

# Care Group Course Director's Guide

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## **1. Introduction to the course**

### **1.1 Why this course is needed**

The GIZ/CRS adapted the Care Group Model to address the nutrition problems among the FANSER households in Luapula and Eastern Provinces of Zambia. The approach is based on lessons learnt from countries that implemented the Care Group model to equitably reach households with maternal, child health and Nutrition services.

The available literature on the Care Group model since it was introduced in 2001 in Mozambique has shown consistent evidence of its impact and effectiveness, especially in reducing under-5 mortality and improving nutrition status.

Therefore, there is need for all stakeholders that provide the MCDP II minimum core package of interventions to train their staff and volunteers in the Care Group Model to be able to reach 90 percent of the intended beneficiary households.

### **1.2 Target audience**

This training program is intended for program designers, technical staff, implementors and program managers who wish to implement Care group program in Zambia.

Course participants are not required to have a prior knowledge of the Care group Methodology.

It is recommended that the number of training participants for a master trainer training is 20 to 25. It is further recommended that the trainer to trainee ratio is at 1:6. For the Trainer of Trainers (ToT), participants can be 30 and the same trainer to trainee ratio can be maintained. This allows for better communication, intensive interaction between trainee and trainer and, allows for better crowd management.

### **1.3 Course objectives**

Upon completion of the Care group training, participants are expected to:

1. Develop an understanding of the Care group (CG) Model and its use for the integration of the FANSER intervention with alignment to the NFNC pyramid of intervention.
2. Develop an understanding of the multisectoral approach to reduce stunting.
3. Provide guidance and practice on use of Care group reporting forms
4. Provide guidance on the roles of all the personnel in the CG in accordance with FANSER II result framework

## 1.4 Competencies

This course is aimed at building the following competencies

Competency	Knowledge	Skill
<b>Ability to understand the background for the CG</b>	Describe and explain the care group approach and how it relates to the CG model	Application of the CG approach in addressing nutrition problems based on evidence from care group model
<b>Ability to understand the CG structure</b>	Describe and explain the CG structure	Relate the CG structure to local context
<b>Ability to understand the CG traits</b>	List and clearly explain the characteristics of the CG	Identify CG characteristics which apply to the Zambian context
<b>Ability to map the community and identify the target population</b>	Describe the process of mapping a community and identifying beneficiaries	Mapping the community and use the recommended criteria to identify eligible households for the CG
<b>Ability to form Care groups</b>	List tools used in the formation of CG	Use these tools to form CGs
<b>Ability to differentiate the essential responsibilities of each CG team members</b>	List the different team members in the CG List the essential responsibilities of each team member	Differentiate roles among the CG team members
<b>Ability to use the selection criteria for identifying Nutrition Volunteers and promoters</b>	List the traits for a Nutrition Volunteer and promoter	Using the Nutrition Volunteer and promoter selection criteria appropriately.
<b>Ability to understand the CG training process</b>	List and describe the different trainings, their frequency and duration List activities which take place during the training meeting and their purpose List components of a lesson calendar	Develop a training agenda for the monthly meeting  Develop a lesson calendar

<p><b>Ability to understand the broad theory and determinants of behavior change</b></p>	<p>List the stages of change and determinants of behavioral change</p>	<p>Use Listening and Learning; and Confidence and Support skills when negotiating behavior change with target households</p>
<p><b>Ability to use the ASPIRE steps to negotiate behavior Change</b></p>	<p>List the ASPIRE steps and give examples of how each step is used during examples.</p>	<p>Demonstrate the steps in negotiating behavior change</p>
<p><b>Ability to provide supportive Supervision and to monitor workers</b></p>	<p>List Field Supervisor/Health Facility Focal Point Person’s responsibilities for each level of the cascade in CG implementation List tools used in work planning and monitoring of workers</p>	<p>Use supervision and monitoring tools during CG program implementation</p>
<p><b>Ability to explain and give positive feedback</b></p>	<p>List the steps to provide positive feedback</p>	<p>Demonstrate effective positive feedback to colleagues</p>
<p><b>Ability to explain volunteer motivations</b></p>	<p>List and explain extrinsic and intrinsic motivators List and explain three ways of keeping volunteers motivated</p>	<p>Develop action steps to keep volunteers motivated</p>
<p><b>Ability to use Behavior Change Communication materials to negotiate behavior change</b></p>	<p>List BCC materials used in the process of negotiating behavior change  Explain how each BCC material is used to negotiate behavior change</p>	<p>Incorporate assorted BCC materials during the ASPIRE steps for behavior change negotiation Demonstrate how to use BCC materials</p>

<b>Ability to establish a garden</b>	List types of beds, vegetables, to be grown in a garden Methods to use to improve soil fertility and pest control measures	Demonstrate ability to establish and manage gardens
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## 1.5 Course structure

### Master Trainer and Trainer of Trainer Trainings

The Care group training for Master Trainers (with 20 to 25 participants), CG Field Supervisor/Health Facility Focal Point Person/Health/Sanitation Promoter level training (ToT) (with 25 -30 participants) has a ratio of 1 trainer: 6 participants plus a master trainer/CG Course Director. The course takes approximately 50 hours excluding the facilitators, preparatory sessions, meal breaks and the opening and closing ceremonies.

The training can be conducted intensively over eight days if the lesson curriculum is included. The first 5 days are dedicated to the CG methodology and practice whilst the last day for lesson content familiarization.

There are 18 sessions which use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of participants with one trainer, with role-plays, practical work, and exercises.

There is a pre-test at the start of the course and a post test at the end. The pre-test is conducted to gauge participants knowledge on the CG methodology. The post-test demonstrates whether learning has taken place or not. Learning is considered to have taken place if a participant scores 80% in the post test. There is also continuous assessment of the participants knowledge and skills during the training. This is done for facilitators and the CG Course Director to know which areas need emphasis/strengthening.

**Nutrition Volunteers Training:** The Care group training for Nutrition Volunteers (with 25-30 participants) has a ratio of 1 trainer: 10 participants plus a trainer of trainer. (COVID-19 situation should be put into consideration.) The course takes approximately 22 hours excluding the facilitators preparatory sessions, meal breaks and the opening and closing ceremonies. The



training can be conducted intensively over three days. The first 2 days are dedicated to the CG methodology and practice whilst the last day for lesson content familiarization.

There are 7 sessions which use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of participants with one trainer, with role-plays, practical work, and exercises.

### **1.6 Where to hold the course – overview**

Arrangement for the following need to be considered for a training to be successful:

- Training room space for training the trainers and training participant (The space must be large enough for a sitting arrangement of 4-5 participants per table)
- Lodgings and meals for the trainers and participants where applicable

Ideally all the CG trainings from master training, training of trainers and promoter level training, should be residential, with the training room and accommodation at the same site. If the training is not residential, allow adequate time for travel between the accommodation and the training room.

When training the Health/Sanitation Promoter and Nutrition Volunteers, the training can be conducted in the community at a communal space such as school, health center or church. There should be adequate sitting space and ventilation for the number of attendees. In all cases, there must be outdoor space for conducting practice sessions and exercises.

### **1.7 Course materials**

In Section 4 you will find a series of checklists of the materials and equipment you will need to conduct the training. The training materials described below are normally provided by training organizing agency, though some local photocopying may be required. Items of equipment, stationery, and items for the demonstrations, are normally available locally. Ensure you order the required materials for the course in good time.

### **Director's Guide**

The *CG Course Director's Guide* contains all the information that the CG Course Director needs to plan and prepare for a course, and to select trainers and participants, starting several months before the actual training. It contains lists of the materials and equipment needed, examples of timetables, and copies of the forms that need to be photocopied before a course. It also describes the Master trainer 's (Director's) role during the CG methodology training itself.

## **The Facilitator's Guide**

The *CG Facilitator's Guide* contains what the trainers need to lead Trainer of Trainer participants through the course. This guide contains the information that they require, detailed instructions on how to conduct each session, the exercises that participants will do, together with answers, and the summary sheets, forms, checklists, and stories used during the practical sessions of the course. This is the trainers' most essential tool on the course. It is recommended that they always use it and add notes to it as they work. These notes will help them in future courses. The facilitator's Guide is always accompanied by the Guide annexes as explained below.

## **The Facilitator's Guide Annex**

The annex contains all handouts that are referenced in the CG Facilitator's Guide. Most of the handouts that need to be prepared for the training as outlined in section 4.3 can be found in the annexes.

## **Nutrition Volunteers Care group orientation guide**

The *Facilitation Guide for Training Nutrition Volunteers* contains what the trainers (Health/Sanitation Promoters) need to lead Nutrition Volunteers through the course. This guide contains the information that they require, detailed instructions on how to conduct each session, the exercises that participants will do, together with answers, and stories used during the practical sessions of the course. It is recommended that trainers always use this guide when training Nutrition Volunteers. The facilitation Guide for training Nutrition Volunteer is always accompanied by the participants material which should be given to each Nutrition Volunteer at the beginning of the course. The trainer (Promoter) should always have a copy of the participants material as well.

## **CG-Volunteer orientation Flipchart Material**

The *Nutrition Volunteer care group orientation flipchart* contains pictures and stories that are referenced in the Facilitation Guide for Training Nutrition Volunteers. This is translated in the local language.

## **Slides**

Few sessions use slides. The CG Course Director will inform trainers which slides to use. It is important that trainers are familiar with the material beforehand. All the slides are shown in your *Facilitator's Guide* so that you can make sure you understand the information, pictures, or graphs for your sessions.

## Answer sheets

These are provided separately, and they give answers to all the exercises. They are given to the participants after they have worked through the exercises. These can be found in the Facilitator's Guide Annex and course director.

## Handouts and Annexes

Loose copies of the Hand outs and Annexes for practical sessions and counselling sessions exercises are provided during each session as required. These documents can be found in the Facilitator's Guide Annex.

## Story Cards

Copies of the Counselling Stories are provided for Sessions 9 of the master and ToT trainings. Stories are also provided for the NV training.

## BCC materials

Different BCC materials used in a session which allows participants to conduct a lesson delivery are provided for session 9 and 15 of the master and ToT trainings.

## Action plan framework

An aid to action planning for the participants is available in the Annex for Handouts for session 10 of the master and ToT trainings.

## Training aids

You will need the following listed items as training aids for Care group Training. A comprehensive list of handouts and materials for demonstrations can be found in section 4.

<b>Stationery</b>	<b>Forms</b>	<b>Other Materials</b>
<b>A4 Hardcover books</b>	Attendance Sheets	Assorted items for prizes for games
<b>Bond Paper</b>	Certificates	Basket or Bucket (Small)
<b>Bostik/Sticky Stuff</b>	LRNA Handouts	Cloth/Blind fold
<b>Erasers</b>	Pre/Post Test Handouts	Coins
<b>Flip charts</b>	End of day feedback forms	Rocks (Small)
<b>Manila paper</b>	End of workshop Evaluation forms	
<b>Markers (Black + other colors)</b>		
<b>Masking Tape</b>		
<b>Notebooks</b>		
<b>Pencils</b>		

**Pens**  
**Rulers**  
**Scissors**  
**Sharpeners**

### **1.8 Resource materials**

#### **RESOURCE MATERIALS**

As a trainer, you may wish to obtain the following reference materials to answer questions and provide additional information:

Care Groups: *A Training Manual for Program Design and Implementation*. Washington, DC: Food for the Hungry, 2012.

The Technical and Operational Performance Support (TOPS) Technical and Operational Performance Support Program. 2016. *Care Groups: A Reference Guide for Practitioners*. Washington, DC: The Technical and Operational Performance Support Program

The Care Group Volunteers Lesson Plan. Food for the Hungry.  
<http://caregroupinfo.org/wp-content/uploads/2010/09/lesson-plan-module-2-final-english.pdf>

### **1.9 Clerical and logistical support**

Make sure that support staff are available at the site or office to make photocopies and organize forms and handouts such as: the evaluation questionnaires, handouts, and certificates, and to make transport arrangements. They should be able and willing to help with anything requiring their attention.

#### **1.10 Funds required**

Funds should be available to cover the following:

- Training room hire where applicable
- Participants' travel and per diem
- Trainers' travel and per diem
- If you decide to have clerical support staff, ensure per diem for this staff
- Stationery, equipment, and items for demonstrations
- Refreshments
- Accommodation and meals (if not covered by per diem)
- Costs of photocopying and printing

If trainers and/or participants need to arrive the day before the course starts or remain until the day after the course finishes to be present for the whole course, ensure that there are sufficient funds to cover accommodation and meals for these nights.

### **1.11 Opening and closing ceremonies**

Ensure that head of the training organizing institution are present to open and close the training proceedings. Include time on the training schedule and send the invitation beforehand.

### **1.12 Role of the CG Course Director**

The master trainer (CG Course Director) has overall responsibility for the planning and preparation of the training and ensuring the training runs smoothly. This includes:

- Ensuring the pre-planning is carried out
- Preparing the trainers, co-ordinating and assisting trainers during the training
- Ensuring the training runs according to the planned timetable
- Introducing the training and conducting the closing session
- Conducting the training evaluation
- Coordinating the end of day facilitators evaluation sessions
- Discussing follow-up activities.

Generally, the Master trainer (CG Course Director) should have experience of participating in this training as a trainer and have good planning skills. The CG Course Director will need to allocate some time to the pre-training planning and working with a local organizer in the months preceding the training. If not based in the area, the CG Course Director would arrive at the training site 1 days before the training to ensure arrangements are in place and should be present throughout the entire training.

At times, the master trainer (CG Course Director) may not be based in the area where the training will take place. In this case, a local organizer or contact person may arrange the facilities, gathering of local information for adaptations and other local activities. The CG Course Director is responsible for ensuring the local organizer understands what needs to be done and for confirming that it is done. Handouts and other relevant pages of this guide may be copied for the local organizer.

The master trainer (CG Course Director) does not normally conduct sessions. However, in sessions that involve a lot of group work, the CG Course Director can assist the trainer assigned to the session with supporting the group work. The CG Course Director should not have sole responsibility for a group of participants.

## **2. Arranging where to hold a course**

Ensure to arrange accommodation and conferencing facilities in time in a conducive environment for the training cadre.

### **2.1 Training room facilities**

One large conference room is needed to accommodate the whole group of participants including trainers and visitors. The conference room should have space for each group of four plus their trainer to sit at a table during the sessions. Outside space for outdoor activities should be available.

Additional table space is required to lay out the materials used during the course.

The conference rooms should be in a place where the participants are not disturbed by too much background noise.

### **2.2 Accommodation and meals**

Where accommodation applies, arrange a suitable accommodation near the conference room. poor accommodation space can hinder participants' learning. If participants are travelling long distances, ensure the budget will cover the accommodation for the night before and the last night of the course.

Arrangements also need to be made for meals. This should include midday meals and refreshments, such as coffee and teas, served near the conference rooms.

## **3. Selecting trainers and participants**

### **3.1 Selecting trainers**

The trainers must have undergone the training in CG methodology. These should be committed individuals that are going to train lower-level workers such as CG Field Supervisors/Health Facility Focal Point Persons, CG- promoters. They must have undergone the coaching session to facilitate the training.

Invite trainers early and confirm their availability so that you know how many participants you can invite to meet the trainer to trainee ratio of 1: 6. Provide the trainers with the course information and emphasize the need for them to come early for the training preparations. Administrative logistics such as Daily subsistence allowance, transport and accommodation should be communicated. This information should be clearly written in the invitation which you will send out.

Preparation of trainers takes place before the participants training and it is the responsibility of the CG Course Director. The training package should be shared with the trainers at least 7 days in advance of the training. Whether the trainer has trained before, the CG Course Director must prepare them adequately for each training. Their arrival a day earlier is important for the success of the training.

### **3.2 Preparation of trainers**

The preparation of trainers will depend solely on the experience the trainers have. New trainers will require more time to go through the materials with support from the CG Course Director. This may not be the case for more experienced trainers.

Arrange and agree on the convenient time for the practical sessions. A day prior the training, coaching and practice is done led by the CG Course Director. The trainers go through the facilitation skills.

This is followed by practice sessions by each trainer. Sessions for each trainer need to have been allocated at least 2 weeks prior to this day. It may be helpful to have long sessions i.e., sessions lasting for more than 1hour 30 minutes, co-facilitated. For co-facilitated sessions, trainers must prepare for delivery together. Each facilitator must demonstrate at least one session which involves a group activity or game. The selected sessions should also include those which are most difficult to conduct. The CG Course Director provides feedback and corrects errors during these sessions. The CG Course Director must ensure that trainers understand the flow of their sessions and organize the materials and aids required. This preparatory activity also provides an opportunity for facilitators to consult with peers and with the CG Course Director on facilitation aspects they may find challenging.

### **Review the Training Schedule**

The team reviews the schedule which will be used during the training with the guidance of the CG Course Director. The team goes through the schedule thoroughly and make necessary changes.

### **Trainers' meetings**

The CG Course Director should inform trainers that they will have a 30–45-minute session at the end of each training day. These meetings are aimed at addressing the challenges faced by trainers on that day. It also provides an opportunity to make changes for the following day.

During this meeting, the CG Course Director starts by thanking the trainers for delivering the sessions for the day. Then session by session, each trainer will share what they feel they did well and areas where they need to improve on, highlighting the challenges they had in delivering the session. Fellow trainers are also given an opportunity to provide feedback starting with the areas they feel were well delivered, followed by areas requiring improvement. The CG Course Director should then conclude the feedback session by providing a summary of observations s/he documented which may have been left out by the trainers. Trainers can also share on the facilitation techniques which they found most useful. Trainers should remember to use the principles of positive feedback during these meetings.

The feedback session is followed by an overview of the next day's sessions. Here, the CG Course Director ensures that all trainers for the following day are well prepared, and that all session materials and aids are available and well organized.

Trainers should discuss the challenges with their co-facilitator. Any unresolved matters should be brought to the attention of the CG Course Director.

Trainers should have informal interaction with training participants outside the training schedule.

### **3.3 Selecting participants**

The CG Training participants need to be appropriate and self-motivated for the training to be successful. Participants must be free from other responsibilities during the training period.

The participant profile will differ according to concerned level of training. The number of participants for each training will be dependent on the budget, training venue and the number of trainers. It is recommended to invite between 20-30 participants per training.

#### **Master Trainer Training Participants**

The target audience for this training includes program designers, technical staff, implementors and program managers who will or plan to implement Care group program. It is essential that the participants are individuals who will have immediate use of the knowledge and skills acquired.

The master trainer training participants are a select group of individuals who are trained with a view to uniquely position them as CG Course Directors, able to plan, organize and implement a trainer of trainers training. The consequent role of a master trainer is to guide training activities for ToTs and provide oversight during the training. To become a master trainer, an individual must go through the following steps:



- Undergo the initial CG methodology training. This is aimed at helping them understand the CG approach.
- From the pool of trainees from the initial training, self-motivated individuals showing high levels of understanding and sound facilitation skills are selected as candidates for mentorship as trainer of trainers. These candidates undergo a one-day facilitation skills training and practice of training sessions.
- The candidates facilitate an CG training under the guidance of an CG Course Director and/or master trainer's guidance and mentorship.
- Once the CG Course Director determines that they have mastered the training concepts to an extent, they are then assigned to prepare for a training under the guidance of the CG Course Director.
- Once the CG Course Director ascertains that a candidate has demonstrated the ability to prepare, lead, manage and guide a training assigned to them, they are then proposed to be certified as a master trainer.

### **Training of trainer (ToT) Training participants**

The ToT training targets the implementing staff who will have both a technical and supervisory role to play in the implementation of a CG program. In the CG program, there is a ToT training aimed at staff, and another aimed at volunteers. These can include mostly sub district staff directly involved in the implementation of the program such as Field Supervisor/Health Facility Focal Point Persons, Ward Nutrition Coordinating Committee members and Health/Sanitation Promoters<sup>1</sup>.

To become a certified trainer of trainers, an individual must go through the following steps:

- Undergo the initial CG methodology training. This is aimed at helping them understand the CG approach.
- From the pool of trainees from the initial training, self-motivated individuals showing high levels of understanding and sound facilitation skills are selected as candidates for mentorship as trainer of trainers. These candidates undergo a one-day facilitation skills training and practice of training sessions.
- The candidates facilitate an CG training under the guidance of an CG Course Director and/or master trainer's guidance and mentorship.
- Once the CG Course Director or master trainer ascertains that a candidate has demonstrated the ability to prepare, lead, manage a training assigned to them, they are then proposed to be certified as a trainer of trainers. Note that promoters need to be provided with adequate mentorship and support during this process as they are volunteers. As they conduct the initial CG trainings,

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<sup>1</sup> Health/Sanitation Promoters and Nutrition Volunteers are selected using a criterion shared in session, also attached as annexes in this document.

they will need the guidance of the CG Field Supervisor/Health Facility Focal Point Person

### **Nutrition Volunteer Training participants**

The Health/Sanitation Promoter and the Nutrition Volunteer trainings are aimed at beneficiaries who are selected to be promoters and volunteers, respectively. Selection of the promoters and volunteers is based on the selection criteria which is shared in session 6.

### **3.4 Example of Course Announcement**

#### **Care Group Training**

Date: .....

Venue: .....

Training Organizers: .....

#### **Objectives of the course**

Upon completion of the Care Group training, participants are expected to develop an understanding of the Care Group Model and its use for the converging of multisectoral services. Participants are also expected to develop an understanding of the multisectoral approach to reduce stunting. Additionally, they should be able to provide additional practice and guidance on use of CG reporting form. Finally, participants should have an understanding of the roles of all the personnel in the CG in accordance with MCDP II Strategic plan.

#### **Who should attend**

The training is targeted at program designers, technical staff,

implementors and program managers who will or plan to implement Care group program in Zambia. Course participants are not required to have a prior knowledge of the Care group Methodology.

### **Outline of course**

Due to the difference in scope of responsibilities, there are differences in the course outline at different levels as follows.

**Master Trainer and ToT (CG Field Supervisor/Health Facility Focal Point Persons and Promoters):** This course is full time for 7 days with the first 5 days dedicated to the CG methodology and the last two days on the lessons or technical content. It has 17 sessions with an addition of practice sessions. The methodological approach is a mixture of plenary, demonstrations, small group work, role-plays, games, practical work, and exercises.

**Nutrition Volunteer:** This course is a full 3-day course with the first 2 days dedicated to the CG methodology and practice and the last day on the lesson familiarization. It has 7 sessions with an addition of practice sessions. The methodological approach is a mixture of plenary, demonstrations, small group work, role-plays, games, practical work, and exercises.

### **Accommodation**

**Master Trainer Training:** Accommodation and meals will be available from (evening before course to morning after depending on travel arrangements). Participants should arrive by 8am on (first day of course) and are free to leave after 5 pm on (last day of course). Travel costs will be refunded.

**TOT Training:** This training maybe residential or for commuting. If commuting, participants will come from their homes to the training venue during the duration of the training. Participants should arrive by 7: 30 am and are free to leave after 4:30 pm on each training day. For residential trainings, accommodation and meals will be available from (evening before course to morning after depending on travel arrangements). Participants should arrive by 8am on (first day of course) and are free to leave after 5 pm on (last day of course). Travel costs will be refunded. For the

Health/Sanitation Promoter training, the venue maybe a centrally located school training room, clinic shelter or church.

**Nutrition Volunteer Training:** Participants will commute from their homes to the training venue during the duration of the training. Participants should arrive by 7:30 am and are free to leave after 4:30 pm on each training day.

**Registering for the course:** Trainee for this course is pre-selected prior to the training.

## 4.

### Checklists for Planning

#### 4.1 Overall Planning Checklist

In the following pages, you will find the checklists referred to in the preceding pages. You can tick off each item as it is completed. If the CG Course Director is coming from a long distance, a local organizer may arrange for most of these actions.

#### Initial planning

1. Decide course schedule (see timetable example on section 4.5). Allocate 7 teaching hours per day and add mealtimes.
2. Choose course site. This must include a large training room and outdoor space to conduct the field practices. Ideally, these should be at the same site. Make sure that the following are available:
  - Easy access from the training room to the area for the practical sessions.
  - A large room that can seat all participants and trainers for sessions, including space for guests invited for opening and closing ceremonies. There should be space for each group of four to five participants and their trainer to sit at a table.
  - For preparing the trainers a day before the participants' course, you will need one training room that can accommodate the panned number of facilitators and the CG Course Director.
  - Adequate lighting and ventilation, and wall space to post up large sheets of paper in each of the rooms.
  - At least one table for each group of four to five participants and additional table space for materials.
  - Freedom from disturbances such as loud noises or music.
  - Arrangements for providing refreshments.

- Space for at least one clerical or logistic support staff during participant’s course.
  - A place where supplies and equipment can be safely stored and locked up if necessary.
  - When you have chosen a suitable site, book it in writing and subsequently confirm the booking some time before the course, and again shortly before the course.
3. Choose lodging for the participants where applicable. Ideally, the ToT course should be residential. If lodging is at a different site from the course, make sure that the following are available:
- Reliable transportation to and from the course site.
  - Meal service convenient for the course timetable.
  - When you have identified suitable lodging, book it in writing and subsequently confirm the booking some time before the course, and again shortly before the course.
4. Decide exact dates of the course and the preparation of trainers.
- Allow 7 days for the preparation of trainers, plus one day before the course itself.
  - Allow 7 days for the CG Methodology ToT Training
  - Allow 3 days for the CG methodology training for Nutrition Volunteers
5. Arrange for responsible authority (for example Ministry of Health, National Nutrition Program) to send a letter to the district/regional office or to health facilities asking them to identify participants. This letter should:
- Explain that the CG training will take place and explain the objectives of the course.
  - Give the site and dates of the course.
  - State the total number of places for participants on the course (25-30) and suggest the number of places to offer to participants from each facility (this depends on how many facilities are involved).
  - State clearly that nominated participants should be people who are responsible for planning or implementing the CG model
  - Explain the duration of the course and that individuals should arrive in time to attend the entire course and stay until the end of the course.
  - Give the date by which nominated course participants will be selected and to whom to send the names of nominated participants.
  - Say that a letter of invitation will be sent to participants once they are selected.
6. Select and invite trainers. It is necessary that:
- There is at least one trainer per six participants.
  - Trainers should be experienced (see Section 3.1)
  - Trainers are able and willing to attend the entire course, including the preparatory period (training of trainers) before the course.
7. Identify suitable participants (Section 3.3), and send them letters of invitation stating:

- The objectives of the training and a description of the course
  - The desired times of arrival and departure times for participants
  - That it is essential to arrive in time and to attend the entire course
  - Administrative arrangements, such as accommodation, meals, and payment of other costs.
8. Arrange to obtain enough copies of the course materials (see Section 4.2).
  9. Arrange to obtain necessary supplies or materials (see Section 4.3).
    - the items needed for demonstrations (see Section 4.3).
    - Photocopy needed items (see section 4.3)
    - the necessary background information for the area (see Section 4.4).
    - Arrange to send materials, supplies to the course site.
  11. Arrange to get necessary authorization and clearance to hold the training. Send travel authorisations to trainers, CG Course Director and participants.
  12. Invite outside speaker for opening and closing ceremonies. (See Section 1.12)

#### 4.2 Checklist of course materials

Material	Quantity	Comment
<b>CG Course Director's Guide</b>	1	For use by Master trainer to prepare for all CG trainings
<b>Care group Facilitation Guide</b>	One copy each for: CG Course Director, Facilitators, and participants	For use during ToTs training (i.e., CG Field Supervisor/Health Facility Focal Point Persons and Health/Sanitation Promoters)
<b>Care group Facilitation Guide Annexes</b>	One copy each for: CG Course Director, Facilitators, and participants	For use during ToTs training (i.e., CG Field Supervisor/Health Facility Focal Point Persons and Health/Sanitation Promoters)
<b>Care group Promoters Lessons</b>	One copy each for: CG Course Director, Facilitators, and participants	For use during ToTs training (i.e., CG Field Supervisor/Health Facility Focal Point Persons and Health/Sanitation Promoters)
<b>Care group Volunteers Lessons</b>	One copy each for: CG Course Director, Facilitators, and participants	For use during ToTs training for Health/Sanitation Promoters and Nutrition Volunteers.
<b>Facilitation Guide for Training Nutrition Volunteers</b>	One copy each for: CG Course Director, Facilitators, and participants	For use during Nutrition Volunteer training
<b>Nutrition Volunteer Training: Participants Material</b>	One copy each for: Trainer (Health/Sanitation Promoter),	For use during Nutrition Volunteer training

	and participants (Nutrition Volunteers)	
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*Note: The overall quantity will be dependent on the planned number of trainees and trainers who will attend the training..*

### 4.3 Checklist of items needed for demonstrations and photocopying

#### ToT Training-Staff

Note: The quantities required for all handouts should be one per participants unless otherwise stated

Session	Materials Required
<b>Session 1:</b>	Name Tags, LRNA, Attendance sheet, Agendas, Pre-Test, Flip chart paper, Markers, Sticky tac/tape
<b>Session 2:</b>	Laptop, Projector, Power Point presentation on FANSER with LINK to MCDP II program, Handout 2A-FANSER objectives, and activities on small pieces of paper (one copy per working group/table), Flip chart paper, Markers, Sticky tac/tape
<b>Session 3:</b>	Laptop, Projector, PowerPoint-Introduction to care groups, Handout 3A-CG Diagram, Handout 3-Causes of death in children, Handout 3C-Results from operations research, Handout 3D-CG Reference table blank, Handout 3E-CG Reference table completed, Flip chart paper, Markers, Sticky tac
<b>Session 4:</b>	Handout 4A-Care group characteristics blank (one copy per working group/table, Handout 4B- Care group characteristics completed, Flip chart paper, Markers, Sticky tac/tape
<b>Session 5:</b>	Handout 5A-Household registration form, Handout 5B-Creating a community map (two copies per table), Handout 5C-Community census, Handout 5D- List from census of HH in a sample community (two copies per table), Flip Chart paper, Markers, Sticky tac/tape
<b>Session 6:</b>	Handout 3A-CG Diagram, Handout 6A-Care group team essential responsibilities jumbled (cut into strips), Handout 6B- Care group team responsibilities, Handout 6C Characteristics of Care group Volunteers (Cut into Strips- one copy per working group), Handout 6D- Selection criteria for Nutrition Volunteers and Promoters, Flip chart paper, Markers, Sticky tac/tape
<b>Session 7:</b>	Handout 7A- Training table (Copied on flip chart equal to number of tables), Handout 7B-Training table answer key (Cut into strips -one set per table), Handout 7C-Agenda assembly game (one copy per table-cut into squares), Handout 7D-Agenda assembly game answers, Handout 7E- Sample of lesson calendar (one copy per pair), Rocks/Baskets, Prizes, Flip chart papers, markers, sticky tac o/tape

<b>Session 8:</b>	Handout 8A-Stages of behavior change (one copy per table), Handout 8B-Stages of behavior change, Handouts 8C to 8G-Lessons Handouts, Handout 8F- Aspire Skills for Health/Sanitation Promoters and Volunteers, IYCF counselling cards (one copy per table), Nutrition action cards (one copy per table), Child health reminder cards (one copy per table), Wash action cards (one copy per table), Bunch of fresh vegetables, small dish, Knife, reed tray or small mat, 5 liter water at room temperature, 2 liters hot water, Flip chart paper, Markets, Sticky tac/tape
<b>Session 9:</b>	Handout 9A-CG Field Supervisor/Health Facility Focal Point Person checklist for supervising an Health/Sanitation Promoter, Handout 9B-supervision action game (print one copy and cut into sections, distribute one section per table), Butcher paper, flip chart paper, markers, sticky tac/tape, prizes
<b>Session 10:</b>	Handout 10A-Supervision table and strips (copy supervision table on flip chart and print one set of strips-one per table), Handout 10B-Supervision answer key, Handout 10C- Blank work plan, Rocks/Baskets, flip chart paper, sticky tac/tape
<b>Session 11:</b>	Handout 11A-QIVC for education sessions, Handout 12B-Skit for Volunteer (3 copies for trainer and 2 volunteers), Flip chart paper, Markers, Sticky tac/tape
<b>Session 12:</b>	Handout 13A- Steps for giving positive feedback, Handout 13B- QIVC for positive feedback, Bucket or Basket, coins or small stones, Cloth for blindfold, Flip chart paper, Markers, Sticky tac/tape
<b>Session 13:</b>	Motivation video downloaded or internet connection to watch online ( <a href="https://www.youtube.com/watch?v=u6XAPnuFjJc">https://www.youtube.com/watch?v=u6XAPnuFjJc</a> ), laptop, projector, Flip chart paper, Markers, Sticky tac/tape
<b>Session 14:</b>	Handout 14 A -Companion planting, Chitenges(2m), seedlings, manure, hoes, shovels, pikes, chili, tobacco, onion, garlic
<b>Session 15:</b>	Child health and nutrition reminder cards (one copy per table), Action cards set (one copy per table), Menu planning game (one copy per table) Flip chart paper, Markers, Sticky tac/tape
<b>Session 15:</b>	Handout 15A-key talking points, Flip chart paper, Markers, Sticky tac/tape
<b>Session 16:</b>	Handout 16A-Care group Volunteer Form, Handout 16B-Care group Promoter Form, Handout 16C- Care group Field Supervisor/Health Facility Focal Point Person Form, Flip chart paper, markers, sticky tac.
<b>Session 17:</b>	Posttest, Handout 17A- End of training evaluation, Handout 17B- Certificates

### Checklist of items needed for demonstrations and photocopying (ToT Training-Promoters)

Session	Materials Required
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<b>Session 1:</b>	Name Tags, LRNA, Attendance sheet, Agendas, Pre-Test, Flip chart paper, Markers, Sticky tac/tape
<b>Session 2:</b>	Printout/ Flip chart on Summary of FANSER to MCDP II program, Handout 2B-FANSER II objectives, and activities on small pieces of paper (one copy per working group/table), Flip chart paper, Markers, Sticky tac/tape
<b>Session 3:</b>	Printout/ Flip chart on Summary on Introduction to care groups, Handout 3A-CG Diagram, Handout 3-Causes of death in children, Handout 3C-Results from operations research, Handout 3D-CG Reference table blank, Handout 3E-CG Reference table completed, Flip chart paper, Markers, Sticky tac
<b>Session 4:</b>	Handout 4A-Care group characteristics blank (one copy per working group/table, Handout 4B- Care group characteristics completed, Flip chart paper, Markers, Sticky tac/tape
<b>Session 5:</b>	Handout 5A-Household registration form, Handout 5B-Creating a community map (two copies per table), Handout 5C-Community census, Handout 5D- List from census of HH in a sample community (two copies per table), Flip Chart paper, Markers, Sticky tac/tape
<b>Session 6:</b>	Handout 3A-CG Diagram, Handout 6A-Care group team essential responsibilities jumbled (cut into strips), Handout 6B- Care group team responsibilities, Handout 6C Characteristics of Care group Volunteers (Cut into Strips- one copy per working group), Handout 6D- Selection criteria for Nutrition Volunteers and Promoters, Flip chart paper, Markers, Sticky tac/tape
<b>Session 7:</b>	Handout 7A- Training table (Copied on flip chart equal to number of tables), Handout 7B-Training table answer key (Cut into strips -one set per table), Handout 7C-Agenda assembly game (one copy per table-cut into squares), Handout 7D-Agenda assembly game answers, Handout 7E- Sample of lesson calendar (one copy per pair), Rocks/Baskets, Prizes, Flip chart papers, markers, sticky tac o/tape
<b>Session 8:</b>	Handout 8A-Stages of behavior change (one copy per table), Handout 8B-Stages of behavior change, Handouts 8C to 8G-Lessons Handouts, Handout 8F- Aspire Skills for Health/Sanitation Promoters and Volunteers, IYCF counselling cards (one copy per table), Nutrition action cards (one copy per table), Child health reminder cards (one copy per table), Wash action cards (one copy per table), Bunch of fresh vegetables, small dish, Knife, reed tray or small mat, 5 liter water at room temperature, 2 liters hot water, Flip chart paper, Markets, Sticky tac/tape
<b>Session 9:</b>	Handout 9A-CG Field Supervisor/Health Facility Focal Point Person checklist for supervising an Health/Sanitation Promoter, Handout 9B-supervision action game (print one copy and cut into sections, distribute one section per table), Butcher paper, flip chart paper, markers, sticky tac/tape, prizes

<b>Session 10:</b>	Handout 10A-Supervision table and strips (copy supervision table on flip chart and print one set of strips-one per table), Handout 10B-Supervision answer key, Handout 10C- Blank work plan, Rocks/Baskets, flip chart paper, sticky tac/tape
<b>Session 11:</b>	Handout 11A-Observation checklist, Handout 12B-Skit for Volunteer (3 copies for trainer and 2 volunteers), Flip chart paper, Markers, Sticky tac/tape
<b>Session 12:</b>	Handout 13A- Steps for giving positive feedback, Handout 13B- QIVC for positive feedback, Bucket or Basket, coins or small stones, Cloth for blindfold, Flip chart paper, Markers, Sticky tac/tape
<b>Session 13:</b>	Flip chart paper, Markers, Sticky tac/tape
<b>Session 14:</b>	Handout 14 A -Companion planting, Chitenges(2m), seedlings, manure, hoes, shovels, pikes, chili, tobacco, onion, garlic
<b>Session 15:</b>	Child health and nutrition reminder cards (one copy per table), Action cards set (one copy per table), Menu planning game (one copy per table) Flip chart paper, Markers, Sticky tac/tape
<b>Session 16:</b>	Handout 15A-key talking points, Flip chart paper, Markers, Sticky tac/tape
<b>Session 17:</b>	Handout 16A-Care group Volunteer Form, Handout 16B-Care group Promoter Form, Flip chart paper, markers, sticky tac.
<b>Session 18:</b>	Posttest, Handout 17A- End of training evaluation, Handout 17B- Certificates

## Checklist of items needed for demonstrations and photocopying (Nutrition Volunteers Training)

Session	Materials	Quantity
<b>1</b>	Attendance register	1
	Nutrition Volunteers orientation flipchart	One for each participant and each facilitator <b>(For use during all sessions )</b>
<b>Session 2</b>	NV Lesson 1: Why Nutrition Matters	One for each participant and each facilitator <b>(For use during all sessions as needed)</b>
<b>Session 3</b>	Role Play: Visiting the Neighbor Households	A copy for each of the three actors and one copy for the facilitator
<b>Session 4</b>	Blindfolds	A blindfold for each pair
	Small rocks	5
<b>Session 5</b>	Role play for reporting to NSGs	3 copies
	NV Hardcover books	One for each participant and each facilitator
<b>Session 6</b>	Promoter Lesson 1 Handout	One for each participant and each facilitator
	NV Lesson 1 Handout	One for each participant and each facilitator

	IYCF Cards	One for each participant and each facilitator
<b>Session 7</b>	Lesson booklet, SBCC materials	One per participant and facilitator

#### 4.4 Checklist of background information needed

- The existence of WNCC, ZNCC and other community programs structures
- How does the training link to existing programs such as MAIYCN, Agri-light, WASH(CLTS), Saving groups (SILC), CLTN.
- Existence of community lists for target beneficiaries i.e., Register for under two, ANC registers for pregnant women, SUN II beneficiary register for each health facility in the catchment area
- Catchment area maps for wards, health facility, Camps.

#### 4.5 Example – Timetable

##### Master Trainer and ToT Trainings

Day	Morning		Mid-Morning		Afternoon				
<b>1</b>	<b>(08:00-09:30) Session 1:</b> Training Overview and pre-test	<b>(09:30-10:35) Session 2:</b> Overview of the FANSER approach to addressing Stunting	<b>(11:00-13:00) Session 3:</b> Care Groups and Why Care Groups		<b>(14:00-14:30) Session 3 cont.:</b> Care Groups and Why Care Groups	<b>(14:20-16:45) Session 4:</b> Care Group Characteristics	<b>(16:45-17:00)</b> End of Day Evaluation, afternoon tea and close		
<b>2</b>	<b>(08:00-08:20)</b> Morning Check-in and recap	<b>(08:20-10:35) Session 5:</b> Organizing communities into Care Groups	<b>BREAK</b>	<b>(11:00-13:00) Session 6:</b> Job Descriptions (NV, HP & SP, FS, NO)	<b>LUNCH</b>	<b>(14:00-16:00) Session 7:</b> Training Process	<b>(16:00-16:45) Session 8:</b> Introduction to Negotiating Behavior Change	<b>(16:45-17:00)</b> End of Day Evaluation, afternoon tea and close	
<b>3</b>	<b>(08:00-08:20)</b> Morning Check-in and recap	<b>(08:20-10:35) Session 8:</b> cont.' Negotiating Behavior Change		<b>(11:00-12:00) Session 8:</b> cont.' Negotiating Behavior Change		<b>(12:00-13:00) Session 9:</b> Supervision Health Promoters	<b>(14:00-14:45) Session 9 cont.:</b> Supervision Health Promoters	<b>(14:45-16:45) Session 10:</b> Supervision Responsibilities and Workplans	<b>(16:45-17:00)</b> End of Day Evaluation, afternoon tea and close

4	<b>(08:00-08:20)</b> Morning Check-in and recap	<b>(08:20-10:00)</b> <b>Session 11:</b> Monitoring and Improving facilitation		<b>(10:30-12:00)</b> <b>Session 12:</b> Principles of positive feedback	<b>(12:00-13:00)</b> <b>Session 13:</b> Volunteer Incentives		<b>(14:00-14:40)</b> <b>Session 13 cont.:</b> Volunteer Incentives	<b>(14:40-16:15)</b> <b>Session 14:</b> Kitchen Garden	<b>(16:15-16:45)</b> <b>Session 14:</b> Introduction to BCC material	<b>(16:45-17:00)</b> End of Day Evaluation, afternoon tea and close
5	<b>(08:00-08:20)</b> Morning Check-in and recap	<b>(08:20-10:00)</b> <b>Session 15:</b> Introduction to BCC c'ontd		<b>(10:20-12:00)</b> <b>Session 15:</b> Introduction to BCC c'ontd	<b>(10:30-12:10)</b> <b>Session 16:</b> Practice presentations and community program Orientation		<b>(14:00-15:35)</b> <b>Session 17</b> Care Group Monitoring and Evaluation System	<b>(15:30-16:00)</b> <b>Session 17:</b> Care Group Monitoring and Evaluation System	<b>(16:00-16:45)</b> <b>Session 18:</b> Post-test	<b>(16:45-17:00)</b> End of Day Evaluation, afternoon tea and close
6	<b>(08:00-08:20)</b> Morning Check-in and recap	<b>(08:20-10:30)</b> overview to lessons and practice		<b>(10:30-13:00)</b> Introduction to lessons and practice			<b>(14:00-16:45)</b> Introduction to lessons and practice			<b>(16:45-17:00)</b> End of Day Evaluation, afternoon tea and close
7	<b>(08:00-08:20)</b> Morning Check-in and recap	<b>(08:20-10:30)</b> Introduction to lessons and practice		<b>(10:30-13:00)</b> Introduction to lessons and practice			<b>(14:00-16:00)</b> Introduction to lessons and practice			<b>(16:00-17:00)</b> End of workshop evaluation, presentation of certificates and closing

## Nutrition Volunteer Training

Day	Time	Session
1	08:30-09:10	Training overview (Agenda, workshop norms, expectations, objectives)
	09:10-10:40	Session 1: Introduction to Care Groups
	10:40-11:00	Tea Break
	11:00-12:30	Session 2: Teaching Techniques
	12:30-13:30	Lunch Break
	13:30-15:45	Session 3: Nutrition Volunteer Responsibilities
	15:45-16:00	End of day close
2	08:30-09:00	Check-in and recap
	09:00-10:30	Session 4: I Can Change
	10:30-10:50	Tea Break

	10:50-12:20	Session 5: Watching for change and monitoring neighbor households
	12:20-13:20	Lunch Break
	13:20-14:00	Session 5 cont.: MEAL (NV Hardcover book)
	14:00-15:30	session 6: Smart Healthy and Strong
	15:30-15:45	Lesson allocation for practice in pairs
	15:45-16:00	End of Day close
<b>3</b>	08:30-09:00	Check-in and recap
	09:00-10:30	Lesson delivery: ASPIRE Practice
	10:30-10:50	Tea Break
	10:50-12:00	Lesson delivery: ASPIRE Practice
	12:00-13:00	Lunch Break
	13:00-14:40	Lesson delivery: ASPIRE Practice
	14:40-15:40	Work planning
	15:40-16:00	End of workshop evaluation and closing

## 5. Guidelines for Follow-up After Training

Whilst the CG training ensures that participants grasp the basic concepts and theoretical knowledge, post training support is needed so that trainees are well equipped to plan, prepare, and deliver sound CG trainings. In view of this, follow-up after the training is necessary. There are different points along the cascade which provide an opportunity to coach and mentor trainees at different levels. The CG Course Director is responsible for coordinating the follow-up sessions for each trainee.

**Mentorship and supportive supervision to trainee:** Before facilitating in a CG training, trainees will undergo a one-day facilitation skills training and practice of training sessions prior to facilitating in CG training. Trainees will facilitate a CG training under the guidance of a master trainer who will also follow and observe the trainees facilitating in a training. Once the master trainer determines that a candidate has mastered the training concepts to an extent, they are then assigned to prepare for a training under the guidance of the master trainer. Once the master trainer ascertains that a candidate has demonstrated the ability to prepare, lead, manage and guide a training assigned to them, they are then proposed to be certified as a master trainer.

Master trainer candidates will be observed as they organize and conduct the ToT trainings. The CG Course Director will be looking at the ability of a candidate to organize and coordinate all training activities. This includes all preparations which take place prior, during and after the training as outlined in this guide; adherence to the prescribed training methodology; facilitation skills and fulfillment of the CG training objectives. The candidate will also be

observed as they prepare other teams to roll out the CG trainings at the community level to Health/Sanitation Promoters and if possible, to Nutrition Volunteers.

Once the coaching and mentorship program is completed, the CG Course Director will share a report with the organizing institution on each candidate indicating their eligibility to become certified master trainers or trainer of trainers.

**Supportive supervision of promoter and nutrition volunteers:**

The trained promoter will be supervised by the NFS by conducting scheduled supervisory visits using the QIVC and the Care group supervision checklist. The QIVC will be used during the Care group training while the promoter conducts the training.

The Nutrition volunteers will be observed during household visits by NFS, Promoters using the Observation checklist. Feedback sessions with household and volunteers will be integrated in the process for quality of the counseling given to households. Findings during the supervisory visits will be used for program improvements i.e adjustments of counselling material.

## 7. Annexes

### Annex 1: LRNA form



One month before your training begins, send the LRNA out to each participant and request their response by email within (more or less) 7 days. Use the responses to adapt and cater your training to meet the needs of the participants. If you find you have an “expert” at the training, be sure to contact them prior to the training to see if they can spend some time sharing their experience.

1. Please describe your previous experience working with Care groups (a cascade behavior change module that reaches all households through community volunteers)?

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2. Please describe training you have already received about Care groups. (List the name of the training, and the organization who led the training).

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3. Please describe your work experience supervising others. Also list tools you have used during supervision.

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4. Please describe your work experience organizing community volunteers / working with volunteers.

5. With your current training and experience, how comfortable do you feel training others about the set-up and management of Care groups? (1 = not comfortable; 10 = extremely comfortable)

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6. What are you hoping to receive from this training?



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## Annex 2: Pre- and Posttest

Name \_\_\_\_\_ Date \_\_\_\_\_

Is this the pretest or post-test? Circle one.

1. Answer the four questions below:

How many households are in each Neighbor Group?	
How many Care group Volunteers are in each Care group?	
Each Promoter oversees how many Care groups?	
Each Field Supervisor/Health Facility Focal Point Person oversees how many Promoters?	

### Care groups Effectiveness

2. Which of the following statements is FALSE about Care groups?
- A. A Care groups is a group of 20-30 community-based volunteers who regularly meet together with project staff for training and supervision.
  - B. Each volunteer is responsible for regularly visiting 10-15 of her neighbors, sharing what s/he has learned and facilitating behavior change at the household level.
  - C. Care groups create a multiplying effect to equitably reach every beneficiary household with interpersonal behavior change communication.
  - D. Care groups provide the structure for a community health information system that reports on new pregnancies, births and deaths detected during home visits
3. Why do Care groups programs focus on pregnant women and children under two?
- A. They are the easiest target groups for NGOs to work with
  - B. Pregnant women are more likely to volunteer than other members of the community
  - C. The right nutrition during this period (pregnancy and the first two years of

life) can have a profound impact on a child's ability to grow, learn, and rise out of poverty. It can also shape a society's long-term health, stability, and prosperity.

### *Care groups Characteristics*

4. In Care groups programs, mothers (also known as Neighbor Women) should choose/elect their Care groups Volunteer. Why is this important?
  - A. People will choose someone that they respect – someone that they are willing to “listen to.” If an outsider chooses someone – it is more likely that person will not be accepted by the community.
  - B. It would take a lot of time for project staff to choose Nutrition Volunteers, and therefore it is more efficient for the mothers (i.e., Neighbor Women) to elect their own Nutrition Volunteer.
  - C. Trick question. Mothers should not elect their own Nutrition Volunteers – this is something that the Community Development Committee should do in partnership with the Ministry of Health.
  
5. In Care groups programs, Neighbor Households should have around 10-12 members, and no more than 15. Circle the answer that is NOT a reason why this is important.
  - A. Neighbor Households are led by volunteers. If you ask too much of the volunteers' time, they will not stay in the program.
  - B. If a group is larger than 15 members, other members of the community might become jealous of that group because it attracted so many members.
  - C. Nutrition Volunteers should form strong bonds with their Neighbor Group members. Large groups will make it difficult to form this bond.

### *Organizing the Community into Care groups*

6. Of the responses below, what is the most important factor when assigning households into groups (Neighbor Groups)?
  - A. The women in these households are friends and enjoy meeting together.
  - B. The households are close together.
  - C. The children are all the same age.
  - D. The households are similar; one is not wealthier than the other.
  
7. Write the approach you would use to organize the community into Neighbor Groups and Care groups based on the descriptions below. Possible answers include Census, Community lists, or Community gatherings.

- A. In Community A, the block leaders are well organized and already maintain a list of residents or can recall by memory where all the PLW/WRA and U2 children live. \_\_\_\_\_
- B. In Community B, community participation and communication is high. If the community leaders called for all women who are pregnant or have children less than 24 months of age to a central meeting place on a particular day, they would all show up. \_\_\_\_\_
- C. Community C is new to you. When you ask around, the leaders and members of the community do not know all the PLW and U2 children or where they live. \_\_\_\_\_

*Job Descriptions*

8. Write the CG Team Member who is responsible for the following responsibilities: The choices are Nutrition Volunteer, Health/Sanitation Promoter, Field Supervisor/Health Facility Focal Point Person or District Nutritionist/Nutrition Officer:

- A. Models leadership to all staff and intentionally develops the leadership potential of the MCHN Field Supervisor/Health Facility Focal point Persons. \_\_\_\_\_
- B. Visit 10 Neighbor Women and their families at least once a month to promote behavior change using an educational \_\_\_\_\_ flipchart.
- C. Review Flipchart Lesson Plans with Health/Sanitation Promoters every two weeks and assure they understand the information well and \_\_\_\_\_ can teach back the information in a participatory manner.
- D. Facilitate organized, participatory learning sessions with each of their 10-12 Nutrition Volunteers (in Care Groups) groups \_\_\_\_\_ every two weeks, following the lesson plans in the educational materials provided.

9. Write three essential traits or characteristics of a Care Groups Volunteer.

1.

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2.

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3.

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### *Registers and Reports*

10. What are the four main types of information that registers in Care Groups programs collect?

- A. Immunization coverage, vital events, registration, and curriculum
- B. Attendance, registration, vital events, and curriculum
- C. Births, deaths, membership, household size

11. What information does a Promoter use to fill out her/his monthly report?

- A. Care Groups Registers
- B. Neighbor Household Registers
- C. A & B
- D. None of the above

### *Curriculum Training Schedule*

12. What three things happen during **the Bi-Monthly (Twice Monthly) Training Meeting**

between the Field Supervisor/Health Facility Focal Point Person and the Promoters?

- A. 1) Training Promoters on the Flipchart Lesson, 2) Supervising Promoters in their home and 3) Supervising the Promoters as they teach Nutrition Volunteers.
- B. 1) Training Ministry of Health Staff on the new health materials, 2) Sharing work plans with the Community Leaders and 3) Collecting Registers from Promoters
- C. 1) Training Care groups volunteers on the flipchart Lesson, 2) Observing them teaching others and 3) Collecting the Care groups and Neighbor Group Registers
- D. 1) Planning Supervision Visits with each Promoter, 2) Collecting and Discussing the Promoter Reports and 3) Coaching the Promoters as they practice the new flipchart lesson

13. **Four of the five statements are TRUE.** Circle the Letter of the statement which is **FALSE.**

- A. The District Nutritionist/Nutrition Officer will lead a one-week training on each new flipchart module (group of lessons) with all Field Supervisor/Health Facility Focal Point Persons, and promoters.
- B. The Field Supervisor/Health Facility Focal Point Person will review the current flipchart lesson with all the Health/Sanitation Promoters every two weeks.
- C. The Care Groups Promoters will train the Care Groups Volunteers one flipchart lesson every four weeks.
- D. The Care Groups volunteers will train the Neighbor Women on flipchart lesson every two weeks in (either in a small group or during a household visit to each neighbor woman's house).
- E. Every time a new flipchart lesson is taught to a person responsible for training others (Field Supervisor/Health Facility Focal Point Person, Coordinator, Promoter or Care Groups volunteer), he or she will practice the new flipchart lesson in pairs while the Training Facilitator observes and coaches them on their performance.

#### *Supervision Responsibilities and Work plans*

14. Which of the following statements is true about work plans? Choose only ONE answer.
- A. A work plan is used to report to your Field Supervisor/Health Facility Focal Point Person on tasks you accomplished in the past.
  - B. Only the Care groups Promoters should keep work plans. It is not necessary for Field Supervisor/Health Facility Focal Point Persons or Coordinators to plan their activities each month.
  - C. Work plans help staff to organize their work responsibilities so that they can work efficiently and complete all their tasks during normal working hours.
  - D. Field Supervisor/Health Facility Focal Point Persons will use the Promoter work plans to compile the attendance and vital event information for the monthly reports.

#### *Supervision Checklists*

15. How does a MCHN Field Supervisor/Health Facility Focal Point Person review a Health/Sanitation Promoter's monthly report?
- a. Look at a completed report and make sure every box is filled in.

- b. Make sure the Health/Sanitation Promoter has a copy of every monthly report s/he has turned in.
- c. Select 2 or 3 pieces of information on the report and ask the Health/Sanitation Promoter to show you how s/he determined the number using her CGV and NW Registers.
- d. Look at your copy of the Health/Sanitation Promoter's monthly report and the copy s/he has and make sure all the numbers match.

### *Quality Improvement Verification Checklists (QIVCs)*

16. The QIVC has 3 purposes. Which of the following is NOT one of the main goals of the QIVC?
  - A. Encourage the worker
  - B. Evaluate the worker's knowledge or intelligence
  - C. Monitor the performance of the worker over a period
  - D. Improve the workers performance
  
17. When giving feedback using the QIVC for Educational Methods which of the following should NOT be done:
  - A. Ask the person to discuss how *they think* they performed before you begin giving feedback.
  - B. Provide more positive feedback than negative feedback to encourage the worker.
  - C. Ask the worker how *they think* they could overcome some of the difficulties that they had during the training.
  - D. Ask the worker to commit to sharing their QIVC scores with the community leaders.
  
18. If the Promoter scored 70% on the QIVC for Educational Methods what should the Field Supervisor/Health Facility Focal Point Person do?
  - A. Use the QIVC less frequently because the worker scored above the target.
  - B. Stop visiting this worker because they have scored above the target.
  - C. Continue using the QIV Checklist each time you visit until their score is 80% or above.
  - D. Continue using the QIV Checklist each time you visit until their score reaches 100%.
  
19. Review the scores below. As the CG Field Supervisor/Health Facility Focal Point Person, which of the following recommendations would you suggest? Choose only ONE answer.

- A. Review the questions on the QIVC that Promoter #1 and #4 have missed on the QIVC. Ask each promoter what they should be doing to overcome these problems.
- B. Make sure that both Promoters #1 and #4 are committed to improve. Ask them what has prevented them from making larger improvements.
- C. Talk with the Coordinator about the policy for putting a worker on probation. Plan ahead, giving your workers time to improve before starting a plan for probation if needed.
- D. All of the above.

### *Volunteer Motivation*

20. When people are given extrinsic rewards (like cash or food) to do something good (like donating blood), which of the following are likely to happen. Put an X before the sentences which are the potential negative results. Choose all that apply.

- They are no longer motivated because their sense of altruism or doing something of a higher value has been removed.
- Cheating, shortcuts, and unethical behavior can be encouraged.
- People become competitive and try to outperform their colleagues

21. When people have autonomy over tasks this means that they can decide \_\_\_\_\_ and \_\_\_\_\_. (Circle the correct answer)

- A. What and where they will do a task.
- B. Who will they do the task with and understand why they are doing the task?
- C. When they will do it and who they will do it with
- D. Where they will do it and how they will do it.

22. Which is NOT a principle for motivating volunteers? Circle your answer.

- A. Volunteers need to feel like they are making a difference—they need to feel effective.
- B. Volunteers need to feel like they have something to offer the program—that their personal skills and life experiences are valued.
- C. Volunteers need to feel like they are part of a group—they need to feel connected.
- D. Volunteers need to feel like they are doing something that will contribute to the well-being of their family.



*Practice Presentations and Community Program Orientation:*

23. When Field Supervisor/Health Facility Focal Point Persons orient the community to the CG program all the following topics will be covered, except one. Which of the following topics should not be included in the Community Orientation? (Circle the answer that is NOT correct.)
- A. Explain the length of time FANSER will be in the community running the program and who is the donor.
  - B. Discuss that we are partners in the program, and we must work together (not wait for a strong man to come) to solve our problems.
  - C. Explain the incentives that will be given to the Care Groups Volunteers such as vegetables, seeds, cement to build latrines, etc. to encourage their participation.
  - D. Discuss how the CG project works to prevent malnutrition in children two years of age and younger.
24. If your Care groups projected has budgeted to provide each Nutrition Volunteer and Neighbor Woman household a mosquito net, when should you tell the community the project will provide the mosquito nets? (Circle the correct answer.)
- A. At project start up, during the community orientation meetings.
  - B. During the census so that women will be interested to register as part of the program.
  - C. Before the rainy season starts so that families know they will be receiving a mosquito net and do not buy one of their own.
  - D. After you have received the mosquito nets into your offices warehouse and about a week before you have organized to transport the mosquito nets to the community for distribution.

**Annex 3: Pre- and Posttest ANSWERS**

Name _____ Date _____
Is this the pretest or post-test? Circle one.

**Program Overview**

Answer the four questions below:

How many women are in each Neighbor Group?	
How many women are in each Care groups?	
Each Promoter has how many Care groups?	
Each Field Supervisor/Health Facility Focal point Person has how many Promoters?	

### **Care groups Effectiveness**

1. Which of the following statements is FALSE about Care groups?
  - A. *A Care groups is a group of 20-30 community-based volunteers who regularly meet together with project staff for training and supervision.*
  - B. Each volunteer is responsible for regularly visiting 10-15 of her neighbors, sharing what she has learned and facilitating behavior change at the household level.
  - C. Care groups create a multiplying effect to equitably reach every beneficiary household with interpersonal behavior change communication.
  - D. Care groups provide the structure for a community health information system that reports on new pregnancies, births and deaths detected during home visits
  
2. Why do Care groups programs focus on pregnant women and children under two?

- A. They are the easiest target groups for NGOs to work with
- B. Pregnant women are more likely to volunteer than other members of the community
- C. The right nutrition during this period (pregnancy and the first two years of life) can have a profound impact on a child's ability to grow, learn, and rise out of poverty. It can also shape a society's long-term health, stability, and prosperity.*

### **Care groups Characteristics**

3. In Care groups programs, mothers (also known as Neighbor Women) should choose/elect their Care groups Volunteer. Why is this important?
  - A. People will choose someone that they respect – someone that they are willing to “listen to.” If an outsider chooses someone – it is more likely that person will not be accepted by the community.*
  - B. It would take a lot of time for project staff to choose Nutrition Volunteers, and therefore it is more efficient for the mothers (i.e., Neighbor Women) to elect their own Nutrition Volunteer.
  - C. Trick question. Mothers should not elect their own Nutrition Volunteers – this is something that the Community Development Committee should do in partnership with the Ministry of Health.
  
4. In Care groups programs, Neighbor Groups should not have around 10-12 members, and no more than 15. Circle the answer that is NOT a reason why this is important.
  - A. Neighbor Groups are led by volunteers. If you ask too much of the volunteers' time, they will not stay in the program.
  - B. If a group is larger than 15 members, other members of the community might become jealous of that group because it attracted so many members.*
  - C. Nutrition Volunteers should form strong bonds with their Neighbor Group members. Large groups will make it difficult to form this bond.

### *Organizing the Community into Care groups*

5. Of the responses below, what is the most important factor when assigning households into groups (Neighbor Groups)?

- A. The women in these households are friends and enjoy meeting together.
  - B. The households are close together.*
  - C. The children are all the same age.
  - D. The households are similar; one is not wealthier than the other.
6. Write the approach you would use to organize the community into Neighbor Groups and Care groups based on the descriptions below. Possible answers include Census, Community lists, or Community gatherings.

A. In Community A, the block leaders are well organized and already maintain a list of residents or can recall by memory where all the PLW and U2 children live.

Community lists

B. In Community B, community participation and communication is high. If the community leaders called for all women who are pregnant or have children less than 24 months of age to a central meeting place on a particular day, they would all show up.

Community gathering

C. Community C is new to you. When you ask around, the leaders and members of the community do not know all the PLW and U2 children or where they live.

Census

### *Job Descriptions*

7. Write the CG Team Member who is responsible for the following responsibilities: The choices are Nutrition Volunteer, Health/Sanitation Promoter, Field Supervisor/Health Facility Focal Point Person or District Nutritionist/Nutrition Officer:

A. Models leadership to all staff and intentionally develops the leadership potential of the MCHN Field Supervisor/Health Facility Focal Point Persons.

District Nutritionist/Nutrition Officer

B. Visit 10 Neighbor Women and their families at least once a month to promote behavior change using an educational flip-chart.

Nutrition Volunteer

C. Review Flipchart Lesson Plans with Health/Sanitation Promoters every two weeks and assure they understand the information well and can teach back the information in a participatory manner.

Field Supervisor/Health Facility Focal Point Person

D. Facilitate organized, participatory learning

sessions with

each of their 10-12 Nutrition Volunteers (in Care groups) groups every two weeks, following the lesson plans in the educational materials provided.

Health/Sanitation Promoter

8. Write three essential traits or characteristics of a Care groups Volunteer.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

This answer is dependent on what participants decide.

### *Registers and Reports*

9. What are the four main types of information that registers in Care groups programs collect? Choose only one answer.
- A. Immunization coverage, vital events, registration, and curriculum
  - B. *Attendance, registration, vital events, and curriculum*
  - C. Births, deaths, membership, household size
10. What information does a Promoter use to fill out her/his monthly report? Choose only one answer.
- A. Care groups Registers only
  - B. Neighbor Group Registers only
  - C. *A & B*
  - D. None of the above

### *Curriculum Training Schedule*

11. What three things happen during **the Bi-Monthly (Twice Monthly) Training Meeting** between the Field Supervisor/Health Facility Focal Point Person and the Promoters?
- A. 1) Training Promoters on the Flipchart Lesson, 2) Supervising Promoters in their home and 3) Supervising the Promoters as they teach Nutrition Volunteers.
  - B. 1) Training Ministry of Health Staff on the new health materials, 2) Sharing work plans with the Community Leaders and 3) Collecting Registers from Promoters
  - C. 1) Training Care groups volunteers on the flipchart Lesson, 2) Observing them teaching others and 3) Collecting the Care groups and Neighbor Group Registers
  - D. *1) Planning Supervision Visits with each Promoter, 2) Collecting and Discussing the Promoter Reports and 3) Coaching the Promoters as they practice the new flipchart lesson*
12. **Four of the five statements are TRUE.** Circle the Letter of the statement which is **FALSE**.

- A. The **MCHN** Manager will lead a one-week training on each new flipchart module (group of lessons) with all Field Supervisor/Health Facility Focal Point Persons, coordinators, and promoters.
- B. The **MCHN** Field Supervisor/Health Facility Focal Point Person will review the current flipchart lesson with all the Health/Sanitation Promoters every two weeks.
- C. The Care groups Promoters will train the Care groups Volunteers one flipchart lesson every four weeks.*
- D. The Care groups volunteers will train the Neighbor Women on flipchart lesson every two weeks in (either in a small group or during a household visit to each neighbor woman's house).
- E. Every time a new flipchart lesson is taught to a person responsible for training others (Field Supervisor/Health Facility Focal Point Person, Coordinator, Promoter or Care groups volunteer), he or she will practice the new flipchart lesson in pairs while the Training Facilitator observes and coaches them on their performance.

### *Supervision Responsibilities and Work plans*

13. Which of the following statements is true about work plans?  
Choose only ONE answer.
- A. A work plan is used to report to your Field Supervisor/Health Facility Focal Point Person on tasks you accomplished in the past.
  - B. Only the Care groups Promoters should keep work plans. It is not necessary for Field Supervisor/Health Facility Focal Point Persons or Coordinators to plan their activities each month.
  - C. Work plans help staff to organize their work responsibilities so that they can work efficiently and complete all their tasks during normal working hours.*
  - D. Field Supervisor/Health Facility Focal Point Persons will use the Promoter work plans to compile the attendance and vital event information for the monthly reports.

### *Supervision Checklists*

14. How does a Field Supervisor/Health Facility Focal Point Person review a Health/Sanitation Promoter's monthly report?
- a. Look at a completed report and make sure every box is filled in.



- b. Make sure the Health/Sanitation Promoter has a copy of every monthly report s/he has turned in.
- c. Select 2 or 3 pieces of information on the report and ask the Health/Sanitation Promoter to show you how s/he determined the number using her CGV and NW Registers.
- d. Look at your copy of the Health/Sanitation Promoter's monthly report and the copy s/he has and make sure all the numbers match.

### *Quality Improvement Verification Checklists (QIVCs)*

- 15. The QIVC has 3 purposes. Which of the following is NOT one of the main goals of the QIVC?
  - A. Encourage the worker
  - B. Evaluate the worker's knowledge or intelligence**
  - C. Monitor the performance of the worker over a period of time
  - D. Improve the workers performance
  
- 16. When giving feedback using the QIVC for Educational Methods which of the following should NOT be done:
  - A. Ask the person to discuss how *they think* they performed before you begin giving feedback.
  - B. Provide more positive feedback than negative feedback to encourage the worker.
  - C. Ask the worker how *they think* they could overcome some of the difficulties that they had during the training.
  - D. Ask the worker to commit to sharing their QIVC scores with the community leaders.**

17. If the Promoter scored 70% on the QIVC for Educational Methods what should the Field Supervisor/Health Facility Focal Point Person do?
- A. Use the QIVC less frequently because the worker scored above the target.
  - B. Stop visiting this worker because they have scored above the target.
  - C. *Continue using the QIV Checklist each time you visit until their score is 80% or above.*
  - D. Continue using the QIV Checklist each time you visit until their score reaches 100%.
18. Review the scores below. As the Field Supervisor/Health Facility Focal Point Person, which of the following recommendations would you suggest? Choose only ONE answer.
- A. Review the questions on the QIVC that Promoter #1 and #4 have missed on the QIVC. Ask each promoter what they should be doing to overcome these problems.
  - B. Make sure that both Promoters #1 and #4 are committed to improve. Ask them what has prevented them for making larger improvements.
  - C. Talk with the Coordinator about the policy for putting a worker on probation. Plan ahead, giving your workers time to improve before starting a plan for probation if needed.
  - D. *All the above.*

### **Volunteer Motivation**

19. When people are given extrinsic rewards (like cash or food) to do something good (donating blood, which of the following are likely to happen. Put an X before the sentences which are the potential negative results. Choose all that apply.
- X   They are no longer motivated because their sense of altruism or doing something of a higher

value has been removed.

\_\_\_ Cheating, shortcuts, and unethical behavior can be encouraged.

\_\_\_ People become competitive and try to outperform their colleagues

20. When people have autonomy over tasks this means that they can decide

\_\_\_\_\_ and \_\_\_\_\_. (Circle the correct answer)

- A. What and where they will do a task.
- B. Who they will do the task with and understand why they are doing the task.
- C. **When they will do it and who they will do it with**
- D. Where they will do it and how they will do it.

21. Which is NOT a principle for motivating volunteers? Circle your answer.

- A. Volunteers need to feel like they are making a difference—they need to feel effective.
- B. Volunteers need to feel like they have something to offer the program—that their personal skills and life experiences are valued.
- C. Volunteers need to feel like they are part of a group—they need to feel connected.
- D. *Volunteers need to feel like they are doing something that will contribute to the well-being of their family.*

### **Practice Presentations and Community Program Orientation**

22. When Field Supervisor/Health Facility Focal Point Persons orient the community to the CG program all the following topics will be covered, except one. Which of the following topics should not be included in the Community Orientation? (Circle the answer that is NOT correct.)

- A. Explain the length of time FANSER will be in the community running the program and who is the donor.
- B. Discuss that we are partners in the program, and we

must work together (not wait for a strong man to come) to solve our problems.

- C. *Explain the incentives that will be given to the Care groups Volunteers such as vegetable seeds, T-shirts, bicycles, bags etc. to encourage their participation.*
- D. Discuss how the FANSER project works to prevent malnutrition in children two years of age and younger.

23. If your Care groups projected has budgeted to provide each Nutrition Volunteer and Neighbor Woman household a mosquito net, when should you tell the community the project will provide the mosquito nets? (Circle the correct answer.)

- A. At project start up, during the community orientation meetings.
- B. During the census so that women will be interested to register as part of the program.
- C. Before the rainy season starts so that families know they will be receiving a mosquito net and do not buy one of their own.
- D. *After you have received the mosquito nets into your offices warehouse and about a week before you have organized to transport the mosquito nets to the community for distribution.*



Very dissatisfied		Somewhat	
satisfied		Very satisfied	1
2	3	4	5 6
7	8	9	10

**5. To what extent do you feel that you will be able to apply the ideas and strategies that you have learned today to your work?**

Not at all			Somewhat				Very much		
1	2	3	4	5	6	7	8	9	10

**\*Please list any comments, criticisms, or recommendations on the back of this form.**

## Annex 5: End of Workshop Feedback Form

*Please provide your comments and offer suggestions for anything related to the workshop content, format, or logistics.*

1. What suggestions do you have for any future workshops?

2. How would you rate your satisfaction with the workshop content?

Very dissatisfied					Somewhat satisfied					Very satisfied
1	2	3	4	5	6	7	8	9	10	

3. How would you rate your satisfaction with the workshop trainers?

Very dissatisfied					Somewhat satisfied					Very satisfied
1	2	3	4	5	6	7	8	9	10	

4. What recommendations do you have to help the trainers improve their training methods

## Annex 6: Selection Criteria for Care group Volunteers and Promoters

### Nutrition Volunteers Selection Criteria

Required (Must Have)	Desired (Good to Have)	Not Necessary
Must be <b>selected</b> from and <b>accepted</b> by the CG neighbor households	Models FANSER promoted behaviors e.g., good hygiene, sanitation, and nutrition practices	Has children in good health
Respected by the neighbor households, trusted and honest	Ability to mobilize neighbor HH's for community events	Has a bicycle
Must be a resident within the CG locality	Not addicted to alcohol	Mid-wife/traditional healer
Must be willing to work as a volunteer		
Positive Attitude and desire to serve their community		
For initial recruitment this should be a woman in target group (WRA/PLW/primary caregiver of CU2)		
Must be confident to speak, listen and act with peers		
Should have sufficient time to fulfil their responsibilities (12 hours per month) as a volunteer		
Able to read and write in local language		



### Health/Sanitation Promoter Selection Criteria

Required (Must Have)	Desired (Good to Have)	Not Necessary
Must be a member of the Care group ( <b>selected</b> from the pool of volunteers in the Care group)	Models FANSER promoted behaviors e.g., good hygiene, sanitation, and nutrition practices	Has children in good health
Respected by the neighbor households, trusted and honest	Ability to mobilize neighbor HH's for community events	
Must be a resident within the CG locality	Not addicted to alcohol	
Must be willing to work as a volunteer		
Positive Attitude and desire to serve their community		
Must be able to use a phone		
Must be confident to speak, listen and act with peers		
Should have sufficient time to fulfil their responsibilities (12 hours per month) as a volunteer		
Attain minimum of 7 <sup>th</sup> grade education		
Able to read and write		
Must undergo and pass the Health/Sanitation Promoter interview		

## Interview Questions for Health/Sanitation Promoter

Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Ward \_\_\_\_\_ Health Facility \_\_\_\_\_ Village \_\_\_\_\_

*Note: this interview is supposed to last for not more than 20 minutes*

### A. Knowledge check question

1. How would you tell that a child has malnutrition?

**Possible responses: Oedema (swollen limbs, feet; and pitting), wasting (being very thin), low weight for age.**

*Note: Any other questions to check knowledge on areas of interest maybe incorporated here.*

### B. Reading Skills



1. Show the candidate/volunteer the image below and ask him/her to read the script:

This image shows Stunting. This child is malnourished. He is the same age as the other child, but he is short for his age – he is stunted.

2. This means he has not gotten enough feeding and care over a long period of time. His body and brain are not developing as well as the other children his age who are getting better care.

### C. Writing Skills (provide a piece of paper for the candidate to write on)

*Read out the following and ask the candidate/volunteer to write it down on a piece of paper:*

- Name of the mother: Barbara Chisangano
- Name of the child: Ulembe Chinyemba
- Lesson Name: Better Breastfeeding

3. **Mathematics Skills (provide a piece of paper for the candidate to work out the calculations)**

*Let the candidate solve the following mathematics calculations*

1. You have 5 Care groups. You have 10 volunteers in each of the 3 groups, 12 volunteers in one group and 9 volunteers in the last group. How many volunteers do you have in total?

***Answer for Interviewer: 51 Volunteers (10+10+10+12+9)***

2. You have received 500 Child Health Reminder Cards to distribute to your Nutrition Volunteers for their households. At the end of the month, your volunteers report that they have distributed 372 cards, how many cards are remaining?

***Answer for Interviewer: 128 (500-371)***

3. During your CG meeting, three of your volunteers have reported that they made four referrals each, to the lead farmer for agriculture in-puts. How many referrals were made in total?

***Answer for Interviewer: 12 referrals (3X4)***

4. You have received 612 Infant and Young Child Feeding Counselling Feeding books for your six Care groups, how many books will each group receive?

***Answer for Interviewer: 102 books (612÷6)***

## Annex 7: Lesson Handouts

### Lesson 1: Why Good Nutrition Matters? - Introduction to Care groups

#### Key Messages

1. Taking time to learn more about mother's and young children's health and nutrition will help your family grow smart and strong
2. Fathers, mothers, and other caregivers who participate in monthly lessons with the Care group Volunteers will learn how to nurture mothers and children
3. Households participating in Care groups will gain knowledge and skills in a wide variety of topics related to nutrition including health; agriculture and livestock/fisheries; water, sanitation, and hygiene; early childhood development and social safety nets
4. Nutrition Volunteers should work with families to schedule a time when all caregivers (father, mother, grandparents, or siblings) can focus on these lessons as a family.

Planning	Materials
NV, when you are scheduling your meeting with the household, make sure to invite the father, mother, grandmother, or other siblings who take care of the child under two	<ul style="list-style-type: none"><li>• Cover of counseling cards</li><li>• Lesson 1: Why Good Nutrition Matters handout for Nutrition Volunteers (<i>one copy for each Volunteer</i>)</li></ul>

#### **ASK**

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- *Ask the questions below to learn about current beliefs within the community regarding mother and children's nutrition and household interest and about the Most Critical Days Program.*
- **Encourage discussion. DO NOT correct "wrong" answers. Let everyone give an opinion.**



- ? Are mothers and children in your community healthy? Why or why not?
- ? What have you heard about the Most Critical Days Program?

- ? Are you interested in learning new ways to improve you and your children's nutrition and health in your community?
- ? Are you interested to learn how agriculture, livestock and fisheries, WASH and Social protection can support those new practices?

Encourage discussion among all caregivers in the household – mothers, fathers, grandmothers – so everyone begins to learn together about the project and understands how participating with the program can benefit the entire household. **Practice physical distancing with the family as you talk to them. Stay at least 1 meter away from other persons.**

After they respond, explain that, as a Nutrition Volunteer – like the woman in the brown dress in the picture – you are not there to tell caregivers what to do, but rather to share what you are learning about new ways of improving mother and children's nutrition and health, and to discuss with them. Together, you will learn about new feeding and care practices and how other sectors activities can support those practices. Make sure they are aware of the MCDP ii program, and what your role as a Nutrition Volunteer is in their community.

*\*Remember\**, this will be the Nutrition Volunteer's first visit to the household as an Nutrition Volunteer. It is important to establish a good relationship and help the caregivers understand why the Nutrition Volunteer is there. **Nutrition Volunteers will not be negotiating behavior change with caregivers during this first visit.**

## **SHOW and EXPLAIN**

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**Tips for the facilitator:** Although there are no specific images identified to use for the below questions, you can use the cover of the counseling cards once again. When asking about the breastfeeding mother, baby, and father, you can point to that person in the family on the cover of the counseling cards. Or, when asking about a breastfeeding mother or pregnant woman, you can use one of the Nutrition Volunteers as an example, if you know she is pregnant or breastfeeding. Nutrition Volunteers can also refer to people who are there in the room during a household visit.

Ask the questions below and, after the Nutrition Volunteers respond, provide the key messages after each question. Remember to allow time for Nutrition Volunteers to discuss answers to questions before providing an answer.



? Have you heard people talking about ways to increase agricultural or livestock/fisheries productivity that can improve nutrition for your children and family? What have you heard?

We know that if we take care of our crops and animals well, using improved techniques and materials, they will grow and produce well, and we will get more sacks of maize or beans per lima or more eggs from our chickens. It is the same idea with our children (*show cover of counseling cards again*) - we need to invest in the very best care, before and after they are born, in order to ensure that they grow up to be smart, healthy and strong. We can learn new ways to ensure they get the best start to life.



From the moment we plant seeds in the field, we take special care of our crops to make sure they grow well and are productive. We:

- Plant at the right time so the seed gets the water it needs.
- Nourish the seed with fertilizer so that its roots get a good, strong start.
- Add another fertilizer at just the right time to ensure good growth for specific plant parts, like the leaves and grain.
- Take time to weed around the growing crop, so that the crop – and not the weeds – gets the water and good nutrition from fertilizer.
- Invest in pesticide management practices to prevent pest damage and disease in our fields.
- crops so they will be more productive.

We do all these things, at the right times, so that the crop will grow and produce well, and we will get more sacks of maize or beans per lima.

It is the same idea with our children - from the moment the seed is planted, even before the baby is born, we must take special care to make sure the mother is healthy and eating well so that the child will be born healthy, then take the same care for all of the child's needs so that they grow well and are productive in school and in their future work. We must:

- Ensure women of reproductive age, especially adolescent girls and young women eat plenty of diverse food to make sure they remain healthy.

- Ensure pregnant mothers eat plenty of diverse food to nourish themselves and the baby in her womb
- Once the baby arrives help mothers have the time to exclusively breastfeed baby for the first six months of life.
- As the baby grows beyond 6 months, ensure we nourish our young children with a variety of nutritious foods, giving different types and amounts of food at the right times, to help their brains and bodies develop well, that they grow into intelligent individuals.
- Grow or rear a variety of foods for household consumption to be able to feed our children and mothers this diverse diet.
- Use good hygiene and health care practices to prevent disease so that our children can use the good nutrition to grow well rather than to fight disease.
- Ensure your family, especially pregnant mothers and young children sleep under a mosquito net to prevent disease.



Investing in the very best care for pregnant and lactating mothers and our children, especially during the first 1,000 critical days – from pregnancy through the first two years – will help ensure they families grow up to be smart, healthy, and strong.

Like we regularly monitor the growth and productivity of our farm, we must monitor the nutrition and health of our family. We must:

- Take our pregnant wives to antenatal visits as soon as she is pregnant so we can make sure baby is growing well in the womb and help her deliver in a health facility.
- Take our babies and young children to the growth monitoring clinic every month, to know that they are continuing to grow well and will have the very best start to life.

Only if we make sure our children have the best start to life, in their mother's womb and for their first two years of life, will they be smart and strong and able to help us be an even more productive family.



- ? Why does a pregnant woman need to be smart, healthy and strong?
- ? Why does a breastfeeding mother need to be smart, healthy and strong?



A pregnant woman must be smart to go to ANC early and follow their recommendations; she must be strong and healthy to make a strong healthy baby, and to have a successful childbirth.

A breastfeeding mother needs to be smart to know the importance of exclusively breastfeeding for the first 6 months. She needs to be smart to plan meals of good foods after baby is six months old. She must be healthy and strong to make plenty of milk and continue breastfeeding while she is working at home, in the fields, and in business.



- Why does a baby need to be smart, healthy, and strong?
- ? Why does father need to be smart, healthy, and strong?
- ? Why do others who care for baby need to be smart health and strong?



Baby needs to be strong and healthy, so he is more productive in future work and making income for the family when he is older. Baby needs to be smart so she can succeed in school and make her parents proud!



Father needs to be smart to plan with his wife to ensure there are good foods for baby and mother all year long, that they are supported to attend routine health appointments, and have support to care and nurture the family throughout the agriculture season, especially when his wife is pregnant and breastfeeding. He needs to be strong and healthy to do work and help with household chores, so the household is peaceful, and smart to help the baby learn and grow smart too.



Others who care for baby need to be smart and never give a baby under six months, who is exclusively breastfeeding, any other foods, liquids or herbs. Mother's milk is the best food to protect and feed baby.



? Who should participate in household visits with the nutrition volunteer?

It is important for both the mother and father, and any other caregivers in the household, such as grandmothers, to participate in each visit, because all caregivers play important roles in feeding and caring for pregnant and breastfeeding mothers and young children, ensuring good hygiene practices, helping your baby to grow and develop well, and in making good decisions for your family and your home.



## PROBE

What do you think about these ideas? Do you agree to work with the Care group Volunteer to learn new ways to help make sure your children and family are smart, healthy, and strong? Is there anything that might prevent you from trying these new practices?

*Ask Care group Volunteers to talk to a volunteer sitting next to them for the next five minutes. They should share any personal concerns that they have about the program.*

Together they should try to find solutions to these worries and problems. After five minutes, ask the Nutrition Volunteers to share what they have discussed.

**Possible concerns:**

- Other family members (husband, mother-in-law) may not agree with the new practices and may not support the women in trying the new practices (lack of money or taboos).
  - Share the messages you learned today with your husband, mother-in-law, and other family members. Invite them to the next lesson. When visiting your neighbor households, encourage all family members to be present during your visit so that everyone receives the same messages and can talk about, understand, and commit to try a new practice together. If additional support is needed, engage your community animator to help encourage participation of all household members.



**INFORM**

Help find solutions to any concerns they mention. Provide new information or a different perspective to help the Nutrition Volunteers (or caregivers) understand how they can move forward. Encourage other Nutrition Volunteers to contribute their ideas of possible solutions – encourage discussion. If someone offers a good solution to another concern, praise her, and encourage others to consider this solution.



**REQUEST**

Based on today's teachings, what commitment will you make? Are you willing to commit to trying some simple and doable new ways of improving your and your children's nutrition and health?

Ask the Nutrition Volunteers to say aloud the commitment they are making. For example:



- *I commit to working with the program so my children, and my neighbors' children, grow smart, healthy, and strong.*
- *I commit to trying a new practice each month, so my children grow smart, healthy, and strong.*
- *I commit to visiting my neighbor group members once a month to help them learn about new ways they can improve their and their children's nutrition and health.*

*Congratulate the Nutrition Volunteers on joining this activity to learn more about how to have children and a family that is smart, healthy, and strong and to support their neighbors in improving their children's health. Tell them you will share more information with them during the Care group meeting next month.*

Remind the Nutrition Volunteers that they should share the lesson with their neighbor group during household visits in the same way that the Care group-promoter shared it with them during the Care group meeting.

- First, **ask** questions about the caregiver's beliefs about women's and children's nutrition and health in their community and their interest in working with the program.
- Then, use the cover of the counseling cards to **show and explain** why pregnant and breastfeeding women, baby and father need to be smart, healthy and strong.
- **Probe** to find out more about concerns the caregivers have about working with the program and help **inform** solutions to those concerns with new information or a new perspective.
- Finally, **request** a commitment from each of the caregivers – mothers, fathers, grandmothers – about their willingness to participate in Care groups and try new practices each month to help their children and families grow smart, healthy and strong.
- Eventually, you will also **examine** the caregiver's commitment from the previous month to see if they have done what they committed to do or what support they may need to reach their goals. This will start when households begin making specific commitments related to new practices.

Every month, lessons will follow this format. The format will become easier to follow with practice. Take some time now for the Nutrition Volunteers to practice giving the lesson to a partner. Encourage them and provide feedback to help them improve.



## **PRACTICE & COACHING**

1. Let each Nutrition Volunteer go to the Lesson **Why Good Nutrition Matters** in the Nutrition Volunteers Lessons booklet and a set of counseling cards. Ask them to share the teachings they have learned with the person sitting next to them using the handout and the cover of the counseling cards. **Practice physical distancing. Stay at least 1 meter away from other persons. Two meters are suggested.**
2. They should try to teach the person next to them in the same way that the promoter used the flipchart to teach them.
3. After ten minutes, ask the women to switch roles. The other Nutrition Volunteer will share the teachings from the handout and cover of the counseling cards.
4. The Promoter should watch, correct, and help the Nutrition Volunteers who are having trouble.
5. When everyone is finished, answer any questions that the Nutrition Volunteers have about the materials, or today's lesson.

## Lesson 2: Feeding a Child 6-23 Months

### Key Messages

1. Families know the most important parts of feeding a child 6 to 24 months to make sure, the food is well used by the child's body to grow
2. Families feed children 6 to 24 months following FADDAUH: *frequency, amount, diversity, density, utilization, active feeding, and hygiene.*

Planning:	Materials
<p>NV, when you are scheduling your meeting with the household, make sure to invite the father, mother, grandmother, or other siblings who take care of the child under two.</p>	<ul style="list-style-type: none"> <li>• IYCF Counseling Card #14</li> <li>• <i>Child Health Reminder Card</i></li> <li>• IYCF: Feeding a Child 6-23 months – FADDAUH handout for Nutrition Volunteers (<i>one copy for each Nutrition Volunteer</i>)</li> <li>• <i>Optional: Action cards #6, 7, 8, 9</i></li> </ul>

### ASK

- **Encourage discussion by asking the questions below. DO NOT correct “wrong” answers. Let everyone give an opinion.**



- ? How often do you feed your child in a typical day?
- ? How much food do you feed your child in a typical day?  
How do you know how much your child eats each day?
- ? When you plant maize, what are some of the things you do to make sure it grows well?.

Review previous messages that you have discussed with the household:

- The first 1,000 days in a child’s life – from pregnancy through two years – are the most important for him to grow smart, healthy, and strong.
- Even if a child does not look malnourished, she may not be developing well in her brain and body.
- The importance of feeding your child a variety of foods.

Today we are going to talk a little more about feeding a child 6 to 23 months.

## SHOW & EXPLAIN

Ask the Nutrition Volunteers to look at their Child Health Reminder Card. Ask one volunteer (who has a child 6-23 months) the age of her child and help them identify the column in the “Feeding Each Day” section that matches the age of that child. Review the FADDAUH concepts for children of that age.

### Note to Facilitator:

For children 0-5 months, review the column for 0-6 months. This column is also reviewed during the Better Breastfeeding lesson.

? What do you see in this picture?



Using the Child Health Reminder Card, ask this question for each picture in the column of the child’s age. Discuss each of the important points listed on the card in that column.


	0-6 months	6-9 months	9-12 months	12-24 months
<b>What foods?</b>  <b>Diversity, Density</b>	<input type="checkbox"/> Mkaka wa kumawele basi   <input type="checkbox"/> Osampasa madzi kapena phala 	<input type="checkbox"/> Mkaka wa kumawele <input type="checkbox"/> Zakudya zofewa: • Phala yaikako nsinjilo, mikaka kapena mandanda/mazila; • Zipaso zofinya ndi ndio zamasamba, munga vikonde/nthoci, papaya kapena kotapela. 	<input type="checkbox"/> Mkaka wa kumawele <input type="checkbox"/> Kupya zina mwasalidya zimene namuno mukudya, kapena kumpata tuduwawa, otati muto wifika ai. <input type="checkbox"/> Phala labwino lomwe lili nazo zofunikira zonse. <input type="checkbox"/> Zakudya zochokera kuziweto  * monga: <input type="checkbox"/> Ndiyo zamasamba ndi zipatso  * monga:	<input type="checkbox"/> Mkaka wa kumawele <input type="checkbox"/> Zakudya zimene banja lonse ili kudya kopanda muto nthawi ino <input type="checkbox"/> Phala lomwe lili ndi zofunikira zonse <input type="checkbox"/> Zakudya zochokera kuziweto  * monga: <input type="checkbox"/> Ndiyo zamasamba ndi zipatso  * monga:
<b>How much?</b> <b>Amount</b>	<input type="checkbox"/> Mwana ayamwe mkaka utherethu mbali zonse ziwili zamawele  Kumanzele  Kumaledi 	<input type="checkbox"/> Mwana ayamwe mkaka kumbali zonse zamawele, panthawi imodzi yakuyamwa  Kumanzele  Kumaledi 	<input type="checkbox"/> Yambani ndi masupuni yatatu akulu - akulu pa nthawi lilyonse yokonzsa chakudya ndipo muzipita muchulukisako pomwe mwana akukula mpaka azidya mbale yonse  mizi 6  mizi 8  mizi 9 	<input type="checkbox"/> Mwana ayamwe mkaka kumbali zonse zamawele, panthawi imodzi yakuyamwa  mizi 12  mizi 24 
<b>How Often?</b> <b>Frequency</b>	<input type="checkbox"/> Nihawi lilyonse malinga ngati mwana akufuna kuyamwa. Kasanu ndi katatu 8 kapena khumi ndi kawili 12 usiku ndi usana 	<input type="checkbox"/> Yamwani mwana kasanu ndi katatu 8 kapena khumi imodzi 10 usiku ndi usana  <input type="checkbox"/> Dyesani mwana katatu patsiku ndi kumpatsako kakudya kena kowonjerapo. 	<input type="checkbox"/> Yamwisani kasanu ndi kamodzi kapena kasanu ndi katatu patsiku imodzi usiku ndi usana  <input type="checkbox"/> Mudieseni katatu patsiku ndi kumpatsako kakudya kena kowonjerapo. 	<input type="checkbox"/> Yamwisani mwana wanu kanai 4 kapena kasanu ndi kamodzi usiku ndi usana  <input type="checkbox"/> Mudieseni mwana katatu ndi caudya cina capadera cing'ono kawili patsiku 

<p>How to feed?  Active Feeding</p>	<input type="checkbox"/> Mai akhale bwino ndipo mwana amuyike paminyendo thupi lake lonse la mwana lipenye kwa mai.  <input type="checkbox"/> Onani kuti mikaka watha ku bele	<input type="checkbox"/> khalani ndi nthawi yoyamwitsilapo mwana.  <input type="checkbox"/> Mwana mupatulieni cakudya cake pa mbala yake	<input type="checkbox"/> Onani kuti mwana akudya cakudya conse pambale osasiyako ai.  <input type="checkbox"/> Ngati mwana akunyalanyaza kudya inu onani kuti mumudyesa pang'ono pang'ono, ndipo pemphani thandizo.	
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**Note to Facilitator:**  
**During household visits, for each child under the age of 2 in the household, Nutrition Volunteers should only review 1 column of the Child Health Reminder Card – the column of the child’s age.** Discuss with the Nutrition Volunteers that they can review the remaining columns with a particular household in a few months, when the child has grown older, and the information is relevant for the household.

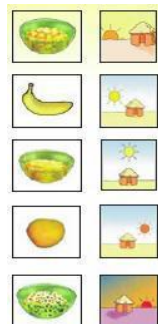
**However, the Nutrition Volunteers must understand the information in the “Feeding Each Day” section for children of all ages, because they will visit households with children of different ages.** After reviewing one column based on the age of a Nutrition Volunteer’s child, explain this to the volunteers. Then, review the information in the other three columns. Highlight any differences in the kinds of foods, amount of food, frequency of feeding, and how to feed as the child grows older.

Please remind households with children 6 to 24 months that there are no foods that a child 6-24 months cannot eat. **The most important thing is making sure that the food is prepared in a way that is easy for the child to eat.**



**Frequency** means how many times a day the child eats and breastfeeds.

? How many meals or snacks a day does this card show the child receiving?

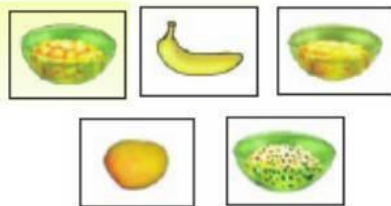


This picture shows us that the child between 9 - 12 months should be fed, either meals or snacks such as fruit, **five** times a day- early morning, mid-morning, midday, midafternoon, and evening. Children’s stomachs are small, so we must give them small amounts of food frequently.

**Amount** means what quantity of food the child eats each time he eats.



? You can see that the child is being given food five times in the day, but are the bowls completely full of food or only partly full?



This child's bowls are only partially full because his stomach is still small.

When he gets older, he can eat a larger amount at each meal.

**Diversity** means eating lots of different varieties of foods. You can see in the picture that the child is getting different kinds of food as meals and snacks. This ensures that he gets all the different kinds of foods that have different vitamins, minerals, protein, and other important things for good development of the brain and body and to protect against disease.



**Density** means eating foods that are full of good nutrition, not thin and watery or without many vitamins or minerals. For example, see the pictures of the two spoons. The thicker one is the kind we should be feeding our children, because the very liquid is mostly water and that will not help the child grow as well. It's like using only a small amount of fertilizer for your maize instead of the full amount.



**Active Feeding** means making sure that the child is encouraged to eat; caregiver comforts, responds and shows love to the child, and guides their exploration with their food

? What do you see in this picture?





Here, the mother is sitting with the child and helping her to eat. She is feeding the child from a separate bowl- this way she can see how much the child has eaten, and she can keep helping the child to eat until she has eaten all the food or is showing she is full (turning head away, pushing food away etc.).

- If you or others in your family are recovering from COVID-19, it is especially important to practice safe complementary feeding, starting at 6 months of age up to 24 months.
- Wash your hands, and have others wash their hands, with soap and clean running water for 20 seconds before preparing foods and before feeding your baby.
- Clean food preparation areas, including tables and cutting boards, with soap and clean water.
- If you or others have COVID-19, wear a medical mask when available or a cloth face covering when feeding the baby.

You can see there are many things to think about when feeding a child. We talked about frequency, amount, diversity and density and active feeding.



? We have learned about how we should be getting food into the child, but what happens to the food when it goes inside the child? What do you notice about how children eat when they are sick?

When children are sick they may eat less. And their bodies cannot absorb and use the good nutrition from their food as well as they normally can. If the child has worms, the worms use up the food the child eats. *It's like weeds or insects on your maize- you don't want them taking the strength from your maize.* So, the child is taking in less when sick and absorbing less when sick. In addition, when a child is sick, they need more energy to fight the illness, for example when they have a fever, or cough, they use up more of their energy and nutrition stores. We want to keep them free from illness, so they take full advantage of the nutrition that we are working hard to give them.

In addition to FADDA we have UH – utilization and hygiene – to help make sure children take good advantage of the nutrition we give them and do not get sick.



**Utilization** means how well the child's body can absorb and use the nutrition obtained from food. **Hygiene** is a very important part of ensuring that children stay healthy and can use the nutrition they are fed.

? What do you see in this picture?



This picture shows the most important thing you can do for hygiene to make sure your child is able to get good nutrition from the food you feed her- washing your hands and their hands with **soap and water, for at least 20 seconds** before touching food or feeding him.

Following these important concepts when feeding and caring for your young children will help them to grow and develop well now so that they are more productive in school and work when they are older, contributing to greater productivity for your family.

*Be sure to engage the father during the household visit, so that he can learn with his wife and support her to use good complementary feeding practices. Ask the following questions:*



? Who typically makes decisions about what is prepared for meals? Who decides who eats first, second, third, and last in the household?

? Father, what is your role in making sure your child gets the frequency of feeding, amount, density, and diversity of foods that he needs to grow smart, healthy, and strong?

**Note to Facilitator:**

Remember that other people, like grandmothers or elders, in the household also influence childcare and feeding practices. If these household members participate in the conversation, invite them to share how they can support good care and feeding practices, too!

*Remind the father that he plays a very important role in ensuring good feeding practices for his child, to make sure his child gets the frequency of feeding, amount,*

density, and diversity of foods, is actively fed and has good utilization and hygiene to grow smart, healthy and strong. Here are some examples of what the father can do to support good feeding practices:

- When planning with your wife what to plant in your fields, be sure to choose diverse foods that you can feed your family.
- Father, your family can invest in small fish or livestock production to make more diverse and nutrition dense foods available for household consumption.
- Father, you can feed your child actively, from his own bowl, encouraging him to eat even a little more.
- Father, you can make sure you wash both your hands and your child's hands with soap before eating.
- Father, you can make sure the mother has the resources she needs to be able to prepare enough food and a large variety of foods so that both she and your child eats well. Encourage her to serve diverse foods to the whole family.



### **ACTIVITY: FADDAUH Song**

Now to help us remember FADDAUH, let's sing a song together.

Make up a song together using the FADDAUH words. Sing a line, then have the caregivers sing the line back to you. Frequency (repeat Frequency) Amount (Amount) Diversity (Diversity) Density (Density). Active feeding (active feeding) Utilization (utilization) Hygiene (hygiene) smart and strong (smart and strong). Sing the song together again to remember it well.

Explain to the Nutrition Volunteers that they will also teach this FADDAUH song to their neighbor households during household visits to help them remember the FADDAUH concepts.



### **PROBE**

What do you think about these ideas? Is there anything that might prevent you from ensuring good frequency, amount, diversity, density, active feeding, utilization, and hygiene when feeding and caring for your children?

*Ask Nutrition Volunteers to talk to a volunteer sitting next to them for the next five minutes. They should share any personal concerns that they have about ensuring good frequency, amount, diversity, density, active feeding, utilization, and hygiene when feeding and caring for their children. Together they should try to find solutions to these worries and problems. After five minutes, ask the Nutrition Volunteers to share what they have discussed.*

**Possible concerns:**

- Caregivers may be concerned about being able to feed their children the recommended number of times per day, particularly during the agricultural season when both mothers and fathers spend a lot of time in their fields.
- Remind caregivers that, in between bigger meals, the small meals, or snacks should be foods that are easy to prepare and give to a child, such as an avocado, banana or a mango. Older siblings or grandmothers can also provide these foods to the child; mothers and fathers should not be afraid to ask for help with these tasks if they are very busy in their fields.
- Caregivers may be concerned about feeding their child from his own bowl, because it does not promote sharing, like eating from a shared plate does.
  - Remind caregivers of the importance of the first 1000 most critical days – how quickly their children’s brains and bodies are growing until they are two years old. Ensuring they are getting an adequate amount of food is critical during this period and feeding the child from his own bowl is an important way to know exactly how much he is eating. And, he does not have to compete with other family members for food during this critical period. When the child is a bit older, above two years, he can start to eat from the shared plate and begin learning the importance of sharing.



**INFORM**

*Help find solutions to any concerns they mention. Provide new information or a different perspective to help the Nutrition Volunteers (or caregivers) understand how they can move forward. Encourage other Nutrition Volunteers to contribute their ideas*

*of possible solutions – encourage discussion. If someone offers a good solution to another concern, praise her and encourage others to consider this solution.*



## REQUEST

Based on today's teachings, what commitment will you make? Father, what commitment will you make? Are you willing to count the number of different foods your child eats each day, to know the diversity of foods she is eating? Are you willing to count the number of times your child eats each day, to know how often she is fed? Are you willing to feed your child from his own bowl, so you know exactly how much he eats? Are you willing to add less water to your child's porridge, so it is thicker and denser with nutrition?

*Ask the Nutrition Volunteers/caregivers to say aloud the commitment they are making. Encourage the caregivers to make specific commitments, so they can see their progress and feel a sense of accomplishment after they follow through. For example:*

- *I commit to count the number of times my child eats each day, to know if he is fed often enough.*
- *I commit to feed my child from her own bowl, so I know exactly how much she eats.*
- *I commit to wash my and my child's hands with soap and water before eating.*

*Explain that next month, you will check their progress on their commitments.*



## EXAMINE

### **Note to Facilitator: Using Action Cards during the household visit**

During household visits, find an appropriate action card that is related to the caregivers' commitments, such as #6, 7, 8 or 9. Give the card to the caregivers to remind them of their commitments for the month.

Or, if the caregivers have a hard time making a commitment, choose the four related cards (#6, 7, 8, and 9), show each one of the cards to the caregivers, and ask them what they see in each picture. How is the picture related to today's lesson? Then, ask each caregiver to choose one card to try in the next

month. Ask them to keep the action card representing their commitment separate from the other cards, to remind them of their action for the month. Encourage them to use the card to discuss the action with other members of their family. When following up with them during your next visit, ask them which card they chose and whether they were able to keep their commitment.

*Ask the Nutrition Volunteers about the commitments they made last month – what were their commitments? Ask them to explain the ways in which they have kept their commitments, or if they found it difficult to keep their commitments, how can you help them meet their goals? Encourage them to try any practices they committed to do but have not yet done. If they are still facing challenges, remind them of solutions that were identified during the last meeting or help them find solutions to new, unexpected challenges they are facing.*



## **PRACTICE & COACHING**

- Let each Nutrition Volunteer go to the Lesson **Feeding a Child 6-23 months** from the Nutrition Volunteers Lessons Booklet. Nutrition Volunteers should also have the set of IYCF Counseling Cards previously given to them. Ask them to share the teachings they have learned with the person sitting next to them using the handout and IYCF Counseling Card #14, Child reminder card (and, if available, Action Cards).
- They should try to teach the person next to them in the same way that the promoter used the flipchart to teach them.
- After ten minutes, ask the women to switch roles. The other Nutrition-Volunteer will share the teachings from the handout and counseling cards.
- The Health/Sanitation Promoter should watch, correct, and help the Nutrition Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Nutrition Volunteers have about the materials, or today's lesson.

## Lesson 3: Catching Child Health Problems Early

### Key Messages

1. Caregivers identify the very first signs of illness and take appropriate action to prevent complications and severe illness.
2. Caregivers can shorten the duration of the child’s illness by treating it early.
3. Caregivers can save lives of their children from preventable disease by practicing good hygiene and health behaviors.

Planning	Materials
<p>NV, when you are scheduling your meeting with the household, make sure to invite the father, mother, grandmother, or other siblings who take care of the child under two particularly during the busy production/weeding seasons.</p>	<ul style="list-style-type: none"> <li>• IYCF Counseling Card #24</li> <li>• Catching Child Health Problems Early handout for Nutrition Volunteers (<i>one copy for each Nutrition Volunteer</i>)</li> <li>• Sample under-five cards (<i>Nutrition Volunteers to bring from their neighbor group households</i>)</li> <li>• Referral note</li> <li>• <i>Optional: Child Health Reminder Card</i></li> </ul>

### ASK

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- *Ask the question below to learn about current practices and beliefs within the community regarding child growth monitoring and use of the under-five growth card.*
- **Encourage discussion. Do not correct “wrong” answers. Let everyone give an opinion.**

? How do people in your community typically decide if they need to take their child to the health facility?



- ? How often do caregivers take their child to the clinic?
- ? Do you know what oedema is?

Even when families try to prevent illness in their household, children can become sick many times a year. Poor environments and illness in the community contribute to conditions that are difficult for families to control and that can make their children sick. It is important for families to know the signs that their child is sick and needs care from a health facility.

## **SHOW & EXPLAIN**

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Show IYCF Counseling Card #24 or the Child Health Reminder Card section “When to take your baby to the clinic”

- ? What do you see in this picture?
- ? What signs show that a child requires medical care?
- ? What should a caregiver do if they see these signs in their child?

Review each of the images on the counseling card (and shown below) and explain that all these images are danger signs that a child is sick. **If a family sees any of these danger signs in their child, they should take him to the health facility right away! If there is no health facility nearby, the caregiver should get in touch with the community health worker in the area.**

**Stops drinking or feeding well:** A general sign that a young child is very sick is that the child stops breastfeeding well. Refusing the breast may be an early sign that the child has a serious infection and is too weak to eat. The breastfeeding child who stops feeding well is not getting enough fluids. By being unable to breastfeed, he is not replacing the fluids he is losing. An older child may be too weak to drink or feed, or the child loses all interest in eating.  
**ACTION:** Encourage caregiver to prepare ORS from the





community health worker (CHW) or give boiled, cooled water or boiled rice water to keep the child hydrated and immediately take the child to a health facility.

**Has convulsions or fits:** When convulsing (shaking), the child's arms and legs stiffen, and the child may stop breathing. The child may lose consciousness and for a short time cannot be awakened. The convulsion may be related to a high fever, or the cause may be unknown. **ACTION:** The child needs to get to a health facility or, if possible, to a hospital where the cause of the fever may be identified, and treatment can begin immediately.



**Has difficult or fast breathing:** Caregivers will probably not be able to tell the cause of difficult breathing, but they can tell when their child's breathing has changed: it is noisy, labored, or difficult, or faster than normal. **ACTION:** The child needs to be taken to a health facility for early treatment before a severe infection begins.

**Feels hot or unusually cold:** Mothers and other caregivers usually can recognize when a child feels too hot. A burning body, a fever, is a sign that the child is sick. How to respond to their child's hot body, however, might be less clear. Local customs, for example, may interpret a hot body as a sign that a child is teething. Cold bodies might be temporarily caused by "the air". **ACTION:** Nutrition Volunteers need to help families understand that a hot or a cold body requires action. The child needs to go to a health facility for further assessment and treatment. For example, a fever might be the sign that the child is suffering from malaria or another illness.



**Has diarrhea or vomits everything taken:** A child with diarrhea or who is vomiting loses fluids and nutrients needed for the body. The child can become very weak and dehydrated. The lost fluids and nutrients need to be replaced very quickly. **ACTION:** The child needs to be taken to the clinic very quickly for treatment. If child is six months or above; Give the child with diarrhea fluids such as ORT or boiled, cooled water or boiled rice water on the

way to the clinic and continue breastfeeding. If the child is below six months; continue to breastfeed, you may need to feed more frequently as your baby could be dehydrated, so stay hydrated yourself.

**Looks swollen on both feet or on legs and the whole body (oedema):**

Caregivers may mistake swelling for weight gain. Nutrition Volunteers should be able to identify a child with nutritional oedema. Usually, it appears on the feet first, then moves up to the legs and the rest of the body. **ACTION:** Nutrition Volunteers need to check for oedema in children in their neighbor group.



? How do you identify a child with oedema?

*As you explain the steps, demonstrate how to check for nutritional oedema.*

Oedema is evaluated first on the top of the feet. Press gently with both of your thumbs, one on each foot (pressing on both feet at the same time), while you count: 121, 122, 123 (about 3 seconds).

Remove your thumbs. If a pit (indentation) is left in the foot after you remove your thumbs then the child has oedema. The pit will remain in both feet for several seconds. Do the same thing with the legs (below the knee), the back of the hands, and the face (around the eyes). Oedema typically appears in the feet first, then moves up the legs and to the rest of the body. If a pit remains after pressing your thumbs on the legs, back of the hands, and on the face, the oedema is very severe.



**Bilateral nutritional oedema and generalized oedema**

Nutrition Volunteers should regularly check the children for oedema. The Volunteer should inform the promoter and refer the child to the health facility when such a case arises. The Volunteer should also encourage

caregivers to be consistent in taking their children for growth monitoring and promotion.

**ACTIVITY: Understanding and interpreting danger signs**

*Nutrition Volunteers should have brought some sample under-five cards from their households. Break the volunteers into small groups (3-4 volunteers per group) and make sure each group has at least one under-five card. Use the under-five card to answer the following question:*

- ? What information do you see on the under-five card concerning general danger signs?

**Note to Facilitator:**

Use a sample under-five card, or the Child Health Reminder Card, to show where information about danger signs and when to take a child to the clinic can be found on the card.

During household visits, Nutrition Volunteers should show their households where they can find information about danger signs on the under-five card (or the Child Health Reminder Card). Knowing where they can find this information again can help remind caregivers about the important signs that they should take their child to the clinic.



- ? Why is it important to seek medical care quickly?
- ? What are the benefits of taking your child to the clinic every time you notice a danger sign?

When a child is sick, the family must recognize the signs immediately, and take her urgently for care at the health facility. Home remedies will not be sufficient to treat the child. At the clinic, caregivers have an opportunity to ask questions or seek advice from a health worker on how to solve any of the child's health problems. Going to the health facility early will not only save more children's lives, but it will also help the family save money because it will cost less to treat simple symptoms than advanced problems. Waiting until the illness is advanced can be very dangerous to the child and very costly for the family. **Most importantly, when a child receives the right treatment on time, it can save her life.**



Like you invest resources in your fields – such as labor time and fertilizer – so that your crop produces well, you must also invest resources in your children – like medical care and extra time to care for them when sick – so that they grow and develop well. Even if your family is busy in the fields or other work, if you see one of these danger signs, it is so important to take your child to the clinic. A trip to the health facility now could save you money on more expensive complications later and could save your child’s life.

*Be sure to engage the father during the household visit, so that he can learn with his wife about the importance of watching for danger signs and taking his child to the health facility early for treatment when sick. Ask the following questions:*



- ? Who is typically responsible for taking a child to the health facility? Who is responsible for making sure the resources are available that the family needs to take a child to the health facility (for example, money or a bicycle for transport)?
- ? Father, what is your role in ensuring your child receives health care whenever you or another caregiver sees a danger sign?

*Discuss with participants the role of the father and the role of the mother related to caring for a sick child. Who decides if the child needs to go to the health facility? Who takes the child to the health facility? Who makes decisions about providing the resources that are needed to make sure a sick child gets the health care that he needs – such as money for medicine or transportation to get to the clinic?*

*During the household visits, remind the father that his role is very important in ensuring that his sick child receives the care that he needs to recover and to continue to grow and develop well. Here are some examples of what the father can do to support his wife in caring for a sick child:*

- *Father, you can take your child to the health facility when he is sick to make sure he gets the care he needs. Or you can help your wife with her work around the house and in the field so that she has time to take him to the clinic.*
- *Father, you can learn these danger signs and watch for them if you think your child might be sick. If you see any, take her to the health facility immediately.*
- *Father, you, and your wife can make sure you have the resources you needs, such as money for medication or access to a bicycle or money for transport to take your child to the health facility when sick, to ensure she gets the care she needs.*



- ? How can Nutrition Volunteers help their neighbor group families when they notice one of the danger signs in their children?

Remember, the child with one or more danger signs must be taken to the health facility urgently. Nutrition Volunteer's efforts to assist the family may make the difference in whether the family leaves right away or delays the trip, until the child becomes sicker. If it is difficult for the family to get medical care, helping them get started may prevent significant delay.

**1. Teach the danger signs and importance of going to the health**

**facility:** First, you can make sure your families understand the danger signs that are discussed in this lesson, and why it is so important for their child to go to the clinic urgently if they see any of these signs. A health worker can identify the problem, and the child may need treatment that only the health facility can give.

**2. Use referral notes:** Encourage your households to find their CHW/CHA or Nutrition Volunteer as soon as they notice one of the danger signs, and request a referral note (a paper to give to the health facility). Nutrition Volunteers should work with a government trained CHW/CHA, who can assist with referring the sick child to the health facility. If no CHW/CHAs exist in the community, the Nutrition Volunteer can ask Neighborhood Health Committee (NHC) members to counter sign a written local referral form. If you do not have a local form, write a note with:

- a) The child's name and age
- b) Reasons for referral (e.g., child's body is hot, she is having difficulty breathing)
- c) Your name and position (e.g., Nutrition Volunteer, the name of your village)
- d) The date and time
- e) If you have been trained to assess children for danger signs, include your findings on the referral note

The family should bring the referral note with them to the health facility – it will help the health workers understand why the child is referred and what kind of support the child needs. Referral can help prevent delay in getting urgent treatment. *Show the sample referral note and explain how to use it.*

**3. Discuss barriers to taking the child to the clinic:** When a caregiver tells you they have seen a danger sign, always ask the family if they will be able to take the child to the health facility. If they say no, why not? Listen to any difficulties they mention that might prevent the family from accepting a referral or taking their child to the facility. Then, help them solve any problems that might prevent or delay taking the child for care.

For example, one barrier may be lack of transport to get to the clinic. Some communities may have no direct or regular access to transportation. You can organize assistance to a road where there is regular transportation service, or work with village leaders to organize transport to the health facility. See *other possible concerns and ideas for potential solutions in the “Probe” section, below.*

**4. Remind caregivers about important care practices on the way to the clinic:** If the child is still breastfeeding, advise the mother to continue breastfeeding on the way to the health facility. The mother should offer the breast more frequently and for a longer time at each feed. If the child is not breastfeeding, advise the caregiver to take safe (boiled and cooled) drinking water with them and offer it frequently. Offering fluids is especially important for children who are losing fluids due to vomiting or diarrhea – the lost fluid needs to be replaced.

Nutrition Volunteers can also advise caregivers to keep their child warm – but not too warm – on the way to the clinic. Body temperature is affected by the way caregivers cover the child’s body. To keep the child warm, help the family cover the child, including her head, hands, and feet with a blanket. If the child has a fever, covering the body too much will raise the temperature of the child. A light blanket may be enough to cover the child with a fever if the weather is warm.

**5. Follow up with your households after they visit the clinic:** After a child returns from the health facility, visit the family to follow up and support continued treatment and care at home. Ask the caregivers for the feedback form (part of the referral note that should be completed by the health worker who treated the child). This will help you understand what services the child received at the clinic and any medicine they are currently taking. Support the family to complete any treatment at home, including giving the child the full course of medicine on schedule.

When the child is being treated at home, emphasize the need to continue breastfeeding frequently or, if the child is not breastfed, to offer safe (boiled and cooled) water and other fluids until the child is well. Encourage the family to continue to play and communicate with the child, even while the child is sick. Gentle stimulation helps the child get well. It also supports the child to continue learning new skills even while sick.

Remind the family to continue to watch for danger signs. If the child does not improve, assist the family in taking the child back to the health facility for care.



? How do you and other caregivers prevent diseases in infant and young children

The goal for a child in the community is not just to help a child survive illness but help to prevent illness. Caregivers can save lives of their children from preventable disease by practicing good hygiene and health behaviors. The child needs a healthy life in order to grow and develop well.

Help parents and families know the importance of breastfeeding the child, vaccinating the child according to the immunization schedule, supplementation, and deworming the child, washing hands with soap and clean water, using an insecticide-treated bed net, and preventing injury in the growth and development of the child. Additionally, when a child is aged 6 months, begin to give them nutritious complementary foods and continue breastfeeding until at least 2 years old.



### PROBE

What do you think about these ideas? Is there anything that might prevent your households from catching the warning signs early that their children are sick, and taking their children to the clinic when they notice the danger signs?

*Ask Nutrition Volunteers to talk to a volunteer sitting next to them for the next five minutes. They should share any personal concerns that they have about watching for warning signs and taking children to the clinic when sick, and concerns they think might*

*prevent their households from taking their children to the clinic. Together they should try to find solutions to these worries and problems. After five minutes, ask the Nutrition Volunteers to share what they have discussed.*

**Possible concerns:**

- Caregivers may feel that the health facility is scary, and the people there will not be interested in helping their child.
  - Explain what will happen to the child at the health facility. Also, explain that you can write a referral note to help get care for her child as quickly as possible.
  
- Caregivers may feel that they cannot leave home because they have other children to care for.
  - Ask questions about who is available to help the family and locate someone who could help with the other children. Follow up with the father to help with taking care of the other children and explain the important role the father plays in supporting the mother with transport and other necessary things she may require as she takes the child to the health facility.
  
- Caregivers may be concerned that they do not have a way to get to the health facility.
  - Help to arrange transportation. In some communities, transportation may be difficult. Before an emergency, you may need to help community leaders identify solutions. For example, the community might buy a bicycle, or arrange transportation with a produce truck on market days.
  
- Caregivers may know their child is very sick and feel that the nurse at the health facility will send their child to the hospital to die.
  - Explain that the health facility and hospital have trained staff, supplies, and equipment to help the child. They can help save the child's life.



**INFORM**

*Help find solutions to any concerns they mention. Provide new information or a different perspective to help the Nutrition Volunteers (or caregivers) understand how*



they can move forward. Encourage other Nutrition Volunteers to contribute their ideas of possible solutions – encourage discussion. If someone offers a good solution to another concern, praise her, and encourage others to consider this solution.



## REQUEST

Based on today's teachings, what commitment will you make? Are you willing to commit to help your households understand the importance of watching for these danger signs and taking the child to the health facility as soon as one is observed? Remind Nutrition Volunteers that, during household visits, they should request commitments from both mothers and fathers, and any other caregivers who are present during the lesson.

Ask the Nutrition Volunteers to say aloud the commitment they are making. Encourage the volunteers to make specific commitments, so they can see their progress and feel a sense of accomplishment after they follow through. For example:

- I commit to encourage my households to take their children to the clinic when presents with one of these danger signs.
- I commit to help my households understand the importance of taking the child to the health facility.
- I commit to follow up with any of my households that are referred to the health facility, to learn
- What services they received and what additional support they may need after returning home.

Explain that next month, you will check progress on their commitments.



## EXAMINE

Ask the Nutrition Volunteers about the commitments they made last month – what were their commitments? Ask them to explain the ways in which they have kept their commitments, or if they found it difficult to keep their commitments, how can you help them meet their goals? Encourage them to try any practices they committed to do but have not yet done. If they are still facing challenges, remind them of solutions that were

identified during the last meeting or help them find solutions to new, unexpected challenges they are facing.



## **PRACTICE & COACHING**

1. Let each Nutrition Volunteer go to the Lesson **Catching Child Health Problems Early Matters** in the Nutrition Volunteers Lessons booklet. Nutrition Volunteers should also have the set of IYCF Counseling Cards previously given to them (and, perhaps, the Child Health Reminder Card). Ask them to share the teachings they have learned with the person sitting next to them using the handout and IYCF Counseling Card #24 (and Child Health Reminder Card if available).
2. They should try to teach the person next to them in the same way that the promoter used the flipchart to teach them.
3. After ten minutes, ask the women to switch roles. The other Nutrition Volunteer will share the teachings from the handout and cover of the counseling cards.
4. The Health/Sanitation Promoter should watch, correct, and help the Nutrition Volunteers who are having trouble.
5. When everyone is finished, answer any questions that the Nutrition Volunteers have about the materials, or today's lesson.

## Lesson 4: Food Processing, Preservation and Storage

*This lesson can be delivered to an individual household, neighbor households and Care groups*

### Key Messages

1. Practicing food processing, preservation and storage allows you to have increased availability of diverse foods for yourselves and your family year-round
2. Preserve vegetables, tubers, fruits, and animal source food using recommended methods and store them for use in the lean season.
3. Use recommended methods that prevent loss of nutrients and ensure food safety such as blanching, steaming, smoking, and drying in the shade.
4. Processing and preservation of surplus production can provide opportunity for value-addition and increase household income. This can contribute to good nutrition by increasing access to other foods from the market.

Planning	Materials
<p>NVs, make sure to schedule this lesson with the household or households at a time when father and mother will be there as well as other household members involved in food production for the child.</p> <p>HP, work with SP to include senior lead or lead farmers in the presentation of this lesson to strengthen the link to production and post-harvest issues discussed in farmer groups</p>	<ul style="list-style-type: none"> <li>• Food processing, preservation, and storage lesson for each Volunteer</li> <li>• Green leafy vegetable (i.e., Pumpkin leaves), Sweet potatoes, Mango, and any type of animal source protein for drying</li> <li>• Water, port firewood, drying basket or tray/mat, knife, dish</li> <li>• Optional: Action cards # 21, 23, 32</li> </ul>

### ASK

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- *Ask the questions below to learn about current practices and beliefs within the community regarding food processing and preservation.*

- **Encourage discussion. Do not correct “wrong” answers. Let everyone give an opinion.**



- ? What foods do people in your community preserve to be able to store and use later in the year?
- ? How do people in your community preserve those foods? What methods do they use?
- ? How and where do people store those foods?

Feeding yourselves and your child diverse foods is one of the important practices encouraged to improve nutrition and health. We have talked about child feeding practices in previous lessons. Do you remember what FADDAUH stands for? *Sing together the FADDAUH song to remember the important feeding practices.* Today, we will talk about different ways you can process or preserve foods to help ensure a variety of safe, nutritious foods are available to feed your children for longer periods of time. These dried foods can also provide a source of income later in the year when foods are less available, and people are willing to buy.

## **SHOW & EXPLAIN**

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During certain seasons, such as rainy season, there are many nutritious foods that are available to feed yourselves and your children. Many of these foods, which are mostly fruits and vegetables like mangoes or pumpkin leaves, are only ripe for a short period of time and have a short storage life. They quickly go bad if not properly stored.



- ? What is food processing?
- ? What is food preservation?
- ? What are some benefits of food processing and preservation?

Many people dry beans, groundnuts, maize, and some vegetables so more food is available for a longer period throughout the year. Different food processing and preservation methods can make food taste better, extend the life of the food so that it can be stored and eaten later, and ensure foods are safe to eat even if stored for a period. For example, it is best to dry grain and groundnuts on a raised surface, not touching the ground to protect from mold (including aflatoxins). Although you might be used to leaving your harvest in the field to dry or using iron sheets or mounds, all these practices will leave moisture in the grain. This makes the grain less valuable to sell and less safe to eat.

**Food processing** combines different foods together to make it more attractive and enjoyable to eat. Food processing can reduce cooking time and sometimes improves the nutrient value of the food. It also ensures that the food is safe to eat.

**Food preservation** stops a food from spoiling and preserves it for a longer time. Examples include dehydrating or drying, smoking, or using salt or sugar. These processes remove the water from the foods to prevent the food from rotting so they can be enjoyed later. The methods can be used for short term or long-term preservation. Food preservation helps to reduce food wastage during times of plenty and consume it during leaner periods.

Some food processing and preservation techniques preserve the nutrients in the food better than other methods. It is important to preserve foods so that as much of the foods' nutrients as possible can be retained, so that you and your child consume those nutrients when eating the food later.

### **Activity**

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*As a household or group, practice processing and preserving meat, sweet potatoes, mangos, and vegetables (pumpkin leaves or other leafy greens)*

#### **Protect your food supply from Aflatoxin**

The way in which we preserve and store our food can also make it safer to eat! Aflatoxins, a common fungus which can make your family sick, can be found in bad quality grains and nuts.

Aflatoxin can spread after the grain is harvested. It grows in wet, hot places.

Protect groundnuts from aflatoxin by storing them in the shell.

Do not shell until just before eating and eat only those full groundnuts which are not molded. Not the broken or moldy ones which are dangerous for your health.

Protect your grain from aflatoxin by making sure the grain is fully dry and sorting the grain before storing it. When you remove the broken and molded grain before storing your grain, it can't

using smoking, salting, or sugaring, smoking, blanching, or steaming before drying.

**Note to facilitator**

Blanching or steaming can be used to preserve the nutrients in many different types of vegetables, tubers and is optional for fruits before drying. For the demonstration, use pumpkin leaves or other leafy green vegetables, mangoes, pumpkin, and sweet potatoes since these foods are commonly available in these communities. Smoking, salting can help preserve flesh meats, (chicken, pork, beef) fish and other collected foods such as termites and country field mice. But remind participants that the method can be used with many different types of vegetables, tubers, cereals. However, some vegetables, fruits cannot be blanched. **DO NOT blanch tomatoes, onions, moringa, peppers and okra because they will lose flavor and texture**

**Below are** important concepts to highlight for ensuring dried vegetables retain as many nutrients as possible and are not contaminated while being dried:

**1. Do not over boil!** Boiling the vegetables for too long reduces their nutrient content. Blanch or steam for 2-3 minutes only to retain the nutrients.

**2. Dry vegetables in the shade!** Drying vegetables in the shade, rather than in the sun, helps the vegetables to retain more nutrients. In the same way as manure dried in the shade retains more nutrients to help your soil fertility, vegetables dried in the shade keep more of the vitamins and minerals to help your family remain healthy.

**3. Keep drying racks or trays off the ground!** This helps to prevent the drying vegetables from becoming contaminated with dust or insects. It also helps to improve air circulation, which is important for the vegetables to dry thoroughly and quickly.

*To help caregivers track the amount of time they have boiled their vegetables and help ensure they do not boil for too long, create a song about blanching and good vegetable drying practices that is exactly one minute long. Teach the song to caregivers during the lesson. Then, everyone can sing the song two or three times and know that they have boiled the vegetables for two or three minutes.*

**Drying vegetables and other foods to preserve nutrients** Pumpkin leaves and other leafy green vegetables, mangoes, sweet potatoes etc. are only seasonally available in many areas and are often dried to preserve them for later use. Mangoes are not commonly dried; these can be dried and be used later in the year. **Blanching** or **steaming** tubers and vegetables before drying helps to preserve the nutrients in them when they are dried. This is a great way to

preserve them for use in your family's meals, including your child's porridge later, when they are not available fresh.



You have already invested a lot of labor and money for seed and other inputs to plant and grow your crop or rear livestock or fishponds. Make sure your family benefits as much as possible from that investment by getting as much nutrition from what you grow and rear as possible. These food processing and preservation techniques will help you maximize the nutrition from what you grow and rear.

Before drying, it is important to select vegetables that are tender and fresh. The vegetables must be cleaned, and the tough parts removed. Be sure to boil or steam your leafy greens for only a short period—two to three minutes – to preserve as many of the nutrients in the leaves as possible. And boiling or steaming for such a short period saves you time and uses less firewood!

To demonstrate the different methods of processing and preservation, a variety of ingredients can be used as suggested below:

### **Blanching and Steaming**

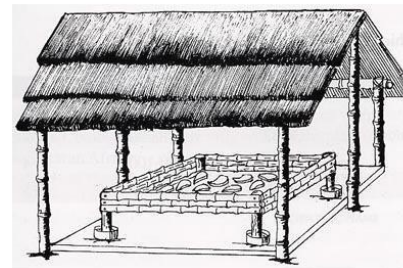
#### **Possible Ingredients**

- Leafy green vegetables such as Pumpkin leaves or Blackjack leaves etc., Tubers such as sweet potatoes, Cassava, and carrots and, meat, fish, or mice
- Water

#### **Method:**

- Clean the vegetables using running water
- Cut the vegetables; do not cut too thinly to avoid excessive loss of nutrients
- For tubers, peel, and slice (sweet potatoes, Cassava) and clean with running water
- Boil water for steaming or blanching of vegetables

Blanching	Steaming
<ul style="list-style-type: none"> <li>➤ <b>Vegetables:</b> Dip the vegetables in the boiling water</li> <li>➤ Boil for 2-3 minutes. <b>DO NOT</b> overboil vegetables. This causes loss of nutrients</li> <li>➤ Remove from heat and using a winnower. <b>DO NOT</b> leave vegetables standing in hot water</li> <li>➤ <b>Fruits:</b> Dip sliced fruit or tubers in boiling water and remove after a few seconds</li> <li>➤ Put vegetables, fruits or tubers on flat basket or tray to dry</li> </ul>	<ul style="list-style-type: none"> <li>➤ Place vegetables in a basket</li> <li>➤ Place basket above boiling water</li> <li>➤ Steam the vegetables for 1-3 minutes, just long enough to heat and soften them slightly</li> <li>➤ Turn them continuously while steaming</li> <li>➤ Put vegetables, on flat basket or tray to dry</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Dry in the shade</b> for 3-4 days or until fully dried. Drying in the shade helps to preserve the vitamins in the food, compared to drying in full sunlight. You can also use a solar dryer if it is available. To prevent molding, ensure good air circulation for drying. <b>Keep drying basket or tray off the ground</b> and cover with a piece of muslin cloth to protect your food from insects and dust.</li> <li>▪ Store dried vegetables, tubers, and fruits in a cool dry place in a covered container for use later.</li> </ul>	



### Smoking

This is a method of preservation that uses smoke to preserve the food. Smoking cooks and dries the product as well as changing the color and flavor. Used mostly on fish and meats/Chicken. Care should be taken when selecting the wood for smoking as others are bitter and produce off flavors

### Possible Ingredients

- Fish, meat (Beef, Goat), Chicken, mice


### Method

- Clean the fish, meat, chicken, or mice
- Slice or open the flesh
- Put on winnower to drain the water
- Once water is drained, add a bit of salt and smoke



Remember! Keeping food free from germs or contamination is critical to keep children and other family members from getting sick or not using all the good nutrition. When people are not healthy, they cannot utilize the nutrients in the food to their full benefit.

*Be sure to engage the father during the household visit, so that he can learn with his wife and support her to use good food processing, preservation, and storage practices. Ask the following question:*

	<p>? Father, how can you make sure you and your wife use these good food processing and preservation practices, to make sure your child gets as much nutrition as possible from the food you grow and the animal source foods such as meat, chicken, country field mice?</p>
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*Remind the father that his role is very important in promoting good food processing, preservation and storage practices and helping his family get the best nutrition from the food they eat. Here are some examples of what the father can do to support his wife:*

- *Father, you can build a drying rack for your wife so that you both have a place to dry vegetables in the shade and off the ground.*
- *Father, you can plan with your wife to make sure your family has leafy green vegetables available for eating and for drying, to store and eat later.*
- *Father, you can provide your wife with a PICS bag so she can safely store the grain and groundnuts for the family to eat.*
- *Father, you can construct a raised platform for drying grain and groundnuts safely.*



## PROBE

What do you think about these ideas? Is there anything that might prevent you from practicing good food preservation techniques, to ensure you are preserving as many nutrients as possible for you and your child to eat later.

*Ask Nutrition Volunteers to talk to a volunteer sitting next to them for the next five minutes. They should share any personal concerns that they have about practicing good food preservation techniques like blanching, steaming drying vegetables in the shade, and keeping them off the ground when drying. Together they should try to find solutions to these worries and problems. After five minutes, ask the Nutrition Volunteers to share what they have discussed.*

**Possible concerns:**

- Caregivers may be concerned that they do not have the materials required to practice optimal food preservation techniques.
  - Many households already dry vegetables and some fruits and tubers. A few simple practices can ensure they are getting the best nutritional value from those dried fruits, tubers, and vegetables as possible, and these practices do not require materials that are expensive or difficult to get. Blanching and steaming require less cooking time, and therefore use less firewood. Drying baskets or trays can be simple baskets or trays made from reeds or bamboo. Use something like a dish-drying rack to keep the drying baskets or trays off the ground – but make sure the rack is shaded.
- Caregivers may be concerned with the amount of time it takes to dry vegetables in the shade, rather than in direct sunlight.
  - It does take longer to dry vegetables in the shade, compared to in the direct sun. However, if there is good air circulation and you turn your vegetables occasionally when they are drying, it does not take that much longer – perhaps two days instead of only one. This extra time is an investment in your child’s nutrition because the vegetables dried in the shade will contain more nutrients for your child to eat.



**INFORM**

*Help find solutions to any concerns they mention. Provide new information or a different perspective to help the Nutrition Volunteers (or caregivers) understand how they can move forward. Encourage other Nutrition Volunteers to contribute their ideas of possible solutions – encourage discussion. If someone offers a good solution to another concern, praise her, and encourage others to consider this solution.*



## REQUEST

Based on today's teachings, what commitment will you make? Father, what commitment will you make? Are you willing to practice blanching or steaming before drying your vegetables, rather than boiling for a long time and losing lots of nutrients in the vegetables? Are you willing to commit to dry pumpkin leaves or other vegetables so you can still feed them to your child even when they are not available fresh? Are you willing to dry your vegetables in the shade, rather than in the sun, to help preserve their nutrients?

*Ask the Nutrition Volunteers/caregivers to say aloud the commitment they are making. Encourage the caregivers to make specific commitments, so they can see their progress and feel a sense of accomplishment after they follow through. For example:*

- *I commit to blanching my vegetables rather than boiling for a long time to help preserve the nutrients when drying.*
- *I commit to drying different types of vegetables so I can still feed them to myself and my child even when they are not available fresh.*
- *I commit to drying my vegetables in the shade rather than in full sunlight.*
- *I commit to keeping my vegetables off the ground when drying to keep them clean and protected from dust.*
- *[For fathers] I commit to building a drying rack for my wife, so she can dry vegetables in the shade*
- *and off the ground.*

### **Note to Facilitator: Using Action Cards during the household visit**

During household visits, find an appropriate action card that is related to the caregivers' commitments, such as #21, 23 & 32. Give the card to the caregivers to remind them of their commitments for the month. Or, if the caregivers have a hard time making a commitment, choose the related cards (#21, 23 and 32), show each one of the cards to the caregivers, and ask them what they see in each picture. How is the picture related to today's lesson? Then, ask each caregiver to choose one card to try in the next month. Ask them to keep the action card representing their commitment separate from the other cards, to remind them of their action for the month. Encourage them to use the card to discuss the action with other members of their family. When following up with them

During your next visit, ask them which card they chose and whether they were able to keep their commitment.



## EXAMINE

*Ask the Nutrition Volunteers about the commitments they made last month – what were their commitments? Ask them to explain the ways in which they have kept their commitments, or if they found it difficult to keep their commitments, how can you help them meet their goals? Encourage them to try any practices they committed to do but have not yet done. If they are still facing challenges, remind them of solutions that were identified during the last meeting or help them find solutions to new, unexpected challenges they are facing.*



## PRACTICE & COACHING

1. Let each Nutrition Volunteer go to the Lesson **Food Processing, Preservation, and storage** in the Care group-Volunteers Lessons booklet. This lesson does not require the IYCF Counseling Cards. Ask Nutrition Volunteers to share the teachings they have learned with the person sitting next to them using the handout (and Action Cards, if available).
2. They should try to teach the person next to them in the same way that the Health/Sanitation Promoter used the handout and demonstration to teach them.
3. After ten minutes, ask the women to switch roles. The other Nutrition Volunteer will share the teachings from the handout.
4. The Health/Sanitation Promoter should watch, correct, and help the Nutrition Volunteers who are having trouble.
5. When everyone is finished, answer any questions that the Nutrition Volunteers have about the materials, or today's lesson.

## Lesson 5: Handwashing

### Key Messages


1. Caregivers will wash their hands with soap and water at 5 critical times
2. Caregivers will encourage all family members to wash their hands with soap and water after using the toilet, before touching food, eating, or preparing meals, or handling a newborn baby.
3. How to wash your hands correctly, wet, apply soap, rub thoroughly, rinse with clean running water

Planning	Materials
Nutrition Volunteer, be sure to schedule this visit and lesson at a time when all household members will be home so that all members learn about how to protect themselves and their family from illness	Wash Action Card # 1,2, 3, 4, 5,

### ASK

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- Ask the questions below to learn about current practices and beliefs within the community regarding handwashing.
- **Encourage discussion. DO NOT correct “wrong” answers. Let everyone give an opinion.**

	<p>? When do people in your household typically wash their hands?</p> <p>? When do people in your household typically wash their hands with soap?</p> <p>? When do people in your household typically wash children’s hands?</p>
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### SHOW & EXPLAIN

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**Lead disgust exercise:** Ask household member to dirty his/her hands with mud and wash hands in a dish and give the same dish to others present to wash their hands from the same dish. How do they feel about this? Probably disgusted. But this is essentially what happens if they do not have a hand washing facility, and do not wash their hands with soap before eating or feeding their children. They eat dirt.

? Why is it so important to wash hands with soap and water?

Dirty hands carry many germs that can make you and your baby sick. **They can even carry a virus such as Covid-19.** These germs or **viruses** can cause diarrhea, **or respiratory infections such as Covid-19.** **Diarrhea is one of** a leading cause of death among young children. Contaminated fingers, flies, and contaminated food or water can spread germs. Good hygiene practices, like washing your hands with soap, are important to stop the spread of germs from dirty hands and to prevent costly disease.



- ? Show Action Card # 3. Allow time for caregivers to discuss answers to questions before providing an answer.
- ? What do you see in this picture?
- ? When are the most important times to wash hands for **20 seconds with soap** – for mothers, fathers, grandmothers, and all caregivers?
- ? When is it important to wash your baby's hands with soap?

Remember, washing your hands for **20 seconds with** soap and running water at certain times is the **MOST** important thing you can do to prevent your family from becoming sick and to help their bodies to be able to use all the good nutrition. If your child suffers from diarrhea, he/she will not be able to absorb all the nutrients from the food you feed him/her. The most important times for all household members to wash their hands with ash or soap are after touching poop or before touching food:

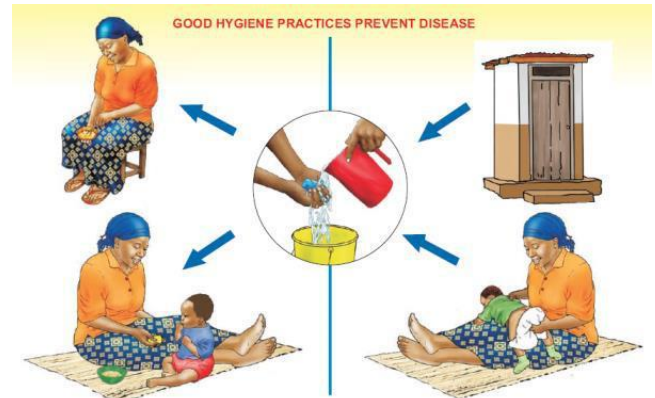
## Hand Washing

- After using the toilet

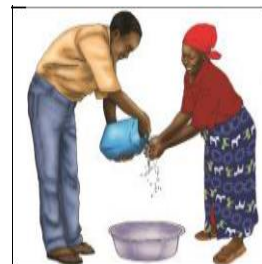
- After changing baby's nappies/diapers
- Before preparing food
- Before eating or feeding your child
- After touching dirty surfaces

In addition to your own hands, for those with small children it is also important to wash your child's hands for **20 seconds** with soap and running water before s/he eats. Washing your and your baby's hands at

these times is important so that you and your baby do not eat poop. Place a tippy-tap and soap/ash near the toilet to make it easy to wash hands every time you use the toilet or after throwing away the child's nappies or feces. If you do not have that tippy-tap close to the toilet you will forget to wash your hands and people can think you are dirty. It is also important to wash hands frequently, especially after blowing your nose, coughing, or sneezing into a tissue, cleaning your home and compound, after practicing agriculture, and after handling livestock or other animals.



Good hygiene practices are important for farmers, especially after handling livestock or working with chemicals – fertilizers, pesticides or herbicides – in their fields. When you are done working in your field, be sure to wash your hands with soap so you and your children do not eat dirt or chemicals, which are not good for your health.



- ? Is washing your hands with soap and water different from washing your hands with just water? Why is it important to use soap?
- ? Why is it important to use running water when washing hands?

Washing your hands for **20 seconds** with soap is very different from washing your hands with just water because it is the soap that removes germs from your hands. Water alone does not remove the germs or **viruses (such as Covid-19)** from your hands that can make you and your baby sick. Think about it if you get oil on your hands - the oil does not come off your hands unless you use ash or soap when washing them. Germs are like the oil - they will stay on your hands unless you use soap when you wash them.



It is important to use clean, running water when washing your own, and your baby's hands so that you do not re-contaminate your hands after washing them from the dirty water.



? What investment do you make to prevent damage in you maize

Many people invest in pest management practices to prevent insect damage or disease in their crops. Like with maize, investments must also be made to prevent disease in yourselves and your children. **Investing in soap for washing hands is one of the best investments you can make to prevent costly disease in your family.** Make sure that soap and water is nearby the toilet and where you eat.

#### Note to Facilitator

Soap may be expensive for some households to buy Soap may be expensive for some households to buy.

- ? What are some ideas for caregivers to get soap for handwashing?  
Discuss their ideas, and the following:
- ? Is soap used for bathing or other chores (washing clothes or dishes)?  
When this soap becomes small, use the remaining pieces to wash hands during the critical times discussed above.
- While it may seem expensive, a small investment in soap now can help prevent larger medical costs to treat diseases in their families or children later.
- Joining a community-based savings group can help you make sure that you have the resources you need to practice good hygiene. **The money you save in your savings can be used to purchase extra soap for hand washing**



? What role do men and women have in handwashing? What can you do together to help make sure your family wash hands at key time?



Be sure to engage the men and women, so that they can practice together good hygiene behaviors. Ask the following question:

Remind them all that their role is very important in promoting handwashing in the household to prevent the family from becoming sick. Here are some examples of what the father can do to support good hygiene:

- Men and women can buy soap and make sure everyone in the household uses it at all the right times to stay healthy.
- Men and women can bring soap to wash hands before eating. Help your children use the soap to wash their hands before eating. You can be a good example for your family.
- Father, be sure to wash your hands with soap after working in the fields, especially after using chemicals.



Men make sure you construct a hand washing facility such as a tippy tap for handwashing and together with the woman of the house make sure there is safe water and soap for hand washing.



### Probe

What do you think about these ideas? Is there anything that might prevent you from using good hygiene practices, to ensure that no one in your family is eating poop and to prevent costly disease?

Ask the Nutrition Volunteer to talk to the person sitting next to her for the next five minutes. They should share any personal concerns that they have about practicing good hygiene techniques like washing hands with soap. They should also discuss any barriers that might prevent fathers from supporting these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the group to share what they have discussed.



### Inform

*Help find solutions to any concerns they mention. Provide new information or a different perspective to help them understand how they can move forward. Encourage them to contribute their ideas of possible solutions – encourage discussion. If someone offers a good solution to another concern, praise her and encourage others to consider this solution.*

## Hand Washing Demonstration

Wash hands for  20 seconds following these steps



1 → 2 → 3 → 4 → 5 → 6 → 7 → 8 → 9

**Wet your hands under running water and apply soap**



- 

Rub your palms together
- 

Rub your fingers and palms and spaces between them
- 

Rub your fingers and thumbs
- 

Rub your nails and palms
- 

Rub your thumbs in your palms
- 

Rub your fingers in your palms



## REQUEST

Based on today's teachings, what commitment will you make? Men, what commitment will you make? Are you willing to wash your and your child's hands with soap before preparing food, eating, or feeding your child?

*Ask participants to say aloud the commitment they are making. Encourage the caregivers to make specific commitments, so they can see their progress and feel a sense of accomplishment after they follow through. For example:*

- *I commit to wash my child's hands with soap before s/he eats to make sure s/he does not eat poop.*
- *I commit to build appropriate handwashing facility for my household.*
- *I commit to give my wife the money she needs to purchase soap for handwashing.*
- *I commit to help other households to have a hand washing facility commonly used by all family members*

**Explain that next month, you will check progress on their commitments.**

### **Note to Facilitator: Using Action Cards during the household**

**monitoring** During household visits, find an appropriate action card that is related to the participants' commitments, such as *Action Card #1, 2, 3, 4, and 5*. Give the card to the caregivers to remind them of their commitments for the month.



## EXAMINE

*Ask the participants about the commitments they made last month – what were their commitments? Ask them to explain the ways in which they have kept their commitments, or if they found it difficult to keep their commitments, how can you help them meet their goals? Encourage them to try any practices they committed to do but have not yet done. If they are still facing challenges, remind them of solutions that were identified during the last meeting or help them find solutions to new, unexpected*

challenges they are facing. Refer them to other neighbors who have been successful with this practice.



## **PRACTICE & COACHING**

1. Let each Nutrition Volunteer go to the Lesson **Handwashing** in the Nutrition Volunteers Lessons booklet. They can use WASH Action Cards # 1, 2, 3, 4, and 5 which are for hand washing
2. They should try to teach the person next to them in the same way that the Field Supervisor/Health Facility Focal Point Person used the Action Cards to teach them. Practice physical distancing. Stay at least 1 meter away from other persons. Two meters are suggested.
3. After ten minutes, ask the Nutrition Volunteers to switch roles. The other Nutrition Volunteer will share the teachings from the handouts and counseling card.
4. The Health/Sanitation Promoter should watch, correct, and help the Nutrition Volunteer who are having trouble.
5. When everyone is finished, answer any questions that the Nutrition Volunteers have about the materials, or today's topic.

## Lesson 6: Better Breastfeeding

<b>Key Messages:</b>
1. Mother’s breastmilk is the very best and the only food the child needs before six months.
2. Breastmilk continues to be a very good and free source of nutritious food for the baby after 6 months
3. The more frequently a mother breastfeeds the better her milk production will be and the quicker her body will recover from childbirth.
4. When mother uses good breastfeeding positioning and attachment to the breast both the mother and the child are more comfortable
5. 5. Breastmilk also provides the baby natural protection against common diseases

<b>Planning</b>	<b>Materials</b>
NV, when you are scheduling your meeting with the household, make sure to invite the father, mother, grandmother, or other siblings who take care of the child under two.	<ul style="list-style-type: none"> <li>• IYCF counselling cards #3, 6 and 7</li> <li>• Better Breastfeeding feeding Lesson from the NV Lesson Booklet (one copy for each NV)</li> <li>• <i>Optional:</i> Child Health Reminder Card (One copy for each NV)</li> <li>• <i>Optional:</i> Nutrition Action Cards # 5, 12, 18</li> </ul>

### ASK

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This month, we want to talk about one specific type of food – one that is free, very nutritious, clean, and safe to feed your child, readily available and requires no preparation. What is this food? (*Answer: breastmilk!*)

- *Ask the questions below to learn about current practices and beliefs within the community regarding breastfeeding of children under two.*
- **Encourage discussion. Do not correct “wrong” answers. Let everyone give an opinion.**



- ? When do mothers in your community begin to breastfeed?
- ? For how long do mothers typically breastfeed their children?  
Until what age?
- ? What are the benefits of giving your baby only breastmilk for the first 6 months?
- ? Do people in your community have any special things they do to protect the baby's health when the baby is first born?

### **SHOW & EXPLAIN**

*Show Counseling Card #3. Allow time for caregivers to discuss answers to questions before providing an answer.*



- ? What do you see in this picture?
- ? What is the best food for babies in the first 6 months of life?
- ? At what age should complementary foods be introduced to young children?



**Exclusive breastfeeding for the first six months of life is so important for your baby to have the best start to life.** Breastmilk alone is the best food for your baby during the first six months – it helps your baby to grow smart, healthy, and strong. The first yellowish milk that the mother produces right when the baby is born is the very best natural protection for the baby's health: it is made to be medicine and food for the baby. The baby should never take any other medicine herbs or liquids that don't come from the mother's breast.

Babies need breastmilk from the moment they are born – and if you start breastfeeding immediately, it will help you to produce enough milk to feed your baby. For the first six months, your baby does not need any other foods or liquids – breastmilk alone provides everything your baby needs. Even during the very hot weather, breastmilk can satisfy your baby's thirst. Giving

water, tea, porridge or other foods or liquids during this time can make your baby sick and is dangerous to his health and growth.

Does it sometimes seem like your baby under 6 months old is unsatisfied after breastfeeding and needs additional food? Let's see if baby follows and reaches for a shoe just as well as he follows food and water. (*Find a shoe and move it around in front of baby. Does baby reach for it, just as he would reach for food or water? He probably does. This does not mean that he is hungry and wants to eat the shoe, just as it does not mean he is hungry if he reaches for food. Baby reaches for everything right now because he is learning about the world around him.*) Baby is not unsatisfied.

To ensure good growth, breastfeed your baby whenever he wants, in the day and night. Breastfeed your baby often, at least 8 to 12 times day and night, to help you make lots of breastmilk. Your breasts make as much milk as your baby takes – if your baby takes more, your breasts make more. If you do not breastfeed as often, your breasts make less milk.

If a breastfeeding mother falls pregnant she should continue to breastfeed, this is good for her and for her child. This does not hurt the growing baby.

**Note to facilitator:**


How do you know when a child is hungry? Crying is often a late sign of hunger. There are many early signs that show a baby wants to breastfeed:

- Restlessness
- Opening mouth and turning head from side to side
- Putting tongue in and out
- Sucking on fingers or fists

When a child is six months old, breastmilk alone no longer provides all the energy and nutrition that he needs to grow smart, healthy, and strong.

**Complementary foods should be introduced at this time.** (We will cover this in another lesson). However, breastfeeding should continue until the child is two years old or beyond for most children. If the mother is HIV positive and the child is HIV negative, breastfeeding should continue up to 12 months of age **while being fully supported for ART adherence.** **Breastfeeding** should only be stopped if a nutritious and safe diet without breastmilk can be provided




	<p><i>Show IYCF Counseling Card #6.</i></p> <p>? What do you see in this picture?</p> <p>? How can you ensure your baby is breastfeeding well?</p> <p>? How should a baby be attached to the breast?</p>
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To make sure your baby is breastfeeding well and getting all of the benefits of breastmilk, you must make sure he is attached properly to the breast. To help your baby attach well, tease his lower lip with the nipple, in order for him to open his mouth wide, then quickly move him toward the breast. The baby's mouth should cover a large part of the areola (dark area around the nipple). His chin should touch the breast and both lips should be turned outwards.

Hold your baby close to the breast while breastfeeding. You know your baby is suckling well if he takes slow deep suckles, sometimes pausing. You may be able to see or hear your baby swallowing after one or two suckles. Suckling should be comfortable and pain free for you.

	<p><i>Show IYCF Counseling Card #7.</i></p> <p>? What do you see in this picture?</p> <p>? What are the benefits of good positioning of the baby at the breast during breastfeeding?</p>
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The position of your baby while breastfeeding is also important to ensure he suckles well and gets all the benefits of breastmilk to help him grow smart, healthy and strong. Good positioning helps both you and your baby to be comfortable during breastfeeding. When your baby suckles well, it also helps you to produce a good supply of breastmilk.

When positioning your baby, remember that he should be:

- **Straight** – his head, back and buttocks should be in a straight line
- **Facing you** and able to look up at your face
- **Close** to you and brought to the breast
- **Supported** – the whole body should be supported, not just the head and shoulders

- 



The positions shown in these pictures are all good breastfeeding positions, where baby is straight, facing you, close and supported. Let's practice some of these positions together.

You can help make sure your baby gets enough breastmilk by emptying both breasts at each feed. Allow baby to suckle if he wants. Also, empty one breast before offering the second breast to your baby. These practices will ensure your baby is getting enough breastmilk and help you to produce a good supply of breastmilk.

- **Nutrition Volunteers should re-assure and support all mothers to initiate and continue to breastfeed their infants – even if they are suspected or confirmed to have COVID-19.**
- In a case of suspected or confirmed Covid-19 family members, mother and others who are caring for the baby to use a medical mask when available or a cloth face covering.
- **To date, the COVID-19 virus has not been found in amniotic fluid or breast milk, which means that the virus is not being transmitted during pregnancy or through breast milk. Breast milk still provides antibodies which protect the child from diseases.**



*Many breastfeeding women continue to work in their fields or other paid and unpaid labor. As such it can be difficult to ensure good breastfeeding practices. Discuss the below questions with Nutrition volunteers (or caregivers during the household visit) to understand how for breastfeeding women, leaving the home for long periods of time without the infant might affect her ability to practice good breastfeeding techniques.*

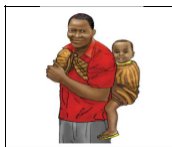


? Now that we've discussed the importance of breastfeeding, what in your experience prevents women from being able breastfeed exclusively?

? What can men and others in the household do to support exclusive breastfeeding, especially during the busy agriculture season?

Even if you are working in the fields, it is important to take a break to breastfeed, to make sure your baby has good attachment and good position.

*Be sure to engage the father during the household visit, so that he can learn with his wife and support her to have good breastfeeding practices. Ask the following question:*



? Father, how can you support your wife to breastfeed your child well, even during the busy times?

*Remind the father that his role is very important in helping his wife to use good breastfeeding practices so that his child gets the best start to life. Here are some examples of what the father can do to support his wife:*

- *When mother is working in the field or elsewhere, encourage her to take breaks so that she can breastfeed the baby appropriately, with good attachment and good position.*
- *Encourage the mother to exclusively breastfeed until baby is six months old, even if grandmothers try to give baby water, tea or porridge.*
- *Help your wife with some of her daily work, like cooking, so that she has time to breastfeed baby as often as baby needs.*
- *Encourage your wife to remember to wash hands with soap and water for 20 seconds before holding the breast for the baby to prevent the baby from getting sick from COVID-19 and other diseases*

**Note to Facilitator: Using the Child Health Reminder Card with this lesson**

If available, use the Child Health Reminder Card with the Nutrition Volunteers (or household) to review the “Feeding Each Day” concepts for children 0 to 6 months. Remember, many breastfeeding practices apply to all children under two, since they are still breastfeeding. We will continue to use the card with lessons and will review other sections of the card over the coming months.



### **ACTIVITY: Role Play**

Split the Nutrition volunteers into two or three groups. Ask each group to create a role play based on one of the following topics (a different topic for each group):

1. The importance of exclusive breastfeeding until 6 months of age
2. How to position a baby well for optimal breastfeeding and the importance of good positioning of a baby during breastfeeding. *Include the four points to remember when positioning a baby to breastfeed (straight, facing you, close, supported).*
3. A mother is concerned about the amount of breastmilk her baby is getting and about her supply of breastmilk. What advice can we give the mother?

Have each group of volunteers perform their role play for the other group(s). Were any important ideas missing from the role play? Ask each group to perform their role play during a community event during the upcoming month.



### **PROBE**

What do you think about these ideas? Is there anything that might prevent you from giving your baby the best start to life by exclusively breastfeeding until 6 months and ensuring good attachment and positioning when breastfeeding your baby?

*Ask Nutrition Volunteers to talk to a volunteer sitting next to them for the next five minutes.*

*They should share any personal concerns that they have about exclusively breastfeeding or attachment, positioning, and other optimal breastfeeding behaviors. Together they should try to find solutions to these worries and problems. After five minutes, ask the Nutrition Volunteers to share what they have discussed.*

**Possible concerns:**

- Mothers may be concerned about the time required to breastfeed as often as her baby would like. Given her other responsibilities during the day, she may feel rushed and not feel like she can take the time for long, affectionate feeding sessions and to empty both breasts.
  - *Encourage husbands and other family members to participate in the lesson, or for the mother to share the information from the lesson with her family. Breastfeeding is an essential component to ensuring children grow smart, healthy, and strong.*
  - *Encourage other family members to help the mother, so that she can take the time she needs to frequently, adequately, and affectionately breastfeed her baby.*
- Some mothers may be concerned about the amount of breastmilk that they produce, and that it is not enough to meet the needs of their babies. Many of the optimal breastfeeding practices that we discussed today help to ensure an adequate supply of breastmilk. Remember, your breasts make as much milk as your baby takes. If your baby takes more, your breasts make more. If you do not breastfeed as often, your breasts make less. Follow these practices to ensure your breasts make a good supply of breastmilk for your baby:
  - *Start breastfeeding immediately after birth. This will help you to produce enough milk to feed your baby.*
  - *Breastfeed your baby often, whenever she wants during the day and night. Frequent breastfeeding – at least 8 to 12 times, day and night, for children below 6 months – helps you make lots of breastmilk.*
  - *Make sure your baby is attached well to the breast and positioned well; then, she will suckle well and help you to produce a good supply of breastmilk.*
  - *Let your baby suckle if she wants. Remember, the more she takes, the more breastmilk you will produce.*
  - *Empty both breasts during each feeding. Finish feeding your baby from one breast before giving milk from the other breast.*
  - *Eat a nutritious, diverse diet and an extra small meal or snack each day. Remember, as a lactating mother, you must get the nutrition and energy you need to be able to produce enough breastmilk for your baby.*
- If a breastfeeding mother becomes pregnant she should continue to breastfeed. This is good for her and for her child. This does not hurt the baby growing inside.



## INFORM

*Help find solutions to any concerns they mention. Provide new information or a different perspective to help the Nutrition Volunteers (or caregivers) understand how they can move forward. Encourage other Nutrition Volunteers to contribute their ideas of possible solutions – encourage discussion. If someone offers a good solution to another concern, praise her, and encourage others to consider this solution.*



## REQUEST

Based on today's teachings, what commitment will you make? Are you willing to say no to family members who want to give your baby under 6 months water, tea or porridge? Are you willing to take the time you need to position your baby well and allow her to suckle for as long as she would like, even if when you are working in the field/elsewhere? Are you willing to breastfeed your baby whenever she wants during the day and night? Are you willing to count the number of times you breastfeed your baby each day to understand how frequently she feeds? Father, what commitment will you make?

*Ask the caregivers to say aloud the commitment they are making. Encourage the caregivers to make specific commitments, so they can see their progress and feel a sense of accomplishment after they follow through. For example:*

- *We commit to say no if family members want to give baby under 6 months old water, tea, or porridge – or anything other than breastmilk.*
- *I commit to emptying both breasts during each feed.*
- *I commit to breastfeed my baby whenever she wants during the day and night.*
- *[For pregnant women] I commit to start breastfeeding immediately after birth to help make sure I can produce enough breastmilk to feed my baby.*
- *[For fathers] I commit to encourage my wife to take breaks when she is working in the field so she can breastfeed our baby well.*
- *[For fathers] I commit to support my wife to give our baby only breast milk, and no other foods, until baby is 6 months old, even if my mother continues to*

*suggest giving additional food before 6 months. (See above for other ideas about how fathers can support their wives to breastfeed their children well.) Explain that next month, you will check their progress on their commitments.*

**Note to Facilitator:** Using Action Cards during the household visit  
During household visits, find an appropriate action card that is related to the caregivers' commitments, such as #5, 12, or 18. Give the card to the caregivers to remind them of their commitments for the month.  
Or, if the caregivers have a hard time making a commitment, choose the three related cards (#5, 12 and 18), show each one of the cards to the caregivers, and ask them what they see in each picture. How is the picture related to today's lesson? Then, ask each caregiver to choose one card to try in the next month. Ask them to keep the action card representing their commitment separate from the other cards, to remind them of their action for the month. Encourage them to use the card to discuss the action with other members of their family. When following up with them during your next visit, ask them which card they chose and whether they were able to keep their commitment



## EXAMINE

*Ask the Nutrition Volunteers about the commitments they made last month – what were their commitments? Ask them to explain the ways in which they have kept their commitments, or if they found it difficult to keep their commitments, how can you help them meet their goals? Encourage them to try any practices they committed to do but have not yet done. If they are still facing challenges, remind them of solutions that were identified during the last meeting or help them find solutions to new, unexpected challenges they are facing.*



## PRACTICE & COACHING

1. Let each Nutrition Volunteer go to the Lesson **Better Breastfeeding** in the Care group-Volunteers Lessons booklet. Nutrition Volunteers should have the set of IYCF Counseling Cards previously given to them (and, perhaps, the Child Health Reminder Card and/or Action Cards). Ask them to share the teachings they have learned with the person sitting next to them using the handout and IYCF Counseling Cards #3, #6 and #7 (and Child Health Reminder Card and Action Cards, if available).
2. They should try to teach the person next to them in the same way that the Health/Sanitation Promoter used the flipchart to teach them.
3. After ten minutes, ask the women to switch roles. The other Nutrition Volunteer will share the teachings from the handout and counseling cards.
4. The Health/Sanitation Promoter should watch, correct, and help the Nutrition Volunteers who are having trouble.
5. When everyone is finished, answer any questions that the Nutrition Volunteers have about the materials, or today's lesson.





