



Maternal, Infant, and Young Child Nutrition in Malawi

Community Nutrition Workers

TRAINING PACKAGE

DECEMBER 2011

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Introduction to the Training Package

The purpose of the Maternal, Infant, and Young Child Nutrition (MIYCN) training package is to provide support for improving nutrition in Malawi by strengthening the capacity of community-level workers and volunteers to provide nutrition guidance and support. The content of these materials is drawn from the Infant and Young Child Feeding Policy and Guidelines, Essential Nutrition Actions manuals and research done with households across Malawi and reported in *Consulting with Caregivers Tips*.

Participants

The training package is designed to be used through a cascade approach. Senior health, community and nutrition professionals will be trained using the *Train the Trainer (TOT) Guide* and the *MIYCN Training Guide* and subsequently play the role of lead or master trainers by developing and implementing the TOT and MIYCN training for groups of other health, community, and nutrition professionals. These trained professionals will develop and implement the MIYCN training directly with community-level workers and volunteers.

Overview of the training package

The training package includes six key materials:

- ***Train the Trainer Guide***—this guide includes a set of sessions designed to develop training planning and adult learning skills. It is to be used in conjunction with the *MIYCN Training Guide* (see below) to equip professionals at national, district, and local levels with the ability to develop and implement the MIYCN training for groups of community-level workers in their districts.
- ***Maternal, Infant, and Young Child Nutrition Training Guide***—this guide includes a series of sessions designed to develop a cadre of trainers who will directly train community-level workers and volunteers to support nutrition in their communities.
- ***Maternal, Infant, and Young Child Nutrition Counseling Cards***—this integrated set of 24 counseling cards was designed to be used by all community-level workers in their efforts to support nutrition. These cards serve as the foundation for the TOT and MIYCN training programs.
- ***Key Messages Booklet***—this booklet is intended to serve as a reminder for the community-level worker of the key nutrition messages that will be most important to promote within their communities.
- ***Recipes for Improving Maternal, Infant, and Young Child Feeding***—the booklet includes simple recipes for local, high-quality complementary food for pregnant women and young children.
- ***Guidelines for Follow-up After Initial Training***—these guidelines include a series of sessions that are intended to be held in the community with groups of or individual community nutrition workers to reinforce the knowledge and skills gained during their initial training.

Section I: Train the Trainer Guide

Introduction to the *TOT Guide*

The *Train the Trainer Guide* is part of a package of training resources designed to build the capacity of community-level volunteers to support maternal, infant, and young child nutrition (MIYCN) in the community. This *TOT Guide* provides an overview of the various training materials to be used with the community-level workers as well as an introduction to adult learning and the opportunity to practice using the learning techniques contained in the community nutrition worker guide/curriculum.

Participants

The *TOT Guide* is to be used with nutrition, community, and health professionals who will serve as the trainers responsible for training other nutrition, community, and health professionals and those who will directly train community nutrition workers and volunteers. It is designed to be used with a group of “Trainers of Trainers” (TOTs)—ideally no more than 20 participants in one training program. Each TOT is to be facilitated by two or more senior nutrition professionals depending on the number of participants.

Overview of the *TOT Guide*

The *TOT Guide* consists of nine sessions that supplement and complement the *MIYCN Training Guide*. The initial seven sessions in the *TOT Guide* should be conducted first and are expected to take a full day of training (estimated timing: 6 hours and 45 minutes of training with 45 minutes for lunch and two 15-minute breaks). These seven sessions should then be followed by the implementation of the MIYCN training (see Section II in this package). The MIYCN training is expected to be completed in three and one-half days and then followed by the final two TOT sessions (eight and nine), which require about half a day of time with the participants.

Structure of the *TOT Guide*

Each of the nine training sessions contained in the *TOT Guide* includes:

- A box at the top of each session with an overview of the time required to implement the session, the learning objectives, preparation required, and the specific materials needed.
- Step-by-step instructions that provide the guidance and content for implementing each activity in the session.
- Facilitator resource sheets and additional notes and information by activity, as needed.
- Participant handout sheets by activity, if needed.

TOT Session 1: Introductions and purpose of TOT training

Time	20 minutes
Learning objectives	<ul style="list-style-type: none"> • Introductions • Understand the objectives of the TOT • Understand the scope of the role of trainer
Preparation	<ul style="list-style-type: none"> • Read the session • Prepare a flip chart with the list of TOT objectives
Materials	<ul style="list-style-type: none"> • Prepared flip chart and markers

Activity 1: Welcome and participant introductions

- Welcome participants and thank them for participating in the training. Introduce yourself and ask the participants to introduce themselves.
- Familiarize the participants with the venue and review the general schedule for the day.
- Facilitate an icebreaker so that participants can meet one another.

Activity 2: Train the Trainer objectives and overview

- Briefly explain to the participants that the next sessions are designed to build their skills as trainers for the MIYCN training.
- Using the prepared flip chart, go through the following list of objectives for the TOT.

TOT objectives

At the end of the TOT, participants will have:

- Experienced/learned how adult learning occurs.
 - Become familiar with the *MIYCN Guide* and accompanying materials, especially the counseling cards—what’s included, how intended to be used, how organized.
 - Been introduced to and practiced using the learning techniques used in the MIYCN training.
 - Developed skills and capacity in managing the day-to-day aspects of a training.
 - Learned how to prepare and plan for all the logistical aspects of a training program.
 - Become familiar with the additional technical information/facilitators resource sheets provided.
- Ask if anyone has any questions or additions to the list. If so and they are appropriate, add them to the list.

Activity 3: Role of a trainer

- Ask the group to brainstorm what they think their role as a trainer will be. Write responses on a piece of flip chart paper. Ensure that the list includes:

- Planning for trainings.
 - Managing the day-to-day details of implementing a training including preparing all materials, providing morning re-caps, and conducting daily evaluations.
 - Facilitating all training sessions.
 - Ensuring training sessions keep to timetable.
 - Ensuring that learning objectives of each session are met.
 - Ensuring that all questions of participants are answered.
 - Serving as a point of contact for any future questions/support needed by the participants.
- Transition to the next session, by telling the participants that now that they have thought about what their role will be, they will learn how to carry out each of the tasks described. Explain that before developing the skills listed, you will present an overview of the MIYCN training curriculum. Ask them to think about their role as a TOT and the skills that they need to develop and use in that role as the overview of the training is presented.

TOT Session 2: Overview of the MIYCN training

Time	60 minutes
Learning objectives	<ul style="list-style-type: none"> • Become familiar with the objectives, contents, and structure of the MIYCN training curriculum
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Photocopy TOT Handout #1: Sample MIYCN Training Agenda • Photocopy TOT Handout #2: MIYCN Table of Contents • Photocopy TOT Handout #3: MIYCN Training Curriculum Format • Photocopy TOT Handout #4: Counseling Card Example
Materials	<ul style="list-style-type: none"> • Prepared flip chart paper from opening session with list of MIYCN training objectives • Flip chart and markers

Activity 1: MIYCN training objectives

- Remind the participants of the workshop objectives they just covered in the introductory session:

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

- Counsel mothers/caregivers and others on all critical aspects of young child and maternal nutrition through home visits.
- Identify and take advantage of opportunities for conducting group sessions and/or cooking demonstrations in their communities.
- Effectively support the health surveillance assistant in monitoring growth and overall health of children in their catchment area.
- Make appropriate referrals.
- Use a register and community map to identify all pregnant women and mothers of children under two in their communities.
- Use all job aids proficiently.
- Train others in counseling skills.

- Tell the group that their main role as trainers is to ensure that the participants are able to fulfill each one of these objectives. Each training session has been designed to help the participants acquire these skills by the end of the session. Individuals will be more or less adept at developing new skills needed for training. The job of a master trainer is two-fold: to implement the activities as designed in the curriculum; and to keep a close eye on how all of the participants are responding to the training. Are they engaged? Are they asleep? Are they making comments and asking questions that show they are really understanding and learning? In cases where participants do not seem to be “getting it,” the trainer will have some tools ready to help address those who require additional support and attention in acquiring the training skills.
- Ask the group what they think a trainer could do in such a situation—when a participant is having difficulty or is not sufficiently engaged in the activities. Take notes on flip chart paper and ensure the discussion includes the following:

- Slow down.
- Repeat critical points.
- Call on those who might not be participating as much to answer questions or offer comments.
- During breaks and/or lunch, spend time sitting and talking with those individuals you think might need additional support. Do not call them out on the fact that you think they need such support, but just make a point of sitting with them, asking them what they think of the training, and reiterating some of the technical content.

For example, if you are concerned that a participant does not understand how to use the counseling cards. A conversation could be something like:

“So, what do you think of the training so far? I know there are a lot of counseling cards to manage. Do you think it is clear how to use them? What more should we talk about to try to help everyone really understand what to do when they are back in their communities?”

Such a general discussion and the technique of asking questions gives the participant an opportunity to ask you questions or point out areas where he/she could use additional information without bringing this up in front the entire group or suggesting directly to the participant that their participation or understanding is lacking.

Activity 2: MIYCN content overview

- Pass out TOT Handout #1: Sample MIYCN Training Agenda. As the group is looking over the agenda, tell them that the agenda breaks down the sessions into what the trainer should do day-by-day and hour-by-hour. It should be the primary guiding tool for organizing and executing.
- Tell the group that the training program reflected on this agenda is intended to be done as a five-day residential training. The curriculum and materials in this manual assume that training may be conducted in low-resource settings. Its implementation does not depend on Power Point slides or any other technology, although there is one optional video and some of the materials could be transferred to Power Point or other technological devices. The training approach emphasizes experiential learning and supports participants in developing hands-on skills. A variety of training methods are used, including demonstrations, practice, discussions, case studies, role-plays, brainstorming, and other active learning approaches.
- Tell the group that the foundation of the training curriculum is a set of counseling cards designed specifically to aid the community-level worker in one-on-one sessions with mothers and caregivers in Malawi. The key messages in the counseling cards are based on recent in-depth qualitative research on infant and young child feeding practices that was conducted through collaboration between the Infant and Young Child Nutrition Project and the World Bank.
- Now pass out TOT Handout #2: MIYCN Table of Contents. Tell the participants to note that the *MIYCN Training Guide* contains four modules:

- Module I: Introduction to Behavior Change Counseling
 - Module II: MIYCN Counseling for the first 1,000 Days
 - Module III: Hygiene and HIV/AIDS
 - Module IV: Community Nutrition Worker Role
- Tell the group that Module I provides an opportunity for them to become familiar with the skills needed for counseling before they actually have to use the technical information on maternal and infant/young child feeding.
 - Modules II and III contain the major technical content of the training. As they will see when they go through the training as participants, the sessions are divided up according to age, using the concept of the 1,000 days from the initiation of pregnancy through age 2. The sessions present the most important technical information relating to nutrition for that age group as well as a chance for the group to practice counseling on that information using specially designed counseling cards. Tell the group that in this TOT module, they will have a chance to look closely at the counseling cards and become familiar with how to use them before they have to teach it.
 - Module IV is a chance for the participants to think about their role as community nutrition workers, much in the same way that this module is designed to get the group members to think about their role as trainer.
 - Tell the group that many of the sessions also refer to training handouts or facilitator's resource sheets. These are numbered consecutively and are found at the back of the session where they are used. The trainer should make enough photocopies of the handouts ahead of time to pass out to all participants during that particular session. The facilitator's resource sheet is just for the trainer and no additional photocopies are necessary. Each handout and facilitator's resource sheet is labeled with the session and activity to which it pertains.

Activity 3: MIYCN curriculum format

- Pass out TOT Handout #3: MIYCN Training Curriculum Format. Ask for a volunteer to read it aloud.
- Note that this format (timing, learning objectives, preparation, materials, and instructions by activity) is the way that each session is structured. It is very straightforward and provides enough information to the trainer on how to do each session, including all preparation required prior to training, so that it will be easy to pick up the guide, do the necessary preparations, and implement the training.

Activity 4: Introduction to the counseling card

- Pass out TOT Handout #4: Counseling Card Example.
- Tell the group that there are 24 counseling cards. They will have the chance to practice using these counseling cards when they go through the MIYCN training starting the next day. At this point explain that you want to briefly introduce them to the cards since the counseling cards are the foundation for the work that the community-level workers will be doing in nutrition.
- Point out the features of the card:
 - Each card corresponds to a specific topic; many are further broken down by the age of the child.

- The title of some cards indicates a particular age child to which the card pertains.
 - Some cards are structured as conversations between the counselor and the mother, starting with a note to ASK the mother a question, LISTEN to her response and then, based on her response, to DISCUSS and RECOMMEND. This process follows the counseling process “ALiDRA” which stands for Ask, Listen, Discuss, Recommend, and Appointment (make an appointment for follow-up.)
- Explain that you will go into detail on this process later in the training, but for now, you just want to introduce the concept of the counseling cards to the participants and to emphasize their importance in the training of the community workers.
 - Mention to the group that some of the cards will not include the ALiDRA process, but rather be cards that present important information. This is to help the counselor remember key facts about certain topics that she might be discussing with the mother, such as proper attachment for breastfeeding.

TOT Handout #1: Sample MIYCN Training Agenda

Time	Day 1	Day 2 Re-cap	Day 3 Re-cap	Day 4 Re-cap	Day 5 Re-cap
8:30-10:00	Welcome, introductions, and pre-assessment (Session 1)	Introduction to counseling cards; six food groups and dietary diversity; (Sessions 8-9)	Starting complementary feeding at 6 months (Session 15)	Feeding sick children and children who fail to gain weight (Session 19)	Conducting home visits (Session 24)
Break					
10:15-12:15	Roles and responsibilities of community nutrition workers; introduction to counseling; behavior change through counseling (Sessions 2-4)	Introduction to clinical signs of malnutrition; diet during pregnancy and while breastfeeding; (Session 10-11)	Complementary feeding from 7 to 9 months (Session 16)	Prevention of illness through good hygiene (Session 20)	Facilitating mothers' groups and other community support groups (Session 25)
Lunch					
1:15-3:15	Interpersonal communication (Session 5)	Antenatal care and anemia control; preparing for and establishing breastfeeding (begin) (Session 12-13)	Complementary feeding for babies 9 to 12 months (Session 17)	Other preventive health measures to support good nutrition; working with mothers affected by HIV (Sessions 21-22)	Using the growth chart: a tool to support health surveillance assistants (Session 26)
Break					
3:30-5:30	Negotiation; counseling skills checklist (Sessions 6-7)	Preparing for and establishing breastfeeding (finish); exclusive breastfeeding for six months; nothing but breastmilk (Session 14)	Feeding children 12-24 months (Session 18)	Keeping a register (Session 23)	Supportive supervision and monitoring; post skills and knowledge assessment; closing (Session 27-28)

TOT Handout #2: MIYCN Table of Contents

TOT Handout #3: MIYCN Training Curriculum Format

Format of the manual

Each session in the manual is focused on several specific learning objectives associated with a topic/theme and is structured as follows:

Timing—this tells the facilitator/trainer approximately how long the session should run.

Learning objectives—these are the specific, measurable results expected from each session. These objectives reflect the major job-related skills and information that the community volunteer needs to support MICYN in his/her community.

Preparation and materials—these sections describes what the trainer needs to do prior to implementing the session including the content to study and materials to assemble.

Instructions by activity—this includes step-by-step instructions for each activity involved in the session. For each session, the interactive techniques to be used are described in detail and additional content for the trainer is also listed. References are made to the other information needed for the session—the facilitator resources, participant handouts, and counseling cards. When you turn to a new session in the curriculum you will see a table that looks like this that describes these first three components:

Time	Identifies how much time the entire session will take in minutes
Learning objectives	<ul style="list-style-type: none">• Describes what the participants will be able to do after going through the session
Preparation	<ul style="list-style-type: none">• Describes what preparation the trainer needs to do before the session
Materials	<ul style="list-style-type: none">• Describes all the materials the trainer will need to conduct the session including handouts required

TOT Handout #4: Counseling Card Example



TOT Session 3: Planning the training

Time	45 minutes
Learning objectives	<ul style="list-style-type: none"> • Be able to list the various components required to plan and implement the MIYCN training
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Photocopy TOT Handout #5: Planning Checklists
Materials	<ul style="list-style-type: none"> • Flip chart paper, markers

Activity 1: Planning checklists: before the training

- Tell the participants that preparing for training needs to be initiated well before the training begins. Although, as they saw in the previous session, each individual training session in the curriculum has a section where it discusses what preparation is needed for that session, the training as a whole also requires some preparation.
- Pass out TOT Handout #5: Planning Checklists. Tell the group to look through the checklists for “before the training” and ask for a volunteer to read the tasks aloud. After each section, ask the group to add any additional steps that might be necessary that weren’t listed.
- Next, ask the group to consider their context—planning training for community nutrition workers in Malawi. Ask:
 - What do they see as their major challenges to planning the training?
 - Is there a training schedule in place? How much detail does it contain about when, where, and who?
 - What is the overall training plan? Since the training will be a cascade (meaning one level of core trainers is trained and then deployed to train the workers), what support will exist for the trainers in planning and executing their assigned trainings?
 - If they are not already defined, how will participants be determined?
 - Who makes the decisions regarding logistics? What are some locations where they might hold the training?
 - How much time does it take to request and receive money for per diem, booking of the hotel, etc...? Do they need to adjust the suggested timing for these activities?
 - For which things do they think they will need help/assistance? Is there some kind of administrative support that can be used for photocopying/creating participant folders/nametags, etc...?
 - Who might be a part of their training team?

- Tell the group that there are not right or wrong answers to these questions. The important point is that they carefully think through these issues well before the training is scheduled to start, so that when the training time arrives, everything is well planned.
- Tell the group to take special note of the first bullet under “three days to one week” before the training. This instruction reminds the trainer to go through each session using the preparation list that was introduced in the previous session and to: write necessary instructions or information on flip charts, make all necessary photocopies and in general, get ready for each activity in all of the sessions.

Activity 2: Planning checklists: upon arrival of participants

- Now ask the participants to read the next checklist with three short bullets on what to do upon arrival of participants or at the very beginning of the training. Ask if anyone wants to add to or modify anything on the list. If so and the suggestion seems appropriate, add the modifications to a flip chart and revise the handout before photocopying and redistributing.
- Tell the group that they should plan to arrive on site for the training well before (the day prior at least if possible) the training begins, to set up the room and have everything organized on-site. The room can be organized in any number of ways. For example:
 - Participants can be sitting behind tables in rows facing the front. This is not as conducive to sharing with each other or participation.
 - Participants can be sitting around tables facing each other. This is effective as long as they can all still see the front when not engaged in group work.
 - In a small group, all the participants can be sitting around one table with the facilitator at one end. This creates more of a “meeting” feel and often encourages participants to engage more fully.
- If they are in a hotel or conference hall where participants might not be sure of where to go when they arrive, the trainer should post clear signage for how to find the training registration desk. The hotel staff should be briefed that the training will occur and to direct anyone who asks to the appropriate location.
- Let the group know that a suggested supply list is included in their planning checklist handouts. These are things that they will need to have on hand during the training. Supplies should be brought to the room and organized so that they are easily accessed during the sessions.
- Tell the group that now they have thought through what needs to happen to plan for the training, they will turn their attention to how to manage the training while it is happening.

TOT Handout #5: Planning Checklists

BEFORE THE TRAINING STARTS

Checklist 1 – Three to four months prior to the training (or as much in advance as possible):

- Form training team
- Draft training budget and planning timeline
- Send announcements to potential participants
- Conduct the Learning Needs & Resource Assessment
- Select participants
- Identify and reserve the workshop location
- Send invitations to selected participants
- Arrange for meals and refreshments during breaks
- Book lodging for out-of-town participants
- Arrange for travel and per diem reimbursements for out-of-town participants

Checklist 2 – Three weeks to two months before the training:

- Prepare training materials
- Determine room configuration and how to accommodate small group discussions during break-out sessions
- Ensure equipment is working
- Purchase all training related supplies (see Supply Checklist)

Checklist 3 – Three days to one week to before the training:

- Use the “prepare” sections of each training session to gather and prepare for each session: write anything that needs writing on flip chart paper, photocopy necessary handouts, etc.
- Reference the handouts (write the numbers of the handouts that go with each session on the flip chart for that session).
- Assemble participant packets (notepads, pens, name tags, etc.).
- Confirm participant arrival times, lodging arrangements, refreshments, and travel and per diem reimbursements.
- If there are co-facilitators, conduct a co-facilitators team-building meeting: ensure that lead facilitators are prepared for their sessions; ensure that co-facilitators know exactly how they will support the lead facilitators during each session; decide who will conduct the daily evaluations; and identify a time and place for holding facilitators’ meetings after each day’s sessions.

UPON ARRIVAL OF THE PARTICIPANTS/AT VERY BEGINNING OF TRAINING

- Set up appropriate seating arrangements/organize the room.
- Receive and register participants.
- Give out training packets with the agenda, an overview and objectives for the workshop, and any other specific instructions relating to logistics (such as places to eat, opportunities for night-time activities, how to pay for the hotel, reimbursement forms if necessary, etc.).

SUPPLY AND EQUIPMENT CHECKLIST

Supplies

- 4 to 5 pads of chart paper; 2 easels
- 2 rolls of masking tape
- 2 staplers with staples
- 2 sets of chart markers
- 1 notepad per participant
- 1 pen or pencil per participant
- 1 file folder or 3-ring binder per participant (for organizing the handouts)
- 1 name tag per participant
- 12 adhesive dots per participant (optional – 6 of one color and 6 of another color, for the Comfort Level Chart)
- Scissors
- 2 reams of copy paper; 1 box of file folders (100 each)
- 200 note cards or '3x5' cards (a couple of different colors, if available)
- Post-its (4 to 5 packs)

Equipment

- Access to copier (necessary for making copies of any modifications to lists that participants suggest)
- Access to computer, printer, word processing software (to modify any lists or handouts participants suggest)

TOT Session 4: Managing the training

Time	45 minutes
Learning objectives	<ul style="list-style-type: none"> • Become familiar with the various steps to manage all day-to-day aspects of the MIYCN training
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Mark the words “re-cap, evaluation, pre-test, and post-test” on an extra copy of the training agenda to use in Activity 1 • Photocopy TOT Handout #6: Daily Evaluation Example • Photocopy TOT Handout #7: Assessment of Skills and Knowledge
Materials	<ul style="list-style-type: none"> • Flip charts with written-out ground rules from opening session • Flip chart paper, markers

Activity 1: Daily re-caps, evaluations, and pre- and post-testing

- Tell the participants that, as they discussed in relation to their role in Session 1, the trainer is the leader of the training. The trainer’s job is not only to teach information and skills, but also to keep things moving along on time.
- Ask the group to look again at the sample training agenda (TOT Handout #1). Have each participant use his or her pen or highlighter to mark everywhere it says the words:
 - Re-cap
 - Evaluation
 - Pre-test
 - Post-test
- Have a volunteer go through his or her agenda out loud and note to the rest of the group where these words appear. Make sure all of the times the words appear have been noted.
- Tell the group that these words represent activities that the trainer is responsible for outside of the training sessions. Say, “Let’s talk about the word re-cap first.” Ask for a volunteer to explain what that words means. Ensure that the definition given sounds similar to the following:

A re-cap is a way to remind the participants of what they learned and did the previous day. It sets the stage for the next sessions and the day’s activities. It should last 5 minutes or less.

- Have the group consider the “re-cap of Day 1” that they will do on the morning of Day 2. Tell them that one strategy for conducting a re-cap is to ask participants themselves what they remember from the previous day. Structure the conversation by reminding them of the sessions that they covered. For each session or group of sessions, ask for a volunteer to tell the rest of the group what they remember from that session. As a facilitator, add in any missing information.

- Tell the groups that these re-caps are not pre-written so as to be able to really tailor them to that particular group, but as they go through the training as participants, they should take notes on the re-caps that the trainer gives. What was said? How long were they? Were they helpful to hear?
- Now discuss the word evaluation. Tell the group that each day, the training will conclude with the participants filling out an evaluation of the day's activities, both in terms of the content and the training style/approach. These evaluations can be done in a variety of ways—formally or informally depending on how much time is available. It should take no longer than 5 to 10 minutes to discuss or complete an evaluation at the end of each day. If you decide to use a formal evaluation, pass them out when the rest of the day's activities are concluded, and tell the group that as soon as they complete their evaluation, they will be free to leave. Pass out an example of one of the daily evaluations (TOT Handout #6). Have the group read through it and ask if there are any comments on it.
- Now ask the group what they think the purpose of these daily evaluations is. Take comments from one or two volunteers before telling the group that more important than just passing out and collecting the evaluations is USING them to modify or adjust training as necessary on the subsequent days. If a large majority of training participants note that they did not understand something, the trainer should bring it up again in the morning, extending the re-cap into a review. If participants report not enjoying or feeling frustrated by a particular learning technique, consider the reasons and, the next time the technique comes up, better explain why that technique is being used. (Tell the group that they will have a chance to consider the variety of learning techniques used in the training in the next few sessions and why each is appropriate). If the evaluations suggest things the trainer could do better (e.g., slowing down, giving more time for people to comment or ask questions, etc.) make sure those suggestions are incorporated into the following day's activities.
- Lastly, tell the group that the *MIYCN Training Guide* also contains a pre- and post-training skills and knowledge assessment. Explain that you will now have them participate in the pre-training assessment.
- Ask participants to form a circle and sit so that their backs are facing the center of the room. Explain that they will be asked a series of questions to assess their current knowledge.
- Explain (and demonstrate) that for each question asked they should raise one hand:
 - With open palm, if they think the answer is 'yes'
 - With closed fist, if they think the answer is 'no'
 - Pointing two fingers, if they 'don't know'
- One facilitator reads the statements while another facilitator will tally the responses (based on hand signals) and record the answers.

- Tell the participants that this is designed as a tool to be implemented again at the end of the training.
- Pass out TOT Handout #7: Assessment of Skills and Knowledge. Have the group look through it briefly. Note that the far-left column provides the key to the correct answers. All the answers are yes or no questions, but as the group knows this is not a written test.
- Tell the group that, as they just saw, the lead trainer will read these questions out one at a time. The group will either close their eyes or sit in a circle with their backs facing each other so that they cannot see one another's responses. As each question is read, the participants raise their hands with the signals for yes, no, or I don't know. A second trainer or assistant should count how many yes answers, how many no answers, and how many I don't know answers there are for each question and write that down in the appropriate column. Practice this process with the answers provided by the participants. Compare the numbers of yes, no, and I don't know responses.

Activity 2: Time management

- Now tell the group that another critical element of the training is managing the time; the days should start on time and each session should be conducted within the allotted time.
- Tell the group that there are two primary ways time is lost:
 - Starting late.
 - Letting discussions go on longer than specified.
- Remind the group of the ground rules they covered in the opening session. Tell the group that as trainers, when these rules are discussed with participants, they should emphasize the importance of this point with the group. Emphasize that this rule does not just apply to the mornings, but also to returning from breaks and lunch.
- Tell the group that, as trainers, they do not want to start training without most of the participants present, but they also cannot let the sessions run behind, or they will not finish everything that needs covering. If participants are consistently arriving late or returning from breaks late, make a point of revisiting the on-time rule and telling participants that it is critical to follow it.
- During discussions, it is important to keep an eye on the clock. Some sessions include discussions that have been allotted more time, but the majority include short discussions. This means that not everyone will get a chance to comment or add his/her opinion. Since the trainer will choose who speaks, the trainer should make sure to call on all the participants, not just one or two of the most vocal and forthcoming. The trainer should use the "parking lot" (writing points for further discussion on flip chart pages to the side) for discussions/issues that are continuing for too long; the discussion can continue during a break. Trainers will have a chance to practice managing discussions.
- Tell the group that you will now move on to what it means to be a trainer of adults.

TOT Handout #6: Daily Evaluation Example

Name of training: _____ Date: _____

What did you enjoy most about today?

What did you learn during today's sessions that you anticipate using in your work?

Was there anything you did not understand during today's sessions? Please provide specific examples.

What is the most valuable thing you learned today (knowledge or skills)?

What other specific comments do you have?

Thank you.

TOT Handout #7: Assessment of Skills and Knowledge

Use these statements for the pre- and post-training test. This sheet includes the answer key and recording form.

Key		Statement	Yes	No	Don't know
Y	1	A baby should breastfeed within 30 minutes after birth.			
N	2	The most important time to wash your hands is when you can see that they are dirty.			
Y	3	During a counseling session, how you communicate with a mother is just as important as what you say.			
N	4	A 4-month-old baby needs water and other drinks in addition to breastmilk.			
N	5	It is best to feed a baby expressed breastmilk in a bottle.			
Y	6	One of the best first foods for a baby who is 6 months old is mashed <i>nsima</i> with vegetables.			
N	7	One-on-one counseling is the only effective way to provide nutrition guidance to caregivers.			
Y	8	A woman needs at least four antenatal visits for check-ups at the health clinic while she is pregnant.			
N	9	After a woman has delivered her baby, she only needs to return to the health clinic if she or the baby is sick.			
Y	10	To help prevent malnutrition, a community nutrition worker should focus most of her attention on households where women are pregnant or breastfeeding and children are under age 2.			
N	11	Babies under 1 year old should not be given animal products such as eggs or chicken.			
Y	12	Children 12 to 24 months old should eat three times a day and also receive snacks.			

TOT Session 5: Training adult learners

Time	60 minutes
Learning objectives	<ul style="list-style-type: none">• Name two characteristics of adult learning• Explain the importance of considering adult learning as a trainer
Preparation	<ul style="list-style-type: none">• Read the session carefully.
Materials	<ul style="list-style-type: none">• Flip chart paper, markers

Activity 1: Overview of adult learning

- Tell the participants: “When we were children and we attended school, we were often expected to absorb material presented by our teachers without question... or at least without questioning why we were learning the material they presented to us. We studied history, geography, spelling, etc. and we were often told that what we were learning would serve us well someday. But now we are adults.”
- Ask the participants to think about what helps them to learn best. Ask for volunteers to tell you what they thought of, and list the responses on a flip chart.
- Ensure that the following ideas are represented in the statements made by participants:
 - Training needs to be relevant. (Learning experiences should relate directly to the learner’s job responsibilities.)
 - The new learning acknowledges and takes advantage of the wealth of experience they bring. (Trainers and participants learn from each other.)
 - Training is participatory. (Learners are actively involved in the training/learning.)
 - Learning is pleasant (involving a low level of stress). This may include having a comfortable training environment, free from major distractions.
 - Feedback is positive. (Corrections are made in as positive a way as is praise.)
 - Learning goals are clear and progress is measurable. (Objectives are clear, so that progress can be assessed not only by the trainer, but also by the learners themselves.)
 - Expectations are clear and appropriate. (There is an adequate match between learners’ abilities coming into the training and the expected results of training.)
 - Participants have opportunities to practice their new skills.
- Write all responses on the flip chart paper. Add more sheets as needed. Ensure that no one comments upon the suggestions made by others.
- End the brainstorming when it seems that participants have no more to add.

Activity 2: Discussion

- Ask participants to comment upon the list. For example, are there two or more suggestions that are the same? Is each suggestion clear or do some suggestions need an explanation?

- Ask them how understanding these principles will impact on their roles as trainers?
- Ask them if anyone already has experience with training and what have been some lessons learned from previous trainings that they might share? How did they ensure that the participants took away the skills and knowledge the training intended them to take away?

TOT Session 6: Using appropriate vocabulary

Time	30 minutes
Learning objectives	<ul style="list-style-type: none"> • Be able to explain why it is important to use appropriate language in training • Learn to choose language appropriate to the learners in their training
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Prepare all necessary flip chart papers
Materials	<ul style="list-style-type: none"> • Flip chart papers and markers

Activity 1: Scenario

- Now tell the group that in many ways, making sure their participants leave with necessary skills and knowledge is a task of communication. It is their responsibility as the trainer to effectively communicate with the participants. To do this, vocabulary and HOW we say things are important.
- Explain that the choice of words—technical or non-technical, whether jargon or everyday words—will have a significant impact on what your learners can achieve. After all, if your learners can't understand what you are saying, how can they learn?
- Tell the group that you are going to present a scenario and you want them to think about it. Say:

Imagine for a moment that you—each of you—have not been feeling well and so you visit the doctor. Your regular doctor is not available, so you see someone new. When the doctor comes in to talk to you, he says the following:

“Your physical exam has raised some concerns. Unfortunately, I auscultated a pronounced tachycardia. Having this combined with Hypermyotonia leads me to believe you may suffer from Caridant Overload Syndrome. I would like to have your consent to perform a Colatorium procedure to assess the Coffurin level. If this level is elevated, then we will need to sit down and discuss possible treatment options and all necessary lifestyle changes.”

- Ask for volunteers to describe how they would feel if the doctor told them that? (Expected answers: confusion, nervousness, panic, anger, resentment, etc.)
- Then say: *But what if the doctor had instead said the following?*

“Your check-up shows that your overall health is good. I do want to talk with you about one thing, though. I noticed that your heartbeat was a little fast. Drinking too much caffeine often causes this. I would like to get a urine sample from you to run a simple test to measure the amount of caffeine present in your urine. If, as I suspect, it is high, then perhaps you and I could sit down and talk about ways you could reduce your intake of caffeine.”

- Ask again, “How would you feel?” (Expected answers: understanding, relief, relaxed attitude, etc.)
- Explain to the group that the doctor in the first example did not make any effort to speak the same language as his listener. He spoke as though he were talking to another physician. In the second instance, the second doctor expressed himself in simple, everyday language.

Activity 2: Practice and summary

- Explain that this exercise is a little different from some of the others they will be doing during this training, because instead of learning a skill, practicing it, and completing the exercise, they are being asked to **KEEP PRACTICING** the skill during the rest of the training (and beyond). Participants, as well as trainers, should monitor each other and the materials that are used in the training to watch out for the use of language or terms that might be difficult for the community workers to understand.
- Post two large sheets of paper on the wall. Label them “Language concerns” and ask participants to feel free to note on one sheet language or terms that they think may be inappropriate as the MIYCN training progresses, and on the other sheet language or terms they will need to translate appropriately into local languages. At different times in the training, the whole group should check the list and discuss whether changes need to be made.
- Ask for a volunteer to summarize the exercise by answering the following question: “As trainers, then, what will be your responsibility in terms of the vocabulary you use?”
- Ensure that the following responsibilities are mentioned (in the participants’ own words):
 - To express themselves in simple, everyday language.
 - To use the kind of language that will help learners understand and learn what they need to master.

TOT Session 7: Learning techniques or methodologies contained in the MIYCN curriculum

Time	150 minutes
Learning objectives	<ul style="list-style-type: none"> • Become familiar with the different types of learning techniques or methodologies contained in the MIYCN training: <ul style="list-style-type: none"> – Conduct an icebreaker/energizer – Facilitate a discussion – Orchestrate small group work – Conduct a demonstration – Manage a pile-sort activity – Lead a brainstorm – Set up a role-play • Understand why specific learning techniques were chosen
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Prepare all necessary flip chart papers • Photocopy TOT Handout #8: Overview of Learning Techniques • Photocopy TOT Handout #9: Small Group Practice Instructions
Materials	<ul style="list-style-type: none"> • Flip chart papers and markers • 4 pairs of scissors • Slips of paper/index cards for pile-sort

Activity 1: Overview of learning techniques contained in the MIYCN curriculum

- Pass out TOT Handout #8: Overview of Learning Techniques and TOT Handout #9: Small Group Practice Instructions.
- Tell the group that each of the different types of learning techniques or methodologies they see listed on the overview handout is used at various points in the MIYCN training.
- Go around the room and have a different volunteer read the description of and tips for using each technique.
- Ask the group if anyone has experience with any of these techniques—either as participant or trainer. Ask the group:
 - Were they participant or trainer?
 - What did they like about the technique?
 - What was challenging about managing it (if they were a trainer) or using it (if they were a participant)?
 - What kind of techniques do they enjoy the most?
- Point out to the group that each technique has its purpose to assist the participants in building their skills. Plus, in a training like this one, multiple days can seem a very long time if the training only consists of one technique or of one trainer lecturing the entire time! Have them look at the column to the far right (“When is it appropriate”) on the

overview handout. Tell the group that since they are not developing the curriculum, being able to write activities and select which technique to use when is not one of their responsibilities. But still, as trainers, they should be aware of when certain techniques are appropriate.

- Tell the group that in the next few activities, they will have the chance to practice each technique in small groups.
- Break the group into four small groups by counting off. Have the group move to sit with their small group members to listen to the instructions for each practice activity.

Activity 2: Practice conducting an icebreaker or energizer

- Tell the group that the first technique they will practice is the icebreaker or energizer. Remind the group that an icebreaker can be conducted whenever the trainer feels the room needs an energy lift, such as after lunch or in the late afternoon. In the MIYCN training, an icebreaker is planned at the very beginning so as to help participants get to know each other. Other icebreakers are not defined, but the trainer can feel free to conduct one whenever needed.
- A get-to-know you icebreaker might be slightly longer, but in general, these activities should only last a couple of minutes.
- Start the small group work. Have the group turn to the second handout they were given at the beginning of this session, titled “Small Group Practice Instructions.” Looking at the first section on icebreakers, have each member of the small group select one of the four icebreakers and then facilitate it among the rest of the group members. Allow 15 minutes for the entire exercise (so each person gets 3 minutes plus a few minutes for preparation and transition).

Activity 3: Practice facilitating a discussion

- Once the groups have concluded their icebreaker exercise, bring them back together to explain the next exercise. This time, each member of the group will lead a 5-minute discussion on one of the topics listed in the next section of the Small Group Practice Instructions handout. Remind the participants to make sure the time does not get away from them—they have 5 minutes only. They can feel free to take notes on a piece of paper as they might write notes on a flip chart, but this is not a brainstorm.
- Give the groups 20 minutes to complete this exercise and have them face forward again for the next activity.
- Tell the group that discussions are a central point in the MIYCN training curriculum. Discussions help explore and relate new ideas to a familiar context. As trainers, they will be asked to facilitate discussions nearly every session. Ensuring that the participants talk is the most critical element of conducting a good discussion, although this is sometimes a hard skill to develop because there is so much we want to tell the participants. Encourage

the group to practice facilitating discussion at home, with their families, with friends, and in other situations.

Activity 4: Practice orchestrating small group work

- The challenge for the facilitator with small group work is breaking the groups into small groups. As indicated on the Overview handout, there are a couple of techniques to use to do this. They broke themselves into small groups for this exercise by counting off. Ask for two volunteers to use the other two techniques to break the entire group into new small groups. Tell the groups that this is just an illustrative exercise—they should not move seats or join new work teams.
- Tell the group that in the curriculum, they will be required to break the group into small groups nearly every session. They are free to use any of the techniques shown and, depending on how well the groups are working together, they might let groups stick together for a number of sessions or even an entire day instead of constantly shuffling.

Activity 5: Practice conducting a demonstration

- Have the groups re-join their original work teams. Have them select one person to conduct a demonstration and one person to read the instructions for conducting the demonstration aloud. Tell the group that, in the curriculum, they will be conducting only a few demonstrations such as correct hand washing, how to make porridge, and a food-making/recipe demonstration, but in each one it is essential to follow the specific instructions while talking to the group about what you are doing.
- Give the demonstrator a pair of scissors. Have the instruction giver (only) read the section on conducting a demonstration in their handout and then proceed. The other two group members should observe and note as the demonstration is unfolding whether the person followed the instructions or not. This activity should take 10 minutes.

Activity 6: Practice managing a pile-sort activity

- Tell the group that pile-sorts are used in the training curriculum on several occasions to help small groups think through a set of true/false questions about feeding practices as well as to think about when hand washing is necessary. As they go through the training as participants, they will have a chance to experience these.
- Now have one of the two group members who did not participate in the previous activity be the leader in managing a pile-sort activity.
- Have index cards or slips of paper pre-prepared for the leader of the pile-sort. This person should read the description of the activity in the training handout and then lead the exercise. The exercise should take 20 minutes.

Activity 7: Practice leading a brainstorm

- Tell the group that, as they discussed in the overview, brainstorms are useful to create a very specific list of actions, possible elements of a definition, or other contained topic. Discussions are useful for much broader debates. Brainstorms are used in the curriculum very frequently—for example, brainstorming to list the signs a child is ready to eat food, steps to conducting a home visit, or the kinds of groups that already exist in a community. They play an important role in helping participants really think through the question posed.
- Have the last group member (the one who did not do a demonstration or lead the pile-sort) practice leading a brainstorm on the topic listed in the handouts. The exercise should take 10 to 15 minutes

Activity 8: Practice setting up a role-play

- Tell the group that the last technique is the role-play. In the MIYCN curriculum, role-plays are used in two ways. The first is as part of a small group exercise, where group members are given topics to role-play. Usually two members act out the scenario and the other members observe, and then the group discusses as a whole. The second way is the “fishbowl” exercise, where two volunteers act out the scenario in front of the large group. The large group gathers in close around the role-players and then participates in a facilitated discussion after it concludes.
- As a facilitator, the challenge is making sure that the exercise is clearly explained, that the volunteers have time to read through their scripts and understand the objectives and their characters, and that the discussion afterwards emphasizes the objective of the role-play.
- For purposes of practice, you will demonstrate a fishbowl technique. Ask for one volunteer to be the facilitator and two volunteers to be the actors in the role-play. Have them read the scenario in the handouts and then conduct the role-play. Afterward, the facilitator should lead a short (5 minute) discussion on what was seen and heard.

Activity 9: Processing

- After the practice exercises have concluded, bring the large group back together as a whole. Lead a discussion to process the exercises. Ask the group to consider:
 - Which technique did they enjoy the most?
 - Why?
 - What were some positives and negatives about the icebreaker exercise?
 - About the discussion exercise?
 - About the small group organizing task?
 - The demonstration exercise?
 - Pile-sorts?
 - Brainstorming?
 - Role-play?
 - Do people feel comfortable with these techniques?

- What do they see as possible challenges in implementing them in training?
- Tell the group that this exercise concludes the first part of the TOT. They will now begin going through the MICYN curriculum as participants, but they should not forget that their role, ultimately, is to be trainers. So, as they go, if there is anything about the training that seems unclear or complicated, they should feel free to ask questions, ask for clarification, or continue to think about how they will assume the training role.
- Once the curriculum is completed, they will once again put their “trainer hat” back on and have the chance to practice facilitating full sessions.

TOT Handout #8: Overview of Learning Techniques

Technique	Description	Tips for doing it	When is it appropriate?
Ice-breaker/energizer	A short, fun game or game-like	Keep it short and sweet! Make sure your plan of action is well-defined and well-explained. Don't use too many.	<ul style="list-style-type: none"> To introduce participants to each other. To energize the group when necessary.
Discussion	An open-ended exercise where a question is proposed and participants engage in a typically informal debate over the answer or answers.	<ul style="list-style-type: none"> Remember that discussion is a learning tool. Avoid giving long speeches with too much theory and too few learning activities. Carefully manage differences of opinion that arise during the training. Instead of creating conflict, they should be taken as an opportunity to delve further in the issue. In the discussion process, the questions that are put forward may allow everyone to see the situation under review from new angles. Answers to the questions raised can stimulate fresh discussion and lead to new conclusions. You as facilitator can raise other questions to delve further into the subject. 	<ul style="list-style-type: none"> To help a group come to consensus or agreement over an issue with many sides to consider. To help a group fully process a new idea.
Small group work	A technique to break people into work teams to accomplish something specific that requires a smaller number of people for efficiency.	<p>There are a few options for how to break people into small groups:</p> <p><u>Counting off</u>—In this method, you count off 1, 2, 3, 4, 5... depending on how many participants. If you want 4 people per group, you need to divide your total number of participants by 4 to get the number of groups you need to form. If you have 20 participants, you would have 5 small groups of 4. 25 participants would give you 6 small groups of 4 plus one extra person, so 1 of the groups would have 5. 10 participants would have two groups of 4 plus two extra people, so both groups would have 5 instead of four. If there are more than 2 "extras" (say 11 participants), make another group with one fewer people, so you'd have two groups of 4 and one of 3.</p> <p><u>Color sorting</u>—Depending on the number of participants (for example, 16), and the number of groups to be formed (for example, 4), collect 16 bottle caps (or color cards) of 4 different colors: 4 of each color. Ask participants to select a bottle cap. Once selected, ask participants to form groups according to the color selected.</p> <p><u>Sinking ship</u>—Ask participants to walk around as if they were on a ship. Announce that the ship is sinking and life boats are being lowered. The life boats will hold a certain number of participants only. Call out the number of persons the life boats will hold and ask participants to group themselves in</p>	<ul style="list-style-type: none"> To allow all participants in a large group to have a chance to contribute to a task. To maximize time—when an activity would be impractical or take a very long time in a large group.

		the number called. Repeat several times and finish with the number of participants you wish each group to contain (for example, 15 participants in groups of 3, the last “life boat” called will be the number 3).	
Demonstration	A method where the learning is visual—the trainer or a volunteer SHOWS what should be happening, so as to allow others to model what is happening.	A good demonstration hinges on a clear list of instructions. There is no point in showing people how to do something if you do not also clearly explain what you are doing, in what order, and why.	<ul style="list-style-type: none"> To provide a clear illustration for how something should be DONE. Demonstrations do not convey ideas, but show specific actions that are hard to describe.
Pile-sort	A method in which a set of questions or items are considered and grouped into similar piles. The definition of the piles can be concepts or answers to the questions like “true/false” or “yes/no.”	In training, it is easiest to use pile-sorting when you have two piles: yes/no or true/false and questions that clearly belong to one or the other pile. If you have questions that are vague or with answers that could be either, depending on the circumstances, your participants will have trouble sorting.	<ul style="list-style-type: none"> To help participants see how a set of questions or topics are related.
Brainstorm	A method of generating ideas or lists to answer a specific question that asks members of a group to spontaneously contribute ideas.	Brainstorms are easiest to manage when the problem is clearly defined or the question clearly posed. For example, “what are the possible steps to conduct a home visit” is an easy thing to brainstorm, whereas “what should be done to improve Malawi” is far too broad to allow for a useful brainstorm. Brainstorms can precede discussions, in that the list of brainstormed ideas can then be discussed in more detail, but they are not discussions. In a brainstorm, you want to just allow for a flow of ideas, good or silly, without stopping.	<ul style="list-style-type: none"> To help participants start to think through the question itself by considering all possible responses from all angles. To provide the space for participants to come up with innovative solutions that might otherwise not have been thought of.
Role-play	A method that	The role-play scenario should be well-thought-out and clearly written, with	<ul style="list-style-type: none"> To allow the

	<p>asks participants to play a character, assuming that character's attitudes, actions, and dialogue, in a make-believe situation.</p>	<p>both character's points of view well-defined. The role-play also should have a specific objective for what it is trying to convey, what perspective it is showing, and how it relates to the skills being built in the training.</p>	<p>participants to practice a skill that they are learning that involves someone else.</p> <ul style="list-style-type: none"> • To allow the participants to understand and empathize with differing points of view.
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TOT Handout #9: Small Group Practice Instructions

For use with TOT Session 7, Activities 2–8

Practice conducting an icebreaker or energizer

Icebreaker options:

- Participants and facilitators form a circle. One facilitator has a ball (can be crumpled piece of paper) that he or she throws to one participant. The facilitator asks a question (can be anything—name a brand of toothpaste, who won the last world cup, who is president of the United States, etc...) to the participant who catches the ball, who then responds. When the participant has answered correctly to the satisfaction of the group, that participant throws the ball to another participant. The participant who throws the ball asks a new question, the participant who catches the ball answers it.
- Go around the group and have each person make up a gesture. It can be standing up, putting your hands on your head, clapping, waving your hands, etc... The facilitator starts, and moves to his or her right. Each person must copy the gesture of everyone who has gone before them and then add on his or her own. Since the groups will be very small, go around twice, with each person ultimately contributing two gestures.
- Have each person write on a piece of paper a fun and secret fact about themselves (i.e., they can stand on their head for 5 minutes, they love frozen peas, they sang in a choir growing up, etc...). The participants pass the paper back to the facilitator who reads it aloud and everyone tries to guess to whom the fact belongs. After one quick guess, the fact-holder reveals him/herself and the game goes on.
- Without talking, have each member of the group organize themselves in an alphabetical line left to right (left being A or closest to A and right being Z or closest to Z) based on the name of the town or village where they grew up.

Practice facilitating a discussion

Each member of the small group should select one of the following topics and, using the questions as guidance for getting the debate or conversation started, lead a 5-minute discussion with the rest of the group.

- The best brand of toothpaste
 - What kind of toothpaste do you use?
 - Why do you use that kind of toothpaste?
 - What makes good toothpaste good?
 - Are there any drawbacks to it?
 - How expensive is the toothpaste? Where can you buy it?
- The merits or disadvantages of not eating meat
 - Why would someone not eat meat?
 - Is this a good reason? Why or why not?

- What does someone need to think about if they don't eat meat?
- The future of tourism in Malawi
 - How can Malawi get more tourists?
 - Should Malawi get more tourists?
 - How should Malawi's natural resources be protected as tourism increases?
 - What is the biggest challenge to tourism in Malawi?
- Reducing the number of government holidays
 - Does Malawi have too many government holidays?
 - Should that number be reduced? Why or why not?
 - What would be the challenge to reducing the number of holidays?
 - What would be a benefit of keeping all the existing holidays?

Practice orchestrating small group work

Two volunteers will use the following techniques to break the whole group into small groups:

Color sorting:

Depending on the number of participants (for example 16), and the number of groups to be formed (for example 4), collect 16 bottle caps (or color cards) of 4 different colors: 4 of each color. Ask participants to select a bottle cap. Once selected, ask participants to form groups according to the color selected.

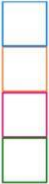
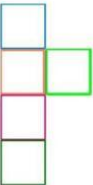
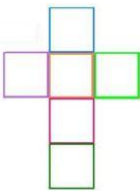

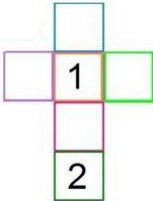

Sinking ship:

Ask participants to walk around as if they were on a ship. Announce that the ship is sinking and life boats are being lowered. The life boats will hold a certain number of participants only. Call out the number of persons the life boats will hold and ask participants to group themselves in the number called. The number called will be the number of people in each group. In this exercise, you want groups of 4 people, so each lifeboat can only hold 4 people. If there are 1 or 2 extra people, they can squeeze in a lifeboat. If there are 3 extra people, they should make their own life boat.

Practice conducting a demonstration

The demonstrator will demonstrate how to make a paper cube using just a blank piece of paper and tape.

Instructions:

#	Step	Picture (to be used only by instruction-giver)
1	Take a piece of paper.	
2	Take a pen and draw a long rectangle and divide it up into four squares.	
3	Draw another square to the right of the second square from the top.	
4	Draw another square to the left of the second square from the top. (It should now look like a cross, with six equal-sized squares. The longer end of the cross should be facing toward you.)	
5	With a pair of scissors, cut out the shape on your paper.	
6	Fold the paper along the lines.	
7	The square on the very bottom should be folded so that it is parallel or directly across from the square that was in the middle. (Square 1 and 2 should be parallel when folded.)	
8	Tape all of the sides together.	

Practice managing a pile-sort activity

- The pile of index cards/slips of paper has the following questions written on them (questions only, one on each card). The answers provided next to the question here are for the facilitator only.
- The facilitator should read each card aloud and instruct the group to come to consensus through discussion about whether each is true or false, and put them into a “true” pile and a “false” pile.

Some zebras are born with brown stripes.

(TRUE: Even though some zebras are born with brown stripes, they darken to black as they get older.)

A house mouse is the world’s smallest mammal.

(FALSE: The world's smallest mammal is the bumblebee bat of Thailand. Another neat thing about bats is that they are the only mammal that can truly fly. With wing beats that can reach up to 20 per second, they have to use sonar to avoid obstacles at night.)

Dolphins can shut down half of their brains at a time.

(TRUE: Dolphins are mammals that have to think to breathe. So when they are asleep, they only allow half of their brain to shut down. They drift toward the surface while sleeping, all the while keeping one eye open.)

Jellyfish are named after jelly, which makes up 95 percent of their bodies.

(FALSE: Jellyfish are made of 95 percent water.)

Fish are the only animals that can’t communicate with one another.

(FALSE: Not only do fish communicate with one another but it’s almost an art form. Some fish use the backs of their throats and some have even been known to use their swim bladders to communicate.)

Crocodiles’ digestive juices are so strong that they can digest steel nails.

(TRUE: A crocodile’s stomach holds so much acid that it can even digest a spear head.)

Garden snails have both male and female organs.

(TRUE: They are hermaphrodites.)

A rhinoceros’s horn is made up of the same thing that makes up human hair.

(TRUE: They are both made of the substance keratin. This substance can be found in our hair and in our fingernails.)

Vampire bats really live off blood.

(TRUE: Vampire bats have fewer teeth than other bats. They don’t need as many teeth, since they live off the blood of mammals.)

Source: <http://www.funtrivia.com/submitquiz.cfm?quiz=223739>

- When a pile-sort is done in a real training setting, the facilitator would have the small groups return to the large group and compare the results among the groups. In this practice exercise, there will be four facilitators. Once each small group finishes their pile-sort, these four will decide among themselves who will moderate the large group processing of the pile-sort. That facilitator will then ask for a volunteer from Group 1 to read each card aloud and identify which pile the group assigned it. After each one is read, the moderator/facilitator will ask the members of the other groups if they agreed or disagreed and if they disagreed why. Continue until all nine cards/questions have been agreed on. Use the explanations given to help resolve differences that might come up.

Practice leading a brainstorm

- The facilitator should lead a brainstorm on the following question, listing responses on a piece of paper:

What steps should Malawi take to ensure that the national football team reaches the next World Cup?

Practice setting up a role-play

- The volunteer facilitator and the volunteer actors should all read through the following scenario:

Volunteer 1 is a trainer for a maternal, infant, and young child feeding program. He is about to kick off a new training session and is interviewing for a co-facilitator. The co-facilitator really needs to demonstrate facility with many different kind of learning techniques, some knowledge of adult learning, and a passion for capacity building in health.

Volunteer 2 is the candidate being interviewed for the co-facilitator position. He has some background in training, but has previously used mostly Power Point presentations and lecturing. He doesn't feel that those are the most appropriate methods and so he is excited about this opportunity.

The scenario starts with the candidate coming in and sitting down at the desk of the interviewer. After introductions, the interviewer tells the candidate a little bit about the job in question, saying that he really needs a co-facilitator who will be a great team-player, who will be willing to extensively prepare for the training and do his part to ensure that all the participants walk away able to actually carry out the objectives. The content relates to maternal, infant, and young child feeding. He then asks some of the following questions:

- Tell me about yourself.
- Why do you want this job?
- Why are you qualified for this job?
- What background do you have in capacity building?
- What background do you have in nutrition?

- Tell me about your ideal training—what kinds of methodologies would be used?
 - What has been your best experience with training in the past?
 - What is your desired salary?
 - Are you available to start tomorrow?
- The facilitator should instruct the actors to set up their role-play in the middle of the room. He should tell the volunteers to use the script, but to feel free to invent other background information or details as they go. Have fun with it.
 - He/she should then ask the rest of the large group to gather around them, fish-bowl style.
 - The actors will conduct the role-play using the given scenario.
 - Afterward, the facilitator should moderate a discussion using the following questions:
 - Can anyone describe what they saw?
 - What was good about the role-play?
 - Did it make you think about anything?
 - Can you think about how a role-play might work in the context of the MIYCN training?
 - Imagine a role-play between a counselor and a caregiver. What kind of information would be discussed? How might it be helpful to helping you understand things from a different perspective?

TOT Session 8: Malawi Supportive Supervision Guide

Introduction

Preparation	<ul style="list-style-type: none">• Read the session carefully• Prepare all necessary flip chart papers• Photocopy TOT Handout #11: Observation Checklist• Photocopy TOT Handout #12: Follow-up and Supervision Summary
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Objective of the supervision visit

Through providing supportive supervision, you will give community nutrition workers the support and feedback they need to become experts at applying material learned during the course to their normal working situations. The objectives of the post-training follow-up supervision are to:

- Reinforce the theoretical knowledge learned in the course.
- Reinforce the counseling and practical skills learned in the course.
- Help participants address challenges in applying concepts from the course to their work situations.
- Update them on new guidelines (e.g., World Health Organization guidelines)

Definition of supportive supervision

Supervision entails observing provider performance and comparing it to standards that are outlined in supervision checklists and other tools. It can be a one-way process whereby the supervisor extracts information that is put into a database or reported to authorities.

Supportive supervision, on the other hand, requires the participation of both the supervisor and the community nutrition worker. It is a collaborative effort that involves discussion and joint problem-solving. By providing constructive feedback based on the community nutrition worker's experiences and difficulties, the trainer gives the community nutrition worker the opportunity to improve his/her performance and confidence. The process should result in a better work experience for the community nutrition worker and better outcomes for women and children.

How to know whether supervision is successful

Supportive supervision should result in action for continuous quality improvement. Therefore, proper recording of supervision findings and recommendations, and monitoring of follow-up actions, is extremely important. At each follow-up visit, the supervisor should assess previously identified problems and look for improvement in the score attained by the community nutrition worker on the supervision checklist. Another aspect of successful supervision is that the observed community nutrition worker feels motivated by the process and encouraged to continue improving his/her skills.

The follow-up visit

Schedule of follow-up visits

Each participant should receive at least three follow-up visits. The first visit should take place no more than three months after completion of the training course. The next two visits should take place within the following six months. Each visit is designed to take one full day at the participant's work place. To increase efficiency, up to four participants can be assessed in the same day by one assessor. While it is preferable to assess community nutrition workers at their normal places of work, it is possible to have several community nutrition workers from distant places gather at one health center.

Preparation for follow-up visits

Before arriving for a follow-up visit, review the MIYCN course pre- and post-training assessments of the community nutrition worker you will be supervising. If possible, bring a copy of the participant's tests with you to facilitate discussion. If this is a second or third follow-up visit, review the action plan that was developed at the first supervision visit as well as the supervision checklists completed during any previous follow-up visits. This preparation will help you target specific areas of weakness and make your follow-up visit more productive.

In addition, you should review the supervision checklists so that you are familiar with the information to be assessed. If there are particular topics with which you are less comfortable, review those sections of the training guide. Pay particular attention to topics on the checklist that may not have been covered thoroughly in the training course and be sure that you are able to comfortably provide accurate information on those topics.

When you call a health center to arrange a date for supervision, it is important to emphasize that this is not an exam. Rather, it is a way for trainers to assess the training course, to reinforce skills learned during the course, and to help with situations that participants have found difficult to manage since being trained. Suggest that the community nutrition worker complete the counseling log and written exercises before your appointment, if he/she has not done so already. Explain the activities you plan to conduct during the follow-up visit and agree on the best way to complete the supervision with minimal disruption to client services.

In addition to contacting the community nutrition worker targeted for follow-up, you should also contact the nutrition focal point at the health center as soon as possible. The focal point can help ensure that the community nutrition worker completes the counseling log and written exercises and that the supervision does not disrupt client services.

Components of the supervision visit

As the visiting trainer you should meet briefly with the facility staff to explain the purpose of the visit and the activities that will take place during the day. Introduce yourself to the nutrition focal point and encourage him/her to participate in your activities if possible. Identify the people you are going to assess. It may be helpful to ask the staff if they have observed any differences in the way those who were trained on the course are managing mothers and their children since training. Establish a friendly atmosphere for the visit.

A supervision visit consists of several activities, including:

- Reviewing and discussing the counseling log kept by the community nutrition worker.
- Reviewing and discussing the written exercises completed by the community nutrition worker.
- Observing group health talks and providing feedback.
- Observing individual counseling sessions for at least three children and one pregnant woman and providing feedback.
- Practicing skills with the community nutrition worker through role-plays.
- Developing an action plan for the community nutrition worker to continue improving his/her skills.

The order in which these activities are completed may vary, depending on the schedule of services provided at each clinic. Details on how to carry out each of these activities are provided below.

a. Review and discuss counseling log and written exercises

If the community nutrition worker has not kept a counseling log, take time to discuss the kinds of cases the worker has seen and how he/she has responded. Ask about any cases that were particularly challenging or any skills that he/she is unsure of and would like to discuss. It may be helpful to conduct a role-play to better understand the challenge and more effectively help the community nutrition worker feel more confident and better manage difficult situations in the future. Encourage the participant to continue keeping a counseling log in preparation for the next follow-up visit.

The written exercises provide an opportunity to verify that the community nutrition worker has retained and understood the key messages and technical information provided during the course. If the written exercises have not been completed, give the participant time to complete them. Alternatively, you may go over the exercises orally.

b. Observe individual counseling sessions and complete observation checklist (TOT Handout # 11)

Each follow-up visit should include assessment of at least three individual counseling sessions. The supervisor should identify the women/children who will receive counseling based on the skills you would most like to observe. Before choosing the clients, ask the community nutrition worker if there are any particular skills that they want to practice. The clients should include at least one mother with a child younger than 6 months and one with a child who is older than 6 months. If possible, also include one client who is HIV positive. Before beginning the counseling sessions, explain to the clients why you are there and ask their permission to observe. Assure the clients that you will not record their names and that any personal information will remain confidential.

A separate observation checklist should be completed for each client. The checklist is used to assess the content of the issues discussed, the interpersonal skills used, and the success with helping the client set goals and make positive changes. It is important that you rate each component of the checklist. Each component can be assigned one of four ratings:

- Yes: sufficient (2)—by assigning this score you indicate that the skill has been effectively used most or all of the time. This score also indicates that the information provided was clear and accurate as well as given with an appropriate amount of detail.
- Yes: limited (1)—by assigning this score you indicate that the skill has been used only some of the time or that it was not used as effectively as possible. This score may also be given if information was conveyed less clearly or accurately than it should have been or with an inappropriate amount of detail.
- No/not at all (0)—by assigning this score you indicate that the skill was not used at all. This score may also be given if certain information was not provided even though it would have been appropriate, given the client’s circumstances.
- N/A for this visit—by checking the “not applicable” box you indicate that the skill was not used or that information was not given because it was not necessary or appropriate, given the particular context.

In addition to scoring each component of the checklist, it is important to include as many comments and observations as possible. This will help you review the community nutrition worker’s strengths and weaknesses following the observation as well as better guide the supervisor who will conduct the next follow-up visit.

Take steps to put the community nutrition worker at ease, and encourage him/her to work with the clients as he/she normally would in the absence of a supervisor. Remind the community nutrition worker that this is not a test but an opportunity for you to help him/her build confidence and skills to make a difficult job a little bit easier.

It is important not to interrupt the community nutrition worker too frequently during the observation, as this disrupts the flow of counseling and reminds both the community nutrition worker and the client that they are being watched. However, you should courteously interrupt if the community nutrition worker is providing incorrect information that may be harmful for the child. At the end of the counseling session, you may choose to ask the client about her experience to determine whether she was satisfied with the service she received.

There are several weaknesses frequently identified during individual counseling sessions that the supervisor can help address. You are likely to find that the community nutrition worker needs help with at least some of the following:

- Effectively using counseling cards to convey information.
- Engaging in a discussion with a caregiver rather than giving a lecture.
- Taking a feeding history to better understand the current infant and young child feeding practices and challenges faced by the caregiver and child.
- Choosing one or two key messages rather than giving a lot of information.
- Choosing messages that are appropriate for the age of the child and difficulties faced by the mother.

- Using information contained on the child health card to help provide appropriate counseling.
- Giving praise for what a caregiver has done well.
- Using good interpersonal skills to make the caregiver feel comfortable.
- Negotiating with the caregiver for her to make a change in infant and young child feeding practices that the caregiver feels is practical and feasible.
- Giving proper referrals for other care or community support.

Immediately after each counseling session you should review the session with the community nutrition worker. You may begin by asking the community nutrition worker's opinion of what went well and what was difficult. You should not review every individual item on the checklist with the community nutrition worker. Rather, you should choose no more than three challenges or problems to discuss. These should be the biggest problems that are most likely to reduce the impact of counseling on improving infant and young child feeding practices. Discuss how the community nutrition worker may improve these weaknesses during the next counseling session. In addition, be sure to mention positive findings. During the discussion you may add additional comments to the observation form. If possible, leave a copy of each completed checklist with the community nutrition worker.

If the community nutrition worker has significantly struggled with particular skills, it is important that you give him/her additional opportunities to practice while you are there. You may choose to recruit additional clients with whom she can practice these skills. Alternatively, you can engage in role-plays with the community nutrition worker. If the focal point or another community nutrition worker is available, one of them may play the role of the client while you continue to observe. This has the advantage of engaging more people in discussion and activities related to infant and young child feeding.

c. Summarize supervision visit and develop action plan

After you have finished reviewing the counseling log and written exercises, observing group health talks and individual counseling sessions, providing feedback to the community nutrition worker, and giving him/her extra opportunities to practice weak skills, you will be ready to summarize your supervision visit and develop an action plan for improvement. The form for this is "Follow-up and Supervision Summary" (Handout #12)

Begin by recording the scores for each of the counseling observations. Explain to the participants that this score provides a baseline so that it is possible to measure improvements during the next supervision visit. Remember that if you marked "not applicable" for any component of the observation checklist, that item should not be included in the total recorded for "points possible."

Also take this final opportunity to ask if the participant has any additional questions or concerns. You should then work together with the participant to develop concrete actions to improve areas of weakness over the next six months. While you should aim to find three action steps, it is acceptable to identify fewer steps if three doable actions cannot be identified. Just as a counselor negotiates with a client to make a change in behavior, you should negotiate with the participant to identify actions that the participant feels motivated and empowered to complete. These actions should not be dependent on others making more resources available. For example, an action

should not be to begin cooking demonstrations if the clinic does not already own cooking utensils. Some potential action steps include:

- Reviewing specific sections of the MIYCN Participant Manual section in the MIYCN Training Package.
- Finding a colleague with whom to practice using counseling cards.
- Observing a health talk or counseling sessions at a nearby health clinic.
- Beginning to use counseling cards or other job aids where not previously used.
- Beginning to use specific job aids, such as the feeding history form, provided in the MIYCN Participant Manual section in the MIYCN Training Package.

For each action item chosen, agree upon a date by which the action will be initiated and/or completed. Get the support of the focal point for the action plan and timeframe and discuss ways that he/she can support the participant in following through with the action plan. If possible, fix a date for the next supervision visit and encourage the participant and focal point to call before that date if any questions or new challenges should arise.

Summary: Key actions for successful supervision

- Go prepared—review previous tests, observation checklists, and action plans before arriving at a supervision sites.
- Put community nutrition workers at ease by reminding them they are not being tested, praising what they do well, and problem solving together through respectful discussion.
- Choose no more than three weaknesses to discuss following an observation.
- Write detailed comments about your observations.
- Identify realistic action items that will help the community nutrition worker improve his/her skills.

Note: this session is introduced AFTER the trainers have gone through the MIYCN curriculum—Skip to MIYCN Training Guide

TOT Session 9: Practicing training sessions

Time	240 minutes
Learning objectives	<ul style="list-style-type: none"> • Gain experience actually facilitating sessions • Evaluate training quality using the Training Quality Checklist
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Prepare all necessary flip chart papers • Photocopy TOT Handout #10: Sessions for Facilitation Practice • Photocopy TOT Handout #13: Training Quality Checklist
Materials	<ul style="list-style-type: none"> • Flip chart papers and markers

Activity 1: Selection of session

- Divide the group back into the small groups of four they worked in during the last session. These groups will serve as mini participants' groups.
- Pass out copies of TOT Handout #10: Sessions for Facilitation Practice (example sessions from the MICYN training). Ask each person to select a different session to prepare and teach to their group. They will have already experienced these sessions as participants.
- Give the participants 30 minutes to read, prepare flip charts, etc... for the training session they selected.

Activity 2: Small group practice and feedback

- Each person conducts his/her session for the other members of their small group. If possible, groups should be situated so they do not disturb each other.
- Circulate through the groups, observe each participant for a moment, take notes to provide feedback later.
- When the session is completed, the members of the group provide feedback to the trainer using TOT Handout #13: Training Quality Checklist, particularly noting:
 - Whether or not the trainer established an effective learning climate.
 - Whether or not the trainer used appropriate vocabulary.
 - How well they facilitated discussion.
 - How well they managed the flow of activities.

Activity 3: Large group discussion

- Bring the group back together and ask for volunteers to describe their experience as trainers. Ask what they enjoyed, what they did not enjoy, what was easy, and what was challenging. Offer some of the feedback that you noted during your observations (without giving specific names).

- Have the participants again take out the planning for training checklists (TOT Handout #5). Tell the group that now they are equipped with the knowledge, skills, and resources to plan and carry out training.
- Invite the group to now think about immediate next steps. Are they ready to jump into that planning checklist? What needs to happen beforehand? Ask for a few volunteers to think about and provide their “next steps.”
- Tell the group that you will be there to serve and support them as trainers. Make sure the group has your contact information and tell them to feel free to contact you with any additional questions.
- Thank them for their hard work, wish them luck as trainers, and conclude the session.

TOT Handout #10: Sessions for Facilitation Practice

Note: One example session of approximately the same length was chosen from each module.

EXAMPLE 1

Session 6: Negotiation

Time	45 minutes
Learning objectives	<ul style="list-style-type: none">• Define negotiation for improved practices• List the steps in a successful negotiation• Demonstrate successful negotiation in a counseling session
Preparation	<ul style="list-style-type: none">• Read through the session and familiarize yourself with the process and activities• Prepare necessary flip charts ahead of time• Prepare photocopy of role-play (Facilitator Resource #5; Session 6, Activity 2)
Materials	<ul style="list-style-type: none">• Blank flip chart paper and markers• Photocopy of role-play

Activity 1: Brainstorming negotiation

- Ask the participants to brainstorm about when they have to negotiate with someone in a daily situation. For example: work with a child to plan to get homework done; bargain in the market; plan with a neighbor how to resolve a conflict; plan with a spouse how to save money. List responses on the flip chart.
- As the participants give their examples, ask the group or the individual giving the example to tell you something that made their negotiation successful. Write these on a flip chart and post. (For example, “I learned that when I’m negotiating with someone it’s important to listen carefully and respond specifically to what the other person says.”)

Activity 2: Large group work: Discussion and observed role-play

- Ask the participants, based on some of the examples they’ve heard, to talk about their idea of negotiation. Use some of the questions below to help stimulate the conversation:
 - What is the objective of a negotiation process/conversation?
 - What are some successful techniques to use when negotiating?
 - Are we always successful?
 - Is there a winner or loser in negotiation?
 - Are there different ways to negotiate in different situations?
- Give the following definition of negotiation, and clarify/explain where necessary:

Negotiation is a constructive dialogue using effective interpersonal communication skills that merges the technical knowledge (which changes in practices will be beneficial) of the outreach worker with the practical knowledge of the community member (what is feasible and acceptable) to arrive at a mutually agreed-upon plan for adopting a new, more beneficial practice. The decision on which new practices to adopt and the commitment to making the change is made by the individual, group, or family members with the guidance, encouragement, and counseling of the outreach worker.

- Post the steps in the negotiation process for improving practices where everyone can see them and go over them:

Steps in the negotiation process	
1	Greet and get permission to enter into dialogue.
2	Assess the situation by observing and asking questions.*
3	Give feedback on what the household is doing well and what areas might need improvement.
4	Mention one or two current practices that the person(s) might do differently.
5	Ask the person for ideas about what changes s/he could make.
6	As needed, make additional suggestions and mention the positive benefits.
7	Ask the person to commit to trying one or two specific new (and improved) practices.
8	Together explore some difficulties that s/he might face and how to overcome them. Ask the person to repeat what s/he has agreed to try and the general steps s/he plans to follow to do it.
9	Congratulate the person.
10	Promise to follow up with a date and time.

*For young child nutrition, questions will include specific ones on what the child is eating, when, how, etc.

- Model the steps using a fishbowl role-play technique. Ask a “volunteer” to come forward and assume the role of a typical mother or father in the community. You, the trainer, will act as the community worker. The remainder of the participants should gather around you and take notes on what they see according to the steps in the process listed above. Also, have them note any questions they have.
- Conduct the role-play (use Facilitator Resource #5). Give the volunteer some time to look over the card so s/he is prepared.
- After the role-play, read or ask the questions below slowly. Ask the participants for their reactions:
 - How did the negotiation go?
 - What did the community worker do?
 - What were some of the reactions of the individual?
 - Was the community worker successful?
 - Were they able to go through all the steps?

- Emphasize the fact that negotiation is a process that occurs between the worker and the mother. The worker's responsibility is to help the mother figure out how to improve practices, NOT to tell her what to do nor to just leave her with information.
- Let the participants know that in this session, they were asked to focus on the skill, but in real life, they will have a job aid to help them remember the process and the technical information necessary as they work with community members.

EXAMPLE 2

Session 8: Introduction to counseling cards

Time	40 minutes
Learning objectives	<ul style="list-style-type: none">• Describe the primary tool for community workers to use in counseling and support for mothers/caregivers in maternal, infant, and young child nutrition• Explain the way that the tool is intended to be used in the community• Describe the key maternal, infant, and young child feeding behaviors to be addressed in this training
Preparation	<ul style="list-style-type: none">• Read through the session and familiarize yourself with the process and activities• Prepare a large timeline (Facilitator Resource #6)• Prepare a large matrix of key practices (Facilitator Resource #7)
Materials	<ul style="list-style-type: none">• Photocopies of counseling cards• Facilitator Resources # 8, 9, 10

Activity 1: Large group presentation of timeline and matrix of key practices for first 1,000 days

- Present the timeline, which shows the development of the child from the prenatal period to two years of age.
 - The main purpose of the timeline is to provide an overview of what will be covered in the training session and to reinforce that the first 1,000 days reflect a process of significant change and development from the prenatal period to the newborn to the infant to the toddler.
- Highlight the following points in the presentation:
 - During the training, the sessions will be examining each stage of development of the child separately. The timeline shows that the 1,000 days are a period of change and transition.
 - As a counselor it will be important to understand this process of development—that the child and mother have different nutrition needs that are dependent on where they are on this timeline.
 - Counseling and supporting women and mothers on nutrition is built around what is known about nutrition needs and requirements that are specific to the age/development of the child and the status (pregnant or breastfeeding) of the mother.
 - The specific messages and practices to be discussed in this training session will be tailored to the Malawi context—they are based on the nutrition recommendations for each stage of child development and what is feasible in the Malawi context.
- Introduce the large blank matrix of key practices.
- Tell the participants that the matrix will be filled in by them as they complete different sessions during the training. They will summarize the key messages that are most

relevant for them in their efforts to provide counseling and support for mothers in Malawi and write them on this large matrix.

Activity 2: Questions and answers to familiarize the participants with the counseling cards

- Distribute a set of counseling cards to each participant.
- Ask participants to form groups of three at their tables.
- Explain that the counseling cards will be tools for them to use in their communities to counsel mothers/caregivers and that this session will be an opportunity for them to briefly take a look at the counseling cards.
- Explain that this will be a quick preview and that during the rest of the training they will have ample opportunity to learn the messages and to practice using the cards.
- Tell the participants that for the next few minutes they will be asked to find certain images on the cards.
- Explain that they should do this as a group—identify the cards that contain the image/item mentioned by the facilitator and write down the card number.
- Refer to Facilitator Resource #8 with the list of images and counseling card numbers of the cards and ask the groups to find the images on this list.
- Call on a group to report which counseling card(s) shows the item.
- Ask the other groups if they agree and/or if they have other cards that contain the image.
- Repeat this process with the remaining items/characteristics on the list.

EXAMPLE 3

Session 22: Working with mothers affected by HIV/AIDS

Time	45 minutes
Learning objectives	<ul style="list-style-type: none">• Explain general feeding recommendations for HIV/AIDS-affected families• Explain what to do when mothers are affected by HIV/AIDS• Support health center messages regarding feeding of children whose mothers are HIV positive
Preparation	<ul style="list-style-type: none">• Read the session carefully• Prepare all necessary flip chart papers• OPTIONAL: Do additional research on HIV and pregnancy/feeding to be prepared with answers to any questions that arise
Materials	<ul style="list-style-type: none">• Flip chart paper

Activity 1: Personal reflection

- Tell the participants that you will now discuss the special case of mothers who have HIV/AIDS.
- Ask the participants to consider the following questions in their own heads:
 - If a mother has HIV, can she still breastfeed her child?
 - If a pregnant woman has HIV, will she definitely pass the virus on to her child?
 - How does your community react if a mother has HIV?
- Ask for a volunteer or two to share his/her thoughts. Do not correct him/her. Ask the rest of the group if they agree or disagree.

Activity 2: Discussion on recommendations

- Tell the participants that:
 - Mothers who are HIV positive can avoid passing the virus on to their babies if they are tested and treated before and immediately after birth.
 - Mothers with HIV can and should still breastfeed.
- Ask the participants if they have any questions on this—say that you understand this is a sensitive subject with many different beliefs. But the facts are as you stated before. Tell the group that you realize that the recommendations on breastfeeding for HIV-positive mothers might differ from ones they have heard previously, but that these recommendations are those being promoted by the Government of Malawi and international health organizations like UNICEF and WHO.
- Ask participants how they think their role will be different if they are working with mothers who are HIV positive. List responses on a flip chart paper. Allow for a discussion to take place as necessary by the participants.

- Say and list on the flip chart that the only real differences in their role will be:
 - They will work with a pregnant woman to make sure that she is referred for testing and treatment before the baby is born, to keep supporting the mother to breastfeed her baby.

They will use the same counseling cards as they would if the mother was not HIV positive.

- Reinforce with the group that living with HIV is very complicated—both medically and socially. Their job as a community worker for nutrition is to listen to the mother and to help her with nutrition concerns just like every other mother and to encourage her to seek appropriate support for HIV. Reiterate that they are not trained to give advice or counsel specifically on HIV. Also stress that the mother needs encouragement and warmth—listen to her, never judge her, and try to help her find the right answers for problems beyond your scope.
- Ask again if any of the participants anticipate having any trouble working with HIV-positive mothers. Try to briefly address their concerns and conclude by reminding the participants that:
 - HIV-positive pregnant women should be diagnosed and treated prior to a baby’s birth to prevent transmission.
 - HIV-positive mothers should continue to breastfeed.

Activity 3: Pair work: Using the counseling card

- Have the group refer to Counseling Card #17: HIV-Exposed Infant/Young Child.
- Break the group into pairs and have them take turns being the mother and the community worker, using the card. The “mother” character should respond to the questions posed in whatever way he/she wants.
- Have the group come back together as a whole and process the exercise. Ask:
 - What was difficult?
 - What worked well?
 - Did the card help guide the conversation? How?
 - Do people feel comfortable with this topic and what their responsibilities entail?
 - What other questions do they have?

EXAMPLE 4

Session 24: Conducting home visits

Time	30 minutes
Learning objectives	<ul style="list-style-type: none">• Explain the process for planning, conducting, and following-up on home visits• Plan a calendar of home visits• Establish an appropriate dynamic with a mother/caregiver being visited• Identify appropriate counseling card(s) to use for the visit• Successfully use the counseling cards to conduct the visit• Successfully establish follow-up visit
Preparation	<ul style="list-style-type: none">• Read the session carefully• Prepare all necessary flip chart papers
Materials	<ul style="list-style-type: none">• Prepared flip chart with activities related to planning and conducting a home visit

Activity 1: Brainstorm and discussion—How does a home visit work?

- Present the six session objectives and the timing for the session.
- Explain that now you will be discussing how to initiate and complete a home visit with the pregnant mothers or mothers of children under 2 that they've identified through the map and register.
- Ask the participants to envision visiting someone's home for the first time to talk about their health/nutrition or that of their child. List the following activities (in bold) on the flip chart and then ask the participants to talk about how they would go about each activity. Fill in what they say with the information below.
 - **Planning**
You always want to have a plan for who you want to visit and by when. You should try to visit everyone on your register at least once a month, so do some thinking ahead of time about when you will be able to go where, including to distant homes.
 - **Asking permission/setting a date**
When you first arrive at someone's home, especially if it is someone you do not know well, you should introduce yourself and explain that you have been selected as a community health agent for young child nutrition. You know that they are having a baby or have a young child and you just wanted to see how everything was going. Ask the mother if just then is a good time; if not, set a date for another day.
 - **Conducting the visit/using the counseling cards**
Where to sit

When you initiate the visit, you want to make sure you follow the mother's lead about where to sit. Be respectful of her home. It is good, however, to try to suggest sitting and talking somewhere private, so if she has any concerns, she might be able to talk about them openly with you, without worry that someone might hear. Reassure the mother that what she tells you is confidential.

Starting the conversation/collecting background

Begin by asking the mother how she's doing, and then ask her if she minds if you write down her and/or her child's information in your register and if not, ask her the details—birth date, etc.

Selecting the appropriate counseling card and conducting the session

Based on the child's age, whether or not they are sick, and/or the mother's status as pregnant or breastfeeding, use the appropriate counseling card to assess her particular situation, discuss any improvements in what she's currently doing, and how she might be able to make those improvements.

- **Planning a follow-up**

Make sure you don't leave without scheduling a follow-up meeting. If there have been significant problems (the baby is sick, she is having trouble breastfeeding, etc.), you should try to come back in no later than one week. If everything is more or less OK, two weeks to a month would be fine.

Remind the participants that the information and skills they learned on negotiation and appropriate interpersonal communication are the key to good home visits/counseling sessions—the ALiDRA process.

Activity 2: Role-play: Home visit

- Tell the participants that now that they have seen the process, they will put it into action. Ask for two volunteers—one to be the mother and one to be the community worker. Use the scenario in the box below.

The mother is 8 months pregnant with her first child and this is the community worker's first visit to her. The mother has gone for only one antenatal care visit, 3 months ago, because she lives far from a clinic and has not been able to find the money to go back. She is hoping that she will be able to deliver the baby in the clinic, but is not sure how to plan for that. She tries to take the iron-folate pills that they gave her but she forgets more often than not.

- After the two volunteers complete their role-play session, ask the other participants to comment on what they did well and what could be improved, based on the process discussed for conducting a home visit. As they respond, be sure to emphasize the interpersonal communication skills of the person playing the community worker (refer back to the skills checklist). If the group does not note it, add in that the person did a good job or could use improvement on the following:

- Non-verbal communication (appropriate body language, respectful distance between speakers, using appropriate gestures)
 - Asking open questions
 - Reflecting back what the mother says/paraphrasing
 - Empathizing
 - Avoiding words that sound judging
 - Appropriate use of silence
- Conclude the session by reminding the participants that the steps to a good home visit are:
 - Planning
 - Asking permission/setting a date
 - Asking questions/Using the most appropriate counseling cards to conduct the visit
 - Setting up a follow-up visit
 - Practicing good counseling and interpersonal communication skills
- Allow time for questions and ensure everyone feels comfortable with the process before moving on.

TOT Handout #11: Observation Checklist

Name of Counsellor: _____

Designation: _____ Name of Location _____ District: _____

Name of Supervisor: _____ Date of Follow-up: _____

Date of Training: _____

Status of follow up (tick in box):	First		Second		Third	
------------------------------------	-------	--	--------	--	-------	--

INDICATOR	Yes: Sufficient (2)	Yes: Limited (1)	No/Not at all (0)	N/A	COMMENTS/OBSERVATIONS
A1: Assessment –Antenatal Care Option: (ask the antenatal mother how she would feed her baby (Omit if the mother is postpartum and go to A2)					
1. Did the counsellor review the antenatal card of a pregnant woman					
2. Did the counsellor discuss the adequacy of pregnant woman’s weight?					
3. Did the counsellor discuss the pregnant woman’s diet and/or provide suggestions on food she should consume?					
4. Did the community nutrition worker discuss nutritional supplements? (e.g. iron-folate tablets)					
5. Did the counsellor ask the mother about her infant feeding plans?					
Maximum Score for section (10)					

The comments section provides an opportunity to provide a little more detail on the specifics of the counseling while justifying the assigned scores

INDICATOR	Yes: Sufficient (2)	Yes: Limited (1)	No/Not at all (0)	N/A	COMMENTS/OBSERVATIONS
A2: IYCF Assessment – Postpartum (0-6 months) (NOTE: Please write the infant/young child’s age here: _____ Months).					
1. Did the counsellor review the under five card?					
2. Did the counsellor discuss the adequacy of child’s weight with the caregiver?					
3. Did the counsellor discuss current feeding practices with caregiver?					
4. Did the counsellor discuss previous feeding practices (what the child was fed yesterday, last week or since the last contact)					
5. Was there any general mention or specific advice given on exclusivity (breastfeeding or replacement feeding)?					
6. Did counsellor ask about any health problem the infant and/or mother experienced in the past two weeks?					
Maximum score for section (12)					
A3. Feeding for young children (6-23 months)					
1. Did the counsellor review the under five card of the child					
2. Did the counselor discuss complementary feeding with the caregiver?					
3. Did the counsellor discuss the number of times the child should be fed per day?					
4. Did the counsellor discuss feeding the appropriate amount of food?					
5. Did the counsellor discuss feeding the appropriate variety of foods?					
6. Did the counsellor discuss the appropriate density of food?					
Maximum Score for section (12)					
B: Decision making and Goal Setting					
1. Did the counsellor suggest any new or different infant feeding practices that the mother or caregiver should consider? (where applicable)					
2. Did they (mother or caregiver and counsellor agree on some new practices that the mother should try?					
3. Were the suggestions and next steps documented?					
Maximum Score for section (6)					

C: Plan and Follow-Up					
1. Did the counsellor and the mother or caregiver discuss ways to accomplish the decisions and goals?					
2. Were there any plans developed?					
3. Did the counsellor and pregnant woman or caregiver discuss the challenges and how to overcome those challenges they might face in implementing the plan or achieving her infant feeding goals?					
4. Were referrals for treatment or other appropriate services discussed and documented?					
5. Did they fix and discuss the next appointment?					
Maximum Score for section (10)					
D: Counsellor Conduct and Counselling Environment					
1. Did the counsellor warmly greet the client?					
2. Did the counsellor treat the pregnant woman or caregiver with respect?					
3. Did the counsellor speak in a language in which the pregnant woman or caregiver was comfortable?					
4. Did the counsellor give the pregnant woman or caregiver the opportunity to talk, repeat and ask questions?					
5. Did the counsellor respond respectfully to the pregnant woman or caregiver`s questions?					
6. Did the counsellor use non judgmental tone or words?					
7. Did the counsellor look at the pregnant woman or caregiver when speaking with her (maintain eye contact)?					
8. Did the counselor acknowledge what the pregnant woman or caregiver is doing well?					
9. Did the counsellor use Job Aids or counselling cards during the counselling session?					
10 .Was the counselling session held in a comfortable space?					
Maximum Score for section (20)					
E: Other Support (This may not be applicable to all caregivers)					
1. Did the counsellor discuss helping the mother with poor positioning and attachment, breast problems, or other breastfeeding difficulties?					

2 If the child is sick or has recently been sick, did the counsellor provide any advice on feeding practices during and after illness?					
3. Did the counsellor discuss any community resources the woman could access, e.g. support groups, community health workers, socioeconomic support, etc.					
4. Did the counsellor discuss other issues that may affect the mother's ability to change practices or implement suggestions?					
Maximum Score for section (8)					
F: Information and Education					
1. Did the counsellor provide information and guidance to the caregiver on issues that arose from the counselling session that					
1. Did the counsellor provide information and guidance to the caregiver on issues that arose from the counselling session that are :					
-accurate?					
-unbiased?					
-relevant/appropriate?					
-clearly explained?					
Maximum Score for section (8)					
TOTAL SESSION SCORE					

*****The total maximum score will be 86.**

PLEASE USE THE SPACE BELOW TO SUMMARIZE YOUR OVERALL IMPRESSIONS OF THIS COUNSELLING SESSION AND COUNSELLOR

TOT Handout #12: Follow-up and Supervision Summary

Name of counselor _____ Designation _____
Counselor's ID number _____ Date of training _____
Health facility _____
Visit # _____ Date _____

Counseling observation

Indicator

- A1. Antenatal care assessment
- A2. Postpartum assessment
- A3. Feeding for young children (6 to 23 months)
- B. Information and education
- C. Decision-making and goal-setting
- D. Plan and follow-up
- E. Counselor conduct and environment
- F. Other support

TOTAL (add A1–F) score or N/A

Points possible

Exercises reviewed? Yes _____ No _____

Counseling log reviewed? Yes _____ No _____

Comments:

Positive aspects:

Areas for improvement (list concrete steps below for addressing one of these areas):

Three concrete steps to take in the next 6 months:

- 1.
- 2.
- 3.

Supervisor counselor in charge/FPP

TOT Handout #13: Training Quality Checklist

Area	Specific element	Excellent	Very good	Good	Regular	Deficient	N/A
Establishing a learning climate	The location and set up is appropriate (space, light, table arrangement, etc...).						
	The suggested timing for the training was respected.						
	Participants were welcomed.						
	The training was easy to understand and follow.						
	The trainer spoke clearly, loudly enough to be heard, and slow enough to understand.						
	The training used visual materials as much as was possible.						
	The training was interesting.						
	The trainer offered support to the groups during small group work.						
	The trainer offered feedback and positive/constructive suggestions and ensured that all comments given during the training were positive and constructive.						
	Ensured that the participants spoke more than the trainer.						
Directing the exercise	The trainer repeated the important points.						
	The trainer ensured that all participants understood.						
	The trainer showed a facility with the learning techniques used.						
	The trainer showed familiarity with the material.						
	The trainer followed the guide.						
Using appropriate language	The trainer used vocabulary appropriate to the group.						

Section II. Maternal, Infant, and Young Child Nutrition Training Guide

Introduction to the *MIYCN Training Guide*

The *Maternal, Infant, and Young Child Nutrition Training Guide* is designed to help increase the capacity of a range of community-level volunteers in supporting effective maternal, infant and young child nutrition (MIYCN). This guide includes all of the content and guidance the trainer will need to directly train the community volunteers either in or close to their communities, as well as accompanying handouts to distribute to participants as resources during each session. The guide is accompanied by a set of MIYCN counseling cards, meant to serve as a job aid for the participants in carrying out community level counseling.

Overview of the training

The training program covered by this guide is intended to be done as a five-day residential training (see agenda overview below). In addition to what is included in the guide that corresponds to the “work day,” participants would also attend evening activities such as games or cooking sessions. The curriculum and materials in this guide assume that training may be conducted in low-resource settings. Its implementation does not depend on Power Point slides or any other technology, although there is one optional video and some of the materials could be transferred to Power Point or other technological devices. The training approach emphasizes experiential learning and supports participants in developing hands-on skills. A variety of training methods are used, including demonstrations, practice, discussions, case studies, role-plays, brainstorming, and other active learning approaches.

The foundation of the training curriculum is the set of counseling cards designed specifically to aid the community-level worker in one-on-one sessions with mothers and caregivers in Malawi. The key messages in the counseling cards are based on recent in-depth qualitative research on infant and young child feeding practices that was conducted through collaboration between the Infant and Young Child Nutrition Project and the World Bank.

Structure of the *MIYCN Guide*

The Guide is divided into four modules and 28 sessions. The first module contains 7 sessions that introduce the concepts and generic skills involved in counseling. The second module includes 12 sessions that cover maternal, infant, and young child feeding practices related to the first 1,000 days—from pregnancy through the first two years of life. A key job aid introduced in these sessions is a set of MIYCN counseling cards. The third module contains 3 sessions that address hygiene practices and HIV/AIDS. The final module includes 6 sessions that cover the role of the community nutrition worker, along with some tools and techniques.

Each of the training sessions contained in the *MIYCN Training Guide* includes:

- A box at the top of each session with an overview of the time required to implement the session, the learning objectives, preparation required, and the specific materials needed.

- Step-by-step instructions that provide the guidance and content for implementing each activity in the session.
- Facilitator resources sheets and additional notes and information by activity, as needed.
- Participant handout sheets by activity, if needed.

Sessions focus on different mechanisms for providing community-level support for MICYN. Each session is focused on several specific learning objectives associated with a topic/theme and is structured as follows:

Timing—this tells the facilitator/trainer approximately how long the session should run.

Learning objectives—these are the specific, measurable results expected from each session. These objectives reflect the major job-related skills and information that the community volunteers need to support MICYN in their community.

Preparation and materials—these sections describes what the trainer needs to do prior to implementing the session, including the content to study and materials to assemble.

Instructions by activity—this includes step-by-step instructions for each activity involved in the session. For each session, the interactive techniques to be used are described in detail and additional content for the trainer is also listed. References are made to the other information needed for the session—the facilitator resources, participant handouts, and counseling cards.

Sample training agenda

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
8:30–10:00	Welcome, introductions, icebreaker, pre-test; roles and responsibilities of community nutrition workers (Sessions 1&2)	Re-cap of Day 1; negotiation (cont'd); counseling skills checklist (Sessions 6&7)	Re-cap of Day 2; continuing breastfeeding (Session 12 cont'd)	Re-cap of Day 3; teaching baby to eat family foods (Session 15)	Re-cap of day 4; feeding sick children (Session 18)	Re-cap of Day 5; conducting home visits (Session 22)
Break						
10:15–12:15	Responsibilities of community nutrition workers; introduction to counseling (Sessions 2&3)	Introduction to counseling cards; nutrition during pregnancy (Sessions 8&9)	Continued breastfeeding (Session 12 cont'd)	Teaching baby to eat family foods (Session 15 cont'd)	Prevent illness through good hygiene (Session 19)	Facilitating groups (Session 23)
Lunch						
1:15–3:15	Behavior change through counseling; interpersonal communication (Sessions 4&5)	Nutrition while breastfeeding; preparing for and establishing breastfeeding (Sessions 10&11)	Introducing foods (Session 13)	Feeding children 13 to 18 months (Session 16)	Prevent illness through good hygiene (Session 19 cont'd); working with mothers affected by HIV/AIDS (Session 20)	Using the growth chart (Session 24)
Break						
3:30–5:30	Interpersonal communication (cont'd); negotiation (Sessions 5&6) Day 1 evaluation	Preparing for and establishing breastfeeding (cont'd); continued breastfeeding (Sessions 11&12) Day 2 evaluation	Establishing complementary foods (Session 14) Day 3 evaluation	Feeding children 19 to 24 months (Session 17) Day 4 evaluation	Keeping a register (Session 21) Day 5 evaluation	Post-training skills evaluation; closing (Session 25)

Module I: Introduction to Behavior Change Counseling

Session 1: Welcome, introductions, and skills and knowledge pre-assessment

Time	30 minutes
Learning objectives	<ul style="list-style-type: none">• Understand the purpose and structure of the training• Get to know fellow participants• Assess baseline knowledge
Preparation	<ul style="list-style-type: none">• Read the session carefully• Prepare all necessary flip chart papers• Find and tear in half 15 pictures from magazines
Materials	<ul style="list-style-type: none">• Flip chart, markers• A prepared flip chart with the workshop objectives• A prepared flip chart with the ground rules for the workshop• 15 pictures from magazines torn in half• Facilitator Resource #1: Assessment of Skills and Knowledge

Note to the trainer: If this is a training program for TOTs or community nutrition worker trainers, explain to the participants that, since they have already had introductions and an overview of the MIYCN training, had the opportunity to discuss the objectives of the MIYCN training, and participated in the pre-test in the TOT training sessions, they will skip this session and go to Session 2.

Activity 1: Opening remarks, workshop objectives and ground rules

- Welcome participants to the workshop. If possible, ask a respected official in nutrition (government or otherwise) to give a welcome address and to officially open the workshop.
- Present the workshop objectives to the participants. Ask for a volunteer from the participants to read them aloud:

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

- Counsel mothers/caregivers and others on all critical aspects of young child and maternal nutrition through home visits.
- Identify and take advantage of opportunities for conducting group sessions and/or cooking demonstrations in their communities.
- Effectively support the health surveillance assistant in monitoring growth and overall health of children in catchment area.
- Make appropriate referrals.
- Use a register and community map to identify all pregnant women and mothers of children under two in their communities.
- Use all job aids proficiently.
- Train others in counseling skills.

- Note to the group that this list of objectives emphasizes SKILLS rather than knowledge. Along the way, they will receive a great amount of information—some of it new knowledge, some of it reinforcing information they’ve heard before. Tell the group that you would like them to keep in mind, as they hear this information; that the goal isn’t just to learn the information but rather to be able to translate that into helping mothers and communities take optimal care of their children.
- Now present the list of sample ground rules, also pre-written on a flip chart:
 - Show respect for each other
 - No whispering
 - Good listening
 - Actively participate in all activities
 - Talk one by one
 - Come on time
 - Cell phones on silent mode
 - Minimize unnecessary movements
 - No newspapers
- Ask the group to brainstorm any additional rules they want to add and how they want to ensure that the ground rules are followed. Tell the group that this training is their time and that you are just there to facilitate using it the best possible way.

Activity 2: Participants’ introduction

- Give every participant half a picture.
- Explain that participants should walk around the room and look for their partner, the person with the other half of the picture. Each pair will get 5 minutes to get to know each other by asking their name, a little about themselves, and their thoughts on what opportunities they see/have in their community and/or within their current job to communicate with or counsel mothers/caregivers and other community members.

- Start the exercise. After 5 minutes, ask each participant to present his or her partner in about a minute, focusing on the discussion points on the flip chart.
- Write the participants' opportunities for connecting with mothers/caregivers in their communities on a flip chart when they are presented.
- Transition to the next activity.

Activity 3: Pre-assessment of skills and knowledge

- Ask participants to form a circle and sit so that their backs are facing the center of the room. Explain that they will be asked a series of questions to assess their current knowledge.
- Explain (and demonstrate) that for each question asked they should raise one hand:
 - With open palm, if they think the answer is 'yes'
 - With closed fist, if they think the answer is 'no'
 - Pointing two fingers, if they 'don't know'
- One facilitator reads the statements from Facilitator Resource #1: Assessment of Skills and Knowledge. Another facilitator will tally the responses (based on hand signals) and record the answers.
- Tell the participants that we will return to these questions at the end of the training.
- Link to the next session by telling the participants that they will next consider their specific role as a community worker for nutrition.

Facilitator Resource #1: Assessment of Skills and Knowledge

Key		Statement	Yes	No	Don't know
Y	1	A baby should breastfeed within 30 minutes after birth.			
N	2	The most important time to wash your hands is when you can see that they are dirty.			
Y	3	During a counseling session, how you communicate with a mother is just as important as what you say.			
N	4	A 4-month-old baby needs water and other drinks in addition to breastmilk.			
N	5	It is best to feed a baby expressed breastmilk in a bottle.			
Y	6	One of the best first foods for a baby who is 6 months old is mashed <i>nsima</i> with vegetables.			
N	7	One-on-one counseling is the only effective way to provide nutrition guidance to caregivers.			
Y	8	A woman needs four antenatal visits at the health clinic while she is pregnant.			
N	9	After a woman has delivered her baby, she only needs to return to the health clinic if she or the baby is sick.			
Y	10	To help prevent malnutrition, a community nutrition worker should focus most of her attention on households where women are pregnant or breastfeeding and children are under age 2.			
N	11	Babies under 1 year old should not be given animal products such as eggs or chicken.			
Y	12	Children 12 to 24 months old should eat three times a day and also receive snacks.			

Session 2: Roles and responsibilities of community nutrition workers

Time	30 minutes
Learning objective	<ul style="list-style-type: none"> Describe the roles and duties of community nutrition workers
Preparation	<ul style="list-style-type: none"> Photocopy and examine Handout #1: Job Description for Community Nutrition Worker List the key aspects of the description on flip chart paper for discussion during the session.
Materials	<ul style="list-style-type: none"> Flip chart paper, markers Copies of Handout #1 for participants

NOTE to the trainer: It is critical before conducting this session that you identify who the participants in the training are and what they are already doing. If the participants are not dedicated nutrition workers, then you should acknowledge that in this session and inform them that they might not be doing *everything* that they will be learning in this workshop, but that it is critical to receive the entire thing so they have the context for whatever their piece will be.

Activity 1: The role of the community nutrition worker

- Present the session objective to the participants.
- Remind the participants that they will be spending time in their communities as community nutrition workers and that the goal of this workshop is to get them ready to perform that role. They just discussed those objectives. Now, in this session, they will discuss what that role means.
- Hand out the job descriptions (Handout #1) to the participants. Ask for a volunteer to read the job description aloud.
- Ask the large group if they have any questions about this job description. Ask:
 - Is it similar to things they are already doing?
 - If not, are they worried about having time to complete these extra responsibilities?
 - If so, how does it overlap with their current responsibilities?
 - Do they feel it represents what they already knew about their role as nutrition workers?
- Close the session by saying that now they have a general idea of what they're expected to do, they will be spending the next few days getting ready.
- Summarize the key points:
 - The participants will be taking on a set of duties as community nutrition workers for young children and pregnant/nursing mothers.

- The job is ultimately to support people in adopting healthier behaviors, activities, and practices in the community to improve nutrition.

Handout #1: Job Description for Community Nutrition Worker

- Identify all pregnant women and mothers of children under 2 years old in their communities by establishing a community map and register. Maintain/update map and register regularly.
- Conduct home visits with all identified individuals at least once per month. Visits will include a situational assessment to determine current practices, counseling and negotiation on improved practices, and setting times for follow-up.
- Establish or identify community support groups for young child/pregnancy nutrition.
- Facilitate participatory group sessions on a regular schedule (weekly, bi-weekly, or monthly). Group sessions can include discussions on the challenges of implementing new practices, cooking demonstrations for new recipes, or any other aspect of maternal and young child nutrition that the participants want.
- Compile and submit monthly monitoring reports on monthly home visits and group sessions conducted.

Session 3: Introduction to counseling

Time	30 minutes
Learning objectives	<ul style="list-style-type: none"> • Explain what counseling means • List qualities of an effective counselor • Understand the difference between counseling and teaching/telling
Preparation	<ul style="list-style-type: none"> • Read the session thoroughly • Prepare necessary flip charts
Materials	<ul style="list-style-type: none"> • Blank flip chart paper and markers • Prepared flip chart with “counselor” and “instructor” headings • Prepared flip chart with reflection questions listed for Activity 2 • Prepared flip chart with list of qualities of a good counselor for Activity 2

Activity 1: Large group brainstorm

- Tell the participants that they learned in the last session that one of their primary roles is to be a counselor working with mothers and caregivers to support and improve maternal, infant, and young child nutrition.
- Ask the participants to quickly brainstorm “what it means to be a COUNSELOR rather than an INSTRUCTOR.”
- Record their responses on a flip chart in two columns—one for counselor, one for instructor. Afterward, discuss some of the differences very briefly:
 - An instructor gives people information, imparts knowledge.
 - A counselor interacts with people, helping them make their own best choices. It might mean, in part, providing information, but the relationship is an active one where both sides participate to achieve a goal. In this case, the “goal” will be helping mothers and pregnant women improve practices leading to better nutrition and healthier kids.
- Note that counseling requires more skills than simply giving people information, but that the results are worth the effort. Tell the group that there are several components to good counseling. List them on a flip chart:
 - Good interpersonal communication skills.
 - Ability to understand the mother’s challenges and negotiate with her to develop possible solutions to the problem.

Activity 2: Personal reflection and large group discussion

- Ask the participants to imagine needing to get advice from a friend about something serious, let’s say about one of your children not doing well in school.
- List the following questions on a flip chart and have them think about each:
 - What kind of friend would you seek out to get advice?
 - Why would you seek out that friend to talk to about this issue?

- What kind of reaction would you want from the friend?
 - What kind of information would you want from the friend?
- Ask for two or three volunteers to share their thinking about this imaginary situation. List these points on a flip chart.
 - Note that for most people, what makes a satisfying exchange is feeling like the other person listened to you, respected you, and helped you figure out the best way to move forward.
 - Write on a flip chart the bullets listed below (or do ahead of time). Say that these are the basic qualities of a good nutrition counselor, and that they are similar to what makes a conversation with a good friend so fulfilling. Ask for a volunteer to read them aloud.
 - Uses effective interpersonal communication (listening, learning, and giving support).
 - Helps the mother work through the challenges and come up with a possible solution.
 - Is a trusted source but does not try to make the mother feel like she is in the wrong.
 - Tell the participants that as they are fulfilling their role as counselor, they should keep in mind what they themselves would want from a friend. This is the basis of being a good counselor. Let the participants know that they will spend the next few sessions developing these skills.

Activity 3: Counseling process—ALiDRA

- Now write the word ALiDRA on a flip chart. Ask if anyone has ever used the word before and what it stands for or means.
- Confirm (or tell the group, if no one volunteers) that ALiDRA represents the counseling process that should be undertaken when you visit a household. See the box below for the explanation of this process and the acronym.

A=ASK	<p>The first step is to ASK the mother questions about how she is doing. In the counseling cards they got in the TOT and that they will dive into later.</p> <p>These questions are listed first on the back of the counseling cards (that you received in the TOT) to help you remember the right questions to ask.</p>
L(i)=LISTEN	<p>The next step is to LISTEN to what the mother says in order to better be able to help her overcome whatever challenges she is facing. Again, the counseling cards help orient the counselor as to what to listen to.</p>

D=DISCUSS	The third step is to discuss the situation with the mother. The counseling cards have tips and topics for discussion, but it is in this conversation that the counselor and the mother can really develop a partnership in figuring out the best way forward.
R=RECOMMEND	The counselor can then offer recommendations to the mother for how to move forward. The counseling cards have information to help the counselor remember what the appropriate recommendations might be for each scenario.
A=APPOINTMENT	The last step is to make an appointment for follow-up to see how the mother is doing in carrying out the recommendation to make any adjustments and to provide her ongoing support in her changing practices.

- Tell the group that no matter what the technical area, this is the process that will guide their actions with mothers. This process allows them to take those concepts they thought about when thinking about a good conversation with a friend and translate them to counseling a mother on her young child’s feeding.

They should refer back to the ALiDRA process continuously—the counseling cards are structured to make it easy to do this, and that means then, it is their job to really follow the counseling process, NOT to just give information.

Session 4: Behavior change through counseling

Time	45 minutes
Learning objectives	<ul style="list-style-type: none"> • Set “action” or behavior goals for counseling sessions • Understand and begin to identify barriers and motivations for behavior/action • Distinguish between giving information and instructions and coaching someone toward a goal
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the process and activities • Prepare necessary flip charts ahead of time • Prepare the twister board and “turn” slips of paper for drawing during the game (see Facilitator Resources #2A and #2B) • Prepare slips of paper with actions written on them for the pair work (see Facilitator Resource #3)
Materials	<ul style="list-style-type: none"> • Blank flip chart paper and markers • Twister board and slips of paper/turns • Paper or plastic bags for drawing actions • Slips of paper with actions written on them

Activity 1: Behavior Twister game

- Tell the group that in this session they will start to put the distinction they just discussed—between being an instructor and being a counselor—into action.
- Unroll the Twister game board. Explain that you will play two rounds of a game.
- Ask for two volunteers to play round 1 of the Twister game.
- Explain the rules: One volunteer is the player, the other is the instructor. The instructor will select “behaviors” for the player by drawing turns one by one out of a paper bag. The instructor will read the behavior for the player off the paper exactly and then the player will try to do whatever the instruction is. They will try to move from row 1 to row 10 by ONLY following the instructions from the instructor and not doing anything else at all with their bodies. The instructor is not allowed to work with the player at all in doing the behavior. They read the instruction; the player tries to do it. If they cannot do the behavior or do anything BUT the behavior, they are eliminated from the game.

For example—if the player starts on row 1 with their left hand on a diamond and selects the next turn as right cheek to the triangle, they must put their right cheek on the triangle without moving any part of their body. Once there, they can move their left hand from the previous row. If getting their right cheek to the triangle requires moving other parts of their body or shifting their left hand from the triangle, they are eliminated.

Each turn represents moving forward one row on the board. The object is to complete all the turns and get through the board.

Note to facilitator for round 1: Frequently, these turns will seem impossible to carry out without any intermediary steps. For example, if the first selected turn tells the player to put his/her right knee on a triangle and the next selected turn is their left elbow on a circle, he/she must make that transition without touching any other part of their body to the board. In this round, if the player cannot do this or accidentally touches any part of their body to the board besides the instructed action, the game is over. This continues until the player either “wins” by completing all the turns without any intermediary steps, or is eliminated.

- Ask for two more volunteers to play round 2 of the game.
- Explain that the object of the game in round 2 is the same. The difference is that, in this round, if they cannot do the action, the coach can help the player figure out an intermediary step to take. They are never “out” until they succeed in reaching the other side of the board.

Note to facilitator for round 2: In this round, the impossible becomes possible because the player can do anything he or she needs to do in order to carry out the selected turn. The coach should offer suggestions to help the player move from one turn to the next. For example, if the player’s first turn has them put their left knee on a triangle and the second requests them to put their hand to the circle, the coach could suggest “if you lift up your knee, you might be able to reach your hand to the circle better.” If the first turn has the player with his left hand on the diamond and the second turn asks him to put his cheek on the square, the coach could say “if you take off your glasses, you might better be able to put your cheek on the square.” This supported, negotiated work continues until the player has completed all 10 turns.

Activity 2: Short discussion

- Use the table below to facilitate a short discussion on the game the participants just played.

Questions	Answers to reinforce
What was the goal of the game?	<ul style="list-style-type: none"> • Following the given behaviors to get from one end to the other.
In the first round, what were the barriers to achieving that goal?	<ul style="list-style-type: none"> • It was very physically challenging, instructions were not clear...
What made things different in the second round?	<ul style="list-style-type: none"> • The barriers were the same, but small intermediary steps were presented to help the player do each action. The counselor and the player worked as a team, rather than one just instructing the other.

<p>How do you think this relates to your role as counselor to mothers or mothers-to-be?</p>	<ul style="list-style-type: none"> • Working WITH the mother is much more effective than just telling her something or instructing her. AND, any messages must be clear and feasible. • Changing someone’s behavior must be a participatory process between the counselor and the actor or the community. • People need a chance to try things out and figure out how it can work for them.
<p>Which round was more helpful in achieving the goal?</p>	









































- Summarize the main point saying that successfully helping the players achieve the goal in the game required the coach to not just give information, but to work closely with the player to understand his or her challenges and help him move forward. This is the same process they will use as a counselor.

Facilitator Resource #2A: Twister Board Game
For use with Session 4, Activity 1

Instructions for making Twister board

Flatten and tape together enough cardboard boxes to stretch 20 feet long by 4 feet wide. Make 10 rows of 1 foot each and 4 columns of 1 foot each. Use a marker to fill in circles, squares, triangles, and diamonds randomly in all the squares. A finished board might look like the one here.

If you cannot find cardboard, you can use flip chart paper taped together. In such case, it would be better to have the players remove their shoes to avoid tearing the board.

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Facilitator Resource #2B: Twister Board Game
For use with Session 4, Activity 1

“Turns” for drawing from paper bag during Twister game

Write or print each of these “turns” on its own slip of paper. Have the instructor or coach draw them one at a time from the bag during play and help the player execute the action. (Note that some of the turns are repeated; for example, it is possible to draw “right foot, circle” three times). There are 10 “turns” here to match the 10 rows on the board.

Right cheek—Circle

Left knee—Circle

Left foot—Square

Right elbow—Square

Head—Square

Nose—Triangle

Right hand—Triangle

Head—Triangle

Left ear—Diamond

Left elbow—Diamond

Session 5: Interpersonal communication: Listening, learning, and giving support

Time	90 minutes
Learning objectives	<ul style="list-style-type: none"> • List key skills for effective interpersonal communication • Give an example of each skill • Demonstrate the appropriate use of the skills in a counseling session
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the process and activities • Prepare necessary flip charts ahead of time • Prepare slips of paper with the role-plays written on them (see Facilitator Resource #3: Demonstration of Interpersonal Skills Role-Play by Trainer)
Materials	<ul style="list-style-type: none"> • Blank flip chart paper and markers • Bags for drawing emotions and role-plays

Activity 1: Large group brainstorm

- Remind the participants of the earlier discussion on being a good friend. Review the list made during that session of what they would want in a conversation with a friend. Say that in this session, you will explore in depth how to translate these principles—known as interpersonal communication—into their professional role as counselors and why it matters.
- Ask participants to try to break apart the qualities they have already listed in thinking about being a friend. Ask:
 - How do you convey that you are listening?
 - How do you show respect? Interest?
 - How do you give information and work with the mother without telling her she is doing something wrong?
 - How do you find out what the mother’s challenges are?

Jot down key phrases from the responses on a flip chart. Add the following bullets if they do not come up in the brainstorm and group them into the two categories:

Non-verbal communication:

- Appropriate body language (smiles, eye contact, gestures)
- Keeping a respectful distance between speakers

Verbal communication:

- Asking open questions
- Reflecting back what the mother says/paraphrasing
- Empathizing
- Avoiding words that sound judging
- Appropriate use of silence

- Summarize by saying that interpersonal communication means community workers communicating with individuals, families, and groups. The ability to communicate well is critical to the success of a community worker. We need to remember that communication has three parts: *what* someone says, *how* someone says it (voice tone), and *nonverbal* communication.

Activity 2: Non-verbal communication demonstration

- Now ask for the group to brainstorm some common emotions that might surface as reactions to hearing a mother describe a situation about her children. List suggestions on a flip chart. If the group has trouble, throw out a few suggestions like worry, happiness, anger, and judgment and ask the group to build on the list.
- Once you have three or four emotions listed, ask for a volunteer to come to the front of the room and demonstrate each emotion without speaking—just with his or her body.
- Ask the rest of the group to discuss this demonstration, using the following questions:
 - How powerful are expressions and body language for communication?
 - How important is smiling?
 - What kinds of body language/gestures would make you feel most comfortable?
 - What kinds would make you feel uncomfortable?
- Ask participants to also think about the physical distance between two people having a conversation:
 - What distance feels respectful? How close is too close?
- Remind the participants that they communicate volumes without saying anything and that, to be successful at counseling, you need to be aware of what your body language and facial expressions are saying at all times.

Activity 3: Verbal communication discussion

- Revisit the list of components of good verbal communication that was used in Activity 1.
- For each, first ask the participants for a volunteer to demonstrate what each means. Then give the following explanation and examples:

Asking open-ended questions

- Require more than a yes/no or one-word response.
- How are you doing? What did you eat today? What has been hard for you about breastfeeding?

Reflecting back what the mother says/paraphrasing

- Serves as a check that you understand what she is saying and makes her feel comfortable with you. It shows you are really listening to her.
- Can either be statements or questions back to her.

- If she says “I am doing OK, but things have been hard” you can say “I see, so it hasn’t been that easy.” If she says, “I ate a few times today” you can say, “So, just to clarify, how many times exactly did you eat today?”

Empathizing

- This means showing the mother that you understand where she is coming from and what she is experiencing. You don’t want to talk too much about yourself, but it is important to show that you relate to her.
- Empathy is different than sympathy. You want to convey that you relate (empathy), not that you feel sorry for her (sympathy).
- If she says, “Things have been so tough since the baby arrived. We don’t have the money for me to buy good food. Without it, I don’t produce enough breastmilk,” you can say, “I understand. I know how hard it can be.”

Avoiding words that sound judging

- Judging words include any negative comment on something you see or hear or any instruction that implies the person is wrong or bad or ignorant.
- Avoid saying “You shouldn’t do that,” or “Oh, that’s not good,” or “That’s not something I would do.”
- In general, try to be positive in your conversation, not negative. This way, you’ll be sure to avoid judging.

Appropriate use of silence

- Sometimes it is important to just allow the mother or caregiver time to think or to process what you are saying. Do not feel that you always have to respond or to talk in order to fill gaps in the conversation. If you ask a question, allow time for the mother to respond before following up with any additional prompt or question. Additionally, sometimes a nod or a facial expression can be just as powerful as words to encourage a person to keep talking. You do not always have to say something.

Activity 4: Role-play demonstration

- Have two trainers use Facilitator Resource #3 to demonstrate in a role-play: (1) good interpersonal skills and then (2) bad interpersonal skills.
- Ask the group to consider the difference—how much more effective would the “good” session have been than the “bad” one? If they were a mother, which approach would they prefer?

Activity 5: Small group role-play

- Break the group into small groups of four participants (count them off 1, 2, 3, 4 and have all the 1s be one group, all the 2s be a second, and so on) and practice a counseling session using appropriate verbal/non-verbal communication. All the members of the group should practice being both a mother and a counselor.

- Topics for counseling are drawn by each group from the bag (one scenario per person, so four per group). Remind the participants not to forget what they learned previously about setting action goals and understanding barriers, but to really focus here on the communication elements of counseling (see Facilitator Resource #4 for topics).
- Write the following questions on a flip chart and tell the groups to refer to them in giving feedback after each person's turn as the counselor:
 - In general, how was the session?
 - Did the counselor use appropriate facial expressions?
 - Did she/he use appropriate gestures?
 - Appropriate body language?
 - Did he/she ask open-ended questions?
 - Did she/he paraphrase?
 - Did he/she use empathy?
 - Did he/she use any judging words or facial expressions?
 - How was the use of silence?
- Summarize the session. Ask participants to tell you what they took away from the session. Add in the following if they are not mentioned:
 - Your face and body can communicate as much as your voice.
 - Utilizing both appropriate verbal and non-verbal communication skills is important for successful counseling.

**Facilitator Resource #3: Demonstration of Interpersonal Skills Role-Play by Trainer
For use with Session 5, Activity 4**

Example of bad interpersonal communication (IPC):

Staff: What is wrong with your child?

Mother: He does not seem to want to eat anything I give him. He seems very small and weak.

Staff: Did you take him to the dispensary?

Mother: No. He is not ill. He is fussy about eating. He does not want the breast any more, but won't take much solid food.

Staff: He needs to be eating more calories. You must thicken the gruels you give him with oil.

Mother: I have never done that before. How do I do it?

Staff: Add oil. Also, you must feed him more times each day.

Mother: I am trying, but he is fussy and does not want to eat.

Staff: Bring him back in two weeks and we can check his progress.

Mother: How can I make him eat more?

Staff: You must feed him six times per day, small amounts. Bring him back in two weeks time.

Example of good IPC:

The goal of nutrition negotiation is to avoid missing opportunities such as the one presented earlier in the dialogue between a health worker and mother. A dialogue using negotiation would go more like this:

Staff: Cory, what do you see in your child's growth line on the chart?

Mother: My Joshi is not doing well. The line is straight.

Staff: Why do you think Joshi hasn't gained weight this past month?

Mother: He eats too little. It is difficult to feed him.

Staff: What is difficult? Has he been sick?

Mother: No. He is fussy. I am too busy.

Staff: I know it takes patience. Let's look at some ideas about what a child 9 months old should be eating. He should still be breastfeeding six times a day.

Mother: Oh yes, he always wants to suck.

Staff: He should also be getting foods like those you eat, but softer ones—well cooked—three times a day. How do you feed Joshi?

Mother: I give him rice porridge in the morning and when we eat in the middle of the day he eats some rice mashed with beans. In the evening just breast, or if he is with me, he nibbles a piece of what I reheat for us.

Staff: It is good that you are still breastfeeding so much. But you can see that Joshi needs more food. You are feeding only twice, not three times. And, in the morning he is eating a baby food because it is a thin porridge. He needs something else because he's growing and changing so fast at his age. What do you think? Could you feed him in the late afternoon, for example?

Mother: Yes, he could have the rice and beans we eat, but I am afraid it will be too "heavy" for him.

Staff: No, at his age it would be fine. What about giving him something different in the morning?

Mother: I don't know. We have only coffee and go about our chores. Sometimes there is bread that I could give him.

Staff: You can give him bread when you have it, but you can also make the porridge with less water so it is more like a pudding and not a drink. It should be easier to feed him and take less time if it is thicker.

Mother: I can try.

Staff: So what will you try to do during the next weeks so Joshi gains weight?

Mother: I will try to feed Joshi the rice and beans, or whatever I warm for us, in the evening. And in the morning I will make his porridge like pudding. I hope this will not make him sick.

Facilitator Resource #4: Role-Plays for Small Group Practice

For use with Session 5, Activity 5

Topics for practice counseling sessions for small groups of four:

These are everyday topics, meant to be fun and allow the participants to practice their skills before they also have to master the technical knowledge relating to young child feeding. Write/print each of them on its own sheet of paper. Each group of five participants should get one of each scenario. For a group of 20 participants, there will be five groups, so make five copies of each.

Scenario 1: Counselor and teenage boy/girl

The goal is to improve household productivity through improving a teenager's contribution to household chores, specifically doing the wash. The teenager's priorities are hanging out with her/his friends and he/she thinks it is not his/her job. The scene takes place at the teenager's house. The counselor must acknowledge the teen's worries, but ultimately work with the teenager to help the teen understand that his/her mother cannot do everything and that his/her help is essential to making the house run smoothly. If he/she does the chores in a set time each week, there will still be time to spend with friends.

Scenario 2: Counselor and local goat farmer

The goal is to get the farmer to prevent his goats from grazing in the town center, where they leave droppings and have started to butt children on their way to school. The farmer thinks that that land is public and he should have access to it to allow his goats to graze. His relatives have always had such access and he doesn't see why it is necessary to change now. The counselor must work with him to understand his concerns and see if another appropriate place can be found for the goats to go or, perhaps, to see if he can tie them up to nearby trees to not have them on the loose.

Scenario 3: Counselor and local leader

The goal is to convince the local leader to set aside a plot of land for a community garden to grow *moringa* and organize a committee to manage it. The local leader thinks that it is not a bad idea, but that he is too busy to get involved. Without his support endorsing the project, no one else is likely to put in the work needed to make such a garden a reality. The counselor must work with him to assure him he will not have to do much work, but that his voice is critical to the success of the program.

Scenario 4: Counselor and father

The goal is to convince the father to allow his daughters to continue on in school. He is having trouble paying school fees and feels that educating his daughters is not necessary, as they will only grow up to marry and have children anyway. He thinks that as soon as they finish primary school, they should stay home and help manage the household. The counselor must work with him to figure out a way for his daughters to help out more in the household but also continue on in school, perhaps ultimately supporting him one day.

Session 6: Negotiation

Time	45 minutes
Learning objectives	<ul style="list-style-type: none"> • Define negotiation for improved practices • List the steps in a successful negotiation • Demonstrate successful negotiation in a counseling session
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the process and activities • Prepare necessary flip charts ahead of time • Prepare photocopy of role-play (Facilitator Resource #5; Session 6, Activity 2)
Materials	<ul style="list-style-type: none"> • Blank flip chart paper and markers • Photocopy of role-play

Activity 1: Brainstorming negotiation

- Ask the participants to brainstorm about when they have to negotiate with someone in a daily situation. For example: work with a child to plan to get homework done; bargain in the market; plan with a neighbor how to resolve a conflict; plan with a spouse how to save money. List responses on the flip chart.
- As the participants give their examples, ask the group or the individual giving the example to tell you something that made their negotiation successful. Write these on a flip chart and post. (For example, “I learned that when I’m negotiating with someone it’s important to listen carefully and respond specifically to what the other person says.”)

Activity 2: Large group work: Discussion and observed role-play

- Ask the participants, based on some of the examples they’ve heard, to talk about their idea of negotiation. Use some of the questions below to help stimulate the conversation:
 - What is the objective of a negotiation process/conversation?
 - What are some successful techniques to use when negotiating?
 - Are we always successful?
 - Is there a winner or loser in negotiation?
 - Are there different ways to negotiate in different situations?
- Give the following definition of negotiation, and clarify/explain where necessary:

Negotiation is a constructive dialogue using effective interpersonal communication skills that merges the technical knowledge (which changes in practices will be beneficial) of the outreach worker with the practical knowledge of the community member (what is feasible and acceptable) to arrive at a mutually agreed-upon plan for adopting a new, more beneficial practice. The decision on which new practices to adopt and the commitment to making the change is made by the individual, group, or family members with the guidance, encouragement, and counseling of the outreach worker.

- Remind participants of the ALiDRA process and tell them that as they are discussing and recommending solutions to the mother, they are actually negotiating something. They are not just telling the mother what to do. Post a flip chart paper with the following “Tips for good negotiation” and have a volunteer read them aloud.

Tips for good negotiation	
1	Give feedback on what the household is doing well and what areas might need improvement.
2	Mention one or two current practices that the person(s) might do differently.
3	Ask the person for ideas about what changes s/he could make.
4	As needed, make additional suggestions and mention the positive benefits.
5	Ask the person to commit to trying one or two specific new (and improved) practices.
6	Together explore some difficulties that s/he might face and how to overcome them. Ask the person to repeat what s/he has agreed to try and the general steps s/he plans to follow to do it.
7	Congratulate the person.

- Model the steps using a fishbowl role-play technique. Ask a “volunteer” to come forward and assume the role of a typical mother or father in the community. You, the trainer, will act as the community worker. The remainder of the participants should gather around you and take notes on what they see according to the steps in the process listed above. Also, have them note any questions they have.
- Conduct the role-play (use Facilitator Resource #5). Give the volunteer some time to look over the card so s/he is prepared.
- After the role-play, read or ask the questions below slowly. Ask the participants for their reactions:
 - How did the negotiation go?
 - What did the community worker do?
 - What were some of the reactions of the individual?
 - Was the community worker successful?
 - Were they able to go through all the steps?
- Emphasize the fact that negotiation is a process that occurs between the worker and the mother. The worker’s responsibility is to help the mother figure out how to improve practices, NOT to tell her what to do nor to just leave her with information.
- Remind the participants again that, although in this session they were asked to focus on the skill, in real life they will have a counseling card to help them remember the process and the technical information necessary as they work with community members.

Facilitator Resource #5: Fishbowl Role-Play
For use with Session 6, Activity 2

Scenario for role-play

The counselor is going to see a pregnant woman to encourage her to seek prenatal care. She is 5 months pregnant and has yet to see anyone besides the traditional birth attendant in her village because the facility is very far away, her husband does not think it is necessary yet since she's so early in pregnancy and will not allow her to spend precious money on transportation, and she has two other children to take care of.

The counselor should emphasize positives. For example, antenatal care helps ensure the baby is growing properly and can identify any problems early enough to fix them. Also, she could get tested for HIV and, if positive, make sure she does not give it to the baby. The traditional birth attendant can also be involved—it doesn't have to be all or nothing. Possible negotiation options can be:

- Ideally, she would go four times—could she just go twice? Or at least once?
- Can she leave her two children with her mother-in-law or a neighbor?
- Can she talk to her husband to ensure that he understands why it is so important?
- Can she work something out with her husband where she will combine a trip to the clinic with some other kind of chore or errand?

Session 7: Counseling skills checklist

Time	30 minutes
Learning objectives	<ul style="list-style-type: none">• Use the counseling skills checklist as a way to ensure quality counseling
Preparation	<ul style="list-style-type: none">• Read through the session and familiarize yourself with the process and activities• Prepare photocopies of Handout #2: Counseling Skills Checklist
Materials	<ul style="list-style-type: none">• Photocopies of counseling skills checklist

Activity 1: Introducing the checklist

- Tell the participants that a checklist can help them to remember the critical aspects of good counseling and communication skills. Tell them that while they will not be expected to rate themselves every time they conduct a session with a mother/caregiver, they should refer back to the checklist often.
- Pass out the checklist and note that the skills listed are the ones they have just learned and practiced.

Activity 2: Practice in pairs

- Break the group into pairs and have them rate the counseling they observed in the previous session, considering each topic carefully and making note of what could have been done better.
- Bring the group together again and lead a discussion on the usefulness of the checklist.
- Ask:
 - How did the checklist help you?
 - How do you see yourselves using the checklist?
- Conclude the session by asking the participants to remember this checklist and use it as they go through the rest of the training and when they return to their communities. It should be a tool to help you remember the key elements of good counseling. Tell them that eventually, good counseling will become second nature and they will not need a checklist, but until then, it is a good tool to have handy.

Handout #2: Counseling Skills Checklist
Session 7; Activities 1 and 2

	Yes	No
Communication		
Appropriate body language (eye contact, smile, gestures)		
Respectful social distance between speakers		
Using appropriate gestures		
Asking open-ended questions		
Paraphrasing to signal you've heard and understood (taking care not to tell someone what they think or interpreting them)		
Empathizing		
Avoiding words that sound judging		
Appropriate use of silence		
Process		
Followed ALiDRA (Ask, Listen, Discuss, Recommend, Appointment)		
Negotiated an objective or goal in the session		
Appropriately addressed the barriers/concerns of the mother to implementing a new practice		

Module II: MIYCN Counseling in the First 1,000 Days

Session 8: Introduction to MIYCN counseling cards

Time	40 minutes
Learning objectives	<ul style="list-style-type: none">• Describe the primary tool for community workers to use in counseling and support for mothers/caregivers in maternal, infant, and young child nutrition• Explain the way that the tool is intended to be used in the community• Describe the key maternal, infant, and young child feeding behaviors to be addressed in this training
Preparation	<ul style="list-style-type: none">• Read through the session and familiarize yourself with the process and activities• Prepare a large timeline (Facilitator Resource #6)• Prepare a large matrix of key practices (Facilitator Resource #7)
Materials	<ul style="list-style-type: none">• Photocopies of counseling cards• Facilitator Resources #6 and #7

Activity 1: Large group presentation of timeline and matrix of key practices for first 1,000 days

- Present the timeline, which shows the development of the child from the prenatal period to two years of age.
 - The main purpose of the timeline is to provide an overview of what will be covered in the training session and to reinforce that the first 1,000 days reflect a process of significant change and development from the prenatal period to the newborn to the infant to the toddler.
- Highlight the following points in the presentation:
 - During the training, the sessions will be examining each stage of development of the child separately. The timeline shows that the 1,000 days are a period of change and transition.
 - As a counselor it will be important to understand this process of development—that the child and mother have different nutrition needs that are dependent on where they are on this timeline.
 - Counseling and supporting women and mothers on nutrition is built around what is known about nutrition needs and requirements that are specific to the age/development of the child and the status (pregnant or breastfeeding) of the mother.
 - The specific messages and practices to be discussed in this training session will be tailored to the Malawi context—they are based on the nutrition recommendations for each stage of child development and what is feasible in the Malawi context.
- Introduce the large blank matrix of key practices.

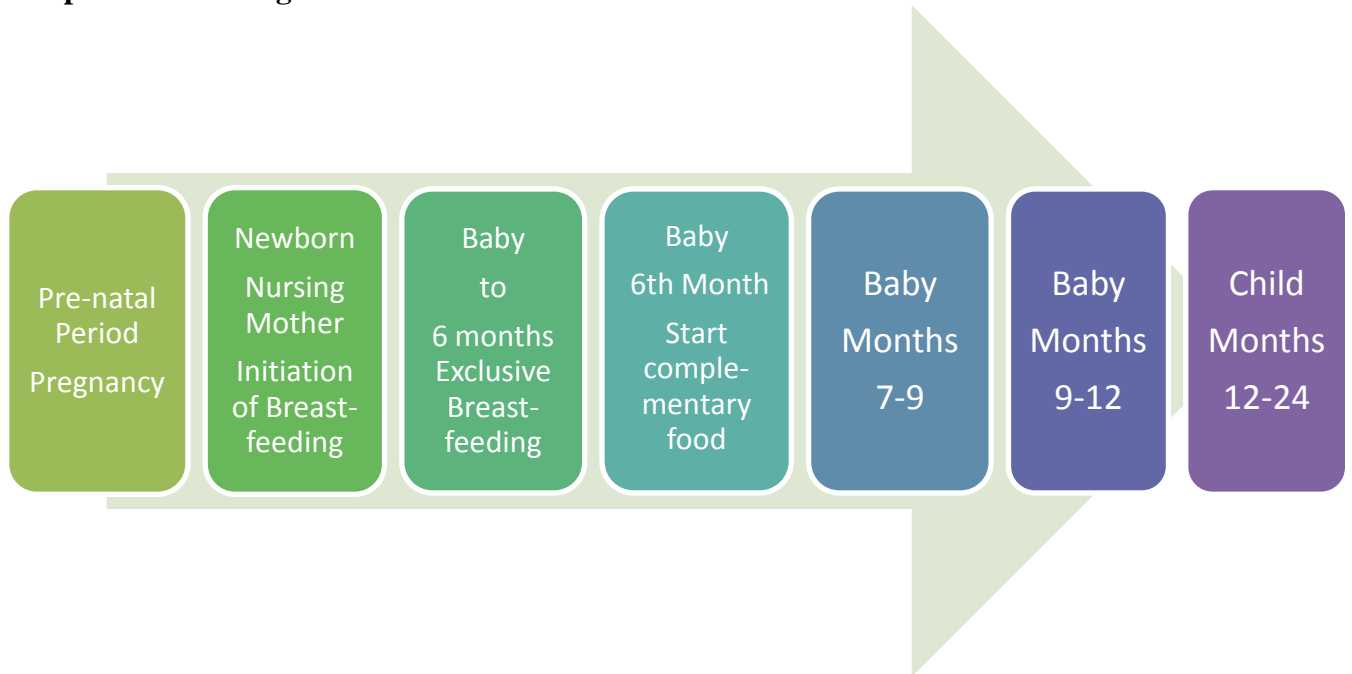
- Tell the participants that the matrix will be filled in by them as they complete different sessions during the training. They will summarize the key messages that are most relevant for them in their efforts to provide counseling and support for mothers in Malawi and write them on this large matrix.

Activity 2: Questions and answers to familiarize the participants with the counseling cards

- Distribute a set of counseling cards to each participant.
- Ask participants to form groups of three at their tables.
- Explain that the counseling cards will be tools for them to use in their communities to counsel mothers/caregivers and that this session will be an opportunity for them to briefly take a look at the counseling cards.
- Explain that this will be a quick preview and that during the rest of the training they will have ample opportunity to learn the messages and to practice using the cards.
- Tell the participants that for the next few minutes they will be asked to find certain images on the cards.
- Explain that they should do this as a group—identify the cards that contain the image/item mentioned by the facilitator and write down the card number.
- Refer to Facilitator Resource #8 with the list of images and counseling card numbers of the cards and ask the groups to find the images on this list. Add to this list of images as desired.
- Call on a group to report which counseling card(s) shows the item.
- Ask the other groups if they agree and/or if they have other cards that contain the image.
- Repeat this process with the remaining items/characteristics on the list.

Facilitator Resource #6: Timeline of First 1,000 Days
For use with Session 8, Activity 1

Template for making a timeline



Facilitator Resource #7: Matrix of Key Practices
For use with Session 8, Activity 1

Template for making a matrix of key practices (age categories correspond to the counseling cards and the key milestones related to infant and young child feeding)

	Age of child, or mother's status	Key practices to support across the first 1,000 days
1	Pregnancy	
2	Birth to 6 months	
3	Breastfeeding mother	
4	Baby 6 months old	
5	Baby 7 to 9 months old	
6	Child 9 to 12 months old	
7	Child 12 to 24 months old	

Facilitator Resource #8: Finding Images on the Cards
For use with Session 8, Activity 2

List of images and corresponding counseling cards

FIND
A sign or symbol that something (a practice) should happen during the day
A piece of fruit
A mother taking an iron tablet
A child's bowl of food or porridge
A mother washing her hands
A breastfeeding mother
A sign or symbol representing a health center

Session 9: Introduction to clinical signs of malnutrition

Time	20 minutes
Learning objectives	<ul style="list-style-type: none">• Identify and know the clinical signs of malnutrition
Preparation	<ul style="list-style-type: none">• Read through the session and familiarize yourself with the process and activities• Prepare photocopies Handout #3: Background Information on Forms of Malnutrition)
Materials	<ul style="list-style-type: none">• Photocopies of Handout #3• Flip chart paper and markers

Activity 1: Brainstorm in large group

- Ask participants if they can name the clinical signs of malnutrition. Then ask them if they can name the characteristics that are associated with each of these forms of malnutrition. Write all of the information on a flip chart.

Activity 2: Presentation on clinical forms of malnutrition

- Pass out Handout #3 describing the forms of malnutrition and review the classifications and characteristics together. Ask for and answer any questions.
- Conclude the session by reminding the participants that these are the acute forms of malnutrition, and that they can be prevented. Their role is not to treat these severe forms of malnutrition but to put in place activities and support (which is the focus of this training program) that will help to prevent children from becoming acutely malnourished.

Handout #3: Background Information on Forms of Malnutrition Session 8 Activity 2

Major forms of malnutrition and their symptoms

Malnutrition often is invisible and remains unrecognized in the majority of children. Five percent of children under 5 years old in Malawi have acute malnutrition, as measured by low weight for height. These children are too thin and are said to be “wasted.” It is a condition that results from poor nutrition. The children have the potential to recover if properly treated based on the National Guidelines for Management of Malnutrition. Many of children with acute malnutrition suffer from severe forms of malnutrition known as marasmus and kwashiorkor. During times of severe food shortages, it can be expected that a larger percentage of young children will develop marasmus and kwashiorkor. Both conditions require immediate care by health workers.

Marasmus (old child sign)

Marasmic children have retarded growth with specific clinical manifestations including:

- Wasting of subcutaneous fat and muscles (flabby muscles) and wrinkled buttocks
- Wizen monkey (“old man”) face
- Increased appetite (eats greedily)
- Sunken eyes
- Mood change (always irritable) and mild skin and hair changes.



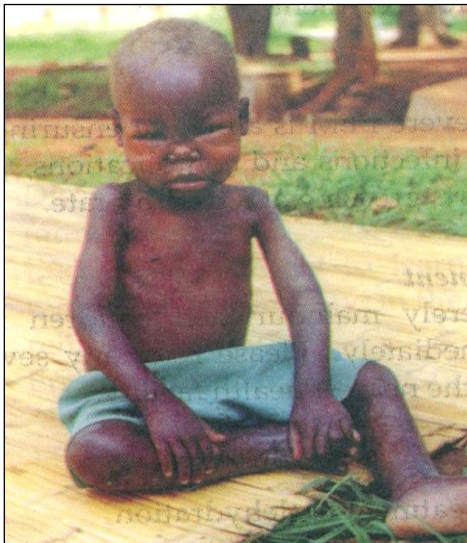
Below are other symptoms of marasmus in pictures.



Kwashiorkor (red-haired child)

- Failure to grow
- Wasting of muscles
- Edema (pitting type) on the lower limbs but can be located on the child's feet, hands, eyelids, or belly, or it can spread to the whole body
- Difficulty to begin walking
- Moon face due to hanging cheeks
- Loss of appetite
- Lack of interest in surrounding
- Skin changes or scaly skin
- Hair changes (straightening of hair and presence of different color bands of the hair indicating periods of malnourishment and well nourishment (flag sign). Straightening of hair at the bottom and curling on the top giving an impression of a forest (forest sign) and easily pluckable hair.

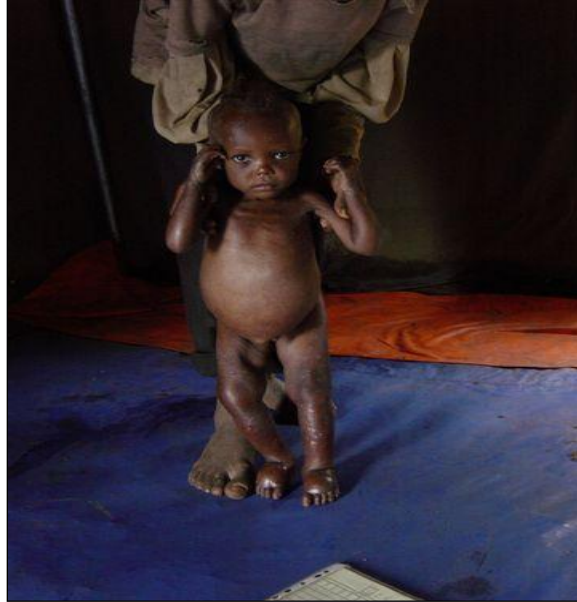
Below are common symptoms of kwashiorkor in pictures.



Source: Malawi profiles



Note: One should not wait for these signs to appear before acting because they are signs of severe malnutrition, meaning that the child is in great danger. At this stage, the child will require intensive care. However, the signs of malnutrition onset as well as the signs of malnutrition itself are often invisible and remain unrecognized. Refer the mother to the health center, supplemental feeding centers, or therapeutic feeding centers. The child may also have both marasmus and kwashiorkor, as shown in the image below (marasmic-kwashiorkor).



Also common in Malawi are children who are stunted due to long-term exposure to poor nutrition. Almost half of children under 5 years old (48 percent, according to the Malawi Demographic and Health Survey 2004) are stunted. This means one in every two children is stunted. Stunting is a form of chronic malnutrition indicated by low height for age. Stunted children are also likely to have impaired cognitive development. Both stunting and impaired cognitive development are irreversible if it happens within the first two years of child's life. Children who are stunted start school late because they look too young for their age. Their intellectual ability may also be compromised leading to poor performance in school. Such children are more likely to drop out of school.

A child can suffer from both chronic and acute malnutrition and may end with low weight for age. Such children are lighter for their age as a result of persistent exposure to poor nutrition and also due to poor nutrition now. Mothers and other caregivers need proper counseling and guidance to feed the child optimally to avoid these nutrition deficiency problems.

Session 10: Six food groups and dietary diversity

Time	30 minutes
Learning objectives	<ul style="list-style-type: none">• Know the six main food groups• Understand that eating a variety of foods means variety across the food groups• Know why variety of foods is important• Learn about seasonal variations in food availability
Preparation	<ul style="list-style-type: none">• Read through the session and familiarize yourself with the process and activities• Prepare photocopies of the background information on the six food groups.
Materials	<ul style="list-style-type: none">• Photocopies of background information• Small pieces of paper to write names of foods• Prepared flip chart papers with six food groups labeled• Facilitator Resource #9: Food Groups and Diversity

Activity 1: Food groups game

- Ask participants to use the small pieces of paper at their tables and to each write the names of three different foods, one on each piece. Explain that this can be any type of food—animal source, vegetable, fruit, etc. Each should be a separate food item, not a mixed food that has more than one ingredient.
- Take all of the papers and put them in a basket and mix them up. Then lay out six big pieces of paper on the floor with the six food group categories—one category on each big piece of paper. Ask each participant to pick three of the slips of paper in the basket and to put the foods listed on its corresponding paper, that is, into the food category to which it corresponds.
- Check with the group to ensure that the foods are put in the correct category.

Activity 2: Presentation and review on dietary diversity

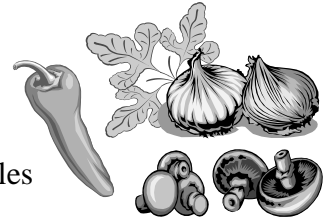
- Using Facilitator Resource #9 and the flip charts from the first activity, review the six food groups and the importance of eating a variety of foods every meal. Also, discuss the need to take into account seasonal variations in food availability and the seasonal food availability calendar below.
- Ask for and answer any questions.

Facilitator Resource #9: Food Groups and Diversity
For use with Session 9, Activity 2

The six food groups

1. Vegetables

This group includes green leaf and yellow vegetables such as *bonongwe*, *chisoso*, *khwanya*, *mnhwani*, *kholowa*, *rape*, *mpiru*, *kamganje*, carrot, eggplant, pumpkin, tomato, and others such as mushroom. They provide mostly vitamins, minerals, and water. Vegetables also contain fiber, which is necessary for proper digestion.

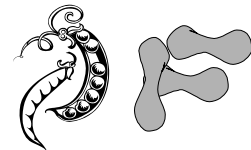


2. Fruits

They include citrus fruit (orange, lemon, tangerine), banana, pineapple, pawpaw, mango, *masau*, *bwemba*, *malambe*, *masuku*, peach, apple, guava, watermelon, and many others. Fruits provide mostly carbohydrates, vitamins, and water.

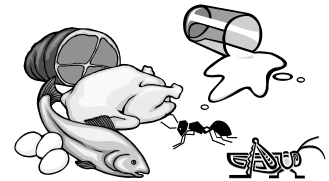
3. Legumes and nuts

This group includes groundnuts, soybeans, beans, peas, cowpeas, ground beans (*nzama*), and pigeon peas. They provide mainly protein and carbohydrates. Soybeans and nuts also contain a lot of fat in addition to protein and carbohydrates.



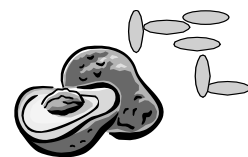
4. Animal foods

All of the foods in this group come from animals, and include foods such as meat, eggs, milk products, fish, and insects. They provide protein, fats, vitamins, and minerals.



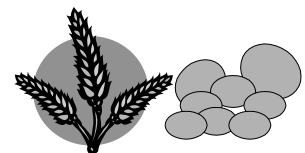
5. Fats

This group includes oil seeds (soybeans, groundnuts), avocado pear, cooking oil, milk, and milk products such as butter, margarine, yogurt, meat, fish, and poultry. They mainly provide fat.



6. Staples

Foods in this include cereal grains such as sorghum, millet, and maize; starchy roots (cassava, potato); and starchy fruits (banana). They mostly provide carbohydrates. They also provide other nutrients such as proteins and minerals depending on how they are processed.



All these foods are important and should be eaten in combination in order for them to complement each other in increasing dietary intake and utilization of the various nutrients by the body.

For better health and well-being, eat from all six groups every day. One should eat a variety of foods in every meal for a diversified diet. For example:

Staple	+	Legumes / nuts	+	Vegetable	+	Food from animal	+	Fat	+	Fruit
<i>Nsima</i> from: millet (<i>mawere</i>), sorghum (<i>mapila</i>), maize (<i>chimanga</i>), cassava (<i>chinangwa</i>)	+	Lablab (<i>nkhungudzu</i>)	+	Blackjack (<i>chisoso</i>)	+	Egg (<i>mazira</i>)	+	Avocado (<i>mapeyala</i>)	+	Baobab (<i>mlambe</i>)
		Pigeon peas (<i>nandolo</i>),		Amaranth (<i>bonongwe</i>)		Termites (<i>ngumbi</i>)		Cooking oil (<i>mafuta</i>)		Banana (<i>nthochi</i>)
		Ground beans (<i>nzama</i>)	+	Pumpkin leaves (<i>nkhwani</i>)	+	Fish (<i>nsomba</i>)	+	Pumpkin seed (<i>nthanga</i>)	+	Pawpaw (papaya)
Potato (<i>kachewere</i> , <i>mbatata</i>)		Cowpeas (<i>khobwe</i>)		Mushroom (<i>bowa</i>)		Meat (<i>nyama</i>)				Guava (<i>gwafa</i>)
		Beans (<i>nyemba</i>)		Pumpkin (<i>dzungu</i>)						Masawu [local fruit]
		Groundnuts (<i>mtedza</i>)								

Seasonal food variations

Participants should know what foods are available according to seasonal variations in their area in order to suggest to mothers and caregivers appropriate food combinations based on foods that are commonly available at a particular time of the year. Foods that are in season are usually cheaper and easy to get.

Seasonal food availability calendar

January	February	March
Home	Home	Home
Market	Market	Market
April	May	June
Home	Home	Home
Market	Market	Market
July	August	September
Home	Home	Home
Market	Market	Market
October	November	December
Home	Home	Home
Market	Market	Market

Session 11: Diet during pregnancy and while breastfeeding

Time	45 minutes
Learning objectives	<ul style="list-style-type: none"> • Explain recommendations for nutrition actions during pregnancy and while breastfeeding • Counsel a woman who is pregnant or breastfeeding on her dietary practices
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the activities and the content in the boxes in particular
Materials	<ul style="list-style-type: none"> • Flip chart paper and markers

Activity 1: Brainstorming nutrition of women during pregnancy

- Ask the participants to share their own experience about being pregnant and/or that of pregnant women they have known in their community.
- Facilitate a discussion using the following questions:
 - Did you eat differently when you were pregnant, or do pregnant women in your community eat differently? In what way?
 - Are there certain foods that pregnant women eat, or are there foods that are avoided?
 - What are the reasons that women choose or avoid certain foods during pregnancy?
 - What liquids do you consume while pregnant and breastfeeding? Are there any that you avoid or you think should be avoided? What about the amount of liquids you consume?
- Reiterate some of the key points that arise during the discussion and present the information in the box below.

<p>Recommended dietary practices during pregnancy and while breastfeeding</p> <ul style="list-style-type: none"> • Eat a variety of foods every day that are nutritious: vegetables, fish, egg, meat, fruit, <i>nsinjiro</i>, or beans. • Eat three meals a day—or if you feel nausea, eat five or six small meals. • Drink more water; avoid tea and coffee to help with absorption of nutrients. • Consume iodized salt.

Activity 2: Present and discuss the key practices for counseling pregnant women

- Ask the participants to take out Counseling Cards #1A and #21—the healthy diet for pregnant and lactating women.
- Ask the participants to look at the pictures and share what they see; ask them if the pictures are appropriate for the community they work in.

- Present the other information on the card, drawing on the previous discussion to highlight some of the kinds of behaviors that might need changing among mothers in this age group. Recall the beliefs and practices that were brainstormed in the previous activity.
- Tell the participants to form groups of three people at their tables; explain that they are going to review the key practices in these groups.
- Ask them to discuss the following questions among themselves for a few minutes:
 - Which of these practices do you think will be the most difficult for mothers to implement?
 - What are the reasons that you think these are difficult for mothers?
 - For the practices that you think are challenging, what can you suggest that will help to support or motivate a mother to be successful with this practice?
- When the small discussions are over, ask different groups to share with the whole group their answers to various questions.
- Reinforce the recommended practices and highlight the ways that participants identify during the discussion to motivate mothers toward implementing recommended practices.
- Fill out the first part of the large summary matrix on the wall (nutrition practices during pregnancy/pre-natal period).

Session 12: Antenatal care and anemia control

Time	45 minutes
Learning objectives	<ul style="list-style-type: none"> • Explain recommendations for health and nutrition actions during pregnancy • Counsel a woman who is pregnant on her health and nutrition practices
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the activities • Make cards for the pile-sort activity using Facilitator Resource #10
Materials	<ul style="list-style-type: none"> • Pile-sort cards

Activity 1: Pile-sort on eating and care practices among pregnant women

- Explain that this session will cover the common and recommended practices for care and eating when women are pregnant or breastfeeding. Explain that the purpose of this activity is to clarify some of the common practices, beliefs, and recommendations.
- Divide the group into smaller groups of six to eight participants, and hand out the materials for the “pile-sort.” Explain that each card has different statements and pictures that the group should discuss to determine whether the activity/statement on the card is “true” or “false.” Each group will form two piles—one with true statement and one with false statements.
- Have the groups choose a volunteer to read each card aloud. After the card is read, the group should decide through discussion whether the statement is true or false. They should repeat this until they have discussed all of the cards.
- When all of the groups are finished—return to the large group and compare the results among the groups. If there is disagreement on whether a statement is true or false among the groups, then the answers should be discussed in the large group.
- Summarize at the end of this session, reinforcing the positive behaviors.

Activity 2: Role-play counseling for antenatal care and anemia control

- Tell the participants to take out Counseling Card #1B (antenatal care and anemia control); ask what the pictures mean to them and if they are appropriate for the community they work in.
- Explain how the card is intended to be used—asking the questions on the far left and working across the card to have a discussion with the woman about her practices since she has become pregnant.
- Reiterate the key message(s) in the “discuss and recommend” column of the card.

- Choose one participant to demonstrate with you what a counseling session with a pregnant woman would be like—you (the trainer) play the community worker, the participant plays the pregnant woman.
- Ask the other participants who observed the demonstration the following questions:
 - Do you think that the woman was convinced about the practices she needs to follow during her pregnancy? Why or why not?
 - Do you think that the woman will carry out the recommendations? Why or why not?
 - Are there additional things that the community worker could do to reinforce or support this pregnant woman?
- Fill out the second row on the large summary matrix on the wall (nutrition practices for a pregnant or breastfeeding mother).

Facilitator Resource #10: Information for Cards for the Pile-Sort
For use with Session 12, Activity 1

Number	Myths and misconceptions on health and nutrition practices during pregnancy and while breastfeeding	Answer key: true or false
1	Pregnancy is normal but, because complications can occur, ALL women should visit the health center as soon as they find out they are pregnant and several times after the first visit.	TRUE
2	Women who are pregnant or breastfeeding need extra food each day.	TRUE
3	Women who are pregnant or breastfeeding should avoid some foods such as eggs because these are not safe.	FALSE
4	Iron tablets are important for a pregnant woman, but she only needs to take them until she feels better.	FALSE
5	Some particularly nutritious foods to eat during pregnancy and while breastfeeding are: milk, meat, fish, nuts, beans, vegetables, and fruits.	TRUE
6	Gaining too much weight, by eating more during pregnancy, increases the chance of having a big baby and more difficulty during delivery.	FALSE
7	Immunizations are not safe to receive when you are pregnant or breastfeeding.	FALSE
8	Using a mosquito net is extremely important for a woman when she is pregnant.	TRUE

Session 13: Preparing for and establishing breastfeeding

Time	60 minutes
Learning objectives	<ul style="list-style-type: none"> • Explain why immediate initiation of breastfeeding is best • Support positioning and attaching a baby at the breast • Help mothers with breastfeeding problems • Support effective breastfeeding in the community
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the activities • Make photocopies of handouts • Make sure audio-visual equipment is available if showing video • Prepare flip chart with role-play instructions—see Facilitator Resource #11
Materials	<ul style="list-style-type: none"> • Flip chart paper and markers • Video on initiation of breastfeeding • Handouts #4 and #5 for group work (information on proper positioning and attachment, and successful breastfeeding) • Role-play instruction flip chart

Activity 1: Brainstorming initiation of breastfeeding practices in the community

- Ask the participants to share their experience with breastfeeding practices in the community.
- Facilitate a discussion using the following questions:
 - When do mothers in the community initiate breastfeeding?
 - What factors prevent mothers from initiating breastfeeding immediately after birth?
 - What helps mothers to initiate breastfeeding immediately after birth?
 - What problems do mothers experience with starting to breastfeed?
- Reiterate some of the key points that arise during the discussion and present the information in the box.

Breastfeeding basics

- Start breastfeeding within the first hour of birth and continue to give only breastmilk on demand (no other food, liquid, or water) for the first six months of life.
- While breastfeeding, wait until the baby spontaneously lets go of the nipple before switching to the other breast. In this way, the baby is more likely to receive the fat-rich milk that comes out near the end of a feed as the breast gets emptied.
- Breastfeed day and night on demand whenever the baby wants milk. This will promote milk production; it will also prevent painful breast engorgement.
- Exclusive breastfeeding is essential during the first six months. This means giving only breastmilk; no water, teas, other liquids, herbs, or foods. During this period, breastmilk is a complete food and contains all the water a baby needs, even in hot climates.
- Exclusive breastfeeding on demand during the first six months can also prevent pregnancy if a woman's menstrual periods have not returned. After this time, another method needs to be used to avoid pregnancy.

- Counsel the woman on the need for HIV testing if her HIV status is unknown. If she is HIV positive, encourage her to go to a facility for appropriate counseling.

Activity 2: Presentation on immediate initiation of breastfeeding

- Show the video on immediate initiation of breastfeeding, or present Counseling Cards #2 and #5 if not showing the video.
- Ask participants what they thought and noticed in the video, or ask them to summarize the messages on the cards.
- Reinforce the practice of immediate initiation, highlighting the benefits to the child and the mother:
 - Breastmilk is the best food for babies.
 - Breastmilk protects against infections, which are the most common causes of illnesses and deaths in newborn infants.
 - Breastfeed the baby within the first hour after birth to promote milk production and to give the baby the benefits of colostrum, the yellowish milk that is secreted initially.
 - Colostrum is a natural vaccine that protects the baby from illnesses. Do not throw it away; give it to your newborn baby.
 - Immediate breastfeeding also helps with the delivery of the placenta and reduces bleeding in the mother.

Activity 3: Small group work and role-plays

- Tell the participants that they will now explore in small groups how to help mothers establish good breastfeeding practices and address problems that mothers may encounter with breastfeeding.
- Provide the following information using Handouts #4 and #5 on breastfeeding and Counseling Cards #3 and #4.

Proper attachment (the correct manner in which the baby’s mouth is fixed on the breast during feeding) is important. The signs for proper attachment are that:

- The baby’s mouth is wide open.
- The chin is touching or is very close to the breast.
- Most of the areola is inside the mouth; where the areola is visible, more is seen above the mouth than below.
- The lower lip is turned out.
- If the mouth is not well attached, ask the woman to gently depress the baby’s chin and ease out the nipple, and assist her in starting the feeding again.

Good positioning for breastfeeding can happen in different ways, including the cradle position, side-lying position, under-arm position or cross-cradle position. In all cases:

- The baby’s head, back, and buttocks are in a straight line—not twisted.
- The baby’s whole body is supported, not just the head and shoulders.

- The baby’s body is close to the mother’s body.
- The baby’s nose is facing the nipple.
- The baby is able to look into the mother’s face.

Emptying each breast at each feeding and feeding at least 12 times in 24 hours is recommended for establishing good breastfeeding

- Divide the participants into groups of five to six members each.
- Tell the participants that they will be discussing one of two topics in their small groups. The two topics are:
 - Identifying and demonstrating good position and attachment for breastfeeding.
 - Frequency, emptying breasts, and duration of breastfeeding.
- Tell the groups that after discussing their topic they will prepare a short role-play to perform in front of the whole group that demonstrates one or more of the important points they have learned about supporting “good breastfeeding.”
- Give the groups a specific amount of time to do the activities in their small groups. Give them the instructions for conducting the role-play and the handouts and additional materials for their group work.
- Reassemble the participants and have each group take a turn to present their role-play. Allow time for questions and discussion after each role-play.
- Fill out the second row in the large matrix of practices that corresponds to initiating breastfeeding (the first month of life).

**Facilitator Resource #11: Instructions for Preparing Role-Play on Breastfeeding
For use with Session 13, Activity 3**

Each group should ask for two volunteers to perform the role-play for their group. They should practice it and get feedback from the group and then be prepared to share it with the larger group.

Scenario 1: Teaching/Aiding a new mother with successful positioning and attachment for breastfeeding

A community nutrition worker learns that a young woman has just given birth to her first child three days earlier. She visits the woman's home to see if she is breastfeeding successfully. The group should decide which kinds of issues related to positioning and attachment they would like to demonstrate in their role-play. Use the handout as a guide. Make it as real as possible—what are the kinds of problems that young women experience breastfeeding for the first time. What and how should the community nutrition worker assist the new mother. Use all of the skills learned so far in developing the role-play.

Scenario 2: Helping a mother to fully breastfeed her child

A community nutrition worker is visiting the home of a young mother who has a new baby—6 weeks old. The mother is breastfeeding the baby but she feels uncertain that the baby is getting sufficient milk. The group should decide which kinds of issues related to breastfeeding a child at this age—for example, using both breasts at each feeding, making sure that the child empties the breast, reassuring the mother that she has adequate milk—are commonly found in Malawi. Make the story/dialogue/conversation as real as possible—what would a young mother say if she were concerned that her baby was not getting enough milk? What would be the signs that the community nutrition worker would look for to know how to give advice and counsel this mother? Use all of the skills learned so far in developing the role-play.

Handout #4: Information on Proper Positioning and Attachment
Session 13; Activity 3

For babies to get adequate breastmilk for their nutritional needs, they must be correctly positioned and attached to their mothers' breasts. Correct positioning and attachment is crucial in the first three months of baby's life as well as for the mother's own breast health.

Positioning: This is the way the baby is placed on the breast for feeding.

Positions include: cradle, sideline, and under-arm (football).

Illustration 1: Correct positioning and attachment of baby to mother's breast



Cradle position



Cradle position



Under-arm position



Under-arm position

Cradle position



A: Correct position



B: Not correct position

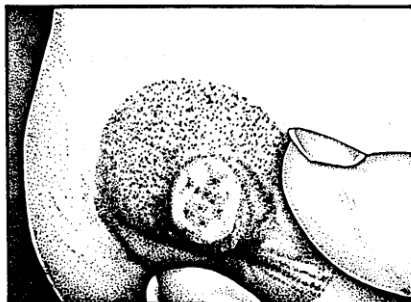
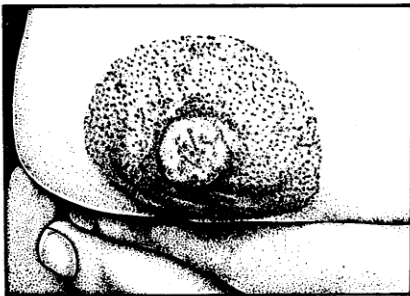
Four key points for correct positioning

- Baby’s head and body in line.
- Baby held close to the mother’s body, tummy to tummy, and with fewer clothes.
- Baby’s whole body supported.
- Baby’s chin touching the breast and nose close to the nipple.

Attachment of the baby to the breast

Show mother how to support her breast:

- Lift the breast with her hand.
- With her fingers against her chest wall below her breast.
- With her first finger below the breast and her thumb above.
- Her fingers should not be too near the nipple.



Correct way to offer the breast Incorrect way to offer the breast

Show mother how to attach the baby to the breast

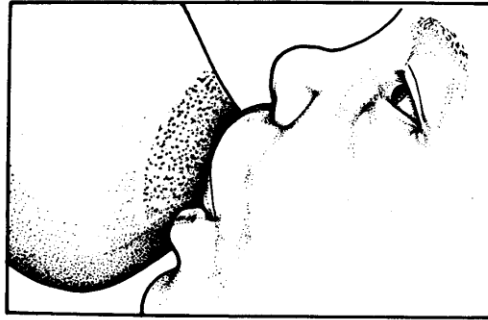
- Wait until her baby’s mouth is opening wide and the baby wants to start feeding.
- Move her baby quickly onto her breast, aiming his/her lower lip well below the nipple. This helps to get the baby’s chin close to the breast, so that the tongue is right under the milk glands.
- It helps to get the nipple above the center of the baby’s mouth so that it touches and stimulates the palate for effective suckling.

Correct attachment





Yes: Correct



No, not correct

Key points of good attachment

- More areola above baby's top lip than below bottom lip.
- Baby's mouth wide open.
- Lower lip turned outwards.
- Baby's chin touches breast.

Handout #5: Information on Successful Breastfeeding

Session 13; Activity 3

Newborns 0 to 6 weeks

- Breastfeed on demand, 8 to 12 times in 24 hours during both the day and night.
- If the baby sleeps too long (3 hours), wake up the baby to be fed.
- To have adequate breastmilk and to increase breastmilk supply, feed on demand.
- More suckling makes more milk. With less suckling, less milk is made. If a baby stops suckling, breasts soon stop making milk. Producing breastmilk is like a well that fills the water according to how much the water is removed.
- All mothers can produce more milk than the baby takes regardless of the mother's own nutrition, and they can produce enough for twins.

Emptying the breast

As the baby grows, teach mothers to:

- Feed the baby from one breast until it is empty or until the baby comes off the breast on its own. Young babies may not empty the breast, but help mothers to feed the babies as much as possible to keep the breasts soft.
- Increase the duration of breastfeeds on each breast and continue to feed frequently and on demand.
- Build confidence in mothers whose breasts look flat and empty. They should relax and breastfeed until the blood vessels from the breasts begin to show and milk begins to fill in.

How to measure adequate breastmilk intake in exclusively breastfed infants

- Urinary output: Baby passes urine very frequently. Mothers may say “their clothes are always wet.” The urine should be light in color and not smelling strongly.
- Weight gain: The baby always gains weight.

Growth spurts

- Babies grow daily. Mothers may note a sudden increase in demand to feed and wanting to stay longer on the breast. This is because the baby is growing. “Growth spurts” usually occur around 2 to 3 weeks, 6 weeks, and 3 months of age.
- These are the most common times for mothers to begin to give other foods, because they think that the baby is not getting enough breastmilk. Counsel mothers on the supply-and-demand principle, emptying the breast, and feeding on all the breastmilk in the breast at each feeding.

Session 14: Exclusive breastfeeding—for first 6 months, feed nothing but breastmilk

Time	60 minutes
Learning objectives	<ul style="list-style-type: none"> • Explain breastfeeding recommendations for exclusive breastfeeding for babies 0 to 6 months • Counsel mothers about feeding children who are under 6 months of age • Help a mother to express her breastmilk by hand and feed baby by cup • Know how to provide support for breastfeeding for working and sick mothers
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the activities and the information to be presented as shown in the boxes and tables and the case study material • Make photocopies of handouts • Prepare flip charts
Materials	<ul style="list-style-type: none"> • Photocopies of case studies (Facilitator Resource #12) • Template for flip chart to present results from small group work (Facilitator Resource #12) • Flip chart paper and markers • Photocopies of Handout #5: Information on Successful Breastfeeding

Activity 1: Large group discussion on counseling mothers on breastfeeding for 6 months without introducing liquids or foods

- Present the key message(s) for promoting and supporting exclusive breastfeeding in the first six months including the following information:

Recommended breastfeeding practice	Points to consider for counseling/support
Exclusively breastfeed (no other food or drink) for 6 months	<ul style="list-style-type: none"> • Breastmilk is all the infant needs for the first 6 months. • Do not give anything else to the infant before 6 months, not even water. • Giving water will fill the infant and cause less suckling; less breastmilk will be produced.
Breastfeed frequently, day and night	<ul style="list-style-type: none"> • Breastfeed the baby often, at least 8 to 12 times for a newborn, and 8 or more times after breastfeeding is well-established, day and night, to produce lots of breastmilk. • More suckling (with good attachment) makes more breastmilk.

Recommended breastfeeding practice	Points to consider for counseling/support
Breastfeed on demand (or cue); that means feed every time the baby asks to breastfeed	<ul style="list-style-type: none"> • Crying is a late sign of hunger. • Early signs that baby wants to breastfeed: <ul style="list-style-type: none"> – Restlessness. – Opening mouth and turning head from side to side. – Putting tongue in and out. – Sucking on fingers or fists.
Let infant finish one breast and come off by him/herself before switching to the other breast	<ul style="list-style-type: none"> • Switching back and forth from one breast to the other prevents the infant from getting the fatty nutritious milk as well as the watery milk to satisfy thirst.

- Lead a discussion with the participants to identify the factors in their communities that influence whether mothers practice these behaviors. Ask the following questions:
 - What are some of the reasons that a mother might give liquids or foods before the baby reaches 6 months?
 - What are some of the reasons that a mother might not be breastfeeding effectively or according to the recommendations? Do mothers always breastfeed day and night? Do mothers always use both breasts at each feeding? Why or why not?
- Have participants pull out Counseling Cards #6 and #7. Explain that these cards focus on some of the main issues with breastfeeding during the first 6 months of life in Malawi and how to address them.

The main findings from recent Trials of Improved Practices research showed:

- Mothers often provide water or watery porridge in the first 6 months.
- When babies cry mothers often give other foods or liquids because they or other family members assume that the baby is hungry and not getting enough from the breastmilk.
- Mothers believe that when it is hot babies do not get enough fluid from breastmilk.
- Some mothers breastfeed for extremely short periods to pacify the child, and feed just from one breast per feeding

- Demonstrate to the participants how to use the breastfeeding counseling cards in a counseling session—asking the mother questions, discussing and assessing her situation, and talking about specific practices to achieve exclusive breastfeeding for the first 6 months. Choose among the three cards (#6, #7, or #9) to demonstrate using different scenarios that community workers might encounter.

Activity 2: Small group work with case studies

- Tell the participant that they are now going to further explore the practices that support exclusive breastfeeding.

- Organize the participants into groups of five or six members. Provide them with the instructions and a case study.
- Explain that they are to first discuss the case study in their group by asking some of these questions:
 - What were the woman’s (and/or her family’s) major concerns?
 - How did the community worker try to address the woman’s concerns?
 - Did the community worker encourage and allow enough time for the woman to ask questions?
 - Did the community worker verify that the woman had understood the main messages by asking her to repeat them?
 - Do you think that the woman will practice exclusive breastfeeding and will seek appropriate care if she has any problems? Why or why not?
 - If you had been the community worker, is there anything that you would have done differently? Please explain.
 - What additional steps should the health worker take to ensure that the mother/family adopts the desired behavior?
- Explain that after the discussion one volunteer from the group should be prepared to share the improvements or changes that they would recommend in the counseling session described in the case study. Use the prepared template to guide the presentations (see Facilitator Resource #12).
- Give the groups time to do the group work.
- Reassemble the whole group and take turns sharing the results from the group discussions.
- Summarize key points.
- Fill out row four on the large matrix of practices by having the participants provide the content.

Activity 3: Demonstration of how to express breastmilk by hand

- Introduce this topic by reiterating one of the main challenges with providing only breastmilk for the first 6 months—a mother’s need to be away from the child.
- Tell the participants to take out Counseling Card #8, which shows how to express breastmilk by hand.
- State the steps in the card so that participants can follow along.
- Ask a willing breastfeeding mother to demonstrate the technique of expressing breastmilk. If no breastfeeding mother is available, the facilitator should demonstrate the technique using the breast model.

- Ask participants to list the “steps” of expressing breastmilk by hand.
- Explain storage procedures for expressed breastmilk and how to feed by cup as explained in the box below.

How to store expressed breastmilk and use a cup for feeding

- Store breastmilk in a clean, covered container
- Milk can be stored for 8 to 10 hours at room temperature in a cool place and 72 hours in the refrigerator.
- Give infant expressed breastmilk from a cup.
- Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.
- Bring cup to the baby’s lower lip and allow baby to take small amounts of milk.
- Do not pour the milk into baby’s mouth.

Facilitator Resource #12: Case Studies for Small Group Discussion and Template for Presenting Results
For use with Session 14, Activity 2

Case study 1

A young woman who is 18 years old and has her first baby who is 3 months old is worried that she does not have enough breastmilk for her baby. The baby is fussy and doesn't seem to be happy unless she is breastfeeding very often. The mother-in-law thinks that it is time to give the baby cow's milk to make the baby happier. The young mother is not sure but she worries that she is not doing what is best for her baby. The community nutrition worker explains that breastmilk is all that the baby needs. She says that the mother-in-law is not correct and that cow's milk is not appropriate for her child. She says that the young woman should feed the baby on demand, day and night, without any other fluids or foods. She tells the young mother that she should not listen to her mother-in-law.

Case study 2

A mother of three children is breastfeeding the youngest baby boy, who is 4 months old. She says that the baby is breastfeeding often—usually eight to ten times a day/night. She feels this is too often—even though she did recall breastfeeding her other children quite frequently. She says that she feels it would be helpful if she introduced some other foods and liquids so that the baby would sleep more and breastfeed less. She is feeling very tired from breastfeeding. The community nutrition worker tells the mother that breastmilk is all that the baby needs until he finishes 6 months. She tells the mother that it is common for babies to breastfeed frequently and that it is a sign that they are growing. She also tells the mother that it would be dangerous for the baby if she introduced other liquids and food at this age.

Case study 3

A young mother who has a 2-month-old baby says that she needs to go back to work and be away from her baby for several hours during the day. She is breastfeeding, and she thinks that she needs to stop breastfeeding and get the baby used to cow's milk and a bottle so that she can go back to work. But she is worried that this is not healthy for the baby because she has friends whose babies have gotten sick when they left their babies and went back to work. She says that she has heard about expressing breastmilk but that she doesn't think she can do it. The community nutrition worker tells her that she is doing the right thing by breastfeeding and that she is correct to worry about giving her baby something other than breastmilk when she is away. She tells the young mother that the baby should not have anything but breastmilk for the first 6 months. The community nutrition worker also explains that she can hand-express her breastmilk and leave it for the baby to have while she is gone, and that she should leave it in a cup not a bottle. She tells the young mother that her baby is more important than her job and that she should make sure she leaves enough expressed breastmilk for the times that she is away from her baby.

Template for sharing results from small group discussion of case studies

Summary of case study: age of child and situation	Community nutrition worker response: her recommendations and the group's comments	Recommendations for improving the counseling session

Session 15: Starting complementary feeding at 6 months

Time	90 minutes
Learning objectives	<ul style="list-style-type: none"> • Explain the recommendation for initiating complementary food at 6 months • Prepare a quality porridge for a 6-month-old baby • Counsel mothers/caregivers in introducing foods in addition to breastmilk
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the activities and the information in the boxes • Make sure all ingredients and cooking utensils are ready for making porridge
Materials	<ul style="list-style-type: none"> • Flip chart paper and markers • Cooking ingredients and utensils

Activity 1: Small group work and presentations

- Tell the participants that in this session they will be discussing feeding babies who have just completed 6 months. Refer to the big timeline to emphasize this point.
- Divide the participants into three groups.
- Explain that each group will brainstorm a different topic in their small group and then will come back to share their brainstorming experience with the full group of participants. Each group should be prepared to present a list that reflects the results of their brainstorming.

The three topics to be discussed (one in each group) are:

1. What are the signs that a child is ready for food other than breastmilk?
2. What kinds of food are best for a child who has just completed 6 months?
3. How do you feed a child who has just completed 6 months?

- Give the groups 10 to 15 minutes to brainstorm their topic/question.
- Gather the large group and have each smaller group, one at a time, present their lists and experience in the brainstorming session.
- Ask questions to facilitate a discussion such as:
 - Did everyone in your group agree with one another?
 - If not, what were the points of disagreement?
 - For those who were not involved in the group presenting, do you agree, disagree, and/or have other things to add to the list/answer to this question.
- Summarize the discussion and be sure to make the points that are listed in the table below.

What are the signs a baby is ready for food other than breastmilk?	What kinds of food are best for a baby who has just completed 6 months?	How do you feed a child who has just completed 6 months?
Baby reaches for food Baby can sit by him/herself Baby follows food with his/her eyes and opens mouth Baby likes to put things in mouth Baby starts to make up and down “munching” movements with jaw	Thick porridge made with <i>nsima</i> Mashed <i>nsima</i> with vegetables, not just broth Mashed, boiled sweet potato with small amount of oil Pureed foods	Offer small amounts so he/she learns to swallow Be patient if he/she spits out food and try again Use a separate bowl Talk to the child and look into his/her eyes Encourage but do not force the child

Activity 2: Demonstration to make porridge of the correct consistency

- Bring ingredients to make porridge appropriate for the 6-month-old child.
- Prepare the porridge in front of the group in two ways—one that is watery using flour (*ufa woyera*) that runs off the spoon, and the other with *nsima* that is thick.
- Pass around the porridges; discuss and compare the consistency and the ingredients of the two porridges with the participants.
- Reinforce that the thicker porridge is the preferred consistency for the child.

Activity 3: Role-play counseling mothers on introducing foods

- Have participants take out Counseling Card #10 for starting complementary foods in addition to breastmilk to the child at 6 months.
- Have participants look at the card and ask what the pictures mean to them and whether they are appropriate for the community they work in.
- Explain how the card is intended to be used—you ask the questions on the far left and work across the card to listen, discuss with the mother about how she is feeding her baby, and recommend and agree on improved practices.
- Describe and discuss the term “FADDUAH,” which relates to the characteristics of good child feeding: (F=frequency; A=amount; D=density or consistency of the food; D=different kinds of food; U=utilization; A=active feeding; H=hygiene).
- Choose two participants to role-play a community nutrition worker providing guidance to a mother introducing food to her child.
- Ask the participants who observed the role-play the following questions:

- Do you think that the mother was convinced that she should be feeding her child the way that the community nutrition worker recommended? Why or why not?
- Do you think that the mother will carry out the recommendations? Why or why not?
- Are there additional things that the community nutrition worker could do to reinforce or support this mother in feeding this child?

Session 16: Complementary feeding for babies 7 to 9 months old

Time	60 minutes
Learning objectives	<ul style="list-style-type: none"> • Explain the recommendations for feeding babies 7 to 9 months old • Counsel mothers in feeding babies 7 to 9 months old
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the activities and the information to present
Materials	<ul style="list-style-type: none"> • Flip chart paper and markers

Activity 1: Brainstorm feeding practices in Malawi among babies 7 to 9 months old

- Tell the participants that in this session the discussion is focused on the next stage of development, babies 7 to 9 months old. Refer to the timeline on the wall.
- Generate a discussion among the participants about the feeding of babies 7 to 9 months old by asking them to answer the following questions:
 - How is the food prepared—what does it look like?
 - Are there specific foods that are particularly good for children of this age?
 - What do mothers in your community feed babies 7 to 9 months old? Specifically what foods?
 - How much food does a mother give a child of this age?
 - How does the mother monitor how much the baby eats?
 - Do babies of this age eat by themselves? Do they have their own bowl?
 - How many meals (time per day) do babies of this age eat?
 - Do babies this age get snacks? What kinds?
 - Do mothers purchase snacks? What kinds?
 - What influences what a mother feeds a baby of this age?
 - Who influences what a mother feeds a baby of this age?
 - Are there other things that are taken into account when feeding babies at this age?
- Summarize the answers to the questions on a prepared flip chart and then compare the responses in the discussion with the recommended practices noted in chart below.

Recommended complementary feeding practices for babies 7 to 9 months old

Characteristic	Recommended practices
Texture and thickness or consistency of food	Thick porridge Mashed/pureed family foods
Variety of food	Porridge made with <i>nsima</i> , legumes, vegetables, fruits, animal foods
Frequency of feeding—number of meals per day	Two to three times per day
Quantity of food per meal	Two to three tablespoons per meal up to ½ cup
Drinks provided	None other than breastmilk

Activity 2: Share and practice using the counseling card

- Tell the participants to get out Counseling Card #11, which corresponds to the baby 7 to 9 months old.
- Ask the participants to look at the pictures and share what they see. Ask if the pictures are appropriate for the community they work in.
- Present the other information on the card, drawing on the previous discussion to highlight some of the kinds of behaviors that might need changing among mothers of babies in this age group. Recall the beliefs and practices that were brainstormed in the previous activity.
- Tell the participants to form groups of three people at their tables, and explain that they are going to review the key practices in these groups.
- Ask them to discuss the following questions among themselves for a few minutes:
 - Which of these practices do you think will be the most difficult for mothers to implement?
 - What are the reasons that you think these are difficult for mothers?
 - For the practices that you think are challenging, what can you suggest that will help to support or motivate a mother to be successful with this practice?
- When the small discussions are over, ask different groups to share their answers to the various questions with the whole group.
- Reinforce the recommended practices and highlight the ways that participants identify during the discussion to motivate mothers toward implementing recommended practices.
- Fill out the sixth row in the large summary matrix on the wall corresponding to this age group.

Session 17: Complementary feeding for babies 9 to 12 months old

Time	140 minutes
Learning objectives	<ul style="list-style-type: none"> • Explain the recommendations for feeding babies 9 to 12 months • Counsel mothers on feeding babies 9 to 12 months old
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the activities and the information to be presented • Organize all ingredients for food demonstration
Materials	<ul style="list-style-type: none"> • Flip chart paper and markers • Paper for group work

Activity 1: Large group discussion and presentation on feeding babies 9 to 12 months old

- Refer to the timeline on the wall and explain to the participants that this session will focus on babies 9 to 12 months old. Start by asking a few questions about what distinguishes babies at this age. For example:
 - What do babies start to do during this period? (Answers may include: move around, crawl, or walk; make more sounds, even some words.)
 - What changes are made in feeding babies at this age compared to younger babies?
- Note the answers on flip chart.
- Explain that research in Malawi has indicated that some key practices related to feeding children of this age group need particular attention. Share what was learned in the research. It is summarized in the table below. Refer back to the responses elicited in the discussion as appropriate.

Practices and recommendations for feeding babies 9 to 12 months old in Malawi

Feeding characteristic	Current practice	Recommendation
Texture of food	All receive <i>nsima</i> but not at every meal; still receiving thin porridge	Finely chopped family foods; <i>nsima</i> more often; finger foods; fruits and cooked vegetables
Kinds of food/Variety	No animal-source foods; few vegetables, milk, fish, or groundnut flour	Incorporate all foods from the family pot, especially animal-source foods, and vegetable mixtures
Amount of food	Small amounts	Increase the amount offered; encourage the child to finish all food; sit with child throughout the meal
Snacks	Receive sugary drinks and biscuits	Eliminate sugary, purchased foods; offer fruits such as bananas, tangerines, mangos, or papayas

- Tell the participants to take out Counseling Card #7 for this age group, and reiterate the key messages related to feeding this age child as shown on the card.
- Ask the participants if they have any questions about the card.

Activity 2: Prepare a plate of food

- Explain to the participants that they will now practice what they have learned about feeding children 9 to 12 months old.
- Divide the participants into four groups and give them the following instructions:
 - Each group will prepare a day of meals and snacks suitable for a child of 9 to 12 months.
 - Give your child a name and describe the family setting, including where they live, how many children in the family, and other family factors.
 - On a piece of paper, list the meals you will provide this child for one day. Include specific information on the type of food, the amount, and how you will prepare it.
 - Describe how the child will be fed—by whom, where, and how.
- Give the groups time to do their group work.
- Reassemble the participants and ask each group to share their “meal plan” with the other participants. The presenter should discuss the reasons for their choices.
- Refer to the information in the boxes below to guide the discussion of the “meals” the participants have created.

Examples of mixtures of foods

- Staple + 1 or ½ tablespoon pounded animal food + 1 or ½ tablespoon pounded green vegetables (3 leaves pounded) or orange colored or fruit in season
- Staple + 1 or ½ tablespoon legumes well mashed + 1 or ½ tablespoon pounded green vegetables (3 leaves pounded) cooked with groundnuts + banana (breastfeeding)
- Staple + 1 or ½ tablespoon pounded animal food animal + 1 or ½ tablespoon pounded green vegetables (3 leaves pounded) or fruit at a meal
- Always add a teaspoon of oil or fat when the mixture does not have foods rich in oil

Example of three meals and snacks

- Morning: Thick porridge with a groundnuts (2 teaspoons homemade *chiponde* added to cooked food such as *phala*/vegetable/pumpkins/potatoes or 1 part of groundnut powder to 2 parts of maize flour cooked together); if no groundnuts, add a teaspoon of cooking oil per serving
- Midday: *Nsima*/rice + 1 or ½ tablespoon of mashed beans + orange
- Evening: *Nsima*/rice + 1 or ½ tablespoon pounded fish + 1 or ½ tablespoon pounded green vegetables (3 leaves pounded)
- Between meals give snacks such as fruit, and breastfeed frequently

- Conclude the activity by reiterating the key messages for this age group and adding them to the seventh row on the large matrix.

Activity 3: Conducting a food demonstration

- Tell the participants that you will now demonstrate how to conduct a food demonstration using a recipe that is good for children 9 to 12 months old.
- Assemble all of the ingredients needed to prepare the food.
- Share the recipe with the participants.
- Follow the recipe (see sample below) and explain to the participants each step as you prepare the food. For example:
 - Washing hands.
 - Mashing a potato.
 - Adding the correct quantity of fish or egg, etc.
 - Adding correct quantity of milk or water.
- Point out the consistency of the preparation as you make it, and demonstrate the thickness with a spoon when the food is finished.
- Reinforce the use of local inexpensive and nutritious ingredients, especially using foods from the family pot.
- Ask the participants if they think mothers would have difficulty in obtaining any of the ingredients and suggest alternatives.

- Ask the participants if they could prepare the food in their household.

Sample recipe

Family food for a 10-month-old child's main course
(about $\frac{3}{4}$ cupful in a cup or bowl that holds 250 ml)

Ingredients

Staple: _____

Meat or fish or beans: _____

If using beans or egg instead of meat, add: _____

Dark-green or yellow vegetable: _____

Milk or hot boiled water or soup water if milk is not available: 1 tablespoon (large spoon)

Method

- Wash hands and use clean surface, utensils, and plates.
- Take the cooked foods and mash them together.
- Add the oil or margarine and mix well.
- Add the milk or water to the mashed foods and mix well. Only add a small amount of milk or water to make the right consistency.
- Check the consistency of the mashed food with a spoon—it should stay easily on the spoon without dripping off.

Session 18: Feeding children 12 to 24 months old

Time	90 minutes
Learning objectives	<ul style="list-style-type: none">• Explain the recommendations for feeding children 12 to 24 months old• Counsel mothers on feeding children 12 to 24 months old
Preparation	<ul style="list-style-type: none">• Read through the session and familiarize yourself with the activities• Prepare cards for pile-sort using Facilitator Resource #13
Materials	<ul style="list-style-type: none">• Cards for pile-sort• Flip chart paper and markers

Activity 1: Pile-sort on feeding children from 12 to 24 months old

- Explain that this session will cover the common and recommended practices for feeding children 12 to 24 months old. Explain that recent research has identified a number of practices and beliefs about feeding children in this age group. Explain that the purpose of this activity is to clarify some of the common practices, beliefs, and recommendations about feeding children 12 to 24 months old.
- Divide into groups of six to eight participants and hand out the materials for the “pile-sort.” Explain that each card has different statements and pictures that the group should discuss to determine whether the activity/statement on the card is “true” or “false.” Each group will form two piles—one with true statement and one with false statements.
- Have the groups choose a volunteer to read the card aloud. After the card is read, the group should decide through discussion whether the statement is true or false. They should repeat this until they have discussed all of the cards. Have the groups put their choices on flip charts that list their response under the heading “true” or “false.”
- Give the groups time to go through the exercise.
- Return to the large group and compare the results among the groups by looking at the results on the flip charts. If there is disagreement on whether a statement is true or false among the groups, then the answers should be discussed in the large group.
- Summarize at the end of this session, reinforcing the positive behaviors.

Activity 2: Presenting the counseling card for feeding children 12 to 24 months old

- Tell the participants to get out Counseling Card #13, which corresponds to feeding the 12 to 24 month child.
- Ask the participants to look at the pictures and share what they see; ask if the pictures are appropriate for the community they work in.
- Present the other information on the card, drawing on the previous discussion to highlight some of the kinds of behaviors that might need changing among mothers of children in

this age group. Recall the beliefs and practices that were brainstormed in the previous activity.

- Tell the participants to form groups of three people at their tables and explain that they are going to review the key practices in these groups.
- Ask them to discuss the following questions among themselves for a few minutes:
 - Which of these practices do you think will be the most difficult for mothers to implement?
 - What are the reasons that you think these are difficult for mothers?
 - For the practices that you think are challenging, what can you suggest that will help to support or motivate a mother to be successful with this practice?
- When the small discussions are over, ask different groups to share their answers to the various questions with the whole group.
- Reinforce the recommended practices and highlight the ways that participants identify during the discussion to motivate mothers toward implementing recommended practices.
- Fill out the eighth row on the large summary matrix on the wall for this age group.

Activity 3: Role-playing counseling mothers of children 19 to 23 months

- Ask the participants to take out Counseling Card #13, which corresponds to the child 19 to 23 months old.
- Ask the participants to look at the pictures and share what they see; ask if the pictures are appropriate for the community they work in.
- Present the other information on the card drawing on the previous discussion to highlight some of the kinds of behaviors that might need changing among mothers of children in this age group. Recall the beliefs and practices that were brainstormed in the previous activity.
- Divide participants into small groups of five to six. Explain that they will now role-play to get practice on counseling mothers with children 19 to 23 months of age. Tell them that they will take turns being a mother or community nutrition worker or observer.
- Give the participant playing the mother the scenario/story. Tell the participants:
 - When you are the ‘mother’:
 - Use the information in the scenario/story to answer the community nutrition worker’s questions.
 - If the information to answer a question is not in your story, make up information to fit with the scenario.

- If your community nutrition worker uses good listening and learning skills, and makes you feel that she is interested, you can tell her more.
- When you are the ‘community nutrition worker’:
 - Greet the ‘mother’ and introduce yourself. Ask for her name and her child’s name, and use them.
 - Ask one or two open-ended questions to start the conversation and to find out in general how the child is.
 - Use the questions on the counseling card to find out how the child is doing and counsel the mother according to her answers.
- When you are the ‘observer’:
 - Notice which counseling skills the community nutrition worker uses and which she does not use.
 - Observe if the community nutrition worker gathers useful information.
 - Be prepared to praise what the community nutrition worker does right, and suggest what she could do better.
- When the role-play is finished, have the group discuss it briefly in each small group. Ask the mother how she felt, did she say all she wanted to, or did she feel restricted? Ask the other participants in the group to say what they observed.
- Reconvene the large group and ask the groups to share some of their experiences.
- Summarize the key points and ask participants if they have any questions or if there are points you can make clearer.
- Fill in the final row on the list of key practices large matrix.

Facilitator Resource #13: Information for Cards for the Pile-Sort
For use with Session 18, Activity 1

Number	Myths and misconceptions on feeding practices for children 12 to 24 months old	Answer key: true or false
1	Breastfeeding babies who are 12 to 24 months old is no longer really needed for good health but mothers can continue if they choose.	FALSE
2	Babies 12 to 24 months old should not eat certain food such as meat and eggs because they cannot digest this food yet.	FALSE
3	Babies 12 to 24 months old should eat three meals a day and also be offered snacks.	TRUE
4	Babies 12 to 24 months old are ready to eat on their own—they don't need their mothers or other caregivers to assist them with their meals.	FALSE
5	Babies 12 to 24 months old will get diarrhea no matter what a mother does to prevent it—it is inevitable.	FALSE
6	A good meal for babies 12 to 24 months old is thick porridge.	FALSE
7	A caregiver/mother should separate out the food from the family pot for the baby 12 to 24 months old so that she is certain he/she gets the right amount of food.	TRUE
8	Every day a baby 12 to 24 months old should be offered a meal that contains some animal-source food.	TRUE

Facilitator Resource #14: Scenarios for Role-Plays
For use with Session 18, Activity 3

Scenario 1

Betty has a 15-month-old baby boy who eats family foods with her twice a day. Betty is no longer breastfeeding. The baby is often sick and he seems to be unhappy.

Scenario 2

Anna has a baby girl who is just one year old. The baby is not walking yet and Anna is worried. The baby also breastfeeds all the time but does not seem to be interested in other food. Anna is concerned because the baby seems to be very small.

Scenario 3

Elizabeth has an 18-month-old baby boy named Kwame. He eats all of the family foods and doesn't have any special food. Elizabeth thinks that the boy eats better with his brother so she has the older brother, who is 5 years old, share his food with Kwame from the same plate. Elizabeth is not sure how Kwame is growing and she would like to know if he is growing well.

Scenario 4

Dora has a 22-month-old girl named Sussa. Dora has to leave Sussa with her mother while she works, and her mother doesn't think that Sussa should eat the family food. Dora is concerned that Sussa is not getting enough food or growing well because she seems small compared to other children her age.

Session 19: Feeding sick children and children who fail to gain weight

Time	60 minutes
Learning Objectives	<ul style="list-style-type: none"> • Help a mother feed a sick child who is under 6 months • Explain when a sick baby should go to the health center • Explain the sick child’s nutrition/feeding needs during and after illness • Counsel a mother whose sick child is over 6 months • Counsel a mother whose child fails to gain weight
Preparation	<ul style="list-style-type: none"> • Read through the session and familiarize yourself with the activities • Prepare flip charts for summarizing information
Materials	<ul style="list-style-type: none"> • Flip chart paper and markers • Facilitator Resource #15: Key Questions

Activity 1: Small working groups discuss feeding practices during illness

- Introduce the topic and share the learning objectives for this session.
- Divide participants into groups of six to eight members. Ask specific groups to discuss current practices in their communities for feeding:
 - Children under 6 months old when they are sick and after illness.
 - Children 6 to 23 months old during and after illness.
 - Children who fail to gain weight.
- Provide the groups with the questions in Facilitator Resource #15 to guide their discussions.
- Reconvene the large group and have the groups share their discussions, creating a list of the information on a flip chart.
- Discuss and summarize the results from the groups.

Activity 2: Present the counseling card for feeding children during illness

- Ask the participants to take out Counseling Cards #14, #15 and #16 for feeding sick children and for a child who fails to gain weight.
- Walk the participants through each card one at a time, working from left to right and down the card. Identify any new practices—those that are least familiar to the group. Ask the participants about their own experiences feeding sick children or addressing “fussy” eaters or children who don’t gain weight, or if in their role as community nutrition worker they have experience with these situations.
- Ask several pairs of volunteers to demonstrate a counseling session with a mother of a sick child or the mother of a child who has failed to gain weight (one participant plays the

‘mother’ and the other the ‘counselor’). Do this with at least two sets for each type of situation. After each role-play, ask the group the following questions:

- Did the community nutrition worker make the mother feel comfortable? Did she negotiate with the mother? What else can you say about the way the community nutrition worker handled the counseling session?
 - Do you think that the mother will take the community nutrition worker’s advice? Why or why not?
-
- What other things did you observe about the counseling session?

Facilitator Resource #15: Key Questions for Discussion of Feeding During Illness and Guidance for Children Who Don't Gain Weight
For use with Session 19, Activity 1

Feeding during illness—babies under 6 months old

1. Do mothers/caregivers of babies under 6 months old keep breastfeeding when their child is sick? Are there any situations when they would stop breastfeeding? Do they breastfeed more or less when the child is sick?
2. Are there other liquids or foods that mothers/caregivers provide to sick babies when they are under 6 months old?
3. Where do mothers/caregivers get advice on feeding sick babies who are less than 6 months old?
4. Are there ways to prevent children becoming sick at this age? How?

Feeding during illness—babies 6 to 23 months old

1. Do mothers feed their babies 6 to 23 months old normally when they are sick? What do they do differently?
2. Where do they go for advice on feeding children 6 to 23 months old when they are sick?
3. Are there special foods or liquids that are given to sick children at this age?
4. Are there ways to prevent children becoming sick at this age? How?

Feeding the child who has a poor appetite or is a fussy eater

1. Do you know babies or have you had direct experience with a baby that is a poor eater? Why do you think this is? What was this experience like?
2. What can a mother do who has a baby who is a fussy eater? Are there any traditional practices for helping children who have little appetite or are fussy eaters?
3. Are there specific foods that can be offered to a child who doesn't want to eat?
4. Where do mothers/caregivers go for advice when their child doesn't have a good appetite?

Module III: Hygiene and HIV/AIDS

Session 20: Prevention of illness through good hygiene

Time	60 minutes
Learning objectives	<ul style="list-style-type: none">• Explain the risks of poor hygiene for babies and young children• Explain the key ways to promote good hygiene practices• Demonstrate how to wash hands properly
Preparation	<ul style="list-style-type: none">• Read the session carefully• Prepare all necessary flip chart papers and photocopies• Arrange items for hand-washing demonstration• Familiarize yourself with the activities; spend particular time reviewing the handout on barriers and solutions for hand washing to be able to lead the discussion
Materials	<ul style="list-style-type: none">• Photocopies of the clean hands/dirty hands picture—Facilitator Resource #16• Photocopies of Handout #6: How to Wash Our Hands• Bowl of mud, a clean empty basin or bucket, a pitcher of water, soap, and a towel for hand-washing demonstration

Activity 1: Discussion on how good hygiene practices can help prevent illness

- Tell the group that practicing good feeding hygiene is a critical part of keeping kids healthy and helping them grow.
- Ask the group to list what kinds of behaviors are included when we say “good feeding hygiene.” List answers on a flip chart and ensure answers include:

Key feeding hygiene messages

- Feed your baby using a clean cup and spoon.
 - Never use a bottle as it is difficult to clean.
 - Wash your hands with soap and water before preparing food, before eating, and before feeding young children.
-
- Tell the group that hygiene in general is much broader than these key messages—it can include proper disposal of feces, treating water, and many other actions that are critical. However, for purposes of this training, you will focus on these messages because they directly relate to feeding practices.
 - Now tell the group that the first two messages are ones that they have seen before in this training—they already learned that when they are counseling mothers on expressing milk, they should teach the mother to use a clean cup and spoon, and that they should avoid using bottles to feed their babies. For the rest of this session, you will focus on hand washing.

- Explain that hand washing is a key way to stop the cycle of disease from improper hygiene. Tell the participants that there are other things, such as the use of latrines, treatment of water, and safe food preparation and storage, that are also important, but in this workshop, we are going to focus mainly on hand washing.
- Ask the participants what they've noticed about hand washing in their community by asking the following questions:
 - Do people wash their hands?
 - How many times a day?
 - When?
 - Do they help their children wash?
 - Do many people wash with water only?
 - What products do they use?
 - How much does soap cost?
- Write their answers on a flip chart.
- Say that although hand washing seems simple, correctly washing hands at every critical moment is actually hard for many people to always do because of lack of soap and water or time.
- Explain that they will learn in this session how to wash hands, the most critical times to wash hands, and how they can help families who find it difficult to practice effective hand washing at the most important times.

Activity 2: Hand washing discussion and demonstration

- Walk around the room with two drawings—"dirty" and "clean" hands (Facilitator's Resource #16).
- Ask for some volunteers to answer questions (examples below) by pointing.
 - Which person would you like to fix your meals?
 - Which person would you like to weed your garden?
 - Which person would you like to hand you pills when you are sick?
 - Which person would you like to change your bicycle tire?
- Say that for many activities, we like people with clean hands. For some activities, it doesn't matter. Stress that hands can look "clean" and can still be dirty.
- Invite one volunteer to participate in an exercise without saying what that exercise will be. Have the volunteer stand in front of the room so everyone can see him or her and have the volunteer put hands in a tub of mud that you have uncovered. Ask the volunteer to make sure that his/her hands are covered with mud. Ask the volunteer to smell hands and say what it smells like. Ask the volunteer to look closely at his/her hands and describe the feeling of having dirty hands.

- Have the volunteer wash his/her hands as he/she would normally. Make sure everyone can see and follow along. Have a pitcher of clean water, an empty basin, and soap on the table but do not tell the volunteer what to do.
- Ask the participants to be sure to watch everything that the volunteer does. Ask the participants to tell you what steps the volunteer followed during the hand washing. Record these on a flip chart and have a discussion about what they might do differently from what the volunteer did while washing:
 - Which steps might be missing?
 - What would you do differently?
- Distribute Handout #6: How to Wash Our Hands.
- Ask a volunteer to read the steps out loud and compare them to the steps that were just discussed after the demonstration.
 - Are they the same?
 - Are they different?

Activity 3: Large group discussion: barriers to hand washing

- Ask the participants to reflect on the question they considered in Activity 1—that many people find washing their hands at all the critical times difficult because of lack of water, lack of soap, or cost of soap, and because washing hands is time-consuming.
- Lead the group in thinking about how to address some of those barriers if they come up. Use the information in the box below to guide the discussion.

Common reasons why people don't wash their hands as recommended (barriers)	What a community worker can do to address this barrier
People don't know how important the practice is. They don't connect dirty hands with diarrhea, and/or they consider diarrhea a "normal" and not dangerous condition.	Explain/teach/demonstrate the concept of dehydration—that diarrhea leads to children losing so much water that they get sick and can die. Mention what happens to crops when they don't get enough water. Acknowledge that children with diarrhea are common now, but that it doesn't have to be that way—one of the key ways to reduce diarrhea is good hand washing.
Hands don't look dirty.	Use "coughing and sneezing in hand" exercise.
Soap is not affordable or not easily available to purchase.	Try to <i>motivate</i> people to purchase hand soap, even if it is difficult. Note that the bar of soap can be cut into smaller pieces, so one bar can be "spread" across multiple hand-washing stations. If people feel that they cannot buy soap, then ask them to wash with ashes, sand, or mud... whichever is most acceptable and available.

Common reasons why people don't wash their hands as recommended (barriers)	What a community worker can do to address this barrier
People have poor access to water, so they don't want to use too much for things like hand washing.	There are three basic ideas to consider together with the mothers or families: (1) use a tippy tap or some other water-saving device; (2) figure out a way to get more water for the family; (3) when water is most scarce, wash only at the most critical times (in most places, after defecating, cleaning a baby's bottom or diaper, or otherwise coming into contact with feces).
People are too busy.	Try to motivate hand washing with soap as often as possible, but emphasize the most critical times.
People don't have a good place to wash where all the supplies (soap, water, etc.) are located together.	Encourage every family to prepare at least one hand-washing station, ideally one at the latrine and one where food is prepared; engage respected community members to do the same.
People don't wash at critical times.	Teach what the most critical times are; prioritize critical times if washing at all recommended times is not acceptable or feasible.
People don't wash thoroughly enough.	Organize public demonstrations, using children and adults, to model good hand-washing technique.
People dry hands on whatever soft material is available (often dirty).	Encourage people to air dry.

- Conclude the activity by asking for a participant to summarize the session for the group, emphasizing:
 - The most critical times to wash hands (before preparing food, before eating, and before feeding young children).
 - Key steps for washing hands.
 - How to overcome the barriers to hand washing.

Activity 4: Fishbowl role-play: Using the counseling card to negotiate improved hand washing

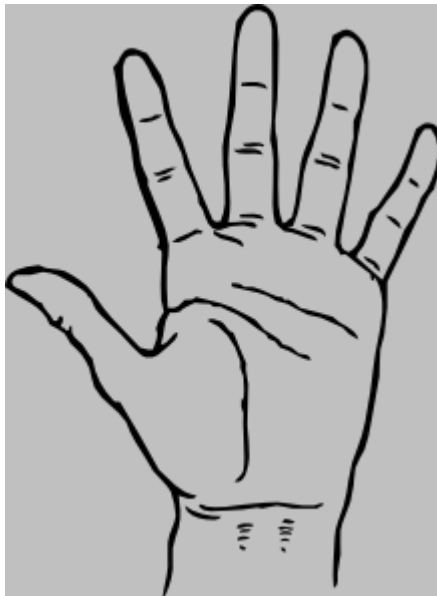
- Have the participants refer to Counseling Card #18, on hygiene.
- Ask for two volunteers to role-play a community worker and a mother. Have the community worker go through the counseling card with the mother.
- Ask the larger group to gather around and think about everything they have learned to date regarding counseling skills and using the cards, and now this technical information. Ask the group to comment on what was done well and what could have been done better. Note their responses on the flip chart.
- Tell the group that they should use this particular counseling card with EACH family at least on the first visit, regardless of the child's age or health.

Facilitator Resource #16: Hand-Washing Discussion and Demonstration
For use with Session 20, Activity 2

CLEAN

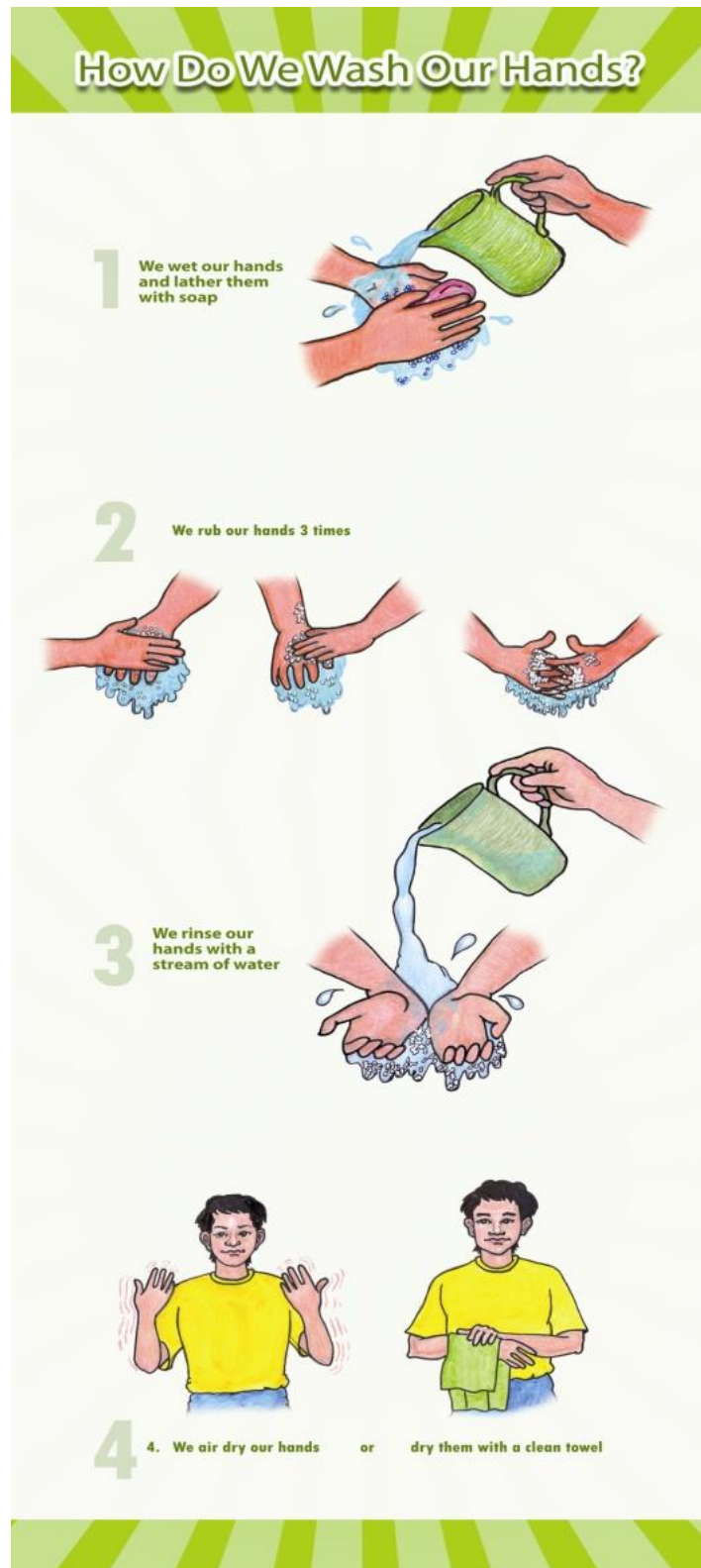


DIRTY



Handout #6: Demonstration: How to Wash Our Hands

Make copies of this poster for each participant to use during the activity.



Session 21: Other preventive health measures to support good nutrition

Time	20 minutes
Learning objectives	<ul style="list-style-type: none"> • Know about other key health interventions to support good nutrition • Learn or recall the key danger signs for a child's health • Know the importance of key micronutrient supplements for women and children
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Prepare all necessary flip chart papers, signs for group activity, and photocopies • Familiarize yourself with the activities; spend particular time reviewing the counseling cards
Materials	<ul style="list-style-type: none"> • Signs to put around the room

Activity 1: Large group game

- Explain to the participants that the next activity includes a game related to other preventive and health actions to take to ensure good nutrition among pregnant and breastfeeding women and children from birth to 24 months of age.
- Post three pieces of flip chart paper on different walls; one has a happy face, one has a sad face, and one has a neutral face. Show the participants the signs and explain that the happy face means low/no affect on nutrition, the sad face means increased risk for poor nutrition, and the neutral face means uncertain risk for poor nutrition.
- Explain that you will show them a picture that represents a situation or an action/behavior. They should think about the action and then decide whether it is positive, negative, or neutral when thinking about the nutrition status of the woman or child. Once they decide, they should stand below the sign that represents their choice.
- Ask a representative under each of the signs to say the reason for his/her choice.
- Repeat this procedure for all of the cards.
- Conclude by reinforcing the key messages related to routine health actions to support nutrition. Refer the participants to Counseling Card #19.

Activity 2: Brainstorm with the group the danger signs for when a child needs to go to the health center

- Tell the group that, as they know, under certain circumstances a child becomes too sick for a community worker to provide support to the mother to help the child. In these

situations, the community worker must encourage and help the mother to get to the health center as soon as possible.

- Ask the group to list the signs that indicate when a child must get to the health center.
- Write the group's responses on flip chart paper.
- Ask the group to take out Counseling Card #20 and compare the list on the flip chart with the list on the counseling card. Discuss any differences in these lists.
- Close the session by reinforcing the danger signs.

Session 22: Working with mothers affected by HIV/AIDS

Time	45 minutes
Learning objectives	<ul style="list-style-type: none"> • Explain general feeding recommendations for HIV/AIDS-affected families • Explain what to do when mothers are affected by HIV/AIDS • Support health center messages regarding feeding of children whose mothers are HIV positive
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Prepare all necessary flip chart papers • OPTIONAL: Do additional research on HIV and pregnancy/feeding to be prepared with answers to any questions that arise
Materials	<ul style="list-style-type: none"> • Flip chart papers

Activity 1: Personal reflection

- Tell the participants that you will now discuss the special case of mothers who have HIV/AIDS.
- Ask the participants to consider the following questions in their own heads:
 - If a mother has HIV, can she still breastfeed her child?
 - If a pregnant woman has HIV, will she definitely pass the virus on to her child?
 - How does your community react if a mother has HIV?
- Ask for a volunteer or two to share his/her thoughts. Do not correct him/her. Ask the rest of the group if they agree or disagree.

Activity 2: Discussion on recommendations

- Tell the participants that:
 - Mothers who are HIV positive can avoid passing the virus on to their babies if they are tested and treated before and immediately after birth.
 - Mothers with HIV can and should still breastfeed.
- Ask the participants if they have any questions on this—say that you understand this is a sensitive subject with many different beliefs. But the facts are as you stated before. Tell the group that you realize that the recommendations on breastfeeding for HIV-positive mothers might differ from ones they have heard previously, but that these recommendations are those being promoted by the Government of Malawi and international health organizations like UNICEF and WHO.
- Ask participants how they think their role will be different if they are working with mothers who are HIV positive. List responses on a flip chart paper. Allow for a discussion to take place as necessary by the participants.
- Say and list on the flip chart that the only real difference in their role will be:

- They will work with a pregnant woman to make sure that she is referred for testing and treatment before the baby is born, to keep supporting the mother to breastfeed her baby.
- They will use the same counseling cards as they would if the mother was not HIV positive.
- Reinforce with the group that living with HIV is very complicated—both medically and socially. Their job as a community worker for nutrition is to listen to the mother and to help her with nutrition concerns just like every other mother and to encourage her to seek appropriate support for HIV. Reiterate that they are not trained to give advice or counsel specifically on HIV. Also stress that the mother needs encouragement and warmth—listen to her, never judge her, and try to help her find the right answers for problems beyond your scope.
- Ask again if any of the participants anticipate having any trouble working with HIV-positive mothers. Try to briefly address their concerns and conclude by reminding the participants that:
 - HIV-positive pregnant women should be diagnosed and treated prior to a baby’s birth to prevent transmission.
 - HIV-positive mothers should continue to breastfeed.

Activity 3: Pair work: Using the counseling card

- Have the group refer to Counseling Card #17: HIV-Exposed Infant/Young Child.
- Break the group into pairs and have them take turns being the mother and the community worker, using the card. The “mother” character should respond to the questions posed in whatever way he/she wants.
- Have the group come back together as a whole and process the exercise. Ask:
 - What was difficult?
 - What worked well?
 - Did the card help guide the conversation? How?
 - Do people feel comfortable with this topic and what their responsibilities entail?
 - What other questions do they have?

Module IV: Community Nutrition Worker Role

Session 23: Keeping a register

Time	60 minutes
Learning objectives	<ul style="list-style-type: none">• Understand the purpose of a community register• Draw a community map and use it to create a register of all pregnant and nursing women and children under 2
Preparation	<ul style="list-style-type: none">• Read the session carefully• Prepare all necessary flip chart papers• Photocopy Handout #7: Example of a Community Map
Materials	<ul style="list-style-type: none">• Photocopies of Handout #7: Example of a Community Map• Blank paper for participants to draw their own maps• Photocopies of Handout #8: Sample Register• Blank registers• Sample register drawn on a flip chart

Activity 1: All group discussion: Community maps and registers

- Present the two session objectives and the timing for the session.
- Distribute handouts of examples of community maps and ask the participants to study them. Ask them to tell you what kinds of information they see reflected in these maps.
- Reinforce the following points of interest contained in the maps: houses, clinics, stores, churches, schools, and geographic information such as rivers, water sources, mountains, etc... Point out that the maps are hand-drawn and do not need to be perfect.
- Explain that community maps can help:
 - Identify houses with children under 2 years old and pregnant/nursing mothers.
 - Group houses in order to decide which homes can be visited in one day, especially if they are distant from the community center.
- Explain the steps for drawing a community map, making notes on the flip chart:
 - If the map maker is from a community, he/she can start drawing a map from memory (they will practice this in the next activity).
 - Whether using a first draft from memory or not, the map maker should walk through the community and mark on a draft map every structure and feature of the community.
 - On the walk, as he/she marks down the location of houses, the map maker should also note houses have children under 2 years old or pregnant women in them.
 - Sometimes, it helps to divide the paper up into sections (north/south/east/west or another way), to help organize the drawing.

- After the community walk-through, the map maker should use his/her notes to draw a final map.
- Mention to the participants that although someone might live in a community, actually walking through it with a piece of paper, noting down all its features, gives a different perspective.
- Discuss how maps should be kept updated as children are born, new neighbors move in, some old neighbors move out, and, sometimes, someone dies. In order to make updating easy, you should do the following:
 - Include every new construction.
 - Circle with a graphite pencil houses with children under 2 years old or pregnant/nursing women.
 - When a child is born, circle his house with a graphite pencil.
 - When a child turns 2, erase the circle.
 - If a child dies, draw on his house a cross with a red-ink pen.
 - Identify your own house or that of other health workers in the community.

Activity 2: Exercise—drawing a map

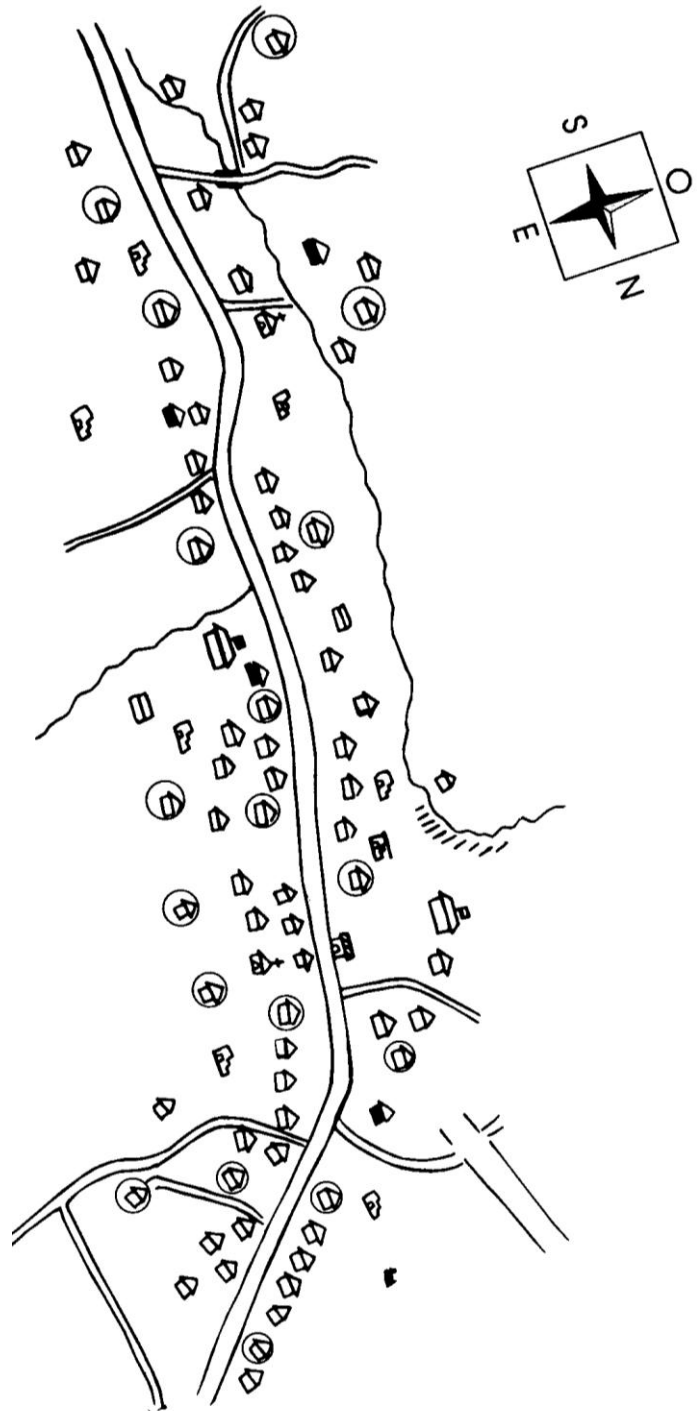
- Pass out the blank paper to the participants and give them 10 minutes to make a rough drawing of their own community from memory in pencil. Ask them to go ahead and circle houses where they already know a child under 2 or a pregnant/nursing mother lives.
- Tell them that this drawing will only serve as a starting point and when they get back, they will need to walk through the community, to add or move features and to make sure that they know whether each house on their map has a child under 2 or a pregnant/nursing mother in it.

Activity 3: Discussion: From map to register

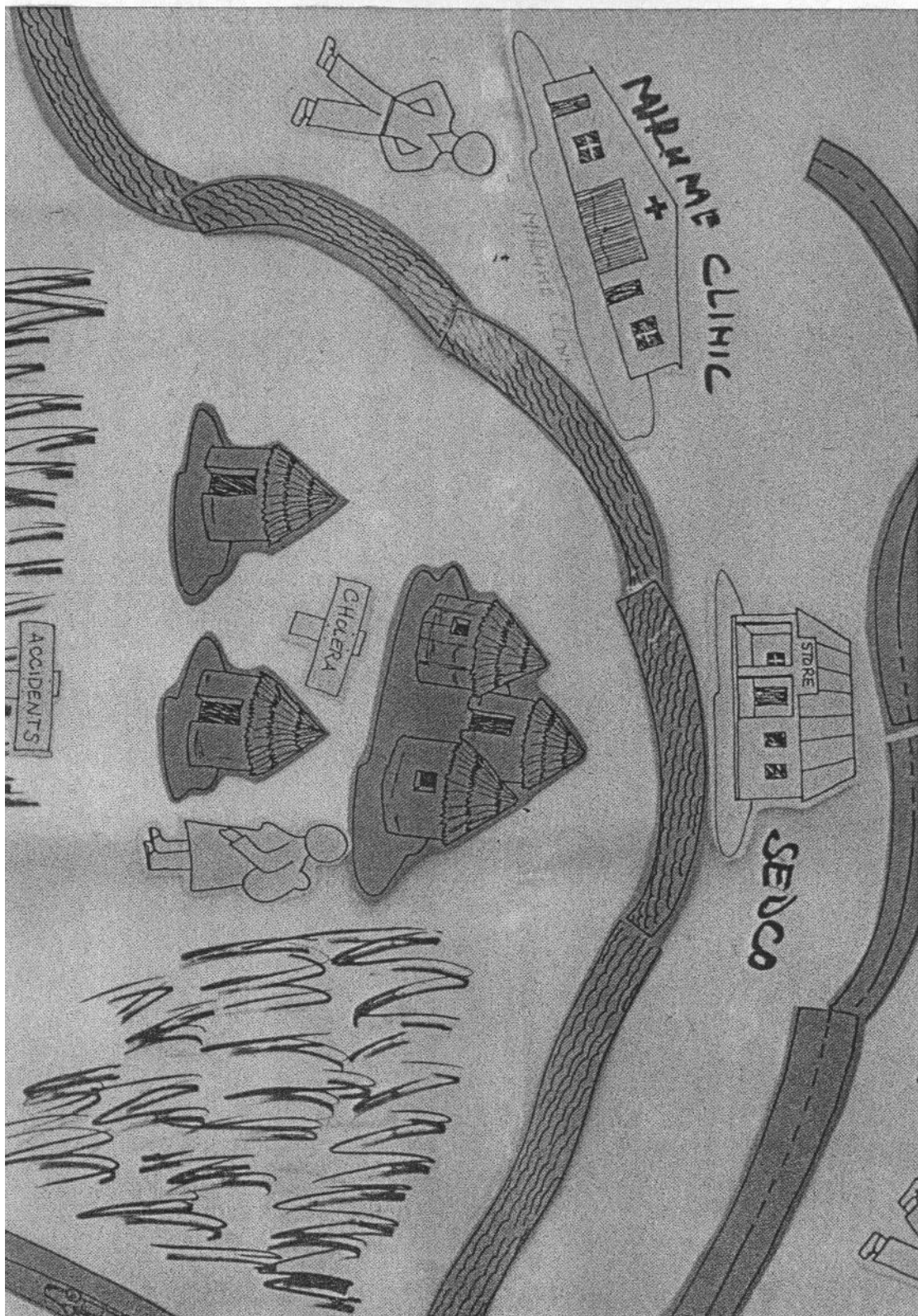
- Pass out copies of the example register forms. Explain that creating something like it will be the first goal for the outreach worker when they get back to their communities.
- Explain that as part of the mapping exercise, they have identified the houses where their “target audience” lives: all children under 2 and pregnant/nursing mothers. That is the starting point. Tell the participants that the next step will be to collect some background data to complete the register. This can be done on their first home visit to each house or an additional pre-visit. The register will also serve as the place where they will record important aspects of each visit. They should create a new register for each month, so they can keep track of who they visited.
- Conclude the session and make sure there are no questions on how to make/use a map or a register.

Handout #7: Example of a Community Map
Session 23 Activity 1

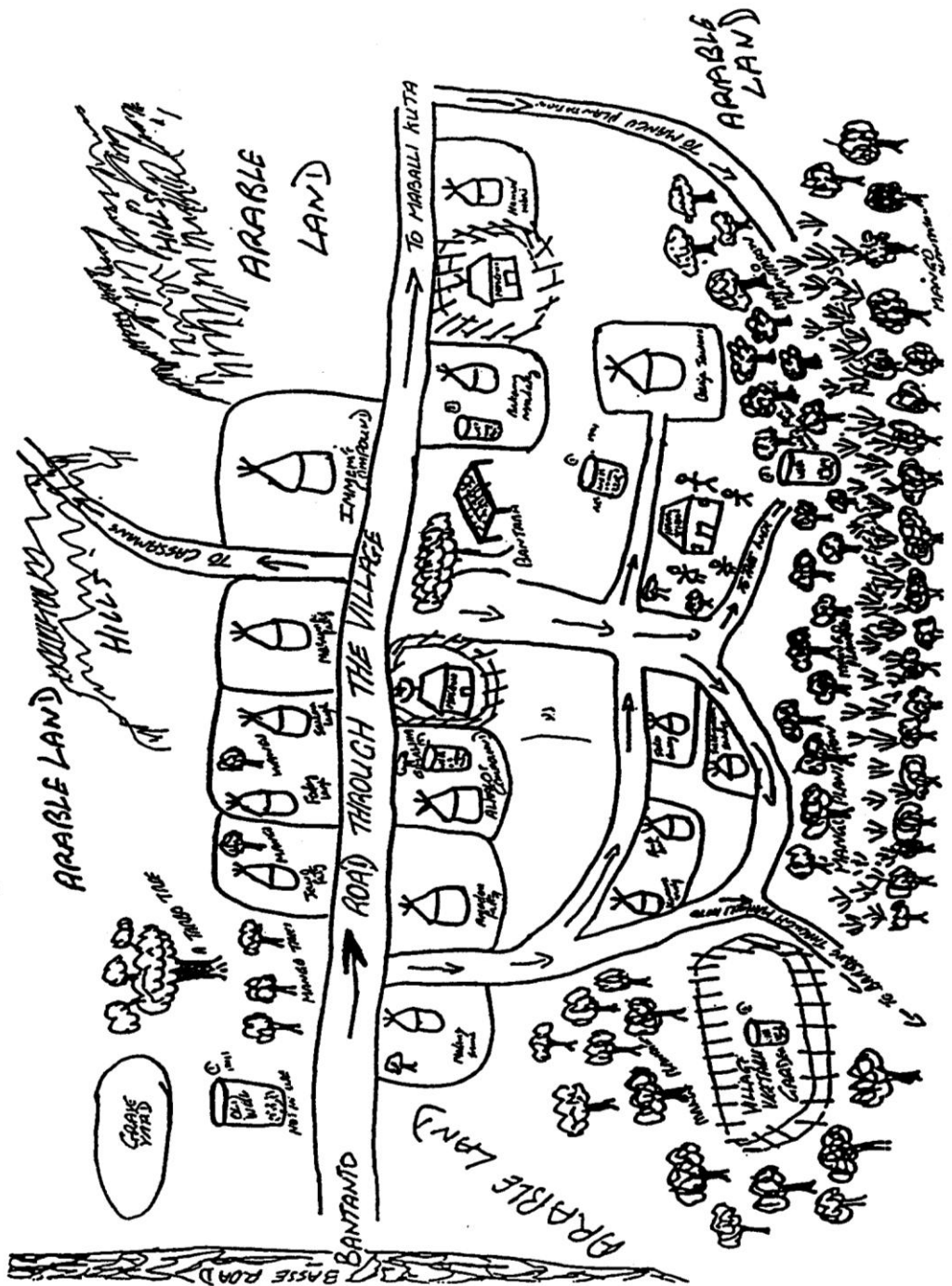
EXAMPLE 1: Community map



EXAMPLE 2: Community map



EXAMPLE 3: Community map



Handout #8: Sample Register
Session 23 Activity 3

When possible, use a real register already in use in the community.

Name of community:				
Name of the health center closest to your community:				
Month:				
Name	Date of birth	Date of visit (write all as they happen)	Is the child sick?	Any notes?

Session 24: Conducting home visits

Time	30 minutes
Learning objectives	<ul style="list-style-type: none"> • Explain the process for planning, conducting, and following up on home visits • Plan a calendar of home visits • Establish an appropriate dynamic with a mother/caregiver being visited • Identify appropriate counseling card(s) to use for the visit • Successfully use the counseling cards to conduct the visit • Successfully establish follow-up visit
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Prepare all necessary flip chart papers
Materials	<ul style="list-style-type: none"> • Prepared flip chart with activities related to planning and conducting a home visit

Activity 1: Brainstorm and discussion—How does a home visit work?

- Present the six session objectives and the timing for the session.
- Explain that now you will be discussing how to initiate and complete a home visit with the pregnant mothers or mothers of children under 2 that they've identified through the map and register. Tell the group that they should use ALiDRA when they actually start counseling—this process is written out on the back of the counseling cards. But there are some logistics of actually conducting a home visit that you want to talk about now.
- Ask the participants to envision visiting someone's home for the first time to talk about their health/nutrition or that of their child. List the following activities (in bold) on the flip chart and then ask the participants to talk about how they would go about each activity. Fill in what they say with the information below.
 - **Planning**
You always want to have a plan for who you want to visit and by when. You should try to visit everyone on your register at least once a month, so do some thinking ahead of time about when you will be able to go where, including to distant homes.
 - **Asking permission/setting a date**
When you first arrive at someone's home, especially if it is someone you do not know well, you should introduce yourself and explain that you have been selected as a community health agent for young child nutrition. You know that they are having a baby or have a young child and you just wanted to see how everything was going. Ask the mother if just then is a good time; if not, set a date for another day.

- **Conducting the visit/using the counseling cards**

Where to sit

When you initiate the visit, you want to make sure you follow the mother's lead about where to sit. Be respectful of her home. It is good, however, to try to suggest sitting and talking somewhere private, so if she has any concerns, she might be able to talk about them openly with you, without worry that someone might hear. Reassure the mother that what she tells you is confidential.

Starting the conversation/collecting background

Begin by asking the mother how she's doing, and then ask her if she minds if you write down her and/or her child's information in your register and if not, ask her the details—birth date, etc.

Selecting the appropriate counseling card and conducting the session

Based on the child's age, whether or not they are sick, and/or the mother's status as pregnant or breastfeeding, use the appropriate counseling card to assess her particular situation, discuss any improvements in what she's currently doing, and how she might be able to make those improvements.

- **Planning a follow-up**

Make sure you don't leave without scheduling a follow-up meeting. If there have been significant problems (the baby is sick, she is having trouble breastfeeding, etc.), you should try to come back in no later than one week. If everything is more or less OK, two weeks to a month would be fine.

- Remind the participants that the information and skills they learned on negotiation and appropriate interpersonal communication are the key to good home visits/counseling sessions—the ALiDRA process.

Activity 2: Role-play: Home visit

- Tell the participants that now that they have seen the process, they will put it into action. Ask for two volunteers—one to be the mother and one to be the community worker. Use the scenario in the box below.

The mother is 8 months pregnant with her first child and this is the community worker's first visit to her. The mother has gone for only one antenatal care visit, 3 months ago, because she lives far from a clinic and has not been able to find the money to go back. She is hoping that she will be able to deliver the baby in the clinic, but is not sure how to plan for that. She tries to take the iron-folate pills that they gave her but she forgets more often than not.

- After the two volunteers complete their role-play session, ask the other participants to comment on what they did well and what could be improved, based on the process discussed for conducting a home visit. As they respond, be sure to emphasize the interpersonal communication skills of the person playing the community worker (refer

back to the skills checklist). If the group does not note it, add in that the person did a good job or could use improvement on the following:

- Non-verbal communication (appropriate body language, respectful distance between speakers, using appropriate gestures)
 - Asking open questions
 - Reflecting back what the mother says/paraphrasing
 - Empathizing
 - Avoiding words that sound judging
 - Appropriate use of silence
- Conclude the session by reminding the participants that the steps to a good home visit are:
 - Planning
 - Asking permission/setting a date
 - Asking questions/Using the most appropriate counseling cards to conduct the visit
 - Setting up a follow-up visit
 - Practicing good counseling and interpersonal communication skills
 - Allow time for questions and ensure everyone feels comfortable with the process before moving on.

Session 25: Facilitating mothers' groups and other community support groups

Time	60 minutes
Learning objectives	<ul style="list-style-type: none"> • Identify elements of a successful group • Explain how to start a new community group • Explain how to work with existing groups • Successfully conduct a group session • Plan group activities for after the training
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Prepare all necessary flip chart papers • Prepare slips of paper for small group practice
Materials	<ul style="list-style-type: none"> • Flip chart prepared with heading: Groups vs. Home visits • Photocopies of Handout #9: Checklist for Group Facilitation • Photocopies of Handout #10: Scenarios for Small Group Facilitation Practice • Slips of paper for small group practice • Bags for drawing scenarios

Activity 1: Large group brainstorm on successful group work

- Present the five session objectives.
- Ask the participants to reflect on the previous days and all the times the training has involved group work. Ask:
 - When has that work seemed most productive?
 - What was most important to ensuring that everyone felt engaged?
 - What key elements are necessary for a healthy group environment? (Elements might include respect for others' opinion/no judgment, allowing and encouraging everyone to talk, relating the conversation to direct personal experiences, setting the stage for what was going to be discussed and the format for discussion, etc.)
- Ask the participants to suggest reasons for doing group work rather than individual visits. If the group's responses do not include the following, add them to the end of the discussion:
 - More efficient for demonstrations.
 - Allows people to learn from each other and to share stories and experiences.
 - Provides support for trying new practices.
- Explain that groups should be used to complement the one-on-one visits and that the same level of counseling and attention to an individual situation will not be accomplished through a group. Both kinds of visits are necessary.
- Note that a group is not just a one-on-one visit but with more people. It still requires the community worker to assume the role of counselor, but instead of counseling one person,

this time, they are working with a group. They must negotiate group dynamics and make sure that they encourage but do not dominate the discussion.

Activity 2: Discussion of checklist

- Distribute Handout #9: Checklist for Group Facilitation.
- Have a volunteer read each step aloud and ensure there are no questions.

Activity 3: Small group practice on facilitating a group

- Break participants into groups of four. Distribute Handout #10: Scenarios for Small Group Facilitation Practice. Have each person in each group choose one of the four scenarios. Only two scenarios are written out in detail; the people who select those scenarios should go first in their group. After they finish and are given feedback by the other members using the checklist, the entire group should brainstorm instructions for the other two scenarios. The two members who did not already have a turn should then use those instructions to carry out the scenarios and receive feedback.
- At the end of the time, have each group briefly (2 minutes) describe what worked best, what was challenging, and any tips or techniques that worked for them to ensure everyone's participation.

Activity 4: Discussion on identifying or establishing groups and deciding on content

- Lead a discussion on how to identify current groups and/or establish new groups. Ask the participants to brainstorm/list kinds of groups that already exist in their communities. Ask them to consider how they might approach those groups to facilitate a session on young child or maternal nutrition.
- Tell the group that a group that meets regularly with the sole purpose of supporting one another as mothers is often more effective than conducting a session on nutrition with a group with a different purpose. If a “mothers” group does not already exist, explain that the community worker can form one. They should pick a location and time that would be convenient for mothers, such as an evening, an hour right after church, or another time when people do not have to work, and then, during the home visit with individual mothers, invite them to come. Tell the worker that they should have in mind a specific mission for the group before they invite people to come, so that it will be interesting and seem helpful to people.
- Ask the group to think of some ways they might phrase an invitation to a new support group so as to get mothers to participate. Write down ideas on the flip chart and encourage participants to note them down or remember them so they might be useful back in their communities.
- Conclude the session by reminding the group that:
 - Groups are an excellent way to complement their one-on-one time with mothers.

- Group facilitation is a bit different than one-on-one work, but the role of counselor is essentially the same.
- They can and should work with new groups and existing groups.

Handout #9: Checklist for Group Facilitation
Session 25 Activity 2 & 3

	Yes	No
Organization of meeting		
Select comfortable, convenient place with enough seating		
Invite attendees well in advance		
Set clear mission or goal for meeting		
Establish ground rules and ask participants to contribute		
Offer chance for participants to suggest changes to format/time, etc. at the end of the session		
Group dynamic management		
Give each person the chance to talk (go around in a circle, have each person offer their experience or problem related to the topic at hand, ask the other members to comment, answer questions, offer tips, and summarize; contribute yourself, but do not dominate the conversation)		
Ensure no one uses judgmental language		
Effectively diffuse tension or conflict		
Make sure the participants talk as much or more than you		

Handout #10: Scenarios for Small Group Facilitation Practice

Session 25 Activity 3

Note: There are four scenarios here, two with instructions and two without. Ask the group members to first select volunteers to conduct the first two groups. Then, ask the groups to write their own instructions for the second two groups and then try them out. Part of the small group's discussion should include whether or not the process followed in these scenarios worked or not. Each group should get one of each scenario.

Scenario 1

Kind of group: Demonstration

Audience: General community members

Topic: Hand washing

- Introduce the session by explaining what you are doing and what the goal is for the session (to discuss why hand washing is important and the challenges to proper hand washing, and help participants understand when and how to properly wash their hands).
- Next ask the group if anyone knows why hand washing is important.
- Ask the group if anyone can tell you the critical times to wash their hands?
- Perform the demonstration (with materials or pretending if a pitcher/bowl/soap can't be found).
- Ask the group what they noticed about what you did.
- Reiterate to them the steps you went through (wetting your hands, scrubbing with soap for 15 seconds, rinsing with running water, air drying).
- Ask the group what they see as possible challenges for washing hands with soap?
- Encourage them to respond to each other with ideas for overcoming those challenges.
- Conclude the session by asking if anyone has questions.

Scenario 2

Kind of group: Discussion/support

Audience: Pregnant women

Topic: Initiation of breastfeeding

- Introduce the session by explaining what you are doing and what the goal is for the session (to discuss why breastfeeding is important and to help each other figure out ways to support each other in breastfeeding).

- Ask the group to start by offering their opinions on breastfeeding. Guide the conversation with the following questions. Why might someone breastfeed/why wouldn't they breastfeed? What is hard about it? What are women worried about?
- As the women are talking, try to get others involved—if one woman discusses a worry she has, ask if anyone else has any tips for her to think about or if anyone else feels the same way.
- Ask if anyone can name some of the benefits of breastfeeding. If the group doesn't identify them, offer some benefits yourself (for example, keeps the baby healthier, protects their bodies against diseases, breastmilk is all the food or drink they need, it is cheaper, it is a bonding experience for the mother and child).
- Revisit some of the worries that women named during the start of the group and ask if anyone thinks that these worries might be enough to make them not be able to breastfeed.
- Ask what support they feel they need to try breastfeeding and succeed.
- Ask if they will collectively make a commitment to breastfeeding and to helping each other succeed at it.
- Set a date for a next meeting and see if anyone has any last thoughts to offer.

Scenario 3

Kind of group: Demonstration/discussion

Topic: Feeding your baby food, based on age of baby

Instructions: To be written by group

Scenario 4

Kind of group: Discussion/support

Topic: Living as a mother with HIV

Instructions: To be written by group

Session 26: Using the growth chart: a tool to support health surveillance assistants

Time	90 minutes
Learning objectives	<ul style="list-style-type: none"> • Understand how a growth chart works • Ask a mother to see a child’s growth chart and interpret it for her • Encourage a mother to go to monthly health posts for regular weighing
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Prepare all necessary flip chart papers • Photocopy of Handout #11: The Malawi Growth Chart • Photocopies of Handout #12: Charts A and B—Good Growth and Worrisome Growth • Photocopies of Handout #13: Examples of Growth Charts
Materials	<ul style="list-style-type: none"> • Photocopies of growth charts • Flip chart and markers

Activity 1: Large group discussion: What is a growth chart ?

- Pass out copies of the Malawi growth chart (Handout #11). Ask the participants to raise their hands if they have seen one before.
- Ask for a volunteer to explain what the purpose of a growth chart is and write the statement on the flip chart.
- Ask the rest of the group if they agree/disagree and what they would add or take away from what the first volunteer said. Keep notes on a flip chart paper.
- Summarize the comments for the group, and tell the participants that a growth chart tracks the growth of a child over time as a way to monitor how well the child is doing (not just growing). Note that growth is a good reflection of a child’s health, as healthy children tend to grow well and sick children do not. Frequently, children who are not growing well are not being fed appropriately for their age. That is where the community nutrition workers come in—to catch the kids who are in trouble BEFORE they get in really bad shape and to work with the mothers to improve the situation.
- Demonstrate to the group how weight for age is plotted on a growth chart you have taped to the flip chart paper (enlarged if possible). First find the child’s age in months across the bottom of the chart, and then go up until you find the child’s weight, and make a dot. This should be done each month; the dots can then be connected. The resulting line is called the “growth trend.” Tell the group that they will not have to actually make these charts, but just need to understand them.
- Tell the group that if the weight is not charted each month, then looking at a growth trend is difficult. If more than two plots are missed, it is impossible. Without consistent

weighing (ideally every single month), weight cannot be interpreted because the idea is not to look at weight at a moment in time, but over time.

- Tell the group that if they see a growth chart with more than one month missing, they cannot talk to a mother about her child's growth. Instead, they will just counsel the mother on taking the child to be weighed regularly.
- Next, point out to the group the two lines on the chart. Ask them what they think the lines mean. Add or offer that most children's weight-for-age plot falls between the two lines. Children whose weight-for-age is below (or above) the line frequently require special attention, but, as we'll see later in the session, the trend line is what is the most important. If a baby starts out very small (below the line), but the trend line is increasing parallel to the average line, he or she is probably doing OK.
- Pass out Handout #12: Charts A and B. Have the group look at each example and ask for a volunteer to describe what they see. Note that Chart A represents good growth—even though the child's weight-for-age is low, the growth, which is the important part, is good. Chart B represents worrisome growth EVEN THOUGH the child's overall weight-for-age is high.

Activity 2: Discussion: Using a growth chart during a home visit

- Tell the group that frequently, even when mothers take their children to get weighed each month, the health surveillance assistant is too busy to help them understand what the chart means for their child's health.
- Tell the group that one of their roles will be to work with mothers in the home visit to do two things:
 - Monitor whether or not the mother has been taking the child to get weighed each month.
 - Interpret the growth trend of the child (if there is adequate data on the card).
- Tell the group that the first thing they will ask the mother when they start the home visit is to see the growth card.
 - If every month or most months (without missing more than two in a row) since the child's birth has a weight measurement recorded, then the worker will work with the mother to interpret the growth trend.
 - If there are many months skipped or the baby is a newborn, the worker should emphasize the importance of getting the baby weighed each month so the mother can know how he/she is doing.

Activity 3: Interpreting a growth chart

- Draw the participant's attention to the small diagrams at the bottom of the growth chart indicating what good growth trends look like, what dangerous ones look like, and what very dangerous ones look like.

- Break the participants into two or three small groups and distribute Handout #13: Examples of Growth Charts. For each one, the group should discuss and decide if the growth trend represents:
 - Good/adequate growth.
 - Early growth faltering.
 - Prolonged growth faltering (dangerous).
 - Severe/sudden faltering/weight loss (very dangerous) growth.
 - Not enough information to decide.
- For each chart, have the groups also decide how they would counsel the mother/caregiver.
- As each group finishes the exercise, hand out the answer key to each and have them score themselves (Facilitator Resource #17).
- Ask each group to report back to the whole about how they did and which ones they had trouble with. Go through each chart and discuss the correct answer. Ask for volunteers to say why they thought what they thought, and work with the group to help them understand the correct answer.
- **REITERATE TO THE GROUP THAT IF THEY DO SEE A GROWTH CHART WITH DANGEROUS OR VERY DANGEROUS GROWTH, THEY SHOULD IMMEDIATELY REFER THE CHILD AND CAREGIVER TO THE NEAREST HEALTH CLINIC.**

Facilitator Resource #17: Answer Key for Exercise
For use with Session 26, Activity 3

Example 1: Good/adequate gain. Even though this child’s weight-for-age is on the lower end, even at times below the “normal” curve, the growth overall is parallel to the reference curve. This child needs to be closely watched, though, because any faltering would mean a serious problem. Encourage the mother/caregiver to continue breastfeeding exclusively and to ensure the baby is weighed each month. Provide the age-appropriate counseling on complementary feeding and proper hygiene.

Example 2: Good/adequate gain. The current growth trend shows adequate gain, but the prior history of faltering in this child is troubling. Discuss with the caregiver what happened at those times in the baby’s life and encourage the mother to continue what she has been doing recently to ensure continued good growth. Use the age-appropriate counseling card to discuss complementary feeding and encourage the mother to continue to have the baby weighed each month.

Example 3: Severe/sudden weight loss. VERY DANGEROUS. The growth trend represented here is very worrisome. The child had been growing very well and then, around 8 months, lost weight. Use the counseling card to talk to the mother about what went wrong and what she can do to improve, but also provide an immediate referral to the health clinic, as this child is in the very dangerous zone even though she is within the normal curve.

Example 4: Not enough data. Since the baby is so little, there isn’t much to go on. Use the appropriate counseling card to encourage the mother to continue to breastfeed exclusively and to start the baby on its immunization schedule, if she hasn’t already. Also encourage her to continue to get the baby weighed each month, so she will know if the baby isn’t growing well. Tell the mother that so far the baby seems to be doing well, but to make sure she continues doing well, she should keep getting the baby weighed.

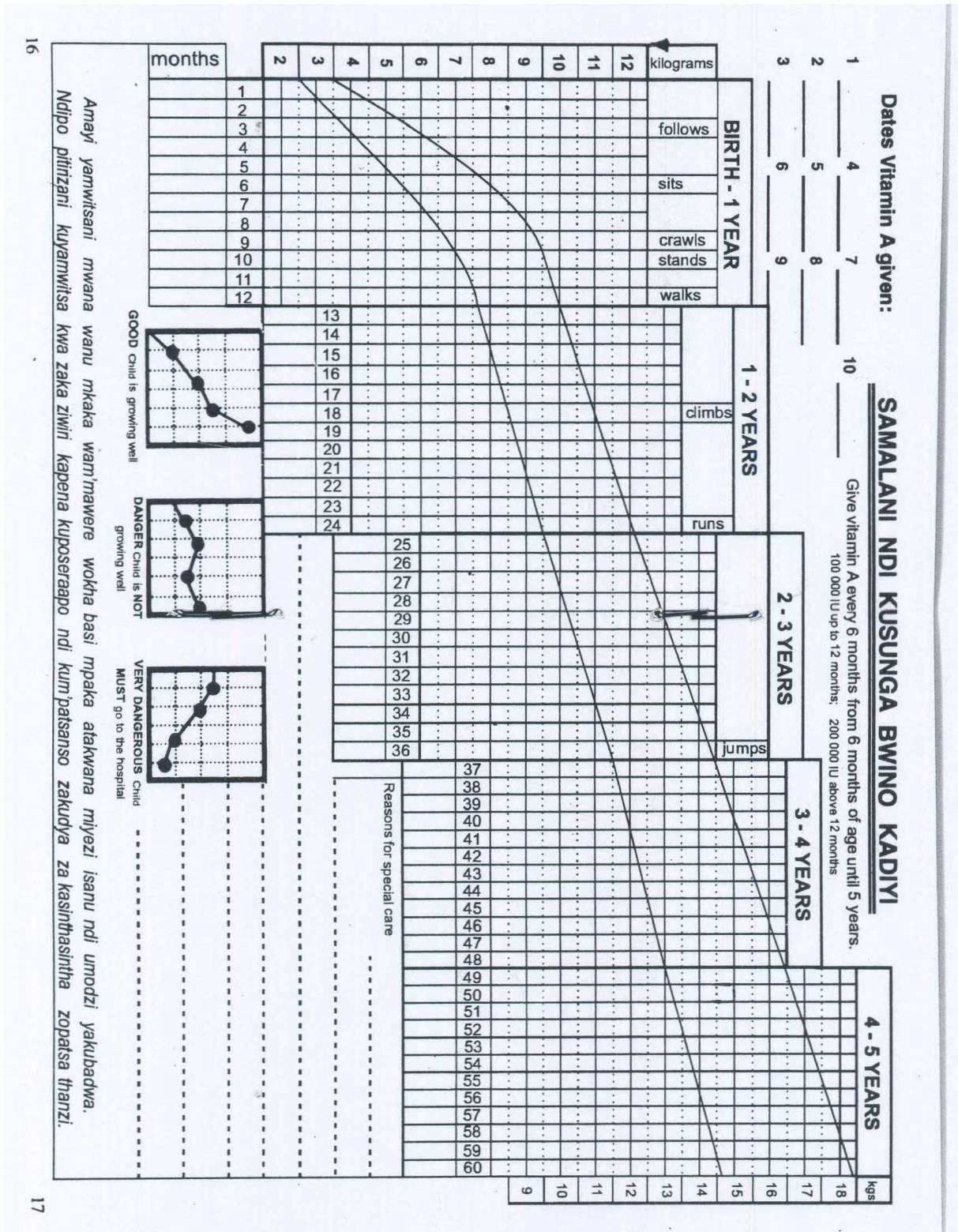
Example 5: Prolonged faltering. DANGEROUS. This baby’s growth was very strong for almost its whole first year of life. Since about 10 months, its growth has been very weak, perhaps due to a repeated or constant illness such as worms or diarrhea. It reached a critical point by month 12 and should have been referred to a health clinic at that point. Use the appropriate counseling card for a 20-month-old to work with the mother and also provide an immediate referral.

Example 6: Early faltering. Notice the trend from month 6 to 7—the baby’s growth seems to have faltered just slightly. She has gained weight, and although is above the line, her growth line is no longer parallel to the reference line, indicating she did not gain enough weight in the past month. Find out what is happening—illness, poor appetite, weaning? Use the appropriate counseling card to work with the mother on complementary feeding, continued breastfeeding, and/or caring for a sick child (if appropriate) and emphasize the need to closely monitor what happens next month.

Example 7: Not enough information. This baby's growth was adequate for the first 10 months of life, but since then, he has not been weighed consistently enough to be sure that he is continuing to do well. Congratulate the mother on her early success and find out what has happened to prevent her from continuing to have her son weighed. Encourage her to resume the habit. Also, use the appropriate counseling cards to work with the mother on complementary feeding and continued breastfeeding and proper hygiene.

Example 8: Severe/sudden weight loss is VERY DANGEROUS. This baby's growth trend is extremely dangerous and he/she needs an immediate referral to a clinic. Use the appropriate counseling card to determine what happened (cessation of breastfeeding perhaps?) and help the mother to make a plan of action for care, including seeing a health care provider and improving feeding practices.

Handout #11: The Malawi Growth Chart
Session 26; Activity 1



Box 2: Contrasting Growth Patterns

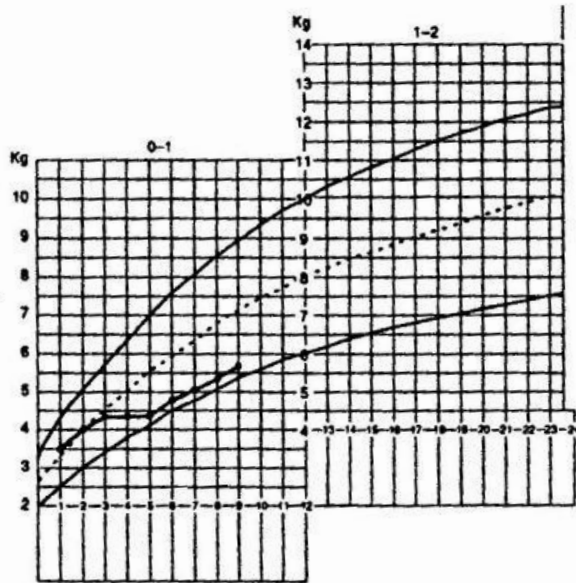


Chart A:
Child with low weight-for-age, but who is gaining weight and has a good current growth pattern.

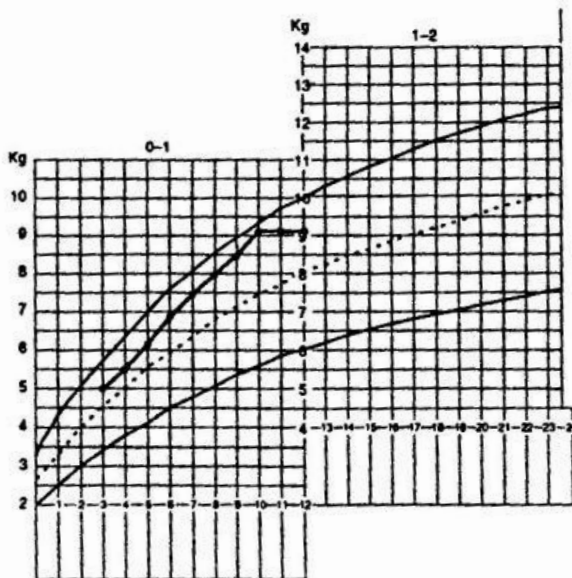
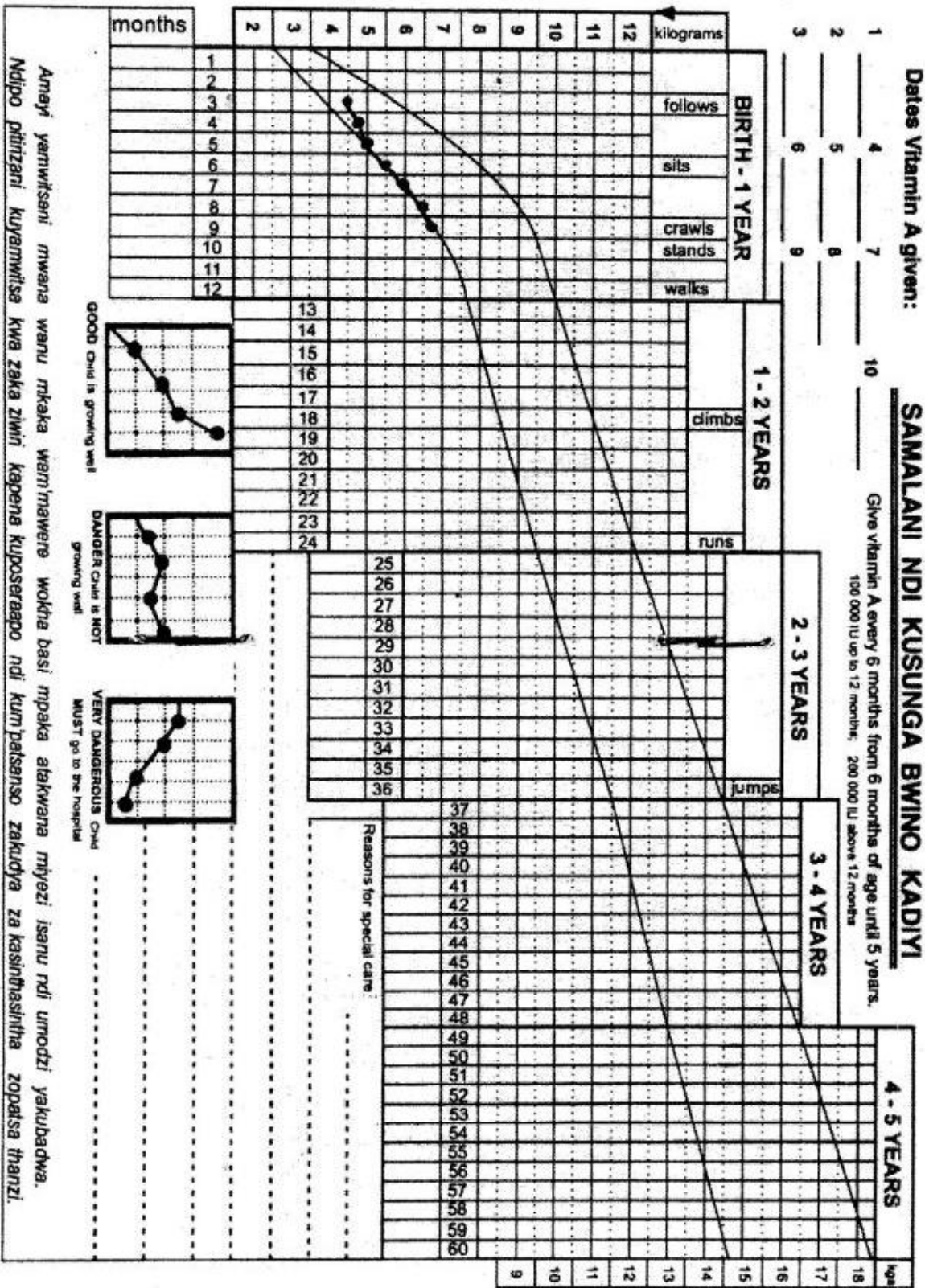


Chart B:
Child with high weight-for-age, but who is not gaining weight and has a poor current growth pattern.

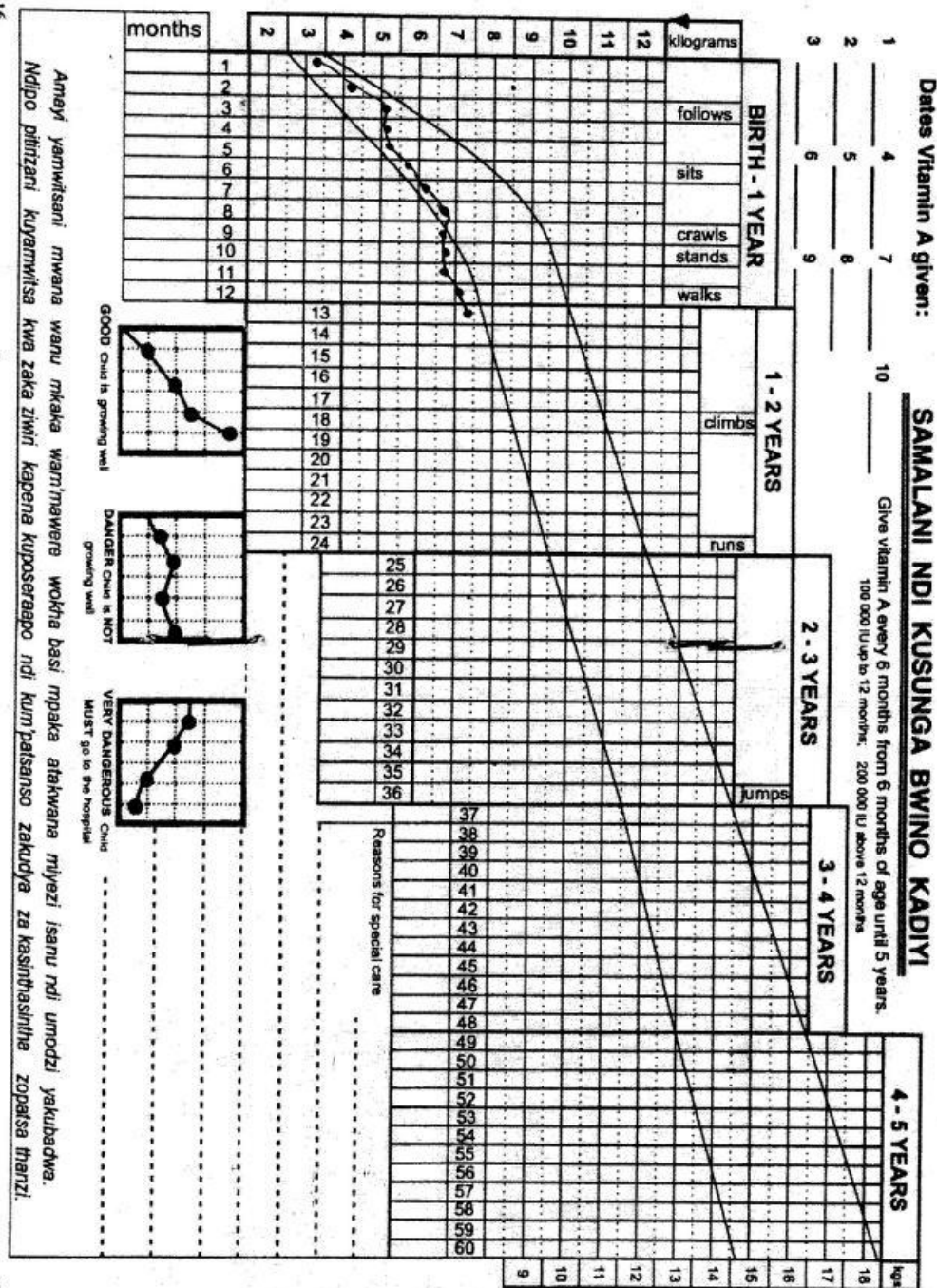
Handout #13: Examples of Growth Charts
 Session 26; Activity 3

Example 1

Example #1: A 9 month old

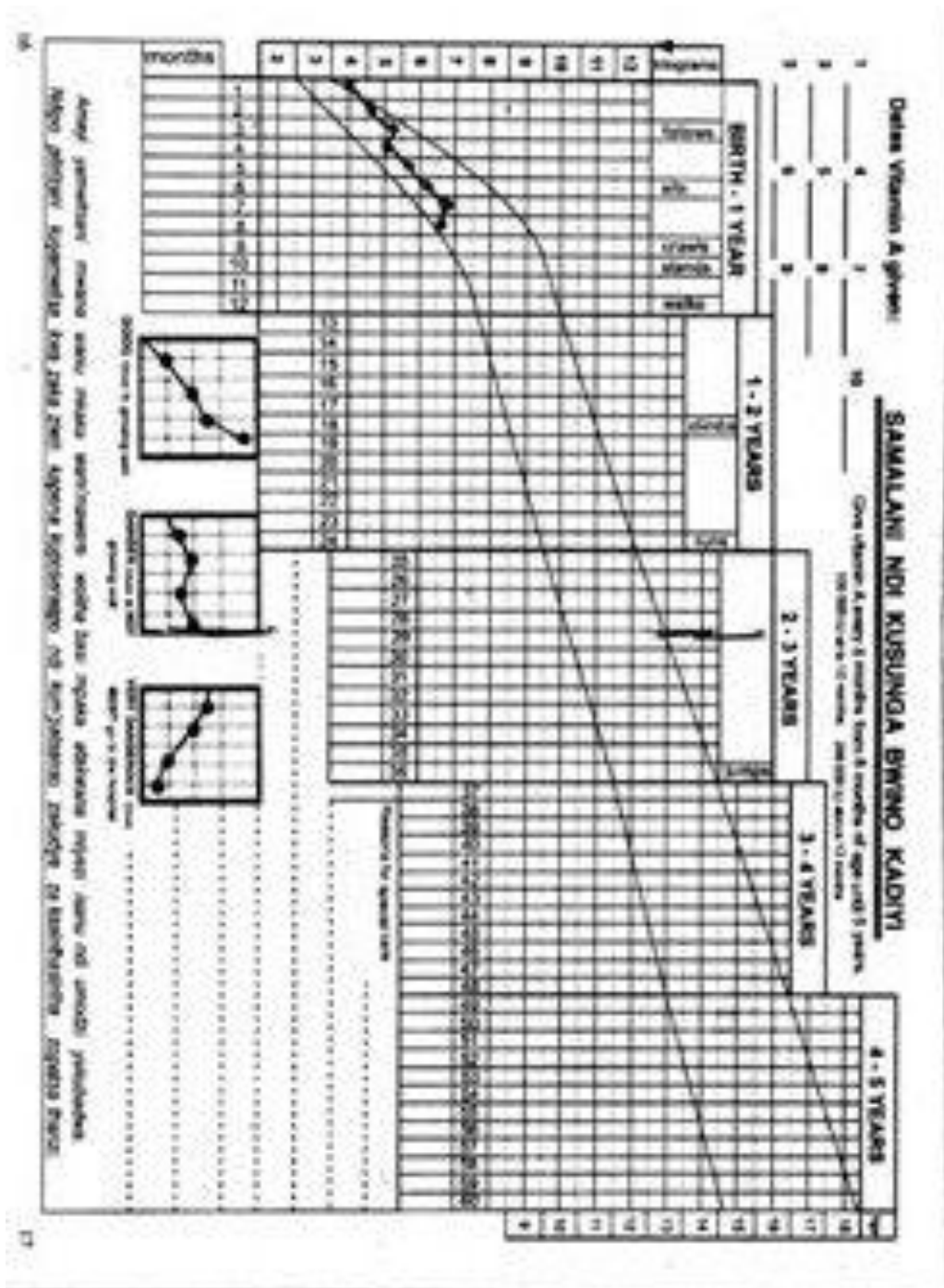


Example 2



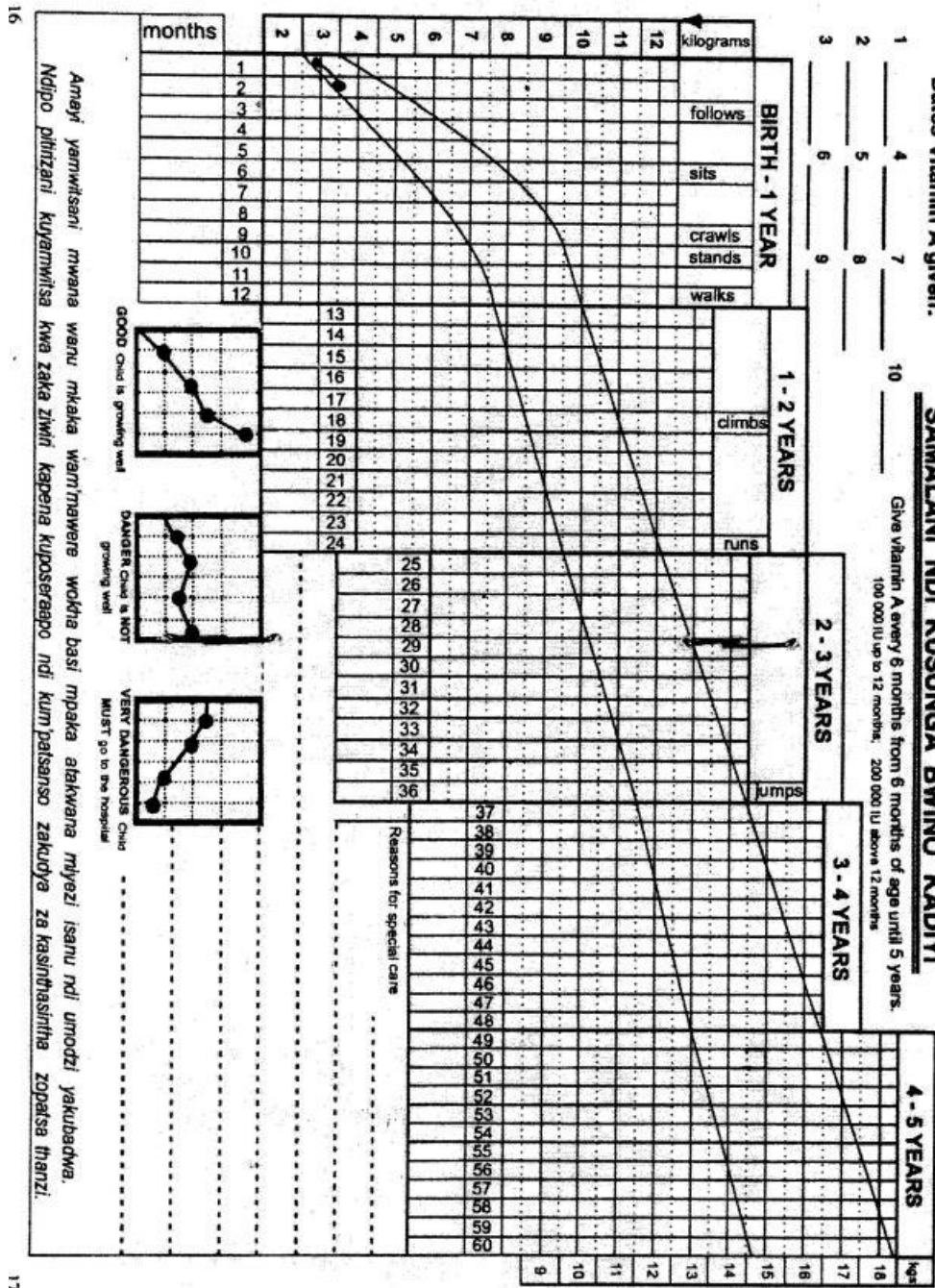
A 13-month old boy

Example 3



3 An eight-month-old baby girl

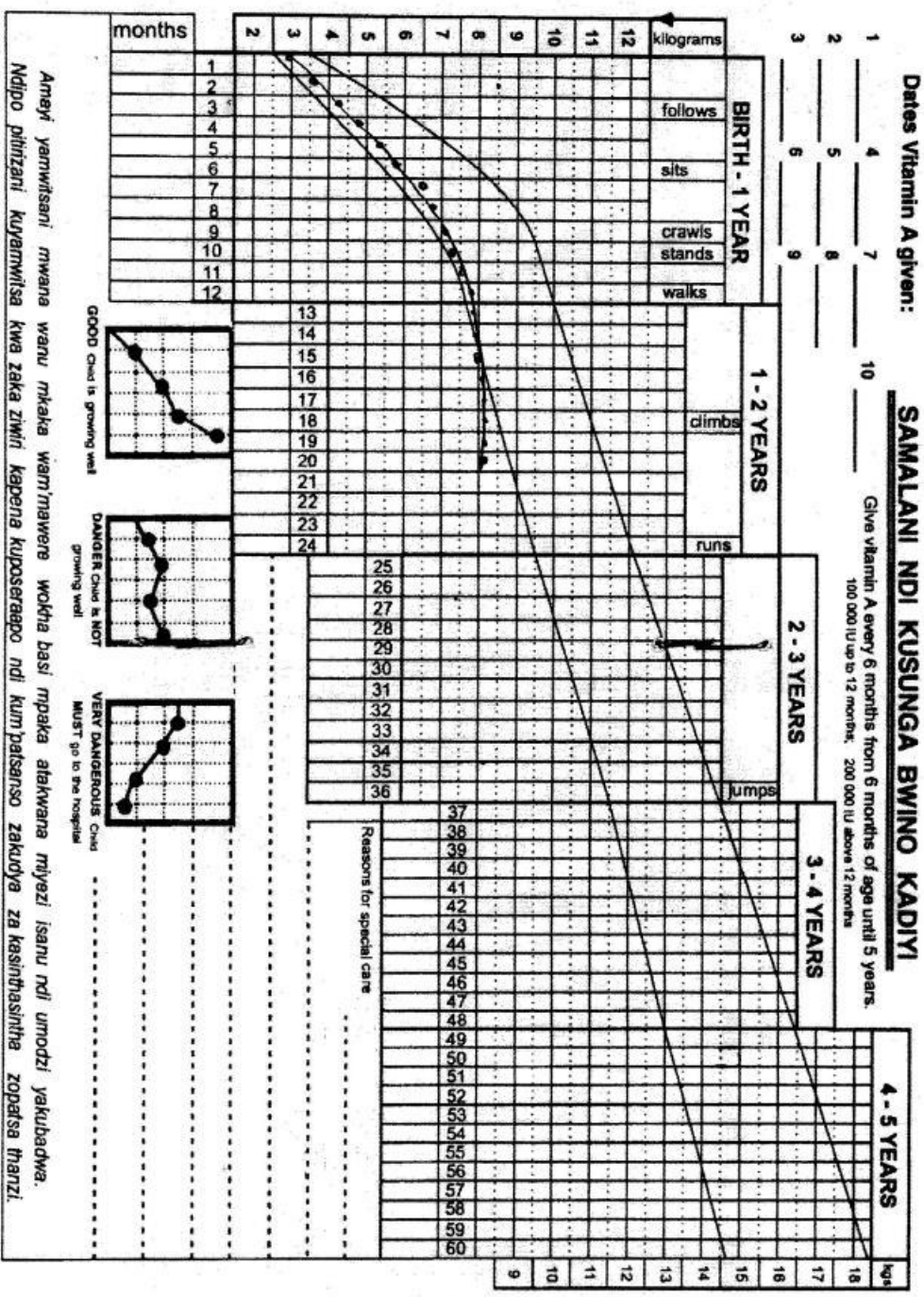
Example 4



+ two month old baby girl

Example 5

A twenty-month-old boy

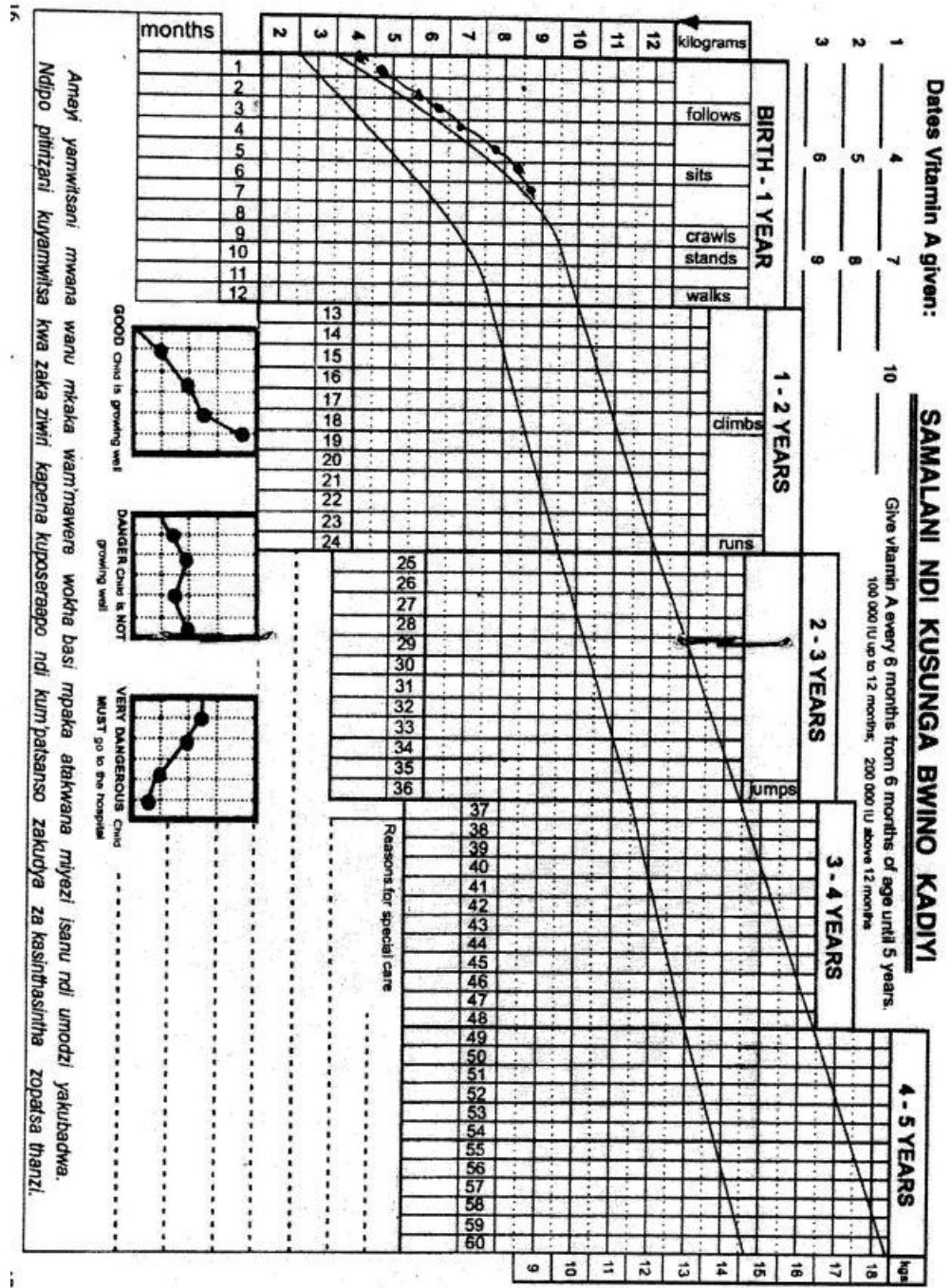


16

17

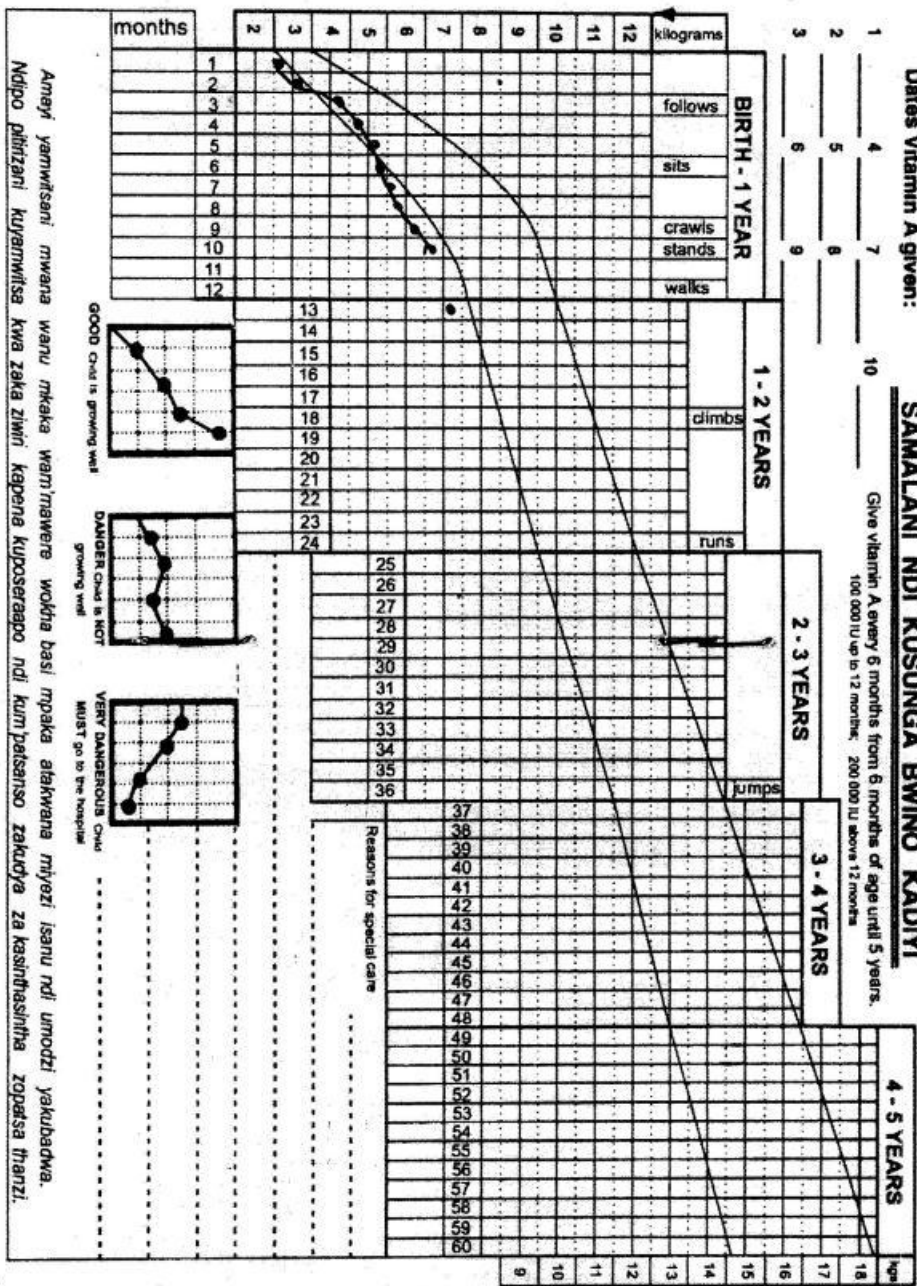
Example 6

A 7-month-old girl



Example 7

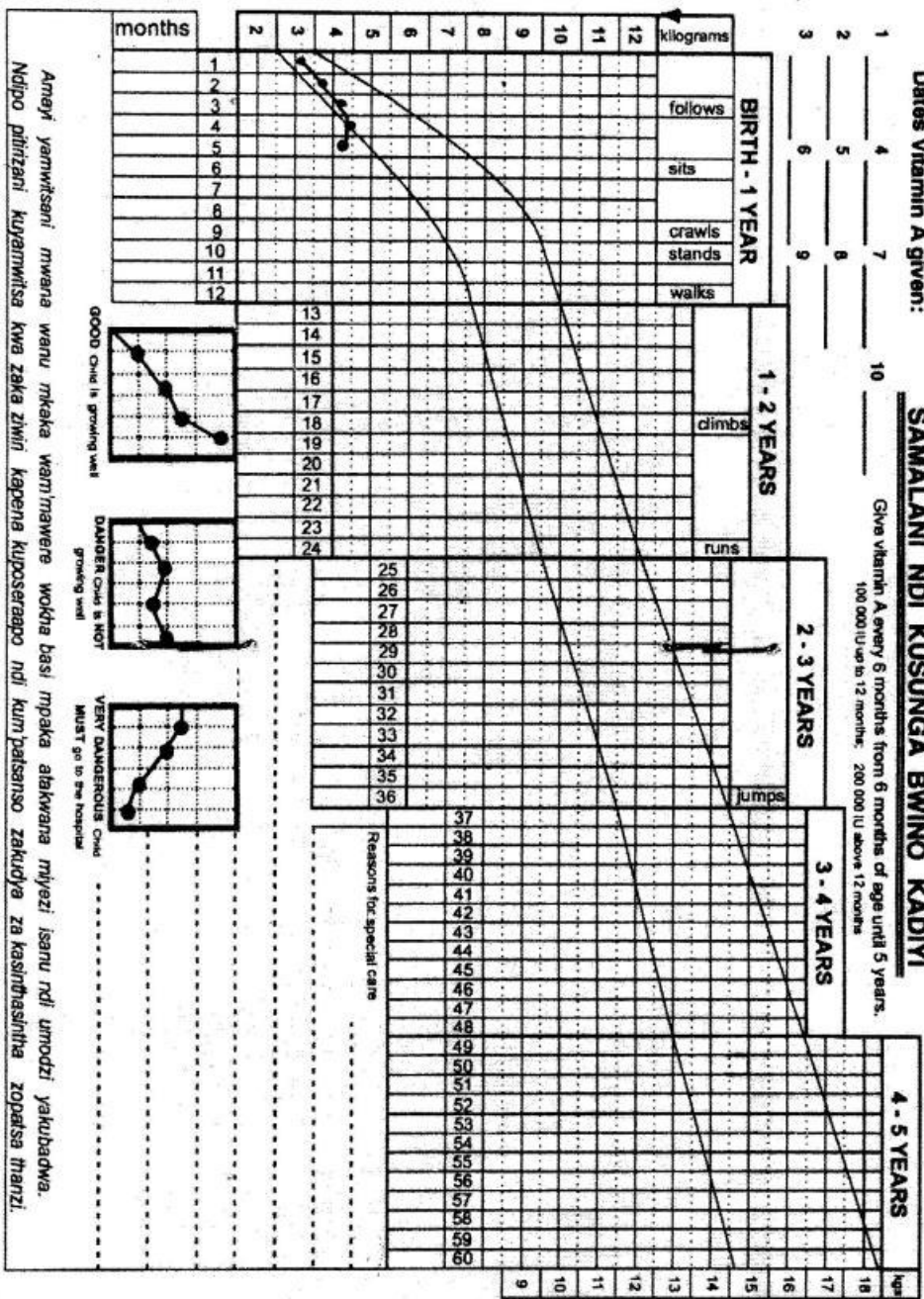
16



17

⑦ A 15-month old boy

Example 8



⑧ A five month old girl

Session 27: Supportive supervision and monitoring

Time	30 minutes
Learning objectives	<ul style="list-style-type: none">• Become familiar with the monitoring requirements of their role• Know how to fill out the monthly community nutrition worker reporting form
Preparation	<ul style="list-style-type: none">• Photocopy and review Handout #14: MIYCN Supervisory Monitoring Report• Photocopy and review Handout #15: Community Nutrition Worker Monthly Report Form
Materials	<ul style="list-style-type: none">• Handouts #14 and #15

Activity 1: Review of tools for monitoring and reporting

- Distribute Handout #14: MIYCN Supervisory Monitoring Report. Review the form with the group and ask for questions and feedback.
- Distribute Handout #15: Community Nutrition Worker Monthly Report Form. Go through the form line by line to make sure that all of the participants understand what is to be included in each section.
- Tell the group that they will be responsible for completing these forms each month and delivering them to their supervisor.

Handout #14: MIYCN Supervisory Monitoring Report
Session 27 Activity 1

Note: *This MIYCN supervisory report should be submitted to the M&E Officer at the office of the DC by the 5th of every month.*

Reporting period _____ Date completed ____ / ____ / _____ (DD/MM/YYYY)
Completed by _____ Signature _____ Designation _____
Phone number _____ Facility/Location _____ TA _____

1. Number of community nutrition workers under supervision _____
2. Number of planned supervisory visits _____
3. Number of supervisory visits conducted _____
4. Areas of supervisory support _____

5. Successes in supervision _____

6. Challenges in supervision _____

7. Steps taken to mitigate challenges _____

8. Any other comments _____

Handout #15: Community Nutrition Worker Monthly Report Form
Session 27 Activity 1

Note: This MIYCN Community Nutrition Worker report should be submitted to your supervisor by the 30th of every month.

Reporting month _____ Date completed ____ / ____ / _____ (DD/MM/YYYY)
 Completed by _____ Signature _____ Designation _____
 Phone number _____ Facility/Location _____ TA _____

Variable No.	Variable description	Number
1	Number of pregnant women newly registered in the reporting month	
2	Total number of pregnant women	
3	Number of lactating women newly registered	
4	Total number of lactating women	
5	Number of children younger than 2 years newly registered in the reporting month	
6	Number of children growth faltering	
7	Referrals	
	To Food Security services/CMAM	
	To HIV care services	
8	Number of caregivers planned to counsel in the reporting month	
9	Number of caregivers counseled in the reporting month	
10	Number of community-based peer groups formed	
11	Number of peer groups reached with infant and young child feeding messages	
12	Number of males reached with infant and young child feeding messages	
13	Number of caregiver – child pairs exiting the program	
14	Total number of support groups	

Success story _____

Challenges _____

Steps taken to mitigate challenges _____

Session 28: Action planning, post-training skills and knowledge assessment, and closing

Time	60 minutes
Learning objectives	<ul style="list-style-type: none"> • Conclude the training; make sure that all questions have been answered • Assess post-training knowledge
Preparation	<ul style="list-style-type: none"> • Read the session carefully • Prepare all necessary flip chart papers • Photocopy Facilitator Resource #1: Assessment of Skills and Knowledge
Materials	<ul style="list-style-type: none"> • Flip chart, markers • The flip chart written in Session 2 with questions relating to role of the community nutrition worker • Facilitator Resource #1 (new blank copy to repeat skill/knowledge test)

Activity 1: Community nutrition worker role

- Return to the list of questions that might have arisen in Session 2 on the role of the community nutrition worker. Ask for a volunteer to read them aloud. Ask the group if they feel these questions were answered. If there are still lingering ones, answer them for the group.
- Ask the group if they have any new questions. If anyone has one, see if another participant can answer it for them. If not, go ahead and answer it.

Activity 2: Action planning

- Now ask the group to think about their role and the new skills they now have. Have the group brainstorm together what their immediate next steps will be when they return to their community. Write notes on a flip chart and ensure that the steps include:
 - Think through what their own priorities are for improving their community’s nutrition. This might be implementation of the full package of work they just went through, or it might just be one piece of it.
 - Work with their community to determine an implementation plan, explain what is happening, and what their role will be.
 - Work with community members to develop a community map.
 - Create a community register.
 - Plan a list of home visits.
 - Identify existing groups that might be interested in learning more about nutrition or cooking.
- Have each person take a blank paper out of their notebook. Tell them to use the list on the flip chart paper to write down five steps they will take immediately upon returning to their community. Their own “to-do” list can be more or less detailed than the group’s list—it is their own roadmap for what they will return to their home and begin doing.

- Have one or two volunteers share their to-do lists. Encourage the participants to support each other in carrying out these to-do lists, to ask each other how it is going, and to provide help and support where necessary.

Activity 3: Post-training assessment of skills and knowledge

- Ask participants to form a circle and sit so that their backs are facing the center of the room
- Explain that questions will be asked, and ask participants to raise one hand to answer in the same way that they did at the beginning of the workshop:
 - With open palm, if they think the answer is ‘yes’
 - With closed fist, if they think the answer is ‘no’
 - Pointing two fingers, if they ‘don’t know’
- One facilitator reads the statements from Facilitator Resource #1: Assessment of Skills and Knowledge. Another facilitator records the answers.
- Give the participants a 5-minute break and tally the answers and compare to the pre-training assessment results.
- Gather the participants back together. Give them their collective score (in the pre-test, the percentage correct was XX percent. Now it is XX percent). Go over all the answers and ask the group to take note in their heads of the ones that they got incorrect.

Activity 4: Wrap-up

- Thank the participants for their attention and participation over the course of the workshop.
- Go around the room and ask each person to offer one key idea that they will take away. No one can say the same thing.
- Conclude the workshop and pass out the final evaluation.
- Collect the final evaluations (give 5 minutes or so for people to complete the form).
- Finalize any administrative details. Formally close the workshop and make sure the group has your contact information so they can follow up with any additional questions later.