

**Behavior change communication to improve infant and young child  
feeding practices in rural Haiti:  
Training and communication materials**

**DRAFT**

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**Submitted to:  
The Food and Nutrition Technical Assistance (FANTA) Project**

**January 31, 2003**

This publication was made possible through the support provided to the Food and Nutrition Technical Assistance (FANTA) Project by the Office of Health and Nutrition of the Bureau for Global Health at the U.S. Agency for International Development, under terms of Cooperative Agreement No. HRN-A-00-98-00046-00 awarded to the Academy for Educational Development (AED). The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

Financial support for this research is also provided by the Government of Germany, World Vision-Haiti and the World Food Program.

**RECOMMENDED CITATION:**

Loechl, C., Menon, P., Pelto, G., Ruel, M. (2003). *Behavior change communication to improve infant and young child feeding practices in rural Haiti: Training and communication materials*. A report submitted to the Food and Nutrition Technical Assistance Project, Academy for Educational Development, Washington, D.C.



## **ACKNOWLEDGEMENTS**

The authors thank Freedom From Hunger for their permission to adapt their communication and training materials on infant and young child feeding to the needs of the World Vision Maternal and Child Health program. We are grateful to Edouine Francois for the assistance provided during the adaptation of these materials and for the excellent training workshops conducted for the World Vision staff. We would like to express our gratitude to DidacArts (Port-au-Prince, Haiti) for working with us on the pretesting and repeated adaptations of the visual materials to the Haitian context, and to Paul Thomas for the translation of the materials from Haitian Creole into English. Finally, the sustained support and commitment of World Vision-Haiti has made it possible to facilitate this adaptation process and the training of their health team in a timely fashion.

## ACRONYMS USED

|       |   |
|-------|---|
| BCC   | Behavior Change Communication                       |
| CAFEM | <i>Centre d'Appui et de Formation En Management</i> |
| FANTA | Food and Nutrition Technical Assistance             |
| FFH   | Freedom From Hunger                                 |
| HIV   | Human Immunodeficiency Virus                        |
| IFPRI | International Food Policy Research Institute        |
| MCH   | Maternal and Child Health                           |
| SD    | Standard deviation                                  |
| USAID | United States Agency for International Development  |
| WAZ   | Weight for Age Z-Score                              |
| WV    | World Vision  |

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## **CONTENTS OF COMMUNICATION AND TRAINING MATERIALS**

(AVAILABLE ON THE CD-ROM THAT ACCOMPANIES THIS REPORT)

1. Training material on adult education
  - a. Primer on principles and practices of adult learning– learning activities to highlight key concepts
  - b. Primer on principles and practices of adult learning– toolkit for the trainer (handouts)
2. Training material on infant and young child feeding practices
  - a. Trainer’s guide on infant and young child feeding practices
  - b. Trainer’s toolkit on infant and young child feeding practices (handouts)
3. Communications material on infant and young child feeding practices
  - a. Learning sessions for use in the preventive program
  - b. Learning sessions for use in the recuperative program
4. Visual materials to be used with the learning sessions
  - a. Child development and feeding chart
  - b. Set of 18 specific images on aspects of infant and young child feeding practices
5. Report on the training of trainers workshop on the use of the adapted communication material on infant and young child feeding in December 2002 (in French)

## EXECUTIVE SUMMARY

This report presents an overview of the communication and training materials on infant and young child feeding practices that were developed for the behavior change communications (BCC) component of the integrated maternal and child health (MCH) program being implemented by World Vision-Haiti in the Central Plateau of Haiti. Technical support for the development of the BCC program has been provided by the International Food Policy Research Institute (IFPRI) and Cornell University. This technical support is embedded within a larger program evaluation in which IFPRI and Cornell, in collaboration with World Vision-Haiti, will compare two models for delivering an integrated food and nutrition program with a take-home food ration component.

Included in this report are:

- (a) Background information on the programmatic context within which the adapted materials will be used and on the technical basis for the feeding behaviors selected for promotion through the BCC program;
- (b) A description of the content of the communication materials and the new communications approach;
- (c) A description of the training materials and approach for supervisors, health agents and *colvols* (program volunteers) to facilitate their use of these materials;
- (d) The new communication and training materials, which have been translated from Haitian Creole into English. These are provided on a CD-ROM that accompanies this report.

### ***Programmatic context for the BCC program:***

The two program models being implemented by World Vision Haiti are (1) a *recuperative* program whereby *malnourished* children between 6 months and 5 years of age are targeted to receive food supplements, and (2) a *preventive* program that provides food supplements to *all* children between 6 and 24 months of age. In both program models, beneficiaries are identified at Rally Posts, and children receive preventive care (immunizations, deworming, vitamin A, etc.) as needed. In addition, their mothers attend special monthly group meetings at Mothers' Clubs where topics relevant to the needs of the program beneficiaries are discussed. Pregnant and lactating women (up to six months of lactation) are also program beneficiaries under both models and receive food rations, pre- and post-natal clinic-based counseling and care. They also attend Mothers' Club meetings that focus on the special needs of pregnancy and lactation.

The primary venue for the use of the newly developed BCC materials on infant and young child feeding will be the Mothers' Clubs, where women come together in a small group setting (15-20 mothers) to discuss issues related to health, hygiene, nutrition, and the environment. Health agents or *colvols* (or both) facilitate the meetings, which are held at least once a month. The Mothers' Clubs will be organized based on the program-specific criteria for club attendance (i.e., separate clubs for pregnant and lactating women, and, depending on the program model, for mothers of children 6-24 months old or for mothers of malnourished children 6-59 months old).

BCC activities are also conducted at the Rally Posts. Existing communication materials on various topics will be used at these short group education sessions. The BCC program development team is exploring the possibilities of using the food distribution points for complementary BCC activities. For instance, the possibility of conducting cooking demonstrations or distributing recipe booklets at food distribution points is being considered.

### ***Communications material and approach:***

The communication and training materials presented here are based on those developed by Freedom from Hunger (FFH) for use with their *Credit for Education* programs in Haiti. Based on results of previously conducted formative research and in collaboration with the *Centre d'Appui et de Formation En Management (CAFEM)*<sup>1</sup>, a local service provider for FFH in Haiti, these materials were adapted for the infant and young child feeding component of the BCC program. Only those materials related to infant and young child feeding were adapted for use in the WV MCH program, since materials to address other topics like diarrhea, hygiene, immunization, etc., already exist.

The technical content of the FFH communication materials was adapted based on the current recommended guidelines for infant and young child feeding (PAHO/WHO, in press). The materials are organized in the form of learning sessions that are theme- and age-specific. The communications schedule (i.e., the order in which the learning sessions are discussed with program participants) was developed separately for the preventive and recuperative programs. In addition, a common set of learning sessions was organized for discussion in the Mothers' Clubs for pregnant and lactating women in both program models.

The communications approach used at the World Vision Mothers' Clubs is the same as that used by FFH, and is grounded in the principles of adult learning. Thus, the materials on infant and young child feeding are discussed using an approach that enhances participants' understanding of the technical content by using techniques such as small group discussions, role plays, presentations by the health agent, cooking sessions, and problem-solving.

### ***Training of field supervisors and staff:***

The training of World Vision was done in a two-step process. First, World Vision MCH supervisory and managerial staff were trained in the principles of adult learning and then in the application of the principles of adult learning to the new communication materials. This step was also designed to be a "training of trainers", and the field supervisors were trained in methods of training their field staff. These two sessions were conducted by an adult education trainer from CAFEM.

In the second step of training, World Vision MCH field staff in the Central Plateau of Haiti were trained in the content and use of the new communication materials. This step was conducted by World Vision supervisory staff trained in the previous stage.

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<sup>1</sup> CAFEM is a firm that conducts training in adult-education, development of communication material and training in general. For the past three years they have been the local service provider for FFH for their *Credit with Education* programs in Haiti. FFH helped CAFEM to strengthen its capacity in the above-mentioned areas.

*Next steps:*

The BCC program will be implemented by World Vision in the program areas for the preventive and recuperative models beginning in March 2003. The implementation of the program will be assessed during the operations research planned by the IFPRI-Cornell-World Vision team in mid-2003 and further suggestions for any improvements in the implementation of the BCC and other program components will be made.

# 1 INTRODUCTION

## 1.1 Objectives

This report presents an overview of the communication and training materials on infant and young child feeding practices that were developed for the behavior change communications (BCC) component of the integrated maternal and child health (MCH) program being implemented by World Vision-Haiti in the Central Plateau of Haiti. Its purposes are to provide readers with: (a) background information on the programmatic context within which the adapted materials will be used, and the technical basis for the feeding behaviors that will be promoted through the program; (b) a description of the content of the communication materials and the new communications approach; (c) a description of the training materials and training approach to facilitate the use of these materials by WV supervisors, health agents and *colvols* (program volunteers). The communication and training manuals (translated from Haitian Creole into English) for health agents/*colvols* and their supervisors are provided on a CD-ROM that accompanies this report.

The communication and training materials presented here are based on those developed by Freedom from Hunger (FFH) for use with their *Credit for Education* programs in Haiti. Based on results of previously conducted formative research (Menon et al. 2002) and in collaboration with the *Centre d'Appui et de Formation En Management (CAFEM)*<sup>2</sup>, a local service provider for FFH in Haiti, these materials were adapted for the infant and young child feeding component of the BCC program.

## 1.2 Programmatic context for the behavior change communications program

The integrated maternal and child health program within which the behavior change communications program is situated is being implemented in the Central Plateau of Haiti by World Vision-Haiti. Technical support for the development of the BCC program has been provided by the International Food Policy Research Institute (IFPRI) and Cornell University. This technical support is embedded within a larger program evaluation in which IFPRI and Cornell, in collaboration with World Vision-Haiti, will compare two models for delivering an integrated food and nutrition program with a take-home food ration component.

The two program models are:

- 1) A *recuperative* program whereby *malnourished* children between 6 months and 5 years of age are targeted to receive food supplements and are followed up. In addition, they receive preventive care (immunizations, vitamin A, etc.) as needed, and their mothers attend special monthly group meetings at Mothers' Clubs where topics relevant to the needs of the malnourished children are discussed.

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<sup>2</sup> CAFEM is a firm that conducts training in adult-education, development of communication material and training in general. For the past three years they have been the local service provider of FFH for their *Credit with Education* programs in Haiti. FFH helped CAFEM to strengthen its capacity in the above-mentioned areas.

- 2) A *preventive* program that provides food supplements and other preventive interventions (immunizations, vitamin A, etc.) to *all* children between 6 and 24 months of age. The mothers of children in this age group also attend Mothers' Clubs where the age-specific needs of children in this age group are discussed. The rationale for this program is to intervene before growth retardation occurs, and thus, to prevent, rather than cure, malnutrition.

Pregnant and lactating women (up to six months of lactation) are also program beneficiaries under both models. They receive food rations, pre- and post-natal clinic-based counseling and care, and attend Mothers' Club meetings that focus on the special needs of pregnancy and lactation.

Both the recuperative and preventive models will be implemented using the same general programmatic approach, in which there are three major points of contact between the program and participants. These are: (1) Rally Posts, (2) food distribution points, and (3) Mothers' Clubs. In addition, some participants may also receive home visits by health agents and *colvols*.

Rally Posts: The Rally Post is the first point of contact between mothers and the WV MCH program. At the Rally Post food aid beneficiaries are identified based on program-specific criteria (child age in the preventive model and nutritional status in the recuperative model). Other activities at the Rally Post include health education and preventive health care activities, such as immunization, administration of vitamin A, and deworming. The Rally Posts are facilitated by a health agent, with assistance from other health agents, *colvols* and/or mother assistants.

Mothers whose children are identified as being eligible to receive food benefits also attend Mothers' Clubs and go to food distribution points on a monthly basis.

Mothers' Clubs: The World Vision program uses Mothers' Clubs as a way of bringing women together in a small group setting (15-20 mothers) to discuss issues related to health, hygiene, nutrition, or the environment. Health agents or *colvols* (or both) facilitate the meetings, which are held at least once a month. Meetings take place in a variety of locations, including the WV health center, local schools or participants' homes. The formative research (Menon *et al.*, 2002) revealed that the Clubs are an ideal setting for effective BCC activities since they are located close to mothers' homes (usually a maximum of about 15 minutes' walk) and are small groups with minimal distractions.

Food distribution points: The distribution of food aid commodities occurs at the food distribution points on a monthly basis. All beneficiaries from a specific community (or multiple communities) come to a central point to receive their food rations for the month. At the food distribution points, the eligibility of the beneficiary is verified by food monitors and health agents, after which the rations (direct and indirect) are provided.

Home visits: In addition to the three program contact points that reach all program participants who are food aid beneficiaries, the MCH program has a system of home visits by health agents and *colvols*. These are targeted mainly to mothers of newborn infants and mothers of severely malnourished children.

The primary venue for the use of the newly developed BCC materials on infant and young child feeding will be the Mothers' Clubs. In many areas, new clubs will be formed. In some areas pre-existing clubs will be utilized, but these will be reorganized based on the new criteria for club attendance (i.e., separate clubs for pregnant and lactating women, and, depending on the program model, for mothers of children 6-24 months old or for mothers of malnourished children 6-59 months old).

BCC activities are also conducted at the Rally Posts. These are short group education sessions on various topics, and new materials were not developed for these group sessions. Existing communication materials will be used at these sessions.

The BCC program development team is also exploring the possibilities of using the food distribution points for complementary BCC activities. For instance, the possibility of conducting cooking demonstrations at food distribution points is being considered. Booklets that contain recipes for improved complementary foods using food aid commodities and other local ingredients to enrich traditional recipes are also being developed for distribution at food distribution points. This will re-emphasize the key messages regarding the use of enriched complementary foods to improve the quality of the diet of 6-24 month old children.

## **2 THE TECHNICAL BASIS FOR INFANT AND YOUNG CHILD FEEDING BEHAVIORS PROMOTED THROUGH THE BCC PROGRAM**

The Guiding Principles for Infant and young child feeding, developed by PAHO/WHO (Appended in Annex 1) were used as the basis for recommending specific feeding and care behaviors to promote through the BCC program. Table 1A below presents a list of specific behaviors for children under 2 years of age that are addressed through the preventive and the recuperative programs. These are described by age group as the required behaviors change as children mature. Table 1B indicates the recommendations for the age group 24-59 months. These are given only for children in the recuperative program, as the preventive program does not include children in this age range. Note that for children under 2 years of age, the behaviors to be promoted through the preventive and recuperative programs are identical. This is intentional; many of the children in the recuperative program are likely to be mild to moderately malnourished because they are not fed and cared for according to recommended guidelines. Thus, it was felt that the recuperative program should also be based on current age-specific recommendations for child feeding.

It should be noted that the recuperative BCC program and the accompanying food distribution is neither intended nor designed to address the special needs of managing severely malnourished children. Severe malnutrition is a medical condition that requires special treatment, usually in a clinic or center. The IFPRI-Cornell-World Vision baseline survey conducted in 2002 revealed that the proportion of severely malnourished children (WAZ <-3 SD) in the program areas is not very high (about 4%). The World Vision MCH division is currently exploring referral and treatment options for children who might be identified as severely malnourished in the preventive and recuperative program areas.

Another group of infants whose needs are not addressed by the BCC program are children of HIV-positive mothers. Current feeding guidelines for these infants suggest that they should either be exclusively breastfed or exclusively formula-fed for the first six months, with rapid cessation of breastfeeding (in the exclusively breastfed group) and appropriate complementary feeding thereafter. Applying these recommendations necessitates a program for HIV-testing and individual counseling for HIV-positive mothers, neither of which are available through the health system in rural Haiti or World Vision's current programming. Given these reasons, and the relatively lower prevalence of HIV infection among pregnant women in Haiti compared to some countries in Africa the current BCC program does not address the special feeding of infants of HIV-positive mothers. However, the World Vision MCH BCC program does address issues of HIV prevention.

**Table 1A: Practices to encourage for 0-24 month old children through the preventive and recuperative BCC programs**

| <b>0-6 months<sup>a</sup></b>  |
|--|
| <ul style="list-style-type: none"> <li>➤ Initiate breastfeeding immediately after the child is born</li> <li>➤ Give the child colostrum (and avoid <i>lòk</i>)</li> <li>➤ Breastfeed exclusively (avoid other liquids and foods)</li> <li>➤ Breastfeed frequently, on demand</li> <li>➤ Use expressed breast milk as needed (avoid other liquids and foods)</li> <li>➤ Use a cup and spoon to feed the infant expressed breast milk (avoid baby bottles)</li> <li>➤ Increase the frequency of breastfeeding when the infant is sick.</li> </ul>  |
| <b>6-9 months</b>  |
| <ul style="list-style-type: none"> <li>➤ Continue to breastfeed on demand and use expressed breast milk as necessary</li> <li>➤ Gradually introduce enriched porridges, gruels and special foods (enriched using beans, eggs, fish, breast milk, milk, pumpkin, etc.)</li> <li>➤ Feed the infant enriched foods 2-3 times per day</li> <li>➤ Increase the quantity of enriched foods as the child grows older</li> <li>➤ Feed nutritious snacks (like <i>cham cham</i>, fruits, peanut butter) 1-2 times per day</li> <li>➤ Use a cup and spoon to feed the infant expressed breast milk and other liquids (avoid baby bottles)</li> <li>➤ Feed infants directly, and feed slowly and patiently.</li> <li>➤ Encourage children to eat, but do not force them; if children refuse many foods, experiment with different food combinations, tastes, textures and positive methods of encouragement;</li> <li>➤ Minimize distractions during meals</li> <li>➤ Talk to children during feeding, with eye to eye contact</li> <li>➤ Increase frequency of breastfeeding and liquids when the infant is ill</li> <li>➤ Feed the child his or her favorite foods when ill</li> <li>➤ Increase the frequency of feeding and feed more enriched foods when the infant is convalescing after an illness</li> </ul>   |
| <b>9-12 months</b>   |
| <ul style="list-style-type: none"> <li>➤ Continue to breastfeed on demand and use expressed breast milk as necessary</li> <li>➤ Continue to feed enriched porridges, gruels and special foods (enriched using beans, eggs, fish, breast milk, milk, pumpkin, etc.)</li> <li>➤ Increase the variety of foods fed to the infant by adding other family foods to the child's diet.</li> <li>➤ Feed the infant enriched porridges/gruels or special foods 3-4 times per day</li> <li>➤ Increase the quantity of food as the child grows older</li> <li>➤ Feed nutritious snacks (like <i>cham cham</i>, fruits, peanut butter) 1-2 times per day</li> <li>➤ Use a cup and spoon to feed the infant expressed breast milk and other liquids (avoid baby bottles)</li> <li>➤ Feed infants directly, and feed slowly and patiently.</li> <li>➤ Encourage children to eat, but do not force them; if children refuse many foods, experiment with different food combinations, tastes, textures and positive methods of encouragement;</li> <li>➤ Minimize distractions during meals</li> <li>➤ Talk to children during feeding, with eye to eye contact</li> <li>➤ Increase frequency of breastfeeding and liquids when the infant is ill</li> <li>➤ Feed the child his or her favorite foods when ill</li> <li>➤ Increase the frequency of feeding and feed more enriched foods when the infant is convalescing after an illness</li> </ul> |

<sup>a</sup> In both preventive and recuperative programs, mothers of infants 0-6 months old are reached through the postnatal consultations and Mothers' Clubs.  
Note that the indicated age groups 0-6, 6-9, 9-12, 12-24 are technically 0-5.9, 6-8.9, 9-11.9, 12-23.9

**Table 1A (continued)**

| <b>12-24 months</b>  |
|--|
| <ul style="list-style-type: none"><li>➤ Continue to breastfeed on demand and use expressed breast milk as necessary</li><li>➤ Continue to feed enriched porridges, gruels and special foods (enriched using beans, eggs, fish, breast milk, milk, pumpkin, etc.)</li><li>➤ Increase the variety of foods fed to the infant by adding other family foods to the child's diet.</li><li>➤ Feed the infant enriched porridges/gruels or special foods 3-4 times per day</li><li>➤ Increase the quantity of food as the child grows older</li><li>➤ Feed nutritious snacks (like cham cham, fruits, peanut butter) 1-2 times per day</li><li>➤ Use a cup and spoon to feed the infant expressed breast milk and other liquids (avoid baby bottles)</li><li>➤ Assist and supervise feeding to ensure adequate intake, and feed slowly and patiently</li><li>➤ Encourage children to eat, but do not force them; if children refuse many foods, experiment with different food combinations, tastes, textures and positive methods of encouragement;</li><li>➤ Minimize distractions during meals</li><li>➤ Talk to children during feeding, with eye to eye contact</li><li>➤ Increase frequency of breastfeeding and liquids when the infant is ill</li><li>➤ Feed the child his or her favorite foods when ill</li><li>➤ Increase the frequency of feeding and feed more enriched foods when the infant is convalescing after an illness</li></ul> |

**Table 1B: Practices to be encouraged for malnourished children (24-59 months) in the recuperative BCC program**

| <b>24-59 months</b>  |
|--|
| <ul style="list-style-type: none"><li>➤ Continue to feed enriched porridges, gruels and mashed foods (enriched using beans, eggs, fish, breast milk, milk, pumpkin, etc.)</li><li>➤ Feed the child a variety of foods, including animal foods.</li><li>➤ Feed the infant enriched foods 3-4 times per day</li><li>➤ Feed nutritious snacks (like <i>cham cham</i>, fruits, peanut butter) 1-2 times per day</li><li>➤ Use a cup and spoon to feed the infant expressed breast milk and other liquids (avoid baby bottles)</li><li>➤ Supervise feeding to ensure adequate intake, assisting if needed, and feed slowly and patiently</li><li>➤ Encourage children to eat, but do not force them; if children refuse many foods, experiment with different food combinations, tastes, textures and positive methods of encouragement;</li><li>➤ Minimize distractions during meals</li><li>➤ Talk to children during feeding, with eye to eye contact</li><li>➤ Increase frequency of breastfeeding and liquids when the infant is ill</li><li>➤ Feed the child his or her favorite foods when ill</li><li>➤ Increase the frequency of feeding and feed more enriched foods when the infant is convalescing after an illness</li></ul> |

### **3 BEHAVIOR CHANGE COMMUNICATION MATERIALS AND STRATEGY**

This section describes the content of the communication materials and the behavior change communication strategy that health agents and *colvols* will use when they meet with participants in the Mothers' Clubs. The materials focus mainly on child feeding practices, as do the recommended schedule of activities. Other World Vision materials are available that cover other aspects of health care and care during illness for infants and children. These are currently being used in the WV program but are not described here. Their placement within the overall schedule of activities at various program delivery points is under discussion among WV staff.

#### **3.1 The communication materials**

A review of existing behavior change communication materials related to infant feeding in Haiti was conducted to identify local materials that could potentially be adapted for use in the World Vision program. As noted earlier, the materials developed by Freedom From Hunger for their *Credit with Education* program in Haiti were identified as the most appropriate for adaptation. They are of very high quality and cover a majority of the behaviors to be promoted through the BCC program. In addition, their materials are used with a communication strategy that is participatory and incorporates key principles of adult learning as well as of trials of improved practices. Therefore, permission was obtained from FFH to adapt their materials and utilize them in the World Vision MCH project.

##### ***The adaptation process:***

Some of the messages and actions promoted with the FFH materials have been used successfully in Haiti by FFH and other organizations and did not require adaptation. For a few behaviors, which were not fully addressed in the FFH materials, the IFPRI-Cornell team developed new messages and sets of actions to promote. These were based on the results of the formative research and on the current Guiding Principles for infant feeding. All of the new messages or concepts were pretested in the areas where BCC program will be implemented. For each item the pretest information gathered included participant comprehension, the believability of the concept or message, the perceived importance of the actions implied in the message, and whether the participant would consider changing their behavior after hearing the message.

Based on the results of the pretest exercise, the content and delivery of FFH materials were adapted. The materials were also adapted to the program context of World Vision as this differed considerably from the context of the *Credit with Education* program that FFH had used them in. For instance, the *Credit with Education* sessions are based on weekly group meetings, while World Vision program participants meet only once a month in the Mothers' Clubs.

##### ***Organization of the communication materials:***

The communication materials are presented separately for preventive and recuperative programs. All the materials are organized into learning sessions that are designed to be completed in about an hour. Each of these sessions covers specific key practices using a variety of communication methods, including a presentation by the health agent/*colvol*, small group discussions among participants, role-plays, songs and theater-like activities.

All the sessions consist of a set of instructions to the health agents/*colvols*, accompanied by activities for them to carry out with the group of participants in order to achieve the objectives of the learning session. Each session begins with instructions that: (a) lay out the objectives of the learning session, (b) describe how long it takes, (c) describe the methods of communication to be used in that session and (d) describe the steps that should be taken by the health agent/*colvol* to prepare for the learning session. This is followed by the learning session itself, with a description of each step that health agents and *colvols* are meant to follow as they move through the session with the participants. These include instructions for specific dialogues, ideas for small group discussions, stories, songs, etc., that are used to engage the participants in the learning session.

The instructions for conducting a learning session are accompanied by visual materials. For several of the sessions, a large-format, laminated chart on child growth, development and feeding, is used to facilitate discussion of infant and child feeding recommendations in relation to the physical development of a child. It shows that children learn how to eat just as they learn how to sit, crawl and walk. Each row represents a different theme related to infant and child feeding, covering issues of food texture, breastfeeding and feeding, participating in feeding, frequency of feeding and recommended quantities of food. The child development and feeding chart can be attached to a wall or a tree.

In addition to the child development and feeding chart, a set of 18 images is used to support verbal presentations of the health agents and *colvols*. The images present scenes to illustrate stories and specific feeding recommendations regarding exclusive breastfeeding, maintenance of breastfeeding, introduction of complementary foods, food variety, responsive feeding, and prevention of diarrhea. Some of them are enlargements of specific boxes on the child development and feeding chart. In addition, one image gives visual instructions on how to express breast milk.

### **3.2 The communications strategy**

The formative research conducted by the IFPRI-Cornell research team in 2002 suggested that, although the WV health agents and *colvols* were highly motivated to transfer skills and knowledge related to child health to the participants in the Mothers' Clubs, they were constrained by a lack of training in appropriate methods of teaching adults. The Mothers' Club sessions were didactic and rarely based on the real life experiences of the rural Haitian mothers. In contrast, the Freedom from Hunger approach uses methods of communication that are grounded in principles of adult learning. These principles include:

- **Respect**: Ensuring that the learner feels respected and feels like an equal.
- **Affirmation**: Ensuring that the learner receives praise for even small attempts.
- **Relevance**: Recognizing that the learner learns best by drawing on his/her own knowledge and experience. Also, that learning must meet the real-life needs of the adult—jobs, family, etc.

- Dialogue: It is important for learning that the learner is encouraged to enter into a dialogue with the teacher and with other learners
- Engagement: The learner must get involved through discussion, small groups, and learning from peers.
- Immediacy: The learner must be able to apply the new learning immediately.
- (20/40/80 Rule): The learner remembers more when visuals are used to support the verbal; adults remember best when they practice the new skill. We remember 20 percent of what we hear, 40 percent of what we hear and see, and 80 percent of what we hear, see and do.
- Affective, psychomotor and cognitive learning: Learning should involve feelings and doing as well as thinking.
- Safety: The learner needs to feel that their ideas and contributions will be valued—that they will not be ridiculed or belittled.

Using this approach to teaching and learning, program staff learn how to create a training environment where people feel safe and respected, how to facilitate group discussions, offer open-ended questions, create dialogue, animate role plays, and build on the ideas of the women. Some of the specific activities through which this is done are presented in Table 2.

**Table 2: Types of adult learning principles addressed by different communication activities used in the learning sessions**

| Type of communication activity                      | Adult learning principles addressed by this activity  |
|---|---|
| Large group discussions                             | Dialogue; Respect; Affirmation  |
| Small group discussions                             | Safety; Engagement; Dialogue; Affective, psychomotor and cognitive learning   |
| Story telling                                       | Relevance; Respect; Safety  |
| Use of images/chart                                 | Relevance; 20/40/80 Rule (hear and see); Affective and cognitive learning   |
| Demonstration                                       | Relevance; Immediacy; 20/40/80 Rule (hear, see and do); Affective, psychomotor and cognitive learning                       |
| Invitation of role models                           | Relevance; Respect; Engagement; 20/40/80 Rule (hear and see)  |
| Role-playing, songs, sketch, game                   | Respect; Engagement; Immediacy; Affective, psychomotor and cognitive learning; 20/40/80 Rule (hear, see and do)             |
| Cooking and tasting of enriched complementary foods | Relevance; Dialogue; Immediacy; Engagement; 20/40/80 Rule (hear, see and do); Affective, psychomotor and cognitive learning |
| Trials of practices at home                         | Relevance; Immediacy; Engagement; 20/40/80 Rule (hear, see and do); Affective, psychomotor and cognitive learning           |

An example of how the learning sessions developed by Freedom from Hunger and adapted by the IFPRI-Cornell-WV bring together appropriate content in an environment that facilitates adult learning is presented below.

*Example of a learning session:*

A learning session on the developmental stages of infants and how infants learn how to eat is presented in Box 1. The full instructions for this learning session are available in Annex 2. Box 1 shows how different activities within a specific learning session can be tailored to enhance the achievement of specific learning objectives. For example, in order to enhance caregiver understanding about the developmental abilities of young children in relation to eating, caregivers are asked to try eating various foods using only those abilities that are developed among infants at a given age. At six to nine months, infants do not possess the ability to grind their foods and can only chew up and down. To understand how these infants eat, caregivers are asked to chew a piece of bread or another food using only up and down jaw movements rather than rotary (grinding) chewing movements. Other activities, based on the abilities of infants in other age groups, are also used, followed by a discussion of how foods should be adapted to the developmental abilities of children to ensure that they consume adequate quantities of food.

### Box 1. Overview of learning session on “Learning to eat” (#7)<sup>b</sup>

| <p><i>Title:</i> Learning to Eat: How to breastfeed and feed children less than 12 months old</p> <p><i>Overall objective:</i> To analyze the developmental stages of infants and the important steps towards feeding infants other foods to complement breast milk</p> |   |  |
|---|---|--|
| Activity  | Objective   | Methods used to achieve objective  |
| 1   | To understand the developmental stages between 0 and 12 months of age | <ul style="list-style-type: none"> <li>➤ Presentation of child development and feeding chart by health agent</li> <li>➤ Review of child development and feeding chart by participants</li> </ul>   |
| 2   | To experience the stages by which infants learn to eat                | <ul style="list-style-type: none"> <li>➤ Experiencing the different stages of learning to eat               <ul style="list-style-type: none"> <li>○ Experiences of infants under 12 months: Participant mothers try to eat something liquid and something a little thicker without closing their lips fully<sup>c</sup></li> <li>○ Experiences of 6 month old infants: Participant mothers try to eat something without using their tongue to push food around their mouth<sup>d</sup></li> <li>○ Experiences of infants 6-9 months old: Mothers try to eat something without rotary chewing, using only up-down jaw movements.</li> </ul> </li> <li>➤ Further explanations by health agent about the needs to adapt foods to the eating abilities of infants and young children so that children will consume enough.</li> </ul> |
| 3   | Preparation for cooking session                                       | <ul style="list-style-type: none"> <li>➤ Discussions of recipes for enriched complementary foods</li> <li>➤ Decision-making and preparations for the next meeting (where recipes will be tried).               <ul style="list-style-type: none"> <li>○ Deciding what recipes will be tried at the meeting</li> <li>○ Deciding who will bring what (ingredients, utensils or fuel) to the sessions</li> </ul> </li> </ul>  |

<sup>b</sup> Session 7 in the recuperative program does not include activity 3, the preparation for cooking session, since it is the last session for lactating mothers (see Table 3). However, it does discuss Activities 1 and 2. The complete set of 3 activities as described here is used in the preventive program.

<sup>c</sup> Children under 12 months cannot close their lips fully and therefore find it difficult to eat foods that are too liquid. Thicker soft foods are more appropriate.

<sup>d</sup> Children between 6 and 9 months of age do not have the ability to chew their foods using rotary chewing (grinding movements) and therefore cannot process crunchy foods well

### 3.3 Schedule of learning sessions at Mothers' Clubs

This section provides an overview of the schedule of learning sessions to be held at the Mothers' Clubs for pregnant and lactating mothers, mothers of children 6-24 months, and mothers of malnourished children between 6 and 59 months of age. The activities for the pregnant and lactating mothers and the mothers of children 6-24 months of age are organized to reach participants at what is likely to be the most appropriate learning moment for each set of behaviors. For example, issues related to initiation of breastfeeding are introduced to participants in the Mothers' Clubs for pregnant women. Later, when women are actually breastfeeding and attend clubs for lactating women, the information provided in the clubs for pregnant women is supplemented with more detailed information and problem-solving related to breastfeeding.

The organization of learning sessions in the preventive and recuperative programs have different goals. The schedule for Mothers' Clubs for children 6-24 months of age in the preventive program is age-specific, while the schedule for the Mothers' Clubs for malnourished children is oriented to home-based recuperation. For example, the first learning session at the Mothers' Club for malnourished children discusses issues related to malnutrition and works with mothers to identify different reasons why children could be malnourished. The first learning session in the Mothers' Club for mothers of children between 6 and 24 months, however, is a cooking and tasting trial where mothers prepare and taste enriched complementary foods that were discussed in the Mothers' Clubs for lactating mothers<sup>3</sup>.

Table 3 below presents the schedule of learning sessions for Mothers' Clubs for pregnant and lactating women, and Table 4 presents the schedule of learning sessions planned for implementation at the Mothers' Clubs for mothers of children 6-24 months of age in the preventive program and for mothers of malnourished children in the recuperative groups. The "Session" numbers in the tables refer to the location of the learning session in the communication manual. This schedule reflects only those activities and topics related to the adapted infant and young child feeding materials. As noted above, other activities at the Mothers' Clubs, Rally Posts and clinics use other communication materials, such as an album of images with key messages related to the other aspects of maternal and child health (immunization, pre- and postnatal care, preparation of child delivery, diet for pregnant and lactating mothers, weaning techniques, description of kwashiorkor and marasmus, hygiene and environment, diarrhea and preparation of oral rehydration salt, acute respiratory infections, family planning, HIV prevention). Some of the materials and sessions developed for infant and young child feeding will also be used at the pre- and post-natal clinics, e.g., the sessions on the use of expressed breast milk and problems related to breastfeeding. Details of these are presented in Table 5.

Table 4 also shows that in addition to the schedule of the learning sessions, the preventive and recuperative Mothers' Clubs differ with respect to the total number of sessions that mothers

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<sup>3</sup> It is planned that in the preventive program, women will begin attending mothers' clubs when they are pregnant, then attend the clubs for lactating women through the first six months of lactation and finally, move into mothers' clubs for children 6-24 months of age. This continuity of attendance will not be present in the recuperative program.

attend. Mothers in the preventive program group will attend Mothers' Clubs until their child is 24 months old (a possible maximum of 27 sessions if they are also in the program for pregnant and lactating women). On the other hand, mothers in the recuperative program group will attend for only 9 months as this is the maximum duration for which malnourished children receive program benefits (including food aid) under this program model. However, some mothers of malnourished children may also benefit from a maximum of 9 months of attendance at the Mothers' Clubs for pregnant and lactating women if they are pregnant or lactating.

**Table 3: Schedule of learning sessions at Mothers' Clubs (for pregnant and lactating women)**

|   | Preventive Program  | Recuperative Program   |
|---|---|--|
| <b>Stage of Pregnancy</b>                           | <b>Mothers' Clubs for pregnant women</b>  |  |
| Last Trimester                                      | <u>Session 1 (P&amp;R)<sup>c</sup></u><br>Importance of breastfeeding (initiation of breastfeeding, exclusive breastfeeding, continue breastfeeding until 2 years of age or beyond)<br>Discouragement of bottle use<br>Comparison of recommendations with local beliefs and practices   |  |
| 8 <sup>th</sup> -9 <sup>th</sup> month of pregnancy | <u>Session 2 (P&amp;R)</u><br>Initiation of breastfeeding, importance of colostrum<br>Exclusive breastfeeding until 6 months<br>Position and attachment of the baby during feeding, frequency of breastfeeding  |  |
| <b>Child age (months)</b>                           | <b>Mothers' Clubs for lactating women</b>   |  |
| 1   | <u>Session 3 (P&amp;R)</u><br>Sharing experience with exclusive breastfeeding<br>Review of exclusive breastfeeding<br>Review of position and attachment of the child during feeding, frequency of breastfeeding and care of nipples and breasts<br>Expression of breast milk<br>Drinking water while breastfeeding  |  |
| 2   | <u>Session 4 (P&amp;R)</u><br>Sharing experiences related to drinking water while breastfeeding and expression of breast milk<br>Sharing experience related to exclusive breastfeeding<br>Discussing constraints/problems related to exclusive breastfeeding and offering solutions   |  |
| 3   | Other topic, to be decided  |  |
| 4   | <u>Session 5 (P&amp;R)</u><br>Exclusive breastfeeding and Lactational Amenorrhea Method (LAM)   |  |
| 5   | <u>Session 6 (P&amp;R)</u><br>Introduction of complementary foods when children are about 6 months old<br>Importance of continued breastfeeding until 2 years of age or beyond  |  |
| 6   | <u>Session 7 (P)</u><br>Overview on child development and feeding chart (for children 6-12 months of age: food consistency, participating in feeding, frequency, quantity of food)<br>Learning how to eat<br>Important information about the first food (in addition to breast milk) given to children<br>Preparation of the next session: preparing nutritious foods | <u>Session 7 (R)</u><br>Overview on child development and feeding chart (for 6-12 months of age: food texture, participating in feeding, frequency, quantity of food)<br>Learning how to eat<br>Important information about the first food (in addition to breast milk) given to children<br><i>[No preparation for cooking session because Session 7 is the last session for lactating mothers in the recuperative group]</i> |

<sup>c</sup> A (P) after the Session number implies that the session was designed for use in the *preventive* program and can be found in the folder "Learning sessions for use in the preventive program" on the CD-ROM.

An (R) after the Session number implies that the session was designed for use in the *recuperative* program and can be found in the folder "Learning sessions for use in the recuperative program" on the CD-ROM.

(P&R) after the Session number implies that the session was designed for use in both the preventive and recuperative programs. The session can be found in folders "Learning sessions for use in the preventive program" & "Learning sessions for use in the recuperative program" on the CD-ROM

**Table 4: Schedule of learning sessions at Mothers' Clubs (for mothers of 6-24 month old children or of malnourished children 6 to 59 months of age)**

|                             | <b>Preventive Program</b>   | <b>Recuperative Program</b>   |
|-----------------------------|---|---|
| <b>Month in the program</b> | <b>Mothers of 6 to 24 months old children</b>   | <b>Mothers of malnourished children 6 to 59 months of age</b>   |
| 1                           | <u>Session 8 (P&amp;R)<sup>f</sup></u><br>Preparing nutritious foods/cooking session<br>Tasting and discussion<br>Repetition of learning how to eat   | <u>Session 13 (R)</u><br>Causes of malnutrition<br>Different types of malnutrition<br>Recuperation of moderately malnourished children<br>Introduction to the child development and feeding chart<br>Preparation for the next session: preparing nutritious foods   |
| 2                           | <u>Session 9 (P&amp;R)</u><br>Repetition on child development and feeding chart (for children 0 to 12 months of age)<br>Helping children to eat<br>Feeding during and after illness<br>Preparation of the next session: variety of food   | <u>Session 8 (P&amp;R)</u><br>Preparing nutritious foods/cooking session<br>Tasting and discussion<br>Repetition of learning how to eat   |
| 3                           | <u>Session 10 (P&amp;R)</u><br>Sharing experience with one new feeding practice (related to helping children to eat)<br>Variety of food<br>Sharing experience with preparing nutritious foods at home   | <u>Session 9 (P&amp;R)</u><br>Repetition on child development and feeding chart (0 to 12 months of age)<br>Helping children to eat<br>Feeding during and after illness<br>Preparation of the next session: variety of food  |
| 4                           | <u>Session 11 (P&amp;R)</u><br>Hygiene in food preparation, handling and storage – Diarrhea prevention<br>Feeding during and after illness  | <u>Session 10 (P&amp;R)</u><br>Sharing experience with one new feeding practice (related to helping children to eat)<br>Variety of food<br>Sharing experience with preparing nutritious foods at home   |
| 5                           | <u>Session 12 (P)</u><br>Child development and feeding chart (for children 12-24 months of age)<br>Discussing food variety issues (special complementary foods, fruits and vegetables, vitamin A-rich foods, animal foods, evening meal)<br>Preparing a creative way to communicate one feeding recommendation of the child development and feeding chart | <u>Session 12 (R)</u><br>Child development and feeding chart (for children 12 months to 5 years of age)<br>Discussing food variety issues (special complementary foods, fruits and vegetables, vitamin A-rich foods, animal foods, evening meal)<br>Preparing a creative way to communicate one feeding recommendation of the child development and feeding chart |

<sup>f</sup> A (P) after the Session number implies that the session was designed for use in the *preventive* program and can be found in the folder "Learning sessions for use in the preventive program" on the CD-ROM.

An (R) after the Session number implies that the session was designed for use in the *recuperative* program and can be found in the folder "Learning sessions for use in the recuperative program" on the CD-ROM.

(P&R) after the Session number implies that the session was designed for use in both the preventive and recuperative programs. The session can be found in folders "Learning sessions for use in the preventive program" & "Learning sessions for use in the recuperative program" on the CD-ROM

**Table 4** (continued)

|                             | <b>Preventive Program</b>  | <b>Recuperative Program</b>  |
|-----------------------------|--|--|
| <b>Month in the program</b> | <b>Mothers of 6 to 24 months old children</b>  | <b>Mothers of malnourished children 6 to 59 months of age</b>  |
| 6                           | <u>Session 13 (P)</u><br>Causes of malnutrition<br>Different types of malnutrition<br>Recuperation of moderately malnourished children | <u>Session 1 (R)</u><br>Importance of breastfeeding (initiation of breastfeeding, exclusive breastfeeding, continue breastfeeding until 2 years of age or beyond)<br>Discouraging bottle use<br>Comparison of recommendations with local beliefs and practices |
| 7                           | Other topics, placement in schedule to be determined   | <u>Session 11 (P&amp;R)</u><br>Hygiene in food preparation, handling and storage – diarrhea prevention<br>Feeding during and after illness   |
| 8                           | Other topics, placement in schedule to be determined   | Other topics, placement in schedule to be determined   |
| 9                           | Other topics, placement in schedule to be determined   | Other topics, placement in schedule to be determined   |
| 10                          | Other topics, placement in schedule to be determined   | Participants in this program attend only for 9 months  |
| 11                          | Other topics, placement in schedule to be determined   |  |
| 12                          | Other topics, placement in schedule to be determined   |  |
| 13                          | Other topics, placement in schedule to be determined   |  |
| 14                          | Other topics, placement in schedule to be determined   |  |
| 15                          | Other topics, placement in schedule to be determined   |  |
| 16                          | Other topics, placement in schedule to be determined   |  |
| 17                          | Other topics, placement in schedule to be determined   |  |
| 18                          | Other topics, placement in schedule to be determined   |  |

**Table 5: Schedule of learning sessions at prenatal and postnatal consultations**

| <b>Preventive &amp; Recuperative Programs</b> |   |
|---|---|
| <b>Prenatal Consultations</b>                 |   |
|   | <u>Session 2 (P&amp;R), steps 2+5 (8<sup>th</sup> or 9<sup>th</sup> month)</u><br>Review of initiation of breastfeeding, position and attachment of the baby during feeding, frequency of feeding |
| <b>Age of the infant</b>                      | <b>Postnatal Consultations</b>  |
| 1   | Other topics, to be decided   |
| 2   | <u>Session 3 (P&amp;R), step 5</u><br>Expression of breast milk   |
| 3   | <u>Session 3 (P&amp;R), step 2</u><br>Sharing experience with exclusive breastfeeding and offering solutions for related constraints/problems   |

## 4 TRAINING OF SUPERVISORS AND FIELD STAFF

This section describes the process by which MCH staff at World Vision were trained in the use of the communication materials. The training used the adult education-oriented approach recommended by Freedom from Hunger. The objectives of the training of trainers and the training of field staff were to ensure that all staff understood the principles of adult learning, the technical content of the learning sessions and that they developed skills for promoting adult learning that they could then apply in the learning sessions.

The Freedom from Hunger training materials include manuals and resource materials for training of trainers as well as for training of field staff. For the WV staff, the training materials on infant and young child feeding practices were adapted to the changed content of the learning sessions. For example, a session on cooking and tasting recipes for enriched complementary foods was added to the training sessions, and additional materials were included to provide the field staff with information on the two program models (preventive and recuperative). In addition, the schedule of learning sessions for the two models were created specifically to address the needs of the World Vision program. The manual on adult learning principles and practices, which are used along with the training materials on infant and young child feeding, needed only slight adaptations in terminology (for example, changing “fieldworkers” to “health agents/*colvol*.”).

All training activities were conducted in Creole.

### 4.1 Training of trainers

World Vision MCH staff at all levels, from headquarters to the field supervisory level, were trained by CAFEM facilitators to provide them with the background and skills necessary to train health agents and *colvols* in the use of the new BCC materials on infant and young child feeding. In addition, the staff were also introduced to the principles and practices of adult learning and how these related to the use of the communication materials. This was done to ensure that the underlying principles and practices of adult learning were well understood, appreciated and adopted at all levels of the MCH team.

The training of trainers was done in two stages.

#### *Stage 1: Training in the use of adult learning principles for effective communication*

In the first stage of training, all MCH staff above the level of health agents and *colvols* (i.e., the MCH National Coordinator, Regional Coordinators, and field supervisory staff) were trained in the use of adult learning principles for communication. The workshop lasted for five days. The two CAFEM trainers who facilitated the transfer of training skills and knowledge are associates of the Global Learning Partners, Inc.<sup>4</sup>, a firm that has designed a series of 3 training courses to strengthen skills on the principles and practices of adult learning. The workshop for the MCH

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<sup>4</sup> The Global Learning Partners, Inc., is a Canadian adult-education training firm whose goal is to enable adult educators around the world to design and use dialogue in their education programs. Their courses are based on the teaching/learning approach of Dr. Jane Vella (Vella, 2002). The firm has developed a network of organizations and individuals, referred to as the Global Learning Partners (see website: [www.globalearning.com](http://www.globalearning.com)).

staff was the first course in this sequence, an introduction into adult learning (“Learn to listen, learn to teach”). The agenda for this workshop is presented in Table 6. Note that the training manual for this workshop is not provided since only certified trainers of the Global Learning Partners, Inc., facilitate this type of training.

***Stage 2: Training in the use of the new communication materials on infant and young child feeding***

In the second step, the same staff were trained over a period of 6 days on the use of the adapted communication materials on infant and young child feeding. This training workshop was facilitated by one of the CAFEM trainers who conducted the Stage 1 training. In addition, two of the World Vision supervisory staff participated as facilitators of the training by assisting the CAFEM trainer. The preparation for this stage of training was done with these two training assistants over a period of two days before the training started. During this preparatory session, the lead facilitator presented an overview of the training to the co-facilitators, and the group prepared a detailed training program that delegated the responsibilities for the training workshop. The detailed agenda is presented in Table 7 to provide more information on the content and organization of this workshop.

Ensuring the development of good communications skills based on adult learning principles is a key requirement for the success of the next phase of training (in which the trainers trained in this stage will in turn train World Vision field staff). In order to enhance the development of communication skills and the MCH team’s appreciation for good communications skills, the training explicitly involved a process of evaluating the communication skills of all the participants. An initial evaluation was done immediately after the presentation of one learning session. The participant who led a session shared her/his personal judgment of positive points and aspects of presentation style that needed improvement, after which other members of the group were asked to provide feedback. The lead facilitator added what was missing in the feedback of the group. A second round of feedback was then provided during the final evaluation at the end of the workshop. Each participant was asked to comment in writing on the performance of the facilitators and participants. The feedback included the provision of notes with references to positive aspects of the participant’s presentation style and recommendations for improvements in communications skills.

The lead facilitator collected feedback and kept notes throughout the workshop. A training report prepared by him provides a summary of the workshop and the evaluations of the communication skills of each of the participants. This is presented (in French) as a resource material on the CD-ROM.

**Table 6: Detailed agenda for Training of Trainers, Stage 1**

| DAY                                       | ACTIVITIES   |
|---|--|
| T<br>U<br>E<br>S<br>D<br>A<br>Y           | Official opening of the workshop   |
|   | Presentation of participants   |
|   | Review of the program, presentation of objectives and expectations   |
|   | How do adults learn?   |
|   | Respect – the prime factor   |
|   | Respect for learners as decision makers  |
|   | Relevant topics for a group (topics of immediate usefulness)   |
|   | Learning Needs and Resources Assessment (listen to learners’ wants and needs)  |
|   | Monologue versus dialogue  |
|   | Cognitive, affective and psychomotor – bringing ideas, feelings and actions together; three ways to learn (visual, audio, tactile) |
| W<br>E<br>D<br>N<br>E<br>S<br>D<br>A<br>Y | Open questions   |
|   | Closing remarks: program for the next day, evaluation of the first day   |
|   | Reminder of the second’s day program   |
|   | Another way to present participants  |
|   | Lewin’s principles of education  |
|   | The way towards behavior change  |
|   | Preparation of efficient flipcharts  |
|   | Achievement based objectives   |
|   | The seven design steps for a learning session  |
|   | How do groups function? Some advice on how to maintain a group and on how to accomplish the task                                   |
| T<br>H<br>U<br>R<br>S<br>D<br>A<br>Y      | Closing remarks  |
|   | Reminder of the third’s day program  |
|   | Composition of a song on adult education   |
|   | Elaboration of a plan for a learning session using the seven design steps  |
| F<br>R<br>I<br>D<br>A<br>Y                | Presentation of the plan and the session, feedback   |
|   | Presentation of the plan and the session, feedback (continued)   |
|   | Review of the seven design steps   |
|   | Importance of sequence and reinforcement   |
|   | A model to create learning sessions: observe, think, personalize and act   |
|   | Elaboration of a second plan for a learning session  |
| S<br>A<br>T<br>U<br>R<br>D<br>A<br>Y      | Presentation of the second plan and the session, feedback  |
|   | Presentation of the second plan and the session, feedback (continued)  |
|   | Final review on adult learning   |
|   | Final Evaluation   |
| C<br>L<br>O<br>S<br>I<br>N<br>G           | Closing remarks  |
|   |  |

**Table 7: Detailed agenda for Training of Trainers, Stage 2**

| DAY | ACTIVITIES   |
|-----|--|
|     | Official opening of the workshop (Presentation of participants – Presentation of the objectives and the expectations)                          |
| M   | Pre-test on breastfeeding and complementary feeding  |
| O   | Introduction to breastfeeding recommendations  |
| N   | Technical information on breastfeeding - special topics  |
| D   | Analysis of “local” data on breastfeeding  |
| A   | Introduction to the Learning Sessions and preparation of summaries of the Sessions   |
| Y   | Presentations of Session summaries   |
|     | Advice on how to prepare the Sessions  |
|     | Closing remarks  |
|     | Important Resource Materials   |
| T   | <i>Promoting safety in a learning situation</i>  |
| U   | Giving and receiving Feedback  |
| E   | Presentation of Session 1 with Feedback  |
| S   | Presentation of Session 2 with Feedback  |
| D   | <i>Respect – the prime factor</i>  |
| A   | Presentation of Session 3 with Feedback  |
| Y   | Presentation of Session 4 with Feedback  |
|     | Closing remarks  |
|     | Review of previous day   |
| W   | <i>Lavish affirmation – remembering to praise mothers in the clubs</i>   |
| E   | Presentation of Session 5 with Feedback  |
| D   | Presentation of Session 6 with Feedback  |
| N   | How this module contributes to improving children’s health and nutrition (UNICEF’s “adapted” Helping Children Grow Strong and Healthy diagram) |
| E   | <i>Engagement – promoting it through small group work</i>  |
| S   | Introduction to the child development and feeding chart  |
| D   | Presentation of Session 7 with Feedback  |
| A   | Why iron is important and how iron deficiency affects children   |
| Y   | Closing remarks  |
|     | <i>Monologue versus dialogue</i>   |
| T   | Magnitude of malnutrition in the Haiti   |
| H   | Presentation of Session 8 with Feedback  |
| U   | Presentation of Session 9 with Feedback  |
| R   | Why vitamin A is important and how vitamin A deficiency affects children   |
| S   | Presentation of Session 10 with Feedback   |
| D   | Presentation of Session 11 with Feedback   |
| A   | Presentation of Session 12 with Feedback   |
| Y   | Closing remarks  |
| F   | <i>General principles and practices of adult learning</i>  |
| R   | <i>Cognitive, affective and psychomotor – bringing ideas, feelings and actions into the Learning Sessions</i>                                  |
| I   | Review of the Sessions in the Trainer’s Guide  |
| D   | Planning of the training for the health agents   |
| A   | Final Evaluation, Post-Test, Presentation of certificates and Closing remarks  |
| Y   |  |

Note: Session 13 was developed after this training and the cooking session was done separately another day.

## 4.2 Training of field staff

The training of the field staff (i.e., health agents and *colvols*) was organized as a single, 6-day workshop, which was similar to the Stage 2 training of trainers described in Section 4.1. The training was conducted by a group of 5 World Vision supervisors who were previously trained in the Training for Trainers workshops. The health agents and the *colvols* were trained in the use of the infant and young child learning sessions, and the use of the technical content of the sessions was linked to the principles and practices of adult education. In addition to these topics, a session was added to provide information on the two program models being implemented by World Vision. The topics for health agents and *colvols* training are presented in Box 2 and a detailed agenda with the content and organization of the training is provided in Table 8.

The health agents and *colvols* in the preventive program areas were trained separately from the health agents and *colvols* in the recuperative program areas.

### **BOX 2: Topics covered in the training of the health agents and *colvols***

- Technical information on breastfeeding, complementary feeding and malnutrition;
- Learning sessions on breastfeeding and complementary feeding (13);
- Nutritional problems in Haiti and their impact;
- The UNICEF conceptual framework on “Helping children grow strong and healthy”;
- Data on breastfeeding and nutrition from a recent Demographic and Health Survey or other nutritional survey(s) done locally;
- Child Development and Feeding Chart (recommendations on child development stages, food texture, breastfeeding and feeding, participating in feeding, frequency of feeding and quantity of food);
- Cooking of enriched complementary foods;
- Principles and practices of adult learning;
- Principles for giving and receiving feed-back;
- Schedule of the learning sessions in the preventive and recuperative programs.

**Table 8: Detailed agenda for training of field staff (health agents and *colvols*)**

| DAY                                       | ACTIVITIES   |
|---|--|
| M<br>O<br>N<br>D<br>A<br>Y                | Official opening of the workshop (Presentation of participants – Presentation of the objectives and the expectations)                          |
|   | Pre-test on breastfeeding and complementary feeding  |
|   | <i>General principles and practices of adult learning</i>  |
|   | Introduction to breastfeeding recommendations  |
|   | Technical information on breastfeeding - special topics  |
|   | Analysis of “local” data on breastfeeding  |
|   | Introduction to the Learning Sessions and preparation of summaries of the Sessions   |
|   | Closing remarks  |
| T<br>U<br>E<br>S<br>D<br>A<br>Y           | <i>Respect – the prime factor</i>  |
|   | Presentations of Session summaries   |
|   | Advice on hw to prepare the Sessions   |
|   | Important Resource Materials   |
|   | <i>Promoting safety in a learning situation</i>  |
|   | Giving and receiving Feedback  |
|   | Presentation of Session 1 with Feedback  |
| Presentation of Session 2 with Feedback   |  |
|   | Closing remarks  |
| W<br>E<br>D<br>N<br>E<br>S<br>D<br>A<br>Y | <i>Lavish affirmation – remembering to praise mothers in the clubs</i>   |
|   | Presentation of Session 3 with Feedback  |
|   | Presentation of Session 4 with Feedback  |
|   | <i>Engagement – promoting it through small group work</i>  |
|   | Presentation of Session 5 with Feedback  |
|   | Presentation of Session 6 with Feedback  |
|   | Magnitude of malnutrition in the Haiti   |
| Closing remarks                           |  |
| T<br>H<br>U<br>R<br>S<br>D<br>A<br>Y      | <i>Monologue versus dialogue</i>   |
|   | How this module contributes to improving children’s health and nutrition (UNICEF’s “adapted” Helping Children Grow Strong and Healthy diagram) |
|   | Introduction to the child development and feeding chart  |
|   | Presentation of Session 7 with Feedback  |
|   | Why iron and vitamin A are important and how iron and vitamin A deficiency affect children   |
|   | Presentation of Session 8 with Feedback  |
|   | Presentation of Session 9 with Feedback  |
| Closing remarks                           |  |
| F<br>R<br>I<br>D<br>A<br>Y                | <i>Relevance – what is significant to me now</i>   |
|   | Presentation of Session 10 with Feedback   |
|   | Presentation of Session 11 with Feedback   |
|   | Presentation of Session 12 with Feedback   |
|   | Presentation of Session 13 with Feedback   |
|   | Why iodine is important and how iodine deficiency affects children   |
|   | <i>Cognitive, affective and psychomotor – bringing ideas, feelings and actions into the Learning Sessions</i>                                  |
|   | Review of the whole module and closing remarks   |
| S<br>A<br>T<br>U<br>R<br>D<br>A<br>Y      | Review of the whole module   |
|   | Cooking session  |
|   | Discussion of health agents’/colvols’ work plan  |
|   | Final Evaluation, Post-Test, Presentation of certificates and Closing remarks  |

## REFERENCES

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- Vella, Jane. Learning to listen, learning to teach: The power of dialogue in educating adults. San Francisco: Jossey-Bass, 2002.

## **ANNEXES**

1. Summary of Guiding Principles on Infant and Young Child Feeding
2. Learning Session #7 on Learning to Eat
3. List of learning sessions and activities within learning sessions

## 1. Summary of Guiding Principles on Infant and Young Child Feeding<sup>5</sup>

**1. DURATION OF EXCLUSIVE BREASTFEEDING AND AGE OF INTRODUCTION OF COMPLEMENTARY FOODS.** Practice exclusive breastfeeding from birth to 6 months of age, and introduce complementary foods at 6 months of age (180 days) while continuing to breastfeed.

**2. MAINTENANCE OF BREASTFEEDING.** Continue frequent, on-demand breastfeeding until 2 years of age or beyond.

**3. RESPONSIVE FEEDING.** Practice responsive feeding, applying the principles of psychosocial care. Specifically: a) feed infants directly and assist older children when they feed themselves, being sensitive to their hunger and satiety cues; b) feed slowly and patiently, and encourage children to eat, but do not force them; c) if children refuse many foods, experiment with different food combinations, tastes, textures and methods of encouragement; e) minimize distractions during meals if the child loses interest easily; f) remember that feeding times are periods of learning and love - talk to children during feeding, with eye to eye contact.

**4. SAFE PREPARATION AND STORAGE OF COMPLEMENTARY FOODS.** Practice good hygiene and proper food handling by a) washing caregivers' and children's hands before food preparation and eating, b) storing foods safely and serving foods immediately after preparation, c) using clean utensils to prepare and serve food, d) using clean cups and bowls when feeding children, and e) avoiding the use of feeding bottles, which are difficult to keep clean.

**5. AMOUNT OF COMPLEMENTARY FOOD NEEDED.** Start at 6 months of age with small amounts of food and increase the quantity as the child gets older, while maintaining frequent breastfeeding. The energy needs from complementary foods for infants with "average" breast milk intake in developing countries are approximately 200 kcal per day at 6-8 months of age, 300 kcal per day at 9-11 months of age, and 550 kcal per day at 12-23 months of age. In industrialized countries these estimates differ somewhat (130, 310 and 580 kcal/d at 6-8, 9-11 and 12-23 months, respectively) because of differences in average breast milk intake.

**6. FOOD CONSISTENCY.** Gradually increase food consistency and variety as the infant gets older, adapting to the infant's requirements and abilities. Infants can eat pureed, mashed and semi-solid foods beginning at six months. By 8 months most infants can also eat "finger foods" (snacks that can be eaten by children alone). By 12 months, most children can eat the same types of foods as consumed by the rest of the family (keeping in mind the need for nutrient-dense foods, as explained in #8 below). Avoid foods that may cause choking (i.e., items that have a shape and/or consistency that may cause them to become lodged in the trachea, such as nuts, grapes, raw carrots).

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<sup>5</sup> Source: PAHO/WHO, in press.

**7. MEAL FREQUENCY AND ENERGY DENSITY.** Increase the number of times that the child is fed complementary foods as he/she gets older. The appropriate number of feedings depends on the energy density of the local foods and the usual amounts consumed at each feeding. For the average healthy breastfed infant, meals of complementary foods should be provided 2-3 times per day at 6-8 months of age and 3-4 times per day at 9-11 and 12-24 months of age, with additional nutritious snacks (such as a piece of fruit or bread or chapatti with nut paste) offered 1-2 times per day, as desired. Snacks are defined as foods eaten between meals—usually self-fed, convenient and easy to prepare. If energy density or amount of food per meal is low, or the child is no longer breastfed, more frequent meals may be required.

**8. NUTRIENT CONTENT OF COMPLEMENTARY FOODS.** Feed a variety of foods to ensure that nutrient needs are met. Meat, poultry, fish or eggs should be eaten daily, or as often as possible. Vegetarian diets cannot meet nutrient needs at this age unless nutrient supplements or fortified products are used (see #9 below). Vitamin A-rich fruits and vegetables should be eaten daily. Provide diets with adequate fat content. Avoid giving drinks with low nutrient value, such as tea, coffee and sugary drinks such as soda. Limit the amount of juice offered so as to avoid displacing more nutrient-rich foods.

**9. USE OF VITAMIN-MINERAL SUPPLEMENTS OR FORTIFIED PRODUCTS FOR INFANT AND MOTHER.** Use fortified complementary foods or vitamin-mineral supplements for the infant, as needed. In some populations, breastfeeding mothers may also need vitamin-mineral supplements or fortified products, both for their own health and to ensure normal concentrations of certain nutrients (particularly vitamins) in their breast milk. [Such products may also be beneficial for pre-pregnant and pregnant women].

**10. FEEDING DURING AND AFTER ILLNESS.** Increase fluid intake during illness, including more frequent breastfeeding, and encourage the child to eat soft, varied, appetizing, favorite foods. After illness, give food more often than usual and encourage the child to eat more.

## 2. Learning Session #7 on Learning to Eat

### Infant and young child feeding

#### SESSION 7 (P)<sup>6</sup>: LEARNING TO EAT: HOW TO BREASTFEED AND FEED CHILDREN LESS THAN 12 MONTHS OLD

##### OBJECTIVES:

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

1. Explained the child development stages and how to feed children 0-12 months old.
2. Experienced what children feel when their foods are not properly prepared and discovered appropriate texture of the food.
3. Decided which nutritious foods they will prepare during the next session and what they will bring to cook those special foods together.

##### TIME:

50 minutes

##### METHODS:

Presentations, demonstrations, small and large-group discussions.

##### PREPARATION/MATERIALS:

1. A copy of the child development and feeding chart showing the shaded areas.

|                           | Age | 0 | 6 | 9 | 12 | 24 |
|---------------------------|-----|---|---|---|----|----|
| Child development         |     |   |   |   |    |    |
| Food texture              |     |   |   |   |    |    |
| Breastfeeding and Feeding |     |   |   |   |    |    |
| Participating in Feeding  |     |   |   |   |    |    |
| Frequency of Feeding      |     |   |   |   |    |    |
| Quantity of Food          |     |   |   |   |    |    |

2. Prepare some foods for Step 2 that can be used to demonstrate the development of feeding skills in young children.
3. Remember to bring along the list of recipes

<sup>6</sup>This session was designed for use in the preventive program.

**1. Presentation of the child development and feeding chart and how to give children 6-12 months old other kinds of foods to complement breast milk - 20 minutes**

Show the child development and feeding chart and explain each part of it one after each other.

Since this is the first time the participants are seeing this chart, make sure they can see it well and insist a lot on the following points:

In the columns, from left to right, we see the children's ages: 0-6 months, 6-9 months, 9-12 months, and 12-24 months.

To the left, on the rows, you see the following information:

- Child Development
- Food Texture
- Breastfeeding and Feeding
- Participating in Feeding
- Frequency of Feeding
- Quantity of Food

Today we will talk about children less than 12 months old.

**Note for the health agent:**

- "0-6 months" means: from the day of birth to the day before its 6<sup>th</sup> month.
- "6-9 months" means: from the day the child is 6 months old to the day before its 9<sup>th</sup> month.
- "9-12 months" means: from the day the child is 9 months old to the day before its 12<sup>th</sup> month.
- "12-24 months" means: from the day the child is 12 months old to the day before its 24<sup>th</sup> month.

**Important information on child development and learning to eat**

|   |   |
|---|---|
| <b>1<sup>st</sup> row</b><br><b>Child development</b> | This row shows how children change, grow, and develop. Just as children learn how to sit, crawl and walk, they also learn how to eat. This row helps us to remember how children develop as they get older. You can then see how the recommendations on how to feed them change according to their stages of development. Different stages require different foods. |
|---|---|

|  |  |
|--|--|
| <p>2<sup>nd</sup> row<br/><b>Food texture</b></p>              | <ul style="list-style-type: none"> <li>• Children 0-6 months need only breast milk to grow well.</li> <li>• Children 6-9 months need to be introduced progressively to other nutritious foods in addition to breast milk to continue to grow well. They are learning to eat new foods and when they first begin to eat foods other than breast milk they cannot chew well, therefore the food must be mashed to become soft like a gruel enriched with beans, herring, eggs, peanuts, milk, etc. or other special foods like mashed plantains with pumpkin and dried fish sauce, vegetables puree, etc. – <u>but the food must not be too liquid.</u></li> <li>• If the food is too liquid, the children risk not eating the quantity their body needs to grow well. Their lips cannot seal completely to hold in the liquid foods and also their stomachs are small.</li> <li>• As eating skills develop (9-12 months), the food can be chunky, lumpy or chopped pieces. Increase the variety of foods fed, as the child gets older.</li> </ul> |
| <p>3<sup>rd</sup> row<br/><b>Breastfeeding and feeding</b></p> | <ul style="list-style-type: none"> <li>• Up to 6 months give only breast milk.</li> <li>• From 6-12 months, try to breastfeed before giving other foods. This will help ensure that other food does not replace breast milk.</li> <li>• If the mother is going out for some time, she should express the milk into a cup and leave it with someone to give to the baby with a spoon during her absence.</li> </ul>   |

Ask the participants if they have any questions or comments on the examples you used to explain the points you just presented.

Continue the discussion of feeding children ages 6-12 months while pointing on the parts of the chart that correspond to how many times and what quantities children must eat.

Before summarizing the most important recommendations row by row, say these words to the participants:

*Now we are going to talk about how to help children eat, how many times and how much food to give to them.*

| Recommendations about how to help children eat well, and about the frequency and quantity of foods to give children 6-12 months of age |   |   |
|--|---|---|
|  | Children 6-9 months   | Children 9-12 months  |
| 4 <sup>th</sup> row<br>Participating in feeding  | <ul style="list-style-type: none"> <li>• Feed infants directly, and feed slowly and patiently.</li> <li>• Talk to children during feeding, with eye to eye contact.</li> <li>• Encourage children to eat, but do not force them.</li> <li>• Minimize distractions during meals.</li> <li>• Feed them in their own dish.</li> <li>• Give them liquids with a little spoon out of a clean cup.</li> </ul> |   |
| 5 <sup>th</sup> row<br>Feeding frequency   | <ul style="list-style-type: none"> <li>• Feed the child enriched gruel or other special foods 2-3 times per day.</li> <li>• Give nutritious snacks to the children 1-2 times per day, such as: pureed or mashed fruit, cassava bread with peanut butter, salty doughnuts ("marinad" with herring), fritters ("benyer"), one egg, avocado.</li> </ul>  | <ul style="list-style-type: none"> <li>• Feed children special foods 3-4 times per day so that they will learn well in school when they are older.</li> <li>• Give the children nutritious foods 1-2 times per day, such as: "cham-cham", fruit, cassava bread with peanut butter, salty doughnuts ("marinad" with herring), fritters ("benyer"), one egg, banana mashed with egg, avocado, roasted peanuts, a small piece of meat from the family meal.</li> </ul> |
| 6 <sup>th</sup> row<br>Quantity  | Each time you feed the child, give several small spoonfuls to equal 2-4 large spoonfuls until she/he eats at least a ¼ cup #7. (Show the participants the size of spoon and cup you are talking about.)   | <ul style="list-style-type: none"> <li>• Progressively increase the quantity each time you feed so that the child gets to eat at least a ½ cup #7 when she/he is 12 months old. (Show the participants the size of the cup you are talking about.)</li> <li>• As the child gets older, give her/him more food at each feeding so that she/he may get stronger.</li> </ul>   |

Now say these words:

*Children that age (specially those between 9-12 months) are like a small lamp that can't hold much gas. As they are very active - they are always moving - and their stomachs are small, we must fill it often, the same way as a small lamp, if you are using it all the time, you must fill it often.*

After these explanations, ask for some volunteers to come up front to talk about one of the rows in the chart concerning children 6-12 months old. Several persons can come to the chart until they finish mentioning all the information it contains.

## 2. Demonstration of stages of eating development - 15 minutes

This demonstration shows how important it is to consider children's ability to eat foods of different textures. Ask for several volunteers to demonstrate how children learn to eat and describe how that affects their ability to eat certain textures of food.

### a. Children May Not Seal Their Lips Completely

Ask the volunteers to take water in their mouths without sealing their lips completely. Next, give the volunteers something thicker. Ask the volunteers to describe both experiences before summarizing the following key points.

#### **Children May Not Seal Their Lips Completely**

- Children may not seal their lips completely, so liquids are often lost from their mouths.
- Thicker foods remain in the mouth more easily even if the lips are not completely sealed allowing children to manage them better.

### b. Children 6 Months Old Do Not Move Food Around in Their Mouths Using Their Tongues

Ask the volunteers to try to eat one of the foods you brought (like bread or something "chewy") without using their tongues at all to move it from side to side inside the mouth. Ask the volunteers to describe what happened before summarizing the following.

#### **Children 6 Months Old Do Not Move Food Around in Their Mouths Using Their Tongues**

- Children at age 6 months do not use their tongues well to move food around to push it back for swallowing.
- Although breastfeeding children use their tongues to suck, their tongues only move up and down.
- To prepare food for swallowing, the tongue must move the food from side to side. Foods fed to children this age should be just thick enough to stay in the mouth.

### c. Children 6-9 Months Old Use Only Up and Down Jaw Movements

Ask the volunteers to try to eat another food you brought (something "crunchy") using only up and down jaw movements, without rotary chewing (grinding their teeth). Ask the volunteers to describe what happened.

### **Children 6-9 Months Old Use Only Up and Down Jaw Movements**

- Children ages 6-9 months primarily use up and down jaw movements.
- They are unable to grind their teeth so are unable to chew foods easily.

Summarize the following information on how children learn to eat. Point on the second row of the Child Development and Feeding Chart—Food Texture— while summarizing.

### **Important Information on How Children Learn to Eat**

The demonstrations we just did are examples of the kinds of things children do between the ages of 6-12 months.

- They are learning to eat—just like they are learning to crawl, stand and walk.
- They should be given foods that they are able to eat.
- They should be given foods they are able to keep in their mouths and to chew without problems.
- When you give them foods they can eat easily, you are sure that they eat the quantity they are supposed to eat at each feeding.

Ask what questions or comments participants have concerning food textures and how they relate to a child's development of eating skills.

If the participants have questions, answer them and tell them that now you are going to give them some other advice about the texture of foods for children.

Important information about the first food (in addition to breast milk) given to children

### **Important Information About the First Food (in Addition to Breast milk) Given to Children**

- The first food given to babies can contain a single ingredient plus oil.
- Making the porridge thicker makes it easier for the baby to eat and means the baby's stomach is filled with good, nutritious food not just water.
- After about four or five days of trying this one-ingredient food—remembering children need to learn to eat—you can add another food/ingredient to make it more nutritious. Remember to add only one new food at a time to make sure it does not make the baby sick. Wait four days before adding another new food.

### **Mix the first food with other things**

- The thicker texture enables the child to keep the food in his/her mouth.
- Though the food may taste "bland" or funny to them, children have not yet developed their taste and will find it good.
- Mixing foods is not a problem for a child as long as one thing is added at a time to make sure the child can tolerate it.

### 3. Preparing the next session - 15 minutes

Tell the participants:

In the recommendations we talked about enriched gruel and other special foods.

Ask:

*According to you, what do we mean by "enriched gruel" and "other special foods"?*

#### **Note for the health agent:**

Here are some examples to help you. Use them to complete the participants' answers.

#### Enriched gruel (better than gruel made with wheat flour only)

Made with wheat flour, millet flour, or corn flour

- With black beans, sugar and some oil (Roast the beans to reduce cooking time, start by pounding it, winnowing it to remove the skins, continue to pound it until it turns to flour).
- With peanuts/peanut butter, some sugar and some oil (Roast the peanuts, peel and pound them).
- With dried, smoked herring or dried, salted herring (soak in water before using it).
- With cow or goat milk or breast milk.
- With egg (beat one egg and add it to the gruel when it's almost cooked).

Enriched gruel made with WSB

- With herring.
- With sugar and milk.

#### Other special foods:

- Like mashed plantain with pumpkin or other vegetables with herring sauce or egg sauce or fish sauce or bean puree (bean sauce) or liver sauce.
- Vegetable puree with cereals or tubers, grease and protein-rich foods.
- Dough made with the ingredients of a bouillon (mashed vegetables, plantains; crushed, mashed or torn pieces of meat, add some of the liquid of the bouillon to turn it into a dough - instead of passing the whole thing through the sieve).

Tell the participants that in the next session we will form 2 groups to prepare special foods like enriched gruel and mashed plantain in order to see the kinds of foods children eat and how to enrich those foods.

Ask the participants:

*From all that we have said here, what would you like to put in the enriched gruel and to add to the mashed plantain?*

**Note for the health agent - some advice to guide the mothers:**

- salted gruel (with herring)
- sweet gruel (with sugar, beans, peanut/peanut butter, milk, eggs, some oil)
- use WSB to make gruel if you can find it
- plantain with pumpkin or green leafy vegetables with herring sauce (use the vegetables in season)

Encourage the participants to say which recipes they plan to prepare. Look at your list of ingredients for each recipe.

Ask the women to discuss this question in pairs:

*Why do we want to put all these things in the gruel or the mashed plantain?*

**Note for the health agent - some examples to help you**

**Nutrients in the foods that are good for children:**

| <b>Foods</b>  | <b>Nutrients</b>   |
|---|--|
| Herring (dried fish)  | Iron and protein to protect children and to make them grow |
| Pumpkin, carrots, yellow sweet potato, green leafy vegetables, WSB: | Vitamin A to protect children                              |
| Beans, peanuts, peanut butter, WSB:                                 | Protein to protect children and make them grow.            |
| Eggs, milk:   | Protein and vitamin A to protect the children              |
| Plantain, WSB, wheat flour, sugar, vegetable oil:                   | Energy to give strength                                    |

Ask the participants what questions they have. Answer their questions and plan with each of them what kinds of foods they will bring to the next meeting.

Plan with them where the food will be cooked, who will bring wood, water, utensils (pots, plates, spoons, cups, etc.)

**Note for the health agent:** Write down the names of the participants and what each will bring.

Tell the participants that in the next session they are all going to work together to prepare nutritious foods they can give the children to complement breast milk when the children start to eat other foods. The food will contain the things they usually give to the children. They will only add other things they can find locally to make it more nutritious.

Ask the participants if they have any questions or comments.

**Encourage the participants to continue to put into practice all that they have learned today.**

### 3. List of learning sessions and activities within learning sessions

#### SESSION 1 (P&R)<sup>7</sup>: IMPORTANCE OF GOOD BREASTFEEDING PRACTICES

| STEPS | METHODS                                    | ACTIONS   |
|-------|--|---|
| 1.    | Short presentation                         | - Discuss contents of the module.   |
| 2.    | Story, images                              | - Compare 2 different ways a mother cared for her 2 children to show the importance of breast milk.   |
| 3.    | Paired and large group discussions, images | - Analyze the story to understand what happened and why.<br>- Present 3 recommendations drawn from the story: <i>start feeding the baby within the first hour after birth; during the first 6 months, give only breast milk; keep breastfeeding for up to 2 years and beyond while adding other nutritious foods at 6 months.</i> |
| 4.    | Small and large group discussions          | - Discuss local breastfeeding practices: how long after childbirth do they usually start to breastfeed their babies and when do they start to give other foods or drinks.   |
| 5.    | Short presentations, images                | - Review again the 3 recommendations: <i>start feeding the baby within the first hour after birth; during the first 6 months, give only breast milk; keep breastfeeding for up to 2 years and beyond while adding other nutritious foods at 6 months.</i>   |
| 6.    | Large group discussions                    | - Compare the recommendations to local practices.   |

#### SESSION 1 (R): IMPORTANCE OF GOOD BREASTFEEDING PRACTICES

| STEPS | METHODS                                    | ACTIONS  |
|-------|--|--|
| 1.    | Presentation                               | - Tell the women that this session is about breastfeeding.   |
| 2.    | Story, images                              | - Compare 2 different ways a mother cared for her 2 children to show the importance of breast milk.  |
| 3.    | Paired and large group discussions, images | - Analyze the story to understand what happened and why<br>- Present 3 recommendations drawn from the story: <i>start feeding the baby within the first hour after birth; during the first 6 months, give only breast milk; keep breastfeeding for up to 2 years and beyond while adding other nutritious foods at 6 months.</i> |
| 4.    | Small and large group discussions          | - Discuss local breastfeeding practices: how long after childbirth do they usually start to breastfeed their babies and when do they start to give other foods or drinks.  |
| 5.    | Short presentations, images                | - Review again the 3 recommendations: <i>start feeding the baby within the first hour after birth; during the first 6 months, give only breast milk; keep breastfeeding for up to 2 years and beyond while adding other nutritious foods at 6 months.</i>  |
| 6.    | Large group discussions                    | - Compare the recommendations to local practices.  |

<sup>7</sup> A (P) after the Session number implies that that session was designed for use in the *preventive* program and can be found in the folder “Learning sessions for use in the preventive program” on the CD-ROM.

An (R) after the Session number implies that that session was designed for use in the *recuperative* program and can be found in the folder “Learning sessions for use in the recuperative program” on the CD-ROM.

(P&R) after the Session number implies that that session was designed for use in both the preventive and recuperative programs. The session can be found in folders “Learning sessions for use in the preventive program” & “Learning sessions for use in the recuperative program” on the CD-ROM

## SESSION 2 (P&R): GOOD BREASTFEEDING PRACTICES

| STEPS | METHODS  | ACTIONS  |
|-------|--|--|
| 1.    | Large group discussion                               | - Review of the first session  |
| 2.    | Short presentations, images, large group discussions | - Discuss the recommendation to “ <i>start feeding the baby within the first hour after birth</i> ”.   |
| 3.    | Large group discussions                              | - Discuss local practices regarding the first thing they usually give newborn babies.  |
| 4.    | Short presentations, images, large group discussions | - Discuss the following recommendation: “ <i>during the first 6 months, give only breast milk</i> ”.<br>- Present reasons for this recommendation. |
| 5.    | Short presentations, images, large group discussions | - Show good positioning and attachment of the baby during breastfeeding.<br>- Discuss how often to breastfeed a baby.                              |
| 6.    | Work in small groups: song, sketch, story            | - The women prepare and present an activity to show how they are going to put into practice what they have learned so far in the training.         |

## SESSION 3 (P&R): ALWAYS PROMOTE BREASTFEEDING

| STEPS | METHODS  | ACTIONS   |
|-------|--|---|
| 1.    | Short presentations  | - Present the activities of the remaining sessions.   |
| 2.    | Paired and large group discussions                                   | - The women share their breastfeeding experiences.  |
| 3.    | Game (question/answer), large group discussions                      | - Review of: number of months of exclusive breastfeeding, breastfeeding frequency, how to know when a baby wants to breastfeed, benefits of exclusive breastfeeding for 6 months.   |
| 4.    | Demonstrations, large group discussions, short presentations, images | - Demonstrate good positioning and attachment of the baby during breastfeeding.<br>- Discuss: how often babies should be breastfed, reasons for frequent breastfeeding.<br>- Discuss how to avoid sore breasts and how to treat sore breasts. |
| 5.    | Demonstrations (invitation of role model), large group discussions   | - Demonstrate how to express breast milk to leave for the baby when has to go out for some time; explain how to conserve the expressed breast milk and how to feed it to the baby   |
| 6.    | Story, discussions   | - Advice mothers on what to do to be less tired from breastfeeding.<br>- Encourage mothers to drink lots of water while breastfeeding in order to be less tired.  |
| 7.    | Sentence to complete/Trial of practices at home                      | - Each one will indicate from what she has learned in this session what practice she is going to try and what she will continue to do.  |

### SESSION 4 (P&R): HOW TO BREASTFEED BETTER

| STEPS | METHODS                  | ACTIONS  |
|-------|--------------------------|--|
| 1.    | Large group discussions  | - The women share their experiences with expressing breast milk and drinking water while breastfeeding.  |
| 2.    | Paired group discussions | - The women share what has worked well for them with exclusive breastfeeding and what difficulties they have encountered.  |
| 3.    | Story to complete        | - Show that all mothers encounter some difficulties when breastfeeding, share the difficulties and look for solutions.<br>- Discuss the benefits of being treated as a “ <i>tinouris</i> ” (a mother who has just given birth) during the 6 months of exclusive breastfeeding. |
| 4.    | Large group discussions  | - Participants say what they are going to put into practice at home.<br>- Encourage participants to continue to breastfeed exclusively and to learn from each other’s experiences.   |

### SESSION 5 (P&R): LAM – LACTATIONAL AMENORRHEA METHOD

| STEPS | METHODS  | ACTIONS   |
|-------|--|---|
| 1.    | Discussions, short presentations, images                     | - Find out how many of the women <u>believe</u> that they are practicing LAM.<br>- Discuss the 3 LAM requirements (the baby is not yet 6 months old, the mother’s menstrual period has not yet returned, she <u>exclusively</u> breastfeeds – day and night).   |
| 2.    | Stories (case studies), small and large group discussions    | - Analyze case studies of several women to determine which ones meet all 3 LAM requirements to avoid pregnancy.<br>- Find out how many of the women in the Mothers’ Club believe that they meet all 3 LAM requirements.<br>- Encourage the women to use another birth control method as soon as one of the requirements is not met. |
| 3.    | Small group discussions and presentations to the large group | - List all the benefits of LAM for the baby, the mother, and the rest of the family.<br>- Mothers reflect on the most important benefits for them.  |
| 4.    | Images, large group discussions                              | - Review the 3 LAM requirements.<br>- Encourage the women to continue to discuss LAM with their husbands, friends, neighbors, and to select another birth control method as soon as one of the 3 LAM requirements is not met.   |

**SESSION 6 (P&R): START GIVING OTHER RICH FOODS TO COMPLEMENT BREAST MILK WHEN CHILDREN ARE 6 MONTHS OLD**

| <b>STEPS</b> | <b>METHODS</b>  | <b>ACTIONS</b>  |
|--------------|---|---|
| 1.           | Short presentations, images, large group discussions                  | <ul style="list-style-type: none"> <li>- Discuss the recommendation to “<i>keep breastfeeding for up to 2 years and beyond while adding other nutritious foods at 6 months</i>”.</li> <li>- Present the reasons for the recommendation.</li> </ul>  |
| 2.           | Sentence to complete/game, large group discussions, images            | <ul style="list-style-type: none"> <li>- Review the 3 recommendations concerning breastfeeding and the reasons for each.</li> </ul>   |
| 3.           | Story, images, paired group discussions                               | <ul style="list-style-type: none"> <li>- Find out why children 6-24 months are most at risk of getting weak and sick.</li> </ul>  |
| 4.           | Short presentations, large group discussion, paired group discussions | <ul style="list-style-type: none"> <li>- Present the benefits of breast milk for children 6-24 months even after they have started to eat other rich foods.</li> <li>- Get the women to commit themselves to share the recommendations with other mothers of children 6-24 months old.</li> </ul> |
| 5.           | Short lecture   | <ul style="list-style-type: none"> <li>- Encourage the women to continue to discuss those ideas and to share their experiences with each other.</li> </ul>  |

**SESSION 7 (P): LEARNING TO EAT: HOW TO BREASTFEED AND FEED CHILDREN LESS THAN 12 MONTHS OLD**

| <b>STEPS</b> | <b>METHODS</b>  | <b>ACTIONS</b>   |
|--------------|---|--|
| 1.           | Presentations, child development and feeding chart, large group discussions           | <ul style="list-style-type: none"> <li>- Show the women the information in the child development and feeding chart, explain the rows and the columns.</li> <li>- Use the chart to talk about children less than 12 months (how they develop, the texture of their foods, how to help them eat, how often to feed them and how much food to give them).</li> </ul>  |
| 2.           | Demonstrations, short presentations, child development chart, large group discussions | <ul style="list-style-type: none"> <li>- Participants experience the different stages of learning to eat and see what happens to children when their food has not the right texture.</li> <li>- Use the child development chart to talk about how the texture of foods should be adapted to children’s eating abilities and how children learn to eat.</li> </ul>  |
| 3.           | Large group discussions, take-home assignment   | <ul style="list-style-type: none"> <li>- Discuss several examples of enriched gruel and special foods for children.</li> <li>- Decide which enriched gruel and which special food they will prepare during the next session and discuss the role of each of the ingredients (nutritional value).</li> <li>- Each participant says what she will bring to prepare the recipes and the group decides where the food will be prepared.</li> <li>- Encourage the women to put into practice all what they have learned.</li> </ul> |

**SESSION 7 (R): LEARNING TO EAT: HOW TO BREASTFEED AND FEED CHILDREN LESS THAN 12 MONTHS OLD**

| <b>STEPS</b> | <b>METHODS</b>  | <b>ACTIONS</b>  |
|--------------|---|---|
| 1.           | Presentations, child development and feeding chart, large group discussions           | <ul style="list-style-type: none"> <li>- Show the women the information in the child development and feeding chart, explain the rows and the columns.</li> <li>- Use the chart to talk about children less than 12 months (how they develop, the texture of their foods, how to help them eat, how often to feed them and how much food to give them).</li> </ul>   |
| 2.           | Demonstrations, short presentations, child development chart, large group discussions | <ul style="list-style-type: none"> <li>- Participants experience the different stages of learning to eat and see what happens to children when their food has not the right texture.</li> <li>- Use the child development chart to talk about how the texture of foods should be adapted to children's eating abilities and how children learn to eat.</li> <li>- Encourage the women to put into practice all what they have learned.</li> </ul> |

**SESSION 8 (P&R): PREPARING NUTRITIOUS FOODS FOR CHILDREN**

| <b>STEPS</b> | <b>METHODS</b>   | <b>ACTIONS</b>  |
|--------------|--|---|
| 1.           | Cooking and tasting of enriched complementary foods, small and large group discussions | <ul style="list-style-type: none"> <li>- Cooking of an enriched gruel and a special food.</li> <li>- Review the role of each of the ingredients (nutritional value).</li> </ul>   |
| 2.           | Large group discussions  | <ul style="list-style-type: none"> <li>- Discuss: food taste, food texture, how the children like it, how much to give to children, and why children's foods should not be too liquid.</li> </ul>   |
| 3.           | Small and large group discussions  | <ul style="list-style-type: none"> <li>- Each small group will answer one of these questions: the benefit of each of the ingredients for children, how easy or difficult it is for them to prepare these foods at home, how they intend to prepare these foods at home.</li> <li>- Review the ways children learn to eat and the women will decide what they are going to put into practice.</li> </ul> |

**SESSION 9 (P&R): HELPING CHILDREN EAT WELL IN HEALTH AND IN SICKNESS**

| <b>STEPS</b> | <b>METHODS</b>   | <b>ACTIONS</b>   |
|--------------|--|--|
| 1.           | Large group discussion, child development chart                                    | - Review of the information in the child development chart for children less than 12 months.   |
| 2.           | Story  | - Advice on how to help children eat.  |
| 3.           | Small and large group discussions  | - Analyze the story in order to list all the recommendations on how to encourage children to eat and the benefits for the mother when she encourages her child to eat.   |
| 4.           | Small and large group discussions  | - Get the participants to commit themselves to try new child feeding practices to help their children eat.   |
| 5.           | Short presentation, large group discussions  | - Discuss how to feed children during and after illness.   |
| 6.           | Small and large group discussions, take-home assignment/trial of practices at home | - Plan the next session and have each one say which kind of foods she will bring.<br>- Remind the women of their take-home assignments: putting into practice the recommendations on how to help children eat and each person bringing an uncooked food. |

**SESSION 10 (P&R): VARIETY OF FOOD COMBINATIONS APPROPRIATE FOR CHILDREN 6-12 MONTHS**

| <b>STEPS</b> | <b>METHODS</b>                     | <b>ACTIONS</b>   |
|--------------|------------------------------------|--|
| 1.           | Paired and large group discussions | - Women share their experiences in trying new feeding practices to help their children eat.<br>- Encourage them to continue to put into practice all what they have learned.   |
| 2.           | Small and large group discussions  | - Participants who have not brought the same kinds of foods form a small group and try to see what other foods to add to increase variety (foods rich in energy, for protection or for growth).<br>- Talk about the role of each of the foods and about other important aspects, such as the importance of fruits and vegetables, as well as eggs, meat, fish to help children's brains develop well.<br>- Find out which categories of foods might be difficult to provide and what special foods they can prepare for children 6-12 months.<br>- Encourage the women to keep trying the new food preparation practices at home with adding some of the foods they had brought. |
| 3.           | Large group discussions            | - Participants share their experiences in preparing special foods at home for their children and how they conserve the foods when they are going out for some time.<br>- Encourage the women to prepare special foods for their children and to give them nutritious snacks that are easy to prepare.  |

## SESSION 11 (P&R): PROTECTING YOUR FOOD – PROTECTING YOUR CHILDREN

| STEPS | METHODS  | ACTIONS  |
|-------|--|--|
| 1.    | Large group discussions, images                      | - Talk about the causes of diarrhea.   |
| 2.    | Large and small group discussions, images, game      | - Use the images to show all that mothers can do to prevent diarrhea.<br>- Discuss what foods and snacks do not require to be cooked that can be served to children. |
| 3.    | Images, short presentations, large group discussions | - Review how to feed children during and after illness.  |
| 4.    | Large group discussions                              | - Participants say what they are going to do to prevent diarrhea in their children and how they will feed their children during and after illness.                   |

## SESSION 12 (P): FEEDING CHILDREN BEYOND 12 MONTHS OF AGE

| STEPS | METHODS  | ACTIONS   |
|-------|--|---|
| 1.    | Presentations, child development and feeding chart, large group discussion | - Participants review themselves all the information on children less than 12 months in the child development chart.<br>- The health agent adds other important points and then talks about the information in the chart for children 12-24 months.   |
| 2.    | Large group discussions  | - Talk about the need to prepare special foods also for children 12-24 months old.<br>- Encourage the women to feed their children in the evening also and not to worry about indigestion.  |
| 3.    | Work in small groups, story, sketch, song, presentations                   | - Participants will choose one idea from the child development chart to develop an activity that can be used to show other mothers of children older than 12 months how to feed them.<br>- Review the child development chart and encourage mothers to put the recommendations into practice. |

## SESSION 12 (R): FEEDING CHILDREN BEYOND 12 MONTHS OF AGE

| STEPS | METHODS  | ACTIONS   |
|-------|--|---|
| 1.    | Presentations, child development and feeding chart, large group discussion | <ul style="list-style-type: none"> <li>- Participants review themselves all the information on children less than 12 months in the child development chart.</li> <li>- The health agent adds other important points and then talks about the information in the chart for children 12 months to 5 years old.</li> </ul>                               |
| 2.    | Large group discussions  | <ul style="list-style-type: none"> <li>- Talk about the need to prepare special foods also for children older than 12 months.</li> <li>- Encourage the women to feed their children in the evening also and not to worry about indigestion.</li> </ul>  |
| 3.    | Work in small groups, story, sketch, song, presentations                   | <ul style="list-style-type: none"> <li>- Participants will choose one idea from the child development chart to develop an activity that can be used to show other mothers of children older than 12 months how to feed them.</li> <li>- Review the child development chart and encourage mothers to put the recommendations into practice.</li> </ul> |

## SESSION 13 (P): WHAT WE CAN DO TO COMBAT MALNUTRITION

| STEPS | METHODS  | ACTIONS   |
|-------|--|---|
| 1.    | Story, images, small group discussions         | <ul style="list-style-type: none"> <li>- Find out the reasons why children less than 5 years old are at risk of malnutrition.</li> </ul>  |
| 2.    | Large group discussions, images, presentations | <ul style="list-style-type: none"> <li>- Present the 2 forms of severe malnutrition: marasmus and kwashiorkor.</li> <li>- Identify the symptoms of the 2 forms of malnutrition and discuss what can happen to children who are malnourished.</li> </ul>                         |
| 3.    | Small group discussions, presentations         | <ul style="list-style-type: none"> <li>- Find out how to help moderately malnourished children recuperate.</li> <li>- Encourage mothers to take actions to prevent malnutrition in their children and to share what they learned in this session with other mothers.</li> </ul> |

## SESSION 13 (R): WHAT WE CAN DO TO COMBAT MALNUTRITION

| STEPS | METHODS   | ACTIONS  |
|-------|---|--|
| 1.    | Presentation  | - Inform the women about the content of this session.  |
| 2.    | Story, images, small group discussions                                      | - Find out the reasons why children less than 5 years old are at risk of malnutrition.   |
| 3.    | Large group discussions, images, presentations                              | - Present the 2 forms of severe malnutrition: marasmus and kwashiorkor.<br>- Identify the symptoms of the 2 forms of malnutrition and discuss what can happen to children who are malnourished.  |
| 4.    | Small group discussions, presentations                                      | - Find out how to help moderately malnourished children recuperate.<br>- Encourage mothers to take actions to prevent malnutrition in their children and to share what they learned in this session with other mothers.  |
| 5.    | Presentations, child development and feeding chart, large group discussions | - Show the women the information in the child development and feeding chart, explain the rows and the columns.<br>- Use the chart to talk about children 0-59 months old (how they develop, the texture of their foods, how to help them eat, how often to feed them and how much food to give them).  |
| 6.    | Large group discussions, take-home assignment                               | - Discuss several examples of enriched gruel and special foods for children.<br>- Decide which enriched gruel and which special food they will prepare during the next session and discuss the role of each of the ingredients (nutritional value).<br>- Each participant says what she will bring to prepare the recipes and the group decides where the food will be prepared.<br>- Encourage the women to put into practice all what they have learned. |