #26A and review steps of GALIDRAA
- Distribute: Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother/Caregiver /Child Pair and review with Participants.
- Ask each group to have the **Reference Materials on Key Practices** or an illustration used by their program
- Ask the ‘Mothers’ of the working groups to gather together and distribute to each a different case study. Note: The ‘Mothers’ need to be sure that they give all the information included in their ‘Case study’. EMPHASIZE to Participants the need to stick to the (minimal) information in the case studies and not embellish.
- Ask the ‘Mothers’ to return to their working groups.
- The Counsellor of each working group (of three) asks the ‘Mother’ about her situation, and practises the GALIDRAA steps with *listening and learning* skills and *building confidence and giving support* skills.
- In each working group, the Observer’s task is to record the skills the Counsellor used on: Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother/Caregiver /Child Pair and to provide feedback after the Case Study.
- The Participants in working groups switch twice roles to allow each of them to practice once and the above steps are repeated using different case studies.
- One group or two groups demonstrate a case study in front of the whole group.
- Discuss the content of the counselling and the steps of GALIDRAA
- Refer to Document #45 to explain that all case studies have proposed answers

Activity 17.5: Prepare for Field Visit

(15 minutes)

Methodology

Plenary

- Discuss the logistics of the field practice; ensure all participants are clear about field practice expectations, e.g., dress, materials, time.
- Discuss how groups will be divided, where they are going, and how they will get there.
- Divide participants into pairs.
- Explain that participants will work in pairs, with one counseling a lactating mother or caregiver of a child from 6 up to 24 months recording the name, age, identified difficulties, options suggested, and behavior agreed to by the mother while the other participant follows the dialogue with the observation checklist to give feedback later; then they will switch roles.
- Each pair should counsel/negotiate with at least two mothers/caregivers with young children from 6 up to 24 months.
- Encourage participants to review today's session and bring to the field practice the documents on negotiation and GALIDRAA (Documents #26A, #26B, and #26C).
- Remind participants that after the field practice, there will be a classroom session to summarize the experience.
- Answer any questions participants have.

Activity 17.6: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(15 minutes)

Methodology

Buzz Groups

- Facilitator explains that Session 17 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Session 9 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Check understanding

Session 18: 1st Field Practice

Learning Objectives

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

- Practice the negotiation technique by doing field practice in villages.
- Evaluate women's nutrition practices.
- Evaluate breastfeeding practices.
- Evaluate complementary feeding practices.

Total Time

3 hours 30 minutes

Activities

18.1 Practice in the Field: Health Centers or Villages (*2 hour 30 minutes*)

18.2 Feedback on the Field Practice (*55 minutes*)

18.3 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (*15 minutes*)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

What You Need

- Visual aids such as posters, notebooks or cards, health records, counseling cards
- Document #26A: GALIDRAA Negotiation Checklist
- Document #26B: Observation Checklist for GALIDRAA Counseling Steps
- Document #26C: Initial-Visit Negotiation Record
- Prepare in advance the *Field-Practice Negotiation Summary Sheet* on a wall

Field Practice

Number of People on the Site

- 8 to 10, to constitute 4 to 5 pairs

Potential Sites

- Growth monitoring or nutrition screening and promotion sites
- Community groupings
- Mothers with infants under six months old or pregnant mothers
- Mother with infants 6 up to 24 months old or lactating mothers

Activity 18.1: Practice in the Field: Health Centers or Villages

(2 hours 30 minutes)

Methodology

Practice

- Review the tasks of pairs:
 - o One participant counsels and negotiates with a mother or caregiver of a child from 6 up to 24 months, recording the name, age, identified difficulties, options suggested, and behavior agreed to by the mother (Document #26C)
 - o The other participant follows the dialogue with the observation checklist to give feedback later and
- Ask participants to fill out the GALIDRAA checklist and provide feedback (Document #26B).
- Ask participants to change roles until each person has practiced at least one negotiation.

Activity 18.2: Provide Feedback on the Field Practice

(55 minutes)

Methodology

Discussion

- Tape on the wall on a flip chart the *Field Practice Negotiation Summary Sheet*, big enough to be able to record all negotiation experiences
- When participants return to the training site, have each pair summarize their negotiation experience by filling in the cells of Document #58: Field Practice Negotiation Summary Sheet.
- Have a few groups present their experiences. Ask other participants for feedback.
- Summarize all field visits on the same flip chart through the rest of the session as below

Field Practice Negotiation Summary Sheet

INITIAL VISIT	1	2	3	ETC.
Participant Names				
Child's Name And Age				
Difficulties Identified				
Options Suggested				
Behavior Mother Agreed To Try				

Activity 18.3: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(5 minutes)

Methodology

Buzz Groups

- Facilitator explains that Session 18 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Session 11 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Check understanding

Session 19: Community Support Groups

Learning Objectives

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

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

Total Time

2 hours

Activities

19.1 Demonstrate and Discuss a Community Support Group (35 minutes)

19.2 Describe the elements of a Support Group (10 minutes)

19.3 Practice Facilitating a Support Group (45 minutes)

19.4 Prepare for field Visit (15 minutes)

19.5 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (15 minutes)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

Materials

- Flip chart stand(s) paper, markers, and masking tape
- Basket with a number of potential support group topics written on small pieces of paper
- Document #41: About Support Groups
- Document #42: Support Group Observation Checklist

Activity 19.1: Demonstrate and Discuss a Community Support Group

(35 minutes)

Methodology

Practice

- Have eight participants sit in a circle to form a “fish bowl” and spend 15 minutes facilitating a support group, each participant sharing his or her **own** experience of IYCF (or wives’, mothers’, or sisters’ experiences). Only those in the fish bowl may talk. *Support groups can also focus on exclusive breastfeeding, complementary feeding, or other issues; the format and roles will not change.*
- Have non-participants observe what is happening for later discussion.
- After the support group session ends, ask participants and observers the following:
 - o What did you like about the support group?
 - o From listening to other participants’ experiences, did you learn anything new?
 - o Having participated in the support group, do you feel differently about the topic?
 - o How is the support group different from an educational talk?
 - o Do you think the group answered any doubts that were expressed during the support group conversation?
 - o If appropriate ask: after participating in this support group, do you think you would try any of the practices you learned about?

Activity 19.2: Describe the Elements of a Community Support Group

(10 minutes)

Methodology

Group work – rotation of flipcharts

- Set up six flip charts around the room with the following headings:
 - o Role of the facilitator in community support groups
 - o Who can facilitate community support groups
 - o Characteristics of community support groups
 - o Who can participate in community support groups
 - o Topics for community support groups
 - o Types of community groups or gatherings that could serve as support groups
- Divide participants into six groups and assign them to one of the flip charts. Ask each group to add content to that flip chart. Then, after, three minutes, have groups move to the next flip chart and add content there.

Note: If participants are not familiar with the subject, they can refer to Document #53

- When all groups have added content to all flip charts, ask one or two participants to review Document #53.

Activity 19.3: Practice Facilitating a Support Group

(45 minutes)

Methodology

Practice

- Divide participants into three groups of eight. Have each group choose a potential support group topic out of the basket.
- Have each group designate one participant as facilitator.
- Ask the first group to spend about 10 minutes conducting a support group on its topic as members of the other two groups observe and complete the Observation Checklist for Support Groups (Document #54). In plenary, discuss checklist findings.
- In plenary, repeat the process for the second and third groups with different topics.

Activity 19.4: Prepare for Field Visit

(15 minutes)

Methodology

Plenary

- Discuss the logistics of the field practice; ensure all participants are clear about field practice expectations, e.g., dress, materials, time.
- Discuss how groups will be divided, where they are going, and how they will get there.
- Depending on the number of pregnant and breastfeeding mothers/caregivers divide the participants into 2 - 4 groups
- Each group will facilitate a community support group; ask each group to select 2 facilitators from amongst themselves to facilitate the support group; the others will observe
- Choose a generic theme: 'your experience with infant and young child feeding'
- Ask Observer participants to fill-in Document #54: Support Group Observation Checklist

Activity 19.5: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(15 minutes)

Methodology

Buzz Groups

- Facilitator explains that Session 19 in *I.A ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Session 13 in *II.A ENA & EHA Training Guide - Community Workers (all sectors)*
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Check understanding

Session 20: 2nd Field Practice

Learning Objectives

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

- Facilitate a community support group
- Counsel/negotiate women's nutrition, breastfeeding and complementary practices.
- Total Time

3 hours 30 minutes

Activities

20.1 Practice in the Field: Health Centers or Villages (*2 hour 30 minutes*)

20.2 Provide Feedback on the Field Practice (*1 hour*)

What You Need

- Visual aids such as posters, notebooks or cards, health records, counseling cards
- Document #42: Support Group Observation Checklist

Field Practice

Number of People on the Site

- 10 to 20 to constitute 2 to 4 support groups

Potential Sites

- Growth monitoring or nutrition screening and promotion sites
- Community groupings
- Pregnant or lactating women
- Mothers with children from birth up to six months
- Mother with children from 6 up to 24 months old or lactating mothers

Activity 20.1: Practice in the Field: Health Centers or Villages

(2 hours 30 minutes)

Methodology

Practice

- Depending on the number of pregnant and breastfeeding mothers/caregivers divide the participants into 2 - 4 groups
- Each group will facilitate a community support group; ask each group to select 2 facilitators from amongst themselves to facilitate the support group; the others will observe
- Choose a generic theme: 'your experience with infant and young child feeding'
- Ask Observer participants to fill-in Document #54: Support Group Observation Checklist

Activity 20.2: Provide Feedback on the Field Practice

(1 hour)

Methodology

Discussion

- In the plenary, when all have returned to the training site:
- Ask Facilitators of Support Groups and Discussion Groups:
 - o What did you like about facilitating the discussion group and facilitating the Support Group?
 - o What were the challenges?
 - o Fill-in the sentence: I feel confident to facilitate a discussion group or Support Group because.....
- Ask Observers of Discussion Groups and Support Groups to comment on the facilitation of the groups, the Observation Checklist, and discuss the challenges?
- Discuss and summarize

Session 21: Integrated Management of Acute Malnutrition

Learning Objectives

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

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

Activities

21.1 Define Integrated Management of Acute Malnutrition (*15 minutes*)

21.2 Describe How to Identify, Refer, and Counsel Patients with Acute Malnutrition (*30 minutes*)

21.3 Compare *ENA & EHA Training Guide - Health Workers and Nutrition Managers* with *ENA & EHA Training Guide - Community Workers (all sectors)* (*15 minutes*)

Note: This activity is only for training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

Total Time

1 hour

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- Illustrations.
- Document #43: What Is Integrated Management of Acute Malnutrition?
- Document #44: Signs of Marasmus, Kwashiorkor, and Bilateral Edema
- Document #45: Acute Malnutrition Management and Inpatient Treatment Admission Criteria
- Document #46: Food and Counseling for Outpatient Therapeutic Programs
- Document #47: Child MUAC Measurement

Activity 21.1: Define Integrated Management of Acute Malnutrition

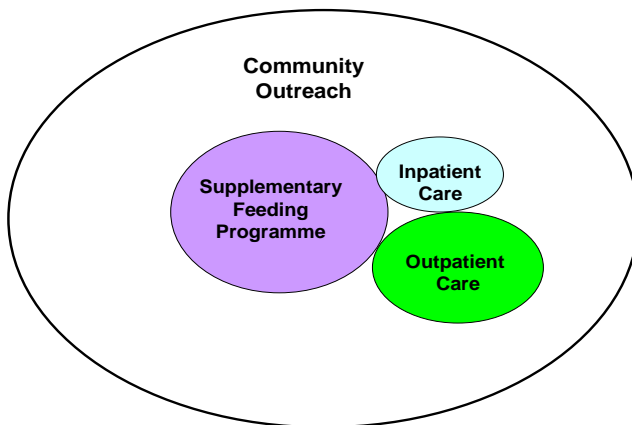
(15 minutes)

Methodology

Presentation, Discussion

- Ask participants how malnourished children are cared for in their communities.
- The facilitator briefly discusses the meaning of the term “integrated management of acute malnutrition” (IMAM) with the illustration on the following page drawn on a flip chart.
- Facilitator reviews Document #43 and IMAM’s four principles and components

Components of IMAM



Activity 21.2: Describe How to Identify, Refer, and Counsel Patients with Acute Malnutrition

(30 minutes)

Methodology

Group Work

- Divide participants into six groups.
- Ask each group to discuss and answer all of the following questions, referring to Documents #44–47.
 - o What are the signs of marasmus? What is the local name, if any?
 - o What are the signs of kwashiorkor? What is the local name, if any?
 - o What is bilateral pitting edema? Describe how to test a child for it.

- o Describe and demonstrate how to measure mid-upper arm circumference (MUAC). (Note that in many countries, MUAC is the preferred measure for screening and admission to IMAM at both community and health center levels, while some countries still require confirmation with weight-for-height at a health center.)
- o Explain the criteria for referral and admission to MAM (Moderate Acute Malnutrition) and SAM (Severe Acute Malnutrition).
- o Explain the steps of counseling for children with MAM or SAM.
- In the plenary, have one group present its answers; ask other groups to compare their answers.
- Invite all participants to take MUAC measurements. Emphasize the importance of correct methods and of supervision on community workers until they master these.

Activity 21.3: Compare ENA & EHA Training Guide - Health Workers and Nutrition Managers with ENA & EHA Training Guide - Community Workers (all sectors)

(15 minutes)

Methodology

Working Groups

- Facilitator explains that Session 21 in *ENA & EHA Training Guide - Health Workers and Nutrition Managers* is aligned with Session 8 in *ENA & EHA Training Guide - Community Workers (all sectors)*
- Form buzz groups (groups of 3 with neighbors) and ask buzz groups to compare the content, methodologies, and materials between the two training guides
- Check understanding
- Divide participants into 3 groups and ask each group to review one of the following Activities from the *ENA & EHA Training Guide - Community Workers (all sectors)*
 - o **Activity 8.1:** Identify a severely malnourished child
 - o **Activity 8.2:** Refer a severely malnourished child for treatment
 - o **Activity 8.3:** Monthly tally report

Session 22: The Essential Nutrition Actions and Contact Points

Learning Objective

By the end of the session, participants will:

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

Total Time

45 minutes

Activities

22.1 Use Job Aids for Health Workers (*30 minutes*)

Note: This Activity is to be conducted only during Health Workers training

What You Need

- Job aids for each participant (Documents 48 to 54)
- Document #48: Antenatal Care for Pregnant Women in the Fourth, Sixth or Seventh, Eighth, and Ninth Months
- Document #49: Delivery and Perinatal Care
- Document #50: Postnatal Care and Family Planning on the 7th and 45th Days after Delivery
- Document #51: Expanded Program on Immunization
- Document #52: Growth Monitoring and Well-Child Visits
- Document #53: Sick-Child Visits and Integrated Management of Neonatal and Childhood Illnesses
- Document #54: Community Management of Acute Child Malnutrition in an Outpatient Therapeutic Program

Activity 22.1: Use Job Aids for Health Workers

(45 minutes)

Methodology

Group Work

- Explain that ENA messages can be integrated into each contact of the health system and into other child survival and safe motherhood interventions.
- Divide participants into groups (by contact point). Each group discusses which ENA and key interventions to integrate into the assigned health contact point:
 - o Pregnancy
 - o Delivery
 - o Postnatal
 - o Immunization/expanded program on immunization
 - o Well-child visits and growth monitoring and promotion
 - o Sick-child visit/integrated management of neonatal and childhood illnesses and community integrated management of neonatal and childhood illnesses (IMNCI)
 - o Community management of acute child malnutrition/outpatient therapeutic program (OTP)
- Each group presents.
- Ask participants to review each of the job aids (Documents #48–54) after each presentation and fill in any gaps

Session 23: Improving Nutrition at the Community Level, and Developing Action Plans

Note: This session is only done when training nutrition managers or health workers who will conduct community worker training and/or supervise community workers

Learning Objectives

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

- Review the ENA & EHA Training Guide - Community Workers (all sectors).
- Present action plan for the next year
- Reflect on the importance of supportive supervision to ensure community workers master new skills

Total Time

2 hours

Activities

- 23.1 Review the ENA and EHA Training Guide -Community Workers (all sectors) (45 minutes)
- 23.2 Review supervision guidelines (30 minutes)
- 23.3 Present Action Plans (45 minutes)

What You Need

- Flip chart stand(s) and paper, markers, and masking tape
- One copy of the Training Guide for Community workers for each participant
- One copy of *The Essential Nutrition Actions and Essential Hygiene Actions Practices: A Reference Handbook*
- Document #55: Comparison of Training Guides for Health Workers and Community workers
- Document #56: Supervision Guidelines for Community workers
- Document #57: Action Plan Template for Implementation of ENA & EHA

Activity 23.1: Review the ENA & EHA Training Guide - Community Workers (all sectors) and Compare to ENA & EHA Training Guide - Health Workers and Nutrition Managers

(45 minutes)

Methodology

Group work

- Divide participants into four groups.
- Ask each group to review Document #55: Comparison of Training Guides for Health Workers and Community Workers
- Review themes, methodologies, materials, practices and practical issues of training.
- Invite each group to present a summary of its review and discussion.

Activity 23.2: Review Supervision Guidelines

(30 minutes)

Methodology

Group work

- Divide participants into four groups.
- Discuss when, where, and how “supervision of community workers ” should be conducted – Document #56: Supervision Guidelines for Community workers
- Motivate nutrition managers and health workers who supervise community workers to include supervisory visits in their action plans
- Invite each group to present a summary of its review and discussion.

Activity 23.3: Present Action Plans

(45 minutes)

Methodology

Presentation

- Ask participants by organization, country, region or district to present their Action Plans
- Ask other participants for input and feedback
- Task Participants to submit a written copy of their Action Plans on day 5 of training
- Share Action Plans with organizing entities and MOH

Session 24: Post-Assessment and Course Evaluation

Learning Objectives

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

- Identify strengths and weaknesses of Participant's knowledge post training and compare with pre-assessment.
- Conduct evaluation of training.

Total Time

30 minutes

Activities

24.1 Conduct Post-assessment (*15 minutes*)

24.2 Conduct Course Evaluation (*15 minutes*)

What You Need

- Document #58: Post-assessment
- Document #59: pre-post assessment : answers
- Document #60: Course evaluation

Activity 24.1: Conduct Post-Assessment

(15 minutes)

Methodology

Written Post-assessment

- Refer to Document #58: Post-assessment, ask participants to write their code number on the post-assessment, and ask participants to complete it individually.
- Post-assessment scores will be compared to the pre-assessment scores and shared with participants at the end of the post-assessment
- Share total results of comparison of pre and post-assessment with participants
- Review the answers of post assessment questions

Activity 24.2: Conduct Course Assessment

(15 minutes)

Methodology

Written Course Evaluation

Explain that participants' suggestions will be used to improve future trainings.

- Make copies and distribute end-of-training evaluations: Document #59: ENA-EHA Course Evaluation to participants and ask them to tick the corresponding box: very good, good, unsatisfactory, and write their comments.
- Have participants fill the form without writing their name on it.
- Proceed to the closure of the training.

