Food and Nuntrition Security Enhanced Resilience(FANSER) Project

Care Group Annex to Health Promoter Facilitation Guide: July 2021.

Acknowledgements

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Handout 2A: Project Goal, Objectives, Results and Activities

[Cut into individual strips]

Goal

The nutritional situation of people living in food-insecure households in districts of Luapula and Eastern Provinces especially of women of reproductive age and children under the age of 2 years, has improved.

Objectives

Scaling of recommended feeding practices for children under 2 and nutrition of women of reproductive age
Target households adopt improved nutrition-sensitive hygiene practices among women of reproductive age and children under 2
Diversification of dietary intake through reliable access to safe and nutritious foods
Planning and coordination capacities at district-level is improved Improved intra-household, joint decision-making with a focus on enhancing women's control over resources and household nutrition and male care-taker support on nutrition actions

Results

Care-Group model (Use of Volunteers from within the community)
Collaboration with Government & private sector extension services that encourage diversification of food groups.
Water, sanitation, and hygiene promotion
Community Led Total Nutrition- communities working together to solve nutrition problems
Savings and Internal Lending communities-increasing income and resilience for poor households.
Gender trans-grational approach- Improved male engagement in all program activities

Activities

Conduct monthly nutrition counseling and support sessions at households (ENAs, IYCF)
Support growth monitoring and promotion sessions
Refer children and mothers to health facilities)
Conduct Triggering
Promote kitchen gardens
Form SILC Groups
Promote male engagement in all program activities

Handout 2B: Project Goal, Objectives, Results and Activities
Answer Table

Goal: The nutritional situation of people living in food-insecure households in districts of Luapula and Eastern Provinces especially of women of reproductive age and children under the age of 2 years, has improved.

Goal	Out comes	Approaches
The nutritional situation of people living in food-insecure households in districts of Luapula and Eastern Provinces especially of women of reproductive age and children under the age of 2 years, has improved.	The Quality & diversity of nutrition of unsafe women has improved	• Care-Group model (Use of Volunteers from within the community) • Community Led Total Nutrition • Collaboration with Government & private sector extension services that encourage diversification of food groups. • Advisory services on hygiene and sanitation. • Gender trans-grational approach- Improved male engagement in all program activities • Savings and Internal Lending communities- increasing income and resilience for poor households.
	Children 6 to 23 months in target households receive a minimum acceptable diet.	
	Targeted households adopt improved hygiene and sanitation practices	

Handout 3A: Care Group Diagrams

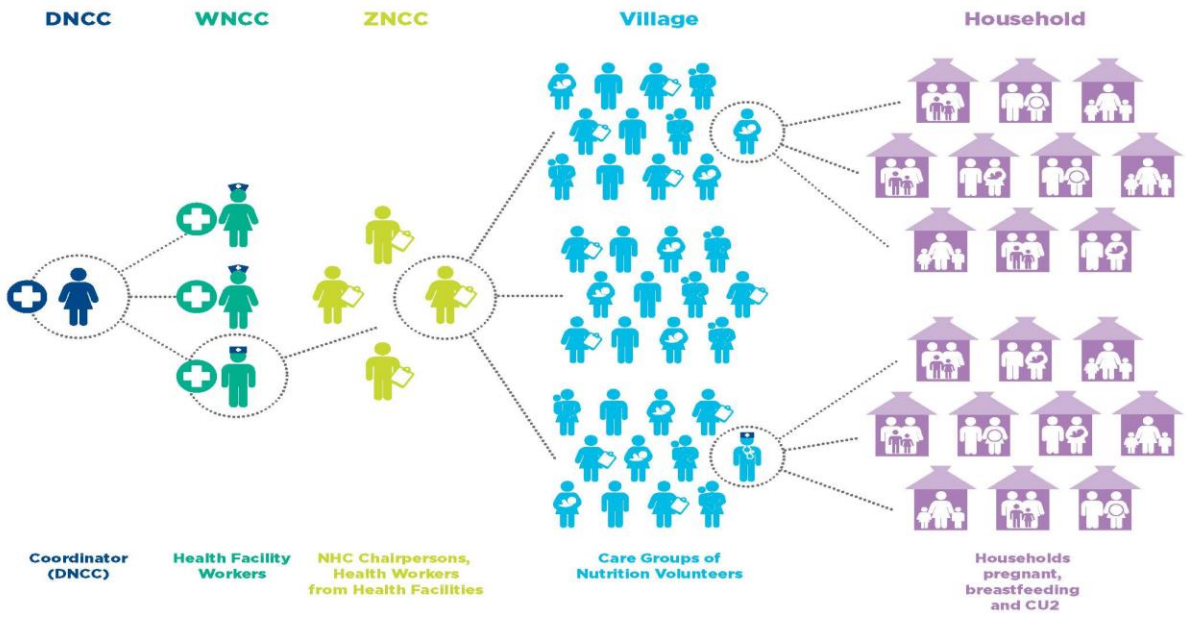
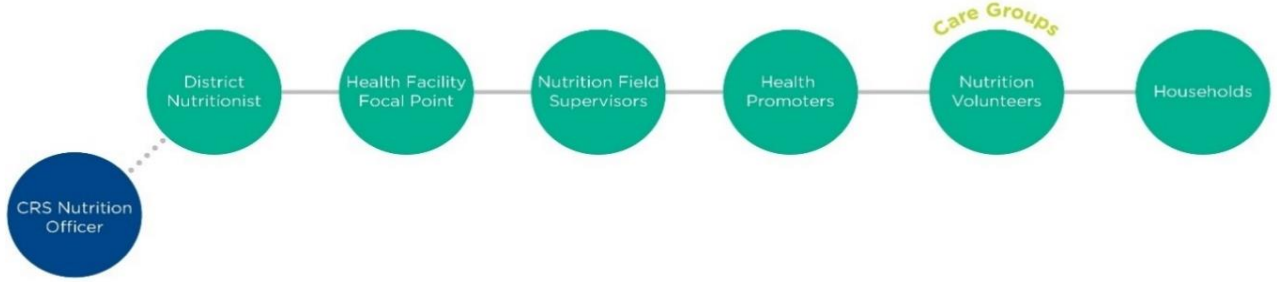


Figure 3: Proposed GIZ-FANSER Project Care Group structure in health facilities



Handout 3B: Description of Skits for First 1000 Days Role Play

[Cut each scenario and give to group performing that scenario]

Scenario 1:

Mrs. Banda is pregnant. She and her husband are eating a meal together of nsima and eggs. As they are eating, Mrs. Banda tries to take some of the eggs, but her husband tells her, no. She is pregnant and is forbidden to eat eggs. Mrs. Banda eats only nsima. The scene changes and Mrs. Banda is in the hospital holding her newborn baby. She complains that the baby looks small and sickly. She is afraid that her baby might die. The nurse explains that it is important to eat nutritious foods while pregnant so that her baby develops a strong and healthy body. She must eat proteins like eggs and lots of vegetables with nsima. A healthy newborn will be able to fight disease and stay alive. The nurse also explains that Mrs. Banda must start eating these foods now so that she will be feeding her newborn good, nutritious breastmilk. Mrs. Banda and her husband agree and say that from now on she will eat good foods.

Scenario 2:

Mrs. Sakala is a busy woman. She has a baby named Innocent Sakala. She still breastfeeds her 1 ½ year old baby, but she is too busy to sit down and feed him other foods during the day. She gives Innocent to his elder sister who is 8 years old during meal time. The sister gives Innocent only nsima to fill his belly but eats all the meat and relish herself. The scene changes and Innocent is now an 11 year old boy in school. He is shorter than many of the other boys. He sits at his desk but cannot stay still. He is trying to copy from the board but he is getting upset. The teacher asks him, “Innocent, what does 2+2 equal?” Innocent looks confused and answers, “3?” The teacher shakes her head. The scene changes and the teacher is sitting with Mrs. Sakala. He explains to her that Innocent is not doing well in school. He cannot keep up with the other children, and it seems that he is even growing slower than many other boys.

Handout 3C: Causes of Death in Children less than 5 Years of Age

Under-5 deaths that could be prevented in the 42 countries with 90% of worldwide child deaths (2000)

	Estimated number of preventable deaths	Estimated proportion of all preventable deaths
Preventative Interventions		
Breastfeeding	*1,301,000*	*13%*
Insecticide-treated materials	*691,000*	*7%*
Complementary feeding	*587,000*	*6%*
Zinc	*459,000*	*5%*
Clean delivery of babies	*411,000*	*4%*
Hib vaccine	403,000	4%
Water, sanitation, hygiene	*326,000*	*3%*
Antenatal steroids	264,000	3%
Newborn temperature management	*227,000*	*2%*
Vitamin A	*225,000*	*2%*
Tetanus toxoid	161,000	2%
Nevirapine and replacement feeding	150,000	2%
Antibiotics for premature rupture of membranes	133,000	1%
Measles vaccine	103,000	1%
Antimalarial intermittent preventive treatment in pregnancy	22,000	<1%
Treatment Interventions		
Oral rehydration therapy	*1,477,000*	*15%*
Antibiotics for sepsis	583,000	6%
Antibiotics for pneumonia	577,000	6%
Antimalarials	467,000	5%
Zinc	394,000	4%
Newborn resuscitation	359,000	4%
Antibiotics for dysentery	310,000	3%
Vitamin A	8,000	<1%

In the table above, we are looking at the number of deaths in children under 5 that can be prevented in the 42 countries with 90% of worldwide child deaths. If we look at the shaded boxes above, we see low technology behaviors that can be cheaply and easily implemented in most village communities within these countries. The total number of deaths that can be prevented by starting these behaviors is **5,704,000**. That is **5,704,000** children under 5 saved from death. Another way to look at this is that **57%** of the total number of deaths in children under 5 can be prevented by simple behavior changes.

*Adapted from Jones G, Steketee R, Bhutta Z, Morris S and the Bellagio Child Survival Study Group. “How many child deaths can we prevent this year?” Lancet 2003; 362: 65-71.

Handout 3D: Care Group Reference Table Completed

GIZ-FANSER Project Care Group REFERENCE TABLE		
1. Program Essentials	**# Nutrition Officer/District Nutritionist**	1
	#Nutrition Field Supervisor/Health Facility Focal persons:	District specific
	# Health Promoters:	District specific
	#Sanitation Promoters:	District specific
	# Of CG**'s per Health/Sanitation Promoter:**	5-6
	# Of NVs per CG**:**	10
	# Of HHs per Neighbor Group:	10
	NV (gender, age, and child status required):	Must be from a household with WRA, pregnant or lactating woman, or care giver of a child under two, must be selected by Neighbor HHs
	HHs (gender, age, and child status required):	HH must contain WRA,pregnant or lactating woman (any age) or a child under two years old (GIZ-FANSER HH)
1a. Coordinator Supervision	**Who does Nutrition Officer/District Nutritionist report to?**	CRS Program Manager/Principal Nutritionist
	Who does the Nutrition Officer/District Nutritionist supervise?	Provides technical support to Nutrition Field Supervisor/Health Facility Focal person but does not directly supervise them
	How often do they make supervisory visits?	With the DNNC Members, visits Nutrition Field Supervisor/Health Facility Focal persons once per month, plus regular monthly meeting with all Supervisors
1b. Supervisor Supervision	**Who do Nutrition Field Supervisor/Health Facility Focal person's report to?**	Nutrition Officer/District Nutritionist and Health Facility In-charge provides oversight
	Who does the Nutrition Field Supervisor/Health Facility Focal person supervise?	Health/Sanitation Promoters
	How often do they make supervisory visits?	Visit each Health/Sanitation Promoter twice per month, plus one monthly meeting with all HPs and SPs
1c. Promoter	**Who do Health/Sanitation Promoter's report to?**	Nutrition Field Supervisor/Health Facility Focal persons

	Who does the Health/Sanitation Promoter supervise?	Nutrition Volunteers (50-60)
	How often do they make supervisory visits?	Should visit a minimum of two Nutrition Volunteers per month, during a HH visit
2. Training	**Who trains Nutrition Field Supervisor/Health Facility Focal persons in** CG **curriculum and how often?**	Nutrition Officer/District Nutritionist trains on one lesson per month, during regular monthly meeting with Supervisors
	Who does refresher trainings with Nutrition Field Supervisor/Health Facility Focal persons about CG **curriculum and how often?**	Nutrition Officer/District Nutritionist working with other DNCC members once a year
	Who trains Health/Sanitation Promoters in CG **curriculum and how often?**	Nutrition Field Supervisor/Health Facility Focal persons, one lesson per month during regular monthly meeting
	Who trains NVs in CG **curriculum and how often?**	Health/Sanitation Promoters, one lesson per month during regular monthly CG Group meeting
	Who trains HHs in **curriculum and how often?**	Nutrition Volunteers, once per month during monthly HH visit
3. CG Curriculum	**What are the Lesson titles for your** Health/Sanitation Promoters**?**	First five lessons are: (1) Better Breastfeeding (2) Feeding a child 6-23 months (3) Catching Child Health Problems Early (4) Handwashing (5) Food processing and Preservation Additional lessons are yet to be developed, but follow the MAIYCN counseling cards
	How many months will it take to teach the CG **curriculum?**	The curriculum is not yet fully developed but will likely take about two years to teach the full curriculum
	Who will or has developed the CG **curriculum?**	CRS technical team
4. M&E	**What information will be tracked by Nutrition Field Supervisor/Health Facility Focal persons?**	HH visits, referrals made to health facilities or, topic of messages delivered, successes/challenges in adopting new practices and others as decided by FANSER stakeholders
	What surveys will you conduct as part of your Health Promoter? How often will you conduct them?	Baseline, KAP, Barrier analysis, Mid- line and End line surveys.

5. Other	**Additional Questions:**	

Handout 4A: Care Group Program Characteristics – Completed

A. Characteristic		*B. FSNP*	*C. Why is this important?*
1. Essential Information			
1	Target Group?	Households with PLW or CU2	Targeting women and children under two is a 'window of opportunity' where pregnant women and young children are most vulnerable to death and disease and where health interventions can have the greatest impact.
2	Coverage of target group?	100% of HH with PLW or CU2 in FANSER target communities	In order to create a supportive social environment for behavior change, it is important that many mothers adopt the new practices being promoted. Behavior change is much more likely to happen when there is regular, direct contact with <u>all</u> mothers of young children (rather than reaching only a small proportion of mothers), and probably more likely when there is contact with all households in a community (but this approach will probably be more costly).
3	How many members of a Neighbor Group?	10	We want to ensure this number is low (maximum of 15, 10-12 is better) to assure volunteer is not overworked.
4	How many members of a Care Group?	10	As with focus group discussions, with fewer than six members, dialogue is often not as rich and with more than 16, there may not be enough time for everyone to fully contribute and participate.
5	How are CG Volunteers chosen?	Nutrition Volunteers are selected by members of the Neighbor Group	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. The community will be somewhat reluctant to listen to their ideas. If it is "one of their own" they are already comfortable and ready to hear.
6	Distance between CG Volunteer and her Neighbors?	10 - 45 minutes (walking)	It is preferable that the CG volunteer does not have to walk more than 45 minutes to get to the furthest house that she visits so that regular visitation is not hindered. (In many CG projects, the average travel time is much less than this.) This also makes it more likely that she will have a prior relationship with the people that she is serving.
2. Supervision			
7	How many Care Groups does a Health Promoter supervise?	5-6	For Promoters to know and have the trust of those with which they work, it is best to limit the number of volunteers with which they work to no more than 150. Some social science research confirms that the maximum number of people with whom we can have a genuinely social relationship is about 150 people. That would be almost 9 Care Groups. FSNP is aiming at no more than 5-6 Care Groups with 10 members. That would be 50 volunteers and will help guarantee good relationships between volunteers and Health Promoters.

A. Characteristic		*B. FSNP*	*C. Why is this important?*
8	Mentoring of Nutrition Volunteers?	Each month, the Promoter should supervise at least one CG Volunteer from each of her Care Groups	This should be done through direct observation of skills following the CG meeting.
9	Supervision of Health Promoters?	Two supervisory visits per Health Promoter per month	For Promoters to be effective, regular, supportive supervision and feedback is necessary on a regular basis (monthly or more).
3. Training			
10	How often does the Nutrition Volunteer contact and teach her assigned Neighbors?	At least once per month	In order to establish trust and regular rapport, the CG Volunteer should have at least monthly contact with Neighbor Women. Overall contact time between the CG Volunteer and the Neighbor Woman (and other family members) correlates with behavior change.
11	Instructional time when Health Promoters teach Nutrition Volunteers?	1 -2 hours per meeting, one meeting per month	CG members are volunteers, and as such, their time needs to be respected. We have found that limiting the CG meeting time to 1-2 hours helps improve attendance and limits their requests for financial compensation for their time. (This instruction should include interactive and participatory methods.)
4. Care Group Curriculum			
12	Educational materials used by Nutrition Volunteers to communicate health messages?	Pictorial flipcharts; mobile phones for select Nutrition Volunteers	Providing visual teaching tools to Volunteers helps guide health promotion, gives them more credibility in the households and communities, and helps to keep them “on message” during health promotion. The visual nature of the teaching tool also helps mothers to receive messages by both hearing it and seeing it.
13	Education methods (for Care Group Meetings)?	Participatory	Principles of adult education should be used since they have been proven to be more effective than lecture and more formal methods when teaching adults
5. Monitoring & Evaluation & Formative Research			
14	What information do the Nutrition Volunteers and Health Promoters collect?	Attendance, referrals, MUAC, successes and challenges	A low attendance rate (<70%) at Care Group meetings is often an indication that something is wrong somewhere, either with the teaching methodology or the promoter attitude, and helps the organization to identify problems early in the project. Information on how the program is successful or what challenges volunteers face will feed back into the project to improve quality and effectiveness.

A. Characteristic		*B. FSNP*	*C. Why is this important?*
15	Formative research?	Positive Deviance Inquiry, Barrier Analysis	These formative research tools help our program to determine the needs and current resources of communities while identifying the challenges communities face in changing their behavior. Formative research also helps assure that the behaviors promoted by project staff are feasible for community members.

Handout 5A: Community List of Households from FANSER Census

VillageName	HouseholdID	LastName	Sex	PregLact	CU2
Domino	30306034001	Lungu	Male	No	No
Domino	30306034002	Zulu	Female	No	No
Domino	30306034003	Tembo	Female	No	No
Domino	30306034004	Jere	Male	Yes	No
Domino	30306034005	Chulu	Female	Yes	Yes
Domino	30306034006	Tembo	Female	No	No
Domino	30306034007	Mstini	Male	No	Yes
Domino	30306034008	Jere	Male	Yes	Yes
Domino	30306034009	Sakala	Male	No	No
Domino	30306034010	Tembo	Male	No	No
Domino	30306034011	Mwanza	Male	Yes	Yes
Domino	30306034012	Miti	Female	Yes	No
Domino	30306034013	Lungu	Male	No	No
Domino	30306034014	Shumba	Male	Yes	Yes
Domino	30306034015	Jere	Male	Yes	Yes
Domino	30306034016	Mwanza	Male	Yes	Yes
Domino	30306034017	Tembo	Male	Yes	Yes
Domino	30306034018	Mbewe	Male	No	No
Domino	30306034019	Ngoma	Male	No	No
Domino	30306034020	Shaba	Male	Yes	Yes
Domino	30306034021	Milanzi	Male	No	No
Domino	30306034022	Ngwenyama	Male	Yes	Yes
Domino	30306034023	Ndhlovu	Male	No	No
Domino	30306034024	Msendo	Male	Yes	No
Domino	30306034025	Msendo	Male	No	No
Domino	30306034026	Daka	Male	No	No
Domino	30306034027	Daka	Male	No	Yes
Domino	30306034028	Njobvu	Male	No	No
Domino	30306034029	Tembo	Male	No	Yes
Domino	30306034030	Njobvu	Female	Yes	No
Domino	30306034031	Ngwenyama	Male	No	No
Domino	30306034032	Banda	Male	No	No
Domino	30306034033	daka	Female	No	Yes
Domino	30306034034	Lungu	Female	Yes	Yes
Domino	30306034035	Ngwenyama	Male	Yes	Yes
Domino	30306034036	Zulu	Female	No	No
Domino	30306034037	Tembo	Male	No	No
Domino	30306034038	Nyoni	Female	Yes	No
Domino	30306034039	Phiri	Male	Yes	Yes

Handout 5B: Neighbor Group Register

HHID	Mother's Name	Pregnant (Y/N)	HH has a child U2? (Y/N)	Community Area	Temporary CG #
NV* -					

*Please write the Nutrition Volunteer who is elected by the Neighbor Group in the row that is shaded gray.

Handout 6A: Care Group Team Essential Responsibilities

Nutrition Volunteer Essential Responsibilities

1. Visit 10 Neighbor households at least once a month to promote behavior change using an educational flipchart.
2. Meet once every month or two with the neighbor group to conduct group cooking sessions, kitchen garden demonstrations, or other group activities.
3. Report to the Health Promoter on a monthly basis the number of Neighbor households they have visited or who attended the group activities.
4. Refer PLW or CU2 to the health facility as necessary.
5. Support CLTN activities
6. Mobilize Neighbor households to participate in community activities that will benefit their families such as Immunization Campaigns, food distribution, and/or latrine construction.
7. Attend Care Group meetings (the monthly trainings) provided by the Health Promoter.
8. Report problems that cannot be solved at the household level to the local leadership and request support and collaboration from the Health Promoter.
9. Model the health, nutrition, and sanitation behaviors they are teaching Neighbor households.

Health Promoter Essential Responsibilities

1. Coordinate activities at the local level and maintain cooperation with other institutions at community level such as the village council, churches and schools.
2. Facilitate organized, participatory learning sessions with each of their Care Groups (made up of 10 Nutrition Volunteers) every month, following the lesson plans in the educational materials provided.
3. Collect and analyze household data from Nutrition Volunteers and write project reports.
4. Attend monthly Training and Reporting Meetings provided by the Field Supervisor. From these trainings, Health Promoters should be able to accurately replicate trainings received with Nutrition Volunteers, sharing correct information and demonstrating skills learned.
5. Model the health, nutrition, and sanitation behaviors they are teaching to Nutrition Volunteers in their own homes, located in the community.
6. Visit and monitor each Nutrition Volunteer. Supervise the work of Nutrition Volunteers by accompanying them on home visits to Neighbor households.
7. Assist with other program activities such as: National Vaccination Days, distribution of Vitamin A and deworming medicine, weighing of children <5years of age, or other community health events.
8. Help coordinate and conduct CLTN activities

Health/Nutrition Field Supervisor/Health Facility Focal Point Persons Support Responsibilities

H/N Field Supervisors are responsible for the performance and professional development of the Health Promoters. They hold monthly meetings in which they review flipchart lesson plans and collect feedback and reports from Health Promoters. They are also required to visit each of their Health Promoters in the field twice a month. Your H/N Field Supervisor is the person you should approach if you are experiencing any challenges or have questions regarding your work.

Nutrition NO/DN (Technical Quality Coordinator) Support Responsibilities

The Nutrition NO/DN provides overall technical leadership, guidance, and support. She assists in the development of educational materials used by the H/N Field Supervisors, the Health Promoters, and the Nutrition Volunteers. The Nutrition NO/DN directly supports and trains H/N Field Supervisors and may sometimes join H/N Field Supervisors during visits with Health Promoters to support you in the field.

Handout 6B: Characteristics of Nutrition Volunteers

[Print one set for each group of 3-4 people]

To be willing to work as a volunteer
Desire to serve their neighbors
Female
Positive Attitude
Having children <6 months or is pregnant
Models' good hygiene, sanitation, and nutrition practices
Respected by the community
Capable of leading a discussion with 12 women
Expressing an interest in health issues

Is not addicted to alcohol
Children of the mother are more than 24 months or no longer live
Active member of a political party
Does not smoke
To be married or widow after legal marriage
Knowing to read and write
Religious and devoted (of any religion)
Has a bicycle
Has children in good health
At least 3 years of primary education

Her husband is a good (moral) man
Has a good social relationship with community (churches, pastors, regional chiefs) leaders
Has between 18 and 40 years of age
Has a good relationship with existing community health workers
Midwife or traditional healer

Handout 6C: Essential Characteristics of Nutrition Volunteers as Identified by FANSER H/N Field Supervisors

Required (Must Have)	Desired (Good to Have)	Not Necessary
Must be selected from and accepted by the CG neighbor households ***Able to read and write in local language***	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	Midwife or 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 person from a household with a target group (PLW, WRA 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		

Handout 8A: Training Table (page 1 of 2) DO NOT CUT THIS PAGE

Training	Lead Trainer	People receiving the training	Length of the Training	Frequency	Materials
	Field Supervisors				
	Health Promoters				
	Nutrition Volunteers				

Handout 8A: Training Table (page 2 of 2)

Cut the squares out, mix them up and place in a pile at the start of each team's line (under a rock or in a small tin).

Field Supervisors	Health Promoters	2 hours	Monthly	Review of the lesson in flipchart and lesson plan
Health Promoters	Nutrition Volunteers	1-2 hours	Monthly	Flipchart and brief Lesson Plan
Nutrition Volunteers	Neighbor HHs	1 hour	Monthly	Flipchart and Talking Points

Handout 8B: Training Table Answer Key

Training	Lead Trainer	People receiving the training	Length of the Training	Frequency	Materials
	Field Supervisors	Health Promoters	2 hours	Monthly	Review of the lesson in flipchart and lesson plan
	Health Promoters	Nutrition Volunteers	1-2 hours	Monthly	Flipchart and brief Lesson Plan
	Nutrition Volunteers	Neighbor HHs	1 hour	Monthly	Flipchart and Talking Points

Handout 8C: Sample of Monthly Care Group Meeting Agenda

Activities	Objectives	Specific Actions
Review of the flipchart lesson (20 minutes)	• To reinforce key health messages • To reinforce activities which accompany the teaching of the lesson.	• Use the Lesson Plan Template to help you remember each part of the lesson. • Demonstrate / model the teaching of the entire lesson with emphasis on key talking points. • Practice all demonstrations with the Volunteers.
Practice and Coaching (30-60 min)	• To ensure Volunteer are able to teach the lessons effectively.	• In pairs, the Volunteers teach the lessons to each other; the Promoter watches and coaches them.
Review NV Hardcovers (30 minutes)	• To gather information for monthly reports on visits, referrals and vital events. • To meet monthly and quarterly targets.	• NVs fill out hardcovers based on feedback from visits. Hardcovers track behavior change, referrals and any significant HH events. • Promoter creates monthly report and that feeds into Supervisor reports.
Discuss solutions to problems that have risen. (15-30 minutes)	• To help Volunteers overcome problems (difficulties with teaching or vital events that need intervention [ex. Cholera]).	• Discuss good things that are happening as well as the challenges. • Work together to solve challenges and find a way forward.
Discuss plans for upcoming events (community or organization events) (10 min)	• To prepare Volunteers and the community for upcoming events. • To ensure that no other events are planned that conflict with activities.	• Confirm availability of Volunteers and awareness of community about events. • If a conflict is found, work together to find a solution or reschedule events.

Handout 9A: ASPIRE

ASPIRE Steps for Health/sanitation Promoter

Ask about current practice

- Greets Nutrition Volunteers.
- Confirms Nutrition Volunteers' willingness to meet with him/her at that time
- Asks the Nutrition Volunteers about progress with nutrition practices related to the most recent lesson.
- Health/Sanitation Promoter gives the Nutrition Volunteers time to talk (does not interrupt).
- The Health/Sanitation Promoter uses body language to demonstrate that s/he is paying attention.
- Health/Sanitation Promoter paraphrases what the Nutrition Volunteer says during group training
- Health/Sanitation Promoter recognizes and praises any progress that the caregiver has made in practicing the behavior.
- Health/Sanitation Promoter uses simple language,
- Health/Sanitation Promoter uses open ended questions to allow a discussion

Show and Explain: Introduce the new skills and practice

- Health/Sanitation Promoter should be able to present current month's nutrition counseling lesson
- Health/Sanitation Promoter uses at least one job aid during the lesson training to help Nutrition Volunteer understand the proposed behavior.
- Health/Sanitation Promoter demonstrates where appropriate, the skill to Nutrition Volunteers (i.e., Handwashing, food preservation etc.)

Probe about (anticipated) barriers to the new practice

- Health/Sanitation Promoter asks Nutrition Volunteers about perceived challenges expected in trying the new behavior being discussed during the training session.
- Health/Sanitation Promoter uses open ended questions to allow a discussion

Inform caregiver,WRA and PLW ways to overcome barriers (to new behavior)

- Health/Sanitation Promoter probes Nutrition Volunteers to identify realistic options for overcoming barriers to change. Options are suggested by Nutrition Volunteers, not by Health/Sanitation Promoter.
- Health/Sanitation Promoter provides COMPLETE information on the lesson(s) presented
- Health/Sanitation Promoter provide ACCURATE information on the lesson(s) presented

- Health/Sanitation Promoter speaks loudly and clearly

Request a verbal commitment in front of others

- Health/Sanitation Promoter supports Nutrition Volunteers in describing the behavior change that Nutrition Volunteer wants to make (ex: Health/Sanitation Promoter helps Nutrition Volunteer to explain benefits of the new behavior)
- Health/Sanitation Promoter asks the Nutrition Volunteer to repeat the agreed-upon new behavior that the Nutrition Volunteer commits to trying.

Examine Previous behavior commitment/s

- Health/Sanitation Promoter asks Nutrition Volunteer to describe their experiences in practicing the last behavior change to which they committed.
- Health/Sanitation Promoter encourages Nutrition Volunteer to describe barriers encountered and solutions used. Motivators to doing a committed behaviour.

Practice and coaching.

- Nutrition Volunteers take turns to deliver a lesson to a fellow volunteer.
- Health/Sanitation Promoter allows Nutrition Volunteers to give feedback to fellow Nutrition Volunteers

Handout 10A: Health Promoter's Checklist for Mentoring a Nutrition Volunteer

District/Camp/Village:_____
Nutrition Volunteer being visited: _____
Health Promoter completing the form: _____
Number of Neighbor Women under Nutrition Volunteer:_____
Date of Visit: _____

EVERY VISIT: Take time to find out how the Nutrition Volunteer is doing, how you can help him/her, and what challenges or success he/she has encountered since your last visit.		
1.	**Observe Nutrition Volunteer Teaching a Neighbor Household**	
a.	As you observe, take notes on positive points and points in which the Volunteer could improve.	
b.	Review all points with nutrition volunteer in private after teaching is done.	
c.	Talk to some of the Neighbor Households to assess their participation level, interest in program, quality and consistency of the NV's work.	
d.	Ask to visit some of the HHs that the NV reported teaching to verify they received the lessons as the NV reported.	
2.	**Review the Nutrition Volunteers Hardcover**	
a.	Ensure that the NV Hardcover being kept is a safe, dry place.	
b.	Ensure that all visits to HHs have been marked over the last 6-12 months.	
c.	Review notes taken by NV in regards to visits to HHs.	
d.	Ensure the volunteer includes referrals, behavior changes and other vital events in the NV Hardcover.	
3.	**Visit Neighbor Households**	
a.	Using the NV Hardcover, randomly select a few HHs to visit. Verify that they exist, that they are visited monthly by the NV and that they understand what they learn.	
b.	Verify that the NV is conducting planned cooking demonstrations and kitchen garden demonstrations (if applicable, not all NVs will have kitchen gardens) at least once every 2 months.	
c.	Verify that HH feels comfortable with NV and is receiving relevant health advice.	
4.	**Visit the Nutrition Volunteer's Household**	
a.	Verify that she has a latrine, with a lid and a roof.	
b.	Verify that she has a hand washing station with water, soap, and/or ash.	
c.	Verify that she is drinking water is clean and stored in clean covered containers.	
d.	Verify that she has a dish drying rack.	
e.	Verify that she has a mosquito net for every bed or sleeping mat.	
f.	Verify that her children are regularly vaccinated, dewormed, receive vitamin A, and have good nutrition.	
g.	If applicable, check on the upkeep of the kitchen garden.	

Acheivements/Benefits:_____
_____
_____
_____
_____
_____
_____

Challenges/Constraints:_____
_____
_____
_____
_____
_____
_____

Providing Feedback:

- Thank and encourage the Nutrition Volunteer for her good work; according to the performance you have observed using this checklist.
- Review areas for improvement based on observations.
- Signs of respect:
    - Be careful to correct the Nutrition Volunteer in private and not embarrass or humiliate her in front of the people she works with.
    - Respect the Nutrition Volunteer and what she already knows and does.
    - Always ask how she feels about her performance before telling her.

Handout 10B: Observation and Mentorship Actions Game

[Print one copy]

The other teams will try to guess the supervision category: **"Observe Nutrition Volunteer Teaching a Neighbor Household"**
a. As you observe, take notes on positive points and points in which the Volunteer could improve.
b. Review all points with nutrition volunteer in private after teaching is done.
c. Talk to some of the Neighbor Households to assess their participation level, interest in program, quality and consistency of the NV's work.
d. Ask to visit some of the HHs that the NV reported teaching to verify they received the lessons as the NV reported.

The other teams will try to guess the supervision category: **"Review the Nutrition Volunteers Hardcover"**
a. Ensure that the NV Hardcover being kept is a safe, dry place.
b. Ensure that all visits to HHs have been marked over the last 6-12 months.
c. Review notes taken by NV in regard to visits to HHs.
d. Ensure the volunteer includes referrals, behavior changes and other vital events in the NV Hardcover.

The other teams will try to guess the supervision category: **"Visit Neighbor Households"**
a. Using the NV Hardcover, randomly select a few HHs to visit. Verify that they exist, that they are visited monthly by the NV and that they understand what they learn.
b. Verify that the NV is conducting planned cooking demonstrations and kitchen garden demonstrations (if applicable, not all NVs will have kitchen gardens) at least once every 2 months.
c. Verify that HH feels comfortable with NV and is receiving relevant health advice.

The other teams will try to guess the supervision category" **"Visit the Nutrition Volunteer's Household"**
a. Verify that she has a latrine, with a lid and a roof.
b. Verify that she has a hand washing station with water, soap, and/or ash.
c. Verify that she is drinking water is clean and stored in clean covered containers.
d. Verify that she has a dish drying rack.
e. Verify that she has a mosquito net for every bed or sleeping mat.
f. Verify that her children are regularly vaccinated, dewormed, receive vitamin A, and have good nutrition.

g. If applicable, check on the upkeep of the kitchen garden.

Handout 11A: Nutrition Volunteer Observation Checklist

MONTHLY CARE GROUP VOLUNTEER OBSERVATION CHECKLIST		
District:	***Health facility:***	***Zone:***
Name of Nutrition Volunteer being supervised: _____	***Sex of NV*** ☐ M ☐ F	***Name of Nutrition Volunteer being supervised:*** _____
Number of Caregivers/PLW supported by NV: _____		***Date of visit: _____***
Number/Name of the Lesson being delivered: _____		

Quality Dimensions	***YES (1) OR NO (0)***
Ask about current practice	
1. Did the Nutrition Volunteer greet caregiver?	
2. Did the Nutrition Volunteer confirm caregiver's willingness to meet with the Nutrition Volunteer at this time	
3. Did the Nutrition Volunteer ask the caregiver/PLW about progress with nutrition practices related to the most recent lesson?	
4. Did the Nutrition Volunteer give the caregiver time to talk (does not interrupt)?	
5. Did the Nutrition Volunteer use body language to demonstrate that s/he is paying attention?	
6. Did the Nutrition Volunteer paraphrase what the caregiver was saying	
7. Did the Nutrition Volunteer recognize and praise any progress that the caregiver has made in practicing the behavior?	
Show/introduce the new skills and practice	
1. Did the Nutrition Volunteer present the current month's nutrition counseling lesson	
2. Did the Nutrition Volunteer use at least 1 care group job aide during the nutrition lesson to help caregiver understand the proposed behavior.	
3. Did the Nutrition Volunteer demonstrate where appropriate, the skill to the caregivers (i.e.? handwashing)	
Probe about (anticipated) barriers to the new practice	
1. Did the Nutrition Volunteer ask the caregiver about perceived challenges expected in trying the new? behavior being discussed today	
Inform caregiver/PLW of ways to overcome barriers (to new behavior)	
2. Did the Nutrition Volunteer probe the caregiver to identify realistic options for overcoming barriers to change	
3. Were Option suggested by caregiver, not by Nutrition Volunteer	
Request a verbal commitment in front of others	
1. Did the Nutrition Volunteer encourage caregiver/PLW to invite another family member to join the discussion.	

2. Did the NSG-V support caregiver/PLW in describing to family member the behavior changes that caregiver wants to make (ex: Nutrition Volunteer helps caregiver to explain benefits of the new behavior)	

3. Did the Nutrition Volunteer ask the caregiver to repeat the agreed-upon new behavior that the caregiver commits to trying	
Examine Previous behavior commitment/s	
1. Did the Nutrition Volunteer ask the caregiver/PLW or family member to describe their experiences in practicing the last behavior change to which they committed	
2. Did the Nutrition Volunteer encourage the caregiver and family member/s to describe barriers encountered and solutions used	
Additional questions	
1. Did the Nutrition Volunteer provide COMPLETE information on the care group lesson(s) presented?	
2. Did the Nutrition Volunteer provide ACCURATE information on the care group lesson(s) presented?	
3. Did the Nutrition Volunteer verify that the caregiver/PLW understood the messages being delivered in the care group lesson(s)?	
4. Did the Nutrition Volunteer address all the people present during the visit?	
5. Did the Nutrition Volunteer speak loudly and clearly?	
6. Did the Nutrition Volunteers fill out all relevant information?	
7. How would you rate the overall quality of this visit?	☐ High ☐ Medium ☐ Low
Client exit interview	
8. What is the quality of Nutrition Volunteers work?	☐ High ☐ Medium ☐ Low
9. Do you feel comfortable talking to Nutrition Volunteer?	☐ Yes/Always ☐ Sometimes ☐ No/Never
10. Does Nutrition Volunteer give you relevant health advice?	☐ Yes/Always ☐ Sometimes ☐ No/Never
11. Do you believe that you will be able to successfully negotiate this practice with your family as a result of session?	☐ Yes ☐ No
12. Do you plan to practice the behavior that you discussed today?	☐ Yes ☐ No

Handout 11B: For the Skit Volunteer

Prepare an educational talk that will last about 3-5 minutes. Speak on any topic (health related topic is best) – but only for five minutes. We want you to be both a good and bad example, so I am asking you to make some mistakes in your presentation.

Please do the following during your presentation:

- Speak loudly so that everyone can hear.
- Introduce the topic well.
- Demonstrate the skill that you are teaching (if possible).
- Encourage discussion amongst the participants.
- Listen to questions and responses from the other participants, nodding and smiling (showing them respect).

You must also demonstrate POOR Practices!

- Speak quickly
- Choose one or two people to avoid during the presentation – do not look at them; do not answer or acknowledge their questions or comments (do not show them respect).
- Ask questions, but do not leave time for the participants to answer the questions.

Skit PART I

1. Facilitator greets you. He explains the purpose of the QIVC.
   Facilitator will tell you, "Don't worry. Not a test, purpose is to help you improve."
2. You respond, "Yes I remember discussing the QIVC. However, I am very nervous. I didn't know you were evaluating me with the QIVC."
3. You ask, "Will you be able to help me during the presentation – I have a lot of questions."
4. Facilitator responds, "No, I am I am there to observe. I can answer questions at the end of the lesson if someone has a question. However, you need to teach as if you were alone."
5. You agree. You say, "It is time, we should leave for the session."

Skit PART II

6. *Do the educational session in front of a small group of participants.*

After this, the trainer will review your performance on the QIVC form and come to a consensus.

Skit PART III

7. Facilitator goes back to your house to discuss the QIVC.
8. Be responsive to the supervisor – do not argue with him or her.
9. Admit one or two of the things that you did wrong, but not all of them.

Handout 12A: Sample Workplan

Workplan for _____

Add tasks such as Care Group meeting, visiting HHs, health events, etc. Include length of time for each activity and starting time. This is just a sample – but you should use this as you sketch out the details of your month.

Monday	Tuesday	Wednesday	Thursday	Friday

Handout 12B: "A Day in the Life" Calendar

Monthly requirements for health/nutrition/hygiene activities							
Field Supervisor (FS)		**Health Promoter (HP)**		**Nutrition Volunteer**		**Households (HHs)**	
Activity	**Days*/ Month**	**Activity**	**Days*/ Month**	**Activity**	**Days*/ Month**	**Activity**	**Days*/ Month**
Pre-Care Group							
Initial training	5	Initial training	5			Community-wide activities	1
Develop health/nutrition/ hygiene messages for Ag/SILC field agents	On-going	Community visits	8				
Train Ag/SILC field agents on developed messages	On-going	Support Ag/SILC field agents to deliver health messages, as necessary	On-going				
Post-Care Group							
Field visits to supervise HPs (at least 2 visits/HP/month)	10	CG meetings	5-6	CG meetings	1	Home visit by Nutrition Volunteer	1
Weekly meetings with Health NO/DN, Senior Program Manager, other FSs	4	Meeting with FS (outside of regular activities, other FS visits are during CG meetings)	1	HH visits (2/day; 1 hour each)	6	Visit Nutrition Volunteer home for kitchen garden demo	1
Monthly meeting with 5 Health Promoters	1	Host community health events (e.g. with men, older women)	2-3	Support GMP session	1	Attend GMP session	1
Plan trainings, write reports	2-3	Kitchen garden lesson	1	Support community events hosted by HP	1	Attend cooking demonstration sessions	6/year
		Data compilation and report writing	1	Kitchen garden demo with HHs at Nutrition Volunteer home	1		
		Ag/Nutrition Action Network meetings	4/year	Kitchen garden maintenance	On-going		
				Ag/Nutrition Action Network meetings	4/year		
TOTAL avg. days/month	**18-19**	**TOTAL avg. days/month**	**10-13**	**TOTAL avg. days/month**	**11**	**TOTAL avg. days/month**	**3-4**

*Note: One day does not necessarily mean one *full* day; the activity may only require part of a day

Handout 13A: Advice for Giving Feedback to Volunteers

1. Give feedback in private.

2. Ask the volunteer to take notes or if the volunteer cannot write, ask her to save a token as a reminder.

3. Ask the person being evaluated to discuss his or her performance before giving your opinion.

4. Discuss positive points from your observation of the volunteer.

5. Use positive body language.

6. Do not use mixed comments (positive comments with a negative ending).

7. Encourage discussion and conversation.

8. Discuss ways in which the volunteer can improve.

9. Offer several examples of ways to improve in areas where the volunteer is performing poorly.

10. Give attention to how the volunteer is responding to feedback and try to keep their attention.

? What happens at the end of the Evaluation?

11. Ask the volunteer to give a summary of the things that they will improve.

12. Ask the volunteer to give a summary of the things they did well.

Remember the coin toss! No feedback and negative feedback leads to poor performance. If you want volunteers to excel, practice giving positive feedback!

Hand out 14: Companion Planting

Crop	Grows well with…	Does not grow well with…
Amaranth	Maize, onion, potato	
Beans	Carrot, Chinese cabbage, maize, impwa/eggplant, peas, potato, pumpkin, rape, sunflower, Swiss chard, tomato	Onion, garlic
Cabbage	Onion, Irish potato	Tomato, sweet pepper, impwa/eggplant, pole beans
Carrots	Onion, tomato	
Chinese Cabbage	Garlic, onion, Irish potato	Tomato, sweet pepper, impwa/eggplant
Garlic	Carrot, tomato	Beans, cabbage, peas
Impwa/Eggplant	Amaranth, beans, peas	Cabbage, Chinese cabbage, rape
Irish Potato	Bush bean, cabbage, Chinese cabbage, carrot, peas, rape, onion	Pumpkin/squash, sunflower, tomato
Maize	Amaranth, beans, peas, Irish potato, pumpkin/squash, sunflower	Tomato

Handout 16A: Talking Points for Community Meetings about CG Projects

A. Program Goals and Methodology

1. The goal of the CG project is to prevent malnutrition in under two children.
2. The program will focus on the following areas: *Improved nutrition for pregnant or lactating mothers and children under two and improved hygiene in the household.*
3. Half of child deaths can be prevented by families doing very simple things to care for their children related to hygiene, sanitation, child feeding, and caring for children when they are sick. If families do not make these changes, then after the project ends things will go back to how they were before the project started.
5. Right now nearly half of all children in this community suffer from chronic malnutrition. To change this situation, families have to change household practices.
6. To change these behaviors the CG Project will train community volunteers so they can train all the families in the community. To do this we need your help.
7. The CG Project will provide the training and educational material, but we need the community to provide volunteers who are committed to improving the health of the children in this community. These volunteers will not receive a salary or subsidy. They will receive free education and an opportunity to improve and save the lives of the children in this community.
8. These volunteers will not be the NGO's volunteers; they will be your community's volunteers. If they attend the trainings, share what they learn with the families in this community and the families adopt the new behaviors, malnutrition will be reduced. If the volunteers aren't willing to learn, if families won't listen to the volunteers or adopt the behaviors then malnutrition will not decrease during the life of the project.
9. The CG Project is a development project, not an emergency and relief project. Many projects are meant to provide short term relief to a problem like a famine or during times of civil unrest. Relief projects normally give away a lot of food or things (like soap, tools, etc…) and these things help for a short period of time. The goal of this CG Project is to change behavior and improve the community's ability to prevent their children from dying of malnutrition. Do you remember the skit you saw when FSNP was first introduced to your community?

B. Skit: Crossing the River (The River Code)

Need: 4 actors – they should all be around the same age and gender. The strong young man should be strong in appearance and the think young man should be thinner in appearance. The two friends can be anyone.

Two friends are heading to town to vote. They come up what is normally a slow moving river and find that the water level has risen and the water is moving faster. They discuss what they can do, since neither of them know how to swim. They really need to get to the voting station, but they are afraid to cross the river. As they are discussing their dilemma, a strong young man comes along. The two friends explain their problem and the strong young man offers to carry them across the river. The water is deep and fast, so it's not an easy task but the young man manages and reassures the two friends as he carries them across that they don't have to worry he's taking care of them. After the two friends leave the young man, the young man congratulates himself saying, "I really did a good thing today. Those poor people would never have gotten to the voting station without my help. I thank God he made me so strong and courageous that I could help those who can't help themselves!"

Later that day the two friends are returning home from voting when they encounter the river again. They discuss how they can't swim, that the current is so strong and that they are afraid to cross the river. They decide the only thing to do is to wait for another strong young man to carry them across. They sit down by the river bank and start to complain that no one is coming, they are hungry and they need to get home. Finally a young man comes along, but he is thin and weak. The two friends tell the young man that they need him to carry them across the river. The young man is a bit nervous about doing this and asks the two friends if they are sure they can't cross the river themselves. The two friends assure the young man they cannot swim and they cannot do it themselves. They say, "God made you young and fit. You should help us cross the river. Come on now, carry us across!" (The friends should be insistent, like it's the young man's duty.) The weak young man tries to hoist one of the friends onto his back, but they are both wobbly and before they reach the river bank the young man falls over dumping the friend on the ground. The two friends are disgusted. They tell the young man, "What good are you, you can't carry even carry us across the river!" The young man thinks about their accusations and says, "You are men just like me, made with the same intelligence and abilities, why is it my responsibility to carry you across the river? You can cross the river by yourselves, just like I can. This river is not moving too fast or high for a man to cross it. You must take courage and cross steadily, I will show you how." The two friends need more encouragement but eventually are convinced to cross along with the thin young man. The young man shows them how to plan their foot firmly, hold onto each other's hands and move steadily across. They get to the other side and the two friends are really excited. They exclaim we did it, we crossed the river! They say, that wasn't easy but it wasn't as hard as I thought it would be. They thank the young man for teaching them how to do it.

C. Questions for reflection:

- ? Which young man helped the two friends more: the strong young man or the thin young man?
- ? Did the strong young man think he was doing the two friends a favor? Was he really?
- ? Were the two friends right to expect the thin young man to carry them across the river?
- ? *If your project includes food distribution or the provision of some other good, as the following question,* "The CG Project will provide behavior change education about nutrition, health and sanitation and [food]. Which of these two types of assistance will do more good?"

D. **Share CG Project Essential Program Details (may want to refer to Lesson 2: Program Overview)**

- Donor:
- Type of Project:
- Length of Project:
- Project Start Date:
- Project End Date:
- Project Title:
- Program Goal:
- How will CG's be formed and function?

Handout 17A: End of Training Evaluations

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?

Credit

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CRS CATHOLIC RELIEF SERVICES

Caritas Chipata

CERTIFICATE OF PARTICIPATION

Participant Name

has successfully completed the training.

on CARE GROUPS

DATE
LOCATION

_____

SIGNATURE DATE

Facilitator Name
Facilitator Organization
Location