



In collaboration with:



Tanzania Food
and Nutrition
Centre



Cornell University

ASTUTE: ADDRESSING STUNTING IN TANZANIA EARLY “MTOTO MWEREVU”

WORKSHOP TOOLKIT

LEARNING EXCHANGE WORKSHOP
TO PROMOTE MULTI-SECTORAL NUTRITION CAPACITY IN COUNCILS

7– 8 February, 2018

Adden Palace Hotel, Ilemela MC, Mwanza



Workshop participants (Regional Nutrition Officers from ATUTE Regions: Mwanza, Geita, Shinyanga, Kagera and Kigoma; Officers from PANITA and IMA World Health; Facilitators from Tanzania Food and Nutrition Centre, Sokoine University of Agriculture, Nelson Mandela Institution of Science and Technology, and Cornell University)

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TOOLKIT PURPOSE

This toolkit provides helpful tips and templates as well as considerations for starting project activities for the ASTUTE Initiative titled *“Strengthening Multi-sectoral Nutrition (MSN) Capacities among Council Officers”*. These tips and templates are meant to support approaches to building MSN in councils as discussed at the workshop held the 7-8 of February 2018. These tools are being shared in order to help guide Regional Nutrition Officers (RNOs) to use mentoring and provide support to a council MSN action team who will work together to learn best practices in strengthening MSN collaboration and action in districts. By providing tailored support, expertise, and advice to this team, RNOs will help build on existing knowledge of the best practices for promoting multi-sectoral collaboration for nutrition.

USING A MENTORING APPROACH

There are many tips and tools on mentoring available in the TFNC manual titled *Building a strong nutrition systems across sectors: A manual for strengthening district capacity to improve MSN planning and action*. The manual outlines the approaches used in the Building Strong Nutrition Systems project, examples of which were discussed during the workshop. TFNC will share this manual with ASTUTE RNOs at the end of March 2018. Part Two of the manual includes details on how to develop district MSN capacity through mentoring.

Good mentoring develops over time but the following guidelines may help you begin the mentoring process.

Make Introductions

- Introduce yourself – get to know the mentee.
- Explore interests – ask questions, promote discussion, and encourage conversations by sharing your own story and experiences.
- Develop rapport – have informal conversations with your mentee. Give yourself and the mentee ample time and room to get to know each other.
- Stay active – respond to the mentee promptly as well as reach out to the mentee with new information and resources they may appreciate as well as opportunities to network with others.
- Establish best channels of communication – choose what works well for both of you early and formalize expectations around meeting times.
- Seek out mentors – newer mentors can benefit from having additional guidance from those with more experience.

Build Respect and Trust

- Take mentee seriously – A question or problem that seems trivial may be more serious for your mentee.
- Listen patiently and look for the real problem – Give your mentee time to get to issues that they may find sensitive or embarrassing. Give important issues time to emerge.
- Be frank and direct – Let the mentee know what you can or cannot offer in the mentoring relationship. Explain concerns directly and offer recommendations.
- Help mentee develop self-esteem – Provide praise as well as suggestions for improvement.
- Invite other mentors – Acknowledge that not a single person can fulfill the needs of the mentee.

- Hold face to face meetings – Suggest meeting in the mentee’s office or suggested space so that you are working within his or her space.
- Be a wise and trusted counselor – It is important to be a mentor who cares and is there when needed.
- For example being on time for meetings, making notes during meetings and referring to those notes in follow up meetings.
- Don't over-direct – Suggest various “road maps” but allow your mentee to make their choices and avoid dictating choices or controlling the mentees’ behavior.
- Be constructive -- Critical feedback is essential to spur growth and improvement.
- Encourage feedback – Ensure you know the needs of the mentee so you are better able to help. Ask whether you are sufficiently or too involved.
- Talk at a good time – If the mentee reaches out to you at an inconvenient time suggest an alternative time instead of listening impatiently.
- Remember the goal – The goal is not to overtake the mentee but to provide guidance and help them be more equipped for their work. Encourage confidence, independent thinking, and self-sufficiency.

Mentoring is a different approach than supportive supervision. Supportive supervision often means administrative oversight, provided periodically to oversee and monitor officers, services, records, supplies, or finances. It revolves around planned supervisory visits or review of quarterly reports. Mentoring however involves a flexible, relationship-based approach that promotes goal setting, dialogue, and actions to reach common aims. It is a mutual learning experience across a range of individuals working in multiple sectors within a district. Below are tips for what a successful mentor aims for and what pitfalls they avoid.

What a Mentor DOES	What a Mentor DOES NOT Do
<p>Listen and learn to ask questions: Be open to the mentee’s problems and ideas and understand that many challenges are caused by larger complex factors.</p> <p>Support and facilitate: Help mentee develop a supportive network and provide access to new people and experiences. Invite higher authorities to be involved (e.g., DMO, DAICO).</p> <p>Review: Discuss country-level guidelines, terms of references, and the challenges and opportunities in actualizing them.</p> <p>Expand information and resources: Provide up-to-date knowledge and equip mentee with the ability to access resources to meet goals and make thoughtful decisions.</p> <p>Encourage and motivate: Develop mentee’s self-esteem, help mentees move beyond their comfort zone, and provide opportunities to learn by experience and broaden thinking.</p>	<p>Problem solve: Do not assume the role of problem solver for the mentee.</p> <p>Take over: Do not do what the mentees can do themselves.</p> <p>Create goals: Do not give goals to the mentee. Allow the mentee to shape and create his or her own goals.</p> <p>Force: Do not force mentees into one direction or determine choices.</p> <p>Condemn: Do not tell the mentee that he or she is wrong or focus on the negative. Do not underestimate mentees’ capabilities.</p>

Mentees also play an important role in the mentor-mentee relationship. The table below highlights the actions that mentees can focus on to increase their success, encourage a positive mentoring relationship, and which pitfalls to avoid.

What a Mentee DOES	What a Mentee DOES NOT Do
<p>Take initiative: Recognize the need for mentoring, seek advice when needed, clarify goals, and give feedback.</p> <p>Welcome experience: Be enthusiastic about pursuing a wide range of professional experiences.</p> <p>Accept challenges: Realize there are challenges in any work—try to learn from them.</p> <p>Be approachable and advocate: Network and build key relationships through hospital and community visits and public forums.</p> <p>Be proactive and collaborate: Seek opportunities to link with other officers and share learning from mentorship.</p>	<p>Avoid challenges: Do not expect mentors to solve your problems for you. Welcome activities that help you learn by doing.</p> <p>Stay in your comfort zone: Do not shy away from new learning experiences, even if they are challenging.</p> <p>Remain closed: Recognize that everyone (supervisors, colleagues, community leaders) has something to teach you.</p> <p>Be non-transparent: Do not hesitate to ask for advice on how to access opportunities and resources you need.</p>

Everyone in this project is learning together so please share questions and successes with the Whatsapp group of RNuOs, ASTUTE officers, and facilitators. Also, the research team including Luitfrid Nnally (Tanzania Food and Nutrition Centre) and Kate Dickin (Cornell University) can provide support as needed.

In the ASTUTE MSN Initiative, documenting the mentoring visits is an important part of understanding team goals and progress towards planned activities. A mentoring visit template to help RNuOs guide discussions, decisions, and progress is available in [Annex 1](#). RNuOs and teams can jointly fill out the template at each meeting. RNuOs can then share completed meeting notes with interviewers during interviews to discuss progress and what activities and discussions have occurred among team members.

POSSIBLE STEPS IN THE MSN INITIATIVE

You can provide support to selected DNuO and MSN teams by working within the existing government system to strengthen local capacity, motivate collaboration, and encourage relationship building.

The steps below are to guide RNuOs in supporting MSN action teams. While these steps can be used to guide the team, team members may also find other successful paths to follow. Each team can adapt capacity building activities to their own context and needs. The below steps are for action teams to lead and complete. Your role as RNuO is to provide mentorship and support.

STEP ONE: What does MSN look like in Tanzania?

- Create action teams
- Share knowledge and understand policies

STEP TWO: What is the district situation and how can we learn from each other?

- Reach out to stakeholders
- Create district profiles

STEP THREE: How can we work together to improve nutrition?

- Hold an engagement workshop
- Create networks and maintain communication
- Develop MSN priorities
- Use workshop results to advocate for MSN

The ASTUTE MSN Initiative is primarily a way for RNuOs to take an active role in learning, documenting, and sharing what works and what’s needed for MSN to work better.

Your experiences can make a difference

Globally, experts agree that multi-sectoral nutrition action matters

Why? To prevent chronic undernutrition, across generations, and improve development and well-being of populations.

What experts don’t know is....

HOW to make multi-sectoral action happen.

You can contribute to answering that question.

CREATE A MSN ACTION TEAM

There are different ways a council MSN action team can be developed. Work with the DNuO to understand their ideas for how to create a team based on their knowledge and experiences.

Consider asking the following questions to DNuOs to support them in developing a small action team of 2-3 additional members to participate in the ASTUTE MSN Initiative.

Example questions to ask DNuOs to help support creation of a council MSN action team:

1. What departments should be included? Why?
2. Who do you work well with in the district? What have you worked on together?
3. Who would be a valuable asset as a team member? Why?
4. Who currently does nutrition-sensitive work in this district?
5. Who has the time and motivation to commit to working on MSN actions?
6. Who could you consult to help you make this decision on who should be involved in the ASTUTE MSN Initiative?

It is helpful to establish expectations around meeting and communication early in the process. Ask your team how best to contact them, when and where you will meet, and how often you will communicate. Tell team members they should contact you if they have questions between meetings.

Structure the first 1-2 mentoring visits to discuss key MSN topics with team members. This will help you understand the team members’ experiences and how MSN might be strengthened. Workshop participants role-played what to discuss with council MSN action teams. You can discuss a range of topics and questions with team members, a few examples are below.

Suggested topics and questions to discuss with teams:

- Stunting and hidden hunger, even if not visibly malnourished
- Many activities influence nutrition—how can a team comprised of members from different sectors improve nutrition?
- Better nutrition also benefits other sectors—children learn better, workers are smarter and stronger, mothers and babies survive, and local food is valued

Examples of questions for action teams to work on together:

- What are the current district MSN challenges? What MSN opportunities exist?
- How could the action team strengthen MSN action?
- What outcomes do they hope to see after 6 months? After 1 year?

- What support does the team need to accomplish their goals?
- How will the team measure their success?
- How can the team strengthen:
 - collaboration between departments and key stakeholders?
 - knowledge on what nutrition-relevant activities are happening?
 - impacts on the MSN Steering Committee?
 - partnerships with CHWs, CSOs, and community-based groups?

As noted in the workshop report, the *National Multi-sectoral Nutrition Action Plan (NMNAP)* and the *Guideline for Councils for the Preparation of Plan and Budget for Nutrition* are two leading MSN documents that provide guidance and can be helpful to discuss with teams.

INVOLVE STAKEHOLDERS

Support action teams to identify and reach out to key stakeholders in the district. Mentoring could help action teams connect with CSOs, understand implementation challenges for CHWs, and help link CHWs with other sectors at the community level. Before teams reach out to stakeholders, discuss questions that will help them target who to identify and what topics to discuss, for example:

- What do you want to know?
- What information currently exists?
- How can you start new stakeholder relationships or strengthen ongoing partnerships?

When you discuss reaching out to stakeholders with your team, consider the following questions:

Example Questions for Team Members to Discuss:

- Which nutrition-specific and nutrition-sensitive actions are happening in the district (and where)? Which individuals, organizations, and sectors are implementing these actions?
- What delivery channels are being used to implement these activities?
- What gaps in actions or coverage exist?
- What are the MSN success stories in the district?
- What are the challenges for MSN stakeholders in implementing actions and connecting with others?
- How could nutrition actions be strengthened in other sectors?

Example Sources of Information on Stakeholders and Activities:

- What district-level data exist?
- Who might have relevant district-level data?
- Do other officers/departments know of nutrition-related problems and actions in the district?
- Does the action team connect with the people or organisations they need to? Who is missing?
- What information is at the Development Office registry, at PANITA, with HODs, at the community-level?
- How are current data and resources used?
- What additional data and resources could help you improve multi-sectoral nutrition actions?
- How could you collect additional information?
- How could the team compile information into a district data profile?

Example Approaches to Build Relationships:

- Find common ground. Identify an interest, topic, or opinion that you both share. Stakeholders are more likely to relax, trust you, and share their opinion if they feel you have common points of view.
- Listen attentively and with interest; understand the stakeholder's perspective and situation.
- Respond with genuine sincerity, concern, and interest.
- Ask open-ended questions. Give stakeholders opportunity to talk about their interests, values, needs, wants, challenges, and successes as they relate to providing nutrition-related activities.
- Follow-up to provide useful information/contacts or send a message to thank them for their time.
- Find ways to stay in touch and to connect stakeholders with each other.
- Invite stakeholders to take part in an engagement workshop to further discuss courses of action.

Your action team should collect information from stakeholders they feel is useful to fill their gaps in knowledge and to help them build professional relationships. A template for recording stakeholder information can be found in [Annex 2](#). This template can be adapted to fit what types of information teams identify as important.

Workshop participants discussed how to prioritize which stakeholders to contact and build relationships with. For tips on how to prioritize stakeholders, see below.

Tips for Prioritizing Which Stakeholders to Map

1. Identify influential and dynamic stakeholders. Look for people who can bring about rapid change.
2. Look for high-visibility individual champions and advocates. Committed and passionate individuals and groups in a sector are as important as the sector itself.
3. Locate organizations serving the most vulnerable in terms of limited human resources and the negative impact malnutrition already has on the economy and communities.

DEVELOP A DISTRICT DATA PROFILE

Participants each received sample data profiles of their regions and discussed the possibility of working with teams to develop district-level profiles.

A data profiling tool can give you lots of information and insights into where problems exist. For example, district-level data can highlight variability in the distribution of nutrition-related problems and the importance of multi-sectoral action to address the problems. When you talk with actions teams about district profiles consider the following questions:

- Who will you target? To make the profile meaningful, consider how the profiles will be used and who the profiles will target.
- What does the target audience care about? What data and evidence do you focus on? Once you know who the profile is for, decide what information the target audience is most interested in. What information is important that they lack? What decisions do they make where your information might be useful in the decision-making process?
- What are the challenges, but also where is there progress? Positive trends are motivating. Balance the district's successes with the challenges to show that success is possible and work to build upon that success. You can even show how other districts or countries have had successes to advocate for trying particular methods or activities.
- What if sophisticated local data don't exist? Action teams can use profiles to provide insights from information they learn and gather throughout connecting with stakeholders and other project activities. Strengthening relationships with stakeholders in government and communities is a great way to learn about existing data sources and information that otherwise might be unknown. Profiles are a way to communicate your own experiences and learning, but also key insights from others.

HOLD A STAKEHOLDER ENGAGEMENT WORKSHOP

Workshops are a great way to engage important stakeholders, get their input, share knowledge, make joint decisions, and plan for future actions. An engagement workshop involves stakeholders working actively towards common objectives. Have action teams adapt the engagement workshop approach to their own district needs.

Adults learn best when they are actively involved in the learning process. Encourage action teams to use participatory approaches to bring several people together to exchange knowledge, test assumptions, and solve problems. The learning in a workshop is linked to real life experiences where workshop participants can use and test new skills and receive feedback.

Your team can develop specific workshop goals and objectives which meet their needs. Some example goals include:

- Increase understanding and consensus of district MSN issues, priorities, and solutions.
- Build broader support for MSN programs and initiatives.
- Improve communication and collaboration through the sharing of information and experiences.
- Develop potential approaches to deliver programs more effectively and efficiently.
- Leverage resources and avoid duplication of MSN efforts.
- Ensure decisions are based on knowledge that otherwise might be overlooked, including local perspectives, or information typically shared among one department only.
- Reflect a wider range of concerns and values in decision-making.
- Strengthen capacity of district and community leaders.

Furthermore, your team should identify workshop activities which fit their needs. In the Building Strong Nutrition Systems project, DNuOs identified the following workshop activities which they made as participatory as possible to keep the stakeholders interested and engaged:

- Review the National Multi-sectoral Nutrition Action Plan (NMNAP) and guidance on nutrition-sensitive actions.
- Identify common goals, objectives, and interests across the individuals from different sectors.
- Examine stakeholder examples that highlights “what works” when trying to integrate nutrition into other sectors.
- Discuss challenges and opportunities in working across sectors.
- Develop joint multi-sectoral priorities relevant to the district context.
- Test the feasibility of possible future actions by discussing what information, resources, skills, commitment, and support is needed.
- Discuss the way forward and identify follow-up actions.

There are many different facilitation techniques to consider when planning workshop activities. By using several types of facilitation techniques, participants can have the opportunity to think, communicate, and share ideas in different ways. Particular facilitation techniques, when combined, help to maximize sharing and learning among stakeholders in a workshop. See below for a few examples.

Facilitation Techniques

Record Ideas	Ask participants to record their ideas on flip charts, posters, or post-it notes placed on the walls. This helps everyone see the thinking process throughout the workshop. It also makes it easy to review or build upon earlier ideas. At the end of the workshop, facilitators can also collect the posters to capture what has been shared.
Work in Different sized Groups	Enhance interaction and learning by using small group work. Include participants from different disciplines in each group. Groups of five or fewer people allow for a variety of ideas to be explored. However, if the activity requires participants to describe experiences in detail, then working in pairs allows both participants to talk and listen. Change the small groups throughout the day to ensure individuals get the opportunity to work with different people.
Report out	Bring the best ideas forward by asking small groups to report back their ideas to the larger group. Placing a time (or length) limit on the report out can help manage time. Alternatively, ask a few individuals or groups to report out and then individuals from other teams can add anything that is missing.
Use Reflective Writing	Use reflective writing to have participants think about topics discussed during the workshop. Reflection is an exploration of the topics discussed, not just a description of them. This activity can reveal gaps in the topics discussed as well as strengths and successes. Reflective writing can also help participants organize their thoughts before sharing them with the larger group.
Introduce Case Studies	Have participants examine a case study about a particular aspect or experience related to multi-sectoral nutrition planning and action. Case studies describe an individual, organization, event, or action in a specific time or place. They can help generate ideas and discussion. Choose a case that offers an interesting, unusual, or particularly revealing set of circumstances.

SHARE WORKSHOP RESULTS TO ADVOCATE FOR MSN

During the workshop a lot of information is shared and learned. After the workshop, summarize key findings and decisions made and report back to the stakeholders, to your supervisors and key district decision makers, and if appropriate, to the District Council Steering Committee on Nutrition. Results, including workshop goals, MSN challenges, and priority action areas identified, can be shared in a 1-2 page brief, in a district profile, in a presentation, or in a more formal report. Talk to your team to see what formats they are most familiar with or different ways to share information that they are most excited about. If there is interest, help your team learn new approaches to sharing information and advocating for MSN action.

ANNEX 1. VISIT TEMPLATE TO GUIDE DISCUSSIONS AND DECISIONS

Review previous visit worksheet filled during the last meeting which can serve as a starting point for the next visit.

General Information

Who is present: _____
Date: _____
Location _____

Activities and Accomplishments since Last Meeting

Activities Pursued since Last Meeting	Major Accomplishments
<ul style="list-style-type: none">▪▪▪	<ul style="list-style-type: none">▪▪▪

Meeting Agenda and Goals

The goals for this meeting to further develop activities and progress are:

1. _____
2. _____
3. _____

Topics of Discussion

Key topics discussed include:

1. _____
2. _____
3. _____

Perceived Challenges and Strategies to Address Them

State the key challenges encountered, actions taken to overcome them, and any pending matters to resolve.

Key Challenges	Actions Taken	Matters to Resolve
<ul style="list-style-type: none">▪▪▪	<ul style="list-style-type: none">▪▪▪	<ul style="list-style-type: none">▪▪▪

Activities to Pursue and Next Steps

List the major activities, tasks, or events the team is planning to undertake in the next few weeks and the steps for how to get there:

Next Steps: Specific tasks for the Council Officers	Next Steps: Specific tasks for the Regional Nutrition Officer
<ul style="list-style-type: none">▪▪▪▪	<ul style="list-style-type: none">▪▪▪▪

Other Upcoming Responsibilities

List any other upcoming events, trainings, initiatives, or responsibilities that team members will be engaged in that the team should know about and plan around:

1. _____
2. _____
3. _____
4. _____

Next Conversation

Date: _____ Hour: _____ Location: _____

RNuO's Meeting Notes

Document what went well. Did team members seem to be at ease? Motivated and engaged? What does the team most need to work on? Describe in detail your observations on this team and how this meeting went:

ANNEX 2. STAKEHOLDER INFORMATION WORKSHEET

This worksheet can help council officers conduct outreach to stakeholders to gather information on current nutrition-specific and nutrition-sensitive activities in the district. Talking to stakeholders to ask these questions encourages dialogue and builds relationships. The information gathered can be put together in a summary of district nutrition activities. This is an adaption based on the Initiative: <http://www.reachpartnership.org/reach-countries/tanzania> and pilot tested in Tanzania as part of the Building Strong Nutrition Systems project: <http://blogs.cornell.edu/centirgroup/research-projects/strengthening-nutrition-systems/>

A. STAKEHOLDER PERSONAL DATA:

1. District Registration Number	
2. Date of interview (dd/mm/yyyy)	
3. Organization/group name	
4. Organization type (circle one)	a. Civil society (CSO) b. Faith based (FBO) c. Government d. Non-government (NGO) e. Private sector f. Other, specify: _____
5. Organization main office location (address)	
6. Interviewee name	
7. Interviewee position title	
8. Interviewee phone	
9. Interviewee email	

B. STAKEHOLDER SIZE:

1. How many paid staff are a part of this organization?	(write response):
2. How many volunteers are a part of this organization?	(write response):

C. STAKEHOLDER ACTIVITIES:

1. I would like to learn generally what your organization does. Does your organization currently have activities related to...? (Read the list out loud and circle yes or no based on their response. More than one answer is possible.)	a. Agriculture and farming	0. No	1. Yes
	b. Disease prevention and management	0. No	1. Yes
	c. Economic activities	0. No	1. Yes
	d. Educational development	0. No	1. Yes
	e. Environmental conservation/Climate change	0. No	1. Yes
	f. Family planning and reproductive health	0. No	1. Yes
	g. Maternal and child health	0. No	1. Yes
	h. Social welfare and protection	0. No	1. Yes
	i. Water, sanitation, and hygiene (WASH)	0. No	1. Yes
	j. Other topic area (specify):	0. No	1. Yes
	_____	0. No	1. Yes
2. What specific activities is this organization currently involved in that affect the general health and growth of mothers, young children, or other vulnerable groups in this district? (list responses)	a. Activity 1:		
	b. Activity 2:		
	c. Activity 3:		

D. ACTIVITY SHEET

Activity Sheet # _____

Ask about and make notes on each activity mentioned that is relevant to the health and growth of mothers and young children. If there are many relevant activities and time allows, you can fill out extra sheets. Use the bullet point questions to help make sure you learn the key points about each activity.

1. I would like to learn about these activities in more detail. Starting with _____ (activity 1 above), please tell me more about this activity.

- What are the goals? What are the activities?
- Who are the target groups?
- How do you reach these groups? (eg. CHWs, agricultural agents, community meetings, media, schools, etc.)
- Where is it being implemented? (how many and which communities, wards, districts, etc.)

2. Now please tell me more about _____ (activity 2 above).

- What are the goals? What are the activities?
- Who are the target groups?
- How do you reach these groups? (eg. CHWs, agricultural agents, community meetings, media, schools, etc.)
- Where is it being implemented? (how many and which communities, wards, districts, etc.)

3. Now please tell me more about _____ (activity 3 above).

- What are the goals? What are the activities?
- Who are the target groups?
- How do you reach these groups? (eg. CHWs, agricultural agents, community meetings, media, schools, etc.)
- Where is it being implemented? (how many and which communities, wards, districts, etc.)

E. SUCCESSES, CHALLENGES AND COLLABORATIONS

1. What successes have you and this organization experienced in delivering these activities you've just described. (Probe): What has worked well?	<i>(write response):</i>
2. What kinds of challenges do you and your organization face when planning for and delivering these activities?	<i>(write response):</i>

3. Which government departments, if any, does this organization directly work with on the activities you have described?					
a. Agriculture and Food Security	0. No	1. Yes	i. Police and legal department	0. No	1. Yes
b. Communication & Information	0. No	1. Yes	j. Policy and Planning	0. No	1. Yes
c. Community development	0. No	1. Yes	k. Social Welfare	0. No	1. Yes
d. Education	0. No	1. Yes	l. Trade	0. No	1. Yes
e. Finance	0. No	1. Yes	m. Water and Irrigation	0. No	1. Yes
f. Health and Social Welfare	0. No	1. Yes	n. Other <i>(specify)</i>	0. No	1. Yes
g. Livestock and Fisheries	0. No	1. Yes			

4a. Do you work with any other organizations or partners on the activities you have told me about? (circle one)	0. No	1. Yes
4b. (If yes) Which organizations do you directly work with? (List each organization's name on a separate row)	1. _____ 2. _____ 3. _____	
4d. Are there any other organizations or stakeholders you know of who work in this district on similar types of activities that I could talk to? (If yes, list each organization's name on a separate row)	1. _____ 2. _____ 3. _____	

5. In your experience, in this district how is there collaboration among different groups or stakeholders to improve nutrition? What could be improved?	<i>(write response):</i>
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This concludes the questions I have for you today. I really am grateful for your willingness to share your time and experiences with me. I have learned a lot. Is there anything else you would like to share or discuss before we conclude our meeting?

Thank you!

F. STAKEHOLDER EVALUATION CHECKLIST

1. Does this organization reach groups that are particularly vulnerable to malnutrition?	0. No	1. Yes
2. Are the goals of this organization nutrition-sensitive?	0. No	1. Yes
3. Are the goals of this organization nutrition-specific?	0. No	1. Yes
4. Is this organization engaged in activities that could add or strengthen a nutrition component?	0. No	1. Yes
5. Do you think this organization is useful to partner with?	0. No	1. Yes

G. INTERVIEWER OBSERVATIONS

<p>1. What are your observations and impressions about this stakeholder?</p>	<p><i>(write response):</i></p>
<p>2. In what ways would multi-sectoral nutrition collaboration with this stakeholder make sense? Why or why not?</p> <p>What could be the next action steps?</p> <p>Do you think it would be useful to include them in a stakeholder engagement workshop?</p>	<p><i>(write response):</i></p>

CHECKLIST FOR PLANNING, IMPLEMENTING, AND EVALUATING POSITIVE DEVIANCE/HEARTH (PDH)

Use the checklist below to ensure that you incorporate key elements of PDH into PDH activities. The grid below should be used:

1. Before deciding whether to implement PDH (specifically, are the requirements listed under “Planning” being met?);
2. Before implementing each stage of PDH (Planning, Training, Community Mobilisation, and so on);
3. While implementing each stage so that you can make adjustments to PDH activities; and
4. After PDH implementation to identify what went well, challenges, and how PDH can be improved in the future

1. PLANNING

Preparation:

- Are the criteria for PDH programmes met (homes are located a short distance from one another, 30% prevalence of moderate and severe malnutrition or 30 children 6-36 months of age who are malnourished, community commitment, availability of nutritious foods, availability of health facilities, and community commitment)?
- Have RNuOs, DNuOs, their counterparts from other government sectors (if involved), and IMA staff read, understood, and reviewed the PDH facilitator’s manual?

Involvement:

- Do ward development committees and village leaders play a lead role in planning and overseeing all PDH activities, including:
 - Support in organising the weighing of all children in the target age?
 - Conducting the PDI?
 - Contributing materials, utensils, and food for the sessions?
 - Assuring that eligible caregivers attend Hearth session regularly?
 - Encouraging other community members, including grandmothers, to support families with malnourished children as they adopt new practises?
- Is there capacity building of local leaders to ensure that

they can manage all aspects of PDH?

- Does village leadership suggest solutions to potential challenges with PDH implementation (e.g., ensuring that only eligible children are included in Hearth sessions and making certain that caregivers bring PD foods to every Hearth session)?
- Do grandmothers participate in the different steps of PDH, including serving as:
 - Community mobilisers?
 - Village committees?
 - Members of focus group discussions?
 - Those being talked to and observed during the PDI?
 - Participants in Hearth sessions?
 - Key audience members in community feedback sessions?
- Are relevant government sectors represented (i.e., not just health but agriculture, education, community development, and WASH)?
- Is a monthly plan developed to make sure Hearth sessions occur each month and follow-up home visits are made? The plan should be developed in conjunction with village leaders.

2. TRAINING

Does the CHW supervisor take a major responsibility for training, or do IMA staff assume primary leadership for training? It should be a mix.

Are manuals used appropriately and effectively?

3. COMMUNITY MOBILISATION

- Is there high commitment to PDH among community leaders and community members themselves?
- Does the community identify a few good measures of wealth that can be used easily for selecting PDs?
- See also “Planning” above.



4. MEASURING GROWTH

- Does weighing take place at the ward level? (It should.) Please liaise with health facilities within the ward to get a sense of which villages have the highest level of MAM and SAM, based on the health facilities' routine nutrition assessments during growth monitoring activities. Then focus on those villages if weighing all children at the ward level is too burdensome.
- Are the Seca scales ASTUTE purchased used? If not, there is a high risk of misclassification of positive, negative, and non-positive deviants.
- Are government staff (including health facility workers) involved in weighing children and recording their weights?
- Are children of the right age (6-36 months old) weighed? If not, there is a risk of overwhelming the health system and diverting resources away from PDH programmes. See ideas under "Hearth sessions" for additional thoughts about including children of the right age.

5. SITUATIONAL ANALYSIS

- Are all activities for the situational analysis conducted (focus group discussions, market survey, seasonal calendar, transect walk, community mapping, PDIs)?
- Are all relevant food, care, and health topics considered during the situational analysis (diet plus WASH plus ECD plus gender)?

6. PDIS

How are the following handouts used?

- Observation Checklist for Positive Deviance Inquiries (Handout 18.2)
- Sample Guiding Questions for Conducting a PDI (Handout 22.1)

Meaning of PDIS:

- Is the PDI a fact-finding exercise for ASTUTE, or an opportunity for CHWs, health facility workers, community leaders, and other influences including grandmothers to discover that very poor families have positive, uncommon practices which enable them to prevent malnutrition? It should be the latter.
- Do those conducting PDIS understand that PD families are the experts and those who conduct PDIS are the learners?

Implementing PDIS:

- Is the correct number of PDIS being conducted? PDIS should be conducted in at least two villages that meet PDH criteria.
- Is the right number of PDIS being conducted within each village? There should be 4-6 PDIS with positive deviants and two PDIS with negative deviants. There is no need to

conduct PDIS among non-positive deviants.

- Do PDIS last a minimum of two hours? Do PDIS generally include a meal time?
- Do those conducting PDIS carry out a natural conversation with PDIS, rather than asking closed-ended questions from a checklist?
- Do those conducting PDIS observe potential behaviours, not just ask about them? In particular, the following should be asked about and observed:
 - Is environmental sanitation (latrines, animal faeces, disposal of infant faeces, etc.) observed to identify PD behaviours?
 - How are the diets of sick children managed? Do parents give as much or more foods and liquids during and after diarrhoea?
 - How are children stimulated?

Participants:

- Are fathers included in PDIS?
- What is done to make sure health facility workers promote the very behaviours identified during PDIS?
- Are ward development committees and village leaders made aware of PDI results and PD behaviours?

7. MENU PREPARATION

- Is a range of PD foods considered? (See all of session 30, including the use of a market basket of nutritious, affordable foods.)
- Are nutrient requirements calculated using the Excel spreadsheet?
- Are portion sizes adequate?
- Is breast milk included in the menu? (It should be.)
- Are animal source foods included in the menu? Are fruits and vegetables included in the menu? They should always be included, even if they aren't mentioned in PDIS.
- If there is seasonal scarcity of fruits and vegetables, use results from market surveys and seasonal calendars to identify what is available now. During PDIS, be sure to ask about food preservation strategies such as solar drying.
- Will each meal include a variety of colours (e.g., green, leafy vegetables; orange-fleshed foods; etc.)?
- Is each meal energy dense, as specified

in the PD facilitator's manual?

8. HEARTH SESSIONS

Supporting materials:

- How are the following documents used?
 - Supervision of PD/Hearth Session (Handout 36.6)
 - Observation of a PD/Hearth Session (Handout 5.1)
 - Handout 6.1: PD/Hearth Essential Elements
 - Checklist of Materials Needed for PD/Hearth Sessions (Job Aid) – (Handout 36.1)
 - Child Registration and Attendance Form (Handout 36.3A)

Logistics:

- If caregivers cannot make the time to attend Hearth sessions, are Hearth sessions moved to a more convenient time?
- Are Hearth sessions limited to 10-15 children? More than this number makes it difficult to conduct effective Hearth sessions.
- Are Hearth sessions conducted away from clinics and other “official” sites?

Participants:

- What is done to ensure that the community understands who Hearth sessions are for? Possible approaches include 1) announcements ahead of time from ward development committees and community leaders about who should be included in Hearth sessions, 2) reminders that children older than 36 months have already survived a vulnerable time period and that now children younger than 36 months need special attention, and 3) reminders that mothers can practise the new behaviours learnt in Hearth sessions with older children as well.
- Are children of the right age included in Hearth sessions? Children who attend should be 6-36 months of age except in rare cases when other children need to be with their caregivers (for example, infants less than 6 months of age).
- In rare cases when an older sibling is brought along, is s/he given the opportunity to participate in some way such as helping with handwashing? (If caregivers bring several children too old for Hearth, but who still need attention, one of the oldest children present may be tasked with taking them to an area some distance away to play so that mothers are not distracted and the noise level during food preparation and feeding is kept down.)
- If other children are present, are they allowed to eat only if there is leftover or surplus food and the Hearth participant children have already eaten?

- Are extra ingredients added to the PD foods, or is the quantity of food increased so that hungry mothers can eat?
- Are well-nourished children included in Hearth sessions? (They shouldn't be.) Hearth sessions are not to be community feeding events.
- How are men involved in Hearth sessions (or how do they support mothers and grandmothers who attend)? How—in addition to Hearth sessions—can fathers contribute to improving their children's nutritional status?

Responsibilities:

- Are all caregivers asked to perform a role each day (e.g., two caregivers to prepare the meal, two caregivers to help others practise ECD, two caregivers responsible for hygiene and sanitation, etc.)?
- Are responsibilities for each of these tasks rotated from day to day?
- Does every caregiver bring a positive deviant food (or in cases where families are extremely poor, a cooking pan, utensil, firewood, water, etc.) to every Hearth session?
- Are caregivers who do not bring a food (or other) contribution allowed to attend Hearth? (They shouldn't be.) This is a hard and fast rule.
- Do caregivers “teach back” what they've learned at each Hearth session so that the CHW is certain each caregiver understands the behaviour he or she must practise at home?
- Does every caregiver have the opportunity to practise PD behaviours in each of the 12 Hearth sessions? Practise is critical to establishing healthy habits.

Prior to Hearth sessions:

- Are children who participate in Hearth not currently sick (including no malaria)?
- Are children who will participate in Hearth de-wormed and given Vitamin A before Hearth sessions?
- What is being done to reduce any community stigma caregivers might experience by attending Hearth sessions?
- What is done to inform the rest of the community about Hearth sessions, including who should participate, why, and the purpose of Hearth sessions overall?

During hearth sessions:

- Are Hearth participants reminded that money alone cannot solve the issues of poor health and nutrition (as evidenced by PDIs among negative deviants)?
- Are caregivers able to identify the consequences of having malnourished children—and the advantages of

having well-nourished children? (Caregivers themselves should identify consequences, if possible.)

- Are caregivers who attend Hearth sessions actively involved in carrying out Hearth and not simply passive recipients of information?
- Are all relevant food, care, and health topics addressed at some point during the 12 days of Hearth? Pay particular attention to ECD and responsive feeding.

Diet:

- Does the menu of foods offered change from day to day, or are leftovers served? (Foods offered should change on a daily basis.)
- Are PD foods purchased? (They shouldn't be.)
- Are PD snacks given early in each Hearth session so that children aren't hungry?
- Is the quantity of food the child eats what was planned during menu preparation?

ECD, including responsive feeding:

- Are children stimulated through the use of locally-made toys and through other activities?
- Do some children refuse to eat? If so, do caregivers practise responsive feeding (or are they helped to do so)? Responsive feeding includes encouraging the child to eat through:
 - Eye contact;
 - Feeding patiently;
 - Avoiding force feeding;
 - (Caregivers) demonstrating how the child should eat;
 - Verbal encouragement;
 - "Games" to make eating more fun
 - Allowing the child to occasionally feed him or herself if the child wants and is able to; and
 - Responding to the child's hunger cues.
- Do children have their own plates? (To see what the child eats, the mother and child shouldn't share a plate.)

WASH:

- Is a mat available so that children aren't in the dirt?
- Are children kept away from animals and faeces, including infant faeces?

- Are caregivers' and children's hands washed before preparing food and before and after eating?

Between Hearth sessions:

- After the 6th day of Hearth (i.e., the seventh day), do caregivers stay home and practise the new behaviours they've learnt on days 1-6?
- On day 8, are caregivers asked about their experiences on day 7 (i.e., whether the behaviour was practised at home, why or why not, and what can be done to help the caregiver develop a strategy for addressing the challenges; this should include identifying any obstacles encountered)?
- On the 8th day of Hearth, do caregivers offer each other solutions to any problems they faced on day 7?

Subsequent rounds of Hearth sessions:

- Is a second round of Hearth sessions conducted the very next month (i.e., two weeks after the first round of Hearth sessions are over)?
- Are children who did not graduate from the first Hearth session as well as other children found to be malnourished during weight monitoring (as part of the situational analysis) included in the second round of Hearth sessions?
- Are children who do not gain weight after two 12-day sessions referred to a health facility to check for any underlying causes of illness such as malaria, tuberculosis, HIV/AIDS, or other infection?
- Is a third round of Hearth conducted, if needed? (Caregivers should not attend more than two rounds of Hearth to avoid dependency.)
- What is attendance like? Every child must be present for days 1 and 12 and ideally, every day in-between.

9. FOLLOW-UP VISITS

- Are initial home visits occurring every 2–3 days for two weeks after the Hearth session? It takes an average of 21 days of practise for a new behaviour to become a habit. Follow-up home visits are an excellent opportunity to ensure the positive practises promoted during Hearth sessions are also being practised at home.
- Are home visits occurring at 12 and 30 days, then 6 months, 12 months, and 24 months after Hearth sessions?
- Are children gaining weight as they should at each follow-up visit? If not, why not?
- Do CHWs use negotiation to conduct follow-up visits with families that participated in Hearth? In particular, Asking; Listening; and Recommending several small, do-able actions the caregiver can try, then allowing him or her to

choose one of the actions, are especially important steps that are often ignored.

10. MONITORING

- Are levels of malnutrition, measured as part of the situational analysis, about what you'd expect? If not, why not?
- Are data for identifying PDs entered into spreadsheets correctly?
- Are data complete?
- Are numbers (e.g., weights of children) plausible, or are they exceptionally high or low? If exceptionally high or low, why?
- Are all children who participate in Hearth sessions weighed on days 1 and 12?
- What percent of children graduate after the first Hearth (12 sessions)? What percent don't?
- Are some children losing weight? Why?
- If only a few children graduate, what explains the lack of progress?
- If you were an independent (neutral) outside evaluator, what would you say about the progress of PDH? What's working well? What isn't?

11. COMMUNICATION

- Are results from situational analyses, weighings, and Hearth sessions available to community leaders for their input?
- Do CHWs receive constructive feedback on Hearth sessions, graduation rates, and home visits?
- Are DNuOs, RNuOs, and other government officials made aware of PDH programmes and impact?

COMMUNITY HEALTH WORKER (CHW) ROLES AND RESPONSIBILITIES

MAIN RESPONSIBILITY:

Serve as link to health facilities, connecting community members to services. Advocate for nutrition in existing community groups and establish new support groups. Serve as change agent in families.

MAIN DUTIES:

1. Identifies community groups that are eager to learn about and promote good nutrition, WASH, ECD, and agriculture. Visits unions, credit associations, TASAF meetings, religious groups at mosques and churches, self-help groups, other groups for men and women, Ward Development Committees, and so on.
2. Determines which community groups demonstrate commitment to health. Prioritises groups that want to improve health and also have members who can influence practices related to nutrition, WASH, ECD, and agriculture, for example, fathers, grandmothers, and mothers.
3. Identifies 1000 day households (households with pregnant women and children less than 2 years of age).
4. Lobbies for space in meetings to:
 - a. Discuss the importance of good nutrition for ensuring smart children
 - b. Talk about specific practices people can adopt to improve children's health and development
 - c. Identify things group members can do to improve children's growth and development
 - d. Commit group members to take a specific action to improve health
 - e. Commit group members to talk to others about what they've learned
5. Revitalise existing support groups that target 1000 day mothers and those who influence them, including fathers and grandmothers. If it doesn't make sense to revitalise existing groups, form new ones.
6. Conducts home visits.
7. With support from CHW supervisors, introduces himself or herself to health facilities. Shares his or her name and mobile number with health facility staff so that they can refer patients to CHWs for community-based support.
8. Refers community members to health facilities for ANC, malnutrition, and other health and developmental challenges. Follows up to make sure mother (or other family member) visited the health facility.
9. Collects community level data as specified in training. Returns completed forms to supervisor.
10. Coordinates with supervisor on a regular basis.

Fixed remuneration: TSH 15,000 per month.



COMMUNITY HEALTH WORKER (CHW) SUPERVISOR JOB DESCRIPTION AND RECRUITMENT POSTING TEMPLATE

MAIN RESPONSIBILITY:

Supervise the activities of community health workers (CHWs) and provide them with adequate coaching and support to ensure the quality of their work and the accuracy of their monthly reports.

MAIN DUTIES:

1. Provides overall supervision of Mtoto Mwerevu's community-based activities in his/her catchment area.
2. Ensures high quality and timely implementation of community-based activities by the CHWs in his/her catchment area.
3. Builds and maintains strong cooperation with WDCs to keep them informed and actively involved in community health activities.
4. Builds and ensures strong partnership with health facilities in his/her catchment area.
5. Ensures safe and accurate use/storage of working kits/tools provided.
6. During supervisory visits, supports CHWs to plan their monthly activities. This includes helping the CHW be a *connector*, an *advocate*, and a *change agent* by:
 - a. Identifying 1000 day households.
 - b. Identifying and working with community groups eager to promote good nutrition, WASH, ECD, and agriculture.
 - c. Revitalising existing support groups and forming new ones.
 - d. Conducting home visits and follow up.
7. During supervisory visits, evaluates CHWs' performance, provides feedback, and agrees on recommendations to solve problems and improve CHW performance.
8. Attends WDC and health facility meetings in her/his catchment area whenever they happen.
9. Compiles monthly supervision forms at each supervision visit.
10. Collects monthly activity reports from each CHW under his/her responsibility every month.
11. Ensures quality review of the reports provided by CHWs.
12. Submits monthly reports to DNuOs, consolidating information from the monthly activity report compiled by all CHWs under his/her supervision.

PRINCIPAL TASKS:

1. Maps the location of all CHWs in catchment area and maintains a register to track those who have received training.
2. Establishes a monthly work plan and calendar of supervision activities and shares it with health facilities and the CHWs in his/her catchment area.
3. With CHW supervisor, introduces self to health facilities. Makes sure that health facilities have the name and mobile phone number for CHWs and supervisors to improve referral of patients for community-based support.
4. Conducts at least one supervision visit every day to observe a support group, a visit to a community group, a home visit, or some other behaviour change activity.
5. Ensures supervision of each CHW under his/her responsibility every month.
6. During supervisory visits, supports CHWs to plan their monthly activities. This includes helping the CHW be a *connector*, an *advocate*, and a *change agent* by:
 - a. Identifying 1000 day households.
 - b. Identifying and working with community groups eager to promote good nutrition, WASH, ECD, and agriculture.

WORKING RULES:

- The supervisor will work 5 days out of 7 in the week.
- The supervisor shall maintain all working tools provided by the programme in good condition.
- The supervisor must adapt his or her schedule to the work plan of each CHW so that the supervisor can attend support groups, home visits, etc.
- Supervisors' absences must be approved by the WEO/DNuO.
- In case of illness, the supervisor must produce a medical certificate.
- In case of noncompliance with these rules, the WEO/DNuO will ask the supervisor to give reasons in writing and warn her/him and if the problem persists, the WEO/DNuO may propose termination of the contract.



TEMPLATE OF CHW SUPERVISOR RECRUITMENT POSTING

POST: Supervisor

LOCATION: Kagera, Mwanza, Kigoma, Shinyanga and Geita (at least 10 villages in his/her catchment area)

DURATION: One year (can be renewed based on performance)

PROBATORY PERIOD: 3 months

MONTHLY ALLOWANCE: 100,000 TZS / month, upon delivery of monthly report and supervision forms plus transport allowance of 80,000 TZS / month

RESPONSIBLE FOR: Supervising the work of 20 Community Health Workers (CHWs)

RESPONSIBLE TO: WEO/DNuO

COORDINATING WITH: Ward Development Councils (WDC), Health facilities, District Nutrition Officers

DESIRED QUALIFICATIONS:

- Age: 18 or above.
- Education: Completed at least secondary school education, preferably completed form four (or at the very least, form two level of schooling).
- Working experience: At least 5 years of experience working as CHW and / or similar role working for community development, preferably in health and nutrition projects.
- Skills: Solid literacy and math; good sense of planning / organisation; good communication skills.
- Other: Availability and willingness to move / travel frequently in the catchment area.

IMPORTANT NOTES:

- In those areas where no candidates match the requirements, DNuOs and regional staff from Mtoto Mwerevu, in collaboration with local government, will establish procedures for recruitment (such as written / oral tests, interviews, etc.).
- Working as Supervisor is a full time job. Candidates must be made aware of this, and agree to commit accordingly.
- Supervisors should be based at village / ward level.
- Supervisors cannot be selected amongst government employees, nor amongst health facility staff.
- In the village where he/she resides, the supervisor will not act as CHW. Therefore, in a given village, there will be 2 CHWs + the supervisor.
- Supervisors will be under the direct responsibility of WEOs / DNuOs; however, the government (health facilities and WDC in catchment areas) can provide feedback and support CHW supervisors.
- In case of low performance of the supervisor, the WEO, in communication with Mtoto Mwerevu regional staff, can remove him / her and work with the local government to select a new supervisor while keeping the government (health facilities, WDCs) informed.
- The DNuO / WEO should officially introduce selected supervisors to health facilities and WDCs.



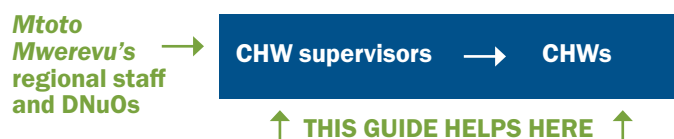
COMMUNITY HEALTH WORKER (CHW) SUPERVISORS' GUIDE TO MONTHLY MEETINGS WITH CHWS

WHAT IS SUPPORTIVE SUPERVISION?

It is a process of guiding, monitoring, and coaching workers to promote compliance with standards and assure delivery of quality activities. During supervisory visits, you work as a team to meet common goals and objectives.

WHO SHOULD USE THIS GUIDE?

Mtoto Mwerevu CHW supervisors as you build the capacity of CHWs. See below:



A separate guide will help CHW supervisors help CHWs.

WHY IS SUPPORTIVE SUPERVISION IMPORTANT?

Mtoto Mwerevu can't succeed without it. When you hold regular, effective meetings with CHWs, you can:

- Give them the emotional and other support they need to face challenges on their own;
- Help CHWs to better understand their roles;
- Give CHWs the knowledge and skills they need to do their jobs effectively; and
- Motivate them.

HOW OFTEN SHOULD YOU MEET WITH CHWS? Monthly.

MATERIALS TO TAKE WITH YOU TO MONTHLY MEETINGS WITH CHWS:

- This guide;
- The list of CHWs' roles and responsibilities;
- Job aids and checklists for home visits and support groups distributed in IYCF/ECD/WASH training;
- M&E reports on programme coverage; and
- Anything else you think would be appropriate.

WHAT SHOULD HAPPEN WHEN YOU MEET WITH CHWS? EVERY MONTH

1. If they know *how many* households they should visit every week (6 visits every week);
2. If they know *which* households should be visited. The following households should be visited:
 - a. With at least one child < 5 years of age who is *mildly or moderately* malnourished;
 - b. Participating in TASAF or who are very poor but not participating in TASAF;
 - c. With mothers in their first pregnancy;
 - d. With children 3-9 months old; and
 - e. Experiencing challenges with breastfeeding, complementary feeding, WASH or ECD.

Note: Most of these households will need to be visited two times (sometimes more). This is how negotiation is used in home visits;

Other questions:

 - f. Ask if CHWs are visiting other households (note: *no other households other than the ones listed above should be visited*);

- g. Find out where CHWs have worked (geographic area); and
 - h. If CHWs are unclear on who should be visited and how often, provide them guidance. Please take advantage of the very next opportunity you meet with CHWs (for example, when you pay them);
3. *What CHWs discuss during home visits. For each age of the child:* MIYCAN, WASH, ECD (and women's workload); the focus should not only be on MIYCAN but also other topics, especially WASH and ECD);

Conduct role plays, depending on the age of the child:

1. Get volunteers from the group for the role play to act the part of CHW, mother or father, and child;
2. Select one age group (pregnant or breastfeeding mother, child < 6 months old, children 6-11 months, children 12-24 months old) for the role play (the role play should include age-appropriate complementary feeding, WASH, and ECD practices);
3. Ask the volunteer to act as if he or she is conducting a home visit;
4. At the end of the role play, ask for comments, first from the CHW conducting the role play, then from the mother or father, then from the CHWs observing the role play:
 - a. What went well? What needs improvement?
5. Review all steps of negotiation and give concrete examples of how the CHW performed each step;
6. Provide any final input on the role play;

Ask:

1. Whether CHWs are using negotiation and if so, how?
 - a. Use checklist distributed in Mtoto Mwerevu's training for IYCF, ECD, WASH, and maternal health to check the quality of the role play; and
2. Ask supervisors to identify challenges and successes with home visits (for example, do CHWs avoid giving messages?).

For monitoring and evaluation, you should:

1. Collect M&E forms, including household visit forms; and
2. Ask about challenges CHWs face when completing necessary forms.

For other issues, you should:

1. Help the CHW prepare what he or she needs to do that day;
 - a. Home visits. CHWs should:
 - i. Know the age of the child;
 - ii. Revise the 8 steps for negotiation;
 - iii. Understand which job aids will be used that day;
 - iv. Identify which counseling will be used that day;
 - v. Have form #3 (home visit form);
 - b. Community meetings. CHWs should be able to:
 - i. Determine the best meetings to visit;
 - ii. Know how to get permission to present during the meeting;
 - iii. Choose the most relevant topic for the group visited/type of meeting;
 - iv. Understand talking points for CHWs during community meetings;
 - v. Commit the group to an action (telling their neighbours about nutrition, WASH, and ECD; trying a new practice they've learned about today; etc.);
2. Ensure that CHWs have all of the supplies they need:
 - a. Counseling cards;
 - b. Bags;
 - c. Fliers (if copies are available): Maternal nutrition, infant and young child feeding, breast and complementary feeding, early childhood development 0-3 and 3-8 years old;
 - d. Job aids:
 - i. One page sheet on the 8 steps of negotiation;
 - ii. Job aids for mothers and children 0-5, 6-11, and 12-23 months of age;
 - iii. Job aids for conducting support groups and home visits;
 - e. Talking points for CHWs during community meetings;
 - f. Data collection forms and counter books;
3. Review how CHWs can use data that have been collected to improve performance.
 - a. Household level
 - i. Number of households visited and which groups are being visited (are priority households targeted?; see home visit form #3);

- ii. Topics discussed during household visits, according to the needs of the household and community (are some topics like WASH and ECD not covered?; see home visit form #3);
- iii. Households that might need special attention (e.g., households with more than one child less than two years old);
- iv. Households that need second visits as part of negotiation;
- v. Whether families that need referrals to health facilities get them and whether families actually go to the health facilities; and
- vi. Whether CHWs use job aids for home visits to improve upon quality.

b. Support groups

- i. Number of support groups and whether the right people are attending support groups (e.g., mothers with children less than 5 years of age, pregnant mothers, husbands, etc.; see support group form #2);
- ii. Topics discussed during support groups, according to the needs of the community (are some topics like WASH and ECD not covered?; see support group form #2);
- iii. Groups that might need special attention;
- iv. Whether families that need referrals to health facilities get them and whether families actually go to the health facilities; and
- v. Whether CHWs use job aids for support groups to improve upon quality.

- 4. Ask about any other challenges CHWs face (e.g., lack of transport, challenges paying CHWs including unknown payment schedule and late payment, low morale, etc.); ask for their proposed solutions to those challenges and help CHWs problem-solve.
- 5. Make sure CHWs get paid.

OFTEN BUT NOT EVERY MONTH:

For health facilities, you should ask:

- 1. If CHWs are able to connect to health facilities and how that is going;
- 2. If CHWs understand their roles in connecting community members to health facilities;
- 3. What support CHWs need; and
- 4. Review roles and responsibilities for CHWs.

If CHWs facilitate support groups, ask:

- 1. How many support groups CHWs have conducted;
- 2. Who has attended support groups (Mothers? Fathers? Grandparents?);
- 3. How the CHW engages support group members;
- 4. What CHWs discuss during support groups (MIYCAN, WASH, ECD, women's workload) (the focus should not only be on MIYCAN but also other topics, especially WASH and ECD); and
- 5. What challenges and successes CHWs have had with support groups (Are the right people attending? Is the group meeting interesting? Do mothers get the chance to practice new behaviours? etc.).

Revise the following questions to help build the capacity of CHWs when they conduct support groups. Does the CHW:

- 1. Choose a topic of discussion relevant to those attending (for example, a support group on disposing of infant faeces includes families with infants)
- 2. Introduce herself/himself to the group
- 3. Have everyone sit in a circle
- 4. Ask whether those who attended last month's meeting shared their experiences with others in the community
- 5. Ask questions that generate participation from all support group members
- 6. Ask group members to share their own experience
- 7. Identify a few practices related to today's theme that group members can try
- 8. Commit support group participants to trying a small, do-able action (actions might be different for different people in the group)
- 9. Resolve barriers families face as they try the new practice
- 10. (Where possible), give group members an opportunity to practice the new behaviour(s)
- 11. Request that group members speak to others in the community to encourage them to practice the behaviours discussed in today's meeting
- 12. Tell group members the place, date, and theme of the next meeting

General:

- 1. Go over *Mtoto Mwerevu's* checklist "Talking points for CHWs during community meetings" to make sure that CHWs meet with community groups and discuss appropriate topics; Groups CHWs should consider approaching about nutrition, ECD, and WASH include TASAF, religious groups, unions, credit associations, self-help groups for women and men, Ward Development Committees, etc.;
- 2. Hear about the health and well-being of the catchment area overall; and
- 3. Assign new tasks, when needed.

COMMUNITY HEALTH WORKER (CHW) TRAINING DIALOGUES FOR COUNSELLING ON COMPLEMENTARY FEEDING

INTRODUCTION

HOW TO USE THESE TRAINING DIALOGUES

This is a guide for CHW supervisors to help you use findings from Mtoto Mwerevu's research to support effective counselling. The steps in this guide will help you as help CHWs as they discuss (step 5 of negotiation) and recommend (step 6) practices people can try to improve the nutrition of their children. These new, detailed messages on complementary feeding are based on research in communities like theirs. Through using these guides, you will assist CHWs as they help families overcome challenges they may face when feeding their young children foods such as eggs, meat, fish, poultry, legumes, beans, nuts, vegetables, and fruits. It is important for you to review the details of these messages in advance so that you can explain them to CHWs.

During your monthly meetings with CHWs, they will:

- Discuss their own experiences;
- Hear more detailed messages about complementary feeding;
- Listen to success stories from families in communities like theirs; and
- Role play home visits using negotiation.

You should devote two hours of your monthly meetings with CHWs to these activities. You can use these guides to help families:

- Give children a variety of foods to eat (session 3);
- Encourage children to eat (session 4); and
- Give healthy snacks (session 5).

A separate guide includes the following modules:

- Breastfeed exclusively (session 1);
- Know what to do when babies cry (session 2).

During role plays, *one* CHW will play his or her own role as CHW. One or two CHWs will play the role of mother, father, and/or grandparent. The remaining CHWs will observe the role play. At the end, CHWs can ask questions about the role play and provide helpful feedback. During role plays, as CHW supervisors, please do not demonstrate how to conduct negotiation using these more detailed messages. Rather, let CHWs demonstrate and practise this on their own, as specified below. While this is happening, you can observe then provide feedback that is not judgmental.

Now have two CHWs demonstrate in front of the entire group role play #1, below (Baby Joseph). One CHW plays his or her own role as the CHW and the other CHW is the mother or father. After the role-play, you can use the discussion questions listed or others you think may be helpful to generate a discussion amongst CHWs.

Small groups of three will now role play simultaneously to give more opportunity for each CHW to play each of the three roles. Once 2-3 CHWs have completed the first role play and all CHWs have had the opportunity to discuss it, give every CHW the chance to role play. In smaller groups of three CHWs:

- One CHW plays the role of CHW;
- One CHW plays the role of mother, father (or other family member); and
- One CHW is the observer.

For this part of role playing, use the same case (#3, Baby Joseph). In your role plays, every CHW gets an opportunity to practise, in groups of three (CHW, mother or father, and observer). This way, every CHW learns together how to support families. As you role play in small groups of three, think about the demonstration you just saw with one CHW and one mother or father. What went well? What can be improved? Try to incorporate what you learnt into your own role play in groups of three.

As with the role play in plenary, after the role-play, you can use the discussion questions listed or others you think may be helpful to generate a discussion amongst CHWs.

Once you have finished role-playing one time in your small group of three, conduct a second role play with the CHW becoming the mother or father, the mother or father becoming the observer, and the observer becoming the CHW. Then discuss what went well and what could be improved. During the third role play, switch roles once again so that everyone has the opportunity to practise being a CHW.



Note: Some CHWs may struggle with the basic steps of negotiation. If this is the case, discuss each step that is a challenge to them. Have the CHWs demonstrate a home visit, and give CHWs feedback, based on what you observe. Steps that may be particularly challenging for CHWs may include:

- Spending enough time asking about the caregiver’s situation (step 2: Ask) before identifying recommendations the caregiver might try (step 4: Identify);
- Identifying then giving several recommendations the caregiver can try (step 4: Identify and step 6: Recommend), not just one;
- As part of step 6 (Recommend), asking caregivers what they understand each recommendation to be to make sure that they fully understand the actions presented to them (step 7: Agree);
- Recommending things caregivers can try (step 6: Recommend) before asking about, listening, and discussing the caregiver’s situation;
- Making sure the caregiver agrees to a practice (step 7: Agree) before setting up the next home visit; and
- Using the job aid that corresponds to the age of the child. This is particularly important!

WHAT DID WE LEARN FROM THE HOUSEHOLD TRIALS RESEARCH?

Tell CHWs: Children were not being fed a diverse diet. Most children were fed grains and tubers.

- Almost half of children were fed *dagaa*, but it was very uncommon for children to be fed other animal-source foods like fish, eggs, meat, poultry, or animal milk.
- More than half of children were fed fruits and vegetables, but feeding yellow or orange fruits and vegetables, beans, and nuts was uncommon.
- It is difficult for many families to access a variety of foods because of the high cost and seasonal availability.
- The idea of a “balanced diet” was not well understood. Several parents thought giving a variety of grains made a porridge balanced. A balanced diet has a variety of different types of foods, like eggs, meat, fish, poultry, legumes, beans, nuts, vegetables and fruits.

SESSION 3: HELPING FAMILIES TO GIVE CHILDREN A VARIETY OF FOODS TO EAT. A GUIDE FOR CHW SUPERVISORS DURING MONTHLY MEETINGS WITH CHWS.

STRATEGIES TO SUPPORT FAMILIES TO INCREASE DIETARY DIVERSITY.

1. What have CHWs experienced?

CHW supervisors, begin by asking what CHWs have heard from families:

We know that after six months it is important for babies to start eating other foods in addition to breastmilk. It is recommended that babies eat a variety of different types of foods. Most babies eat grains and tubers. What do families tell you about the types of foods they are feeding their children from 6 – 12 months and from 12 – 24 months? What challenges do they face feeding their young children other foods such as eggs, meat, fish, poultry, legumes, beans, nuts, vegetables and fruits?

Be sure to give CHWs enough time to discuss the topic.

2. What do families need to know?

Tell CHWs:

- It is good for babies to eat a variety of foods to grow well and be healthy and smart. Examples of a variety of foods includes *dagaa*, fish, meat, egg, beans, nuts, and orange/yellow fleshed fruits and vegetables, in addition to grains and tubers and other fruits and vegetables.
- Babies only eat a small amount of food so it is important that those foods will help them grow well and be healthy and smart.

Together with all CHWs, read through and discuss the messages and other information on giving children a variety of foods to eat (see table 3). Keeping in mind the 8 steps of negotiation, make sure the CHWs understand and are able to discuss (step 5) the messages and why they are important, and recommend actions (step 6) for mothers and fathers. This information will be used in the role-plays discussed below.

3. Real experiences from families participating in household trials on complementary feeding

Supervisors, share the following success stories from caregivers with your CHWs:

Families were willing to try feeding new foods, this included adding foods like eggs, nuts, beans and animal milk to porridge or giving children small pieces of meat or fish that were cut very small. Families reported that children liked eating the foods and their children looked healthier. Fathers were involved in feeding their children in different ways. Some fathers purchased foods specifically for their children, others fed their children directly, and a few shared food from their plates with their child.

Here are some success stories from mothers:

A mother said: “I make nutritional porridge with maize, dagaa, ground nuts, beans, several things. The porridge is thick, because if you make it light, it is like nothing. A mother should make a thick porridge, fill the cup, and feed the child with a spoon.”

Another mother said: “I gave my child smashed cooked bananas and dagaa. I just prepared it and gave it to him but when I saw he liked it I continued trying. Then, I mixed the cooked bananas with fish and again with beef. The results are great! He liked it and got used to it quickly. I see him having good health; he has a good body. Now he has grown plump.”

Here are some success stories from fathers:

A father said: “When I got money, I thought I have a son that I should buy fish for, at least to boost his appetite. So, I bought fish and gave it to his mother to prepare for him and turns out he liked fish most.”

Another father said: “I prepared maize, searched for soya, I searched for millet. We went to grind. It is me who went and prepared and ground and bought those foods that had to be bought. At the time of cooking for him we added egg and small fish. I added some groundnuts because I had a little.”

A father said: “When they prepare the food for me, I invite my son. He comes and we eat from the same plate together. I have been doing this almost every day since it was recommended to me. It makes me happy. At first, my son was not used to it. When I used to invite him, he used to refuse until when he got used to it. Others in my family are happy seeing me eating with my child. Some fathers may not want to try this because small children have a tendency to get food on you and smothering you with food; but when they come to my house and see how I eat with my child, then they will learn from there on. The child sees that he is not segregated and he also likes it. I will continue because the child will learn how to feed himself and he will feel loved by each parent.”

TABLE 3: RECOMMENDATIONS TO HELP FAMILIES FEED A VARIETY OF FOODS, USING THE 8 STEPS OF NEGOTIATION

During negotiation, *discuss* the following messages, *recommend* 2-3, and help the mother or other family member pick 1-2 and agree to try them.

NEGOTIATION STEP 5: DISCUSS		NEGOTIATION STEP 6: RECOMMEND	
MESSAGE	WHY THIS IS IMPORTANT	FOR MOTHERS	FOR FATHERS
The child needs to eat eggs, fish, dagaa, or other meat as often as possible.	<ul style="list-style-type: none"> From 6 months of age, young children can eat well-cooked and finely-chopped eggs and mashed meat and fish, even if they don't have teeth. Eggs, meat, fish and <i>dagaa</i> are very important to help children grow well and be healthy. Your baby's stomach is ready to digest foods like eggs or meat. You can ensure that your baby can safely swallow those foods by mashing them, chopping them finely, or making powder of dried meat. 	<ul style="list-style-type: none"> Give your child fish, <i>dagaa</i>, or other types of meat, which can be minced using a mortar (<i>kinu</i>) or chopped finely with a knife. Give your child cooked eggs to eat. Give your child fish, <i>dagaa</i>, or other types of meat as early and as often as possible. Save some of the food you raise that you would normally sell (like eggs, milk, fish, chicken) and keep it for your baby. 	<ul style="list-style-type: none"> Give your wife money to buy eggs, fish, <i>dagaa</i>, or other meat for your baby. Buy eggs, fish, <i>dagaa</i>, or other meat to give to your baby. Save some of the food you raise that you would normally sell (like eggs, milk, fish, chicken) and keep it for your baby. Reassure your wife (and other family members) that the child can eat meat, fish, and other family foods that are mashed well. Share food from your plate, including meat, fish, eggs, etc. with your child.
The child needs to be fed a variety of foods.	<ul style="list-style-type: none"> After 6 months and as the child grows older, he/she can eat well-cooked and finely-chopped eggs, meat and fish even if s/he does not have teeth. At this age, your baby is old enough to eat all family foods that are mashed and well-cooked. When your baby eats a variety of foods, it is good for your baby to grow well and be healthy and smart. Your baby will enjoy new tastes. Your baby will feel satisfied longer, will cry less, and allow the mother and father to do their work. In addition to breast milk and specially prepared foods (like porridge), family foods (like fish, meat, egg, and beans) help children to grow well and be healthy. 	<ul style="list-style-type: none"> Offer family foods, including eggs, meat, fish, <i>dagaa</i>, vegetables, beans. These foods can be chopped and mashed so they are easy for the child to swallow. When feeding family foods, do not only give the broth/sauce. Be sure to give the thick parts (meat, fish, <i>dagaa</i>, vegetables, beans, peas). Give potatoes, yams, bananas, plantains, cassava and rice mixed with sauce and meat, fish, <i>dagaa</i>, beans, chicken, or peas. Vegetables can be pounded or mashed after cooking and given to your child. Fruits that are cut in small pieces or mashed/pounded can be a good snack. Save some of the food you raise that you would normally sell (like eggs, milk, fish, chicken) and keep it for your baby. Share food from your plate, including meat, fish, eggs, etc. with your child. 	<ul style="list-style-type: none"> Give your wife money to buy different kinds of foods for your baby (such as eggs, fish, <i>dagaa</i>, vegetables, nuts, beans, milk, meat). Buy different kinds of foods for your baby (such as eggs, fish, <i>dagaa</i>, vegetables, nuts, beans, milk, meat). Save some of the food you grow or raise that you would normally sell (eggs, milk, fish, chicken, vegetables) and keep it for your baby. Reassure your wife (and other family members) that the child can eat meat, fish, vegetables, beans, nuts, and other family foods that are mashed well. Help your wife with her other chores so that she has time to prepare meals with a variety of foods for your child. Share food from your plate, including meat, fish, eggs, etc. with your child.

4. Role play: Practise counselling families on giving a variety of food

For the role play session, please remember to have CHWs learn by acting out roles of CHWs and family members, observing each other, and sharing ideas to improve negotiation with families on giving a variety of food. Encourage those acting as family members to raise challenges and not be too agreeable! Role plays should be as realistic as possible.

ROLE PLAY #1: BABY JOSEPH

The **CHW** should follow the 8 steps of negotiation:

1. Greet the mother and father with respect;
2. Ask them about current caregiving practices;
3. Listen to their problems or concerns;
4. Identify a few messages to share with the mother and father, based on their situation (see table 3);
5. Discuss each of the practices (table 3);
6. Recommend 2 or 3 of the practices parents can try (table 3);
7. Ask the parents to agree to practise 1-2 of these behaviours; Ask what might make it easy or difficult to try them;
8. Set up an appointment for a return visit at which time you can ask the mother and father how things have gone.

CHWs:

Do not read the scenario for mothers and fathers in advance; In your first few practices, please consult table 3. When you feel comfortable with the recommendations in table 3, you don't need to refer to it in subsequent role plays; and remember to have the mother or father tell you what you have learnt. When family members "teach back" what they have learnt about new practices, you can be sure that they understand the practices that they have agreed to try.

The **mother** and **father** read the scenario below and act their parts, per the scenario.

Baby Joseph is 11 months old. His mother is breastfeeding and also feeds him porridge, vegetables, and beans. Papa Tumaini is a fisherman, and the family often eats fish, but they do not think Joseph can eat fish at such a young age, so they often just give him the broth that the fish is cooked in. The family does not usually have eggs or meat. They sometimes have peanuts.

Observers: Watch how the CHW identifies problems, concerns, and negotiates a solution.

CHW supervisors: after the role-play, it is very important to discuss what the group learnt. Do this in a supportive way, not blaming anyone for mistakes. Remind CHWs that role-playing is just a way to practise and learn from each other!

CHW supervisors: first ask for comments from the group. Some ideas for possible questions after the role play are as follows:

For the CHW, how did it feel to deliver the new messages? What worked well? What was difficult? What needs more practice? Did the family ask questions that you did not know how to answer?

For the mother or father, what did the CHW do well? Were the messages clear? Did the CHW address your concerns? Did you feel comfortable asking the CHW questions?

For observers, how did the CHW try to build rapport with family members and was it successful? How did the CHW try to understand the family situation and help them with challenges? For example, did the CHW find out about the foods that the family had access to? What suggestions do you have for CHWs? Has this situation ever come up for you during your home visits? What did you do?

SESSION 4: HELPING FAMILIES TO ENCOURAGE CHILDREN TO EAT. A GUIDE FOR CHW SUPERVISORS DURING MONTHLY MEETINGS WITH CHWS.

Strategies to support families to practise responsive feeding

1. What have CHWs experienced?

CHW supervisors, begin by asking CHWs: what have you heard from families about how they feed their children or encourage them to eat? What are some of the challenges families face?

2. What did we learn from the household trials research?

Tell CHWs:

- Many parents had challenges getting their young children to eat the food that was offered.
- Some mothers reported that children refused to eat certain foods or that children would spit out foods that were offered.
- Although this was a common challenge, very few families tried encouraging their children to eat more. But amongst those who did, they reported that encouraging their children to eat resulted in their children eating more.

3. What do families need to know?

Tell CHWs: Feeding times are periods of learning and love. It is recommended that caregivers talk to babies and young children during feeding, are patient, feed slowly, and encourage him/her to eat, but without force. Read through and discuss the messages and other information on encouraging the child to eat. Keeping in mind the 8 steps of negotiation, make sure the CHWs understand and are able to *discuss* the messages (step 5) and why they are important, and *recommend* actions (step 6) for mothers and fathers. This information will be used in the role-plays discussed below.

4. Real experiences from families participating in household trials on encouraging the child to eat

CHW supervisors, share the following success stories from mothers who tried these recommendations:

A mother said: “The thing that I liked was that the child ate food that she didn’t usually eat. I felt so happy and amazed because even when I don’t have money, I know that if I prepare this food and sing to the child when I’m giving it to her, she will eat and like it. I have seen that when I feed her and praise and clap and show her that I am happy, it has helped her to eat all of the food that she is given.

A father said: “I tried being at home during meal times so that I could eat together with my child and encourage him. I made it seem like a game and that he should like whatever he is eating. Even when I am not around, others in my family can do it.”

Another father said: “I enjoyed sitting and playing with my child when I’m home from work. If she’s here at home, I play with her. I tell her sweet stories. My wife says that I should continue playing with my child after I come home from work, so that my child can eat happily.”

TABLE 4: RECOMMENDATIONS TO HELP FAMILIES ENCOURAGE THEIR BABIES TO EAT

During negotiation, *discuss* the following messages, *recommend* 2-3, and help the mother or other family member pick 1-2 and agree to try them.

NEGOTIATION STEP 5: DISCUSS		NEGOTIATION STEP 6: RECOMMEND	
MESSAGE	WHY THIS IS IMPORTANT	FOR MOTHERS	FOR FATHERS
Be patient and actively encourage the child to eat	<ul style="list-style-type: none"> Feeding times are a chance for the child to learn. Talk with the child about the names of foods and utensils, how things are bigger or smaller, how the food tastes, and colors or numbers. The child may need time to get used to eating foods other than breast milk. Infants and young children may need help to ensure that they eat enough. Feeding the child new foods may require active care and encouragement. Pay attention to the child’s signs for hunger and to encourage the child to eat new foods. Allowing children to touch and pick up their food and feed themselves helps develop coordination and improve movement. 	<ul style="list-style-type: none"> Be patient and encourage your child to eat by sitting with your child and smiling, laughing, and talking to them Don’t force your child to eat. Feed slowly, and talk to the child during feeding, with eye-to-eye contact. Praise the child for trying new foods or eating all that is offered. If the child refuses a food, keep trying. It can take time to get used to new foods (7-8 times of trying a new food). If the child is distracted, feed in a calm place, and try to limit distractions during meals. Offer foods that your child can pick up with her/his fingers and feed herself/himself (sweet potato, bananas, slices of fruits, beans, and other foods cut into small pieces) Make feeding time a fun time with games, songs, and stories that encourage your child to eat. 	<ul style="list-style-type: none"> Encourage your child to eat more. Offer soft/mashed foods off of your own plate. Talk with your children about their food and praise them for eating well. Help your wife with her other chores so that she has time to encourage your child to eat more at each meal. Help your wife with feeding your baby when she has too many tasks to do. Encourage your child to eat more by making it into a game. You can pretend the food is a truck or other vehicle that has to make a delivery into the child’s mouth. Help your wife by feeding your baby. You can make feeding fun by playing games and telling stories that encourage your baby to eat.

5. Role play: Practise counselling families on responsive feeding

For the role play session, please remember to have CHWs learn by acting out roles of CHWs and family members, observing each other, and sharing ideas to improve negotiation with families on responsive feeding. Encourage those acting as family members to raise challenges and not be too agreeable! Role plays should be as realistic as possible.

ROLE PLAY #2: BABY NINA

The **CHW** should follow the 8 steps of negotiation:

1. Greet the mother and father with respect;
2. Ask them about current caregiving practices;
3. Listen to their problems or concerns;
4. Identify a few messages to share with the mother and father, based on their situation (see table 4);
5. Discuss each of the practices (table 4);
6. Recommend 2 or 3 of the practices parents can try (table 4);
7. Ask the parents to agree to practise 1-2 of these behaviours; Ask what might make it easy or difficult to try them;
8. Set up an appointment for a return visit at which time you can ask the mother and father how things have gone.

CHWs:

Do *not* read the scenario for mothers and fathers in advance;

In your first few practices, please consult table 4. When you feel comfortable with the recommendations in table 4, you don't need to refer to it in subsequent role plays; and

Remember to have the mother or father tell you what you have learnt. When family members “teach back” what they have learnt about new practices, you can be sure that they understand the practices that they have agreed to try.

The **mother** and **father** read the scenario below and act their parts, per the scenario.

Baby Nina is 10 months old. Nina's mama is breastfeeding and feeding the baby porridge. Mama tried giving the baby egg, but the baby would spit it out and refuse to eat it. She tried a second time, but it seemed like the baby was throwing up. Her mother-in-law and husband suggested waiting until the baby is older. If asked, the family would be willing to try talking, singing, and other ways to encourage the child to eat. The father is often home in the evenings when the mother is feeding the baby.

Observers: Watch how the CHW identifies problems, concerns, and negotiates a solution.

CHW supervisors: after the role-play, it is very important to discuss what the group learnt. Do this in a supportive way, not blaming anyone for mistakes. Remind CHWs that role-playing is just a way to practise and learn from each other!

CHW supervisors: first ask for comments from the group. Some ideas for possible questions after the role play are as follows:

For the CHW, how did it feel to deliver the new messages? What worked well? What was difficult? What needs more practice? Did the family ask questions that you did not know how to answer?

For the mother or father, what did the CHW do well? Were the messages clear? Did the CHW address your concerns? Did you feel comfortable asking the CHW questions?

For observers, how did the CHW try to build rapport with family members and was it successful? How did the CHW try to understand the family situation and help them with challenges? For example, did the CHW find out about the foods that the family had access to? What suggestions do you have for CHWs? Has this situation ever come up for you during your home visits? What did you do?

SESSION 5: HELPING FAMILIES TO GIVE HEALTHY SNACKS. A GUIDE FOR CHW SUPERVISORS DURING MONTHLY MEETINGS WITH CHWs.

Strategies to ensure children receive healthy foods and snacks.

1. What have CHWs experienced?

CHW supervisors, tell CHWs: After 6 months, babies and young children should be fed a variety of healthy foods. But it is becoming more common for babies to also receive sugary snacks and drinks, like biscuits, sweets, and drinks with sugar. CHW supervisors, ask CHWs: What do families tell you about giving biscuits, sweets, and sugary drinks? What are some of the challenges families face?

Be sure to give CHWs enough time to discuss the topic.

2. What did we learn from the household trials research?

Tell CHWs:

- More than half of babies had been fed sugary snacks in the week before our first visit with them.
- Many babies were given coffee or tea with sugar, juices with sugar added, or soda.
- All parents who agreed to try replacing sugary snacks with healthy snacks reported making this change.

3. What do families need to know?

Tell CHWs:

Parents should avoid giving their child sugary snacks (like biscuits and sweets) and sugary drinks (such as tea, coffee and soda) because these drinks have low nutrient value and decrease the child’s appetite for more nutritious foods. Read through and discuss the messages and other information on giving children healthy snacks. Keeping in mind the 8 steps of negotiation, make sure the CHWs understand and are able to *discuss* the messages (step 5) and why they are important, and *recommend* actions (step 6) for mothers and fathers. This information will be used in the role-plays discussed below.

4. Real experiences from families participating in household trials on giving children healthy snacks

CHW supervisors, tell CHWs: Parents were happy to replace sugary snacks with healthy snacks because they understood that sugary snacks did not benefit their child’s health.

CHW supervisors, share the following success stories from mothers:

One mother said: “I liked that recommendation to stop giving sweets and biscuits because those things are harmful. Sweets and biscuits have too much sugar which is not good for the baby. They can cause decaying of teeth. My family members agreed and said it is not good to give the baby sweets and biscuits.”

Another mother said: “I tried not giving the biscuits or sweets, and instead I gave her fruits. I gave her bananas. Sweets have nothing. I didn’t encounter any difficulty.”

Here are some success stories from fathers:

One father said: “I educated the family members not to give the baby biscuits. I educated them that the foods that we give the baby, for instance tinned juice, soda, and biscuits are not healthy for the child.”

Another father said: “As soon as I was informed and realised that biscuits are not healthy for children, I stood up and started educating my family that this food is bad for children and we made changes. They asked me what the child can eat. I advised them on fruits like papaws, watermelon, cucumber, mangoes and oranges, but things with much sugar like biscuits are not good.”

TABLE 5: RECOMMENDATIONS TO HELP FAMILIES FEED HEALTHY SNACKS AND DRINKS

During negotiation, *discuss* the following messages, *recommend* 2-3, and help the mother or other family member pick 1-2 and *agree* to try them.

NEGOTIATION STEP 5: DISCUSS		NEGOTIATION STEP 6: RECOMMEND	
MESSAGE	WHY THIS IS IMPORTANT	FOR MOTHERS	FOR FATHERS
Replace sweet snacks and sugary drinks with healthy snacks and drinks	<ul style="list-style-type: none"> Sweet snacks and sugary drinks do not give your child important nutrients. Fruits and other snacks will help the child feel satisfied longer, cry less, and allow the mother and father to do other work. If the child eats too many sweet snacks, he/she may not feel hungry at meal time. 	<ul style="list-style-type: none"> Avoid giving a baby tea, coffee, soda and sugary or colored drinks. Offer milk or breastfeed instead. Avoid giving sugary biscuits and other snacks; give fruits (such as pieces of ripe mango, papaya, banana), avocado, vegetables, boiled Irish potatoes, sweet potatoes. 	<ul style="list-style-type: none"> Only buy nutritious foods for your baby, do not buy sugary snacks, biscuits, or sweetened drinks and ask others not to feed these foods to your child.

5. Role play: Practise counselling families on healthy snacks and drinks

For the role play session, please remember to have CHWs learn by acting out roles of CHWs and family members, observing each other, and sharing ideas to improve negotiation with families on giving healthy snacks and drinks. Encourage those acting as family members to raise challenges and not be too agreeable! Role plays should be as realistic as possible.

ROLE PLAY #1: BABY STANLEY

The **CHW** should follow the 8 steps of negotiation:

1. Greet the mother and father with respect;
2. Ask them about current caregiving practices;
3. Listen to their problems or concerns;
4. Identify a few messages to share with the mother and father, based on their situation (see table 5);
5. Discuss each of the practices (table 5);
6. Recommend 2 or 3 of the practices parents can try (table 5);
7. Ask the parents to agree to practise 1-2 of these behaviours; Ask what might make it easy or difficult to try them;
8. Set up an appointment for a return visit at which time you can ask the mother and father how things have gone.

CHWs:

Do not read the scenario for mothers and fathers in advance;

In your first few practices, please consult table 2. When you feel comfortable with the recommendations in table 2, you don't need to refer to it in subsequent role plays; and

Remember to have the mother or father tell you what you have learnt. When family members "teach back" what they have learnt about new practices, you can be sure that they understand the practices that they have agreed to try.

The **mother** and **father** read the scenario below and act their parts, per the scenario.

Baby Stanley is 14 months old, and is the youngest of three children. Stanley's mama is breastfeeding and Stanley eats family foods, though sometimes he does not seem to be very hungry for the evening meal. Papa will often bring home sweets and biscuits to the children when he arrives home in the evening after working. Name enjoys eating biscuits, and Papa likes to see Stanley eating them.

Observers: Watch how the CHW identifies problems, concerns, and negotiates a solution.

CHW supervisors: after the role-play, it is very important to discuss what the group learnt. Do this in a supportive way, not blaming anyone for mistakes. Remind CHWs that role-playing is just a way to practise and learn from each other!

CHW supervisors: first ask for comments from the group. Some ideas for possible questions after the role play are as follows:

For the CHW, how did it feel to deliver the new messages? What worked well? What was difficult? What needs more practice? Did the family ask questions that you did not know how to answer?

For the mother or father, what did the CHW do well? Were the messages clear? Did the CHW address your concerns? Did you feel comfortable asking the CHW questions?

For observers, how did the CHW try to build rapport with family members and was it successful? How did the CHW try to understand the family situation and help them with challenges? For example, did the CHW find out about the foods the child was eating? What suggestions do you have for CHWs? Has this situation ever come up for you during your home visits? What did you do

COMMUNITY HEALTH WORKER (CHW) TRAINING DIALOGUES FOR COUNSELLING ON EXCLUSIVE BREASTFEEDING

INTRODUCTION

HOW TO USE THESE TRAINING DIALOGUES

This is a guide for CHW supervisors to help you use findings from *Mtoto Mwerevu's* research to support effective counselling. Using the steps in this guide, you can help CHWs to discuss (step 5 of negotiation) and recommend (step 6) practices people can try to improve the nutrition of their children. These new, detailed messages on exclusive breastfeeding are based on research in communities like theirs and can assist CHWs to help families overcome challenges such as babies crying a lot or mothers struggling to breastfeed exclusively. It is important for you to review the details of these messages in advance so that you can explain them to CHWs.

During your monthly meetings, CHWs will:

- Discuss their own experiences;
- Hear more detailed messages about exclusive breastfeeding;
- Listen to success stories from families in communities like theirs; and
- Role play home visits using negotiation with the mother or father.

You should devote two hours of your monthly meetings with CHWs to these activities. You can use these guides to help families:

- Breastfeed exclusively (session 1);
- Know what to do when babies cry (session 2);
- Give children a variety of foods to eat (session 3);
- Encourage children to eat (session 4); and
- Give healthy snacks (session 5).

During role plays, *one* CHW will play his or her own role as CHW. *One* or *two* CHWs will play the role of mother, father, and/or other family members. The remaining CHWs will observe the role play. At the end, CHWs can ask questions about the role play and provide helpful feedback. During role plays, as CHW supervisors, please do not demonstrate how to conduct negotiation using these more detailed messages. Rather, let CHWs demonstrate and practise this on their own, as specified below. While this is happening, you can observe then provide feedback that is supportive, not judgmental.

Now have two CHWs demonstrate in front of the entire group the role play in section 5, below (Baby Aadila). One CHW plays his or her own role as the CHW and the other CHW is the mother or father. After the role-play, you can use the discussion questions listed or others you think may be helpful to generate a discussion amongst CHWs.

Small groups of three will now role play simultaneously to give more opportunity for each CHW to play each of the three roles. Once 2-3 CHWs have completed the first role play and all CHWs have had the opportunity to discuss it, give every CHW the chance to role play. In smaller groups of three CHWs:

- One CHW plays the role of CHW;
- One CHW plays the role of mother, father (or other family member); and
- One CHW is the observer.

For this part of role playing, use the same case in section 5 (Baby Aadila). In your role plays, every CHW gets an opportunity to practise, in groups of three (CHW, mother or father, and observer). This way, every CHW learns together how to support families. As you role play in small groups of three, think about the demonstration you just saw with one CHW and one mother or father. What went well? What can be improved? Try to incorporate what you learnt into your own role play in groups of three.

As with the role play in plenary, after the role-play, you can use the discussion questions listed or others you think may be helpful to generate a discussion amongst CHWs.

Once you have finished role-playing one time in your small group of three, conduct a second role play with the CHW becoming the mother or father, the mother or father becoming the observer, and the observer becoming the CHW. Then discuss what went well and what could be improved. During the third role play, switch roles once again so that everyone has the opportunity to practise being a CHW.



Note: Some CHWs may struggle with the basic steps of negotiation. If this is the case, discuss each step that is a challenge to them. Have the CHWs demonstrate a home visit, and give CHWs feedback, based on what you observe. Steps that may be particularly challenging for CHWs may include:

- Spending enough time asking about the caregiver's situation (step 2: Ask) before identifying recommendations the caregiver might try (step 4: Identify);
- Identifying then giving *several* recommendations the caregiver can try (step 4: Identify and step 6: Recommend), not just one;
- As part of step 6 (Recommend), asking caregivers what they understand each recommendation to be to make sure that they fully understand the actions presented to them (step 7: Agree);
- Recommending things caregivers can try (step 6: Recommend) before asking about, listening, and discussing the caregiver's situation;
- Making sure the caregiver agrees to a practise (step 7: Agree) before setting up the next home visit; and
- Using the job aid that corresponds to the age of the child. *This is particularly important!*

WHAT DID WE LEARN FROM THE HOUSEHOLD TRIALS RESEARCH?

In Tanzania, a lot of mothers (about 8 in 10) breastfeed their babies exclusively in the first two months of life, but as the child ages, fewer and fewer do so. By six months of age, less than 3 in 10 mothers breastfeed exclusively. To understand why, we consulted with mothers and fathers of babies 0-5 months old in two regions near Lake Victoria. Mothers and fathers were counselled then asked to choose and try new practices related to exclusive breastfeeding. Then fathers and mothers were interviewed about their experience trying the new practise, and their motivations and concerns so that we could identify barriers to improving exclusive breastfeeding.

Many parents know about exclusive breastfeeding but they need more details to understand that it means to *not give anything* other than breastmilk. For example, even if parents did not give any food other than breastmilk, some of them gave water, thinking infants were thirsty. Many parents gave gripe water as well as traditional herbal remedies and medicines from the pharmacy, usually to stop baby's crying or because they felt that the baby must be having stomach pain or other symptoms related to *mchango*.

Parents need practical strategies to address challenges, such as ways to soothe a crying baby without giving gripe water. Mtoto Mwerevu found that mothers did not have enough time and energy to breastfeed fully, due to having a lot of work to do inside and outside the home. Men did not usually help with household chores or child care.

Most mothers were willing to try the recommendations to breastfeed more frequently and not give gripe water and traditional medicines. Fathers were willing to provide food to breastfeeding mothers. Most fathers also encouraged mothers to breastfeed and some were willing to help with household chores or by encouraging others in the household to help.

Mtoto Mwerevu found that parents need more detailed counselling to help them overcome barriers to exclusive breastfeeding. For example:

- Mothers need support to breastfeed often enough and long enough. Fathers can help with this;
- Parents need help calming an infant who cries a lot and seems to have stomach pain or *mchango*, which they consider to be serious health problems; and
- Parents need to know why and how to avoid giving gripe water and traditional medicines that are not prescribed by a doctor

SESSION 1: HELPING FAMILIES TO BREASTFEED EXCLUSIVELY. A GUIDE FOR CHW SUPERVISORS DURING MONTHLY MEETINGS.

STRATEGIES TO ENSURE THERE IS ENOUGH BREAST MILK FOR THE BABY: FEEDING MORE OFTEN AND LONGER

1. What have CHWs experienced?

CHW supervisors, begin by asking what CHWs have heard from families:

We know that exclusive breastfeeding is recommended for babies from birth to 6 months. Ask: What do families tell you about challenges they face giving the baby only mother's milk?

2. What did we learn from the household trials research?

Tell CHWs: Many parents know about exclusive breastfeeding but mothers don't always manage to breastfeed exclusively. Practices can be improved:

- Mothers need time to breastfeed longer at each feed and breastfeed more often. This will help them make plenty of milk. The family can help by reducing mothers' workloads;
- Some parents believe that they are breastfeeding their child exclusively because they do not give other foods, but they give liquids such as water, gripe water, traditional medicine, or non-prescribed medicines; and
- Often, babies are given water because parents think their babies are thirsty.

3. What do families need to know?

Tell CHWs: Breastmilk has everything a baby needs to eat and drink to grow well. Breastmilk also helps protect the baby from many sicknesses.

Together with all CHWs, read then thoroughly discuss the messages and other information on exclusive breastfeeding in table 1. Keeping in mind the 8 steps of negotiation, make sure the CHWs understand and are able to *discuss* (step 5) the messages and why they are important, and *recommend* actions (step 6) for mothers and fathers. This information will be used in the role-plays discussed below.

4. Real experiences from families participating in household trials on exclusive breastfeeding

Supervisors, share the following success stories from mothers with your CHWs:

In its research, *Mtoto Mwerevu* found that some fathers and other family members were willing to help mothers with chores so that they had more time to breastfeed. Some parents reported they were more confident about the mothers' milk supply. Other families reported that their babies cried less and slept better when they breastfed fully.

A mother said: "I liked the recommendation to breastfeed longer each time the child breastfeeds. In the past, I used to breastfeed my son for a shorter time and the milk was not coming out. Now, I breastfeed him until he finishes all the milk and he is satisfied."

A young mother said: "My daughter wasn't getting any sleep before but now she sleeps just after being breastfed. This is a good outcome...you can even do other chores comfortably."

Here are some success stories from fathers:

A young father of a 2-month old said: "I decided to help my wife with household chores so that she gets enough time to breastfeed. I encouraged her to use all the time she needed to breastfeed the baby. She listened and worked on it. She now breastfeeds the baby more often. I did this because I want to fulfil my duties of ensuring that my baby has good health. I made sure that whenever I was at home, my wife should breastfeed the baby as often as possible. The results were excellent. My wife realised that if the baby is properly fed, the baby sleeps a lot and this improves the baby's health. This gives me enough time to work on other things."

A young father of a 3-month old daughter said: "My wife was happy when other family members started assisting with small chores like cleaning utensils and collecting vegetables from the market. Her breastmilk has increased and the baby is breastfed whenever needed. What I like is that since family members started assisting my wife, the baby cries less because she is breastfed frequently."

TABLE 1: RECOMMENDATIONS TO HELP MOTHERS BREASTFEED EXCLUSIVELY, USING THE 8 STEPS OF NEGOTIATION

During negotiation, *discuss* the following messages, *recommend* 2-3, and help the mother or their family member pick 1-2 and *agree* to try them.

NEGOTIATION STEP 5: DISCUSS		NEGOTIATION STEP 6: RECOMMEND	
MESSAGE	WHY THIS IS IMPORTANT	FOR MOTHERS	FOR FATHERS
<p>Breastfeed often throughout the day and night.</p> <p>Ask the father, mother-in-law, and other family members to help with one of the tasks you normally carry out outside the home. What small task might a family member or friend help you with?</p>	<ul style="list-style-type: none"> • The more a baby suckles, the more milk is produced. • Breastfeeding frequently day and night: <ul style="list-style-type: none"> • Helps your baby grow; • Helps you make plenty of milk; • Gives the baby all the food and water she needs; • Because your baby has a small stomach, your baby needs to breastfeed often. • Breastfeeding often also prevents breast engorgement and pain. 	<ul style="list-style-type: none"> • Ask others to help with work outside the home so you can stay home more to breastfeed during the day. • Ask your husband to let you return home from the field early so that you have time to breastfeed longer. • Ask family members to help with household chores so you can rest and breastfeed the baby fully. • Take your baby with you when you leave home, or ask someone to bring your baby to you for feeding. 	<ul style="list-style-type: none"> • Help your wife with work such as farming, fetching water and getting firewood so she has time to breastfeed often and long enough. This helps your child to grow well and be happy and healthy. • Let your wife return home from the field early so that she has time to breastfeed longer. • Buy nutritious foods for your wife and encourage her to eat well to build confidence in her breastmilk supply.
<p>Take time to breastfeed for as long as the baby wants at each feed.</p> <p>Let the baby finish all the milk in one breast and then offer the other breast.</p>	<ul style="list-style-type: none"> • When a baby breastfeeds longer each time, the baby gets more nutrient-rich milk. • A baby needs both the “foremilk” (high in water for thirst and sugar for energy) and “hindmilk” (high in fat so baby feels full and grows strong). 	<p>See recommendations above. Also:</p> <ul style="list-style-type: none"> • Eat a balanced diet and eat more frequently to ensure that you produce enough milk. 	<p>See recommendations above.</p>
<p>Do not give the baby any foods or liquids other than breast milk.</p> <p>Only give medicines when instructed by a doctor or a health worker.</p>	<ul style="list-style-type: none"> • Breastmilk alone protects the baby’s health. • Breastfeeding fully (as described above) means no other food or drink is needed. • Babies who breastfeed exclusively are less likely to get diarrhoea and other illnesses because breast milk is clean and protects against infections. • Foods, water, or drinks other than breastmilk that are given to the baby before 6 months can take up space in the baby’s small stomach. Less room for breast milk can mean the baby will not grow as well. • Other medicines can hurt your baby. Most gripe water contains alcohol that can affect the baby’s brain and does not cure any sickness. • Giving any other liquids including plain water, gripe water and traditional medicines increases the risk that your baby will get sick. 	<ul style="list-style-type: none"> • Talk to other family members about the importance of exclusive breastfeeding. 	<ul style="list-style-type: none"> • Encourage your wife to breastfeed exclusively. • Ask your wife not to give porridge or other foods to the baby before 6 months. • Do not buy gripe water

5. Role play: Practise counselling families on exclusive breastfeeding

For the role play session, please remember to have CHWs learn by acting out roles of CHWs and family members, observing each other, and sharing ideas to improve negotiation with families on breastfeeding practices. Encourage those acting as family members to raise challenges and not be too agreeable! Role plays should be as realistic as possible.

ROLE PLAY #1: BABY AADILA

The **CHW** should follow the 8 steps of negotiation:

1. Greet the mother and father with respect;
2. Ask them about current caregiving practices—regardless of whether or not they breastfeed exclusively;
3. Listen to their problems or concerns;
4. Identify a few messages to share with the mother and father, based on their situation (see table 1);
5. Discuss each of the practices (table 1);
6. Recommend 2 or 3 of the practices parents can try (table 1);
7. Ask the parents to agree to practise 1-2 of these behaviours; Ask what might make it easy or difficult to try them;
8. Set up an appointment for a return visit at which time you can ask the mother and father how things have gone.

CHWs:

Do *not* read the scenario for mothers and fathers in advance;

In your first few practices, please consult table 1. When you feel comfortable with the recommendations in table 1, you don't need to refer to it in subsequent role plays; and

Remember to have the mother or father tell you what you have learnt. When family members “teach back” what they have learnt about new practices, you can be sure that they understand the practices that they have agreed to try.

The **mother** and **father** read the scenario below and act their parts, per the scenario.

Baby Aadila is 3 months old. Mama Aadila is exclusively breastfeeding the baby but she is worried about having enough milk for the baby. Baba Aadila and the baby's grandmother say it is time to give the baby some porridge because milk is not enough, and Mama Aadila has a lot of work to do. During the day, Mama Aadila goes to the fields and leaves the baby at home with the older children. Baba Aadila works to provide money for the family and normally spends days away at the island for fishing. When he comes home, he is always tired.

Observers: Watch how the CHW identifies problems, concerns, and negotiates a solution.

CHW supervisors: after the role-play, it is very important to discuss what the group learnt. Do this in a supportive way, not blaming anyone for mistakes. Remind CHWs that role-playing is just a way to practise and learn from each other!

CHW supervisors: first ask for comments from the group. Some ideas for possible questions after the role play are as follows:

For the CHW, how did it feel to deliver the new messages? What worked well? What was difficult? What needs more practise? Did the family ask questions that you did not know how to answer?

For the mother or father, what did the CHW do well? Were the messages clear? Did the CHW address your concerns? Did you feel comfortable asking the CHW questions?

For observers, how did the CHW try to build rapport with family members and was it successful? How did the CHW try to understand the family situation and help them with challenges? For example, did the CHW find out about mothers' concerns about whether she had enough breastmilk? Did the CHW ask about any challenges mothers and fathers have with heavy workloads? What suggestions do you have for CHWs? Has this situation ever come up for you during your home visits? What did you do?

SESSION 2: HELPING FAMILIES WHEN THEIR BABIES CRY. A GUIDE FOR CHW SUPERVISORS DURING MONTHLY MEETINGS WITH CHWS.

Supportive strategies to reduce parents' worry when a baby cries and help them to exclusively breastfeed

1. What have CHWs experienced?

CHW supervisors, begin by asking CHWs: what have you heard from families related to crying or *mchango*? What do family members tell you about crying and *mchango*? How do these affect breastfeeding practices?

2. What did we learn from the household trials research?

Tell CHWs:

- Some parents worried that breast milk was not sufficient for the baby and that crying was a sign of hunger. Parents said cues to breastfeed were when the baby was crying or urinated, particularly at night;
- Many parents said that when their babies continued to cry, they worried that the baby had stomach pain or an illness like *mchango* so they gave gripe water or traditional herbal medicines;
- Sometimes, health workers recommended gripe water (it is important that CHWs not do so!); and
- Many parents did not realise that gripe water contains alcohol and is not good for babies. After counselling, some parents were able to soothe the baby and stop giving gripe water. Some parents were motivated to stop using gripe water because they wanted to protect the baby's brain development.

3. What do families need to know?

Tell CHWs: Crying is normal for babies, especially during the first few months of life. Babies cry for many reasons. Breastmilk is the best thing to offer a baby when he or she cries. But sometimes crying is not due to hunger, pain, or anything parents can control. Some babies just cry a lot while others cry a little and it is not the mother's fault. Many babies will cry less once they are 3 or 4 months old.

Tell CHWs: Excessive crying by the baby can upset the relationship between the baby and the mother, and can cause tension with other members of the family. An important way to help a breastfeeding mother is to counsel her and her family about the baby's crying. CHWs and health professionals can support families who worry about a baby crying by reassuring parents and offering ways to respond to crying. No single approach works for everyone so it is important to support families to find what helps them to manage fussy or distressed babies and to respond appropriately.

Together with all CHWs, read then thoroughly discuss the messages and other information on calming the crying baby in table 2. Keeping in mind the 8 steps of negotiation, make sure the CHWs understand and are able to *discuss* the messages (step 5) and why they are important, and *recommend* actions (step 6) for mothers and fathers. This information will be used in the role-plays discussed below.

4. Real experiences from families participating in household trials on exclusive breastfeeding

CHW supervisors, share the following success stories from mothers who tried these recommendations:

An older mother said the following about her 1-month old daughter: "Whenever I calm the baby, she stops crying and the stomach pain ceases to the point that she sleeps."

Another mother said she was able to calm the baby by carrying the baby around in the morning while the mother continued her chores. The mother said "When the baby cried a lot, I carried her and played with her so that I had freedom to complete my other chores. When I soothed the baby, she stopped crying regularly, she had no problems with colic, and she ate nicely. My husband and other children helped me a lot by also calming my daughter."

Another mother said "When I stopped giving gripe water, I was able to put my child on my thighs and caress her back. Sometimes I would carry her and move her around with me. Now, I'm not facing any difficulty and there have been no problems for the baby or me."

Here is a success story from a father: "The advice to calm the child is good. I made a mistake. I encouraged my wife to give my child gripe water. But once I heard that giving gripe water was not good, I told my wife to stop giving it to the baby. At night, our baby continued to cry but we kept soothing the child and she fell asleep. At first, my family members told me to give gripe water but I was patient and kept soothing the child. My neighbours thought I was crazy. But now they see that soothing is better than giving gripe water."

TABLE 2: RECOMMENDATIONS TO HELP FAMILIES RESPOND TO BABIES CRYING, USING THE 8 STEPS OF NEGOTIATION

During negotiation, *discuss* the following messages, *recommend* 2-3, and help the mother or other family member pick 1-2 and *agree* to try them.

NEGOTIATION STEP 5: DISCUSS		NEGOTIATION STEP 6: RECOMMEND	
MESSAGE	WHY THIS IS IMPORTANT	FOR MOTHERS	FOR FATHERS
Do not give gripe water, traditional medicines (including traditional medicines applied to the breast), herbal treatments that are given by mouth, or any other liquids to the baby, even if a family member, friend, health worker, or anyone else recommends it.	<ul style="list-style-type: none"> • Giving only breast milk is the best way to protect the baby's health. Breastmilk protects babies from diseases such as diarrhoea, upper respiratory infections, and other illnesses; • Often, there is no way to keep babies from crying, and babies usually grow out of this phase when they are 3 or 4 months old; • Often, gripe water contains alcohol that can damage the baby's brain; • Sometimes, crying is not due to hunger, pain, or anything parents can control. It is common in babies and is not unique to your baby. 	<ul style="list-style-type: none"> • When your baby is crying, try giving breastmilk or see if the baby is wet; • Ask other family members not to give gripe water, traditional medicines, herbal treatments, or any other liquids to the baby. Explain to them that breastmilk is the best way to protect the baby's health. 	<ul style="list-style-type: none"> • Ask your wife and other family members to not give gripe water, traditional medicines, herbal treatments, or other liquids that have not been provided at the health facility. Explain to them that breastmilk is the best way to protect the baby's health.
When the baby is crying, try calming the baby by rocking the baby to sleep or holding the baby on his or her tummy on your lap and rubbing the baby's back.		<ul style="list-style-type: none"> • It may help to speak or sing softly to your baby while you rock or massage him or her. • Ask other family members to hold and soothe the baby. 	<ul style="list-style-type: none"> • Be patient when the baby cries. Reassure the mother. • Assist the mother with soothing or distracting the baby (rock the baby to sleep; hold the baby on his or her tummy on your hand or lap and rub baby's back). • Ask other family members to hold and soothe the baby.
If you are worried the baby is crying due to sickness, the best thing to do is to see a health worker.		<ul style="list-style-type: none"> • Babies cry for many reasons. It is not your fault. • If crying seems unusual and severe, talk to a health worker. 	<ul style="list-style-type: none"> • Babies cry for many reasons. It is not your wife's fault.

5. Role play: Practise counselling families on exclusive breastfeeding when babies cry

For the role play session, please remember to have CHWs learn by acting out roles of CHWs and family members, observing each other, and sharing ideas to improve negotiation with families on calming the crying baby. Encourage those acting as family members to raise challenges and not be too agreeable! Role plays should be as realistic as possible.

ROLE PLAY #2: BABY EMMANUEL

The **CHW** should follow the 8 steps of negotiation:

1. Greet the mother and father with respect;
2. Ask them about current caregiving practices—regardless of whether or not they breastfeed exclusively;
3. Listen to their problems or concerns;
4. Identify a few messages to share with the mother and father, based on their situation (see table 1);
5. Discuss each of the practices (table 1);
6. Recommend 2 or 3 of the practices parents can try (table 1);
7. Ask the parents to agree to practise 1-2 of these behaviours; Ask what might make it easy or difficult to try them;
8. Set up an appointment for a return visit at which time you can ask the mother and father how things have gone.

CHWs:

Do not read the scenario for mothers and fathers in advance;

In your first few practices, please consult table 2. When you feel comfortable with the recommendations in table 2, you don't need to refer to it in subsequent role plays; and

Remember to have the mother or father tell you what you have learnt. When family members “teach back” what they have learnt about new practices, you can be sure that they understand the practices that they have agreed to try.

The **mother** and **father** read the scenario below and act their parts, per the scenario.

Scenario: Baby Emmanuel is one month old. Mama Emmanuel says she is exclusively breastfeeding however she also gives gripe water to the baby. She gives gripe water to stop the baby from crying and because she believes he is suffering from stomach pain due to mchango. Baba Emmanuel says it is sad to see the baby cry, and gripe water is good because it helps the baby sleep. Both Mama Emmanuel and baba Emmanuel give gripe water so they can complete work without being distracted by Baby Emmanuel's cries.

Observers: Watch how the CHW identifies problems, concerns, and negotiates a solution.

CHW supervisors: after the role-play, it is very important to discuss what the group learnt. Do this in a supportive way, not blaming anyone for mistakes. Remind CHWs that role-playing is just a way to practise and learn from each other!

CHW supervisors: first ask for comments from the group. Some ideas for possible questions after the role play are as follows:

For the CHW, how did it feel to deliver the new messages? What worked well? What was difficult? What needs more practise? Did the family ask questions that you did not know how to answer?

For the mother or father, what did the CHW do well? Were the messages clear? Did the CHW address your concerns? Did you feel comfortable asking the CHW questions?

For observers, how did the CHW try to build rapport with family members and was it successful? How did the CHW try to understand the family situation and help them with challenges? For example, did the CHW find out about their concerns about the child crying? Has this situation ever come up for you during your home visits? What did you do?

CSO SUPERVISORS' GUIDE TO MONTHLY MEETINGS WITH CSO VOLUNTEERS

WHAT IS SUPPORTIVE SUPERVISION?

It is a process of guiding, monitoring, and coaching workers to promote compliance with standards and assure delivery of quality activities. During supervisory visits, you work as a team to meet common goals and objectives.

WHO SHOULD USE THIS GUIDE?

Mtoto Mwerevu CSO supervisors as you build the capacity of CSO volunteers.

See below:



WHY IS SUPPORTIVE SUPERVISION IMPORTANT?

Mtoto Mwerevu can't succeed without it. When you hold regular, effective meetings with volunteers, you can:

- Give them emotional and other support needed to face challenges on their own;
- Help volunteers understand their roles better;
- Give volunteers the knowledge and skills they need to do their jobs effectively; and
- Motivate them.

HOW OFTEN SHOULD YOU MEET WITH VOLUNTEERS?

Monthly.

REVIEW THE MATERIALS TO TAKE WITH YOU TO MONTHLY MEETINGS WITH VOLUNTEERS:

- This guide;
- The list of volunteers' roles and responsibilities;
- Job aids (2.2-2.5) and checklists (checklist 5.1 for all support groups and checklists 5.2-5.5 for IYCF, ECD, WASH, and maternal nutrition);
- M&E reports on programme coverage; and
- Anything else you think would be appropriate.

WHAT SHOULD HAPPEN WHEN YOU MEET WITH VOLUNTEERS?

EVERY MONTH

Review roles and responsibilities, including conducting support groups (and facilitation or behaviour change) and collecting programme data using form 2.

For support groups, praise volunteers for the good work they have done to date. Then ask volunteers:

1. If they know *how many* support groups they should hold every month (at least 1 support group per month);
2. If they know *which* individuals should be invited to support groups. The following households should be invited:
 - a. Participating in TASAF or who are very poor but not participating in TASAF;
 - b. With mothers in their first pregnancy;
 - c. With children <2 years old;

- d. Experiencing challenges with breastfeeding, complementary feeding, WASH, or ECD;
 - e. Find out where volunteers have worked (geographic area); and
 - f. If volunteers are unclear on who should attend support groups and how often, provide them guidance. Please take advantage of the very next opportunity you meet with volunteers (for example, when you pay them). *Volunteers should actively encourage grandmothers and husbands to participate, provided they do not interrupt mothers' support groups.*
3. What volunteers discuss during support groups: ONE topic per support group, including Maternal, Infant, Young Child, and Adolescent Nutrition (MIYCAN), Water, Sanitation, and Hygiene (WASH), Early Childhood Development (ECD), and women's workload. The focus should not only be on MIYCAN but also other topics, especially WASH and ECD.

Conduct role plays to practise support groups, depending on the topic of the support group:

- 1. Get volunteers from the group to role play in groups of three: CSO volunteer, mother, and observer who gives comments about how the volunteer did during role play. Alternatively, for support groups with fathers or grandmothers, volunteers should practise, acting as: 1. volunteer, father and observer, or 2. volunteer, grandmother, and observer;
- 2. Select one appropriate topic for the support group, depending on the needs of the community (one element of MIYCAN such as complementary feeding, WASH, or ECD practices);
- 3. Ask the volunteer to act as if he or she is conducting a support group;
- 4. At the end of the role play, ask for comments, first from the volunteer conducting the role play, then from the mother, father, or grandmother, then from the observer: What went well? What needs improvement?
- 5. Review all elements of quality support groups and give concrete examples of how the volunteer performed each step;
- 6. Provide any final input on the role play, including suggestions for how to improve them.

Ask:

- 1. The geographic coverage of support groups;
- 2. Use checklists 5.1-5.5 distributed in *Mtoto Mwerevu's* training for IYCF, ECD, WASH, and maternal health to check the quality of the role play; and
- 3. Ask CSO staff to identify challenges and successes with support groups (for example, do volunteers avoid giving messages?).

For monitoring and evaluation, you should:

- 1. Collect M&E forms, including support group form (form #2); and
- 2. Ask about challenges volunteers face when completing necessary forms.

For other issues, you should:

- 1. Help the volunteer prepare what he or she needs to do that day;
 - a. Support groups. Volunteers should:
 - i. Know the ages of the children;
 - ii. Understand which job aids they will use that day;
 - iii. Have form #2 (support group form);
 - b. Community meetings. These include TASAF meetings as well as events such as World Breastfeeding Week. Volunteers should describe:
 - i. How to know the best meetings to visit;
 - ii. How to get permission to present during the meeting;
 - iii. Choose the most relevant topic for the group visited/type of meeting;
 - iv. Understand talking points for volunteers during community meetings;
 - v. Commit the group to an action (telling their neighbours about nutrition, WASH, and ECD; trying a new practice they've learnt about today; etc.);

2. Ensure that volunteers have all of the supplies they need:
 - a. Counseling cards;
 - b. Bags;
 - c. Fliers (if copies are available): Maternal nutrition, infant and young child feeding, breast and complementary feeding, early childhood development 0-3 and 3-8 years old;
 - i. Job aids for conducting support groups (job aids 2.2-2.5);
 - d. Talking points for volunteers during community meetings;
 - e. Data collection forms.
3. Review how volunteers can use data that have been collected to improve performance.
 - a. Coordinate with CHWs and their supervisors to determine what topics are being covered during household visits so that complementary topics can be discussed in support groups;
 - b. Learn from CSO staff what radio spots are being aired so that the same topics can be addressed in support groups;
 - c. Identify households that might need special attention (e.g., households with more than one child less than two years old) and therefore need to attend support groups;
 - d. Whether volunteers use job aids (job aids 2.2-2.5) for support groups to improve upon quality;
 - e. Number of support groups and whether the right people are attending support groups (e.g., mothers with children less than 5 years of age, pregnant mothers, husbands, etc.; see support group form #2);
 - f. Topics discussed during support groups, according to the needs of the community (are some topics like WASH and ECD not covered?; see support group form #2);
4. Ask about any other challenges volunteers face (e.g., lack of transport, challenges paying volunteers including unknown payment schedule and late payment, low morale, etc.); ask for their proposed solutions to those challenges and help volunteers problem-solve.
5. Make sure volunteers get paid.

OFTEN BUT NOT EVERY MONTH:

Revise the following questions to help build the capacity of volunteers when they conduct support groups.

Does the volunteer:

1. Choose a topic of discussion relevant to those attending (for example, a support group on disposing of infant faeces includes families with infants)
2. Introduce herself/himself to the group
3. Have everyone sit in a circle
4. Ask whether those who attended last month's meeting shared their experiences with others in the community
5. Ask questions that generate participation from all support group members
6. Ask group members to share their own experience
7. Identify a few practices related to today's theme that group members can try
8. Commit support group participants to trying a small, do-able action (actions might be different for different people in the group)
9. Resolve barriers families face as they try the new practice
10. (Where possible), give group members an opportunity to practise the new behaviour(s)
11. Request that group members speak to others in the community to encourage them to practise the behaviours discussed in today's meeting
12. Tell group members the place, date, and theme of the next meeting

GENERAL:

1. Go over *Mtoto Mwerevu's* checklist "Talking points for CHWs and CSO volunteer staff during community meetings" to make sure that volunteers meet with community groups and discuss appropriate topics; Groups volunteers should consider approaching about nutrition, ECD, and WASH include TASAF, religious groups, unions, credit associations, self-help groups for women and men, Ward Development Committees, etc.;
2. Hear about the health and well-being of the catchment area overall; and
3. Assign new tasks, when needed.

CIVIL SOCIETY ORGANISATION (CSO) VOLUNTEER ROLES AND RESPONSIBILITIES

MAIN RESPONSIBILITY:

Facilitate discussion for behaviour change to the support groups, connecting community members to services. Advocate for nutrition in existing community forums such as TASAF meetings, World Breastfeeding Week, etc.

MAIN DUTIES:

1. Identify existing community support groups that are eager to learn about and promote good nutrition, WASH, ECD, and agriculture. Visits unions, credit associations, TASAF meetings, religious groups at mosques and churches, self-help groups, other groups for men and women, Ward Development Committees, etc.
2. Determine which community groups demonstrate commitment to health. Prioritise groups that want to improve health and have members who can influence practices related to nutrition, WASH, ECD, and agriculture – i.e. fathers, grandmothers, and mothers.
3. Lobbies for space in meetings to:
 - a. Discuss the importance of good nutrition for children
 - b. Talk about specific practices people can adopt to improve children's health and development
 - c. Identify things group members can do to improve children's growth and development
 - d. Commit group members to take specific actions to improve health
 - e. Commit group members to talk to others about what they've learned
4. Revitalise existing support groups that target 1000 day mothers and those who influence them, including fathers and grandmothers. If it doesn't make sense to revitalise existing groups, form new ones.
5. Collects data from the support group visits. Returns completed forms to CSO M&E staff.
6. Coordinates with CSO on a regular basis.



DISTRICT NUTRITION OFFICER (DNUO) GUIDE TO MONTHLY MEETINGS WITH COMMUNITY HEALTH WORKER (CHW) SUPERVISORS

WHAT IS SUPPORTIVE SUPERVISION?

It is a process of guiding, monitoring, and coaching workers to promote compliance with standards and assure delivery of quality activities. During supervisory visits, you work as a team to meet common goals and objectives.

WHO SHOULD USE THIS GUIDE?

Mtoto Mwerevu regional staff and DNUOs as you build the capacity of CHW supervisors. In turn, supervisors will more effectively supervise CHWs.

See below:

A separate guide will help CHW supervisors help CHWs.



WHY IS SUPPORTIVE SUPERVISION IMPORTANT?

Mtoto Mwerevu can't succeed without it. When you hold regular, effective meetings with supervisors, you can:

- Give them the emotional and other support they need to face challenges on their own;
- Help supervisors understand their roles better;
- Share with supervisors the knowledge and skills they need to do their jobs effectively; and
- Motivate supervisors.

HOW OFTEN SHOULD YOU CONDUCT SUPERVISION OF CHW SUPERVISORS? Monthly.

REVIEW THE MATERIALS DNUOS SHOULD TAKE WITH THEM TO MONTHLY MEETINGS WITH CHW SUPERVISORS:

- This guide;
- The guide to help CHW supervisors help CHWs;
- CHW supervisor job description;
- CHW job descriptions;
- Checklists for home visits and support groups distributed in IYCF\ECD\WASH training;
- M&E reports on programme coverage; and
- Anything else you think would be appropriate.

WHAT SHOULD HAPPEN WHEN YOU MEET WITH SUPERVISORS?

EVERY MONTH, you should ask supervisors whether they are reviewing the following with CHWs about household visits:

1. If CHWs know *how many* households they should visit every week (6 visits/week);
2. If CHWs know *which* households should be visited. The following households should be visited:
 - a. With at least one child < 5 years of age who is *mildly* or *moderately* malnourished;
 - b. Participating in TASAF or who are very poor but not participating in TASAF;
 - c. With mothers in their first pregnancy;
 - d. With children 3-9 months old; and
 - e. Experiencing challenges with breastfeeding, complementary feeding, WASH or ECD.

Note: Most of these households will need to be visited two times (sometimes more). This is how negotiation is used in home visits.

3. Ask if CHW supervisors know whether CHWs are visiting other households (*note: no other households other than the ones listed above should be visited*);
4. Find out from CHW supervisors where CHWs have worked (geographic area);
5. If CHW supervisors are unclear on who CHWs should visit and how often, provide them guidance;
6. Ask supervisors what CHWs discuss during home visits. For each age of the child: MIYCAN, WASH, ECD (and women's workload; the focus should not only be on MIYCAN but also other topics, especially WASH and ECD);
7. Ask CHW supervisors how CHWs prepare for and conduct a home visit based on the age of the child;
8. Whether CHWs are using negotiation and if so, how?
 - a. Use checklist distributed in *Mtoto Mwerevu's* IYCF\ECD\WASH training; and
 - b. Ask supervisors to identify challenges and successes with home visits (for example, do CHWs avoid giving messages only?);
 - c. To ensure that CHW supervisors know how to negotiate, consider having two CHW supervisors demonstrate how to negotiate and give them constructive feedback.
9. Check with supervisors to make sure they have a schedule for observing each CHW as s/he conducts home visits and support groups;
10. Ask supervisors to identify challenges and successes with home visits;
11. Together with CHW supervisors, problem-solve challenges;
12. Help supervisors ensure that CHWs have all of the supplies they need (for a full list, see the CHW supervisor monthly guide);
13. Ask supervisors whether CHWs are able to connect to health facilities and how that is going;
14. Ask CHW supervisors whether CHWs have been able to complete the M&E forms correctly and have been able to resolve any challenges with data collection and filling out forms;
15. Review how CHW supervisors can use data that have been collected to improve the performance of CHWs.
 - a. Household level
 - i. Number of households visited and which groups are being visited (are priority households targeted?; see home visit form #3);
 - ii. Topics discussed during household visits, according to the needs of the household and community (are some topics like WASH and ECD not covered?; see home visit form #3);
 - iii. Households that might need special attention (e.g., households with more than one child less than two years old);
 - iv. Households that need second visits as part of negotiation;
 - v. Whether families that need referrals to health facilities get them and whether families actually go to the health facilities; and
 - vi. Whether CHW supervisors use checklists for home visits to improve upon quality;
 - b. Support groups
 - i. Number of support groups and whether the right people are attending support groups (e.g., mothers with children less than 5 years of age, pregnant mothers, husbands, etc.; see support group form #2);
 - ii. Topics discussed during support groups, according to the needs of the community (are some topics like WASH and ECD not covered?; see support group form #2);
 - iii. Groups that might need special attention;
 - iv. Whether families that need referrals to health facilities get them and whether families actually go to the health facilities; and
 - v. Whether CHW supervisors use checklists for support groups to improve upon quality.
16. Ask about any other challenges supervisors face (e.g., lack of transport, challenges getting CHWs paid, low morale, etc.); help them solve these challenges.

For support groups, ask:

1. How many support groups CHWs have conducted;
2. Who has attended support groups (Mothers? Fathers? Grandparents?);
3. How the CHW engages support group members (see checklist for support groups distributed in *Mtoto Mwerevu's* IYCF\ECD\WASH training);
4. What CHWs discuss during support groups (MIYCAN, WASH, ECD, women's workload) (the focus should not be on MIYCAN alone but also other topics, especially WASH and ECD); and
5. What challenges and successes CHWs have had with support groups (Are the right people attending? Is the group meeting interesting? Do mothers get the chance to practise new behaviours? etc.).

OFTEN BUT NOT EVERY MONTH, you should:

1. Go over *Mtoto Mwerevu's* checklist "Talking points for CHWs during community meetings" to make sure supervisors help CHWs meet with community groups and discuss appropriate topics; Groups CHWs should consider approaching about nutrition, ECD, and WASH include TASAF, religious groups, unions, credit associations, self-help groups for women and men, Ward Development Committees, etc.;
2. Ask if CHWs are able to connect to health facilities and how that is going;
3. Find out whether CHW supervisors understand their roles;
4. Identify what support CHW supervisors need;
5. Hear about the health and well-being of the catchment area overall; and
6. Assign new tasks, when needed.

FORM 4.1: HOME VISIT CHECKLIST FOR SUPERVISORS OF CHWS, CSOS AND OTHER VOLUNTEERS FOR MOTHERS AND FOR CHILDREN OF ALL AGES NEGOTIATING FOR BEHAVIOUR CHANGE

INSTRUCTIONS

1. Use the checklist immediately below for home visits (regardless of topic)
2. Also use the checklist that corresponds to the topic the CHW is discussing today (IYCF, ECD or WASH) to make sure the CHW is covering the correct topic areas and is using negotiation skills per the training they received

- e. Get the individual/people to agree to try one or more of the solutions
- f. Resolve any questions/concerns about practising the behaviour
- g. Agree upon a date/time for a follow-up appointment
- h. Review key points of the last meeting

DOES THE CHW OR OTHER VOLUNTEER:

1. Introduce herself/himself and establish confidence
2. Introduce herself/himself and greet the household head (if present)
3. Ask about whether other family members are present who would benefit by participating in the discussion (influencing groups)
4. Keep his/her head level with the mother/parent/caregiver
5. Pay attention and maintain eye contact
6. Ask open-ended questions
7. Choose a topic that is appropriate to 1) the age of the child, 2) whether the mother is pregnant or breastfeeding, or 3) any other needs in the household
8. Follow the steps of Negotiating for Behaviour Change
 - a. Spend enough time asking, listening and observing to really understand the situation of the mother, father or other individual in the household
 - b. As appropriate, praise the person for doing recommended practices (especially if this is a return visit)
 - c. Identify difficulties to changing practices
 - d. Discuss and recommend options (small, do-able actions) individuals can try

Ask the CHW or lead mother to name one or more things he/she did well. Note your observations here:

Name one important thing you recommend to the CHW or lead mother that she can work on to improve next time:

Other feedback:

FORM 4.2: IYCF

If the home visit is about IYCF, for all children < 2 years of age, use this job aid:

ASK AND LISTEN

- Child's age
- How the child is doing, recent illness, apathy, etc.
- Current breastfeeding status
- If mother is experiencing any difficulties breastfeeding
- Whether the child is drinking other fluids
- Whether the child is eating other foods
- What the mother/caregiver does to encourage the child to eat

OBSERVE

- Mother breastfeeding (if possible)
- Hygiene related to feeding, including hand washing before preparing food and feeding the child

IDENTIFY

- Any feeding difficulties
- Priority difficulties (if more than one difficulty)

DISCUSS AND RECOMMEND

- Praise the mother/caregiver for doing recommended practices
- Address breastfeeding difficulties (for example, poor attachment, poor breastfeeding patterns) with practical help
- Discuss age-appropriate feeding recommendations
- Present 2 or 3 small, do-able actions (not commands) that are appropriate to the child's age and feeding behaviours
- Help mother/caregiver select agreed upon behaviour that she or he can try to address feeding challenges
- Ask the mother/caregiver to repeat the agreed-upon new behaviour
- Ask the mother/caregiver about any questions/concerns
- Suggest where the mother/caregiver can find additional support
- Agree upon a date/time for a follow-up appointment
- Thank the mother/caregiver for his/her time



FORM 4.3: ECD

If the home visit is about ECD, for all children < 2 years of age, use this job aid:

ASK AND LISTEN

- Child's age
- How the child is doing, recent illness, apathy, fussiness, etc.
- Current breastfeeding status and what else the child eats/drinks (look for signs of hunger)
- How the child is developing (see child development milestones below)

OBSERVE

- What mother/caregiver does to encourage the child to eat
- Whether the mother/caregiver engages the child
 - Talks to child/imitates child's sounds
 - Sings to child
 - Plays with child
 - Shows child objects/encourages the child to pick up objects and/or organise them
 - Imitates child's physical actions (for example, waving bye-bye)
 - Smiles
- Whether the mother/caregiver praises the child for talking, playing, crawling, standing, etc.

IDENTIFY

- Any actions mothers can take to stimulate the child
- Priority action(s) (if more than one)

DISCUSS AND RECOMMEND

- Praise the mother/caregiver for doing recommended practices
- Address mother/caregiver lack of stimulation (for example, doesn't talk, sing, play, show, imitate, smile) with practical help
- If helpful, demonstrate 1-2 actions to stimulate child
- Discuss age-appropriate recommendations for stimulating the child
- Present 2 or 3 small, do-able actions (not commands) that are appropriate to the child's age and developmental stage
- Help mother/caregiver select agreed upon behaviour that she or he can try to address developmental challenges
- Ask the mother/caregiver to repeat the agreed-upon new behaviour
- Ask the mother/caregiver about any questions/concerns
- Suggest where the mother/caregiver can find additional support
- Agree upon a date/time for a follow-up appointment
- Thank the mother/caregiver for his/her time



FORM 4.4: WASH

If the home visit is about WASH, for all children, use this job aid:

ASK AND LISTEN

- Who lives in the household
- Challenges families face with respect to latrine and water access/use, hand washing, and keeping the compound clean (see points under OBSERVE below)

OBSERVE

- Supportive environment (availability of a latrine, place for hand washing, water, soap that can be accessed with minimal effort/little decision-making)
 - Hand washing station with soap and water is nearby toilet (not out of the way)
- Presence of animals in the compound/whether animals are caged
- How close animals are to children
- Presence of animal or human waste in or near compound
- Hygiene related to feeding including hand washing before preparing food and feeding the child, after going to the bathroom, after handling child's faeces/cleaning the child's bottom, after handling livestock, etc.

IDENTIFY

- Any difficulties with water, sanitation and hygiene
- Priority difficulties (if more than one difficulty)

DISCUSS AND RECOMMEND

- Praise the mother/caregiver for doing recommended practices
- Address WASH difficulties (for example, poor hand washing, child close to animal waste, etc.) with practical help
 - If helpful, demonstrate 1-2 actions (for example, correct hand washing)
- Discuss WASH recommendations
- Present 2 or 3 small, do-able actions (not commands) that are appropriate for the household
- Help mother/caregiver select agreed upon behaviour that she or he can try to address WASH challenges
- Ask the mother/caregiver to repeat the agreed-upon new behaviour
- Ask the mother/caregiver about any questions/concerns
- Suggest where the mother/caregiver can find additional support
- Agree upon a date/time for a follow-up appointment
- Thank the mother/caregiver for his/her time

FORM 4.5: MATERNAL HEALTH

If the home visit is about maternal health, use this job aid:

ASK AND LISTEN

- How the mother is doing, recent illness, lack of energy, work load, etc.
- Whether the mother is currently pregnant and/or breastfeeding
- Type and amount of food mother currently eats
- Whether mother is seeking care for her own health
- Where she receives care
- When and how often she receives care

OBSERVE

- Work load, health of mother, energy level, foods the mother eats

IDENTIFY

- Any difficulties
- Priority difficulties (if more than one difficulty)

DISCUSS AND RECOMMEND

- Praise the mother for doing recommended practices
- Address difficulties (for example, heavy workload, lack of ANC) with practical help
- Discuss recommendations for mother
- Present 2 or 3 small, do-able actions (not commands) that are appropriate to the mother's behaviours
- Help mother select agreed upon behaviour that she or he can try to address challenges
- Ask the mother/caregiver to repeat the agreed-upon new behaviour
- Ask the mother/caregiver about any questions/concerns
- Suggest where the mother/caregiver can find additional support
- Agree upon a date/time for a follow-up appointment
- Thank the mother/caregiver for his/her time

FORM 1.1: HOME VISIT JOB AID FOR CHWS FOR CHILDREN 0-5 MONTHS OF AGE NEGOTIATING FOR BEHAVIOUR CHANGE

Ask for name and age of child

HEALTH OF THE CHILD

- Ask the mother: how the child is doing?
(*show interest in the child*):
 - Sick or apathetic?
 - Restless or crying?

ASK, LISTEN, AND OBSERVE:

Child development

- Does the caregiver sometimes engage the child by:
 - Talking to child/imitating child's sounds?
 - Singing to child?
 - Playing with child?
 - Showing objects, encouraging child to pick up objects and organise them?
 - Imitating child's physical actions
(for example, waving bye-bye)?
 - Smiling?
- Is the father sometimes engaged in any of the above activities?
- Toys or books present? (simple, homemade toys are okay)
- Does the caregiver praise child for talking, playing, crawling, standing, etc.?

ASK, LISTEN, AND OBSERVE:

WASH

- Are there animals in the compound? Are they caged?
Are they close to children?
- Animal or human faeces in compound?
- Infant in dirt (including on a soil floor)—
even if the compound has been swept?
- Infant seen eating dirt?

ASK, LISTEN, AND OBSERVE:

Food for the child

- Is child breastfed? (note challenges with positioning and attachment)
- How frequently is child breastfed?
- Does mother empty one breast before going to the other?
- Is mother having problems breastfeeding?
- What does mother/caregiver do to encourage the child to breastfeed?
- If not breastfeeding exclusively, does mother/caregiver feed baby using a clean cup and spoon?
- Does child appear to be hungry?
- Is child drinking other fluids like water?
 - What? How frequently? How much?
- Is child eating other foods? (for example, porridge)
 - What? How frequently? How much?

IDENTIFY

Most important difficulties with care of child

DISCUSS AND RECOMMEND

Small, doable caring action mother can try

PRACTISE

Mother is given the opportunity to try the new practice within the agreed time. The action is noted on the form for next visit reference.



FORM 1.2: HOME VISIT JOB AID FOR CHWS FOR CHILDREN 6-11 MONTHS OF AGE NEGOTIATING FOR BEHAVIOUR CHANGE

Ask for name and age of child

HEALTH OF THE CHILD

- Ask the mother: how the child is doing?
(*show interest in the child*):
 - Sick or apathetic?
 - Restless or crying?

ASK, LISTEN, AND OBSERVE:

Child development

- Does the caregiver sometimes engage the child by:
 - Talking to child/imitating child's sounds?
 - Singing to child?
 - Playing with child?
 - Showing objects, encouraging child to pick up objects and organise them?
 - Imitating child's physical actions (for example, waving bye-bye)?
 - Smiling?
- Is the father sometimes engaged in any of the above activities?
- Toys or books present? (simple, homemade toys are okay)
- Does the caregiver praise child for talking, playing, crawling, standing, etc.?

ASK, LISTEN, AND OBSERVE:

WASH

- Are there animals in the compound? Are they caged?
Are they close to children?
- Animal or human faeces in compound?
- Infant in dirt (including on a soil floor)—
even if the compound has been swept?
- Infant seen eating dirt?

ASK, LISTEN, AND OBSERVE:

Food for the child

- Is child still breastfed?
- Is child drinking other fluids?
- Is child eating other foods? (see list below)
- Does child appear to be hungry?
- Does the child eat any of the following foods? How frequently? How much?
 - Meat: meat, fish (such as *dagaa*), poultry/eggs, organs, milk
 - Legumes: beans, chickpeas
 - Vegetables: maize, cassava, sweet potatoes, pumpkins, avocados; leaves from pumpkin and cassava
 - Fruits: mangoes, papaya, oranges, guava, bananas
 - Staples: (including *ugali*)

IDENTIFY

Most important difficulties with care of child

DISCUSS AND RECOMMEND

Small, doable caring action mother can try

PRACTISE

Mother is given the opportunity to try the new practice within the agreed time. The action is noted on the form for next visit reference.



FORM 1.3: HOME VISIT JOB AID FOR CHWS FOR CHILDREN 12-23 MONTHS OF AGE NEGOTIATING FOR BEHAVIOUR CHANGE

Ask for name and age of child

HEALTH OF THE CHILD

- Ask the mother: how the child is doing?
(*show interest in the child*):
 - Sick or apathetic?
 - Restless or crying?

ASK, LISTEN, AND OBSERVE:

Child development

- Does the caregiver sometimes engage the child by:
 - Talking to child/imitating child's sounds?
 - Singing to child?
 - Playing with child?
 - Showing objects, encouraging child to pick up objects and organise them?
 - Imitating child's physical actions (for example, waving bye-bye)?
 - Smiling?
- Is the father sometimes engaged in any of the above activities?
- Toys or books present? (simple, homemade toys are okay)
- Does the caregiver praise child for talking, playing, crawling, standing, etc.?

ASK, LISTEN, AND OBSERVE:

WASH

- Are there animals in the compound? Are they caged?
Are they close to children?
- Animal or human faeces in compound?
- Infant in dirt (including on a soil floor)—
even if the compound has been swept?
- Infant seen eating dirt?

ASK, LISTEN, AND OBSERVE:

Food for the child

- Is child still breastfed?
- Is child drinking other fluids?
- Is child eating other foods? (see list below)
- Does child appear to be hungry?
- Does the child eat any of the following foods? How frequently? How much?
 - Meat: meat, fish (such as *dagaa*), poultry/eggs, organs, milk
 - Legumes: beans, chickpeas
 - Vegetables: maize, cassava, sweet potatoes, pumpkins, avocados; leaves from pumpkin and cassava
 - Fruits: mangoes, papaya, oranges, guava, bananas
 - Staples: (including *ugali*)

IDENTIFY

Most important difficulties with care of child

DISCUSS AND RECOMMEND

Small, doable caring action mother can try

PRACTISE

Mother is given the opportunity to try the new practice within the agreed time. The action is noted on the form for next visit reference.



FORM 1.4: HOME VISIT JOB AID FOR CHWS FOR MATERNAL HEALTH NEGOTIATING FOR BEHAVIOUR CHANGE

Name and age of mother

HEALTH OF THE CHILD

- Ask the mother: how are you yourself doing?
(show genuine interest in mother)

ASK, LISTEN, AND OBSERVE:

Care seeking

- Ask the mother: Are you pregnant or recently delivered?
- Do you go for antenatal/postnatal care?
 - Where?
 - How often?

ASK, LISTEN, AND OBSERVE:

Gender

- Who:
 - Farms?
 - Fetches water and wood?
 - Cooks?
 - Cleans?
 - Stimulates children?
(Check for roles men play)
- Do you work outside the household?
- Who helps you with your workload?
- Who makes decisions about the food and health care you and your children receive?
- Which livestock and crops do you own/control?

ASK, LISTEN, AND OBSERVE:

WASH

Sanitation

- Does the household have a toilet or pit latrine?
- Do household members use it?

Water

- Challenges faced accessing and using drinking water
- Source of drinking water (Is it safe?)
- Do you boil drinking water for family use?

Hand washing

- Soap and water located where family members will use them? (near latrine, house, or inside kitchen?)
- Is the place for soap and water clean? Inviting?
- Observe where hands are washed

Hands washed with soap and safe water:

- Before preparing food?
- Before feeding child?
- After defaecation?
- After cleaning child's bottom?
- After handling human or animal faeces?

ASK, LISTEN, AND OBSERVE:

Food for the mother

- What foods do you eat? How frequently? How much?
 - Meat: meat, fish (such as dagaa), poultry/eggs, organs, milk
 - Legumes: groundnuts, beans, chickpeas
 - Vegetables: maize, cassava, sweet potatoes, pumpkins, avocados, leaves from pumpkin and cassava, amaranth, pumpkin
 - Fruits: mangoes, papaya, oranges, guava, bananas
 - Staples: (including ugali)
- How many meals does a mother eat in a day?
- Do you get extra meals or extra food?
- Do you take iron folate tablet obtained from health facility or bought?
- Have you received vitamin A capsule within 6 weeks of delivery?

IDENTIFY

Most important difficulties with mother's own well-being

DISCUSS AND RECOMMEND

Small, doable action mother agrees to improve her health

PRACTISE

Mother is given the opportunity to try the new practice for herself within the agreed time. The action is noted on the form for next visit reference.



FORM 5.1: SUPPORT GROUP CHECKLIST FOR CSO SUPERVISORS AND CSO VOLUNTEERS FOR ALL TOPICS

INSTRUCTIONS

1. Use the checklist immediately below for support groups (regardless of topic)
2. Also use the same job aid that corresponds to the topic the CHW is discussing today (IYCF, ECD, or WASH) to make sure the CHW is covering the correct topic areas and is using behaviour change skills, per the training they received

DOES THE CHW:

1. Introduce herself/himself to the group?
2. Choose a topic of discussion relevant to those attending (for example, a support group on disposing of infant faeces includes families with infants)?
3. Ask volunteer lead mothers to share their experiences visiting others between the last meeting and this one?
4. Ask questions that generate participation from all support group members?
5. Ask group members to share their own experience?
6. Have everyone sit in a circle?
7. Identify a few practices related to today's theme that group members can try?
8. Commit support group participants to trying a small, do-able action?
9. Resolve barriers families face as they try the new practice?
10. (Where possible), give group members an opportunity to practise the new behaviour(s)?

11. Ask volunteer lead mothers to visit others in the community to encourage them to practise the behaviour discussed in today's meeting?
12. Tell group members the place, date, and theme of the next meeting?

Number of women/men attending the support group:	
Small, do-able action(s) support group participants will try this week:	
Barriers that came up in today's support group:	
How barriers were resolved:	
Ask support group facilitator to name one or more thing(s) he/she did well. Note your observations here:	
Name one important thing you recommend to the support group facilitator that he/she can work on to improve the next time:	
Other feedback:	

FORM 5.2: IYCF

If the support group is about IYCF, for all children < 2 years of age, use this checklist:

ASK AND LISTEN

- Child's age
- How the child is doing, recent illness, apathy, etc.
- Current breastfeeding status
- If mother is experiencing any difficulties breastfeeding
- Whether child is drinking other fluids
- Whether child is eating other foods
- What mother/caregiver does to encourage the child to eat

OBSERVE

- Mother breastfeeding (if possible)
- Hygiene related to feeding including hand washing before preparing food and feeding the child

IDENTIFY

- Any feeding difficulties
- Priority difficulties (if more than one difficulty)

DISCUSS AND RECOMMEND

- Praise the mother/caregiver for doing recommended practices
- Address breastfeeding difficulties (for example, poor attachment, poor breastfeeding patterns) with practical help
- Discuss age-appropriate feeding recommendations
- Present 2 or 3 small, do-able actions (not commands) that are appropriate to the child's age and feeding behaviours
- Help mother/caregiver select agreed upon behaviour that she or he can try to address feeding challenges
- Ask the mother/caregiver to repeat the agreed-upon new behaviour
- Ask the mother/caregiver about any questions/concerns
- Suggest where the mother/caregiver can find additional support
- Agree upon a date/time for a follow-up appointment
- Thank the mother/caregiver for his/her time

FORM 5.3: ECD

If the support group is about ECD, for all children < 2 years of age, use this checklist:

ASK AND LISTEN

- Child's age
- How the child is doing, recent illness, apathy, fussiness, etc.
- Current breastfeeding status and what else the child eats/drinks (look for signs of hunger)
- How the child is developing (see child development milestones, below)

OBSERVE

- What mother/caregiver does to encourage the child to eat
- Whether mother/caregiver engages the child
- Talks to child/imitates child's sounds
 - Sings to child
 - Plays with child
 - Shows child objects/encourages child to pick up objects and/or organise them
 - Imitates child's physical actions (for example, waving bye-bye)
 - Smiles
- Whether mother/caregiver praises child for talking, playing, crawling, standing, etc.

IDENTIFY

- Any actions mothers can take to stimulate the child
- Priority actions (if more than one)

DISCUSS AND RECOMMEND

- Praise the mother/caregiver for doing recommended practices
- Address mother/caregiver lack of stimulation (for example, doesn't talk, sing, play, show, imitate, smile) with practical help
- If helpful, demonstrate 1-2 actions to stimulate child
- Discuss age-appropriate recommendations for stimulating the child
- Present 2 or 3 small, do-able actions (not commands) that are appropriate to the child's age and developmental stage
- Help mother/caregiver select agreed upon behaviour that she or he can try to address developmental challenges
- Ask the mother/caregiver to repeat the agreed-upon new behaviour
- Ask the mother/caregiver about any questions/concerns
- Suggest where the mother/caregiver can find additional support
- Agree upon a date/time for a follow-up appointment
- Thank the mother/caregiver for his/her time

FORM 5.4: WASH

If the support group is about WASH, for all children < 2 years of age, use this checklist:

ASK AND LISTEN

- Who lives in the household
- Challenges families face with respect to latrine and water access/use, hand washing, and keeping the compound clean (see points under OBSERVE, below)

OBSERVE

- Supportive environment (availability of a latrine, place for hand washing, water, soap that can be accessed with minimal effort/little decision-making)
 - Hand washing station with soap and water is near toilet (not out of the way)
- Presence of animals in the compound/whether animals are caged
- How close animals are to children
- Presence of animal or human waste in or near compound
- Hygiene related to feeding including hand washing before preparing food and feeding the child, after going to the bathroom, after handling child's faeces/cleaning the child's bottom, after handling livestock, etc.

IDENTIFY

- Any difficulties with water, sanitation, and hygiene
- Priority difficulties (if more than one difficulty)

DISCUSS AND RECOMMEND

- Praise the mother/caregiver for doing recommended practices
- Address WASH difficulties (for example, poor hand washing, child close to animal waste, etc.) with practical help
 - If helpful, demonstrate 1-2 actions (for example, correct hand washing)
- Discuss WASH recommendations
- Present 2 or 3 small, do-able actions (not commands) that are appropriate for the household
- Help mother/caregiver select agreed upon behaviour that she or he can try to address WASH challenges
- Ask the mother/caregiver to repeat the agreed-upon new behaviour
- Ask the mother/caregiver about any questions/concerns
- Suggest where the mother/caregiver can find additional support
- Agree upon a date/time for a follow-up appointment
- Thank the mother/caregiver for his/her time



FORM 5.5: MATERNAL HEALTH

If the support group is about maternal health, use this checklist:

ASK AND LISTEN

- How the mother is doing, recent illness, lack of energy, work load, etc.
- Whether the mother is currently pregnant and/or breastfeeding
- Type and amount of food mother currently eats
- Whether mother is seeking care for her own health
- Where she receives care
- When and how often she receives care

OBSERVE

- Work load, health of mother/energy levels, foods mother eats

IDENTIFY

- Any difficulties
- Priority difficulties (if more than one difficulty)

DISCUSS AND RECOMMEND

- Praise the mother for doing recommended practices
- Address difficulties (for example, heavy work load, lack of ANC) with practical help
- Discuss recommendations for mother
- Present 2 or 3 small, do-able actions (not commands) that are appropriate to the mother's behaviours
- Help mother select agreed upon behaviour that she or he can try to address challenges
- Ask the mother/caregiver to repeat the agreed-upon new behaviour
- Ask the mother/caregiver about any questions/concerns
- Suggest where the mother/caregiver can find additional support
- Agree upon a date/time for a follow-up appointment
- Thank the mother/caregiver for his/her time

