

COMMUNITY BASED NUTRITION
TRAINING GUIDE FOR TRAINING OF HEALTH WORKERS &
HEALTH EXTENSION WORKERS

REVISED MARCH 2009

ETHIOPIA
COMMUNITY BASED NUTRITION

Preface to this training guide

This training guide is to be used by Master Trainers (MT) when they train Health Workers (HW) & Health Extension Workers (HEW) in the regions before the introduction of Community Based Nutrition (CBN) activities. There will be separate training guides for the refresher trainings to be conducted periodically.

This training guide is to be used only after the Master Trainers have received their training to be trainers of HWs/HEWs. During their training, every Master Trainer must understand this guide and prepare himself/herself for handling each one of the sessions.

Master Trainers who are responsible for this training must plan before they start the training to make it well organized and effective. There are a total of 7 training hours per day, which does not include lunch and tea breaks. The trainers will have the flexibility of deciding the starting and closing times as well as the lunch and tea breaks depending on local conditions.

Comments from Master Trainers and other Regional Staff who use this training guide are welcome. These comments may be passed on to the CBN focal point in the region who will compile and share this with Federal staff. This will help to improve the training guide before expansion into new areas.

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ACRONYMS

ARI	Acute Respiratory Infection
BF	Breastfeeding
CBN	Community Based Nutrition
CC	Community Conversation
CF	Complementary Feeding
CHD	Community Health Day
CHW	Community Health Worker
C-IMCI	Community-based Integrated Management of Childhood Illness
CTC	Community-based Therapeutic Care
ENA	Essential Nutrition Actions
EOS	Enhanced Outreach Strategy
FHC	Family Health Card
GMP	Growth Monitoring and Promotion
HEP	Health Extension Programme
HEW	Health Extension Worker
HH	Household
HHI	Household Inventory
HW	Health Worker
ITN	Insecticide-Treated Net
LBW	Low Birth Weight
MT	Master Trainer
MUAC	Mid-Upper Arm Circumference
NGO	Non-governmental Organization
NW	Normal Weight
ORS	Oral Rehydration Solution
OTP	Outpatient Therapeutic Programme
PHAST	Participatory Hygiene and Sanitation Transformation
PLW	Pregnant and Lactating Women
SUW	Severely Underweight
TFP	Therapeutic Feeding Programme
TFU	Therapeutic Feeding Unit
TSF	Targeted Supplementary Feeding
UW	Underweight
VAS	Vitamin A Supplementation
VCHW	Voluntary Community Health Worker
VLBW	Very Low Birth Weight
WASH	Water, Sanitation and Hygiene
WHO	Woreda Health Office

ETHIOPIA COMMUNITY BASED NUTRITION HEW TRAINING

Summary of Session Plan for HEW training

Suggested time allotment:

Morning

First session: 1 ½ hours

Tea Break : ½ hour

Second session: 2 hours

Lunch Break: 1 hour

Afternoon

First session: 2 hours

Tea Break: ½ hour

Second session: 1 ½ hours

Training Time: 7 hours per day

Total training time = 70 hours

Morning Recap sessions and conclusion: 6 hours

Effective Training Time: 64 hours

Day 1

No.	Session	Time
1	Registration	30m
2	Welcoming, Objectives and Introduction	35m
3	Knowing participants' expectations	10m
4	Training time ground rules	15m
5	Pre-test	30m
6	Visioning	30m
7	Understanding malnutrition through metaphors	40m
8	Causes and effects of malnutrition in the community	50m
9	Preventing Malnutrition – What must be done?	1hr
10	Presentation of CBN Framework, Key Activities and Approach	1hr
11	Triple-A Cycle Approach - Guiding principle for CBN	30m
12	Introducing the CHW training guide and planning for classroom training practice sessions	30m
	Total	7 hr

Day 2

No.	Session	Time
	Recap	30m
1	Facilitation Skills	1hr 30m
2	Understanding Community Conversation and its place in CBN Triple-A	1hr
3	CBN activities at community level	1hr 15m
4	Community mapping and household inventory	1hr 45m
5	Facilitation of community conversation on child and maternal nutrition – storytelling as an assessment and analysis tool	1hr
	Total	7 hr

Day 3

No.	Session	Time
	Recap	30m
1	Breastfeeding	1hr 20m
2	Complementary feeding and key caring practices	1hr 40m
3	Common childhood illnesses and prevention	20m
4	Feeding and care of sick child	30m
5	Essential newborn care	30m
6	Environmental hygiene and sanitation	40m
7	Maternal Nutrition	30m
8	Growth Monitoring and Promotion	1hr
	Total	7hr

Day 4

No.	Session	Time
	Recap	30m
1	Growth Monitoring and Promotion (continued)	5hr
2	Role play on counselling for antenatal care	1hr
3	Recap of conditions that need referral services for children and mothers	30m
	Total	7hr

Day 5

No.	Session	Time
1	Preparation for field practice	45m
2	Field Practice - Initial community mobilization at gotte level	3hr
3	Reflection and discussion on field practice	2hr 30m
	Total	6hr 15m
	Travel to field and back	1 hr

Day 6

No.	Session	Time
1	Preparation for GMP field practice	30m
2	Field Practice – Organizing Growth Monitoring and Promotion at community level	3hr
3	Discussion of field work and compilation of data	2hr 30m
	Total	6hr
	Travel time to communities and back to training venue	1hr

Day 7

No.	Session	Time
	Recap	30m
1	Daily calendar	1hr
2	Identifying positive & negative practices affecting the well being of children and mothers and their underlying causes	45m
3	Referral facilities available in the area	15m
4	Counselling for caregivers of children with severe malnutrition	30m
5	Establishing baseline through various community tools	30m
6	Reporting and analyzing CBN data	3hr
7	Instructions for trainer skill presentations and CC field practice	30m
	Total	7hr

Day 8

No.	Session	Time
1	Field Practice – Community Conversation	3 hr
2	Reflections and discussion on field practice	1hr 30m
3	Developing a tentative agenda for the next 6 gotte-level CC sessions	1hr 30m
	Total	6hr
	Travel time to communities and back to training venue	1hr

Day 9

No.	Session	Time
1	Community Health Days	1hr 10m
2	Linkages with other programs to address various causes of malnutrition	1hr
3	Supportive supervision and review meetings	2hr 15m
4	Trainer skill presentations	2hr 30m
	Total	6hr 55m

Day 10

No.	Session	Time
1	Trainer skill presentations (continued)	2hr
2	Post-test	1hr 30m
3	Developing HEW's work plan	1hr
	Conclusion and administrative matters	2hr
	Total	6hr 30m

DAY 1**Session 1-1: Registration****Time:** ⌚ 30 minutes**Materials:**

- List of trainees who have been invited for training
- Registration form
- Training package to be given to trainees
- Pens, pencils, notebooks for trainees
- Badges/name tags for trainees

Activities:

- Arrange a comfortable place for trainees to register using the sample form given.

Sample Registration Form

S.No.	Name	Kebele	Badge received	Training package received	Notebook/pen/pencil received

Session 1-2: Welcoming, Objectives and Introduction**Objectives:** At the end of the session, participants will:

- Understand the purpose of the training and what their role will be in the program
- Know each other and have laid the foundation for relationship building
- Understand what is expected from them
- Feel comfortable and understand the approaches and principles of the training

Time: ⌚ 35 minutes**Materials:**

- Flip charts and markers
- A small ball

Activities:

1. Welcome

- Welcome participants to the training.
- Explain who is participating/provide participant profiles.
- Explain that you will now do an exercise to introduce yourselves:
 - The facilitator starts throwing the ball to someone in the circle.

- The one who receives the ball will introduce himself and share the following information:
 - Name and address (Gotte or kebele)
 - Previous participation in community volunteer activities
 - Things you like and dislike -OR- Events or incidents that moved you with regard to child health and nutrition
- Continue catching and throwing the ball until all participants have a chance to share their personal information with the group.

Note: Any other introductory game that the trainer is familiar with can also be used provided it can be done within the allotted time of 10 minutes.

2. Training objective and key features of training approaches

- Briefly explain the preventive Community Based Nutrition approach:
 - Focus on preventing malnutrition using a non-food-based approach
 - Uses GMP to make malnutrition visible so that it can be addressed
 - Engages the community to assess, analyze, and act on factors impacting the nutrition and health of its children
 - Implemented by HEWs and CHWs through the HEP structure
- Present the training objectives to participants:
 - Provide an overview of the CBN program and approach
 - Provide key knowledge related to maternal and child health and nutrition, as well as related topics such as hygiene and sanitation
 - Introduce and allow participant to practice key skills such as individual counselling and facilitation
 - Provide an understanding of and ability to implement the key activities of CBN
 - Enable HEWs to train CHWs on CBN
- Emphasize the nature of the training: that it is action oriented and designed to improve knowledge, skills and attitudes of participants
- Ask for participants' reflections on the training approach.

3. Other announcements

- Make housekeeping announcements about lodging, food, tea breaks, etc.

Facilitator's Note 1 – Objectives and key features of the training

Objectives of the training

At the end of this training, HEWs will:

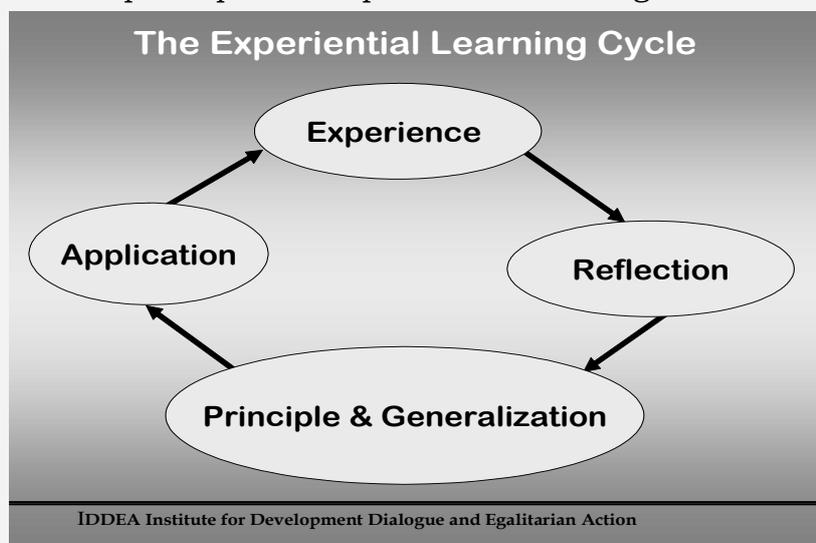
- Have the skills needed to mobilize communities for **preventing malnutrition in young children**.
- Have the skills and attitudes needed to implement **community based nutrition (CBN)** activities and strengthen the nutrition package under HEP.
- Have **trainer skills** needed to train CHWs in the CBN approach and activities.

Key features of the training

The training, which includes both classroom sessions and field work, is based on the following adult learning principles:

- People cannot be developed; they develop themselves.
- New knowledge does not automatically lead to action or behaviour change— Individuals first need to understand and internalize the importance of change.
- Learners are a rich and diverse source of information and knowledge about the world.
- Collective reflection and experience sharing are powerful tools for learning and change.

- The learner is active.
- The learning is practical, flexible, and based on the real needs of the learner.
- The purpose is to improve the life of individuals and the community, rather than teaching isolated knowledge and skills.
- The training emphasizes trust and respect while encouraging questioning and reflection.
- Facilitators and participants are partners in learning.



Session 1-3: Knowing participants' expectations

Objective: At the end of the session, participants will have:

- Shared their expectations of the training and created a common understanding of the scope of the training.

Time: ⌚ 10 minutes

Materials:

- Pieces of paper and tape
- Marker

Activities:

- Ask participants what they expect from the training.
- Write their expectations on a flip chart and post it on the wall.
- Reflect on their expectations and the nature of the training.

Session 1-4: Training time ground rules

Objective: At the end of the session, participants will have:

- Agreed on training time rules
- Created a common understanding, responsibility, good relationship and good training atmosphere

Time: ⌚ 15 minutes

Materials:

- Flip charts
- Marker

Preparation:

- Write the objective of the session and instructions for the group work on a flipchart.

Activities:

1. Session objective
 - Present the objective of the session.
2. Group work
 - Divide participants into small groups of 6-8 people and ask each group to discuss and come up with training time rules.
 - Each group should produce a diagram/picture for every ground rule developed.
 - Allow groups to present their ideas in plenary, and tape the rules which are agreed upon on the wall.
3. Assign responsibility for time keeping and recap each day
4. Overview of the sessions
 - Hand out the training schedule
 - Reach consensus on the time table:
 - Starting time
 - Tea and lunch breaks
 - Closing time
5. Day 1 agenda
 - Go over the agenda for the first day of training.

Session 1-5: Pre-test

Objective:

- To assess the current level of knowledge of trainees

Time: ⌚ 30 minutes

Materials: Pre-test questionnaire

Methodology: Classroom test

Activities:

- Make participants comfortable by explaining the objective of the pre-test:
 1. For the trainers to know what information the participants already have and build on participants' knowledge.
 2. For participants to know the gaps in their information and use this training to improve their knowledge.
- Distribute the pre-test and let trainees know that they have 30 minutes to complete it.

Session 1-6: Visioning

Objectives: at the end of the session, participants will be able to:

- Help communities visualize what change they want to happen to their children in the future

Time: ⌚ 30 minutes

Materials:

- Cards/pieces of paper
- Marker

Methodology: Visioning

Activities:

- Divide participants into 4 groups.
- Ask participants to sit comfortably and think about a **change that they want to see happening for the benefit of their children.**
- Allow participants to share their personal vision with their group members.
- Ask the group to come up with a shared vision and present to the plenary. Ask them to think of a metaphor to illustrate their vision.
- Lead plenary discussion to develop a shared vision for all participants and post on the wall. Choose one metaphor to use throughout the training to help illustrate and understand malnutrition.
- Remind them that they can improve their vision during the training time.
- Explain the importance of visioning, referring to **Facilitator's Note 2.**

Facilitator's Note 2 – Why is visioning important?

Visioning is important because it allows us to start on a positive note in the community. We do not start with the problem that the community has but look for a bright future. Then it is possible to discuss the present conditions and how we can go from the present condition to a bright future for the children. Using metaphors or pictures can help community members understand the issues more clearly. The first time the community does visioning, it need not come up with a perfect vision for the future. Tell trainees to build on what community members come up with as their vision, and this can be improved further during monthly community conversation meetings.

Session 1-7: Understanding malnutrition through metaphors

Objectives: at the end of the session, participants will be able to:

- Describe infant and young child malnutrition
- Explain the invisible malnutrition in their community

Time: ⌚ 40 minutes

Materials:

- Flip charts and marker
- Posters/pictures of healthy and malnourished children

Methodology:

- Reflection on personal experience
- Presentations

Activities:

- Ask participants to reflect on their real experience with regard to child health and nutrition problems.
- Ask them whether they have seen or heard of a malnourished child. If so, describe how they were able to identify it.
- Ask them to put the problems identified on pieces of paper/cards.
- Show them the prepared poster/picture.
- Facilitate discussion to help them relate the picture/poster with their real experience.
- Present the atir metaphor (see **Facilitator's Note 4**) that depicts invisible malnutrition in the community.
- Facilitate plenary discussion and ask whether they have a better way of symbolizing invisible malnutrition. Stimulate discussion on why nutrition actually matters for children's life.

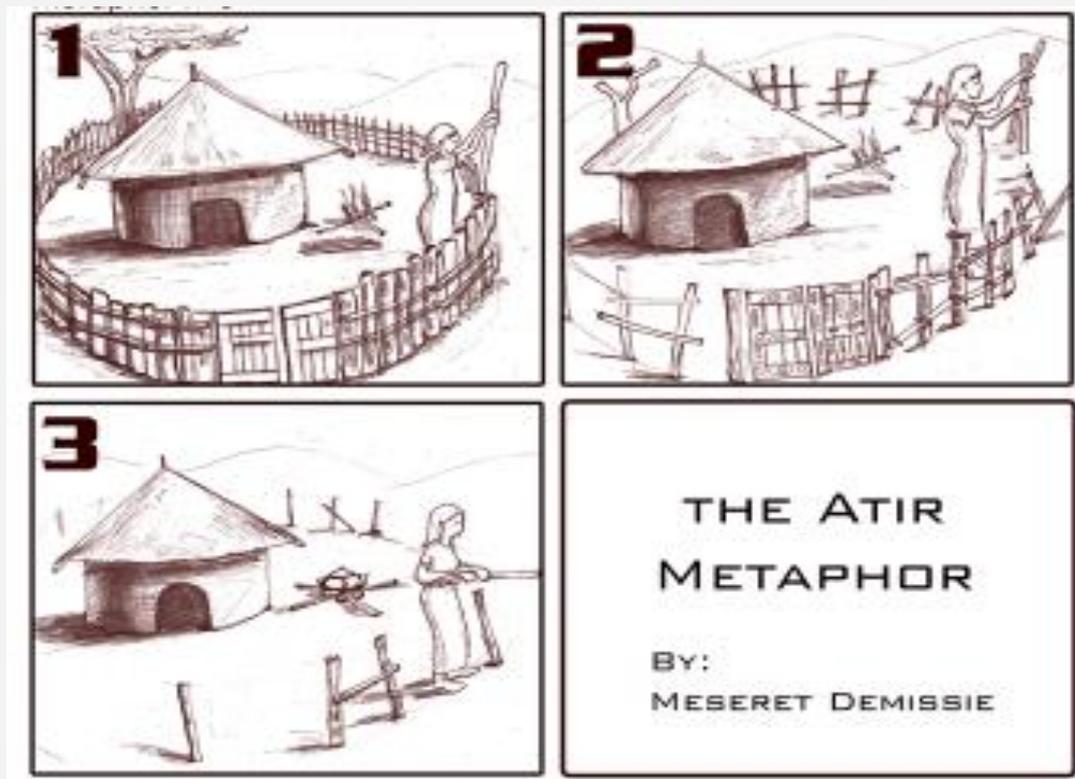
Facilitator's Note 3 - Visible malnutrition

Here is a picture that you can use while starting discussions on malnutrition among children.



Facilitator's Note 4 – The Atir Metaphor for Malnutrition

It is often too late when malnutrition becomes severe and visible. Emphasize the **invisibility** of malnutrition by showing the metaphor below:



1. A well-nourished and healthy child is like the first picture. S/he is well-protected from disease, with an invisible fence, such as the fence shown in the picture.
2. When a child has moderate malnutrition, his/her body's protection is weak, like the fence shown in the second picture. S/he is more vulnerable to diseases.
3. When a child is severely malnourished, s/he is very weak and has little protection from diseases. It is as if his/her body's fence has been destroyed.

Session 1-8: Causes and effects of malnutrition in the community

Objectives: at the end of the session, participants will be able to:

- Identify the causes of malnutrition specific to their communities
- Explain the effects of malnutrition on children

Time: ⌚ 50 minutes

Materials: Cards/flip charts and marker

Methodology:

- But why 5 times
- Causal diagram
- Presentations

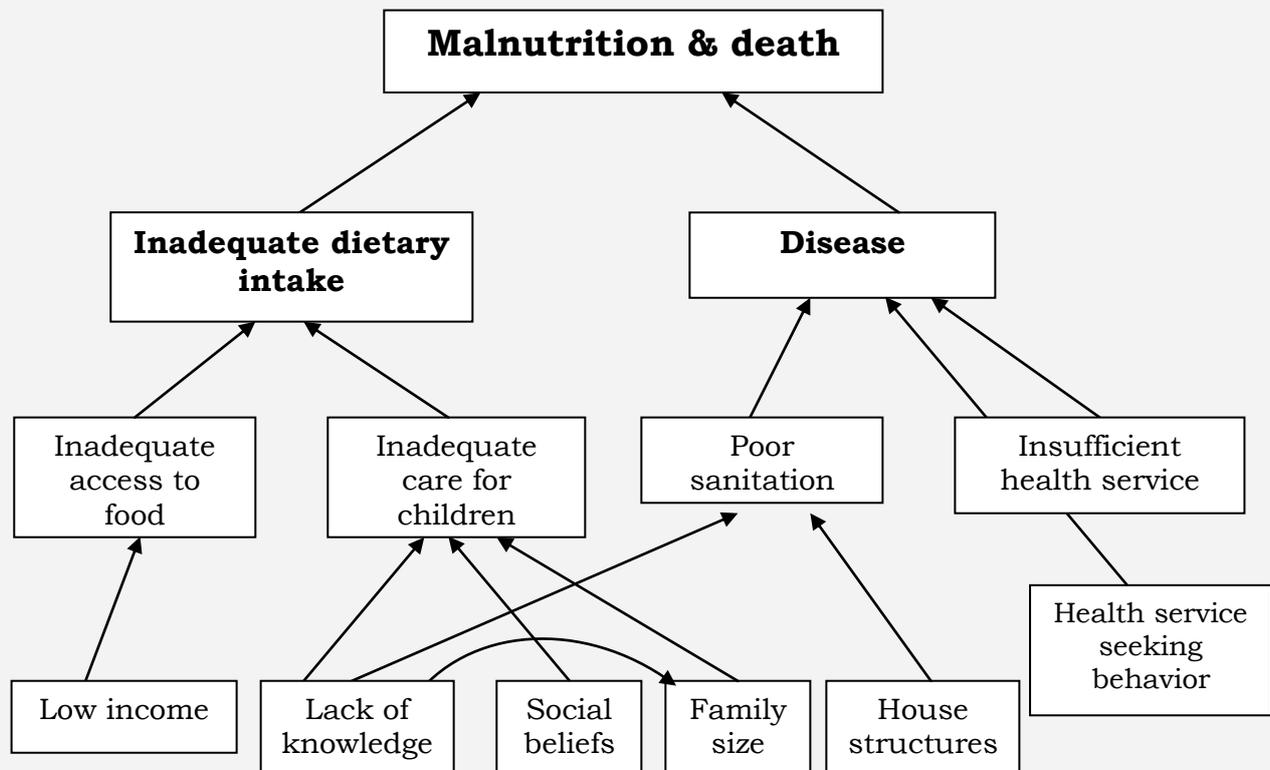
Activities:

- Explain the purpose of the session and how to use the two tools - But Why 5 Times and the causal diagram.
- Divide participants into small groups. Ask them to identify causes and effects of malnutrition, draw a causal diagram and present to the plenary.
- In plenary, reach a consensus on major immediate, underlying, and basic causes of malnutrition. Show how these causes fit in the conceptual framework of malnutrition.

Facilitator's Note 5 - Causes and Effects of Malnutrition

'**But Why 5 Times**' helps us in this process of identifying root causes. Participants of the discussion should keep asking each other 'But why (is that happening)?' for each of the causes of malnutrition they identify. This will help them list a number of causes, understand what causes what, and reach a certain set of very root causes that are often common to different types of problems (e.g. lack of knowledge) and thus need to be addressed seriously.

Once we have discussed the various causes, we can draw a **causal diagram** to illustrate the problem of malnutrition. Each of the problems and causes should be represented on the ground by a symbol. Arrows are used to represent the cause and effect relationships between these different problems and causes. Through discussion, further problems and their causes and effects might be added to the diagram.

Example: Problem – child malnutrition and death

Session 1-9: Preventing malnutrition – What must be done?

Objectives: at the end of the session, participants will be able to:

- List actions that can be taken to prevent each of the causes identified in the previous exercise.
- Explain which actions can be taken at HH level and which need community interventions.

Time: ⌚ 60 minutes

Materials:

- Causes identified from the previous exercise
- Paper and markers

Methodology:

- Group work
- Presentation and plenary discussion

Activities:

- Ask participants to continue working in the same groups.
- The group has to identify at least one solution for each of the causes they have identified.
- Ask groups to discuss at what level these actions need to be taken.
- Explain that for some of the root causes, solutions have to be from more than one level. For example, if the community has to find a safe water source it may need support from the community itself and perhaps from the kebele/woreda also.
- Lead plenary discussion to reach consensus on a list of doable actions to tackle the problem of malnutrition at the community and household levels.

Session 1-10: Presentation of CBN Framework, Key Activities and Approach

Objectives: At the end of the session, participants will be able:

- To list the objectives of CBN activities and approach
- To list the roles and responsibilities of HEWs and CHWs in CBN activities

Time: ⌚ 60 minutes

Materials:

- Paper and markers
- Flip chart to be prepared by facilitator on Figure 1 from **Facilitator's Note 6**

Methodology: Presentation

Activities:

- Referring to **Facilitator's Note 6**, explain in simple terms the current nutrition situation in Ethiopia.
- Present the CBN framework, clearly explaining the following:
 - Focus on prevention rather than treatment by doing growth promotion
 - Close to community and household levels

- Focus on doable Essential Nutrition Actions at HH and community levels
- Linkages to health referral services
- Other linkages to address food security and other causes of malnutrition
- Explain the role of CHWs and HEWs in CBN activities.

Facilitator's Note 6 – Description of CBN purpose and activities

Nutrition and Health of Our Children

We want the best for our children, but what is the reality?

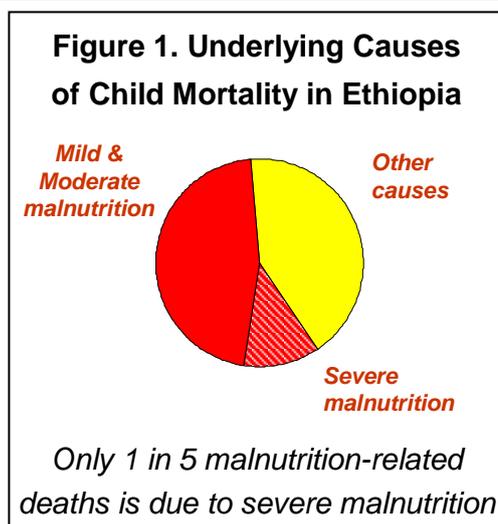
We all want a good future for our children because they are our future! We want them to be intelligent and healthy. We pray for them every day.

But in our country, it is common to see children die when they are very young.

- One out of two deaths in children under five is related to malnutrition.
- One out of two children under two is malnourished.

We can easily recognise a severely malnourished child. But we cannot so easily recognise the mild or moderate forms of malnutrition which affect most children. Figure 1 helps us to understand this fact.

Community Based Nutrition is now being introduced in our country to detect malnutrition early and also prevent children from becoming malnourished.



Malnutrition is low when children are born. But malnutrition increases very fast until they are two years old. This means that we need to focus on this age group if we want to prevent malnutrition.

What causes malnutrition?

The immediate causes of malnutrition are often related to inadequate dietary intake and diseases or infection in children.

The immediate causes are often caused by other underlying causes which can be broadly grouped into three: non-availability of and lack of access to adequate food at the household level; inadequate care, especially of women and children, at the household level; and poor health services and poor environmental hygiene and sanitation.

Other socioeconomic and cultural factors, called basic or root causes, affect all of the above mentioned causes.

What are the most important actions to prevent malnutrition?

- The provision of a complete package of nutrition-related services to children under two years of age and pregnant and lactating women. These actions for children start with promoting regular growth (**Growth Monitoring and Promotion or GMP**) for young children and taking actions as soon as a growth problem or a trend towards this problem is found.
- The community and family members must be fully involved in knowing what every family and the community can do to prevent malnutrition.
- Thus, CBN will follow a community-based approach and provide the services.

- As malnutrition has many causes and some of the solutions are provided by different ministries, CBN will have to make the necessary linkages to other services and programs. The actions are summarised in Table 1.

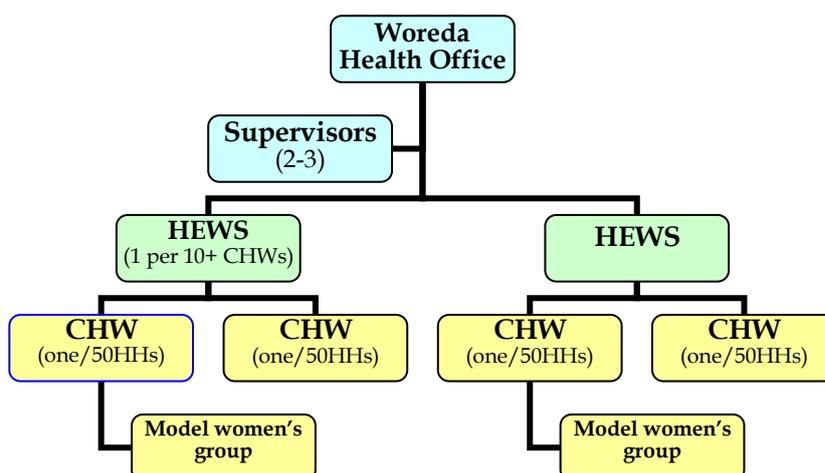
Table 1. Services that will be provided/linked under CBN

	For whom?	What will be done?
1	All children under 2 years of age	Monthly Growth Monitoring and Promotion (to find out if weight gain is sufficient and if not, taking action to improve feeding and caring practices). Promoting full immunization, optimal breastfeeding and adequate complementary feeding. Children who are severely underweight, who are not gaining weight for two months, or with other health problems will be identified and advised to go to a health facility for treatment. Vitamin A will be provided once every six months.
2	All children under 5 years of age	Once in every three months, all children will be screened for Mid Upper Arm Circumference (MUAC) and following the CHD criteria, malnourished children will be sent to therapeutic feeding or targeted supplementary feeding. Vitamin A supplementation and de-worming will be done once every six months.
3	Pregnant and lactating women	Mobilization for antenatal care, safe delivery, postpartum care, exclusive breastfeeding and family planning services. Screening as per CHD criteria once in three months and targeted supplementary food. Providing iron-folate supplements for all pregnant women and follow up.
4	All households	Promotion of iodized salt when available, checking the utilization using rapid test kits; insecticide treated nets and monitoring of use; treating water at household level; proper hand washing practices; and mobilization to improve household sanitation. Interpersonal and small group communication to focus on improving caring practices.
5	Community	Community conversations conducted regularly every month to assess malnutrition among children, analyze causes and plan for actions.

How will these activities under CBN be organized?

CBN implementation structure

The overall responsibility lies with Woreda Health Office with 2-3 supervisors, from the WoHo and HEW supervisors, assigned to monitor, supervise and provide technical support to the implementation, with support from the respective Regional Health Bureau. Under the Woreda Health Office, two HEWs per kebele will supervise and support 10 to 12 Community Health Workers (CHWs) each. CHWs



are community volunteers (preferably female; one per 50 households) who help HEWs communicate health promotion messages and mobilize community members for actions at family and community levels. CHWs are selected by community members themselves based on a set criteria and procedures supported by the Regional Health Bureaus. While community members are the central actors for community-level Triple-A processes, CHWs help facilitate community discussion and growth monitoring sessions and provide follow-up support for families in need. Women's groups (5-10 women per group) will assist the CHWs in community mobilization, discussions and follow-up actions. HEWs will provide technical and managerial support in these activities, in addition to delivering some of the outreach services for women and children taking advantage of the community gathering.

As part of the National Nutrition Programme, CBN was begun in 2007 in 39 woredas, will be expanded to an additional 54 woredas in 2009, and will reach a total of 150 woredas by 2010. The program is implemented in all kebeles of the selected woredas.

Roles and responsibilities of HEWs and CHWs

CBN will use the Health Extension Program (HEP) to deliver all the preventive packages. HEWs will work with volunteers who are selected from about 50 households. CBN will follow the HEP model and call these volunteers Community Health Workers (CHW). These CHWs will be providing the community level services.

Health Extension Workers are responsible for:

- ◆ Training CHWs in their kebele.
- ◆ Sensitizing kebele and gotte leaders, as well as other key allies in the kebele, about CBN.
- ◆ Carrying out gotte-level meeting, mapping, and community conversation during the first 6 months. During this time, they will build the capacity of CHWs to conduct these activities.
- ◆ Providing regular supportive supervision and on-the-job training for CHWs.
- ◆ Collecting monthly reports from CHWs, compiling the data, and submitting the HEW monthly report to the Woreda Health Office.
- ◆ Holding monthly review meetings with all CHWs in their kebele to discuss monthly activities and GMP data.
- ◆ Assessing children referred by CHWs and taking follow-up actions (or referring to the health center/hospital).
- ◆ Implementing quarterly Community Health Days

Community Health Workers are responsible for:

- ◆ Mobilizing her community to participate in CBN activities and conducting community assessment activities
- ◆ Conducting monthly GMP sessions for all children under 2 in her community
- ◆ Facilitating monthly Community Conversation sessions to assess the nutritional situation of children under two years, analyze the problems and take action at household and community levels (triple-A cycle)
- ◆ Referring children and women needing referral services to HEW
- ◆ Following-up children who have been referred to OTP or other services
- ◆ Reporting GMP and CC data to HEW and attending HEW-CHW meetings every month
- ◆ Mobilizing her community to participate in quarterly Community Health Days

What training and support will be provided to HEWs and CHWs to be able to do all of these activities?

HEWs will receive a 10-day initial training from Master Trainers. There will also be regular refresher trainings to reinforce skills and introduce new topics. During implementation, WHO will provide supportive supervision for HEWs.

CHW will receive training from HEWs who will also provide supportive supervision. For the first 6 months, HEW will conduct community conversation at gotte level; during this period, CHWs will get further hands-on training on conducting CC so that they are able to continue at the 50-household level after the first 6 months. There will also be regular refresher training for CHW based on the needs identified periodically.

After orientation and sensitization for Kebele and Gotte leaders, they can also support HEWs and CHWs in mobilizing community support for CBN.

Session 1-11: Triple-A Cycle Approach – Guiding principle for CBN

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

- Explain the Triple-A Cycle Approach at individual, family and community levels for all actions to prevent child malnutrition

Time: ⌚ 30 minutes

Materials: Paper and markers

Methodology: Plenary discussion

Activities:

- Recall the sessions on understanding malnutrition, analyzing causes and deciding on what can be done.
- Help trainees recognize that we use **Assessment** and **Analysis** before deciding on the best **Actions** in most of our decision-making processes.
- Explain how this happens for CBN at **individual level counselling**; at **household level discussion** when we include other members of the family; and at community level through **Community Conversation** in all CBN meetings.

Facilitator's Note 7 - Framework for Community Change Process through Triple-A Cycle

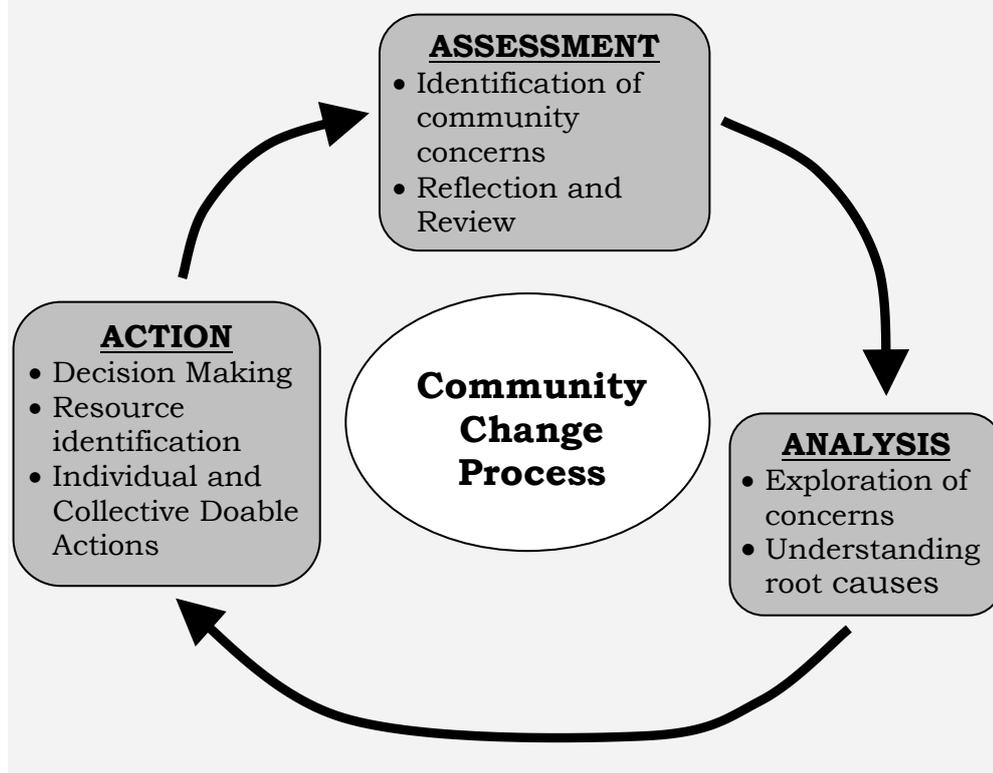
The Triple-A Cycle of assessment, analysis, and action is a process that can be used to drive participatory community change. Through Triple-A, communities can identify their own needs and plan their own actions to address those needs. This helps to foster ownership and sustainability of the actions taken.

ASSESSMENT: Using a variety of tools such as growth monitoring and community mapping, the community can clarify the current situation and identify their most pressing concerns.

ANALYSIS: Using tools such as “But why 5 times,” communities can analyze the issues raised and work to understand the root causes of the problems and concerns identified.

ACTION: Once priorities have been identified, actions need to be planned well. Communities should decide “What to be done,” “How,” “By whom,” “When” and “Where.” They should also identify available resources and plan how they will follow up the agreed actions.

The Triple-A Cycle is indeed a cycle. Thus, after actions have been decided upon and implemented, communities should begin assessment again, first reviewing and reflecting on the actions carried out and then re-assessing the situation.



Session 1-12: Introducing the CHW training guide and planning for classroom training practice sessions

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

- Explain the CHW training schedule and have a plan for practicing training sessions

Time: ⌚ 30 minutes

Materials:

- CHW training guide – one copy per participant
- HEW training schedule indicating classroom training practice sessions

Methodology: Plenary discussion

Activities:

- Form small groups. Ask trainees to read through the six day schedule and come up with any doubts or questions.

- Ask the groups to identify the sessions that have been covered in Day 1 of their HEW/HW training and also that will be covered in Day 2. As homework, ask trainees to read the session plan of these sessions.
- On Day 2, during the recap session, let them discuss if they have enough materials to conduct the same sessions for CHWs.
- This exercise has to be repeated everyday so that a part of the recap session is used for checking the session plan provided for CHW training. If the trainees need any additional support, the Master Trainers must provide this during the HEW/HW training.

Facilitator's Note 8 – Building trainer skills

One of the objectives of this training is to develop the skills of HEWs to function as trainers of CHWs for carrying out CBN activities at community level. A lot of preparation is needed for this. Hence, the CHW training guide is being distributed on Day 1. This will help all HEWs and HWs to familiarize themselves with the training they have to conduct and prepare themselves as trainers.

DAY 2

Session 2-1: Facilitation Skills

Objective: At the end of the session, participants will be able to:

- Understand key facilitation skills necessary for conducting community meetings and community conversation
- Know how to handle difficult participants

Time: ⌚ 1 hour 30 minutes

Materials: None

Methodology: Presentation, discussion, and role play

Activities:

- Referring to **Facilitator's Note 9**, present and discuss key facilitation skills necessary for conducting community meetings and community conversation.
- Divide participants into small groups and provide each group with one of the following most common behaviors observed in groups (see **Facilitator's Note 10**).
- Ask each group to discuss based on the following questions:
 - Have you ever come across this kind of person/behaviour?
 - What happened?
 - Discuss in your groups how to handle these participants' behaviours during facilitation.
- Allow each group to present and discuss in plenary.
- Divide participants into groups of 5 people. Each group should prepare a role play of how they would facilitate visioning with the community.
- Allow each group to present and discuss in plenary.

Facilitator's Note 9 - Key facilitation skills

Facilitation involves a variety of tasks and roles. Some of the most important ones include:

Coordinating the activity

- Making sure that activities are clear, and that all participants have understood and accepted them
- Raising critical and decisive questions, identifying and designing better strategies to bind the whole process together
- Encouraging the participants to respect what can and cannot be done

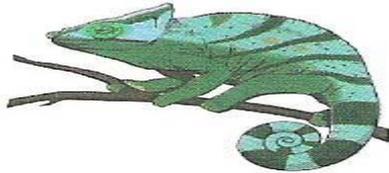
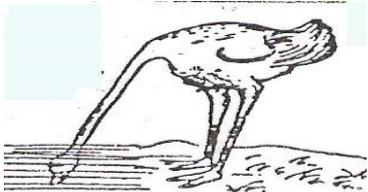
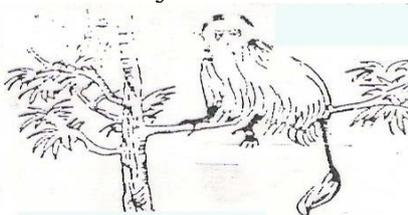
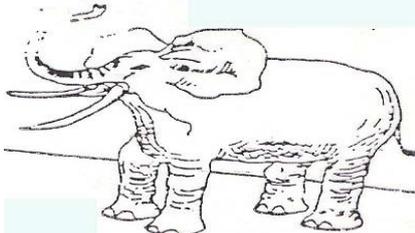
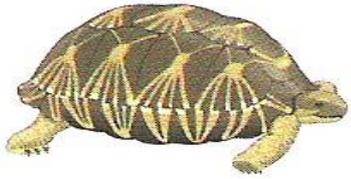
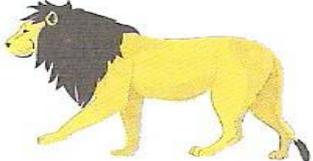
Directing the learning process

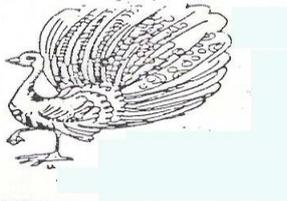
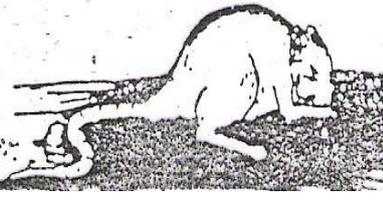
- Creating a clear picture of the process and helping participants to reach a consensus on the process
- When necessary, being able to look at the process from a different vantage point
- Creating a favourable situation for participants to express their opinions and feelings without being told what is right or wrong
- Providing opportunities that allow participants to gather/summarize ideas/information, carry out a situation analysis, and make their own decisions

Encouraging and motivating active participation

- Ensuring full participation, allowing all opinions to be expressed, and encouraging mutual learning among participants
- Encouraging participants to contribute different ideas
- Reflecting behaviors and conduct that are acceptable to the participants
- Being a model by respecting the feelings of participants
- Indicating clearly that mocking, blaming, or belittling others is not allowed

Facilitator's Note 10 – Common behaviors observed in group discussions

Animal	Common behaviour	How to handle
<p>The Chameleon</p> 	<p>Who changes colour according to the people he/she is with. He/she'll say one thing to this group and something else to another.</p>	<ul style="list-style-type: none"> ♦ Ask these persons first to know their idea (stand). Otherwise they change their stand according to the group they join.
<p>The Ostrich</p> 	<p>Who hides his or her head in the sand and refuses to face reality or admit there is any problem at all.</p>	<ul style="list-style-type: none"> ♦ Try to show data or the reality. ♦ Make the data clear and show the facts.
<p>The Monkey</p> 	<p>Who foots around, chatters a lot and prevents the group from concentrating on any important issue.</p>	<ul style="list-style-type: none"> ♦ Try to focus on specific issues. ♦ Remind the person of the topic of discussion so that you do not lose focus.
<p>The Elephant</p> 	<p>Who simply blocks the way, and stubbornly prevents the group from continuing along the road to their desired goal.</p>	<ul style="list-style-type: none"> ♦ Conduct sensitization ♦ Prior discussion with these people and convince them ♦ Include model families in the conversation and let them share their experience
<p>The Tortoise</p> 	<p>Who withdraws from the group, refusing to give his or her ideas or opinions.</p>	<ul style="list-style-type: none"> ♦ Encourage participation by asking these persons to share their ideas
<p>The Lion</p> 	<p>Who gets in and fights whenever others disagree with his/her plans or interfere.</p>	<ul style="list-style-type: none"> ♦ Refer and show the ground rules (e.g. Respect each other, respect one's idea, ...)

<p>The Peacock</p> 	<p>Who is always showing off, competing for attention 'see what a fine fellow I am.'</p>	<ul style="list-style-type: none"> ◆ These people want to be recognized by the discussants. They have something to show. It can be knowledge or other talent. Therefore, recognize them. ◆ Give them a chance to show their talent (it can be sharing of their broad experience, or ...). They may help the facilitator a lot if their talent is used.
<p>The Mouse</p> 	<p>Who is too timid to speak up on any subjects.</p>	<ul style="list-style-type: none"> ◆ These people are very smart when they do something alone. But they are shy to do it in front of people. ◆ Encourage them to participate and ask them to share their ideas, raise questions, ...

Session 2-2: Understanding Community Conversation and its place in CBN Triple-A

Objectives: At the end of the session, participants will be able to:

- Explain and describe the concept, objectives and guiding principles of Community Conversation
- Conduct a practical training on how to facilitate the phases/steps of Community Conversation

Time: ⌚ 1 hour

Materials: Newsprint and markers

Activities:

- Make a presentation on objectives and guiding principles of CC, referring to **Facilitator's Note 11**.
- Ask participants to reflect on their own local context.
- Make the connection between social change, community conversation, the triple-A approach and the objective of Zero Malnutrition. Discuss why earlier programs addressing malnutrition have largely failed or have not been sustainable, and why social change and community conversation must be central to this new approach in CBN.

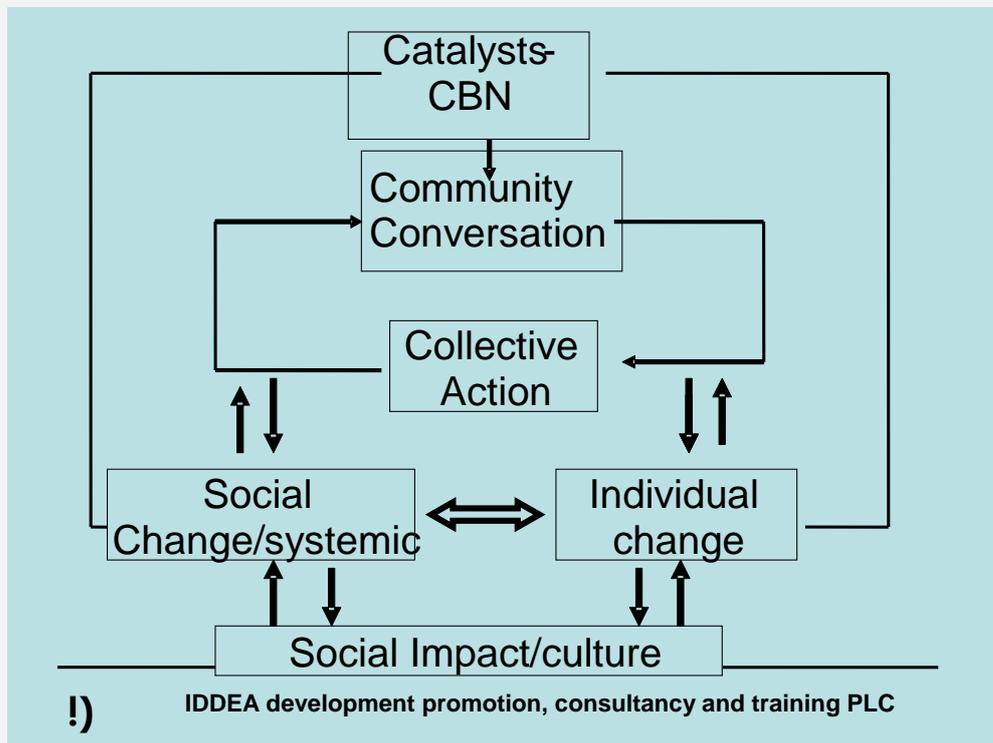
Facilitator's Note 11 - Community Conversation

Objectives of Community Conversation

The main objective of CC is to generate a response to social/communal problems/issues that integrates individual and collective concerns, values and beliefs, and that addresses

attitudes, behaviours, practices and other underlying factors embedded in social systems and structures.

As shown in the figure below, CBN is a catalyst for social impact. Through community conversation, collective action is organized and carried out. This collective action produces social change and individual change, thereby contributing to wider social impact.



Guiding Principles of Community Conversation

The following key principles are fundamental to the methodology:

- **Sensitivity** to local, family and community experiences, beliefs, cultures, values, etc.
- **Voluntary participation** – working by invitation and commitment, not imposition
- **Facilitation/dialogue** rather than intervention of ‘experts’
- **Trust the processes**
- **Gender sensitivity** and a focus on the participation and inclusion of women and girls
- **Mutual learning** (facilitators with community, community with facilitators, community with community, among community members, organization to organization)
- Participatory approaches with space for listening, inclusion, agreement and expressions of concerns, especially the active participation of those underprivileged, unheard, and affected by the issues.
- **Team formation** at organizational and community levels for implementation
- **Respect for differences**, mutual trust
- **Belief that communities have the capacity** to identify needed changes, ‘own’ these changes and transfer change to other communities
- Facilitation of Community Conversations as spaces for interaction, change and transfer

Session 2-3: CBN activities at community level

Objectives: At the end of the session participants will be able to:

- List the steps in community mobilization and other activities for CBN
- Explain the purpose and activities of each step in the community capacity building process

Time: ⌚ 60 minutes

Materials:

- Flip charts and marker
- CBN flow guide

Methodology: Case study

Activities:

- In plenary, ask participants to share stories of successful community mobilization in their community.
- Ask them to reflect on why the story was a success, what makes it successful, who participated, and what their role was. (Total 10 min) Display **Facilitator's Note 12** and explain that before starting CBN activities, mobilization should be done at kebele, gotte, and 50 household levels. Emphasize that HEW's role is mobilization at the kebele and gotte levels, and ensuring that CHWs mobilize their communities.
- Present the steps in the CBN program using the CBN flow guide and **Facilitator's Note 13**.

Explain that our way of working in the community is like a staircase—we take steps together with the community, learning together, moving towards our goal. The process is based on the beliefs and values of dialoguing – that communities have capacity to make their own decisions, and that our role is to facilitate by participating in the change process.

Facilitator's Note 12 – Steps for Mobilisation at the start of CBN activities

Regional/Zonal Level:

Sensitization/
Orientation on CBN



Woreda Level:

Sensitization/
Orientation on CBN



Kebele Level:

Sensitization/
Orientation on CBN



Gotte Level:

Sensitization/
Orientation on CBN



50 Household Level:

Making key allies
on CBN

Facilitator's Note 13 – CBN activities at the community and gotte levels

Note: Master Trainers should use these notes to explain and elaborate on the CBN Flow Guide, which is to be distributed to and used by HEWs and CHWs.

Step 1: Making key allies

Inform and work with influential and significant community members including religious and gotte leaders.

Step 2: Sensitization meeting at 50 household level

CHW and community should collectively select about 15 people to participate in gotte-level activities, making sure that women and marginalized community members are represented. The representatives are responsible for informing their neighbors of issues discussed during gotte-level activities, and they should agree to support the CHW in implementing any changes agreed upon at gotte level.

Step 3: Conduct gotte-level activities

The gotte leader calls a meeting of representatives from all communities.

- HEW leads the community in **visioning** – a simple exercise on what positive changes the community wants to see for its children. She uses **metaphors** to explain the invisibility of malnutrition and helps the community understand that GMP can help them visualize and prevent malnutrition in their children.
- The community representatives agree to support CHWs in organizing and conducting monthly **GMP** sessions in their communities. They take responsibility for ensuring that all children under 2 attend the GMP sessions. The

representatives from each community decide on a date and time for the first GMP session in their community. They agree to inform all mothers of children under 2 about the session.

- The community representatives decide on a date and time for holding monthly **Community Conversation** sessions. *CC will take place at the gotte level, facilitated by HEW, for the first six months of CBN, while HEWs work with CHWs to help build their capacity to facilitate CC in their own communities (50 household level) after 6 months.*
- The HEW, gotte leader, and CHWs help the community members to create a **community map** of the gotte using sticks, stones, ash, leaves, and other available materials. They identify factors that positively and negatively affect child growth and health (wet and dry grasses), and they also identify the households with children under 2 or pregnant/lactating women. The HEW records the map on paper. *After 6 months, community mapping will also be done at 50-household level.*

Step 4: Household inventory

The CHW does a household inventory of the 50 households in her community to learn about key household practices that influence child health and growth. She compiles this information so that HEW can use it in the first and subsequent CC sessions.

Step 5: GMP session (at 50-household level)

Before the first GMP session, CHW makes a weighing basket from locally available materials, and the community decides on an appropriate location for weighing the children. The first GMP session is conducted for all children under two—the children are weighed, mothers/caretakers receive individual counselling, and referral is done as needed.

The HEW compiles the data from the GMP sessions in all communities in the gotte into a community growth chart for presentation at the first and subsequent CC sessions.

Step 6: Gotte-level CC

Based on data from the community growth chart, community mapping, and household inventory, HEW leads community members in assessing the nutrition situation in the gotte, analyzing the causes (But why 5 times), and deciding on actions to take. The community also decides how it will monitor the progress in the actions and whether the actions are having the desired effect. CHWs assist HEW in facilitating discussion to build their own facilitation skills to conduct CC. CC participants return to their communities and share what was discussed with their neighbors.

The community growth chart should be used quarterly, as changes in nutrition status will be small from month to month. Therefore, during the second and third months of each quarter, CC should focus more on following up the issues discussed and actions decided on in the previous months.

Step 7: Follow up

CHW, with the support of the 15 community representatives, should follow up the agreed community and household level actions to ensure that they are implemented as planned. CHW also does follow up on children who were referred to health center to see if they are progressing.

Step 8: Reporting and monthly meeting

Each month, CHWs should fill out the GMP report form and give it to the HEW. HEW and CHWs meet to discuss the month's activities. HEWs should then fill out their report form and give it to the Woreda Health Office.

Step 9: The assessment, analysis and action cycle is repeated every month.

Session 2-4: Community mapping and household inventory

Objectives: At the end of the session, participants will be able to:

- Introduce the mapping tool to identify community concerns in their own areas
- Help community members better understand the surrounding/community environment in which they live
- Use strategic questions to draw out community concerns using a map
- Help community members distinguish the community strengths and weakness (wet and dry grasses), opportunities and threats, potential resources, etc. of their local realities
- Explain how to use the household inventory to collect key information about the individual household level environment surrounding children in a participatory manner
- Compile information from HHI for use in community conversation

Total Time: ⌚ 90 minutes

Activity 2-4a: Introduction and household inventory (30 min)

Activity 2-4b: Community mapping (60 min)

Materials: HH inventory practice sheets; collection of different size of stones, sticks, leaves, etc.; ash, white chalk powder or lime powder to mark map boundary; paper and pen/pencil for documenting the community map; rapid test kit for salt iodization

Activity 2-4a: Introduction and household inventory

Give an introduction to community mapping and HH inventory. Ask participants to share their experience if they have done any of these activities before.

Explain the information to be collected in the HH inventory register and how to use this information, as outlined in **Facilitator's Note 14**. Divide participants into groups of 5-6 and ask them to practice filling out the form by interviewing each other and answering as though they are mothers/caretakers.

Also demonstrate how to use the rapid test kit to test for salt iodization. Emphasize that salt should be tested for iodine in every household if the test kits are available.

Then they should compile the data for the group in the compilation sheet and discuss how they can use the information in community conversation.

Facilitator's Note 14 - Guidance Note for HH Inventory Exercise

HH Inventory is to be used by Community Health Workers for two purposes:

1. To collect information and discuss with family members various aspects of the household environment that positively or negatively affect children. This will help the household realise the need for change to minimize risks for children.
2. To use data compiled from HH inventory in community conversation to facilitate community level and household level actions to reduce malnutrition and promote child growth.

While collecting information from HHs, ask HEWs to follow these simple steps:

1. Explain to family members that you are collecting some information to help the family and community to care for their children better. Explain that this is not to find/point out any faults.
2. Fill in the name of the household head and date the first inventory was done.
3. Fill in the data regarding child care, maternal care, water and sanitation, and malaria. Where practices are not ideal, negotiate with the family to make changes. Work with them to commit to improving a few key practices, and mark these on the HH inventory. Agree with them to do the inventory again in six months to see what changes they have made and whether they faced any issues/constraints.

Sample Page from Household Inventory Register

Head of Household		Date of Inventory				
1	Household conditions					
1.1	Total number of people in the household?					
1.2	How many children? Under 5? Under 2?	Total:	U5:	U2:		
1.3	Pregnant woman? (Yes/No)					
2	Water, Sanitation and Hygiene	Existing Situation:		Agreed Activities to Improve and Status/Progress:		
		Yes	No	Agree (√)	Status after 6 months	Status after 12 months
2.1	Cattle & human rooms separated? (<i>observe</i>)					
2.2	Ventilation/window in the kitchen? (<i>observe</i>)					
2.3	Is latrine available? (<i>observe</i>)					
2.4	Is the latrine used and kept clean? (<i>observe</i>)					
2.5	Do you always wash your hands at critical times (before cooking/feeding, after defecating)?					
2.6	Is a clean water source available? (<i>observe</i>)					
2.7	Is storage and handling of drinking water hygienic? (<i>observe</i>)					
3	Children under 2 years	Yes	No	Agree (√)	Status after 6 months	Status after 12 months
3.1	Breastfeeding?					
3.2	Exclusively breastfeeding if <6 months?					
3.3	Receiving immunization as per schedule?					
3.4	Received Vitamin A Supplementation in the last 6 months?					
4	Maternal Health	Yes	No	Agree (√)	Status after 6 months	Status after 12 months
4.1	Receiving antenatal care?					
4.2	Taking iron/folate supplements every day?					
4.3	Reduced workload?					
4.4	If not pregnant: Using contraceptive methods?					
5	Use of iodized salt	Yes	No	Agree (√)	Status after 6 months	Status after 12 months
5.1	Is the salt you are using iodized? (<i>test</i>)					
6	Malaria and Insecticide Treated Net (ITN)	Yes	No	Agree (√)	Status after 6 months	Status after 12 months
6.1	Are there any mosquito breeding spots around the household? (<i>observe</i>)					
6.2	Does your family have ITN? (<i>observe</i>)					
6.3	Did your child(ren) sleep under ITN last night?					

<u>HOUSEHOLD INVENTORY COMPILATION SHEET</u>		
Number of households visited:	_____	
Number of children under two:	_____	
Number of pregnant women:	_____	
❖ <u>Water and Sanitation</u>	YES	NO
o Number of households with latrine	<input type="text"/>	<input type="text"/>
o Number of households with separate animal house	<input type="text"/>	<input type="text"/>
o Number of households with proper storage of drinking water	<input type="text"/>	<input type="text"/>
o Number of households with practice of handwashing	<input type="text"/>	<input type="text"/>
❖ <u>Child Health</u>		
o Number of children under 6 months exclusively breastfed	<input type="text"/>	<input type="text"/>
o Number of children who took Vitamin A in the last 6 months	<input type="text"/>	<input type="text"/>
o Number of children properly immunized for age	<input type="text"/>	<input type="text"/>
❖ <u>Maternal Health</u>		
o Number of women currently using family planning	<input type="text"/>	<input type="text"/>
o Number of pregnant women using antenatal care	<input type="text"/>	<input type="text"/>
o Number of pregnant women taking iron	<input type="text"/>	<input type="text"/>
❖ <u>Malaria</u>		
o Number of households with ITN	<input type="text"/>	<input type="text"/>
o Number of households in which children use ITN	<input type="text"/>	<input type="text"/>

Activity 2-4b: Community mapping (60 minutes)

1. After discussing the mapping exercise in class (using **Facilitator's Note 15**), trainees should practice it as a role play in the training venue, but outside the classroom. The activity will be repeated in the community during field practice on Day 5.
2. For this activity, trainees should choose one HEW's community to map. She should guide the others by describing what is in her community and where things are located.
3. Trainees first choose a flat ground for drawing the map and start drawing a rough outer boundary of the community/area. Then the different houses are marked. All of the following information can be marked in the map with the participation of the community members.
 - Representative houses
 - Farms and food items/sources
 - Water points
 - Health services
 - Market places

- Schools
 - Roads
 - Waste disposal
 - Mothers'/caretakers' gathering points
 - Factors that affect the protection or mental, emotional or physical growth and welfare of the child
 - Any other information the community thinks is important
4. After all important information has been marked, the facilitator can record the map on paper. The map should then be used to support discussion during Community Conversation.

Facilitator's Note 15 - Community Mapping

Community mapping is an assessment tool that can help communities identify and understand the real situation in their communities that positively or negatively impact child and maternal nutrition. This also leads to analysis of the situation and what can be done to improve the environment and caring practices at community level.

Purpose of mapping: It helps to

- identify target households, water points, health services, gathering places, and other positive factors (strengths) for children health and nutrition in a community.
- identify areas of open defecation, dirty areas, unprotected drinking water sources, and other negative factors (risks) against children health in an environment.
- conduct community conversation and subsequently bring communal action

The mapping exercise is done with the participation of community members and helps us to explore and visualize the community environment. Mapping can be repeated once every 6 months to help community members see the changes that have taken place over time in the community environment.

For the first six months, community mapping and conversation are to be done at Gotte level with the involvement of Gotte leaders. At the Gotte level, some issues that are common to a group of CHWs can be solved with the involvement of the Gotte leader and elders. During this time, the CHWs will get more experience by participating in this activity. After the first refresher training, it is hoped that CHWs will be able carry out mapping and community conversation at the 50 household level. The Gotte level CCs can continue with reduced frequency if decided by the communities and HEWs.

Here are some simple steps that the facilitator should explain to trainees:

- For doing mapping on the ground, we have to first choose a place where most of the community members can participate.
- We can prepare the ground the previous day by clearing the ground and levelling it if needed. It can also be sprinkled with water to make drawing with sticks easier.
- We can use ash to mark roads, pathways etc. We can use different stones, sticks, leaves, etc. to mark various places.
- We can involve the community members in collecting these materials so that there is more ownership of what we are doing.
- We will first draw the roads within the community and mark important resources like water sources, ponds, shops, markets, schools, and health services. We will also mark how waste is disposed in the community.
- We will also be marking all of the households in the Gotte (as members from all CHW areas will be participating).

- Then we will identify or mark households that have children under two years old and pregnant and lactating women. This helps CHWs to identify the target children and mothers when they start the GMP session.
- **When mapping at the 50 household level:** *After most of the information available has been mapped, we can invite the community members to form groups and go in different directions and validate the information in the map or come back with new observations if any. This is called **transect walk** through which, we observe our environment very critically. We look in every direction of our village to learn which positive(e.g. Areas of vegetables and fruits,) and negative factors (e.g areas of open defecation, dirty, disgusting and bad smelling areas,...) exist in the community and locate the exact place of the factors. When community members come back, we discuss with community members and finalize the community map.*
- We can repeat the community mapping once every six months to see if the changes we decided to bring about in the environment have been done and if it is having any impact on children's health and nutrition status.
- The next important step is to document this map so that the valuable information is not lost and can provide a benchmark for community conversation to decide on what actions need to be taken and what effect the actions are having on the environment. We can use different colours – red to mark areas which currently pose a danger to children and green to mark areas which are positively contributing to the well-being of children.
- At the first session of Community Conversation, the map should be presented so that members of the community can clearly see what their environment looks like and existing resources. In the subsequent CC sessions, when related issues are raised the map will be referred to and discussed: What affects health and nutrition of the children and why? How can things be changed? Who will do it and what resources are needed? We will decide on actions and responsibilities through Triple-A process.

Session 2-5: Facilitation of community conversation on child and maternal nutrition - Storytelling as an assessment and analysis tool

Objectives: At the end of the session, participants will able to:

- Use storytelling to help community members think through/reflect on the way their behaviours and values, as well as those of their families and neighbours, affect the lives of others
- Use storytelling to help community members think through situations by imagining themselves in the same situation
- Use storytelling to raise the curiosity of the wider community

Time: 🕒 1 hour

Materials: Flip chart papers, markers, cards/paper, stories on children's issues

Methodology:

- Short briefing
- Plenary discussion
- Illustration using examples
- Practice

Activities:

- Explain briefly to participants about the meaning, advantages and nature of storytelling as well as how it can be applied in exploring child-related concerns. During the explanation, use question and answer method to encourage discussion.
- Ask participants to create a story on a selected child-related issue, or use the story provided.

The facilitator should remember the following during storytelling and analysis sessions:

- Get participants to continue developing the story by using the pronouns 'I' and 'my' instead of using the pronoun 'they.'
- Participants should continue reflecting on the incident and thinking about some possible story lines. The facilitator should pose questions that people will want to answer so as to generate interest, even suspense, and give impetus to the process of starting to work out what would happen.

Let trainees understand that analysis of a role play or a story can be done as part of CC. This helps to kindle the thinking of the community members, individually and collectively. HEWs should keep a record of all community issues analysed, and the issues can be discussed further during subsequent CC sessions. They should not force all members to agree on a solution within one CC session. Action should come as part of the change taking place in the individual or community. We have to allow sufficient time, but carefully follow up on the process.

Facilitator's Note 16 – Storytelling

In the process of exploring and analysing concerns, stories can be useful for identifying the causes of these concerns. Stories are about people and what they do. They are ways of understanding social life, its dynamics, its influences and its impact. Stories touch listeners in ways that theoretical presentations or statistics often may not. People enjoy watching plays, drama or reading creative works as narrating the events in the story give a much better depth and complexity of understanding in ways that take much longer by other means. This implies that one can appeal to the interest of the community more strongly using stories than other mediums involving the use of statistical figures. This approach can easily evoke discussion within the community group.

Facilitator's Note 17 – The Story of W/ro Aregash

W/ro Aregash lives in one of the villages of Shebedino woreda. It has been sixteen years since she married her husband, Ato Ararso. They have seven children together, among whom only the eldest has had a chance to go to school. Currently, he has dropped his schooling and is helping his father in farming. The income of the family could not cover its food expenses, let alone finance the education of their children.

The youngest son of W/ro Aregash is currently sick and not getting better. Since he was not well nourished when he was an infant, his body weight and height is below normal for his age. The child is sleeping by one side of the wall on a bed made up of stone and mud. The home is totally dark except the light that is shining from the fire. You can identify the presence of the child only by the sound of his cough. Otherwise, in the darkness, it is impossible to find him.

W/ro Aregash is trying to keep the fire on and also in the meantime looking at her poor baby as he is coughing. Because she does not have money, she cannot take her baby to the health facility.

As she is immersed in her deep thoughts, she is reminded of her teacher who told her that in order to be happier, we have to plan our family. For this, there are services at the health centre.

“Is my problem a problem of large family?” she asks herself, but she hesitates to accept it. She again thinks - but it is right. I cannot afford to feed and educate all of my children. I cannot even take them to the health facility. Finally, the truth comes to her mind. She is again reminded of what her teacher taught her: “Children shall have a right to live, get food, go to the health facility and go the school.”

In the meantime, she hears some unusual sounds from the area where her baby is sleeping. As she runs to him to find out what is the matter, there is no response from the child. Sadly, he has already passed away.

It was one month after Tariku had died.

According to her husband, Ararso, fate decides their future. So he is careless about childcare. Meanwhile, he wants to have another child. But w/ro Aregash refuses to do so.

“God created, god took. Therefore, we should not interfere in God’s deeds,” says Ato Ararso.

But w/ro Aregash does not agree to have another child that she cannot afford to feed. She learned from the death of Tariku. She knows the available services for family planning, but how can she tell Ato Ararso about the issue? She knows that he will never accept.

She wants to use the medicine secretly, but what if Ato Ararso finds out that she is using contraceptive secretly? If she ceases giving birth, Ararso may get married to another woman to get more children. W/ro Aregash is in a dilemma.

What would you do if you were w/ro Aregash?

DAY 3

Session 3-1: Breastfeeding

Objective: at the end of the session, participants will be able to:

- Describe the benefits of breastfeeding for the infant, the mother, the family, and the community.
- Explain current breastfeeding practices in the community
- Explain optimal breastfeeding practices
- Explain the importance of each practice
- Demonstrate proper positioning and attachment
- Understand common breastfeeding difficulties in their community
- Take appropriate preventive and therapeutic actions

Total Time: ⌚ 1 hour 20 minutes

Activity 3-1a: The benefits of breastfeeding (10 min)

Activity 3-1b: Optimal breastfeeding practices (20 min)

Activity 3-1c: Proper positioning and attachment (20 min)

Activity 3-1d: Breastfeeding difficulties (30 min)

Materials:

- Flipcharts, markers, masking tape
- Flip chart with Benefits of Breastfeeding
- Large pictures of mothers breastfeeding with proper and improper positioning
- Family Health Card

Advance preparation:

- If possible, make arrangements in advance to have breastfeeding women present to demonstrate proper positioning and attachment.

Activity 3-1a: The benefits of breastfeeding

Time: ⌚ 20 minutes

Methodology: Brainstorming and plenary discussion

Activities:

- Brainstorming session on the benefits of breastfeeding for the infant, the mother, and for the family and community.
- Lead plenary discussion and write their reflections on a flip chart.
- Post on the wall the flip chart with Benefits of Breastfeeding and compare with the participants' answers.

Activity 3-1b: Explain the optimal breastfeeding messages

Time: ⌚ 20 minutes

Activities:

- Ask the participants to reflect breastfeeding practices in their community.
- Present the key optimal breastfeeding messages (see

Facilitator's Note 19 and **Facilitator's Note 20**) and lead plenary discussion.

- When presenting breastfeeding messages, show the participants where they can also find the illustrations in the family health card. Have them locate the pages and repeat which messages go with which pictures.

Activity 3-1c: Proper positioning and attachment

Time: ⌚ 20 minutes

Methodology:

- Group work
- Demonstration

Activities:

- Post the flip chart with signs of proper positioning and attachment and explain.
- Divide the participants into four small groups. Give two groups a picture of a mother breastfeeding with incorrect positioning and attachment, and give the other two groups a picture that demonstrates proper positioning and attachment.
- Ask the participants whether the picture demonstrates proper positioning and attachment, and if so, to list the signs of proper positioning and attachment. If not, list the signs that show it is incorrect positioning and attachment.
- If any breastfeeding mothers are present in the village, ask the participants to practice assessing positioning and attachment and give group feedback.
- Feedback and discussion.

Activity 3-1d: Breastfeeding difficulties

Time: ⌚ 30 minutes

Activities:

- In plenary, ask the participants to reflect on common problems of breastfeeding.
- Ask them to select three breastfeeding difficulties from the list and suggest what action to take.
- At the end of the discussion, share with participants key points from **Facilitator's Note 22**.

Facilitator's Note 18 – Benefits of Breastfeeding

BENEFITS OF BREASTFEEDING FOR THE INFANT/YOUNG CHILD

Breastmilk:

- Saves infants' lives as it contains antibodies that protect against diseases, especially against diarrhoea and respiratory infections.
- Is a whole food for the infant, as it contains balanced proportions and sufficient quantity of all the needed nutrients for the first 6 months.
- Promotes adequate growth and development, thus preventing stunting.
- Is always clean.
- The infant benefits from the colostrum, which protects him/her from diseases. The colostrum acts as a laxative cleaning the infant's stomach.
- Is always ready and at the right temperature.
- Protects against allergies. Breastmilk antibodies protect the baby's gut, preventing harmful substances from passing into the blood.
- Contains enough water for the baby's needs (87% water and minerals).

- Frequent skin-to-skin contact between mother and infant leads to better psychosocial development of the infant.

BENEFITS OF BREASTFEEDING FOR THE MOTHER

- Breastfeeding is effective as a contraceptive method during the first 6 months, provided that breastfeeding is exclusive and amenorrhea persists.
- Putting the baby to the breast immediately after birth facilitates the expulsion of the placenta because the baby's suckling stimulates uterine contractions.
- Reduces risk of bleeding after delivery.
- Immediate and frequent suckling prevents breast engorgement.
- Reduces the mother's workload (no time is involved in boiling water, gathering fuel, preparing milk).

BENEFITS OF BREASTFEEDING FOR THE FAMILY AND COMMUNITY

- No expenses in buying formula, firewood or other fuel to boil water, milk or utensils. The money saved can be used to meet the family's other needs.
- No medical expenses due to sickness that formula could cause. The mothers and their children are healthier.
- Improves child survival because it reduces child morbidity and mortality.
- Healthy babies make a healthy community.
- Protects the environment (trees are not used for firewood to boil water, milk and utensils, thus protecting the environment).

Facilitator's Note 19 - Optimal Breastfeeding Messages

Optimal Breastfeeding Messages (first 6 months of life)	Pictures from Family Health Card	Additional Information
1. Put your baby on the breast immediately after birth, even before the placenta is expelled, to stimulate your production of milk		<ul style="list-style-type: none"> - Colostrum contains many important factors which will protect your new baby from disease. - Immediate breastfeeding within one hour of birth will help to expel the placenta and reduce post-partum bleeding.
2. Feed your baby only breast milk for the first six months, not even giving water, for it to grow healthy and strong		<ul style="list-style-type: none"> - Feeding the baby only breast milk provides the best nourishment possible for the baby and will protect it from diseases such as diarrhea and respiratory infections.
3. Breastfeed your baby on demand, at least 10 times day and night, to produce enough milk and provide your baby enough food to grow healthily		<ul style="list-style-type: none"> - Frequent breastfeeding helps the milk to flow.
4. Mother, empty one breast first before switching to the second for your baby to get the most nutritious hind milk to grow strong and healthy		<ul style="list-style-type: none"> - Foremilk quenches thirst because it is more watery. Hind milk is richer and satisfies the baby's hunger so that it will not cry as much.
5. Father, ensure that your wife who is breastfeeding has 2 extra meals a day to maintain her health and the health of the baby		<ul style="list-style-type: none"> - Breastfeeding more during illness will help your baby to fight the sickness and not lose weight. Sick mothers can continue to breastfeed their baby.
6. During illness and for at least 2 weeks after illness, increase the frequency of breastfeeding for your baby to recover faster.		
7. Continue to breastfeed your baby until two years and beyond.		

Facilitator's Note 20 - Key Messages for Ethiopia on optimal breastfeeding (0 to 6 months)

1. Mother	Give the first yellow milk made especially for the new born as it will protect your baby from illness.
Supporting information	<ul style="list-style-type: none"> ▪ This first yellow milk (colostrum) is the mother's natural butter and will help to expel your baby's first dark stool. ▪ Colostrum contains many important factors which will protect your new baby from disease.
2. Mother	Put your baby on the breast immediately after birth, even before the placenta is expelled, to stimulate your production of milk.
Supporting information	<ul style="list-style-type: none"> ▪ Immediate breastfeeding within one hour of birth will help to expel the placenta and reduce post-partum bleeding. ▪ Pre-lacteal feeds (such as sugar water, water, butter, <i>ersho</i>) are not necessary and may interfere with establishing good breastfeeding practices during the first days of the baby's life.
3. Mother	Feed your baby only breast milk for the first six months, not even giving water, for it to grow healthy and strong.
Supporting information	<ul style="list-style-type: none"> ▪ Feeding the baby only breastmilk provides the best nourishment possible for baby & will protect it from diseases such as diarrhea and respiratory infections. ▪ Giving the baby water or other liquids may make your baby sick with diarrhea. ▪ If the baby takes water or other liquids, its appetite for breastmilk may decrease meaning it sucks less on the breast leading to poor growth. ▪ Even during very hot weather, breastmilk will satisfy all of your baby's thirst for liquids during the first six months.
4. Mother	Breast feed your baby on demand, at least 10 times day and night, to produce enough milk and provide your baby enough food to grow healthy
Supporting information	<ul style="list-style-type: none"> ▪ Frequent breastfeeding helps the milk to flow. ▪ Increases bonding between mother and child. ▪ Ensure proper positioning and attachment of the baby on the breast so it gets adequate breastmilk and also to avoid breast problems such as sore and cracked nipples. ▪ Advise mothers with nipple and breast problems to seek immediate care from a Health Worker.
5. Mother	Empty one breast first before switching to the second for your baby to get the most nutritious hind milk to grow strong and healthy
Supporting information	<ul style="list-style-type: none"> ▪ Foremilk quenches thirst because it is more watery. ▪ Hind milk is richer & satisfies baby's hunger so that it will not cry as much.
6. Husband	Ensure that your wife who is breastfeeding has two extra meals a day to maintain her health and the health of the baby
Supporting information	<ul style="list-style-type: none"> ▪ To maintain their health, breastfeeding women need to eat a wide variety of foods, particularly animal products (meat, milk, eggs, etc), fruits and vegetables. ▪ Ripe papaya, orange, carrot, pumpkin, mango and liver are especially good for the mother.
7. Mother	During illness, increase the frequency of breastfeeding for your baby to recover faster.
Supporting information	<ul style="list-style-type: none"> ▪ Continue to breastfeed during diarrhea, even increasing the frequency, to replace the liquid lost. ▪ Breastfeeding more during illness will help your baby to fight the sickness and not lose weight.

	<ul style="list-style-type: none"> ▪ Breastfeeding also provides comfort to a sick baby. ▪ Sick mothers can continue to breastfeed their baby.
8. Mother	After each illness increase the frequency of breast feeding for the baby to regain health and weight.
Supporting information	<ul style="list-style-type: none"> ▪ Each time a baby is sick, it will lose weight so it is important to breastfeed as often as possible. ▪ Your breast milk is the safest and most important food you can offer your baby to regain its health and weight.
9. Mother	Take Vitamin A supplementation within 45 days of delivery for the baby's health and strength.
Supporting information	<ul style="list-style-type: none"> ▪ Ask a Health Worker for Vitamin A supplementation after birth. ▪ Taking a Vitamin A capsule will enrich the mother's breastmilk with important nutrients to keep the baby healthy and strong.
10. All family	Sleep under an insecticide-treated net (ITN), especially pregnant women and children, to prevent getting malaria.
Supporting information	<ul style="list-style-type: none"> ▪ Malaria causes anemia which will make members of your family unwell and very tired. ▪ Family members with fever need to be taken to a health facility for immediate treatment.
Additional nutrition message for infants 0 to 6 months on Vitamin D	
Mother and father	Expose your baby to sunlight for 20 to 30 minutes daily to ensure it grows well
Supporting information	<ul style="list-style-type: none"> ▪ Exposure to sunshine will help ensure your baby has adequate Vitamin D which is important for bone growth and good health.

Facilitator's Note 21 – Proper breastfeeding positioning and attachment

- **Proper positioning and good attachment** are important to enable the infant to suckle effectively, to remove milk efficiently, and stimulate an adequate supply.
- **Poor attachment** results in incomplete removal of milk, which can lead to sore nipples, inflammation of the breast, and mastitis.

Preparation and how to breastfeed (signs of proper positioning)

- The mother must be comfortable
- Hold the infant in such a way as to have his/her face at the mother's breast level (The infant should be able to look up at the mother's face, not flat to her chest or abdomen)
- The infant's stomach should be against the mother's stomach
- The infant's head, back, and buttocks are in a straight line
- The infant needs to be close to the mother
- The baby's whole body should be supported, not just the head and shoulders
- The mother should hold her breast with her fingers in a C shape, the thumb being above the areola and the other fingers below.

Demonstration of different breastfeeding positions

Sitting position

- Usual position of Ethiopian mothers
- Make sure infant's and mother's stomachs are facing each other



Side-Lying

- This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.
- The mother and infant are both lying on their side and facing each other.



Signs of proper attachment

Tease the infant's lower lip with the nipple, in order for the infant to open wide his/her mouth

- The infant's mouth covers a large part of the areola (there is more areola showing above rather than below the nipple)
- The mouth is wide open
- The infant's chin touches the breast
- Both lips are turned outwards



Facilitator's Note 22 - Prevention and management of common breastfeeding difficulties

Difficulty or Condition	Prevention	Solutions
Engorgement	<ul style="list-style-type: none"> • Correct positioning and attachment • Breastfeed immediately after birth • Breastfeed on demand (as often and as long as baby wants) and day and night. • Allow baby to finish first breast before switching to the second breast 	<ol style="list-style-type: none"> 1. Apply cold compresses to breasts to reduce swelling; apply warm compresses to “get milk flowing.” 2. Breastfeed more frequently or longer 3. Improve infant positioning and attachment 4. Massage breasts 5. If no improvement in 1-2 days, refer to health facility
Sore or Cracked Nipples	<ul style="list-style-type: none"> • Correct positioning of baby • Correct attachment • Do not use bottles, • Do not use soap on nipples 	<ol style="list-style-type: none"> 1. Make sure baby is positioned well at the breast 2. Make sure baby latches on to the breast correctly 3. Apply drops of breastmilk to nipples and allow to air dry 4. Remove the baby from the breast by breaking suction first 5. Begin to breastfeed on the side that hurts less 6. Do not stop breastfeeding 7. Do not use bottles 8. Do not use soap or cream on nipples
Insufficient Breastmilk (Mother thinking she does not have enough milk)	<ul style="list-style-type: none"> • Breastfeed more frequently at least every 3 hours • Exclusively breastfeed day and night • Breastfeed on demand • Correct positioning and attachment of baby • Avoid bottles 	<ol style="list-style-type: none"> 1. Withdraw any supplement, water, formulas, tea, or liquids 2. Feed baby on demand, day and night 3. Increase frequency of feeds 4. Wake the baby up if baby sleeps throughout the night or longer than 3 hours during the day 5. Make sure baby latches-on to the breast correctly 6. Baby takes fore and hind milk. 7. Reassure mother that she is able to produce sufficient milk 8. Explain the growth trend using the growth chart

Session 3-2: Complementary feeding and key caring practices

Objectives: At the end of the session, participants will be able to:

- Describe key messages pertaining to child feeding from 6 to 24 months
- Explain the importance of each message
- Describe the care practices for children 6 to 24 months
- Demonstrate how to prepare complementary food from local foods

Total Time: ⌚ **100 minutes**

Activity 4-5a: Key complementary feeding and care practices from 6-24 months (40 min)

Activity 4-5b: Demonstration of preparation of complementary food from local foods (60 min)

Materials:

- Flipchart paper, markers, masking tape
- Family Health Card
- Copies of the recipes selected from the book: *Complementary Feeding Recipes for Ethiopian Children 6-23 Months Old: A Practical Cooking and Feeding Guide*. August 2006.
- Stove, kerosene, cooking pot, spoon, cups: each 6 in number
- Locally available foods

Advance preparation:

- Purchase food items or ask the participants to bring foods based on the recipe selected.

Activity 5a: Key complementary feeding and care practices from 6–24 months

Time: ⌚ **40 minutes**

Activities:

- Divide the participants into 6 groups and discuss the feeding practices for children aged 6-24 months in their community.
- Ask each group to post each practice, on a prepared flip chart, under either positive, negative or neutral practices.
- Post the key complementary feeding messages. Discuss with the participants and compare with their answers.
- When presenting messages, show the participants where they can also find the illustrations in the Family Health Card. Have them locate the pages and repeat which messages go with which pictures. Refer to **Facilitator's Note 23**.

Activity 5b: Demonstration of preparation of complementary food from local foods

Time: ⌚ **60 minutes**

Activities:

- Form four groups and ask each group to prepare a nutritious complementary food for different age groups (6-9 months, 10-12 months, and 12-24 months).
- In plenary, ask each group to do a **simulation of how they would do the demonstration for community members/mothers/caregivers** in an interesting

way and with proper messages. Allow the audience to ask questions and correct any misinformation.

- Emphasize the importance of energy density, consistency, food hygiene and feeding of warm foods, and feeding frequency in relation to children's nutritional requirements.

Facilitator's Note 23 - Key Messages for Ethiopia on Complementary Feeding with Breastfeeding (6 to 24 months)

1. Mother and father	Introduce complementary foods at six months of age, such as soft porridge 2-3 times a day, for your baby to grow healthy and strong.
Supporting information	<ul style="list-style-type: none"> ▪ Porridge can be made from many different types of cereals and tubers (e.g. potatoes, <i>enset</i>). ▪ The consistency of the porridge should be thick enough to feed by hand. ▪ Thicken the porridge as the baby grows older, making sure that it is still able to easily swallow without choking. ▪ Thin gruels made with water are not healthy for your baby as they do not provide enough of the nutrients it needs to grow strong and healthy. ▪ When possible use milk instead of water to prepare the porridge. ▪ Foods given to the child must be stored in hygienic conditions to avoid diarrhea and illness. <p>Types of complementary foods, such as porridges, found in different regions that can be used to feed babies 6 to 12 months of age include:</p> <p><u>SNNPR:</u></p> <ul style="list-style-type: none"> - <i>musifa</i> (Sidama) - <i>bulla, genfo</i> (Gurage/Cheha) - <i>uncha shandra</i> (N. Omo/Konta) - <i>boru-de-libajun</i> (Bench and Majil/Menit) - <i>boru-de-wedida</i> (Bench and Majil/Menit) <p><u>Oromia:</u></p> <ul style="list-style-type: none"> - <i>shuro</i> (E. Hararge/Kersa Jarso) - <i>merka</i> (E. Wellega) <p><u>Amhara:</u></p> <ul style="list-style-type: none"> - <i>genfo</i>
2. Mother	Continue to breastfeed your child on demand, at least 8 times, day and night, until two years and beyond to maintain its strength.
Supporting information	Breast milk still contains proteins, vitamins and minerals that are helpful for the child, therefore breast feed children up to two years or longer
3. Mother and father	Enrich your baby's porridge with 2 to 3 different types of foods at each meal (such as butter, oil, peanuts, meat, eggs, lentils, vegetables and fruits) for it to grow and get strong.
Supporting information	<ul style="list-style-type: none"> ▪ From 6 months onwards, feed your child 2-3 types of different enrichment foods with the porridge at each meal, in addition to breastmilk. ▪ Try to feed different foods each time. ▪ Mash and soften the enrichment foods so the baby can easily chew and swallow without choking. ▪ Cow's milk can be offered to your child in addition to the enrichment foods given, however, not to replace the enrichment foods. ▪ Add butter and oil every time.

	<ul style="list-style-type: none"> ▪ Animal foods (meat, liver, fish, eggs) are especially good for your baby and will keep it healthy and strong. ▪ Ripe orange/yellow fruits (papaya, mangos) and vegetables (carrots) are good sources of Vitamin A. ▪ Dark green leaves (kale, chard, <i>shiferaw</i>) and legumes contain important nutrients such as iron and will help your baby grow strong. <p>Types of enrichment foods that can be given with the porridge include:</p> <ul style="list-style-type: none"> ▪ Oil and butter ▪ Meat and fish ▪ Eggs ▪ Peanuts, beans, peas or lentils ▪ Ripe papaya or mangoes ▪ Carrots ▪ Avocados ▪ Dark green leafy vegetables
4. Mother and father	From 6 to 12 months of age, in addition to the 2-3 servings of enriched porridge, also feed your baby 1-2 other solid foods (<i>mekses</i>) each day to ensure healthy growth.
Supporting information	<ul style="list-style-type: none"> ▪ Babies have small stomachs and can only eat small amounts at each meal so it important to feed them frequently throughout the day. ▪ By 8 months the baby should be able to begin eating finger foods such as pieces of ripe mango & papaya, avocado, banana, other fruits & vegetables, fresh & fried bread products, boiled potato, sweet potato, <i>kita</i> (unleavened bread), etc. ▪ Feed these finger foods as snacks (<i>mekses</i>) at least 1-2 times each day. ▪ Foods given to the child must be stored in hygienic conditions to avoid diarrhea and illness.
5. Mother and father	From 12 to 24 months of age, feed your child at least 3-4 times a day using family foods, along with 1-2 other solid foods (<i>mekses</i>) each day to ensure healthy growth.
Supporting information	<ul style="list-style-type: none"> ▪ It is very important that the family's meals are also enriched with a variety of foods and that the child eats a variety of foods. ▪ Young children have small stomachs and can only eat small amounts at each meal so it important to feed them frequently throughout the day. ▪ Other solid foods (<i>mekses</i>) can be given as many times as possible each day and can include ripe mango & papaya, avocado, banana, other fruits & vegetables, fresh & fried bread products, boiled potato, sweet potato, <i>kita</i> (unleavened bread), etc. ▪ Foods given to the child must be stored in hygienic conditions to avoid diarrhea and illness.
6. Mothers and fathers	As your baby grows older, feed more food at each meal in order to ensure that they are eating enough to maintain healthy growth.
Supporting information	<p>The following are examples of different foods & their amounts that can be fed to infants & young children. Change these recipes each day using a variety of different foods remembering to encourage your child to eat more at each meal as they get older:</p> <p>Each day a 6 to 8 months old baby can eat:</p>

	<ul style="list-style-type: none"> ▪ 2 full 'buna' cups of cooked soft sorghum porridge enriched with 1 teaspoon oil and 1 teaspoon of pea flour (<i>shiro</i>) [If two meals are fed to baby each day, feed 1 'buna' cup of enriched porridge at each meal] <u>and</u> ▪ 1 full 'buna' cup of milk (either given to baby in a cup or used to cook porridge instead of water) <u>and</u> ▪ 3 teaspoons of mashed ripe mango as <i>mekses</i> <u>and</u> ▪ juice of one small orange as <i>mekses</i> <u>and</u> ▪ iodized salt to cook enriched porridge <p>Each day a 9 to 11 month old baby can eat:</p> <ul style="list-style-type: none"> ▪ 3 full 'buna' cups of cooked <i>enset</i> porridge enriched with 2 teaspoons oil, 3 leaves of kale, 1 teaspoon of pea flour (<i>shiro</i>) and 1 egg [If three meals are fed to the baby each day, feed 1 'buna' cup of enriched porridge at each meal] <u>and</u> ▪ 1 full 'buna' cup of milk (either given to baby in a cup or used to cook porridge instead of water) <u>and</u> ▪ 1/2 mashed ripe mango as <i>mekses</i> <u>and</u> ▪ 1 piece of cooked sweet potato as <i>mekses</i> <u>and</u> ▪ iodized salt to cook enriched porridge
	<p>Each day a 12 to 24 month old child can eat:</p> <ul style="list-style-type: none"> ▪ 4 full 'buna' cups of <i>fitfit</i> made with: 1/3 injera circle, 2 teaspoons oil, 1 Tablespoon pea flour (<i>shiro</i>), 1 small onion, 1 potato and 3 leaves of kale. [Feed child this amount over 3-4 meals during the day] <u>and</u> ▪ 2 big 'buna' cups of milk (either given to baby in a cup or sed to cook <i>fit fit</i> instead of water) <u>and</u> ▪ mashed papaya as <i>mekses</i> <u>and</u> ▪ 1 avocado as <i>mekses</i> <u>and</u> ▪ iodized salt to cook the <i>fitfit</i>
7. Mother and father	Be patient and actively encourage your baby to eat all its food in order to grow healthy.
Supporting information	<ul style="list-style-type: none"> ▪ At first the baby may need time to get used to eating foods other than breastmilk so have patience and take enough time to feed them, even using play to help them eat. Make the time for eating special. ▪ Use a separate plate to feed the child to make sure it eats all the food given. ▪ Forced feeding will discourage babies and young children from eating. ▪ As they are too little to feed themselves, babies need to be fed directly to make sure they eat all the food given to them. ▪ Even when older, young children should be supervised during mealtime to make sure they eat all the food put on their plate.
8. Mother and father	During illness, increase the frequency of breastfeeding and offer additional food to your child to help it recover faster.
Supporting information	<ul style="list-style-type: none"> ▪ Fluid and food requirements are higher during illness. ▪ Take time to patiently encourage your sick child to eat as their appetite may be decreased because of the illness. ▪ It is easier for a sick child to eat small frequent meals so feed the child foods it likes in small quantities throughout the day. ▪ It is important to keep breastfeeding and feeding complementary foods to your child during illness to maintain its strength and reduce the weight loss.
9. Mother	When your child has recovered from an illness, give it one

and father	additional meal of solid food each day during the two weeks that follow to help it recover quickly.
Supporting information	<ul style="list-style-type: none"> ▪ Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness. ▪ Take enough time to actively encourage your child to eat this extra food as they still may not appear hungry due to the illness.
10. Mother and father	Feed your baby using a clean cup and spoon, never a bottle as this may cause your baby to get diarrhea.
Supporting information	<ul style="list-style-type: none"> ▪ Nutritious porridges for children should be thick enough to be fed by hand. Porridge that is too watery and can be fed with a bottle will not help your baby to grow. ▪ Bottles are very difficult to keep clean and can make your baby sick with diarrhea. ▪ Cups can be used to feed your baby, are easy to keep clean and are cheaper to buy than a bottle.
11. Mother and all family members	Wash your hands with soap and water or ash before preparing food, before eating, and before feeding young children to avoid diarrhea.
Supporting information	<ul style="list-style-type: none"> ▪ Touching food with unclean hands can cause diarrhea. ▪ Utensils for feeding the baby also have to be clean. ▪ Use a cup to feed a baby or a young child never a bottle which can cause diarrhea. ▪ Foods given to the child must be stored in hygienic conditions to avoid diarrhea and illness.
12. Mother and father	When your baby is 6 months old, make sure it receives Vitamin A supplementation every six months to make it strong.
Supporting information	<ul style="list-style-type: none"> ▪ Ask a Health Worker to give Vitamin A supplementation two times a year to your child between 6 to 59 months of age. ▪ Vitamin A is important for your child's eyesight as well as will help your child fight illness. ▪ Be sure to bring your child to Vitamin A supplementation sessions during Community Health Days.
13. Mother and father	Find ripe orange/yellow fruits and vegetables or liver to feed your child to keep it healthy.
Supporting information	<ul style="list-style-type: none"> ▪ These foods are good sources of Vitamin A and other nutrients that will help your child grow strong and healthy. ▪ Children should eat these foods as often as possible.
14. Mother and father	When your child is two years old, it has to receive de-worming medicine every six months to maintain healthy growth.
Supporting information	<ul style="list-style-type: none"> ▪ Ask a Health Worker for de-worming medicine to be given two times a year to your child between the ages of 2 to 5 years. ▪ Intestinal parasites cause young children to become anemic which will make your child unwell and tired.
15. All family members	Sleep under an insecticide treated net (ITN), especially pregnant women and children, to prevent getting sick with malaria.
Supporting information	<ul style="list-style-type: none"> ▪ Malaria causes anemia which will make members of your family unwell and very tired. ▪ Family members with fever need to be taken to a health facility for immediate treatment.
16. Mother and father	Ensure that all family food is cooked using iodized salt so that family members remain healthy.
Supporting information	<ul style="list-style-type: none"> ▪ Iodized salt is not available everywhere, but should be used when

information	<p>available.</p> <ul style="list-style-type: none"> ▪ Pregnant women need to use iodized salt to ensure the health of their new baby.
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Additional Nutrition Message for Children 6 to 12 months on Vitamin D

Mother and father	Expose your child to sunlight for 20 to 30 minutes daily to ensure it grows well
Supporting information	Exposure to sunshine will help ensure your child has adequate Vitamin D which is important for bone growth and good health.

Session 3-3: Common childhood illnesses and prevention

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

- Understand the major causes of illness and death of children
- State the family and household practices that can help to prevent childhood morbidity and mortality in Ethiopia

Time: ⌚ 20 minutes

Materials:

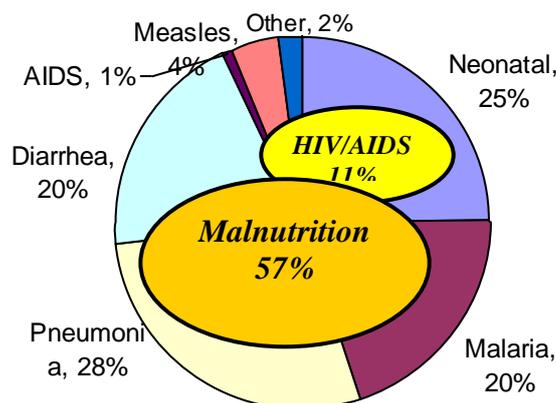
- Flip chart and marker
- Picture that shows causes of child illness and mortality in Ethiopia (错误!未找到引用源。)
- Flip chart with key C-IMCI household and community practices (**Facilitator's Note 25**)

Activities:

- In plenary, discuss the major causes of child morbidity and mortality in Ethiopia and in the participants' woredas.
- Present the diagram and data (**Facilitator's Note 24**).
- Discuss the danger signs of illnesses in infants and children.
- Discuss the reasons for illness and what practices can reduce illness and child death.
- Present the C-IMCI messages for Ethiopia (**Facilitator's Note 25**) and compare with the participants' answers.
- Check if all trainees know how to prepare and give oral rehydration solution. If some trainees are in doubt, make arrangements for a demonstration during lunch break.

Facilitator's Note 24 - What are children dying from in Ethiopia?

What are children dying from in Ethiopia?



Facilitator's Note 25 – Community IMCI

Community IMCI is an integrated child care approach that aims to improve key family and community practices that are likely to have the greatest impact on child survival, growth and development.

C-IMCI:

- Addresses important causes of childhood morbidity and mortality: diarrhea, pneumonia, malaria, and malnutrition.
- Empowers caregivers with key family practices
- Promotes linkages between communities and services
- Improves availability of supplies/commodities at community level
- Encourages multi-sectoral support

C-IMCI key family and community practices are:

- Documented and have the greatest impact on mortality
- Feasible to implement in developing countries
- Cost effective
- Focused on major problems of child health, nutrition, and development
- Focused on behaviour change

C- IMCI key family and community practices include:

- 1. Proper disposal of faeces, including children's faeces, and washing hands with soap after defecation, before preparing meals, and before feeding children.**

Key messages

- Dispose faeces, including children's faeces in latrines. If there are no latrines, bury the faeces.
- Wash hands with soap and water after contact with faeces, before preparing meals and before feeding children.

- 2. Protect children and pregnant and lactating women in malaria-endemic areas by ensuring that they sleep under insecticide-treated bed nets (ITN) and promote mosquito source reduction.**

Key messages

- Sleep under ITN every night.
- Bed nets should be dipped in insecticide every six months.
- Mosquitoes multiply in swampy areas; thus, draining those areas will reduce the amount of mosquitoes.

3. Promote use of safe water

Key messages

- Drinking water should come from pipe water, protected springs and protected wells.
- Drinking water should be kept in clean utensils
- Boiling makes drinking water safe.
- After boiling, use clean utensils to drink.

4. Take children as scheduled to complete a full course of immunization.

Key messages

- Take children for immunization to prevent illnesses, disability and death.
- Let children finish the full course of immunization; otherwise, it is not completely effective.
 - o Immunization schedule starts at birth.
 - o It is given at birth, at 6, 10 and 14 weeks and at 9 months.
- There are no contraindications for immunization.
 - o Immunization is safe and can be given to all children.
 - o Children with diarrhea, cough and fever can be given immunization.

5. Continue to give appropriate food and offer more fluids, including breast-milk, to children when they are sick.

Key messages

- Increase fluid intake when the child is sick to replace the lost energy and fluid.
- Continue feeding the child during illness to replace the lost energy.
- Continue frequent breastfeeding.
- Do not stop giving breastmilk or complementary foods when children develop diarrhea.

6. Give sick children appropriate home treatment for illness.

Key messages

- When your child has diarrhea, give the child extra home based fluids or ORS.
- When a child has cough, soothe the throat using safe remedies. Tea with honey and gruel can be used as safe remedies.
- If children living in malarious areas develop fever, they should be given antimalarial drugs.
- Recognize when a sick child needs further care, and promptly seek appropriate outside care from a trained provider.

Source: Ethiopia Child Survival Situation Analysis 2004

Facilitator's Note 26 - How to Make Oral Rehydration Solution:

- Wash your hands with soap and clean water
- Clean a half-liter container. (A soda bottle is approximately 1 liter.)
- Put a half-liter of water into the container.
- Then add a “pinch” of salt (using three fingers to make a “pinch”).

- Add a “fistful” of sugar.
- Stir the water with a clean spoon so that there is no remaining sediment.
- Taste the prepared solution. Correctly prepared solution tastes like tears.
- The solution can be left at room temperature for up to 6 hours. However, if the solution has been left at room temperature for longer than this, it should be discarded and new home-based ORS should be prepared.

Facilitator's Note 27 - How to Give Home Based Oral Rehydration Solution

- If the child is under two years of age, give a teaspoonful every 1-2 minutes.
- If the child is two years or older, give frequent sips from a cup.
- If the child vomits, wait 10 minutes. Then give the solution more slowly (for example, a spoonful every 2-3 minutes).
- Keep giving the solution until diarrhea stops.

Session 3-4: Feeding and Care of Sick Child

Objectives: At the end of the session, participants will be able to:

- Counsel on child feeding during and after illness
- Explain the reasons for these practices
- Recite the danger signs to refer a child to a health facility
- Describe the home management of a sick child

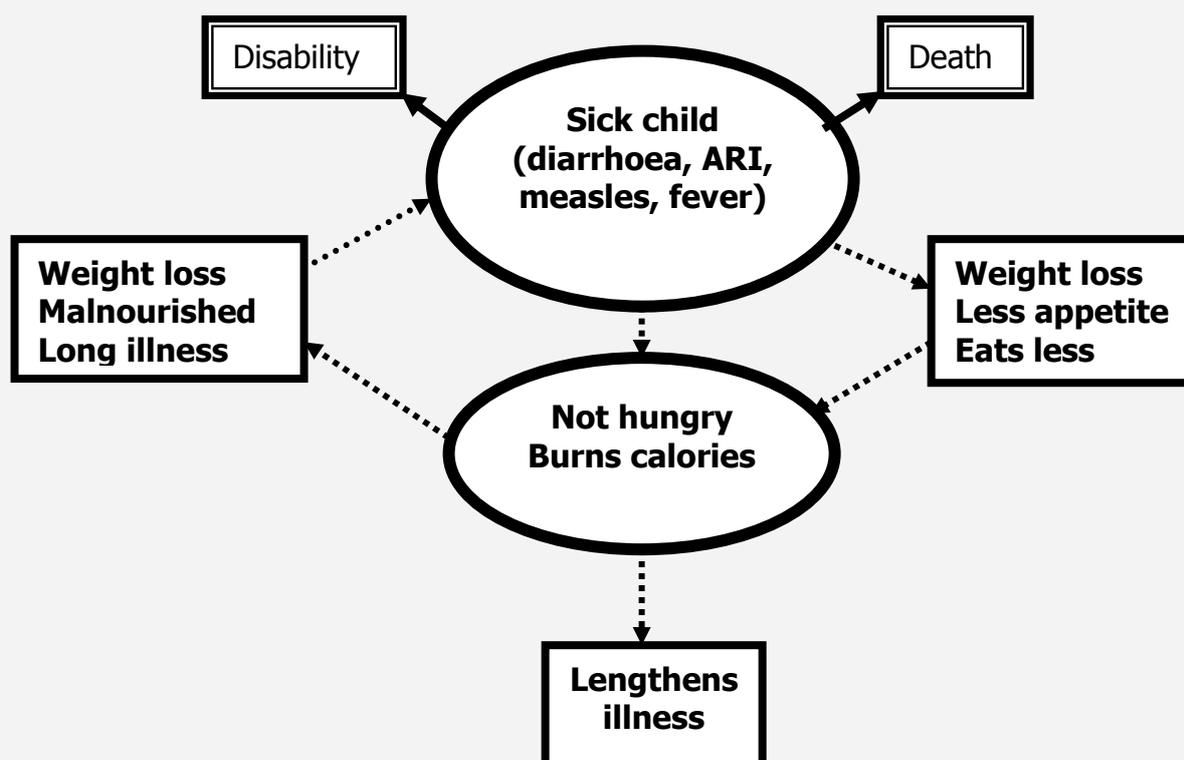
Time: ⌚ 30 minutes

Materials:

- Flipcharts, markers, masking tape
- Family Health Card
- Prepared flip chart of diagram in **Facilitator's Note 28**
- Posters on danger signs for immediate visit to health facility

Activities:

- Display the diagram of the relationship between illness of a child and various feeding issues and discuss in plenary.
- Ask participants to reflect on the sick child feeding practices in their communities.
- Compare their answers with the feeding messages for a sick child detailed in **Facilitator's Note 29** and discuss.

Facilitator's Note 28 - Relationship between illness and feeding**Content**

A sick child usually does not feel like eating. But he/she needs even more strength to fight the sickness. Strength comes from the food he/she eats. If the child does not eat or does not breastfeed during sickness, he/she will take more time to recover. The child will run a chronic state of sickness and malnutrition and may end up with a physical or intellectual disability related to malnutrition. The child takes more time to recover, sometimes the child's condition worsens and he/she might even die. Therefore, it is very important to encourage the sick child to eat during sickness, and to eat even more during recuperation in order to quickly regain strength.

Facilitator's Note 29 - Feeding of a sick child

1) Advice on feeding a sick child during illness:

Child under 6 months:

If the baby is sick, particularly with diarrhea, the mother should increase breastfeeding frequency and continue exclusively breastfeeding to avoid dehydration and malnutrition.

- Breastmilk contains water, sugar, nutrients, and salts in adequate quantities, which will help the baby recover quickly from diarrhea.
- If the baby has severe diarrhea, the mother should continue to breastfeed and go to the health centre for advice and treatment. If dehydrated, the baby will need ORS.

Child older than 6 months:

If the young child is sick, the mother should breastfeed frequently to avoid dehydration and malnutrition. She should also offer the baby's favourite foods (even if the baby is not hungry).

- If the baby has severe diarrhea and shows any signs of dehydration, the mother should continue to breastfeed and go to the health centre for advice and ORS treatment.

2) Advice on feeding sick child after illness:

Child under 6 months:

Continue to breastfeed exclusively, and breastfeed more frequently for at least 2 weeks after illness.

- Breastmilk contains all the nutrients needed to help the baby regain strength and regain lost weight.

Child older than 6 months:

The mother should breastfeed more frequently, and offer an extra meal or snack every day for a period of 2 weeks.

Session 3-5: Essential Newborn Care

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

- Help/advise families and mothers on home care of newborns
- Identify low birth weight babies and know what actions to take
- Identify newborn babies who need referral services

Time: ⌚ 30 minutes

Activity 3-4a: Reflection on newborn care in the community and introduction to essential newborn care

Activity 3-4b: Definition and problems of LBW newborns and special care for LBW babies

Materials: Flip chart, marker

Activity 3-4a: Reflection on the newborn care in the community and introduction to essential newborn care

Activities:

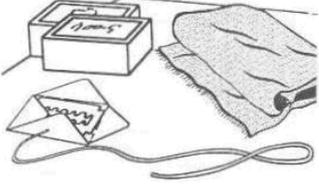
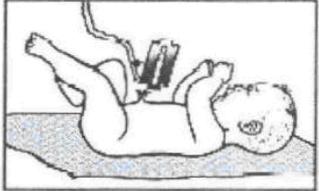
- Present the importance of providing care for newborn babies, referring to **Facilitator's Note 30**.
- Ask the participants about the current practices of newborn care in their communities.
- Explain the essential newborn caring practices and show them the pictures in the Family Health Card associated with each practice. Refer to **Facilitator's Note 31**.
- Compare each practice with the current practices in the community, and ask what they think about each caring practice.

Facilitator's Note 30 - Neonatal death and low birth-weight

- 24% of all under-five deaths in Africa occur during the neonatal period.
- About half of these neonatal deaths occur during the first 24 hours of life.
- Neonatal mortality is 2.5 to 7 times greater for non-breastfed babies than for breastfed babies.

- Low birth weight, which is associated with increased infant mortality, is directly related to the health and nutritional status of the mother before and during pregnancy.

Facilitator's Note 31 - Essential Newborn Care

Messages	Pictures from FHC	Additional Information
<p>Mother/Father: Ensure that you have the following three necessary clean items ready in the house before your baby is born to protect yourself and your baby from infection. The three clean items are:</p> <ol style="list-style-type: none"> 1. Soap for the delivery attendant to wash her hands 2. A clean surface you will lie on when you deliver 3. A new, clean razor blade and a clean cord to cut and tie the umbilical cord 		
<p>Mother/Delivery Attendants: Cut the umbilical cord with a clean razor and tie it with a clean tie to protect the baby from infection.</p>		
<p>Mother/Delivery Attendants: Cover the umbilical cord with a clean cloth and avoid putting butter, dung, etc. on it to protect the baby from infection.</p>		
<p>Mother/Delivery Attendants: Delay bathing the baby for at least one day after delivery to protect the baby from exposure to cold</p>		<p>Newborns can become cold very quickly, so it is important to keep the baby warm.</p>
<p>Mother/Delivery Attendants: Dry the baby with a clean cloth to protect the baby from exposure to cold.</p>		
<p>Mother: Put your baby on the breast immediately after birth, even before the placenta is expelled, to stimulate your production of milk.</p>		<ul style="list-style-type: none"> - Colostrum contains many important factors which will protect your new baby from disease. - Immediate breastfeeding within

		<p>one hour of birth will help to expel the placenta and reduce post-partum bleeding.</p>
<p>Mother/Delivery Attendants: Hold the baby close to your body to protect him/her from cold and keep him/her warm.</p>		<p>Newborns can become cold very quickly, so it is important to keep the baby warm.</p>
<p>Mother/Husband/Delivery Attendants: Dress the newborn baby warmly and wrap the baby's head and feet with cloth to protect him/her from cold and keep him/her warm.</p>		
<p>Father/Grandmother/Mother: If your baby has difficulty in breathing, refuses to breastfeed, has fever, or is too cold, immediately take him/her to the nearby health facility to receive proper check up and treatment from health workers.</p>		<p>In the presence of danger signs, newborns require special medical care. In that case, caretakers should immediately seek medical care.</p>

Activity 3-4b: Definition and problems of LBW newborns and special care for LBW babies

Activities:

- Present the definition of LBW, how to identify LBW babies, and common problems of associated with LBW, referring to **Facilitator's Note 32**.
- In plenary, ask the participants about the appropriate home care for LBW babies. Present each of the care practices listed in **Facilitator's Note 33**.

Facilitator's Note 32 - Identification and management of low birth weight babies

Identification of a LBW baby:

- Definition: Low birth weight means less than **2,500 grams** at birth; very LBW means less than **1,500 grams**.
- LBW babies are thin and have very little fat under the skin.

Common problems observed in LBW babies:

- Breathing problems
- Low body temperature
- Low blood sugar
- Feeding problems

- Infections
- Yellow discoloration of eyes and body (jaundice)
- Bleeding problems

Refer all newborns with the following danger signs to health facility:

- Breathing problems
- Feeding difficulties or not sucking
- Feels cold
- Fever
- Red, swollen eyelids and pus discharge from the eyes
- Redness, swelling, pus, or foul odor around the cord or umbilicus
- Convulsions/fits
- Jaundice/yellow skin

Facilitator's Note 33 - Care of Low Birth weight Babies

- Initiate breastfeeding immediately after birth.
- Dry the baby with a clean cloth to protect the baby from exposure to cold.
- Delay bathing the baby for 1-2 days to protect the baby from exposure to cold.
- Keep the baby in continuous skin-to-skin contact with the mother. This helps the baby maintain a good temperature, improves the baby's breathing and strengthens the love and bonding between a mother and her baby.
- Cover the head of the baby with cloth and make sure the baby is warm.
- Refer all LBW babies to HEW.
- HEW should refer all Very Low Birth Weight (VLBW) babies and those LBW babies with the following problems to the Health Center:
 - blue tongue and lips
 - breathing problems
 - not feeding or sucking well

NB: Optimal feeding is key for LBW newborns

The mother's breastmilk is best for the low birth weight baby:

- It has more protein so the baby can grow.
- It protects the low birth weight baby from infection.
- Giving a bottle increases the baby's risk of getting an infection or diarrhea.

Low birth weight babies get tired easily and have a small stomach, so they cannot feed for a long period of time. The low birth weight baby needs to be breastfed very often.

- Express a few drops of milk onto the nipple first.
- Give the baby short rest periods during breastfeeding.
- If the milk comes too fast for the small baby and the baby gags or spits, take the baby off the breast; hold the baby upright for a few minutes and then put the baby back on the breast after the letdown of milk has stopped.
- If the baby does not have a strong suck or energy to suck, express breastmilk and feed with a cup.

Session 3-6: Community Led Total Sanitation (CLTS)

Objectives: At the end of the session, participants will be able to:

- understand the basic concepts and terms of CLTS
- internalize the guiding principles of CLTS
- understand different tools of CLTS, their use and how to apply them in CLTS

Time: ⌚ 40 minutes

Activity 3-6a: Elements of CLTS

Activity 3-6b: Guiding Principles in CLTS Approach

Activity 3-6c: Tools

Activity 3-6a: Elements of CLTS

Objective: By the end of this session participants will be able to understand the basic concepts related to and definitions of **SHAME**; **DISGUST**; and **FEAR** and their relationship to CLTS as basic elements

Methods to be used

- Self-Reflection;
- Small Group discussion; and
- Plenary discussions.
- PP-Presentation;

Activities:

- Ask the participants to close their eyes, concentrate to organize their knowledge and thought about concepts related to “Shame”, “Fear”, and “Disgust” reflect/write down their thought on their notes.
- Form small groups (7-12 individuals in one group) and share everyone’s thought to the group members and refine their thought about the concepts according to the group’s consensuses.
- Ask the group representatives to present, using flipchart, the consensus reached by the group to the participants for plenary discussion
- Present concepts related to “Shame”, “Fear”, and “Disgust” using power point slides.

Shame:

Shame is a painful sensation excited by a consciousness of guilt, or of having done something which injures reputation.

In the beginning, there was no shame. *Genesis* tells us that Adam and Eve ‘were both naked, the man and his wife, and were not ashamed.’ Having eaten the forbidden fruit, however, they knew of their nakedness and sought to hide it. Shame thus came into existence, along with mortality, physical toil, and the pains of childbirth. In the Bible, shame is intrinsically connected with both the body and wrongdoing, or more precisely with **self-consciousness of one's body and awareness of wrongdoing**. Once they had disobeyed God, Adam and Eve became ashamed of their nakedness and disobedience and took cover.

Through **proper management and careful manipulation, sham** has been deemed crucial in pedagogical practice and theory, especially in times when physical punishment was thought inefficient or aberrant. John Locke (1693) urged parents to stop from beating their children and encouraged them to use the softer, but more effective, ways of shame to teach their children

Fear

Fear is an *emotional* response to tangible and realistic dangers. Fear should be distinguished from *anxiety*, an emotion that often arises out of proportion to the actual threat or danger involved, and can be subjectively experienced without any specific attention to the threatening object.

Fear can be described by different terms in accordance with its relative degrees. Personal fear varies extremely in degree from mild *caution* to extreme *phobia* and *paranoia*. Fear is related to a number of emotional states including *worry*, *anxiety*, *terror*, *fright*, *paranoia*, *horror*, and *panic* (social and personal).

Disgust

Repugnance to what is offensive; aversion or **displeasure** produced by something loathsome; **loathing; strong distaste**; -- said primarily of the sickening opposition felt for anything which offends the physical organs of taste; now rather of the analogous repugnance excited by anything extremely unpleasant to the moral taste or higher sensibilities of our nature; as, an act of cruelty may excite disgust.

Activity 3-6b: Guiding Principles in CLTS Approach

Objective: By the end of this session participants will be able to internalize the guiding principles of CLTS and their relationship to CLTS.

Methods to be used

- PP-Presentation
- Role Play
- Plenary discussion

Activities:

- The participant select one among them and assign him/her to act as good **facilitator**
- Group of people are selected from the participants and act as the **community members** who are willing to make discussion among themselves with the help of the facilitator
- The remaining participants are assigned as **observers**, they are provided with check list which indicate good qualities of a facilitator.
- The facilitator facilitates the discussion among the community members on the sanitation situation of their village.
- Using the check list provided observers observe the strength and weakness of the facilitator while he/she is facilitating the discussion
- Observers provide their feedback to the facilitator during the plenary discussion time.
- Finally PP presentation will be made on the basic guiding principles in and major shift mad by CLTS approach.

Guiding Principles:

- To facilitate **not to dictate**;
- **Let people design toilets** not rely on just the “engineers”;
- Push **less money** or hardware; (Capacity building, follow-up motivating by reward, etc)
- Be culturally insensitive and **do not use nice words** about “shitting in the bush”; and
- **Let people Monitor** and follow the progress towards the state of open defecation
- Use **Open Defecation status** (as opposed to number of latrines and other indicators) as key indicator.

Major Shift Made by CLTS

Major shifts needed from the traditional sanitation approach to CLTS are shown in the following table:

Areas of major shift	Traditional Sanitation	CLTS approach
Latrine designers are:	Outsiders; professional engineers.	Insiders and community engineers
Indicators for measurement of changes	Number of latrines built	Number of ODF communities
Major inputs	Sanitary hardware, subsidies those are expensive	Software/ training and capacity building
Outsider's role	Teaching, advising, prescribing and supplying hardware	Facilitating a process of change and empowerment
Major emphasis given on	Toilet construction	Empowerment of people
Mode of learning	Verbal	Visual/by doing
Role of community	Passive recipient of ideas, technologies and subsidies	Active analysts and innovators
Outsider's attitude, motive and intention towards insiders	Helping, donating, philanthropic	Agents of triggering local empowerment and initiators of collective local action

Activity 3-6c: Tools**1. Transect Walk****Objective:**

By the end of this session participants will understand what transect walk is; its use and how to apply it in CLTS.

Transect walk (CLTS Photo 122-124)

Transect walk is Walking with community members through the village from one end to the other, observing, asking questions, and listening to each other. For more detail look at **Facilitator's Note 15**, page 28.

2. Sanitation Mapping (Community mapping)**Objective:**

By the end of this session participants will understand what Village Sanitation Mapping is, its use and how to apply it in CLTS.

Sanitation Mapping (Community mapping)

Sanitation mapping is a simple drawing of the village showing households, latrines, sites for open defecation under normal condition and in case of emergencies, resources and institutions in the village. It is used to stimulate discussion among the villagers and to make all community members involved in the process. For more detail look at **Facilitator's Note 15**, page 27.

3. Shit Calculation

Objective:

By the end of this session participants will understand what shit calculation is; its use and how to apply it in CLTS.

Shit calculation

How much human excreta is being generated per individual, per day, per week, per month, and per year, etc in each household and in the village at large. Households can use their own methods and local measures for calculating how much feces they are contributing to the problem in the village.

Purpose:

- Calculating the amount of feces produced in a village can help the villagers to illustrate the magnitude of the sanitation problem they are living in. To visualize the mountain made of feces.
- Appreciate the family who produces more shit
- Encourage the community to announce the amount of shit produced together

4. Flow Diagram:

Objective:

By the end of this session participants will have the knowledge about what is happening to the calculated amount of shit in the village and how it is contaminating their food, drinking water and the air they are breathing.

Flow Diagram

Where does all the calculated shit go? (Air pollution, food and water contamination, etc)

Purpose:

- To discuss the role of **running water, chicken and birds, flies, people, cattle and other animals, wind**, etc. in contaminating the surrounding air, food and drinking water in the households.
- What are the possible effects of having so much shit on the ground, mixed with their food and drinking water?

5. Glass of Water Exercise

Objective:

By the end of this session participants will understand what Glass of Water Exercise is; its use and how to apply it in CLTS.

Methods:

- PP-Presentation;
- Role-play and
- Field practice

Process in Glass water exercise:

- Ask a glass of water (preferably use your own glass or plastic bottle) from one of the households near by.
- Ask somebody to drink (Usually they drink it without refusing)
- Using a single hair take little amount of shit and mix it with the water brought and ask the same person to drink again (usually they are not willing)

- Ask why he/she refused to drink
- Relate the calculated amount of shit and the flow diagram (the role of flies) and how it is contaminating their food and drinking water.

Purpose:

- To let the community know, in a concrete way, that they are eating and drinking each other's shit.

Major Activities during Triggering/Ignition using PRA tools:

1. Defecation area transect
2. Sanitation mapping (defecation area mapping)
3. Collective calculation of shit and drawing and discussing flow diagrams
4. Visual tools for accumulation and spread of feces through different agents/vehicles
5. Planning for collective and household action and implementation
Considering children as agents of change

Session 3-7: Maternal Nutrition and Iron Supplementation

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

- Describe the malnutrition cycle
- Reinforce the importance of maternal nutrition to break the cycle of malnutrition
- List key messages on maternal nutrition
- Know the roles of HEWs and CHWs in iron-folic acid supplementation

Time: ⌚ 30 minutes

Activity 3-7a: Maternal Nutrition (20 min)

Activity 3-7b: Iron-Folic Acid Supplementation (10 min)

Materials:

- Prepared flip chart with the diagram from **Facilitator's Note 34**

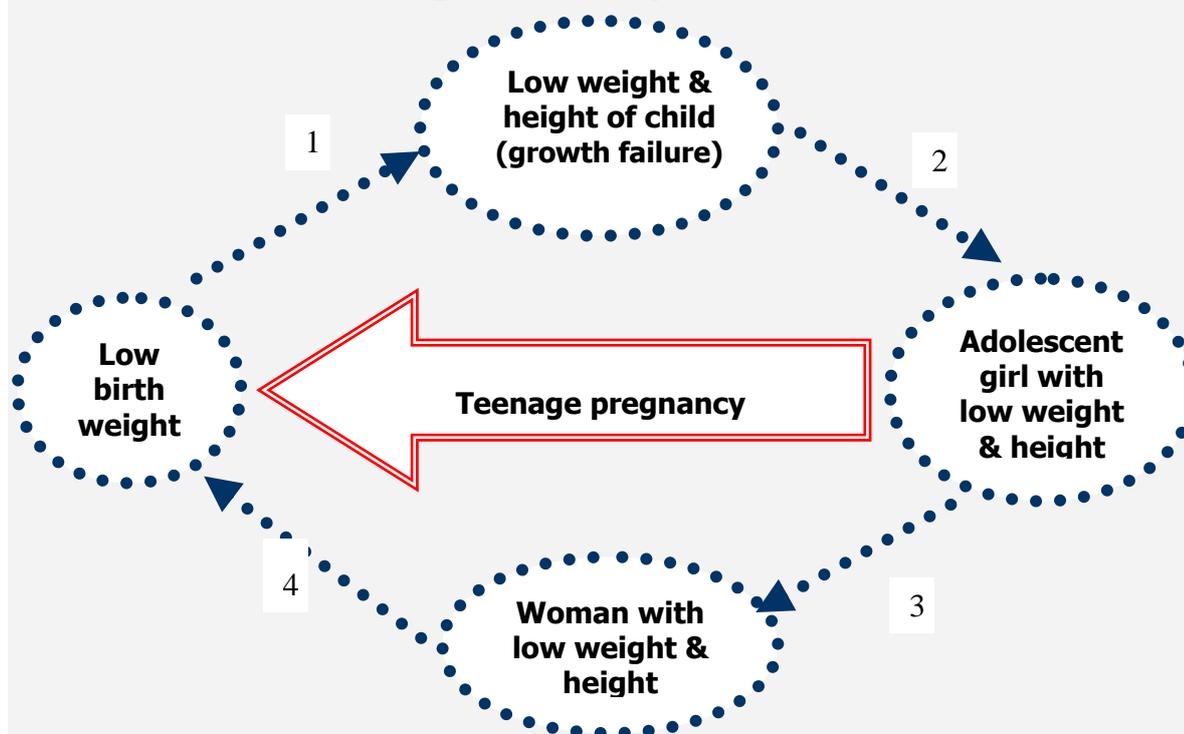
Methodology: Brainstorming and plenary discussion

Activity 3-7a: Maternal Nutrition

- Brainstorm with the participants with the two questions:
 1. "What are the periods in a girl's life cycle that affect the nutritional status of women?"
 2. "Why is it important to promote adequate nutrition of adolescents and pregnant and lactating women?"
- Write the answers on the flip chart and discuss.
- Present the intergenerational malnutrition cycle, referring to **Facilitator's Note 34** and the prepared flip chart.
- Ask the participants to reflect on the feeding and care practices of pregnant and lactating women in their community.
- Present the key messages on women's nutrition in **Facilitator's Note 35**. Ask participants to refer to the FHC and repeat key maternal nutrition messages.
- Ask participants to brainstorm and discuss the barriers to practicing the key nutritional behaviors and how to overcome these barriers.

Activity 3-7b: Iron-Folic Acid Supplementation

- Present the roles of CHWs and HEWs in iron-folic acid supplementation:
 1. CHWs should mobilize pregnant women to go to the health post to get iron-folic acid supplements during the last 6 months of pregnancy. They should also follow up with women to make sure that they take the supplements daily.
 2. HEWs are responsible for distributing the supplements through the health post. They should provide pregnant women with 30 pills each month during the last 6 months of pregnancy.

Facilitator's Note 34 - Intergenerational cycle of malnutrition

The cycle of malnutrition is perpetuated across generations. When a woman is malnourished, the next generation may also suffer from malnutrition and poor health.

- Girls are low birth weight at birth.
- Girls become underweight and stunted during infancy.
- Some girls have their first pregnancy during adolescence. Many women are undernourished, have close spaced pregnancies, and have heavy workloads during pregnancy and breastfeeding periods.
- Undernourished women often have low birth weight babies, thus continuing the intergenerational cycle of malnutrition.

Therefore, good nutrition is needed in all stages of life - infancy, childhood, adolescence, and adulthood, especially for girls and women - to break the cycle of malnutrition.

Facilitator's Note 35 - Key Messages for Ethiopia on Women's Nutrition

1. Husband	Ensure that your pregnant wife has one additional meal every day to maintain her strength.
Supporting information	<ul style="list-style-type: none"> ▪ Pregnant women need to eat a variety of foods, particularly animal products (meat, milk, eggs, etc), plus fruits & vegetables. ▪ Ripe papaya & mango, orange, carrot & pumpkin are especially good. ▪ Pregnant women need to eat more food than usual rather than decrease their intake.
2. Husband	Make sure your pregnant wife gets iron/folate tablets to maintain her strength during the pregnancy.
Supporting information	<ul style="list-style-type: none"> ▪ Ask a Health Worker for iron/folate tablets to be given to your pregnant wife over a six month period. ▪ Pregnant women have increased needs for iron. ▪ Iron/folate pills are important to prevent anemia in a pregnant woman and will help to keep her and the new baby healthy. ▪ Liver is also a good food source of iron for pregnant women.
3. Husband	Make sure your pregnant wife gets de-worming pills once in the second or third trimester of pregnancy.
Supporting information	<ul style="list-style-type: none"> ▪ Ask a Health Worker for mebendazole (500 mg) to be given once to your pregnant wife in the second or third trimester of pregnancy. ▪ Intestinal worms can cause anemia which leads to tiredness and poor health.
4. Husband	Ensure that your wife who is breastfeeding has two extra meals a day to maintain her health and the health of the baby.
Supporting information	<ul style="list-style-type: none"> ▪ To maintain their health breastfeeding women need to eat a wide variety of foods, particularly, animal products (meat, milk, eggs, etc), fruits and vegetables. ▪ Ripe papaya & mango, orange, carrot, and pumpkin are especially good for the mother.
5. Mother	Take Vitamin A supplementation within 45 days of delivery for the baby's health and strength.
Supporting information	<ul style="list-style-type: none"> ▪ Ask a Health Worker for Vitamin A supplementation after the birth of the baby. ▪ Taking a Vitamin A capsule will enrich the mother's breastmilk with important nutrients to keep the baby healthy and strong.
6. All family members	Sleep under insecticide treated net (ITN), especially pregnant women and children, to prevent getting malaria.
Supporting information	<ul style="list-style-type: none"> ▪ Malaria causes anemia which will make members of your family unwell and very tired

Session 3-8: Growth Monitoring and Promotion

Objectives: At the end of the session, the participants will be able to:

- Explain GMP and the importance of monitoring the weight of children less than two years of age
- Use the family health card and child growth chart

Total Time: ⌚ 1 hour

Activities:

Activity 3-8a	Importance of growth monitoring and promotion (15 min)
Activity 3-8b	Importance and use of Family Health Card (15 min)
Activity 3-8c	The child growth chart for boys and girls (15 min)
Activity 3-8d	Assessing right age using local events calendar (15 min)

Activity 3-8a - Importance of growth monitoring and promotion

Time: ⌚ 15 minutes

Materials: Flip chart, markers, masking tape

Activities:

- In plenary, ask the participants, “How do you know if your child is growing well or not?”
- Explain the purpose and importance of GMP, referring to **Facilitator's Note 36** and **Facilitator's Note 37**.

Facilitator's Note 36 - Growth Monitoring and Promotion Concept and Purpose

Considering the huge number of children affected by mild-to-moderate malnutrition, which is often invisible, great benefits can be expected from GMP.

GMP is a simple and powerful tool to:

- Monitor the growth of children
- Detect growth faltering early (before it becomes too late!)
- **Assess** and make the growth pattern of a child visible to the parents and the community
- Help parents and community to analyze causes of malnutrition/growth faltering in their own context
- Encourage parents and community to take appropriate and doable **actions** to improve the growth of a child

GMP includes:

- Monthly measuring of weight
- Plotting the weight on a growth chart to **make abnormal growth visible**.
- Where growth is abnormal, caretakers/family/community take action, with support from health professionals and other technical resources.
- It is not the position of the child on the growth chart (above or below the red/black line), but the direction of growth (gaining or not gaining sufficient weight) that is important.
- As a result of these actions, the child's nutrition improves.

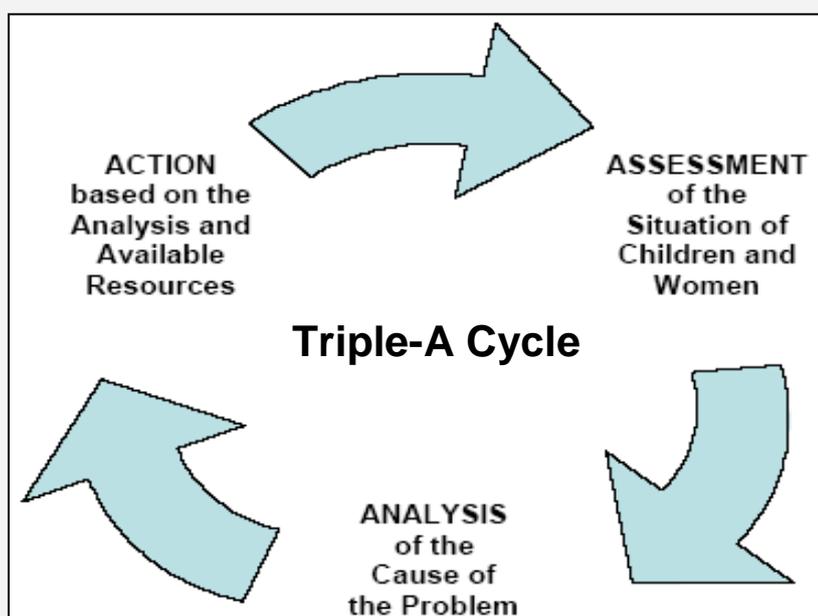
Target is children from birth up to 2 years of age because:

- The first two years are a period of rapid growth and development (both physical & brain development take place)
- It is a period of vulnerability to malnutrition and infection
- Nutritional insult during the first two years will end up in far reaching consequences, that are difficult to reverse, such as:
 - Irreversible stunting (reduced height)
 - Decreased productivity

Facilitator's Note 37 - GMP and the Triple-A Cycle

Growth monitoring and promotion embodies a cyclic process called the “**Triple-A Cycle.**”

- 1. Assessment:** weighing of children on a regular basis and assessing children’s growth by comparing current month’s weight to previous month’s weight and growth.
- 2. Analysis:** identification of the causes of good or poor growth of the child and possible solutions that could be sought.
- 3. Action:** counselling the mother/caregiver about possible causes and making suggestions about the relevant actions. Ideally these actions are feasible and taken by the caregiver and the household. After some time, the child is weighed again, and re-assessment is made followed by a new analysis and a new action as necessary.



Activity 3-8b - Importance and use of Family Health Card

Time: ⌚ 15 minutes

Materials: Flipchart, marker, Family Health Card

Methodology:

- Provide a Family Health Card to each participant. Explain its importance, the information that should be filled out, and what it contains, referring to **Facilitator's Note 38.**
- Ask for questions.

Facilitator's Note 38 - Importance of Family Health Cards for children's health and nutrition

Child growth charts are found in the Family Health Card which is given to every newborn. The Family Health Card has the following benefits:

- It helps in counselling and monitoring growth.
- It contains age-appropriate key feeding messages and danger signs.
- It contains actions that caretakers can easily carry out for their babies and the mother.

Key information included in the FHC include:

- Growth charts for boys and girls
- Age-appropriate feeding messages
- Danger signs that require referral
- A place to record immunizations received

CHW should advise the mother to:

- Keep this chart in a safe place and bring it with you whenever you bring your child for growth monitoring.
- Try to share the information in the Card with other family members.

When a mother receives a Family Health Card for her child, CHW should write the following information on first page of the FHC by asking questions of the mother and reviewing any relevant documents that the mother may have, such as a birth certificate:

- Child's name, sex
- Date of birth
- Birth weight (if known)
- Family name
- Household no.

The mother and/or father should also sign the FHC as a sign of commitment to their child.

To help CHW follow up actions from session to session, she can use the following method:

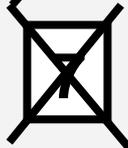
Each key message in the FHC is identified by a number in a box.



When CHW counsels the mother on a message for the first time, she should mark the box.



The second time she counsels on this message, she should mark again.



And finally, when the mother has adopted the behaviour indicated, CHW should shade in the box.



Activity 3-8c – The child growth chart for boys and girls

Time: ⌚ 15 minutes

Materials: Family Health Card

Activities:

- Ask participants to turn to the growth charts for boys and girls in the Family Health Card. Describe its different parts and how to use it. (Remind participants that use of the growth charts is covered in more detail later.)
 - The growth chart shows the age along the bottom and the weight along the left. Each month, CHW should plot the weight and age of the child. This weight will be compared to the growth curves shown on the chart to determine the child's nutrition status.
 - Each month, CHW will also assess whether the child has grown sufficiently. Above the months, on the bottom axis, there are circles which are used to track whether there is sufficient growth from month to month.
- Also explain what information a CHW should provide to mothers/caregivers during their first GMP visit:
 - Growth charts for boys and girls are found in the Family Health Card.
 - Depending on the sex of the child, the boy's or girl's growth chart should be used.
 - The chart is used to record your child's growth and health. Every month when you come for GMP, your child will be weighed, and the measurements will be recorded on the growth chart.
 - It helps you to assess whether your child is growing well or not. You want your child's weight to be above the lower red line.
 - Keep this chart in a safe place and bring it with you whenever you bring your child for growth monitoring.
- Ask for questions.

Activity 3-8d - Assessing right age using local events calendar

Time: ⌚ 15 minutes

Materials: Paper and markers

Methodology:

- Plenary discussion
- Developing local events calendar

Activities:

- Tell participants the importance of assessing the right age of children being weighed: The right age must be known, or the nutritional status of the child may be wrongly classified.
- Ask them how they would find out the age of a child.
- Discuss the following:
 - Parents may not know the age of their children.
 - Therefore, CHWs must figure out the correct age by questioning the mother about when the child was born.
 - If the mother does not know the birthdate, then CHWs must estimate the correct age of the child. This can be done by asking about the significant events/holidays which occurred around the time the child was born.

DAY 4

Session 4-1: Growth Monitoring and Promotion (continued)

Objectives: At the end of the session, the participants will be able to:

- Use the family health card and child growth chart
- Use and maintain the weighing scale
- Demonstrate how to properly weigh a child
- Plot the weight on the child growth chart
- Explain how to prepare a weighing basket
- Interpret weight for age data
- Assess weight gain between two successive weight measurements
- Analyse possible causes of underweight or abnormal growth trend
- Counsel care providers and negotiate for doable actions
- Explain criteria for referral

Total Time: ⌚ 5 hours

Activities:

- Activity 4-1a Weighing of a child and recording weight in the GMP register (30 min)
Activity 4-1b Preparation of weighing baskets (30min)
Activity 4-1c Learn how to plot on growth chart/classify nutritional status (30 min)
Activity 4-1d Practice on weighing children and classifying nutritional status (30 min)
Activity 4-1e Demonstrate how to assess weight gain or growth trend (30 min)
Activity 4-1f Analyzing possible causes of undernutrition or abnormal growth trend and counselling and negotiating for action (1 hr 20 min)
Activity 4-1g Review the GMP data needed for monthly reporting (10 min)
Activity 4-1h Take actions after interpreting weight gain and nutritional status (60min)

Activity 4-1a: Weighing of a child and recording weight in the GMP register

Time: ⌚ 30 minutes

Materials:

- Weighing scale and basket
- GMP register
- Sharp pencil
- GMP Step-by step guide

Activities:

- Explain to the trainees how to fill in and use the GMP register. (Refer to **Facilitator's Note 39** for detailed steps.)
- Demonstrate to the participants the proper steps of weighing a child. (Ask the HEWs to refer to the GMP Step-by-step guide.)

Facilitator's Note 39 - How to fill in the GMP register

After community mapping and identification of children under two years of age, CHW has to list all children under 2 in the GMP register. The register is designed for about 30 children to cover the number of children under 2 years expected in 50 households, including new births within one year. If the number exceeds this, she can use a second register. The trainees can fill the register using the following steps.

For the first month,

1. Fill the name of the Region, Woreda, Kebele, Gotte.
2. Fill the name of the sub-gotte if there is a name.
3. Fill CHW's name and Date, Month and Year of the weighing session.
4. Fill Names of all children under two years of age who have been identified.
5. Fill HH number (as given during Community Mapping or following HH number if CHW has already given each HH a number).
6. Fill in the date of birth if available for all children
7. Fill in age in months - Calculate completed months.
8. Make sure that weight of the child is recorded in the right girl or boy column.
9. After assessing the nutritional status using the growth chart, record this in the register.
10. Total the number of children.
11. Total the number weighed, number normal weight, number underweight and number severely underweight for boys and girls separately.
12. Fill in the reporting of growth monitoring, tear it at the dotted line, and give it to HEW

For the second month,

1. Turn page after the tear away reporting format has been submitted to HEW.
2. Add any child newly born to the register. Fill HH register.
3. If any family with children under 2 have moved in to the community, add these children and HH number.
4. Remove children who have completed 24 months, children who have moved from the community. This is done by just circling the corresponding child number.
5. Similarly circle the child number if there has been any child death in this age group.
6. Now do a fresh total.
7. Record the age in month. For children for whom this was calculated last month, just add one more month and record. For new children, find date of birth and calculate age in months and record.
8. Weigh children and record weight.
9. Assess nutritional status using chart and record in the register in the right column. Use a \surd mark or X mark.
10. Assess weight gain and fill the circle following the same instructions as for filling the circles in the chart.
11. Count the number of children weighed, number Normal, number Underweight and number severely underweight for boys and girls separately.
12. Count the number of children with no weight gain or weight loss and fill the appropriate column.
13. Fill in the reporting of growth monitoring to be given to HEW.

Facilitator's Note 40 - Steps for proper weighing of a child during growth monitoring

1. Hang the weighing scale from a tree branch or ceiling beam strong enough to withhold up to 25 kg.
2. Attach the weighing basket to the scale and adjust the scale to zero by moving the knob at the back of the scale. Then remove the basket from the scale.
3. Welcome and explain to the mothers the purpose of the weighing session, for example, to see how the child is growing, or how the child is responding to changes that have been made in his feeding or care.
4. Start calling the mothers one by one.
5. Ask the mother to help you remove the child's heavy clothes and shoes.
6. Ask the mother to hold the child and place him/her in the basket.
7. Make sure the hook holds the strap firmly and gently lower the child and allow the basket with the child to hang freely.

8. Wait for the needle to stop moving and read the weight to the nearest 0.1 kg. Read the weight loud enough for the mother to hear. Hand the child back to the mother or caregiver. If the child is struggling, try to calm the child with the help of the mother. If the child becomes very upset, give the child to the mother and wait for few minutes.
9. Register the weight on the GMP register, in the appropriate columns for boys or girls.

NB: Don't round off the weight to 0.5 or 0.0. This can change the assessment completely. For example, if the weight read is 6.2, do not register it as 6 or 6.5; rather, register it as exactly 6.2.

Activity 4-1b – Preparation of weighing baskets

Time: ⌚ 30 minutes

Materials:

- One 50 kg sack
- 2 m rope
- Needle and thread
- Small scraps of fabric

Activities:

- Explain to trainees which materials can be used for weighing baskets and which materials should not be used.
- Explain why communities should make their own weighing basket and not depend on outside supplies.
- Demonstrate how to prepare the basket.
- Inform all trainees that they must buy the materials and prepare a weighing basket as homework. All trainees must have the weighing basket ready by Day 6 when they practice GMP in the field.

Activity 4-1c - Learn how to plot on the growth chart and classify for nutritional status

Time: ⌚ 30 minutes

Materials:

- Pencil with eraser
- FHC
- Plotting exercise (6 case studies)

Activities:

- Demonstrate to the participants how to plot the weight of a child and classify the child's nutritional status using the two case studies in **Facilitator's Note 43** below.
- Divide participants into 6 small groups and provide the data from the 6 case studies from weighing session 1 (**Facilitator's Note 44**). Each group member (individually) should fill out the FHC, plot the points, and classify the weight status. The information should also be recorded in the GMP register.
- When done, compare and discuss the answers within each group.

Facilitator's Note 41 - Plotting the weight

- Plot on the appropriate growth chart (pink for girls and blue for boys) in the Family Health Card.

- Look at the bottom axis of the child growth chart to locate the column corresponding to the current age of the child in years and months, and write down the month of the growth monitoring session.
- In the same column, count each big square for each kg and the small square for each 0.2 kg to locate the point corresponding to the weight of the child and mark a dot.

Facilitator's Note 42 - Classify for weight-for-age or nutritional status

- If the dot falls anywhere between the two red lines of the growth chart, the child is of normal weight (NW).
- If the dot falls anywhere between the lower red and black lines of the growth chart, the child is underweight (UW).
- If the dot falls anywhere below the lower black line of the growth chart, the child is severely underweight (SUW).
- Record the child's nutritional status on the GMP register.

Facilitator's Note 43 – Sample case studies

1. Abera is a 1 year and 1 month old boy who weighs 7.5 kg during the first weighing session. Plot his weight on the growth chart and decide his nutritional status.
2. Martha is a girl who was brought for the GMP session at the age of 7 months, and her weight is 5.2 kg. Plot her weight on the growth chart. How would you classify her weight-for-age?

Facilitator's Note 44 - Case studies for plotting and classifying nutritional status and weight gain/growth trend

	Bekele (m)	Abebech (f)	Chala (m)	Aregash (f)	Mohamod (m)	Sara (f)
Date of birth	04 Jan 08	29 Sept 07	02 Apr 08	10 Dec 06	01 May 07	27 May 07
Weighing Session 1 (01 Jul 08)	7.0 kg	6.8 kg	4.6 kg	9.0 kg	7.6 kg	9.0 kg
Weighing Session 2 (01 Aug 08)	Absent	6.4 kg	5.0 kg	Absent	7.9 kg	Absent
Weighing Session 3 (01 Sept 08)	7.1 kg	Absent	5.3 kg	9.8 kg	8.1 kg	8.2 kg
Weighing Session 4 (01 Oct 08)	7.2 kg	6.5 kg	5.6 kg	10.1 kg	8.3 kg	8.0 kg

Listed below are sample issues to raise for each case. Although there are no “right” answers for the case studies, facilitators may need to probe participants to fully analyze the cases, rather than jumping to simple conclusions.

1. **Bekele:** He was normal weight at 5 months, but growth was inadequate at 7 and 8 months. CHW should recognize that this is around the time when complementary feeding should begin. Key questions to ask: what is he eating, how often, etc. Has he been sick? (Beginning complementary feeding may also increase frequency of diarrhoea if food is not prepared hygienically.)

2. **Abebech:** Weight loss. Key question to ask is whether she has been sick. Showed some growth at Session 4. Look for root causes: It is possible that she is beginning to crawl, and this can make her sick more frequently. CHW should discuss environmental hygiene around the household. She should also counsel on appropriate feeding during illness, and extra feeding for catch-up growth.
3. **Chala:** He was normal weight at Session 1 and underweight at Sessions 2, 3, and 4. There is growth, but insufficient growth, each month. As the child is under 6 months, questions should be targeted towards breastfeeding: Is the infant being breastfed? Exclusively breastfed? How often? There may be issues related to time/mother's workload involved. CHW should also check on proper breastfeeding technique and ask about any illnesses.
4. **Aregash:** Child is normal weight and growing sufficiently every month. Counselling should focus on encouraging the mother to continue the good practices. Ask about what the child is eating—recommend good complementary foods to ensure that the child is not only eating enough but also getting enough nutrients.
5. **Mohamod:** Child is consistently underweight, but is growing sufficiently each month. CHW should ask the mother about care and feeding practices. If they seem appropriate, encourage the mother to continue giving appropriate foods. There may be underlying stunting that is causing consistently low weight-for-age. Encourage the mother to feed more often/more food, as the child is still young and stunting may still be able to be corrected.
6. **Sara:** Though the child is consistently within the normal weight range, she clearly lost a lot of weight from Session 1 to Session 3, and the weight loss is continuing, though not so significantly. Ask about recent or chronic illnesses and feeding habits. There could be problems of insufficient complementary foods/feeding frequency, or there may be illness, perhaps related to the hygiene of the household environment or food.
** Weight loss at each session indicates that she needs to be referred.

Activity 4-1d: Practice on weighing children and classifying nutritional status

Time: ⌚ 30 minutes

Materials:

- Weighing scale and basket
- GMP register
- Sharp pencil
- GMP Step-by step guide
- FHC

Advance Preparation:

The facilitator should arrange for a few mothers with children under 2 to bring their children to this session for weighing.

Activities:

- Assign the participants to work in pairs. Each pair should measure the weight of at least two children. In each pair:
 - One person weighs the child/records in the register, while the partner should check her steps against the instruction list (**Facilitator's Note 40**).

- After the process is completed, point out if any mistakes were made.
- Take turns and repeat until both can follow the proper steps without any confusion/mistakes.
- Ask participants to record weight in the GMP register, plot the weight on the appropriate growth chart (boy or girl), and classify the nutritional status of the child.

Activity 4-1e – Demonstrate how to assess weight gain or growth trend

Time: ⌚ 30 minutes

Materials:

- FHC
- The same 6 case studies used for plotting

Activities:

- Demonstrate how to assess weight gain or growth trend using the enlarged plotted growth charts with different growth trends and nutritional status. Ask the participants to refer to the GMP step-by-step guide.
- Divide participants into 6 small groups and provide Case Studies 1 to 6. The groups should practice interpreting weight gain or growth trend and give group feedback.

Facilitator's Note 45 - Importance of weight gain

Emphasize that it is not the position of the child on the growth chart (above or below the line), but the direction of growth or weight gain (gaining sufficiently, gaining but not sufficiently, not gaining, or losing) is the most important.

Facilitator's Note 46 - Interpretation of weight gain or growth trend

On the second and subsequent weighing sessions, check for weight gain. Weight gain or growth trend is assessed by connecting the current dot and the previous dots on the growth chart with a line and looking at the direction of the line. The weight gain status is recorded in the circle at the bottom of the growth chart (above the month), as well as in the GMP register.

If the line is directed horizontally or flat (see Fig 1), it indicates there is no weight gain. Leave the circle blank. This shows that there are factors negatively affecting the normal growth of the child. Discuss with the mother using Triple 'A' to analyze possible causes of the problem and provide careful counselling.

If the line is directed downward (see Fig. 2), it indicates weight loss. In this case also, leave the circle blank. This pattern is very dangerous and immediate actions are needed. If appropriate action is not taken, the child's survival, growth and development will be at risk. Discuss with the mother using Triple 'A' to analyze possible causes of the problem and provide careful counselling.

If the line is directed upward, it indicates that the child is gaining weight. You have to assess whether the weight gain is sufficient or not. For this, you need to compare the direction of the child's growth curve (the line you drew connecting the weight for the current month with the weight for the last weighing session) with the standard growth curve **above** the child's growth curve in the chart.

- If the distance between the two lines is wider this month than in the previous month, or if it is equal both months, there is insufficient weight gain. Have the

mother fill in half of the circle on the chart. (see Fig. 3). Discuss with the mother using Triple 'A' to analyze possible causes of the problem and provide careful counselling.

- If the distance between the two lines is equal or narrower this month than in the previous month, there is sufficient weight gain. Have the mother fill in the whole circle on the chart (see Fig. 4). Encourage her and discuss any health/nutritional/feeding problems or concerns that she has.

Fig 1: No weight gain



Fig. 2: Weight loss



Fig 4: Insufficient weight gain

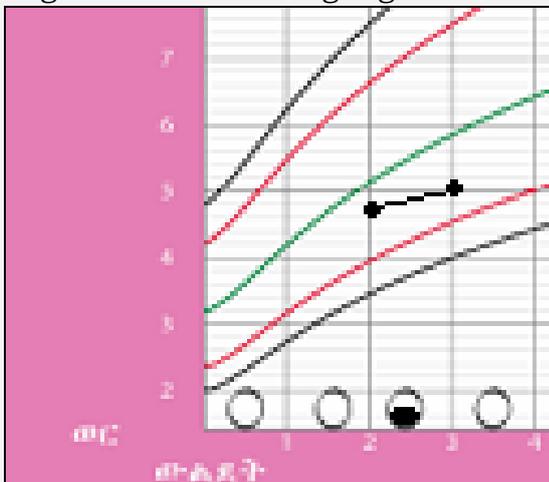
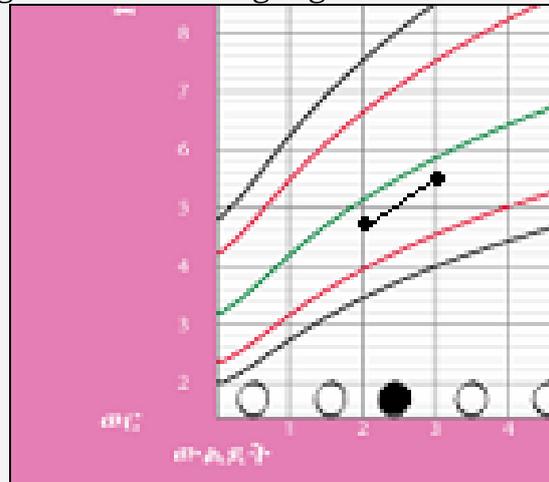


Fig 3: Sufficient weight gain



Activity 4-1f - Analyzing possible causes of undernutrition or abnormal growth trend, and counselling and negotiating for action

Time: ⌚ 1 hour 20 minutes

Materials:

Flip chart with the 8 steps of analyzing causes and counselling (**Facilitator's Note 47**)

Activities:

- Using the GMP Step-by-step Guide, present the actions to take after the growth chart is filled out during GMP.
- Present the steps for analyzing the causes of weight loss, no weight gain, and inadequate weight gain/counselling, referring to the handout.

- Explain the purpose of each step so that the trainees do not blindly ask questions but understand why these questions are asked and in what sequence these questions need to be asked. They can slightly modify the question, but the question should serve the same purpose. Sometimes you have to simplify and know what the local terms are.
- Ask participants to read the notes many times so that they are familiar with the information that they have to get from the mother, and how to involve the mother in finding solutions.
- Provide the handout with 3 role plays to the participants. Divide the participants into 3 groups. Ask them to read the role plays and prepare to present.
- Allow each group to present, and lead plenary discussion on observations from the role plays.

Facilitator's Note 47 - Steps of analyzing causes and counselling

1. Tell the mother the current weight of the child and his/her growth trend. Explain whether the child is gaining weight or not and then if the child is malnourished or not.
2. Discuss with the mother/caregiver through the following steps to identify the possible causes.

Step 1: Find out if the child is currently ill

Step 2: If not ill, initiate investigation of causes

Step 3: Ask about any recent changes in eating and/or breastfeeding

Step 4: Discuss age-specific questions about the child's feeding

Step 5: Ask about recurrent illnesses

Step 6: Assess possible underlying social and environmental causes

Step 7: Jointly with the caregiver, identify causes

Step 8: Counsel

Step 1. Determine whether the child is currently ill or has a chronic disease that could be a cause of undernutrition.

If yes,

- Treat the child's illness, or refer the child for treatment.
- Advise the mother to feed the child according to recommendations for his/her age
- Wait to investigate other possible reasons for undernutrition when the child returns for follow-up.

If no, go to Step 2.

Step 2. Explain that there are many possible causes of undernutrition.

You are going to ask the mother some questions in order to better understand her child's situation and, with the mother's help, determine the likely causes of the problem.

Step 3. Ask "Has the child been breastfeeding or eating less than usual?"

If yes, ask why. Then:

- If the child has been sick, advise the mother on feeding during illness: Feed the child according to the recommendations for his age group and also give more fluids (breastfeed more for a breastfed child). Encourage the child to eat soft, varied, appetizing, favourite foods. After illness, give food more often than usual and encourage the child to eat more.

- If the child has experienced trauma (for example, death in the family, change in caregiver), understand that this may be a contributing factor to loss of appetite. Assess the situation and decide whether to investigate causes of undernutrition with the person who has brought the child, or to wait until another time. If you will wait, give an appointment for a return visit, or if there is a home follow-up programme, plan a home visit.

If no, go to step 4

Step 4. Ask the questions about feeding according to the child's age group

Birth to 6 months of age: "How are you feeding your baby?"

If breastfeeding,

- *How many times does the baby breastfeed during the day?*
- *Do you also breastfeed during the night?*
- *Do you give any other fluids besides breast milk? If yes, why?*
- *Do you give the baby any semi-solid or solid foods?*
- *Do you have any problems breastfeeding?*
- *If possible, assess breastfeeding practice*
 - Assess attachment and suckling
 - Look for ulcers or white patches in the baby's mouth.

If not breastfeeding,

- *What formula or other milk is given? How much?*
- *How frequently do you feed the baby?*
- *How do you prepare the milk?*
- *What do you use to feed the baby?*

6 months to 1 year:

- *Do you breastfeed your baby?*
- *If yes, how many times do you breastfeed the baby in 24 hours?*
- *Do you give any other fluids besides breast milk? What fluids?*
- *Has the baby begun eating semi-solid or solid foods?*
- *What foods does she take?*
- *How many meals does she eat each day?*
- *How much food does she eat at each meal?*
- *What do you use to feed the child?*
- *Does the child receive her own serving?*
- *Who feeds the child and how?*

If the baby is fed formula or any other milk, ask:

- *What formula or other milk is given? How much?*
- *How frequently do you feed the baby?*
- *How do you prepare the milk?*
- *What do you use to feed the baby?*

1 to 2 years:

- *Do you breastfeed your child?*
- *What foods does the child eat?*
 - *Does the child eat meat, fish, or poultry? Eggs, milk and milk products? Legumes and nuts?*
 - *What staple food is the child given (for example, cereal, porridge, cooked grains)?*
 - *Is the staple food thick or diluted?*
 - *Does the child eat fruits and vegetables?*
 - *Are there any foods that the child is allergic to or does not eat?*

- *How many times does the child eat each day?*
- *How much does the child eat at a meal?*
- *What do you use to feed the child?*
- *Does the child receive her own serving?*
- *Who feeds the child and how?*

Step 5. Ask: “Does your child often seem tired or sick, such as with diarrhea, cough, or fever?”

If no, go to Step 6 below.

If yes, ask the mother questions to learn about her situation:

- *Does the family use a latrine or toilet?*
- *What is the family’s water source?*
- *Do you boil or treat your drinking water?*
- *How is water stored in your home?*
- *How do you keep food safe and clean? (Are utensils washed with clean water? Is food storage clean? Are left-over foods handled safely?)*
- *Has the child been de-wormed recently?*

Step 6. Assess possible underlying factors (social and environmental) that may have adverse effects on the child’s feeding and care. Ask:

- *With whom does the child live? Do the child’s mother and father live with the child?*
- *How many people live in the household? How many children under age 5 years live in the household?*
- *Are the parents in good health?*
- *Does the father spend time with the child and help with his/her care?*
- *Is there usually enough food to feed the family? If not, what is the main cause of this problem?*

Step 7. With the mother, identify the most likely causes of the child’s undernutrition.

Ask the mother’s opinion on the causes of the child’s undernutrition. Listen to her answer carefully so that you know which causes she recognizes.

“From the information you have given me, it seems that the child’s undernutrition could be caused by a number of things, but is probably caused by _____.”

Step 8. Counsel the mother on how to address the causes of undernutrition.

- *Ask: “What do you think that you can do to help the child, given these causes?”*
- *Discuss with the mother what is feasible to do and who can provide help and support.*
- *Acknowledge her situation and encourage her to take action towards improving growth for her child. With the mother, set goals for a few (2-3) actions that she can take.*
- *Ask checking questions to ensure that she knows what to do.*
- *Give the child’s growth chart to the mother.*
- *Remind the mother to come for the next growth monitoring session.*

Activity 4-1g: Review the GMP data needed for monthly reporting

Time: ⌚ 10 minutes

Materials:

- GMP reporting form

Activities:

Review the following monthly reporting procedures:

- After each GMP session (every month), CHWs should fill out the reporting form in the GMP register. They will need to include:
 1. number of children (boys/girls) under 2 in their community
 2. number of children (boys/girls) weighed
 3. number of children (boys/girls) normal weight
 4. number of children (boys/girls) underweight
 5. number of children (boys/girls) severely underweight
 6. number of children (boys/girls) who did not gain or who lost weight (starting from the second GMP session)
- In assuring the accuracy of the data:
 - The number of children weighed should be equal to or less than the number of children under 2 in the community.
 - The number of children weighed should equal the number of NW + UW + SUW children.
- CHWs should give the completed report form to their HEW monthly.

Each month, HEWs should compile the data from all CHWs in their kebele. They should send the compiled report to the woreda.

Activity 4-1h: Take actions after interpreting weight gain and nutritional status

Time: ⌚ 60 minutes

Materials:

- GMP Step-by-step Guide
- Referral Guide
- Case studies

Activities:

- Using the Referral Guide and **Facilitator's Note 48**, explain which conditions require referral.
- Ask the participants to discuss in groups what actions they should take for the six case studies from Session 4-1f. Use the Referral Guide and determine which children should be referred.
- Summarize and discuss all the steps of the GMP session, referring to the GMP Step-by-step guide.
- Ask participants to role play a GMP session in the community.

Facilitator's Note 48 - GMP and referral

After interpreting the child's weight gain and nutritional status, share the chart with the mother and discuss the actions that need to be taken:

- If the weight is below the lower black line (severe underweight) → **Refer immediately**
- If gaining sufficient weight → praise the mother and discuss any health/nutritional/feeding problems
- If gaining weight, but insufficiently → provide careful counselling, including health problems
- If growth faltering once → provide careful counselling, including health problems
- If growth faltering for two consecutive months (3 weighing points) → **Refer immediately**
- If any health problems are identified → **Refer immediately**
- Record the reason for referral and actions taken in the GMP register

Session 4-2: Role play on counselling

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

- Have the skills necessary to counsel mothers, husbands and family members on key aspects of antenatal care and child nutrition
- Have the skills necessary to train CHWs in providing appropriate counselling for antenatal care and child nutrition using ENA messages

Time: ⌚ 1 hour

Materials:

- Case studies (**Annex 1, Facilitator's Note 49, Facilitator's Note 50, and Facilitator's Note 51**)

Methodology: Group work and role play based on the case studies provided

Activities:

- Ask participants to form small groups and pick one case study each. Give the groups time to prepare a role play based on the case study chosen.
- Ask each group to present their role play. After each presentation, lead discussion to check if all key points relevant to the case were covered.
- Draw attention of participants to the need to first learn all key messages and choose appropriate ones for counselling. Emphasise on the steps in counselling for behaviour change/negotiations.

Facilitator's Note 49 - Practice Case Studies on Women's Nutrition

1. You visit Tesfa who is 4 months pregnant. Tesfa has not yet visited the health clinic.
2. Hana is a young woman of 18 years who has recently married. You talked to her about the need to eat adequately.
3. Tigist is 35 years old and has 5 children. She is breastfeeding her youngest child who is 18 months.
4. Meseret is in her last month of pregnancy and does not know where she will give birth.
5. Kidist tells you that she has 3 daughters between the ages of 12 and 16. What themes will you try to negotiate with Kidist?

Facilitator's Note 50 - Practice Case Studies on children 0 to <6 months

1. You visit a new mother, Tesfa, who has a new born son. She is breastfeeding and her mother-in-law insists that she gives water to her grandson.
2. You visit Meseret, who has a 2½ months little girl. Meseret is breastfeeding and has decided to give her daughter some gruel to get her used to eating food.
3. Hana's baby is 4 months old and Hana thinks she does not have enough milk. Hana and her husband are seeking your advice on what they should give their baby.

4. Mahlet has a 3 months old son. She works very hard in the day and doesn't always have time to breastfeed him, but she does breastfeed her son at night.
5. Tigist says she is only breastfeeding her 4 months old daughter, but you see her give the daughter some water. When you mention to Tigist that she is not exclusively breastfeeding, she says that water is not food or milk.

Facilitator's Note 51 - Practice Case Studies on children 6 to 24 months

1. You visit Tiruwork whose baby is 6½ months old. Tiruwork tells you that her baby is too young for food because the baby's stomach is too small and that she will just continue to breastfeed him until he is old. Her husband and mother-in-law agree with her.
2. Kidist has a 9-month-old daughter who is eating some gruel once a day. You talked to Kidist about the need to add other foods to the porridge and to give fruit everyday.
3. Tesfa's baby is eating porridge every day. The baby is 7 months old. Tesfa is not giving anything else to the baby.
4. Tigist's baby is 12 months old and she gives the baby bites of adult food at meal times only.
5. Mahlet's daughter is 11 months old and Mahlet gives her porridge 2 times a day and bits of soup with whatever the family is eating that day.

Session 4-3: Recap of conditions that need referral services for children and mothers

Objectives: At the end of the session, participants will be able to:

- List all conditions that need referral based on GMP
- Explain to mothers/families simple danger signs that need to be recognized in children and referred

Total Time: ⌚ 30 minutes

Activity 4-3a: Recap of conditions requiring referral (10 min)

Activity 4-3b: HEW actions for referred children (20 min)

Materials

- Referral Guide
- Family Health Card

Methodology: Recall and plenary discussion

Activity 4-3a: Recap of conditions requiring referral

- Ask participants to recall the referral guidelines shown on the Referral Guide and in the FHC.
- Fill in any gaps in information.

Activity 4-3b: HEW actions for referred children

- When CHWs refer children to HEW, HEW should act depending on the reason for referral.

- For severely underweight children, HEW should screen for OTP admission using the MUAC tape. If the child qualifies for OTP, he/she should begin treatment. If the child does not qualify, HEW should counsel the mother and plan with CHW to closely follow up the child.
- For children with weight loss/no weight gain for two consecutive months, the child should be referred to the health center or hospital for further follow-up on underlying causes of growth faltering.
- For children with oedema, the child should be enrolled in OTP (or TFU if other complications exist).
- For children with health problems requiring referral, HEW should refer the child to the health center or hospital for evaluation and treatment.

DAY 5

Session 5-1: Preparation for field practice

Objectives: At the end of the session, the participants will be able to:

- List number and purpose of field practice sessions in this training
- Explain their role in community mobilization, community mapping, and HH inventory
- Conduct the first field practice in a manner that it results in improving their skills

Total Time: ⌚ 45 minutes

Materials:

- Papers and markers

Activities:

- In plenary, explain the number of field practice sessions and the purpose of each, referring to **Facilitator's Note 52**. Make a flip chart for each of the field visits and paste them in the training venue for trainees to read and understand.
- Divide participants into groups for the first field work. At least two Gottes must be selected for field practice. The HEWs whose areas have been chosen for field work must be informed earlier and their help taken to mobilize Gotte leaders and identify members from each CHW area to attend the Gotte level community mobilization, visioning, mapping, GMP and community conversation sessions.
- Ask each group to recall the steps in initial community mobilization, mapping, and household inventory. Recall the role of HEWs and that of CHWs during the initial six months of CBN activities. Recall the facilitation skills needed to work with communities.
- Master Trainers should explain that field practice will include:
 - Community mobilization and organization of first community meeting covering one Gotte. (Facilitators have to recall how members from each CHW area have to be selected for participation in Gotte-level mapping and community conversation.)
 - **Visioning** with community on the future of their children. Briefly explain the preventive approach to malnutrition and what you will be doing.
 - Conduct **community mapping and transect walk**. Collect information using **HH Inventory** (each trainee should do at least two or three households).
- Master Trainers should sit with each group and help them to role play the community situation so that all HEWs are confident during field practice.

Facilitator's Note 52 – Overview of field practice sessions

Explain that starting from Day 5, trainees will be making field visits to practice the skills they are learning in training. They will be doing the following:

Visit 1 (Initial community meeting, community mapping, household inventory):

- Visioning with community (at Gotte level) for the future of their children.
- Community mapping and sample household inventory.
- Make appointment for next field visit on Day 6, explaining the purpose of GMP. Explain once again that this is not for distribution of food but for preventing malnutrition.

After returning from the field,

- Consolidate data and identify target groups and community resources.

Visit 2 (Growth monitoring and promotion):

- At 50 HH level, organize a Growth Monitoring and Promotion session. Explain the purpose and weigh all children under two following all steps.
- Assess nutritional status.
- Counsel parents/caretakers.
- Refer children as needed.
- Make appointment to return during the next field practice day when they will present the information to the community (at Gotte level) and help them to analyse the information and decide on actions.

After returning from the field,

- Discuss field work and compile data.
- Prepare community growth chart.
- Prepare any other tools that the group wants to use for community conversation.
- Practice community conversation. What information will they provide, how will they help the community members to interpret it, and how will they guide the community to decide on actions.
- Discuss who will take what role among trainees so that the meeting is not dominated by trainees, as they are a large number.

Visit 3 (Community conversation):

- Conduct community conversation using the prepared tools.
- Keep the interest and motivation of the community high. Help them to assess the real situation.
- If data shows that malnutrition increases from six months onwards, help them see the point.
- Explain exclusive breastfeeding and the need to practice this for six months.
- Explain that appropriate complementary feeding has to be introduced, and help communities understand the importance of frequency, amount, improving nutrient density and active feeding.
- Emphasise the importance of reducing infections. Any issues regarding environmental sanitation and hygiene that came up during community mapping can also be raised.
- Motivate the fathers and male members of households to take interest in the growth of small children.
- Make the connection between brain development and appropriate feeding and health care during the first two years of life.
- The meeting should lead to definite actions that individual families and the community as a whole will take within a reasonable time frame. Decide who will

follow up on the actions and when the community will meet next after the second GMP session.

After returning from the field,

- Record community decisions and ask the HEW(s) who are responsible for the community visited to follow up now that CBN activities have been launched in these communities.

Session 5-2: Field Practice - Initial community mobilization at gotte level

Objectives: At the end of the session, participants will be able to:

- Improve their skills in community mobilization
- Use visioning as a tool in community mobilization to help communities see a bright future for their children and the gap between their vision/dream and the present reality
- Improve skills in conducting community mapping with involvement of community members
- Practice collection of information using HH inventory

Time: ⌚ 3 hours

Materials:

- Local material like stones and ash to do mapping at community level
- Paper and markers

Methodology: Field work

Activities:

The trainees will do the following in the field:

- Community mobilization and organization of first community meeting covering one Gotte. (Facilitators have to recall how members from each CHW area have to be selected for participation in Gotte-level mapping and community conversation.)
- **Visioning** with community on the future of their children. Briefly explain the preventive approach to malnutrition and what you will be doing today so that the participants can focus on the well being and development of young children.
- Conduct **community mapping and transect walk**. Collect information using **HH Inventory** (each trainee should do at least two or three households).
- Make appointment for Day 6 for GMP session, explaining the purpose of weighing at the 50 HH level. Explain once again the purpose of CBN activities, and if the issue of food is raised, explain that this is not for distribution of food but for preventing malnutrition.
- Explain to the community members that although this exercise was carried out as part of HEW training, the CBN activities will be continued by the HEWs of the kebele. Thank community members for helping to learn together.
- Transfer the community map onto paper and bring it back to the training centre for baseline data consolidation and identification of target group children.
- Remember to return this copy to the HEW and CHWs who are responsible for all regular CBN activities so that they can use it in the future.
- Handle any unforeseen situation or conflict in the field with sensitivity, and do not allow small incidents to be blown out of proportion.

Session 5-3: Reflection and discussion on field practice

Objective: At the end of the session, participants will be able to:

- List lessons learned from field practice
- Have a plan for improving their skills on training CHWs on community mobilization, visioning, mapping, and conducting HH inventory
- Explain how the next field practice on GMP will be organized

Total Time: ⌚ 3 hours

Materials: Flip charts, paper for group work

Activities:

Activity 5-3a: Reflections from field practice (45 min)

Activity 5-3b: How to use information collected during field practice to provide baseline for the community (45 min)

Activity 5-3c: Plenary discussion based on group work (60 min)

Activity 5-3d: Instructions for GMP field practice (30 min)

Activity 5-3a: Reflections from field practice

- Divide participants into groups of 5-6 people. Ask the groups to discuss the following:
 - What went well, what did not go well and what lessons were learned?
 - What were the tough questions raised by the community?
 - How can HEWs train and support CHWs to do these tasks in her community?
 - During field practice, only some of the trainees can take leadership roles. How can the group make sure that every HEW has played the role of a facilitator for initial community mobilization during this training so that she is comfortable and effective in doing visioning, mapping, and HH inventory in her community after training?
- Ask groups to present their group work along with Activity 5-3b on baseline information.

Activity 5-3b: How to use information collected during field practice to provide baseline information for the community

Materials: Community maps and HHI from field practice

Activities:

- Ask groups to consolidate the information they have collected in mapping and HH inventory and present. (HHI compilation sheet has already been discussed.)
- Mapping should show information such as the quality of the environment, water sources, sanitation (e.g., open defecation) and risks for young children. It can also show the presence or absence of food stores or resources, health clinics, etc. Groups should discuss how data collected on the maps will be presented to the community during the CC session. The groups can prepare for this by making different graphic presentations (graphs/bar diagrams, or more innovative ways of communicating to rural communities) and deciding on who will present what during the community conversation session.

Facilitator's Note 53 – Baseline information from community map and household inventory

- Sessions on baseline data and use of data at various levels are important. The facilitator should ensure that each trainee has the skill to use the different tools and forms and understands their purpose. Provide for repeat exercise if any of the trainees are not sure about the tools and data collection.
- Discuss the purpose of data collection and identify with trainees what information is to be collected to establish the baseline.
- Discuss how the baseline data can be useful for community conversation, recalling the community mapping, household inventory, and community growth chart tools.
- Emphasise the need to ensure that data collected is properly recorded, shared with the community, stored and communicated to the Kebele.

Activity 5-3c: Plenary discussion based on group work

- Ask groups to come back to the plenary and present their work. Discuss and finalise lessons learned from field work. Plan for improving facilitation skills.

Activity 5-3d: Instructions for GMP field practice

- Inform trainees when they will be making their next field visit and what is to be done. GMP sessions will be held at 50 HH level, so they will need to divide into groups. Inform trainees that they will be learning about GMP, infant and young child feeding, and ENA from the next day, and they will have opportunities to improve their GMP skills, especially counselling. They also need to improve their trainer skills to be able to train CHWs on GMP and counselling.
- Check that all trainees have finished making their weighing baskets. This has to be completed as they will be using this on Day 6 during GMP sessions in the field.

DAY 6

Session 6-1: Preparation for GMP field practice

Objectives: At the end of the session, participants will be able to:

- List how they will organize GMP sessions in the community
- List services that they will provide for women and children under two years during GMP sessions
- List the roles and responsibilities of each trainee during field practice

Time: ⌚ 30 minutes

Activities:

- Explain to the trainees that during their field practice session on GMP, they will be doing the following at 50 household level. Divide the trainees into groups to cover the entire gotte. They will need to:
 - Organise a GMP session, weigh all children under 2 and assess nutritional status.
 - Provide counselling and negotiate on improved child caring practices, referring children as needed.
 - Identify pregnant and lactating mothers and find out who received what services and who did not and why?
 - Make an appointment to return on Day 8 for Community Conversation.
- Decide on roles for all group members so that the field practice session will be well organized and efficient
- Ask trainees to read the steps in weighing, plotting and interpreting, as well as the steps in counselling again. Make small groups so that when one trainee is counselling, the others observe. Inform trainees that the trainers will be observing the counselling and intervene only if necessary.
- Select a few well-made weighing baskets to use for field practice.
- Remind trainees that after they return from the field, they will need to:
 - Discuss the field work and compile the collected data
 - Prepare a community growth chart
 - Prepare any other tools that the group wants to use for community conversation

Session 6-2: Field Practice – Organizing Growth Monitoring and Promotion at community level

Objectives: At the end of the session, participants will be able to:

- Identify children for weighing
- Explain the purpose of Growth Monitoring and Promotion to parents and community members
- Weigh children and assess nutritional status
- Counsel parents/care providers based on current nutritional status and emphasize the importance of regular growth monitoring to assess weight gain
- Do referral as needed

Time: ⌚ 3 hours

Materials:

- Weighing scale, basket, and rope
- Family Health Cards
- Pencils
- Sample pages from GMP Register

Methodology: Field practice

Activities:

Trainees will do the following during field practice:

- Organize a session for all children under 2 and their caretakers.
- Once the target participants have arrived:
 - Welcome caretakers and appreciate their participation.
 - Explain the purpose of Growth Monitoring and Promotion.
 - Open the Family Health Card and child growth chart and briefly explain how they are used.
- Weigh all the children under two following the steps learned in the previous sessions.
- Record the weight in the GMP Register, plot on the growth chart in the FHC, and assess the nutritional status.
- Advise mothers on when they should be seeking immunization, Vitamin A supplementation, and deworming.
- Counsel parents/caretakers on Infant and Young Child Feeding practices according to the age of the child.
- Refer children to a health facility as needed.
- Check if pregnant and nursing women are utilizing antenatal care services and if not, find out why.
- Ask the mothers to attend the community conversation session on Day 8 where facilitators will present the Community Growth Chart and other information to analyse the situation together and decide on actions to be taken.

Session 6-3: Discussion of field work and compilation of data

Objectives: At the end of the session, participants will be able to:

- Know their strengths and weaknesses observed during field practice
- Explain what data will be presented at the gotte-level CC session on Day 8
- Have a clear understanding of each person's role in the CC session on Day 8
- Prepare the tools (community map, community growth chart, HHI compilation sheet) for helping communities assess, analyze and discuss actions to prevent malnutrition during community conversation

Total Time: ⌚ 2½ hours

Activity 6-3a: Discussion and reflection on field work

Activity 6-3b: Introducing the community growth chart

Activity 6-3c: Compilation of data

Activity 6-3d: Community conversation role play

Materials:

- Two community growth charts with sample data plotted, as shown in **Facilitator's Note 55**
- GMP data collected during field practice
- Blank community growth chart for each group
- Community map and HHI data from previous field practice sessions

Methodology: Group work, presentation and plenary discussion

Activity 6-3a: Discussion and reflection on field work

Time: ⌚ 20 minutes

Activities:

- In plenary, lead reflection on the field practice session. Focus on the following:
 - Did all trainees have the necessary skills for weighing, plotting and interpreting? If not, where did mistakes happen? How can this be corrected?
 - How was counselling done? Did everyone negotiate an action to be implemented within agreed timeframe? Was the agreed action appropriate?
 - How did trainees handle comments from mothers like: “I have no food at home” or “I have no milk”?
- Discuss how trainees can further improve their counselling skills.

Activity 6-3b: Introducing the community growth chart

Time: ⌚ 20 minutes

Activities:

- In plenary, present the concept of the community growth chart and explain how to use it, referring to **Facilitator's Note 54**.
- Then, discuss how community growth charts can be compared to previous months' charts and the issues that should be analyzed when comparing charts from two months, referring to **Facilitator's Note 55** and the prepared community growth charts.

Activity 6-3c: Compilation of data

Time: ⌚ 50 minutes

Activities:

- In the groups used for field practice, ask trainees to compile the GMP data they collected and prepare a community growth chart for use in community conversation on Day 8.

Activity 6-3d: Community conversation preparation and role play

Time: ⌚ 60 minutes

Activities:

- Ask trainees to work in the two groups that will be doing CC in two Gotes on Day 8.
- Let groups discuss what information they will present, how they will help the community members to interpret, and how they will guide the community to decide on actions.
- Let them decide on roles for each trainee (e.g. 1-2 facilitators, 1-2 note-takers, and the rest observers) so that the meeting is not dominated by trainees as they are a large number. They can also rotate, as some can facilitate the assessment process and others can facilitate the analysis process.
- When preparations have been completed, allow a few group members to role play how CC will be conducted. (In order to allow more trainees to have a chance to

facilitate, those who are role playing here should not be the same as those who will facilitate during field practice.

- After the role play is completed, groups should discuss strengths and weaknesses and make suggestions for how to improve the CC during field practice. They should pay particular attention to the points outlined in **Facilitator's Note 56**.

Facilitator's Note 54 - Use of Community Growth Chart

The community growth chart is a tool which helps the community to visualize the nutritional status of their children under two years of age and compare it with the baseline and past months (to see the trend). It also helps to see if there is any difference in the nutritional well being of boys versus girls.

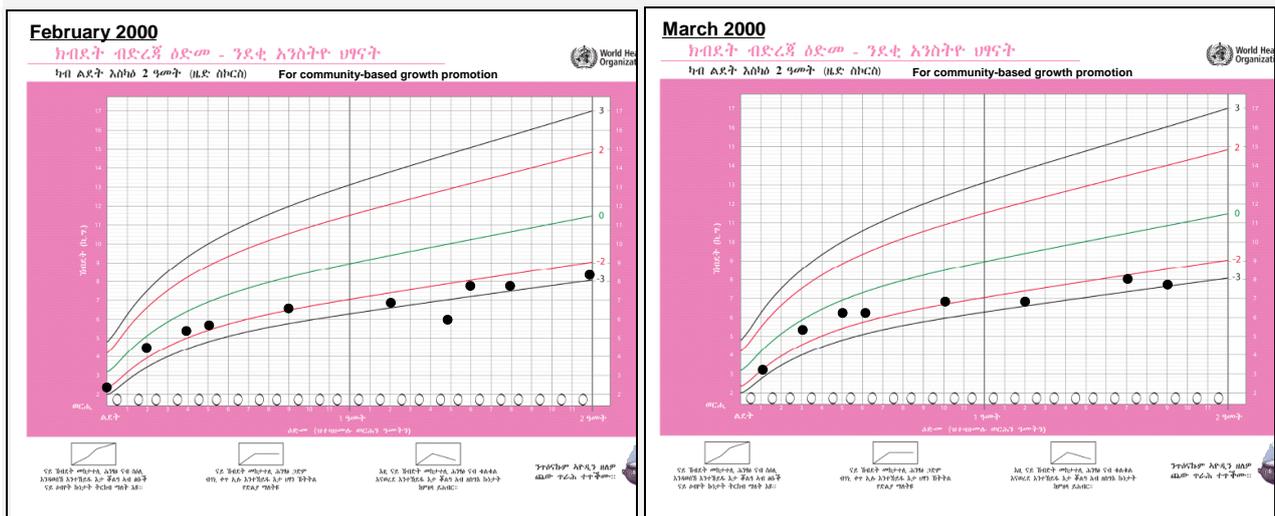
Community growth charts will be printed and supplied to all CHWs. They have the boys' and girls' growth charts side by side on one large sheet. The CHW uses one chart per month and plots the weight of each boy or girl in the community just as she does in the individual growth chart. As there will only be about twenty children in each community, and roughly half of them girls and the other half boys, the chart will not be very crowded, and the points can easily be seen in a community meeting.

There is also an option of just displaying the number of children in 'Normal weight,' 'Underweight' and 'Severe underweight' categories without plotting individual children. The decision at this stage can be left with the communities, depending on which of the methods makes the nutritional status of their children more clear to them. Please note, however, that an option without plotting would not allow the community members to see patterns, e.g. many children may be coming closer to the lower red line, even if they are not categorised as 'underweight' yet.

The community growth chart should be used as the central discussion point during CC. Other data from the HHI and community map can also be used to support the discussion that arises from the community growth chart. Discussion can revolve around topics such as how many children are severely or moderately underweight and what can be done at family and community levels to change this. In the case of families with extreme difficulties, community members may also decide to mobilize support for these families so that improved care can be provided for these children. The support can take the form of support to reach and stay at the health facility if required, support for feeding the child if the mother is sick or away for some reason, or helping the family to access various other programs and services to improve household access to food and other resources.

Although the community growth chart may be used every month, it is preferable to use it quarterly, in order to allow time for more significant changes in nutritional status to occur. Therefore, during the second and third months of each quarter, CC should focus more on following up with the previous discussion and agreed actions. However, when nutritional status is raised, CHWs can refer to the community growth chart discussed previously.

Facilitator's Note 55 - Comparison of community growth charts from 2 months



When comparing community growth charts from two consecutive months, many issues of interest can be found.

Using the two charts shown above, trainees should discuss their observations. If needed, facilitators can probe on some of the following issues, but do not dominate the conversation. Let them look carefully and discuss. Also, do not stop at the assessment/analysis steps. Encourage them to come up with concrete actions.

Some observations you can keep in mind and probe on:

- 5 out of 10 girls (half!) were malnourished in the previous month.
- This month, only 3 are malnourished.
 - Because the severely malnourished child didn't come!
 - Also the 2-year old one was almost on the line but graduated (need some more follow-up?).
- Almost all of the malnourished children are above 1 year. Better nourished ones are below 6 months.
 - Any age-related issues?
- While a few more children are closer to the green line (median weight) in this month, most of the normal weight children are still very close to the red line (cut-off for underweight).
 - They need a careful attention not to fall below the line!
- There was one newborn and her weight was taken in the first month. This is a good sign.

Facilitator's Note 56 - Checklist for the group doing observation

Provide points for observation to the team that is expected to observe and reflect on the presentations. The observation should include at least the following:

General

- Did the facilitator greet and engage the community members in some general talk at the beginning of the session?
- Did the facilitator encourage the community members to express their views?
- Did the facilitator encourage non participants to participate?
- Was the conversation like a question answer session with the facilitator asking questions and the community members answering or did was it really conversation among the community members facilitated by the CHW?
- Did the facilitator capture a good point made by the community member and try to build on it?
- How did the facilitator handle any conflict or difficult situation?

There is no definite line between Assessment, Analysis and Action. It is a dynamic process. Sometimes when we do analysis we may have to go back and further discuss a point that came up during the initial assessment. Or when we finalize action we may have to go back and look at something we analysed already.

There are some specific points to observe during the Triple-A cycle:

Assessment

- Did the facilitator explain the situation clearly?
- Did community members (those who are playing the role of community members in the exercise) raise any issue that cannot be addressed by CBN – like construction of road or hospital? And if so, how did the facilitator deal with it? Did the answer satisfy the community?
- Did the facilitator link the assessment to the vision that the community developed for their children? For instance, if the community had mentioned that they want all children to be educated, did the facilitator help community see the connection between environmental sanitation, illness and malnutrition or school attendance?

Analysis

- Did the facilitator help community members to think and discuss why something is happening and how can to prevent or improve the situation?
- Did the facilitator use “But why 5 times” to probe further and identify root causes?

Action

- Did the solutions come from the community members? Or did the facilitator decide the solutions?
- If one member suggested a solution, did the facilitator consult others?
- When too many solutions were offered, how did the facilitator help the community make the choice?
- Did the community decide on a time frame, roles and responsibilities for different members? Did they decide:
 - what exactly we can do,
 - how can it be done,
 - who will do it,
 - who will take primary responsibility,
 - who will monitor,
 - when will it be done or completed etc.
- Was there consensus on when to meet next?

DAY 7

Session 7-1: Daily Calendar

Objectives: At the end of the session, participants will be able to:

- Understand the time burdens of women, men, and children in the community
- Facilitate the daily calendar activity during CC sessions

Time: ⌚ 60 minutes

Materials: Flip chart paper and markers

Activities:

- Lead participants in carrying out the daily calendar activity, as outlined in **Facilitator's Note 57**.
- Discuss the purpose of the activity, and how it can be used during CC.
 - The activity is good for making visible the daily responsibilities of men, women, and children. Where women are much busier than men, this exercise can help all community members acknowledge the imbalance in time burden.
 - In CC, if the mother's lack of time is raised as a factor in malnutrition, this activity can be used to identify how she can utilize her time more effectively, or how men and children can help her with child care and feeding.

Facilitator's Note 57 – Conducting the Daily Calendar Activity

- ◆ Divide participants into two groups—one for men and one for women. If there are school-aged children in attendance, they can also form a third group.
- ◆ Provide each group with a piece of flipchart paper and a marker. Explain that in each group, participants should create a calendar of their daily activities. They can do it by time, or by just dividing the day into morning, afternoon, and evening.
- ◆ They should list the tasks that they do on a normal day. These should include all activities, such as waking up, cooking, taking care of the children, collecting water, etc.
- ◆ After each group has finished, the groups should come back together and present the calendar that each has produced.
- ◆ Then lead plenary discussion on what is observed—does one group have more responsibilities than the others? Does one group have more free time than the others? Etc.
- ◆ From the conclusions drawn, discuss the implications on child health and nutrition: Is time a critical factor in good care and feeding practices? What can be learned from the daily calendar to improve care and feeding practices?

Session 7-2: Identifying positive and negative practices affecting the well being of children and mothers and their underlying causes

Objectives: At the end of the session, participants will be able to:

- Differentiate positive and negative practices and explain their underlying causes
- Understand how these negative practices (household specific and community specific) can be resolved through Community Conversation and HH visits and counselling

Time: ⌚ 45 minutes

Materials: Flipchart and markers

Methodology: Group work and brainstorming

Activities:

- Divide participants into two groups.
- Ask them to brainstorm on practices that affect children's and mothers' well being. One group should work on negative practices and the other group on positive practices.
- Allow each group to present and then lead plenary discussion.
- Identify and reach consensus on the most common negative practices in the community.
- Analyse a few of the behaviours to see if they are individual or societal/community behaviours, or both.
- Analyse further to see what value (intention or attitude) held by the individual causes the behaviour or action. In the case of societal or community behaviours, it will be the community norm or value that causes the action. If we want individuals, families, or communities to change their behaviour, we need to help them understand the benefits of a changed behaviour. Only when they decide to change can a sustainable change in behaviour occur.
- The groups should come up with solutions for the underlying factors in order to stop the negative practices.
- In plenary, discuss how these negative practices (household specific and community specific) can be resolved through Community Conversation and HH visits and counselling.

Session 7-3: Referral facilities available in the area

Objectives: At the end of the session, participants will be able to:

- List referral facilities available in the woreda and know what services are provided there
- Inform families/communities about services available in the area, and the process involved in accessing those services

Time: ⌚ 15 minutes

Materials: Paper, markers

Methodology: Mapping and discussion

Advanced Preparation: Facilitators should prepare a list of all facilities in the woredas from which the trainees are coming. These facilities can include TFUs, CTCs, OTP, regular health clinics, hospitals, etc. In addition, any facilities for children with special needs (handicaps), if available, should also be listed so that CHWs are aware of these facilities.

Activities:

- Divide participants into two groups. Let each group draw a rough map of the woreda and kebeles.
- Then let each group locate health referral facilities – government as well as those run by religious organizations or NGOs.
- The groups should also list the services available and how to access these services.
- The groups can also include facilities located in nearby areas but not within the same woreda.

Session 7-4: Counselling for caregivers of children with severe malnutrition

Objectives: At the end of the session participants will be able to:

- List key actions families should take after the child is discharged from the Therapeutic Feeding Program.
- Counsel families that are defaulting in the treatment schedule prescribed for the malnourished child.

Time: ⌚ 30 minutes

Materials: Paper and markers

Methodology: Group work and plenary discussion

Activities:

- Ask groups to list the role of HEWs and CHWs when they identify a severely malnourished child or a seriously ill child and advise the parents/care providers to take the child for treatment.
- Ask groups to brainstorm and come up with a list of actions and points for counselling.

Facilitator's Note 58 – Follow-up counselling

In some cases, HEW/CHW should conduct house visits in order to do an in-depth analysis of causes of malnutrition. The Household Inventory checklist can be used to identify causes in the household environment and practices contributing to malnutrition/illness (e.g. food hygiene, sanitation etc.). She should conduct house visits:

- When she identifies a child as severely underweight
- When a child is enrolled in OTP
- Following discharge from an in-patient TFU
- If the family has not taken the child for treatment or has not done follow-up treatment.

The key points to emphasise in counselling are:

- Sanitation and hygiene practices to be improved to prevent further infections in the child.
- Reduce sharing of supplementary food or Ready-to-Use Therapeutic Food given to the malnourished child.
- Active feeding (with age appropriate stimulation) to be practiced so that the child does not lose the appetite once again.
- Report to the treatment centre as advised.

Session 7-5: Establishing baseline through various community tools

Objective: At the end of the session, participants will be able to:

- List the purpose and types of information to be collected, and the tools to be used

Time: ⌚ 30 minutes

Materials:

- Community map (one of the maps produced by trainees)
- Household inventory
- GMP register
- Community growth chart

Methodology: Plenary discussion

Activities:

- Discuss the purpose of data collection, and identify with trainees what information needs to be collected to establish the baseline conditions.
- Recall the tools used: community mapping, HH Inventory, and GMP register. Many more tools can be used as CBN activities stabilize.
- Emphasise the need to ensure that data collected is properly recorded, shared with the community, stored and communicated to the kebele. Relate this to what data or information has been collected during field practice, how this will form the baseline, and how change can be monitored by collecting this data periodically.

Facilitator's Note 59 – Session on baseline data

The sessions on baseline data from various activities and use of data at various levels is very important. The facilitator should ensure that each trainee has the skills necessary to use the different tools and forms and understands the purpose of each. Provide for repeat exercise if any of the trainees are not sure about the tools and data collection.

Session 7-6: Reporting and analyzing CBN data

Objectives: At the end of the session, participants will be able to:

- Recognize types of data to be collected and be able to properly record data on registration and reporting forms
- Recognize common mistakes that may occur while filling in forms/registers and correct these to achieve Zero Error in reporting
- Calculate and graph trends in GMP participation rates
- Do simple analysis of data at community and kebele levels to find out trends

Total Time: ⌚ 3 hours

Activity 7-6a: Reporting and checking monthly GMP and CC data (1 hr)

Activity 7-6b: Calculating and graphing GMP participation rates (1 hr)

Activity 7-6c: Calculating and graphing UW and SUW percentages (30 min)

Activity 7-6d: Analyzing monthly data (30 min)

Methodology: Plenary discussion, group work and exercises

Activity 7-6a: Reporting and checking monthly GMP and CC data

Time: ⌚ 1 hour

Materials:

- Filled CHW GMP register for one month (**ANNEX 2**)
- Blank CHW report form
- 2 filled CHW report forms with common errors (**ANNEX 3**)
- 10 filled CHW report forms (**ANNEX 4**)
- Blank HEW report form

Activities:

- Explain to participants the importance of timely reporting of CBN data.
 - It helps to show successes and problems in program implementation.
 - It can tell HEWs where more attention needs to be focused (either certain CHWs or certain issues, such as GMP participation).
 - It helps CHWs, HEWs, and communities to track progress in reducing malnutrition.
 - Emphasize that data quality is critical. Therefore, HEWs must check the quality of data they receive from CHWs and address any problems encountered. Otherwise, the data will be difficult to interpret and use.
- Distribute filled sample GMP registers for the first month. Let participants fill in a CHW report form based on the data.
- In groups, discuss and make sure that all participants are comfortable with filling in the report form, as they may need to help CHWs in filling out their report forms. (See **Facilitator's Note 60** for the correctly filled report form.)
- Distribute filled sample CHW reports for months 2 and 3. Ask participants to check the reports for errors. Then, in groups, ask them to discuss how they would correct these errors. (See **Facilitator's Note 61** for suggested answers.)
- Distribute 10 filled sample CHW reports. Ask participants to fill out an HEW report form using this data.
- In groups, ask participants to check their answers and compare the performance of different CHWs. Let participants make their review points and present. Review may be simple – covering the following points:
 - Participation
 - No. of children SUW, UW, and NW
 - Any difference between girls and boys

Participants should also discuss how they would identify and address the poor-performing CHWs, as well as how they could utilize the best-performing CHWs to improve overall CHW performance. (See **Facilitator's Note 62** for filled report and suggested discussion points.)

- Ask each trainee to plan tentative dates for collecting reports, holding review meetings, and submitting reports to the WHO. Emphasize that HEWs should submit their CBN reports to the WHO along with their other HEP reports.

Facilitator's Note 60 – Filled CHW report form

Report on Growth Monitoring		Girls	Boys	Total
1	Total No. of children in the group	9	9	18
2	No. of children weighed this month	9	9	18
3	No. of normal weight children (between red and lower green lines)	5	6	11
4	No. of underweight children (below the lower green line)	2	2	4
5	No. of severe underweight children (below the lower black line)	2	1	3
6	No. of children who lost or did not gain weight	1	1	2
Report on CC				
7	Was a CC session held?	Yes		
8	Number of participants	Female	Male	Total
		15	20	35

Facilitator's Note 61 – Errors in report forms**January 2009**

Total No. children: girls + boys \neq total

No. UW children: girls + boys \neq total

For girls and total children: No. children weighed \neq No. NW + No. UW + No. SUW

February 2009

For girls and total children: No. children weighed $>$ Total No. of children

For boys: No. children weighed \neq No. NW + No. UW + No. SUW

For boys: No. children weighed = No. NW + No. UW + No. SUW + No. children who lost or did not gain weight

CC Number of participants: male + female \neq total

How to correct the observed errors:

- ◆ HEW should ask to see the CHW register and recalculate the totals; at the same time, she should work with CHW to understand the error, to know how to correct it, and to ensure that the mistake is not repeated again the next month.
- ◆ If the number of children weighed is greater than the total number of children under 2, HEW must discuss with the CHW to see why this is so. There may be an error in the reported number of children under 2, in which case the number should be correct. It could also be that children over 2 are included, in which case they should not be included in the next month.
- ◆ CHWs and HEWs should understand that losing or not gaining weight and nutritional status (NW, UW, or SUW) are distinct—each child must be classified as NW, UW, or SUW, but may also be classified as losing or not gaining weight. The number of children weighed should not equal No. NW + No. UW + No. SUW + No. children who lost or did not gain weight unless there are no children who lost or did not gain weight.

Facilitator's Note 62 – Filled HEW report and suggested discussion points

Report on GMP and CC																		
Region: Amhara						Woreda: Kalu						Kebele: 021						
Name of HEW: Rawda Mohammed						Reporting Month: December						Year: 2001						
S. No.	Name of "Gotte"	Number of Children <2			Weighed										CC			
		Girls	Boys	Total	Girls				Did not gain/lost	Boys				Did not gain/lost	CC conducted?	Participants		
					NW	UW	SUW	Total		NW	UW	SUW	Total			Female	Male	Total
1	Misreta group I	10	12	22	4	0	2	6	1	6	1	0	7	2	yes	10	12	22
2	Misreta group II	15	14	29	12	2	0	14	0	11	2	1	14	1	yes	16	18	34
3	Misreta group III	15	15	30	4	2	1	7	2	6	1	1	8	1	no	0	0	0
4	Misreta group IV	12	11	23	6	0	2	9	1	4	3	1	8	0	yes	10	8	18
5	Misreta group V	12	10	22	9	3	0	12	1	7	1	1	9	2	yes	15	12	27
6	Misreta group VI	10	12	22	5	4	1	10	3	5	4	3	12	2	no	0	0	0
7	Misreta group VII	18	16	34	14	3	3	20	2	10	3	1	14	0	no	0	0	0
8	Misreta group VIII	18	22	40	10	1	1	12	1	12	2	2	16	1	yes	12	15	27
9	Misreta group IX	12	11	23	3	0	0	3	0	4	0	0	4	0	yes	10	8	18
10	Misreta group X			28											yes	10	8	18
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
Total		122	123	273	67	15	10	93	11	65	17	10	92	9	7	83	81	164

CBN Activities Summary

GMP		Girls	Boys	Total
1	Total number of <2 children	122	123	273
2	Number of children weighed	93	92	185
3	Number of children NW	67	65	132
4	Number of children UW	15	17	32
5	Number of children SUW	10	10	20
6	Number of children who didn't gain or lost weight	11	9	20
CC				
7	Number of CHWs conducting CC	7		
8	Number of CC participants	Female	Male	Total
		83	81	164
Reporting and Review				
9	CHW Reporting Rate	Total No. trained CHWs	No. CHWs reporting	
		10	10	
10	Monthly HEW-CHW Review Meeting	Held this month?	No. CHWs attending	
		yes	8	

Suggested discussion points:

Errors that should be corrected:

- ♦ Group IV – for girls, NW + UW + SUW ≠ total weighed
- ♦ Group X – reported only totals, no boys and girls

Other analysis:

- ♦ Group II – high participation, low underweight (maybe GMP is working)
 - ♦ Group III – low participation, no CC (need to work on mobilizing community)
 - ♦ Group VI – high participation, high UW, no CC (CC is important for addressing causes of UW)
 - ♦ Group VIII- participation is fairly low
 - ♦ Group IX – low participation, all normal weight (data should be questioned—are only the NW children participating?)
-
- ♦ In all groups, participation rates and nutritional status of boys and girls appear similar.
 - ♦ Group II seems to be doing particularly well—HEW should allow this CHW to share her experiences with the other CHWs to encourage improvements for the other CHWs

Activity 7-6b: Calculating and graphing GMP participation and SUW rates

Time: ⌚ 1 hour

Materials:

- Flipchart showing a blank graph of trends in GMP participation rate (see **Facilitator's Note 64**)
- Sample filled HEW reports for 6 months (**ANNEX 5**)
- Flipchart and markers (black, red, and blue) for each group

Activities:

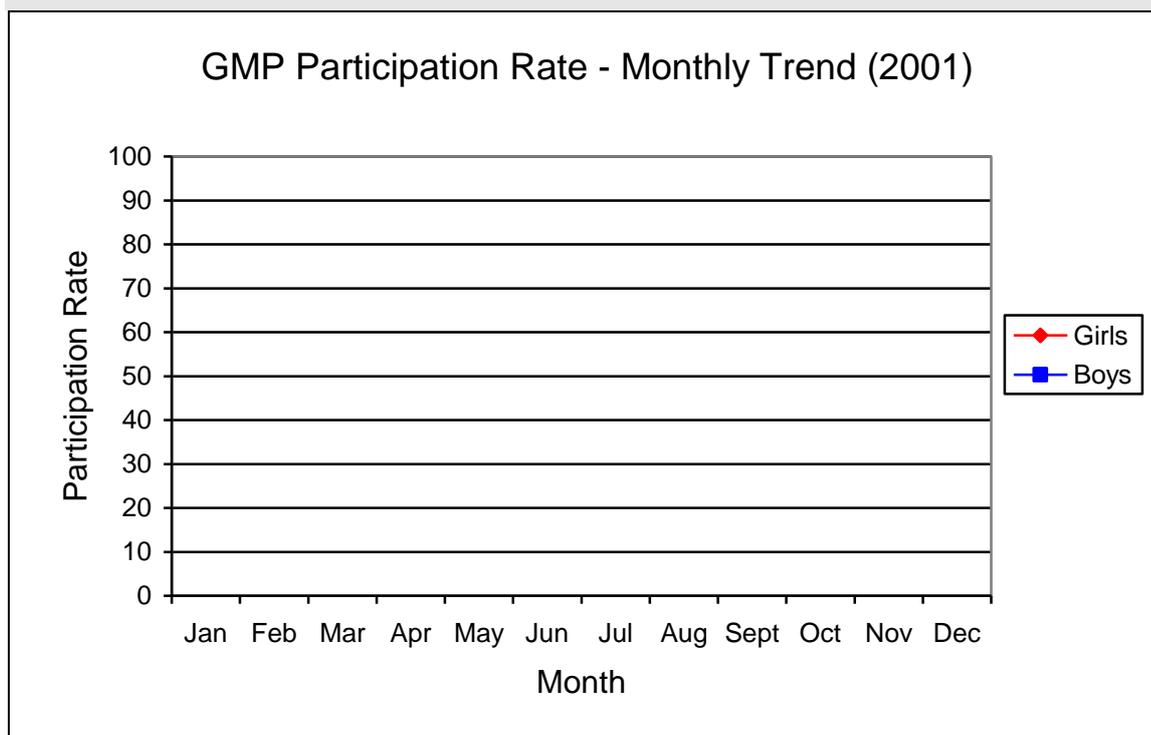
- Explain the importance of GMP participation rates.
 - High participation is imperative for GMP to be effective in reducing malnutrition.
 - High participation is necessary for GMP data to be accurate and usable—participation rates must be considered when analyzing trends in UW and SUW.
 - Participation rates are one key indicator that HEWs and CHWs can track from month to month, and addressing participation is direct and can be done by CHW.
 - Participation rates can also reveal gender biases.
- Explain how to calculate participation rates:
 - Participation rate = (No. children weighed/Total No. children under 2) x 100
 - This should be calculated separately for girls, boys, and total children.
 - Emphasize that the total must be calculated in the same way as for girls and boys—you cannot simply add the percentages for girls and boys.
 - Remind participants that the total number of children under 2 should reflect all children in the kebele, not those in the communities where CHWs have reported.
- In groups, ask participants to calculate the participation rates for Kebele 021 during the last 6 months. In plenary, present the answers and make sure that all groups understand and are able to correctly calculate percentages. (See **Facilitator's Note 63** for the calculated participation rates.)
- Explain how to graph monthly trends in participation rates.

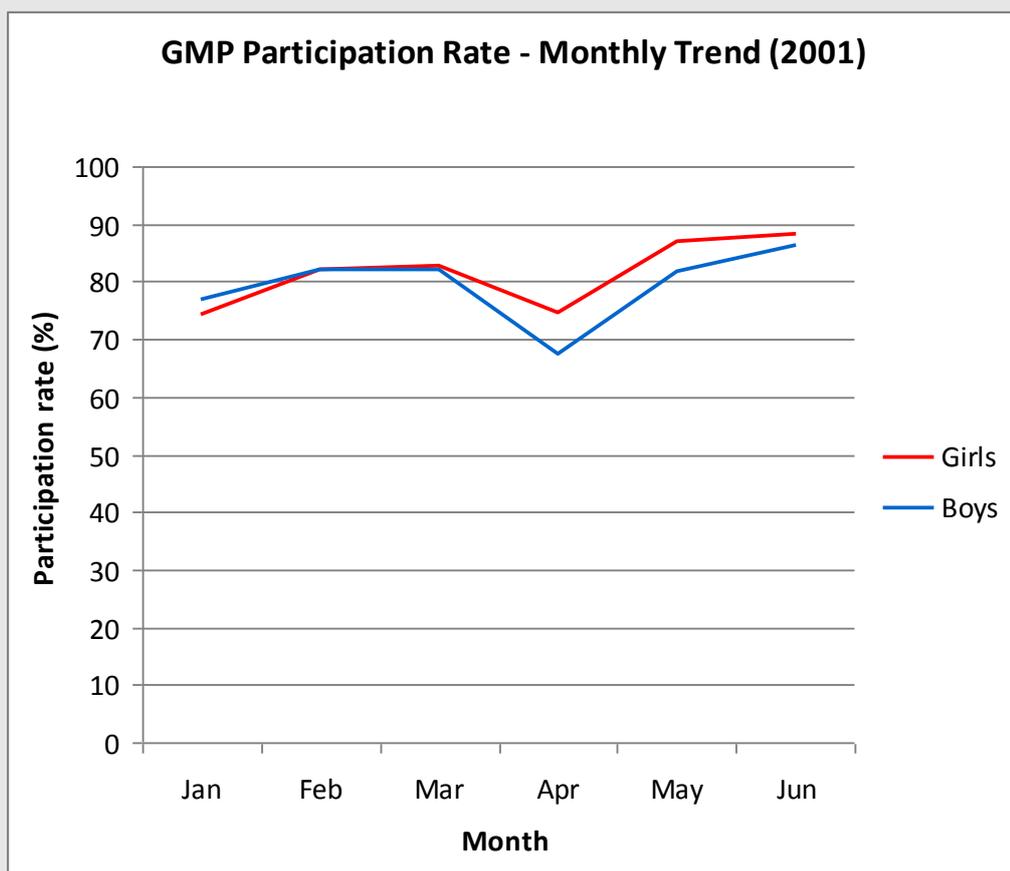
- Draw the axes and label the left axis as participation rate and the bottom axis as months. Make a legend for boys and girls. Title the graph.
- Show the example from **Facilitator's Note 64**.
- For each month, graph girls' and boys' participation rate separately. Above the appropriate month, make a dot corresponding to the participation rate for that month. Do this for both boys and girls. The next month, repeat this, and then connect the current month's dot to the previous month's dot. This will help to show the month-to-month trend in participation rates.
- In groups, ask participants to graph (on flipchart paper) the trend in participation rates over 6 months (previously calculated). Ask groups to discuss what trends they see.
- In plenary, allow each group to present their graph and observations. Discuss if there are any issues needing clarification. (See **Facilitator's Note 65** for the correct graph and suggested discussion points.)

Facilitator's Note 63 – Participation Rates

Participation Rates			
	Girls	Boys	Total
Jan	74	77	76
Feb	82	82	82
Mar	83	82	82
Apr	75	68	71
May	87	82	84
Jun	88	86	87

Facilitator's Note 64 – GMP participation rate graph



Facilitator's Note 65 – Correct GMP participation graph and suggested discussion points**Suggested discussion points:**

- ◆ General trend of participation is increasing
- ◆ Decline in participation in April--need to find out why
- ◆ From April to June, girls' participation is higher than boys'--why?
- ◆ Participation is reaching almost 90%--this is good
 - Should now focus on maintaining high participation and finding out who is not participating and why

Activity 7-6c: Calculating and graphing UW and SUW percentages**Time:** ⌚ 30 minutes**Materials:**

- Flipchart showing a blank graph of trends in SUW rate (see **Facilitator's Note 64**)
- Sample filled HEW reports for 6 months (distributed in Activity 7-6b)
- Flipchart and markers (black, red, and blue) for each group

Activities:

- Explain the importance of calculating percentages for UW and SUW.
 - Percentages are important for comparing data from month to month.
 - Percentages also allow for comparison between different communities.
 - This is because calculating percentages helps to take into account the number of children being weighed in the community.
- Explain how to calculate percentages for UW and SUW.
 - % UW = (No. children UW/No. children weighed) x 100
 - % SUW = (No. children SUW/No. children weighed) x 100

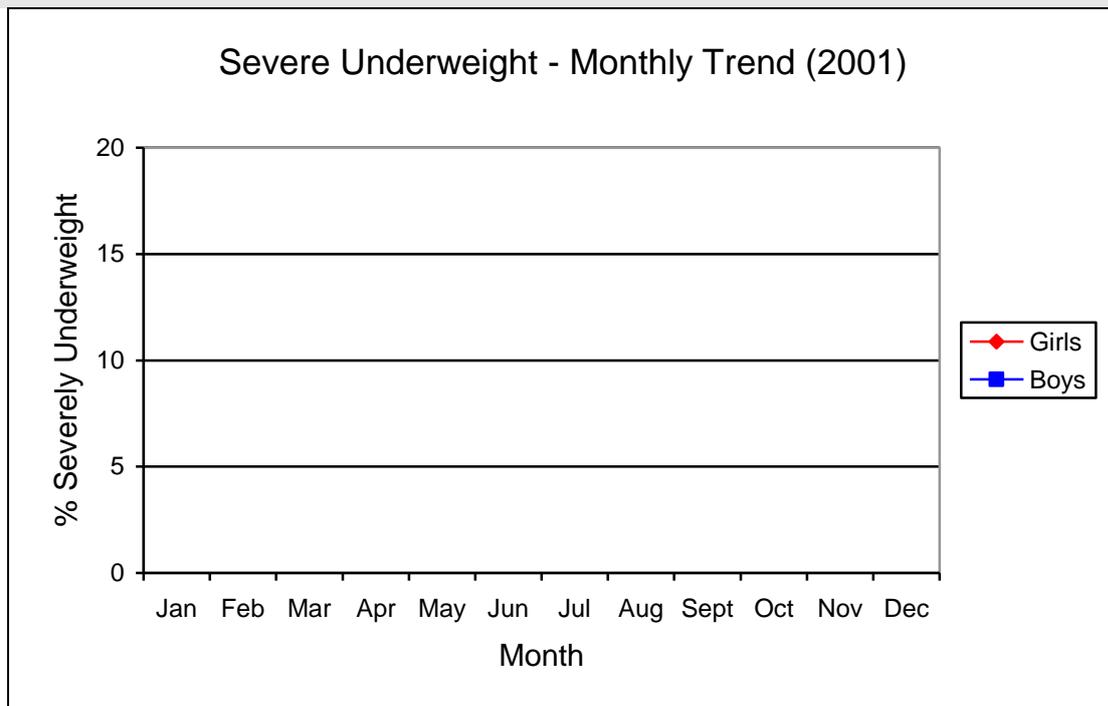
- These should be calculated separately for girls, boys, and total children.
- Emphasize that the total must be calculated in the same way as for girls and boys—you cannot simply add the percentages for girls and boys.
- In groups, ask participants to calculate the UW and SUW rates for Kebele 021 during the last 3 months. In plenary, present the answers and make sure that all groups understand and are able to correctly calculate percentages. (See **Facilitator's Note 66** for the calculated percentages.)
- Explain that HEWs should graph the percentage of SUW each month, for girls and boys separately. This is done in the same way that they graph participation rates.
 - Show the example of a blank graph from **Facilitator's Note 67**.
- In groups, ask participants to graph (on flipchart paper) the trend in SUW over 6 months (previously calculated and provided). Ask groups to discuss what trends they see.
- In plenary, allow each group to present their graph and observations. Discuss if there are any issues needing clarification. (See **Facilitator's Note 68** for the correct graph and suggested discussion points.)

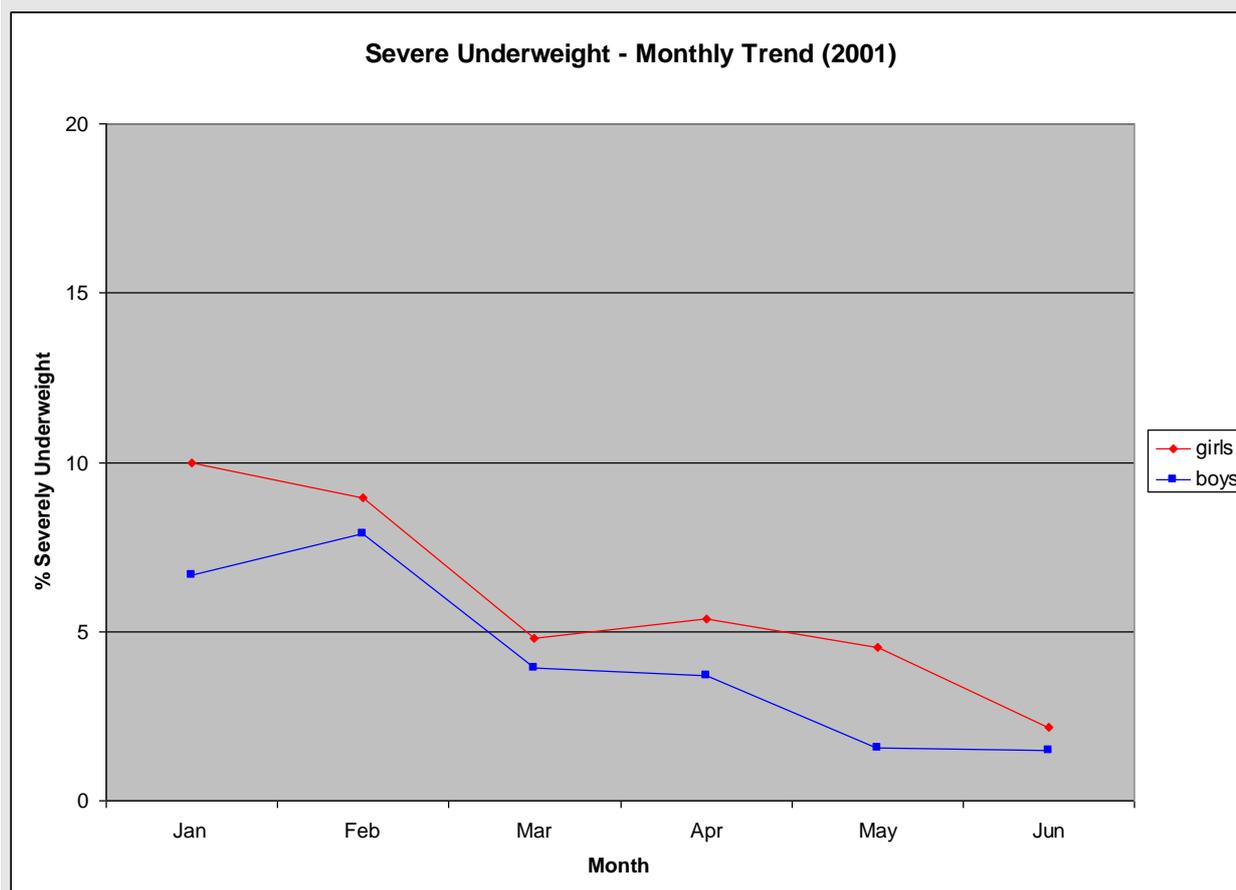
Facilitator's Note 66 – UW and SUW Percentages

Percent UW			
	Girls	Boys	Total
Apr	32	33	33
May	23	22	23
Jun	17	19	18

Percent SUW			
	Girls	Boys	Total
Apr	5	4	5
May	5	2	3
Jun	2	1	2

Facilitator's Note 67 – Severe underweight graph



Facilitator's Note 68 – Correct GMP participation graph and suggested discussion points**Suggested discussion points:**

- ◆ General trend of SUW is decreasing—It appears that CBN activities are working
- ◆ Percentage of girls severely underweight is consistently higher than for boys—Why? And what can be done?

Activity 7-6d: Analyzing monthly data**Time:** ⌚ 30 minutes**Materials:**

- Sample filled HEW reports for 6 months (distributed in Activity 7-6b)

Activities:

In groups, ask participants to review the sample HEW reports provided, along with the participation and SUW graphs created earlier, and analyze the following:

- GMP and CC participation
- Trends in number of UW/SUW children, and in number of children with weight loss or no weight gain
- Differences between girls and boys
- Reporting rate and review meeting participation

Although the GMP participation and SUW percentage graphs were analyzed earlier, they should be discussed again, this time in conjunction with the other data. This may allow for more informative assessments of why certain trends are seen.

Each group should make a plan for how they would address the issues identified.

Facilitator's Note 69 – Data analysis points

- ◆ GMP and CC participation
 - GMP participation—see analysis from Session 7-6b
 - CC participation is good—first 3 months more males than females
 - **Actions** should focus on maintaining high participation, finding out who is not participating and why, and working to help these people participate
- ◆ Trends in number of UW/SUW children, and in number of children with weight loss or no weight gain
 - Number of UW children decreasing in last 3 months
 - Number of SUW children, children with weight loss/no weight gain also decreasing over the 6 months
 - **Actions** should focus on continuing to improve nutritional status and weight gain. CHW should use positive trends to motivate the community and increase support for and participation in CBN activities.
- ◆ Differences between girls and boys
 - Differences between girls and boys are not significant for UW
 - For SUW, girls consistently have higher percentage than boys
 - **Actions** should focus on determining why more girls are SUW and making special efforts in counselling and follow-up of SUW girls
- ◆ Reporting rate and review meeting participation
 - Reporting rate dropped in April—may account for low GMP and CC participation rates seen
 - Review meeting held all but the first month
 - Review meeting participation good in most months—also dropped in April
 - Reporting rate, review meeting participation, and GMP/CC participation rates are all related
 - **Actions** should focus on helping CHWs who are not reporting or attending review meetings to do so. If reporting rates are good, HEWs should focus more on improving data quality and utilization of data at community level.

Session 7-7: Instructions for trainer skill presentations and CC field practice

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

- Explain the purpose of the trainer skill presentations and who will be required to demonstrate the training skills
- Have a good plan for conducting community conversation in the field on the following day

Total Time: ⌚ 30 minutes

Activity 7-7a: Instructions for trainer skill practice sessions (15 min)

Activity 7-7b: CC field practice preparation (15 min)

Activity 7-7a: Instructions for trainer skill practice sessions

Time: ⌚ 15 minutes

Materials: Flip chart prepared with the topics for trainer skill presentations
(Facilitator's Note 70)

Activities:

- Group the trainees according to kebele. Assign the Health staff from Nucleus Health Centres to the kebeles they will join for CHW training.
- Present the prepared trainer skill practice topics to the teams.

- Ask them to prepare for the topics using the CHW training guide and the training they have been receiving.
- Encourage trainees to ask for clarification if needed.
- Explain that trainees will present their topics on Day 9.

Activity 7-7b: CC field practice preparation

Time: ⌚ 15 minutes

Activities:

- Allow participants to work in the groups that will be doing field practice together.
- Let groups discuss if they want to modify any of their plans for field practice based on what they have learned in the last two days. Let groups finalize their preparation.

Facilitator's Note 70 - Topics for trainer skill presentations

The following topics are suggested for trainer skill practice and presentations. There are two scenarios which are covered by the topics given below:

- HEWs training CHWs
- CHWs doing CBN activities at community level

Both situations need practice. Make sure that each team gets time to present.

Starred topics are of primary importance and must be done. Other topics should be covered if time permits.

**** Topic 1: Visioning and setting objectives in the community**

Role play how this will be done in one of the GOTTES in your Kebele.

Topic 2: Understanding malnutrition

Demonstrate how you will conduct this session during CHW training.

Topic 3: Causes and effects of malnutrition in the community

Role play how you will conduct this session during CHW training. Your presentation should cover the role of CHWs in helping communities to analyse the causes and effects of malnutrition using triple-A.

**** Topic 4: Explain the steps in community mobilization for CBN**

Demonstrate how you will train CHWs to understand the steps.

Topic 5: Community mapping

Demonstrate how you will train CHWs to do this during CHW training. Demonstrate classroom instruction, mapping and follow-up discussions.

Topic 6: Common childhood illnesses and prevention

Demonstrate how you will conduct this session during CHW training and discuss the role of CHW in coverage for immunization and other preventive health services.

Topic 7: Optimal breastfeeding practices

Role play how CHW will counsel a group of mothers who have children under 6 months but are not exclusively breastfeeding.

**** Topic 8: The importance of growth monitoring and promotion and how to assess sufficient weight gain**

Demonstrate how you will conduct this session during CHW training.

**** Topic 9: Organizing GMP sessions**

Role play on organizing a GMP session and training parents and care providers to get involved in personally monitoring the growth of their children.

**** Topic 10: Filling out the community growth chart and using the data for community conversation**

Demonstrate how you will teach CHW to fill out the community growth chart and then use the information, in conjunction with other information collected, in community conversation.

**** Topic 11: GMP data**

Demonstrate how you will train CHWs on recording, reporting, and reviewing GMP data.

**** Topic 12: Identifying positive and negative practices that affect the well being of children and mothers and their underlying causes**

Demonstrate how CHW will do this with her community members as part of a CC session. Remember points for strategic questioning.

Topic 13: Community conversation on water and sanitation

Demonstrate how CHW can focus on water and sanitation issues in the community during one of the community conversation sessions.

Topic 14: Linkages to other services

Demonstrate how you will train CHW to identify services that impact the nutritional status of children and how families can access these. Relate to the causes of malnutrition they have identified earlier.

**** Topic 15: Monthly Review Meeting**

Role play how HEWs will conduct monthly review meetings with CHWs.

**** Topic 16: Community Health Days**

Role play how HEWs and CHWs will organize and carry out CHD in their kebele.

DAY 8

Session 8-1: Field Practice - Community Conversation

Objectives: at the end of the session participants will be able to:

- Strengthen their community conversation skills and practice triple A sessions at community level.
- Use key tools for generating discussion on malnutrition.
- Strengthen their skills to help communities identify doable actions at HH and community level.

Time: ⌚ 3 hours

Materials: Tools (community map, HHI compilation sheet, community growth chart) prepared on previous days

Activities:

1. Welcome the community. Introduce yourself and your group. Let the participants introduce each other.
2. Explain the CC process, purpose, and principles, and briefly mention the activities that have been carried out already (HHI, community mapping, GMP—but do not go into detail about the data collected).
3. Present the community growth chart. (Trainees should note that during subsequent CC sessions, past decisions and implementation should be discussed, and GMP data should be compared to previous months' community growth charts.)
4. Lead the community in discussing what they see through these tools and data. When topics arise, use supporting information from the HHI and community map to lead the community in analyzing the causes of malnutrition by using the “But why 5 times” technique.
 - Be sure to keep the interest and motivation of the community high. Help them to assess the real situation.
 - Focus the discussion on numbers of malnourished children and positive and negative factors influencing malnutrition.
 - If data shows that malnutrition increases from six months onwards, help them see the point.
 - Encourage discussion on exclusive breastfeeding. Explain the need to practice this for six months (but do not dominate the conversation by giving a long, one-way lecture!).
 - Encourage discussion on appropriate complementary feeding and its timing for introduction. Help communities understand the importance of frequency, amount during each food, improving nutrient density and active feeding (again, do not give a long, one-way lecture!).
 - Encourage discussion on the importance of reducing infections. Any issues regarding environmental sanitation and hygiene that came up during community mapping can also be raised.
 - Motivate the fathers and male members from households to take interest in the growth of small children (explain how to read the growth chart).
 - Make the connection between brain development and appropriate feeding and health care during the first two years of life.

- Everyone wants their children to be intelligent and do well in school later!
5. Lead the community in identifying and prioritizing 1-2 actions to take to address malnutrition: what is most important to change, and what can be done most feasibly? The meeting should lead to definite actions that individual families and community will take within a reasonable time frame. Decide:
- How will they act?
 - Who will do the actions?
 - When will they do them?
 - Who will follow up on the actions?

Session 8-2: Reflections and discussion on field practice

Objectives: at the end of the session participants will be able to:

- List the strengths and weaknesses observed during the field practice sessions
- List areas in need of improvement and how they plan to improve them
- List ways in which they can improve skills for facilitating community conversation focused on preventing infant and young child malnutrition

Time: ⌚ 90 minutes

Materials: Papers and markers

Methodology: Plenary discussion

Activities:

After returning from the field, trainees should record community decisions from the CC sessions. Do not forget to agree with the HEW(s) who are responsible for the particular community/communities you visited that they make follow-up visits and continue the dialogue. The trainees have now started the CBN activities in these communities, and these activities need to be continued.

- Ask the observers to present their observations, referring to the points outlined in **Facilitator's Note 56**.
- Discuss if they feel they have motivated the community sufficiently.
- Discuss how to deal with too many expectations of the community.
- Discuss how important it is to strengthen linkages with other programs and how progressively, we can involve other sectors in community conversation without losing focus on reducing/preventing malnutrition.
- Discuss how the trainees can continue to improve their skills for facilitating community conversation focused on preventing infant and young child malnutrition.

Session 8-3: Developing a tentative agenda for gotte-level CC sessions for the next 6 months

Objectives: At the end of the session, participants will be able to:

- List possible discussion/talking points for CC sessions for the next six months to be organized by HEWs and supported by CHWs
- Strengthen their planning and training skills

Time: ⌚ 90 minutes

Materials:

- Paper and markers
- Handout on Sara's Story

Methodology:

- Brainstorming
- Group work followed by presentation
- Plenary discussion

Activities:

- In the groups used for field practice, have trainees brainstorm on next steps in the community they visited. What would be the logical agenda for discussion during the next meeting if they were to continue their work in the same area? And what is expected of the CHW and HEW of the community they visited for field practice?
- Distribute the handout on Sara's Story. In plenary, present Sara's Story and review the major activities that should be carried out by HEW and CHW as part of CBN. (See **Facilitator's Note 71** and **Annex 6** for more information on Sara's Story.)
- In groups, trainees should prepare a tentative plan as to what tools HEWs and CHWs can use to help communities collect information or reflect on the situation. Let them also discuss how to mobilize the entire community and keep them motivated.
- Ask trainees to discuss how they will work with CHWs in their kebele to conduct gotte-level community conversation. Each group should also develop tentative talking points for each CC session.

Facilitator's Note 71 – Sara's Story

To help trainees understand the steps in community mobilization and the importance of each step, a story is presented here—the Story of Sara, a CHW—on how she works with HEW to carry out CBN activities in her community. By using the storytelling methodology to create interest, Sara's Story can help trainees to internalize the CBN process.

Sara's Story takes us up to the second round of GMP in the community and CC following the GMP session. Other topics get introduced at CC meetings slowly depending on the assessment and analysis done by the community. These will be discussed in more detail during refresher trainings.

DAY 9

Session 9-1: Community Health Days

Objectives:

- To review WHO/supervisor, HEW, and CHW roles in vitamin A supplementation, de-worming, and MUAC screening
- To review the targets and dosing schedules for vitamin A supplementation and de-worming
- To review procedures for measuring MUAC and criteria for referral
- To review the implementation process of CHD

Time: ⌚ 1 hour 10 minutes

Materials: EOS Quick Reference, MUAC tape, Vitamin A capsules, de-worming tablets, Vitamin A and de-worming tally sheet, screening tally sheet, EOS/TSF registration book, scissors, towel

Methodology: Presentation, demonstration

Activities:

1. (20 min) Present the following with a flip chart and review CBN/CHD procedures (vitamin A, de-worming, and acute malnutrition screening):
 - The targets of Community Health Days are:
 - Children 6 months to 5 years
 - Pregnant and lactating women (PLW)
 - Minimum CHD packages
 - Provision of Vitamin A every 6 months for Children 6-59 months
 - Provision of De-worming every 6 months for Children 2-5 years
 - Nutritional Screening for acute malnutrition every 3 months for children from 6 to 59 months and pregnant and lactating women

Actions:

In Non-TSF CBN woredas:

- Identify severe SAM only (edema or MUAC<11 cm)
 - Provide appointment for OTP service or refer to TFU if it is complicated SAM
- Screen all PLW
 - Identify severe only (MUAC<17 cm)
 - OTP or referral to TFU

In TSF woredas:

- Moderate = MUAC 11-11.9 cm
 - Response = give ration card for TSF
- Severe = edema or MUAC<11 cm.
 - Response = Provide appointment for OTP service or refer to TFU if it is complicated SAM
 - and ration card for TSF

- Organization of CHD
 - Prepare Kebele map for CHD (display the example below—see *Facilitator’s Note 18*)
 - Each kebele will have 5-6 CHD outreach sites
 - Explain the role and responsibility WHO, HEWs, and CHW
 - Explain the CHD outreach site organization (see figure in *Facilitator’s Note 18* below): CHD posts should be organized in such a way that clients flow in a simple and fast way

- The roles and responsibilities of the **Woreda Health Office** include:
 - Organizing Community Health Days in agreement with HEWs
 - Timely distribution of supplies (Vitamin A capsules, Albendazole, reporting forms)
 - Supervision of activities
 - Woreda level Compilation of reports on coverage of VAS and de-worming, and reporting to zonal office

- The roles and responsibilities of **Supervisors** (staff of the WHO, HEWs supervisor) include:
 - **Management/logistic support:** assist HEWs and VCHWs in organising activities in a good work flow, replenish supplies, assist transportation and facilitate community mobilisation in collaboration with community leaders
 - **Technical support:** closely observe application of standard procedures of anthropometric measurements (bilateral oedema, MUAC measurement techniques); recording and interpretation of anthropometric data; Vitamin A capsule administration practices; and take corrective measures accordingly on spot
 - Collect reports and check for completeness, consistency and validity of records, and take corrective actions when required
 - Compile and submit the reports compiled by kebele, and filled supervisory checklists to the woreda coordinator

- **HEWs** are responsible for:
 - Agreeing with the Woreda Health Office on a date for the Community Health Days.
 - Prepare map and movement plan
 - Collect the necessary supply form the WHO and avail at CHD outreach sites. Note: it is already available at the WHO for this CHDs
 - Lead the CHD team and monitor the overall activity in the outreach post
 - Administer Vitamin A and De-worming tablet
 - Do nutritional screening (MUAC and oedema) and decide to treat SAM cases as OTP or refer to TFP
 - Provide ration card for TSF in TSF woredas
 - Make sure that the tally sheets are complete
 - Compile report and submit to supervisor

- **VCHWs** are responsible for:
 - Mobilizing children under 5 and pregnant and lactating women in their 50 households to attend the Community Health Days.
 - Make sure that all eligible children and PLW in her/his respective village has got the services

- During the CHDs,
 - **One VCHWs (Crowd controller)**
 - Welcome the parent/ caretaker and the child
 - Verify (using a wooden stick of 110 cm) that the child is within the target group for CHD (6-59 months)
 - Screen women obviously pregnant and mothers lactating a less than 6 months old baby
 - Send the child to the next services
 - Monitor that children do not come twice to receive the same service (remember that receiving 2 doses of vitamin A in a short period can be dangerous)
 - Provide key information on CHD services
 - **Two VCHWs (Recorders)**
 - One VCHW recorder tally vitamin A and deworming provided on the vitamin A and deworming tally sheet
 - The other VCHW tally the nutritional screening on the screening tally sheet
2. (10 min) Ask each HEW to prepare her own kebele CHD map. Tell them to name the CHD posts.
 3. (40 min) Orient the participants their role as HEW and CHW. Have participants conduct role play on the actual organization and provision of all the CHD services. Facilitators should check to ensure that it is done correctly (organization, actual provision of vitamin A, de-worming, and registration) and provide feedback.

Facilitator's Note 72 - Organization of CHD

Hypothetical example of Map for CHD

- This is a hypothetical kebele Y with 1,000 children under 5 and 2 HEWs
- For CHD, the kebele will be divided into **six outreach sites**
- The movement plan should be properly followed

Kebele Y

(CHD outreach site Day 1)

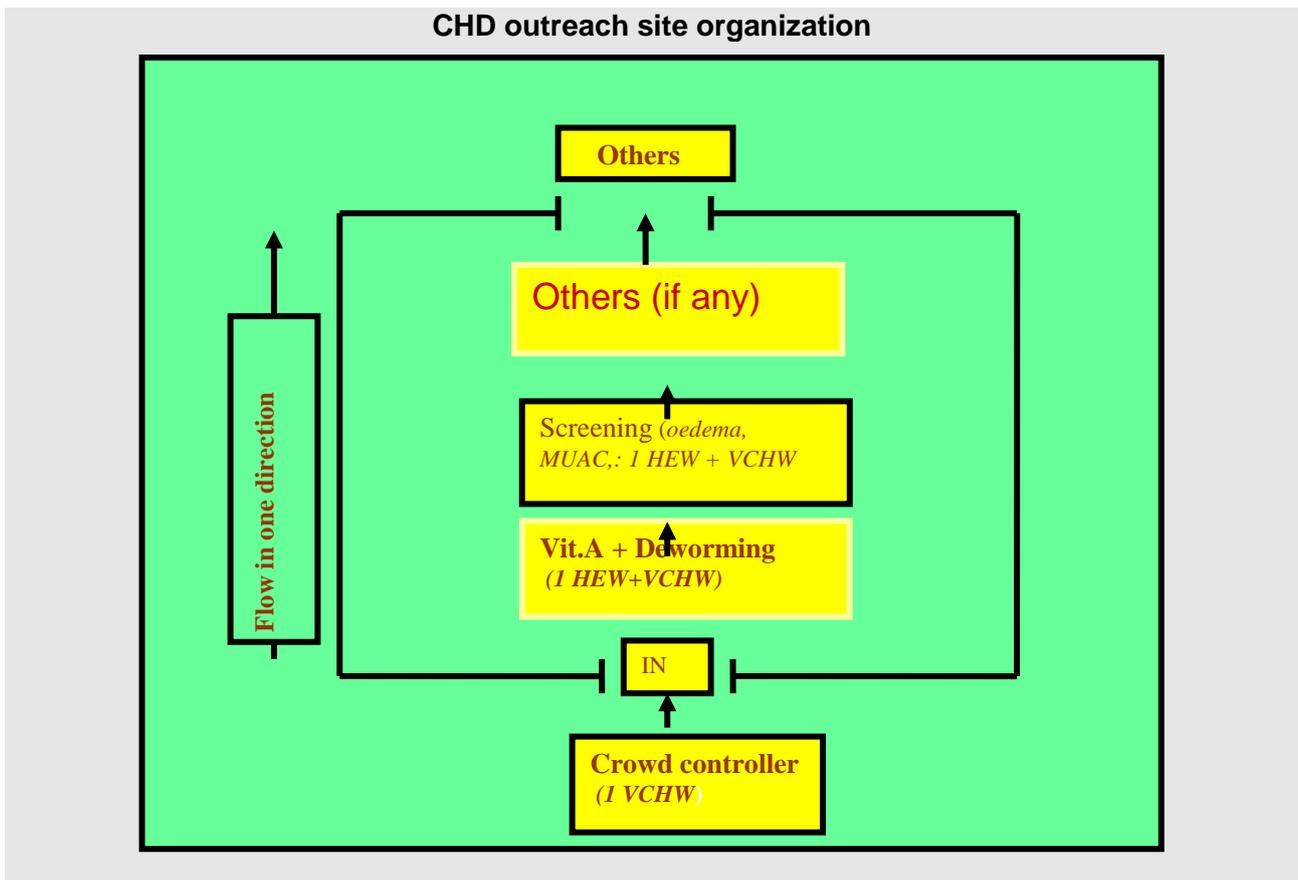
(CHD outreach site Day 2)

(CHD outreach site Day 3)

(CHD outreach site Day 4)

(CHD outreach site Day 5)

(CHD outreach site Day 6)



Session 9-2: Linkages with other programs to address various causes of malnutrition

Objective: At the end of the session, participants will be able to:

- List services related to causes of malnutrition in their communities and help families to access those services

Time: ⌚ 60 minutes

Materials: Paper and markers

Methodology:

- Where possible, invite other sector staff to participate and inform trainees of programs in their sectors
- Group work
- Plenary discussion

Advanced Preparation:

Prepare a chart showing the available food security interventions, water and sanitation services, education services, welfare measures, income generating programs, NGO interventions, etc., whom to approach, and eligibility criteria and procedure.

Activities:

- Ask participants to work in groups and do the following:
 - Recall the causal diagram and the immediate and underlying causes of malnutrition.

- Recognize nutrition/health problems families may encounter that may be helped by food security or other interventions operating in the community.
- List what types of services are available in the kebele and woreda that impact food security, caring practices and household resources.
- Discuss the eligibility criteria for each of these services and how families and community members can access these services and interventions. This should cover NGO interventions, if any.
- Ask participants to present and lead discussion. Allow them to compare their group work with the chart prepared by the facilitator and fill in any gaps.
- Clarify the roles of HEWs and CHWs. HEWs, as a members of the kebele food security task force and Kebele Council, have the ability to help families access services from other sectors. HEW/CHW must also discuss these points during Community Conversation.

Session 9-3: Supportive supervision and review meetings

Objectives: At the end of the session, participants will be able to:

- Understand the purpose of supportive supervision
- Be familiar with the issues that should be addressed during supportive supervision
- Understand the importance of monthly HEW-CHW review meetings
- Know which topics should be addressed during review meetings

Total Time: ⌚ **2 hours 15 minutes**

Activity 9-3a: Supportive supervision (30 min)

Activity 9-3b: Monthly HEW-CHW review meetings (1 hr 30 min)

Activity 9-3c: Recap of reporting and review responsibilities of HEWs (15 min)

Methodology: Presentation, plenary discussion, role play

Activity 9-3a: Supportive supervision

Time: ⌚ **30 minutes**

Materials:

- Supportive supervision checklists for HEWs
- Supportive supervision checklist for WoHO

Activities:

- Explain to participants the purpose of supportive supervision.
 - To monitor the progress of CBN activities
 - To observe CHW and HEW capacity and provide support and on-the-job training where needed
 - To foster a sense of collaboration between CHWs, HEWs, and WoHO and to motivate actors at all levels
- Distribute the supportive supervision checklists for HEWs to use when supervising CHWs. Go over each item to ensure a common understanding of issues that should be observed and assess during supportive supervision.
 - Emphasize that during supervision, HEWs should not simply ask CHW if there are any problems—they should observe activities and review reports, registers, and community maps to see how the activities are actually being carried out. Individual problems should be addressed immediately with

CHWs; problems that are common among many CHWs should also be addressed during HEW-CHW monthly review meetings.

- Distribute the supportive supervision checklist for WoHO to use when supervising HEWs/CHWs. Go over each item as was done for the HEW checklists.
- Remind participants that the purpose of supportive supervision is not fault finding, but rather helping to improve program implementation.
- Stress the importance of establishing a good working relationship between CHWs, HEWs, and WoHO.
 - A supportive relationship is essential to helping build CHW and HEWs capacity and to ensure that CBN activities are carried out as expected and with good quality.
 - Emphasize that providing sufficient support in the early months will help CHWs/HEWs gain the capacity to work independently, with less support from HEWs/WoHO, and in the end this will make the job of easier at all levels and will also make for a more effective program.

Activity 9-3b: Monthly HEW-CHW review meetings

Time: 🕒 1 hour 30 minutes

Materials: None

Activities:

- Explain the purpose of holding monthly HEW-CHW review meetings:
 - A chance for all CHWs and HEW to share experiences and learn from each other
 - Provides a forum for analyzing and discussing kebele-level CBN data
 - Provides timely feedback and action based on previous month's performance
- Explain that each month, the HEW is responsible for organizing and conducting the review meeting. Before the meeting, she should be sure to:
 - Inform all CHWs about the date, time, and location of the meeting
 - Remind CHWs to bring their monthly CBN report
 - Plan the topics to discuss
 - Analyze data from the previous month
- During the review meeting:
 1. Share and analyze data from the CHW activities of the previous month (data reported during the last review meeting):
 - Share GMP participation and SUW graphs.
 - With CHWs, jointly analyze kebele-level data including:
 - GMP and CC participation
 - Trends in percentage of UW/SUW children, and in number of children with weight loss or no weight gain
 - Differences between girls and boys
 - Communities with abnormally high/low malnutrition, growth faltering, or participation—why and how to address
 - Reporting rate and review meeting participation
 - Discuss appropriate actions for the issues raised.Also review actions that were raised the previous month: Were the actions carried out as planned? How was the community's response? What effects have been seen?

2. With CHWs, discuss challenges and successes faced during the last month. Allow CHWs to share:
 - Lessons learned
 - Questions and suggestions for other CHWs
 3. CHWs should also share their action plan for the next month, including GMP and CC dates, mobilization activities they are planning, and other activities that they will carry out (HHI, other follow-up activities, etc.).
 - CHWs should discuss any support they need from HEW during the next month, and HEW should make a tentative plan for when she will visit CHWs.
- HEWs should ensure that all CHWs attend the review meetings. These are an essential part of helping to build CHW capacity and to improve program implementation.
 - In groups, and using the data analyzed in Activity 7-4c, ask participants to prepare a role play of a review meeting. In plenary, allow groups to present and discuss ways to improve.

Activity 9-3c: Recap of reporting and review responsibilities of HEWs

Time: ⌚ 15 minutes

Materials: Handout on reporting and review responsibilities of HEWs

Activities:

- Distribute the handout and review the reporting and review responsibilities of HEWs. Supporting information is provided in **Facilitator's Note 73**, **Facilitator's Note 74**, and **Facilitator's Note 75**.
- Assure that all participants understand the purpose and importance of the items listed, and allow for questions and clarifications.

Recording, review, and reporting of GMP data and other data can be broadly divided into three parts:

1. Checking of data quality and correction of errors.
2. Analysis of data for the month and comparison of data over time at community level.
3. Analysis of data for the month and comparison of data over time at kebele level.

Facilitator's Note 73 - Checking of data quality and correction of errors

Checking data quality is best done at the source where it is generated. This means that every month CHW has to check that while reporting total number of children in her community, she has:

- Added new births.
- Removed names of children who have completed 24 months.
- Added names of children under two years from any family that has newly moved into the community.
- Removed names of children under two years from families that have moved out from the community.
- Removed names of children who have died.

While she adds new registration at the end of the list in the GMP register, she can circle the child number to mark that the child is not to be counted in the total. So she arrives

at a new total number registered whenever there is any addition or deletion. She also has to check that the total number of boys and girls does not exceed the total in the register. Small errors can happen and need to be corrected at CHW level. Once the data is aggregated, HEW will find it difficult to correct these mistakes.

The number weighed cannot be more than the number registered at any month. CHW has to check this. Similarly, the total number of children who are normal weight, underweight and severely underweight should equal the total number weighed for boys or girls, or the total.

CHW also has to check for simple arithmetic errors. This may be difficult for CHWs with lower grades of school completion but overtime they can learn and also get help from any community members or school children in their communities.

When submitting the report form, CHW should make sure that her name and the month and year of the weighing session are included.

Facilitator's Note 74 - Analysis of data for the month and comparison of data over time at community level

CHWs are not required to work out percentages. But as the number of children will not vary very much between months, the number of children who are 'Normal weight,' 'Underweight' or 'Severely underweight' can give a fair idea of the trend. The questions CHWs have to ask include:

- Are all children under two years in her community being weighed? If not, who is not attending the weighing sessions and why? If the family continues to default, how can she convince them or make other influential members convince the family about the need to weigh children every month and monitor weight gain?
- Is the number of children who are severely underweight or underweight going down when compared with the previous month/months? Or is the number going up? (In the beginning, as SUW children start to recover, the number of UW children is likely to go up, but with sustained action from all families, this will gradually come down.) If not, how can she improve the feeding and caring of underweight children?
- If there is any increase, does it reflect seasonality and can the community anticipate and take action? For instance, if the diarrhoea/fever is increasing after rains, can they check if they are following recommended hygiene and sanitation practices at household and community levels?
- Are girls more malnourished than boys? If so, how can this issue be raised during community conversation? (Role plays and stories to draw attention of the community members to the neglect of girl children?)
- Which of the children need follow-up visits? CHW has to plan to make these follow-up visits to SUW children and children who have been referred to HEW or advised to go to health clinics. She has to also visit homes of children who have not gained enough weight or lost weight so that feeding problems can be discussed and addressed.
- Is CHW able to organize community meetings regularly and is it attended by all families?
- How many households are using adequately iodized salt? Is there a problem of loss of iodine in the salt due to improper storage or use? And if so, how can she bring this to the attention of the community in the meeting?
- Are local religious leaders and other elders supporting her? If not, how can she make this happen?

Facilitator's Note 75 - Analysis of data for the month and comparison of data over time at kebele level

At kebele level, the HEW has to check all information using the same review checklist provided above for each CHW she is supervising. She also has to:

- Analyse and compare the data over time for the whole kebele
- Ensure at least 90% weighing coverage for each of the communities
- Analyse problems in depth and cover the specific communities during her visits

Her key role also relates to ensuring intersectoral linkages for food security programs as well as other interventions that impact the nutritional well being of children and mothers.

Session 9-4: Trainer skill presentations

Objectives: At the end of the session, participants will be able to:

- Strengthen their training skills
- Strengthen all planning, doing and communication skills related to CBN roles and responsibilities

Time: ⌚ 2 hours 30 minutes

Materials:

- Topics for trainer skill presentations
- Papers, markers and any other materials the trainees want to organize for their presentation

Methodology: Presentations and plenary discussion

Activities:

- Ask teams to present their topics one by one.
- Invite comments and questions from other trainees. In plenary, discuss if all key points were covered, if the interest of the trainees/communities was sustained, and what improvements can be made when training CHWs.

Facilitator's Note 76 – Trainer skill presentations

All trainer skill presentations can be done either by theme (GMP, breastfeeding, complementary feeding, community mobilization, etc.), or by randomly selecting some of the topics distributed earlier among the training teams.

Schedule 3 to 4 presentations for each hour available for this activity.

DAY 10

Session 10-1: Trainer skill presentations (continued)

Time: ⌚ 30 minutes

Activities:

- Continue the trainer skill presentations from Session 9-4.

Session 10-2: Post-test

Time: ⌚ 30 minutes

Materials: Post-training test (same as pre-test)

Methodology: Classroom written test

Activities:

- Distribute the post-test to trainees.
- Inform them that they have 30 minutes to complete the test.

Facilitator's Note 77 – Evaluating the post-test

- Quickly mark the tests during tea and lunch breaks.
- Compare pre-test and post-test scores for each trainee.
- If you have scored the trainees' improvement in skills as well, you can present this along with the pre-test vs. post-test scores.

Before the end of training, take 5-10 minutes to:

- Present what the improvements have been and what trainees can do to continue to improve their skills, knowledge and attitudes.
- Quickly go through the correct answers to the test.

Session 10-3: Developing HEW's work plan

Objective: At the end of the session, participants will be able to:

- Have a clear understanding of their role in CBN activities
- Develop a work plan that includes the community conversation, supportive supervision and monitoring that they have to do for CBN
- Allocate time to effectively support CHWs, engage with communities and bring critical issues to the attention of local authorities

Time: ⌚ 1 hour

Methodology: Group work, presentation and plenary discussion

Activities:

- Divide into small groups. Decide on tentative training dates for CHW training and develop a CHW training plan for the woreda.
- Discuss specific roles HWs/HEWs should play in the processes of Community Mobilisation, GMP and counselling, Community Conversation at Gotte level (for six months) and 50 household level and other CBN activities.
- Based on the discussion on HWs/HEW's role, prepare a work plan for the first month of CBN activities (after CHW training is completed) – when they will do sensitization/mobilization at the kebele and gotte levels, conduct the initial community meeting, conduct CC, etc. (Actual dates, however, will have to be decided with the community members.) Emphasize the importance of initial mobilisation activities, such as talking with influential community members.
 - Also, make sure that trainees discuss how to integrate CBN activities into their existing work routines (including reporting), as well as how to utilize existing activities and opportunities, such as home visits, EPI outreach, model family training, etc., to enhance CBN activities. Let them also discuss how they will encourage coordination/collaboration with other sectors.
- In plenary, allow each group to present. Lead discussion to clarify and exchange ideas.

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- ¾uÔ ðnÉ Ö?“ c^]—: ምን ዓይነት ምግብ ነው የምትሰጡት?
- “f: ያው ቤት የምንበለሰው ነው የምትጠኑት: በተጨማሪም እንቅላል፣ የላም ወተት እና ፍራፍሬ
ብርቱካንና ማክ እስጠቃለሁ: ካለፈው ሳምንት ጀምሮ ግን ደህና አይደለችም:
- ¾uÔ ðnÉ Ö?“ c^]—: በጣም ጥሩ ነው እያደረግሽ ያለሽ: vKñf)e^)Uef k"“f "<eØ
• T 'U`;
- “f: አዎ፤ ተቅማጥ ከጀመራት ይኸው ዛሬ ሰባተኛ ቀና

¾uÔ ðnÉ Ö?“ c^]—ፉ %4)ÁÒ UMj,,()KS•^†"<")[ÒÑÖc::

- ¾uÔ ðnÉ Ö?“ c^]—: ለተቅማጥ ምንድን ነው እየሰጠሽት ያለሽ?
- “f: ምንም፤ ምን እንደሚጠጥ አላውቅም:
- ¾uÔ ðnÉ Ö?“ c^]—: ማዳጃ ቤት አለሽ? ተጠቃሚ ነሽ?
- “f:)-
- ¾uÔ ðnÉ Ö?“ c^]—: ወሃ ከየት ነው የምትቀጁው?
- “f: አንድ ምንጭ አለ ሁሉም ሰው የሚጠቀሙት: ከዛ ነው የምቀዳው
- ¾uÔ ðnÉ Ö?“ c^]—: ወሃውን ታፈይዋለሽ? ወይም ታክማለሽ?
- “f: አይ፤ ሁላችንም እንዳለ ምንም ሳናደርግ ነው የምንጠቀሙት
- ¾uÔ ðnÉ Ö?“ c^]—: ግን ለምን አታፈይዋለሽ ወይም አታክማለሽ?
- “f: ብዙ ስራ አለብኝ: ወሃ እንዴት እንደሚታከም አላውቅም:
- ¾uÔ ðnÉ Ö?“ c^]—: ሳራ ለምን ከብደት የቀነሰች ይመስልሻል?
- “f: በደንብ እየበላች አይደለም፤ በዛ ላይ ተቅማጥ ይዟታል: የበላችው ሁሉ ይወጣል:
- ¾uÔ ðnÉ Ö?“ c^]—: ልክ ነሽ: ግን ለምን ተቅማጥ ያዛት?
- “f: እንግዲህ ወይ ወሃውን ጸሀ አይደል ይሆናል:
- ¾uÔ ðnÉ Ö?“ c^]—: ትክክል
- “f: ታዲያ ለተቅማጥ እና ለወሃው ምን ማድረግ አለብኝ?

ሃገራችን ለህዝቧ ጤናማ እና የሥራ ስሜት ለማግኘት ለሚችሉ ህጻናት እና ለሌሎች ለሚገኙ ጉዳዮች ላይ ማሳሰቢያ ማስገኘት ይቻላል።

ANNEX 2: Filled CHW GMP Register for One Month

ዕድሜያቸው ከሁለት ዓመት በታች የሆኑ ህፃናት የዕድገት ክትትል መዝገብ

ክብደት የተለካበት ቀን- 20/03/2001

ክልል:- አማራ

የጎጥና የንዑስ ጎጥ ስም:- አራቡ ቀበሌ/ምስረታ ጎጥ

ወር/ ዓ.ም. ህዳር 2001

የበጎ ጤና ስራተኛ ስም:- በላይ ይመር

ቁ.ቋ	የወይን ቁጥር	የህፃን/ደ ስም	የተወለደበት ቀን/ወር/ዓ.ም	ሴት ልጆች					ወንድ ልጆች							
				ዕድሜ በወራት	ክብደት	ከብደታቸው ከዕድሜያቸው ጋር የተጣጣመ	ከብደታቸው በዕድሜያቸው ከሚጠበቀው በታች የሆነ	ከብደታቸው በዕድሜያቸው ሊጅግ የገባ	የጠመቀች ክብደት	ክብደት	ከብደታቸው ከዕድሜያቸው ጋር የተጣጣመ	ከብደታቸው በዕድሜያቸው ከሚጠበቀው በታች የሆነ	ከብደታቸው በዕድሜያቸው ሊጅግ የገባ	የጠመቀው ክብደት		
1		አበበ ይመር	12/11/2000	4					O	5.8	✓				O	
2		ሙስጠፋ አህመድ	15/09/2000	6					O	6.2		✓			O	
3		ታዮች ክበይ	25/09/1999	17	6.6				✓						O	
4		ዝናሽ ተረፈ	19/01/2001	2	4.8	✓				O					O	
5		አብዱ ከማል	9/6/2000	9						O	7		✓		O	
6		ጃማል አሊ	13/07/2000	8						O	7.4	✓			O	
7		ለይላ አህመድ	5/5/2000	10	6.6		✓			O					O	
8		ካሰች ግርማ	16/11/2000	4	6	✓				O					O	
9		መሃመድ ክድር	19/11/2000	16						O	6.8			✓	O	
10		ገነት አየሰ	2/12/2000	3	5.4	✓				O					O	
11		ብዙነሽ አለሙ	19/04/1999	23	8.4		✓			O					O	
12		ክድር ጃማል	29/03/2000	11						O	8.8	✓			O	
13		ሃሊማ ሙስጠፋ	16/10/2000	5	6.6	✓				O					O	
14		ማሙሽ ጥላ	26/06/1999	21						O	9.8	✓			O	
15		መቅደስ ተፈራ	29/06/2000	9	7	✓				O					O	
16		የሺ ተሾመ	15/02/2000	13	6.2				✓	O					O	
17		መሃመድ አብዱ	10/12/2000	3						O	5.8	✓			O	
18		ሁሴን አብይላ	13/05/2000	10						O	8	✓			O	
19			/ /							O					O	
20			/ /							O					O	
21			/ /							O					O	
22			/ /							O					O	
23			/ /							O					O	
24			/ /							O					O	
25			/ /							O					O	
26			/ /							O					O	
27			/ /							O					O	
ጠቅላላ																

ሰጠና ከላ ስለ የህፃናት ዕድገት ክትትል የሚላክ ሪፖርት				ሴት	ወንድ	ጠቅላላ
1	ጠቅላላ የህፃናት ቁጥር					
2	ክብደታቸው የተለካ የህፃናት ቁጥር					
3	ክብደታቸው ከዕድሜያቸው ጋር የተጣጣመ					
4	ክብደታቸው በዕድሜያቸው ከሚጠበቀው በታች የሆነ					
5	ክብደታቸው በዕድሜያቸው ከሚጠበቀው ሊጅግ የገባ					
6	ክብደታቸው የቀነሱ ወይም ያልጨመሩ የህፃናት ቁጥር					
የማህበረሰብ ውይይት ሪፖርት						
7	የማህበረሰብ ውይይት	ተካሂዷል <input type="checkbox"/>		አልተካሂደም <input type="checkbox"/>		
8	የማህበረሰብ ተሳታፊዎች ብዛት					

ወረዳ:- ቃሉ

ተበሌ:- አራቢ

ተ.ቁ	ወደ ጤና ተቋም ለክትትል የተላኩ ህፃናት
1	
2	
3	ታየች ክብደ
4	
5	
6	
7	
8	
9	መሃመድ ክድር
10	
11	
12	
13	
14	
15	
16	የሺ ተሾመ
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	

ክብደት የተሰከበች ቀን

ክልል የጎጥና የጎረቤት ጎጥ ስም

ወር/ዓ.ም የሰነድ ስራ-ተኛ ስም

	ለጤና ክል ስለ የህፃናት ልዩነት ክትትል የሚላኩ ሪፖርት	ሴተ ልጆች	ወንድ ልጆች	ጠቅላላ
1	ጠቅላላ የህፃናት ቁጥር			
2	ክብደታቸው የተሰኩ የህፃናት ቁጥር			
3	ክብደታቸው ከሰድሜያቸው ጋር የተጠባጠመ			
4	ክብደታቸው በሰድሜያቸው ከሚጠበቀው በታች የሆነ			
5	ክብደታቸው በሰድሜያቸው ከሚጠበቀው እጅግ ያነሰ			
6	ክብደታቸው የቀጠሉ ወይም ያልጨመሩ የህፃናት ቁጥር			
የማህበረሰብ ውይይት ሪፖርት				
7	የማህበረሰብ ውይይት	<input type="checkbox"/> አልተካሄደም <input type="checkbox"/> ተካሄዷል		
8	የማህበረሰብ ውይይት ተሳታፊዎች ብዛት			

ANNEX 3: Filled CHW Report Forms With Common Errors**Errors in CHW Report Forms (Facilitator's Note 61)**

January, 2009

Report on Growth Monitoring		Girls	Boys	Total
1	Total No. o children in the group	12	10	24
2	No of children weighed this month	11	10	20
3	No. of normal weight children (between red and lower green line)	7	8	15
4	No. of underweight children (below the lower green line)	3	1	3
5	No. of severe underweight children (below the lower black line)	0	1	1
6	No. of children who lost or did not gain weight	1	1	2
Report on CC				
7	Was a CC session held?	Yes		
8	No of participants	Female	Male	Total
		22	18	40

February, 2009

Report on Growth Monitoring		Girls	Boys	Total
1	Total No. o children in the group	12	16	28
2	No of children weighed this month	14	16	29
3	No. of normal weight children (between red and lower green line)	8	10	18
4	No. of underweight children (below the lower green line)	5	4	9
5	No. of severe underweight children (below the lower black line)	1	1	2
6	No. of children who lost or did not gain weight	2	1	3
Report on CC				
7	Was a CC session held?	Yes		
8	No of participants	Female	Male	Total
		28	32	62

ANNEX 4: 10 Filled CHW Report Forms

Misreta Group I

Report on Growth monitoring for CHW		Girls	Boys	Total
1	Total No. of children in the group	10	12	22
2	No. of children weighed this month	6	7	13
3	No of normal weight children (between the two red lines)	4	6	10
4	No. of underweight children (Between the lower red and black lines)	0	1	1
5	No. of severe underweight children (below the lower black line)	2	0	2
6	No. of children who lost or did not gain weight	1	2	3
Report on CC				
7	Was CC session held?			
	Yes	Male	Female	Total
		10	12	22

Misreta Group II

Report on Growth monitoring for CHW		Girls	Boys	Total
1	Total No. of children in the group	15	14	29
2	No. of children weighed this month	14	14	28
3	No of normal weight children (between the two red lines)	12	11	23
4	No. of underweight children (Between the lower red and black lines)	2	2	4
5	No. of severe underweight children (below the lower black line)	0	1	1
6	No. of children who lost or did not gain weight	0	1	1
Report on CC				
7	Was CC session held?			
	Yes	Male	Female	Total
		16	18	34

Misreta Group III

Report on Growth monitoring for CHW		Girls	Boys	Total
1	Total No. of children in the group	15	15	30
2	No. of children weighed this month	7	8	15
3	No of normal weight children (between the two red lines)	4	6	10
4	No. of underweight children (Between the lower red and black lines)	2	1	3
5	No. of severe underweight children (below the lower black line)	1	1	2
6	No. of children who lost or did not gain weight	2	1	3
Report on CC				
7	Was CC session held?			
	NO	Male	Female	Total

Misreta Group IV

Report on Growth monitoring for CHW		Girls	Boys	Total
1	Total No. of children in the group	12	11	33
2	No. of children weighed this month	9	8	17
3	No of normal weight children (between the two red lines)	6	4	10
4	No. of underweight children (Between the lower red and black lines)	0	3	3
5	No. of severe underweight children (below the lower black line)	2	1	3
6	No. of children who lost or did not gain weight	1	0	1
Report on CC				
7	Was CC session held?			
	Yes	Male	Female	Total
		10	8	18

Misreta Group V

Report on Growth monitoring for CHW		Girls	Boys	Total
1	Total No. of children in the group	12	10	22
2	No. of children weighed this month	12	9	21
3	No of normal weight children (between the two red lines)	9	7	16
4	No. of underweight children (Between the lower red and black lines)	3	1	4
5	No. of severe underweight children (below the lower black line)	0	1	1
6	No. of children who lost or did not gain weight	1	2	3
Report on CC				
7	Was CC session held?			
	Yes	Male	Female	Total
		15	12	27

Misreta Group VI

Report on Growth monitoring for CHW		Girls	Boys	Total
1	Total No. of children in the group	10	12	22
2	No. of children weighed this month	10	12	22
3	No of normal weight children (between the two red lines)	5	5	10
4	No. of underweight children (Between the lower red and black lines)	4	4	8
5	No. of severe underweight children (below the lower black line)	1	3	4
6	No. of children who lost or did not gain weight	3	2	5
Report on CC				
7	Was CC session held?			
	No	Male	Female	Total

Misreta Gp VII

Report on Growth monitoring for CHW		Girls	Boys	Total
1	Total No. of children in the group	18	16	34
2	No. of children weighed this month	20	14	34
3	No of normal weight children (between the two red lines)	14	10	24
4	No. of underweight children (Between the lower red and black lines)	3	3	6
5	No. of severe underweight children (below the lower black line)	3	1	4
6	No. of children who lost or did not gain weight	2	0	2
Report on CC				
7	Was CC session held?			
	No	Male	Female	Total

Misreta Gp VIII

Report on Growth monitoring for CHW		Girls	Boys	Total
1	Total No. of children in the group	18	22	40
2	No. of children weighed this month	12	16	28
3	No of normal weight children (between the two red lines)	10	12	22
4	No. of underweight children (Between the lower red and black lines)	1	2	3
5	No. of severe underweight children (below the lower black line)	1	2	3
6	No. of children who lost or did not gain weight	1	1	2
Report on CC				
7	Was CC session held?			
	Yes	Male	Female	Total
		12	15	27

Misreta Group IX

Report on Growth monitoring for CHW		Girls	Boys	Total
1	Total No. of children in the group	12	11	23
2	No. of children weighed this month	3	4	7
3	No of normal weight children (between the two red lines)	3	4	7
4	No. of underweight children (Between the lower red and black lines)	0	0	0
5	No. of severe underweight children (below the lower black line)	0	0	0
6	No. of children who lost or did not gain weight	0	0	0
Report on CC				
7	Was CC session held?			
	Yes	Male	Female	Total
		10	8	18

Misreta Group X

Report on Growth monitoring for CHW		Girls	Boys	Total
1	Total No. of children in the group			28
2	No. of children weighed this month			
3	No of normal weight children (between the two red lines)			
4	No. of underweight children (Between the lower red and black lines)			
5	No. of severe underweight children (below the lower black line)			
6	No. of children who lost or did not gain weight			
Report on CC				
7	Was CC session held?	Yes		
	Yes	Male	Female	Total
		10	8	18

ANNEX 5: Sample filled HEW reports of six months**CBN Activity Report of January**

GMP		Girls	Boys	Total
1	Total number of <2 children	126	128	254
2	Number of children weighed	93	99	192
3	Number of children NW	66	72	138
4	Number of children UW	18	20	38
5	Number of children SUW	9	7	16
6	Number of children who didn't gain or lost weight	-	-	-
CC				
7	Number of CHWs conducting CC	4		
8	Number of CC participants	Male	Female	Total
		88	28	136
Reporting and Review				
9	CHW Reporting Rate	Total No. trained CHWs		No. CHWs reporting
		12		12
10	Monthly HEW-CHW Review Meeting	Held this month?		No. CHWs attending
		Yes		12

CBN Activity Report of February

GMP		Girls	Boys	Total
1	Total number of <2 children	120	130	250
2	Number of children weighed	98	107	205
3	Number of children NW	65	88	153
4	Number of children UW	24	21	45
5	Number of children SUW	9	8	17
6	Number of children who didn't gain or lost weight	13	15	28
CC				
7	Number of CHWs conducting CC	6		
8	Number of CC participants	Male	Female	Total
		132	78	210
Reporting and Review				
9	CHW Reporting Rate	Total No. trained CHWs		No. CHWs reporting
		12		11
10	Monthly HEW-CHW Review Meeting	Held this month?		No. CHWs attending
		Yes		11

CBN Activity Report of March

GMP		Girls	Boys	Total
1	Total number of <2 children	122	132	254
2	Number of children weighed	101	108	209
3	Number of children NW	75	82	157
4	Number of children UW	21	22	43
5	Number of children SUW	5	4	9
6	Number of children who didn't gain or lost weight	8	12	20
CC				
7	Number of CHWs conducting CC	9		
8	Number of CC participants	Male	Female	Total
		225	135	360
Reporting and Review				
9	CHW Reporting Rate	Total No. trained CHWs		No. CHWs reporting
		12		9
10	Monthly HEW-CHW Review Meeting	Held this month?		No. CHWs attending
		Yes		10

CBN Activity Report of April

GMP		Girls	Boys	Total
1	Total number of <2 children	125	125	250
2	Number of children weighed	94	85	179
3	Number of children NW	59	54	113
4	Number of children UW	30	28	58
5	Number of children SUW	5	3	8
6	Number of children who didn't gain or lost weight	8	7	15
CC				
7	Number of CHWs conducting CC	10		
8	Number of CC participants	Male	Female	Total
		270	140	410
Reporting and Review				
9	CHW Reporting Rate	Total No. trained CHWs		No. CHWs reporting
		12		10
10	Monthly HEW-CHW Review Meeting	Held this month?		No. CHWs attending
		Yes		10

CBN Activity Report of May

GMP		Girls	Boys	Total
1	Total number of <2 children	126	128	254
2	Number of children weighed	110	105	215
3	Number of children NW	79	80	159
4	Number of children UW	25	23	48
5	Number of children SUW	6	2	8
6	Number of children who didn't gain or lost weight	5	4	9
CC				
7	Number of CHWs conducting CC	10		
8	Number of CC participants	Male	Female	Total
		250	150	400
Reporting and Review				
9	CHW Reporting Rate	Total No. trained CHWs		No. CHWs reporting
		12		10
10	Monthly HEW-CHW Review Meeting	Held this month?		No. CHWs attending
		Yes		10

CBN Activity Report of June

GMP		Girls	Boys	Total
1	Total number of <2 children	130	132	262
2	Number of children weighed	114	114	228
3	Number of children NW	93	91	184
4	Number of children UW	19	22	41
5	Number of children SUW	2	1	3
6	Number of children who didn't gain or lost weight	6	8	14
CC				
7	Number of CHWs conducting CC	10		
8	Number of CC participants	Male	Female	Total
		230	150	380
Reporting and Review				
9	CHW Reporting Rate	Total No. trained CHWs		No. CHWs reporting
		12		10
10	Monthly HEW-CHW Review Meeting	Held this month?		No. CHWs attending
		Yes		10

ANNEX 6: SARA STORY

Initiation of CBN Activities – Steps & Tools for CHW



Sara is a Community Health Worker in Chelenkolola village of Meta Woreda. Recently she had six days of training on CBN by Aregash, the HEW in her kebele.

Relationship Building (community sensitization)



Sara went back to her neighbors and consulted key community members (influential people, model families, etc.) on what she has been trained and what she would like to do. Some were a bit skeptical, but the Gotte leader was very interested. Sara and Aregash encouraged him to call a meeting with members of the Gotte to share ideas.

Selecting community representatives



Sara called a meeting in her community (50 households) to select about 15 community members to participate in Gotte-level activities, making sure that women and marginalized community members were represented.

Visioning Metaphor



At the first Gotte-level meeting, Aregash encouraged the people to talk about what they wish for their children's nutrition and health status and also introduced a metaphor to help make invisible problems visible to them. She helped them understand that GMP could help them visualize and prevent malnutrition. Sara and the other CHWs from the Gotte helped Aregash with the discussion.

Consensus on GMP!

The representatives from her community decided to support Sara in organizing and conducting monthly GMP sessions in their community. They agreed to inform all mothers of children under 2 about the first session.

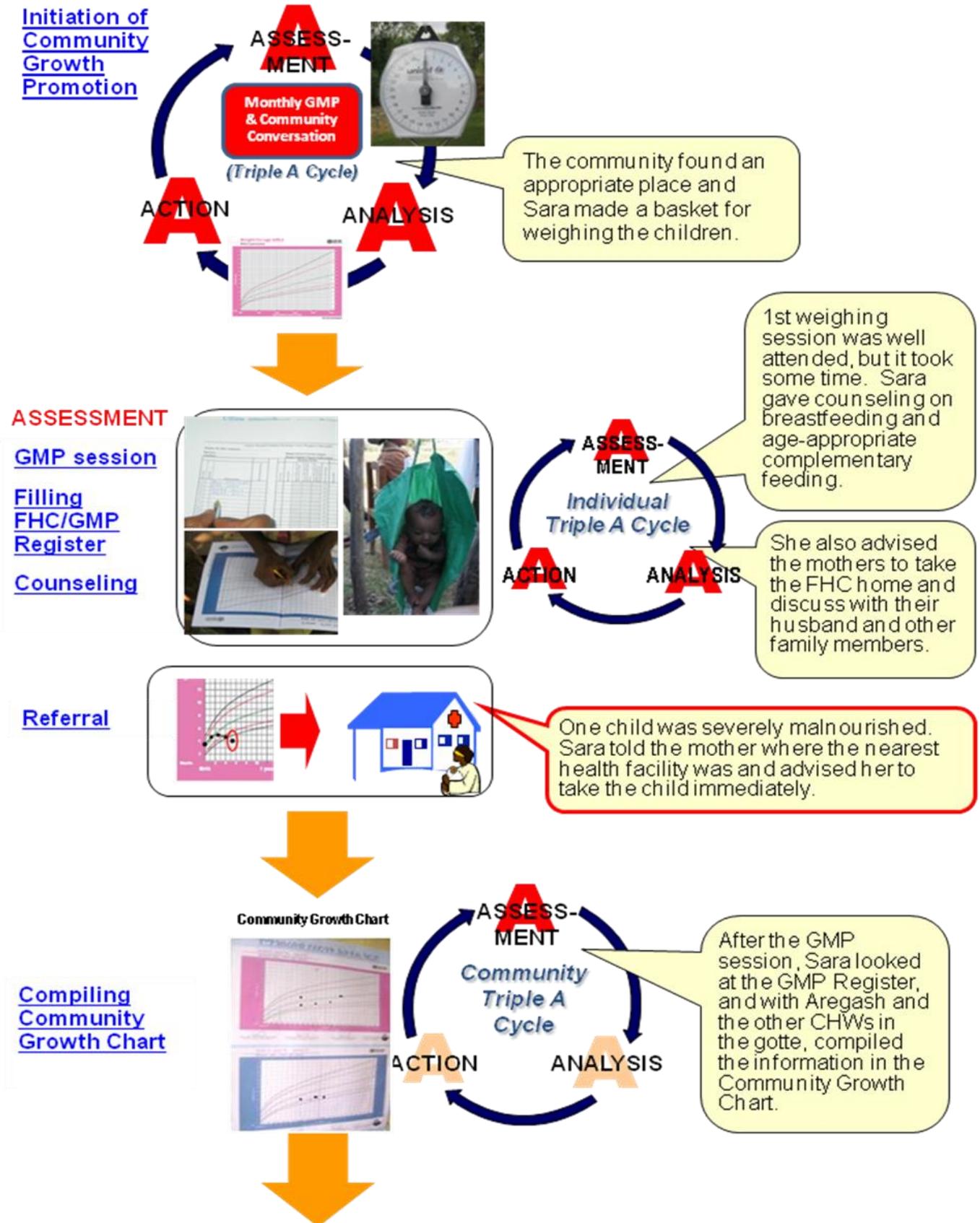
Community Mapping HH Inventory



Aregash, with the Gotte leader, Sara, and the other CHWs, led the selected community members in mapping the community.

Sara conducted a household inventory to learn about health and hygiene practices in the households in her community.

1st Round of GMP and CC/Triple-A



CC/Triple-A with community members (Gotte-level for first 6 months)



In the CC session, Aregash showed the Community Growth Chart. The community pointed out that there were more girls below the red line. Aregash asked why and they analyzed that girls get less attention when eating. They discussed why both boys and girls have frequent diarrhea. They also raised a concern about the severely malnourished child.

ANALYSIS
But Why 5 Times



ACTION
Resource identification



They agreed to spend more time with girls even when the mother is busy. Based on Aregash's suggestion, they decided to discuss water and environmental hygiene in the next CC. For the severely malnourished child, they asked Sara and Aregash to follow up closely and some neighbors offered help when ever needed.



Continuous skill building!



Sara and the other CHWs observed how Aregash led the CC session and learned more about facilitating discussion.

2nd Round of GMP and CC/Triple-A

