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INTEGRATED NUTRITION TRAINING SYLLABUS FOR COMMUNITY AGENTS

Baby-Friendly Community
Initiative for
The First 1,000 Days



Prepared by Save the Children

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SNV



mg
THE MANOFF GROUP



2015 NOURISH Project

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Led by Save the Children, NOURISH is implemented in Cambodia in partnership with five local and international partners: Operations Enfants du Cambodge, Partners in Compassion, SNV, The Manoff Group, and Wathnakpheap.

ACRONYMS

BFCI	Baby-Friendly Community Initiative
CCWC	Commune Council for Women and Children
FTF	Feed the Future
GMP	Growth Monitoring and Promotion
HEF	Health Equity Fund
HC	Health Center
IYCF	Infant and Young Child Feeding
OD	Operational District
PDA	Provincial Department of Agriculture
PDRD	Provincial Department of Rural Development
PHD	Provincial Health Department
SAM	Severe Acute Malnutrition
USAID	United States Agency for International Development
VDC	Village Development Committee
VHSG	Village Health Support Group
WASH	Water, Sanitation and Hygiene

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INTRODUCTION

Stunting is an indicator of overall human development: it can reflect deficiencies in health care practices, WASH and/or food security.

The 2014 Cambodia Demographic Health Survey (CDHS) Preliminary Report found 32% stunting among children under five years overall and 42% stunting among children in the poorest families.¹ If not prevented during the first 1,000 days of life, from pregnancy through the age of two, stunting has immediate and long-term consequences on the child, the community and the nation.^{2,3,4,5} With funding from USAID and the U.S. Presidential Initiative Feed the Future, NOURISH Project (2004-2019) works with the Royal Government of Cambodia to accelerate stunting reduction through multi-sectoral actions in health, WASH and agriculture in the first 1,000 days of life from pregnancy through age two in the poorest villages in three provinces: Battambang, Pursat and Siem Reap.

NOURISH works to strengthen community structures to deliver an integrated nutrition package to reduce stunting that brings together health, WASH and agriculture for maximum impact for women and children. Members of Village Health Support Groups (VHSG) and other community agents such as Village Development Committee members and agriculture extension workers are the core actors in the village to improve care and feeding practices for pregnant women and children under two, hygiene and agriculture practices. Such community agents are at the front-line volunteers offering additional helping hands to the government and civil society in the villages they live.

In 2009, the Royal Government of Cambodia Ministry of Health/ National Nutrition Program and development partners initiated the Baby Friendly Community Initiative (BFCl). BFCl aims to have trained supporters (volunteers) in the community and in health centers so that women can receive the best advice and counselling on breastfeeding and young child feeding. Community Health Volunteers have a very important role in supporting mothers with correct information and counselling during pregnancy, at the time of delivery, and in the first years of the child's life.

Expanding upon standard National Nutrition Program BFCl training manual, NOURISH brings together core aspects of health, WASH and agriculture into one Integrated Nutrition Training Program for community agents that will be carried out across 555 villages in Siem Reap, Pursat and Battambang.

¹ Cambodia Demographic and Health Survey: Key Indicator Report 2014. National Institute of Statistics, Ministry of Planning and the Directorate General for Health, Ministry of Health.

² UNICEF: "Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections. Stunting generally occurs before age two, and effects are largely irreversible. These include delayed motor development, impaired cognitive function and poor school performance." http://www.unicef.org/progressforchildren/2007n6/index_41505.htm

³ WHA Global Nutrition Targets 2025: Stunting Policy World Health Organization. http://www.who.int/nutrition/topics/globaltargets_stunting_policybrief.pdf

⁴ Walker SP, et al. Early childhood stunting is associated with poor psychological functioning in late adolescence and effects are reduced by psychosocial stimulation. *J Nutr.* 2007 Nov;137(11):2464-9.

⁵ Perignon, M et al. Stunting, poor iron status and parasite infection are significant risk factors for lower cognitive performance in Cambodian school-aged children. *PLoS One.* 2014 Nov 18;9(11) 2014.

TRAINING OVERVIEW

LEARNING OUTCOMES

The purpose of the training is to strengthen knowledge and the skills of existing community agents. Knowledgeable and skillful, newly trained community volunteers will be rolling out integrated nutrition activities, especially Baby Friendly Community Initiative (BFCl) for the First 1,000 Days to prevent stunting with support from NOURISH.

By the end of the training, community agents will be able to:

- Explain the importance of stunting and stunting prevention in the first 1,000 days
- Discuss integrated nutrition to prevent stunting including health, WASH and agriculture
- Explain the roles of community agents to implement BFCl for the First 1,000 Days
- Give recommendations for a healthy diet during pregnancy; early attachment to breast and exclusive breastfeeding for the first 6 months; active and responsive feeding of children, hygiene and sanitation and homestead agriculture
- Explain appropriate child feeding by age including consistency, diversity and quantity
- Apply tailored interpersonal communication skills to help families improve child care and feeding, sanitation and hygiene, and agriculture for the first 1,000 days
- Conduct First 1,000 Days home visits
- Complete the monitoring forms

METHODOLOGY

Training methodology applies adult learning principles and “blended learning” techniques to stimulate learning, as well as build and master new skills. The course employs a variety of training methods: demonstrations, practice, brainstorming, “lecturettes”, case studies, small group discussions, and role-plays.

At all possible opportunities, participants are encouraged to share and reflect on their own experiences, and have hands-on experience to practice skills.

PARTICIPANTS AND FACILITATORS

Any village-level agent working on health, WASH and agriculture join the training. These may include:

- Village Health Support Groups (VHSG) members
- Village Development Committee members
- Agriculture extension workers

Village Chiefs participate at a minimum on the first and last days. However, they are encouraged and welcome to stay for the entire training. Commune Council for Women and Children participate for the first and last days.

The facilitator team includes:

- Provincial Health Department or Operational District/ trained health workers
- Provincial or District Department of Rural Development representatives
- Provincial Agriculture Department or District trainers
- Commune Chiefs
- NOURISH staff

Additionally, invite an expert on the Health Equity Fund (HEF) to provide a brief overview of HEF, and what eligible health center clients can expect. This expert can come the USAID-funded project Social Health Protection (SHP) or the provincial HEF Committee.

MATERIALS

<p><i>Stationary:</i></p> <p>Flipchart paper</p> <p>Markers</p> <p>Scale</p> <p>BFCI Flipchart</p> <p>Weight by age chart from the BFCI training</p> <p>Home visit checklist</p> <p>Monitoring forms for all participants</p> <p>HARVEST posters: 1,000 days, nutrition in pregnancy, handwashing, home hygiene</p> <p>Stepping stones card game</p>	<p>2 packets</p> <p>2 boxes of mixed colors</p> <p>2 each</p> <p>All participants</p> <p>All participants</p> <p>All participants</p> <p>All participants</p> <p>1 of each</p> <p>4 copies</p>
<p><i>Teaching aids:</i></p> <p>Bowls</p> <p>Spoon</p> <p>Handwashing station, soap</p> <p>Glitter or chalk</p> <p>Water filter</p> <p>Micro-garden</p> <p>Local foods for cooking demonstration (provided by participants)</p> <p>Knitted breasts and doll (if available)</p>	<p>1</p> <p>1</p> <p>1</p> <p>1 set</p> <p>1</p> <p>1</p> <p>Variety</p> <p>1 set</p>

AGENDA

DAY 1: BFCI⁶

- Introductions, Objectives, Expectations
- Stunting prevention
- Pregnancy care and diet
- Child care and feeding

DAY 2: WASH AND AGRICULTURE

- Cooking demonstration⁷
- Nutrition-sensitive agriculture: micro-gardens
- WASH-nutrition⁸

Day 3: BFCI FOR THE FIRST 1,000 DAYS SKILLS⁹

- Monthly monitoring of every child
- Interpersonal communication
- Referrals
- Home visits

Day 4: PUTTING IT ALL TOGETHER

- Practice new skills

Day 5: PLANNING NEXT STEPS

- Action plan
- Community visioning
- Monitoring tools

^{6, 2, 4} Ministry of Health (MOH)/National Nutrition Program (NNP) Baby-Friendly Community Initiative (BFCI) Training Manual for Village Health Support Groups (VHSG) 2009

⁸ WaterShed Asia Open Source Toolkit as part of “Stop the Diarrhea” Campaign, 2010

SESSIONS

DAY I

AGENDA

TIME	TOPIC	FACILITATOR
8:00-9:15	Introductions, objectives, expectations	OD/ HC Trainer
9:15-9:30	Pretest	NOURISH
9:30-9:45	Break	
9:45-10:30	Stunting prevention	NOURISH
10:30-11:30	Roles	OD/ HC Trainer
11:30-1:30	Lunch	
1:30-2:30	Pregnancy care and diet	OD/ HC Trainer
2:30-3:30	Breastfeeding	OD/ HC Trainer
3:30-3:45	Break	
3:45-4:45	Complementary child feeding	OD/ HC Trainer
4:45-5:00	Closing	NOURISH

SPECIFIC LEARNING OUTCOMES

- Explain the importance of preventing stunting in the first 1,000 days
- Introduce the Baby-Friendly Community Initiative (BFCl)
- Explain the roles of community agents to implement BFCl for the First 1,000 Days
- Define a healthy diet during pregnancy
- Define early attachment to breast and exclusive breastfeeding for first 6 months
- Demonstrate active and responsive feeding of children
- Explain appropriate child feeding by age including consistency, diversity and quantity

MATERIALS NEEDED

Stationary:

Flipchart paper
Markers
IYCF Flipchart
HARVEST posters: 1,000 days; nutrition in pregnancy

Teaching aids:

Knitted breasts and doll (if available)
Bowl, Spoon

SESSIONS

INTRODUCTIONS, OBJECTIVES, EXPECTATIONS

Time: 1 hour and 15 minutes

Materials: Flipchart 1, flipchart and markers

Introductions

Participants introduce themselves or pair by sharing:

- ❖ Name
- ❖ Village
- ❖ Community role
- ❖ Experience helping children in their village

Objectives

Show the training objectives on Flipchart 1.

Flipchart 1:

Training Objectives

- Explain the aim and activities of BFCI for the first 1,000 days in light of roles of community agents
- Explain key information on nutrition in pregnancy, breastfeeding, complementary feeding
- Explain a cooking demonstration of nutritious family foods
- Demonstrate correct weighing of children and recording the weight (*selected locations*)
- Demonstrate home visit activities and reporting forms
- Demonstrate interpersonal communication based on age and monthly monitoring of child (observation or weight gain)

Expectations and Ground Rules

- Ask participants to share expectations for the training. Write on a flipchart paper and link to the objectives.

Brainstorm with participants on the ground rules for the workshop. Rules should include punctuality, active participation, respect, flexibility, etc. Write these ground rules on a flip chart and hang the list of rules in a visible place.

PRETEST

Time: 15 minutes

Materials: Knowledge evaluation questionnaire handout, pens

Administer the pretest to each participant (without names) [Annex 2]. Calculate the score [using Annex 3].

STUNTING PREVENTION

Time: 45 minutes

Materials: Flipchart 2, flipchart and markers

Explain the first 1,000 days: 280 days for pregnancy + 720 days for children until age 2.

Show a picture of pregnant woman. Ask participants, “What do you think this mother expects from her pregnancy? What should she do to achieve desirable outcome?”

After responses, Ask participants, “Is there a role for others to help the mother and family achieve the best for the child?”

Summarize responses. Then add: This mother hopes that her baby will be born healthy and will grow and develop healthy and strong. To help ensure that this happens, the mother will need to take certain actions from the time of conception – and even before - through childhood. Stunting prevention is related to all actions that have to be taken to ensure adequate growth and health of a child.

Show Flipchart 2: Stunting presentation with no words

Stunting is when a child’s height is less than what is considered normal for his/her age (short for age). In Cambodia, one in three (32%) children are stunted. Among the poorest families, nearly half (42%) are stunted. That means their body and brain has failed to develop properly because of malnutrition.

NORMAL WEIGHT GAIN OF CHILDREN EVERY MONTH

Birth - 2 months 800 g

3 months - 4 months 600 g

5 months - 6 months 400 g

7 months - 2 years 200 g

When many children are stunted in a village, it may not be noticeable. However, there are very serious consequences. Children who are stunted have higher risk of death and illness during childhood, lower brain development, and lower school achievement. These lead to higher health care costs to the family and community, and lower earning potential as an adult. Stunted growth can be passed on from one generation (mother-child) to the next creating a continuous cycle of chronic malnutrition. Stunted girls who grow up have higher risk of obstructed labor during pregnancy and low birthweight babies.

There are three causes of stunting:

1. Poor nutrition in the woman before and during pregnancy
2. Poor consumption of nutrients by children due to poor diet or inadequate feeding practices
3. Poor use of nutrients by the child’s body due to poor hygiene or illness

However, we can prevent stunting. Prevention is only possible in the first 1,000 days of life. This is a “golden opportunity”.

If a child falls behind in height growth during these first 1,000 days, and has not caught up with the standard by their second birthday, stunting usually persists for the rest of the child's life. Preventing stunting by ensuring a mother's optimal health and nutrition in pregnancy, and a child's optimal health and nutrition during their first two years through health, WASH and agriculture interventions, protect the child for a lifetime.

To verify learning, ask participants to explain using their own words, "How could stunting in children affect families and the whole village?"

Summarize participants' responses. Then add: *For these reasons, it is important that ALL children in the village grow up healthy and strong, especially in the first 1,000 days from pregnancy to age two.*

ROLES

Time: 1 hour

Materials: Flipchart 3, flipchart and markers

Step 1:

Explain that we all have an important role to play. For example,

- Village Chiefs mobilize community members to support children's growth, using real information about the children in the village.
- Health workers support you as a community volunteer to provide quality services.
- Community agents ensure pregnant women get good nutritional care, monitor every child under two every month and take actions to ensure that growth is adequate.

Step 2:

The Baby-Friendly Community Initiative is an initiative of the National Nutrition Program of the Ministry of Health. It is also called BFCI. NOURISH is helping the Ministry of Health to implement its BFCI in three provinces.

BFCI aims to engage volunteers in each community to promote early attachment to breast, exclusive breastfeeding for the first 6 months, and appropriate complementary feeding of young children introduced at 6 months.

This training is on BFCI for the first 1,000 days. As such, it brings together BFCI for child feeding as well as content on nutrition in pregnancy, water, sanitation and hygiene issues and agriculture topics. In this way, you, as volunteers, can establish a baby-friendly community that addresses the full set of issues that influence nutrition and healthy child growth. NOURISH will support community agents with new skills and tools.

Step 3:

Ask participants, "From your perspective, what is the role that community agents can play to support BFCI?"

Post Flipchart 3. Lead a discussion on the expected roles.

Flipchart 3**COMMUNITY AGENTS/ BFCI VOLUNTEER ROLES****Record keeping:**

- Collect and maintain a household register of pregnant women and children under 5

Monthly monitoring, interpersonal communication and referral:

- Invite all caregivers of children under 2 to a fixed site for monitoring every month
- Provide interpersonal communication specific to the child's age and weight gain
- Refer severely malnourished children to hospitals; and follow up on referrals made
- Provide information on children's growth to Village Chiefs every month
- Routinely re-connect with health centers

Home visits:

- Conduct home visits for:
 - Pregnant women – 2 times
 - Children 9-11 months – 2 times per month
 - Children who do not attend the monthly monitoring
 - Children who are not growing well
 - 0-5 months once per week
 - 6-23 months twice per month

Children not growing well:

- ✓ no weight gain this month
- ✓ weight loss this month
- ✓ not in the adequate weight range for 2 months
- ✓ treated for malnutrition at a referral hospital and returned home

Ask participants, “From your perspective, what characteristics are needed in community agents?”

PREGNANCY CARE AND DIET

Time: 1 hour

Materials: IYCF Flipchart, HARVEST Nutrition and Pregnancy Poster

Step 1: 10 minutes

Lead a discussion with the following questions:

- What have you done to help women before and during pregnancy eat healthy?
- What foods, and how much food, do women usually eat now before and during pregnancy?
- What challenges do women have to have a healthy diet before and during pregnancy?

Step 2: 10 minutes

Present IYCF Flipchart information on nutrition in pregnancy.

HIGHLIGHT: It is important for pregnant women to gain enough weight during pregnancy to have a healthy baby. Women too thin before pregnancy should gain 12-18 kg during pregnancy. Women who had a good weight before pregnancy should gain 11-16 kg during pregnancy.¹⁰

Step 3: 15 minutes

Ask participants to work in groups to read the related IYCF BFCI Flipchart cards on nutrition in pregnancy.

Step 4: 10 minutes

Read the following situations. Ask participants to name the correct card to use for each situation. The first person (or small group) to name the correct card wins the round.

1. Srey is 2 months pregnant and often nauseous. Her family recommends local wine with herbs.

Answer: Card 1

2. Tola's wife is two months pregnant. She is not eating extra food although she is pregnant because she wants to have a small baby for an easier delivery. Tola thinks it is up to her, so says nothing.

Answer: Cards 1 and 2

3. Pech is six months pregnant. She eats an extra potato every day for her baby, but still did not gain weight for two months.

Answer: Card 1

Step 5: 15 minutes

Let participants share experiences, and questions and answers. Conclude by explaining that women need to take good care of themselves during pregnancy.

Everyone in the family should assist and make a warm, caring environment. This includes:

- ❖ Go to the health center at least 4 times, starting as soon as she knows she is pregnant.
- ❖ Gain enough weight during pregnancy.
- ❖ Eat extra food such as 2 extra roasted sweet potatoes and eggs each day. The baby needs this extra nutrition to be healthy.
- ❖ Avoid drinking alcohol and smoking during pregnancy.
- ❖ Reduce heavy work, and rest more.

¹⁰ Cambodia Fast Track Road Map for Improving Nutrition 2014-2020, launched on May 30, 2014 by the Health Minister HE. Mam Bunheng.

BREASTFEEDING

Time: 1 hour

Materials: BFCI IYCF Flipchart, knitted breasts and doll (if available)

Step 1: 10 minutes

Lead a discussion with the following questions:

- What experiences have you had promoting breastfeeding, from the first hour after birth?
- What experiences have you had promoting exclusive breastfeeding for the first six months?
- What challenges do they have with exclusive breastfeeding?

Step 2: 10 minutes

Present IYCF Flipchart information on early attachment to breast and on exclusive breastfeeding.

HIGHLIGHT: It is very important for mothers to *empty* both breasts when breastfeeding. It is only this way that the body makes more milk. As babies get older, they become more efficient, so they may take about 5-10 minutes on each side, whereas newborns may feed for up to 20 minutes on each breast.

Step 3: 15 minutes

Ask participants to work in groups to read the related IYCF Flipchart cards on breastfeeding.

Step 4: 10 minutes

Read the following situations. Ask participants to name the correct card to use for each situation. The first person (or small group) to name the correct card wins the round.

1. Pov has a two-week-old baby. She fears she does not have enough milk to breastfeed.
Answer: Card 7
2. Pech has a three-month-old baby. She fears she does not have enough milk to breastfeed. You notice that she feeds only a few minutes each time.
Answer: Card 6
3. On has a four-month-old baby. She needs to return to work in the field soon.
Answer: Card 8

Step 5: 15 minutes

Let participants share experiences, and questions and answers.

COMPLEMENTARY CHILD FEEDING

Time: 1 hour

Materials: BFCI IYCF Flipchart, bowl, spoon

Step 1: 10 minutes

Lead a discussion with the following questions:

- What experiences have you had promoting complementary feeding for children 6-8 months?
- What experiences have you had promoting complementary feeding for children 9-23 months?
- What do families usually do now related to complementary feeding?
- What challenges do they have with complementary feeding?

Step 2: 10 minutes

Present IYCF Flipchart information on complementary feeding. Use the bowl and spoon to show participants quantity by age.

Step 3: 15 minutes

Ask participants to work in groups to read the related BFCI IYCF Flipchart cards.

Step 4: 10 minutes

Read the following situations. Ask participants to name the correct card to use for each situation. The first person (or small group) to name the correct card wins the round.

1. Phalla has a seven-month-old baby. She feeds the baby plain *borbor* because he eats it. Her neighbor recommended adding other soft foods, but she does not know which foods to add.

Answer: Card 14

2. Tola has a nine-month-old baby. When breastfeeding, his daughter grew well. Recently she is not gaining weight. His family says she cannot eat anything except *borbor*. But he saw the neighbor with a child the same age feeding small fish and eggs.

Answer: Card 13

3. Chamnang has a 10-month-old baby. He thinks that feeding the baby is his wife's responsibility only, but he can see that she is so busy.

Answer: Card 24

4. Sopha has an 11-month-old baby. She prepares a full bowl for the baby each meal but the baby finishes only a few bites. She is very busy so does not have time to wait longer.

Answer: Card 13

Step 5: 15 minutes

Let participants share experiences, and questions.

Close by explaining that children's growth is a sign of their health. They need to grow every month. Children grow best with breastmilk and, from the age of 6 months, food. Start at 6

months with small amounts of food and increase the amount and number of meals as the child gets older.

Age	Breastfeeding	Thick Meals / day	Healthy Snacks / day	Packaged Snacks
6 months	Continue	6 Tablespoons		
7-8 months	Continue breastfeeding >10 minutes at a time each time	3 bowls – ½ full		0
9-11 months	Continue >10 minutes at a time each time	3 bowls – 2/3 full	1+	0
12-23 months	Continue	3 bowls – full	2+	0

Children can digest – and need – vegetables and animal foods such as fish, eggs, frogs or insects – every day. Before the age of eight months, these foods can be cooked in *borbor*. After 8 months, children can eat these foods soft.

How children are fed is also very important. “Responsive feeding” is the most effective way. This means to feed slowly and patiently, encourage them to eat, talk to the child and maintain eye contact. Respond to their verbal and non-verbal cues.

During illness and for the week after illness, increase fluid intake including more breastfeeding, and food. Offer soft, favorite foods.

CLOSING

Time: 15 minutes

Materials: none

Ask participants to reflect on what they learned and how they will use the knowledge.

Close by sharing this quote by Alvin Toffler:

“The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn.”

DAY 2

AGENDA

TIME	TOPIC	FACILITATOR
8:00-8:30	Reflection on Day 1	Operational District Trainer
8:30-10:30	Cooking Demonstration	OD/ Health Center Trainer
10:30-11:30	Agriculture: micro-gardens	Agriculture expert
11:30-1:30	Lunch	
1:30-2:30	Agriculture continued	Agriculture expert
2:30-2:45	Break	
2:45-4:45	WASH-nutrition	WASH expert
4:45-5:00	Closing	NOURISH

SPECIFIC LEARNING OUTCOMES

- Demonstrate cooking nutritious food for young children using local foods
- Explain how to raise a micro-garden
- Explain the links between nutrition and WASH
- Define and demonstrate proper handwashing techniques

MATERIALS NEEDED

Stationary:

Flipchart paper
Markers
HARVEST posters: handwashing, home hygiene
Stepping stones card game

Teaching aids:

Utensils and local foods for cooking demonstration (provided by participants)
Handwashing station, soap
Glitter or chalk
Pictures of times to wash hands
Water filter
Micro-garden supplies: sack, soil, seeds

SESSIONS

REFLECTION ON DAY 1

Time: 30 minutes

Materials: none

Ask participants to discuss:

- What did you learn yesterday?
- What is the importance of the knowledge and skills?
- What can we do with this new knowledge and skills?

COOKING DEMONSTRATION

Time: 2 hours

Materials: cooking utensils, local foods (including animal foods – fish and eggs)

Step 1:

Provide a cooking demonstration using local foods provided by participants:

1. Family food (for children over 8 months)
2. Healthy snacks: sweet potato, eggs (yoke and egg white)

Step 2:

After everyone tastes the food, lead a discussion:

- What would you change to vary this food so children will eat every day?
- Is it challenging for families to cook these at home? How so?
- Which of these foods could families prepare regularly?
- How could we encourage shops to prepare this food so families could buy if they do not have time to prepare every day?

AGRICULTURE: MICRO-GARDENS

Time: 2 hours

Materials: none

Step 1:

Access to nutritious food, throughout the year, is part of good nutrition. Families must consider 4 steps to be able to eat the food:

1. Grow, gather and buy
2. Cook
3. Feed
4. Store and preserve

We learned about cooking and feeding children yesterday. Today we will focus on growing nutritious vegetables through micro-gardens.

Step 2:

Explain that a micro-garden or sack garden are plants every first 1,000 days family with a pregnant woman and child under two should keep. This is small, easy to move when it floods, and an easy way to get nutritious foods to eat regularly.

Step 3:

Demonstrate how to plan and maintain a micro-garden using a cement sack or other type of pot or bag available, soil, small rocks and a plastic container, as well as seeds: amaranth or moringa – vegetables that contain protein which is crucial for child's growth and development.

Start by putting a shallow layer of soil in the bottom of the sack, place the plastic container in the center and fill it with small rocks. Put the soil around the rock-filled container and fill out the sack to the edges. When the soil reaches the top of the container, pull it up gently, leaving the rocks in a column in the center. Repeat until the bag is full with a center column of gravel. The column is for drainage and water distribution throughout the sack. Plant the top of the sack. Try putting root crops on top and leafy vegetables and herbs in the sides.

Step 4:

Answer questions. Explain where participants can get more information and resources on agriculture.

(OPTIONS: In addition, or instead, demonstrate how to compost, preserve vegetables or fish, or other topics of interest.)

WASH-NUTRITION: HANDWASHING

Time: 1 hour

Materials: bowl with water and glitter or chalk, pictures of times to wash hands, handwashing station with soap, water filter, HARVEST handwashing poster

Step 1: 10 minutes

Hold up a bowl with water and loose chalk or glitter. Explain that the chalk or glitter represents germs. Remind them that you cannot see germs the same way you can see the chalk or glitter.

Ask one volunteer to dip her hand into the bowl so that she has chalk on her hands. Ask her to shake hands with the second volunteer. Ask the second volunteer to show her hands to the group to see how the chalk moved from the first volunteer to the second volunteer.

Ask the first volunteer to dip her hand into the bowl again so that she still has chalk on her hands. Next, ask her to put her hand on the mat. The chalk will leave a mark on the mat. Instruct the third volunteer to touch the mat where the chalk is. The chalk will transfer from the chair to the third volunteer's hands.

Step 2: 10 minutes

Show Flipchart 4 with 2 columns: “before” and “after”. Prepare pictures of people doing things that require them to wash hands: preparing meals, feeding a child, using the toilet, cleaning/changing a baby’s nappy/diaper.

Explain that one important way to stay healthy, and prevent illness, is by washing our hands with soap or ash. In fact, hand washing with soap is the most cost-effective health intervention against diarrheal disease.

Ask participants, “When should we wash our hands with water and with soap or ash?” Write down all of the answers on the flip chart.

Explain that sometimes we need to wash our hands before doing something, and other times we need to wash our hands after doing something.

Hold up each of the hygiene pictures. Ask participants to select which picture belongs in the “before” and which picture belongs in the “after” categories (in other words – should we wash hands before or after this activity?)

Flipchart 4

BEFORE	AFTER

Correct answers as needed.

Flipchart 4: Answers

BEFORE	AFTER
<i>Feed a child</i> <i>Prepare meals</i> <i>Eating</i>	<i>Defecate*</i> <i>Clean a baby’s bottom*</i> <i>Change a baby’s nappy/diaper*</i>

There are especially important times to wash hands: anytime we have contact with feces – even children’s feces. Feces have many germs which spread illness, reduce children’s appetite and ability to use food that they eat, and lead to poor growth in children. Handwashing after any type of fecal contact is essential!

Step 3: 30 minutes

Explain that there are different types of handwashing stations available. Some can be purchased (such as the Happy Tap). Some can be made at home (such as the Tippy Tap).

Some key points:

- stations are located at the latrine and at the place where children are fed
- water should flow on both hands (without holding a cup or ladle in one of the hands),
- soap or ash is available at the handwashing station

DEMONSTRATE

How to make a Tippy Tap:

- Collect a clean plastic bottle (preferably a big one), a nail or a small knife, a candle, matches, a rope or string, and if possible a net bag.
- Heat up the nail/knife with the lit candle and make a small hole, as low on the bottle as you can; ideally about 2 cm (two fingers' width) from the bottom.
- Fill the bottle up with water, close the cap tight and tie the bottle up to a pole with string.
- Hang a bar of soap next to the bottle with the net bag or a string.
- Open the cap slightly and the water will come out of the hole.

Step 4: 10 minutes

Demonstrate handwashing devices (Happy Tap and Tippy Tap) with soap and proper technique. Then ask all participants to practice.



WASH-NUTRITION: SANITATION

Time: 30 minutes

Materials: Flipchart paper, markers; Stepping Stone card game [Annex 5]

Step 1: 10 minutes

Ask the WASH focal person in the training group to share experiences with Community-Led Total Sanitation (CLTS) triggering, if already conducted in the village. If not yet conducted, explain that there will soon be a triggering exercise. All of the participants, and other people in the village, are to participate. Triggering will help them map where there is open defecation and encourage everyone to construct and use a latrine.

Explain that it is especially important for first 1,000 days families to construct and use a latrine. That a nice pour-flush latrine is not as expensive as you think, it may be about \$33. The investment is beneficial for the family and whole community. You as village change agents will be talking with each household about this to encourage them!

Step 2: 15 minutes

Divide participants into small groups. Ask small groups two questions:

1. What are 3 important reasons to safely dispose of all feces– including children's?
2. What are 3 ways to motivate everyone in the village to use a latrine (not giving money).

After 5 minutes, groups can present their ideas. After all have shared, ask which group has the most creative and existing ideas. Congratulate the winning groups!

Explain the answer to Question 1, if needed. Safe disposal of feces is very important for health and children's growth. This includes children's feces. Children's feces may not smell as bad as adult feces, but they have just as many germs. In fact, when everyone in the community uses a latrine their children are taller. If a family cannot construct a latrine yet, they should dig and bury feces – including children's feces – each and every time.

Add answers to Question 2, if needed. People may like to construct a latrine for many reasons, such as:

- ✓ Privacy
- ✓ Convenience
- ✓ Be the village hero
- ✓ Their relatives in the city will like to visit them
- ✓ Their children will grow better!

Step 3: 10 minutes

Give each small group the Stepping Stones card game [Annex 6]. Explain that they have 10 minutes to put the pictures in the correct order. Congratulate the first group to finish.

WASH-NUTRITION: CLEAN HOME**Time:** 30 minutes**Materials:** HARVEST Home Hygiene Poster

Step 1:

Explain that hygiene relates to water, handwashing, latrine use, and home hygiene. Home hygiene helps to prevent infections. Infections can cause poor growth in children. Infections can be ones you see like diarrhea or cough, or ones you cannot even see.

When children live in unclean environments with poor sanitation and hygiene, their intestines can be irritated and not absorb the nutrients in the food they eat.

One of the most effective ways to keep the home clean is to keep chickens away from where children sit, play and eat. This is because chicken feces are harmful.

Step 2:

Show the home hygiene poster. Discuss how to help 1,000 days families keep chickens away from pregnant women and children's areas.

CLOSING**Time:** 15 minutes**Materials:** none

Ask participants to reflect on what they learned and how they will use the knowledge.

DAY 3

AGENDA

TIME	TOPIC	FACILITATOR
8:00-8:30	Reflection on Day 2	OD/ HC Trainer
8:30-9:30	Age calculation	OD/ HC Trainer
9:30-9:45	<i>Break</i>	
9:45-11:30	Monthly monitoring	OD/ HC Trainer
11:30-1:30	<i>Lunch</i>	
1:30-2:15	Interpersonal communication	OD/ HC, NOURISH
2:15-3:00	Health Equity Fund	Expert
3:00-3:15	<i>Break</i>	
3:15-4:15	Referrals	OD/HC, NOURISH
4:15-4:45	Home visits	OD/ HC Trainer
4:45-5:00	<i>Closing</i>	NOURISH

SPECIFIC LEARNING OUTCOMES

- Show how to calculate a child's age in months based on the date of birth
- Explain how to use a scale to weigh a child and record the weight on the register scale and basket (*selected locations*)
- Describe how to tailor interpersonal communication to a women or child's situation
- Describe the Health Equity Fund and entitlements for poor families
- Correctly name malnutrition related situations for referrals and referral locations
- Explain home visit protocols

MATERIALS NEEDED

Stationary:

Flipchart paper and Markers

BFCI IYCF Flipchart

Scale and basket (*selected locations*)

Weight by age chart from the BFCI training (*selected locations*)

Monitoring forms

SESSIONS

REFLECTION ON DAY 2

Time: 30 minutes

Materials: none

Ask participants to discuss:

- What did you learn yesterday?
- What is the importance of the knowledge and skills?
- What can we do with this new knowledge and skills?

AGE CALCULATION

Time: 1 hour

Materials: Flipchart paper and markers

Step 1: 15 minutes

Explain how to calculate a child's age in months based on their date of birth. If a child was born on August 20, 2014 count each month since the child was born. For example, put 0 for August, 1 in September, 1 in October etc.

Step 2: 30 minutes

Give participants dates of birth to practice how to calculate the age in months. Check answers.

Step 3: 15 minutes

Make a quiz for participants. How many months old is this child?

1. January 1 2014
2. March 15, 2015
3. July 1, 2015
4. December 30, 2013
5. November 1, 2014

MONTHLY MONITORING

Time: 1 hour and 45 minutes

Materials: scale and basket, weight for age table (*selected locations*), monitoring form, children for practicing (if available)

WEIGHING LOCATIONS ONLY

Step 1: 15 minutes

Explain that when growth slows or stops, we say growth “falters”. This is a sign that something is wrong with the child and must be discovered at the earliest and set right. We monitor or

measure growth regularly to see whether the child is growing properly. If the child is growing, we say she is healthy. If she is not growing, we must find out why and take action to restore growth.

Ask participants if they have experience with weighing children in the community.

Tally how many participants have a working scale and basket. Record this information for decisions about ordering scales at the end of the training.

Step 2: 30 minutes

Demonstrate how to weigh a child.

- Set up the scale and basket so that it hangs freely
- Adjust the needle to 0 when no child is in the basket
- Put a child in the basket
- Read the weight when the child is calm, and no one is touching the child

Step 3: 30 minutes

Demonstrate how to record the weight.

- Record the weight
- Use the table in the ICYF BFCI training book on weight for age
- Record if the child's weight is adequate for the child's age

Step 4: 30 minutes

Give participants opportunities to practice recording the weight. Give examples on the flipchart paper, and check responses on their forms.

OBSERVATION LOCATIONS

Step 1: 15 minutes

Explain that when growth slows or stops, we say growth “falters”. This is a sign that something is wrong with the child and must be discovered at the earliest and set right. We monitor or measure growth regularly to see whether the child is growing properly. If the child is growing, we say she is healthy. If she is not growing, we must find out why and take action to restore growth.

Explain that families are recommended to take children to the health center every month for growth monitoring and promotion (GMP). There is no charge or fee for GMP. At the health center, a health worker weighs each child under two years. Then a health worker plots their weight on the yellow Child Health Card. When the child's weight is in the green, it means the child has adequate weight for her/ his age. When the child's weight is in the yellow/orange, it means the child should gain more weight. When the child's weight is in the red, it means the child is underweight and needs attention.

Encourage caregivers to take children for GMP at the health center every month.

INTERPERSONAL COMMUNICATION

Time: 1 hour and 30 minutes

Materials: IYCF BFCI Flipchart

Step 1: 30 minutes

Demonstrate how to apply interpersonal communication skills – *after* weighing and recording weight. Interpersonal communication is the process to exchange information, feelings, and meaning face-to-face in a group or individually.

Display Flipchart 5.

Flipchart 5

Interpersonal communication is the process to exchange information, feelings, and meaning face-to-face in a group or individually. Interpersonal communication skills include:

- **Verbal communication:** what we say and how we say it
- **Non-verbal communication:** what does our body language say
- **Active listening:** how we interpret verbal and non-verbal communication; and ask questions to clarify any points that could be easily misunderstood
- **Problem solving:** how we identify, define and solve problems together
- **Negotiation:** how we find mutually-beneficial solutions

Display Flipchart 6. Apply these skills when speaking to caregivers following five easy steps:

Flipchart 6:

STEP 1	ASK the caregiver about child's eating, health, other concerns
STEP 2	REVIEW the pink Mother and Child Health book feeding recommendations
STEP 3	SELECT the appropriate BFCI IYCF Flipchart card
STEP 4	DISCUSS the information on the BFCI IYCF Flipchart card
STEP 5	PROPOSE 1 or 2 new actions to try
STEP 6	AGREE on the new actions

Explain that some mothers have a pink USAID QHS Project Mother and Child Health book. There is a place for feeding advice on pages 60-61. Reinforce what the health workers have written. Check this advice to help select the appropriate flipchart card.

If child did *not* gain weight, *lost* weight and/or is *not in the range* for her/his age this month, spend extra time on step 1.

Step 2: 15 minutes

Give a few volunteers time to model the demonstration.

Step 3: 30 minutes

Ask people to work in pairs. Each person can take 15 minutes to conduct interpersonal communication exercise using a scenario of his or her choice.

Step 4: 15 minutes

Allow participants time for sharing experiences, and questions and answers.

HEALTH EQUITY FUND

Time: 45 minutes

Materials: none

Request an expert on the Health Equity Fund (HEF) to provide easy-to-digest information to participants about HEF's entitlement and coverage at a health center and hospital.

REFERRALS

Time: 1 hour

Materials: referral card (part of the monitoring forms)

Step 1: 10 minutes

Ask the group, "What is a referral?"

Explain that a referral is the act of directing a client (pregnant woman or child) to a higher-level health service: a health center or referral hospital. Referral and counter-referral mechanism is an important administrative process, which is part of any effective health care system. It starts with a referral from a lower-level entity (e.g. health center) or a community volunteer to a higher-level entity with more capacity and capability (e.g. health center, referral hospital, etc.). It ends with a counter-referral to the original lower-level entity or a volunteer with: 1) a specific opinion or health outcome (e.g. death or further transfer/referral), 2) information on the services offered, and 3) indications for further assistance needed by the lower-level entity or a volunteer (e.g. feeding instructions, home care instructions, health center return, etc.).

Ask participants to share experiences of referring women or children to health services.

Tell participants that according to the Cambodia National Guidance on Management of Acute Malnutrition, "hospital staff, HC staff, and VHSG screen children for acute malnutrition at any point of contact and refer them to the nearest health facility that provides management of malnutrition."

Step 2: 30 minutes

Post Flipchart 7 with the list of referral conditions related to malnutrition. Ask participants to discuss each situation. (Alternatively, have pictures for groups to decide where to refer.)

Flipchart 7: Referrals

Condition	Refer to
-3 SD weight and height	Referral Hospital
<4 kg in a child over 6 months	Referral Hospital
2 months with “X” (no gain, loss, or below weight)	Health Center
Breathing rapidly or with difficulty	Health Center

Ask participants to name the nearest health center and referral hospitals. Provide contact information for each. Remind that ID poor families will get free treatment and transportation for severe acute malnutrition or SAM at referral hospitals through the Health Equity Fund.

Step 3: 20 minutes

In pairs, practice completing the referral forms. Check how the forms are completed.

HOME VISITS

Time: 30 minutes

Materials: Home visit checklist [Annex 6]

Step 1: 10 minutes

Lead a discussion on “What makes for a warm environment during the home visit?”

Step 2: 15 minutes

Introduce the instructions for home visits.

- Pregnant women – 2 times in pregnancy (2 times)
- 9-11 month child – 2 times per month (6 times)
- Children not growing well –
 - ✓ Did not attend the monthly weighing session
 - ✓ “X” two times (two consecutive months of not gaining weight, losing weight)
 - ✓ Discharged to home after treatment for malnutrition at a referral hospital

Step 3: 15 minutes

- ✓ Introduce the home visit checklist

CLOSING

Time: 15 minutes

Materials: none

Ask participants to reflect on what they learned and how they will use the knowledge.

DAY 4

AGENDA

TIME	TOPIC	FACILITATOR
8:00-8:30	Reflection on Day 3	OD/ HC Trainer
8:30-10:30	Home visits reflection	OD/ HC Trainer, NOURISH
9:30-9:45	<i>Working break</i>	
10:30-11:30	Practice monthly monitoring	OD/ HC Trainer, NOURISH
11:30-1:30	<i>Lunch</i>	
1:30-3:00	Practice interpersonal communication	OD/ HC Trainer, NOURISH
3:00-3:15	<i>Break</i>	
3:15-4:45	Questions and Answers	OD/ HC Trainer, NOURISH
4:45-5:00	Closing	NOURISH

SPECIFIC LEARNING OUTCOMES

- Reflect on home visits
- Demonstrate monitoring of children through weighing, tailored information and referrals
- Demonstrate tailored interpersonal communication to help families improve child care and feeding, sanitation and hygiene, and agriculture for the first 1,000 days

MATERIALS NEEDED

Stationary:

Home visit checklists

Scale

IYCF Flipchart

Weight by age chart from the BFCI training

SESSIONS

REFLECTION ON DAY 3

Time: 30 minutes

Materials: none

Ask participants to discuss:

- What did you learn yesterday?
- What is the importance of the knowledge and skills?
- What can we do with this new knowledge and skills?

HOME VISIT REFLECTION

Time: 1 hour and 30 minutes

Materials: completed home visit checklists, flipchart paper and markers

Step 1: 30 minutes

Ask participants to divide into small groups according to type of person/age group visited. Instruct groups to review their completed home visit checklists, and share and discuss:

1. Whom did they visit?
2. What challenges did they identify?
3. What recommendations did they give?
4. What agreements did they make on new actions to try?

Step 2: 30 minutes

Groups report out their discussions.

Step 3: 30 minutes

Lead a large group discussion on key issues identified for each type of person/ age group (pregnant women, 0-5 months, 6-8 months, 9-23 months). Brainstorm recommendations for each common issue identified, or issues they may find the next time. Write the agreed answers on flipchart paper.

PRACTICE MONTHLY MONITORING AND COMMUNICATION

Time: 2 hours and 30 minutes

Materials: scales, recording forms, IYCF BFCI Flipcharts

Step 1: 2 hours

Ask every village to work in a team and practice weighing a child, recording the information, and talking with the caregiver using the flipchart.

Observe every village team and give constructive feedback on each step. Check the age calculation, weight process and recording, and interpersonal communication.

Ask them to repeat, if not done all steps correctly.

(Once teams are finished, they can observe and give positive feedback to other village teams. Or, continue to practice interpersonal communication.) Congratulate teams when completed.

Step 3: 30 minutes

Lead a large group discussion on challenges and solutions.

QUESTIONS AND ANSWERS

Time: 1 hour and 30 minutes

Materials: none

Allow participants to ask questions and hear answers.

CLOSING

Time: 15 minutes

Materials: none

Ask participants to reflect on what they learned and how they will use the knowledge.

DAY 5

AGENDA

TIME	TOPIC	FACILITATOR
8:00-8:30	Reflection on Day 4	OD/ HC Trainer
8:30-8:45	Post test	NOURISH
8:45-9:30	Village action plans	Participants
9:30-9:45	Break	
9:45-10:45	Village action plans – report out	Participants
10:45-11:30	Community visioning exercise	NOURISH
11:30-1:30	Lunch	
1:30-3:00	Monitoring forms	OD/ HC Trainer
3:00-3:15	Break	
3:15-4:15	Questions and Answers	OD/ HC, NOURISH
4:15-5:00	Closing	Commune Chief

SPECIFIC LEARNING OUTCOMES

- Prepare a village action plan
- Complete the monitoring forms

MATERIALS NEEDED

Stationary:

Flipchart paper

Markers

Monitoring forms for all participants

SESSIONS

REFLECTION ON DAY 4

Time: 30 minutes

Materials: none

Ask participants to discuss:

- What did you learn yesterday?
- What is the importance of the knowledge and skills?
- What can we do with this new knowledge and skills?

POSTTEST AND TRAINING EVALUATION

Time: 15 minutes

Materials: Knowledge evaluation questionnaire handout, training evaluation, pens

Administer the post-test to each participant (without names) [Annex 2]. Calculate the score [using Annex 3].

Administer the training evaluation (without names) [Annex 4].

VILLAGE ACTION PLANS

Time: 2 hours

Materials: flipchart paper and markers

Step 1: 10 minutes

Instruct participants to sit together with others from their village and prepare an action plan using the template on [Flipchart 8](#):

[Flipchart 8](#)

	Who will facilitate? Who will participate?	When?	Where?	Materials Needed?
Start-up				
Register pregnant women & children <5				
Screen children <5 with health workers ¹¹¹				
Monthly Check-in Monitoring				
Monthly weighing of children <2				

¹¹¹ Screening will be conducted in each village by health workers with support from community agents. Health workers will calculate z-scores and refer any child -3SD weight-for-height (severe acute malnutrition or SAM) to the referral hospital.

	Who will facilitate? Who will participate?	When?	Where?	Materials Needed?
(including check that recommendations in the QHS Mother and Child Health books are followed, if any)				
Home visits: pregnant women				
Home visits: children 9-11 months				
Home visits: children not growing well ¹²				
Home visits: follow-up for malnutrition treatment				
Community Action				
Community dialogues once/quarter				
Link to Health Centers				
Refer children 0-23 months to Health Center for GMP every month				
Meet health workers regularly				

Step 2: 50 minutes

Give groups time to prepare their plans.

Step 3: 60 minutes

Each village can present their plan. Encourage questions and discussion.

COMMUNITY VISIONING

Time: 45 minutes

Materials: Flipchart paper, markers

Step 1:

Divide participants into small groups. Ask each group to draw a picture, tell a story or perform a role-play to show their village in five years. This will show the village after five years of the Baby-Friendly Community Initiative for the First 1,000 Days. Key questions include:

- What will be different for children?
- How will they as change agents lead these changes?
- What will families say to them for their hard work to help women and children?

After groups finish drawing or preparing their story or role-play, they can show or act for everyone.

Step 2: 5 minutes

¹² Children not growing well includes children who did not gain weight this month, children who lost weight this month and children who do not have adequate weight for age two consecutive months (see page 14). Children treated for malnutrition at a referral hospital and returned home are reflected separately.

Congratulate participants for completing the training. Explain that they will receive certificates after three months of work to show that they are community agents.

Encourage participants by concluding with this story:

Three children decided to trick a wise woman. One child would hold a small bird in her hands and ask the wise woman if the bird is dead or alive. If the wise woman said alive, she would kill it. If the wise woman said dead, she would open her hands and let the bird fly away.

So the children walked up to the top of a mountain where the wise man sits. The girl held the bird in her hands, and asked, “Is this bird dead or alive?”

The wise woman replied, “The future is in your hands.”

Just like for you all, those children realized that it is up to them to take actions for their future! In fact, the future of your children in your village is up to you. We believe in you all. You are all special and important people and can make all children in your village grow healthy for a bright future!

MONITORING FORMS

Time: 1 hour and 30 minutes

Materials: copies of the monitoring forms for all participants [Annex 6]

Step 1: 30 minutes

Give one set of the monitoring forms to each participant [Annex 6]. Review each form and discuss its use.

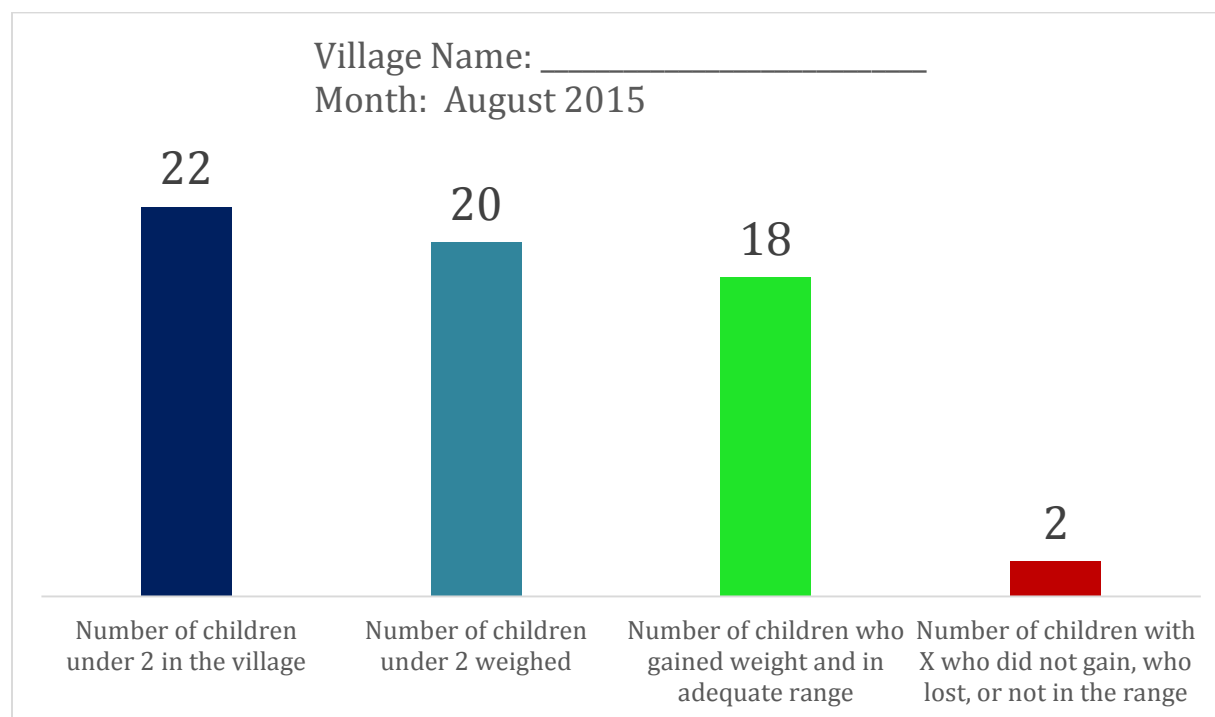
Step 2: 15 minutes

Introduce the summary graph (below) by presenting it on flipchart paper. Explain each column. Explain that this is a graph that the VHSG (not other community agents) will complete each month and give to the Village Chief.

The Village Chief will use it to see how many children are covered, how many children are growing well, and how many children need extra attention. The Village Chief will share each month with the Commune Chief. The Commune will be able to combine and see how each village is doing.

Step 3: 45 minutes

Practice completing forms in small groups. Check the forms including the summary graph.



QUESTIONS AND ANSWERS

Time: 1 hour

Materials: none

Allow participants to raise questions. Answer questions and discuss pending issues.

CLOSING

Time: 45 minutes

Materials: none

The Commune Chief closes the training.

Inform participants that they will receive certificates after three months of completed activities in their village which will show that they have become a BFCI for the first 1,000 Days change agent, not only a training participant.

ANNEX I: TOOLKIT FOR COMMUNITY AGENTS

MOH BFCI IYCF flipchart
Record book
Home visit checklists
Monitoring forms
Backpack
Raincoat, rain boots
Water filter
Handwashing station

In selected locations, each village team will also receive:

Scale
Basket

ANNEX 2: KNOWLEDGE EVALUATION QUESTIONNAIRE (PRE AND POST-TESTS)

Date		
District	Commune	Village

CIRCLE ONE:

PRETEST

POST TEST

1. What is stunting?
 - A) Low weight for age
 - B) Low height for age
 - C) Low weight and height
 - D) All of the above
2. What percentage of children under 5 in Cambodia are stunted?
 - A) 64%
 - B) 10%
 - C) 32%
 - D) None
 - E) All
3. When is it possible to prevent stunting?
 - A) First 1,000 days of life from pregnancy to age 2
 - B) Under 1 year
 - C) First 5 years of life
 - D) Under age 15
 - E) Anytime
4. What is exclusive breastfeeding?
 - A) Giving breastmilk on demand for 6 months
 - B) Giving breastmilk only from birth to 6 months, and no other food or liquids
 - C) Giving breastmilk day and night for 6 months
 - D) All of the above
5. How many kilograms should a pregnant woman (with regular weight) gain during pregnancy?
 - A) 8-12 kg
 - B) 5-7kg
 - C) 11-16 kg
 - D) 2-5kg
 - E) Some weight
 - F) Any weight gain
6. If a child was born on January 1, 2013. How many month is the child now?

_____ months

7. What kind of food is important for children from 9-11 months to grow strong and tall?
- A) Animal foods
 - B) Energy foods
 - C) Vegetables
 - D) Fruits
 - E) Do not know
8. A packaged snack, such as crisps, is good for young children.
- A) True
 - B) False
 - C) Do not know
9. How can you make compost fertilizer? *(Tick all correct answers)*
- A) Water, food waste, plastics
 - B) Water, animal waste, chemicals
 - C) Water, food waste, animal waste, leaves
 - D) Food waste, chemicals
10. How can you preserve fish?
- A) Dry and pound
 - B) Dry
 - C) Boil
 - D) Fry
11. True or False? Cleanliness of children's play areas can affect children's growth.
- A) True
 - B) False
 - C) Do not know
11. True or False? Caregivers do not need to wash hands with soap after cleaning a baby's bottom.
- A) True
 - B) False
 - C) Do not know
12. How confident are you to talk with caregivers about child feeding for healthy growth?
- A) Very confident
 - B) Somewhat confident
 - C) Little Confident
 - D) Not yet confident
 - E) Do not know

ANNEX 3: QUESTIONNAIRE SUMMARY

NUMBER OF PARTICIPANTS WHO FILLED OUT QUESTIONNAIRE: _____

Question	Correct Answer	Number and Percent of Correct Answers		Percent change
		BEFORE TRAINING	AFTER TRAINING	
<i>SAMPLE</i>		15/30 50%	22/30 73%	23% increase
1: What is stunting?	B			
2: What percentage of children under 5 in Cambodia are stunted?	C			
3: When it is possible to prevent stunting?	A			
4: What is exclusive breastfeeding?	B			
5: How many kg should a pregnant woman gain during pregnancy?	A			
6: If a child was born on January 1, 2013. How many month old s/he now?	Different			
7: What kind of food is important for children 9-11 months old to growth strong and tall?	A			
8: A packaged snack like chips are good for young children.	B			
9: How can you make compost fertilizer?	C			
10: How can you preserve fish?	A or B			
11: Cleanliness of children's play areas can affect children's growth.	A			
12: Caregivers do not need to wash hands with soap after cleaning a baby's bottom.	B			
13: How confident are you to talk with caregivers about child feeding?	Track changes			

ANNEX 4: TRAINING EVALUATION

Date		
District	Commune	Village

1. Overall, how would you rate the usefulness of the training to learn knowledge about the first 1,000 days?


☐ low

☐ medium

☐ high

2. Overall, how would you rate the usefulness of the training to gain skills to support healthy growth in the first 1,000 days?


☐ low

☐ medium

☐ high

3. Which sessions were most interesting?

4. Which discussions were least interesting?

5. What should we change for future trainings?

Thank you!

ANNEX 5: STEPPING STONES CARD GAME¹³

១ សម្រេចចិត្ត

1 Decision

២ សង់បង្គន់ស្នួត

2 Build dry pit



៤ សន្សំប្រាក់

4 Save

៣ បន្ថយចំណាយមិនចាំបាច់

3 Reduce unnecessary spending



៥ សង់បង្គន់ចាក់ទឹក

5 Build Pour flush

៦ គ្រួសាររីករាយ

6 Happy family











¹³ WaterShed's Open Source Toolkit approved by the Ministry of Rural Development.
<http://www.watershedasia.org/stop-the-diarrhea-campaign-menu-of-options/>

ANNEX 6: HOME VISIT CHECK LISTS

Date: _____ Community Agent Volunteer Name: _____
 Mother/Caregiver name: _____
 Commune: _____ Village: _____

ASK or OBSERVE

	Child breastfed at least 6 times Yesterday 20-30 min. per time
	Child ate 3 bowls of food + 1 healthy snack yesterday
	Food included 15g animal food (fish, egg, frogs) & vegetables
	Mother/caregiver feeds until child finishes portion
	Mother/caregiver talks and plays with child during visit
	Handwashing station with soap available and in visible use
	Latrine fully functional and in use Baby feces disposed properly
	Chicken coop Home vegetable garden

Next Visit: _____ Concerns Raised: _____

Home Visit Checklist
Child 9-11 months









☒ **NEGOTIATE Action to Try**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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Date: _____ Community Agent Volunteer Name: _____
 Pregnant woman's name: _____
 Commune: _____ Village: _____

ASK or OBSERVE

	Woman ate 4 small meals yesterday
	Woman ate extra times yesterday
	Handwashing station with soap available and in visible use
	Latrine fully functional and in use
	Chicken coop Home vegetable garden
	Antenatal care visits according to time in pregnancy
	Woman is gaining weight properly
	Woman receives care and support from family

Next Visit: _____ Concerns Raised: _____

Home Visit Checklist
Pregnant Woman

☒ **NEGOTIATE Action to Try**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
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Date: _____ Community Agent Volunteer Name: _____
 Mother/Caregiver name: _____
 Commune: _____ Village: _____

ASK or OBSERVE

Child breastfed at least 6 times
yesterday 20-30 minutes a time



Child ate at least 5 meals of
additional soft food yesterday



Food included animal food
(fish, egg, frogs) & vegetables

Attention

Child with
diarrhea



Take to health center
if ill

Next Visit: _____ Concerns Raised: _____

Home Visit Checklist

*Child not Growing Well:
9 to 23 months*

**NEGOTIATE Action to Try**

For more information on how to use this checklist, please refer to the Integrated Nutrition Training for Community Agents manual. This manual is available in French and English. It contains detailed information on how to use this checklist and how to negotiate with the caregiver. It also contains information on how to use the checklist to monitor the child's growth and development. The manual is available in French and English. It contains detailed information on how to use this checklist and how to negotiate with the caregiver. It also contains information on how to use the checklist to monitor the child's growth and development.

Date: _____ Community Agent Volunteer Name: _____
 Mother/Caregiver name: _____
 Commune: _____ Village: _____

ASK or OBSERVE: IN MOTHERS CARE

Breastfed 8-12 times day &
night, until each breast is empty



No water or
food given

ATTENTION

Child with
diarrhea



Take to health center,
if ill or not breathing well

ASK or OBSERVE: WITH OTHER CAREGIVER

Prepare formula
with boiled water



Feed formula
with clean cup



No water or
food given

ATTENTION

Child with
diarrhea



Take to health center,
if ill or not breathing well

Next Visit: _____ Concerns Raised: _____

Home Visit Checklist

*Child not Growing Well:
Birth to 5 months*

**NEGOTIATE Action to Try****NEGOTIATE Action to Try**

For more information on how to use this checklist, please refer to the Integrated Nutrition Training for Community Agents manual. This manual is available in French and English. It contains detailed information on how to use this checklist and how to negotiate with the caregiver. It also contains information on how to use the checklist to monitor the child's growth and development.

ANNEX 7: MONITORING FORMS

NOURISH Project Integrated Nutrition Community Agents Registry of Children

CHILDREN BIRTH TO 59 MONTHS								
Province:		District:		Commune:		Village:		
Names of Community Agents:								
No	Name of Child	Name of Caregiver	Relationship to Caregiver	Sex	Date of Birth Day / Month / Year	Registration Date	Child aged > 5 (<input type="checkbox"/>)	Other
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

NOURISH Project

Integrated Nutrition Community Agents
Registry of Children (Child Pages)

CHILD'S INFORMATION BIRTH TO 23 MONTHS												
Province:		Commune:				Village:						
Name:		Sex:				Date of Birth:/...../ 201...						
Name of Caregiver:		Relationship to Caregiver:				HH Member ID:			ID Poor:			
Child Monthly Check-in Results												
No.	Description	MONTH										Notes
		
1	Weight											
2	Adequate weight this month (Yes /No X)											
3	Adequate weight last month (Yes /No X)											
4	Visited Health Center for GMP this month (Yes /No)											
5	Referral made (Yes /No)											
6	Home visit scheduled: (Date) children 9-11 months											
7	Home visit scheduled: (Date) not growing well (‘X’ above; did not gain weight; lost weight)											
8	Home visit scheduled: (Date) follow-up after treatment for malnutrition											


NOURISH Project
Integrated Nutrition Community Agents
Registry of Pregnant Women

PREGNANT WOMEN'S INFORMATION								
Province:			Commune:			Village:		
Names of Community Agents:								
No	Name	Age	HH ID	ID Poor	Expected Delivery Date	Home Visit I (Date completed)	Home Visit I (Date completed)	Date of Child's Birth
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

NOURISH Project
Integrated Nutrition Community Agents
Monthly Summary Report Form

MONTH:		
Province:	Commune:	Village:
Names of Community Agents:		

Record the number of:						Record the number of home visits:		
	check-in sessions for children under 2				new pregnancy (0-6 months pregnant)			
	children < 2 weighed at HC				late pregnancy (7-9 months pregnant)			
	children < 2 weighed in village				young child (9-11 month olds)			
	children < 2 with adequate weight				children not growing well			
	children < 2 not growing well				children treated for malnutrition and returned home			
	referrals							
	community dialogues on stunting prevention							

Record the numbers with marks like this:  is counted as "5".

	Next Activities	Date	Place
1			
2			
3			

Challenges

.....

Solutions

.....

NOURISH Project
Integrated Nutrition Community Agents
Referral Card Tear Off Sheet

Name of Child:	Name of Caregiver:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age:
Name of Woman:		Expected delivery date:	
Commune:		Village:	
Date of referral:			
Refer to: <input type="checkbox"/> Health Center..... <input type="checkbox"/> Referral Hospital.....			
Reasons for referral (check below what applies)			
Children	<input type="checkbox"/> 1 Severe acute malnutrition (SAM) <input type="checkbox"/> 2 Not growing well <input type="checkbox"/> 3 Diarrhea <input type="checkbox"/> 4 Fever <input type="checkbox"/> 5 Cough for 2 weeks	<input type="checkbox"/> 6 Vaccination <input type="checkbox"/> 7 GMP <input type="checkbox"/> 99 Other.....	
Woman	<input type="checkbox"/> 1 ANC <input type="checkbox"/> 2 Delivery <input type="checkbox"/> 3 PNC <input type="checkbox"/> 4 Very sick	<input type="checkbox"/> 5 -Very underweight <input type="checkbox"/> 99 Other.....	
Name of Community Agent:		Signature:	

TEAR OFF HERE AND KEEP THIS PORTION FOR YOUR RECORDS and FOLLOW UP

Date of Referral:		Date for Follow up:	
Name of Child:	Name of Caregiver:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age:
Name of Woman:		Expected delivery date:	
Commune:		Village:	
Refer to: <input type="checkbox"/> Health Center..... <input type="checkbox"/> Referral Hospital.....			
Reasons for referral:			