



Ministry of Health



IFAS

IRON AND FOLIC ACID
SUPPLEMENTATION
FOR PREGNANT WOMEN

A Trainer's Guide for
HEALTHCARE PROVIDERS

A Trainer's Guide for HEALTHCARE PROVIDERS October 2013

Suggested citation: Ministry of Health, *Republic of Kenya, Iron and Folic Acid Supplementation for Pregnant Women: Trainer's Guide for Healthcare Providers Nairobi, Kenya: October 2013*

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Acknowledgement

The Nutrition Unit, Ministry of Health would like to acknowledge the efforts and dedication of those who worked tirelessly towards the development of this Trainer's Guide and Participant's Manual for Healthcare Providers. The documents were developed through a collaborative effort of several stakeholders and Ministry of Health Departments and Divisions. The content of these documents was informed by the various policy guidelines and relevant studies carried out in the country including the national baseline knowledge, attitudes and practices survey on iron and folic acid supplementation [IFAS] as well as the formative assessment of coverage, uptake and utilization of selected high impact maternal interventions.

These manuals have been developed as part of a process of strengthening service delivery of IFAS, which is one of the components within focused antenatal care [FANC]. This component is critical in accelerating reduction of anaemia among pregnant women in the country.

The Ministry of health wishes to acknowledge, with appreciation, the contribution and support received from the different institutions, organizations and Government Divisions. The following individuals provided input to these documents: Dr Sharif, Director Public Health; Rosemary Ngaruro, Head of Nutrition Unit; Terry Wefwafwa, Evelyn Kikechi, Esther Kariuki, Betty Samburu, S. M Kamau, Brian Njoroge, Dr. Catherine Lengewa, June Ndungu, Charity Tauta, Beatrice Rotich, Milka Kuloba, Caroline Owango, George Ndichu, Lydia Mwangi, Farida Tomno, Evelyn Matiri, Patricia Murie and Faith Kariuki.

Special thanks go to Micronutrient Initiative for providing both technical and financial support. Appreciation is given to the Micronutrient Program Manager Evelyn Kikechi for the tireless effort in facilitating the whole process of developing these manuals. Last but not least, the Centre for Behavior Change and Communication under Essence International led by Dr. Catherine Lengewa for their technical contribution in development of the documents.

Acronyms and Abbreviations

AMC	Average Monthly Consumption
ANC	Antenatal Clinic
BCC	Behaviour Change and Communication
BMI	Body Mass Index
CHWs	Community Health Workers
CME	Continuous Medical Education
D4D	Data from decision-making
DHIS	District Health Information System
DOT	Directly Observed Therapy
FANC	Focused Antenatal clinic
GI	Gastro-intestinal
IFA	Iron and Folic Acid
IFAS	Iron and Folic Acid Supplementation
IPTp-SP	Intermittent Preventive Treatment of Malaria in Pregnancy using Sulfadoxine - Pyrimethamine
KDHS	Kenya Demographic Health Survey
KEML	Kenya Essential Medicines List
KEMSA	Kenya Medical Supplies Agency
KNMS	Kenya National Micronutrient Survey
KSPA	Kenya Service Provision Assessment
MCH	Maternal and Child Health
MOH	Ministry of Health
MUAC	Mid-upper-arm circumference
NTD	Neural Tube Defects
OJT	On-the-job training
PNC	Post natal Care
SoH	Stock on Hand
WHO	World Health Organization

Preface to trainers

About this Training

IFA supplementation for pregnant women is one of the key interventions recommended by WHO to help reduce anaemia levels. IFA supplementation has been implemented as a key MOH program, through Focussed Antenatal Care (FANC) however, there have been challenges which have resulted in sub-optimal coverage rates and very low adherence rates.

This training has been designed to address some of the challenges that contribute to low coverage and utilization rates of IFAS among pregnant women. It is one of the strategies that will help in achieving the National IFAS targets of 80% coverage and 30% utilization of 90 plus of supplements by 2017.

IFAS is one of the performance indicators for the Cabinet Secretary, Ministry of Health, with coverage targets set from a baseline of 8% to 25% improvement by June 2014.

Therefore, this course is designed to be integrated into or be delivered as part of focused antenatal care training. It is designed for in service and refresher training, in continuing medical education sessions, on-job training and continuous professional development.

Course Participants

This training is targeted to frontline ANC service providers, including health managers, nurses, nutritionists, and community strategy coordinators. The training module is competency-based and can be used to train health workers at a wide range of education levels such as diploma holders, certificate levels, degree holders etc.

Course Objectives

The overall objective of this training is to improve IFAS accessibility and utilization rates among pregnant women in Kenya.

The specific objectives are:

1. Disseminate the National IFAS policy
2. Enhance the knowledge of health care workers on maternal nutrition during pregnancy and maternal anaemia
3. Strengthen counselling skills for IFAS using IFAS BCC job aids and materials
4. Improve commodity management of IFAS commodities through good inventory management practices
5. Strengthen support supervision for IFAS through effective monitoring and evaluation

Training Approaches

This training approach is based on adult learning principles, that is, the belief that adults learn best in interactive sessions that include practice between the trainers and the trainees. Structured learning activities will be used including presentations, group discussions, demonstrations, role plays, and practical exercises.

The method of training recommended for use is Teach-back. This methodology is successful because based on adult learning principles, adults want training that is participatory, and they want to gain knowledge and skills applied to their jobs, they would like to share knowledge and experiences. The participants receive positive reinforcement and feedback about areas of weakness and practice teach back training using the course content in a safe and supportive environment.

Training Materials

Trainers will need the following materials for the course:

- Copies of the **Trainer's Guide** for each trainer
- Copies of the **Participant Hand-outs** for each participant
- Notebooks and pens/pencils for each participant
- Coloured cards, participant note books
- Flipcharts and stands, marker pens
- IFAS Behaviour Change and Communication (BCC) materials as follows:
 - Health provider counselling job aid
 - Community health workers counselling cards
 - Pregnant mother's journal
 - Posters: client, fathers, health providers reminders
 - Algorithms
- Registration forms, evaluation forms, training program
- Pre-test and post-test guide
- Samples of combined IFA supplements
- Samples of IFAS monitoring tools used at the facility level
- Overhead projector or LCD projector

Instructions on using the Trainer's Guide

The IFAS course includes a **Trainer's Guide, Participant manual**. The course follows a modular approach. It is divided into five independent modules that can stand alone or be combined into a 2 day package of instructional material, as needed. Each module is divided into sessions, which are further divided into topics. The learning objectives of each session are followed by materials needed, advance preparation, and training directions, including cues for brainstorming and group work.

The number of trainers for the training depends on the number of participants. There should be at least 1 facilitator for every 15 participants.

Course introduction

1.1 Overview of the session

Session objectives	By the end of this session, participants will be able to: <ol style="list-style-type: none"> 1. Describe the purpose and objectives of the training 2. Assess their level of knowledge on IFAS 3. Describe the current situation of IFAS in Kenya 4. Describe their experiences in IFAS implementation at county, sub-county and facility level
Topics	<ul style="list-style-type: none"> • Welcome and introductions (25 minutes) • Pre-test assessment (10 minutes) • Course Overview: Objectives, programme, workshop approach (15 minutes) • Introduction to Teach-back methodology (45 minutes) • Overview of IFAS in Kenya and field experiences on IFAS implementation (60 minutes)
Training materials	<ul style="list-style-type: none"> • Flip charts • Pre -test questionnaire and answer sheet • Participant Handouts • Coloured cards • Markers • Tape • Training timetable
Advance preparation	<ul style="list-style-type: none"> • Prepare the room before participants arrive and ensure all materials and equipment are ready • Write the course objectives on flip chart • Print enough copies of the pre-test • Get details of participants • Print the registration for participants • Make sure participants register at the beginning of every day • Print certificates of participation
Training method	<ul style="list-style-type: none"> • Plenary discussions • Group work
Time	2 hours 35 minutes

1.2 Session content

1.2.1 Welcome and Introductions

Duration: 25 minutes

- Welcome participants and introduce yourself.
- Ask the participants to introduce themselves by name, job title, work station, suggest one group norm and give one course expectation (prepare two different flipcharts for writing group norms and expectations)
- Include an ice-breaker during introductions e.g., participants to introduce each other or participants to share a unique characteristic about themselves
- Discuss arrangements for accommodation (if the training is residential), meals and reimbursement of travel and other expenses
- Place a flipchart paper on a wall for any issues that arise during the training to address later (you can indicate the title as *Parking lot issues*)
- Identify participants who will sign up for different roles and responsibilities e.g., chairperson, energizer, timekeeper, spiritual leader, rapporteur (prepare a flip chart for writing the name and roles)

1.2.2 Pre-test Assessment Duration: 10 minutes

- Give each participant a copy of the **Pre-test** and give them 10 minutes to complete it (refer to **Handout 1.1: Pre-test**)
- Collect and mark the pre-test using the **Pre-test Answer sheet (refer to Annex 1)**
- Identify areas of strengths and weaknesses to inform areas to lay emphasis during the training.

1.2.3 Course Overview: Objectives, Programme, Workshop Approach Duration: 15 minutes

- Review course objectives (refer to **Handout 1.2: Course Objectives**) and programme schedule (refer to **Handout 1.3: Training Program Schedule**)
- Clarify the expectations that are not addressed in the objectives
- Review background of IFAS in Kenya (**Handout 1.4: Definition and Importance of Teach-back Methodology**)

1.2.4 Introduction to Teach-back Methodology

1.2.4.1 Definition and importance of Teach-back Methodology Duration: 10 minutes

Introduce the topic by giving the following statement in the box below

It is important to carefully combine the different methods of training adults because the choice of method to deliver content determines the average learning retention rates. According to studies done, the following are the average retention rates for adults using the different methods: Lecture:5%, Reading 10%, Audio visual 20%, Demonstration 30%, Discussion group 50%, Practice by doing 75%, Teaching others 90%

- Explain that the training will apply all the adult learning principles and use the 'Teaching others' method to enhance learning retention
- Present definition of Teach back (refer to *flipchart*) and describe why it is successful
- Explain what the participants will gain from teach-back (Refer to **Handout 1.4: Definition and Importance of Teach-back Methodology**)

1.2.4.2 Teach-back process Duration: 20 minutes

- Explain the steps in teach back methodology and the feedback process
- Discuss the tips for using a flip chart (Refer to **Handout 1.5: Teach-back Feedback Process**)
- Read through the presentation checklist (Refer to **Handout 1.6: Presentation Checklist**)

1.2.4.3 Allocation of sessions to participants Duration: 15 minutes

- Explain to the participants that each of them will facilitate a session from the guide
- They will be assessed using the presentation checklist (Refer to **Handout 1.6: Presentation Checklist**)
- Allocate the sessions randomly (write numbers based on the number of sessions in the guide. Cut out the papers into small pieces and fold them. Put them inside a bowl and have each participant randomly pick one.)
- Explain that each number represents a session. Allocate sessions based on these numbers (Refer to **Handout 1.7: Teach-back Program Schedule**)
- Give participants up to 4 hours to individually prepare their sessions.
- Provide all the materials participants need to be able to prepare for sessions
- Follow the teach-back program for the presentations.

1.2.5 Overview of IFAS in Kenya and Field Experiences

Duration: 60 minutes

- Discuss the background on IFAS in Kenya (Refer to **Handout 1.8: Background of IFAS in Kenya**)
- Discuss the reasons for Sub-optimal coverage and low compliance rates (Refer to **Handout 1.8: Background of IFAS in Kenya**)
- Divide the participants into County or Sub-County teams to discuss their experiences in implementing IFAS. Read out the group discussion questions in the table below:

Group work and presentations

1. Discuss some of the successes you have achieved in implementation of IFAS interventions at your level. (County, Sub-County, Health Facility)
2. Identify some of the challenges you have faced with IFAS interventions and the strategies you have used to overcome these challenges

- Give 10 minutes to each group to complete the group task
- Give 5 minutes to each group for presentations
- Allow time for discussion and questions
- Give a brief summary of all the key issues that have been covered during this session and close the session

Suggested Reading and References

1. Kenya Demographic Health Survey Report (KDHS) 2008/9
2. Kenya National Nutrition Action Plan 2012 - 2017
3. Kenya National Micronutrient Deficiency Control Strategy 2012 -2017(Draft)
4. WHO Guidelines on IFAS for Pregnant women 2012
5. Kenya Service Provision Assessment Report (KSPA) 2010
6. National Road Map for Accelerating Reduction of Maternal Mortality
7. National Plan for Accelerating Reduction Iron Deficiency among Pregnant Women in Kenya 2012 - 2017
8. Kenya National Micronutrient Survey 2011 - Preliminary report
9. Kenya National Micronutrient Survey 1999

MODULE 1: MATERNAL NUTRITION DURING PREGNANCY

1.1 Overview of the session

Module objectives	By the end of this module, participants will be able to: <ol style="list-style-type: none"> 1. Explain the importance of maternal nutrition during Pregnancy 2. Describe the nutrient requirements during pregnancy 3. Describe the causes, symptoms and effects of anaemia during pregnancy
Topics	<ul style="list-style-type: none"> • Session objectives (5 minutes) • Overview of maternal nutrition during Pregnancy(20 minutes) • Nutrition requirements during pregnancy (30 minutes) • Maternal Anaemia (45 minutes)
Training materials	<ul style="list-style-type: none"> • IFAS Healthcare providers job aid • Flip charts • Participant's Handout Manual • Coloured cards • Markers • Masking Tape
Training Methods	<ul style="list-style-type: none"> • Brainstorming • Plenary discussions • Group Work
Time	1 hour 40 minutes

1.2 Session Objectives

Duration: 5 minutes

- Explain the learning objectives of the module on maternal nutrition

1.3 Overview of Maternal Nutrition

Duration: 20 minutes

- Explain the “major events” that occur during the first trimester of pregnancy as follows:

The first trimester events involve organogenesis and this is the “critical window of opportunity” as any minor changes during this time impact the development of the heart, brain, central nervous system, and kidneys

- Week 1 and 2: the implantation occurs
- Weeks 3 - 4: the central nervous system, eyes, arms, and legs begin to form Weeks 4 through 8 are considered the embryonic period
- Weeks 5 - 6: eyes and ears develop
- Week 7 - 8 genital development, kidneys, palate and teeth

★ **BRAINSTORMING:** What are the consequences of poor maternal nutrition status?

- List the responses on a flipchart - compare responses to the box below:

Maternal nutritional status has been evaluated primarily for:

- Low birth weight
- Risk of NTDs
- Infant mortality and morbidity
- Increased risk for long-term health adversity e.g., hypertension, obesity, glucose intolerance and cardiovascular disease

★ GENERAL DISCUSSION

Duration: 5 minutes

Allow time for questions and discuss any issues that need clarification

1.4 Nutrition Requirements during pregnancy

Duration: 30minutes

Introduce the topic by giving the following statement in the box below

Supplementation of a mother's diet during pregnancy may take the form of additional energy, protein, vitamins, or minerals that exceed her routine daily intake. The more compromised the nutritional status of the woman, the greater is the benefit for pregnancy outcome with improved diet and nutritional supplementation

- Explain the importance of nutrients during pregnancy using **Handout 2.1: Recommended Dietary Allowances and Adequate Intakes for women** to illustrate the requirements
 - Highlight the nutrients which have higher demands during pregnancy
- Use **Handout 2.2: Importance of nutrients during pregnancy** to explain the functions of the various nutrients and their effect on pregnancy outcome
- Use **Handout 2.3: Recommendations for Weight Gain during Pregnancy** to highlight weight gain during pregnancy

1.5 Maternal Anaemia

Duration: 45 minutes

Introduce the topic by giving the following statement in the box below

According to WHO, it is estimated that 41.8% of pregnant women worldwide are anaemic. At least half of this burden is assumed to be due to iron deficiency with the rest due to conditions such as folate, vitamin B12 or vitamin A deficiency, chronic inflammation, parasitic infections and inherited disorders.

★ BRAINSTORMING: What is maternal anaemia?

- List the responses on a flip chart and compare responses to the box below:

A pregnant woman is considered to be anaemic if her haemoglobin concentration during the first and third trimester of gestation is lower than 11 g/dL, at sea level; in the second trimester of pregnancy, the haemoglobin concentration usually decreases by approximately 5 g/L (WHO, 2001). When anaemia is accompanied by an indication of iron deficiency (e.g. low ferritin levels), it is referred as iron deficiency anaemia

GROUP DISCUSSIONS:

1. What are the effects of maternal anaemia?
2. List the common causes of maternal anaemia
3. Outline the clinical manifestations of anaemia

- List the responses on a flip chart and compare responses to the box below
- Use **Handout 2.4: Maternal Anaemia** for reference on maternal anaemia.

Effects of Maternal Anaemia include:

- Increased risk of perinatal mortality
- Prolonged labour
- Heart failure
- Maternal iron deficiency early in pregnancy can result in low birth weight
- Maternal anaemia can cause preterm delivery
- Effect of maternal iron deficiency on infant health; preterm infants are likely to have more perinatal complications, to be growth-stunted, and to have low stores of iron and other nutrients.

Common causes of maternal anaemia are:

- Chronic blood loss
- Dietary insufficiency
- Malabsorption
- Hemoglobinuria (abnormal presence in urine of haemoglobin that is not attached to red blood cells)

Symptoms and clinical manifestations of maternal anaemia

- **Symptoms**
 - Weakness
 - Shortness of breath
 - Dizziness
 - Irritability
 - Restlessness
 - Drowsiness
 - Poor concentration,
 - Headache,
 - Easily fatigued
 - Brittle nails
 - Weight loss
- **Clinical manifestations**
 - Impaired growth, psychomotor development
 - Fatigue, irritable, work productivity
 - Pica
 - Dysphagia

Further Reading and References

1. IOM. (2009). *Weight Gain During Pregnancy: Reexamining the Guidelines*. Washington DC: National Academy of Sciences.
2. Mahan, K. L., & Stump, S. E. (2008). *Krause's Food and Nutrition Therapy, International Edition 12e*. St Louis: Elsevier.
3. WHO. (2012). *Guideline: Daily Iron and Folic Acid Supplementation in Pregnant women*. Geneva: World Health Organization.

MODULE 2: NUTRITION INTERVENTIONS TO ADDRESS ANAEMIA IN PREGNANCY

SESSION 2.1: IRON AND FOLIC ACID SUPPLEMENTATION

2.1.1 Overview of the session

Session objectives	By the end of this session, participants will be able to: <ol style="list-style-type: none"> 1. Describe the benefits of IFAS during pregnancy 2. Describe the National Policy on IFAS for pregnant women 3. Describe their experiences in IFAS delivery within ANC facilities
Topics	<ul style="list-style-type: none"> • Session objectives (5 minutes) • Benefits of iron and folic acid supplements (10 minutes) • National Policy on IFAS for pregnant women (15 minutes) <ul style="list-style-type: none"> ◦ Target group, dosage, frequency, duration, side effects and management • Strategies for effective IFAS delivery within ANC facilities (30 minutes)
Training Materials	<ul style="list-style-type: none"> • Trainer's Guide • Participant's Handout Manual • National Policy Guideline on IFAS for pregnant women • IFAS Healthcare providers counselling guide • Samples of separate and combined iron and folic acid supplements • Flip charts • Markers • Masking tape • Coloured cards for buzz groups
Advance preparation	<ul style="list-style-type: none"> • Prepare the room before participants arrive and ensure all materials and equipment are ready • Write the course objectives on a flipchart
Training Method	<ul style="list-style-type: none"> • Plenary discussions • Group work
Time	1 hour

2.1.2 Session Objectives Duration: 5 minutes

- Present the session objectives (refer to *flipchart*) and describe how the session relates with *Module 1* that has just been prior presented

2.1.3 Benefits of Iron and Folic Acid Supplementation Duration: 10 minutes

- Discuss the benefits of iron and folic acid supplementation (refer to **Handout 3.1: Benefits of Iron and Folic Acid Supplements for Pregnant Women**)
- Explore the benefits of using the new combined IFAS compared with the separate iron and folic acid supplements (refer to additional notes in *Handout 3.1*)

2.1.4 National Policy on IFAS for pregnant women Duration: 15 minutes

Read the various sections of the national policy guidelines on IFAS (refer to **Handout 3.2a: National Policy Guideline on combined Iron and Folic Acid Supplementation for Pregnant Mothers**).

Discuss the key sections of the national policy guidelines on IFAS including the ones stated below (Refer to **Handout 3.2b: Additional Notes on Key Sections of the Kenya IFAS Policy**).

Target group	Dosage and Formulation	Frequency	Duration	Side Effects and Management	Cost
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2.1.5 Strategies for effective IFAS delivery within ANC facilities Duration: 30 minutes

Group work and presentations

1. Identify key challenges faced during delivery of IFAS to pregnant women at the ANC facilities
2. Discuss possible solutions to these challenges aimed at improving IFAS delivery to pregnant women

- Divide the participants into three or four groups and provide a flipchart and different coloured marker pens to write their responses
- Read out the group work assignment
- Give 10 minutes to each group to complete the group task
- Give 5 minutes to each group for presentations
- Give a summary of other possible strategies for effective IFAS delivery within ANC facilities (*refer to **Handout 3.3: Strategies for Effective IFAS delivery within ANC facilities***)
- Give a brief summary of all the topics that have been covered during this session and close the session

Further Reading and References

1. WHO. Guideline: Daily iron and folic acid supplementation in pregnant women. Geneva, World Health Organization, 2012.
2. National Policy Guideline on combined iron and folic acid supplementation for Pregnant Mothers in Kenya (2013)

SESSION 2.2: INCREASED DIETARY IRON INTAKE DURING PREGNANCY

2.2.1 Overview of the session

Session objectives	By the end of this session, participants will be able to: <ol style="list-style-type: none"> 1. Describe key food sources of iron 2. Describe enhancing and inhibiting factors for iron absorption 3. Develop a diet plan for increased iron intake by a pregnant woman
Topics	<ul style="list-style-type: none"> • Session objectives (5 minutes) • Locally Available Food Sources of Iron (15 minutes) • Enhancing and Inhibiting Factors for Iron Absorption (20 minutes) • Pregnant Woman's Diet Plan for Increased Iron Intake (20 minutes) • Integrated Strategies for Reducing Anaemia in Pregnancy (30 minutes)
Training Materials	<ul style="list-style-type: none"> • Trainer's Guide • Participant's Handout Manual • IFAS Healthcare providers counselling guide • Flip charts • Markers • Masking tape • Coloured cards for buzz groups
Advance preparation	<ul style="list-style-type: none"> • Prepare the room before participants arrive and ensure all materials and equipment are ready • Write the course objectives on a flipchart
Training Method	<ul style="list-style-type: none"> • Plenary discussions • Group work
Time	1 hour 30 minutes

2.2.2 Session Objectives Duration: 5 minutes

- Read out the session objectives (refer to *flipchart*) and describe how this session is linked to the prior session 2.1

2.2.3 Locally Available Food Sources of Iron Duration: 15 minutes

- Introduce the topic by giving the statements in the box below

A mix of interventions is required for effective anaemia prevention and control, especially for the highly vulnerable group of pregnant women within developing countries, like Kenya. To prevent iron deficiency and iron deficiency anaemia in pregnancy, interventions that are needed include: IFAS, control of parasitic infections, and improvement in sanitation, fortification of staple foods with iron and health and nutrition education. Pregnant women also need to consume additional iron to ensure they have sufficient iron stores to prevent iron deficiency.

- Provide a coloured card to each of the participants
- Ask them to write a list of good food sources of iron that are locally available in their regions
- Collect the cards, read out and discuss the food sources that have been written
- Discuss myths and misunderstandings of the written iron-rich foods to pregnancy
- Refer to **Handout 4.1: Locally Available Food Sources of Heme and NonHeme Iron** and summarize the good and moderate food sources of heme and non-heme iron.

2.2.4 Enhancing and Inhibiting Factors for Iron Absorption

Duration: 20 minutes

- Describe what is meant by iron enhancing factors and iron inhibiting factors (refer to **Handout 4.2: Iron Absorption: Enhancing and Inhibiting Factors**)
- Brainstorm with participants by asking the following two questions:
 - What are some of the substances or factors that inhibit iron absorption from the food we eat?
 - What are some of the substances or factors that enhance the absorption of iron from the food we consume?
- The assistant facilitator should record the participants' responses on a flipchart
- Refer to **Handout 4.2: Iron Absorption: Enhancing and Inhibiting Factors** and present the inhibiting and enhancing substances and/or factors for iron absorption in the body

2.2.5 Pregnant Woman's Diet Plan for Increased Iron Intake

Duration: 20 minutes

Group work and presentations

Develop a comprehensive diet plan for a pregnant woman. The diet plan should consider increased iron intake among other critical nutrients discussed in Module 1.

- Divide the participants into three or four groups and provide a flipchart and different coloured marker pens to write their responses
- Read out the group work assignment
- Give 10 minutes to each group to complete the group task
- Give approximately 5 minutes to each group for presentations and for general discussions on each of the presentations
- Give a brief summary of all the topics that have been covered during this session and close the session
- Refer to **Handout 4.3: Sample Day's Meal Plan for a Pregnant Woman** for comparison on a sample meal plan.

2.2.6 Integrated Strategies for Reducing Anaemia in Pregnancy

Duration: 30 minutes

- Brainstorm with the participants the following question:
- What other strategies should be implemented together with IFAS and improved dietary iron intake, to address the high anaemia levels among pregnant women?

Group work and presentations

1. Describe how malaria causes anaemia and how to prevent and treat malaria in pregnancy
2. Describe how hook worm infestation contributes to anaemia and how to prevent and control hook worm infestation in pregnancy
3. Describe what food fortification is, and how it helps in preventing maternal anaemia?

- Divide the participants into three or four groups and provide a flipchart and different coloured marker pens to write their responses
- Read out the group work assignment
- Give 10 minutes to each group to complete the group task
- Give approximately 5 minutes to each group for presentations and for general discussions on each of the presentations

- Summarize key points on the added strategies for anaemia prevention and control (refer to **Handout 4.4: Added Strategies for Anaemia Prevention and Control**)
- Give a brief summary of all the topics that have been covered during this session 2.2 and close the session

Further Reading and References

- MOH. 2012. Comprehensive Maternal, Infant Young Child Nutrition (MIYCN) Operational Guidelines [Draft]
- Focused Antenatal Care (FANC). Health Workers Orientation Manual. 2011 [Draft]
- MOPHS. Division of Malaria Control. National Malaria Strategy 2009-2017
- MOPHS. Division of Malaria Control, KNBS, ICF Macro. Kenya Malaria Indicator Survey 2010
- MOH Kenya. 2006. National Guidelines for Diagnosis Treatment and Prevention of Malaria for Health Workers
- WHO and FAO. 2006. Guidelines on Food Fortification with Micronutrients

SESSION 2.3: COUNSELLING ON KEY IFAS MESSAGES

2.3.1 Overview of the session

Session objectives	By the end of this session, participants will be able to: <ol style="list-style-type: none"> 1. Define counselling and list the skills needed for effective counselling 2. List key considerations for planning a counselling session 3. Demonstrate how to counsel a pregnant woman on key IFAS messages
Topics	<ul style="list-style-type: none"> • Session Objectives (5 minutes) • Definition of Counselling and Description of Counselling Skills (20 minutes) • Key Consideration when Conducting a Counselling Session (20 minutes) • Key IFAS Education and Counselling Messages (60 minutes)
Training Materials	<ul style="list-style-type: none"> • Trainer's Guide • Participant's Handout Manual • IFAS Healthcare providers counselling guide • Dialogue Cards for Community Health Workers • Algorithm on Counselling on IFAS at ANC clinics • Counselling Observation Checklist • Flip charts and Markers • Masking tape • Ball
Advance preparation	<ul style="list-style-type: none"> • Prepare the room before participants arrive and ensure all materials and equipment are ready • Write the session objectives on a flipchart
Training Method	<ul style="list-style-type: none"> • Plenary discussions • Role Plays
Time	1 hour 45 minutes

2.3.2 Session Objectives Duration: 5 minutes

- Read out the session objectives (refer to *flipchart*) and describe how this session is linked to the prior session 2.2

2.3.3 Definition of Counselling and Description of Counselling Skills Duration: 20 minutes

- **Brainstorm** with the participants the following question: What is the difference between advice, education and counselling?
- Write the responses on a flipchart. Compare the responses with the information in **Handout 5.1: Definition of Counselling and Effective Counselling Skills**

Difference between advice, education and counselling

- Giving **advice** is directive.
- **Education** is providing information from an expert to a passive receiver.
- **Counselling** is not directive or judgemental. It is empathetic interpersonal communication between a client and a provider to help the client learn how to use information to make a choice or solve a problem.

- Brainstorm with the participants the following question: What skills are needed to provide effective counselling?
- Write the responses on a flipchart. Compare the responses with the information in **Handout 5.1: Definition of Counselling and Effective Counselling Skills**
- Explain that a counsellor has to keep in mind the following questions:
 - o What is the clients' problem or need?
 - o What is the client's context?
 - o What is the desired behaviour?
 - o What are the barriers to and motivations for the behaviour?
 - o What message should I give the client?
 - o What encouragement does the client need to carry out and sustain the behaviour?

2.3.4 Key Considerations when Conducting a Counselling Session**Duration: 20 minutes**

- Refer participants to **Handout 5.2. Conducting a Counselling Session**. Ask volunteers to take turns reading aloud the section headed "Before the counselling starts" and the box titled "Challenges in counselling pregnant women on IFAS". Discuss with participants any issue that needs clarification
- Refer participants to **Handout 5.3. The GATHER Approach to Counselling**. Ask volunteers to take turns reading aloud the handout material. Discuss with participants any issue that needs clarification

2.3.5 Key IFAS Education and Counselling Messages**Duration: 60 minutes**

- *Refer participants to the **Handout 5.5; .Critical Messages on IFAS for Pregnant Women***. Ask a volunteer to read aloud the critical messages and reasons for these messages. Explain that counsellors should explain the reasons for the messages they give.
- Ask participants to form a circle. Throw the ball to one participant. Ask him or her to name one of the **Critical Messages on IFAS (CMI) for Pregnant Women** and then throw the ball to another participant. The participant who catches the ball should give an explanation for that message. Guide participants in deciding whether the message conveys the benefit of the behaviour. When the message is satisfactory, ask the participant to throw the ball to another participant and continue in the same way until all the critical messages have been covered.
- Explain that the participants will look more closely at counselling pregnant women on the Critical Messages on IFAS for Pregnant Women:

Role Play: Counselling of Pregnant Women on Key IFAS Messages

- Ask the participants to form three or four small groups
- Ask the groups to role-play counselling the client in **Handout 5.6. Case Study using the GATHER approach**. One participant in each group should role-play a client, another should role-play a counsellor and the others should act as observers. The “counsellor” should give the “client” appropriate IFAS messages (**refer to Handout 6.2**). The observers should use **Handout 5.4. Checklist of Recommended Counselling Techniques** to assess the counselling. Give the groups 5 minutes for the role-play.
- After 5 minutes, ask the group members to switch roles so that each group member has a chance to role-play the counsellor. Set a time limit of 5 minutes for each role-play.
- Move around the groups to observe the role-plays and provide feedback as needed.
- After 30 minutes, stop the exercise and ask the observers to take 3 minutes to give feedback to the “counsellors”.
- At the end of the exercise, ask each group to write down four observations from their role-plays that could help them (and others) improve their counselling skills.

MODULE 3: BEHAVIOUR CHANGE COMMUNICATION STRATEGIES FOR IFAS

3.1 Overview of the session

Session objectives	By the end of this session, participants will be able to: 1. Define Behaviour Change Communication (BCC) 2. Identify relevant BCC channels for IFAS 3. Demonstrate understanding on use of the different IFAS materials.
Topics	<ul style="list-style-type: none"> • Session objectives (5 minutes) • Definition of BCC (5 minutes) • BCC channels for IFAS (20 minutes) • Use of the different IFAS materials for HCP, CHWs and Pregnant mothers (60 minutes)
Training materials	<ul style="list-style-type: none"> • Flip charts • Participant's Handout Manual • Coloured cards • Markers • Tape • Healthcare providers counselling job aids • Community Health Workers job aids • Community materials: Leaflets, posters, calendar
Advance preparation	<ul style="list-style-type: none"> • Prepare a flip chart with objectives and definition of behaviour change communication • Prepare a flip chart with list of communication channels • Prepare flip chart with group work discussion questions • Prepare scenario cards on use of different BCC materials • Ensure you have all the IFAS BCC materials. These are; <ul style="list-style-type: none"> • IFAS Healthcare providers Counselling job aid • IFAS Community health workers dialogue cards • IFAS Client leaflets, client posters, Healthcare providers reminders, mothers calendar
Training method	<ul style="list-style-type: none"> • Brainstorming • Group work • Role plays • Simulations
Time	1 hour 30 minutes

3.2 Session Objectives Duration: 5 minutes

- Read out the session objectives (refer to flipchart) and describe how this session is linked to the prior sessions

3.2.1 Definition of Behaviour Change and Communication Duration: 5 minutes

- Ask participants to brainstorm on the definition of behaviour change communication (BCC) and write the responses on the flip chart
- Request one participant to read the definition in the participants **Handout 6.1: Definition of BCC and relevant channels for IFAS**

3.2.2 Behaviour Change Communication channels for IFAS

Duration: 20 minutes

- Distribute the coloured cards to each participant
- Ask them to list the different BCC channels in use at the County, Sub-County or Community level in the cards provided
- Ask the participants to read out what they have written and list them on the flip chart
- Define the three broad channels (Interpersonal Communication, Community based and Mass media) and discuss the examples of the different BCC channels for IFAS Refer to **Handout 6.1: Definition of BCC and relevant channels for IFAS**

3.3 Use of the Different IFAS BCC Materials for Healthcare providers, Community Health Workers and pregnant mothers

Duration: 60 minutes

- Explain that this section is important in assisting participants to understand the content and application of the different IFAS materials
- Ensure you have the different IFAS materials and list them on the flip chart. **Refer to Handout 6.2: IFAS BCC Materials for Health Care Providers, Community Health Workers and pregnant mothers**
- Ask the participants to brainstorm on the target audience for each material and where it can be used. Refer to Handout 6.2: IFAS BCC Materials for Health Care Providers, Community Health Workers and pregnant mothers.
- Divide the participants into four groups and ask them to discuss the key messages in the materials given and expected behaviour change for each target audience.
- Read out the group work questions. Use the following questions in the box below:

Group work and presentations

Group task:

- Discuss the IFAS key messages in the Healthcare providers counselling job aid and expected change in behaviour
 - Discuss the IFAS key messages in the pregnant women's materials (posters, leaflets, and calendar) and expected change in behaviour.
 - Discuss the IFAS key messages in the community health workers dialogue cards and expected change in behaviour
 - Discuss the IFAS key messages in the influencers materials and expected change in behaviour
- Give 20 minutes for discussions and 5 minutes for each group to report back
 - Refer to **Handout 6.2** for responses to clarify issues that may arise in the discussions
 - Summarise the discussion with the critical messages on IFAS for Pregnant Women from Handout 2.3.5
- In the same groups ask them to prepare and present a role play using the different scenarios given in the participants Handout. Give each group 5 minutes to discuss and agree on the different roles. And 5 minutes presentations of the role play.

Role Plays and presentations

Group task:

- Group one: Scenario one: Counselling regarding side effects using Healthcare providers counselling job aid and Mothers calendar
- Group two: Scenario two: Dialogue on early ANC attendance and benefits of IFAS using community health workers job aids)
- Group three: Demonstrate how to use the client posters and leaflets at the health facility
- Group four: Demonstrate how to conduct a focussed dialogue session with partners as influencers

Refer to Handout 6.3 : Case study scenarios on use of different IFAS BCC materials

- Give a brief summary of all the topics that have been covered during this session and close the session

Further Reading and References

- IFAS communication strategy 2012 -2017
- National Health Communications guidelines 2013 -2017
- C-Modules: A learning package for Social and Behaviour Change Communication. C-Change 2010

MODULE 4: IFAS COMMODITY MANAGEMENT AT HEALTH FACILITIES

4.1. Session Overview

Training objectives	By the end of this session, participants will be able to: 1. Define Quantification and related terms 2. State the purpose of quantification 3. Quantify the IFAS needs for a health facility using the Consumption method
Topics	<ul style="list-style-type: none"> • Session objectives (5 minutes) • Assessing stock status (15 minutes) • Importance of Quantification (25 minutes) • Quantification of IFAS using the Consumption-based Method (45 minutes)
Training materials	<ul style="list-style-type: none"> • IFAS calendar • Participant's Handout Manual • Coloured cards • Markers • Masking Tape
Training Methods	<ul style="list-style-type: none"> • Brainstorming and plenary discussions • Group Work
Time	1 hour 35 minutes

4.2 Session Objectives Duration: 5 minutes

- Read out the session objectives (refer to *flipchart*) and describe how this session is linked to the prior sessions
- Introduce the session by asking the following questions:

What are some of the challenges experienced in the management of IFAS commodities at health facility?

- List the responses on a flip chart
- Refer participants to Handout 7.1 Assessing Stock Status.

4.3 Assessing Stock Status Duration: 15 minutes

- Introduce the topic by giving the statement in the box below.

Data from the Kenya Service Provision Assessment (KSPA) 2012 showed that only 41% of health facilities had iron tablets, while 74% had folic acid supplements. A thorough understanding of the supply chain system especially quantification of IFAS supplies for requesting re-supply is necessary to ensure availability of IFAS stocks with in health facilities.

- Explain the purpose of assessing stock status for IFAS using the following examples:

The purpose of assessing stock status is to determine how long supplies will last.

Brainstorming:

Suppose you were asked to assess the stock status of a supply of IFA supplements in a health facility. For example, you found 100 IFA tablets. With this information, could you tell if the clinic has too much IFA tablets? Too little? Just enough?

- Guide the discussion and using the following questions
 - How much iron tablets does the clinic have?
 - How long will the clinic's supply of IFA supplements last?
- Indicate that by answering the two questions above, they will have assessed the stock status as indicated in the box below:
- Use the following example to illustrate:

Group Work:

Suppose you were asked to assess the stock status of a supply of IFA supplements in a health facility. For example, if you found that there were 100 IFA tablets available for use and you know the clinic dispenses about 25 IFA tablets every month, how long will the stocks last?

Duration: 5 Minutes

- Ask one group to give its answer as write it out on a flip chart as follows:

$$\frac{100 \text{ tablets on hand}}{25 \text{ tablets per month}} = 4 \text{ months supply of tablets}$$

- How much of IFAS we have = 100
- How much we dispense per month = 25

Therefore,

$$\frac{100 \text{ tablets on hand}}{25 \text{ tablets per month}} = 4 \text{ months supply of tablets}$$

- Summarise the discussion on assessing stock status by highlighting the following key point

- Stock status assessments are usually not written in reports at the facility level, nor are the number of months of stock on hand recorded on a stock card.
- Stock status is primarily assessed to make decisions related to resupply.
- Depending on your inventory control system, based on your stock status assessment, you may place an order or, in some cases, place an emergency order.
- If from the assessment you see that you do not need to place an order, you can return to your other duties confident that your supplies will last until your next order

★ **Brainstorming:** what are the three essential data items in assessing stock status?

- List the responses on a flip chart and refer participants to Handout 7.2: Essential Data Items
- Relate this three terms to the formula above as follows:

This	... is the same as
Amount we have	Stock on hand
Amount we use	Rate of consumption / average monthly consumption
How long it lasts	Months of stock

- By substitute the logistics terms and the equation becomes:

$$\frac{\text{Stock on hand}}{\text{Average monthly consumption}} = \text{Months of Stock}$$

Group Work:

The table below shows the number of IFAS dispensed during the last three months at the ANC clinic. Using this information, assess the stock status of the clinic. Write the solution on a flipchart and present to other groups.

Duration: 5 minutes

Month	Quantity Dispensed
June	1,200
July	1,500
August	1,150

Solution:

- Calculate the AMC:
 - Total consumption during period June - August: (1,200 + 1,500 + 1,150 = 3,850)
The AMC is $3,850 \div 3 = 1,283$
- Calculate the Month of Stock

Using the above data, if stock on hand for IFAS is 3,200, and AMC is 1,283; using the formula

$$\frac{\text{Stock on hand}}{\text{Average monthly consumption}} = \text{Months of Stock}$$

And the calculation is

$$\frac{3,200}{1,283} = 2.49 \text{ Month of Stock}$$

4.4 Importance of Quantification

Duration: 25 minutes

- Introduce the session by demystifying the term quantification by asking the participants the following questions:

- How much milk/rice/ maize flour do you consume in your household per month?
- How much milk/rice/maize flour do you buy per month?

- Sample a few responses for the class and write a few responses on a flip chart
- Write on a separate flip chart the definition of "Quantification" and relate their answers to this definition:

Quantification is the process of estimating the quantities of required commodities

Brainstorming: what is the importance of quantification?

- List the responses on a flip chart and make any additions based on the information below

Purpose of Quantification

- To ensure sufficient quantities of commodities to meet patients/clients' needs and avoid shortages/stock outs
- To avoid expiries and wastage of expensive commodities
- Identify the funding needs and gaps for procurement of the required commodities
- Leverage the sources, amounts, and timing of funding commitments to maximize the use of available resources
- Advocate for additional resources, when needed
- Develop a supply plan to coordinate procurements and shipment delivery schedules to ensure a continuous supply of commodities.

4.5 Quantification of IFAS using the Consumption Based Method

Duration: 45 minutes

- Introduce this session by explaining the different types of data that can be used to assist in quantification as follows:

- Demographic data – data on population characteristic, growth and trends. Not recommended for quantifying for health commodity needs for routine resupply purposes
- Morbidity data are data on estimated incidence or prevalence rates of specific diseases, or health conditions, occurring within a defined population group. These data can be extrapolated to define total estimated need and then refined to determine specific targets, or percentage of total need, to be reached
- Services data include number of services provided, number of service visits at which products are dispensed, tests conducted, episodes of a disease or health condition treated, or number of patients on continuous treatment during the last 12-month period
- Consumption data are data on the actual quantities of health commodities. Consumption data includes actual dispensed-to-user data, or data on the numbers of commodities that were actually given to clients. This is the data used for quantification.

Brainstorming: what are the sources of consumption data for IFAS at the facility?

- List the responses on a flip chart
- Introduce the consumption based method and indicate that this method is best suited where the following requirements are met.

The consumption method of quantification estimates the needs of different commodities based on the total consumption. This method is best suited where:

- All consumption data is collected and records are up to date i.e., Daily Activity Register
- Consumption patterns are stable and data is valid
- There are minimal stock out periods
- Supply of commodities in continuous

List the key Steps used in Consumption based Method on a flip chart

- Refer participants to **Handout 7.5: Key steps used in Consumption based method**

Group Work: Ask the participants to sit in groups and attempt the exercise below
Duration: 10 minutes

Review the exercise together using the information below; list each step of the solution and indicated below

Exercise Answer

Step 1

Period is 2 months i.e., August and September

Step 2

Sum the quantity dispensed column to get the total consumption as follows:

$$(600 + 240 + 180 + 330 + 270 + 450 + 540 + 90 + 300 + 360 + 480 + 210 + 180 + 390 + 120 + 270 + 180)$$

Total Consumption = 5190

Step 3

$$\frac{\text{Total Consumption}}{\text{Period (months)}} = \text{Average Monthly Consumption}$$

Where:

Total consumption = 5,190

Period = 2

$$\frac{5,190}{2} = 2,595 \text{ tabs per month}$$

Hence, AMC = 2,595

Step 4

$$\text{Maximum stock level} = \text{AMC} \times \text{Maximum months of stock}$$

Where:

AMC = 2,595

Maximum months of stock = 4

Therefore,

$$\text{Maximum stock level} = 2,595 \times 4$$

$$\text{Maximum stock level} = 10,380$$

Step 5

Where:

Maximum stock level = 10,380

Physical count = 6,000

Therefore,

$$\text{Quantity for Resupply} = 10,380 - 6,000$$

$$\text{Quantity for Resupply} = 4,380$$

Suggested Reading

USAID | DELIVER PROJECT. 2011. *The Logistics Handbook: A Practical Guide for the Supply Chain Management of Health Commodities*. Arlington, Va.: USAID | DELIVER PROJECT, Task Order1

MODULE 5: MONITORING AND EVALUATION

5.1 Overview of the session

Training objectives	By the end of this session participants will be able to: <ol style="list-style-type: none"> 1. Describe the importance of monitoring & evaluation for IFAS 2. Identify routine DHIS data sources for IFAS indicators 3. Practice use of existing MOH IFAS data collection and reporting tools 4. Describe support supervision checklist for IFAS 5. Develop action plan for IFAS activities at various levels
Topics	<ul style="list-style-type: none"> • Session Objectives (5 minutes) • Defining monitoring and evaluation (10 minutes) • Importance of monitoring and evaluation (20 minutes) • IFAS routine indicators and their key data sources (30 minutes) • Support Supervision (20 minutes) • Action Planning (35 minutes)
Training materials	<ul style="list-style-type: none"> • IFAS Trainer's Guide • Participant's Handout Manual • MOH tools for monitoring IFAS <ul style="list-style-type: none"> ○ ANC register ○ MOH 713 ○ MOH 711B ○ MOH 216: Mother Child Health Booklet ○ IFAS Calendar for Pregnant Women • Flip charts • Markers • Masking tape • Colored cards for buzz groups
Advance preparation	<ul style="list-style-type: none"> • Prepare the room before participants arrive and ensure all materials and equipment are ready • Write the course objectives on a flipchart
Training methods	<ul style="list-style-type: none"> • Plenary discussions • Small group discussions
Time	2 hours

5.2 Session Objectives Duration: 5 minutes

- Read out the session objectives (refer to *flipchart*) and describe how this session is linked to the prior sessions

5.3 Defining Monitoring and Evaluation Duration: 10 minutes

- Introduce the session with the follow statement

Monitoring and evaluation is the routine tracking of program activities using indicators to determine whether a program has achieved its short-term goals and objectives in the longer term

Brainstorming:

- What is Monitoring? And what is evaluation?
- Give participants coloured cards and ask them to write their responses
- List the responses on a flip chart and highlight other key definitions e.g. data, and indicators

Monitoring is the routine tracking of the key elements (indicators) of program performance through record keeping, regular reporting, surveillance and periodic surveys. Monitoring assists programs to determine which areas require greater effort and will identify areas that contribute to improved performance

Evaluation is the periodic assessment of the change in targeted results that can be attributed to an intervention. It attempts to link a particular outcome or (health) impact directly to a particular intervention after a period of time. It helps determine the value or worth of a particular program

Data are observations, records or information that is collected for reference or analysis. Collection schedule might be fore-planned or impromptu. Examples: age, sex, client's residence, number of IFAS tablets received

Indicators are data used to assess a program's progress towards attaining objectives and goals. They are also used to measure processes that a program undertakes to meet its objectives and goals. They are developed from variables recorded routinely and are relate to a time frame (monthly, quarterly, semiannually or annually).

5.4 Importance of Monitoring and Evaluation

Duration: 20 minutes

Discussion:

- What is the importance of monitoring and evaluation?
- List the responses on a flip chart and guide the discussion based on the following:

Importance of monitoring and evaluation

1. It will act as a source of management decisions for planning and implementing the IFAS program
2. Indicators will provide means of accountability for performance monitoring
3. The results will be important for advocacy and policy guidance
4. Monitoring and evaluation also helps in better planning for efficient use of resources.

Brainstorming:

- What are the characteristics of good data?
- Ask the participants to write on coloured cards the characteristics of good data and list their responses on a flip chart

Characteristics of Good Quality Data

- Correct: within normal ranges
- Timely: reported on time and is available when needed
- Complete: all sets of the data should be complete
- Reliable and accurate enough to support decisions
- Consistent: within acceptable limits over time
- Comparable: uses same definitions for data elements
- Valid : supports intended objective

5.5 IFAS Routine Indicators and their Key Data Sources

Duration: 30 minutes

- Introduce the topic by reviewing the definition of an indicator:

Indicators are data used to assess a program's progress towards attaining objectives and goals. They are also used to measure processes that a program undertakes to meet its objectives and goals. They are developed from variables recorded routinely and are relate to a time frame (monthly, quarterly, semi-annually or annually).

Brainstorming:

- What are the IFAS indicators? And what is the target set for the country?
- List the responses on a flip chart

IFAS Target for the country: Increase the proportion of pregnant mothers supplemented with IFAS from 8 - 25%

Anatomy of IFAS Indicators

Number	Description	Time frame
Number	pregnant women who received separate and combined iron and folate supplements	during the month
Percent	of pregnant women receiving separate and combined iron and folate supplements	during the month

Group Work:

Duration: 15 minutes

- Identify the data sources for IFAS and their reporting tools. Use the chart below to list the responses.
- Practice how to fill data in the existing MOH data collection and reporting tools. Discuss the challenges and solutions faced during this exercise and relate to field experiences.

Data source (indicate name of tool)	Data Element	Data type(service or commodity)
1.MOH 105 - ANC Register		
2.MOH 216 - Mother Child Health Booklet		
3. MOH 711B		
4. IFAS Calendar for Pregnant women		

5.6. Support Supervision Duration: 20 minutes

- Introduce the topic by defining support supervision

Support Supervision is a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, optimizing the allocation of resources, promoting high standards, team work and better two-way communication (Marquez and Kean 2002).

Brainstorming: What are the benefits of support supervision?

- Ask the participants to write responses on the coloured cards
- List responses on flip chart and guide discussion based on information below:

Benefits of Supportive supervision

- Helping service providers to achieve work objectives by improving their performance,
- Ensuring uniformity to set standards, identifying problems and solving them in a timely manner
- Making a follow-up on decisions reached during previous supervision visit,
- Identifying staff needs and providing opportunities for personal development and
- Reinforcing administrative and technical link between high and lower levels

Brainstorming:

- What are some of the attributes of a good support supervisor?
- Ask the participants to write responses on the colored cards and discuss while referring to **Handout 8.1 :Supportive Supervision concepts**
- Refer participants to **Handout 8.2 Support Supervision Checklist for IFAS** and ask a volunteer to read through the support supervision focus areas and assessment questions. Discuss generally on the feasibility of supervising the detailed IFAS activities.

5.7. Action Planning Duration: 35 minutes

Brainstorming: What is action planning?

Action planning is a process through which an individual or team organizes strategies or ideas and then sets out the steps involved in achieving them. This process enables one to focus on the goals and objectives as well as the requirements to achieve them.

An action plan helps an organization to realize its goals by organizing time effectively, identifying steps needed to reach a goal, and preparing contingency plans. An action plan is always a work in progress, and can change from time to time.

- Explain the link between support supervision and action planning (Refer to Handout **8.3: Performance improvement framework for support supervision**)

Group Work: Develop action plans for the respective counties for IFAS activity

- Refer participants to **Handout 8.4: Sample Action Plan of IFAS Activities**
- Ask the participants to use this as a guide in developing their county plans
- Ask the different groups to present their plans and discuss generally
- Give a summary of the session and close the session

6 Post-test Assessment

Duration: 10 minutes

- Give each participant a copy of the **Post-test** and give them 10 minutes to complete it (refer to **Handout 1.1: Pretest**)
- Collect and mark the post-test using the **Pre and Post-test Answer sheet (refer to Annex 1)**
- Share the outcome of the post-test in comparison with the pre-test and discuss generally
- Review with the participants the expectations shared at the beginning of the workshop. Discuss any expectations that were not addressed in the course of the workshop.
- Give the participants the workshop evaluation sheets to write their personal perspectives on how the training was conducted.

ANNEX 1

Pre and Post Test Answers

1. The 1,000 days between a woman's pregnancy and her child's 2 nd birthday do not offer a critical window of opportunity to shape healthier and more prosperous futures	F
2. Folic acid requirements increase during pregnancy in response to the demands of maternal production of red blood cells, fetal placental growth, and most important, for the prevention of NTDs.	T
3. Pregnant women need extra and varied food each day (one or more servings of the staple food) in addition to 3 extra meals to provide energy and nutrition for her and the growing baby	T
4. One key benefit of iron and folic acid supplementation for pregnant women is - reduced risk of having low birth weight babies	T
5. The new Kenya policy on combined iron and folic acid supplementation for pregnant mothers is not different from the previous policy guidelines	F
6. Eating of vitamin-C rich foods like tomatoes and citrus fruits is an inhibiting factor for iron absorption in the body	F
7. Managing side effects of taking iron supplements is not one of the key counseling messages that must be given to pregnant women	F
8. Interpersonal communication, mass media and the community are some of the effective behaviour change communications channels identified to support adoption of iron folate supplementation	T
9. Stocks-outs, accumulation of excess stocks, deterioration and expiry are all consequences of poor inventory management of IFAS commodities	T
10. Stock-on hand, consumption, losses, adjustments are the essential data elements for assessing stock status of IFAS commodities	T
11. Monitoring and evaluation is the routine tracking of program activities using indicators to determine whether a program has achieved its short-term goals and objectives in the longer term	T
12. One of the benefits of supportive supervision is ensuring uniformity to set standards, identifying problems and solving them in a timely manner	T



IFAS

Iron & Folic Acid Supplements
Huimarisha afya ya mama na
ujauzito wake.