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**INTEGRATED
NUTRITION
TRAINING
SYLLABUS FOR
CAREGIVER
GROUP
FACILITATORS**

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

Photo: Robin Marduez, USAID/Cambodia

Prepared by Save the Children

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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
CDHS	Cambodia Demographic and Health Survey
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
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 food security, health and care practices, or water, sanitation and hygiene (WASH). The 2014 Cambodia Demographic Health Survey (CDHS) Preliminary Report found that one in every three children under five years old in Cambodia are stunted, and even more among the poorest families.¹

Stunting has immediate and long-term consequences on the child, the community and the nation.^{2,3,4,5,6} Stunting must be prevented during the first 1,000 days of life, from pregnancy through the 2 years with focused actions: improved access to nutritious foods and eating these foods in the right amounts by age, better care practices, and use of services including WASH.⁷

With funding from USAID and the U.S. Presidential Initiative Feed the Future, NOURISH Project (2014-2019) 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 in the poorest villages in Battambang, Pursat and Siem Reap. One strategy is to strengthen community structures to improve nutrition using the Baby Friendly Community Initiative for the First 1,000 Days.

The Ministry of Health/National Nutrition Program's Baby Friendly Community Initiative 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 an 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.

Existing groups of caregivers of pregnant women and children under two years can join the BFCI initiative to become trained volunteers and create a supportive environment for a healthy first 1,000 days of life for everyone in the community. These group members can support and expand the work of the community agents who hold monthly sessions to monitor the growth of every child. Volunteers can be powerful champions for helping their family, friends and neighbors have a healthy first 1,000 days.

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.

⁶ Andrew J Prendergast and Jean H Humphrey. The stunting syndrome in developing countries. *Paediatr Int Child Health.* 2014 Apr; 34(4): 250–265.

⁷ Establishing stunting as an additional indicator of endemic poverty to monitor progress made towards the achievement of MDG 1. Draft Statement from the SCN Task Force March 2008.

TRAINING OVERVIEW

LEARNING OUTCOMES

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

By the end of the training, caregiver group facilitators will be able to:

By the end of the training, facilitators are expected to be able to:

Knowledge:

- ✓ Explain stunting and how to prevent stunting
- ✓ Introduce the roles of the caregiver groups and facilitators
- ✓ Use the BFCl monitoring forms

Attitudes:

- ✓ Believe that they can prevent stunting
- ✓ Feel confident to facilitate their groups and speak up

Skills:

- ✓ Demonstrate group facilitation skills
- ✓ Conduct 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”, 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.

CAREGIVER GROUPS

Caregiver groups can improve care and feeding, hygiene and agriculture practices for pregnant women and children under two by improving knowledge and skills and creating an environment of social support for change

In each village, NOURISH works with village leaders to identify existing groups of caregivers in each village. Groups include women’s savings groups, agriculture cooperatives, and Mother Support Groups with pregnant women, mothers, grandmothers and fathers of children under two years.

Each group selects two members to be trained as their group facilitators. After training, facilitators will lead their groups through a 15-session experiential Caregiver Manual.

PARTICIPANTS AND FACILITATORS

Participants are group members selected by their own groups to become facilitators. Each group selects two members based on the following criteria:

- Literacy
- Commitment to volunteer
- Influence in the group
- Stability in the community

On the first morning of the training, if facilitators have not already been selected, all group members can join to learn about the training and BFCI for the First 1,000 Days, and select group facilitators.

Village Health Support Group (VHSG) members are welcome to participate in the training. Village Chiefs participate at a minimum on the first and last days. However, they are encouraged and welcome to stay for the entire training.

The facilitator team includes:

- Commune Council for Women and Children
- Provincial Health Department or Operational District/ trained health workers
- District Department of Rural Development officers
- District Agriculture officers
- NOURISH staff

MATERIALS

<p><i>Stationary:</i></p> <p>Flipchart paper Markers BFCI IYCF Flipchart Warm Care Learning Guide Monitoring forms HARVEST posters: 1,000 days, nutrition in pregnancy, handwashing, home hygiene Pictures of foods Stepping stones card game</p>	<p>2 packets 2 boxes of mixed colors All participants All groups All participants All participants 1 of each 4 copies 4 copies</p>
<p><i>Teaching aids:</i></p> <p>Bowls Spoon Handwashing station, soap Glitter or chalk Water filter Micro-garden Local foods for cooking demonstration (provided by participants) Ball of yarn Tippy tap materials (bottle, rope)</p>	<p>1 1 1 1 set 1 1 Variety 1 3</p>

AGENDA

DAY 1: BFCI⁸

- Introductions, Objectives, Expectations
- Stunting prevention
- Pregnancy care and diet
- Breastfeeding

DAY 2: BFCI

- Child care and feeding
- Cooking demonstration
- Home visits
- Gender

Day 3: WASH AND AGRICULTURE

- Nutrition-sensitive agriculture: micro-gardens
- WASH-nutrition⁹

Day 4: FACILITATION SKILLS

- Group facilitation skills
- Practice

Day 5: PLANNING NEXT STEPS

- Action plan
- Monitoring tools

⁸ Ministry of Health (MOH)/National Nutrition Program (NNP) Baby-Friendly Community Initiative (BFCI) Training Manual for Village Health Support Groups (VHSG) 2009

⁹ WaterShed Asia Open Source Toolkit as part of “Stop the Diarrhea” Campaign, 2010

SESSIONS

DAY I

AGENDA

TIME	TOPIC	FACILITATOR
8:00-8:30	Introductions	CCWC
8:30-9:30	Objectives, expectations, ground rules	CCWC and NOURISH
9:30-9:45	Pretest	NOURISH
9:45-10:00	Break	
10:00-10:45	Stunting Prevention	NOURISH
10:45-11:30	BFCI Introduction	Health Worker
11:30-12:00	Facilitator selection (optional)	Participants
12:00-1:30	Lunch	
1:30-2:30	BFCI Nutrition in pregnancy	Health Worker
2:30-3:45	BFCI breastfeeding	Health Worker
3:45-4:00	Break	
4:00-4:45	Questions and Answers	Health Worker
4:45-5:00	Closing	CCWC

SPECIFIC LEARNING OUTCOMES

- Explain the importance of preventing stunting in the first 1,000 days
- Introduce the Baby-Friendly Community Initiative (BFCI)
- Explain the roles of caregiver groups and group facilitators in related to BFCI for the First 1,000 Days
- Define a healthy diet during pregnancy
- Discuss early attachment to breast and exclusive breastfeeding for first 6 months

MATERIALS NEEDED

Stationary:

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

Teaching aids:

Knitted breasts and doll (if available)

SESSIONS

INTRODUCTIONS

Time: 30 minutes

Materials: none

Participants introduce themselves (or pairs) by sharing:

- ❖ name
- ❖ group
- ❖ village
- ❖ biggest joy in caring for a pregnant woman or child.

OBJECTIVES, GROUND RULES, EXPECTATIONS

Time: 1 hour

Materials: Flipchart 1, flipchart paper, markers

Show the training objectives on [Flipchart 1](#).

Flipchart 1:

Training Objectives

- Explain stunting and how to prevent stunting
- Introduce the role of the caregiver groups and facilitators of caregiver groups
- Learn how to use the BFCI Flipchart
- Explain gender and women's confidence
- Demonstrate facilitation skills
- Learn how to complete the BFCI monitoring forms

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 1]. If literacy is low, read each question and answer aloud, allow participants to then tick their answers.

Calculate the score [use Annex 2].

STUNTING PREVENTION

Time: 45 minutes

Materials: Stunting presentation (no words)

Explain 1,000 days: pregnancy (280) + 0-24 months (720)

Show picture of pregnant woman

Ask, “What do you think this mother expects from her pregnancy? What should she do to achieve desirable outcome?”

Ask, “Is there a role for others to help her achieve the best for her child?”

Summarize what participants have said. 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.”

Ask, “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 pregnant to age 2.”

Give the 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, “Therefore, it is important that ALL children in the village grow healthy and strong in the first 1,000 days from pregnancy to age 2.”

FACILITATOR SELECTION (OPTIONAL)

Time: 30 minutes

Materials: Flipchart paper, markers

(OPTIONAL -- If groups have not yet selected two persons for training as facilitators for their group. These persons should stay and complete the training.)

Introduce the role of facilitators. Explain that each group can select two of their own members to be trained as facilitators. The facilitators will be lead the group through the care manual as volunteers. Ask each groups select two members based on the following criteria:

- Literacy
- Commitment to volunteer
- Influence in the group

Write the names and contacts for each person selected by their group to be the facilitator.

BFCI INTRODUCTION

Time: 45 minutes

Materials: none

The Baby Friendly Community Initiative is a way for the community to work together to help every child grow up healthy and strong. You will help to make your community baby friendly.

To improve survival and development of Cambodian children, the Government and development partners have focused attention on several initiatives to improve infant and young child feeding practices. The Ministry of Health and other partners initiated the Baby Friendly Community Initiative (BFCI) since 2004. BFCI is an initiative of the National Nutrition Program of the Ministry of Health.

Having trained volunteers in the community and in health centers is very important so that women can receive the best advice and counselling on breastfeeding and young child feeding. 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 two years of the child’s life. The following criteria are for a village to be “Baby-Friendly”:

- Participation of the CCWC and Children Focal Point.
 - Regular meetings for BFCI volunteers with health workers, and refresher trainings.
-

- Monitoring and Supervision.
- Regular trainings for BFCI volunteers.
- Targeted home visits for mothers, and “Baby Friendly Gatherings” organized by the groups at the community level.
- Annual BFCI Review Meeting.

The benefits of maintaining “BFCI” status include continued support and training for BFCI volunteers, continued support from Commune Councils, and recognition from the provincial and national government. A sign should be displayed in a prominent location in the village, declaring: “(Name of Village) is a Baby-Friendly Community.”

Ask participants, “What is the benefit of learning and working together in a group?”

Explain the role of the Caregiver Group, “A group selected to participate in the Baby Friendly Community Initiative, your group will be a key part of the BFCI volunteer cadre.

Group sessions: Groups should meet 15 times, once per month (or more), to complete the learning guide. Groups can choose their own time and location, according to what is convenient for members. After completing the manual, your group can continue to support BFCI by doing home visits and discussions with other caregivers.

Home visits: Group members can do home visits to pregnant women and children under 2.

Monitoring forms:

- Meetings: At the end of each group session, record who attended the session.
- Home visits: At the end of each home visit, record your findings and recommendation.
- End of Month: At the end of the month, the group records the summary of activities.”

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:

- How much food women should eat before and during pregnancy?
- How many kg should a woman gain during pregnancy to have a healthy baby?

Step 2: 10 minutes

Present IYCF BFCI Flipchart information on nutrition in pregnancy.

HIGHLIGHT: Pregnant women must gain enough weight in pregnancy for a healthy baby.

- ❖ For women who are underweight, they need to gain 12-18 kg during pregnancy.
- ❖ For women who are of normal weight, they should gain 11-16 kg¹⁰.

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

Step 3: 15 minutes

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

Step 4: 10 minutes

Read each situation. After each one, 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 has an extra potato each day, but has not gained 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 (show the HARVEST pregnancy poster).

- ❖ 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.

BREASTFEEDING

Time: 1 hour and 15 minutes

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

Step 1: 10 minutes

Lead a discussion with the following questions:

- What do you know about breastfeeding starting the first hour after birth?
- What do you know about exclusive breastfeeding for the first six months?

Step 2: 20 minutes

Present IYCF BFCI Flipchart information on early attachment and 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: 30 minutes

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

Step 4: 15 minutes

Read the following situations aloud. After each one, 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

QUESTIONS AND ANSWERS

Time: 45 minutes

Materials: none

Let participants share experiences, and questions and answers.

CLOSING

Time: 15 minutes

Materials: none

Ask each person to share what he or she will do to support caregivers in their group.

DAY 2

AGENDA

TIME	TOPIC	FACILITATOR
8:00-8:30	Reflection on Day 1	CCWC and NOURISH
8:00-10:00	BFCI: Child Feeding and Care	Health workers
10:00-11:00	Cooking demonstration (with break)	VHSG
11:00-11:30	Discussion on child snacks	Health workers
11:30-1:30	Lunch	
1:30-3:00	Home Visits	Health workers
3:00-3:15	Break	
3:15-4:00	Gender: men and women's roles	CCWC
4:00-4:45	Gender: women speak up	CCWC and NOURISH
4:45-5:00	Closing	CCWC

SPECIFIC LEARNING OUTCOMES

- Describe feeding recommendations for children 6-23 months, including quantity, frequency and types of foods
- Explain the importance of animal foods for children's growth 6-23 months
- Believe that children 6-23 months can eat animal foods and green vegetables
- Demonstrate responsive feeding
- Demonstrate cooking nutritious food for young children using local foods
- Feel confident to facilitate their groups and speak up

MATERIALS NEEDED

Stationary:

Flipchart paper
 Markers
 IYCF BFCI Flipchart
 Pictures of foods
 Home visit checklist
 BFCI Form 1

Teaching aids:

Bowl and spoon
 Utensils and local foods for cooking demonstration (provided by participants)

SESSIONS

REFLECTION ON DAY 1

Time: 30 minutes

Materials: none

ASK:

At the end of the training yesterday, each of us committed to try something new or different. Please share what you tried and what happened.

ENCOURAGE:

Those who tried new actions to continue.

ASK:

How can we support each other to continue trying new actions?

CHILD CARE AND FEEDING

Time: 2 hours

Materials: IYCF BFCI Flipchart, bowl, spoon

Step 1: 10 minutes

Lead a discussion with the following questions:

- What do you know about feeding children 9-11 months?
- What do you know about feeding children 9-23 months?
- What challenges do families have with feeding young children enough fish, eggs and other animal foods?

Step 2: 20 minutes

Pass out pictures of foods. Ask participants to work in small groups to create 3 menus:

1. For children 6-8 months
2. For children 9-11 months
3. For children 12-23 months

Ask and discuss:

- Which foods are the most nutritious for young children?
- Which foods are realistic when families are busy?

Step 3: 15 minutes

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

HIGHLIGHT: During illness, children need continued breastfeeding. For children 6-23 months, they also need to continue to eat. It may be necessary to breastfeed and feed smaller amounts more frequently. Be patient because sick children may not have an appetite. For one week after illness (recovery), children need *extra* breastfeeding and feeding. Children 6-23 months need an extra meal of soft food during this week to aid recovery.

Step 4: 15 minutes

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

Step 5: 30 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 recommends to add other foods, but she does not know which ones.

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.

Answer: Card 13

Step 3: 30 minutes

Ask a volunteer to role-play usual feeding (not active or responsive feeding).

Explain that responsive feeding happens when the caregiver is patient, maintains eye contact, and interacts with the child in a supportive manner. The caregiver looks for signs (verbal and non-verbal) that the child is hungry and full and *responds* to the signs from the child.)

Then ask another volunteer to role-play responsive feeding – by showing the first volunteer how she can do a few things differently.

Ask participants, What could be different?

Discuss:

- What was different in this second role-play?
- How can this way of feeding help the child –caregiver interactions?
- What are some challenges that caregivers may face to use this method?
- What could we do to overcome the challenges?

COOKING DEMONSTRATION

Time: 1 hour

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

Step 1:

Ask participants to recall from day 1, “How does the food children eat affect their growth?”

Add, if needed, that children's growth is based on 1) how much breastmilk and food children consume every day, and 2) how their bodies can use the breastmilk and food. Therefore, caregivers need to know how to prepare nutritious food for children.

Explain that group facilitators will lead cooking demonstrations with their own groups, using food that their group members contribute. The reason to use what people can bring is to teach caregivers what they can do with resources they already have around their homes at different times of the year.

Step 1:

Demonstrate how to wash hands and encourage the caregivers to wash their hands, too, before eating and feeding children.

Step 2:

Wash equipment to prepare the food.

Step 3:

Show how to wash the vegetables and how to chop, and mash etc. Let caregivers participate in this preparation.

Step 4:

Prepare the food following instructions on the IYCF Flipchart focusing on family food and healthy snacks (roasted sweet potato, eggs, banana). Let caregivers participate.

Step 5:

Let caregivers taste and rate the food in terms of taste, consistency, smell, color.

After everyone tastes the food, lead a discussion:

- What would you change to vary this food so children will eat every day?
- We know caregivers are busy. With this in mind, which of these foods could families prepare this food regularly?
- Could we encourage shops to prepare this food so families could buy if they do not have time to prepare every day?

PACKAGED SNACKS: ARE THEY GOOD FOR CHILDREN?

Time: 30 minutes

Materials: none

Explain that only 1 in 3 children in Cambodia eat enough types of food each day. This is not because of a lack of food available! In fact, there are so many good foods available around the home and community.

Ask participants,

- What foods for young children are freely available in the wet season?
- What foods for young children are freely available in the dry season?

Explain that eating animal foods each day is best for children to grow healthy, strong and tall. But, the amount matters. A small amount in the soup, but not eaten by the child, will not make a difference. A child needs to eat 15g a day. It is also good for children to eat

vegetables with protein and other vitamins each day. Again, it matters how much each child consumes, not only how much is offered.

What happens when children do not eat all of the food they are offered, and do not get nutritious foods, is that they ask for packaged snacks.

Packaged snacks have very little – even no- nutritional value. They fill up a child but do not provide the energy or nutrients need for growing. Most have chemicals that are not good for a growing child.

Ask participants:

- What makes packaged snacks unhealthy for children?
- What healthy snacks can we feed young children?
- How can we encourage local shops to sell healthy snacks, locally made, to children?

HOME VISITS

Time: 1 hour and 30 minutes

Materials: Home visit checklist [Annex 5], BFCI Form I [Annex 6]

Step 1: 15 minutes

Ask participants, “What is the benefit of a home visit?”

Add, if needed, that home visits give you a chance to see the real situation and give advice tailored to the family. Explain that interpersonal communication *by you* as community volunteers can be the most effective way to help a family change. This is because you are known and respected persons. It is also because you can encourage the family regularly and continually – not just one time.

Ask participants to reflect on a time they received a home visit or conducted a home visit. Discuss what they liked and what could be improved.

Step 2: 30 minutes

Introduce the times for home visits.

- ❖ Pregnant women – 2 times in pregnancy (once in early pregnancy; once in later pregnancy)
- ❖ New mothers of children under 6 months
- ❖ Children 9-11 months
- ❖ Children not growing well

Explain that every children under 2 should gain weight every month. If a child does not gain weight even one month there is a problem.

Not growing well is a child who lost weight last month or did not gain weight last month. It is also a child treated at the hospital for malnutrition and returned home. All of these children need extra attention!

Ask participants:

- How can you create a warm environment during a home visit?
- Why do you think these times selected for home visits?

Add, if needed, that **children 9-11 months** are in an important time of life and growth. This is when they should be eating plenty of soft foods with fish and eggs every day, in addition to breastmilk. It is also when they are starting to move around in unhygienic environments. Home visits during these months are important to help families see the issues and establish healthy actions – to *prevent* stunting.

Step 3: 15 minutes

Pass out copies of BFCI Form I. Review and discuss.

Step 4: 30 minutes

Ask participants to divide into small groups. Each small group should select a category for home visits and practice. Participants take turns to practice using Form I with the BFCI IYCF Flipchart. Ask group to practice completing Form I. Check the completed forms.

GENDER: MEN'S AND WOMEN'S ROLES

Time: 45 minutes

Materials: Paper, markers

Step 1: 15 minutes

Request small groups to draw a man or a woman (or make a list of characteristics). List all of the characteristics of the man or woman. Then groups can present their drawing (or list).

Step 2: 30 minutes

Ask participants, "Which characteristics are related to our physical body? Which characteristics are not related to our physical body?"

Explain that the characteristics of men and women related to the body are fixed. These are called "sex". These cannot be changed. The other characteristics are related to social issues. These are called "gender". These are learned. Therefore, these *can* be changed when needed.

Discuss:

- What could be the consequences of this situation?
- How could this situation affect children?

Add, if needed: Some women have many tasks and little time. They do not have time to prepare food and feed the child as they might wish. Men can share some tasks including food preparation and child feeding!

Ask the group:

- What do you see from these lists?
 - How does it feel to do something different from expected?
 - What things do men usually avoid because they think it is women? (ie feeding children?)
 - How can we encourage men to do more with children?
-

GENDER: WOMEN SPEAK UP**Time:** 45 minutes**Materials:** none

Step 1: 5 minutes

Ask the riddle: A father and a son were in a car accident, the father dies and the son is injured so he is brought to the hospital, however, when he gets there the doctor says, "I can't treat him, he's my son." How is this possible? The answer is 'the doctor is a woman.'

Step 2: 15 minutes

Read the story aloud:

Srey is the mother of a 1-year-old child. She is busy but she wants to help her village. She makes time to attend a village meeting. She is nervous to speak up. Finally, she gives suggestions to support mothers. Other people ignore her and continue talking.

Ask the group:

- Does this happen sometimes?
- What prevents more women from speaking up in community discussions and decisions?
- How can women *like you* sharing more ideas and actions benefit children in your village?
- Who are active women you admire? How can we be like these women?

Step 3: 25 minutes

Explain that now it is time to practice speaking up! Explain that each participant can take a turn to say anything they are thinking, feeling or want to share. Then everyone else gives positive feedback. It does not matter what is shared, only that each of us shares something.

Ask each participant to take a turn to stand up and say something. Then, everyone else should express positive feedback (even you, as the trainer). For example, you could say,

- ✓ "I like what you say."
- ✓ "That is so interesting."
- ✓ "Yes!"

Continue until each person (especially each woman) has a turn and receives positive feedback. Congratulate all participants. Explain that that every time we speak up – or the women in our groups -- we may not get positive feedback. However, if we never try, we never give others the chance to be our fan club! Continue to practice as time permits.

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

Ask each person: What will you try or do *differently* for your own child or for other children your community?

DAY 3

AGENDA

TIME	TOPIC	FACILITATOR
8:00-8:30	Reflection on Day 2	CCWC
8:30-10:00	Agriculture: micro-gardens	Department of Agriculture
10:00-10:15	Break	
10:15-11:00	Questions and answers	Department of Agriculture
11:30-1:30	Lunch	
1:30-2:30	WASH-nutrition: handwashing	NOURISH
2:30-3:15	WASH-nutrition: water and sanitation	NOURISH
3:00-3:15	Working Break	
3:15-3:45	WASH-nutrition: home hygiene	NOURISH
3:45-4:45	Questions and answers	NOURISH or DoRD
4:45-5:00	Closing	CCWC

SPECIFIC LEARNING OUTCOMES

- 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
 Pictures of times to wash hands
 Stepping stones card game

Teaching aids:

Micro-garden supplies: sack, soil, seeds
 Handwashing station, soap
 Glitter or chalk
 Water filter

SESSIONS

REFLECTION ON DAY 2

Time: 30 minutes

Materials: none

ASK:

At the end of the training yesterday, each of us committed to try something new or different. Please share what you tried and what happened.

ENCOURAGE:

Those who tried new actions to continue.

ASK:

How can we support each other to continue trying new actions?

AGRICULTURE: MICRO-GARDENS

Time: 1 hour and 30 minutes

Materials: sacks for all participants, soil, seeds (provided by PDA)

Step 1: 15 minutes

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, protein and vitamin-rich vegetables through micro-gardens.

Step 2: 5 minutes

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 feed pregnant women and children regularly.

Step 3: 25 minutes

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. 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 water distribution throughout the sack. Plant root crops on top and leafy vegetables and herbs in the sides. Discuss how to maintain the garden throughout the year.

Step 4: 30 minutes

Give all participants time to make their own micro-garden. Help as needed.

Step 5: 15 minutes

Ask participants, “How can we encourage families to feed these crops to young children?”
(OPTIONS: Demonstrate compost, preservation of foods, or other topics of interest.)

QUESTIONS AND ANSWERS

Time: 45 minutes

Materials: none

Take questions and answers about gardens, fertilizers and other agriculture topics. Explain where participants can get more information and resources on agriculture.

WASH-NUTRITION: HANDWASHING

Time: 1 hour

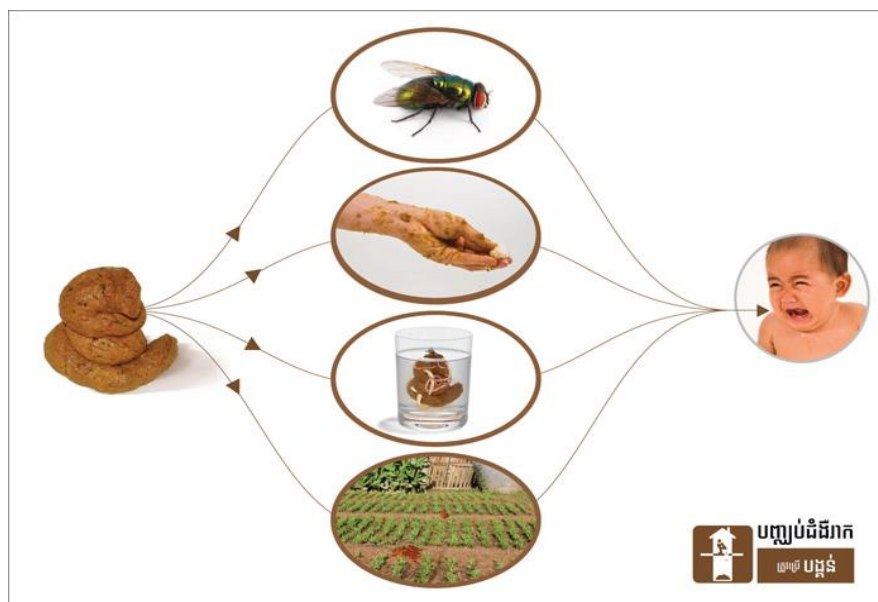
Materials: bowl with water and glitter or chalk, pictures of times to wash hands, handwashing station with soap, water filter, HARVEST handwashing poster

Step 1: 10 minutes

Explain that all feces are dangerous: adults, children, even babies, and animals’ 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.

Ask, “How do feces get into our water, our food, our hands, and our mouths?”

Present the F-diagram:



Source: WaterSHED Open Source Toolkit, Stop The Diarrhea Campaign approved by Ministry of Rural Development

Step 2: 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 3: 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
Feed a child Prepare meals Eating	Defecate* Clean a baby's bottom* Change a baby's nappy/diaper*

There are especially important times to wash hands: anytime we have contact with feces – especially children's feces. Handwashing after any type of fecal contact is essential!

Step 4: 30 minutes

Explain that there are different types of handwashing stations. Some can be purchased (like the Happy Tap). Some can be made at home (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 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 5: 10 minutes

Demonstrate handwashing devices with soap and proper technique. All participants should practice.



WASH-NUTRITION: WATER AND SANITATION

Time: 45 minutes

Materials: Flipchart paper, markers; Stepping Stone card game [Annex 4]

Step 1: 10 minutes

Explain that water can become contaminated by feces during transportation from a water source, storage, and serving. Treating water through boiling or filters is the first step to make it safe to drink. After treatment, carefully transfer and store water to avoid contamination. These practices are important for safe drinking water. Keep the water covered in a clean container with a cover. Do not put hands and other objects into a drinking water container. A ladle or cup attached to the container and only used for the purpose of serving the water should be used. Demonstrate the water filter. Let participants taste the water from the filter.

Step 2: 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.

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 is \$35-50. 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 3: 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?

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. In fact, when *everyone* in the community uses a latrine their children are taller. Children’s feces may not smell as bad as adult feces, but they have just as many germs. If a family cannot construct a latrine yet, they should dig and bury feces – including children’s feces – each and every time.

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

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

Step 4: 10 minutes

Give each small group the Stepping Stones card game [Annex 4]. Explain that they have 10 minutes to put the pictures in the correct order. Congratulate the first group to finish.

WASH-NUTRITION: CLEAN HOMES**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 bodies inside (intestines) can get 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 very 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, “What will you try or do *differently* for your own child or for other children in your community?”

DAY 4

AGENDA

TIME	TOPIC	FACILITATOR
8:00-8:30	Reflection on Day 3	CCWC
8:30-9:15	Facilitation Skills	CCWC and NOURISH
9:15-9:30	<i>Break</i>	
9:30-11:30	Manual review	Participants
11:30-1:30	<i>Lunch</i>	
1:30-1:45	Energizer	CCWC
1:45-4:45	Practice	Participants
4:45-5:00	Closing	CCWC

SPECIFIC LEARNING OUTCOMES

- Describe the difference between training and facilitation
- Explain the role of a group facilitator
- Demonstrate group facilitation skills

MATERIALS NEEDED

Stationary:

Flipchart paper
Markers
Manual copies

SESSIONS

REFLECTION ON DAY 3

Time: 30 minutes

Materials: none

ASK:

- At the end of the training yesterday, each of us committed to try one new action. Please share what you tried and what happened.

ENCOURAGE:

- Those who tried a new action to continue.

ASK:

- How can we support each other to continue trying new actions for our children?

FACILITATION SKILLS

Time: 45 minutes

Materials: Flipchart paper, markers

Step 1: 5 minutes

Ask participants to share examples of a learning experience they still remember.

Step 2: 10 minutes

Post [Flipchart 4](#). Explain that most people remember little of what they read, hear or discuss. However, people remember more of what they can actually *do*, and even more of what they *teach others*.

Flipchart 4



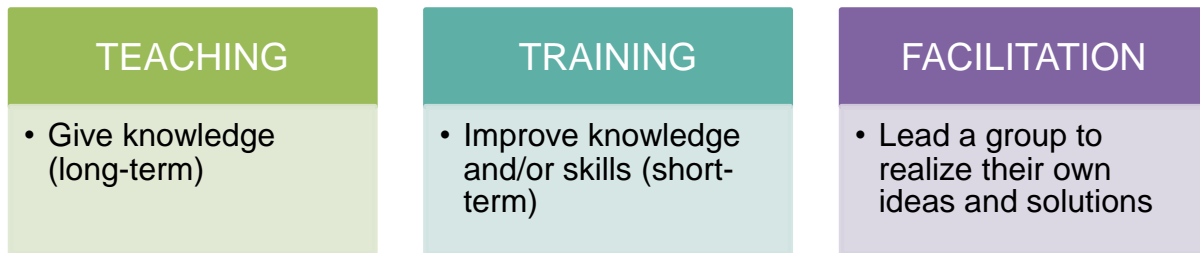
Ask participants to share experiences when they learned from doing or teaching others.

Step 3: 30 minutes

Explain that for the rest of the day, we will learn facilitation skills. Ask participants, “what are group facilitation skills”?

Post Flipchart 3 and explain the differences between teaching, training and facilitation.

Flipchart 3



Facilitation of a group discussion is a technique that encourages the group to express and discuss their own ideas. The group holds the knowledge and creativity. The facilitator “serves” the group by building trust, remaining neutral, ensuring that discussions are conducted with the whole group. The group should do most of the talking. That is a sign of good facilitation!

Ask participants, “Based on this information, what is the role of a group facilitator?” Write answers on flipchart paper. Add the following information, as needed:

A facilitator:

- Creates a **supportive environment** so everyone has a chance to speak and express his or her own ideas.
- Keeps the discussion going by **asking questions** to spark ideas and reflection.
- Assists to **summarize** key points and agreements.

Ask participants, “How can a group facilitator create a supportive environment so that all members can speak up?”

Add, if not mentioned, that a facilitator can help participants feel comfortable to share and learn from their own experiences by being:

- friendly
- respectful of all ideas
- relaxed and confident
- open with your own experiences
- encouraging of shy people to share their ideas

At the end of the session, thank members for joining the discussion and encourage them to continue.

Ask participants, “How can a group facilitator keep discussion active?”

Add, if not mentioned, that a facilitator can help to:

- ask certain people to share experiences
- allow time for answers
- link the discussion to a real life experience

Ask participants, “How can a group facilitator summarize well?”

Add, if not mentioned, that a facilitator should try to be:

- Brief and clear.
- State the most important information first.
- Repeat key points made.
- Ask the group if the summary is accurate.

MANUAL REVIEW

Time: 2 hours

Materials: copies of the manual

Step 1: 5 minutes

Give each pair a copy of the manual. Explain that there are 15 sessions:



All sessions are needed for knowledgeable and skilled volunteers to create change in the community for BFCI First 1,000 Days of Life.

Step 2: 25 minutes

Divide participants into 3 small groups. Assign:

- 1 small group to read sessions 1-5
- 1 small group to read sessions 6-10
- 1 small group to read sessions 11-15

Step 3: 30 minutes

Ask the small groups to present to other what they read. Groups can share:

- topics of the sessions they read
- summary of each of the 5 sessions
- activities that may be interesting for group members to learn and do

Step 4: 1 hour

Tell participants the Khmer saying, “*Ten knowing are not worth one practicing.*”

Ask each small group to select one session to prepare to facilitate for everyone in the afternoon.

ENERGIZER**Time:** 15 minutes**Materials:** hula hoop or rope tied in a large circle

Step 1:

Explain that this is called the “Wandering Rings” game. Stand in a circle holding hands. Put a hula-hoop (or rope tied in a large circle) over one person’s clasped hands.

Step 2:

Instruct the group to make the hula-hoop or rope move around the circle without breaking the circle or breaking hands.

(Note: The trick is to step through the hula-hoop feet-first and then with the help of neighbors, jiggle the hula-hoop up until they can squeeze their head through. Do not say this until the group has tried).

Step 3:

Ask the group:

- In the beginning, how did you feel when you got stuck? What helped you?
- How does it feel to help other people get through the hoop/rope?

PRACTICE**Time:** 3 hours**Materials:** manual

Step 1:

Ask each of the three small groups to facilitate the session they selected for everyone. Continue as time permits.

Step 2:

- Did everyone in the group share their ideas?
- What are positive things you observed the facilitator did in this session?
- What can be even better the next time?

Step 3:

Explain that groups can facilitate 3 additional sessions tomorrow. Request volunteers to prepare as homework.

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	CCWC
8:30-10:30	Practice (continued)	Participants
9:30-9:45	<i>Working Break</i>	
10:30-10:45	Post test and Training evaluation	NOURISH
10:45-11:30	Monitoring forms	Health Workers, NOURISH
11:30-1:30	<i>Lunch</i>	
1:30-2:15	Group action plans	Participants
2:15-3:15	Group exercise	CCWC
3:15-3:30	<i>Break</i>	
3:30-4:30	Questions and Answers	CCWC, Health Workers
4:30-5:00	Closing	CCWC

SPECIFIC LEARNING OUTCOMES

- Demonstrate group facilitation skills
- Complete the monitoring forms
- Prepare a group action plan

MATERIALS NEEDED

Stationary:

Flipchart paper and Markers
 Post test forms
 Monitoring forms for all participants
 Yarn

SESSIONS

REFLECTION ON DAY 4

Time: 30 minutes

Materials: none

ASK:

- At the end of the training yesterday, each of us committed to try something new or different. Please share what you tried and what happened.

ENCOURAGE:

- Those who tried new actions to continue.

ASK:

- How can we support each other to continue trying new actions?

PRACTICE

Time: 2 hours

Materials: manual

Step 1:

Ask small groups to facilitate 2-3 additional sessions for everyone. Continue as time permits.

Step 2:

- Did everyone in the group share their ideas?
- What are positive things you observed the facilitator did in this session?
- What can be even better the next time?

Step 3:

Ask participants how they can prepare the other sessions not covered in the training.

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 1]. If literacy is low, read each question and answer aloud, allow participants to then tick their answers. Calculate the score [use Annex 2].

Then administer the training evaluation form [Annex 3]. If literacy is low, administer in small groups or with all participants together.

MONITORING FORMS

Time: 45 minutes

Materials: copies of the monitoring forms for all participants

Step 1: 15 minutes

Pass out copies of forms to each participant. Review each form:

1. Caregiver Group Record

Purpose: Write each member's name and attendance. This record shows when the group had meetings and how many group members complete which session in the manual. Try to have as many members as possible complete all 15 sessions of the manual. Completing the manual will help all caregivers become active caregivers for their family, and knowledge and skilled community volunteers.

Responsible: Group facilitators.

Submission: When the group completes 15 sessions, submit the form to the CCWC (or NOURISH District Officer).

2. BFCI Form 1: Individual Child Feeding Practices

Purpose: This form guides home visits for each child in the village. It should be initiated as soon as possible after the birth of the child and updated on monthly basis, thereafter.

Responsible: Group members.

Submission: Show this form to health worker as requested.

3. Monthly Reporting Form

Purpose: This is a tally of educational contact for the month. Health workers use it to show BFCI activities to report to the district and province.

Responsible: Group facilitators.

Submission: Give this form to the health worker after every three months.

Step 2: 30 minutes

Practice completing forms in small groups. Check the forms completed.

GROUP ACTION PLANS

Time: 45 minutes

Materials: flipchart paper and markers

Step 1: 5 minutes

Instruct facilitators to sit together and prepare an action plan for their group to show:

- 1) When they will conduct sessions
- 2) Where they will facilitate group sessions
- 3) When they will submit the monitoring forms

Step 2: 40 minutes

Give groups time to prepare and share their plans. Encourage questions and discussion.

GROUP EXERCISE

Time: 1 hour

Materials: yarn

Step 1:

Instruct participants to form a big circle. One person starts by tossing the ball of yarn to another person, while holding on to the end. The next person then does the same. Each person cannot toss to a person next to him/her; toss over the web. This continues until all participants have caught and thrown the ball of yarn and are “connected” through the web. Each person who tosses shares one plan to use what she or he learned in this training.

Step 2:

Ask participants, “How does it feel to be connected to other volunteers who are as committed as us to help women and children grow healthy and strong for the future of the family, community and nation?”

Step 3:

As time permits, undo the process so the first person holds the ball of yarn.

Step 4:

Congratulate the facilitators for completing the training. End 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. The children walked up to the top of a mountain where the wise woman sits. The girl held the bird in her hands, and asked, “Is this bird dead or alive?” The woman replied, “The future is in your hands.”

Similarly, the future of your children in your village is up to you. We believe in you all. You are all important people and can make all children in your village grow healthy for a bright future!

QUESTIONS AND ANSWERS

Time: 1 hour

Materials: none

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

CLOSING

Time: 30 minutes

Materials: none

The CCWC or Commune Chief closes the training. Inform participants that they will receive certificates after their groups has completed all 15 sessions which will show that they have become a BFCI for the first 1,000 Days change agent, not only a training participant.

ANNEX 1: KNOWLEDGE EVALUATION QUESTIONNAIRE (PRE AND POST-TEST)

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 for the first six months?
 - 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. 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

7. A packaged snack (such as crisps) is good for young children.
 - A) True
 - B) False
 - C) Do not know

8. 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

9. How can you preserve fish?
 - A) Dry and pound
 - B) Dry
 - C) Boil
 - D) Fry

10. True or False? Cleanliness of children's play areas can influence a child'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. What is the role of a group facilitator?
 - A) Train group members
 - B) Ensure group members learn
 - C) Help group share their own experiences and solutions
 - D) Do not know

13. How confident are you to facilitate the group sessions on care in the first 1,000 days?
 - A) Very confident
 - B) Somewhat confident
 - D) Not yet confident
 - E) Do not know

ANNEX 2: 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>		<i>15/30 50%</i>	<i>22/30 73%</i>	<i>23% increase</i>
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: What kind of food is important for children 9-11 months old to growth strong and tall?	A			
7. A packaged snack (such as crisps) is good for young children?	B			
8: How would you make compost fertilizer?	C			
9. How can you preserve fish?	A or B			
10: Cleanliness of children's play areas can influence the child's growth.	A			
11: Caregivers do not need to wash hands with soap after cleaning a baby's bottom.	B			
12: What is the role of a group facilitator?	C			
13: How confident are you to facilitate the group sessions on care in the first 1,000 days?	Track changes			

ANNEX 3: TRAINING EVALUATION

កាលបរិច្ឆេទ Date	ពីថ្ងៃ From	ដល់ថ្ងៃ To.....
ទីតាំង Place	ខេត្ត Province.....	រដ្ឋបាល District.....
	ស្រុក Commune.....	ភូមិ Village.....

សំណួរទី១៖

1. How useful was the training to learn knowledge about the first 1,000 days?


 low

 medium

 high

សំណួរទី២៖

2. How useful was the training to gain skills to support healthy growth in the first 1,000 days?


 low

 medium

 high

សំណួរទី៣៖

3. Which sessions were most interesting?

4. Which discussions were least interesting?

5. What should we change for future trainings?

Thank you!

Instructions to NOURISH facilitators: Apply this at the end of the training. If literacy is low, conduct with small groups or all participants together.

ANNEX 4: STEPPING STONES CARD GAME¹¹

១ សម្រេចចិត្ត

1 Decision

២ សង់បង្គន់ស្នួត

2 Build dry pit



៣ បន្ថយចំណាយមិនចាំបាច់

3 Reduce unnecessary spending

៤ សន្សំប្រាក់

4 Save



៥ សង់បង្គន់បាក់ទឹក

5 Build Pour flush

៦ គ្រួសាររីករាយ









6 Happy family



¹¹ WaterShed's Open Source Toolkit approved by the Ministry of Rural Development. <http://www.watershedasia.org/stop-the-diarrhea-campaign-menu-of-options/>

ANNEX 5: 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 at least 3 bowls of food + 1-2 healthy snacks 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

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

Next Visit: _____ Concerns Raised: _____

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

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

Next Visit: _____ Concerns Raised: _____

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



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



ANNEX 6: MONITORING FORMS

CAREGIVER GROUP RECORD																				
Province:					Commune:							Village:								
Names of Group Facilitators:																				
No.	Caregiver Name	Sex	Type of caregiver (Mother, grandparent)	Child's age	Session															Other
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				

Instructions: Record attendance every session. District Officers use information from this list to complete monthly summary report at the end of every month. Submit to the District Officer when the group completes all sessions..

Form 1- (Individual Child Feeding Practices)

1. Village/town name _____ 2. Village number _____

BFCI INDIVIDUAL CHILD FEEDING AND GROWTH MONITORING RECORD

Person's name who kept the record _____

MOTHER 2. Mother's name:

INFANT 5. Baby's date of birth (day/month/year)/...../.....

3. Mother's Age..... **4. Parity:**

6. Baby's weight at birth (kg and g)..... **7. Low Birth Weight (if less than 2,500 g, tick the box)**

EARLY BREAST-FEEDING

8. The child put to the breast/breastfed?

PRE-LACTEAL FEEDING

9. In addition to breastmilk, what was the child given to drink/eat in the first three days of life?

10. Date of the visit (day/month/year)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
11. Infant's age at the moment of the visit (in months)												
12. Baby's weight during the visit (in kg and g)												
13. Did you breastfed the child in the last 24 hours?												
14. In the last 24 hours did you give the child water or other fluids?												
15. Is the child given powder milk, condensed milk, infant formula?												
16. Was the child given solid or semi-solid foods in the last 24 hours?												
17. How many meals (complementary feeding) did the baby have in addition to breastfeeding in the last 24 hours?												
18. Was the baby given meat, poultry, fish or eggs in the last 24 hours?												
19. Feeding recommendations given to the mother												
Signature of the MSG member and Signature of Mother or Caregiver												

Guidelines for filling-in Form 1. INDIVIDUAL CHILD FEEDING AND GROWTH MONITORING RECORD:

1. The record is to be filled at the village level by a member of the Mother's Support Group (MSG).
2. One record per child is used.
3. The record is kept with the member of the Mother's Support Group (MSG) assigned to the current family/child.
4. The record is initiated as soon as possible after the birth of the child and is updated on monthly basis, thereafter.
5. At the first visit (as soon after delivery as possible), the member of the MSG should complete questions 1 through 9:
 - Question 1: writes down the name of the village, and the name of the person who keeps the record. Example: Phnom Penh, Chhin Lan, MSG member, elected mother; or Stung Treng, Simorn Som, MSG member, TBA;
 - Questions 2 and 3: ask and write down the name of the mother and her age in years.
 - Question 4: ask and write down child's number in the family. Is he/she the 1st, the 2nd, the 3rd, etc. child in the family?
 - Questions 5 & 6: write down the name [if the child has been already given] and the date of birth by indicating the day, the month, and the year of birth [example: 12 January 2006].
 - Question 7: write down the weight of the baby at birth. It is very important to weigh the child after the birth and write down his/her weight for future monitoring of the baby growth and for giving specific advice for low-birth-weight newborns [see below under follow-up actions]. Write down the weight of the baby in grams [example: 3,500 g]. If the child weigh less than 2,500 g, tick the box for Low Birth Weight Baby;
 - For question 8, tick "√" in the box 8.1 if the mother put the baby to the breast within 1 hour after delivery. If the mother put the baby to the breasts later than 1 hour after delivery tick-in the box 8.2.
 - For question 9, tick-in the box 9.1 if the mother gave the child water or other liquids; tick-in the box 9.2 if the mother gave milk (not breastmilk) or infant formula; and tick-in the box 9.3 if the child was given other liquids in the first 3 days after birth
6. At the first and subsequent visits, the member of the MSG fills in the following questions:
 - For question 10, write down the date, the month and the year of your visit to the family/child, [example: 12 January 2006].
 - For question 11, ask the mother how old is the child and write down her answer.
 - For question 12, measure the weight of the child using the scales available at the village level. Write down the infant's weight in grams [example: 3,500 g].
 - For question 13, 14, 16, 17, 18 it is very important to refer to the last 24 hours.
 - For question 16 is very important to stress the consistency of the food. **The liquid part of soup or broths is not considered a solid or semi-solid food.** Soup with mashed vegetables is considered a semi-solid food. Examples of complementary foods include rice borbor with salt or sugar only; rice borbor with vegetables, meat, fish, eggs; fruit; other family food.
 - In the field 19 mentioned key recommendations provided to the mother. [Examples: (a) Continue exclusive breastfeeding. Do not give water or other liquids; (b) Increase the frequency of breastfeeding sessions to at least 8 during the day and the night; etc.]

- Please ask mother to sign the record. This will be used for monitoring purposes.

Follow-up actions:

7. At the first visit (immediately after the birth) provide support to immediate and exclusive breastfeeding;
8. If the new-born is less than 2,500 g pay particular attention to the following recommendations: (a) keeping the baby warm (kangaroo method or skin-to skin care), (b) paying extra-attention to hygiene and frequent hand-washing, and (c) assisting with early & exclusive breastfeeding [provision of cup feeding if necessary]. Because babies with less than 2,500 g are at higher risk of becoming ill and dying, it is important to inform the mother and other family members on the importance of seeking immediate medical care if any of the following danger signs arises in the baby:
 - stops feeding or is not feeding well;
 - is difficult to awake;
 - becomes restless, irritable, or unconscious;
 - has fever;
 - is cold;
 - has difficulty breathing;
 - has diarrhoea;
 - shows any other worrying sign.

Inform health workers on all the cases of birth of low-birth weight babies.


9. At the sub-subsequent visits, identify key feeding problems and counsel the mother and other family members using the information from the counselling guidelines on breastfeeding and complementary feeding (attached). Write down main recommendations in the record (ex. continue exclusive BF; do not give water or other liquids; initiate supplementation with meat or fish or eggs).
10. Assess if the baby is growing well and make recommendations.
11. If the case is more serious and child need specific services or specialized nutrition advice, refer the caretaker/child to the closest health centre of hospital, or, contact health staff during out-reach visits for support/advice.
12. At every visit sign the record and ask the mother to sign it as well.

Form 1- (Individual-Child Feeding Practices)

BFCI Form 2 Monthly reporting on the number of education contacts

AUGUST _____			SEPTEMBER _____			OCTOBER _____		
Record the number of:			Record the number of:			Record the number of:		
<input type="checkbox"/>	New pregnancy visits (0-6 months pregnant)		<input type="checkbox"/>	New pregnancy visits (0-6 months pregnant)		<input type="checkbox"/>	New pregnancy visits (0-6 months pregnant)	
<input type="checkbox"/>	Late pregnancy visits (7-9 months pregnant)		<input type="checkbox"/>	Late pregnancy visits (7-9 months pregnant)		<input type="checkbox"/>	Late pregnancy visits (7-9 months pregnant)	
<input type="checkbox"/>	New mother visits (0 until 6 month olds)		<input type="checkbox"/>	New mother visits (0 until 6 month olds)		<input type="checkbox"/>	New mother visits (0 until 6 month olds)	
<input type="checkbox"/>	Young child visits (6-23 month olds)		<input type="checkbox"/>	Young child visits (6-23 month olds)		<input type="checkbox"/>	Young child visits (6-23 month olds)	
<input type="checkbox"/>	Sick children visits		<input type="checkbox"/>	Sick children visits		<input type="checkbox"/>	Sick children visits	
<input type="checkbox"/>	Group Sessions		<input type="checkbox"/>	Group Sessions		<input type="checkbox"/>	Group Sessions	
Number pregnant women this month:			Number pregnant women this month:			Number pregnant women this month:		
Number of babies born this month:			Number of babies born this month:			Number of babies born this month:		
Any low-birthweight baby (less than 2.5kg)? Write the mother's name:			Any low-birthweight baby (less than 2.5kg)? Write the mother's name:			Any low-birthweight baby (less than 2.5kg)? Write the mother's name:		

Record the numbers with marks like this:

 is counted as "5".