



# Building community and household support for improved nutrition

## Introduction to IYCN in Kenya

The US Agency for International Development's (USAID) Infant & Young Child Nutrition (IYCN) Project built support within communities and households for improving the way mothers in Kenya feed their infants, young children, and themselves. The IYCN Project collaborated with the government of Kenya and USAID-funded partners to conduct an assessment of infant feeding practices in Kenya's Western and Eastern Provinces, which informed several national strategies and programs. The project also completed a literature review and a formative assessment on engaging fathers and grandmothers in infant and young child nutrition. Findings informed the design of an evaluation to test the effectiveness of interventions that engage fathers and grandmothers to improve and support mothers' dietary and infant and young child feeding practices. To complement these efforts, IYCN partnered with the USAID-supported AIDS, Population and Health Integrated Assistance (APHIA) II and APHIAplus Projects to increase support for optimal infant feeding practices at the facility level and in the community.

## Context for nutrition programming

Although 99 percent of children less than six months of age are breastfed in Kenya, only 13 percent are *exclusively* breastfed up to their sixth month of life, a practice proven to defend

infants against malnutrition and to reduce the risk of HIV being transmitted from HIV-positive mothers to their babies.<sup>1</sup> When babies do begin to consume more solid foods, few are fed sufficiently: only 30 percent of children 6-23 months of age are fed an age-appropriate minimum acceptable diet according to international standards for infant and young child feeding.<sup>2</sup>

In Kenya's Western Province, HIV infects women at three times the rate it infects men. Nine percent of women are HIV positive, and nearly one-third of infants born to HIV-positive mothers are likely to get the disease. Despite the fact that nearly 40 percent of infections occur postpartum,<sup>3</sup> interventions to reduce transmission to infants through the promotion of safer infant feeding practices are frequently neglected by prevention of mother-to-child transmission of HIV (PMTCT) programs. A study conducted by PATH and IYCN in 2008-2009 found HIV-positive women confused about how they should feed their children and unable to put recommendations they received at the clinic or from community health workers into practice.

Despite extensive government-led efforts to effectively roll out the national strategy on infant and young child feeding, Kenya's health system had not provided HIV-positive women with the information they needed to safely feed their children. IYCN found that innovative approaches, especially within households and communities, were needed to ensure that

<sup>1</sup> Kenya Demographic and Health Survey, 2008.

<sup>2</sup> Indicators for assessing infant and young child feeding practices, World Health Organization, 2010.

<sup>3</sup> Breastfeeding and HIV International Transmission Study Group. Late postnatal transmission of HIV-1 in breastfed children: an individual patient data meta-analysis. *Journal of Infectious Diseases*. 2004;189:2154-2166.

mothers, caregivers, family members, and health workers understand national recommendations and are empowered to support optimal feeding practices.

## Project activities and accomplishments

IYCN worked with the Kenya Ministries of Public Health and Sanitation (MOPHS) and Medical Services, PATH, and partners of the APHIA II Project in the country's Western and Eastern Provinces.

### *Improved understanding of feeding behaviors*

PATH's PMTCT team and IYCN received US President's Emergency Plan for AIDS Relief (PEPFAR) Public Health Evaluation funds to conduct an infant feeding assessment in Eastern and Western Provinces. The evaluation assessed the infant feeding practices of HIV-positive mothers and the infant feeding counseling they received, specifically focused on the transition period from breastfeeding and replacement feeding. The assessment found that:

- Most mothers mix-feed infants during the first six months and attempt to stop breastfeeding abruptly at six months.
- Many mothers feel adequate nutrition is not affordable or available to infants if they stop breastfeeding at six months.
- Individual, confidential PMTCT counseling is often impossible due to staffing shortages.
- Health workers do not know enough about appropriate infant feeding recommendations, resulting in confusing messages.
- Information, education, and communication materials regarding infant feeding are unavailable to health workers or clients.

The report included several recommendations based on the findings, including the need to increase counseling and deliver messages on appropriate complementary feeding for breastfed and non-breastfed children, as well as to engage fathers and grandmothers to support optimal infant and young child feeding practices. Following widespread dissemination of the assessment report, findings informed a national infant and young child feeding communications strategy and the MOPHS, United Nations Children's Fund, and PATH adopted the project's programmatic recommendations from the report. In addition, the research garnered interest from global stakeholders during presentations at several noteworthy international conferences in 2009, including the 36th Annual International Conference on Global Health in Washington, DC, and the 5th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention in Cape Town, South Africa.



PATH/Evelyn Hodstein

### *Integrated infant feeding and HIV activities*

In collaboration with APHIA II Western partners (PATH and the Society for Women and AIDS in Kenya), IYCN developed a guide for training community-based workers and volunteers and trained 461 volunteer counselors to integrate infant and young child feeding into their existing community-based HIV program activities. Three months after the training, counselors had provided support for improved nutrition to more than 34,000 families affected by HIV in Western Province, through home visits, discussion groups, and community mobilization activities.

In addition, the project distributed social and behavior change communication materials on infant and young child feeding to health facilities and communities. Notably, 150,000 copies each of two infant feeding take-home brochures, one on feeding during the first six months and one on feeding after six months, reached facilities and community workers.

### *Strengthened monitoring systems*

To monitor the progress of infant feeding and HIV activities, IYCN provided reporting tools which included a form to help APHIA II Western-supported PMTCT counselors accurately report on their facility-based activities in a standardized way, and to provide an opportunity to share successes and challenges; an observation checklist to provide structured feedback to facility-based counselors to improve their counseling and facilitation skills; and a reporting form for community-based workers to report on infant feeding activities. Subsequently, several PMTCT and HIV partners adopted the tools for use in their programs.

### *Piloted tools for engaging fathers and grandmothers to improve nutrition*

Because studies conducted in Kenya and other African countries have revealed that fathers and grandmothers can effectively support mothers to improve feeding practices, IYCN developed tools and conducted pilot interventions

aimed at engaging these key influencers. The project trained 30 facilitators from men's groups already working under the APHIA II Western Project to integrate content on infant and young child feeding into their meetings. The trainings were based on a manual developed by IYCN particularly for use by male group leaders. The project found that engaging fathers through existing men's groups appeared to increase their sensitivity to the nutrition concerns of women and children and increased their level of comfort discussing nutrition. Participants reported that the training helped them reflect on their own homes and their roles as fathers, husbands, brothers, uncles, friends, colleagues, and community leaders, and they felt they could become more involved in feeding their children by sharing responsibility with their partners.

The project also oriented 15 APHIA II and PATH community outreach staff in Eastern Province to an approach that engages grandmothers to improve mothers' feeding and dietary practices. The orientation taught the participants how to integrate this community-based approach into health and nutrition initiatives. Participants from the orientation developed plans for mainstreaming the grandmother-inclusive approach into their ongoing activities.

### *Evaluated the effectiveness of engaging fathers and grandmothers to improve nutrition*

After revising tools and learning activities for engaging fathers and grandmothers based on the pilot tests, the project designed a PEPFAR Public Health Evaluation to evaluate the effectiveness of engaging these groups to improve maternal dietary and infant and young child feeding practices. Although grandmothers are important caregivers of young children, and men yearn for information on child health, there are no initiatives in Kenya that systematically engage grandmothers and men to improve infant feeding practices. While there is consensus by government and health partners on the urgent need to engage the two groups, Kenya has been without a model of how best to engage them. First, IYCN conducted a formative assessment to better understand the roles of fathers and grandmothers and their nutrition-related knowledge, attitudes, and practices in order to ensure that materials and activities were appropriate for these key influencers in Western Kenya.



### **Influencing grandmothers**

During focus group discussions with mothers, they emphasized the support they receive from grandmothers, saying: *When I am held up with other duties in my house, I usually take the baby to her (my mother) so that she may care for it as I attend to my duties.*

Grandmothers also cook for the family immediately after the woman gives birth and assist with household chores. As one woman remarked: *They bring you traditional porridge and gruel so that you regain the lost energy.*

Based on this information and working closely with the APHIAplus Project, IYCN designed an intervention in Western Kenya to improve maternal, infant, and young child nutrition practices that addressed fathers' and grandmothers' prominent, supportive roles. An evaluation of the intervention is underway to test the hypothesis that families benefitting from activities to engage grandmothers or men in nutrition issues will have more knowledge and adopt better practices related to maternal nutrition and complementary feeding, as compared to families where nutrition messages are targeted only to mothers. IYCN recruited three groups to participate in the study: one intervention group that included mother-father pairs, one that included mother-grandmother pairs, and a comparison group that did not actively engage either group. Fathers and grandmothers in the intervention groups participated in joint counseling sessions with mothers in their homes, dialogue groups, and broader community activities, such as outreach events to fellow community members.

The project initially conducted a baseline study to determine current knowledge and practices related to support for recommended nutrition practices. The APHIAplus Project will complete the evaluation and share findings in 2012. IYCN expects the results to inform recommendations for effective community initiatives that can be linked to and support facility-based nutrition assessment, counseling, and support services to improve infant and young child feeding practices in Kenya.

### *Shared evidence, tools, and good practices*

To increase access to information about feeding practices among policymakers and program planners in Kenya, IYCN collaborated with PATH to finalize and disseminate a national rapid assessment of beliefs and attitudes around infant and young child feeding.

The project regularly shared evidence, approaches, and tools developed for Kenya with its global network of nutrition and health stakeholders. In Mozambique, the project translated

## Evaluating the effectiveness of engaging fathers and grandmothers: baseline findings

- More than 80 percent of fathers and grandmothers reported providing social, physical, material, and/or financial support to mothers in both the intervention and control areas. However, they were more likely to provide milk for the mother and the child more often than meat or fruits, which would better impact dietary diversity.
- Although more than half of fathers and grandmothers correctly knew about the recommendation for six months of exclusive breastfeeding, almost none were aware of how long an HIV-positive mother should breastfeed.
- Between 60 and 80 percent of fathers and grandmothers responded correctly about appropriate responsive feeding practices, but knowledge of recommended complementary feeding practices (specifically amount and frequency) was low.

Kenya's training manuals for engaging grandmothers and men into Portuguese. In addition, the project included several training and supervision tools for community workers and volunteers and for engaging fathers and grandmothers in Kenya in its global package of materials for community-based program implementers—which has reached thousands of stakeholders around the world. Additionally, a series of workshops and conference sessions with hundreds of global health participants in the United States and Mozambique resulted in lively discussions about the project's evidence and approaches for engaging fathers and grandmothers.

## Lessons learned

*Find synergies.* Because APHIA II Western-supported community workers were already supporting HIV-positive mothers in communities, they were ideally positioned to share infant feeding messages and provide support for optimal feeding practices. As a result, both programs were able to cost-effectively reach more target individuals with critical messages and support.

*Create a plan for disseminating formative assessment findings.* We found that national and international stakeholders were eager for timely evidence on influences of feeding behaviors to help inform their programs. It is helpful to incorporate dissemination activities into program work plans to ensure that formative assessment findings are shared broadly.

*Share experiences as you go.* Although the project experienced delays with the evaluation of interventions for engaging grandmothers and men, we continuously shared evidence, lessons learned, and tools with program implementers as they became available. As a result, a wide range of stakeholders benefitted from IYCN's experiences, and we garnered interest in expected results even before completing the evaluation.

## Looking ahead

Based on the evidence and experiences described in this document, IYCN strongly encourages health program implementers to use a family-centered approach to behavior change for infant and young child nutrition by engaging key influencers, like fathers and grandmothers, through existing structures and networks. To facilitate such an approach, IYCN has provided several tools (listed below) that can be adapted for use in a wide range of settings. Once the APHIAplus Project shares evaluation findings, program implementers in Kenya and other countries can use the information to further inform effective community-based approaches for preventing malnutrition.

### Available resources

- Engaging Grandmothers and Men in Infant and Young Child Feeding and Maternal Nutrition: Report of a formative assessment in Eastern and Western Kenya (2011)
- Engaging Grandmothers to Improve Nutrition: A training manual and guide for dialogue group mentors (2011)
- Infant and Young Child Feeding and Gender: A Training Manual and Participant Manual for Male Group Leaders (2011)
- Handout: Engaging men to increase support for optimal infant feeding in Western Kenya (2010)
- Kenya Infant Feeding Assessment: Eastern and Western Provinces (2009)
- Infant feeding brochures [in Swahili] (2009)
- Infant feeding and HIV reporting tools (2009)
- Infant Feeding and HIV: Trainer's guide and participant's manual for training community-based workers and volunteers (2010)
- Rapid Qualitative Assessment: Beliefs and attitudes around infant and young child feeding in Kenya (2011)

Please visit [www.iycn.org/Kenya](http://www.iycn.org/Kenya)

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## ABOUT THE INFANT & YOUNG CHILD NUTRITION PROJECT

The Infant & Young Child Nutrition Project is funded by the United States Agency for International Development. The project is led by PATH and includes three partners: CARE, The Manoff Group, and University Research Co., LLC. For more information, please contact [info@iycn.org](mailto:info@iycn.org) or visit [www.iycn.org](http://www.iycn.org).