



---

# LAUNCH Health Facility Assessment

---

Results from a  
comprehensive  
assessment of 13  
health facilities in  
Bong and Nimba  
counties

---

Assessment conducted in Liberia by  
Laura Buback\*, Ella Jaiblai\*, Konah  
Taryor\*\*, and Adla Leesolee\*\* with  
technical assistance from Agnes  
Guyon\* and Ariella Bock\*

\*

\*JSI \*\* ACDI/VOCA

April 2013

## Contents

<b>I.</b>	<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
<b>II.</b>	<b>INTRODUCTION .....</b>	<b>5</b>
	1. Background.....	5
	2. Purpose.....	5
	3. Methodology .....	6
<b>III.</b>	<b>RESULTS OF HEALTH FACILITY ASSESSMENT .....</b>	<b>8</b>
	1. Staff .....	8
	2. Assessment of health provider knowledge .....	10
	3. Nutrition services/messages offered at health facilities.....	12
	4. Nutrition related drugs and supplies.....	15
<b>IV.</b>	<b>EXIT INTERVIEW RESULTS .....</b>	<b>19</b>
	1. Types of LAUNCH beneficiaries .....	19
	2. Client satisfaction .....	20
	3. ANC visits .....	21
	4. Mothers of children under age two .....	22
	5. Messages Received and Care Group participation.....	24
<b>V.</b>	<b>Refresher Training Summary .....</b>	<b>26</b>
<b>VI.</b>	<b>Recommendations .....</b>	<b>27</b>

## Annexes

<b>VII.</b>	<b>Annex 1: LAUNCH Clinic Supportive Supervision Checklist.....</b>	<b>28</b>
<b>VIII.</b>	<b>Annex 2: LAUNCH ENA Health Facility Staff Refresher Training Pre-Test/Post-Test .....</b>	<b>30</b>
<b>IX.</b>	<b>Annex 3: Exit Interview Questionnaires .....</b>	<b>32</b>
<b>X.</b>	<b>Annex 4: Busiest days to visit health facilities for monitoring/observations.....</b>	<b>46</b>
<b>XI.</b>	<b>Annex 5: Refresher Training Agenda.....</b>	<b>47</b>

*Cover Photos from top to bottom: Patients wait to be seen outside of Sanoyea Clinic, Bong County; Konah Taryor (LAUNCH M&E) uses a mobile phone to record exit-interview information from a pregnant woman at Totota clinic, Bong County; a vaccinator charts growth monitoring data at Payee clinic, Nimba County*

## ACRONYM LIST

ANC	Antenatal Care
ACF	Action Contre le Faim (Action Against Hunger)
CM	Certified Midwife
CHT	County Health Team
CSB++	Corn Soya Blend enriched with milk
ENA	Essential Nutrition Actions
FFP	Food For Peace
GCHV	General Community Health Volunteer
GMP	Growth Monitoring & Promotion
IFA	Iron/Folic Acid
IMAM	Integrated Management of Acute Malnutrition
IMNCI	Integrated management of Neonatal Child Illness
JSI	John Snow, Inc.
LAUNCH	Liberian Agricultural Upgrading, Nutrition and Child Health
MOHSW	Ministry of Health and Social Welfare
MUAC	Middle Upper Arm Circumference
MYAP	Multi-Year Assistance Program
OIC	Officer in Charge
OTP	Outpatient Therapeutic Program
PLW	Pregnant and Lactating Women
RUTF	Ready to Use Therapeutic Food
SFP	Supplementary Feeding Program
TBA	Traditional Birth Attendants
TTM	Traditionally trained midwives
USAID	United States Agency for International Development
WFP	World Food Program

## **ACKNOWLEDGEMENTS**

This assessment was conducted by members of the LAUNCH team. Laura Buback and Ella Jaiblai (JSI) conducted the observational assessments and refresher trainings, and Konah Taryor and Adla Leesolee (ACDI/VOCA M&E Team) conducted exit interviews.

Many thanks to Laura Dillon-Binkley and Donard Nyirenda of ACDI/VOCA and Tim Connell and Jolene Mullins of PCI for their assistance in facilitating the implementation of this assessment, including provision of transportation for the team, as well as the PCI Health and Nutrition Teams in the Bong and Nimba counties for their help organizing logistics and supporting the assessment team while at the health facilities. The team is especially grateful to drivers Lisa Stanford (ACDI/VOCA) and Prince Kamara (PCI). The team also thanks William Gbelee, County Nutrition Supervisor of Bong County from the MOHSW who participated in the assessment and refresher training in Bong County, and the health facility staff from all 13 facilities who welcomed the assessment team while concurrently seeing patients.

A final thank you to Agnes Guyon and Ariella Bock (JSI) in Washington D.C for providing technical assistance for designing the methodology, analysis, and reporting of the assessment.

It is our hope that the findings of the assessment will be useful to the LAUNCH program for reaching its objective of reducing chronic malnutrition, and to the many partners in Liberia who are working to improve nutrition and health services and deliver the Essential Nutrition Actions.

## EXECUTIVE SUMMARY

The USAID/Food For Peace (FFP) Multi Year Assistance Project (MYAP) LAUNCH is working to improve food security of vulnerable people in the rural counties of Bong and Nimba in Liberia. ACDI/VOCA and its partners, Project Concern International (PCI), John Snow, Inc. (JSI), and Making Cents International, have built a partnership for achieving this goal. From March 31 through April 18, 2013, LAUNCH conducted an assessment of all 13 health facilities in its six operational districts. This assessment was intended to be a follow-up to the 2012 Essential Nutrition Actions (ENA) training carried out by LAUNCH in Nimba and Bong Counties. The assessment aimed to assess ENA implementation at health facilities, and included quality of nutrition/ENA service delivered, health provider knowledge, adequacy of nutrition-related drugs and equipment, and patients' perceptions. The methodology combined provider observations at key contact points (antenatal care (ANC), vaccination, growth monitoring and promotion (GMP), and sick child consultations), client exit interviews with pregnant women and mothers of children under two, and a questionnaire for health providers. The assessment provided an opportunity to hold an on-the-job refresher training for key health providers including review of messages and nutrition services, quality GMP, and role plays, followed by a post-test questionnaire.

The assessment showed that the delivery of ENA in the 13 health facilities was not optimal and the gaps were largely attributable to staff turnover, weak supervision since the initial training, and inconsistent job aids.

Overall, the health facilities in Bong were delivering better support to nutrition/ENA than those in Nimba, which had more understaffed facilities, more stock outs of nutrition-related drugs, and less messages being delivered during patient visits. In Bong, four of six health facilities were implementing supplementary feeding programs through other partner organizations, whereas only three of seven in Nimba had these programs.

Health providers had inadequate knowledge on what nutrition services or messages should be delivered. However, observations during antenatal care, immunization, growth monitoring, and sick child visits showed weak delivery of these messages and services. The exit interviews confirmed that more pregnant women were receiving nutrition messages than mothers of children under age two, and that delivery of breastfeeding promotion was stronger than complementary feeding. Patients were generally satisfied with the services they received despite not always receiving the recommended nutrition messages and services.

Both observations and exit interviews demonstrated that mothers did not bring their children to the health facilities for well-baby or growth monitoring visits. The reason for their visit was either for vaccination or a sick child visits. Furthermore, the GMP processes were inconsistent. While the majority of health facilities were weighing children correctly, most were not using the growth charts to counsel caretakers on ENA and child growth.

Following the MOHSW guidelines, the health facilities have established networks of community health workers, general community health volunteers (gCHVs), and trained traditional midwives (TTMs), who have all been trained in ENA. In role plays facilitated during the refresher training, gCHVs had better

negotiation and counseling skills than most of the health facility staff. In some cases, the gCHVs were also outperforming health facility staff in knowledge tests. The exit interview results demonstrated that TTMs were effectively encouraging clinic attendance among pregnant women and mothers. Clinic staff and family members, including husbands, were also reported as having influence in the decision to visit the health facilities, demonstrating that women do respond to encouragement to visit health facilities for ANC and child visits.

LAUNCH beneficiaries are attending the health facilities, but health facilities also serve many people who are not LAUNCH beneficiaries. The exit interviews showed that 73% of clinic attendants had someone in their household benefitting from the LAUNCH program. More respondents reported attendance in LAUNCH Care/Mother Groups than receiving food rations. Despite sub-optimal health provider knowledge and delivery of nutrition services, respondents reported receiving several key ENA messages, suggesting awareness of the messages can be attributed to the existence of community structures including the networks of gCHVs, TTMs, and Care Groups.

### **Recommendations on how LAUNCH can better support the delivery of health/nutrition services**

#### *Overall strengthening*

- Advocate with NGO partners and County Health Team (CHT) to improve management of nutrition-related drug supply, including the requisition process
- Organize a joint supervision visit with CHT and/or partners to find cooperative solutions for gaps found

#### *Delivery of ENA messages/services*

- Strengthen knowledge and skills of LAUNCH staff and CHT for providing better supportive supervision to health facility staff, tentatively planned for July/August 2013
- Carry out supportive supervision using checklist, including knowledge test to improve health talks and individual counseling (Checklist provided in July 2013)
- Establish and reinforce regular supervision system: LAUNCH H&N staff to conduct structured clinic supportive supervision visits (monthly) and ENA Advisor conducts quarterly supportive supervision visits
- Organize exchange monitoring/supervision visits to bring low performing staff to observe high performing health facilities
- Use existing meetings between health staff and community volunteers to strengthen counseling skills, in particular those of health providers
- Provide follow-up to ensure that MUAC is being taken, and that a growth chart is being used for counseling
- Provide larger pictures from ENA booklets or illustrations from chest kits for each contact point

# INTRODUCTION

## 1. Background

LAUNCH is working to improve food security of vulnerable people in the rural counties of Bong and Nimba in Liberia. ACDI/VOCA and its partners, Project Concern International (PCI), John Snow, Inc. (JSI), and Making Cents International, have built a partnership for achieving this goal. LAUNCH implements an integrated approach providing a comprehensive package that includes sustainable livelihoods interventions, health and nutrition services, supplementary feeding for pregnant or lactating women (PLW) and children under two years as well as interventions to increase access to primary education. One strategic objective of the program is to reduce chronic malnutrition among women and children under two. JSI, among other technical assistance, provides support to strengthen nutrition delivery provided by health providers and community volunteers, general community health volunteers (gCHVs), and trained traditional midwives (TTMs)..

Since 2011, LAUNCH has been implementing the Essential Nutrition Actions (ENA) framework, which has been adopted by the Liberian Ministry of Health and Social Welfare (MOHSW) as the basis to scale up high impact nutrition interventions in Liberia. Through support of the JSI ENA Advisor, LAUNCH has provided training to 25 LAUNCH staff, 89 health facility staff, 180 gCHVs, and 558 TTMs. LAUNCH targets six districts in two counties: Salala and Sanoyea districts in Bong County and Wee Gbeyi Mahn, Zoe Gbao, Yarpea Mahn and Gbor districts in Nimba County. Within this area, there are 13 health facilities , seven in Nimba County and six in Bong County. LAUNCH assigned a Health and Nutrition staff to each health facility. This staff member visits the health facility regularly (between one and 8 times a month) and is well known by the staff. LAUNCH visits are not structured, but generally focus on encouraging growth monitoring and health talks.

All health facilities have MOHSW structured links to community health workers (gCHVs and TTMs) who have also been trained in ENA.. Each facility has a gCHV supervisor and a Certified Midwife (CM) who acts as TTM supervisor, conducting separate monthly meetings with gCHVs and TTMs.

## 2. Purpose

In March and April 2013, the LAUNCH program conducted a health facility assessment to assess the:

- quality of ENA being delivered by health providers
- knowledge of health providers
- adequacy of drugs/equipment at the health facilities to deliver nutrition interventions
- clients' perception of health and nutrition services
- the extent to which LAUNCH beneficiaries access and benefit from the health nutrition services

During this assessment, LAUNCH took the opportunity to:

- Provide a supportive supervision refresher trainings for health staff, specifically the MOHSW recommended staff (Officer in charge, Certified Midwife, GCHV supervisor, and Vaccinator)
- Initiate the LAUNCH supportive supervision system

### 3. Methodology

All 13 health facilities in the LAUNCH districts were included for the assessment. Each clinic visit spanned one day and had three components: a health provider observation (checklist in Annex i), refresher training (pre-/posttest in Annex ii), and client exit interviews (questionnaires in Annex iii).

- 1) *Health provider observation/refresher training:* Clinic and provider observations were conducted in the morning. As per MOHSW recommendations, providers included were Officers in Charge (OIC), CMs, vaccinators, gCHV Supervisors, and 2 gCHVs. The observations were carried out using the standardized checklist and included observation of two clients at each essential contact point: antenatal care, vaccination, sick child, and family planning. Observations were also conducted at registration where GMP is done and during IMAM visit when appropriate. In some cases, however, two observations of each essential contact point was not possible due to low attendance; specifically family planning visits were rare.
- 2) *Refresher training to key health providers:* This was based on the ENA training previously conducted and focused on reviewing all ENA practices, emphasizing delivery at all relevant contact points and counseling skills, as well as discussions on improving GMP.
- 3) *Client exit interviews:* Short exit surveys were conducted with pregnant women and mothers of children under age two, to assess what services they received and whether they are beneficiaries of any LAUNCH strategic objective (SO) activity. Trained female interviewers collected data from the interview using mobile phones. The questionnaire was tested in Totota, Bong County, on March 6, 2013. Visits were scheduled on pre-determined busy days (see Annex iv for best days for clinic visits), however some smaller health facilities had low attendance nevertheless. Table 1 summarizes the number of observations conducted, participants in the refresher, and the number of interviews conducted. During exit interviews, 282 women were interviewed - 117 pregnant women and 165 mothers of children under age two.



**Table 1: Participants enrolled in the facility assessment**

	<b>Number of Observations</b>	<b>Participants in Refresher</b>	<b>Pregnant women interviewed</b>	<b>Mothers with children under 2 Interviewed</b>	<b>Total Interviewed</b>
<b>Bong County</b>					
Salala	8	6	3	14	17
Gbonota	6	6	16	19	35
Kelebei	8	9	8	11	19
Totota	7	8	18	24	42
Tokpaipolu	3	5	2	7	9
Sanoyea	6	6	12	18	30
<b>Nimba County</b>					
Kpatuo	6	6	7	11	18
Saclepea	6	5	20	12	32
Wehplay	8	6	6	9	15
Payee	6	7	9	8	17
Bahn	6	7	9	12	21
Duoyee	6	6	0	11	11
Duo-Tiayee	6	6	7	9	16
<b>TOTAL</b>	<b>82</b>	<b>83</b>	<b>117</b>	<b>165</b>	<b>282</b>

## RESULTS OF HEALTH FACILITY ASSESSMENT

### 1. Staff

At the time of the visits, seven health facilities were understaffed .). Therefore, the staff available at the facility had to serve multiple roles. Table 2 shows what key staff positions were filled at each facility, as well as which staff were absent on the day of visit. Kpatuo and Wehplay had key staff positions vacant, while the other facilities, such as Sanoyea and Payee, had staff absent on leave or away at training.

Each facility should have an OIC who manages the facility, consults and treats sick patients, and sometimes conducts antenatal care visits ANC. Payee's OIC was absent on the day of the assessment visit. Each facility should also have a CM who conducts ANC, however two health facilities in Nimba did not have a CM at the time of the visit. The larger health facilities had a second screener, either a Register Nurse (RN) or CM. Each facility had at least one vaccinator, a registrar, a dispenser of drugs, and lab technician. Two health facilities in Nimba also had nursing students from Cuttington Nursing School serving as volunteer support.

**Table 2: Staff posted permanently and absent on day of visit**

	OIC posted	CM posted	Vaccinator posted	gCHV Supervisor posted	Staff Absent/Issues on the day of visit
<b>Bong County</b>					
Salala	Yes	Yes	Yes	Yes	
Gbonota	Yes	Yes	Yes	Yes	
Kelebei	Yes	Yes	Yes	Yes	
Totota	Yes	Yes	Yes	Yes	Dispenser absent; OIC acting as dispenser
Tokpaipolu	Yes	Yes	Yes	Yes	CM absent
Sanoyea	Yes	Yes	Yes	Yes	OIC absent; CM screens children
<b>Nimba County</b>					
Kpatuo	No	No	Yes	Yes	Lab Aid screening pregnant women and children
Saclepea	Yes	Yes	Yes	Yes	
Wehplay	Yes	No	Yes	Yes	OIC new and screens pregnant women and children; student helping
Payee	Yes	Yes	Yes	Yes	OIC not present; student screening children; Dispenser missing, registrar acting as dispenser
Bahn	Yes	Yes	Yes	Yes	
Duoyee	Yes	Yes	Yes	Yes	CM and Dispenser both on leave
Duo Tiayee	Yes	Yes	Yes	Yes	

Each facility also has a network of gCHVs who are mostly men and between 10 and 40 years old. They report to a gCHV supervisor who is stationed at the health facility. The gCHV supervisor often also acts as Environmental Officer. Similarly, each clinic has a network of TTMs/TBAs (traditional birth attendants) who report to the CM.

At least eight health facilities had a map of their catchment area with each community and its respective population listed. In addition, all health facilities had an appointment day for a gCHV meeting, whereas three did not have appointment day for TTM.

During the assessment, it was observed that at least one TTM was present in all health facilities, and in six health facilities over five TTMs were present to accompany pregnant women from their communities. TTM follow-up was not included in this assessment as their training had recently been completed in March 2013.

**Table 3: Catchment Area meeting days: TTMs and gCHVs**

Facility	gCHV meeting day	TTM meeting day
<b>Bong County</b>		
Salala	Last Friday	3 <sup>rd</sup> Tuesday
Gbonota	Last Friday	2 <sup>nd</sup> Friday
Kelebei	Last Saturday	Last Saturday
Totota	2 <sup>nd</sup> Wednesday	2 <sup>nd</sup> Saturday
Tokpaipolu	Last Friday	3 <sup>rd</sup> Tuesday
Sanoyea		3 <sup>rd</sup> Saturday
<b>Nimba County</b>		
Kpatuo	2 <sup>nd</sup> & Last Thursday	End of the month
Saclepea	3 <sup>rd</sup> Thursday	Every 2 weeks
Wehplay	20 <sup>th</sup> of the month	Not specific
Payee	28 <sup>th</sup> of the month	Not specific
Bahn	Last Tuesday	Last Saturday
Duoyee	Last Friday	2 <sup>nd</sup> Saturday
Duo Tiayee	4 <sup>th</sup> Friday	3 <sup>rd</sup> Friday



Tumu Kollie accompanies a pregnant women to Sanoyea clinic, Bong county, for ANC visit



Health Facilities monitor their community volunteers: Totota posts photos of the TTMs and Salala posts a monthly gCHV supervision schedule

### Observation of patient flow



Observations showed that patients generally stay long hours at the health facilities, arriving early in the morning and leaving in the afternoons. This was due to the fact that there were several different steps to go through, each one with significant waiting time and different providers.

First, all health facilities had a registration process where the register weighed patients and recorded the child weight on the health cards. After being registered, patients were directed to the appropriate waiting line for vaccinations, ANC, or out-patient clinic. During consultation, providers occasionally checked the growth charts depending on the facility. After the consultation, patients went to the drug dispensary and/or laboratory, where they had to wait to be served, and then returned to the consultation at the end.

## 2. Assessment of health provider knowledge

The pre-test of the afternoon training gave an opportunity to assess nutrition knowledge among staff: OIC, CM, vaccinator, gCHV supervisor, and two gCHVs. A post-test was also conducted at the end of the refresher training. The twenty question pre-/post-test was designed to capture knowledge of recommended number of meals, food types, and micronutrient dosages, etc.... Both tests were read aloud to the participants who were asked to circle the correct answers to multiple choice questions. Table 4 summarizes results from pre-/post-test.

**Table 4: ENA Pre-Test and Post-Test Results**

	<b>Average Pre-Test Score</b>	<b>Average Post-Test Score</b>	<b>Average Improvement</b>
Bong	69%	83%	14%
Nimba	65%	85%	21%
All	67%	84%	17%
Test Score Range	30 – 90%	30 – 100% (8 people got 100%)	

The pre-test results showed that the staff maintained general knowledge of ENA practices, but lacked knowledge of details. Additionally, due to staff turnover, all health facilities had at least one new staff member who had never received the initial ENA training. Nevertheless, most had received training in Integrated Management of Newborn and Child Illness (IMNCI) guidelines, which includes some nutritional guidelines such as breastfeeding and feeding frequencies. ENA/IMAM updated IMNCI guidelines have not yet been rolled out in Liberia, and therefore some recommendations are obsolete.

Generally, the staff enjoyed the pre- and post- test, specifically because they were able to see the improvements in their scores. They expressed interest in taking the test regularly to continue improving and reminding themselves of the information. Table 5 summarizes scores by questions.

**Table 5: Key Details of Provider ENA knowledge**

<b>Key Details from Knowledge Test</b>	<b>% correct on Pre-Test</b>	<b>% correct on Post-Test</b>
Women's diet during pregnancy: At least one extra meal recommended	48	75
Recommended IFA dosage for pregnant/lactating women (180 pills)	66	92
Breastfeeding frequency: Recommend 10 times each day	75	96
Proper feeding of children after illness: one extra meal for 2 weeks after illness	69	90
Child dietary diversity: 3-4 food types recommended each day for children over 6 months	29	68
When to provide deworming to children	53	88
When to provide Vitamin A supplementation to children	48	87
Which vaccine should be given during pregnancy (TT)	87	98
PLW should eat 3-4 food types each day	45	83
PLW should eat fish/chicken/meat as often as possible	93	98
Baby should be put to the breast immediately after birth	93	94
Exclusive breastfeeding should be advised at ALL CONTACT POINTS	29	43
Breastfeeding technique: emptying each breast	89	92
Breastfeeding attachment should be advised at ALL CONTACT POINTS	36	55
Proper feeding of sick infants below 6 months: more frequent breast milk	92	98
Complementary feeding frequency children 6-12 months	82	89
Complementary feeding frequency children 12-23 months	66	90
Monthly growth monitoring	76	60
When to measure MUAC	65	87
Hand washing hygiene should be discussed at EVERY VISIT	95	93

### 3. Nutrition services/messages offered at health facilities

Patients visiting health facilities should benefit from receiving quality ENA counseling and/or services. However, as provider knowledge was incomplete, the services/messages being delivered were sub-optimal. As shown in Table 6, the majority of health facilities were not providing robust and complete ENA services/messages during patient visits. Services were stronger in Bong than Nimba County. Overall, there were a few health providers that stood out as very skilled counselors and advisors for nutrition: the OIC at Tokpaipolu, the CM at Totota, Saclepea, and Duo Tiayee, and the RN/screener at Duo Tiayee.



Child Health Card is used to explain the child is growing well at Duo Tiayee Clinic.

While observations showed that messages during consultations were sub-optimal, messages delivered during health talks were stronger. Health talks tended to be conducted in the mornings, before the registration starts and various staff members rotated in delivering them. Unfortunately, many patients arrived later in the day and missed these health talks.

**Table 6: ENA Messages at clinic contact points**

	ANC visits	Vaccination visits	GMP registration	Sick child visits including IMAM
<b>Bong County</b>				
Salala	X	X	0	X
Gbonota	X	0	0	X
Kelebei	X	0	0	0
Totota	XX	X	0	0
Tokpaipolu	NA	X	0	XX
Sanoyea	X	X	0	X
<b>Nimba County</b>				
Kpatuo	0	0	0	0
Saclepea	XX	X	0	X
Wehplay	0	0	0	0
Payee	X	X	0	X
Bahn	0	0	0	0
Duoyee	NA	0	0	0
Duo Tiayee	XX	X	X	XX

**0** =no message

**X** = some messages delivered

**XX** = strong and complete messages delivered



### 3.1 Antenatal Consultation contact

Overall, there was more focus on nutrition during ANC visits than during other contact points. Most ANC providers made recommendations about eating more food and preventing “low blood” (anemia), especially with the provision of Iron/Folic Acid (IFA) tablets. Twenty one patients’ ANC visits were observed. Of these, 19 (83%) received IFA tablets, 11 (48%) received deworming medicine, 17 (74%) IPT and 15 (65%) TT vaccines. Some of the reasons that services were not provided included out of stock drugs, patient had already completed dosage, or the woman was back for a follow up from the previous week when she had received services and treatment.



The CM at Duo Tiayee clinic provides a Mother Health Card provided by LAUNCH during an ANC visit

### 3.2 Vaccinations contact

At vaccinations, most mothers received advice from health talks conducted at the beginning of the day. Health facilities such as Totota and Sanoyea utilized the gCHVs to give health talks later in the day as groups of women waited for their children to be immunized. Of the 25 visits observed of children less than six months of age, only 32% (8) had a message delivered about exclusive breastfeeding during the EPI session.

### 3.3 Growth monitoring and promotion (GMP)



A gCHV trained by LAUNCH assists the registrar in weighing children at Payee Clinic, Nimba county

LAUNCH is assisting the MOHSW to introduce Growth Monitoring and Promotion as part of nutrition and health services in health facilities. Table 7 shows a detailed assessment of each step of complete quality implementation of the GMP: having supplies, correct weighing, correct graphing, and using the chart to promote child growth through counseling with caretakers. LAUNCH staff had been successful in many health facilities in teaching proper weighing and graphing of weights on the chart. All 47 child visit observations (25 vaccinations and 22 sick child) included observation of their registration and weighing. All, except one health facility, had a functional scale. Eight of the 13 health facilities consistently weighed children correctly, and six consistently graphed the child weight correctly. Three facilities sometimes discussed the growth chart with caretakers and Duo Tiayee Health Clinic consistently discussed the growth chart for

counseling.

**Table 7: GMP implementation at health facilities**

Clinic	Have Scale hung	Weigh children correctly	Graph weight correctly	Discuss weight with caretakers
<b>Bong County</b>				
Salala	Yes	Yes	Yes	No
Gbonota	Yes	Not weighing children under 6 months	Sometimes	No
Kelebei	Need rope	Weigh mother holding child and subtract; inaccurate	Sometimes	No
Totota	Yes	Yes	Yes	No
Tokpaipolu	Yes	Yes	Sometimes	No
Sanoyea	Yes	Yes	Yes	Sometimes
<b>Nimba County</b>				
Kpatuo	Yes	Yes	Yes	No
Saclepea	Yes	Yes	Improving	Sometimes
Wehplay	Yes	At vaccine station, children weighed by subtraction on adult scale	Sometimes	No
Payee	Yes	Kept clothes on	Yes	Sometimes
Bahn	Yes	Not all weighed	Not all children	No
Duoyee	Yes	Yes	Sometimes	No
Duo Tiayee	Yes	Yes	Yes	Yes

### 3.4 Sick child visits contact

In sick child visits, providers tended to focus primarily on treatment and did not advise on nutrition. Most mothers of sick children received advice on giving medication, but nothing about feeding their sick children. In seeing sick infants, providers often missed the opportunity to advise on breastfeeding positioning and attachment. In only 9 of the 22 sick child visits observed (41%), the provider asked what the mother fed the child.

### 3.5 Integrated Management of Acute Malnutrition (IMAM)

Both counties offered services to manage acute malnutrition (National IMAM Program). Table 8 shows that two health facilities in each county had an outpatient therapeutic program (OTP) with ready to use therapeutic food (RUTF). In addition, through the support of UNICEF, World Food Program (WFP), and Action Against Hunger (ACF), three health facilities in Nimba and four in Bong had supplementary feeding programs (SFP) and distributed milk fortified corn soya blend cereal (CSB++).

It appeared that health providers were more sensitized to nutrition, especially to malnutrition as the implementation of IMAM provided frequent supervision that ensured better measurement and management of children. Usually, IMAM services are delivered by the OICs and RNs who consult and



treat sick children. During the assessment, there were no observations of IMAM services as no children with acute malnutrition were identified during this time.

**Table 8: Health facilities with supplementary feeding and/or OTP**

Supplementary Feeding Programs	Have CSB ++ in stock	Outpatient Therapeutic Program	Have RUTF in stock
<b>Bong County</b>			
Salala	Yes	Yes	Yes
Sanoyea	Yes	Yes	Yes
Totota	No	No	
Gbonota	Yes	No	
<b>Nimba County</b>			
Bahn	No	Yes	No
Saclepea	Yes	Yes	Yes
Payee	Yes	No	

#### 4. Nutrition related drugs and supplies

Table 9 shows that in Bong County, all health facilities were equipped with necessary drugs, except zinc which was reported to be out of stock for several months. In Nimba, stock outs were common, especially in facilities where there was no support from an NGO that relied on the government system (Duoyee, Kpatuo, Wehplay). Some facilities in both counties mentioned that gCHVs had supplies of Zinc.

**Table 9: Nutrition related drugs**

Drug	Bong	Nimba	Overall Percent
Iron	6/6	3/7	69%
Folic Acid	6/6	7/7	100%
Vitamin A	6/6	3/7	69%
De-worming	6/6	5/7	85%
Zinc	3/6	4/7	54%

Most of the health facilities had latrines, except two with flush water. Only one had no functioning source of water.

In two facilities, there was no tape to measure middle upper arm circumference (MUAC) to determine acute malnutrition in. These facilities also did not have any support from NGO and didn't have an IMAM program.

All health facilities had registers to record patient weight, along with other vital signs and information on the reason for visit. Although there was not a register specifically for GMP, it was suggested by the staff at Duo Tiayee that such a register would help them keep track of how many children were specifically growth monitored.

**Table 10: Nutrition related equipment**

Equipment	Bong	Nimba	Overall Percent	Comment
MOH Register for all patients	6/6	7/7	100%	Register provided by MOHSW
Register specifically for GMP	0/6	0/7	0%	
MUAC tape	6/6	5/7	85%	Duoyee and Kpatuo with stock-out
Latrine	5/6	6/7	85%	Gbonota and Kelebei do not have latrine but have a flush toilet, but was reported patients use bush instead of toilet
Water Pump	6/6	6/7	92%	Wehplay has broken pump

LAUNCH printed and supplied all 13 health facilities with the MOHSW Mother and Child Health Cards. Patients were required to have these cards to register as a beneficiary for food rations. Eleven of the health facilities had Child Health Cards in stock and 10 had Mother Health Cards in stock. Those without the health cards reported that they had recently requested LAUNCH for more. Mother and Child Health Cards were supplied by LAUNCH, the County Health Team, and from the NGO Africare - though LAUNCH was the most common and reliable entity to restock the cards. Facilities reported that LAUNCH usually replenished the Mother and Child Health Cards within a week of request. However, at the time of clinic assessment the Bong office was also out of Mother Health cards.

**Table 11: BCC supplies**

Equipment	Bong	Nimba	Overall Percent	Comment
MOH Register for all patients	6/6	7/7	100%	Register provided by MOHSW
Register specifically for GMP	0/6	0/7	0%	
MUAC tape	6/6	5/7	85%	Duoyee and Kpatuo with stock-out
Latrine	5/6	6/7	85%	Gbonota and Kelebei do not have latrine but have a flush toilet, but was reported patients use bush instead of toilet
Water Pump	6/6	6/7	92%	Wehplay has broken pump
BCC Supplies	Bong	Nimba	Overall Percent	Comment
Mother Health Cards	4/6	6/7	80%	Gbonota, Totota, Bahn with stock-out
Child Health Cards	5/6	6/7	85%	Totota, Bahn with stock-out
ENA Handbooks (given to HW	6/6	7/7	100%	At least one staff had book in

during ENA training)				all health facilities
Food Diversity Poster (from Africare)	4/6	5/7	69%	
Flip charts for visual aids for counseling from MOHSW	4/6	4/7	62%	
Health Education Schedule Posted for current month	5/6	1/7	46%	Duo Tiayee only one with schedule in Nimba
Of those with schedule: includes "Nutrition" themes	3/5	1/1	67%	

Behavioral communications change (BCC) materials were present at the health facilities varied but were not always used for counseling. The materials often piled up in piles on desks or in drawers. All facilities had several posters on the wall, but these were also not used for counseling. The visual aid flip chart for counseling, provided by the MOHSW, was most frequently used and was present in eight of the health facilities. An ANC job aid, provided by Africare, shown at right, was used in at least six health facilities. This demonstrated the guidelines for a complete ANC visit, including health education, but did not mention women's diet during pregnancy.



LAUNCH staff mentor a vaccinator how to use the flipcharts to counsel for breastfeeding positioning during a vaccination visit

The MOHSW health cards are used for record keeping but rarely for counseling. Moreover, the growth charts in the cards were not commonly used for counseling. Furthermore, the pictures in both cards were not used for discussing practices. The only provider that used the card as a counseling tool was the CM in Duo Tiayee, who used the pregnant card to counsel.

Bong County health facilities had a more functional system of health talks than Nimba. They had a posted schedule of different health talks, either by day or week. In Nimba County, several health facilities had old schedules posted from 2012, and reported that they created schedules when Africare was managing their health facilities, but not anymore. In the absence of schedules, the staff decides the topics of the talks on an ad hoc basis, and often included several topics in one talk. For example, a talk in Payee included the importance of vaccinations, breastfeeding and hand-washing. If a schedule existed, the nutrition-related topics were usually "malnutrition" or "ANC".



ANC job aid posted in AfriCare supported health facilities



## EXIT INTERVIEW RESULTS

### 1. Types of LAUNCH beneficiaries

Findings in Table 12 show that of the patients attending the 13 health facilities, 73%, had at least one LAUNCH beneficiary in their household, with 80% in Nimba and 66% in Bong. Fifty percent reported participating in a LAUNCH Care or Mother Group, 41% reported ever received a LAUNCH ration, 27% reported having a LAUNCH Farmer Group member in their household, and 34% of those with children of primary school age reported children attending a LAUNCH supported school. The health facilities each served a catchment area of communities. Some of the communities served by these health facilities do not fall into the six administrative districts covered by LAUNCH.

**Table 12: Respondents participation in LAUNCH**

	% Ever received LAUNCH ration	% in CG/ mother group	% with Farmer Group member in HH	% with child of primary school age with child in LAUNCH school	% with anyone in HH benefitting from LAUNCH activity
Pregnant Women	32	43	26	32	69
Mothers	47	55	28	36	75
Total	41	50	27	34	73

As shown in Table 13, more mothers of children under two (43%) received rations than pregnant women (27%). In total, 20% of respondents reported being registered but had not yet received food.

**Table 13: Respondents receiving LAUNCH rations**

Receiving LAUNCH food	% of Pregnant Women	% of Children	% of Total
Yes	27	43	36
No	44	36	39
Not now, was in past	5	4	5
Registered but never received	24	18	20
Total	100	100	100

Most pregnant women visited the facilities for ANC, though 17% reported coming because they were also feeling sick (Table 14). Sixty four percent of mothers with children under two came for vaccinations and 41% for sick child visits. Patients did not come to the health facilities solely to attend a health talk or for a preventative well baby visit.

**Table 14: Reason for visit a health facility**

Reason (multiple responses allowed)	% of Pregnant Women	% of Mothers
ANC	97	1
vaccination	0	64
Sick child	3	41
Sick myself	17	5
Family planning	0	0
Well baby visit	0	1
Health Talk	0	0

Findings showed (Table 15) that half of the pregnant women reported that someone encouraged them to come to the clinic, compared to only 36% of mothers. Family members, husbands, and TTM were the most commonly named advocates for visits. It was also commonly reported that patients came because the health facility staff told them to come back on a specific day. For pregnant women, 42% travelled alone, 16% with a sister, 17% with a friend, 10% with a TTM, 11% with a mother, and 2% with a Care Group leader (Lead Mother).



A LAUNCH beneficiary pregnant woman is accompanied by her husband, a member of a LAUNCH Farmer Group, for an ANC visit

**Table 15: Encouraging attendance to health facilities**

Who encouraged clinic attendance	% of Pregnant Women	% of Mothers	% of Total
Family	34	39	36
Husband	20	17	19
TTM	36	19	27
gCHV	0	2	1
Clinic Staff	17	32	25
LAUNCH Staff	0	0	0
Lead Mother	0	0	0

Seventy five percent of pregnant women had a Mother Health Card (14% received it that day), while 91% of mothers had cards for their children. Twenty seven percent reported receiving their Child Health Card when delivering the child at the health facility, 42% reported receiving it at the first vaccine visit, and 23% reported receiving it at the first clinic visit. The rest received it at another clinic visit. Enumerators also discovered that some pregnant women at Gbonota Health Clinic were asked to pay for the Mother Health Cards. If they did not pay, they received a plain blue paper with their information written on it instead. This was the only clinic with such activities reported.

## 2. Client satisfaction

The overall satisfaction of patients regarding their visits and treatment was very high. During vaccination visits, mothers were slightly less likely to be asked about their complaints as visit time was short.

**Table 16: Client Satisfaction**

	<b>Pregnant Women</b>	<b>Mothers</b>	<b>Total</b>
% Asked about complaint	98	86	91
% Reported complaint solved	95	96	96
% reported satisfaction with visit	92	95	94
% reported treated well by staff	97	96	97

### 3. ANC visits

Pregnant women were asked if they received specific messages or services on nutrition and what other services they received (Table 17). The majority of women reported receiving a message on maternal nutrition, such as eating extra and diverse foods, whereas many less reported receiving messages on promoting breastfeeding. Information on hand-washing/hygiene, vaccination, and use of mosquito nets was rare.

**Table 17: Messages delivered during ANC**

<b>Messages</b>	<b>% of pregnant women received message</b>
Maternal diet	87
Extra bowl	86
Food diversity	88
Breastfeeding	43
Early Initiation of BF	45
Exclusive BF	44
Hand washing	10
Use of Bednets	21
Vaccinations	3
ORS/medicine	13

The majority of women were weighed, received Iron Folic Acid tablets, and had a Mother Health Card. De-worming and TT were less consistent (Table 18).

**Table 18: Services provided to women that came for ANC**

<b>Service</b>	<b>% of pregnant women received</b>
Have received mother health card	75
Weighed today	93
Have received at least 2 TT	42
Received IFA	77
Received deworming today or previous visit	61
Discuss birth plan	79
Listened to baby's heart beat	86
MUAC measured	47

Pregnant women were asked how many ANC visits they attended in the *current pregnancy*. Analysis showed that the visits were fairly equally divided, suggesting that there was a high completion rate for four ANC visits.

**Table 19: Distribution for each type of ANC visit**

First Visit	25%
Second Visit	21%
Third Visit	25%
Fourth or higher visit	28%

It is recommended that women make their first ANC visit as soon as possible, preferably in the first trimester. The majority of first ANC visits took place after the first trimester; however 19% of all visits were conducted in the first trimester, suggesting some women were indeed attending ANC early in pregnancy.

**Table 20: ANC visit by trimester**

	1 ANC	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit	4 <sup>th</sup> visit	More than 4th	All visits
Women in First Trimester	39%	26%	11%	5%	0%	19%
Women in Second/Third Trimester	61%	74%	89%	95%	100%	81%

#### 4. Mothers of children under age two

Only 44% of mothers reported being asked what they fed their child. The most common message received for children less than 6 months was regarding exclusive breastfeeding, followed by positioning and attachment, then feeding frequency. Among mothers of children 6-24 months, 51% received messages on complementary feeding, mostly on the introduction of food and amount of food. Table 21 shows the messages provided to mothers.



**LAUNCH beneficiaries begin the walk home together after bringing their children to the clinic.**



**Table 21: ENA messages provided to mothers of children below 24 months**

	% mothers of children < 6 months	% mothers of children 6-24 months
Questions about child feeding	35	59
<b>Received advice on breastfeeding</b>	69	63
-Advise on Exclusive BF	59	36
-Positioning and Attachment	52	34
-BF Frequency	35	37
-BF technique: Emptying one breast first	16	14
-Continued BF until age 2	0	7
-Continued BF while sick	3	5
<b>Received advice on complementary feeding</b>	9	51
-Introduction of food	9	34
-Amount of food	2	27
-Feeding frequency	0	10
-Diversity	1	20
-Food thickness	5	24
-Sick child feeding	1	0
<b>Received advice on Hand-washing</b>	13	12
<b>Received advice on Bednets</b>	6	17
<b>Received advice on Vaccinations</b>	25	5

Table 22 shows that only 62% of mothers reported that their children were weighed, and of those, 75% were plotted on the growth chart. Only 35% of those weighed had the card examined by the provider, and even less (13%) reported receiving advice based on the growth chart. Few children received Vitamin A or deworming.

<b>Table 22: Services provided to children less than 24 months old the day of the assessment</b>	
% of children weighed	62
% of children over 6 months with MUAC taken	12
% of children weighed with weight plotted on card	75
% of children weighed who reported provider looked at growth chart	35
% of children weighed who reported receiving advice/consultation based on growth chart	13
Children over 6 months who received Vitamin A	7
Children over 6 months who received deworming	12
Received CSB or Plumpy Nut from health facility	1
Received Vaccinations	66

Mothers were asked how many times their children ever received Vitamin A supplementation starting at age 6 months. Eight two percent of children 6-12 months received at least one dose, however only 17% of children 18-24 months have received at least three doses.

**Table 23: Vitamin A supplementation by age group.**

	One time	Two times	Three Times	Four times	Never	Don't Know
6-12 months	18%	53%	8%	3%	5%	13%
12-18 months	27%	47%	0%	0%	20%	7%
18-24 months	17%	50%	17%	0%	0%	17%
Total 6-24 months	20%	51%	7%	2%	5%	15%



A mother gives a Vitamin A capsule to her child, who completed his vaccines that day at Sanoyea Clinic, Bong County.

## 5. Messages Received and Care Group participation

Exit interviews showed better knowledge on nutrition practices than what was observed during the observations conducted at the health facilities. During the exit interviews, respondents were prompted on what messages they received *from health workers that day*. The results showed that there is certainly awareness of the ENA practices among the patients, and this might be because patients were exposed to messages outside of health facilities through their contacts with gCHVs, TTMs, and Care/Mother groups' activities. For example, interviewers noticed that respondents often said "I did not hear it at the clinic today, but my Lead Mother told me about it."

Table 24 shows the answer variation between respondents with lead mothers, belonging to a Mother Group, or that were not part of the LAUNCH community program. The differences were not significant.

**Table 24: Care Group participation and ENA**

	Respondents not in any Care Group	Respondents being Lead Mothers	Respondents being in Mother Group
<b>Pregnant Women (n)</b>	<b>67</b>	<b>5</b>	<b>45</b>
Message on maternal diet	90%	80%	84%
Message on extra meal	88%	80%	82%
Message on Dietary Diversity	90%	80%	84%
Received Breastfeeding Advice	46%	60%	40%
Advice on Early Initiation	48%	60%	40%
Advice on Exclusive BF	45%	60%	40%
Advice on Handwashing	8%	20%	13%
Advice on Using ITNs	18%	20%	27%
Received IFA	79%	80%	73%
Has completed TT series	39%	40%	47%
<b>Mothers of Children &lt;2 (n)</b>	<b>74</b>	<b>9</b>	<b>82</b>
Received Breastfeeding Advice	68%	56%	67%
Received Advice on BF attachment	43%	22%	50%
Received advice on complementary food	19%	44%	27%
Received advice on amount of food	10%	22%	11%
Advice on Feeding Frequency	3%	11%	4%
Advice on Dietary Diversity	4%	11%	11%
Advice on Handwashing	11%	22%	13%
Advice on Using ITNs	10%	11%	11%
Asked about Vitamin A	14%	0%	10%
Asked about deworming	15%	0%	4%

## Refresher Training Summary

Four hour refresher trainers were conducted at each of the 13 health facilities. The Participants were:

- OIC
- CM
- Vaccinator
- GCHV Supervisor
- GCHVs (2)

The session objectives were:

- Describe in detail the key messages of ENA
- Explain how to use key contact points at health facilities to deliver ENA messages
- Deliver the key messages of ENA using negotiation and counseling techniques
- Use growth monitoring cards to counsel caregivers on ENA messages

The agenda is presented in Annex v.

All essential nutrition actions were reviewed, including all practices in the ENA booklets. Role plays were used to practice the counseling, using negotiation techniques and images, and the health cards and ENA booklets as visuals. There was a special focus on maximizing all contact points to better deliver ENA messages and services.

In these role plays, the gCHVs demonstrated better counseling skills than the health facility workers, suggesting that the gCHVs were more actively delivering these messages in the communities.



A gCHV and OIC from Tokpaipolu Health Clinic, Bong County, review the Seven Essential Nutrition Actions



Participants practice role plays at Payee Health Clinic and Saclepea Comprehensive Health Center, Nimba County.

## Recommendations

LAUNCH can better support the delivery of health/nutrition services through the following ways.

### Overall strengthening

- Advocate with NGO partners and County Health Team (CHT) to improve management of nutrition-related drug supply, including the requisition process
- Organize a joint supervision visit with CHT and/or partners to find cooperative solutions for gaps found

### Delivery of ENA messages/services

- Strengthen knowledge and skills of LAUNCH staff and CHT for providing better supportive supervision to health facility staff, tentatively planned for July/August 2013
- Carry out supportive supervision using checklist, including knowledge test to improve health talks and individual counseling (Checklist provided in July 2013)
- Establish and reinforce regular supervision system: LAUNCH H&N staff to conduct structured clinic supportive supervision visits (monthly) and ENA Advisor conducts quarterly supportive supervision visits
- Organize exchange monitoring/supervision visits to bring low performing staff to observe high performing health facilities
- Use existing meetings between health staff and community volunteers to strengthen counseling skills, in particular those of health providers
- Provide follow-up to ensure that MUAC is being taken, and that a growth chart is being used for counseling
- Provide larger pictures from ENA booklets or illustrations from chest kits for each contact point

## Annex 1: LAUNCH Clinic Supportive Supervision Checklist

Supervisor .....

Date .....

County	District
Name of facility visited	

Health Center .....Health clinic.....

Number of Staff: OIC ..... CM ..... gCHVs ..... TTM..... Others.....

### 1. Does the facility/session have any nutrition-related supplies (Visual check)

- ENA handbook Y ☐ N ☐
- BCC supports: IYCF Other ....
- Posters: BF Other ....
- MUAC tape Y ☐ N ☐
- Scale Y ☐ N ☐
- Register for recording growth monitoring Y ☐ N ☐
- Latrine Y ☐ N ☐
- Clean water: Pump Other .....

### 2. Does the facility have any nutrition-related drugs (Visual check)

- IFA Y ☐ N ☐
- Vitamin A Y ☐ N ☐
- De-worming (Albendazole or Mebendazole) Y ☐ N ☐
- Zinc Y ☐ N ☐
- RUTF Y ☐ N ☐
- Supplementary Food Y ☐ N ☐

### 3. Does the health facility have sessions on health education?

Does the schedule include nutrition?

Y ☐ N ☐  
Y ☐ N ☐

How many on nutrition? .....Any missing themes?.....

### 4. Comments/Recommendations for Facility

**Service Provider Practices** (observe the respondent providing services; use one page per observation)

Provider Title .....

Visit Type .....

#### 1. Does Provider use visuals to counsel (e.g., pamphlets, job aids, etc.)?

Y ☐ N ☐

#### 2. What messages/practices related to nutrition are provided during ANC .... to pregnant women?

- To advise to consume 3-4 different types of food Y ☐ N ☐
- To advise to eat more food Y ☐ N ☐
- To advise to eat fish, egg, chicken or meat as often as possible Y ☐ N ☐
- To advise to put the baby on the breast immediately after birth Y ☐ N ☐
- To advise to practice exclusive breastfeeding with infants up to 6 months of age Y ☐ N ☐
- To advise hand washing before preparing food and eating Y ☐ N ☐
- To advise hand washing after going to toilet Y ☐ N ☐
- To give IFA during pregnancy 180 tablets – once a day during 6 months Y ☐ N ☐
- To give TT vaccination Y ☐ N ☐
- To give deworming Y ☐ N ☐

**3. What messages/practices related to nutrition are provided during Postnatal/Family Planning visit, OR ...immunization session .....to **women with children less than 6 months**?**

- |  |                            |                            |
|--|----------------------------|----------------------------|
| ➤ To advise lactating women to consume 3-4 different types of food                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise lactating women to eat more food                                       | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise lactating women to eat fish, egg, chicken or meat as often as possible | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to practice exclusive breastfeeding with infants up to 6 months of age | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To check position and attachment during the first month                          | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to empty one breast before switching to the others                     | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to BF longer as baby grows to produce and provide enough milk          | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to begin complementary food at 6 months of age                         | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to BF more often during and after illness                              | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To give Vitamin A capsule to mother  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To give IFA to the mother to complete the 6 months IFA                           | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise hand washing before preparing food and eating                          | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise hand washing after going to toilet                                     | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To check weight and plot the weight  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise if child not growing   | Y <input type="checkbox"/> | N <input type="checkbox"/> |

**4. What messages/practices related to nutrition are provided during GMP visit, OR Child Consultation .... to **women with children less than 2 years old**?**

- |  |                            |                            |
|--|----------------------------|----------------------------|
| ➤ To advise lactating women to consume 3-4 different types of food                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise lactating women to eat more food                                       | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise lactating women to eat fish, egg, chicken or meat as often as possible | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to begin complementary food at 6 months of age                         | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to enrich baby food with 3-4 different types of food every day         | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to give fish, egg, chicken or meat as often as possible                | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to give 2 meals and snacks for baby 6-12 months                        | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to give 3 meals and snacks for baby 12-24 months                       | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to match food at 6 months and give 1/2 bowl at each meal               | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to give family food from 12 months and 1 bowl at each meal             | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise to increase food intake after illness (1 additional meal)              | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise hand washing before preparing food, eating, and feeding the child      | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise hand washing after going to toilet                                     | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To check weight and plot the weight  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To advise if child not growing   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To check MUAC  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To refer in child is in RED or Yellow  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To provide Vitamin A twice a year  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ➤ To provide deworming twice a year after 12 months                                | Y <input type="checkbox"/> | N <input type="checkbox"/> |

**5. Did the health provider ask the mother**

- |  |                            |                            |
|--|----------------------------|----------------------------|
| a. What was (were) her complaint(s)                    | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| b. What her or the child are eating?                   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| c. Does the provider look for solution with the mother | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| d. Does the counseling address the complaint(s)        | Y <input type="checkbox"/> | N <input type="checkbox"/> |

**6. Comments/Recommendations: (can continue on backside)**

## Annex 2: LAUNCH ENA Health Facility Staff Refresher Training Pre-Test/Post-Test

1. How many meals should you advise a pregnant woman to eat each day?
  - a. 3 extra
  - b. 2 extra
  - c. At least 1 extra
2. What vaccine should be given during pregnancy?
  - a. Polio
  - b. TT (Tetanus Toxoid)
  - c. Penta
3. How many IFA pills should be given during pregnancy?
  - a. 180
  - b. 25
  - c. 500
4. How many food types should you advise a pregnant/lactating woman to eat each day?
  - a. 1-2
  - b. 2-3
  - c. 3-4
5. When should a pregnant/lactating woman eat fish/chicken/meat/eggs?
  - a. Never
  - b. Once a week
  - c. As often as possible
6. When should the baby be put on the breast?
  - a. The day after birth
  - b. Immediately after birth
  - c. 5 hours after birth
7. When should you advise a woman to practice exclusive breastfeeding up to 6 months?
  - a. During ANC visits
  - b. After birth
  - c. When she brings a sick infant
  - d. All of the above
8. What is the correct breastfeeding technique?
  - a. Give a little milk from each breast
  - b. Empty one breast before switching to the other
  - c. Use a different breast each day
9. When should you advise a mother on breastfeeding positioning and attachment?
  - a. At birth
  - b. During any visit in the child's first month
  - c. ANC
  - d. All of the above
10. How many times should a women breastfeed her child each day?



- a. 5 times
  - b. 10 times
  - c. 20 times
11. What should a mother be advised to feed her sick child under age 6 months?
- a. Feed the child More Breastmilk, more often
  - b. Feed the child CSB
  - c. Feed the child less
12. What should a mother be advised to feed her child after an illness if over 6 months of age?
- a. Feed the child 1 less meal
  - b. Feed the child only breastmilk
  - c. Feed the child one extra meal for two weeks
13. How many meals should you advise to be given to children 6-12 months?
- a. 1 meal and snacks
  - b. 2 meals and snacks
  - c. 3 meals and snack
14. How many meals should you advise be given to children 12-24 months?
- a. 2 meal and snacks
  - b. 3 meals and snacks
  - c. 4 meals and snacks
15. How many types of food should you advise a child after age 6 months eat each day?
- a. 1-2 types of food
  - b. 2-3 types of food
  - c. 3-4 types of food
16. When should a child be weighed and plotted on the child health card?
- a. Once after age 6 months
  - b. Every 6 months
  - c. Once a month since birth
17. When should MUAC be measured on a child?
- a. Every visit after age 6 months
  - b. Every visit after birth
  - c. At birth
18. At what contact points should mothers be advised to wash their hands before preparing and eating food?
- a. Sick child visits
  - b. ANC visits
  - c. Every visit
19. When should a child over 6 months receive Vitamin A?
- a. At birth
  - b. Once a year
  - c. Twice a year
20. How many times should children receive deworming medicine?
- a. Twice a year until age 5
  - b. Once a year until age 2

## Annex 3: Exit Interview Questionnaires

### MOBILE DATA QUESTIONNAIRES: Patient Exit Interviews

Survey Name : PREGNANT\_Clinic\_Exit\_interview\_copy

No of Questions:44

=====

**1:This is the CLINIC EXIT INTERVIEW form for PREGNANT women at health facilities. Please interview the pregnant woman immediately following her consultation. (label)**

**2:Select Enumerator name (multi)**

Data Field Name : Enumerator

Possible responses:

- Adla Lesolee
- Konah Taryor
- Tenneh Nelson
- Other

**3:Select Name of clinic: (multi)**

Data Field Name : clinic

Possible responses:

- Bahn
- Duo-Tiayee
- Duoyee
- Gbonota
- Kpatuo
- Kelebei
- Payee
- Saclepea
- Salala
- Sanoyea
- Tokpaipolu
- Totota
- Wehplay

**4:How did you travel to the clinic today? (multi)**

Data Field Name : Travel

Possible responses:

- Walk
- **walk and bike**
- Bike (public)
- Bike (family)
- Taxi
- Other

**5:What community did you travel from? (text)**

Data Field Name : CommunityName

**6:How long did you travel to get to the clinic today? (multi)**

Data Field Name : Travel\_Time

Possible responses:

- Less than 30 minutes
- 30 minutes to one hour
- 1-2 hours

- 2-3 hours
- 4-5 hours
- Over 6 hours

**7:Who did you travel with today? (SELECT ALL THAT APPLY) (multi)**

Data Field Name : Accompaniment

Possible responses:

- ALONE
- Children
- Sister
- Friend(s)
- GCHV
- TTM
- Lead Mother
- Mother
- Husband
- Other

**8:Did anyone encourage you to come to the clinic today? (multi)**

Data Field Name : Encourage

Possible responses:

- Yes
- No→Skip to10

**9:Who encouraged you to come to the clinic today? (SELECT ALL THAT APPLY) (multi)**

Data Field Name : EncourageOptions

Possible responses:

- Lead Mother
- gCHV
- TTM
- Friend(s)
- Husband
- Family
- Other

**10:Why did you come to the clinic today? (SELECT ALL THAT APPLY) (multi)**

Data Field Name : Visit\_Reason

Possible responses:

- ANC-pregnancy
- Child Vaccination
- Sick Child
- Health Talk
- Sick myself
- Family Planning
- Growth Monitoring
- Other

**11:What clinic staff helped you today? (PROBE TO FIND MAIN PROVIDER) (multi)**

Data Field Name : Staff

Possible responses:

- Certified Midwife
- Registered Nurse

- Vaccinator
- OIC
- Doctor
- Registrar
- Other
- Don't Know

**12:Did the health provider ask why you came to the clinic today (for health complaint)? (multi)**

Data Field Name : complaint

Possible responses:

- Yes
- No
- Don't Know

**13:Did the provider address why you came to clinic today (solve your health complaint)? (multi)**

Data Field Name : Solved

Possible responses:

- Yes
- No
- Don't know

**14:Did you receive a Mother Health Card today? (multi)**

Data Field Name : MotherCard

Possible responses:

- Yes
- No, I already have one
- No, I don't have one

**15:Were you weighed today? (Verify on card) (multi)**

Data Field Name : Weight

Possible responses:

- Yes
- No

**16:Did you receive a TT vaccine today? (Verify on card) (multi)**

Data Field Name : TT

Possible responses:

- Yes
- No

**17:Did you already receive 2 TT vaccines? (Verify on card) (multi)**

Data Field Name : TTcomplete

Possible responses:

- Yes
- No

**18:Were you given Iron Folic Acid pills today? (blood medicine) (multi)**

Data Field Name : IFA

Possible responses:

- Yes
- No→Skip to 20

**19:How many pills did you receive? (numeric)**

Data Field Name : IFAnum

**20:Did you receive de-worming medicine today? (multi)**

Data Field Name : Deworming

Possible responses:

- Yes
- No, never
- No, but received at a previous visit
- Don't Know

**21:Did the health provider listen to your baby's heart beat? (multi)**

Data Field Name : heartbeat

Possible responses:

- Yes
- No
- Don't Know

**22:Did the staff talk to you about what you are eating? (multi)**

Data Field Name : MaternalDiet

Possible responses:

- Yes
- No

**23:Did s/he tell you to eat one extra meal every day? (multi)**

Data Field Name : ExtraMeal

Possible responses:

- Yes
- No

**24:Did s/he tell you to eat different foods? (diversity) (multi)**

Data Field Name : Diversity

Possible responses:

- Yes
- No

**25:Did the staff talk to you about breastfeeding? (multi)**

Data Field Name : Breastfeeding\_Advice

Possible responses:

- Yes
- No→Skip to 28

**26:Did s/he talk about starting breastfeeding right away after birth? (early initiation) (multi)**

Data Field Name : EarlyInitiation

Possible responses:

- Yes
- No

**27:Did s/he tell you about exclusive breastfeeding? (multi)**

Data Field Name : ExclusiveBF

Possible responses:

- Yes

- No

**28:Did the staff measure around your arm with a tape measure? (MUAC) (multi)**

Data Field Name : MUAC

Possible responses:

- Yes
- No

**29:Did you receive any supplementary food from the clinic TODAY? (multi)**

Data Field Name : SupplementaryFood

Possible responses:

- Yes
- No→Skip to 31

**30:What food did you receive? (SELECT ALL THAT APPLY) (multi)**

Data Field Name : FoodReceived

Possible responses:

- CSB
- CSB +
- Pulses
- RUTF/Plumpy Nut
- Other

**31:Have you discussed a plan for giving birth? (multi)**

Data Field Name : BirthPlan

Possible responses:

- Yes
- No

**32:How many times have you come to the clinic during CURRENT pregnancy? (DO NOT ACCEPT ESTIMATE: Look at Health Card to verify) (multi)**

Data Field Name : ANCtimes

Possible responses:

- 1
- 2
- 3
- 4
- more than 4
- No record→Skip to 34

**33:When is your expected delivery date? (Verify with card) (date)**

Data Field Name : EDD

**34:What other advice did you receive today? (SELECT ALL THAT APPLY) (multi)**

Data Field Name : Advice

Possible responses:

- Vaccinations
- Handwashing
- Using ORS for diarrhea
- Giving medicine for sickness
- Using bednets
- Other

- None

**35: Was the clinic staff friendly? (multi)**

Data Field Name : TreatWell

Possible responses:

- Yes
- No

**36: Were you satisfied/happy with your visit? (multi)**

Data Field Name : Happy

Possible responses:

- Yes → Skip to 38
- No

**37: Why were you not satisfied? (text)**

Data Field Name : NotHappy

\*\*If no to 36 → Skip to 39

**38: Why were you satisfied? (text)**

Data Field Name : Satisfied

**39: Do you/your child receive food rations from LAUNCH/PCI (PROBE to see if food beneficiary) ? (multi)**

Data Field Name : LAUNCHben

Possible responses:

- Yes
- No
- Not now but was in past
- Registered but not yet receiving

**40: Are you part of a LAUNCH Care Group (PROBE: What is name of Lead Mother or LAUNCH Staff) ? (multi)**

Data Field Name : CG

Possible responses:

- Yes, Lead Mother
- Yes, mother group
- No

**41: Does anyone in your household participate in a LAUNCH Farmer group? (multi)**

Data Field Name : FG

Possible responses:

- Yes
- No
- Don't Know

**42: Do you have any children who attend primary school? (multi)**

Data Field Name : Primary

Possible responses:

- Yes
- No → Skip to end

**43: Do the children attend a LAUNCH primary school (GIVE NAME OF SCHOOL)? (multi)**

Data Field Name : SO3

Possible responses:

- Yes
- No
- Don't Know

**44:Please thank the respondent. Save your data and SEND TO SERVER (label)**

Survey Name : CHILD\_Clinic\_Exit\_interview

No of Questions:47

=====

**1:This is the CLINIC EXIT INTERVIEW form for MOTHER OF CHILDREN UNDER 2 at health facilities. Please interview the woman immediately following her consultation for her child. Determine if child is under age 2 before beginning interview (Born after March 2011). (label)**

**2:Select Enumerator Name (multi)**

Data Field Name : Enumerator

Possible responses:

- Adla Leslolee
- Konah Taryor
- Tenneh Nelson
- Other

**3:Select clinic name (multi)**

Data Field Name : Clinic

Possible responses:

- Bahn
- Duo-Tiayee
- Duoyee
- Gbonota
- Kpatuo
- Kelebei
- Payee
- Saclepea
- Salala
- Sanoyea
- Tokpaipolu
- Totota
- Wehplay

**4:How did you travel to the clinic today? (multi)**

Data Field Name : Travel

Possible responses:

- Walk
- Bike (public)
- Bike (family)
- Taxi
- Other

**5:What community did you travel from? (text)**



Data Field Name : CommunityName

**6:How long did you travel to get to the clinic today? (multi)**

Data Field Name : Travel\_Time

Possible responses:

- Less than 30 minutes
- 30 minutes to one hour
- 1-2 hours
- 2-3 hours
- 4-5 hours
- Over 6 hours

**7:Who did you travel with today? (SELECT ALL THAT APPLY) (multi)**

Data Field Name : Accompaniment

Possible responses:

- ALONE
- Children
- Sister
- Friend(s)
- GCHV
- TTM
- Lead Mother
- Mother
- Husband
- Other

**8:Did anyone encourage you to come to the clinic today? (multi)**

Data Field Name : Encourage

Possible responses:

- Yes
- No→Skip to 10

**9:Who encouraged you to come to the clinic today? (multi)**

Data Field Name : EncourageOptions

Possible responses:

- Lead Mother
- gCHV
- TTM
- Friend(s)
- Husband
- Family
- Other

**10:Why did you come to the clinic today? (SELECT ALL THAT APPLY) (multi)**

Data Field Name : Visit\_Reason

Possible responses:

- ANC-pregnancy
- Child Vaccination
- Sick Child
- Health Talk
- Sick myself
- Family Planning

- Growth Monitoring
- Well baby clinic
- Other

**11:What clinic staff helped you today? (PROBE TO FIND MAIN PROVIDER) (multi)**

Data Field Name : Staff

Possible responses:

- Certified Midwife
- Registered Nurse
- Vaccinator
- OIC
- Doctor
- Registrar
- Other
- Don't Know

**12:Did the health provider ask why you came to the clinic today (for health complaint)? (multi)**

Data Field Name : complaint

Possible responses:

- Yes
- No
- Don't Know

**13:Did the provider address why you came to the clinic today (solved your health complaint)? (multi)**

Data Field Name : Solved

Possible responses:

- Yes
- No
- Don't know

**14:Does your child have a health card? (multi)**

Data Field Name : ChildHealthCard

Possible responses:

- Yes
- No→Skip to 16
- Old Health Card/Record

**15:When did your child receive the health card? (CHECK DATE OF ISSUE ON FIRST PAGE) (multi)**

Data Field Name : HCard\_receive

Possible responses:

- Birth
- First clinic visit
- First vaccine
- Other vaccine
- Other clinic visit
- Outreach visit to my community
- In my community
- Other

**16:What is the date of birth of the child? (IF NO HEALTH RECORD, PROBE FOR ESTIMATE) (date)**

Data Field Name : DOB

**17:Where was your child born? (multi)**

Data Field Name : Delivery

Possible responses:

- Clinic
- hospital
- Home
- Family's home
- Other

**18:Did the child receive vaccinations today? (multi)**

Data Field Name : Vax

Possible responses:

- Yes
- No

**19:Was the child weighed today? (multi)**

Data Field Name : Weighed

Possible responses:

- Yes
- No→Skip to 21

**20:Was the weight of child plotted on the health card? (VERIFY ON CARD) (multi)**

Data Field Name : Weight\_Plot

Possible responses:

- Yes
- No

**21:Was your child's arm measured? (MUAC) (multi)**

Data Field Name : MUAC\_child

Possible responses:

- Yes
- No

**\*\*If no to 19 AND 21, skip to 24**

**22:Did the doctor who consulted you look at the growth chart/MUAC measurement? (multi)**

Data Field Name : DrGrowth

Possible responses:

- Yes
- No
- Don't Know

**23:Did he discuss it with you and give you advice from it? (multi)**

Data Field Name : WeightAdvice

Possible responses:

- Yes
- No
- Don't Know

**24:Did the provider ask what you are feeding your child? (multi)**

Data Field Name : Feeding

Possible responses:

- Yes
- No

**25:Did the provider talk to you about breastfeeding (feeding tatay)? (multi)**

Data Field Name : Breastfeeding

Possible responses:

- Yes
- No→Skip to 27

**26:What did they tell you about breastfeeding? (SELECT ALL THAT APPLY)?**

**[PROMPT BUT DO NOT READ OPTIONS] (multi)**

Data Field Name : BFmessages

Possible responses:

- exclusive breastfeeding
- positioning/attachment
- emptying one breast
- frequency of BF
- continued feeding until age 2
- continued feeding while sick
- other

**27:Did the staff talk to you about feeding your child food (other than tatay)? (multi)**

Data Field Name : foods

Possible responses:

- Yes
- No→Skip to 30

**28:What did they tell you about feeding your child? (SELECT ALL THAT APPLY)?**

**[PROMPT BUT DO NOT READ OPTIONS] (multi)**

Data Field Name : Compfeeding

Possible responses:

- Introducing food
- Amount of food
- Frequency of feeding
- Density/Thickness of food
- Different foods
- Handwashing
- Sick child feeding
- Active Feeding
- Other

**29:What foods did they tell you to feed your child? (DO NOT READ OPTIONS, PROMPT)?**

**[SELECT ALL THAT APPLY] (multi)**

Data Field Name : FoodGroups

Possible responses:

- CSB
- Fruit
- Vegetables

- Orange Foods
- Green Leafy Foods
- Seeds/Beans/Nuts
- Meat/Fish
- Milk
- Plantain/Cassava
- Juice
- NONE

**30:Did your child receive food from the clinic TODAY? (multi)**

Data Field Name : Child\_food

Possible responses:

- Yes
- No → Skip to 32

**31:What food did you receive? (SELECT ALL THAT APPLY) (multi)**

Data Field Name : FoodReceived

Possible responses:

- CSB
- CSB +
- Pulses
- RUTF/Plumpy Nut
- Other

**32:Were you asked if your child received Vitamin A? (multi)**

Data Field Name : VitA

Possible responses:

- Yes
- No

**33:Did your child receive Vitamin A today? (multi)**

Data Field Name : VitAtoday

Possible responses:

- Yes
- No

**34:How many times has your child received Vitamin A? (multi)**

Data Field Name : VitAtimes

Possible responses:

- Never
- 1 time
- 2 times
- 3 times
- 4 times
- More than 4 times
- Don't Know

**35:Were you asked if your child received Deworming medicine? (multi)**

Data Field Name : DewormingAsk

Possible responses:

- Yes
- No

**36:Did your child receive Deworming medicine today? (multi)**

Data Field Name : DewormToday

Possible responses:

- Yes
- No

**37:What other advice did you receive today? (SELECT ALL THAT APPLY) (multi)**

Data Field Name : Advice

Possible responses:

- Vaccinations
- Handwashing
- Using ORS for diarrhea
- Giving medicine for sickness
- Using bednets
- Other
- None

**38:Was the clinic staff friendly? (multi)**

Data Field Name : TreatWell

Possible responses:

- Yes
- No

**39:Were you satisfied/happy with your visit? (multi)**

Data Field Name : Happy

Possible responses:

- Yes→Skip to 41
- No

**40:Why were you not satisfied? (text)**

Data Field Name : NotSatisfied

**\*\*If not to 39→Skip to 42**

**41:Why were you satisfied? (text)**

Data Field Name : Satisfied\_why

**42:Do you/your child receive food rations from LAUNCH/PCI (PROBE to see if food beneficiary)? (multi)**

Data Field Name : LAUNCHben

Possible responses:

- Yes
- No
- Not now but was in past
- Registered but not yet receiving

**43:Are you part of a LAUNCH Care Group? (PROBE: What is name of Lead Mother or LAUNCH staff) (multi)**

Data Field Name : CG

Possible responses:

- Yes, Lead Mother
- Yes, mother group

- No

**44:Does anyone in your household participate in a LAUNCH Farmer group? (multi)**

Data Field Name : FG

Possible responses:

- Yes
- No
- Don't Know

**45:Do you have any children who attend primary school? (multi)**

Data Field Name : Primary

Possible responses:

- Yes
- No→Skip to 47

**46:Do any of your children attend a LAUNCH primary school? (multi)**

Data Field Name : SO3

Possible responses:

- Yes
- No
- Don't Know

**47:Please thank the respondent. Save your data and SEND TO SERVER (label)**

#### Annex 4: Busiest days to visit health facilities for monitoring/observations

Bong County	
Salala	Monday, Thursday, Friday
Gbonota	Monday
Kelebei	Tuesday
Totota	Wednesday
Tokpaipolu	Monday, Tuesday, Wednesday
Sanoyea	Friday, Monday, Wednesday
Nimba County	
Kpatuo	Monday, Wednesday
Saclepea	Tuesday
Wehplay	Monday
Payee	Monday, Tuesday
Bahn	Monday, Tuesday
Duoyee	Monday=vaccines/Wednesday=ANC
Duo Tiayee	Monday, Tuesday, Thursday



## Annex 5: Refresher Training Agenda

### LAUNCH

#### Essential Nutrition Actions (ENA) Refresher Training Agenda Health Facility Staff

**Participants:**

- Officer In Charge (OIC)
- Certified Midwife (CM)
- Vaccinator
- GCHV Supervisor
- GCHVs (2)

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

- Describe in detail the key messages of ENA
- Explain how to use key contact points at health facilities to deliver ENA messages
- Deliver the key messages of ENA using negotiation and counseling techniques
- Use growth monitoring cards to counsel caregivers on ENA messages

Topic	Time
Introduction/ Pre-Test	12:30-1:00
Review of Key Contact Points for ENA messages <ul style="list-style-type: none"><li>• Every contact with a pregnant woman</li><li>• At delivery in hospital/home</li><li>• During postpartum/family planning sessions</li><li>• During immunizations</li><li>• During well baby clinic sessions</li><li>• Sick child visits</li><li>• Food supplementation/CMAM programs</li></ul>	1:00-1:15
Review of all ENA messages using booklets & Role Plays <ul style="list-style-type: none"><li>• Optimal breastfeeding practices</li><li>• Appropriate complementary feeding with breastfeeding</li><li>• Nutritional care of sick/malnourished children</li><li>• Women's nutrition</li><li>• Control of Vitamin A deficiency</li><li>• Control of Anemia</li><li>• Control of Iodine Deficiency Disorders</li></ul>	1:15-3:15
Review of growth monitoring and promotion process <ul style="list-style-type: none"><li>• Using growth charts for counseling</li></ul>	3:15-3:45
Post-Test/Conclusion	3:45-4:30