



THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH

## Trainers' Guide for Training Community Health Promoters on Nutrition and Micronutrient Powder



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**MNP**

**Trainers Guide for**  
Community Health Promoters

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## FOREWARD

The Ministry of Health recognises the important role nutrition plays in contributing to child health, growth, development and disease prevention. In this regard, several health and nutrition interventions have been implemented and some achievements have been made.

Despite these achievements, under nutrition among children under 5 years of age remains a big public health concern in Uganda. In fact, anaemia in children ages 6 to 59 months increased from 49 % to 53 % between 2011 and 2016 (UDHS 2011, UDHS 2016). One of the main causes of anemia is the challenge of dietary diversity with 86% of children aged 12-24 months consuming fewer than the recommended minimum of four food groups per day (UDHS, 2016).

Lack of diversity in diets puts children's life at risk of micronutrient deficiencies, especially during the vulnerable first 1,000 days and micronutrient deficiencies continue to remain a challenge to children above two years.

To address the problem of micronutrient deficiencies, the Ministry of Health with support of partners introduced micronutrient powders which contain minerals and vitamins commonly known as 'sprinkles' in packed sachets that can be added to any semi-solid or solid food that is ready for consumption by children aged 6 months to under 5 years.

One of the ways to make this intervention work is through provision of information to parents and communities on the benefits of nutrition and micronutrient powders to children which will motivate them to buy the powder and mix it in children's food. The dissemination of information about benefits of nutrition and MNPs will systematically be done through training of Community Health Promoters who will in turn educate parents and communities to create awareness and increase their knowledge about the importance of MNP. The efforts of the Community Health Promoters are anticipated to generate demand for increased uptake of MNP at household level.

In view of this, BRAC with support of Ministry of Health has developed MNP Training package which will be used by Ministry of Health, District Health Teams and BRAC officers to train Community Health Promoters who will eventually pass on information about MNP to parents and communities. In doing this, Community Health Promoters will use simple SBCC materials to guide them on conducting community dialogue meetings and home visits to households. It is anticipated that with increased education about benefits of nutrition and MNP from Community Health Promoters, parents and communities will buy the sachets and mix the powder in children's food. The resultant effect of using MNP in children's food is that it will contribute to reduction of anaemia among children ages 6 months to 5 years.

I therefore urge the implementers of this MNP project to ensure that the Community Health Promoters are well trained and able to systematically implement of communication interventions geared to increasing demand for uptake of micronutrient powders in the districts.

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## Acronyms

CBO	Community Based Organisation
CHPs	Community Health Promoters
CSB	Corn Soya Blend
IPC	Interpersonal Communication
IRS	Indoor Residual Spraying
IYCF	Infant and Young Child Feeding
MNP	Micronutrient Powder
NMCP	National Malaria Control Programme
NTD	Neglected Tropical Diseases
ORS	Oral Rehydration Salt
SBCC	Social and Behaviour Change Communication
UDHS	Uganda Demographic and Health Survey
VIPP	Visualisation for Participatory Programmes
VHT	Village Health Team

## 1. INTRODUCTION TO THE TRAINER'S GUIDE

This trainer's guide is aimed at equipping the trainer at national level and district level with learner-centred methods of conducting training sessions for the Community Health Promoters by ensuring that the trainees gain the desired competences.

This guide emphasises practical teaching which equips Community Health Promoters with knowledge and skills of delivering the content on nutrition and micronutrient powder to the caregivers at community level. As a trainer, make sure that participants are well versed with practical work so as to demonstrate the skills during community dialogue sessions and home visiting.

If implemented effectively, the teaching methodologies developed in this guide should facilitate production of competent CHPs who are able to support communities with the required health nutrition information and other services.

Since CHPs live with communities, they are in the best position to know what communities do, what affects them so that they can facilitate improvements in the nutrition practices of their children. They are the first contact points for members of the community and can mobilise and educate parents and communities about the dangers of malnutrition and anaemia and the importance of proper nutrition in promoting children's health. From CHPs basic training on micronutrient powder, they have some knowledge about the subject, and how to persuade and convince communities to buy sachets of micronutrient powder and mix it in children's food. This training therefore, will equip them with more knowledge on MNP and skills in communication for behavior change so they can better mobilise and educate communities about benefits of MNP and generate demand for uptake of MNP.

### 1.1 Objectives of Training

The objectives of this Training Guide are to:

- Provide Community Health Promoters with information about nutrition and micronutrient powder by identifying the health and nutrition problems that affect children in the communities and come up with doable actions to address them
- Support the Community Health Promoters with knowledge, practical methods and skills required to manage day to day community challenges
- Empower CHPs with creative and innovative approaches for delivering health and nutrition (MNP) messages to parents and communities
- Facilitate development of positive attitudes and understanding of community health and nutrition problems and develop solutions together

To achieve the above objectives, Community Health Promoters will learn how to perform the following actions:

- Conduct a community assessment on health and nutrition
- Carry out a health talk on nutrition and micronutrient powder
- Conduct a home visit using the MNP checklist
- Follow-up, monitor and report infant and young child feeding practices of children in the community
- Work with other community health workers and community leaders to increase access for micronutrient powder



By carrying out these actions the following results/outcomes will be achieved

- Parents buying micronutrient powder and properly mixing it in children's food
- Men supporting their spouses to buy MNP sachets after appreciating the benefits
- Religious, cultural and community leaders advocating for MNP in places of worship community meetings and other fora.
- Community Health Promoters increasing mobilization and education efforts and sale of MNPs in their respective communities
- Children given correct and timely complementary feeding
- Households feeding their children on food from the three food groups.
- Increased demand for and utilisation of micronutrient powder

### **1.2 How to use this Trainer's Guide**

As a trainer of CHPs, you should ensure that the practical knowledge, values and attitudes are integrated throughout the teaching and learning process. For effective implementation of this trainer's guide, you are expected to:

- Involve participants (CHPs) in active participation during the teaching and learning process
- Assess participants' knowledge and skills using the suggested evaluation criteria in the guide or innovate other effective assessment strategies relevant to the participants' knowledge, skills and competences
- Guide the CHPs on how to use the suggested learning materials to acquire the set competences.
- Identify other resources from Ministry of Health and relevant stakeholders which can add value to the learning of CHPs



## 2. INTRODUCTION TO NUTRITION

### 2.1 Session 1: Introduction to Nutrition and Food groups

#### **Learning objectives:**

By the end of this session participants will be able to:

- Explain the meaning of nutrition
- Understand the different food groups needed by the body
- Describe the Infant and Young Child Feeding practices
- Describe micronutrient deficiencies with emphasis on Anaemia among children 0-59 months

**Duration:** 45 minutes

**Methodology:** Lecture/brainstorming, discussion, plenary presentations, Gallery Walk

**Materials:** Flip charts, markers, newsprint, masking tape, LCD projector, power point slides, VIPP cards, handouts

#### **2.1.1 Steps to follow**

**Step 1:** The trainer introduces the topic on nutrition and the learning objectives using power point slides

**Step 2:** Trainer engages participants by asking them to explain what they understand by the term nutrition in their own understanding. As each participant explains what nutrition is, the trainer records their responses on newsprint and repeats what has been said so that everybody in the group can hear and understand. The trainer states that their answers are correct and wraps up by explaining what nutrition is using local examples.

**Step 3:** Trainer asks participants to mention the different types of food grown in their communities. Participants brainstorm the different types of foods grown in their communities and trainer writes on newsprint.

**Step 4:** Trainer asks participants to brainstorm the different categories of food groups and asks participants to mention what types of food belong to a particular food group. Trainer tells participants the different food groups as energy giving foods, body building and protective and the different types of food stuffs under each category of food group.

In an exercise, trainer writes the different food groups on the VIPP cards and places them on a wall in different corners of the room. Trainer asks participants to use other VIPP cards to write a food type they know and place them underneath a particular category of food group.

**Step 5:** Trainer leads participants through a gallery walk (walk from one part of the wall to the next).

**Discussion:** At each point on the wall, Trainer engages participants in a discussion by asking them to read the three food groups and relevant types of food stuffs on the cards pasted under and explain why they have placed a particular card with a type of food on a particular food group.

Invites participants to point out any cards that have been placed on a wrong food group and let them show where they should be placed giving reasons as to why. Let group members agree or disagree on this placement.

**Step 6:** Trainer asks participants to share local names for the three food groups and check that participants from a particular district are in agreement on the common local names of food used in the district. Explain that it is important to agree on how they locally call these food groups as this will help them to explain to the people in their respective communities. Trainer summarises the session by using the Nutrition and MNP flip chart which has food groups and the relevant food stuffs to emphasise how they beneficially contribute to child proper growth and development.

### 2.1.2 Learning points

- Nutrition is about food, the way it is prepared and eaten or given to people, like children, pregnant and breastfeeding women
- Good nutrition is obtained from eating the right food, in the right amounts, the right kinds of food stuffs and in the right time and right combination
- Good nutrition makes children grow to their full potential including mental development
- Feeding children on a variety of food stuffs from all food groups keeps them healthy and strong
- It is important to include energy giving, body building and protective foods at every meal to achieve dietary diversity

### 2.1.3 Hints to the Trainer

- Trainer should prepare the different food items for demonstration
- Trainer should ensure that participants agree on the local names of the different food groups and the food group category. This will help participants to better explain the food groups to the people in their communities

### 2.1.4 Evaluation

- Ask 1 or 2 trainees to explain the importance of good nutrition to children
- Ask participants to mention the different food groups and the types of food relevant for each food group

### 2.1.5 Trainer's Notes

Since nutrition is about eating the right food, in the right amount, at the right time and how it is prepared, then it is important to know the types of food which when prepared and eaten, contribute to good nutrition.

Thus, the types of food are categorised under three basic groups namely; energy giving, body building and protective foods.

**Energy giving foods** are essentially carbohydrates and give energy to our bodies which enable us to do what we need to do each day. They include staple foods like maize, millet, sorghum, soya, Irish potatoes, sweet potatoes and cassava. These foods are grown in most of the communities.

**Body building foods** are protein in nature and enable the body to grow and be healthy. These types of food include beans, peas, milk, fish, chicken, eggs and meat. They often come from animals, birds or fish while others are from plants in the garden and usually need to be soaked or prepared before using them.

**Protective foods** are those that keep our defense system strong to fight off diseases, these are vitamins in nature. They include greens, vegetables and fruits most of which can usually be eaten raw when their skin is removed. Vegetables include; carrots, pumpkins, avocado while fruits include paw paws, mangoes, oranges, ripe bananas and passion fruits.

## 2.2 Session 2: Nutrition for Young Children (Infant and Young Child feeding practices)

### Learning objectives

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

- Describe the concepts of infant and young child feeding practices
- Explain the recommended infant and young child feeding practices with emphasis on complementary feeding using locally available food stuffs
- Demonstrate the skill of preparing and serving food to young children

**Duration:** 45 minutes

**Methodology:** Lecture/brainstorming, Discussion, Plenary presentations and demonstration

**Materials:** Flip chart, markers, newsprint, masking tape, LCD projector, power point slides, food items, job-aids, measuring jars, utensils (sauce pans, plates, spoons, cups) gas cylinder /charcoal stove.

### 2.2.1 Steps to follow

**Step 1:** Trainer introduces the topic by giving the objectives of the session. Then asks participants to explain what they understand by the term. “Infant and Young Child Feeding.” Trainer writes their responses on newsprint. Trainer explains what the term means and its relevance in promoting health and nutrition of Infants and Young Children.

**Step 2:** Trainer asks participants to mention what they understand by good child feeding practices. Trainer further asks them what mothers usually give to their young children aged 6-59 months in their communities.

**Step 3:** Trainer records the responses on the newsprint and provides the recommended practices by explaining that young child feeding practices refer to those practices where mothers serve children on the right food at the right time and in the right amount. The food must be balanced from the three food groups eaten every day (at least 3-5 times a day). The feeding must include breastfeeding children to at least two years.

**Step 4:** Trainer introduces the topic on food preparation by explaining the importance of good food preparation and how it contributes to prevention of illnesses.

**Step 5:** Trainer guides a discussion in a question and answer session about the important things to do when mothers are preparing children’s food. Participants brainstorm the different ways they think are correct and trainer records on newsprint. Trainer summarises by highlighting the important things that mothers/caregivers should take into account before and during food preparation for children and may include some of the following:

- Always washing hands with soap and clean running water
- Ensuring that utensils (sauce pans, plates, spoons, cups and knives) are clean and dry from sun light
- Ensuring that food is covered to protect it from flies and animals
- Cooking the food for at least 1 hour especially when it is meat and use clean boiled water for drinking

### 2.2.2 Learning points

- From 6 months, breast milk is no longer enough to meet the feeding and growth needs of children, hence the need to introduce soft foods in small amounts
- From first to the second year of a child’s growth, breast milk is still important. Mothers should continue breastfeeding their children to at least two years as they increase the number of times of feeding and amount of solid foods given to the child
- During the period 6 months to 59 months, children are able to feed on family solid food. They should be fed 5 times a day. Three times of feeding should be prepared from the family food while the two can be snacks from fruits such as pieces of chopped mangoes, paw paws, water melon, pineapple and avocado.
- Food should be prepared from the three food groups and be finely chopped or mashed. As you prepare the food, add groundnut or sim-sim paste, fish or meat soup, mashed beans, green vegetables and cooking oil
- Preparation of optimal complementary foods should consider, age of infant or young child, frequency of food, amount of foods, texture (thickness/consistency), variety of foods and hygiene.

### 2.2.3 Hints to the trainer

- Trainer should read the notes on Infant and Young Child Feeding before delivering this session
- Trainer should be familiar with the Uganda Infant and Young Child Feeding guidelines

### 2.2.4 Evaluation

Trainer should ask questions such as:

- What does the concept Infant and Young Child Feeding mean?
- What are the recommended infant and young child feeding practices?
- What are some of the locally available foods for children 6 to 59 months?
- What are the major categories of food stuffs for complementary feeding?

## 2.3. Session 3: How to prepare and serve food to children

### Learning objectives

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

- Demonstrate the ability to prepare and serve food to children of different age categories i.e. 6-12 months, 1-2 years and under 5 years

**Duration:** 45 minutes

**Methodology:** Demonstration and return demonstration

**Materials:** Sauce pans, cooked food, plates/bowl, spoons, handouts, LCD Projector, newsprint, flip chart, flyer, handbook

### 2.3.1 Steps to follow

**Step 1:** Trainer asks a pair of two participants to volunteer and demonstrate good child food preparation practices using the earlier practices that have already been explained. The trainer provides the food items and utensils to use during demonstration. Participants begin the process of demonstrating the good food preparation skills

Trainer asks the rest of the participants to make comments while taking note of the steps followed and important things to do when preparing children's food.

Trainer asks another pair of participants to demonstrate the same exercise and asks them to make comments and responses are written on newsprint

**Step 2:** Trainer summarizes and demonstrates the correct steps to be followed and the principles to bear in mind when preparing food for children.

### 2.3.2 Learning points

Preparation of optimal complementary foods should consider age of young child, frequency of feeding, amount of foods, texture (thickness/consistency), variety of foods and hygiene

### 2.3.3 Hints to the Trainer

- Trainer should ensure that there is active participation by participants during return demonstrations to show that they have understood how to prepare children's food
- Trainer should ensure availability of a variety of food items from the three food groups

### 2.3.4 Evaluation of Session

- Ask the trainees what they have learnt during the session of Infant and young child feeding practices
- Find out how the trainees plan to use the knowledge acquired to improve the Infants and Young Child Feeding practices in their respective communities

## 2.4. Session 4: Micronutrient deficiencies with emphasis on Anaemia

### Learning Objectives

By the end of this session, participants will be able to;

- Explain the meaning of Micronutrient Deficiencies
- Describe the causes of micronutrient deficiencies like Anaemia and effects on children 6 months to under 5 years
- Describe ways to prevent and treat Anaemia in children aged 6 months to under 5 years

**Duration:** 45 minutes

**Methodology:** Lecture/brainstorming, Small Group Work, Discussion, Plenary presentations

**Materials:** Flip chart, markers, newsprint, masking tape, LCD projector, power point slides, job-aids

### 2.4.1 Steps to follow

**Step 1:** Trainer introduces the topic by displaying objectives of the session. Trainer asks participants to explain what they understand by the terms "micronutrient deficiencies and anaemia."

The trainer writes their responses on newsprint. Trainer explains what the two terms mean and how

they are relevant in determining the nutrition status of children aged 6 months to under 5 years.

**Step 2:** Trainer divides participants into small groups, number will depend on class size and gives them the following assignment in group work.

- List the different types of micronutrient deficiencies in nutrition
- Describe the causes of anaemia among children aged 6 months to under 5 years
- Discuss ways of preventing anaemia among children aged 6 months to under 5 years

**Step 3:** Trainer asks the different groups to reconvene and make presentations. Each group makes a presentation in plenary session to the bigger group and members make comments on the presentations

**Step 4:** Trainer uses comments from the different groups and trainer's notes to summarise the session by emphasising why it is important to put emphasis on prevention of anaemia among children 6 months to under 5 years

#### 2.4.2 Learning points

- Micronutrient deficiencies in Uganda are a big challenge with anaemia deficiency as high as 63.8% among children aged 6-23 months (UDHS, 2016)
- A lack of diversity in diets puts children at risk of micronutrient deficiencies, especially during the vulnerable first 1,000 days which is a time period associated with rapid growth and development
- Anaemia is a condition marked by low levels of blood in the body and is mainly caused by low dietary diversity accounting for 86% of children aged 12-24 months (UDHS, 2016)
- Food fortification (industrial and home) as well as improving food diversity are some of the ways to prevent anaemia

#### 2.4.3 Hints to the Trainer

- Trainer should ensure that there is active participation by trainees during the session to show that they have understood the terms micronutrient deficiencies and anaemia
- Trainer should ensure that the terms micronutrient deficiencies and anaemia are explained using local examples to ensure understanding and correct use by participants when transferring the knowledge to parents and communities

#### 2.4.4 Evaluation

Trainer should ask participants some of the following questions:

- What does the condition anaemia mean?
- Why is anaemia so high among children aged 6-23 months in our communities?
- Why do we put more attention on prevention of anaemia among children aged 6-23 months in our communities?

#### 2.4.5 Trainer's notes

Infant and young Child feeding practices focus mainly on children during the vulnerable period of 1000 days. It includes exclusive breastfeeding for children 0-6 months and complementary feeding for children 6 months to 24 months. During the first six months of life, babies should be exclusively breastfed on breast milk ONLY without giving any else not even water or herbs. Breast milk is the best nutritious food for the baby. Giving breast milk only, helps the baby to grow well and be protected from diseases such as diarrhea, pneumonia and other. In addition, breastfeeding enables mothers to delay the onset of menstruation hence promotes child spacing.

Before breastfeeding the baby, mothers should wash their hands with clean water and soap before holding the breast to promote personal hygiene practices to prevent diseases.

During the period of complementary feeding, it is important to understand that after 6 months,

breast milk is no longer enough to satisfy a child and hence the need to start feeding the child on soft mashed foods. Mothers should be encouraged to continue preparing food from the locally available foods in their community such as millet, sorghum, maize flour, Irish and sweet potatoes, fresh cassava or cassava flour, and bananas. They should also give groundnuts and simsim paste, fish (mukene), beans, eggs, cow peas, soya beans, meat and chicken soup and tomatoes. They should in addition give cow milk or powder milk; CSB, and fish (mukene); fruits like avocado, paw paws, banana, mango and passion fruit juice. Whenever feeding children 6 months to 12 months with food, always start by giving breast milk and make sure you increase the frequency of feeding them to 4 times a day including a snack in between meals.

A snack may include pieces of ripe mangos, pawpaw, ripe banana and vegetables. Food should be given from all three food groups and be prepared either by mashing or chopping it into small pieces. A child should be fed from a separate plate so that the mother is sure that the child is eating enough food.

Mothers should talk and sing to children and maintain eye contact during feeding to stimulate their appetite and mental development. In addition, mothers should take their children for vitamin A supplementation to build their strength to fight off diseases and blindness. This should be done when a child turns 6 months and repeat every after 6 months until a child is five years old.

During the second year of a child's growth, breast milk is still important. Mothers should continue breastfeeding children as they increase the number of times of feeding and amount of solid foods given to children. During this period of growth, children are able to feed on family food. They should be fed 6 times a day. Four times of feeding should be prepared from the family food while the others can be snacks from fruits such as pieces of chopped mangoes, paw paws, water melon, pineapple and avocado. Food should be prepared from the three food groups and be finely chopped or mashed. As mothers/caregivers prepare the food, they should add groundnut or simsim paste, fish or meat soup, mashed beans, green vegetables and cooking oil.

Mothers should note that children should be served from a separate plate to ensure that they get enough food and it should be warm. They should also be advised that when preparing food and feeding children, they should make sure that they observe the following principles as indicated below:-

- **F = Frequency of eating in a day,**
- **A = Amount of food to be given in a day,**
- **T = Thickness of porridge/food which should be consistent,**
- **V = Give a Variety of different kinds of foods,**
- **A = Feed the child Actively, and**
- **H = maintain Hygiene by washing hands with clean water and soap before preparing and serving food**
- **(FATVAH)**

Mothers/caregivers should **NOT** use bottles, and teats to feed children because they are difficult to keep clean and can contaminate baby's milk and container consequently making the baby sick with diseases like diarrhea.

Micronutrient deficiencies in Uganda are a big challenge with anaemia deficiency as high as 63.8% among children aged 6-23 months (UDHS, 2016)

A lack of diet diversity puts children at risk of micronutrient deficiencies, especially during the vulnerable first 1,000 days which is a time period associated with rapid growth and development. Anaemia which mainly affects children because of low dietary diversity accounts for 86% of children aged 12-23 months (UDHS, 2016).

### 3. HOME FORTIFICATION WITH MICRONUTRIENT POWDER

#### Overview

The control of micronutrient deficiencies is an essential part of the overall effort to combat malnutrition and anaemia. Many of the current typical Ugandan diets have been found to be deficient in micronutrients of public health importance and majority of households cannot afford to buy adequately nutrient-dense foods. Because of these reasons, children's food remains deficient in micronutrient content and hence the need to supplement it. Food supplementation in this case is done through a strategy called home fortification. Children's food is fortified because they only eat small amounts of foods which may not contain the required amounts of micronutrients to cause change in the child's nutritional status. Home fortification using Micronutrient Powder is recommended for children aged 6-23 months because it has been proven to improve their nutrition status. Home fortification aims to ensure that the combination of breast milk, complementary food introduced in a timely manner and micronutrient powders meets the micronutrient needs of children aged 6 to 23 months.

#### 3.1. Session 1: Food fortification, home fortification and justification for MNP in supplementing children's food

##### Learning Objectives

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

- Explain the meaning of food fortification, with emphasis on home fortification
- Explain the justification for micronutrient powder in supplementing children's food (6-23 months)
- Describe target groups for micronutrient powder supplementation and the required dose for children 12-23 month

**Duration:** 45 minutes

**Methodology:** lecture/brainstorming, Question and Answer, observation, appreciative inquiry.

**Materials:** Newsprint, markers, LCD and accessories, power point slides, flipchart, Handbook, MNP sachets

##### 3.1.1 Steps to follow

**Step 1:** Trainer introduces the topic and begins the session by asking participants to brainstorm on what they understand by the following terms: food fortification, home fortification-point of use fortification and micronutrient powder.

**Step 2:** Trainer guides participants in a brainstorming session where they give responses on what they understand by the terms.

**Step 3:** Trainer asks participants to mention the target groups eligible for micronutrient powder and the required doses for a child to complete the dosage schedule  
Trainer probes to dig out more information from participants so that they can give responses which are as closer to the correct responses as possible.

**Step 4:** Trainer uses participants input and trainer's notes to summarise and clarify the issues highlighting justification for MNP as a food supplement and shows Micronutrient Powder sachet to participants so that they know what it is.



### 3.1.2 Learning points

- Many of the Ugandan diets have been found to be deficient in micronutrients and majority of households cannot afford to buy adequately nutrient-dense foods. Because of this children's food remains deficient in micronutrients and hence the need to supplement it
- Children's food is fortified because they eat small amounts of food which may not contain the required amounts of micronutrients to cause change in the child's nutritional status
- Food fortification is the practice of increasing the content of essential nutrients such as vitamins and minerals in food so as to improve nutritional quality of the food supply and provide a public health benefit with minimal risk to health
- Home fortification is the practice of adding micronutrient powder to children's food at the point of use ( the home) to increase the content of essential nutrients such as vitamins and minerals
- Micronutrient powders are vitamins and minerals which are a blend of micronutrients (vitamins and minerals) in powder form, added to foods at the point of use that are for the good health of children aged 6 months to under 5 years
- Children aged 6 months to 2 years are targeted for micronutrient powder supplementation because they are the most vulnerable to micronutrient deficiencies especially anaemia
- Children aged 6 months to under 5 years are supposed to consume one sachet mixed in solid/semi-solid food every day. A child needs to use one sachet per day for two months continuously, then after four months, give more sachets for a period of two months. In total, a child should receive 120 MNP sachets to complete the dose.

### 3.1.3 Hints to the Trainer

- Trainer should know that participants are not totally ignorant about the terms and therefore should appreciate what they know and stimulate them into thinking by asking them questions about what they understand by the terms (appreciative inquiry)
- Trainer should have MNP sachets to circulate around the participants to enable them see and appreciate what micronutrient powder is
- Trainer should understand that the Community Health Promoters (CHPs) being trained are practising the selling of MNP sachets in the community

### 3.1.4 Evaluation

At the end of the session, trainer should ask participants to answer the following questions as a way of checking their understanding.

- What do you understand by the terms food fortification and home fortification?
- What do you understand by Micronutrient Powder (MNP)?
- Why was it found necessary to introduce MNPs into young child feeding practices ?

## 3.2. Session 2: Mechanisms for promoting appropriate use of Micronutrient powder

### Learning objectives

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

- Describe the distribution channels and points for sale of MNP in the community
- Discuss the side effects and benefits of MNP to children

**Duration:** 60 minutes

**Methodology:** Lecture, brainstorming, Group work, discussion, plenary presentation,

**Materials:** MNP Handbook, MNP flipchart, newsprint, markers, LCD Projector, power point slides and masking tape.

### 3.2.1 Steps to follow

**Step 1:** Trainer introduces the topic by displaying and explaining the objectives of the session. Trainer then guides formation of groups of participants and gives them assignments in group work to discuss and share experiences on sale of MNP sachets in the community. Trainer gives group members necessary materials such as newsprint, markers and masking tape to use for compiling

issues from their discussions

- Discussion should bring out challenges they face during the sale of MNP sachets
- Existing opportunities they take advantage of while selling MNP sachets using the social marketing approach
- Based on their community experience, what do people say are the side effects of MNPs
- Benefits of MNP on health and nutritional status of children

**Step 2:** Trainer reconvenes the groups and engages them in plenary presentations

**Step 3:** Trainer uses ideas from Community Health Promoters' Handbook, participants' experiences, trainer's notes and gives a lecture on how they can apply the social marketing principles to sell MNP sachets. Trainer then summarises, clarifies issues and concludes the session.

### 3.2.2 Learning points

- Public sector distribution channels include health facilities, static and outreach Immunisation posts and community based health workers like VHTs. In addition, distribution can be done in Infant and Young Child Feeding/Nutrition programs and Integrated Child Health Days. This happens under government programmes.
- However, in private sector organisations like BRAC, distribution is done through use of social marketing approaches by the Community Health Promoters. The CHPs sell subsidised MNP sachets to the communities whom they reach at community and household level
- Social marketing approach involves the dynamics of selling the MNP sachets by considering "price, place, product and promotion"
- Pharmacies and drug shops can also be used as outlets to increase access of MNP to the community
- There are minor side effects of MNPs which are short lived which include: diarrhoea, vomiting, stomach upset, hard, loose and dark stools. However, these should not be of concern since they take a few days after which they disappear. It is therefore important for CHPs to counsel parents/mothers on the possible side effects as they sell MNP sachets to them.
- Micronutrient Powders have a number of benefits to children which include:
  - a. Improving the nutritional quality of children's food
  - b. Increasing a child's appetite
  - c. Helping a child to grow healthy, strong and active
  - d. Improving a child's ability to learn and develop
  - e. Preventing micronutrient deficiencies especially anaemia
  - f. Reducing illness

### 3.2.3 Hints to Trainer

- Trainer should probe for problem solving approaches used by CHPs to address barriers such as inadequate knowledge, negative attitude and beliefs about micronutrient powder by the community
- Trainer should emphasise the importance of Social Marketing during the sale of MNP in the community

### 3.2.4 Evaluation

The trainer should ask participants questions to check for their understanding and these may include some of the following:

- What do you understand by the concept social marketing?
- What are the principles of social marketing?
- Where can members of the community obtain MNP sachets?
- Mention the side effects of MNP on the child
- Describe the benefits of MNP on the health and nutrition of a child?

### 3.3 Session 3: Steps to follow while mixing micronutrient powder in children's food

#### Learning objective

By end of the session, participants will be able to demonstrate the necessary steps to follow while mixing micronutrient powder in children's food

**Duration:** 45 minutes

**Methodology:** Demonstration and return demonstration

**Materials:** Newsprint, markers, demonstration materials such as utensils (sauce pan, ready spoon/mixing stick) cooked warm solid food, water and MNP sachets.

#### 3.3.1 Steps to follow

**Step 1:** Trainer introduces the topic and tells the participants to demonstrate how to mix micronutrient powder in children's food. Trainer then uses the MNP Handbook for Community Health Promoters and takes the participants through the necessary steps for mixing MNP with children's food.

**Step 2:** Trainer displays the materials and food items that will be used during the mixing of MNP in children's food. Trainer asks participants to observe and note comments in their notebooks.

**Step 3:** Trainer picks on a team of two participants to demonstrate the steps of mixing MNP with children's food. The same process is repeated for two other teams of participants. Trainer again asks the participants to observe the next two teams and take notes on what they have observed. Trainer appreciates and thanks the team for their efforts.

When the three teams finish with demonstration of the necessary steps, then the trainer invites all participants to make comments on how the teams have exhibited their knowledge and skills in mixing MNP in children's food. S/he again appreciates and thanks the three teams for their efforts pointing out strengths and weaknesses.

**Step 4:** If the participants have demonstrated the exercise correctly by following the necessary steps as indicated on the flip chart, then the trainer will use the notes in the CHP flip chart to summarise and clarify issues and close the session.

However, if there are gaps in the process of demonstration, the trainer will repeat the exercise showing to all participants how to correctly and properly mix MNP in children's food. S/he will close the session by summarising and clarifying issues using the steps as indicated in the CHP flip chart.

The trainer will emphasise that the exercise they have gone through is exactly what they will reproduce in the community while demonstrating mixing of MNP in children's food to the parents and care givers.

#### 3.3.2 Learning points

The following steps must be followed when mixing micronutrient powder in children's food. **Step 1:** Wash hands with clean running water and soap before touching MNP sachet

**Step 2:** Prepare child's food in own plate from family food. Food should be from three food groups

**Step 3:** Shake and tearing micronutrient powder sachet. Shaking the sachet ensures that the micronutrient powder is not clumped. Also check expiry date to ensure the powder is of good quality.

**Step 4:** Pour micronutrient powder into child's food and mixing it. The food must be solid, or semi-solid and warm.

**Step 5:** Feed the child on food mixed with micronutrient powder

### **3.3.3 Hint to the Trainer**

The trainer should prepare all the demonstration materials before the session begins to avoid doing things in a rush.

### **3.3.4 Evaluation**

Trainer should check for participants' understanding by asking them to mention the necessary steps to follow when mixing micronutrient powder in children's food. The trainer should probe for more details of mixing at each step.

### **3.3.5 Trainer's Notes**

Micronutrient deficiencies are a public health concern in Uganda with anaemia deficiency as high as 63.8% among children aged 6-23 months. One of the main causes of anaemia is the challenge of dietary diversity with 86% of children aged 12-24 months consuming fewer than the recommended minimum of 3 food groups per day. Additionally, many of the current typical Ugandan diets have been found to be deficient in micronutrients of health importance and majority of households cannot afford to buy adequately nutrient-dense foods. Because of these reasons, children's foods remain deficient in micronutrient content thus causing anaemia and hence, the need to supplement them.

The control of micronutrient deficiencies is an essential part of the overall effort of Ministry of Health and partners to combat malnutrition and anaemia. This is done through food supplementation using a strategy called home fortification. Children's food is fortified because they only eat small amounts of foods which may not contain the required amounts of micronutrients to cause change in their nutritional status.

Home fortification using Micronutrient Powder is recommended for children aged 6-23 months because it has been proven to improve their nutrition status. Home fortification aims to ensure that the combination of breast milk, complementary food introduced in a timely manner and micronutrient powders meets the micronutrient needs of children aged 6 to 23 months.

Micronutrient powder is a nutrient supplement containing 15 essential vitamins and minerals in powder form that children aged 6-23 months need for proper growth and development. There are three key types of food fortification namely: industrial fortification, biological fortification and home fortification/point of use fortification. Under home fortification, micronutrient powder is added to ready to eat cooked food.

Home fortification using micronutrient powder is recommended for children aged 6-23 months because it has been proven to improve their nutrition status when used in combination with breast milk and complementary foods when introduced in a timely manner.

## 4. PREVENTION OF DISEASES TO IMPROVE NUTRITION STATUS OF CHILDREN

### Introduction

Promotion of nutrition and micronutrient powder interventions is not a stand-alone initiative but rather a collective effort that involves use of nutrition and MNP confounders such as diarrhea prevention/treatment, malaria prevention and treatment, and anaemia prevention as well as good hygiene and sanitation practices. These practices combine to prevent diseases and lead to good Infant and Young Child Feeding practices that promote good health of children.

### 4.1 Session 1: Prevention and treatment of Malaria

Learning objectives:

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

- Describe the causes and ways malaria spreads in the community
- Describe the prevention and treatment of malaria
- Discuss the factors that affect malaria prevention and treatment in the community

**Duration:** 60 minutes

**Methodology:** Brainstorming, lecture, group work, discussion and plenary presentations

**Materials:** Flip chart, newsprint, markers, masking tape, LCD Projector

#### 4.1.1 Steps to follow

**Step 1:** Trainer introduces the session and displays the learning objectives on newsprint or using LCD projector

**Step 2:** Trainer divides the participants into three groups; one group handling causes and transmission of malaria; the second group handles prevention and treatment of malaria and third group handles the factors that affect malaria prevention and treatment in the community and it's on anaemia and nutrition.

**Step 3:** Trainer reconvenes the groups and they begin making presentations in plenary session to the bigger group. Participants make comments on each presentation and trainer uses participants' comments and notes to summarise and clarify issues emphasizing the relationship between malaria and anaemia, and how prevention of malaria leads to reduced prevalence of anaemia and improved nutrition of children.

#### 4.1.2 Learning points

- Malaria is a disease caused by a female anopheles mosquito which bites human beings and transmits parasites from one infected person to the other.
- When a child gets a fever, this could be malaria; take him/her immediately to the health facility for treatment
- Malaria in pregnancy leads to low birth weight babies and if untreated leads to miscarriages.
- Malaria causes anaemia in children
- Prevention of malaria leads to reduced prevalence of anaemia and improved nutrition status of children
- Prevention and treatment of malaria is an initiative that contributes to national efforts in prevention of anaemia and improvement in child nutrition

### 4.1.3 Hints to the Trainer

Trainer should be able to relate prevention and treatment of malaria with prevention of anaemia and improvement in child nutrition.

### 4.1.4 Evaluation

Trainer should ask questions such as:

- Mention the vector responsible for transmitting malaria in humans.
- List the ways through which malaria is spread from one person to another
- Mention ways through which malaria can be prevented and treated
- Mention the factors that affect people's behavior in prevention and treatment of malaria
- Mention the implications and impact of malaria on nutrition of children
- Allow participants to ask questions

## 4.2. Session 2: Prevention and treatment of Diarrhea

By end of this session, participants will be able to;

- Define the meaning of diarrhoea
- List the causes of diarrhoea
- Discuss Prevention and control of diarrhoea
- Discuss how diarrhoea affects children's nutrition
- Demonstrate how to mix ORS

**Duration:** 30 minutes

**Methodology:** Brainstorming, demonstration, discussions and lecture, case scenario

**Materials:** Newsprint, markers, masking tape, computer, LCD projector, Job Aid on management of diarrhoea in children, sachets of ORS, Zinc tablets, cups, jugs, spoons and clean water

### 4.2.1 Steps to follow

**Step 1:** Trainer introduces the session and the learning objectives

**Step 2:** Trainer tasks the participants to brainstorm what they understand by diarrhoea, causes of diarrhoea, how it is spread and the common diarrhoeal diseases in their communities. The trainer records the responses on newsprint and uses trainer's notes and participants ideas to clarify issues and concludes the session.

**Step 3:** Trainer guides participants to form groups to discuss the following topics:

- Common diarrhoeal diseases in the community
- Prevention and control of diarrhoea in the community
- Effects of diarrhoea on children's health and nutrition

**Step 4:** Trainer reconvenes groups and engages them to make presentations in plenary session while they discuss issues raised while guiding them to bring out issues on how diarrhoea affects child nutrition status

Trainer uses participants' ideas and trainer's notes to summarise and clarify issues raised during the discussion.

**Step 5:** Trainer leads a demonstration exercise on how to mix ORS for treatment of diarrhoea

**Step 6:** Trainer asks participants to do a return demonstration. Trainer summarises, clarifies and concludes the session by emphasizing the need for communities to observe hygiene in order to prevent diarrhoea in their communities which will contribute to improved nutrition status of children.

#### 4.2.2 Learning points

- Diarrhoea is the passing of three or more watery stool in a day
- Diarrhoea is caused by drinking contaminated water and food with germs that cause diarrhoea
- Common diarrhoeal diseases include: persistent diarrhoea which lasts 14 days or longer, cholera and dysentery
- Prevention of diarrhoea is achieved through observing personal hygiene, drinking and eating uncontaminated water and food and keeping the environment clean
- People should wash their hands with clean running water and soap before eating and after using the latrine
- Rehydration using ORS, breastfeeding for children and medication using Zinc tablets are used to treat diarrhoea.
- Diarrhoea can lead to dehydration which affects on the body organs leading to complications or death if not treated.

#### 4.2.3 Hint to trainer

Trainer should have samples of ORS and Zinc tablets for demonstration and Job Aid on management of diarrhea in children

#### 4.2.4 Evaluation

Trainer should evaluate participants' understanding by asking them some of the following questions:

- What do you understand by the term diarrhoea?
- Describe causes of diarrhoea and prevention and control measures
- Mention the steps to be followed in mixing ORS
- How does diarrhoea prevention and control measures improve the nutrition status of children?

### 4.3. Session 3: Promotion of hygiene to prevent diseases

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

- Define practices for proper disposal of faeces
- Explain the dangers of improper disposal of faeces
- Discuss the importance of hand washing

**Duration:** 45 minutes

#### Methodology

- Brainstorm
- Discussion
- Demonstration
- Role playing
- Case study

**Materials:** Flip chart, counselling cards, newsprint, markers, LCD projector, soap, clean water, jug and basin

#### 4.3.1 Steps to follow

**Step 1** Trainer Introduces the session and displays the learning objectives

**Step 2:** Trainer asks participants to mention some of the recommended practices for proper and improper disposal of faeces in their community. Record the responses on the newsprint

**Step 3:** Trainer reads Case scenario of Magimbi below and uses guiding questions to lead a group discussion about the scenario.

**Step 4:** Trainer identifies three volunteers to demonstrate proper hand washing practices

**Step 5:** Trainer distributes the appropriate counselling cards and hand washing materials to volunteers for the demonstration exercise

**Step 6:** Trainer asks each of the volunteers to demonstrate proper hand washing practices, while the rest of the participants observe



**Step 7:** Trainer generates a discussion on proper hand washing practices

**Step 8:** Trainer gives lecture on the importance of hand washing using prepared scripts and wraps up the session

#### **Case scenario: Magimbi**

“Magimbi is married with children and lives in Kityerera village. There is a belief that young children and pregnant women do not use latrines. In Magimbi’s family, everyone goes to the bush to defecate.

During the mango season, Magimbi’s children pick mangoes to take home to the family. In the process, the children started vomiting and having diarrhoea. Magimbi suspected the neighbour to be bewitching his children and decided to take the matter to the Local Council 1.

#### **Guiding questions to the Trainer to start a discussion;**

- What was happening in Magimbi’s family?
- Is this a common practice in your community? If not, how different is it?
- As a CHP, what do you advise Magimbi to do?
- What is your role as a CHP in prevention of this practice and promoting proper disposal of faeces?

### **4.3.2 Learning Points**

- All faeces including those for children contain germs that can cause diseases. So, all faeces should be properly disposed of in a latrine
- Washing hands using soap and water removes germs leaving the hands clean

### **4.3.3 Hint to trainer**

Trainer should prepare before hand the necessary training materials like the Trainers guidelines for discussion

### **4.3.4 Evaluation**

Ask participants to explain proper practices of disposal of faeces and hand washing

## **4.4 Session 4: Prevention and treatment of Intestinal worms infestation**

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

- Explain what is meant by intestinal worms
- List causes and ways of transmission of intestinal worms
- Describe prevention and control measures for Intestinal worms
- Explain how intestinal worms can cause anaemia in children
- Explain the impact of intestinal worms on the community

**Duration:** 30 minutes

**Methodology:** Lecture, brainstorming, group work, discussion and plenary presentation

**Materials:** Newsprint, markers, masking tapes, LCD projector, Intestinal worms’ illustration charts

### **4.4.1 Steps to follow**

**Step 1:** The trainer introduces the session and displays the session objectives

**Step 2:** Trainer leads a session during which participants brainstorm on what they know about intestinal worms and how they are transmitted. Trainer records responses on newsprint. Trainer gives a lecture on the meaning of Intestinal worms, what causes them, and the way they are transmitted. Trainer summarizes, clarifies issues and concludes the session.

**Step 3:** Trainer divides participants in groups and assigns them to discuss prevention and control measures and impact of intestinal worms on the community

**Step 4:** Participants share in small group discussions and present in plenary and trainer clarifies, summarises issues and concludes the session.

#### 4.4.2 Learning points

- Intestinal worms are caused by poor hygiene and sanitation practices
- Intestinal worms can be prevented by practising proper sanitation, food and personal hygiene
- Regular deworming is important in treatment and prevention of spread of worms in the community
- Parents should take advantage of the Integrated Child Health Days and other health days like Mass Drug Administration by NTD programme to de-worm the children
- In order to break the transmission cycle of intestinal worms, communities living in endemic areas should improve and sustain good water, sanitation and personal hygiene practices to avoid re-infections. Prevention of intestinal worms contributes to reduction of anaemia among children in the community
- Mobilise and educate households and communities to do the following:
  - o Wash hands with clean running water and soap before eating food and after using latrine to avoid getting infected with worms.
  - o Wash children's hands with soap and clean running water before they eat and after they have passed stool and dispose of faeces in a latrine
  - o Dispose of children's stool in a pit latrine like adult's stool
  - o Wash adults' hands with soap and clean running water after cleaning the child's bottom and dispose of the faeces in the latrine

#### 4.4.3 Hint to the Trainer

Trainer should emphasise the impact of worm infestation on the health and nutrition of children and most especially how it leads to anaemia among children

#### 4.4.4 Evaluation

Trainer asks participants to answer the following questions:

- What are intestinal worms?
- Why should Community Health Promoters mobilise and educate communities on prevention and treatment of intestinal worms?
- How do prevention and treatment of intestinal worms contribute to reduction of anaemia in the community?

#### 4.4.5 Trainer's Notes

### Malaria

Malaria is the most common and number one killer disease of children in all parts of Uganda. It does not only lead to illness (morbidity), negative socio-economic impact, and death (mortality), but also has long term consequences on child development such as chronic anaemia, and reduced growth and in some cases, severe nerve complications.

In all this, children under 5 years of age and pregnant women are at high risk because of low immunity against the disease. Hospital records suggest that malaria is responsible for 30% to 50% of outpatient visits, 15 to 20% of admissions, and 9 to 14% of inpatient deaths (NMCP, 2014).

Some people hold certain beliefs about preventive measures against malaria which include: Mosquito nets are hot and cause sweating and therefore cannot sleep under them with children and that chemicals used to treat mosquito nets smell bad and cause breathing problems and are harmful to children and adults.

Some people believe that one can get malaria by eating mangoes, millet or maize, drinking dirty water or walking in the rain. This is not true! People believe this because malaria is most common in rainy season when mangoes, maize and millet are plentiful. Malaria is associated with rainy seasons due to the higher number of mosquitoes. This myth can be addressed through public education focusing on how malaria is transmitted and prevention measures.

Malaria is caused by a bite from a female Anopheles mosquito which transmits the germs from one person to another through injecting infected saliva into the person. Although malaria is the number one killer of children under 5 years in Uganda, it can be prevented.

Preventive measures of malaria include; sleeping under insecticide treated mosquito nets, Indoor Residual Spraying (IRS), prompt and effective treatment, environmental management by clearing the bushes around the house, clearing stagnant water; use of mosquito repellants, intermittent presumptive treatment for pregnant women and increased public education, social mobilization and advocacy. Specifically, malaria can be prevented by doing the following:

- Sleeping under insecticide treated mosquito nets. Note that mosquito nets are specifically treated with chemicals that are not harmful to people but can only kill mosquitoes and other insects
- Spraying the inside walls of your houses with insecticides that kill mosquitoes
- Testing for malaria to get timely treatment

## Diarrhoea

In Uganda, diarrhoea is among the leading causes of death, especially in children under 5 years of age. Most people die from diarrhoea as a result of severe dehydration (severe body fluid loss). Diarrhoea refers to the passage of three or more loose or liquid stools per day, or more frequent passage than is normal for the individual. This leads to a person getting dehydrated (losing water in the body).

There are three types of diarrhoea:

1. Acute watery diarrhoea – This lasts several hours or days, and includes cholera
2. Acute bloody diarrhoea – also called dysentery
3. Persistent diarrhoea – this lasts 14 days or longer

Diarrhoea is caused by a variety of bacterial, viral and parasitic organisms which cause an infection in the intestinal tract thus causing diarrhoea. This happens because children eat and drink contaminated food and water that contain the germs which cause diarrhoea.

Diarrhoea disease can be prevented by drinking boiled and well stored clean water and practising proper sanitation and hygiene in homes and communities.

For purposes of treatment, diarrhoeal diseases are categorized according to the degree of dehydration. In mild cases of dehydration, give oral rehydration salts (ORS) solution and zinc supplements and encourage the person to drink plenty of water. Give as much as the patient can take and also after every loose stool, until the diarrhoea stops.

Give zinc supplements to reduce the duration of diarrhea episodes, the stool volume and also prevent reoccurrence. If diarrhoea persists, take the child to a health facility for treatment. Also in situations where a child starts with severe diarrhoea, immediately take the child to the health facility for treatment. In both cases, advise the mother to continue breastfeeding the child.

## Worm infestation

There are four common types of worms that affect adults and children in Uganda. These include: hookworms, roundworms, tapeworms, and whip or thread worms. Hook worms are the most common and are distributed throughout the country. The worms live in intestines of adults and children and cause malnutrition, anaemia and stunting in children which affect their physical and

cognitive development.

Worm diseases are caused by flies which pick eggs from faeces and deposit them on to the food of adults and children. The eggs are eaten/ingested from contaminated food or through dirty unwashed hands. Eggs of Hookworm can hatch into larvae while in the soil and the infective larvae penetrate through the feet of children when they are playing bare footed, pass through blood vessels and join the digestive system. Tapeworm eggs can be eaten by cows or pigs from the environment while grazing and grow in their muscles. When one eats half cooked beef or pork, one picks the infection. The eggs/ larvae mature into adult worms in the intestines which cling on the walls of intestines and suck blood from the child which makes this child lose blood.

### **Prevention and treatment**

Prevention and control of diseases caused by worms can be achieved by practising the following properly

- Stop open defecation in the bush Always use latrines.
- Cook beef and pork thoroughly
- Wash hands before handling and eating food and after visiting a latrine
- Keep the environment clean so as to keep flies away from contaminating food
- Wear shoes to avoid being exposed to hookworms
- Wash any food before consuming it raw, especially fruits and vegetables

### **Hygiene as a family care practice in disease prevention**

Hygiene is one of the family care practices that contribute to disease prevention. People at household level are educated to practice behaviours which will protect them against diseases by practicing healthy behaviours. The healthy behaviours expected of people under hygiene may include the following; proper disposal of faeces and washing hands after defecation, before preparing meals, and before feeding children.

### **Proper disposal of faeces and hand washing**

Safe or proper disposal of faeces and proper hygiene practices prevent the spread of many diseases and potential death among children. All individuals, families and community members should be encouraged to dispose of faeces, including children's, in a pit latrine. Each and every household should have and use a latrine in which to dispose of **ALL** faeces.

### **Importance of washing hands**

It is always good to wash hands with clean running water and soap to protect ourselves against diseases. Washing hands using clean running water and soap washes away germs and leaves your hands clean which helps to stop germs from getting into food or mouth.

## 5. PROMOTING BEHAVIOR CHANGE FOR MICRONUTRIENT POWDER

### Overview

This section focuses on enhancing knowledge and communication skills of community Health Promoters to be able to increase knowledge, change attitudes and behaviours of communities and households by accepting, demanding, utilizing and adhering to sustained use of micronutrient powder.

Communication is a key element in creating good understanding between the Community Health Promoters, community leaders and members of households. Therefore, the success of CHP activities in promotion of micronutrient powder will depend on the content that will be delivered and frequency of communication that takes place at the household and community level for demand, utilization and sustainability of nutrition and MNP interventions.

This section also involves communication beyond giving information about MNP but communication which aims at changing behavior of communities and motivate them to purchase micronutrient powder and sustainably use it in their children's food.

### 5.1 Session 1: Meaning of terms, Communication, Social change communication and interpersonal communication

By end of this session, participants will be able to:

- Explain the meaning of the terms; communication, interpersonal communication and behavior change
- Describe how the terms are related to behaviour change

**Duration:** 30 minutes

**Methodology:** brainstorming, lecture, questions and answers

**Materials:** handouts, newsprint, markers, masking tape, LCD projector and accessories

#### 5.1.1 Steps to follow

**Step 1:** Trainer introduces the topic and how it is important in promotion of MNPs and displays the learning objectives

**Step 2:** The trainer asks participants to brainstorm what they understand by the terms communication, interpersonal communication, social change communication and how these terms contribute to behavior change. Trainer records participants' responses on the newsprint. Trainer clarifies and gives input by displaying the terms in a power point presentation or on newsprint and emphasizing the importance of these terms in promotion of micronutrient powder using appropriate local examples

#### 5.1.2 Learning points

- Communication generally refers to the process of sharing ideas and experiences with other people using verbal and non-verbal language.
- Interpersonal communication (IPC) is the exchange of information, ideas, and thoughts, feelings that takes place between two or more people using verbal and non-verbal messages. The people in question are usually in each other's physical presence. This exchange of information often generates immediate response/feedback. It may occur formally (service delivery points, scheduled visits at home, scheduled meetings) and informally (street corners, markets, community paths)
- IPC provides a two-way opportunity for exchange of information. One individual can get clarification or additional information from another individual, or a group of people getting feedback from an individual/trainer or facilitator

- Social change communication is a purposeful dialogue and negotiation that allows groups of individuals or communities to define their needs, identify their rights, and collaborate to transform their social system. This process is meant to change behaviours on a large scale, by emphasizing elimination of harmful social and cultural practices, changing social norms, and structural inequalities in the community. Social change communication focuses on creating ownership of the process of change among individuals and communities
- Communication is not merely for providing information but rather for facilitating change of behaviour of individuals and communities to adopt positive practices

### 5.1.3 Hints to the Trainer

- The trainer should as much as possible use appropriate local examples to explain the terms so that participants understand and are able to apply them when delivering messages on MNP to the communities
- Trainer should prepare enough hand outs to be given out to participants

### 5.1.4 Evaluation

The trainer may use any of the following methods: Question and Answer or Role plays to evaluate participants' understanding of the session. In case of Question and Answer, the following questions can be used:

- Explain the meaning of communication in general, Interpersonal Communication (IPC) and social change communication using appropriate examples.
- Use local examples to explain how IPC facilitates behaviour change

## 5.2 Session 2: Describe the role of interpersonal communication in Promoting of micronutrient powder

- Describe interpersonal communication skills in promotion of Micronutrient Powder
- Describe barriers to communication and how to overcome them
- Describe qualities of a good communicator
- Demonstrate how to apply communication skills in the promotion of MNP

**Duration:** 60 minutes

**Methodology:** Lecture, brainstorming, group work, discussion, plenary presentations, role play

**Materials:** newsprint, markers, masking tape, handouts

### 5.2.1 Steps to follow

**Step 1:** Trainer introduces the session and displays learning objectives on newsprint or power point presentation.

**Step 2:** Trainer asks participants to brainstorm what they understand by interpersonal communication skills and mention them one by one and how they facilitate promotion of MNP.

**Step 3:** Trainer uses trainer's notes and ideas from participants to clarify using local examples by displaying the IPC skills and explains how they facilitate promotion of micronutrient powder

**Step 4:** Trainer forms groups according to the number of participants in class. Trainer gives them assignments and engages them in a group discussion on the following areas:

- **Group 1:** Discuss the qualities of a good communicator and how they facilitate effective communication
- **Group 2:** Discuss the barriers to effective communication and how to deal with them
- **Group 3:** Imagine you are meeting a group of mothers and you want to educate them about benefits of MNP to their children. How would you start the process of communicating with parents, progress with it and end the communication process with them?

**Step 5:** Trainer convenes the different groups to make presentations to the bigger group in turns while making comments on each presentation. Trainer uses participants' ideas and trainer's notes to clarify issues and conclude the session

### 5.2.2 Learning Points

- Barriers to effective communication and how to deal with them
  - o Language barrier where the communicator is not conversant with the local language
  - o Inadequate knowledge and skills about the subject matter
  - o Cultural beliefs and values of the people
  - o Illiteracy of the mothers/caregivers

### 5.2.3 Hints to the Trainer

- Trainer should remind Community Health Promoters that they must be prepared to address challenges in mobilization of communities and delivering MNP messages to them
- Trainer should use various methods of communication and especially those that are most appropriate to the different scenarios being presented
- Trainer should allow time for multiple role plays on different scenarios so that participants understand potential communication barriers based on audience and context

### 5.2.4 Evaluation

Trainer should ensure that participants have understood communication skills, barriers to communication and how to deal with the barriers by asking the following questions:

- Mention the different IPC skills that CHPs can use to promote MNP in the community.
- Mention the qualities of a good communicator
- What are the barriers to effective communication and how can you deal with them?

## 5.3 Session 3: Counselling parents on side effects of micronutrient powder

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

- Describe the important steps of counselling (**GATHER**)
- Demonstrate how to apply the GATHER approach in counselling parents about side effects of micronutrient powder

**Duration:** 45 minutes

**Methodology:** Lecture, brainstorming, role play, demonstrations, observation, plenary presentations

**Materials:** handouts, flip chart, newsprint, markers, LCD projector, MNP sachets, guidelines for group work, chart with letters GATHER.

### 5.3.1 Steps to follow

**Step 1:** Trainer introduces the session, its relevance in promotion of MNP and displays the learning objectives

**Step 2:** Trainer asks participants to explain what they understand by the term counselling and the situations in which it will enable them to promote micronutrient powder. Trainer notes their responses on newsprint

**Step 3:** Trainer hangs a flip chart with the letters G A T H E R on a wall or stand and asks participants to think and mention what each letter means. Trainer writes participants' responses on a newsprint and marks with the corresponding letter. Trainer shows participants an already prepared flipchart showing GATHER and what each letter means. S/he then leads a lecture on steps in the GATHER approach and how it can help to address challenges related to MNP at household and community level.

**Step 4:** Trainer uses at least two MNP scenarios and asks four volunteers to demonstrate counselling skills in different situations.



**Scenario 1:** Parents (husband and wife) who are feeding their child on food mixed with MNP but the child has been passing out loose black stool for about two days and are worried about the condition of the child.

**Scenario 2:** Parents in the community have heard about existence of MNP intervention in the community and especially the benefits it has for children. However, they have fears that once a child uses it, the child will develop a big head and become stupid in future

Use the GATHER approach to demonstrate how to apply counselling skills in the two situations.

**Step 5:** Participants make their presentations in role plays as other participants observe and make comments on the presentations.

**Step 6:** Trainer uses ideas from participants' presentations and trainer's notes, clarifies issues and concludes the session.

### 5.3.2 Learning points

The acronym GATHER stands for:

**G** = Greet the client (create rapport)

**A** = Ask (ask client how they are feeling, how you can help, etc.)

**T** = Tell (tell client about alternative choices to address problems, use counselling cards if available, get client to think what is done differently in their community)

**H** = Help (help the client to make informed choices, develop small do-able actions)

**E** = Explain (explain the choice the client has made fully, discuss any barriers)

**R** = Reassure/ Remind participant about next appointment

At every contact, CHPs should provide counselling to clients (parents) throughout the eligible age period. The key areas to address include:

- Proper use of MNP
- Benefits of MNP to children
- Side effects of MNP on children
- Myths and misconceptions about MNP
- Measures to manage diarrhoea resulting from eating food mixed with MNP
- Proper disposal of used sachets of MNP
- Continuous nutrition education to parents/caregivers of children 2–5 years

### 5.3.3 Hint to Trainer

Trainer should have all the necessary materials for demonstration

### 5.3.4 Evaluation

The trainer can check participants' understanding by asking them to answer some questions like filling the acronym of GATHER and if time allows, asking a volunteer to demonstrate counselling a mother who is worried about using MNP since children get loose and hard stool after using it.

## 5.4 Session 4: Behaviour change and application in promotion of micronutrient powder

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

1. Explain the meaning of behavior change
2. Describe the process of behaviour change, facilitating and inhibiting factors in promotion of micronutrient powder
3. Demonstrate ability to apply behaviour change concept in promotion of micronutrient powder

**Duration:** 60 minutes

**Methodology:** lecture, brainstorming, question and answer, group work, discussion, role play, demonstrations

**Materials:** newsprint, markers, masking tape, LCD projector, handouts,

### 5.4.1 Steps to follow

**Step 1:** Trainer introduces the session and asks participants to brainstorm the term behavior change. Trainer notes their responses on newsprint. Trainer displays the objectives of the session and uses participants' ideas and trainer's notes to clarify issues by emphasizing the importance of behavior change in promoting MNP.

**Step 2:** Trainer forms groups and asks participants to reflect on their field experience to identify the factors that prohibit them to attain behavior change among members of the community in relation to MNP and those factors that facilitate them to achieve behavior change.

**Step 3:** Participants present their discussions in plenary session and trainer uses Power point presentation or newsprint and makes presentation on the process of behavior change highlighting the barriers and facilitating factors to behavior change. Trainer clarifies and summarises the session by emphasizing important factors that can sustainably facilitate promotion of behavior change in relation to MNP.

**Step 4:** Trainer develops guidelines for role plays on different scenarios and selects volunteers to act the role plays. The scenarios may focus on the following areas:

**Scenario 1:** Mothers in village X know the benefits of MNP but cannot buy the sachets because they have no money and men cannot provide. The men believe they would rather put their money in drinking and other things instead of buying MNP which they do not know.

**Task 1:** Apply the behavior change concept to convince and persuade men to provide funds for buying MNP sachets for their children. In your discussion, highlight the barriers to behavior change and facilitating factors

**Scenario 2:** Community Health Promoters in village Y have many sachets of MNPs and mothers have stopped buying them because children developed diarrhea/loose stool and hard black stool and they lost confidence in the safety and effectiveness of the micronutrient powder.

**Task 2:** Apply the behavior change concept to persuade and convince the parents to resume buying MNP sachets and continue to buy and mix with children's food until child completes dosage schedule. Emphasise the barriers to behavior change and facilitating factors.

**Step 5:** Trainer reconvenes participants and invites volunteers to act the two role plays in turns in the presence of the bigger group. As volunteers present the role plays, participants make comments observing whether the presenters followed the steps in the process of behaviour change.

### 5.4.2 Learning points

- Behaviour change is a process whereby people adopt healthy behaviours and discard harmful ones. In the field of micronutrient powder, we would like to see households and communities buying MNP sachets and mixing it properly with children's food and feeding them
- Behaviour change requires a person to have an understanding of the current situation in terms of facts on micronutrient powder, knowledge on dangers of micronutrient deficiencies and especially anaemia, internalization of the dangers of anaemia and appreciating the benefits of MNP in infant and young child feeding practices
- Behaviour change requires patience but is possible with support from friends, peers, relatives and Community Health Promoters

### 5.4.3 Hints to the Trainer

- Trainer should vary and use appropriate training methods that instil healthy behavior among parents and communities
- In all cases, trainer should ensure that participants use local examples based on their experiences in the community

#### 5.4.4 Evaluation

Trainer should use the following questions to check understanding of participants:

- What do you understand by the term behaviour change? (Explain using local examples)
- What are the barriers to behaviour change in relation to promotion of MNP in your communities?- (explain using local examples)
- What are the facilitating factors to behaviour change in relation to promotion of MNP in your communities?- (explain using local examples)
- Trainer can ask participants to ask questions about the session

#### 5.4.5 Trainer's notes

Communication is the exchange of ideas/ information between two or more people in order to reach common understanding. It is key in increasing knowledge, changing beliefs, attitudes, behaviours, and practices. It motivates people to take health action. Effective communication is a two-way process that involves passing of messages from the CHP to the intended audience and getting feedback from the community members.

Communication is a lifelong process that never ends as long as human life and development continue. It is therefore a process that contributes greatly to human development.

During communication by the CHP with parents and the community, information on health, nutrition and MNP issues is shared through community dialogue or community meetings in order to reach a mutual understanding. Mutual understanding is a foundation for mutual agreement which makes collective action possible.

Communication uses the following methods to deliver messages to parents and communities and these include: Interpersonal communication, mass media and traditional media/community based media and use of SMS.

#### Interpersonal Communication (IPC)

This involves face to face communication between two or more people. Examples of this method may include a CHP communicating with a mother about the benefits of MNP and how to mix micronutrient powder in child's food. It may also involve a CHP communicating with a group of mothers during a dialogue session in a community or during a health talk in the outpatient department. Face-to-face communication makes it possible to have more detailed discussions to help to clarify issues.

Interpersonal communication skills include some of the following:

- **Listening-** a good communicator should listen carefully to participants' views and learn what they want and act accordingly. ***Thus a communicator should "learn to listen and Listen to learn."*** You listen actively by sitting opposite the person you are listening to; lean slightly towards the person to demonstrate interest in what he/she is saying; maintain eye contact as appropriate, look relaxed and open; show you are at ease with the person, arms should not be crossed and do not rush or act as if you are in a hurry)
- **Asking questions;** communicator should ask participants questions which will stimulate them to think and also ask questions to the trainer. Ask closed and open ended questions and be non-judgmental
- **Responding appropriately** to questions in a cool manner (accept what the mother/caregiver or other family member thinks and feels without agreeing or disagreeing; give relevant information to correct a mistaken idea or reinforce a good idea)
- **Explaining** is important since it helps to make issues simple and clear
- **Observation** is an important skill because it facilitates description of a situation
- Some of the qualities of a good communicator include the following:
  - a. Knowledgeable on the subject matter
  - b. Gender sensitive

- c. Attentive to power relations and group dynamics
- d. Respectful to colleagues, superiors and also respects people's culture, values, opinions, religion, and traditional practices
- e. Humble (non-authoritarian)
- f. Has empathy
- g. Is patient
- h. Gives information clearly and correctly (using simple and understandable language)
- i. Encourages participation by asking open-ended questions
- j. Conscious about time and keeps appointments.

### **Mass Media**

This method involves the use of print and electronic media, which includes radio, TV, SBCC materials such as leaflets, posters and flipcharts. This method is used when trying to target large groups of people. The CHPs will use some of these materials while conducting community dialogue sessions and home visiting at household level. The key materials to be used are the MixMe flipchart, handbook and a flyer with messages on micronutrient powder. These materials will be used to reinforce information delivered through interpersonal communication.

### **Community-based media**

This method of communication involves the use of music, dance, drama and film shows. This method usually attracts big audiences to listen to health messages. CHPs should take advantage of the existing opportunities such as community events to send nutrition and MNP messages to the target audiences.

### **Use of SMS**

This is currently a common method used to deliver messages to members of the community. It involves preparing health and nutrition messages and disseminating them to the community using mobile telephones. This method commands the advantage of wider reach of messages to the target audiences.

### **Common barriers to communication and how to address them**

There are some barriers that affect effective communication and this further affects how people understand messages and take positive health actions to improve health and nutrition status of children. Some of the main barriers include illiteracy, cultural differences, social economic imbalance, lack of or inadequate knowledge and use of technical language and jargons.

#### **Illiteracy**

The level of literacy of a population determines people's understanding of health messages. Populations with low literacy rates have more difficulty in understanding health messages compared to literate communities. This affects understanding of health and nutrition issues and taking positive action about them.

#### **Cultural differences**

These differences can act as barriers for individuals and communities to embrace what may be good for improving their health. For example, cultural beliefs prohibit people from doing certain things such as not using pit latrines while pregnant otherwise a child may fall in a pit latrine, not using MNP otherwise a child will grow a big head.

#### **Socio- Economic imbalance**

If some members in the community are working and others are not, this may create imbalances in their socio-economic status in that particular community and within households. In such a situation, some couples fail to live together because either a woman is working and has good money, while the husband has no job or vice versa. Alternatively a community may be poor and cannot afford what CHPs are promoting and asking them to use. For example some communities may not afford the price of MNP and cannot buy the MNP sachets to mix with child's food and consequently anaemia will continue to exist in that particular community.

### **Inadequate knowledge**

Inadequate knowledge is a strong factor in communication and the process of behaviour change. If people have inadequate knowledge about health issues, they will not change their attitudes, beliefs and ultimately will not take health action.

### **Use of technical language and jargons**

The CHPs should use simple language when delivering messages to households and members of the community so that they are able to understand. If people do not understand health and nutrition messages being delivered, they will lose interest and may not internalize the messages to take health action. Furthermore, it is important for the CHPs to let other community health workers know when they are delivering messages with too much jargon. CHPs should assist in the modification of messages to a format that is appropriate for the community.

### **Addressing barriers to communication**

Sensitization of communities and information sharing about health issues is done to create awareness and address myths and misconceptions. CHPs should provide simple and clear messages about health and nutrition so that members of the community can understand.

For those people who cannot read and write, it is important to use low literacy and adult learning methods and materials to engage them in activities that promote health and nutrition.

### **Behaviour Change**

- Behaviour change is a process whereby people adopt healthy behaviours and discard harmful ones. In the field of micronutrient powder, we would like to see households and communities buying micronutrient powder and mixing it properly with children's food and feeding them
- Behaviour change requires a person to have an understanding of the current situation which focuses on:
  - a. Facts on micronutrient powder
  - b. Knowledge on dangers of micronutrient deficiencies and especially anaemia
  - c. Internalization of the dangers of anaemia
  - d. Appreciating the **benefits** of MNP in infant and young child feeding practices
- Before a person changes a behavioural pattern, s/he should:
  - a. **Know** and **accept** present reality and its consequences –know that children in the community are affected by anaemia or can get anaemia because of the poor feeding practices
  - b. Understand **basic facts** about anaemia and MNP
  - c. Know the **benefits** of MNP to children
  - d. Adopt **positive attitudes** towards use of MNP
  - e. Learn a **set of skills** like self-efficacy, self -confidence to facilitate change
  - f. **Get access to appropriate commodities and services** like MNP sachets
  - g. **Choose** and **commit** self to a possible new behaviour after being convinced and motivated to change

### **The following factors are inhibitors to the process of behaviour change and include:**

- Lack of or inadequate knowledge and skills to understand the benefits of micronutrient powder and how to mix it in child's food
- Peer influence from colleagues at work
- Negative attitude towards the new ideas on buying micronutrient powder Lack of access to commodities such as sachets of micronutrient powder

The process of behavior change involves the following steps:

**Step 1: Unaware**

This is a step where an individual has not been exposed to information. An individual has not started thinking about the problem because s/he does not know anything about it--does not know about anaemia as a problem

**Step 2: Aware, concerned and knowledgeable**

A person is informed and has knowledge which helps him/her to get concerned about the situation

**Step 3: Motivated to change**

An individual forms positive attitudes towards using MNP because s/he understands the expected benefits of MNP on their children's health and nutrition and because of this the individual forms intention to practice new behavior of buying and mixing MNP in their children's food.

**Step 4: Tries new behaviour**

The individual tries out proposed new behaviour by taking necessary health action e.g. starts buying MNP sachets or resumes buying MNP sachets (Action) if the parent had stopped buying because of certain reasons

**Step 5: Sustains behaviour**

This is the highest level of behaviour change. Behaviour becomes routine. However, a person needs support and encouragement from other people to sustain positive behavior so that s/he can continue buying MNP sachets and complete dosage schedule.

A person begins to acknowledge and experience the benefits of the change and advocates them to other people e.g. starts telling other parents and members of the community to buy and use MNPs in their children's food because of its benefits (client advocacy).

**Factors that facilitate the process of behavior change include:**

- i. Factors within an individual:  
Knowledge, Attitudes, Beliefs, values and skills
- ii. Factors within the immediate community  
influence of social networks, family, friends, peers, norms that exist in the community
- iii. Factors in the wider community  
Influence of government policy on food fortification, Influence of leaders, CHPs and health workers  
Behaviour change is possible with support and encouragement from peers, friends, relatives and community health promoters.

## 6. TASKS OF COMMUNITY HEALTH PROMOTERS IN PROMOTION OF MICRONUTRIENT POWDER

### Overview

This section highlights the tasks of CHPs which to a big extent define the roles they will perform at household and community level while promoting micronutrient powder.

### 6.1 Task 1: Community Needs Assessment

By end of the session participants will be able to:

- Explain the term community needs assessment
- Describe the different methods used to conduct a community needs assessment
- Describe the steps involved in conducting a community needs assessment
- Discuss the importance of the information obtained from community needs assessment in promotion of nutrition and MNP

**Duration:** 60 minutes

**Methodology:** Lecture, Brainstorming, group work, group discussion, plenary presentations

**Materials:** Newsprint, hand-outs, markers, masking tape, LCD projector

#### 6.1.1 Steps to follow

**Step 1:** The trainer introduces the topic and asks participants to brainstorm what they will be doing in the community to promote MNP. Trainer writes their responses on newsprint. Trainer then displays the objectives of the session and emphasises the importance of this session since it underpins planning and implementation of all the activities they will be doing at household and community level.

**Step 2:** Trainer asks participants to brainstorm what they understand by the term community needs assessment and methods used in respect to nutrition and MNP interventions. Participants give their views and trainer notes the responses on newsprint.

**Step 3:** The trainer clarifies and gives further detail on community needs assessment and the methods used to do it.

**Step 4:** Trainer divides participants into groups according to class size and assigns them the same tasks using the following guidelines:

- What factors would you consider when conducting a nutrition needs assessment at household and community level?
- What steps would you follow when doing a community needs assessment?
- What methods would you use to conduct a community needs assessment for nutrition and MNP?
- How is the information gathered during community needs assessment important in promotion of nutrition and MNP?

**Step 5:** Participants in small groups present their views in plenary session to a bigger group

**Step 6:** Trainer uses participants' ideas and trainer's notes and leads a discussion on community needs assessment and its importance in promotion of nutrition and micronutrient powder. Trainer wraps up the session by summarising and clarifying issues.

#### 6.1.2 Learning Points

- Community needs assessment refers to a process of identifying social, health, nutrition and economic needs of the people living in a particular community so that solutions can be obtained to address them



- Community needs assessment enables the community to understand the prevailing issues which positively or negatively affect their health and nutrition
- Communities have capacity to identify local problems affecting them and can as well devise local solutions to the problems. Thus, local solutions can provide the best answers to local problems.

### 6.1.3 Hints to the Trainer

- Trainer should encourage CHPs to search for more knowledge and skills in application of health needs assessment methods since it marks the beginning of planning for their interventions.. Performing their tasks systematically will result into meaningful outcomes.
- Ensure there is enough time for participants to practice needs assessment methods

### 6.1.4 Evaluation

Trainer asks oral questions, such as:

- What is community needs assessment?
- What are the commonly used methods in community needs assessment?
- What information would you look for when conducting a community needs assessment?
- What is the importance of community needs assessment in promotion of nutrition and micronutrient powder?

## 6.2 Task 2: Conduct home visits to households and communities

### Learning objectives

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

- Describe how to prepare for a home visit
- Describe the steps and activities involved in conducting a home visit to promote nutrition and MNP interventions
- Demonstrate skills required to conduct a home visit using a checklist

**Duration:** 60 minutes

**Methodology:** Brainstorming, Role play, Demonstration, discussion, plenary presentation

**Materials:** Newsprint, Home visit check list, Flipchart, markers, masking tape, LCD projector

### 6.2.1 Steps to follow

**Step 1:** Trainer introduces the session displays learning objectives and emphasises the importance of home visiting in promotion of nutrition and MNP interventions

**Step 2:** Trainer guides participants to brainstorm on the meaning of a home visit and steps involved to conduct it

**Step 3:** Trainer records the responses on newsprint and leads a discussion on home visiting and clarifies where applicable

**Step 4:** Trainer identifies two sets of volunteers to conduct a Role Play on skills required to conduct a home visit.

The situations for home visits can be as follows:

**Situation 1:** Two CHPs who have never carried out a home visit are conducting a home visit to two households which have just started using MNP in their children's food. Their challenge is that they do not know exactly how to mix MNP in children's food.

**Situation 2:** Two CHPs have been conducting home visits but this time they go to a family which had started on using MNP but stopped because their children experienced having loose and black stool are worried about the situation and are seeking advice on how to handle the situation. When carrying out the home visit, the CHP should demonstrate the necessary steps and skills involved in conducting a home visit, before and during the visits.

**Step 5:** Trainer convenes the groups and asks volunteers to demonstrate what should be done and how to do it in the two role plays to address the two situations.

**Step 6:** Participants take note of the ideas raised on each of the role plays based on the steps already shared by the trainer

**Step 7:** Trainer asks participants the following questions:

- What did the CHPs do well in terms of entry, communicating with the mother/members of household and closing the session?
- What did the CHP not do well?
- What communication skills did you observe and how did the CHP use them?
- How did the mothers feel about the information they received from the CHP in the two situations?
- What could the CHP have done better to improve the situation in each of the two situations?

**Step 8:** Trainer guides participants to discuss the questions on the role plays using the questions above, summarises, clarifies and closes the session

**Step 9:** Trainer shares a home visit checklist with participants and guides them on how to use it.

### 6.2.2 Learning points

Home visits allow a CHP to learn about the health and nutrition situation in households in the community and to share information and advice with the people who live there. The information and advice shared with households may help them improve the health and nutrition status of their children

### 6.2.3 Hints to Trainer

- Trainer should remind participants to carry a home visit check list and other appropriate job-aids
- Trainer should know how to fill a home visit check list and also to demonstrate to participants on how to use it.
- Trainer should emphasise the fact that one of the key responsibilities of CHPs is to conduct home visits
- Trainer should remind participants to be patient and non-judgmental of the people they visit in their homes

### 6.2.4 Evaluation

Trainer should ask questions, such as:

- What do you need to consider before and during out a home visit?
- Mention at least three things you do during a home visit

## 6.3. Task 3: Conduct a Health Education Talk

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

- Explain the steps involved in preparing and conducting a health education talk on Nutrition and MNP
- Demonstrate how to conduct a health education talk for a group of parents and members of a community
- Demonstrate how to use job-aids to facilitate conducting a health education talk

**Duration:** 60 minutes

**Methodology:** Role play, group work, discussion,

**Materials:** MNP sachets, plate, cooked food, handouts, LCD projector, newsprint

### 6.3.1 Steps to follow

**Step 1:** Trainer introduces the session and displays the learning objectives

**Step 2:** Trainer asks participants whether they have ever conducted a health education talk on nutrition or MNP. Trainer does not have to write down the responses.

**Step 3:** Trainer forms groups and asks participants to act role plays on how to conduct a health education talk on different nutrition and micronutrient powder topics using relevant job-aids such as a MixMe Flip chart and MixMe handbook or flyer

**Note:** Trainer should use own experience to select relevant situations for the role play and emphasise that there are three steps which the person conducting the health education talk should follow and these include: what a CHP should do before, during and after the health education talk.

**Step 4:** Trainer reconvenes participants in one big group for role play presentations. Participants make presentations on how to conduct health education talks.

**Step 5:** Trainer uses participants' ideas and trainer's notes to lead a discussion on how to conduct a health education talk, summarises, and clarifies issues.

### 6.3.2 Learning Points

- The health education talk is aimed at creating awareness, increasing knowledge and changing attitudes and beliefs of communities so they can develop skills and adopt positive health behaviours related to promotion of good nutrition practices and micronutrient powder interventions in the community.
- There are a number of systematic steps that a CHP should follow when preparing and conducting a health education talk and these include before, during and after the talk.

### 6.3.3 Hints to the Trainer

- For a health education talk to be successful, requires that the CHP follows certain steps to ensure that it is delivered well and the audience is able to understand the messages
- Trainer should use his/her discretion to select relevant situations and develop questions to guide the discussions in the role play
- Trainer should emphasise to the CHPs the idea on how to use the job-aids such as flip chart, counselling cards, handbooks and relevant manuals on nutrition
- Trainer should remember to apply the principles of group dynamics when conducting community dialogue sessions

### 6.3.4 Evaluation

Trainer should ask participants to name the steps to follow and what they should do at each step of the health education talk

## 6.4. Task 4: How to make follow-up on parents and their children at home

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

- Describe the steps required to conduct follow-up
- Discuss the importance of follow-up nutrition and MNP interventions

**Duration:** 30 minutes

**Methodology:** Lecture, brainstorming, discussion

**Materials:** masking tape, markers, newsprint, handouts, LCD projector

### 6.4.1 Steps to follow

**Step 1:** Trainer introduces the topic by reminding participants about what they have been doing in the community and displays the learning objectives

**Step 2:** Trainer asks participants to brainstorm the activities they have been doing at household and community level that require follow-up actions, the reasons for follow-up, how they can do it and importance of follow-up in promotion of MNP in the community.

**Step 3:** Trainer notes participants' responses on the newsprint

**Step 4:** Trainer uses participants' ideas and trainer's notes and summarizes, clarifies and concludes the session

#### 6.4.2 Learning Points

- Follow-up of nutrition and MNP interventions enables the CHP to know whether parents are buying MNPs, know the steps of mixing micronutrient powder properly in children's food and completing the dosage schedule
- It is possible to find out the views and feelings parents have about MNP
- CHPs can tell the status of micronutrient deficiency especially of anaemia among children in the community

#### 6.4.3 Hints to rainer

Trainer should emphasise the importance of follow-up in implementation of health and nutrition interventions otherwise they will not achieve meaningful results

#### 6.4.4 Evaluation

- Trainer asks participants to explain the importance of follow-up in promotion of micronutrient powder in the community
- Trainer should encourage participants to ask questions on what more they need to know about MNP.

### 6.5. Task 5: Distribution/selling of MNP sachets to members of the community

By end of this session, participants will be able to:

- Explain what they need to do before they sell the MNP sachets
- Explain why they are selling MNP sachets to parents and members of the community
- Explain the factors they have to bear in mind when selling sachets of MNP
- Describe the existing opportunities in the community they can take advantage of when selling MNP sachets

**Duration:** 45 minutes

**Methodology:** Lecture, group work, brain storming, discussion, plenary presentation

**Materials:** sachets of MNP, handouts, flyer, flipchart, newsprint, LCD projector

#### 6.5.1 Steps to follow

**Step 1:** Trainer reminds participants about the earlier session covered in which they were introduced to their involvement in implementation of MNP interventions. Trainer emphasises that this time, they are going to specifically focus on what they need to do before they set out to sell MNP sachets to the community members, reasons why they sell and steps to follow when selling MNP sachets

**Step 2:** Trainer introduces the topic by displaying and explaining the objectives of the session.

**Step 3:** Trainer guides formation of groups according to class size to discuss the following issues:

- What do you need to do before you set out to sell the MNP sachets to parents and communities?
- Why do you sell MNP sachets to parents and communities?
- What factors should you bear in mind when selling MNP to households and community members?
- Mention the opportunities in the community that you can take advantage of when selling the MNP sachets

**Step 4:** Trainer reconvenes the groups and they report in plenary session about the ideas discussed.

**Step 5:** Trainer uses participants' ideas and trainer's notes to summarise and clarify issues while emphasizing the need to take into account the social marketing approach while selling MNP to households and communities.

### 6.5.2 Learning points

- The purpose of promoting micronutrient powder is to create awareness among parents/caregivers so they can mix it with children's food in an effort to reduce anaemia among children aged 6-59 months.
- There are a number of existing opportunities in the community which CHPs can leverage on during the sale of MNP sachets and these include:
  - a. House to house visits and follow-up
  - b. Community dialogue meetings
  - c. Markets
  - d. Days of worship
  - e. Social gatherings like wedding ceremonies, funerals, traditional/cultural ceremonies
  - f. Health Days such as Integrated Child Health Days and Mass Drug Administration by NTD programme
  - g. Political gatherings such as rallies
  - h. Community meetings such as Local Council meetings
  - i. Use of existing institutions such as schools, CBOs, VHT system, Mothers' Union Groups
  - j. Field visits

### 6.5.3 Hints to the Trainer

- Trainer should emphasise to participants that before CHPs go out to sell MNP sachets, they should prepare and plan how they should do it. They should not sell MNPs just for the purpose of making money but rather for the more important reason of providing a service to the people with the objective of making it accessible to them and getting them to know the benefits to their children
- Trainer should emphasise reference to the social marketing approach as key in guiding the CHPs while selling MNP
- CHPs should identify existing opportunities they can leverage on to sell the MNP sachets
- Trainer should emphasise to CHPs that the price attached to selling MNPs by CHPs is merely to motivate them to get their transport refund but their main role is to educate the public about benefits of MNP in reducing anaemia among children 6-59 months

### 6.5.4 Evaluation

- Trainer should ask participants to mention what they need to do before they set out to sell the MNP sachets.
- Trainer can ask participants to ask what more they need to know about the session so that in order to get more clarification.

## 6.6. Task 6: Conduct review meetings

### Learning objectives:

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

- Understand the need for them to hold monthly /review meetings in their day-to day activities
- Describe how to practice reporting and monitoring activities
- Know the type of activities they should do after the monthly review meetings

**Duration:** 45 minutes

**Methodology:** Lecture, brainstorming, question and answer

**Materials:** Newsprint, masking tape, markers, handouts, reporting forms

### 6.6.1 Steps to follow

**Step 1:** Trainer introduces the topic by emphasizing the need for CHPs to hold review meetings on what they do during mobilization of communities and sale of MNPs and displays learning objectives

**Step 2:** Trainer explains to participants that they are going to explore the type of activities they need to share during the meetings

**Step 3:** Trainer forms groups to discuss the types of activities CHPs are implementing in the community

**Step 4:** In groups, participants discuss their activities, how they do them, report and monitor them

**Step 5:** Trainer uses participants' ideas and trainer's notes to summarize, clarify issues and conclude the session

### 6.6.2 Learning points

- It is important for CHPs to hold monthly review meetings during which they report and share experience on the activities they are doing. This will help them to improve their implementation strategies.
- The activities Community Health Promoters report on may include some of the following:
  - a. number of home visits made and to which people (include what was discussed and whether this was first visit or follow-up visit)
  - b. number of community dialogue sessions conducted and for which audiences
  - c. number of people that have purchased MNP in a month preceding the review meeting
  - d. types of existing opportunities in the communities that they used during sale of MNPs
  - e. beliefs and misconceptions people have about MNP

### 6.6.3 Hints to the Trainer

- Trainer should encourage participants to share practical examples of the activities they implement at household and community level
- Encourage participants to make monitoring an integral part of the implementation arrangements

### 6.6.4 Evaluation

Trainer can check participants' understanding by asking them some questions about;

- How they report and monitor their activities
- Trainer encourages participants to ask what more they need to know about the subject under Review meetings

### 6.6.5 Trainer's Notes

Community Health Promoters are responsible for performing a number of tasks some of which include the following: Community needs assessment, recording of information on households in a Village Register (number of children 12-24 months and below 5 years, children's nutrition status, their vitamin A and de-worming status), Community dialogue meetings, conducting health education talks, home visiting, selling MNP sachets to households and communities and conducting monthly review meetings.

Specifically for the tasks, the detailed requirements for each of the roles of CHPs are as follows:

#### Community Needs Assessment

Community needs assessment refers to a process of identifying gaps/challenges in social, health, nutrition and economic needs of the people living in a particular community so that solutions can be devised by the people themselves to address the local needs. There are different methods that can be used to conduct a community needs assessment for nutrition and these may include some of the following: observation, community dialogue, focus group discussions, participatory rural appraisal and interviews. These are the common and cost-effective methods for CHPs to use in community needs assessment

While conducting a community needs assessment, CHPs should look for information about the following areas: food crops grown, condition of the houses, water sources, availability and condition of latrine, availability of drying racks, condition of children in terms of nutrition status (whether malnourished or not) immunisation status, and availability and condition of kitchen, people's knowledge and skills about mixing micronutrient powder.

Community needs assessment facilitates identification of health, nutrition and communication gaps in a community which forms up to date information about the community. This information is necessary for effective planning, implementation, developing evidence based messages and interventions, monitoring and evaluation of village health and nutrition activities. By identifying the exact problems/gaps, the limited resources can be directed appropriately to feasible areas that can have a greater impact.

### **Home Visiting**

One of the responsibilities of a CHP is to conduct home visits. Home visits allow you to learn about the health status of households in your village and to share information and advice with the people who live there. The information and advice you share may help them improve their health and nutrition status. A number of steps may have to be followed before, during and after conducting a home visit and include the following:

#### **Before the visit:**

- Clarify the purpose of the visit – Is the CHP conducting the home visit for the first time or making a follow-up visit? Why are you conducting a home visit?
- After making the objectives clear, then the CHP can prepare the relevant and appropriate materials/job-aids to use during the visit, e.g. flipchart, counseling cards, handouts, and training guide
- Read the job-aids over and over again so that you have the key points in mind
- Plan how to use the job aids and move to the targeted homes

#### **During the visit:**

- When a CHP gets to a home, s/he should greet the family members to create a rapport
- Explain the reason for the visit. (Say something like, "I have come to meet you about ....and would like to discuss (subject matter) .....with you today. Can we talk for a little while?")
- Start the discussion on an interesting topic using the appropriate job-aids. During the discussion, establish a caring environment through active listening.
- Speak in gentle tone or voice, using simple words in local language and be respectful to members of the home
- Use the appropriate job-aids to enable you recognize and identify problems and suggest solutions to problems. As you discuss, take note of important points being discussed with an individual or family members
- Agree together who will do what and by when while emphasizing the fact that you and the family have reached an agreement on what to do to improve nutrition and health of children in the home

#### **After the visit**

After the visit, the parent/caregiver should start implementing what has been agreed upon with the CHP. The CHP should follow up with the parent/caregiver or family member to find out whether s/he is buying and mixing micronutrient powder with child's food. The CHP should use a checklist during home visit to gather the necessary information about the household's feeding and hygiene practices as well as use of MNP in children's food. A CHP is supposed to ask the members of the household to show what they have done and what they have not done so as to give a clearer picture of what needs to be done to improve the situation in their homes.

### **Working with communities**

It is important for the CHPs to know how to work with different communities during promotion of



m micronutrient powder. Working with communities is based on the understanding that involving communities in matters affecting their health and nutrition can help them understand their problems better and devise possible solutions/interventions to address them. Working with communities can be achieved through a strategy called community mobilization. Community mobilization therefore refers to a process of involving and motivating local institutions and communities and structures to organize themselves for collective action towards achieving a common objective. This takes the form of identifying common problems affecting them and their children, analyzing them, designing interventions to address them to achieve positive health behaviours.

One of the activities to address community health and nutrition problems is by conducting a health education talk focusing on the problems identified during community needs assessment.

There are steps that a CHP should follow before, during and after a health education talk. These include:

- Identifying the topic of the health education talk. Ask yourself questions such as, “Who are the target audiences/listeners, what topic will be interesting and create awareness, increase knowledge and motivate them to change their attitudes towards nutrition and MNP? What do I want them to do as a result of listening to the health education talk?”
- Gather the appropriate materials such as flip chart, trainer’s guide and hand outs and other relevant reference materials. Read through the materials, understand the content and how to use them
- Decide on the date and venue for the meeting

#### **What the CHP should do during the health education talk**

- Greet the audience and thank them for turning up
- If it is a small group, ask members to introduce themselves
- Tell them the reason for the meeting and the expected benefits from the meeting and the topic you are going to talk about. If you are using a flip chart as your job aid, use the Mix Me flipchart during the talk and use it properly to help the participants learn.
- A health education talk should focus on the following areas: what people already know about the topic using appreciative inquiry and build on this knowledge; problems/issues surrounding anaemia in children, benefits of using micronutrient powder, sustaining the behaviour by completing the dosage schedule. During discussion, the trainer should balance it in such a way that some participants do not dominate others.

#### **What the CHP should do after the health education talk**

- After the session, trainer should allow participants to ask questions and provide answers
- Trainer should ask for some volunteers to repeat the main points learnt from the talk
- Trainer should ask what people may want to do differently as a result of this talk

#### **Tips on how to give a health talk**

- Know your audience
- Timing: Keep time to less than an hour
- When choosing content, focus on what people must know and will benefit them
- Remember: your listeners are only going to remember 3–4 of the facts you tell them so you should not give them too much information
- When presenting the content, avoid use of complicated words and jargon
- Prepare an outline to help you during the health education talk and focus on the following:
  - a. A striking introduction that creates interest and explains what is going to happen
  - b. A concise body with a logical sequence of information. Reduce information to the key points.
  - c. A meaningful conclusion, containing a summary of the key or important points in the discussion.

## ANNEX I PROGRAMME FOR TRAINING COMMUNITY HEALTH PROMOTERS

Day	Time	Activity	Task	Facilitator	Materials
Day 1	8.00-8.30am	Registration of participants	Registration	BRAC Officer	Registration forms
	8.30-9.00am	-Introduction of participants & training programme (rationale, purpose & objectives)	-Share training program -Training brief -Participants' expectations -Pretest	BRAC Official	Time table/training program
	9.00-10.30am	Introduction to nutrition	-Nutrition (Food groups) -IYCF practices	MoH/ DHO	Handouts, LCD Projector, Newsprint, Markers, masking tapes, VIPP Cards
	<b>10.30-11.00am</b>	<b>TEA BREAK</b>			
	11.00-12.00pm	Introduction to nutrition cont...	Demonstration on how to prepare and serve food	MoH/ DHO	Handouts, LCD Projector, Newsprint, Markers, masking tapes, sauce pans, food stuffs
		Introduction to nutrition cont...	Micronutrient deficiencies	MoH/ DHO	As above
	<b>1.00-2.00pm</b>	<b>LUNCH</b>			
	2.00 -4.30pm		Food fortification, home fortification and justification for MNP in supplementation		
			Mechanisms for promoting appropriate use of MNP		
			Steps to follow when mixing MNP		
<b>4.30-5.00pm</b>	<b>TEA AND EVALUATION</b>				

Day	Time	Activity	Task	Facilitator	Materials
Day 2	8.00-8.30am	Registration		BRAC Officer	Registration forms
	8.30-9:00am	Recap on previous day's activities	Recap	Class Volunteer	Previous day's notes
	9.00-9.30am	Prevention of diseases to save lives	Prevention and treatment of malaria	MoH/DHO	Newsprint, LCD Projector, handouts, flip chart, handbook
	9.30-10.30am		Prevention and treatment of diarrhea	MoH/DHO	Newsprint, LCD Projector, handouts, flip chart, handbook
			Prevention and treatment of intestinal worms	MoH/DHO	Newsprint, LCD Projector, handouts, flip chart, handbook
	<b>10.30-11.00am</b>	<b>TEA BREAK</b>			
	11.00-11.45am		Hygiene as a family care practice in disease prevention	MoH/DHO	Newsprint, LCD Projector, handouts, flip chart, handbook
	11.45-12.15pm	Promoting Behaviour Change for Micronutrient powder	Meaning of terms communication, interpersonal communication and behavior change	Consultant	Handouts, LCD Projector, flip chart, Newsprint, Markers, masking tapes
	12.15-1.15pm		Role of interpersonal communication in promotion of MNP	Consultant	Handouts, LCD Projector, flip chart, Newsprint, Markers, masking tapes
	<b>1.15 -2.15pm</b>	<b>LUNCH</b>			
			Basic Counselling and application in promotion of MNP	Consultant	Handouts, LCD Projector, flip chart, Newsprint, Markers, masking tapes
			Behaviour Change and application in promotion of MNP	Consultant	Handouts, LCD Projector, flip chart, Newsprint, Markers, masking tapes
	4.00 -4.30pm		Wrap-up, evaluation	Consultant	
	<b>4.30 -5.00pm</b>	<b>EVENING TEA AND END OF THE DAY</b>			

Day	Time	Activity	Task	Facilitator	Materials
Day 3	8.00-8.30am	Reporting and registration	Registration	BRAC Officer	Registration forms
	8.30-9.00am	Recap on previous day's activities	Presenting previous day's work	Class Volunteer	Notes from previous day
	9.00 -9.30am	Tasks of CHPs in promotion of MNP	Community needs assessment	Consultant	Handouts, LCD Projector, flip chart, Newsprint, Markers, masking tapes
	9.30 -10.00am		Conduct home visits to households	Consultant	Handouts, LCD Projector, flip chart, Newsprint, Markers, masking tapes
	10.00 -10.30am		Conduct a health education talk	Consultant	Handouts, LCD Projector, flip chart, Newsprint, Markers, masking tapes
	<b>10.30-11.00am</b>	<b>TEA BREAK</b>			
	11.00-11.30am		How to make follow-up to parents	Consultant	Handouts, LCD Projector, flip chart, Newsprint, Markers, masking tapes
	11.30 -12.00pm		Distribution/selling of MNP sachets	Consultant	Handouts, LCD Projector, flip chart, Newsprint, Markers, masking tapes, MNP sachets
	12.00 -12.30pm		Conduct review meetings	Consultant	Handouts, LCD Projector, flip chart, Newsprint, Markers, masking tapes
	12.30 -1.00pm		Post-test, wrap up	Consultant	
<b>1.00-2.00pm</b>	<b>LUNCH AND CLOSURE OF TRAINING</b>		<b>DH official</b>		



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