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**Myanmar Nutrition Sector**

***Adapted Emergency Nutrition Guidance during* *COVID-19 Pandemic Training Package***

**Community Health Volunteers (CHV) Facilitators Guide**

V.1 June 2021

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## Preface

This *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Volunteers* was developed by the Global Nutrition Cluster-Technical Alliance and the Myanmar Nutrition Sector under the Myanmar Nutrition Technical Network (MNTN) and nutrition partners, The Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Volunteers includes

1. Community Health Volunteer (CHV) Facilitators Guide, appendices, and Training Aids for training of Community Health Volunteers;
2. Accompanying PowerPoint Presentations with notes to facilitate the training.
3. The Participant Materials for both courses, including training pre and posttests, handouts and training evaluation tools,

All of the materials found in *the Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Volunteers* are available in electronic and editable format to facilitate their dissemination and adaptation and updating as per the most up-to-date COVID-19 guidelines.

This Training Package is based on the Adapted Emergency Nutrition Programming Guidance in the Context of COVID-19 Pandemic in Myanmar and the Updated Global Implementation Guidance on Prevention, Early Detection and Treatment of Wasting in Children 0-59 Months Through National Health Systems in the Context of COVID-19 , the Guidance on Infant feeding in in the Context of COVID-19 and the counselling package, Infant and Young Child Feeding Recommendations when COVID-19 is Suspected or Confirmed. The Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package follows the same training approach as the UNICEF Community Infant and Young Child Feeding (IYCF) Counselling Package*.*

## Acknowledgement

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### About the Global Nutrition Cluster Technical Alliance

#### The Global Nutrition Cluster Technical Alliance (GNC Technical Alliance or Alliance) is an initiative for the mutual benefit of the nutrition community, and affected populations, to improve the quality of nutrition in emergency preparedness, response and recovery. The GNC Technical Alliance Partners are made up of the GNC partners and other individuals, organizations, initiatives and academia at global, regional and national levels that hold nutrition technical expertise across the humanitarian and development spheres. The Alliance Technical Support Team (TST), is the successor to the Tech RRT, and like the Tech RRT is led by International Medical Corps and funded by USAID/BHA, SIDA, Irish Aid, UNICEF and Save the Children. More information can be found here: ta.nutritioncluster.net.

#### 

### Disclaimer

The *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package* is made possible by the Swedish International Development Cooperation Agency (SIDA), Save the Children, and by the generous support of the American people through the United States Agency for International Development’s (USAID) Bureau of Humanitarian Assistance (BHA), however this training package and accompanying documents are the sole responsibility of the GNC Technical Alliance Technical Advisors and do not necessarily reflect or represent the views or policies of SIDA, Save the Children, BHA, or the United States Government.

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## Acronyms

BHS: Basic Health Staff

BMS: Breastmilk Substitute

BSFP: Blanket Supplementary Feeding program

CHV(s): Community Health Volunteer(s)

COVID-19: Coronavirus Disease

GMP: Growth Monitoring and promotion

IMAM: Integrated management of Acute malnutrition

IP: Implementing partner

ITP: In-patient Therapeutic Program

IYCF: Infant and Young Child Feeding

IYCF-E: Infant and Young Child feeding in Emergencies.

MCCT: Maternal and Child Cash Transfer

MNP: Micronutrient Powder

MNTN: Myanmar Nutrition Technical Network

MRCS: Myanmar Red Cross Society

MUAC: Mid-Upper Arm Circumference

NNC: National Nutrition Centre

OTP: Out-patient Therapeutic Program

RCCE: Risk Communication and Community Engagement

RUSF: Ready-to-use Supplementary Food

RUTF: Ready-to-use Therapeutic Foods

SC: Stabilization Centre

SFP: Supplementary feeding Program

TSFP: Targeted Supplementary feeding Program

## Introduction

### COVID-19 in Myanmar

In March 2020 COVID-19 was recognized as a global pandemic by the World health organization (WHO) and national alert was given by the Myanmar Ministry of Health and Sports (MOHS). Maintaining good nutrition protects people from all illness, including COVID-19, and is essential for increased immunity. Essential nutrition interventions, particularly for vulnerable populations like women and children, should therefore be prioritized in the COVID-19 response along with integration of health and WASH interventions. Since March 2020, when the COVID-19 pandemic affected Myanmar essential nutrition services normally provided by basic health Staffs (BHS) from local Government health centers have been reduced as the MOHS prioritized COVID-19 prevention, containment and response activities. Additionally, population movements were restricted due to COVID-19 quarantine and containment measures, and people were not able to access routine nutrition information and services from health facilities or in the community as they normally would. In this context, nutrition sector partners, including local organizations and community volunteers, have played a critical role in providing a minimum package of essential nutrition services during the pandemic to support the government’s overall response against COVID-19.

UNICEF, as the technical lead of the nutrition humanitarian cluster in Myanmar, has worked with key sector partners, including MOHS-NNC to develop adapted COVID-19 programming guidance for nutrition in Myanmar. This guidance package was developed according to globally available guidelines and recommendations from WHO, UNICEF and other partners as well as being based on national technical guidelines and protocols in Myanmar. The adapted programme guidance package was developed to ensure that a minimum standard of essential nutrition services will continue to be provided and be accessible to vulnerable populations, in a safe and appropriate way that follows WHO recommendations on precautionary measures against COVID-19. Essential nutrition interventions included in the adapted guidance and COVID-19 sector response plan were designed for Infant and Young Child Feeding (IYCF) promotion and support, the management of acute malnutrition including screening-referral , micronutrient supplementation for pregnant, lactating women and young children , Blanket Supplementary feeding and a food basket targeting mainly returning migrant workers and their families.

The nutrition cluster has determined that capacity building, learning, and orientation support through virtual platforms, due to the limitation of group and face to face interactions during the pandemic, is required to support operationalization of the adapted guidelines by implementing partners and community volunteers. Virtual and digital support will allow for the continued operationalization of live-saving nutrition interventions and will serve a platform where implementing partners can provide feedback on any technical and operational issues that may arise as well as receive troubleshooting support.

The UNICEF nutrition team have supported the adaptation of nutrition program guidance to COVID-19 in Myanmar and provided orientation as well as online trainings on the guidance. However, additional trainings are required in order to completely understand and implement the adapted guidance. The *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training of Community Health Volunteers* and supplementary materials were created as additional, easy to use virtual training/ learning and digital content that can be delivered remotely to strengthen Community Health Volunteers’ capacity to implement and manage nutrition programs in the context of COVID-19.

## Overview of the *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package*

The *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Community Health Volunteers* is designed to support learning among Community Health Volunteers (CHVs) and guidance as they support mothers, fathers, grandmothers and other caregivers to optimally feed their families and cater for acutely malnourished children in the context of a global pandemic, such as COVID-19. The package is designed to prepare CHVs with technical knowledge on the adaptations for nutrition programs in the context of COVID-19 in Myanmar. The package outlines adaptations and COVID-19 guidance for facility management, Risk Communication and Community Engagement (RCCE), COVID-19 protection measures, recommended breastfeeding and complementary feeding practices for children from 0 up to 24 months, IYCF counselling messages in the context of COVID-19, Complementary Feeding, Feeding the Sick Child, Management of Acute Malnutrition, simplified protocols, Family MUAC, Blanket Supplementary Food Programmes (BSFP) and Micronutrients. This will prepare participants to effectively use the adapted tools, guidance, and job aids and thus effectively continue nutrition services.

Throughout the guide and accompanying power point slides, the trainers are referred to as Facilitators and the trainees/learners as Participants.

### The Materials

The *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Community Health Volunteers* is comprised of the following:

* The Community Health Volunteer (CHV) Facilitator Guide: intended for Implementing Partners to train Community Health Volunteers (CHVs) in COVID-19 nutrition programing adaptations (IYCF, IMAM, BSFP, Micronutrient, and RCCE) in Myanmar including facility preparation and risk mitigation measures.
* CHV Training Powerpoint slides
* Participant Materials for both training: including key technical content presented during the training including handouts and tools that accompany the Training Package.
* Training Aids: designed to complement the training sessions by providing visuals to help Participants grasp and retain technical knowledge and concepts.

### Training Package Methodology

The ultimate goal of *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Community Health Volunteers* is to equip with knowledge and change the behavior of the Community Health Volunteers (CHVs) and the mothers and caregivers that they support and counsel.

The competency-based participatory training approach used in the *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Community Health Volunteers* reflects key principles of behavior change communication (BCC) with recognition of the widely acknowledged theory that adults learn best by reflecting on their own personal experiences and environment. (See Appendix A: Principles of Adult Learning). The majority of the Training Package uses the experiential learning cycle method and prepares Participants for hands-on performance of skills.

The course employs a variety of training methods, including the use of counselling materials, visual aids, demonstrations, group discussion, case studies, role plays, and practice. Participants also act as resource persons for each other, and benefit from clinical and/or community practice, working directly with breastfeeding mothers, pregnant women, and mothers/fathers/ caregivers who have young children.

The training is based on proven participatory learning approaches, which include:

* Use of motivational techniques
* Use of the experiential learning cycle
* Problem-centered approach to training
* Mastery and performance of one set of skills and knowledge at a time
* Reconciliation of new learning with the reality of current work situation and job description
* Supervised practice of new skills followed by practice with mothers and caregivers, to provide Participants with the confidence that they can perform correctly once they leave the training

## Planning a Community Health Volunteer (CHV) Training

### Planning a Training

There are a series of steps to plan a training event that need careful consideration. Additional responsibilities can be found in Appendix B.

**Seven Steps in Planning a Training/Learning Event[[1]](#footnote-0)**

* **Who:** The learners (think about their skills, needs and resources) and the facilitator(s)/ trainer(s)
* **Why:** Overall purpose of the training and why it is needed
* **When:** The time frame should include a precise estimate of the number of learning hours and breaks, starting and finishing time each day and practicum sessions
* **Where:** The location with details of available resources, equipment, how the venue will be arranged and practicum sites OR online learning facilitation and the best platform to reach participants (*see more considerations for deciding between in-person and online training in section ‘Training Delivery and Location’ of this facilitators guide*)
* **What:** The skills, knowledge and attitudes that learners are expected to learn, the content of the training.
* **What for:** The achievement-based objectives outlining what participants will be able to do after completing the training
* **How:** The learning tasks or activities that will enable participants to accomplish what they have learned

**Note:** All the above should factor in the population mobility restrictions, challenges and changes that may come about due to COVID-19 pandemic context.

### Specific Objectives of Training

The CHV’s Facilitator Guide was developed using training methodologies and technical content appropriate for use with CHVs to ensure that they are appropriately trained to not only understand and be able to implement the nutrition adaptations for the context of COVID-19 in Myanmar but can also explain the adaptations in the context of COVID-19 in Myanmar to the families who they support.

The content focuses on adaptations to nutrition programming in the context of COVID-19 including facility risk reduction measures, Risk Communication and Community Engagement (RCCE), breastfeeding and breastfeeding counselling, complementary feeding, BMS risk reduction, feeding of the sick/malnourished infant and young child, IMAM programs, blanket supplementary feeding programs, micronutrient programs.

**By the end of the training, participants will be able to**:

* Facility Risk Reduction
  + Prepare facilities to ensure COVID-19 prevention measures are in place for continuity of nutrition services.
* RCCE/SBC
  + Describe key principles of Risk Communication and Community Engagement (RCCE)
  + Learn how to ensure two-way communication for COVID-19
* IYCF
  + Explain why IYCF practices matter, especially in the context of COVID-19
  + Demonstrate appropriate use of counselling skills and use the set of adapted global IYCF counselling cards for the context of COVID-19 including the key messages booklet for Myanmar
  + Understand adaptations to IYCF counselling in the context of COVID-19
  + Understand and describe recommended feeding practices through the first two years of life during the COVID-19 pandemic
  + Describe adapted complementary feeding during the period from 6 up to 23 months
  + Describe practices for feeding the sick child and the child who has suspected or confirmed COVID-19
  + Facilitate one to one counselling and mother-to-mother IYCF support groups using the adapted guidance for Myanmar
  + Identify danger signs that require referral to a health post
  + Understand how to counsel families for feeding the sick child
* IMAM and Blanket Supplementary Feeding program
  + Know the General recommendations to IMAM programing.
  + Understand the changes to the screening and referral process
  + Understand the roles and responsibilities of the volunteers during the COVID-19 pandemic.
  + Understand the protocol for distributing RUTF and medicines to malnourished children and BSFP supplies.
  + Plan and carry out a Family MUAC training
* Micronutrients
  + Understand adaptations to micronutrient supplementation in the context of COVID-19

### Target Group

#### Training Participants

Training participants for the *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Community Health Volunteer Training* are CHVswho work directly with families providing nutrition support.

It is assumed that participants will have basic literacy. The training can be adapted for face to face training and when participating in online/virtual learning, it should be ensured that they will have access to a smart phone or computer and internet.

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#### Training Facilitators

At least two Facilitators should conduct the training. Ideally, there will be one facilitator for every 15-20 Participants. The Facilitators should be trained in IYCF and IMAM and received the *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training for Implementing Partners.* Facilitators should have community-based experience and skills in facilitating the training of community workers and should be familiar with the updated *Adapted Emergency Nutrition Programming Guidance in the Context of COVID-19 Pandemic in Myanmar.*

### Training Delivery and Location

Deciding between online training or face to face training will depend on national COVID-19 measures and guidance and resources available. Where movement restrictions are in place it is preferred to facilitate the training online. Additionally, when reaching training participants who are spread across multiple locations, online training is preferred.

#### In-Person Training

Wherever the training is planned, a clinical or community-based site can be used. It is recommended to complete the training in one and a half days if national COVID-19 guidelines allow to maintain momentum and knowledge retention.

Adapted guidance on facility risk reduction measures during COVID-19 are addressed in *Session 1: Introduction to the Adapted Guidance and Facility Management.* If no other guidelines exist, the same adaptations can be used for face-to-face training as for mother/father support groups and general facility risk reduction measures for COVID-19.

The number of participants in the workshop will also depend on national COVID-19 guidance and restrictions.

#### Online, Virtual Learning

Online training is recommended when movement restrictions are in place. Online training is facilitated differently than face-to-face training. The actual amount of time will depend on the online/offline modality used. For example the use of Zoom or Skype (as outlined in Sample Agenda 2) will be fewer days than other options such as Viamo or telephone based training that would require shorter periods of training over more days. No matter the method it is recommended to maintain contact before, after, and in-between trainings to maintain momentum.

Maintaining contact leading up to the training and in-between lessons will not only maintain momentum but will also ensure that participants have the ability to provide feedback and engage with the facilitator and each other for additional knowledge building and experience sharing. Leading the sessions with the videos on, if bandwidth allows, can also create a more collaborative and engaging training session. Creating a messaging group (for example on Whatsapp or other social media platforms) for the participants to stimulate engagement and questions outside of the training sessions.

It is recommended to have two facilitators for every 20 participants as well as a person supporting the administration aspects of the training. To ensure that participants are able to collaborate and engage it is recommended that no more than 20 participants attend each session.

It is important to consider the timing of the training as most participants will likely be in their homes and may have additional responsibilities (for example childcare, cooking, etc) that they wouldn’t have if they were in face-to-face training.

**Online Training Platform Considerations**

There are multiple training platforms available for remote training. Platforms can be online (like Zoom, Skype etc) or SMS and voice interactive based (like Viamo). Deciding on a platform depends on the facilitator and participant’s access to computers, smartphones, and internet. This access is not only restricted to physical access but also must consider privacy, timing, and other responsibilities or distractions in the home.

### Training Materials: Structure

A list of materials for a Training of Trainers is found in Appendix C.

The Facilitator Guide is divided into 11 Sessions of 15 min to 90-minute segments, divided over a two-day face to face training or a 5-day online training.

Whether face to face or online training, it is strongly recommended to run all sessions of the training in as concurrently as possible. Both face-to-face and online training should take place on consecutive days to maintain momentum. Where supervision reveals that the CHVs have not understood the Adapted Emergency Nutrition programming guidance during COVID-19 Pandemic in Myanmar, any relevant sessions can be repeated during monthly meetings or supervision visits. It is recommended that COVID-19 programme adaptations are included in current supportive supervision, supervisory checklists, programme manager oversight of supervision and supervisory/mentoring tools.

Each lesson in the Facilitator’s Guide includes:

* Session Objectives
* A table detailing the session outline
* Advance preparation required
* Time allotted for each objective
* Slide outline and
* Suggested activities and methodologies based on each learning objective with instructions for the facilitator(s)
* Key points and additional information.

The Facilitator Guide is designed to be used by facilitators as guidance for the preparation and execution of the training and is not intended to be given to participants. The training aids are for the use of the facilitators during training only. Participants are given relevant participant materials, a set of Global COVID-19 Adapted Counselling Cards, Myanmar IYCF Counselling Cards, Myanmar COVID-19 IYCF Key Messages Booklet, and copies of the updated adapted Emergency Nutrition Programming Guidance in the Context of COVID-19 Pandemic in Myanmar.

Each lesson is presented in detail with notes for the facilitators that are designed to provide more clarity for teaching each part of the lesson in the accompanying Powerpoint slides. Additionally, within the Powerpoints there are notes within the notes section to assist the Facilitators and are not intended to be seen by the Participants. This guide is designed to be adapted to the context. Where slides are adapted, they should then also be updated in the appropriate section of the Facilitators Guide.

### Post Training Follow-Up

The desired output of *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Implementing Partner Training Community Health Volunteers* is the understanding and effective application of the recommendations in the Updated Adapted Emergency Nutrition Programming Guidance in the Context of COVID-19 Pandemic in Myanmar.

Participants’ understanding of the Adapted Guidance can be measured immediately through the pre-test to be administered in Session 1 and post-test to be administered in Session 11 that are built into the training. Pre and post-test questions and answers can be found in in Appendix F and G. To assess and support the ability of Implementing Partners to appropriately apply the knowledge gained in training to the post-training work in the community, the training Facilitators or Program Supervisors should observe and evaluate Participants at their work-place as soon as feasible following the completion of training, within at least 3 months after training.

Ideally, Facilitators/Supervisors should provide on-the-job support or mentoring and assist with problem-solving in work situations that include:

* a counselling interaction with a mother/father/caregiver and child either online or in a community or home setting, depending on local COVID-19 restrictions
* during group education either online or in-person depending on local COVID-19 restrictions
* during supportive group facilitation either online or in-person depending on local COVID-19 restrictions

Post-training follow-up will allow a Facilitator/Supervisor/Mentor to determine the need for reinforcement of specific Participants’ knowledge and skills through additional or refresher training or ongoing supportive supervision. Ongoing follow-up through a formalized system of supervision/mentoring will allow Supervisors/Mentors or Programme Managers to monitor Implementing Partner’s retention of knowledge and the implementation of the adapted guidance; to focus ongoing supportive supervision and problem-solving to meet the needs of individual Implementing Partners; and to determine the need and timing for on-the-job training or other refresher training.

Where face to face supervision/mentoring of individual Implementing Partners is not possible, online mentoring, peer discussion and messaging groups through apps or social media should be considered.

## Agenda

The following agendas are suggestions only and should be adapted to the context.

### Face to Face Training Agenda

|  |  |
| --- | --- |
| **Day 1** | |
| **Time** | **Session** |
| 9:00 to 9:10 | Welcome and Introductions |
| 9:10 to 10:00 | Session 1: Introduction to the Training, Adapted Guidance and Pre-Test |
| 10:00 to 11:00 | Session 2: Risk Communication and Community Engagement for COVID-19 – Integration within Programs |
| 11:00 to 11:15 | Tea Break |
| 11:15 to 11:45 | Session 3: IYCF Program Adaptations |
| 11:45 to 12:45 | Session 4: IYCF Counselling during COVID-19 Part 1 |
| 12:45 to 1: 45 | Lunch |
| 1:45 to 2:55 | Session 4: IYCF Counselling during COVID-19 Part 2 |
| 2:55 to 3:10 | Tea Break |
| 3:10 to 3:40 | Session 5: Feeding the Sick Child |
| 3:40 to 4:00 | Final Discussion and Closing |
| **End of Day** | |

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| --- | --- |
| **Day 2** | |
| **Time** | **Session** |
| 9:00 to 9:10 | Welcome and review of previous day |
| 9:10 to 10:00 | Session 6: Common Breastfeeding Challenges and COVID-19 |
| 10:00 to 10:35 | Session 7: Complementary Feeding and COVID-19 |
| 10:30 to 10:45 | Tea Break |
| 10:45 to 11:50 | Session 8: Adaptations to IMAM programming and Blanket Supplementary Feeding Programmes Part 1 |
| 11:50 to 12:55 | Session 8: Adaptations to IMAM programming and Blanket Supplementary Feeding Programmes Part 2 |
| 1 pm to 2pm | Lunch |
| 2:00 to 3:15 | Session 9: Family MUAC |
| 3:15 to 3:30 | Tea Break |
| 3:30 to 4:10 | Session 10 : Micronutrient Distribution Adaptations |
| 4:10 to 4:33 | Session 11: Post Assessment and Evaluation |
| 4:30 to 4:45 | Final discussion and Closing |
| **End of Day** | |

### Online Training

|  |  |
| --- | --- |
| **Day 1** | |
| **Time** | **Session** |
| 9:00 to 9:10 | Welcome and Introductions |
| 9:10 to 10:00 | Session 1: Introduction to the Training, Adapted Guidance and Pre-Test |
| 10:00 to 11:00 | Session 2: Risk Communication and Community Engagement for COVID-19 – Integration within Programs |
| **End of Day** | |

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| --- | --- |
| **Day 2** | |
| **Time** | **Session** |
| 9:00 to 9:10 | Welcome and review of previous day |
| 9:10 to 10:40 | Session 3: IYCF Program Adaptations |
| 10:40 to 11:40 | Session 4: IYCF Counselling during COVID-19 Part 1 |
| 11:40 to 12:00 | Tea Break |
| 12:00 to 1:10 | Session 4: IYCF Counselling during COVID-19 Part 2 |
| **End of Day** | |

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| --- | --- |
| **Day 3** | |
| **Time** | **Session** |
| 9:00 to 9:30 | Welcome and review of previous day |
| 9:30 to 10:00 | Session 5: Feeding the Sick Child |
| 10:00 to 10:50 | Session 6: Common Breastfeeding Challenges and COVID-19 |
| 10:50 to 10:25 | Session 7: Complementary Feeding and COVID-19 |
| **End of Day** | |

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| --- | --- |
| **Day 4** | |
| **Time** | **Session** |
| 9:00 to 9:30 | Welcome and review of previous day |
| 9:30 to 10:35 | Session 8: Adaptations to IMAM programming and Blanket Supplementary Feeding Programs Part 1 |
| 10:35 to 10:50 | Tea Break |
| 10:50 to 12:00 | Session 9 : Family MUAC |
| **End of Day** | |

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| --- | --- |
| **Day 5** | |
| **Time** | **Session** |
| 9:00 to 9:30 | Welcome and review of previous day |
| 9:30 to 10:40 | Session 9: Family MUAC |
| 10:40 to 10:50 | Tea Break |
| 10:50 to 11: 20 | Session 10: Micronutrient Distribution Adaptations |
| 11:20 to 12:00 | Session 11: Post Assessment and Evaluation |
| **End of Day** | |

## Session 1: Introduction and background to nutrition programing adaptations in the COVID-19 context

### Session Objectives

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

* Understand the impact of COVID-19 on nutrition and in Myanmar.
* Understand the importance of COVID-19 adaptations in emergency nutrition programs
* Prepare facilities to ensure COVID-19 prevention measures are in place for continuity of nutrition services
* Access resources to better implement their activities, enhance risk reduction and strengthen preparedness to support the nutritional care of mothers and children with COVID-19

|  |  |
| --- | --- |
| Session outline | **Total time: 50 mins** |
| * Introduction to the session including objectives- Slides 1 to 3 * How has COVID-19 affected Myanmar – Slide 4 * Why is adaptive programming required? – Slides 5 and 6. * Impact of COVID-19 on nutrition-Slides 7 to 9 * Adapted Emergency Nutrition Programming Guidance and importance – Slides 10 and 11 * Preparation of health facilities to ensure continuity of services- Slides 12 to 15 * Reference documents – Slides 16 to 17 | **5 Mins**  **5 Mins**  **5Mins**  **10 Mins**  **10Mins**    **10 Mins**  **5 Mins** |

**Advance preparation**

1. Read the Introduction for guidance on facilitating a training and adult learning skills.
2. Make sure that Slides are in the correct order and review the notes to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Slides and Facilitator Guidance

#### Introduction of the session

**Show Slides 1& 2**and introduce the training agenda (3 minutes)

**Introduction:**COVID-19 has been recognized as a global pandemic by the WHO and alerted by the Ministry of Health and Sports (MoHS), Government of Myanmar. Since March 2020, when the COVID-19 pandemic has affected Myanmar, it is anticipated that essential nutrition services normally provided by BHS and local health centres may be reduced or stopped, as the MOHS is prioritizing COVID-19 prevention, containment and response activities. Furthermore, some population movements may be restricted due to COVID-19 quarantine and containment measures, and people may not be able to access routine nutrition services in health facilities or in the community as they normally would.

Maintaining good nutrition protects people from illness and is essential for their immunity. This is important during the current COVID-19 pandemic, to help in the effort to protect them. Essential nutrition interventions, particularly for vulnerable populations like women and children, should therefore be prioritized in the COVID-19 response along with health and WASH interventions, integrated as much as possible.

UNICEF, as the technical lead of the nutrition humanitarian sector/cluster in Myanmar, has worked with key sector partners, including MOHS-NNC to develop adapted COVID-19 sensitive programming guidance for nutrition in the country context of Myanmar during the COVID-19 pandemic. This session provides an overview of the guidance, importance of the guidance, how facilities can be prepared to continue nutrition service provision and other relevant resources for adaptations in nutrition programming.

**Present Slide 3**

* Read and explain the objectives (2 minutes)

#### How has COVID-19 affected Myanmar?

**Present Slide 4 (3 min)**

**Key points and additional information.:**

* When the pandemic hit Myanmar in March 2020, Emergency Nutrition services in Myanmar were disrupted.
* Most of the basic health staff, who provide essential health care packages including cIYCF, were diverted to the COVID-19 response and as a result, essential health care packages delivery was also reduced including cIYCF Counselling and Health Education Services.
* The 2021 coup d'état and subsequent protests and civil disobedience movement, some of which were led by healthcare workers, caused severe disruptions to the country's public health response and deepened its recession. The country's COVID-19 testing system and vaccination deployment are thought to have collapsed in February 2021.[[2]](#footnote-1)
* Fewer BHS are providing micronutrient supplements and nutrition services when beneficiaries come to the health centers. (Passive distribution of supplements)

#### Why is adaptive programming required?

**Present slide 5 (6 minutes)**

* Ask the participants to reflect on the questions in the slide and share their thoughts. Discuss for 3-4 minutes before moving to the next slide.

**Present slide 6 (4 minutes)**

**Key points and additional information.:**

In order to maintain essential nutrition interventions, mitigation measures were put in place and a practical guidance was developed to minimize the risk of spreading COIVD-19 and to maximize the health staff engaged in the nutrition service including the use of volunteers to complement the BHS.

#### Impact of COVID-19 on Nutrition

**Activity: Brainstorming on impact of COVID-19 on malnutrition**

Present slide 7 and ask participants the two questions (5 minutes). Allow for an open discussion.

Present Slide 8: Definition of malnutrition (3 minutes)

**Key points and additional information**

* Malnutrition is a condition resulting from eating less food or eating foods that do not contain all of the necessary nutrients or malabsorption of nutrients due to physiological problems and infections .
* Acute malnutrition presents in 2 forms: edematous and non-edematous malnutrition.
* The term malnutrition covers:

1. undernutrition which includes Chronic malnutrition/stunting and acute malnutrition (wasting and underweight)
2. micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals).
3. Overweight and obesity. Results from the excess intake of calories.

* The direct causes are diseases and/ inadequate food intake

**Present slide 9: Impact of COVID-19 on nutrition (10 minutes)**

**Key points and additional information**

* Social, economic and health impacts of COVID-19 pose immense challenges to the nutrition status of children and other vulnerable groups such as pregnant and lactating women (PLW)
* Estimates indicate that there will likely be an increase in prevalence of malnutrition

Child malnutrition likely to increase due to:

* Reduction in household income. Various forms of earning income have been affected. For example, earners in households either have been put on leave without pay, lost jobs completely, businesses closed temporarily or permanently etc. all of which affect the amount of income in the household and thus amount of money spent on food and other services and goods needed for a healthy living.
* Limited or no access to nutrition and health services. Health systems are overwhelmed and, in some contexts, have focused on COVID19 response including diverting other health and nutrition services funds to the response.  In addition, containment measures and fear of infection in health facilities lead to reduced utilization of the services thus impacting the number of malnourished children that get treatment.
* Interruptions on availability of nutrition supplies. Prepositioning of nutrition supplies has not been effective due to lack of funds and interruptions in the supply chain (production, transportation)
* Increased cost of food affecting affordability by individual households which will lead to consumption of unhealthy foods or diets that are not balanced and age appropriate.
* Changes in infant and young childcare practices and behaviors.
* Increased uncontrolled distribution of BMS and violation of the BMS code.

#### Adapted Emergency Nutrition Programming Guidance and the importance of the adaptations to nutrition programming

**Importance of adaptations to nutrition programming.**

**Present Slide 10 (4 Minutes)**

**Activity:**Pose the question to the participants and allow 4 minutes of brainstorming on what they think is the importance of adaptations to nutrition programming in the context of COVID-19. Why is it important to make some changes in the way the nutrition activities are carried out during the COVID-19 pandemic?

**Response:** To ensure that nutrition activities continue while at the same time reducing the risk of infection to COVID-19

**Present slides 11 (3 Minutes)**

**Importance of the adaptations**

To ensure that a minimum standard of essential nutrition services can continue to be provided and be accessible to vulnerable populations, in a safe and appropriate way that follows WHO recommendations on precautionary measures against COVID-19. *(Adapted Emergency Nutrition Programming Guidance during COVID-19 Pandemic in Myanmar. April 2020)*

**Key Points and additional information:**

* Although the adaptations are focusing on the COVID-19 pandemic, most can be implemented even when there is no pandemic.
* Some of the adaptations include the simplified approaches which have been implemented in other countries prior to COVID-19 and contributed greatly to improved IMAM service delivery e.g the training of mothers/caregiver to screen their own children.

#### Health facilities preparation to ensure continuation of nutrition services provision.

**Introductory note:** it is important that health service providers, health facilities and communities are prepared to continue nutrition service provisions irrespective of the movement restrictions in place. As volunteers, it's important to know how health facilities are prepared to ensure that the risk of infection among health seekers is reduced and communicate this information to community members.

**Present Slide 12 (10 minutes)**

**Activity: Brainstorming.**

Show the images and ask participants to brainstorm based on the images what and how they think a health facility can be prepared to continue nutrition services provision.

**Present Slides 13 and 14 (10 minutes)**

**Key Points and additional information:**

**Slide 13**

* Good ventilation includes using open spaces and or keeping doors and windows open to allow for uninterrupted air flow.
* IPC measures include: 1) Handwashing facilities for every patient/client and caretaker. 2) Handwashing by service provider after screening each child 3) Disinfection of common areas and surfaces (use 0.1% sodium hypochlorite or 62-71% ethanol) . 4) Use minimal PPE (e.g. Wearing any mask where easily available).
* There should be regular rapid testing for COVID-19 among health service providers and any service provider with fever and any respiratory symptoms and should seek medical attention early.

**Slide 14**

Health workers/BHS should share regular and clear information with communities on prevention measures against COVID-19 being undertaken. This is essential to increase trust among the people so that they feel safe/confident to visit health facilities/nutrition service delivery points and prevent stigma towards providers.

#### Reference Documents

**Slides 16 to 20** **(10 minutes)**

**Key points and additional information.:**

**Slide 16**

* The key reference material is the Adapted Emergency Nutrition Programming Guidance during COVID-19 Pandemic in Myanmar (April 2020). Partners, the BHS and all other service providers that interact with volunteers are required to have access to the most up-to-date version at the time of training**.** And to share any updates with the volunteers. Volunteers should constantly ask to know any updates during supportive visits or telephone calls.
* Additional key materials are the job aids on key nutrition messages and FAQs.
* A decision tree shows how these recommendations may be implemented by health workers in maternity services and community settings, as part of daily work with mothers and families. www.who.int/news-room/q-a-detail/q-a-on-covid-19-and-breastfeeding

**Slide 17**

* UNICEF and USAID Advancing Nutrition, with the support of the Infant Feeding in Emergencies (IFE) Core Group represented by Save the Children and Safely Fed Canada, have developed a counselling package, *Infant and Young Child Feeding Recommendations when COVID-19 is Suspected or Confirmed*. The set includes *10 Counselling Cards* and a *Recommended Practices Booklet*.
* These materials reflect the global recommendations from WHO and UNICEF (March 2020) on IYCF in the context of COVID-19 and may be periodically updated to reflect new or emerging evidence. The package provides both easy-to-understand recommended practices for counsellors and user-friendly graphics that can be used with low-literacy communities in different contexts.

## Session 2: Risk Communication and Community Engagement for COVID-19 – Integration within Programs

(Adapted from the [WHO guide on RCCE Action Plan Development](https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance) and [e-learning course on RCCE for COVID-19](https://coronawestafrica.info/rcce/en/#/))

### Session Objectives

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

* Describe key principles of Risk Communication and Community Engagement (RCCE)
* Learn how to integrate RCCE for COVID-19 into programming for IYCF-E, IMAM and Micronutrients

|  |  |
| --- | --- |
| Session outline | **Total time: 60 mins** |
| 1. Introduction of the session including objectives- Slides 1 and 2 2. What is RCCE? – Slides 3 and 4 3. Key Principles of RCCE – slides 5 to 9 4. Integration of RCCE within programs – Slides 10 to 12 5. Recap quiz - Slides 13 to 15 | **5 Mins**  **10 Mins**  **25 Mins**  **15 Mins**  **5 Mins** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that slides are in the correct order and review the notes to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Slides and Facilitator Guidance

#### Introduction of the session

**Show Slide 1**and introduce the session (2 minutes)

**Introduction:**Many of you may have heard the term ‘Risk Communication and Community Engagement (RCCE)’ especially in the context of COVID-19. In this session today, we will spend time understanding what RCCE means in the COVID-19 context and based on the recommendations in the adaptation guidance, how do we integrate RCCE within our ongoing programs.

**Present Slide 2**, read and explain the objectives (3 minutes)

**Key points and additional information:**

* Risk communication and community engagement (RCCE) is an essential part of health emergency preparedness and response
* The guidance note emphasizes the importance of integrating COVID-19 messages within ongoing program activities. This session elaborates on the key principles of RCCE and considerations for integration into IYCF/IMAM/Micronutrient interventions.

#### What is Risk Communication and Community Engagement?

**Present Slide 3 (8 mins).** Read the story on the slide and ask the participants to reflect and respond on the following questions (time – 8 minutes):

* Can you identify a similar situation in your area?
* What are some of your worries?
* What actions do you think could be taken to promote more engagement with the COVID-19 response?

Make a note of their challenges related to the program because of the COVID-19 context. End with informing them that risk communication and community engagement is about some of the actions that can be taken to tackle these challenges.

Present slide 4 (2 mins)

**Key points and additional information:**

* Risk communication refers to the exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being. The ultimate purpose of risk communication is to enable people at risk to take informed decisions to protect themselves and their loved ones.
* Community Engagement is a mutual partnership between response teams and the communities facing the threat. The aim is that the community has ownership of the way the threat is controlled and managed, and effectively participates in the response.
* In the case of COVID-19, the objective of an RCCE response is to support the exchange of information between technical institutions, local government authorities and partners with the communities you are working in. This is done in a format that is relevant and accessible to:
  + encourage positive behaviors; provide information on entitlements and services and how to access them.
  + proactively engage at risk and vulnerable populations.
  + ensure that feedback and complaints mechanisms are in place to address community concerns, rumors and help to inform decisions.

#### Key Principles of RCCE

**Present slides 5, 6 and 7 (10 minutes)**

**Key points and additional information.:**

**Slide 5**

* In times of crisis, people usually make decisions based on trust. Therefore, trust in individuals and organizations is the biggest factor in communicating risk. It is not enough to transmit a message; the person needs to accept it with full confidence.
* The immediate response to any crisis such as the COVID-19 pandemic is to start disseminating information that experts convey about protecting people from the disease. While this is definitely required, it is not sufficient to ensure that people act upon the information shared or adopt the recommended behaviors. Listening to the community will help us understand what the drivers and barriers to adoption of the desired behaviors are. This information can then be used to adapt the key messages and solutions along the way, if necessary. It is important to remember that changing behavior is not easy for anyone.
* Behavior change can take time, you have to be patient. It is necessary to be persistent and **reiterate key messages**, using a **mixed media** approach that uses **diverse**channels of communication.
* A two-way communication helps us understand what the people’s information needs are, what they are concerned about so that we can share information that is relevant. It also helps build trust as people are able to express themselves and get information that they need.

**Slide 6**

* Listening to what the community’s needs and concerns are, being respectful towards them and not being judgmental about their beliefs and practices are important steps to building trust within communities.
* People react differently to threats, a reaction that seems irrational to you makes sense to them.
* Working and engaging with religious and community leaders and other key actors (women’s groups, youth leaders) to involve them in the response also helps build trust. Credible voices bring credibility to the messages.

**Slide 7**

* To be effective, your communication must be easy to understand, complete and precise. It should answer people's concerns.
* It is important to establish a dialogue and not a one way speech.
* Consistent, reiterated messages are more likely to be remembered.
* People need to ask questions. This helps to create trust. It is essential to allow time for questions and answers in all your sessions.
* Make sure you are sharing information that is consistent with national and locally agreed upon messages. If a person hears different messages, they are more likely to lose confidence in the communicator.

**Slide 8: Role Play (12 minutes)**

Invite two participants to play the role of community health volunteers. Explain to them that they must try and use the tips shared earlier for building trust and two-way communication in a community sensitization session on COVID-19. The rest of the participants will be community members. Explain separately to the participants that they have to keep in mind communities they work with and respond like they would. One or two of them could be community leaders who are quite influential but also very skeptical about all the restrictions related to COVID-19.

Conduct the role play for 5-7 minutes and then ask the following questions to start a discussion among the participants:

* Did the CHVs manage to build trust? What did they do well? What could have been done better?
* Was there adequate two-way communication? What was done well? What could have been done better?
* Have any of you encountered such situations in your work area? How did you resolve it?

**Conclude** with summarizing the previous three slides:

* Build trust and involve people the community trusts, such as local volunteers and community leaders, for the implementation of risk communication and community engagement activities.
* Use two-way communication and ensure that people are listened to and answers are given.
* Make sure communities participate in the discussion of the plan, the activities, the development of feedback mechanisms, and are engaged in the response.

## 

## Session 3: IYCF Program Adaptations

### Session Objectives

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

* Understand IYCF in the context of COVID-19 in Myanmar
* Know important guidance documents to use for COVID-19 programming
* Understand adapted approaches
* Know key counselling messages for COVID-19

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| --- | --- |
| Session outline | **Total time: 30 mins** |
| 1. Introduction of the session including objectives- Slides 1 to 2 2. How has COVID-19 affected IYCF in Myanmar? -Slide 3 and 4 3. Overview of adaptations -Slide 5 4. Getting the facility ready for nutrition services- Slide 6 5. IYCF Group Promotion Adaptations, Partial Mobility Restrictions- Slides 7 to 11 6. IYCF Promotion and Support Services- Slide 12 7. IYCF Face to Face Counselling, Partial Mobility Restrictions- Slide 13 8. IYCF Counselling Hotline- Slide 14 | **5 Mins**  **5 Mins**  **2 Mins**  **2 Mins**  **10 Mins**    **2 min**  **2 min**    **2 min** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that Slides are in the correct order and review the notes so s to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.
4. Teaching aid and props such as dolls for role play etc.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

**Note to the facilitator: During the delivery of messages on IYCF, promote the hotline too. However, it should only be promoted if the hotline has been made functional at the time of the training.**

### Slides and Facilitator Guidance

#### Introduction of the Session

Show Slide 1 and introduce the session (2 minutes)

Present Slide 2, read and explain the objectives (3 minutes)

**Key points and additional information.:**

* Risk reduction measures will have to be in place to safely provide IYCF services

#### How has COVID-19 Affected IYCF in Myanmar?

Present Slide 3 (10 mins). Break into small groups and pose the question to the participants and allow 5 minutes of brainstorming on how IYCF has been affected and how their programs have changed since the start of the COVID-19 pandemic.  Allow participants to feed back to the rest of the group.

Present slide 4 (5 mins)

Discuss how this and the participants' experiences are similar.

**Key points and additional information:**

* IYCF has been affected globally by COVID-19.  Services in many countries were disrupted.
* In many of the program staff were diverted to COVID-19 response.
* It is important to open services as quickly and as safely as possible.

**Overview of Adaptations for IYCF Services**

Present slide 5 (2 minutes)

**Key points and additional information:**

**Slide 5**

* There is a difference between full and partial mobility restrictions.

#### IYCF Group Promotion Adaptations

**Present Slides 7 to 11 (8 minutes)**

Discuss the adaptations in each slide.  Ask the participants how they have seen these adaptations?

**Key points and additional information:**

**Slide 7 to 11**

* Key Messages should be included in all activities
* Global IYCF guidelines have remained in place with risk reduction activities included such as hand washing and wearing a mask
* Highlight the dangers of BMS use

#### IYCF Promotion and Support Services

**Present Slide 12 (2 minutes)**

Discuss where these services could take place and what kind of services can take place at each service point.  Ask the participants how they have seen these adaptations?

Example of services to discuss:

* Health centers
* Nutrition centers
* Women’s Centers
* OTP
* Distribution points

**Key points and additional information.:**

**Slide 12**

* Partners who are willing to include IYCF in their programming should contact the MOHS/NCC and UNICEF

#### IYCF Face to Face Counselling

**Present Slide 13 (2 minutes)**

All caregivers should wash hands and counselling should take place at a reasonable distance.  If a mother has symptoms, she should be referred to the nearest health facility

**Key points and additional information.:**

**Slide 13**

* Partners should know the closest health point for referrals when needed

#### IYCF Hotline Counselling

**Present Slide 14 (2 minutes)**

Provide the hotline number to the participants.  This is for full mobility restrictions.

**Key points and additional information:**

**Slide 14**

* **Note that this Hotline is NOT YET implemented**
* When it is implemented all caregivers of children under the age of two years can be referred to the hotline.

**Note to the facilitator: During the delivery of messages on IYCF, promote the hotline too. It should only be promoted if the hotline has been made functional at the time of the training.**

## Session 4: IYCF Counselling

### Session Objectives

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

* Know the adapted IYCF counselling cards and recommended practices booklet
* Understand key counselling messages
* Gain confidence in IYCF counselling for families during the COVID-19 pandemic

|  |  |
| --- | --- |
| Session outline | **Part 1: 60 mins**  **Part 2: 70 mins** |
| Part 1:   1. Introduction of the session including objectives- Slides 1 to 2 2. Why is IYCF counselling Important? -Slide 3 and 4 3. Key IYCF messages for counselling sessions – Slides 5, 6, 7, 8 4. Key counselling skills- Slide 9, 10, 11, and 12 5. Key counselling skills non-verbal- Slides 13, 14, and 15 6. Activity: Non-verbal counselling skills- Slide 16 7. **TEA BREAK**   Part 2:   1. Key counselling skills Non-Verbal and COVID-19- Slides 17, 18, and 19 2. Activity: Non-verbal communication facial empathy- Slide 20 3. Key counselling skills verbal communication- Slide 21 and 22 4. IYCF and COVID Counselling Cards- Slides 24 to 43 | **4 Mins**  **5 Mins**  **10 Mins**  **10 Mins**  **6 min**  **25 min**  **15 min**  **10 min**    **15 min**  **5 min**  **40 min** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that slides are in the correct order and review the notes so as to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.
4. Read through the activities clearly for full understanding prior to starting the training.

**Training Aids:** Flip charts, markers, baby doll or similar

#### Preparation for Listening and Learning Activity:

* Write the heading ‘LISTENING AND LEARNING SKILLS’ on a board or flipchart with room for a list of six points below it (Flipchart 1).
* List the six skills underneath as you demonstrate them on flipchart 1 within a list.
* Write non-verbal communication on its own flipchart (Flipchart 2)
* Choose or ask a participant to volunteer to be a mother to help you in the role play.

#### Preparation for Empathetic facial expressions: Face Charades

* Write on a piece of paper one of nine different emotions, there should be nine separate pieces of paper at the end.
* Examples of emotions:
  + Happy, Sad, Excited, Surprised, Worried, Fear, Judgement, Confident, Brave

### Slides and Facilitator Guidance

#### Part 1:

#### Introduction to the Session

Show Slide 1 and introduce the session (2 minutes)

Present Slide 2, read and explain the objectives (2 minutes)

#### Why is IYCF Counselling Important?

Present slide 3 and 4 (4 minutes)

**Points to emphasize:**

**Slide 3 and 4**

* Counselling is a way to support mothers and caregivers to adopt good IYCF practices
* Counselling is to provide guidance and support but does not tell people what to do. It is meeting mother’s/caregivers where they are and supporting them to make the right decisions for themselves. Starting from what is known to them and introducing the new good practices (known to unknown).

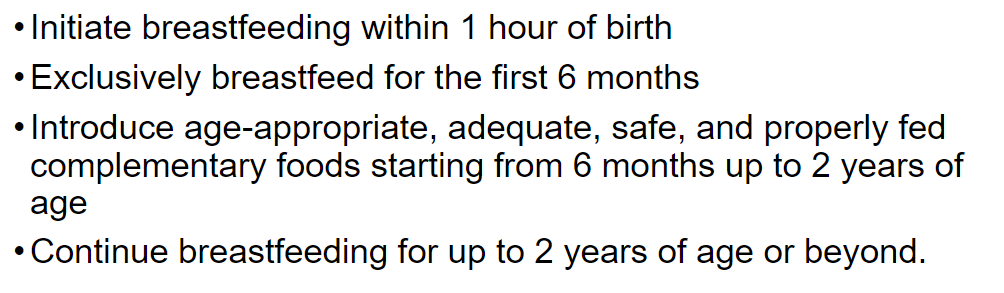
#### Key IYCF Messages for Counselling Sessions

Present Slide 5, 6, 7 and 8 (10 minutes)

**Key Points and information: Slides**

* WHO, UNICEF, and the MOH advise all families with suspected or confirmed COVID-19 to continue the recommended IYCF practices with necessary hygiene precautions such as handwashing and wearing a mask.

Key Messages:

****

#### Key Counselling Skills

**Present Slides 9, 10, 11 and 12 (10 min)**

Introduce key counselling skills and go through why counselling is important and what are the key skills to have.

Slide 11 (5 minutes): Brainstorm with the participants to think of what gives a person confidence and support

Probe until the skills in ‘Key Information’ below have been mentioned. (5 minutes)​

* Key Information Building Confidence and Giving Support skills ​
  + Accept what a mother/father/caregiver thinks and feels (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information) ​
  + Recognize and praise what a mother/father/caregiver and baby are doing correctly ​
  + Give practical help ​
  + Give a little, relevant information ​
  + Use simple language ​
  + Use appropriate counselling card or cards ​
  + Make one or two suggestions, not commands

Slide 12 (4 minutes): have participants guess what the difference is between non-verbal communication and verbal communication

#### Key Counselling Skills: non-verbal

**Present slides 13, 14, and 15 (6 minutes)**

**Introduce slide 13:**

Health and nutrition workers rely on positive non-verbal communication to show care for their patients:

* Keep your head level
* Pay attention
* Remove barriers
* Close physical proximity
* Appropriate touch
* Head nodding, smiling
* Take time

Question: How do these change with COVID-19?

Appropriate touch changes during COVID-19. See key point below.

**Key point:**

Appropriate physical touch is normally recommended, however during COVID-19 this is not recommended to maintain physical distancing.

**Introduce slide 14:**

**Helpful Non-Verbal Communication during COVID-19**

* Keep your head level
* Pay attention
* Remove physical barriers while maintaining COVID-19 prevention measures
* Take time
* Empathetic or Positive facial expressions - how can we improve on this especially with masks on.

**Make the following point:**

* Our non-verbal communication often demonstrates to a mother or caregiver our approval or disapproval of a situation. We should be careful to avoid allowing our own views on certain subjects, e.g. religion, to be expressed in a counselling situation where it might appear as though we are judging a mother.

#### Key Counselling Skills Non-Verbal Communication Activity

**Introduce slide 16: Activity 25 minutes**

**Activity: Use helpful non-verbal communication**

This activity is divided into four parts.

Part 1 (5 min): through a brainstorm with the class the facilitator will write down helpful non-verbal communication on a flipchart. If online training can use the note board.

Part 2 (5 min): the facilitator demonstrates both useful and not useful non-verbal demonstration for the group.

Part 3 (10 min): the facilitator divides the group into pairs and they role play. They take turns being the mother or healthcare worker. They are given case studies and use either ‘helping’ or ‘hindering’ non-verbal communication.

Part 4 (5 min): is a discussion of the activity.

**Part 1 (5 minutes):**

* Write ‘HELPFUL NON-VERBAL COMMUNICATION’ on a flipchart with room for a list of five points below it.
* Explain the skill:
  + Ask: *What do you think we mean by ‘non-verbal communication’?* Wait for a few replies and then continue.
    - Non-verbal communication means showing your attitude through your posture, your expression, everything except through speaking.
  + Ask: *How might COVID-19 affect our non-verbal communication?*
    - Many facial expressions are the same across cultures, like happiness, sadness, anger, and fear, and our faces can express emotions without saying a word. Given widespread masking, this nonverbal communication has become increasingly difficult

**Part 2 (5 minutes):**

* Demonstrate the skill. Tell participants that you will demonstrate five different kinds of non-verbal communication.
* Ensure both you and the participant are wearing masks.
* **Ask the participant whom you have prepared to help you.** She sits with a doll, pretending to be a mother. The facilitator is the community health volunteer. The mother can respond to your greeting, but she does not have to say anything else.
* Read one of the case studies below or create your own and in each use either helping or hindering non-verbal communication (see Part 2 guidance below)
* It is important that you say the **same words**, in the **same tone of voice**, with each demonstration. It is tempting to change your tone of voice to sound kinder in the demonstration which shows ‘helpful non-verbal communication’. However, this will confuse the participants who may start to comment on verbal instead of non-verbal communication.
* Ask other participants to:
  + Identify the form of non-verbal communication that you demonstrate.
  + Say which form helps communication and which hinders it.
  + In what way did the facilitator have to change their behavior due to COVID-19 prevention measures

**Part 2 guidance:**

Demonstrate the way which helps sometimes first, and sometimes second, so that the participants who are observing cannot guess which is which just from the order of the demonstrations.

With each demonstration say exactly the same few words, and try to say them in the same way, for example: “Good morning, Nilar, how is feeding going for you and your baby?”

* + **Posture:** Hinders: Stand with your head higher than the other person's helps: Sit so that your head is level with hers.
  + **Eye contact:** Helps: Look at her and pay attention as she speaks Hinders: Look away at something else, or down at your notes.
  + **Physical barriers:** Hinders: Sit behind a table or write notes while you talk Helps: Remove the table or the notes. Make it a point to emphasize that physical distancing of 1m is still required.
  + **Taking time:** Helps: Make her feel that you have time. Sit down and greet her without hurrying; then just stay quietly smiling at her, watching her breastfeed, and waiting for her to answer Hinders: Be in a hurry. Greet her quickly, show signs of impatience, look at your watch
  + **Empathetic Facial expressions**: Helps: Empathetic Facial Expressions ‘Smile with your eyes’, Make exaggerated facial expressions behind the mask. Hinders: Lack of facial expressions.

**Note: normally ‘appropriate touch’ (socially acceptable) and ‘inappropriate touch’ (not socially acceptable) would also be included, however during COVID-19 it is not recommended due to physical distancing. Instead, one can use exaggerated facial expressions behind the mask to ensure that the mother can understand their non-verbal communication.**

**Part 3 (10 minutes):**

* Divide the group into pairs. For each pair one person is the ‘mother’ and the other is the Community Health Worker. Ensure both are wearing masks.
* Read each case study (below) to the entire group (change names as per country context).
* With each pair, the Community Health Workers approach the ‘mother’ in two ways – one way helps communication, and the other way hinders communication.

**Note: Ensure that each participant is practicing all of the COVID-19 prevention measures with a mask and social distancing.**

**Part 3 Case Studies: Mother’s scenarios**

Case Study 1: Read to ‘Mothers’: You are Mi. Your son, Gyi, is 18 months old. You are breastfeeding him on demand. You are giving Gyi milk and millet cereal 3 times a day. With COVID-19 you are afraid to go to the market to get more diverse foods.

Case Study 2: Read to ‘Mothers’: You are Nilar. Your daughter, Myine, is 5 months old. You are breastfeeding Myine because you know breast milk is the best food for her. You also give Myine water because it is so hot. You are also afraid of Myine contracting COVID-19 from your breastmilk. Myine has been gaining weight well, but she had diarrhea last week.

**Part 4: Discuss (5 mins).**

* Ask: How did the participants feel when using helping or hindering communication. Did the masks make it easier or more difficult?

Wait for a few replies and then continue.

***Because this session is long and divided into two parts it is recommended that a 15 minute tea break take place at this time.***

#### Part 2:

#### Key Counselling Skills: Non-Verbal COVID-19

Present slide 17 (4 min)

**Discuss: What non-verbal adaptations must take place due to COVID-19.**

* Ask: How does COVID-19 change our counselling? How does it affect our non-verbal communication?
* Wait for a few replies and then continue.

Present slide 18 and 19 (6 minutes)

* Have the participants guess the facial expression before clicking to advance the uncovered photo on the slides.

#### Key Counselling Skills: Non-Verbal Communication Facial Empathy

Present slide 20 (15 minutes)

**Activity: Face Charades (15 minutes):**

* Ask for volunteers to receive one of the emotions that were written on a piece of paper.
* Ask them to stand up, wearing their masks and make facial expressions of the emotion. To act it out. The rest of the group guesses what the facial expression is.
* Examples of emotions:
  + Happy, Sad, Excited, Surprised, Worried, Fear, Judgement, Confident, Brave
* Notice what their eyes are doing. What are their eyebrows doing? How do their faces change?
* Anger, Fear and Judgement are not recommended for counselling; however, we need to be able to identify these emotions to be able to read the facial expressions of mothers or caregivers.

#### Key Counselling Skills: Verbal Communication

Present slide 21 (4 minutes)

**Points to emphasize:**

* Explain each of the key counselling skills and demonstrate to the participants.

**Present slide 22 (4 minutes)**

**Points to emphasize:**

In the dialogue you can see a nutrition worker providing one to one counselling with a mother. Non-verbal language where she is leaning forward, looking at the mother while talking to her, at the same level as the mother in an open way.

There is a dialogue where the nutrition worker is using her counselling skills to support the mother.

1. How is your child feeling? She is using an **open-ended question**.
2. This allows for the mother to say more than just ‘yes’ or ‘no’ and to provide information to the nutrition worker
3. What did your child have to eat yesterday? Using an **open-ended question**
4. The mother is able to open up more and express her concerns.
5. I hear you say you are feeling worried. This is **reflecting back**. The nutrition worker is able to show that she has listened to what the mother has said
6. This has allowed for the mother to go more into her feelings, express her specific concerns
7. That can be a very scary feeling. Tell me more about how you are feeling. This is **empathy**. The nutrition worker shows the mother that she understands and feels her concerns from her point of view. By allowing for empathy the nutrition worker is opening the conversation more for the mother to continue to talk so they can work through the issues she may be having.

Ask what differences you would see in the photo during COVID-19?

#### IYCF and COVID-19 Counselling Cards

**Present Slide 24 to 36 (40 minutes)**

Walk through the COVID-19 adaptations for IYCF counselling. Review the notes section for each slide for key points to explain for each card.

Have the participants explain the slides of the counselling cards. Ensure time for participants to ask questions or get clarification. Participants should follow along while looking at the Key Messages Booklet adapted to the Myanmar context.

**Key points:**

Infant and young child feeding (IYCF) counselling in the context of COVID-19 remains a critical nutrition intervention for the protection and support of pregnant women, caregivers, and their young children. WHO and UNICEF advise caregivers and families with suspected or confirmed COVID-19 to continue the recommended IYCF practices with the necessary hygiene precautions. It is therefore vital to ensure that communities and families around the world adopt these recommendations to help prevent the spread of the virus and care for those who are infected.

**Present Slide 24 (2 minutes)**

Exercise: Ask participants what they think are some prevention measures that mothers can take while breastfeeding to prevent the spread of COVID-19. Write the answers on a flip chart.

**Present Slide 25 (2 minutes)**

Wash hands, clean surfaces and dishes fully, cough into elbow, use a mask, physically distance

**Present Slide 26 (2 minutes)**

Explain the counselling card for precautions

**Present Slide 27 (2 minutes)**

Take precautions during delivery and rooming in.

**Key points:**

* The infant should remain with the mother
* The mother can use a mask while breastfeeding

**Present Slide 28 (2 minutes)**

Once home, continue to take precautions.

**Present Slide 29 (2 minutes)**

Always wash hands before preparing food, feeding the child and after using the toilet or assisting the child in using the toilet.

**Present Slide 30 (2 minutes)**

Wash hands for 20 seconds. Ensure to get all parts of the hands including the back of the hands, in between the fingers and under the fingernails.

**Present Slide 31 (2 minutes)**

Practice food safety and prepare clean water. Continue to use a mask when preparing food or water.

**Present Slide 32 (2 minutes)**

Complementary foods should start at the age of 6 months. Follow national recommendations on complementary feeding practices.

**Present Slide 33 (2 minutes)**

Seek advice from a health facility if the child has any symptoms of COVID-19 including fever, dry cough or difficulty breathing.

**Present Slides 34, 25, and 36 (6 minutes)**

Explain how to hand express in detail. Using a tool such as a homemade breast out of a sock might be useful for demonstration.

**Present Slide 37 (2 minutes)**

Storage of expressed mink. Ensure that the container is clean and covered.

**Present Slide 38 (2 minutes)**

Explain how to cup feed an infant walking step by step to explain the process.

#### Dangers of BMS

**Present Slides 39, 40, 41, 42, and 43 (10 minutes)**

**Points to highlight:**

* It is important to highlight the dangers of bottles at all times
* It is important to highlight the danger of animal milk before 6 months.
* **When discussing infant formula ensure that it is clear that it is to be used only as a last resort**
* **It is required to ensure all resources are available to the family such as water, soap, utensils, fuel and that the supply will last as long as the infant needs it**
* **Infant formula should be prescribed ONLY under supervision of a health or nutrition worker after a full assessment and with close follow-up.**
* Preparing the infant formula correctly is important to reduce the risk of the child becoming ill.
* Highlight the dangers of infant formula donations and let the participants know that any donations should be reported to the Ministry of Health and Sport and the National Nutrition Center.

**Present Slide 39 (2 minutes)**

Bottles should **never** be used as they are difficult to wash and can cause illness and malnutrition

**Present Slide 40 (2 minutes)**

Donations of infant formula should **never** be accepted and should be reported to the Nutrition Sector Coordinator

**Present Slide 41 (2 minutes)**

Infant formula is only used as a last resort.

It is IMPORTANT that:

* It is only prescribed by a trained health or nutrition worker
* and only after a full assessment
* and after donor milk, wetnursing, and relactation have been fully explored
* and when all the required resources for infant formula use are available.

**Present Slide 42 (2 minutes)**

CHVs should refer a mother/caregiver and child to a health or nutrition worker for a full IYCF assessment and should never recommend infant formula themselves.

**Present Slide 43 (2 minutes)**

It is important that CHVs understand how to prepare infant formula to counsel families who are using infant formula to use it correctly to reduce the risk of making the child ill

## Session 5: Feeding the Sick Child and COVID-19

### Session Objectives

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

* Understand vulnerability and causes of Illness during COVID-19
* Know how to counsel caregivers on signs of illness and when to go to the health facility
* Understand how to feed the sick child
* Know ways to support mothers and caregivers on feeding the sick child

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| Session outline | **Total time: 30 mins** |
| 1. Introduction and Aims of the session - Slides 1 to 2 2. Nutritional Vulnerability in COVID-19-Slide 3 3. Prevention of Illness -Slide 4 and 5 4. Counselling on Illness in COVID-19 - Slide 6 and 7 5. Feeding the sick child under 6 months of age- Slide 8, 9, and 10 6. Feeding the sick child over 6 months of age- Slide 11 and 12 7. Responsive Feeding and Care Practices- Slides 13 and 14 | **1 Mins**  **2 Mins**  **4 Mins**  **6 Mins**  **7 Mins**  **5 Mins**  **5 Mins** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that Slides are in the correct order and review the notes so as to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Slides and Facilitator Guidance

#### Introduction to the Session

**Present Slide 1 and 2, read and explain the objectives (1 minutes)**

**Key points and additional information:**

During COVID-19 it may be more difficult for families to access the market for nutritious and diverse foods so it is important to understand vulnerabilities to prevent illness and to know what to do regarding nutrition if a child becomes sick.

#### Nutritional Vulnerability in COVID-19

**Present Slide 3 (2 minutes)**

**Key points and additional information Slide 3:**

* PLW and children are particularly vulnerable due to a lack of diverse foods during the COVID-19 pandemic

#### Prevention of Illness

**Present slide 4 and 5 (4 minutes)**

**Key points and additional information.:**

**Slide 5**

* All donations of BMS should be refused and reported to the MOH and UNICEF
* Breastfeeding should be prioritized by all partners

#### Counselling on Illness in COVID-19

**Present Slide 6 (4 mins)**

What are signs that require mother/father/caregiver to refer the child to the health facility?

Possible Answers:

Take your child immediately to a trained health worker or clinic if any of the following symptoms are present:

* COVID-19 symptoms, including fever, dry cough, and difficulty in breathing
* Refusal to feed and limp, or weak
* Vomiting (cannot keep anything down)
* Diarrhea (more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes)
* Convulsions (rapid and repeated contractions of the body, shaking)
* The lower part of the chest sucks in when the child breathes in, or it looks as though the stomach is moving up and down (respiratory infection)
* Fever
* Malnutrition (visible thinness or swelling of the body)

**Key points and additional information:**

It is important to continue to take the child for routine immunizations, following the national immunization schedule. Continue with follow-up services according to local recommendations. Appointment frequency and locations may change.

If the mother or caregiver is not well, ask a family member who is well to take the child for immunizations and follow-up services, and to ask questions about the child’s growth, health, and nutrition.

**Present Slide 7 (2 minutes)**

* Take your child immediately to a trained health worker or clinic if any of the following symptoms are present:
  + COVID-19 symptoms, including fever, dry cough, and difficulty in breathing
  + Refusal to feed and limp, or weak
  + Vomiting (cannot keep anything down)
  + Diarrhea (more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes)
  + Convulsions (rapid and repeated contractions of the body, shaking)
  + The lower part of the chest sucks in when the child breathes in, or it looks as though the stomach is moving up and down (respiratory infection)
  + Fever
  + Malnutrition (visible thinness or swelling of the body)

#### Feeding the Sick Child Under Six Months

**Present Slide 8 (3 minutes)**

Ask participants what ways we counsel a mother or caregiver who has a child under six months who is sick?

Note: Allow participants to answer and brainstorm together.

Does it change during COVID-19?

* Answer: hygiene is important and precautions for COVID-19 are important but other recommendations remain the same.

**Slides 8 possible answers:**

* Breastfeed frequently
* If the baby refuses the breast continue to try through skin to skin contact and patience
* If the baby continues to refuse or if the baby is too weak to suckle, expressed breast milk can be given to the baby in a cup

**Present Slide 9 (2 minutes)**

How do the answers on slide 8 differ or are the same as the answers the participants brainstormed for slide 7.

**Present Slide 10 (2 minutes)**

Continue to gently encourage the child to drink milk either by directly from the breast or hand expression and given via a cup.

Responsive feeding is important during a child’s illness. Listen to the baby and gently encourage it. Patience is important in this time.

#### Feeding the Sick Child Over Six Months

**Present Slide 11 (3 minutes)**

Present the slide and ask participants how we can counsel families with children over six months who have a sick child.

Does it change if the child is sick with COVID-19?

* Answer: hygiene is important and precautions for COVID-19 are important but other recommendations remain the same.

**Slide 11 possible answers:**

* Encourage the child small amounts through the day
* Avoid spicy or fatty foods.
* Breastfeed more frequently
* Offer simple foods like porridge
* After the baby has recovered, encourage them to eat and breastfeed more frequently during the following two weeks to gain any weight they may have lost and to replenish any lost nutrients .

**Present Slide 12 (2 minutes):**

How do these answers align with the answers from the participants during the brainstorm in the previous slide?

**Response Feeding and Care Practices**

**Present Slide 13 (3 minutes)**

It is important to highlight responsive feeding, especially during illness.

Newborn babies express their need for food through cues such as crying, and later (from roughly three months of age), infants are able to show signs of self-regulation of food intake by moving their hands towards their mouths, or heads, turning their bodies or heads away from undesirable food, spitting out food when they have had enough to eat, or displaying irritation when the pace of feeding is slowed. It is important that parents and caregivers acquire skills to recognize their infant’s hunger and satiety cues and respond appropriately.

**Present Slide 14 (2 minutes)**

It is especially important during illness to respond to the child’s cues to ensure adequate nutrition.

## Session 6: Common Breastfeeding Challenges and COVID-19

### Session Objectives

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

* Understand how COVID-19 affects breastfeeding in Myanmar
* Gain confidence in IYCF counselling for families during the COVID-19 pandemic

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| Session outline | **Total time: 50 mins** |
| 1. Introduction and Aims of the session - Slides 1 to 2 2. Why is breastfeeding important? Slides 3 and 4 3. Breastfeeding during COVID-19-Slide 5 to 7 4. Preventive measures and breastfeeding- Slide 8 5. Key IYCF Messages- Slide 9 to 12 6. Fish Game- Slide 13 7. Common breastfeeding challenges during COVID-19- Slide 12 to 19 | **2 Mins**  **2 Mins**  **5 Mins**  **2 Mins**  **4 Mins**  **15 Mins**  **20 min** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that slides are in the correct order and review the notes so as to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.
4. Print or email fish and answers to the participants

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Slides and Facilitator Guidance

#### Introduction to the Session

**Show Slide 1 and introduce the session (2 minutes)**

**Present Slide 2, read and explain the objectives (2 minutes)**

#### Why is Breastfeeding important

**Present Slide 3 and 4 (4 mins).**

**Key points and additional information.**

**Slide 3:**

Brainstorm with participants on why they think breastfeeding is important.

Answers:

* Breastfeeding is one of the most effective ways to ensure child health and survival.
* It is estimated that over one million children die each year from diarrhea, respiratory and other infections because they are not adequately breastfed.
* Breastmilk is safe, clean and contains antibodies which help protect against many illnesses. It protects both baby’s and mother’s health.
* Breast milk provides all the energy and nutrients that the infant needs for the first six months of life, and it continues to provide up to half or more of a child’s nutritional needs during the second half of the first year, and up to one third during the second year of life.

**Slide 4:**

* Exclusive breastfeeding should continue up to 6 months.  From 6 months onward breastfeeding should continue with the introduction of complementary foods.
* Children should be fed a wide variety of food to fulfill nutrition requirements.
* Breastfeeding should continue up to 2 years and beyond

#### Can a mother breastfeed during COVID-19?

**Present slide 5 (2 minutes)**

**Key points and additional information.:**

It is recommended that mothers still breastfeed their children whenever possible even if they are positive for COVID-19

#### Breastfeeding during COVID-19

**Present slides 6 and 7 (3 minutes)**

Brainstorm the questions with the participants

* What is this mother doing to protect herself and her baby while breastfeeding?
  + Answer: Wearing a mask
* What should she have done before feeding her baby?
  + Put on her mask and washed her hands
* What other things should she be doing?
  + Washing hands, not coughing on baby, wearing a mask

#### Prevention Measures: Breastfeeding

**Present slide 8 (2 minutes)**

**Key IYCF Messages**

**Present slide 9 to 10 (4 minutes)**

Points to emphasize:

**Slide 9**

Recommendations remain the same

**Slide 10**

For breastfeeding:

* Skin to skin contact,
* Breastfeeding within first hour of birth (then baby will also be fed colostrum),
* To practice baby led breastfeeding and understanding the signs of early hunger,
* Frequent breastfeeding at day and night,
* Good Positioning, good attachment, and good suckling,
* To breastfeed from both breasts, empty both breast at each feed,
* To practice exclusive breastfeeding until baby is 6 months old,
* To continue frequent breastfeeding on demand until baby is 2 years,
* To continue frequent breastfeeding although mother or baby is ill,
* Mother needs to eat and drink to satisfy her hunger and thirst
* Never use a bottle and teat, instead practice cup feeding when breastfeeding is not possible due to strong reasons. Bottles and teats require sterilization prior to each use and makes it more difficult for the baby to return to the mother’s breast when she becomes well again.
* Mothers should be counselled/advised to continue breastfeeding even when the infant or young child becomes sick with suspected, probable, or confirmed COVID-19 or any other illness.

As per current WHO recommendation, women with COVID-19 can breastfeed if they wish to do so. They should practice respiratory hygiene during feeding, wearing a mask; wash hands before and after touching the baby; routinely clean and disinfect surfaces they have touched. Women too unwell to breastfeed, should be supported to safely provide their baby with breastmilk in a way possible, available, and acceptable. These options include: Expressing milk; Relactation; Donor human milk and as a very last resort infant formula.

#### Present Slide 11 (15 minutes)

#### Activity: Breastfeeding Challenges Fishing Game

**15 Minutes: located in Annex D**

*Adapted from the Community IYCF Counselling Package: Trainers guide*

**Objective:** Address common situations that can affect breastfeeding.

**Methodology:** Fish Game

**Training Aids:** Cards (fish shaped) with a common situation that can affect infant and young child feeding written on the underside

**Preparation for Activity:**

* Print out Fish shaped cards
* Write on the back of each card a common situation or condition related to local breastfeeding and COVID-19 beliefs
  + Prioritize selection of ‘common situations’ to reflect those most appropriate for the country situation by choosing ten common situations from the following list or adapt them to the local situation:
    - giving colostrum
    - Low Birth Weight (LBW) or premature baby
    - Kangaroo Mother Care (KMC)
    - Thin or malnourished mother
    - Refusal to breastfeed
    - New pregnancy
    - Mother working out of the home
    - Pressure from the family to give water and other foods

**Instructions for Activity:**

* Divide the Participants into groups of three and assign each group a package of three fish-shaped cards.
* Cards (fish) should be placed face-downward so participants can ‘fish’ for a common situation that can affect breastfeeding
* Ask Participants to fish (one card) and discuss:
  + How does this situation affect breastfeeding in your community?
  + What can be done about the situation?
  + What do responsive feeding and care practices look like in the situation?
* Discuss and summarize in the main group

#### Common Breastfeeding Challenges: COVID-19

*These should be contextualized to the Myanmar Context but some examples have been included below*

**Present slides 12 to 19 (20 minutes)**

**Present Slide 12**

Overview of issues that may lead to breastfeeding challenges:

* Decreased milk supply. Breastmilk supply is based on demand and therefore frequent breastfeeding should be encouraged to maintain supply.
* Bottles and teats should never be introduced. They are not hygienic and can cause malnutrition and illness.
* The use of infant formula is an option only as a very last resort and only when prescribed by a trained professional. Hand expression and cup feeding, donor milk should be explored before infant formula is considered.

**Present Slide 13 and 14**

Hospital policy may be to separate mother and baby at birth. It is important for CHVs to understand current policies in health facilities.

**Present Slide 15**

A child who is sick with COVID-19 should be fed in the same way according to the module ‘Feeding the Sick Child’

**Present Slide 16**

A mother with confirmed COVID-19 can continue to breastfeed maintaining precautions to prevent the spread of infection. It is important to support the mother with hand expression or relactation if feeding directly from the breast was interrupted.

**Present Slide 18**

If a mother does not have access to a medical face mask a cloth mask could be used. It should be a double layer and cover her nose and mouth. Cloth masks should be washed daily and only worn when completely dry.

**Present Slide 19**

If a baby is feeling sick they may be reluctant to feed from the breast. Gentle encouragement and responsive feeding can help. If the baby refuses to breastfeed, the mother can change positions, try feeding when the baby is drowsy, use hand expression and have skin to skin contact to encourage breastfeeding.

**Present Slide 19**

Sometimes family members might recommend infant formula. CHVs can remind all family members that breastfeeding is the safest way to feed the child. Remind the family that bottles can make the child very sick.

## Session 7: Complementary Feeding and COVID-19

### Session Objectives

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

* Understand complementary feeding guidelines in the context of COVID-19
* Know key IYCF counselling messages for COVID-19

|  |  |
| --- | --- |
| Session outline | **Total time: 35 mins** |
| 1. Introduction and Aims of the session - Slides 1 to 2 2. Key counselling messages for Complementary Feeding-Slides 3 and 4 3. Locally available complementary foods-Slide 5 4. Complementary foods characteristics- Slide 6 5. Foods to avoid- Slide 7 6. How much to feed the child- Slide 8 and 9 7. Prevention measures for COVID-19- Slide 10 8. Psychosocial Considerations COVID-19- Slide 11 9. Referral Exercise- Slide 12 | **4 Mins**  **4 Mins**  **10 Mins**  **2 Mins**  **2 Mins**  **4 min**  **2 min**  **2 min**  **5 min** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that slides are in the correct order and review the notes so as to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.
4. Bring locally available, appropriate complementary foods to the session to explain to the participants

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Slides and Facilitator Guidance

#### Introduction to the Session

**Show Slide 1 and 2 introduce the session (4 minutes)**

**Important Key Messages**

**Present Slide 3 and 4 (4 mins)**

**Key points and additional information. Slides 3 and 4:**

* Exclusive breastfeeding should continue up to 6 months.  From 6 months onward breastfeeding should continue with the introduction of complementary foods.
* Children should be fed a wide variety of food to fulfill nutrition requirements.
* Breastfeeding should continue up to 2 years and beyond

#### Locally Available Complementary Foods

**Present slide 5 (10 minutes)**

Exercise: Break participants into six groups.  Have each group identify locally available foods that meet the vitamin requirement for complementary foods.  Have participants feedback their findings to the group. Can mention that use available tools for the training in Myanmar- NNC have a set of food cards that can be used as props to complete the list of food otherwise participants tend to mention a very limited list.

**Key points and additional information.:**

**Slide 5**

* A wide range of foods should be identified.

#### Complementary Foods Characteristics

**Present Slide 6 (2 mins)**

**Key points and additional information. Slides**

* Often families are afraid that thick foods will be difficult to swallow, be stuck in the baby’s throat, or give the baby constipation. Therefore, they add extra liquid to the foods to make it easier for the young child to eat.
* Sometimes extra liquid is added so that it will take less time to feed the baby.
* If it's diluted with lots of water, the stomach would be full before the baby has finished the bowlful. So the baby would not get all the energy needed to grow.

#### Foods to Avoid

**Present Slide 7 (2 minutes)**

**Key points and additional information.:**

**Slides 7**

* Black tea can inhibit iron intake and should be avoided
* Sugary food and drink take up space in the stomach needed for nutritious foods, leads to tooth decay and obesity and should be avoided

#### How much to feed the Child

**Present Slide 8 and 9 (4 minutes)**

**Key points and additional information:**

**Slide 8 and 9**

* A growing child needs multiple small meals and snacks a day and this increases over time.
* When the child is first learning to eat breastfeeding should take place first before feeding the complementary foods.

#### Prevention Measures for COVID-19: Complementary Feeding

**Present Slide 10 (2 min)**

**Key points and additional information:**

**Slide 10**

* It is important for both the child and caregiver to wash their hands for 20 seconds before eating the meal
* Use of own plates, bowls and cutlery are recommended

#### Psychosocial Considerations and COVID-19

**Present Slides 11 (2 min)**

**Key points and additional information.:**

**Slide 11**

* A child needs to learn how to eat, to try new food tastes and textures.
* A child needs to learn to chew, move food around the mouth and to swallow food.
* The child needs to learn how to get food effectively into the mouth, how to use a spoon and how to drink from a cup.
* Refer caregivers to MHPSS support if mental health challenges are identified.

#### Activity: Referral Exercise

**Present Slides 12 (5 min)**

**Key points and additional information.:**

**Slide 16**

* It is important to identify when a child is not receiving appropriate complementary foods and to refer the child to the nearest micronutrient distribution site or BSFP.

## Session 8: Adaptations to IMAM programming and Blanket Supplementary feeding programs

|  |  |
| --- | --- |
| Session outline | **Total Time:** |
| Part 1:   1. Introduction of the session including objectives- Slides 1, 2 and 3 2. General recommendations to IMAM programing-Slides 4 to 8 3. Changes to the screening and referral process- Slides 9 to 12 4. BREAK 5. Roles and responsibilities of the volunteers during the COVID-19 pandemic- Slides including changes in protocol for distributing RUTF and medicines to malnourished children and BSFP supplies – Slides 13 to 25 | **5 Min**  **40 Min**  **15 Min**  **5 Min**  **65 Min** |

### Advance preparation

1. Read the Facilitator’s guide for the Implementing partners training on adaptations to nutrition programing in the context of COVID-19 for additional information and the Introduction to this guide for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that slides are in the correct order and review the notes to be able to explain the points on the slides.
3. Ensure you have and read the updated version of the adaptations to nutrition programming in the context of COVID-19 and the up-to-date terms of reference for community volunteers during COVID-19.
4. Print all stories on A4 paper in an easily read font and size, key messages for each participant and images in the slides (to be used in the event that a projector cannot be used during the training of volunteers).
5. Read the key nutrition messages and print copies to use during the training.

### Slides and Facilitator Guidance

**Part 1:**

#### Introduction to the Session

**Session Objectives**

Show Slide 2 and introduce the session (1 minutes)

Present Slide 3, read and explain the objectives (3 minutes)

**Key points and additional information**

The general recommendations will be discussed briefly to understand the changes to nutrition programming. Focus will be placed on the roles and responsibilities and the training of mothers and other caregivers to assess for malnutrition using a MUAC tape and check for oedema which is known as the family MUAC.

The adaptations are proposed to ensure nutrition services continue and are available to the most vulnerable in the community in the event that there are partial or complete movement restrictions. Volunteers who are community-based will bridge the gap between the health centers, the BHS and the community.

#### General Recommendations to IMAM Programming in Myanmar

**Recall on** COVID-19 infection prevention and control measures.

**Note to facilitator:** Activity 2 is to be done only when carrying out a face-to-face training.

**Activity i: Scenario on IPC measures**

**Present Slide 4** (10 minutes).

Read out the Scenario to the volunteers. Ask the volunteers what measures are in place at Minbya Clinic to prevent the spread of COVID-19

**Responses:**

* Wearing a mask by both patients and care seekers,
* Handwashing
* Open areas for waiting and consultation.
* Few people at a time/no crowds
* Physical distancing

**Activity ii: Open discussion on IPC measures in place on training day.** Present Slide 5 and discuss the 2 questions.

Question 1: What measures do you see in place today during this training?

Responses will depend on the actual measures in place. Examples include masks, handwashing or use of a sanitizer, physical distancing, etc.

Question 2: Which of these measures can be implemented during your activities in the community? Responses are subject to the context of the participants. It is important to remind participants to ensure that prevention measures are applied at all times.

**Key points and additional information**

**Present Slides 6 to 8 (10 minutes)**

Introductory note: In addition to the standard IPC measures for COVID-19, there are measures, activities and changes to the routine nutrition programing aimed at reducing the risk of infection**.**

**Key points and additional information**

**Slide 6**

* Decreasing the frequency of activities is only temporary and it's suggested to reduce OTP visits to bi-weekly and TSFP visits to monthly.
* Volunteers are requested to follow up children that are not responding well to treatment in their homes and must respect COVID-19 prevention measures during these home visits.
* Volunteers should be aware that there are isolation areas for suspected cases and this information should be passed on in the community to reduce the fear and refusal of going to health facilities due to fear of getting infected with COVID-19.

**Slide 7**

* Using weight alone is okay as height does not change over a short period of time. These children should be observed for edema and their caregivers should be trained on how to measure MUAC. Weight should only be taken by a trained health or nutrition professional in a health facility or OTP, not during home visits.
* Where strict IPC measures are adhered to and PPE are available, weight measurement can be done at a health facility or OTP center.
* The MUAC measurements by the caregivers can also be used to assess improvement.

**Slide 8**

Although these recommendations are focusing on activities mainly at health facility or nutrition centre level, it is important that volunteers and community members are aware of all measures being taken at health facility level to minimize the risk of infection.

#### Changes to Screening and Referral Process During the COVID-19 Pandemic

**Present Slide 9** (8 minutes).

Read out the Scenario to the volunteers. Ask the volunteers to respond to the 2 questions.

**Responses:**

**For better planning**

* Ensured that she had the necessary minimum PPE ie a mask, a sanitizer.
* Called San San Win ahead of the visit to determine if she or the baby have any signs and symptoms.
* Asked to maintain physical distance.

**What to do**

* Sensitize San San Win;
  + about the signs and symptoms of COVID-19 and inform her that any on in the family who exhibits these signs/symptoms must go to the nearest health facility and
  + use a mask, wash hands and maintain physical distance to reduce the risk of infection to other family and community members,
  + Eat a healthy diet to maintain and boost immunity.
* Refer San San Win and the daughter to the nearest health facility/ nutrition services centre or to the nearest COVID-19 focal person.

**i) Screening**

Present Slide 10 and 11 (5 minutes)

**Key points and additional information**

**Slide 10:**

* Volunteers will screen children for malnutrition
* During the measurement of MUAC by mothers/caregivers during home visits, volunteers should supervise the measurements and give guidance.
* Remind participants that measures to reduce transmission include:
  + using a sanitizer or hand washing with soap and water,
  + Covering mouth and nose when coughing or sneezing,
  + Rapid screening by asking the caregiver/mother whether she/he and/or the child are coughing or sneezing.
  + screen from outside/open space or ensure good ventilation if inside
  + wear a mask.
* These measures should be in place both at the health facility, during home visits and house-to-house screening.

**Slide 11:**

* Exhaustive screening means all children in a given catchment area should be screened.
* Trained mothers/caregivers should be encouraged to screen the healthy children regularly (once every 2 weeks) and refer as soon as the child’s MUAC is in yellow.

**ii) Referral**

Present Slide 12 (7 minutes)

**Key points and additional information**

* Children whose MUAC measurement is RED have severe acute malnutrition. Children with acute malnutrition and complications are at a very high risk of death and should be referred immediately to the nearest health center or hospital. Children with no complications can be treated in the OTP or in the community with the support of the BHS and the trained volunteers.
* Children whose MUAC measurement is YELLOW have moderate acute malnutrition. These children may look normal but are not and can rapidly deteriorate to severe acute malnutrition if appropriate services are not provided. Those children with MAM should be referred to the SFP or nearest IYCF counselling and support sites to avoid further deterioration of nutrition status.
* Children whose MUAC is Green have a good nutritional status. Mothers/caregiver should be appreciated for maintaining the health of the child and can receive messages on continued care and proper age appropriate feeding and any other nutrition, health, WASH messages.
* Complications among SAM children include any illness a child has in addition to being malnourished, for example a high fever, very low temperature, difficult breathing, convulsions, ear infections, skin Infections, diarrhea etc.
* All referrals MUST follow the IPC measures.
* Movement to the health facility may require prior authorization from the administrative and security personnel. It is therefore important that volunteers assist mothers/caregivers to access the BHS who can facilitate the referral process.

#### Roles and Responsibilities of the Volunteers during the COVID-19 Pandemic

Present Slide 13 (10 Minutes).

**Activity: Brainstorming on roles and responsibilities**

Ask Participants what nutrition-related activities they have been or would be involved in during the COVID-19 pandemic and any challenges they are facing (for those already supporting the programs during the pandemic).

Write down all the responses (selecting keywords) in large letters on a flip chart using different colored marker pens.

Note to facilitator: During the subsequent presentations on the roles, discuss ways in which the challenges that were listed during the above activity can be overcome.

Present Slide 14 (5 minutes):

**Role 1: Build linkages between the community and government efforts in promoting prevention of COVID\_19.**

**Key points and additional information.**

* At times of crisis, such as a health risk due to COVID-19 or natural calamities such as floods or earthquakes, or manmade crises such as wars, there is a need to share information between experts on the issue and the people facing the crisis so as to protect their well-being. This exchange of information, advice and opinions between experts and people facing threats is known as risk communication. The ultimate purpose of risk communication is to enable people at risk to take the right decisions to protect themselves and their loved ones.
* Community Engagement is a partnership between teams working to respond to the threat, such as community health volunteers working to prevent the spread of COVID-19 and the communities facing the threat or risk. The aim is that the community is able to manage and control the response to the threat.
* The immediate response to any crisis such as the COVID-19 pandemic is to start sharing information that experts convey about protecting people from the disease. While this is definitely required, it is not sufficient to ensure that people act upon the information shared or adopt the recommended behaviors. Listening to the community is hence a first step that needs to be taken to help us understand how to convince people to adopt the behaviors that will help prevent the spread of the disease and respond to the information needs of the community.
* The concerns and questions that people need answers for, should then be shared with the experts. The verified information should then be shared back with the community.
* Engaging regularly with the communities, both to listen to their concerns and involving them in finding local solutions to promote protection measures is critical. A two-way communication also helps build trust and prevent misinformation or stigma related to the disease.

Present Slide 15 (5 minutes).

**Role 2: Promote adoption of nutrition behaviors including using MOHS endorsed messages**

**Key points and additional information.**

* To be effective, your communication must be technically correct and at the same time easy to understand, complete and precise. It should answer people's concerns.
* MOHS endorsed messages are technically accurate and have to be adhered to. An important first step in using these messages is to understand them completely – clarify any doubts you may have, well before you start talking to the community.
* It is important to also tailor the messages to the local context so that the community understands them well.
* For this, we must first understand whether there are any beliefs or socio-cultural practices that prevent the mothers or caregivers from adopting nutrition behaviors. For example, there could be traditional beliefs around certain kinds of food that should not be given to a pregnant or lactating woman. Unless these beliefs are addressed, it is unlikely that a pregnant woman will start consuming nutritious food.
* It is hence essential to ensure that while the messages you use to motivate for adoption of nutrition behaviors are MOHS endorsed, they must also address the local beliefs and practices that may be a barrier to adoption of the behaviors.
* The key messages must be tailored to the particular context of the mothers and caregivers in your community. For example, if the mother of a 4-month-old baby believes that most mothers who have healthy babies feed them formula milk, giving them information on benefits of exclusive breastfeeding alone, will not work. The messaging will need to include additional points on how exclusively breastfed babies are healthier and the risks involved in giving formula milk to babies.
* It is important to establish a dialogue and not a speech. People need to ask questions. This helps to create trust. Listen to them and answer their questions whenever you can. If you don’t have the answer, make note of it and follow up your health focal point or local authorities to get the answer and then revert to the community with the right answers.

Present Slides 16 to 18 (30 minutes)

Review all the Key Nutrition messages for volunteers at this point. Ensure that the volunteers understand all the information clearly. Use the Key Nutrition messages job aid as the reference material.

**Activity:** Scenario on nutrition messages (10 minutes)

Present Slide 17

**Responses:**

**Question one**

* Continue to exclusively breastfeed
* Maintain Physical distance even during greeting
* Wash hands with soap and water before breastfeeding and after
* Wear a mask when breastfeeding.
* Importance of proper nutrition among lactating mothers during the COVID-19 pandemic (prevention from illness, )
* How to ensure proper nutrition as a lactating mother (eat 2 additional meals a day, include fruits, vegetables and protein in addition to rice)

**Question 2**

* Implement IPC measures during home visits at all times.
* Refer Bennu Ma to the health facility so that her baby can be checked and treated.

**Key points and additional information.:**

Review the key messages with the volunteers and explain all the information entailed therein. It is important that the volunteers understand these messages to correctly and confidently sensitize the community.

Present Slide 18 and explain that the details of the IYCF messaging are discussed further in Sessions 4 and 5

Note to the facilitator: During the delivery of messages on IYCF, promote the hotline too. It should only be promoted if at the time of the training, that the hotline has been made functional.

**Present Slide 19 to 21 (10 minutes)**

**Role 3: Distribution of medicines and supplies**

**Key points and additional information**

**Slide 19**

* Volunteers are responsible for distributing the above supplies in the event of partial lockdown. The included supplies for 1) the treatment of SAM (RUTF, Amoxicillin and Vitamin A), 2) the treatment of MAM (RUSF) and 3) for prevention of malnutrition (BSFP supplies i.e. super cereal, Vitamin B1, MNPs and micronutrient tablets) and 4) other supplies e.g masks.
* All these are to be distributed based on the national protocols. All volunteers are to be trained on what these medicines and supplies are, handling, dosages and instructions to beneficiaries, COVID-19 prevention measures during distribution and follow-up.

**Slide 20**

* RUTF is to be given uniformly to all children with severe acute malnutrition (red MUAC) without complications irrespective of their weight. Each child is to consume 3 packets a day. When there is no RUTF, the child will be given 2 packets of RUSF a day.
* Follow-up visits are to be done on a monthly basis. If after 1 month the child shows no improvement, he/she should be referred to the health facility.
* Mothers/caregivers should however be provided with contacts of the health workers/BHS/volunteers they can contact for further support when the child deteriorates before the follow-up visit.
* The mother/caregiver should be trained on how to measure MUAC and given a MUAC tape to regularly (weekly) measure the child.

**Slide 21**

* PLWs and caregivers should receive explanations on how to store and prepare the super cereal.
* Breast milk substitutes such as infant formula should never be included in the package distributed as a food basket.

Present Side 22 (5 minutes)

**Role 4: Screen for malnutrition using MUAC and training mothers to measure MUAC**

**Key points and additional information**

* Volunteers are to carry out MUAC screening while respecting IPC measures in areas where the mothers/caregivers are not trained.
* Volunteers are to train mothers to screen for malnutrition using MUAC tape and assessing for edema.
* When the mothers are trained, they are given MUAC tapes and encouraged to screen their children and refer if found malnourished. The details of training mothers will be discussed in the next session on Family MUAC.

Present Slide 23(5 minutes)

**Role 5: Referrals of malnourished children with complications**

**Key points and additional information.**

* MUAC measurements are based on color and values. Children whose MUAC is RED are severely malnourished, YELLOW are moderately malnourished, and GREEN are of normal nutrition status.
* All severely malnourished children with complications MUST be referred to the nearest health facility/ITC/Hospital. Complications include fever, low temperature, Difficult breathing, Convulsion, vomiting, loss of appetite, extreme weakness/ Reduced level of consciousness, ear infections, skin Infections.
* All severely malnourished children without complications are to be treated in the OTPs where they will be provided with RUTF and antibiotics (amoxicillin)
* Moderately malnourished children are to receive RUSF

Present slide 24 (5 minutes)

**Role 6: Promote proper handwashing and support the set-up of handwashing stations**

**Key points and additional information**

* Remind volunteers that it's important that hands are washed regularly and properly.
* The hand washing stations can be installed in key locations such as churches, schools, bus stations, homes for the elderly, monasteries, youth centres etc.
* Volunteers are to ensure that they are maintained. Maintenance is through keeping the stations clean, water and soap are available and so are posters with messages on COVID-19 prevention.
* Volunteers are to help with mapping out key areas that do not have hand washing stations and report to the authorities, health center, implementing partners etc.

Present slide 25 (10 minutes)

**Role 7: Monitoring and reporting**

**Key points and additional information.:**

* Messages disseminated among community members with focus on children, pregnant and lactating mothers.
* Volunteers should disseminate information about the existence of a hotline and ask mothers/caregivers to use it if they need any help and or clarification on IYCF.
* Volunteers will take on the role of training mothers to screen for malnutrition using the MUAC tape and also assessing for oedema (Family MUAC). In areas where mothers are not trained, the volunteers will carry out the screening all the children 6-59 months while using minimal PPE (Mask and or gloves) and respecting other IPC measures i.e. use of one MUAC tape per child or disinfecting a MUAC tape after each use, washing hands after screening a child and above all ensuring that the time of contact is minimized. Disinfection of MUAC tapes should be with water and soap, not an alcohol-based sanitizer. Alcohol can dissolve the color markings on the MUAC tape.
* All children with acute malnutrition and with complications should be referred to the BHS and health centers. All children without complications receive RUTF/RUSF and medications according to the MOHS guidelines.
* Volunteers are to work with the community leaders to set up handwashing stations in various points in their communities and ensure that these stations have clean water and soap. Messaging on proper handwashing will be disseminated to pregnant and lactating women and caregivers.
* Monitoring and reporting: Volunteers are to keep record of the supplies distributed, children screened by MUAC and oedema and those under treatment. These records will be shared with the BHS on a monthly basis.

## Session 9: Family MUAC

|  |  |
| --- | --- |
| Session outline | **Total Time:**  **75 minutes** |
| Part 1   1. Introduction of the session including objectives- Slides 2, 3 and 4 2. Pre-training assessment- Slide 5 3. Definition of Family MUAC- Slide 6 4. Family MUAC in the context of COVID-19- Slide 7 5. Advantages and challenges of Family MUAC- Slides 8 to 12 6. Family MUAC training (where and when, content, training modalities)- Slides 13 to 22. 7. Sample family MUAC training slides 23 to 35 | **4 minutes**  **10 minutes**  **2 minutes**  **4 minutes**  **15 minutes**  **40 minutes** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that Slides are in the correct order and review the notes so as to be able to explain the points on the slides.
3. Ensure to read the updated version of the adaptations to nutrition programming in the context of COVID-19.
4. Print all the images

### Materials

* Flip charts and flip chart stand
* Marker pens in different colors
* MUAC tapes
* Bag of sand (to demonstrate how to assess oedema)
* MUAC measurement and oedema assessment Video (and player or phone)

### Slides and Facilitator Guidance

#### Introduction to the Session

**Session Objectives.**

Show Slides 2 and 3 and introduce the session (1 minute)

Present Slide 4, read and explain the objectives (3 minutes)

**Pre-training Assessment (10 minutes)**

The objective of the assessment is not to get a score for each volunteer but rather to gauge their general understanding of nutrition assessment and family MUAC.

**Instructions**

It is not a written test. Volunteers are asked to respond to the content on the flipchart (Slide 5) by raising their hands.

The Facilitator should write down how many respond yes to each question or select the correct response.

Ask the participants to feel comfortable as this is not a test but rather a general assessment of the general knowledge.

If possible, notice which areas participants are not conversant with and pay particular attention during the training.

**Responses**

1. Yes or No
2. MUAC measurement done at home, involvement of family members,
3. a) at home b) at the prayer place c) at the market d) during a care group session e) Other (Specify)
4. Mothers, grandmothers, aunties, uncles, older siblings etc. (overall is any adult that is responsible and actively involved in the day-to-day care of children below 5 years).
5. MUAC tape, hand washing facilities, mats/sitting area, job aids,
6. Maintain physical distance, make sure mothers wash hands, wear a mask
7. Yes or No

#### Definition of Family MUAC

Present Slide 6 (2 Minutes). Read out the definition.

**Key points and additional information**

* Family MAUC is part of the community awareness/mobilization component of IMAM.
* It is commonly known as Mother MUAC. It was first piloted in Niger-Africa by an organization called ALIMA. It has been found to be effectively contributing to improved uptake of IMAM services. Mothers are able to screen children using the MUAC tape just as volunteers are able to do so.
* During the pandemic, mothers/caregivers should screen children in their homes, not the community or neighbors.

#### Family MUAC in the Context of COVID-19

Present slides 7 (5 Minutes)

**Key points and additional information**

* During COVID-19, it is recommended to reduce contact between non-household members as much as possible and avoid mass gatherings. Therefore mothers/caregivers are the best option to screen the children in their care for acute malnutrition.
* Every opportunity should be taken to train the mothers/caregivers.   
  If there are volunteers or BHS already trained, they should train the mothers/caregiver at any point of contact
* All engagements and trainings should be carried out while respecting COVID-19 infection prevention measures (masks, physical distancing, hand washing, sanitizing surfaces)

#### Advantages of the Family MUAC Approach

**Present Slide 8 (10 minutes)**

**Activity: Discussion on advantages of family MUAC:** Allow participants to discuss in pairs for 5 minutes what they think are the advantages of the Mother MUAC approach. Carry out a plenary to have participants share responses for 5 minutes

Present slide 9 and 10 (5 mins)

**Key points and additional information**

**Slide 9**

* Easy to understand: Measuring MUAC is not very medical thus requires basic skills that any caretaker has. Any person can be trained and learn how to use it. Studies have shown that MUAC measurement by caregivers is not inferior to MUAC by trained volunteers or health workers.
* Early identification: Mothers/caregivers have continued access to children in their care and thus can screen them regularly compared to community volunteers and health workers, caregivers do not go to health facilities frequently and often at health centres, not all health workers screen the children during routine consultations unless it’s a nutrition unit or GMP activity. Mothers/caregivers are therefore better placed to screen their children often thus catching the malnutrition before it gets worse.
* Reduced admission rates in the ITP/SC: Early detection ensures that children are treated (in OTP and TSFPs) before they deteriorate to the point of requiring in-patient support.
* Reduces the risk of transmissions of COVID-19: the family MUAC reduces the physical contact between the caregiver/child and the health workers or volunteers in addition to other people that the caregiver/child pair would come in contact with at a health facility.

**Slide 10**

* Increased frequency of screening: Mothers/caregivers are always with their children and thus can screen the children in their care any time. Although BHS or other volunteers do screening, they are usually not sufficient in numbers to screen all children in a given community as often as mothers can do it. Other challenges among volunteers that affect their ability to screen children as often as possible include: accessibility, other responsibilities, limited time, motivation etc.
* Improves and increases coverage: With the family MUAC approach, the aim is to train all mothers within a given catchment area.
* Cheap: the initial costs for training are high especially when one plans to carry out mass training. However, the cost reduces over time in comparison to using volunteers. Volunteers require continued incentivization
* Improves community understanding and acceptance of malnutrition and the program: Mothers/caregivers get to fully understand what malnutrition is thus clarifying local myths, why their children are admitted in different programs or not and being involved leads to buy-in.

#### Challenges of the Family MUAC Approach

**Present Slides 11 and 12 (5 minutes)**

#### Family MUAC Training

**i. Introduction, Slide 13 (2 mins)**

* Introduce the section by explaining that the next discussion looks at a complete family MUAC training. It entails how to plan for the training (group or one-on-one), what to train on and approaches and measures to take to train mothers during COVID-19.

**Present Slide 14 (5 minutes)**

**Key points**

* For Family MUAC to be effective, it’s important that All mothers/caregivers of children under 5 years are trained on how to screen for malnutrition (MUAC and oedema). This ensures better coverage.
* It is important to determine where the training is to be carried out from, time and how-either individual training or group training.
* All these should be contextualized as much as possible for each community

COVID-19 prevention measures must be diligently followed at all times-physical distancing, mask, hand washing or sanitizing. Additional measures during training include COVID-19 rapid assessment prior to the training, use of one MUAC per mother/caregiver, documentation of contact information for all participants.

**ii. Opportunities to Conduct a Family MUAC Training**

**Present Slide 15 (3 minutes).**

**Key points and additional information**

* National recommendations on prevention against COVID-19 must be followed at all times when a training is being carried out.
* Every point of contact with mothers/caregivers of children should be used as an opportunity to train on Family MUAC and distribut a MUAC tape.
* Measures should be put in place to follow up the trained mothers/caregivers.

**iii. During the Training**

Present Slide 16 (5 minutes)

**Key points and additional information**

* There is no one single training approach that can be used. It all depends on the context, the modality (small group Vs one-on-one training) preferred based on resources and COVID-19 prevalence and mobility restrictions in place.
* Emphasis should be on ensuring that within the training the outlined practical/ demonstrations are done.
* In the context of COVID-19, videos can be used to show mothers/caregivers how MUAC is measured and oedema assessed.
* Training should be short and precise to easily be carried out as often as possible and included in the routine activities of the volunteers.

**iv. Training Content**

**Activity:** Present Slide 17 (7 minutes)

Ask Participants to mention 1 thing they think should be included in a training of mothers/caregivers on the family MUAC approach.

Present Slide 18 (3 minutes)

**Key points and additional information**

* Information shared during the training should be simple, short.
* In the context of COVID-19, this is an opportunity to share messages on COVID-19 i.e. signs and symptoms and prevention measures and misconceptions about COVID-19.

Training in a non-COVID-19 Pandemic Context

Present Slide 19 (2 minutes)

**Key points**

* Mothers/caregivers can be trained in groups. It is advisable not to train a group of more than 25 mothers in a given session.
* Advance communication to mothers/caregivers to come with their children that is to be used during the demonstration.
* Demonstration should be carried out with support from fellow mothers/caregivers
* Have one-on-one engagement with mothers/caregivers that require more support both during the training and post the training.

**v. Training During the COVID-19 Pandemic**

Present Slide 20 (5 minutes)

**Key points and additional information**

* During COVID-19 pandemic, the key is to reduce the risk of infection during service delivery both at the health facility and community level.
* Training can be done individually for a mother/caregiver or in small groups of not more than 10 people per session.

**a) Small group trainings**

Present Slide 21(5 minutes)

**Key points and additional information**

* COVID-19 IPC measures must be respected at all times.
* On arrival all participants should be screened for COVID-29 symptoms/signs and all those suspected are NOT to be allowed to participate in the training. They should be referred to the nearest COVID-19 focal point or health facility.
* Family MUAC Trainings during COVID-19 should focus on the MUAC measurement, assessing for edema, the referral process and COVID-29 messaging.
* Hands-on training to help the mothers/caregivers understand the concept. Mothers/caregivers should be asked to come with 1 child that can be used for demonstration and roleplay. Where mothers are not able to come with children, dolls or locally-available models can be used in addition to videos.

**b) One-on-one training**

present Slide 22 (2 minutes)

#### Sample Family MUAC Training Presentation

**Note:** Prior to the training, the facilitator in charge of training volunteers in a given location should tailor this presentation and information below to the local context as indicated in the presentations (refer to information in red in the PowerPoint presentation).

The training including demonstrations should not take more than 1 hour

**i) What is malnutrition? (Slide 24)**

|  |  |  |
| --- | --- | --- |
| **Training methods and activity instructions** | **Time** | **Materials** |
| Brainstorming   * Ask participants to mention the local name of malnutrition. * Reading out definitions to the participants. | 3 mins | - Image of a kwashiorkor and Marasmus children.  - Image of locally available food or samples of actual food items |
| **Key points and additional information**  Explanation of edema as fluid retention in the body thus the swelling or child appearing well-fed | | |

**ii. Causes, signs and symptoms of malnutrition (Slides 25-29)**

**Causes (Slides 25 to 26)**

|  |  |  |
| --- | --- | --- |
| **Training methods and activity instructions** | **Time** | **Materials** |
| * Use of images, question and answers and Open discussion * Ask participants what causes malnutrition in their community * Explain what each image represents and how that can cause malnutrition (lack of food, dirty water, drought, poverty, conflict/war, poor living conditions, in appropriate feeding, caring and dietary practices…) | 5 mins | Images on causes of malnutrition |
| **Key points and additional information**   * Main causes are poor food intake and disease * Lack of food (quantity and quality) leads directly to malnutrition as the body does not receive the required nutrients to thrive. * Dirty water can lead to water-borne diseases such as diarrhea which leads to malnutrition. * Drought: when there is drought, people are not able to cultivate the food needed for their survival thus eating very little food or do not have a variety of food to eat. * Conflict leads to displacement, insecurity, disruption of work thus one is not able to grow food or access food from markets * When health services are poor, the one is not able to get treatment when sick. | | |

**Signs and Symptoms (Slides 27 to 28)**

|  |  |  |
| --- | --- | --- |
| **Training methods and activity instructions** | **Time** | **Materials** |
| * Brainstorming with images, * Present the images on a large chart or A4 paper * Ask participants to determine what the signs of malnutrition are based on the images. * Ask participants if they have seen these on children in their care and/or community | 7 mins | Images of signs of malnutrition |
| **Key points and additional information**   * Common signs include:   + loss of appetite/refusal of food or breastmilk,   + Swelling of the feet/edema.   + Loss of weight * Explain that signs indicate severe forms of malnutrition which is very dangerous. * Children can appear to be healthy but may have malnutrition and that is why they should be routinely screened. | | |

**iii) What is the Family MUAC approach (Slide 29)**

|  |  |  |
| --- | --- | --- |
| **Training methods and activity instructions** | **Time** | **Materials** |
| * Lecture method * Explain what family MUAC is using your own words. * Read out and explain the benefits of the approach. | **2 mins** | MUAC |
| **Key points and additional information**   * Anyone at home that is an adult in the home and takes care of children can be trained to measure MUAC and assess for oedema. * MUAC refers to the measurement around the midpoint of a child's upper arm circumference. | | |

**iv) How to measure MUAC (Slides 30 to 33)**

**a) What is a MUAC tape? (Slide 30)**

|  |  |  |
| --- | --- | --- |
| **Training methods and activity instructions** | **Time** | **Materials** |
| Use of a MUAC tape to explain its parts and the colors | **3 mins** | MUAC tapes |
| **Key points and additional information**   * A MUAC tape is a tool used to assess malnutrition usually made from plastic. * It has 3 colors- Green, yellow and red (danger). It is the 3 colors that categorize the level of malnutrition (Green for normal, yellow for moderately acute malnourished and red for severely acute malnourished) | | |

**b) Demonstration on how to measure MUAC (Slides 3 and 32)**

|  |  |  |
| --- | --- | --- |
| **Training methods and activity instructions** | **Time** | **Materials** |
| Demonstration.  Video (if available) | **15 mins** | MUAC tapes |
| **Key points and additional information**   * Child must be 6 months and above * The midpoint is between the elbows and the shoulder * The MUAC tape must not be too tight or too loose. * Although some mothers may find it difficult to go through the steps, it is important that the steps are followed to avoid taking wrong measurements. | | |

**v) Interpretation of MUAC measurement and referral (Slide 33)**

|  |  |  |
| --- | --- | --- |
| **Training methods and activity instructions** | **Time** | **Materials** |
| Lecture  Show the different cut-outs as you explain each color. | **10 mins** | Red, yellow and green paper cut-outs |
| **Key points and additional information**   * Children in red are at a very high risk of death. If you measure your child and their MUAC is RED, please go immediately to your nearest village volunteer or BHS for further support or OTP (if available and no movement restrictions) * Children with a YELLOW reading are malnourished too and should be referred to the nearest village volunteer or SFP (if available and no movement restrictions). * Children with a GREEN reading are of a good nutrition status. Mothers should continue to ensure good nutrition and care practices and routinely screen the children at least once every 2 weeks. | | |

**vi) Assessing for Oedema (Slide 34)**

|  |  |  |
| --- | --- | --- |
| **Training methods and activity instructions** | **Time** | **Materials** |
| Demonstration.  Video (if available) | **10 mins** | Image of oedema as show on slide 35 |
| **Key points and additional information**   * 3 seconds is the equivalent of saying 1001, 1002 and 1003. * Not all children with swollen feet have oedema. Oedema due to malnutrition leaves a pit on both feet once the thumbs are removed. * Both feet should be assessed not only 1 foot. * All children with oedema have severe acute malnutrition and should be referred to the nearest volunteer or BHS or health facility. | | |

**vii) Additional information (Slide 35)**

|  |  |  |
| --- | --- | --- |
| **Training methods and activity instructions** | **Time** | **Materials** |
| Lecture | **5 mins** | NA |
| **Key points and additional information**   * Inform and remind mothers: * Check MUAC and assess for edema every two weeks or whenever you feel it is necessary. * Go for treatment at the first sign of malnutrition to reduce the risk of your child dying or having to be hospitalized. * Keep the tape in a safe place in your home and do not bend it * Visit the BHS or health facility if she thinks her child is sick, or for any reason, regardless of BP or edema and without referral * Prevent the spread of COVID-19 (wearing mask, physical distancing, handwashing, covering mouth and nose when sneezing/coughing, balanced diet, seeking care when one has fever, cough or flu-like symptoms) | | |

## Session 10: Micronutrient Distribution Adaptations

### Session Objectives:

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

* Understand micronutrient guidelines in Myanmar
* Understand adapted approaches to the treatment of micronutrient malnutrition in Myanmar.

|  |  |
| --- | --- |
| Session outline | **Total time: 40 mins** |
| 1. Introduction of the session including objectives- Slides 1 to 2 2. Overview of adaptations and feedback-Slide 3 and 4 3. Micronutrient Supplementation Preparation and Responsive Feeding- Slide 5 to 8 4. Micronutrient supplementation guidelines-Slides 9 to 13 5. Distribution of Micronutrients- Slide 14 to 16 | **4 Mins**  **10 Mins**  **10 Mins**    **10 Mins**  **6 Mins** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that slides are in the correct order and review the notes so as to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

Note: The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Slides and Facilitator Guidance

#### Introduction of the session

**Present Slide 1 and 2 introduce the session (4 minutes)**

**Key points and additional information.:**

* Guidelines on the supplementation themselves have not changed.
* Risk reduction measures will have to be in place to safely distribute micronutrient supplements

#### Importance of adaptations to nutrition programing

**Present Slide 3 (7 mins)**

Pose the question to the participants and allow 3 minutes of brainstorming on how their programmes have changed since the start of the COVID-19 pandemic.

**Key Messages**

**Present slides 4 (3 mins)**

**Key points and additional information.:**

* Although the adaptations are focusing on the COVID-19 pandemic, most can be implemented even when there is no pandemic.
* It is important to remember that COVID-19 is still prevalent in Myanmar and risk reduction measures should take place at all times.

#### Micronutrient Supplementation Preparation and Responsive Feeding

**Present slides 5 to 8 (10 minutes)**

**Key points and additional information.:**

**Slide 5 to 8**

* Provide an overview of the guidance
* Remind participants that this guidance hasn’t changed from pre-COVID-19

**Micronutrient Supplementation Overview of Guidance**

**Present Slides 9 to 13 (10 minutes)**

Discuss the adaptations in each slide.  Ask the participants how they have seen these adaptations?  Have they been distributed in Mother to Mother Support Groups? How are they monitoring distributions?

**Key points and additional information:**

**Slide 9 to 13**

* All supplementation programs should be resumed
* Mother to Mother support groups is a key community contact point where distribution can take place.

**Distribution of Micronutrient Supplementation**

**Present Slides 14 to 16 (6 minutes)**

**Slide 14 and 15**

Basic services continue during partial restrictions

**Slide 16**

Special considerations and approval by MOHS is required for distribution during full restriction

## Session 11: Post Assessment and Evaluation

*Note: There are no accompanying slides for this session*

### Session Objectives

To understand participants knowledge of the impact of COVID-19 on Myanmar and to assess the understanding of the COVID-19 Nutrition Programme Adaptation Guidance for Myanmar

|  |  |  |
| --- | --- | --- |
| Session outline | | **Total time: 60 Minutes** |
| 1. Identify strengths and weaknesses of Participant‘s IYCF knowledge post training. Non-written post assessment OR written post assessment 2. Conduct evaluation of training. Non-written evaluation – Buzz Groups OR written evaluation materials 3. Post-assessment questions for facilitators (or for Participants in the case of a written post-assessment | |  |

### Advance preparation

1. Read the introduction to the guidance on giving a presentation with slides and adult learning skills.
2. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.
3. Print out (for face to face learning) or email (for online learning) evaluations for each participant

### Written Post-Assessment (Annex F and G)

**Methodology:**

**Written post-assessment**

1. Pass out or email (for online learning) copies of the post-assessment to the participants and ask them to complete it individually.

2. Correct all the tests, identifying topics that still cause confusion and need to be addressed.

5. Share results of pre and post-assessment with participants and review the answers of post assessment questions

### Written evaluation (Appendix H)

1. Distribute end-of-training evaluations to participants and ask them to write their comments.

2. Have participants fill the form without writing their name on it.

3. Tick the corresponding box: good, average, unsatisfactory 4. Explain that their suggestions will be used to improve future trainings

## Appendix

### Appendix A: Principles of Adult Learning

*Adapted from J. Vella.1994. Learning to Listen, Learning to Teach*

**Principles of Adult Learning**

1. **Dialogue**

Adult learning is best achieved through dialogue. Adults have enough life experience to dialogue with facilitators/trainers about any subject and will learn new attitudes or skills best in relation to that life experience. Dialogue needs to be encouraged and used in formal training, informal talks, one-on-one counselling sessions or any situation where adults learn.

2. **Safety in environment and process**

Make people feel comfortable making mistakes.

Adults are more receptive to learning when they are both physically and psychologically comfortable.

* Physical surroundings (temperature, ventilation, overcrowding, and light) can affect learning.
* Learning is best when there are no distractions.

3. **Respect**

Appreciate learners‘ contributions and life experience. Adults learn best when their experience is acknowledged, and new information builds on their past knowledge and experience.

4. **Affirmation**

Learners need to receive praise for even small attempts.

* People need to be sure they are correctly recalling or using information they have learned.

5. **Sequence and reinforcement**

Start with the easiest ideas or skills and build on them. Introduce the most important ones first. Reinforce key ideas and skills repeatedly. People learn faster when information or skills are presented in a structured way.

6. **Practice**

Practise first in a safe place and then in a real setting.

7. **Ideas, feelings, actions**

Learning takes place through thinking, feeling and doing and is most effective when it occurs across all three.

8. **20/40/80 Rule**

Learners remember more when visuals are used to support the verbal presentation and best when they practise the new skill. We remember 20 percent of what we hear, 40 percent of what we hear and see, and 80 percent of what we hear, see and do.

9. **Relevance to previous experience**

People learn faster when new information or skills are related to what they already know or can do. Immediate relevance: Learners should see how to use and apply what they have learned in their job or life immediately. Future relevance: People generally learn faster when they realise that what they are learning will be useful in the future.

10. **Teamwork**

Help people learn from each other and solve problems together. This makes learning easier to apply to real life.

11. **Engagement**

Involve learners‘ emotions and intellect. Adults prefer to be active participants in learning rather than passive recipients of knowledge. People learn faster when they actively process information, solve problems, or practise skills.

12. **Accountability**

Ensure that learners understand and know how to put into practice what they have learned.

13. **Motivation**

Wanting to learn

* People learn faster and more thoroughly when they want to learn. The trainer‘s challenge is to create conditions in which people want to learn.
* Learning is natural, as basic a function of human beings as eating or sleeping.
* Some people are more eager to learn than others, just as some are hungrier than others. Even in one individual, there are different levels of motivation.
* All the principles outlined will help the learner become motivated.

14. **Clarity**

Messages should be clear.

* Words and sentence structures should be familiar. Technical words should be explained, and their understanding checked.
* Messages should be VISUAL.

15. **Feedback**

Feedback informs the learner in what areas s/he is strong or weak

### Appendix B: Roles and Responsibilities Before, During, and After Training

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel** | **Before Training** | **During Training** | **After Training** |
| **Management** | * Identify the results wanted * Assess needs and priorities (know the problem) * Develop strategy to achieve the results including refresher trainings and follow-up * Collaborate with other organizations and partners * Establish and institutionalize an on-going system of supportive supervision or mentoring * Commit resources * Take care of administration and logistics | * Support the activity * Keep in touch * Receive feedback * Continuously monitor and improve quality * Motivate * Management presence demonstrates involvement (invest own time, effort) | * Mentor learner * Reinforce behaviours * Plan practice activities * Expect improvement * Encourage networking among learners * Be realistic * Utilize resources * Provide supportive on-going supervision and mentoring * Motivate * Continuously monitor and improve quality |
| **Facilitator** | * Know audience (profile and number of learners) * Design course content (limit content to ONLY what is ESSENTIAL to perform) * Design course content to apply to work of learners * Develop pre- and post assessments, guides, and checklists * Select practice activities, blend learning approaches and materials * Prepare training agenda | * Know profile of learners * Specify the jobs and tasks to be learned * Foster trust and respect * Use many examples * Use adult learning * Create practice sessions identical to work situation * Monitor daily progress * Use problem-centred training * Work in a team with other facilitators * Adapt to needs | * Provide follow up refresher or problem-solving sessions |
| **Learner** | * Know purpose of training and roles and responsibilities after training (clear job expectations) * Expect that training will help performance * Have community volunteers ―self-select * Bring relevant materials to share | * Create an action plan * Provide examples to help make the training relevant to your situation (or bring examples to the training to help develop real solutions and include findings from formative research conducted in your area to identify relevant examples) | * Know what to expect and how to maintain improved skills * Be realistic * Practise to convert new skills into habits * Accountable for using skills |
| **Management and Facilitator** | * Establish selection criteria * Establish evaluation criteria * Establish criteria for adequate workspace, supplies, equipment, job aids * Specify the jobs and tasks to be learned | * Provide feedback | * Provide feedback * Monitor performance |
| **Management and Learner** | * Conduct situational analysis of training needs | * Provide feedback | * Provide feedback * Monitor performance |
| **Management, Facilitator and Learner** | * Conduct needs assessment * Establish goals * Establish objectives * Identify days, times, location (WHEN, WHERE) * Establish and commit to system of on-going supervision or mentoring | * Provide Feedback | * Provide feedback * Monitor performance * Commit to system of on-going supervision or mentoring |
| **Facilitator and Learner** | * Needs assessment feedback | * Provide Feedback | * Provide Feedback * Evaluate |

### Appendix C: Training Materials

**Face to Face Training Room Set-up**

Room Layout

* Tables for group work and facilitation preparation allowing physical distancing of 2 meters apart between participants.
* Wall space for hanging flipchart material

Training Materials:

* Facilitator’s Guide: 1 per Facilitator
* Global COVID-19 Counselling Cards: 1 per Facilitator and 1 per Participant
* Myanmar IYCF Counselling Cards: 1 per Facilitator and 1 per Participant
* Key Messages Booklet: 1 per Facilitator and 1 per Participant
* COVID-19 Nutrition Programme Adaptation Guidance: 1 per Facilitator and 1 per Participant
* Print-out of Case Studies: 1 per Facilitator and 1 per Participant.
* Print-outs of selected images in the PowerPoint presentations: A set per Facilitator and a set per Participant

Other Materials:

* Name card materials: [e.g., hard paper, punch, safety pins]
* Flipchart paper, flipchart stands: 4
* Markers: black, blue, green; a few red
* Masking tape or sticky putty, glue stick, stapler, staples, scissors
* Certificate (requirements)
* MUAC Tape: 1 per Facilitator and 1 per Participant
* MNP: 1 per Facilitator and 1 per participant
* RUTF: 1 per Facilitator and 1 per participant

**Online Training Preparation**

In advance of the training email the following to the Facilitators and Participants

* Facilitator’s Guide: 1 per Facilitator
* Global COVID-19 Counselling Cards: 1 per Facilitator and 1 per Participant
* Myanmar IYCF Counselling Cards: 1 per Facilitator and 1 per Participant
* Key Messages Booklet: 1 per Facilitator and 1 per Participant
* COVID-19 Nutrition Programme Adaptation Guidance : 1 per Facilitator and 1 per Participant
* Case Studies: 1 per Facilitator and 1 per Participant

Other Materials:

* Ensure each participants has a MUAC tape available
* Each Facilitator to have MNP, RUTF and samples of routine medication (Amoxicillin, Vitamin A, deworming tablets) for demonstrations

### Appendix D: Interactive Fish Game

A picture containing drawing

Description automatically generated

|  |  |
| --- | --- |
| Child sick with COVID-19 | Mother sick with COVID-19 |
| Refusal to breastfeed | Mandatory isolation inside the home |
| Mother or caregiver is experiencing psychosocial trauma | Cannot access the local midwife or BHS |
| Mother is separated from the Baby at birth due to COVID-19 | Baby is hospitalized and is separated from the mother due to COVID-19 |
| Lack of reliable information on breastfeeding and COVID-19 | Infant formula being recommended by other family members |

### Appendix E: Scenarios

**Scenario One, Minbya Clinic COVID-19 prevention measures**

Minbya clinic is located right in the middle of the township and serves people from 3 townships. The in-charge mentioned that they have a network of volunteers who do health promotion in the townships. The volunteers recently with the support of a local NGO were trained on how to measure MUAC and assess for oedema among children aged 6-59 months. This was done because the available BHS are currently engaged with the treatment of COVID-19 patients whose numbers are too many for health centres staff to manage.

Suu Win has recently developed a fever and decided to go to the clinic. On arrival she was told to wear a mask or would not be allowed in the compound. She told the guard that she did not have one at which point the nursing aide wearing a mask too gave her one. She was asked to wash her hands and sit in the waiting area 2m away from another patient outside. They were only allowing a few patients at a time in the consultation area. At the same time, some of the nurses were not around as they had self-isolated due to flu-like symptoms. The consultation area was a room with a big window that was open.

What measures are in place at Minbya clinic?

**Scenario 2: Volunteer Than Than’s home visit**

Than Than Aye the village BHS is on her regular household visits. She is happy that some mothers who were not ready to be counselled about their children’s nutrition status have finally agreed to get their children screened. In her excitement, she forgot to bring her sanitizer.

She meets San San Win, whose daughter is very obviously malnourished, but she notices that the daughter is also coughing and appears to have a fever. Than Than Aye gets worried and thinks – what if she has got infected with COVID-19? San San Win has only recently agreed to do the nutrition screening, how do I handle this?’

1. How could Than Than Aye have planned better?
2. What should she say/do for San San Win’s daughter?

### Appendix F: Pre and Post Test Questions

**Pre and Post Test**

**Instructions:**

**i.** Facilitator to read the questions and responses read out.

**ii.** For questions that requires a written response, ask participants to simply say out the answers and write them down noting the number of participants that mention the correct response

**iii.** For yes or no and True or False questions: participants raise a hand with an open palm for yes or True and a closed palm for No or False

**iv.** For multiple response questions: facilitator reads one response at a time and participants use the Yes/No approach above.

**Note:** For each question, the facilitator should note down the number of participants that respond correctly.

During the pre-test, the facilitator(s) should take note of volunteers that appear to have very limited knowledge and give them attention during the training.

**Questions**

1. Name two important COVID-19 guidance documents for nutrition. Why are COVID-19 guidelines important for nutrition programming?

* 1. To ensure children and their caregivers do not get infected or infect others with COVID-19
  2. To create new jobs for health workers.

2. List at least 5 key actions a volunteer should carry out to reduce the risk of transmission of COVID-19.

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3. What is entailed in communication of risk for COVID-19?​

* 1. When experts share information with people about the risk of COVID-19 and how to protect themselves from it and people share their doubts, concerns and questions to the experts ​
  2. Any exchange of information between people​ on COVID-19
  3. Exchange of specific information on COVID-19 status between government and NGOs​

4. Please circle all principles that you think would be critical for risk communication and community engagement on COVID-19.

1. Build trust with the community
2. Listen to the community concerns, doubts and information that they know
3. Ensure a two-way communication with the community

5. To build trust in the community, it is important to (multiple responses possible):​

* 1. Reassure people even with false information if required
  2. Be respectful and non-judgmental​
  3. Hide the facts so that they don’t get scared
  4. Engage community leaders ​
  5. Clearly communicate what we know​
  6. All the above

6. Which of the statements below are TRUE

1. Community Engagement is a partnership where experts take the lead and the communities follow
2. Stigma can be addressed by ensuring two-way communication and building trust
3. Messages on risk communication and community engagement need to be continually adjusted, improved and repeated

**Responses: a**

**b**

**c**

**a and c**

**All**

7. Is it safe for a woman to breastfeed if she is confirmed positive for COVID-19? (circle one)

1. Yes
2. No
3. 8. Which of the following activities do you have in the community where IYCF services can be included: Mother to mother support groups
4. Mother, Child Cash Transfer distribution points
5. Health posts
6. Food distribution points
7. Quarantine checks,
8. Hygiene kit distribution
9. Immunization campaigns

9. All recommended IYCF practices remain the same during the COVID-19 pandemic.

1. Yes
2. No

10. What are the recommended COVID-19 prevention precautions a mother can take while she is breastfeeding her infant? (name three)

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11. Name four key counselling skills (name four)

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Answers: Ask open ended questions, avoid judging words, reflect back what the mother says, empathize with the mother, use helpful non-verbal communication, use responses and gestures that show interest

12. True or False: Black tea can prohibit iron absorption. (circle one)

1. True
2. False

13. True or False: If a child is confirmed to have COVID-19 they should be fed infant formula rather than breastmilk. (circle one)

1. True
2. False

14. True or False: Infant formula donations are dangerous. All donations of infant formula should be immediately documented and reported to the Nutrition Cluster. (circle one)

1. True
2. False

15. What are safe ways to provide expressed breastmilk to a child if the mother is unable to breastfeed directly from the breast? (Circle all that apply)

* Cup
* Spoon
* Bottle

16. Can mothers/caregivers be trained to measure MUAC, assess for oedema and refer children in their care to a nutrition centre?

1. Yes
2. No

17. Which of the following is not true of the changes in the screening and referral process during COVID-19? (circle all that apply)

* 1. MUAC measurements by mothers /caregivers
  2. No screening by the BHS
  3. Measure MUAC and oedema only
  4. Physical distancing

18.Answer True or False to the following statements on modifications in the treatment protocols:

* 1. A child with SAM without complications during COVID-19 will receive 2sachets of RUTF per day.
     1. True
     2. False
  2. All children who do not show improvement after 1 month should be referred.
     1. True
     2. False
  3. During full population mobility restriction, RUTF or RUSF distribution can be done by local leaders.
     1. True
     2. False
  4. A SAM child should receive supplies for 2 months
     1. True
     2. False

19. List 5 advantages of the family MUAC approach.

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20.True or False: It is recommended that milk and milk products be included in food basket distributions.

1. True
2. False

### Appendix G: Pre and Post Test Answers

**Pre and Post Test Answers**

**1.** Why are COVID-19 guidelines important for nutrition programming?

* 1. To ensure children and their caregivers do not get infected or infect others with COVID-19. **True**
  2. To create new jobs for health workers**. False**

**2. List at least 5 key actions health workers should carry out to reduce the risk of transmission of COVID-19. (list five)**

Ensure water for handwashing is available use PPE, ensure good ventilation, separate children and adults with symptoms from those that do not have them, physical distancing in consultation rooms, waiting and triage areas, immediate referral of those that show signs and symptoms, regular sanitizing of surfaces

**3. How would you describe Risk Communication?​ (circle one)**

When experts share information with people about the risk of COVID-19 and how to protect themselves from it and people share their doubts, concerns and questions to the experts

**4. Please circle all principles that you think would be critical for risk communication and community engagement. (list two)**

All three are correct responses.

**5. To build trust in the community, it is important to (multiple responses possible): ​**

* + Be respectful and non-judgmental​
  + Engage community leaders ​
  + Clearly communicate what we know​

**6. Circle all of the statements that are TRUE (circle all that apply)**

The below statements are true.

* Stigma can be addressed by ensuring two-way communication and building trust
* Messages on risk communication and community engagement need to be continually adjusted, improved and reiterated

**7. Is it safe for a woman to breastfeed if she is confirmed positive for COVID-19? (circle one)**

1. Yes

**8. Circle examples of services where IYCF can be included for the greatest reach. (circle all that apply)**

* Mother to mother support groups
* Mother, Child Cash Transfer distribution points
* Health posts
* Food distribution points
* Quarantine checks,
* Hygiene kit distribution
* Immunization campaigns

**9. All recommended IYCF practices remain the same during the COVID-19 pandemic. (circle one)**

1. Yes

**10. What are the recommended precautions a mother can take while she is breastfeeding her infant? (name three)**

Wash hands, clean surfaces of home that are commonly touched, use a mask if having respiratory symptoms, with the infant maintain physical distancing from other people (at least one metre)

**11. Name four key counselling skills (name four)**

Ask open ended questions, avoid judging words, reflect back what the mother says, empathize with the mother, use helpful non-verbal communication, use responses and gestures that show interest

**12. True or False: Black tea can prohibit iron absorption. (circle one)**

1. True

**13. True or False: If a child is confirmed to have COVID-19 they should be fed infant formula rather than breastmilk. (circle one)**

1. False

**14. True or False: Infant formula donations are dangerous. All donations of infant formula should be immediately documented and reported to the Nutrition Cluster. (circle one)**

1. True

**15. What are safe ways to provide expressed breastmilk to a child if the mother is unable to breastfeed directly from the breast? (Circle all that apply)**

* Cup
* Spoon

**16. Can mothers/caregivers be trained to measure MUAC, assess for oedema and refer children in their care to a nutrition centre?**

1. Yes

**17. Which of the following is not true of the changes in the screening and referral process during COVID-19? (circle all that apply)**

b. No screening by the BHS

**18. Answer True or False to the following statements on modifications in the treatment protocols:**

* 1. A child with SAM without complications during COVID-19 will receive 2sachets of RUTF per day. **False.** Child will receive **3** sachets
  2. All children who do not show improvement after 1 month should be referred. **True**
  3. During full population mobility restriction, RUTF or RUSF distribution can be done by local leaders. **False.** Distribution can be done by the **nutrition Volunteer**s.
  4. A SAM child should receive supplies for **3** months. **False.** A Sam child should receive supplies for 2 months

**19. List 5 advantages of the family MUAC approach. (list five)**

Easy to understand and do, Identifies children at higher risk, Early diagnosis, Reduced admission rates to ITP/SC, Increased program coverage

**20. True or False: It is recommended that milk and milk products be included in food basket distributions.**

b. False. Milk products should never be in food basket distributions as they are likely to be used as a breastmilk substitute for infants.

### Appendix H: End-of-Training Evaluation

*This evaluation can be done anonymously or discussed in groups. When discussed in the group, the facilitator(s) should ensure to capture the number of participants contributing to each aspect.*

**Place a √ in the box that reflects your feelings about the following:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Good** | **Average** | **Unsatisfactory** |
| **Materials Used** |  |  |  |
| **Participatory Approaches Used** |  |  |  |
| **Lessons Topic** |  |  |  |
| **Facilitation** |  |  |  |

**Which sessions did you find most useful?**

**What are your suggestions to improve the training?**

**Other Comments:**

1. UNICEF: Facilitator Guide, The Community Infant and Young Child Feeding (IYCF) Counselling Package [↑](#footnote-ref-0)
2. Nachemson, Andrew. "Medics in Myanmar on strike against military amid COVID-19 crisis". www.aljazeera.com. Retrieved 21 March 2021.

   Staff, Reuters (9 February 2021). "Coronavirus testing collapses in Myanmar after coup". Reuters. Retrieved 21 March 2021. [↑](#footnote-ref-1)