



Evaluation of the *Nigeria Community Infant and Young Child Feeding (C-IYCF) Counselling Package*

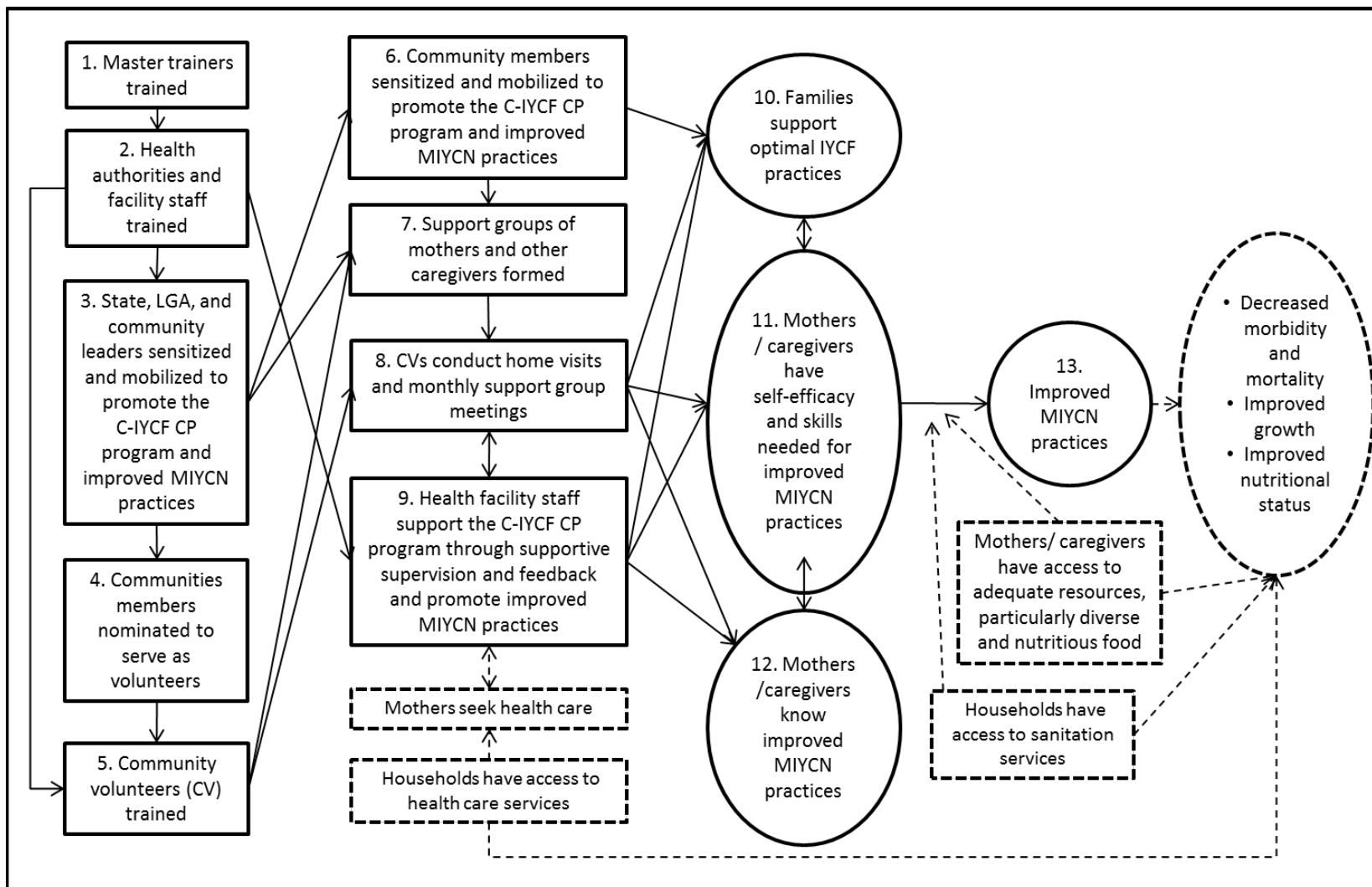
Annex 1

IMPLEMENTATION RESOURCES

JUNE 2018



Initial Program Impact Pathway



Note: MIYCN stands for maternal, infant, and young child nutrition. In this context, this includes hygiene and health care seeking behaviors (recognition of danger signs).

Estimate of the Number of Community Volunteers Needed

Local Government Areas (LGA)	NO	WARDS	2014 Projected Population*			Target number of CVs to be <u>trained</u> (1:40 children <2)
			Total	0-23-month-old population**	Pregnant women** *	
KAJURU (UNICEF-supported)	1	AFOGO	14,879	1,012	446	25
	2	BUDA	21,320	1,450	640	36
	3	IDON	9,493	646	285	16
	4	KAJURU	10,142	690	304	17
	5	KALLAH	15,331	1,043	460	26
	6	KASUWA MAGANI	18,602	1,265	558	32
	7	KUFANA	19,647	1,336	589	33
	8	MARO	10,387	706	312	18
	9	RIMAU	9,666	657	290	16
	10	TANTATU	10,976	746	329	19
		TOTAL		140,443	9,550	4,213

* Data based on 2006 census (2010 report) and an assumed population growth rate of 3% per year.

** According to the 2006 census, 6.8% of the population in Kaduna State was <2 years of age.

** According to the 2006 census, 2.7% of the population in Kaduna State was <1 year old. We assume a slightly higher percentage (3%) of women are pregnant.

Selection Criteria

An eligible health facility must—

- be a public or government health facility
- deliver maternal (antenatal, postpartum) and/or child health services
- have a minimum of two posted health personnel (facilities with only one health worker were excluded because training of health workers would negatively affect coverage of health services)
- have no staff trained in the IYCF package within the last five years
- be willing to participate in the program, particularly to support and supervise community volunteers.

Eligible health workers must—

- work in one of the selected health facilities
- work as a nurse, midwife, community health extension worker (including junior and senior community health extension workers), or community health officer
- be willing to participate in and support the C-IYCF program, particularly to supervise and support community volunteers, and promote ICYF in their own work.

Eligible community volunteers must—

- reside in the community
- be willing to serve as a volunteer and commit to fulfilling the role and responsibilities
- have interest in breastfeeding and child feeding and child care
- have interest in community service
- have a basic level of reading and writing
- speak the local language
- be of reproductive age.

(Preference to parents—both mothers and fathers)

Agenda for the C-IYCF Training of Health Workers and LGA Authorities

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
08:15–08:30	Session 1 (1 hour) Introductions, Expectations, and Objectives	DAILY REVIEW				Supportive supervision/mentoring and monitoring
08:30–10:30	Session 2 (1 hour) Why IYCF matters	Session 6 cont'd (1 hour) Session 7 (1 hour) Recommended IYCF: Complementary feeding for children from 6 to 24 months	Preparation for field visit Session 11 (2 ½ hours) Field Visit <ul style="list-style-type: none"> • Infant and young child feeding assessment form for mother/child pair 	Session 13 (2 ½ hours) Second Field Visit <ul style="list-style-type: none"> • Infant and young child feeding assessment of mother/child pair • Action-oriented group session • Infant and young child feeding support group 	Session 16 (2 hours) Infant Feeding in the Context of HIV	Session 18 (1 hour) Define supportive supervision/mentoring and monitoring and its various components: who, why, when, where, what, what for and how, including examples of indicators for routine IYCF programme monitoring Session 19 (30 min) Review tools for IYCF community workers Session 20 (1 hour) Review tools for supervisors/mentors

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
10:30–10:45	TEA BREAK					
10:45–13:00	<p>Session 3 (1 hour) Common situations that can affect infant and young child feeding</p> <p>Session 4 (1 hour) How to Counsel: Part I</p> <ul style="list-style-type: none"> • Listening and learning skills • Behaviour change steps 	<p>Session 7 cont'd (30 min)</p> <p>Session 8 (1 hour) Complementary foods</p> <p>Session 9 (½ hour) How to counsel: Part II</p> <ul style="list-style-type: none"> • IYCF three-step counseling • Building confidence and giving support skills • Use of IYCF assessment form for mother/child pair 	<p>Session 11 (1 ½ hours) Field visit and feedback from field visit</p>	<p>Session 13 (1 ½ hours) Field visit and feedback from field visit</p>	<p>Session 17 (1 hour) Integrating IYCF support into CMAM community services</p> <p>Session 18 (1 hour)</p> <ul style="list-style-type: none"> • Post-assessment • Evaluation 	<p>Session 21 (45 min) Help supervisors/mentors develop necessary skills: interpersonal communication, facilitation, analysis, problem-solving, refresher skills-building sessions</p> <p>Session 22 (1 ½ hours) Practice supportive supervision/mentoring (using observation checklists, providing feedback, and making decisions for quality improvement throughout the system)</p>
13:00–14:00	LUNCH					

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
14:00–16:00	<p>Session 5 (1½ hours) Recommended IYCF practices: Breastfeeding</p> <p>Session 6 (½ hour) How to breastfeed</p> <ul style="list-style-type: none"> • How the breast works • Good attachment and positioning 	<p>Session 9 cont'd (1½ hours)</p> <p>Session 10 (30 min) Common breastfeeding difficulties</p>	<p>Session 12 (2 hours)</p> <ul style="list-style-type: none"> • How to conduct an action-oriented group • How to conduct a support group meeting • How to conduct a home visits • How to use community monitoring tools for action-oriented groups and support groups 	<p>Session 14 (1½ hours) Women's nutrition</p> <p>Session 15 (30 min) When to bring a sick child to the health facility</p>	<ul style="list-style-type: none"> • Action plan • Operational framework • Presentations by participants 	<p>Session 23 (1 hour) Compile and present data in a report that tracks the status and progress of the IYCF program in terms of performance of planned activities implemented, coverage of target population, and quality of IYCF support activities</p> <p>Session 24 (1 hour) Develop an action plan to help institutionalize supportive supervision</p> <p>END</p>
16:00–16:15	TEA BREAK					
16:15–16:45	Session 6 cont'd (30 min)	Session 10 cont'd (1 hour)	<i>Preparation for field visit</i>			

Agenda for the C-IYCF Training of Community Volunteers

	DAY 1	DAY 2	DAY 2
8:15–8:30		Review	Review
8:30–10:30	Session 1 (1 hour) Introductions, expectations, and objectives Session	Session 7 (1 ½ hours) Recommended IYCF practices: Complementary feeding for children 6 to 24 months of age	Session 11 (4 hours) First field visit and feedback
	Session 2 (1 hour) Why IYCF matters	Session 8 (30 min) Complementary foods	
10:30–10:45	TEA BREAK	TEA BREAK	
10:45–12:45	Session 3 (1 hour) Common situations that can affect young child feeding Session 4 (1 hour) How to counsel: Part I	Session 8 (30 min) Complementary foods (continued) Session 9 (1 ½ hours) How to counsel: Part II	
12:45–13:45	LUNCH	LUNCH	LUNCH
13:45–15:45	Session 5 (1 ½ hours) Recommended IYCF practices: breastfeeding	Session 9 (30 min) How to counsel: Part II (continued)	Session 13 (1 hour) Women’s nutrition
	Session 6 (30 min) How to breastfeed	Session 10 (1 ½ hours) Common breastfeeding difficulties: symptoms, prevention, and ‘what to do’	Session 14 (1 hour) Feeding a sick and malnourished child
15:45–16:00	TEA BREAK	TEA BREAK	TEA BREAK

	DAY 1	DAY 2	DAY 2
16:00–18:00	Session 6 (1 hour) How to breastfeed (continued)	Session 12 (2 hours) Action oriented groups, IYCF support groups, and home visits	Session 14 (1 hour) Feeding a sick and malnourished child (continued) Session 20 (1 hour) Post-Assessment and evaluation

An additional half-day is required if including optional Session 17: Infant and Young Child Feeding in the Context of HIV. See alternative “Five-Day Training: Community Infant and Young Child Feeding Counselling Package” in Appendix 4, and “Three-Day Training: Infant and Young Child Feeding Support into Emergency Activities” in Appendix 5.

C-IYCF Activities by Target Population

Targeting health providers

- Annual sensitization meeting
- Training in C-IYCF
- Supportive supervision by LGA nutrition focal person
- Monthly review meetings

Targeting community members

- Community dialogues: 2 locations per ward (2 per year per ward)
- Community sensitization: 4 locations (2 per year per ward)
- Training of volunteers in C-IYCF
- Supportive supervision by health providers
- Monthly review meetings

Targeting pregnant women and mothers/caregivers of children under 2

- Support groups (one per month)
- Home visits (minimum of two visits per month)

Roles and Responsibilities of Implementation Team

SPRING's primary role was in evaluating the intervention. The only role SPRING had in implementation was hiring and supervising the study coordinator, who ensured that implementation happened according to plan.

UNICEF/Abuja	Federal Ministry of Health	UNICEF/Kaduna
<ul style="list-style-type: none"> • Discuss the implementation plan. • Organize training of master trainers (occurred in 2012). • Conduct advocacy meetings targeting State and LGA-level policymakers. • Organize (financial, technical, and logistical aspects) training of health authorities, health providers and community volunteers and all other activities related to implementation. • Conduct monitoring visits to Kaduna State and Kajuru LGA. • Enable UNICEF/Kaduna to carry out the role described below. 	<ul style="list-style-type: none"> • Work with UNICEF/Abuja, UNICEF/Kaduna and SPRING staff to conduct sensitization and mobilization of state and LGA leaders in Kaduna State to position and promote the program before implementation began. 	<ul style="list-style-type: none"> • Conduct advocacy meetings with State and LGA policymakers. • Organize (logistics) and attend trainings of health authorities, health providers, and community volunteers. • Contract master trainers for the training of health authorities and staff, and community volunteers. • Work with the SPRING study coordinator, the State, and LGA to select and screen health workers and community volunteers. • With the State Ministry of Health (SMOH) and LGA team, conduct and fund mobilization and sensitization events with community leaders. • With the SMOH and LGA team, conduct and fund community dialogues and/or rallies. • With the SPRING study coordinator, the State, the LGA, and ward focal persons, plan and attend review meetings at the ward and LGA levels. • With the SMOH, supervise the LGA team at least once per month. • Reimburse LGA for cost of meetings with health facility staff (transportation and tea breaks).

State Ministry of Health (SMOH)	Local Government Area (LGA)	Ward Development Committee (WDC)
<ul style="list-style-type: none"> • Work with the SPRING study coordinator, UNICEF/Kaduna, and LGA to conduct an initial sensitization meeting for ward focal persons and Ward Development Committees (WDC) and on the selection of community volunteers. • Work with the SPRING study coordinator, UNICEF/Kaduna, and LGA to select and screen health workers and community volunteers. • Participate in 6-day C-IYCF training if not trained on IYCF. • If trained on IYCF, facilitate training of health workers. • Work with the SPRING study coordinator, UNICEF/Kaduna, and LGA to plan trainings and implementation of the IYCF program. • With the SPRING study coordinator, UNICEF/Kaduna, and LGA, plan and attend community dialogues and sensitizations. • With the SPRING study coordinator, UNICEF/Kaduna, the LGA, and ward focal persons, plan and attend review meetings at the ward and LGA levels. [Provide initial funding for the meetings to be reimbursed by UNICEF or the LGA.] • Support the LGA staff. • Visit/supervise the LGA at least once per quarter. 	<ul style="list-style-type: none"> • Participate in 6-day C-IYCF training. • Work with the SPRING study coordinator, UNICEF/Kaduna, and the State to select and screen health workers and community volunteers. • With the SPRING study coordinator, UNICEF/Kaduna, and the State, plan and attend community dialogues and sensitizations, providing or identifying a peaceful and appropriate location for such a meeting. • Supervise selected health facilities, visiting each of the facilities at least once per quarter, according to work plan. • Observe and support at least two support groups during each visit to one of the IYCF health facilities. • With the SPRING study coordinator, UNICEF/Kaduna, and ward focal persons, plan and attend review meetings at the ward and LGA levels. • Collate monitoring data and review and discuss experiences. • Provide incentives (in cash or kind) to the community volunteers. • Reimburse costs incurred by the health workers in conducting supportive supervisions and the cost of the review meetings. 	<ul style="list-style-type: none"> • Work with the ward focal persons to identify and recruit community volunteers and to replace drop-outs. The number of community volunteers should be enough to achieve a ratio of 1 community volunteer for every 40 members of our target population. This number, and a deadline for implementation, was provided to WDCs. • Work with the State, LGA and ward focal persons to plan and facilitate sensitization meeting, community dialogues, and community rallies. • In collaboration with the State, LGA and ward focal persons, organize one to two sensitization meetings per ward to meet with nominated volunteers. • Attend monthly review meetings.

Health Workers	Community Leaders	Community Volunteers
<ul style="list-style-type: none"> • Participate in the training of community volunteers. • Help organize and conduct monthly meetings of community volunteers to collect monitoring reports, review successes and challenges, and discuss questions and issues that the community volunteers have encountered. • Collate community volunteers' monthly reports and prepare a summary report. • Attend monthly meetings with the LGA and State authorities to submit monitoring reports, discuss ward successes and challenges, and discuss questions. • Counsel clients during ANC/immunization visits on C-IYCF. • Refer clients to community volunteers. • Supervise community volunteers (observation and support). • Participate in and/or assist with organizing community events whenever possible. 	<ul style="list-style-type: none"> • Work with the ward focal persons to identify and recruit community volunteers and replace drop-outs. • Work with the State, LGA, and ward focal persons to plan and facilitate sensitization meetings, community dialogues, and community rallies. • Attend community volunteers' monthly review meetings held at local health facilities. • Refer clients to community volunteers. 	<ul style="list-style-type: none"> • Participate in a 3-day C-IYCF training • Conduct a minimum of one support group session per month. • Conduct a minimum of two home visits per month. • Refer support group members to health facilities, as appropriate. • Maintain registers of support group members, support groups conducted, and home visits conducted. • Attend monthly meetings at the health facility. • Share data, success stories, and challenges at monthly meetings. • When required, attend community sensitizations and dialogues.



USAID
FROM THE AMERICAN PEOPLE



SPRING
Strengthening Partnerships, Results
and Innovations in Nutrition Globally

SPRING

JSI Research & Training Institute, Inc.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@spring-nutrition.org
Internet: www.spring-nutrition.org
Cover image courtesy of SPRING

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI) with partners Helen Keller International, the Manoff Group, Save the Children, and the International Food Policy Research Institute. The contents are the responsibility of JSI, the United Nations Children's Fund (UNICEF), and the Federal Ministry of Health (FMOH) of Nigeria, and do not necessarily reflect the views of USAID or the United States Government.