

Complementary Feeding of Children 6 up to 24 Months Old



**The first 2 years are critical for
growth and development**



**For IYCF Trainers
and Promoters
2012**



Acknowledgments

Equipping health care providers with the knowledge and skills to counsel mothers and other family members on complementary feeding is part of the effort in Ethiopia to reduce stunting in children 6-24 months of age. The Federal Ministry of Health acknowledges the technical and financial contribution of Alive & Thrive, with support from the Bill & Melinda Gates Foundation, for the development of this training manual on complementary feeding. Gratitude is extended to those who field tested the manual and suggested revisions to enhance the training. The content of the manual draws upon training materials developed by AED/LINKAGES, UNICEF, and WHO; formative research conducted in Ethiopia; insights of trainers, trainees, and health care providers; and feedback from mothers during training exercises in the community. The Federal Ministry of Health expresses gratitude for the contribution that these organizations and individuals made to the development of this manual.



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Table of contents

Abbreviations and Acronyms	iii
Introduction	1
Training manual development and design.....	1
Training methodology	2
Training materials.....	2
Training evaluation methods.....	2
Overall Training Objectives	2
Training Sessions and Schedule.....	3
Session 1: Introductions, Expectations, Pre-test and Training Objectives	4
Session 2: Introduction to Complementary Feeding	12
Session 3: Feeding of Complementary Foods.....	24
3.1 Variety of Complementary Foods	24
3.2: Thickness or Consistency of Complementary Foods.....	36
Session 4: Frequency and Amount of Complementary Foods	42
Session 5: Active / Responsive Feeding	48
Session 6: Feeding During Illness and Recovery	53
Session 7: Hygiene, Safe Preparation and Storage of Complementary Foods	58
Session 8: Demonstration on Local Complementary Food Preparations.....	62
Session 9: Counseling and Reaching an Agreement	73
9.1: Counseling and Reaching an Agreement with Mothers, Caregivers, and Family Members.....	73
9.2: Counseling and Reaching an Agreement with Community Leaders	95
Session 10: Adult Learning	106

Session 11: Field Visit and Feedback	113
Session 12: Action Plan Development	117
References	120
Annexes.....	122
Annex A: Pre and post-test with answer key	122
Annex B: Complementary feeding counseling tool for children 6 up to 12 months and 12 up to 24 months.....	125
Annex C: Daily evaluation form.....	127
Annex D: Final training evaluation form	127

Abbreviations and Acronyms

BCC	Behavior Change Communication
CF	Complementary Feeding
EDHS	Ethiopian Demographic and Health Survey
ENA	Essential Nutrition Actions
ESHE	Essential Services for Health in Ethiopia
FN	Facilitator's Notes
GALIDRAA	Greet, Ask, Listen, Identify, Discuss, Recommend, Agree, and make Appointment
HEW	Health Extension Worker
IFHP	Integrated Family Health Program
IYCF	Infant and Young Child Feeding
NGO	Non-governmental Organization
SNNPR	Southern Nations, Nationalities, and People's Region
UNICEF	United Nations Children's Fund
VCHP	Voluntary Community Health Promoter
VIPP	Visualization in Participatory Programs
WHO	World Health Organization

Introduction

This complementary feeding in-service training manual aims to fill the complementary feeding gaps identified through formative studies, infant and young child feeding (IYCF) document review, and the needs expressed by health service providers. Children in the first six months are mostly healthy so long as they are exclusively breastfed based on the standard guidelines. Most often, malnutrition during infancy starts when children transition from nutritious breast milk to thin cereal or starch-based gruel usually fed in bottles, which can result in complications and diarrheal diseases. Traditional infant foods are thin gruels made of cereals or tubers that are very low in energy and the micronutrients needed to promote physical and cognitive development. Furthermore, the bulkiness of traditional infant foods and the concentration of fibers and inhibitors in staple food crops are major factors in reducing nutritional benefits of complementary foods. Ideally, complementary foods should contain animal-source foods such as meat, chicken or eggs which have high biological value, foster growth and development and combat stunting, especially during the first two years of life. However, these foods are not fed to infants and young children due to various misconceptions and traditional beliefs. Hence, this training manual on complementary feeding is intended to improve competencies of health service providers on core areas of complementary feeding and to provide them with the communication and counseling skills that they need to improve the complementary feeding practices in their respective communities. The training manual is supported by a companion IYCF quick reference book and materials to use in interpersonal communication on IYCF.

Training manual development and design

This training manual has 12 sessions aimed at achieving the complementary feeding learning objectives. The introductory session sets the stage in reflecting on ***Why optimal infant and young child feeding practices are necessary, especially in the first 2 years of life.*** Each session sets forth the learning objectives, time and materials needed, training methodologies, session activities and content that will be used during the training. Feeding recommendations are based on the *Guiding Principles for Complementary Feeding of the Breastfed Child*¹ and the Ethiopian National Strategy for Infant and Young Child Feeding. The 'Essential Nutrition Action' Messages for Feeding Children 6 up to 24 months are the key messages in this manual.

¹ *Guiding Principles for Complementary Feeding of the Breastfed Child. 2003, PAHO/WHO*

Training methodology

Several training methods appropriate for adult participatory learning are suggested for use during this complementary feeding in-service training. Detailed instructions on how to carry out each session using the methodologies suggested below are included in the activity description boxes incorporated throughout the training manual.

- Interactive presentations
- Group discussions
- Role play
- Field trips
- Demonstrations
- Brainstorming sessions

Training materials

The materials needed for each session of the training such as markers, flip charts, masking tapes, counseling cards, and training manual are listed at the beginning of each lesson plan.

Training evaluation methods

The training evaluation methods include the following:

- Pre-post tests
- Observatory assessments during each training session
- Participant's feedback
- Daily evaluation after each day and recap
- Final training evaluation checklist
- Checking whether expectations of the participants are met or not

Overall Training Objectives

At the end of the in-service training, participants will be able to:

1. Understand the need for optimal complementary feeding actions and describe characteristics of complementary feeding.
2. Apply communication skills to transfer key complementary feeding messages to mother, caregivers, family and community members.
3. Counsel mothers and negotiate with other family and community members to adopt desired complementary feeding behaviors.
4. Demonstrate appropriate complementary food preparation for mothers and caregivers.

Training Sessions and Schedule

Training Session and Schedule on Complementary Feeding of Children 6 up to 24 Months		
SESSION	TITLE	DURATION
DAY 1		
Session 1	Introductions, Expectations, Pre-test and Training Objectives	1 hr, 30 mins
Session 2	Introduction to Complementary Feeding	1hr
Session 3	3.1 Variety of Complementary Foods 3.2 Thickness or Consistency of Complementary Foods	3hrs 1hr
Session 4	Frequency and Amount of Complementary Foods	1hr
Session 5	Active / Responsive Feeding	1hr
Session 6	Feeding During Illness and Recovery	1hr
	Evaluation of the Day: Mood Meter	
DAY 2		
Session 7	Hygiene, Safe Preparation and Storage of Complementary Foods	40min
Session 8	Demonstration on Local Complementary Food Preparations	2hrs
Session 9	Counseling and Reaching an agreement Community Engagement	3hrs 30 mins
Session 10	Adult Learning	1hr
Session 11	Field Visit and Feedback	3hrs
	Evaluation of the Day: Mood Meter	
DAY 3		
Session 12	Action Plan Development	1hr
	Post test Evaluation of the Day: Mood Meter Final Training Evaluation	

Session 1: Introductions, Expectations, Pre-test and Training Objectives

Introduction

In this session participants will introduce each other and the facilitators. The participants' pre-training knowledge of key complementary feeding practices will be assessed, and the participants' expectations for the training will be discussed and compared to the objectives of the training.

Learning objectives

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

1. Begin to name fellow participants, facilitators and resource persons
2. View training schedule and set ground rules for the training
3. Identify strengths and weaknesses of participants' IYCF knowledge through the pretest
4. Discuss participants' expectations, compare with the objectives of the training and clarify the priorities/focus of the course

Overview

Activity 1.1	Participant introduction
Activity 1.2	Setting ground rules
Activity 1.3	Pre-test
Activity 1.4	Training expectations and participants'

Time: 1 hr 30 mins

Methodologies: Group discussion, interactive presentation, brainstorming

Materials needed:

- ✓ Flip charts
- ✓ Masking tape
- ✓ Markers
- ✓ Participants' folder
- ✓ Pre-test worksheets
- ✓ Code number written on pieces of paper

Advance preparation:

- Prepare flip chart, markers, and copies of pre-test worksheets
- Write pre-test code numbers on small sheet of paper
- Write learning objectives on flip charts
- Write course objectives on flip charts
- Get copies of Quick Reference Book for each participant
- Make copies of training schedule

Learning Objective 1: Begin to name fellow participants, facilitators and resource persons

Activity 1.1: Participant introduction

Methodology: Team work

Instructions for activity

1. Ask participants to pair off with a participant that they don't know.
2. Ask participants to share their background, including their:
 - ✓ Name
 - ✓ Where they work
 - ✓ Responsibility
 - ✓ Hobby (what they like)
 - ✓ Whether they have any experience in child-related services
3. Let one person introduce the other to the class and vice versa.

Learning Objective 2: View training schedule and set ground rules

Activity 1.2: Setting ground rules

Methodology: Interactive presentation

Instructions for activity

1. Review the training schedule and ask participants to come up with ground rules that will be used throughout the training.
2. Ask one participant to record the agreed upon ground rules on a flip chart. Possible ground rules include:
 - Listen
 - Participate actively
 - Respect each other's opinions and experiences
 - Understand that there are no right and wrong opinions
 - Ask questions
 - Share personal examples
 - Think about how the training applies to your work
 - Be on time
 - Allow everyone to have a chance to speak during group discussions
 - Do not interrupt when someone else is talking
 - Turn off mobile phones
3. Post the ground rules in a visible spot in the room.
4. Summarize the session.

Learning Objective 3: Identify strengths and gaps of participant's IYCF knowledge

Activity 1.3: Pre-test

Methodology: pre-test

Instructions for activity

1. Explain to the participants that the purpose of the pre-test is not to grade or judge but to understand knowledge gaps on complementary feeding.
2. Ask participants to pick a code number from the bag and write it on the first page of the pre-test. Tell them that they will need to remember their code number for the post-test.
3. Pass out the pre-test worksheet and explain to the participants how to fill it out,
4. Tell participants that they have 30 minutes to complete the pre-test.
5. Correct the tests promptly and identify areas that need extra attention during the training.
6. Post the results with trainees' code numbers during tea break so the participants can see their pre-training knowledge and gaps.

Learning Objective 4: Discuss participants' expectations, compare with the objectives of the training and clarify the priorities/focus of the course

Instructions for activity

1. Ask participants to think about what they expect from the training.
2. Give one card to each participant and ask participants to write down their expectations.
3. Collect the cards, read aloud what is written on them, and post them on the wall.
4. Facilitator with the participants regroup the cards so that the related ones are grouped together.

Activity 1.4: Discussion of training objectives and participants' expectations

Methodology: Interactive presentation

Instructions for activity

1. Facilitator introduces the training objectives (includes the main objective of each session that has been previously written on a flip chart), and compares them with the expectations of participants.
2. Facilitator presents the challenges of ensuring good nutrition of infants and young children and adds inspirational points:
 - ✓ You can make a difference in your community!
 - ✓ You have a role to play and with the knowledge and skills you will gain in this training, you will help mothers, babies and families in your community!
 - ✓ We want you to feel empowered and energized because you do perform a vital role in your community – mothers, babies and families will be healthier.
3. Expectations and objectives remain in view during training course.

Pre-test questions

Participants: The following questions are for us to understand the knowledge gaps on complementary feeding so we can direct our efforts to filling the identified gaps for improved service delivery. You don't have to write your name, just write your code number.

Code

No. _____

Part I: Please mark true or false (X) in the space provided

	Questions	True	False	I don't know
1	After 6 months of age feeding only breast milk is no longer adequate to meet the child's needs.			
2	The effects of malnutrition are more serious for a one year old child than for a child who is three years old.			
3	It is not possible to reverse the effects of malnutrition that happens in the first 2 years of life.			
4	At 6 months babies are not ready to digest finely minced soft cooked foods.			
5	Bottle feeding is a better way to feed the baby when the mother is away.			
6	Babies less than 6 months old should be given water to satisfy their thirst.			
7	Feeding extra fluid during diarrhea makes the diarrhea worse.			
8	It is necessary that an adult person to feed a young child rather than having an older brother or sister feed the young child.			
9	Giving fenugreek water and thin gruel is good for the child's health.			
10	A soft thick porridge is better than a thin gruel for a 6 month old baby.			

Part II: Choose the best answer(s) by circling the letter from the provided options

11. Which of the following phrases best describes “complementary feeding?”

 - A. Starting gruel at 4 months
 - B. Starting solid food at 4 months
 - C. Starting solid food at 6 months with continued breastfeeding
 - D. Starting solid food at 6 months, no breastfeeding

12. How long should babies be breastfed?

 - A. For the first 2 years of life only
 - B. For the first 2 years of life and beyond
 - C. For the first 6 months
 - D. For one year
 - E. I don’t know

13. Which of the following special foods can be added while preparing a baby’s porridge?

 - A. Egg
 - B. Milk
 - C. Dried meat powder
 - D. All of the above
 - E. None of the above

14. Providing money to have special foods added to the child’s porridge is the responsibility of:

 - A. Mothers
 - B. Fathers
 - C. Mothers/caregivers/fathers
 - D. Health workers

15. For a child 12 up to 24 months of age, how much complementary food should be given per day?

 - A. 3 full coffee cups and one snack
 - B. 2 full coffee cups and three snacks
 - C. 4 full coffee cups and 1 to 2 snacks
 - D. I don’t know

16. The quality of complementary food can be improved by:

 - A. Replacing water used to make porridge with milk
 - B. Adding a small amount of oil or butter to porridge
 - C. Adding mashed vegetables and animal products such as meat and fish
 - D. None of the above
 - E. Can be improved by A, B, and C
 - F. I don’t know

17. Which one of the following steps is appropriate in order counsel and reaches an agreement with a mother/caregiver about complementary feeding practices of a child?

- A. Ask – Greet – Discuss – Listen – Identify – Recommend – Agree and Appointment
- B. Greet – Ask – Listen – Identify – Discuss – Recommend – Agree and Appointment
- C. Recommend – Agree – Ask – Greet – Discuss – Listen – Identify – and Appointment
- D. Discuss – Listen – Identify – Recommend – Agree – Ask – Greet – and Appointment
- E. I don't know

18. Which of the following statements is contrary to standard feeding recommendations:

- A. Fluid intakes should be increased during child illness
- B. Sick children don't have an appetite, so there is no need to give solid food
- C. When children recover from illness, it is good to give extra food for at least 2 weeks
- D. None of the above
- E. I don't know

19. Which of the following ingredients are recommended in preparing flour for a child's porridge

- A. Mix barley, teff, wheat, and corn
- B. Mix barley, red teff, and wheat
- C. Mix barley, chickpea, wheat, and lentils
- D. All of the above
- E. I don't know

20. Which of the following are recommended in training adults

- A. Adults learn best when they are treated as active participants in the training process
- B. Adults learn best when they are actively involved in the learning process
- C. Adults want lessons they can apply right away
- D. All of the above
- E. I don't know

Session 2: Introduction to Complementary Feeding

Introduction

This session covers the importance of continuing breastfeeding and the optimal age for children to start complementary feeding. Other topics include current complementary feeding practices in the participants' communities, the potential consequences of introducing complementary foods too early or too late, and key actions to recommend to mothers or caregivers on introducing complementary foods.

Learning objectives

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

1. Understand and recite the exact age to start complementary feeding.
2. Understand the need for optimum IYCF especially in the first 2 years of life.
3. Explain the importance of complementary feeding.
4. Explain the importance of continued breastfeeding.

Overview

Activity 2.1	Optimal age for starting complementary feeding
Activity 2.2	Group work on the importance of optimal IYCF in the first 2 years of life Importance of complementary feeding
Activity 2.3	Importance of complementary feeding
Activity 2.4	Importance of continued breastfeeding

Time: 1 hour

Methodologies: Brainstorming, group discussion

Materials needed:

- ✓ Flip chart, masking tape, markers
- ✓ 3 glasses with water
 - One glass completely full
 - Second glass one-half full
 - Third glass one-third full

Facilitator's Notes (FN)

FN 2a: What is complementary feeding and when should it start?

FN 2b: Why is optimal complementary feeding critical in the first two years of child's life?

FN 2c: Summarized Findings from SNNPR & Tigray Formative Research

Advance preparation:

- Prepare flip chart.
- Write learning objectives on flip chart.
- Identify page number of FN 2a and FN 2b on trainees' Quick Reference Book.

Learning Objective 1: Understand and recite the optimal age for starting complementary feeding

Activity 2.1: Optimal age for starting complementary feeding

Methodology: Group discussion

Instructions for activity

1. Form groups of five members.
2. Assign participants into the following groups:
 - 1.1 Two groups to discuss what might happen if complementary foods are started too soon.
 - 1.2 Two groups to discuss what might happen if complementary foods are started too late.
3. Ask groups to record their responses on a flip chart and select one representative to present the points raised during their discussion. Ask other groups to add only new points.
4. At the end of the presentations, fill in the gaps of the risks of early and delayed complementary feeding.
5. Discuss and summarize session using Facilitator's Notes 2a.

FN 2a: What is complementary feeding and when should it start?

What is complementary feeding?	<ul style="list-style-type: none"> ▪ Complementary feeding is giving other foods in addition to breast milk to babies. These foods should complement, not replace, breast milk.
When should CF be started?	<ul style="list-style-type: none"> ▪ Complementary foods should be introduced at 6 months. ▪ After 6 months breast milk cannot meet all of the energy and micronutrient requirements of a baby. ▪ Thus, complementary feeding is needed to fill the gap between total nutrient needs of the growing baby and the nutrients provided by breast milk. ▪ At 6 months a babies' digestive system is also mature enough to digest different foods. Finely minced foods will not choke the baby.
What happens if complementary foods are started early or late?	<p><i>Early introduction of complementary foods before 6 months:</i></p> <ul style="list-style-type: none"> ▪ Displaces breast milk since the babies will breastfeed less. ▪ Increases risk of diarrhea since complementary foods may not be as clean as breast milk. <p><i>Late introduction of complementary foods after 6 months</i></p> <ul style="list-style-type: none"> ▪ It is dangerous because the child does not get the extra food needed to fill the energy and nutrient gaps. ▪ The risk of malnutrition and micronutrient deficiencies increases and child stops growing, or grows slowly.
Should breastfeeding be continued with introduction of CF?	<ul style="list-style-type: none"> ▪ Breast milk continues to make important nutritional contributions. Thus, continued, frequent, and on-demand breastfeeding until 2 years of age or beyond is crucial. Continued breastfeeding protects children from illness and malnutrition.

Learning Objective 2: Understand the need for optimal IYCF especially in the first 2 years of life.

Activity 2.2: Group work on the importance of optimal IYCF in the first 2 years of life

Methodology: Group work

Instructions for activity

1. Let participants form 4 groups
2. Assign the following topics to be discussed by each group, and let the group choose a chairperson and a reporter.

Discussion topics

- 2.1 Why is optimal feeding needed in the first 2 years of life?
- 2.2 When does malnutrition start and why?
- 2.3 What is the challenge of using traditional complementary foods?
- 2.4 What traditional beliefs and misconceptions affect optimal IYCF?
3. Ask group members to write their discussion points on a flip chart and ask a representative to present the points to the large group.
4. Discuss and summarize using FN 2b.

FN 2b: Why is optimal complementary feeding critical in the first 2 years of a child's life?

Questions	Reasons for optimal complementary feeding
<p>Why is optimal infant and young child feeding so important in the first 2 years of life?</p> <p>Why are the first 2 years critical for a child's growth and development?</p>	<ul style="list-style-type: none"> ▪ The first two years of life are a critical period since rates of malnutrition usually peak at this time with consequences persist throughout life. ▪ This period is also important for optimal growth, health, and development. ▪ During this period children become vulnerable to growth retardation. ▪ Growth faltering begins early in infancy. ▪ The “window of opportunity” for improving nutrition is the first 1000 days: from pregnancy through the first 2 years of life. ▪ The damage to physical growth and brain development that occurs during this period is extensive and irreversible. The deficits acquired during this time are difficult if not impossible to compensate for later in childhood.
<p>When does malnutrition start and why?</p>	<ul style="list-style-type: none"> ▪ Malnutrition starts when children transition from breast milk to cereal or starch based complementary foods. ▪ The most common fluids introduced are: water with sugar, thin gruel, and fenugreek or linseed water as early as two months of age. These foods are often prepared in unhygienic conditions that can result in diarrheal disease and malnutrition.
<p>What is the challenge of using traditional complementary foods?</p>	<ul style="list-style-type: none"> ▪ Traditional infant foods are thin gruels made up of cereals or tubers, which are relatively low in energy and micronutrients needed for optimal physical and cognitive development. ▪ The bulkiness of traditional infant foods and the concentration of fibers and inhibitors in staple food crops are major factors in reducing nutritional benefits of traditional complementary foods.
<p>What traditional beliefs and misconceptions affect optimal IYCF?</p>	<ul style="list-style-type: none"> ▪ Both early and late initiation of complementary feeding is common. ▪ Children are not able to eat certain foods because of parental perceptions that young infants and children cannot digest them <p><u>Examples of misconceptions:</u></p> <ul style="list-style-type: none"> ➤ A baby over 6 months old will choke if given thick porridge. ➤ Children cannot eat meat before 5-7 years of age. ➤ Vegetables and fruits are not important for children and can't be digested. ➤ Adding oil could lead to constipation. ➤ Feeding a child during sickness can worsen diarrhea or vomiting, etc.

Learning objective 3: Explain the importance of complementary feeding

Activity 2.3: Importance of complementary feeding

Methodology: Interactive presentation

Instructions for activity

1. Tape or stick an illustration of a healthy, well-nourished child on the center of a flip chart.
2. Ask participants to name all the things necessary to have a healthy child.
 - Facilitator: Probe until the participants mention:
 - Food
 - Caring practices
 - Health services
 - Potable water
 - Proper hygiene and sanitation
3. Draw arrows from the illustrations to the healthy, well-nourished child



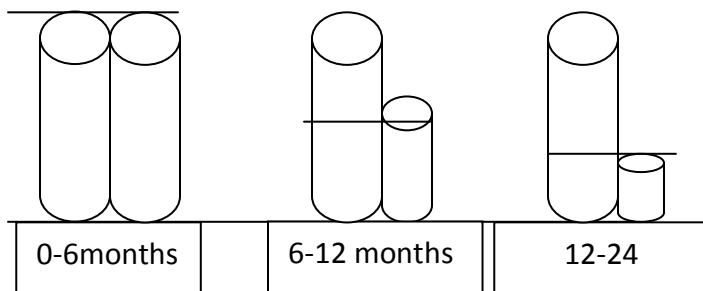
Learning Objective 4: Explain the importance of continued breastfeeding

Activity 2.4: Importance of continued breastfeeding

Methodology: Demonstration and discussion

Instructions for activity

1. Display the daily 'energy needs' of a child from 0 up to 6 months, 6 up to 12 months and 12 up to 24 months on a flip chart; leave posted throughout the training.



2. Demonstrate the same information using 3 glasses: completely full, half ($\frac{1}{2}$) and one third ($\frac{1}{3}$) full.
3. Explain the following with regards to the contribution of continued breastfeeding to meet the daily energy requirements:

<u>Child's age</u>	<u>Contribution of breast milk to meet body demand for energy</u>
0 up to 6 months	✓ Breast milk supplies all the requirements (energy and micronutrients)
6 up to 12 months	✓ Breast milk continues to supply about half ($\frac{1}{2}$) of the 'energy needs' of a child ✓ The other half of 'energy needs' must be filled from complementary foods
12 up to 24 months	✓ Breast milk continues to supply about one-third ($\frac{1}{3}$) of the energy needs of a child ✓ The gap in 'energy needs' must be filled with complementary foods

FN 2c: Summarized findings from SNNPR & Tigray region formative research

Child feeding practices	Reported child feeding practices, beliefs and opinions
Exclusive breastfeeding	<ul style="list-style-type: none"> ▪ <i>"Even if I learned from HEWs that mothers should give only breast milk for 6 months, I believed that my breast milk wouldn't be enough for the baby, so I gave my baby thin gruel prepared from millet and teff, "Giving only breast milk hurts the mother as well as the child. The child will be hungry, weak and sick." (A study participant mother in Misha)</i> ▪ <i>"I spend the whole day working on the safety-net program, and I am exposed to the sun for an even longer time. The breast milk will not be good for the health of the child. Thus, I can't breastfeed for 2 years." (A mother from Raya Azebo)</i>
Bottle feeding	<ul style="list-style-type: none"> ▪ Mothers in the three areas have also stated that they used a bottle when the child is less than one year old and that they started to use spoon, cup and their hand after the age of one year. ▪ <i>"Before one year of age the child takes liquid foods. The bottle is better than my hand in terms of hygiene since it has a cover. Also if I am not around, I store the gruel in it and others feed the child easily. After one year the child eats thick foods and other family foods." (A mother in Misha)</i>
Complementary foods	<ul style="list-style-type: none"> ▪ The age for introduction of additional foods ranges from 2 months to 8 months. ▪ Almost all mothers have suggested that the gruel and porridge should be prepared at least from two types of cereals. ▪ <i>"I am not giving any food to my child because he is young and doesn't have an appetite for food. I plan to start giving food at the age of 7 months." (A mother with a 7-month-old child from Hawizen)</i>
Animal-source foods	<ul style="list-style-type: none"> ▪ Giving children meat, fish and poultry is not practiced in the study areas. ▪ Mothers said that they were not giving these foods because the foods are not digestible for children, and they are expensive. Moreover, it is not a common practice in the community. ▪ <i>"Even if it is available, we don't give meat to children below the age of five years. If children start to eat meat at earlier ages, they will share with adults and want to eat more. We get meat once a year during Mesikel holida."</i> ▪ <i>"There is no butchery in our village. Even if I have money, I will not go and buy meat from Hosaina (the town) because in this community people don't buy meat."</i>

Diet diversity	<ul style="list-style-type: none"> ▪ Gruel or porridge is prepared from at least two types of cereals until the child is 2 years old. ▪ Vegetables and fruits are not common in children's diet. ▪ <i>"If children get a variety of fruits like mang and, papaya and if they also get cow's milk and breast milk, they will be healthy."</i> ▪ <i>"We are not giving them any fruit...therefore most of them are not strong and healthy." ... "In this area it's cold and there is hunger. These make the children sick" ... "Shortage of food supply, not balanced diet and insufficient health services makes children ill and not strong."</i> ▪ <i>"I don't think my child is healthy and strong....she coughs and was admitted to the hospital for a lung problem." "Orange fruits and vegetables are not available in the area, and my economic status doesn't allow me to purchase these foods." (A mother from Tahitay Macho)</i> ▪ <i>"We feed our children semi-solid foods such as gruel starting from 6 months of age, porridge from 7 months of age, and unleavened bread, injera, and ambasha starting from the first year." (A father from Tahitay Macho)</i>
Desired consistency of complementary foods	<ul style="list-style-type: none"> ▪ <i>"I will not recommend to a mother that she give thick porridge to her 7 month old child because this kind of porridge is heavy and will not be digested easily at this age. Also, the child can't chew and swallow this food. Rather I will advise her to give gruel." (A grandmother)</i> ▪ <i>"I prefer solid foods because varieties of foods are not available in my community. I am also busy with household activities and outside the home. It is difficult to prepare separate food for the child." (A mother from Tahitay Maichew)</i>
Transition to family diet	<ul style="list-style-type: none"> ▪ Besides the specific foods given to children, mothers think that children can eat family food after the age of one year. ▪ It was found through focus group discussion that the age at which children start sharing family food varies from place to place: 1–4 years in some places and 6 years in other places.
Active feeding (Encouraging the child to eat)	<ul style="list-style-type: none"> ▪ Even though there are some mothers who did nothing to encourage their children, others use various methods to make the child eat more. ▪ Some of the reported methods are making the food tasty, changing the food type, playing with children and taking the children to hospital. ▪ A mother in Chenicha mentioned that she will hit the child, and a mother in Mareka said that she forces the child to eat more.
Food preparation and child care responsibilities	<ul style="list-style-type: none"> ▪ Mothers take the primary responsibility in preparing food for children. ▪ The eldest daughters support mothers in preparing food ▪ Husband and grandmother may look after the child while the mother is preparing food for the child.

	<p><i>"It is the woman's responsibility to prepare food and give appropriate care for the child. The father's job is to farm." (A mother in Chenicha)</i></p>
Feeding during a mother's absence	<p><i>"I go to the market two days a week and at this time I will prepare porridge and the elder sister who is 4 years old will feed the child. I have no way of knowing how much the child ate because other children could eat from his food. So when I come back I will give the child food". (A mother in Chenicha)</i></p>
Reported feeding and treatment for diarrhea	<ul style="list-style-type: none"> ▪ <i>"Even if the child has lost appetite I was giving the child gruel."</i> ▪ <i>"I increased the frequency of breastfeeding when the child had no interest."</i> ▪ <i>"I was giving the child water and gruel frequently."</i> ▪ <i>"I took the child to hospital."</i> ▪ <i>"I gave the same amount of gruel."</i> ▪ <i>"I took the child to traditional healers and they burnt the child's abdomen."</i> ▪ <i>"I gave more liquid than solid foods."</i> ▪ <i>"I did nothing."</i> ▪ <i>"I gave the child a capsule of tetracycline mixed with one cup of water."</i> ▪ <i>"I fed the child bread made of Kocho and Godere."</i> ▪ <i>"I didn't give fluids."</i>
Reported feeding and treatment during cough and fever	<ul style="list-style-type: none"> ▪ <i>"I gave the child a variety of foods such as gruel prepared from different cereals, porridge made of bulla and milk."</i> ▪ <i>"I gave the child boiled fenugreek and rue."</i> ▪ <i>"I gave the child water from kale."</i> ▪ <i>"I added butter in the gruel to make it tasty."</i> ▪ <i>"I gave the child gruel with garlic and butter."</i> ▪ <i>"I gave the child hot water with butter."</i> ▪ <i>"I stopped giving gruel."</i> ▪ <i>"I gave the child Kocho with kale in a soft form."</i>
Food related beliefs and taboos	<ul style="list-style-type: none"> ▪ Garlic and herbs like rue were reported given for treatment of abdominal cramp. ▪ <i>"Children start eating egg after the age of 1 year. It predisposes the child to diarrhea and vomiting if given before this age." (A mother in Mareka)</i> ▪ <i>"We do not give cabbage for children less than two years old; it will cause worms in their stomach."</i> <ul style="list-style-type: none"> ▪ <i>"We don't give meat to children below 5 years. Because they can't chew and swallow meat at this age. I will give roasted meat after the age of 5 years".</i>
Willingness to change food habits	<ul style="list-style-type: none"> ▪ <i>"I think giving the child food three times a day is enough."</i> ▪ <i>"Too much food may also predispose them to illnesses." (A mother with a child above 12 months of age in Mareka)</i> ▪ <i>"Increasing the frequency of feeding when the child reaches 8 months is not possible. Sometimes feeding a child twice a day is hard because mothers stay outside their home as children get older."</i>

People who influence child feeding (family, community, outside)	<ul style="list-style-type: none"> ▪ Mothers take the primary responsibility for feeding the child in many of the cases. They decide with their husbands what to feed the child. ▪ Husbands give money for mothers to purchase whatever is needed for household consumption. ▪ The mother-in-law is the one to decide on what the child eats and prepare food for the child.
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Session 3: Feeding of Complementary Foods

3.1 Variety of Complementary Foods

Introduction

In this session, local foods that can be used to prepare complementary foods will be identified. The benefits of the different food groups will be explained; the importance of having a varied diet; ways to enrich complementary foods; household food processing strategies to improve nutrient content of complementary foods; and key actions on improvement of complementary foods will be discussed.

Learning objectives

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

1. Identify different types of local foods that can be used as complementary foods.
2. Explain the benefits of the different food types and their use for infant growth.
3. Explain how complementary foods can be enriched.
4. Explain simple household food processing strategies to improve the nutrient quality of the complementary foods.
5. Review and understand the key messages on variety of complementary foods.

Overview

- Activity 3.11 Identification of different types of local foods for preparing complementary foods for CF preparation
- Activity 3.12 Explanation of the benefits a variety of complementary foods
- Activity 3.13 Discussion on enriching complementary foods
- Activity 3.14 Discussion on enriching complementary foods using simple household food processing technologies

Time: 3 hours

Methodologies: Group discussion, brainstorming, interactive presentation

Materials needed

- ✓ Flip chart, masking tape, marker
- ✓ Behavior change communication tools on complementary feeding Poster showing how to make cereal legume mixture
 - Poster showing how to make flour from germinated cereals
 - Poster showing how to make meat powder
 - Poster showing how to enrich complementary feeding porridge by adding different food items

Facilitator's notes:

FN 3.1a: Different types of local foods

FN 3.1b: Benefits of different types of local foods

FN 3.1c: Enriching complementary foods

FN 3.1d: How to process enriched flour for a child's complementary foods

FN 3.1e: Household food processing: Germination of cereal grains

FN 3.1f: Findings from formative research on variety of complementary foods

Advance preparation

- Prepare flip chart and collect markers.
- Write learning objectives on flip charts.
- Write key points from the session's handouts on a flip chart.
- Prepare copies of Handouts 3.1a - 3.1e.

Learning Objective 1: Identify different types of local foods that can be used for complementary foods.

Activity 3.11: Identification of different types of local foods for preparing complementary foods for CF preparation

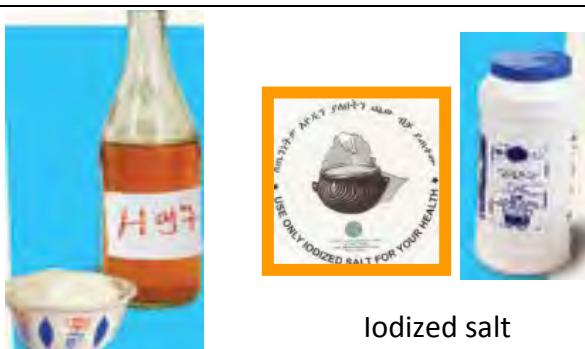
Methodology: Group discussion

Instruction for activity

1. Introduce the session.
2. Form groups of five members.
3. Ask participants to identify common foods in their communities
Show examples of local foods or illustrations of local foods.
4. Fill in gaps using FN 3.1a and summarize the session.

Staples: <ul style="list-style-type: none">✓ Cereal grains such as maize, wheat, barley, teff, millet and sorghum and roots crops such as enset, cassava and potatoes	Legumes: <ul style="list-style-type: none">✓ Beans, chickpeas, lentils, peas Oil/butter Iodized salt	Animal-source foods: Minced meat, dried meat (kunata) powder, chicken, fish, liver, eggs, milk and milk products, etc.
Fruits and vegetables <ul style="list-style-type: none">✓ Vitamin A-rich fruits and vegetables such as mango, papaya, dark-green leaves, carrots, yellow sweet potato, pumpkin, etc.✓ Other fruits and vegetables such as banana, pineapple, avocado, tomatoes, kale and cabbage		

FN 3.1a: Different types of local foods

<p>Staples: grains such as maize, wheat, barley, teff, millet , sorghum and roots crops such as Kocho, cassava and potatoes</p>	
<p>Legumes such as beans, chickpeas. lentils, peas</p>	
<p>Vitamin A-rich fruits and vegetables such as mango, papaya, dark-green leaves, carrots, yellow sweet potato and pumpkin and other fruits such as banana, pineapple, avocado, etc.</p>	
<p>Animal-source foods including flesh foods such as finely minced meat, dried meat (kunata) powder, chicken, fish, liver, eggs, milk and milk products</p> <p>Note: animal-source foods should be started from 6 months onwards</p>	
<p>Small amount of oil or butter added to vegetables and other foods will provide extra energy. Infants need a very small amount (no more than half a teaspoon per day). It is also valuable not to remove the skim (fat part) of boiled milk.</p> <p>It is absolutely necessary to use iodized salt.</p>	 <p style="text-align: center;">Iodized salt</p>

Learning Objective 2: Explain the benefits of the different food types and their use for infant growth.

Activity 3.12: Explanation of the benefits a variety of complementary foods

Methodology: Group discussion

Instructions for activity

1. Introduce the session.
2. In the same groups, ask participants to list one benefit of each of the foods they have written on the flip chart.
3. In plenary ask each participant to state:
 - 3.1 The benefits each food provides for child growth and development
 - 3.2 Which foods will make the child healthy and stronger? Mark on the flip chart.
 - 3.3 Which foods are not given to children?
 - 3.4 Why are the identified foods not given to children?
4. Fill in gaps, summarize the session using FN 3.1b: Benefits of different types of local foods

FN 3.1b: Benefits of different types of local foods

No.	Different types of local Foods	Use
1.	Grains such as barley, wheat, teff, sorghum; root crops and tubers such as enset, cassava, godere	Good sources of energy
2.	Legumes such as peas, beans, chickpeas lentils, and nuts are good sources of protein from plant sources	Important for growth, repair, and body building
3.	Milk other than breast milk, cheese, or yogurt are good sources of protein from animal sources	For the child to grow, have strong bones and be healthy
4.	Flesh foods (meat, fish, poultry, and liver/organ meats) are good sources of protein, iron, vitamin A, and zinc. Adding a small amount of animal-source foods enhances the nutritional benefits of other foods such as from legumes	Will assist in growth and development and will help children stay active and healthy
5.	Eggs	Help the child grow
6.	Vitamin-A rich fruits and vegetables Yellow and orange color fruits and vegetables: papayas, mangos, bananas, avocados, pumpkin, orange fleshed sweet potato, and carrot	Help the child have healthy eyes and fewer infections including upper respiratory infections
7	Other fruits and vegetables: kale, cabbage, tomatoes	Provide protection from illness
8	Oils, fats, and sugars	Provide energy, fuel

Learning Objective 3: Explain how complementary foods can be enriched

Activity 3.13: Discussion on enriching complementary foods

Methodology: Brainstorming, group discussion

Instructions for activity

1. In a plenary, ask participants what mothers/caregivers can add to baby's porridge to enrich it.
2. Record responses on a flip chart.
3. Form groups of five members.
4. Ask groups to answer the listed questions and record their answers on a flip chart
 - a. In counseling a mother at your kebele, what would you tell her to add to a child's porridge to make it more valuable for her baby?
 - b. How can a mother prepare animal-source foods like meat, fish and eggs in a way that is easier for children to eat?
 - c. How can a mother add locally available fruits and vegetables to a child's porridge without the fear of choking the baby?
 - d. How will mothers/families react if you recommend adding different foods such as meat to a child's porridge?
 - e. If mothers in the community don't accept your recommendation the first time, what methods will you use to try and change their views?
5. Have a representative from one group present the group's ideas. Ask other groups to present only additional points.
6. Stress that babies who eat a variety of foods from the beginning will be healthy and clever at school.
7. Summarize the session by discussing the key points from Handout 3.1e: Enriching complementary foods

FN 3.1c: Enriching complementary foods

Cereal or root crop based complementary foods can be enriched by:

1. **Replacing water** used for preparing porridges **with milk**.
2. **Adding butter/oil** which will enrich the porridge and make the thick porridge energy dense, softer, and easier to eat.
3. **Mixing legumes** such as pea, chick pea or broad beans flour with the staple flour before cooking in a proportion of 1/4 legume flour to 3/4 cereal flour.
4. **Adding dried meat** (kuanta) powder, finely chopped meat / eggs.
5. **Adding finely chopped kale or carrots**.
6. **Adding mashed avocado**, banana, or papaya.
7. **Adding iodized salt** after preparing complementary foods.

Note: All of the above actions will improve the nutrient quality of complementary foods.

- ✓ Animal-source foods should be eaten as often as possible.
- ✓ Adding even small amounts of an animal-source food to the meal when available adds nutrients and is good for the child.
- ✓ Organ meats such as liver, heart, and kidney are often less expensive and have more iron than other meats.

Preparation of animal foods

- ✓ Meat or any organ meat can be finely minced to make them easy for the child to eat.

Fruits and vegetables

- ✓ Encourage families to feed orange and colored fruits and dark green vegetables
- ✓ Promote home gardens and planting fast growing vegetables such as kale, carrots, and tomato if a small plot of land near the home is available.
- ✓ If families can afford to do so and if they are available, fruits and vegetables can be purchased from the local markets.

How to prepare dry meat



Learning Objective 4: Explain simple household food processing strategies to improve the nutrient quality of the complementary foods

Activity 3.14: Discussion on enriching complementary foods using simple household food processing technologies

Methodology: Interactive presentation

Instructions for activity

1. Ask participants to share experiences about what they know or have heard in regards to household food processing strategies practiced in their community; write participants' responses on a flip chart.
 - a) What specific household/community level food processing technologies are practiced in the communities you know?
 - b) What are the perceived benefits of the identified forms of food processing in the communities?
 - c) What specific complementary food processing techniques are practiced by families in your communities?
 - d) What are the perceived advantages of these complementary food processing techniques?
2. Show the posters (interpersonal counseling cards) on household food processing strategies.
 - a) Ask participants to note the steps, and repeat the steps for preparation of enriched cereal legume flour for baby's porridge.
 - b) Ask participants to note the steps of preparing germinated grain flour to improve the quality of complementary foods.
 - c) Ask participants to recite the steps (for the 2 processing technologies).
3. In plenary, ask participants to tell you how they could transfer the household food processing strategies to the community.
4. Summarize the session by reviewing FN 3.1e: Household food processing.

FN 3.1d: How to process enriched flour for a child's complementary food

Step 1: Prepare 3 portions of cereals (corn, barley, teff, sorghum or any available cereal in the locality) and one portion of legume (pea, chickpea, beans or lentil).

Step 2: Clean cereals and legumes. Remove the husk of the barley following the traditional method to reduce the coarse cover. Roast legumes and cereals separately until light brown; split roasted legumes and remove the cover.

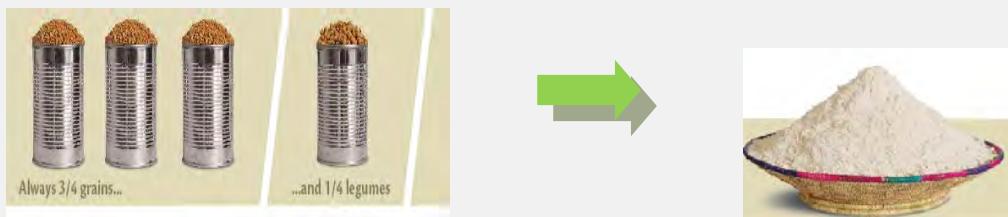
Step 3: Mix the 3 portions of cereal and 1 portion of the legume.

Step 4: Mill in a local mill.

Step 5: Sift and store enriched flour in a covered container in a cool dry place.

Step 6: Use whenever preparing the porridge

Step 7: Add a teaspoon of germinated flour to the porridge to make it energy dense (procedure of preparing germinated grain flour is described in the next section).



Preparation of enriched flour

FN 3.1e: Household food processing: Germination of cereal grains

There are different household or community food processing methods that could be carried out before preparing foods for consumption.

- ✓ Household food processing strategies such as germination and soaking can enhance nutrient quality of complementary foods, thereby helping to better utilize the available nutrients in the food.

Germinated or sprouted flour

If families in your area use germinated grain, the following ways can be used to make a more nutritious porridge.

- ✓ Flour made from germinated cereal grains does not thicken much during cooking. Less water can be used while preparing complementary foods to improve nutrient density.
- ✓ Adding a pinch of germinated flour (*bikil flour*) to cook a thick porridge will make the porridge softer and easier for the child to eat. (The porridge should be boiled again for a few minutes after adding the germinated flour).

How to make germinated flour:

1. Clean the cereal grains
2. Soak them for 1-2 days
3. Drain and place in a sack or other covered container
4. Store in dark, warm place for 2-3 days until the grains sprout
5. Dry the sprouted grains in the sun
6. Roast until the grain gets light brown
7. Grind and sieve the flour
8. Store in a covered container in cool dry place
9. Add a pinch of the germinated flour whenever preparing baby's porridge



FN 3.1f: Findings from formative research on variety of complementary foods

Reasons for not adding different foods	Views of mothers and frontline health workers
Reported reasons for not giving animal-source foods to children	<ul style="list-style-type: none"> ▪ Mothers believe the foods are not digestible by children until the age of 5-7 years. ▪ Animal-source foods such as meat are expensive ▪ It is not a common practice in the community. <p><i>"Even if it is available, we don't give meat to children below the age of five years. If children start to eat meat at the earlier ages, they will share with adults and want to eat more. We get meat once a year during Mesikel holiday."</i></p> <p><i>"There is no butchery in our village. Even if I have money, I will not go and buy meat from Hosaina (the town) because in this community people don't buy meat." (A mother in Misha)</i></p>
Reasons for not giving thick foods to children	<ul style="list-style-type: none"> ▪ Often families are afraid that thick foods will be difficult to swallow and get stuck in the baby's throat. ▪ Thick food causes constipation. • Extra liquid is added so that it will take less time to feed the baby and make it easier for the young child to eat.
Views of frontline health workers on variety of complementary foods	<p>Health extension workers (HEWs) have different opinions on feeding a variety of foods to children</p> <ul style="list-style-type: none"> ▪ HEWs have concerns about the availability of certain grains, fruits, and overall income to feed variety of food to children. <p><i>"Families cannot afford. They can only make the porridge from what they have. It is hard because of poverty." (Chencha, HP)</i></p> <p><i>"I think mothers can do this if they are advised. If they are aware of this and if they can sell what they have at home to buy other foods, they can do it. It doesn't require much time and money, and it is easy if the different grains are available at home."(Mareka, HEW)</i></p>

3.2: Thickness or Consistency of Complementary Foods

Introduction:

In this session, the meaning of consistency as it applies to complementary food will be explained and the importance of having appropriate thickness/consistency of complementary foods for different age groups of children 6 up to 24 months and ways of preparing complementary foods to achieve the appropriate thickness/consistency will be made clear. Findings from formative research relating to thickness/consistency of complementary foods, and the key messages to be delivered to mothers or caregivers will be discussed.

Learning objectives

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

1. Explain the appropriate thickness/consistency of complementary foods for different age groups.
2. Demonstrate appropriate thickness/consistency of complementary foods

Overview

Activity 3.21: Discussion of the appropriate consistency/ thickness of complementary foods for different age groups

Activity 3.22: Demonstration of thickness/consistency of complementary foods

Time: 1 hour

Methodologies: Demonstration, brainstorming and discussion

Materials:

- ✓ Flip charts, marker, visualization in participatory programs (VIPP) cards and masking tape
- ✓ Two plastic bowls
- ✓ 2 coffee cups of thick porridge made from local staple food
- ✓ Clean hot water to dilute porridge
- ✓ Two tablespoons of materials for cleaning and hand washing: medium size bowl, water jag, soap, 2 small cleaning clothes, towel

Facilitator's Notes

FN 3.2a: Thickness/consistency of complementary foods

FN 3.2b: Findings from formative research: Thickness/consistency of complementary foods

Advance preparation:

1. Prepare porridge from local staple foods before the session begins (use materials for complementary feeding preparation)
2. Write learning objectives on a flip chart
3. Copy key messages on VIPP cards
4. Prepare copies of facilitators note 3.2: Thickness/consistency of complementary foods

Learning Objective 1: Explain the appropriate consistency/ thickness of complementary foods for different age groups

Activity 3.21: Activity 3.21: Discussion of the appropriate consistency/ thickness of complementary foods for different age groups

Methodologies: Brainstorming and discussion

Instructions for activity

1. Introduce the session.
2. Ask participants:
 - In your community, what kinds of foods do mothers/ caregivers give to their child the first time?
 - What is consistency/thickness of complementary food?
3. Record participants response on a flip chart.

Learning Objective 2: Demonstrate thickness/consistency of complementary foods

Activity 3.22: Demonstration of thickness/consistency of complementary foods

Methodologies: Demonstration2 and discussion

Instructions for activity

1. Explain to the participants that you are going to show the consistency/thickness of a complementary food for an 8-month-old child.
2. Prepare thick Besso and divide the prepared thick Besso into two even portions (assume that it is an enriched thick porridge) and put each in a bowl.
 - 2.1 Put one portion of the Besso in one of the bowls and dilute it with water until it becomes the traditional thin gruel.
 - 2.2 Ask: what do you see? “The thick Besso has now become thin and watery.”
 - 2.3 Pass around the bowl with the runny Besso to the participants and have them examine the consistency with a spoon.
 - 2.4 Display the undiluted half of the Besso and tell the participants that this is the consistency of the child’s porridge if the mother did not add extra water.
 - 2.5 Pass around the bowl with thick Besso (assuming baby’s porridge) to the participants and have them examine the consistency with a spoon.
3. Ask the participants the following questions and discuss:
 - a. What are the differences of the thick and thin consistency and the benefits to the child? Which one requires more water? Make two columns on a chart and list thick and thin.
 - b. Which consistency of porridge should we promote to mothers? Why?
4. Discuss the following:
 - A child’s stomach would be full before he or she had finished the bowl of thin porridge. The child would not get all the energy he needs to grow.
 - If the child eats the thick porridge it will help him meet his energy needs.

² Adapted from WHO. (2004). *Complementary feeding counseling a training course: Trainers guide*

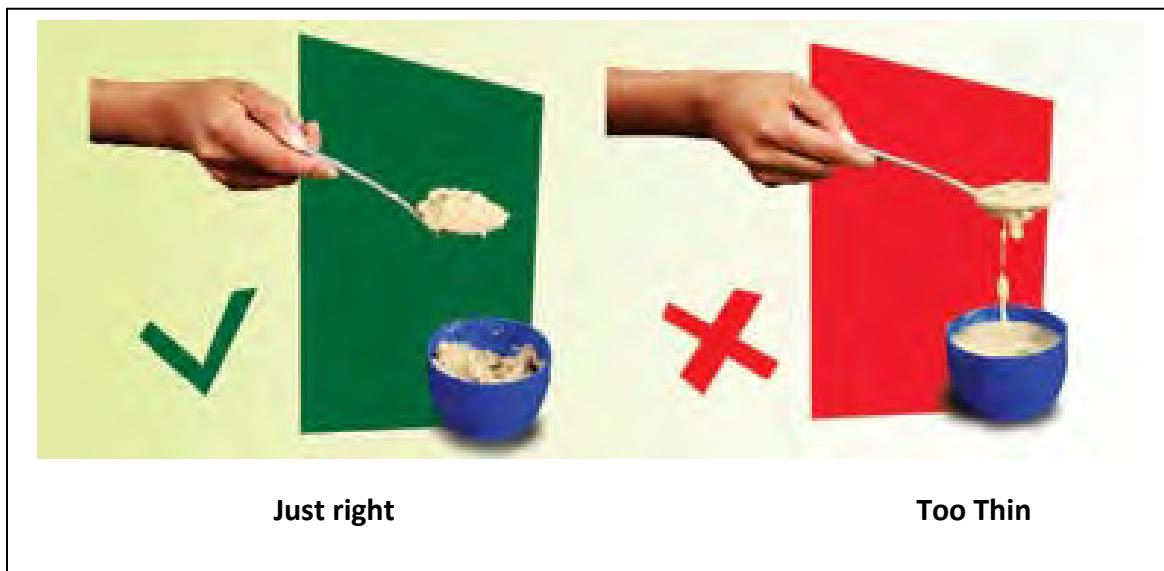
Facilitators Note 3.2a: Thickness/consistency of complementary foods

<p>1. Why don't families give thick food?</p> <ul style="list-style-type: none"> ▪ Fear of choking: Families are usually afraid that thick foods are difficult for the baby to swallow and will choke the child or cause constipation. ▪ Add more water: Extra liquid, mostly water, is added to complementary foods to make them easy for the child to eat as well as to make suitable for bottle feeding. <p>2. What is the benefit of thick food?</p> <ul style="list-style-type: none"> ▪ Amount of water: Cook porridges with less water to make them thicker, denser and easy to feed by spoon. This provides more energy. 	6 up to 11months	<p>Start with small amount of soft porridge at 6 months</p> <p>Gradually increase to soft thick porridge</p> <p>Give finely mashed foods (fruits, boiled vegetables,</p>
<p>3. When can babies start thick food?</p> <ul style="list-style-type: none"> ▪ At 6 months: Infants can eat pureed, mashed, and semi-solid foods. Beginning at 8 months they can also eat foods that they can hold in their hands, like a piece of fruit. ▪ At 12 months: Most children can eat family foods which are modified to meet their needs. Foods can be modified by mashing or adding extra foods like mashed vegetables to the family foods. 	12 up to 24 months	<p>Family foods, chopped or mashed if necessary, enriched porridge</p>

FN 3.2b: Findings from formative research: Thickness/consistency of complementary foods

Mothers reported they did not give thick porridges because:

- *"The porridge is not easily digestible for a child at this age. The child may choke, the porridge is heavy for this age, and the child will have abdominal illness."*
- *"I will not recommend that a mother give thick porridge to her 7-month-old child because this kind of porridge is heavy and will not be digested easily at this age. Also, the child can't chew and swallow this food. Rather I will advise her to give gruel."*



Just right

Too Thin

Session 4: Frequency and Amount of Complementary Foods

Introduction

In this session the recommended frequency and amount of complementary foods for children in different age groups and related key messages will be discussed.

Learning objectives

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

1. Explain the frequency of complementary foods for different age groups.
2. Explain the amount of complementary foods for different age groups.
3. Understand the importance of snacks in between meals.
4. Describe key messages pertaining to the amount and frequency of complementary foods.

Overview

Activity 4: Discussion on the frequency of complementary feeding for different age groups

Time: 1 hour

Methodologies: Group discussion, interactive presentation

Materials:

- ✓ Flip charts
- ✓ Markers
- ✓ Masking tape
- ✓ VIPP cards

Facilitator's Notes

FN 4a: Recommended daily amount of food and frequency

FN 4b: Summary of recommended feeding practices

FN 4c: Importance of snacks in between meals

FN 4d: Key messages: Amount and frequency of complementary

Advance preparation

1. Prepare flip chart and collect markers.
2. Write learning objectives on the flip chart.
3. Write contents from 4.2 along with the headings (Age, frequent, amount) on VIPP cards.
4. Prepare the room for group discussion.

Learning Objective 1: Explain the frequency of complementary feeding for different age groups

Activity 4: Discussion on the frequency of complementary feeding for different age groups

Methodology: Group Discussion

Instructions for activity

1. Ask participants why parents need to know how many times and how much food children under 2 years should be fed in a day?
 - Facilitator: stress the importance of thick food as well as frequency of feeding because children under 2 years have small stomachs and can't eat more at one time.
2. Divide the participants into 2 groups.
3. Prepare flip charts with columns: **Age, Frequency, and Amount** and with rows: at 6 months, 6 up to 11months, and 12 up to 24 months

Age	Frequency	Amount
at 6 months		
6 up to 11 months		
12 up to 24 months		

4. Distribute VIPP cards to the two groups with the chart content from FN 4.2: Summary of recommended feeding practices of children 6 to 24 months.
5. Ask both groups to fill in boxes on flip chart, taping or sticking their VIPP cards in the appropriate box in answer to the following questions:

How many times should children of the following age groups be fed/day?

- ✓ At 6 months
- ✓ 6 up to 11 months
- ✓ 12 up to 24 months

6. How much food should be fed to children of these age groups? Ask group one to explain their entries on the flip chart.
7. Ask group two to explain their entries on the flip chart.
8. Summarize the session using the section of the Quick Reference Book and FN 4b.

FN 4a: Recommended daily amount of food and feeding frequency

Age	Frequency	Amount
0 up to 6 months	Breastfeed day and night as often as the child wants (at least 10-12 times)	At 6 months (181 days) start with 2 to 3 tablespoons and gradually increase amount.
6 up to 11 months	2 to 3 meals plus frequent breastfeeds 1 to 2 snacks may be offered	Increase gradually to 3 full coffee cups
12 up to 24 months	3 to 4 meals plus breastfeeds 1 to 2 snacks may be offered	4 full coffee cups

FN 4b: Summary of recommended feeding practices

Age	Variety	Recommendations		
		Texture (thickness/ consistency)	Frequency (per day)	Amount of food an average child will usually eat each day in addition to Breast milk
Start complementary foods when baby reaches 6 months 	Breastfeeding (Breastfeed day and night as often as the child wants) + Process flour for making babies porridge using staple crops: 3 portions of cereals such as: barley, wheat, teff, sorghum, etc. and root crops such as kocho, bulla, etc. and one portion of legumes such as pea, chickpea, lentils, beans, etc. Enrich porridge with animal-source foods such as adding: a pinch of dried meat powder, one egg, finely chopped vegetables such as finely minced boiled kale, carrots, etc. (save water used for cooking vegetables to prepare porridge) + Add iodized salt and small amount of oil or butter + Fruits such as banana, avocado, orange, etc.	Soft porridge Continued breastfeeding	2 to 3 meals plus frequent breastfeeds	Start with 2 to 3 tablespoons and gradually increase the amount to 3 full coffee cups
From 6 up to 11 months 	Soft thick porridge like a thick soft honey; enriched with finely minced meat/dried meat powder; legumes, minced vegetables and fruits Continued breastfeeding	2 to 3 meals plus frequent breastfeeds 1 to 2 snacks may be offered	3 full coffee cups 	
From 12 up to 24 months  	Soft thick porridge, with meat powder, mashed vegetables, and fruit and foods the child can hold in his/ her hands Family foods, chopped or mashed	3 to 4 meals plus breastfeeds 1 to 2 snacks may be offered	4 full coffee cups 	

Federal Democratic Republic of Ethiopia, Ministry of Health. Essential Nutrition Actions (ENA) Counselor's Guide to Improve Nutrition of Women and Children. January 2005.

FN 4c: Importance of snacks in between meals

- ✓ Feeding children a variety of foods throughout the day is important for healthy growth and development.
- ✓ In addition to complementary foods, children need snacks to fill energy gaps.
- ✓ Snacks are foods eaten between meals; they are convenient ways to give a young child extra food needed to supplement the energy and micronutrient requirements.
- ✓ Snacks should be easy to prepare. Good snacks provide both energy and nutrients.

Note:

Tea and coffee contain compounds that can interfere with iron absorption and thus are not recommended for young children. Sugary drinks, such as soda, should be avoided because they contribute little other than energy, thereby decreasing the child's appetite for more nutritious foods.

FN 4d: Key Messages: Amount and Frequency of Complementary

Who	Action	Why
Mother/father	<ul style="list-style-type: none"> ✓ Start soft thick porridge when baby is exactly 6 months old ✓ Start with 'tastes' (2-3 tablespoons) and gradually increase amount. 	<p>Starting from 6 months, breast milk alone will not meet the need of the growing baby. Babies need foods at 6 months to complement breast milk.</p> <p>Starting at 6 months babies can swallow soft/thick porridge; you don't have to be worried about possible choking.</p> <p>By 8 months the baby should be able to begin eating finger foods such as pieces of ripe mango and papaya, avocado, banana, etc.</p>
	<ul style="list-style-type: none"> ✓ From 6-11 months feed 2 to 3 meals plus frequent breastfeeds, and 1 to 2 snacks. ✓ From 12 – 24 months feed 3 to 4 times and continue breastfeeding, feed 1 to 2 snacks in addition. 	<p>Babies cannot eat a lot of food at one time. Because they have small stomachs, they need small, frequent feeds.</p> <p>When your child is 12 months old, start to feed him or her family foods, chopped or mashed and if necessary, enriched porridge.</p> <p>Feed soft, thick porridge enriched with dried meat powder, minced kale, pumpkin, etc. at least 3-4 times a day along with 1-2 snacks (<i>mekses</i>) each day to ensure healthy growth.</p> <p>As your baby grows older, feed more food at each meal to ensure that he/she is eating enough to maintain healthy growth.</p> <p>If not fed enough adequate food, the baby cannot grow well, affecting physical and brain development.</p>

Session 5: Active / Responsive Feeding

Introduction

In this session, how a child is fed in the participants' communities, ways to encourage a child to eat and finish the recommended amount of food and the importance of active or responsive feeding for optimal growth will be discussed.

Learning objectives

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

1. Define active or responsive feeding.
2. Describe the importance of active feeding.
3. Explain ways to encourage young children to eat.

Overview

Activity 5.1: Define active or responsive feeding

Activity 5.2: Describe the importance of active feeding and ways to encourage young children to eat

Time: 1 hour

Methodologies: Brainstorming, plenary discussion, interactive presentation

Materials: Flip charts, VIPP cards, markers and masking tape

Facilitator's Notes

FN 5a: Active/responsive feeding

FN 5b: Key actions: Active feeding

Advance preparation:

1. Prepare flip chart and collect markers.
2. Highlight learning objectives on flip chart.
3. Copy key words/phrases from key messages in Facilitator's Note 5 on separate VIPP cards.
4. Write Facilitator Note 5 on a flip chart.

Learning Objective 1: Define active or responsive feeding

Activity 5 .1: Define active or responsive feeding

Methodologies: Brainstorming, interactive presentation, plenary discussion

Instructions for activity

1. Introduce the session.
2. In plenary, ask participants to define active or responsive feeding. Record responses on a flip chart until participants mention key words from the definition of active or responsive feeding:
 - ✓ responsiveness to clues for hunger and fullness
 - ✓ encouraging/stimulating a child to eat are
3. Ask the participants to list the reasons active or responsive feeding is important.
4. Record responses on flip chart.
5. Discuss and summarize reviewing first paragraph from FN 5: Active/responsive feeding

Facilitator's Note 5a: Active/responsive feeding

What does active feeding mean?	<ul style="list-style-type: none">▪ Feeding young infants in a way that the mother/caregiver is alert and responsive to the child's cues for hunger and fullness.▪ Encouraging and stimulating the child to eat. Active/responsive feeding increases child's dietary intake.
How can caretakers practice active/responsive feeding?	<ul style="list-style-type: none">▪ Mother or caregivers should feed infants and assist older children when they feed themselves, being sensitive to their hunger and fullness signs.▪ Feed slowly and patiently, and encourage children to eat, but do not force them.
What if children refuse to eat?	<ul style="list-style-type: none">▪ If the child refuses foods, try out different food combinations, tastes, consistency, and methods of encouragement or wait and offer again.▪ Minimize distractions during meals if the child loses interest easily.▪ Remember that feeding times are periods of learning and love - talk to children and play with them during feeding, with eye to eye contact.
Should mothers be the only ones to feed the child?	<ul style="list-style-type: none">▪ When the child is old enough, offer foods that the child can pick up and hold, as children often want to feed themselves. But make sure most of the food goes into his/her mouth.▪ Fathers, family members (older children), and child caregivers can participate in active/responsive feeding.▪ Congratulate the child when he/she eats and finishes the food.
Can the child eat with older siblings?	<ul style="list-style-type: none">▪ Have a separate, colorful and attractive plate for infants and young children.▪ Feeding a child from his/her own plate helps the mother/caregiver know if the child is getting enough food.

Learning Objective 2: Describe the importance of active feeding

Learning Objective 3: Explain ways to encourage young children to eat

Activity 5.2: Describe the importance of active feeding and ways to encourage young children to eat

Methodologies: Brainstorming, interactive presentation, plenary discussion

Instructions for activity

1. On a flip chart draw 2 columns:
2. Ask participants to share how a child is fed in their communities and record responses in the 1st column.
3. Ask participants to state how they think a child should be fed and record responses in the 2nd column.
4. Compare the 2 responses.
5. Fill in the gaps about active/responsive feeding.
6. Review together Facilitator Note 5: Active/responsive feeding

FN 5b: Key Actions: Active Feeding

WHO?	ACTION	WHY?
Mother	Be patient and actively encourage your baby to eat all the food in order to grow healthy.	At first the child may need time to get used to eating foods other than breast milk so have patience and take enough time to feed, even using play to help the child eat. Make the time for eating a special time.
		Use a separate plate to feed the child to make sure all the food for the child is eaten.
		Forced feeding will discourage babies and young children from eating.
		When the child is too little to feed herself or himself, the child should be fed directly to make sure all the food given to the child is eaten.
		Even when older, a young child should be supervised during mealtime to make sure all the food put on the plate is eaten.

Session 6: Feeding During Illness and Recovery

Introduction

In this session, current and recommended feeding practices during illness and recovery and key messages will be discussed.

Learning objectives

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

1. Identify common childhood diseases in the community
2. List current young child feeding practices during illness and recovery
3. Describe recommended feeding practices during illness and recovery

Overview

Activity 6: List the current young child feeding practices during illness and recovery

Time: 1 hour

Methodology: Group discussion, brainstorming

Materials:

- Flip charts
- Markers
- Masking tape

Facilitator's Notes

FN 6a: Feeding during illness

FN 6b: Feeding during recovery

FN 6c: Key messages for feeding during sickness and recovery

Advance preparation:

1. Highlight learning objectives on flip chart.
2. Write key points from the handouts in the session on a flip chart.

Learning Objective 1: Identify the common childhood diseases in the community

Learning Objective 2: List the current young child feeding practices during illness and recovery

Learning Objective 3: Describe the recommended feeding practices during illness and recovery

Activity 6: List the current young child feeding practice during illness and recovery

Methodology: Group discussion

Instructions for activity

1. In plenary:
 - a. Ask participants to name the common childhood diseases in the community.
 - b. Explain the relationship between sickness, appetite and general health.
 - c. Ask and list the current community treatment and feeding practices of young children during illness and recovery in their community.
2. Record responses on the flip chart.
3. Divide participants into 4 groups.
4. Set up 4 flip charts around the room with the following headings:

Feeding recommendations	For children less than 6 months	Children older than 6 months
▪ During sickness		
▪ After illness (Recovery)		

5. Each group will spend 5 minutes at each flip chart answering the question on the flip chart.
6. Groups do not repeat the same information, but only add new information.
7. Each group presents to the large group.
8. Discuss which traditional practices differ from the recommended one and summarize using FN 6 and recommendations on the Family Health Card.

FN 6a: Feeding during illness

For a child less than 6 months

- ✓ Breast feed more often. During illness, the need for fluids is often higher than normal.
- ✓ Even though appetite may be reduced, continued and increased breastfeeding is recommended to maintain nutrient intake, avoid weight loss, and enhance recovery.
- ✓ For a child younger than 6 months, only increasing the frequency of breastfeeding is enough.

For a child older than 6 months

- ✓ Breastfeed more frequently during illness, including diarrhea, to help your child fight sickness, reduce weight loss and recover more quickly.
- ✓ Your child needs more food and liquids while he or she is sick, especially if the child has diarrhea or fever.
- ✓ If your child's appetite is decreased, encourage him or her to eat small and frequent meals (every 2 hours).
- ✓ Offer the child simple foods like porridge and avoid spicy or fatty foods. Even if the child has diarrhea, it is better for him or her to keep eating.
- ✓ Gently coax and encourage the child to eat even if not hungry.
- ✓ Give varied, appetizing, favorite foods.
- ✓ Feed when the child is alert, not sleepy.

Note: If your child has fever, vomiting, diarrhea, confusion or is unable to breastfeed or eat food, take him/her to the health post immediately.

FN 6b: Feeding during recovery

For a child younger than 6 months

- ✓ After illness, increase the frequency of breastfeeding to replace nutrient losses during the illness. Allow for catch-up growth.

For a child older than 6 months

- ✓ After illness, a child's appetite increases. Hence the child needs more food fed more frequently than usual. The child should be encouraged to eat more to make up for nutrient losses during the illness and allow for catch-up growth.
- ✓ Extra food is needed until the child has regained weight lost and is growing well again.
- ✓ Encourage the child to eat as much as possible at every meal.
- ✓ After your child has recovered, actively encourage him or her to eat one additional meal of solid food each day during the following two weeks. This will help your child regain the weight he or she has lost.
- ✓ When you are sick, continue to breastfeed your child. You may need extra food and support during this time. When you are sick, you will also need plenty of liquids.

FN 6c: Key messages for feeding during sickness and recovery

Mother and father	<p>During illness, increase the frequency of breastfeeding and offer additional food to your child to help him/her recover faster.</p>	<ul style="list-style-type: none"> ▪ Fluid and food requirements are higher during illness. ▪ Take time to patiently encourage your sick child to eat as appetite may be decreased because of the illness. ▪ It is easier for a sick child to eat small frequent meals so feed foods the child likes in small quantities throughout the day. ▪ It is important to continue breastfeeding and feeding complementary foods to your child during illness to maintain strength and reduce the weight loss.
Mother and father	<p>When your child has recovered from an illness, give one additional meal of solid food each day during the two weeks that follow to help it recover quickly.</p>	<ul style="list-style-type: none"> ▪ A child who has been sick needs extra food and should be breastfed more frequently to regain the strength and weight lost during the illness. ▪ Take enough time to actively encourage your child to eat this extra food. The child may still not appear hungry due to the illness.

Session 7: Hygiene, Safe Preparation and Storage of Complementary Foods

Introduction

In this session, hygiene (cleanliness), reasons why safe preparation and storage of complementary foods is needed, and ways to keep complementary foods safe and clean will be discussed.

Learning objectives

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

1. List good hygiene practices that help prevent illnesses.
2. Explain safe preparation and storage of complementary foods.
3. Describe and review key messages.

Overview:

Activity 7: Brain storming on recommended complementary food preparation, serving and storage

Time: 20 minutes

Materials:

- Flip charts, markers, and masking tape
- VIPP cards

Facilitator's Notes

FN 7: Hygiene, safe preparation and storage of complementary foods

Methodologies: Brainstorming, group discussion

Advance preparation:

- Write learning objectives on a flip chart.
- Copy key messages on separate VIPP cards.
- Prepare FN 7: Hygiene and safe preparation and storage of complementary foods on a flip chart

Learning Objective 1: List good hygiene practices that help prevent illnesses

Learning Objective 2: Explain safe preparation and storage of complementary foods

Activity 7: Brainstorming on recommended complementary food preparation, serving and storage

Methodology: Brainstorming, group discussion, interactive presentation

Instructions for activity

1. Introduce the session.
2. Ask participants to brainstorm good hygiene (cleanliness) practices and list on flip chart.
3. Divide participants into groups of 5 and give each group a set of plain cards.
4. Ask each group to write down on a separate card: a food preparation and/or storage practice in their community.
5. Prepare two flip charts labeled:
 - a) Good food preparation, storage and feeding habits
 - b) Bad food preparation, storage and feeding habits
6. Ask group members to read aloud each practice written on the card and let them indicate where to post under good habit and bad habits on the flip charts.
7. Facilitator: post under the appropriate column, discuss and fill in gaps
8. Summarize the session reviewing FN 7: Hygiene, safe preparation and storage of complementary foods and the Family Health Card.

FN 7: Hygiene, Safe Preparation and Storage of Complementary Foods Hygiene

Hand washing	<ul style="list-style-type: none">▪ Wash your hands with soap and water before preparing food, before eating, and before feeding young children.▪ Wash your child's hands with soap before he or she eats.
Clean utensils	<ul style="list-style-type: none">▪ Feed your baby using a clean cup and spoon.▪ Never use a bottle because a bottle is difficult to clean and will cause your baby to get diarrhea.
Clean cooking area	<ul style="list-style-type: none">▪ Keep kitchen areas clean and cover food to protect from insects, pests, and other animals.
1. Safe preparation and storage of complementary foods	
Safe preparation	<ul style="list-style-type: none">▪ Safe preparation and feeding of complementary foods are essential to reduce the risk of contamination and illness.▪ After six months of age, as the intake of complementary foods increases, the incidence of diarrheal diseases also increases.▪ Complementary foods need to be prepared in very small amounts and served soon after preparation. Don't give foods left over night.
2. Overall summary for keeping complementary foods safe and clean	
The main points to remember for clean and safe preparation of foods are:	
<ul style="list-style-type: none">✓ Clean hands✓ Clean utensils✓ Keep raw and cooked foods separate✓ Use safe water and food✓ Practice safe storage✓ Cook thoroughly✓ Keep food in cold and dry place	
Safe storage	
<ul style="list-style-type: none">✓ Store foods in covered containers✓ Don't store cooked foods for more than a day to avoid spoilage✓ Cook small amounts to avoid long periods of storage for more than a day	

Findings from formative research: Safe food preparation

"Before one year of age the child takes liquid foods. Bottle is better than my hand in terms of hygiene since the bottle is covered. Also, if I am not around, I store the gruel in it and others feed the child easily. After one year the child eats thick foods and other family foods". (A mother in Misha)

Learning Objective 3: Describe and review key messages

Key messages: Hygiene, Safe Preparation and Storage of Complementary Foods

Who?	Action	Why?
Mother and father	Feed your baby using a clean cup and spoon, never a bottle.	<ul style="list-style-type: none">▪ Bottles are very difficult to keep clean and can make your baby sick with diarrhea.▪ Cups can be used to feed your baby, are easy to keep clean and are cheaper to buy than a bottle.▪ Use safe water that comes from pipes, protected springs, or protected wells, or treat water by boiling or adding water guard to make drinking water safe.
Mother and all family members	Wash your hands with soap and water before preparing food, eating, and feeding young children to avoid diarrhea.	<ul style="list-style-type: none">▪ Touching food with unclean hands can cause diarrhea.▪ Utensils for feeding the baby also have to be clean.▪ Use a cup to feed a baby or a young child and never a bottle which can cause diarrhea.▪ Foods given to the child must be stored in hygienic conditions to avoid diarrhea and illness.

Session 8: Demonstration on Local Complementary Food Preparations

Introduction

In this session the facilitators will discuss and demonstrate how to make nutritious complementary foods using locally available food resources. Following this, participants will practice complementary food preparation for different age group children.

Learning objectives

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

1. Demonstrate the preparation of complementary foods using local foods.
2. Understand and recite key complementary feeding actions.

Overview:

Activity 8.1: Practice preparing complementary food

Activity 8.2 Recite the five complementary food actions

Time: 2 hours

Methodologies: Discussion, demonstration

Materials:

Material/utensils	Food items needed
<ul style="list-style-type: none">▪ Complementary Food recipe for different age groups (6 up to 9 months, 9 up to 12 months, 12 up to 24 months)▪ 4 cups, 4 spoons, 4 plates, 4 small bowls, 4 medium-sized bowls, 4 cooking pots, 4 chopping boards, 4 knives, 4 coffee cups for measuring, 4 ladles, 4 small trays, 4 water containers▪ Soap and water▪ 4 cooking stoves (kerosene stove) for each group▪ Facilitator's Notes:<ol style="list-style-type: none">1. FN 8.1: Procedure for the preparation of cereal legume based flour2. FN 8.2: Procedure on how to make germinated flour3. FN 8.3: Procedure on how to make meat powder	<p>Local food items required to prepare complementary food</p> <ul style="list-style-type: none">▪ Flour made from cereal legume mixture (3:1 proportion prepared ahead of time)▪ Locally available fruits and vegetables (not more than $\frac{1}{2}$ kg of each)▪ Oil or butter▪ Iodized salt▪ 4 eggs, 2 cups of milk, meat powder, etc.

Facilitator's Notes

FN 8.1: How to enrich the flour used to make porridge

FN 8.2: Seven Excellent Feeding Actions for children under 2 years of age

FN 8.3: Procedure for preparing dried meat powder to enrich baby's porridge

Advance preparation:

1. Write the learning objectives on a flip chart.
2. Prepare demonstration site.
3. Make sure the materials needed are available.

Learning Objective 1: Demonstrate the preparation of complementary foods using local foods

Activity 8.1: Practice preparing complementary food

Methodology: Demonstration, group discussion

Activity 8.1: Practice preparing complementary food

1. Introduce the session and review appropriate complementary food characteristics.



Variety (V)	A variety of different foods
Thickness/Consistency (T)	Appropriate consistency
Frequency (F)	Frequent feeding
Amount (A)	Adequate amounts of food
Active (A)	Active/responsive feeding
Hygiene (H)	Hygienically prepared

2. Introduce household techniques on how to enrich complementary foods with:
 - a. Cereal legume based flour
 - b. Germinated flour
 - c. Meat powder
3. Divide participants into 4 groups.
4. Ask them to list the locally available foods on a flip chart.
5. Give each group different types of locally available foods (*animal-source foods, staples, legumes, vitamin A-rich fruits and vegetables, other fruits and vegetables*), butter or oils, and iodized salt.
6. Guide each group to prepare appropriate complementary foods for one of the following age-groups using the *Complementary Feeding Recipes for Ethiopian Children 6-24 Months Old: A Practical Cooking and Feeding Guide*:
 - From 6 up to 11 months; From 12 up to 24 months
7. Ask each group to discuss the questions below, fill in the information using the format provided (just for the age group of the group's team), show the prepared food to the entire group and state how it relates to the following complementary food characteristics:
 - a. **Age:** Is the complementary food you prepared appropriate for the child's age?
 - b. **Variety:** Does the complementary food consist of different varieties of food? What animal-source food can you add to the food you prepared and in what form?
 - c. **Consistency:** Is the food you prepared of the right consistency for the child's age? Explain.
 - d. **Frequency:** How many meals does a child of this age need each day?
 - e. **Amount:** What amount will you give to a child in the given age group?
 - f. **Active feeding:** Who should feed the child and why?
 - g. **Hygiene:** What should be done to promote hygiene during preparation and feeding?

- h. **Any modification:** Did you prepare the food as suggested in the recipe book or did you make changes?
8. Ask participants what the phrase “complementary feeding is just more than food” implies.
- Facilitator: probe until they mention the 6 characteristics:

Variety (V)
Thickness/Consistency (T)
Frequency (F)
Amount (A)
Active (A)
Hygiene (H)

Group report format

Age	Variety (means of enriching the food)	Consistency (how thick/thin it should be)	Frequency of feeding	Active feeding (who should feed)	Hygiene
6 up to 11					
12 up to 24					

9. Ask participants the following questions:
- a) Can mothers prepare the cereal legume mixture for baby's porridge? If no, why not?
 - b) Can mothers apply the germination techniques to enrich baby's porridge? If no, why not?
 - c) Can mothers prepare dried meat powder to enrich baby's porridge?
 - d) Do you think you can demonstrate enriched complementary foods at the household and village levels?
10. Facilitator: give options for preparations of enriched complementary foods at village level. Probe until the following options are indicated and record answers on a flip chart.
- Forming mothers' group
 - Contributing different food items
 - Initiating CF demonstration site in the health post like for other interventions,
 - Resource mapping for CF promotion
11. Review together Facilitator's Note and summarize:
- FN 8.1: Procedure for preparation of cereal legume based enriched flour for babies' porridge
- FN 8.2: Benefits and preparation of ways are germinated flour to enrich baby's porridge
- FN 8.3: Procedure for preparing dried meat powder to enrich baby's porridge

Learning Objective 2: Understand and recite the five complementary feeding actions

Activity 8.2: Recite the five complementary feeding actions

Methodology: Group discussion, questions and answers

Activity 8.2: Set up five flip charts with 5 complementary feeding actions written on them

CF action 1	<ul style="list-style-type: none">▪ Mothers, at 6 months start feeding your baby thick porridge; thick porridge fills your baby's stomach and so baby cries less.
CF action 2:	<ul style="list-style-type: none">▪ Mothers, starting at 6 months, add a special food to baby's porridge. Special foods protect against illness and give your baby the energy she (or he) needs.
CF action 3	<ul style="list-style-type: none">▪ Fathers, it's your job to make sure that your baby has special foods added to her or his porridge. Special foods will keep your baby healthy and strong.
CF action 4	<ul style="list-style-type: none">▪ Mothers and fathers, starting at 6 months in addition to breastfeeding make sure that your baby finishes three meals every day. Three full meals will help baby to grow well and stay healthy.
CF action 5	Mother and fathers, when your baby is sick continue to breastfeed and give your baby extra food. After your baby is better give an extra meal every day for at least 7 days. Extra food during and after illness helps your baby get back to full strength faster.

- Ask participants to think of three possible questions mothers/caregivers could ask for the above CF actions and write them under each key action.
- Ask participants to think of answers the HEWs can use to convince mothers or caregivers about questions on the complementary key actions.
- Summarize session using Facilitator Note 8.2: Five excellent complementary actions to start at 6 months

FN 8.1: How to enrich the flour used to make porridge

1. Prepare 3 portions of cereal (corn, barley, teff, sorghum, or any available cereal in the locality) and 1 portion of legumes (peas, chickpeas, beans, or lentils).
2. Clean cereals and legumes and roast them separately until light brown; split roasted legumes and remove the cover.
3. Mix the 3 portions of cereal and 1 portion of legume.
4. Mill in a local mill.
5. Sift and store enriched flour in a covered container in a cool dry place.
6. Use whenever preparing the porridge.
7. Add a teaspoon of germinated flour when preparing the porridge to make it energy dense (procedure of preparing germinated grain flour is described in the next section).

FN 8.2: Seven Excellent Feeding Actions for children under 2 years of age

Who	5 excellent actions	Reason	Possible questions mothers could ask
Mother	Begin breastfeeding within one hour of your baby's birth.	<p>This will protect your baby from illness.</p> <p>Putting the baby to the breast immediately after birth facilitates the expulsion of the placenta because the baby's suckling stimulates uterine contractions.</p> <p>Starting to breastfeed right away also ensures you have sufficient breast milk production.</p>	<p>Q1: How can I feed during the first hour? My breast milk doesn't come out.</p> <p>A1: When your baby sucks the breast, it is automatic; the first yellowish fluid comes first in small amounts. This yellowish fluid is very important for your baby.</p> <p>Q2: How can breast milk protect my baby from illness? Don't local herbal extracts protect the baby?</p> <p>A2: Breast milk contains disease-preventing substances called antibodies which protect against infection. These antibodies are not found in other milk. Giving extracts of local herbs can make your baby ill.</p> <p>Q3: One hour is so soon. The baby is tired and wants to sleep. I will also be tired.</p> <p>A3: Initiating breastfeeding even before the expulsion of the placenta ensures the intake of colostrum, which is very important for your baby to have.</p> <p>Colostrum is the yellowish fluid that your breast secretes. It serves as the baby's first immunization. It reduces the severity of infections and diarrhea.</p>
Mother	Exclusively breastfeed your baby for the first six months.	This is the best way to show your love for your baby	<p>Q1: Please explain. What does exclusive breastfeeding mean?</p> <p>A1: Exclusive breastfeeding is giving a baby only breast milk, and no other liquids or solids, not even water, until the child is six months old.</p>

			<p>Q2: Can my breast milk be sufficient to satisfy my baby?</p> <p>A2: Any mother's breast milk is adequate to satisfy the baby up until 6 months of age. Remember, a baby has a very small stomach.</p> <p>Q3: Will my baby's thirst be satisfied if I don't give water?</p> <p>A3: Your breast milk has a solid part that satisfies your baby's hunger and a water part to satisfy thirst. There's no need to give water.</p> <p>Q4: Will my baby grow well if I don't give additional foods?</p> <p>A4: Your breast milk is nature's best food with all the required things for your baby's growth and development. Giving any type of food except your breast milk is a source of illness which will affect your baby's growth.</p>
Mother	Exactly at 6 months start feeding your baby thick porridge.	<ul style="list-style-type: none"> ▪ Thick porridge fills your baby's stomach and so baby cries less. ▪ Exclusive breastfeeding is no longer enough to fill the baby's stomach after the child is 6 months old. ▪ It is important to give your baby a head start to be strong and healthy. 	<p>Q1: why should I start thick porridge at 6 month?</p> <p>A1: your baby needs additional food at 6m, bf is not enough to make your baby grow after 6 months</p>

		<ul style="list-style-type: none"> ▪ The porridge should be thick enough that you can feed it with your hands. 	
Mother and father	Starting at 6 months, add a special food to baby's porridge.	<p>Special foods protect baby from illness and give your baby the energy she/he needs.</p> <ul style="list-style-type: none"> ▪ 4 special foods and actions to make baby healthy: ✓ Add an <i>egg</i> to baby's porridge ✓ Add <i>milk</i> to baby's porridge ✓ Add a <i>spoonful of dried meat powder</i> ✓ Add <i>finely chopped vegetable or fruit</i> 	<p>Q1: What are special foods, can you give me examples?</p> <p>A1: Sure, here are four examples:</p> <ul style="list-style-type: none"> ✓ Add egg to baby's porridge ✓ Add milk to baby's porridge ✓ Add a teaspoon of dried meat powder ✓ Add finely chopped vegetables or fruits. <p>A2: Special foods make your baby grow /protect.</p>
Fathers	It's your job to make sure that your baby has special foods added to the porridge. Special foods will keep your baby healthy and strong.	<ul style="list-style-type: none"> ▪ Though traditionally women are responsible to feed the child, it is your job as well to be sure that the special foods are in your house. 	<p>Q1: But isn't that my wife's job?</p> <p>A1: It is also your job. Special foods are available in your house. Feeding your baby correctly is important, so you need to help your wife.</p> <p>Q2: What special foods are you talking about?</p> <p>A2: Special foods for the baby to grow include the following:</p>

	<ul style="list-style-type: none"> ▪ Feeding baby correctly is very important so you have to help your wife. ▪ It's best to start with 2 or 3 of the following special foods. <ul style="list-style-type: none"> ✓ An egg , Milk , Dried meat powder, Finely chopped fresh vegetable or fruit <p>Feeding your child well is an investment in the future of your child. The special foods will prepare your baby to do well in school.</p>	<ul style="list-style-type: none"> ▪ Egg, milk, dried meat powder, finely chopped vegetables, fruits
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Mothers and fathers,	Starting at 6 months in addition to breastfeeding make sure that your baby finishes 3 meals every day.	<ul style="list-style-type: none"> ▪ Three full meals will help baby to grow well and stay healthy. ▪ Try to work out a plan so that an adult is always present when your baby eats. This is important to be sure that your baby gets all the food she (or he) needs. ▪ The <i>critical period</i> for feeding babies for growth and development is from birth to 2 years. 	<p>Q1: How can we do that we are busy with farm work.</p> <p>A1: Try to work out a plan so that an adult is always present when your baby eats. It is important that your baby eats what s/he needs.</p>
Mother and fathers,	When your baby is sick, continue to breastfeed and give your baby extra food.	<ul style="list-style-type: none"> ▪ Extra food during and after illness helps your baby get back to full strength faster. ▪ Breastfeed your baby more frequently during and after illness. Keep trying to feed your baby. Offer foods that you know your baby likes. He/she will recover and gain weight much faster. 	<p>Q1: But my baby doesn't want to eat when s/he is sick.</p> <p>A1: Keep trying to feed your baby; offer foods that you know your baby likes.</p> <p>Q2: What if my baby has diarrhea? Won't food make that worst?</p> <p>A2: No, when your baby has diarrhea s/he needs more fluid and food to get better soon.</p>

Session 9: Counseling and Reaching an Agreement

9.1: Counseling and Reaching an Agreement with Mothers, Caregivers, and Family Members

Introduction:

This session will have two parts:

Session 9.1: Counseling and skills in reaching an agreement to communicate with mothers/caregivers, stages of behavior change and the use of IYCF counseling cards will be discussed. In addition, participants will practice counseling and reaching an agreement using case studies.

Session 9.2: Reaching an agreement with community groups, facilitating an interactive dialogue and sensitizing the community on IYCF will be discussed. Participants will also practice reaching an agreement with community groups.

Session 9.1: Counseling and reaching an agreement with mothers/caregivers/family members

Learning objectives

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

1. Explain the concept of behavior and why changing behavior is difficult
2. Explain behavior change steps
3. Identify skills in counseling and reaching an agreement
4. Describe steps for counseling and reaching an agreement (GALIDRA)
5. Conduct a counseling session using the IYCF interpersonal communication tool/ complementary feeding counseling card/family health card and apply the steps:
Observe, Reflect, Personalize, Act
6. Practice steps for counselling and reaching an agreement (GALIDRA) with mother/father/caregiver

Overview

Activity 9.1.1: Brainstorm on meaning of behavior and why changing behavior is difficult

Activity 9.1.2: Explain the stages of behavior change

Activity 9.1.3: Practice listening and learning

Activity 9.1.4: Steps of counseling and reaching an agreement (GALIDRA)

Activity 9.1.5: Conduct counseling using IYCF interpersonal communication tools

Activity 9.1.6: Steps of counseling and reaching an agreement (GALIDRA)

Methodologies: Group discussion, brainstorming, buzz group, demonstration, interactive presentation, experiential (sharing experiences), role play

Materials:

- Flip chart, markers and masking tape
- Complementary feeding interpersonal communication tool and family health cards

Facilitators Note:

FN: 9.1a: Description on behavior and why behavior change is difficult

FN 9.1b: Steps of change

FN 9.1c: Stages of Change and Interventions

FN 9.1d: Counseling Skills

FN 9.1e: Steps in counseling and reaching an agreement (GALIDRAA)

FN 9.1f: Use of interpersonal communication tool/CF counseling card applying the steps

Observe, Reflect, Personalize and Act

FN 9.1g: IYCF assessment of mother/child pair

FN 9.1h: Observation checklist for IYCF Assessment of mother/child pair

FN 9.1i: Summary form for presenting IYCF observation assessment data

Advanced preparation:

- Write learning objectives on a flip chart.
- Practice demonstration of IYCF assessment of mother/child pair (*Listening and Learning* skills).
- Write *Listening and Learning* skills and *Building Confidence and Giving Support* skills on a flip chart.
- Draw behavior change steps (without words) on a flip chart.
- Prepare behavior change communication case studies.
- Copy meaning of GALIDRAA on a flip chart and post it on the wall after discussing GALIDRAA.
- Prepare and practice ‘visual, story and role play.’
- Prepare copies of Facilitator’s Notes for all participants.
- Prepare the room for group discussion.

Learning Objective 1: Explain the concept of behavior and why changing behavior is difficult

Activity 9.1.1a: Brainstorm on meaning of behavior

Methodology: Brainstorming

Instructions for activity

1. Facilitator explains what “ behavior” means
2. Why is behavior change difficult?

FN: 9.1a: Description of behavior and why behavior change is difficult

Behavior
<ul style="list-style-type: none">▪ Refers to action/doing something▪ What someone does most often or always
Change
<ul style="list-style-type: none">▪ Always involves motivators and barriers/obstacles▪ Motivators facilitate change▪ Obstacles hinder /slow down desired change
Communication
<ul style="list-style-type: none">▪ Involves exchanging ideas through Interpersonal communication using, visuals , media, etc.
Behavior change communication (BCC)
<ul style="list-style-type: none">▪ Behavior change communication is any communication (e.g., interpersonal, group talks, mass media, support groups, visuals, print materials, videos) that help foster a change in behavior in individuals, families, or communities.

Activity 9.1.1b: Why changing behavior is difficult (20 minutes)

Methodology: Interactive presentation, group discussion, brainstorming

Instructions for activity

1. On a flip chart draw behavior change steps (outlined below) and brainstorm with participants how one generally moves through the different steps to behavior change (use giving meat as an example).
2. Ask participants: What helps a person to move through the different steps?
3. List participants' responses on flip chart: information, encouragement, support and praise – the person who provides these things is a change agent; HEWs are change agents.
4. Have you ever talked to mothers, caregivers, and family or community members about complementary feeding practices?
 - a) Did mothers/caregivers accept all the practices that you shared with them?
 - b) Which practices did mothers/caregivers put into action?
 - c) What do you think were their reasons for accepting the practices?
 - d) What do you think were their reasons for not accepting the practices?
5. How can we help change behavior or practices?

Learning objective 2: Explain behavior change steps

Activity 9.1.2a: Explain the stages of behavior change

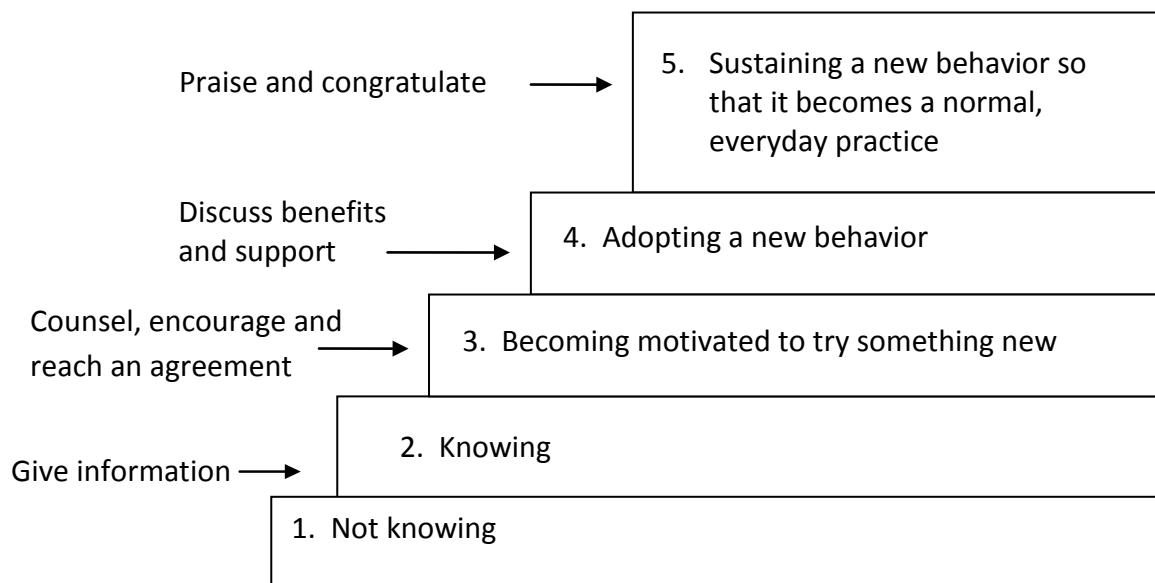
Methodology: Brainstorming

Instruction for activity

1. On flip chart draw steps and brainstorm with participants how one generally moves through the different stages to behavior change (use exclusive breastfeeding as an example).
2. Discuss handouts on FN 9.1b: Stages of Change Model and FN 9.1c Stages of Change and Interventions.
3. Ask participants to close their eyes and think about a behavior (not alcohol or tobacco) they are trying to change. Ask them to identify at what stage they are and why. Ask what they think they will need to do to move to the next stage.
4. Discuss how information is usually never enough to change behavior. Motivating and reinforcing the behavior are also needed.
5. Refer to handouts (FN 9.1b and FN 9.1c) and discuss.

FN 9.1b: Steps of change

Steps a person or group takes to change their practices and the role of the HEWs



FN 9.1c: Stages of Change and Interventions

Steps	Appropriate interventions to encourage the target audience to try a new practice – to provide support for the mother's choice and change community norms
Never heard about the behavior	<p>Build awareness/provide information</p> <ul style="list-style-type: none"> ▪ Drama ▪ Community groups ▪ Radio ▪ Individual counselling ▪ Breastfeeding and young child feeding support groups
Heard about the new behavior or knowing what it is	<p>Encourage/discuss benefits</p> <ul style="list-style-type: none"> ▪ Group discussions or talks ▪ Oral and printed word ▪ Counseling cards ▪ Breastfeeding and young child feeding support groups
Thinking about new behavior	<p>Negotiate and help to overcome obstacles</p> <ul style="list-style-type: none"> ▪ Home visits, use of visuals ▪ Group activities for family and the community ▪ Negotiate with the husband and mother-in-law (or other influential family members) to support the mother
Trying new behavior out	<p>Praise/reinforce the benefits</p> <ul style="list-style-type: none"> ▪ Congratulate mother and other family members as appropriate ▪ Suggest support groups to visit or join to provide encouragement ▪ Encourage community members to provide support (radio programs)
Continuing to do new behavior or maintaining it	<p>Provide support at all levels</p> <ul style="list-style-type: none"> ▪ Reinforce the benefits ▪ Praise ▪ Tell others

Activity 9.1.2b: Behavior Change Case Studies

Instruction for activity

Divide participants into a group of 5 and provide each group the following 3 case studies

Behavior Change Case Studies

1. A pregnant woman has heard new breastfeeding information, and her husband and mother-in-law also are talking about it. She is thinking about trying exclusive breastfeeding because she thinks it will be best for her child.
2. A mother has brought her 8-month-old child to the baby weighing session. The child is being fed gruel that the mother thinks is appropriate for the child's age. The child has lost weight. The community worker encourages her to give her child thickened porridge instead of watery gruel because the child is not growing.
3. The past month a community worker talked with a mother about gradually starting to feed her 7-month-old baby three times a day instead of just once a day. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day, so the mother feeds him regularly.

Facilitator:

1. Tell participants to find out at which behavior change step the mother is.
2. Summarize their response with the following answers:

Behavior Change Case Studies (Answer Key)

1. Becoming motivated to try something new.
2. Becoming aware (has now heard about it).
3. Adopting a new behavior.

Learning objective 3: Identify skills in counseling and reaching an agreement

Activity 9.1.3: Practice listening and learning

Instructions for activity

Part A

1. Pair participants. Ask them to tell a story to each other **at the same time** for 2 minutes.
2. Then ask them to come back to large group:
 - a. How did you feel talking at the same time with another person?
 - b. What did you learn from this experience?
 - c. Do you think the HEWs can bring change in such a situation?

Facilitator: Stress the importance of listening and learning in counseling

Part B

3. In the same pairs repeat the exercise, but this time listen to one another with lots of concentration (do not take notes, but listen carefully).
4. Then, tell each other's stories (each person speaks for 1 minute).
5. In large group facilitator asks:
 - a. How much of your story did your partner get right?
 - b. How did it make you feel to tell a story and see someone listening to you?

Part C

6. What things did you do to make sure that your partner was listening to you?
7. Probe until the following *Listening and Learning* skills have been mentioned and list on flip chart:
 - a) Non-verbal communication
 - Keep head at same level
 - Pay attention (eye contact)
 - Remove barriers (tables and notes)
 - Take time
 - Use appropriate touch
 - b) Use responses and gestures that show interest
8. Explain that *Listening and Learning* skills are the first set of skills to be learned and practiced for counseling.

FN 9.1d: Counseling Skills

Listening and Learning skills

1. Use helpful non-verbal communication
 - Keep your head level with mother/father/caregiver
 - Pay attention (eye contact)
 - Remove barriers (tables and notes)
 - Take time
 - Use appropriate touch
2. Ask questions that allow mother/father/caregiver to give detailed information
3. Use responses and gestures that show interest
4. Listen to mother's/father's/caregiver's concerns
5. Reflect back what the mother/father/caregiver says
6. Avoid using judging words



Building Confidence and Giving Support Skills

1. Accept what a mother/father/caregiver thinks and feels (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information)
2. Recognize and praise what a mother/father/caregiver and baby are doing correctly
3. Give practical help
4. Give a little relevant information
5. Use simple language
6. Use appropriate counseling card or cards
7. Make one or two suggestions, not commands

Source: Infant and Young Child feeding Counseling: An Integrated Course. WHO/UNICEF, 2006

Learning Objective 4: Describe steps for counseling and reaching an agreement (GALIDRAA)

Activity 9.1.4: Steps of counseling and reaching an agreement (GALIDRAA)

Methodology: Discussion

Instructions for activity

Note: 2 Facilitators need to prepare this demonstration in advance (one facilitator acts as mother and the other facilitator as counselor)

1. Review with participants the points covered to demonstrate *listening and learning* skills between a mother (Werke) with 10-month son (Assefa) Werke:
 - A. Werke breastfeeds whenever Assefa cries
 - B. Werke gives Assefa some gruel 2 times a day
 - C. Werke does not give any other milks or drinks to Assefa
2. Facilitator counselor completes IYCF assessment of mother/child pair by following GALIDRAA steps:
3. **Greet, Ask and Listen**
 - Greet mother and introduce him/herself
 - Allow mother to introduce herself and the baby
 - Use *listening and learning* skills, and *building confidence and giving support* skills
 - Complete IYCF assessment of mother/child pair
 - Listen to Werke's concerns, and observe Assefa and Werke
 - Accept what Werke is doing without disagreeing or agreeing and praise Werke for one good behavior
4. **Identify**

Facilitator/Counselor notes that:

 - Werke is waiting until Assefa cries before breastfeeding him – a 'late sign' of hunger
 - Werke is not feeding Assefa age-appropriate complementary foods
5. **Discuss, recommend, agree on small do-able action, make next appointment**
 - Praise Werke for breastfeeding
 - Talk with Werke about the characteristics of complementary feeding
 - Present options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary feeding: V = Variety, T = Texture (thickness/consistency), F = Frequency, and A = amount
 - Help Werke select one action that she can try (thicken porridge, addition of dried meat powder, finely minced vegetables, etc).
 - Share with Werke and discuss counseling card on complementary feeding from 9 up to 12 months
 - Ask Werke to repeat verbally the agreed upon behavior
 - Tell Werke that a counselor will follow up with her at her next weekly visit

- Suggest where Werke can find support (attend educational talk, IYCF support group in community, Supplementary Feeding Program, and refer to community volunteer).
 - Refer as necessary
 - Thank Werke for her time
6. Discuss the demonstration with participants and answer questions
 7. Review and complete together/or talk through FN 9.1g: IYCF assessment of mother/child pair
 8. Discuss and summarize

FN 9.1e: Steps in counseling and reaching an agreement (GALIDRAA)

1. **Greet** the mother or caregiver.
2. **Ask** the mother or caregiver to describe her complementary feeding practice and the condition of her baby.
3. **Listen** attentively.
4. **Identify** difficulties and prioritize the most important one to work on.
5. **Discuss** feeding options (use counseling cards to discuss options and benefits).
6. **Recommend** simple do-able actions and help her choose an action that she can practice to solve the difficulties based on the available resources in the household. Further discuss advantages of practicing the actions and barriers and opportunities for accomplishing the agreed-upon actions.
7. Help the mother or caregiver to **Agree** and try one of the options, and ask her to repeat the agreed-upon actions.
8. Make **Appointment** for next visit.

Learning Objective 5: Conduct a counseling session using IYCF interpersonal communication tool/complementary feeding counseling card/family health card and apply the steps: Observe, Reflect, Personalize, Act

Activity 9.1.5: Conduct counseling using IYCF interpersonal communication tools

Methodology: Role play

Instructions for activity

1. Facilitator models a counseling session with a mother using the interpersonal communication tool / an IYCF counseling card/family health card applying the steps: Observe, Reflect, Personalize and Act.
2. After the counseling session with the interpersonal communication tool / an IYCF counseling card/family health card, ask the participants what they observed, probing until they mention as many steps as they can: Observe, Reflect, Personalize and Act (ORPA).
3. Discuss the steps and summarize.

Learning Objective 6: Practice steps of counseling and reaching an agreement (GALIDRA) with mother/father/caregiver

Activity 9.1.6: Steps of counseling and reaching an agreement (GALIDRA)

Methodology: Role Play

Instructions for activity

1. Divide participants into groups of three:
 - 1.1. Mother
 - 1.2. Counselor
 - 1.3 Observer
 2. Distribute IYCF assessment of mother/child pair, FN 9.1g.
 3. Distribute observation checklist for IYCF assessment of Mother/child pair, FN 9.1h.
 4. Distribute a set of counseling cards to each group of 3.
- 5. Practice Case Study 1**
- a. Ask the ‘Mothers’ of the working groups to gather together.
 - b. Read a case study to the ‘Mothers’ ONLY, and ask the ‘Mothers’ to return to their working groups. Note: The ‘Mothers’ need to be sure that they give all the information included in their ‘case study’. Prepare the mother to answer other questions that the ‘Counselor’ may ask outside the case study.
 - c. The ‘Counselor’ of each working group (of three) asks the ‘Mother’ about her situation, and practices the GALIDRAA steps with *listening and learning* skills and *building confidence and giving support* skills.
 - d. In each working group, the Observer’s task is to record the skills the ‘Counselor’ used and to provide feedback after the case study.
 - e. The participants in working groups switch roles and the above steps are repeated.
- 6. Case Studies 2 and 3**
- a. Select one working group to demonstrate a case study in front of the whole group.
 - b. Discuss and summarize.

**FN 9.1f: Use of interpersonal communication tool/CF counseling card applying the steps
Observe, Reflect, Personalize and Act**

INTRODUCE YOURSELF

OBSERVE

- Hold the interpersonal communication tool/IYCF counseling card/ family health card so that the mother/caregiver can see it
- Ask the mother/caregiver:
 - What do you see/observe in the interpersonal communication tool/IYCF counseling card/ family health card?
 - What is everyone doing?

REFLECT

- Ask the mother/caregiver:
 - Whom do you agree with? Why?
 - Whom do you disagree with? Why?
 - What is the advantage of adopting the practice described in the interpersonal communication tool/IYCF counseling card?

PERSONALIZE

- Ask the mother/caregiver:
 - What do you do in the same situation? Why?
 - What would people in this community do in the same situation? Why?
 - What would be the challenges or difficulties in trying this practice?

ACT

- Repeat the key messages.
- Ask the mother/caregiver:
 - If you were the mother (or another character), would you be willing to try the new practice? Do you think people in your community would try this practice in the same situation? How would you be able to overcome challenges?

Case Studies to Practice Steps of Counseling and reaching an agreement (GALIDRA)

Note: The information in the following case studies should NOT be read to the participants before they carry out the counseling and reaching an agreement practice.

Case Study 1:

Read to ‘Mothers’: You are Tsega. Your son, Mamush, is 18 months old. You are breastfeeding once or twice a day. You are giving Mamush milk and gruel 2 times a day.

1	Greet, Ask, Listen (and Observe) <ul style="list-style-type: none">▪ Greet Tsega and ask questions that encourage her to talk, using <i>listening and learning, building confidence and giving support</i> skills.▪ Complete IYCF Assessment of mother/child pair FN 9.1d.▪ <i>Observe</i> Tsega and Mamush’s general condition; listen to Tsega’s concerns.▪ Accept what Tsega is doing without disagreeing or agreeing.
2	Identify difficulties and prioritize <ul style="list-style-type: none">▪ Tsega is breastfeeding Mamush only once or twice a day.▪ Tsega is giving another gruel to Mamush.▪ Tsega is not following age-appropriate feeding recommendations (e.g. variety and frequency).
3	Discuss, recommend, agree on small do-able action, make next appointment <ul style="list-style-type: none">▪ Praise Tsega about continuing breastfeeding.▪ Talk with Tsega about the characteristics of complementary feeding: (variety, texture (thickness/consistency), frequency, amount, active/responsive feeding, and hygiene).▪ Present options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary foods, e.g. increase feeding frequency of foods to 4 times a day; ask about the amount of cereal Mamush receives and the possibility of increasing the amount; ask about the texture (thickness/consistency) of the cereal and adding other locally available family foods. Help Tsega select one or two actions that she can try.▪ Select the portion of the information on the age-appropriate counseling card that is most relevant to Mamush’s situation -- and discuss that information with Tsega.▪ Ask Tsega to repeat the agreed upon behavior.▪ Tell Tsega that you will follow-up with her at her next weekly visit.▪ Suggest where Tsega can find support (attend educational talk, IYCF support group in community, Supplementary Food Program, and refer to community worker).▪ Refer as necessary.▪ Thank Tsega for her time.▪ Discuss the demonstration with participants.▪ Answer questions.

Case Study 2:

Read to 'Mothers': You are Senait. Your daughter, Tesfa, is 8 months old. You are breastfeeding Tesfa because you know breast milk is the best food for her. You also give Tesfa water because it is so hot. You do not think Tesfa is old enough to eat other foods.

1	<i>Greet, Ask, Listen (and Observe)</i> <ul style="list-style-type: none">▪ Greet Senait and ask questions that encourage her to talk, using <i>listening and learning, building confidence and giving support</i> skills.▪ Complete IYCF assessment of mother/child pair, FN 9.1d.▪ Observe Senait and Tesfa's general condition.▪ Listen to Senait's concerns.▪ Accept what Senait is doing without disagreeing or agreeing.
2	<i>Identify difficulties and prioritize</i> <ul style="list-style-type: none">▪ Senait is feeding Tesfa only breast milk.▪ Senait has not started complementary foods.
3	<i>Discuss, recommend, agree on small do-able action, make next appointment</i> <ul style="list-style-type: none">▪ Praise Senait for breastfeeding.▪ Talk with Senait about beginning complementary foods and why it is necessary for Senait at this age.▪ Talk with Senait about the characteristics of complementary feeding: variety, texture (thickness/ consistency), frequency, amount, active/responsive feeding, and hygiene.▪ Present options/small do-able actions (time-bound) and help Senait select one or two that she can try, e.g, begin with a small amount of staple food (porridge, other local examples); add legumes, vegetable/fruit and animal foods; increase feeding frequency of foods to 3 times a day; talk about appropriate texture (thickness/consistency) of staple; assist Tesfa during feeding times; and discuss hygienic preparation of foods.▪ Select the portion of the information on the age-appropriate counseling card (Complementary Feeding from 6 up to 9 months or Food Variety) that is most relevant to Tesfa's situation -- and discuss it with Senait▪ Ask Senait to repeat the agreed, upon behavior.▪ Tell Senait that you will follow up with her at her next weekly visit.▪ Suggest where Senait can find support (attend educational talk, IYCF support group in community, Supplementary Food Program, and refer to community worker).▪ Refer as necessary.▪ Thank Senait for her time.▪ Discuss the demonstration with participants.▪ Answer questions.

Case Study 3:

Read to 'Mothers': You are Kokobe who is very busy selling fruits in the market. You don't have time to feed your 1-year-old son, Tesfaye; therefore, you prepare porridge made of barley in the morning. Tesfaye and his 3-year-old sister then eat from the prepared porridge the whole day.

1	Greet, Ask, Listen (and Observe) <ul style="list-style-type: none">▪ Greet Kokobe and ask questions that encourage her to talk, using <i>listening and learning, building confidence and giving support</i> skills.▪ Complete IYCF assessment of mother/child pair, FN 9.1d.▪ Observe Kokobe and Tesfaye's general condition.▪ Listen to Kokobe's concerns.▪ Accept what Kokobe is doing without disagreeing or agreeing.
2	Identify difficulties and prioritize <ul style="list-style-type: none">▪ Kokobe is only giving porridge to her 1-year-old son Tesfaye.▪ Kokobe is not giving a variety of complementary foods.▪ There is no active/responsive feeding.▪ Is Kokobe breastfeeding?
3	Discuss, recommend, agree on small do-able action, make next appointment <ul style="list-style-type: none">▪ Praise Kokobe for preparing food for her children before going to market.▪ Talk with Kokobe about the characteristics of complementary feeding: variety, texture (thickness/ consistency), active/responsive feeding, and hygiene.▪ Present options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary foods, e.g, ask if Kokobe can add some fruit to the porridge; ask what she feeds her family and depending on the answer ask if she can add some of that food to the porridge; ask about giving some animal food to Tesfaye; ask who is in charge of feeding the children when she is away and help Kokobe select one or two things that she can try or that she believes will be possible for her and she is willing to try. Select the portion of the information on the age-appropriate counseling card (Complementary Feeding from 12 up to 24 months, Food Variety, or Active/responsive feeding) that is most relevant to Tesfaye's situation -- and discuss it with Kokobe:▪ Ask Kokobe if there are others in the home that can help with the children while she is at the market.▪ Help Kokobe select the practices she can try, e.g, adding other foods to the porridge, having someone look after the children when they eat.▪ Ask Kokobe to repeat the agreed upon behavior.▪ Tell Kokobe that you will have someone come to follow up with her in two days.▪ Suggest where Kokobe can find support (attend an IYCF support group in community, and refer to community worker).▪ Thank Kokobe for her time.▪ Discuss the demonstration with participants.▪ Answer questions.

FN 9.1g: IYCF Assessment of Mother/Child Pair – This tool is for the training time not for household use by the HEWs

	Name of Mother/ Caregiver	Name of Child		Age of Child (completed months)	
Observation of mother/caregiver					
Child Illness	Child ill		Child not ill		Child recovering
Growth Curve Increasing	Yes		No		Leveling off/Static
Tell me about Breastfeeding	Yes	No	When did BF stop?	Frequency: times/day	Difficulties: How is breastfeeding going?
Tell me about Complementary Feeding					
	Is your child getting anything else to eat?	What?		Consistency: how thick	Frequency: times/day
	Staple (porridge, other local examples)				
	Legumes (beans, other local examples)				
	Vegetables/Fruits (local examples)				
	Animal: meat/fish/offal/chicken/eggs				
Liquids	Is your child getting anything else to drink?	What?		Bottle Use? Yes/No	Frequency: times/day
	Other milks				
	Other liquids				
Other challenges?					
Mother/caregiver assists child	Who assists the child when eating?				
Hygiene/utilization	Feeds baby using a clean cup and spoon		Washes hands with clean, safe water and soap before preparing food, before eating, and before feeding young children	Washes child's hands with clean, safe water and soap before he or she eats	

FN 9.1h: Observation Checklist for IYCF Assessment of Mother/Child Pair

This checklist shall only focus on GALIDRA

Name of Counselor: _____

Name of Observer: _____

Date of visit: _____

Note: please mark ✓ for yes and ✗ for no.

Did the Counselor:

Use Listening and Learning skills:

- Keep head level with mother/parent/caregiver?
- Pay attention? (eye contact)
- Remove barriers? (tables and notes)
- Take time?
- Use appropriate touch?
- Ask open questions?
- Use responses and gestures that show interest?
- Reflect back what the mother said?
- Avoid using judging words?
- Allow mother/ caregiver time to talk?

Use Building Confidence and Giving Support skills:

- Accept what a mother thinks and feels?
- Listen to the mother/caregiver's concerns?
- Recognize and praise what a mother and baby are doing correctly?
- Give practical help?
- Give a little relevant information?
- Use simple language?
- Make one or two suggestions, not commands?

ASK, LISTEN (and OBSERVE)

(✓ for yes and ✗ for no)

Did the counselor:

- Assess age accurately?
- Check mother's understanding of child growth curve? (if GMP exists in area)
- Check on recent child illness?

Breastfeeding:

- Assess the current breastfeeding status?
- Check for breastfeeding difficulties?
- Observe a breastfeed?

Fluids:

- Assess 'other fluid' intake?

Foods:

- Assess 'other food' intake?

Active Feeding:

- Ask whether the child receives assistance when eating?

Hygiene:

- Check on hygiene related to feeding?

IDENTIFY

(*V* for yes and *X* for no)

Did the counselor?

- Identify any feeding difficulty?
- Prioritize difficulties? (if there is more than one)

Record prioritized difficulty: _____

DISCUSS, RECOMMEND, AGREE ON SMALL DOABLE ACTION

(*V* for yes and *X* for no)

Did the counselor?

- Praise the mother/caregiver for doing recommended practices?
- Address breastfeeding difficulties e.g, poor attachment or poor breastfeeding pattern with practical help?
- Discuss age-appropriate feeding recommendations and possible discussion points?
- Present one or two options (time-bound) that are appropriate to the child's age and feeding behaviors?
- Help the mother select one or two that she can try to address the feeding challenges?
- Use appropriate interpersonal communication tool/IYCF counseling cards that are most relevant to the child's situation - and discuss that information with mother/caregiver?
- Ask the mother to repeat the agreed-upon new behavior?
Record agreed-upon behavior: _____
- Ask the mother if she has questions/concerns?
- Refer as necessary?
- Suggest where the mother can find additional support?
- Agree upon a date/time for a follow-up session?
- Thank the mother for her time?

FN 9.1i: Summary form for presenting IYCF observation assessment data

	Infant < 6 months
Initial Visit	
Name	
Age	
Feeding difficulty(ies) identified	
Options suggested	
What mother agreed to try	

	For children under 2 years of age
Initial Visit	
Name	
Age	
Feeding difficulty(ies) identified	
Options suggested	
What mother agreed to try	

Session 9: Counseling and Reaching an Agreement

9.2: Counseling and Reaching an Agreement with Community Leaders

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

1. Facilitate an interactive dialogue (community conversation/community mobilization) using the steps: Observe, Think, Try, Act.
2. Sensitize community leaders on the basic facts of IYCF and the importance of their involvement in promoting IYCF.
3. Orient community leaders on how to use the interpersonal communication tools.

Learning Objectives

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

1. Facilitate an interactive dialogue (community conversation/community mobilization) using the steps: Observe, Think, Try, Act
2. Sensitize community leaders on the basic facts of complementary foods and the importance of their involvement in promoting complementary feeding (CF)

Overview

Activity 9.2.1: Facilitating interactive dialogue using the steps: Observe, Think, Try, Act

Activity 9.2.2: Community sensitizations

Activity 9.2.3: Orientation of community leaders on use of counseling materials

Methodologies: Group discussion, brainstorming, buzz group, demonstration, interactive presentation, experiential (sharing experiences), role play

Time: 100 minutes

Facilitator's Notes:

FN 9.2a: Observation checklist for how to conduct a group session: story, drama, or visual, applying the steps Observe, Think, Try, and Act

FN 9.2b: The sensitization session

Advanced preparation:

- Write learning objectives on a flip chart.
- Prepare and practice 'visual, story and role play.'
- Prepare copies of handouts for all participants.
- Prepare the room for group discussion.

Learning Objective 1: Facilitate an interactive dialogue (community conversation/community mobilization) using the steps: Observe, Think, Try, Act

Activity 9.2.1: Facilitating interactive dialogue using the steps: Observe, Think, Try, Act

Methodology: Experiential (sharing experiences)

Instruction for activity

1. Facilitator models an action-oriented group session (community conversation/community mobilization) with participants acting as community members by telling a story or conducting a drama on some aspect of IYCF - applying the steps: Observe, Think, Try and Act
2. See examples of a story and mini drama scenarios (below)
 - Tell a story: do not read the story, but practise beforehand and tell it in an interesting tone
 - Conduct a mini drama: role play the mini drama assigning facilitators and/or participants to the different roles
3. At the end of the story or mini drama, ask the participants/community members:
 - a) What would you do in the same situation? Why?
 - b) What difficulties might you experience?
 - c) How would you be able to overcome them?
 - d) What practical help would you give?
4. Then, ask the following questions of the participants:
 - a) What did you like about the action-oriented group session?
 - b) How was this group session different from an educational talk?
5. Discuss and summarize: during an ‘action-oriented’ group talk, facilitators encourage group participants **to personalize the information and to try something new or different (an action)** from what they normally do.

Story (example)

Once upon a time in a village not far from here a young woman, Alemitu, had her first baby, a son, whom she named Habtamu. She heard the Health Extension Worker talk about only breastfeeding babies until they were 6 months old. She breastfed Habtamu until he was 6 months old and now that he is over 6 months she wants to begin to give Habtamu other foods. Both her mother and mother-in-law told her that the baby was doing well with just breastfeeding and besides he was too young to be able to swallow foods. If she wanted to give him something, it must be gruel so he could swallow it easily. The Health Extension Worker will be coming to visit and she wants to check with her to see if Habtamu needs any other food.

Drama number 1

Mother:

Your baby is 7 months old and you are giving him porridge once a day. You are afraid your husband may not agree to buy any more food or even to use some of the eggs at your house for the child's food and sell all the eggs.

Husband:

You do not think that your wife needs money to buy anything extra for your child. You don't think it is more important to use some of the eggs for your child's food rather than selling and gaining extra cash for other needs.

Health Extension Worker:

You are doing a home visit. You help the mother and father to identify special foods they can give to the baby and the benefit of giving these food items by increasing it to three times the number of feeds each day. You want to emphasize the father's responsibility in ensuring special foods like egg, milk, dried meat powder, vegetables and fruits are available for the child's need as much as possible. (Can use interpersonal communication tool, and IYCF counseling card, family health card)

Drama number 2

Mother:

Your baby is 10 months old and you are breastfeeding. You go to work and leave the child with the grandmother, who feeds him.

Grandmother:

You watch your 10-month-old grandchild every day when your daughter is at work. You feed him porridge twice a day.

Father:

You are busy at your farm and don't know how many times and what kind of food your child is being fed. You also believe it is not your responsibility and don't want to get involved in your child's feeding.

Health Extension Worker:

You try to get the mother, father and grandmother together and make recommendations to them to 1) add other locally available foods, 2) increase the thickness of foods, 3) increase the number of times the baby receives food, and 4) increase the amount of food that the child is eating. You also want to involve the father in active/responsive feeding. (Can use interpersonal communication tool, and IYCF counselling card, family health card)

Drama number 3

Mother:

Your baby is 8 months old and you are breastfeeding. You only give him porridge made of different cereals by sometimes adding cow milk or oil. You don't think it is appropriate to feed your child eggs, meat and vegetables at this age. Because you believe that egg and meat would be heavy to digest and will choke him at this age and that vegetables would make him sick.

Your husband and other members of your family also share your belief.

Husband:

You think what your child is eating now is enough for his growth. You share your wife's view of animal-source food and vegetables.

Health Extension Worker:

You try to get the mother, father and other family members together and counsel them on the critical importance of animal-source food, vegetables and fruits for children under the age of two. You also tell them that the child's stomach is ready to digest foods starting at 6 months. You also suggest how they can prepare the child's porridge from cereals and legumes; and how they can prepare meat, egg and vegetables with the porridge to address their fear of choking. (Can use interpersonal communication tool, and IYCF counselling card, family health card)

Drama number 4

Mother and father:

Your baby is 1 year and 3 months old and she is sick. You both believe breastfeeding her and giving food and fluids will worsen her diarrhoea and vomiting, so you prefer to avoid giving anything. But you take her to the health post to get medication for her illness.

Health Extension Worker:

You meet the mother and father when they come to the health post. You counsel them that for their child to get well soon, she needs continuous breastfeeding, complementary food and fluids with medication. You also recommend that after she gets well, they need to continue to give her an extra meal to get her strength back at least for two weeks. (Can use interpersonal communication tool, and IYCF counselling card, family health card)

FN 9.2a: Observation checklist for how to conduct a group session: story, drama, or visual, applying the steps Observe, Think, Try, and Act

Did the Counsellor (*V* for yes and *x* for no)

- Introduce him/herself?

Use Observe - ask the group participants:

- What happened in the story/drama or visual?
- What are the characters in the story/drama or visual doing?
- How did the character feel about what he or she was doing? Why did he or she do that?

Use Think - ask the group participants:

- Whom do you agree with? Why?
- Whom do you disagree with? Why?
- What is the advantage of adopting the practice described in the story/drama or visual?
- Discuss the key messages of today's topic.

Use Try – ask the group participants:

- If you were the mother (or another character), would you be willing to try the new practice?
- Would people in this community try this practice in the same situation? Why?

Use Act – ask the group participants:

- What would you do in the same situation? Why?
- What difficulties might you experience?
- How would you be able to overcome them?
- Repeat the key messages.

Learning Objective 2: Sensitize community leaders on the basic facts of complementary foods and the importance of their involvement in promoting complementary feeding (CF)

Activity 9.2.2: Community sensitizations

Methodology: Brainstorming, group discussion, interactive presentation

Instructions for activity 1

1. Brainstorm with participants what community sensitization is.
2. Record participants response on the flip chart.
3. Probe until the three points under the definition of community sensitization are mentioned.
4. Summarize including important points below if not mentioned by participants

Community sensitization can be defined as

- The process of involving local people/leaders in decisions that affect optimal CF practices in the community
- Involving communities in problem identification, planning, resource mobilization, development and management of complementary feeding services to improve the nutritional status of young children in the community
- A means to listen to the experience and ideas of people living in the community to find a solution that will make a lasting difference

Instructions for activity 2

1. Divide participants into a group of five.
2. Ask participants to list the main components of community sensitization planning.
3. Provide them with a flip chart to record their responses.
4. Ask groups to select one representative to present the points raised during their discussion.
5. Select 2 groups to present their response.
6. Ask other groups to add only additional points.
7. At the end of the presentations, discuss incorporating the remaining components and summarize with the components of community sensitization planning.

Components of community sensitization planning

1. Prepare basic facts of complementary feeding for discussion.
2. Communicate with the Kebele administrator.
3. Work with the Kebele administrator to identify stakeholders and community leaders for the sensitization session.
4. Decide on the schedule for the complementary feeding community sensitization session and inform community members.
5. Select and prepare venue and discussion topics.

FN 9.2 b: The sensitization session

Composed of introduction, discussion and conclusion parts

Introduction

- Welcome the community, introduce yourself, and let community members introduce each other.
- Tell the participants that you are here to discuss the community's complementary feeding practices, and how they can work to improve them. Explain how the results of the discussion will be used, that their remarks are anonymous, and that notes will be taken to be sure the report is accurate with their perspectives.
- Set ground rules to have a productive discussion. Ask the community if they are okay with your ground rules or if anyone would like to add anything to the ground rules.

Some examples of ground rules are;

- ✓ We respect each other, everyone participates, and no one dominates.
 - ✓ Stick to the discussion points.
 - ✓ Draw on your own experiences, views and beliefs.
 - ✓ Keep an open mind.
 - ✓ It is okay to disagree, listen carefully and try hard to understand the views of those who disagree with you.
 - ✓ Have an informal and comfortable conversation.
 - ✓ There are no 'right' answers.
 - ✓ Respond to others how you want to be responded to.
- Briefly mention the complementary feeding activities being carried out in the community
 - Be sure the community is motivated sufficiently. Help them assess the real situation

Discussion on Complementary Feeding

Use the tools with the complementary feeding information to guide the discussion

Closing the conversation

- Before closing the conversation ask participants some questions for them to reflect on their ideas about the sensitization session

Example:

- What do you think are the key messages from the discussion in our community?
- What did we learn about:
 - ✓ The general CF practices in our community?
 - ✓ Our CF practices?
 - ✓ Our potential to make a difference for future generation?
- What new approaches come out from our discussion?
- How will these new approaches have power over our future action?
- Probe the community in identifying and prioritizing the 2 most important and feasible actions to address suboptimal CF practices.
- Define the selected actions and categorize as actions to be addressed by the households and by the community in a reasonable time frame.
- Along with the community, decide how, when and who will perform the actions and by whom the follow up will be conducted.
- End the session by thanking community members for their time and participation.

Note: Some participants who attended the sensitization session will be participants of the complementary feeding community conversation.

Learning Objective 3: Orient community leaders on how to use the Interpersonal communication counseling materials

Activity 9.2.3: Orientation of community leaders on use of counseling materials

Methodologies: Interactive presentation and group discussion

Instructions for activity

1. Distribute the communication tools to participants.
2. Explain what the tools are and their importance.
3. Divide participants into groups of five and instruct them to list the steps in using the tools.
4. Provide them with a flip chart to record their responses.
5. Ask only 2 groups to present their response.
6. Ask other groups to add only additional points.
7. At the end of the presentations, display the steps and discuss how they applied to their responses.
8. End the discussion summarizing key points.

Complementary feeding counseling tools: Are tools that the HEWs and volunteer community health promoters (VCHPs) can use to counsel/reach an agreement or share CF key messages with the target households and community members. CF communication can be made clearer and simpler by the use of the tools.

Importance of the complementary feeding counseling tools:

- ✓ To enhance understanding of the target audiences of appropriate Complementary feeding
- ✓ To make the communication easier and interesting

The tools include

- ✓ Complementary feeding counseling cards
- ✓ Child nutrition card
- ✓ IYCF Quick Reference Book

A guide to use of the communication tools

In planning the use of CF communication tools HEWs and VCHPs must consider the following steps

1. **Review:** A review of the CF tools before initiating the communication is always necessary to become familiar with the CF key messages and use of the tool. The IYCF service provider can also refer to the IYCF Quick Reference Books to strengthen the messages in the counseling tool
2. **Introduce:** Introduction of the CF counseling tool is necessary before its use so that the audience will understand what it represents
3. **Display:** Display the tool (the counseling/reaching an agreement card) only when it is needed. Plan how and when it will be used. During the communication, make sure the audience gets a good view of the tool when displayed. The IYCF developmental milestone poster should be posted on the wall of the household at the birth of the child and should stay in place until the child celebrates the second birthday.
4. **Explain:** Using the tool without an explanation by the IYCF care provider is of limited use. The provider must explain the CF key messages and pictures in the counseling cards. Rather than read from the counseling cards, make the communication interactive. Use of the IYCF developmental milestone poster should be clearly explained to the mother/caregiver.
5. **Remove:** The tool that is not needed for the communication should be removed to avoid destruction.
6. **Follow up:** Regular follow up and support should be provided for the mothers/ care givers on the use of the IYCF developmental milestone poster.

Session 10: Adult Learning

Introduction

In this session the principles of adult learning and methodologies for promoting participatory learning will be discussed.

Learning objectives

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

1. Explain adult learning principles.
2. Understand different training options to promote participatory learning.

Overview

Activity 10.1: Brainstorm the meaning of adult learning and training options to promote participatory learning.

Time: 1 Hour

Facilitator's Notes:

FN 10: Principles of adult learning and guidelines for training methods

Methodologies: Brainstorming, interactive presentation

Materials:

- ✓ Flip chart and markers

Facilitators Note: FN. 10: Principles of adult learning and guidelines for training methods

Advanced preparation:

- Write learning objectives on a flip chart
- Prepare copies of Facilitator's Note for all participants
- Prepare the room for group discussion

Learning Objective 1: Explain adult learning principles.

Activity 10.1: Brainstorm the meaning of adult learning and training options to promote participatory learning.

Methodology: Brainstorming, Interactive presentation

Instructions for activity

1. Introduce the session.
2. Ask participants to brainstorm on adult learning principles and why they are important.
3. Ask participants to brainstorm on training options to promote participatory learning.
4. Record participants response on the flip chart.
5. Summarize including important points under FN. 10: Principles of adult learning and guidelines for training methods if not mentioned by participants.

FN 10: Principles of adult learning and guidelines for training methods

The following principles of adult learning need to be applied for successful communication.

"You can tell people what they need to know very fast. But they will forget what you tell them even faster. People are more likely to understand what they figure out for themselves than what you figure out for them."²

Adult learning principles	
Create a self learning environment	
<ul style="list-style-type: none">▪ Adults are accustomed to taking responsibility for their own decisions and actions, including choosing what they want to learn.▪ They learn best when they are treated as active participants in the learning process.	
Encourage participatory involvement	
<ul style="list-style-type: none">▪ Adults learn best when they are actively involved in the learning process.▪ They are more likely to learn and retain new information when training creates opportunities for them to practice applying their new knowledge and skill.	
Be supportive and respectful	
<ul style="list-style-type: none">▪ Adults are most likely to learn in an environment that is supportive, in which participants receive positive reinforcement.▪ Praise and encouragement are required, instead of negative feedback.▪ Let participants know you are a learner with them.	
Build on the participants' life experiences	
<ul style="list-style-type: none">▪ Effective training provides adults an opportunity to build on existing beliefs, knowledge, and skills and to share these with each other.▪ Valuing participants' experiences helps them to feel comfortable with new knowledge and skills, and helps them link what they have learned to real-life contexts.	
Make training relevant	
<ul style="list-style-type: none">▪ Adults respond best to learning opportunities that offer them the chance to learn information and skills that are relevant to their workplaces and communities.▪ They are also likely to respond best to training that helps them build knowledge and skills that they will apply immediately.▪ Adults often seek training opportunities on relevant topics only.	

No.	Guidelines for adult training methods
1	<p><i>Interactive Presentations</i></p> <ul style="list-style-type: none"> ▪ This type of presentation involves the practice of showing and explaining the content of a topic to an audience or learner. ▪ Presentations can be made more interesting by using visual aids and can be supplemented by storytelling and sharing experiences. ▪ The facilitator can give presentations on points that are not mentioned by the participants during discussions or on points that the facilitator wants to emphasize.
2	<p><i>Games</i></p> <ul style="list-style-type: none"> ▪ Several games can be used during the training to energize participants. ▪ Games provide a break from standard training activities. ▪ Using games when participants seem tired or when a new session begins is a good way of stimulating interest and alertness.
3	<p><i>Constructive feedback</i></p> <ul style="list-style-type: none"> ▪ Interactive training methodologies such as role plays and demonstrations require feedback on how well participants performed. ▪ To achieve this, constructive feedback provided by participants and facilitators can be used. ▪ Constructive feedback should pinpoint the strengths and weaknesses and suggested areas for improvement. ▪ Constructive feedback should always start with what was done well and then indicate areas for improvement.
4	<p><i>Promoting questions</i></p> <ul style="list-style-type: none"> ▪ Valuing the experience and knowledge of participants is an important component of adult education. ▪ Questions and answers are a good way of learning from the experience of participants and reviewing a material that participants are familiar with. This method also allows the facilitator to evaluate the participants' knowledge of a subject. ▪ For this purpose two types of questions can be used. These are: <ul style="list-style-type: none"> ✓ <i>Memory questions:</i> The participant must recall information. ✓ <i>Thought questions:</i> The participant must apply knowledge she or he has learned to a particular situation. ▪ Questions should be clearly worded and contain one idea. The trainer should give credit for the right answer and keep in mind that there is no one right answer.

5	<p>Case studies</p> <ul style="list-style-type: none"> ▪ Participants are given orally or in writing a specific situation, event, or incident and asked to analyze and solve it. ▪ Case studies can help us build on participants' existing knowledge and have them apply knowledge to solve a problem. ▪ Case studies should have a clear objective, be based on an actual story or events, and have questions for discussion or problem solving. Providing supporting information about the setting of the story such as socio-economic factors can enhance the analysis.
6	<p>Brainstorming</p> <ul style="list-style-type: none"> ▪ Brainstorming is a technique that can be used when participants are expected to think openly about an issue. ▪ Open-ended questions should be used to initiate brainstorming sessions, and participants should be encouraged to come up with as many answers or ideas as possible. ▪ Ideas or answers raised should be written for selection, discussion, and agreement. ▪ The facilitator should correct misconceptions at the end of the session by asking participants why a particular answer may not be the best. <p>During brainstorming:</p> <ul style="list-style-type: none"> ▪ State clearly that there is no wrong or bad idea. ▪ Ensure a nonjudgmental atmosphere so that everyone feels they can contribute. ▪ Ask for a volunteer to record brainstorming ideas. ▪ Record ideas in the speaker's own words. ▪ State that the whole group has ownership of brainstorming ideas. ▪ Give participants who haven't spoken a chance to contribute.
7	<p>Action plan preparation</p> <ul style="list-style-type: none"> ▪ Preparing action plans allows participants to synthesize knowledge and skills gained during the training into doable plans. ▪ It helps participants translate training activities into practical application at the work site. ▪ It can serve as a basis for follow up, action and supervision.
8	<p>Group discussions</p> <ul style="list-style-type: none"> ▪ Participants are assigned into groups to discuss a specific issue. This method can be used to address several issues at once by assigning a different topic to each group. <p>During group discussion,</p> <ul style="list-style-type: none"> ✓ Plan on how to use this methodology based on the activities in each session.

	<ul style="list-style-type: none"> ✓ Develop clear and focused objectives for each group discussion. ✓ Let each group clearly understand its assignment and what is expected. ✓ Encourage and motive participants to discuss openly.
9	<p><i>Demonstrations and return demonstrations</i></p> <ul style="list-style-type: none"> ▪ In demonstrations and return demonstrations, the facilitator shows the participants how a thing can be accomplished in a step-by-step manner. ▪ This method can be used to ensure that the trainees have developed skills. The participants could also be asked to repeat the already demonstrated procedure. ▪ The participants could prepare a presentation following the demonstration so that they are able to forward their feedback, including the difficulties that they faced in demonstrating back and to improve points that might not be applicable in a real-life situation. <p><i>During demonstrations,: </i></p> <ul style="list-style-type: none"> ✓ Write down the steps of the procedure to be demonstrated based on the notes in each session of the manual where demonstrations will be applied. ✓ Arrange the necessary materials. ✓ Describe each step as it is performed; make sure the participants understand each step. ✓ Let one of the participants summarize and explain the procedure. ✓ Ask the participants to demonstrate back if stated in the activity boxes of each session. ✓ The facilitator needs to observe and give feedback.
10	<p><i>Role plays</i></p> <ul style="list-style-type: none"> ▪ Role plays are essential to simulate a situation that participants might face in their work and to practice how they should handle those situations. ▪ It can be used to develop and practice skills and to give feedback for ensuring the trainees improve their skills. ▪ Scenarios could be used in role plays so that the participants could act according to the given scenarios. <p><i>During role plays:</i></p> <ul style="list-style-type: none"> ✓ Provide information on how the participants are to proceed and what is expected from each participant during the role play. ✓ The other participants and the facilitator should observe and give constructive feedback. ✓ Prepare some points to be discussed after the role play to facilitate constructive feedback.

11	<p><i>Field visits</i></p> <ul style="list-style-type: none">▪ Field visits are important to practice the already gained knowledge and skills in real-life situations. <p><i>During filed visits,</i></p> <ul style="list-style-type: none">✓ Choose field sites and contact responsible government authorities for consent✓ Have clear and defined objectives for the field visit and make sure the participants understand the purpose of the visit before arrival to field sites✓ Arrange participants into groups if necessary✓ Prepare materials needed by referring to the materials lists included in the field visit session.
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Session 11: Field Visit and Feedback

Introduction

In this session, participants will apply knowledge and skills gained from the previous sessions by going directly to the community. They will gather information on complementary feeding practices and counsel and reach an agreement with mothers. The findings from the field visit will then be presented and discussed in class.

Learning objectives

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

1. Practice counseling with mothers/caregivers of a child 6 up to 24 months
2. Identify key issues that need more practice during community field work
3. Reflect on strengths and weaknesses of counseling field practice

Overview

Activity 11a: practice counseling with mothers/caregivers of a child 6 up to 24 months to identify key issues that need more practice/ observation time at site

Activity 11b: reflect on strengths and weaknesses of counseling field practice

Time: 3 hours

Methodology: Field visit, observation, group discussion

Materials:

- ✓ Flip charts, markers and masking tape
- ✓ CF format 1: Assessment of mother/child pair
- ✓ FN 8f: Observation checklist for IYCF assessment of mother/child pair
- ✓ Interpersonal communication tools /counseling cards
- ✓ Family Health Card
- ✓ Complementary feeding format 3: Sample summary sheet for Counseling during field visits

Advanced preparation

1. Write learning objectives on a flip chart.
2. Make an appointment with the community “leader” a week ahead for village visits.
3. Prepare groups, give instructions the day before.
4. Prepare enlarged copy of summary sheet for counseling (using several flip chart sheets).
5. Prepare copies of complementary feeding format 1 and 2.

Learning Objective 1: Practice counseling with mothers/caregivers of a child 6 up to 24 months

Learning Objective 2: Identify key issues that need more practice during community field work

Activity 11a: Practice counseling with mothers/caregivers of a child 6 up to 24 months to identify key issues that need more practice/ observation time at site

Instructions for activity

1. Introduce the session.
2. In large group, review steps of counseling and reaching an agreement (GALIDRAA).
3. Divide participants in pairs:
 - a) One member of the pair will counsel and reach an agreement with the mother/father/caregiver of a child 6 up to 24 months.
 - b) The other member of the pair will follow the discussion with the observation checklist in order to give feedback later.
4. Ask the counselor to refer to FN 9.1g: IYCF assessment of mother/child pair.
5. Ask the counselor to share age-appropriate Interpersonal communication tool and IYCF counseling cards with mother/father/caregiver.
6. Ask the observer to fill out FN 9.1h: Observation checklist for IYCF assessment of mother/child pair.
7. Ask participants to change roles until each participant practices at least 2 counseling sessions.
8. Identify key gaps that need more time for practice and observation at the site.

Learning Objective 3: Reflect on strengths and weaknesses of counseling field practice

Activity 11b: Reflect on strengths and weaknesses of counseling field practice

Methodology: Reflection on community experience (feedback)

Instructions for activity

1. At training site, in large group, ask each pair of participants to summarize their counseling experience by filling in the summary sheet for visits (attached to the wall or on the floor).
2. Use the following chart (summary sheet) as a sample to record each pair of participants' field visit experience. Prepare the summary chart on flip chart paper and display it throughout the rest of the training. Add additional columns for other counseling sessions.
3. The table to be prepared on a flip chart should have the headings:
 - ✓ Participants' names; child's name and age;
 - ✓ **Greet, Ask, Listen** (and observe): illness; breastfeeding (frequency and difficulties); complementary feeding: frequency, amount, texture (thickness), variety, active feeding, hygiene;
 - ✓ **Identify**: difficulty identified, priorities determined;
 - ✓ **Discuss, recommend, agree on doable action, make appointment**: suggested options/proposals to mother/alternatives; agreed upon actions/small-doable time bound actions/negotiated agreement.
4. Participants receive and give feedback.
5. Facilitators and participants identify key gaps that need more practice/observation time.
6. Discuss and summarize.

Session 12: Action Plan Development

Introduction

In this session participants will develop action plans on how they can transfer the knowledge and skills to their communities. The action plan clearly shows the specific IYCF activity, the responsible person to lead and follow the planned activities, the expected time when the planned activity will be accomplished, and where it will be implemented, specific materials needed to accomplish the planned activity as well as the follow-up mechanism (who will follow up and when).

Learning objectives

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

1. Participants will have developed an action plan for improving complementary feeding practices in their own communities.
2. Participants' post training strengths and weaknesses of complementary feeding knowledge will have been assessed.

Overview

Activity 11 a: Action plan development

Activity 11 b: Action plan development

Time: 60 minutes

Methodology: Brainstorming, group discussion

Materials:

- ✓ Flip chart and markers
- ✓ Action plan sheet
- ✓ Copies of post-test questions

Formats:

Complementary Feeding Format 4: Training and Community Activity Action Plan

Advance preparation

1. Write learning objectives on a flip chart.
2. Prepare the room for group discussion.

Learning Objective 1: Develop an action plan for improving complementary feeding practices in their own communities

Activity 11 a: Action plan development

Methodologies: Brainstorming, group discussion

Instructions for activity (60 minutes)

1. Introduce the session.
2. Ask the participants to:
 - ✓ Explain what an action plan is.
 - ✓ Share their experience if they have developed an action plan.
 - ✓ Describe examples of action plans they have developed or used.
 - ✓ Describe the elements of those plans and their functions.
3. Introduce development of an action plan for the participants using the complementary feeding action plan form.
4. Form a group of participants from the same woreda.
5. Ask the participants to develop and present their own action plan to the participants.
6. Ask participants to provide feedback.
7. Take a copy of the action plan and submit to the IYCF advisor for follow up.
8. Summarize the session.

Complementary Feeding Format 4: Complementary Feeding Community Activity Action Plan

Woreda: _____

HEWs: _____

Activities (What)	Target (To whom)	People responsible (Who)	Time (When)	Place (Where)	Materials (How)	Follow-up: individual and group (Who and When)

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Annexes

Annex A: Pre and post-test with answer key

Post –test questions

Participants: The following questions are for us to understand knowledge gaps in complementary feeding so that all the efforts will be directed to fill identified gaps for increased service delivery. You don't have to write your name, just write your code number.

Code
No. _____

Part I: Please mark true or false(X) in the space provided

	Questions	True	False	I don't know
1	After 6 months of age feeding only breastmilk is no longer adequate to meet the child's needs.	X		
2	At 6 months, babies are not ready to digest finely minced soft cooked foods.		X	
3	The effects of malnutrition are more serious for a one year old child than a child who is three years old.	X		
4	Bottle feeding is a better way to feed the baby when the mother is away.		X	
5	It is not possible to reverse the effects of malnutrition that happens in the first 2 years of life.	X		
6	Babies less than 6 months old should be given water to satisfy their thirst.		X	
7	Feeding extra fluid during diarrhea worsens the diarrhea situation.	X		
8	It is necessary that an adult person feed a young child rather than having an older brother or sister feed the young child.	X		
9	Giving fenugreek water and thin gruel is good for the child's health.		X	
10	A soft thick porridge is better than a thin gruel for a 6 month old baby.	X		

Part II: Choose the best answer/s by circling the letter from the provided options

11. Which of the following phrases best describes “complementary feeding?”

A. Starting gruel at 4 month	B. Starting solid food at 4 months
C. <u>Starting solid food at 6 months with continued breastfeeding</u>	D. Starting solid food at 6 months , no breastfeeding

12. How long should babies be breastfed?

- A. For the first 2 years of life only
- B. For the first 2 years of life and beyond**
- C. For the first 6 months
- D. For one year
- E. I don't know

13. Which of the following special foods can be added while preparing a baby's porridge?

- A. Egg
- B. Milk
- C. Dried meat powder
- D. All of the above**
- E. None of the above

14. Providing money to have special foods added to the child's porridge is the responsibility of:

- A. Mothers
- B. Fathers**
- C. Mothers/caregivers/fathers
- D. Health workers

15. For a child of 12 up to 24 months of age, how much complementary food should be given per day?

- A. 3 full coffee cups and one time snack
- B. 2 full coffee cups and three snacks
- C. 4 full coffee cups and 1 to 2 snacks**
- D. I don't know

16. The quality of complementary food can be improved by:

- A. Replacing water used with milk to make porridge
- B. Adding small amount of oil or butter to porridge
- C. Adding mashed vegetables and animal products such as meat and fish
- D. None of the above
- E. Can be improved by A, B and C**
- G. I don't know

17. Which one of the following steps is very appropriate for counseling and reaching an agreement with a mother/caregiver about complementary feeding practices of a child?
- A. Ask – Greet – Discuss – Listen – Identify – Recommend – Agree and Appointment
 - B. Greet – Ask – Listen – Identify – Discuss – Recommend –Agree and Appointment**
 - C. Recommend – Agree – Ask – Greet – Discuss – Listen –Identify – and Appointment
 - D. Discuss – Listen – Identify – Recommend – Agree – Ask – Greet – and Appointment
 - E. I don't know
18. Which of the following statements is against standard feeding recommendations :
- A. Fluid intakes should be increased during child illness
 - B. Sick children don't have an appetite, so there is no need to give food or fluids**
 - C. When children recover from illness, it is good to give extra food for at least 2 weeks
 - D. None of the above
 - F. I don't know
19. Which of the following are recommended in preparing flour for a child's porridge
- A. Mix barley, teff, wheat, and corn
 - B. Mix barley, red teff, and wheat
 - C. Mix barley, chick pea, wheat and lentils**
 - D. All of the above
 - E. I don't know
20. Which of the following are recommended in training adults
- A. Adults learn best when they are treated as active participants in the training process
 - B. Adults learn best when they are actively involved in the learning process
 - C. Adults want lessons they can apply right
 - D. All of the above**
 - E. I don't know

Annex B: Complementary feeding counseling tool for children 6 up to 12 months and 12 up to 24 months

Feeding infants 6 to 11 months of age

How often should I breastfeed?

Breastfeed at least 8 times, day and night, until your child is two years old or more

What foods should I feed my child each day?

Give soft thick porridge always enriched with:

- 2 to 3 colorful foods, such as orange vegetables and fruits, green leafy vegetables, eggs, beans, lentils or peanuts
- Butter or oil each time
- Milk each time
- Meat, chicken or fish, when available

How much food should I feed my child each day?

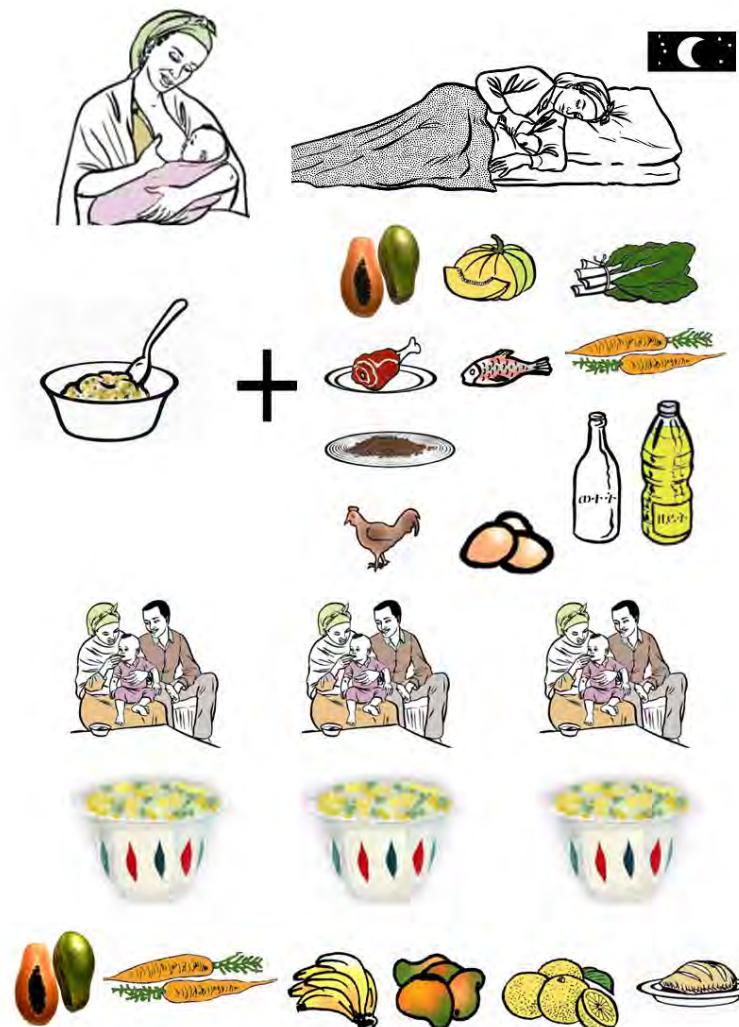
Feed 1 full buna cup of enriched porridge 2 to 3 times each day, or more if your child wants

In between, also give mekses 1 to 2 times each day, including:

- Ripe mango or papaya
- Carrot
- Banana
- Fresh or fried bread products
- Boiled potatoes and sweet potatoes
- Avocado
- Peanuts

How should I feed my sick child?

- Breastfeed your baby more often during and after illness
- Be patient and encourage your baby to eat during illness
- Give 1 extra feeding of enriched porridge each day for 2 weeks after illness



Feeding children 12 to 23 months of age

How often should I breastfeed?

Breastfeed at least 8 times, day and night, until your child is two years old or more

What foods should I feed my child each day?

Give family foods or soft thick porridge always enriched with:

- 2 to 3 colorful foods including orange vegetables and fruits, green leafy vegetables, eggs, beans, lentils or peanuts
- Butter or oil each time
- Milk each time
- Meat, chicken or fish when available

How much food should I feed my child each day?

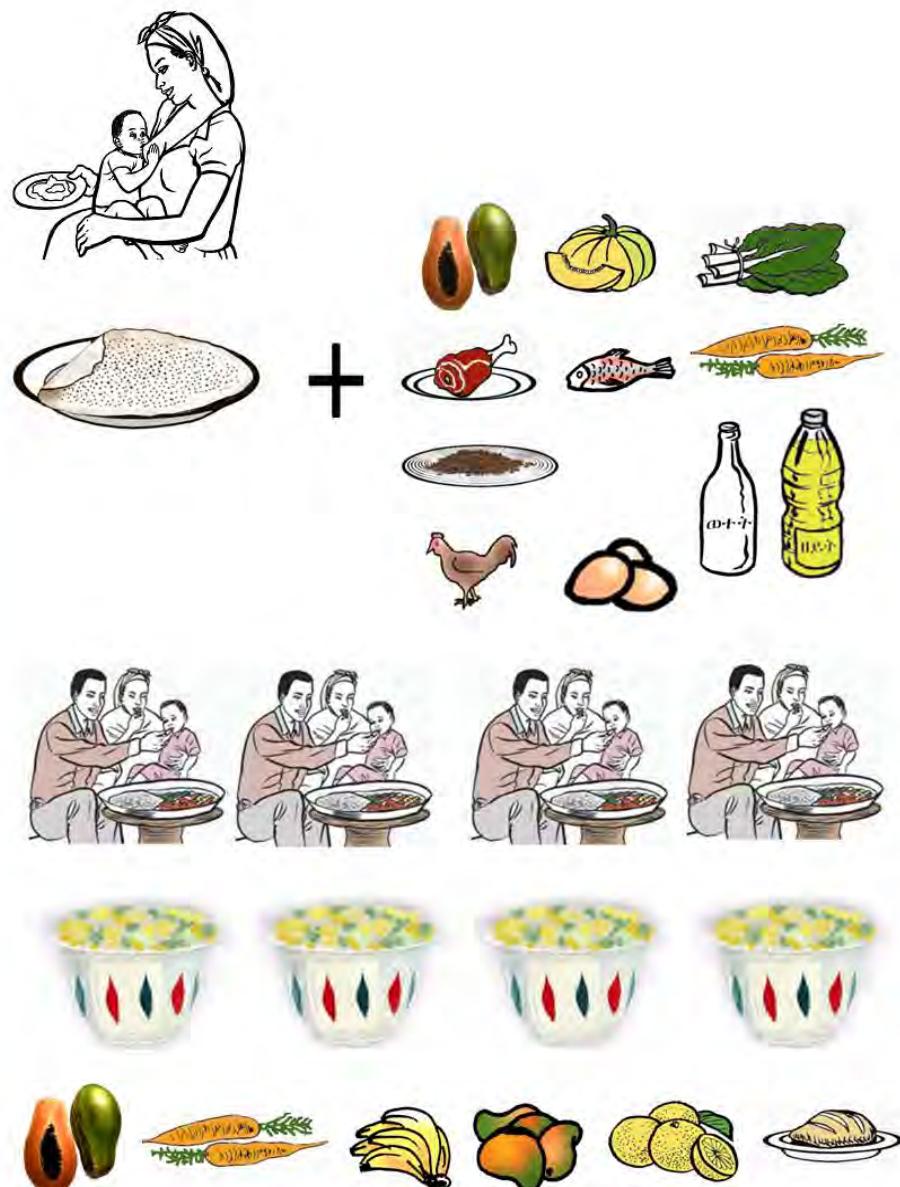
Give 1 to 1 1/2 full buna cups of family foods or enriched porridge 3 to 4 times each day, or more if your child wants

In between, also give mekses 1 to 2 times each day, including:

- Avocado
- Ripe mango or papaya
- Carrot
- Banana
- Fresh or fried bread products
- Boiled potatoes and sweet potatoes
- Peanuts

How should I feed my sick child?

- Breastfeed your child more often during and after illness
- Be patient and encourage child to eat during illness
- Give 1 extra feeding of family food or enriched porridge each day for 2 weeks after illness



Annex C: Daily evaluation form

The following examples are descriptions of several evaluations that Facilitators can select at the end of each day (or session) to assess the knowledge and skills acquired and/or to obtain feedback from participants.

1. Form buzz groups of 3 and ask participants to answer one, two, or all of the following questions in a group*:
 - 1) What did you learn today that will be useful in your work?
 - 2) What was something that you liked?
 - 3) Give a suggestion for improving today's sessions.

* Ask a participant from each buzz group to respond for the whole group
2. Use 'Happy Faces' to measure participants' moods. Images of the following faces (smiling, neutral, frowning) are placed on a bench or the floor and participants (at the end of each day [or session]) are asked to place a stone or bottle cap on the "face" that best represents their level of satisfaction (satisfied, mildly satisfied and unsatisfied).



Thank you for your feedback

Annex D: Final training evaluation form

Please fill out this form at the end of the training. Your comments are valuable and will help improve future trainings. Please tick one response.

No	Evaluation	Completely Agree	Somewhat Agree	Somewhat Disagree	Completely Disagree
1	The training has attained objective 1: To describe optimal complementary feeding practices.				
2	The training has attained Objective 2: To develop communication skills to transfer key messages to mother, caregivers, family and community members.				
3	The training has attained objective 3: To counsel mothers and negotiate with other family and community members to adopt desired complementary feeding behaviors.				
4	The training has attained objective 4: To demonstrate appropriate complementary food preparation for mothers and caregivers				
5	The content of the training was relevant to the objective				
6	The methods and techniques to conduct the training were adequate in relation to the objectives and content				
7	The reference materials (handouts distributed) were adequate to the objectives and content				
8	The trainers were effective in				

No	Evaluation	Completely Agree	Somewhat Agree	Somewhat Disagree	Completely Disagree
	facilitating the learning process				
9	The training venue was conducive to learning and skills practice				
10	The relationship between the trainer and the participants was satisfactory				
11	The trainer worked adequately to cover the topics				
12	The relationship between the organizers and the participants was satisfactory				
13	The duration of the workshop was appropriate				
14	The duration of the course was adequate to reach the objectives and cover the content				
15	The workshop was successful when assessed overall				

General Comments

Thank you for your feedback