

Mobilizing communities for improved nutrition

A MANUAL FOR TRAINING COMMUNITY LEADERS



Photos: PATH/J/Mike Wang (above right) and PATH/Evelyn Hockstein (others)

This document was produced through support provided by the United States Agency for International Development, under the terms of Cooperative Agreement No. GPO-A-00-06-00008-00. The opinions herein are those of the author(s) and do not necessarily reflect the views of the United States Agency for International Development.

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IYCN is implemented by PATH in collaboration with CARE; The Manoff Group; and University Research Co., LLC.

Acknowledgments

An earlier version of this training guide was originally prepared by PATH in Kenya with funding support from the United Nations Children's Fund (UNICEF) and technical review and oversight from the Kenya Ministry of Public Health and Sanitation.

About the Infant & Young Child Nutrition Project

The IYCN Project is the United States Agency for International Development's flagship project on infant and young child nutrition. Begun in 2006, the five-year project aims to improve nutrition for mothers, infants, and young children, and prevent the transmission of HIV to infants and children. IYCN builds on 25 years of USAID leadership in maternal, infant, and young child nutrition. Our focus is on proven interventions that are effective during pregnancy and through the first two years of life.

For more information, please visit www.iycn.org.

About PATH

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH's work improves global health and well-being.

For more information, please visit www.path.org.

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Facilitator notes

This guide provides instructions for facilitating a one-day workshop with community leaders (e.g., community, religious, and business leaders and government officials) to support and improve children's health and well-being through improved infant and young child feeding and maternal dietary practices. Community leaders have the influence and responsibility to share information and create a supportive environment that can improve practices and contribute to healthier communities. The more people know about how to feed their children—and the more support they have to carry out these practices—the fewer children will die and get sick. Poor infant feeding practices put children's lives and development at risk. This workshop will help community leaders to share helpful information in their communities, increase discussion and reflection on nutrition-related topics, and support families to feed their children well. Community leaders can be a part of the government's commitment to create an environment that allows all women, families, and communities to feed their children in the best way and save lives.

Community mobilization

A community is a group of people who have something in common and will act together in their common interest. It is common for people to feel like they are part of many different communities. People can be part of a community for the place where they live, a place where they spend a lot of their time (such as school or work), or a religious group they belong to.

In this guide, community mobilization means raising people's awareness on the importance of proper infant and young child feeding; encouraging community members to support women and families to feed their children in the best way; and helping women and caregivers to overcome common infant feeding misconceptions, beliefs, and practices that are dangerous for women and children. Community mobilization is a combination of efforts to enhance awareness, encourage positive changes in behaviour, and create a community that supports good nutrition practices. Information alone is not usually enough to lead a person to change his or her behaviour, but when combined with a supportive environment, it can lead to positive changes.

Facilitation

This workshop will allow participants to better understand the importance of optimal infant and young child feeding practices and become new advocates for nutrition in their communities. In order for this workshop to be effective, participants should actively participate in the discussion, share experiences, ask questions, and learn from each other. The following are suggestions on how to encourage participation during the workshop by using an interactive format and ensuring the content is relevant to participants' experiences. Although some of the workshop will consist of presenting information, encourage participants to ask questions and share experiences after a presentation to increase discussion. Participation is important because it allows people to feel involved and engaged with the content, and learn from each other.

Participation and dialogue are essential. When facilitating this workshop, think of it as a discussion, not a lecture. Be sure to involve participants in the discussion, listen to them with interest and respect, and ask them questions. Talking about health topics can be uncomfortable. Try to talk in a way that makes people feel comfortable and encourages them to ask questions and listen closely. It is important that people feel respected and safe.

Facilitation tips

The following facilitation tips can help engage participants:

- Thank participants when they contribute to the discussion or share their views or experiences. People like to feel that their comments and questions are valued.
- Try to have as many different people participate in the discussion as possible. To encourage participation, say, “Is there anyone else who has something to share?” Never call on an individual directly as it can make him or her uncomfortable.
- Listen closely when people are talking. Demonstrating that you are listening can help participants feel confident and comfortable when speaking in front of the group.
- Do not interrupt people when they are speaking. If someone is talking for too long and you must interrupt them, be sure to apologize.

Sharing information

There are times when information needs to be presented; in order to do this most effectively:

- Review information you will present before the workshop so that you are familiar with it.
- Do not speak too quickly. Be sure participants can hear and understand you.
- Do not speak too slowly or participants may lose interest or become bored.
- Maintain eye contact as you present the information. Even if you have to read it, be sure to look up from time to time so that people do not feel they are being ignored.
- After you make an important point, wait for a moment to let participants think about it.
- Pay attention for signs of confusion and ask participants if they have questions.

Asking questions

The ability to ask meaningful questions that stimulate discussion is an important skill for a facilitator. Good questions are open-ended, engage participants, and encourage participation. A facilitator can ask questions in order to:

- Ensure participants understand the information being discussed.
- Clarify a point or reinforce essential information.
- Stimulate participants to think more about a topic.
- Encourage group participation and maintain interest and attention.
- Draw connections between facts and participants’ lives and experiences.
- Encourage participants to think deeply, make their own conclusions, and reflect on how to apply the information in their own lives.

Responding to participants’ questions

Participants should be encouraged to ask questions. Remember the tips below when responding to questions:

- Allow the person to finish asking the question; do not answer until he or she has asked the complete question.
- Listen carefully to be sure you understand the question.
- Do not answer too quickly. Take a moment to think about your answer.
- Repeat the question (to be sure that you understand it and that the group has heard it).
- Thank the person asking the question.
- Choose words carefully and think about how your response can affect an individual.
- Never belittle or embarrass someone for asking a question.
- If you do not know the answer, admit it. Promise to find out or ask if participants know.
- Ask a participant, or the group as a whole, to respond to the question or to give their point of view.
- Make an effort to give all participants the chance to talk.

Background notes—Mothers and children’s health and nutrition

It is important to be familiar with this content, as well as information on child health and nutrition in your community (e.g., rates of stunting and other maternal and child health and nutrition indicators and current nutrition practices) that can be shared during the workshop.

Food and health

In order to live, we must eat. The kind of food we eat affects how our bodies work. Not eating enough or not eating the right kinds of foods can cause people to have a higher risk of illness and death. Children are especially affected when they do not eat properly. When children are not fed properly, they become malnourished and their bodies are less able to fight off disease and infection. Not eating properly, falling ill often, not being well-cared after, and poor hygiene and sanitation can lead to young children being malnourished. If a woman is malnourished during pregnancy, or if her child is malnourished during the first two years of life, the child’s physical and mental growth and development may be slowed. This cannot be made up when the child is older—it will affect the child for the rest of his or her life. For this reason, how women eat during pregnancy and how children are fed during the first two years of life are especially important. Children have the right to a caring, protective environment and to healthy food and basic health care to protect them from illness and promote growth and development.

It is important that children eat the best foods they can, so that they grow well and do not get sick. Children who are malnourished are more at risk for illness, having behavioural problems, and becoming less intelligent, so they will not perform well in school. As adults, the long-term effects of malnutrition can make workers less productive and miss work more often, causing them to earn less money during their lifetime. Malnutrition during pregnancy can also result in serious health problems for a mother and her child.

When a woman is pregnant, it is important for her to eat an extra meal each day, to take iron/folic acid tablets each day, and to rest more often and avoid very strenuous work. When a woman is breastfeeding, it is important to eat an extra meal each day and to take a vitamin A supplement within 2 months of giving birth. Optimal infant and young child feeding practices include starting to breastfeed immediately after the baby is born (or within the first 30 minutes of birth), exclusive breastfeeding for the first 6 months with continued breastfeeding for at least 2 years and beyond, feeding the right amount and right kinds of safely prepared nutritious complementary foods from 6 months to 2 years, providing appropriate nutritional care when the child is sick, and making sure that infants and young children consume enough of important micronutrients, especially vitamin A, iron, and iodine. These optimal practices are necessary to ensure that children grow and develop well during infancy and early childhood.

It is essential for mothers, caregivers, family members, and communities to have accurate information on how women should eat during pregnancy and breastfeeding and how best to feed infants and young children, and for community leaders to help to protect, promote, and support optimal infant feeding practices.

Nutrition in our community

Below is an example of the kind of information you can prepare before facilitating this training workshop. In addition, it is important to collect information on current behaviours and the reasons those behaviours are practiced as well as barriers and motivators for recommended practices.

Nutrition in Kenya

Over the past 20 years in Kenya, the numbers of children who die before either their first or fifth birthdays has been increasing. One out of every nine children born in Kenya dies before his or her fifth birthday. During this same time period, how children are fed has also become worse. In Kenya, almost one out of every three children under the age of five is too short for their age. In addition, one out of every five children five years old and younger in Kenya weighs too little for their age. These statistics show that many children are malnourished.

The Government of Kenya is committed to promoting, protecting, and supporting optimal infant and young child feeding practices, because they have significant health, social, and economic benefits.

Workshop schedule

Time	Topic and methodology
9:00 – 9:30	Welcome, introductions, and opening
9:30 – 10:00	Nutrition beliefs
10:00 – 10:15	Tea break
10:15 – 10:45	Overview of child health
10:45 – 12:15	Key information on nutrition for mothers and children
12:15 – 1:00	Exploring challenges to optimal infant and young child feeding
1:00 – 2:00	Lunch break
2:00 – 2:45	HIV and infant feeding
2:45 – 3:15	Role of community leaders
3:15 – 4:00	Addressing problems in the community
4:00 – 4:15	Tea break
4:15 – 5:15	Work plan
5:15 – 5:30	Next steps, official closing

Welcome and introductions

Time: 30 minutes

Advance preparation and materials

- Flip chart sheet, markers
- Flip chart sheet with schedule
- Flip chart sheet with workshop objectives

Workshop objectives

By the end of this workshop, participants will be able to:

- Identify child health problems in their community
- List recommended infant and young child feeding practices
- Describe how pregnant and breastfeeding women should eat
- List ways they can help improve the nutrition of mothers, infants, and young children in their community
- Implement a community mobilization work plan
- Refer community members for services
- Answer questions on nutrition for mothers and children

Activity

1. Official opening and welcome.
2. Present the schedule.
3. Ice breaker: Divide participants into groups of three. Ask each group of three to introduce themselves and agree on one expectation they share for the workshop. After 3–5 minutes, ask each triad to introduce each other to the larger group and share the expectation. Facilitators should write each expectation on a flip chart sheet.
4. Workshop learning objectives: Compare participant expectations to workshop objectives (as noted above).

Nutrition beliefs

Time: 30 minutes

Advance preparation and materials

- Two A4 sheets of paper, one with the word AGREE, the other sheet with the word DISAGREE, posted on opposite sides of the room

Activity

1. Ask participants to stand in the middle of the room. Explain that you will read a statement, and that if they agree with the statement, they should move to the side of the room under the AGREE sign. If they disagree they should move to the side under the DISAGREE sign. Encourage everyone to move to one side; if they do not feel strongly they can go to the side that is closest to how they feel.
2. Read the following statements one at a time. After participants have moved, ask a few volunteers from each side to explain why they are standing on that side.
 - Breastmilk is good for babies when they are first born, but after 2 or 3 months, babies start to be hungry and need to eat other foods.
 - Cow's milk (or other animal milk) is good for young babies.
 - Most mothers cannot make enough breastmilk to satisfy a baby for 6 months.
 - It is important to give water to babies, especially when it is very hot.
 - It is better to throw away the first milk that comes in since it does not help the baby.
 - Infant formula (Nan, etc) is very good for babies and makes them grow up to be strong, smart, and healthy.
 - Most children born to mothers who are HIV infected will NOT become infected with HIV.
 - Breastfeeding should be discouraged for women who are HIV positive.
 - When pregnant women want to rest and avoid certain chores they are being lazy.
 - If a pregnant woman wants to have an easy delivery she should not eat too much so she has a small baby.
3. Explain that there are a lot of incorrect beliefs about how best to feed babies and young children, and that these beliefs are widely accepted in our communities. Acceptance of these beliefs can lead to poor feeding practices. Many of the common practices in our community can actually put children's health and lives in danger. As community leaders, you can help share information to help improve the health of children in your communities. Later we will talk about the best way to feed babies and young children to help them be healthy, grow well, and perform well in class.

Overview of nutrition in our community

Time: 30 minutes

Advance preparation and materials

- Read the background notes on mothers and children's health and nutrition on page 4
- Prepare information on the health and nutrition of mothers and children in your country/community, as appropriate

Activity

1. Facilitate a discussion with the following questions:
 - Do you think how we feed children is important? Why or why not?
 - Do you think our communities are affected by how children are fed? How?
 - What happens when children are not fed properly?
 - Is malnutrition a problem in our community? Why?
 - Does how women eat during pregnancy affect the health of children?
2. Present key information and statistics about the health and nutrition of mothers and children in your community.

Food and health

In order to live, we must eat. The kind of food we eat affects how our bodies work. Not eating enough or not eating the right kinds of foods can cause people to have a higher risk of illness and death. Children are especially at risk when they do not eat properly. When children are not fed properly, they become malnourished and their bodies are less able to fight off disease and infection. Not eating properly, falling ill often, not being well-cared after, and poor hygiene and sanitation cause babies and young children to become malnourished. If a woman is malnourished during pregnancy, or if her child is malnourished during the first two years of life, the child's physical and mental growth and development may be slowed. This cannot be made up when the child is older—it will affect the child for the rest of his or her life. For this reason, how women eat during pregnancy and how children are fed during the first two years of life are especially important. Children have the right to a caring, protective environment and to healthy food and basic health care to protect them from illness and promote growth and development.

It is important that children eat the best foods they can, so that they grow well and do not get sick. Children who are malnourished are more at risk for illness, having behavioural problems, and becoming less intelligent, so they will not perform well in school. As adults, the long-term effects of malnutrition can make workers less productive and miss work more often, causing them to earn less money during their lifetime. Malnutrition during pregnancy can also result in serious health problems for a mother and her child.

When a woman is pregnant, it is important for her to eat an extra meal each day, to take iron/folic acid tablets each day, and to rest more often and avoid very strenuous work. When a woman is breastfeeding, it is important to eat an extra meal each day and to take a vitamin A supplement within 2 months of giving birth. Optimal infant and young child feeding practices include starting to breastfeed immediately after the baby is born (or within the first 30 minutes of birth), exclusive breastfeeding for the first 6 months with continued breastfeeding for at least 2 years and beyond, feeding the right amount and right kinds of

safely prepared nutritious complementary foods from 6 months to 2 years, providing appropriate nutritional care for a sick child, and ensuring adequate intake of key micronutrients, especially vitamin A, iron, and iodine. These optimal practices are necessary to ensure that children grow and develop well when they are babies and young children.

It is essential for mothers, caregivers, family members, and communities to have accurate information on how women should eat during pregnancy and breastfeeding and how to best feed infants and young children. Community leaders can help to protect, promote, and support optimal infant feeding practices.

3. After presenting the information, facilitate a short discussion by asking:
 - Is this similar to your perceptions of child health in our community?
 - Is anything different or unexpected?

Encourage participants to share examples from their community and personal experiences.

4. Facilitate a discussion about how different people influence nutrition practices by asking the following questions:
 - Who influences how babies and young children are fed?
 - Who influences how mothers eat during pregnancy and breastfeeding?
 - What are other factors that influence how babies and young children are fed and how women eat?
 - Within a household, what are the roles of different family members related to nutrition?
5. After participants discuss, present the following information:

As we are discussing how to encourage positive changes in behaviours, it is important to keep in mind that many different people and factors influence how people behave. It is important that women receive the same messages at home, in their community, and from health workers, as well as feel supported to try and continue these optimal practices. Not only do we want to improve knowledge and practices of mothers but we also want to create a feeling of support for these improved practices within our community. This is why it is important for community leaders to be advocates for good nutrition. It is also important to include fathers, grandmothers, and others when we are promoting better nutrition practices.

Key information on nutrition for mothers, infants, and young children

Time: 90 minutes

Advance preparation and materials

- Collect information on early initiation of breastfeeding and exclusive breastfeeding in your country and community
- Handout 1: Mothers and children's health and nutrition
- Handout 2: Feeding our children the best
- Flip chart, markers

Activity

1. Share the following information with participants and answer any questions:
The government and international health experts recommend giving babies only breastmilk (and nothing else, not even water) from the time they are born until they are 6 months old. This is called exclusive breastfeeding.
2. Ask: Why do you think this is recommended? Encourage participants to discuss.
3. Present the following information:
 - Breastmilk is the perfect food for babies. It has everything that a baby needs to grow and develop for the first 6 months.
 - Research studies from all around the world have found that babies who take only breastmilk grow better, fall sick less often, and perform better in school than children who are not exclusively breastfed.
 - For the first 6 months babies do not need any other foods or liquids, not even animal milk, water, porridge, or fruits. Breastmilk has enough water so even babies in hot climates do not need water.
 - Giving other foods and liquids (including animal milk and water) to babies during the first 6 months is very dangerous for their health and can make them sick.
 - Human breastmilk is perfect for human babies, just as cow's milk is perfect for baby cows and goat's milk is perfect for baby goats. We never see baby goats drinking cow's milk because animal milks are different and specific for the needs of each animal.
4. Ask: Is exclusive breastfeeding practiced in our community? Encourage participants to discuss. Explain that even though breastfeeding is common, *[almost all/most/x percent, as appropriate]* babies in our community take other foods and liquids in addition to breastmilk before 6 months. This means that every day many babies face a risk of illness, malnutrition, and death. Almost every mother is able to produce enough breastmilk to exclusively breastfeed. Those who might lack the confidence to exclusively breastfeed need the encouragement and practical support of the baby's father and their family, relatives, neighbours, and the wider community. Everyone should have access to information about the benefits of exclusive breastfeeding. Answer any questions participants have about exclusive breastfeeding.
5. Explain that women should start breastfeeding immediately after the baby is born or within the first 30 minutes of birth. Present the following:

- Breastmilk is the best first food for babies.
 - The first milk protects babies from illness and is like a baby's first immunization.
 - Starting breastfeeding right away reduces the chance of the baby dying.
 - The mother's body helps keep the baby warm.
 - Starting breastfeeding helps create good breastfeeding practices and makes it more likely that babies will be exclusively breastfed for 6 months.
 - Breastfeeding immediately also helps mothers by stopping bleeding.
6. Ask: Is this a common practice in our community? Explain that in our community [*less than half, few, x percent of all, as appropriate*] newborn babies are breastfed within the first 30–60 minutes after birth. One out of every five newborn deaths could be avoided if mothers started breastfeeding immediately after giving birth. Answer any questions participants have about breastfeeding immediately after a baby is born.
7. Explain that how children are fed after 6 months is also important and present the following information:
- After 6 months malnutrition often increases, so it is important to continue to support feeding practices during this time as well. Giving foods in addition to breastfeeding is called complementary feeding.
 - At 6 months women should continue to breastfeed and start to give other soft foods. As the baby grows, more and more foods can be added to their diet.
 - Feeding children in this age group is hard work. Mothers need support and time to feed children properly.
 - Babies can eat a variety of foods, including fruits, vegetables, and animal-source foods.
 - Babies have small stomachs; they do not need to eat foods that are very watery like thin porridges.
 - Meat and other animal foods are often viewed as being too expensive to give to babies and young children, but they only need a small amount.
8. Present the following:
- When talking about how best to feed a baby food after 6 months, the following behaviours are recommended:
- Feed babies 6–8 months old at least two or three meals each day.
 - Feed young children 9–24 months old at least three or four meals each day plus two snacks. Give age-appropriate amounts (based on local measures) at each meal.
 - Give three different foods at each meal.
 - Give porridge that is thick enough to stay on a spoon.
 - Encourage young children to eat enough by taking time and patiently feeding them.
 - Wash your hands with soap and water before preparing food and feeding children.
9. Ask: Do you think most babies and young children in your community are fed the right amount of food? Do most babies eat a variety of foods, including meat, eggs, and other foods from animals? Is it common for babies to be given watery porridge? Explain that in our community [*less than half, few, x percent of all, as appropriate*] eat the recommended number of meals, and [*less than half, few, x percent of all, as appropriate*] eat the recommended variety of foods.
10. Explain that families often are concerned that they do not have the resources to feed babies and young children as recommended, but babies actually eat very little, and research has

shown that families can improve how they feed their children with the resources they have. Families can make small changes to help improve how their children are growing.

11. Explain that breastmilk continues to be important for children until 2 years and beyond. In addition, keeping hands and food clean and safe is also very important to prevent illness and infections.
12. Ask: How do we know that children are growing well? Participants might mention children being weighed, their height being measured, and using child growth charts/health cards. Explain that it is important for children to be weighed each month until they are two years of age. Taking a child to be weighed each month can help families to know if a child is no longer growing well. Families can be counselled and supported to improve how the child is being fed and restore good growth before a child becomes very malnourished. Children who are malnourished have a higher risk of falling ill, and overcoming malnutrition is more difficult than preventing it from occurring.
13. Ask: What can community leaders and fellow community members do to promote better nutrition? Write all responses on a flip chart.
14. Explain that as community leaders, you can encourage families to take their children to be weighed each month and to provide families with information on the resources available in the community.
15. Explain that in households where children are not growing well, community leaders need to be aware of this and offer support. When children are not growing there could be other problems in the home affecting children—for example, domestic violence, alcoholism, lack of employment, food insecurity. It is important to talk with these families, offer support, and refer them to services. In addition, it is important for children who are sick repeatedly (with diarrhoea or coughs) to go to the health facility for services. Children who are sick often are more at risk for malnutrition. Encourage members of your community to take their children to the health facility, because delays can be dangerous. Ask: What can community leaders and members do when a child is not growing well?
16. Call attention to this content on Handouts1 and 2 and in the participant manuals, so they can review this key nutrition and health information after the workshop.

Exploring challenges to optimal infant feeding

Time: 45 minutes

Materials

- One flip chart sheet with the title 1) START BREASTFEEDING IMMEDIATELY AFTER GIVING BIRTH, one with 2) GIVE ONLY BREASTMILK AND NOTHING ELSE FOR THE FIRST 6 MONTHS, and one with 3) FEED YOUNG CHILDREN 6 MONTHS AND OLDER AT LEAST THREE DIFFERENT FOODS AT EACH MEAL, posted in separate places around the room
- Markers, tape

Activity

1. Divide participants into three groups and assign each group a number. Ask each group to stand in front of the corresponding numbered flip chart.
2. Ask: What are the reasons why mothers in our communities do not follow the optimal practices listed on your flip chart? Ask participants to discuss with their group and write on the flip chart all of the reasons mothers do not practice this behaviour.
3. After 4–5 minutes, ask participants to rotate to the flip chart to their right, review what the other group has written, and add any other reasons.
4. After 2–3 minutes, ask participants to rotate to the flip chart to their right again, review what the other groups have written, and add any other reasons.
5. Allow participants to return to their seats. Collect all flip charts and post them at the front of the room. Ask participants to look at all of the reasons posted on the wall [reasons may include: cultural practices/beliefs; advice from health workers; pressure from family members; don't know about the benefits; women have to work/be away from the baby; no partner, community, or family support; etc.]. Add any other reasons based on formative research findings, if available.
6. Ask: Which of these reasons are you able to help address in your communities? Strike through any of the reasons that they do not think that they can help address.
7. Explain that as community leaders they can help support women and families to follow optimal practices. It is important to talk about the beliefs and attitudes people have related to nutrition to be sure that everyone in your community has correct information and to create a supportive environment. There are many misconceptions about how to feed our children that can contribute to poor infant feeding practices, which make our children fall sick, do poorly in school, and die. Correcting these misconceptions and providing support are important first steps toward improving our children's health. It is important for women to know about the benefits of these practices, believe they can overcome the barriers, and feel supported at home and in their community. Information alone is usually not enough to change a person's behaviour, but encouraging community discussions and problem solving, as well as creating acceptance for these practices within the community, can lead to positive changes in behaviour. As community leaders, you can help create a supportive environment, encourage dialogue and reflection, and share information.

8. Facilitate a discussion with the following questions:
- What does it mean to provide support?
 - What does it mean to help create a supportive environment?
 - What can you do to provide support to families in your community?

HIV and infant feeding

Time: 45 minutes

Materials

- A4 sheet with HIV AND INFANT FEEDING
- Blank A4 sheets, tape, markers

Activity

1. Ask: When can HIV be transmitted from HIV-infected mothers to their children? [Answers are during pregnancy, during labour and birth, and through breastfeeding.] Ask: Will most children born to mothers who are HIV infected also become infected with HIV? Allow participants to discuss.
2. Ask for 20 volunteers to stand in the front of the room.
 - Imagine these 20 people are all babies born to HIV-positive mothers who have not used prevention of mother-to-child transmission (PMTCT) services.
 - Ask: Out of these 20 babies born to HIV-positive mothers, how many babies would be infected with HIV? Encourage participants to discuss.
 - Explain that most babies would not become infected. Explain that about 5 out of the 20 babies will be infected with HIV during pregnancy, labour, or birth if their mothers do not go for PMTCT services during pregnancy. The risk is lower if women use PMTCT services. Ask 5 volunteers to sit down.
 - For breastfeeding, a baby's risk of infection depends on how he or she is breastfed. Between 1 and 4 babies are infected during breastfeeding. Explain that, for our example, we will use 3. Ask 3 volunteers to sit down.
 - If mothers exclusively breastfed for 6 months the number would be even less, but as we know most women do not exclusively breastfeed.
 - Explain that it is important for women to know their HIV status during pregnancy so they can use PMTCT services and learn how to reduce the risk of HIV transmission to their babies.
3. Looking at our volunteers, out of 20 babies born to mothers with HIV, how many babies will not be infected with HIV (how many babies are still standing)? [12 – most babies will not become infected.] Allow volunteers to return to their seats.
4. Explain the following:
 - For most HIV-positive women in our community, **exclusive** breastfeeding is the best way to feed their babies for the first 6 months, with continued breastfeeding through at least 12 months.
 - However, if women breastfeed and give other liquids or foods before 6 months, it makes the risk of HIV transmission and death from other illnesses much higher.
 - Although giving only infant formula (and never breastfeeding) can reduce the risk of HIV transmission, it can double the number of children who become sick and die from other illnesses. Ask: Why do you think this is?
 - Exclusive breastfeeding for the first 6 months is the safest option for most women in our community.

- We need to support HIV-positive women and their families to exclusively breastfeed and to be sure that people know about the dangers of giving other foods and liquids while breastfeeding before 6 months. At 6 months, HIV-positive mothers should introduce complementary foods and continue breastfeeding through 12 months. At 12 months, mothers should talk with a health worker again about how best to feed their babies and about whether stopping breastfeeding would be appropriate.
 - If, despite recommendations to exclusively breastfeed, mothers think that they can safely feed their children using infant formula and not breastfeeding, they should talk with a health worker to learn if this would be an appropriate option for them and how to do it safely.
5. Ask: Why do you think women who are HIV positive do not exclusively breastfeed?
[Participants might mention the following: do not know the risk; are not supported; worry about stigma; pressure from family members to give other liquids and foods; believe that breastmilk is not sufficient to meet a baby's needs; believe that they cannot produce enough breastmilk, especially if they do not have enough to eat themselves; do not have time; have to be away from their baby.] Note participants' responses on a flip chart with the heading HIV AND INFANT FEEDING.
 6. Ask: Which of these reasons can you address as a leader in your community? Strike through any that they do not think they can address.
 7. Explain that because exclusive breastfeeding is the best feeding choice for all mothers—whether HIV positive, HIV negative, or not knowing their status—it is important for community leaders to be strong advocates for good infant feeding practices in their communities. This includes starting to breastfeed immediately, exclusive breastfeeding for 6 months, and starting at 6 months to give a variety of foods, in the correct amount, and enough times each day.

Role of community leaders

Time: 30 minutes

Activity

1. Explain that, as community leaders, you have the opportunity to support good nutrition practices, help address and eliminate barriers to these good practices, and challenge inappropriate traditions. As leaders you can take action to improve the health and well-being of mothers and children in your communities. The purpose of today's workshop is to talk about how you can use your influence as a leader in your community to improve nutrition. You can use the information from this workshop to mobilize your community to improve nutrition.
2. Present the following information:
 - A community is a group of people who have something in common and will act together in their common interest. People can be part of a community for the place where they live, a place where they spend a lot of their time (such as school or work), or a religious group they belong to.
 - When we talk about community mobilization, we mean raising people's awareness on the importance of proper infant and young child feeding and mother's nutrition; encouraging community members to support women and families to feed their children in the best way; and helping women and caregivers to overcome common myths, beliefs, and practices that are dangerous for children. Community mobilization is a combination of efforts to enhance awareness, encourage positive changes in health-related behaviour, and create a community that supports good health practices.
 - Correct information alone is not usually enough to lead a person to change his or her behaviour, but when combined with a supportive environment, it supports behaviour change.
 - Poor infant feeding practices are common and put children's lives, health, and development at risk. As a leader in your community, you can help share correct information and encourage and support people to feed their children well; in this way you can help prevent children from falling ill and help promote the health and development of your community.
3. Ask: Does anyone have an example of how you have mobilized members of your community in the past (around any issue)? Encourage participants to share examples/experiences and ask each other questions.
4. Explain that we have talked about the importance of a supportive environment to encourage good infant feeding and nutrition practices. Ask: How can you make your community a supportive environment for good nutrition practices? Encourage several participants to discuss and note comments on a flip chart.

Addressing problems in the community

Time: 45 minutes

Materials and preparation

- Review the flip charts with notes on the reasons for poor infant and young child feeding practices identified earlier in the day. Use findings from formative research to guide the selection of six reasons that are most common (e.g., not giving the first, thick, yellowish milk[colostrum]; giving watery porridge; giving water to very young babies; introducing other foods and liquids before 6 months; not giving young children a variety of foods; not giving adequate amounts of food; force feeding).
- Flip chart paper and markers.

Activity

1. Divide participants into six small groups. Assign each group one of the reasons for poor infant and young child feeding practices.
2. Pass out flip chart paper and markers to each group and explain the following instructions to the groups.
 - Talk about what you can do in your communities to address the reason you are assigned. Be sure to be very specific by answering the questions below.
 - What do you hope to achieve?
 - Who will you try to reach?
 - How will you reach them?
 - What activities will you do?
 - How will you know if it is a success?
 - Decide on three different activities you could do and describe them on a flip chart. Examples of activities include: incorporating sensitization activities during existing community events (meetings), dialogue forums (village health committees), or community health outreaches.
 - You will have 15 minutes to agree on your groups' activities.

During this time facilitators go around and provide support to groups.

3. After 15 minutes, ask for a representative from each group to share their topic and how they agreed to address it. Encourage other participants to ask questions and offer additional suggestions. Be sure the specific questions above were addressed. After each presentation, ask participants questions to facilitate the discussion:
 - Do you believe your proposed activities are realistic?
 - What resources and support would you need?

Work plan

Time: 60 minutes

Materials

- Flip chart, markers
- Handout 3: Individual work plan
- Work plan template on flip chart as an example
- Handout 4: Strategic activity planning
- Handout 5: Reporting form

Activity

1. Ask: Based on everything that we have talked about today and changes you would like to help make, can we come up with a common goal related to the nutrition of mothers and children in our communities? Encourage people to share ideas until you reach agreement. Write the goal on the flip chart sheet.
2. Explain that creating a work plan with activities, targets, and timelines and identifying available resources and opportunities can help them achieve their goals and make positive changes in their communities. Present the work plan template (using the flip chart) and describe each of the headings:
 - Activities – What can you do to help achieve your goal?
 - Available resources – Do you have any opportunities to incorporate nutrition education into what you are already doing?
 - Targets – Who are you trying to reach? How will you reach them?
 - Timeline – When will you do the activity? How often?
3. Present Handout 4. Explain that in order for activities to be effective, it is important for them to be strategic; they must effectively address barriers to optimal practices. Divide participants who are located near each other into groups and ask them to complete Handout 4. Explain that once they have identified strategic activities they will be able to create their individual work plan.
4. After 10 minutes, ask participants to return to the larger group and ask for volunteers to share examples of an activity they suggested. Use one of those activities as an example and, together with the group, complete each column of the work plan (on the flip chart) for that activity based on their suggestions. After the example is complete, ask: Is this realistic?
5. Ask: How can they integrate nutrition into their current activities? What are the benefits to themselves and their communities if they are able to do this? Encourage them to brainstorm other opportunities for integration/collaboration in their communities.
6. Pass out copies of the work plan template to each participant. Ask participants to work individually for 15–20 minutes to create an individual work plan for the next 3 months for mobilizing their community to improve nutrition. Emphasize the following:
 - What are activities that can help you reach the goal we identified?

- How can you incorporate this into your current work? What are opportunities that currently exist? For example, you are a member of a certain group, could you present information at your next meeting, or could you speak at a community event.
 - What can you do realistically? Do not overburden yourself. For each activity, ask participants to name targets/outcomes, person responsible, resources needed, and dates.
7. Divide participants into groups based on their locations. Ask each participant to present their plan to the people in their groups. One facilitator should be with each group. Encourage small group members to ask each other questions and help each other to be realistic.
 8. Collect copies of all the work plans. *Note: One facilitator should make photocopies or scan all of the work plans so the project has a copy and then return them to participants.*
 9. Pass out copies of the reporting form (Handout 5). Review it with participants. Explain that this is a way to keep track of all of the good work that they will do in their communities over the next few months. We will collect this form at our next meeting or through follow-up visits.
 10. Ask participants if they have any questions about how to complete the reporting form.

Next steps and closing

Time: 15 minutes

Activity

1. Allow participants to ask any outstanding questions.
2. Ask participants what they plan to do as a result of this workshop. Discuss resources and support available to them and any plans for follow up. Remind participants that they can be a part of the government's commitment to create an environment that allows all women, families, and communities to feed their children in the best way and save lives!
3. **IF POSSIBLE:** Explain that there will be a follow-up meeting with these same participants in [*x months*]. Ask participants to maintain their work plans and document activities over the next few months. At the follow-up meeting, they will be asked to present the work that has been completed.
4. Thank participants for participating and officially close the workshop.

Handout 1. Mothers and children's health and nutrition

Food and health

In order to live, we must eat. The kind of food we eat affects how our bodies work. Not eating enough or not eating the right kinds of foods can cause people to have a higher risk of illness and death. Children are especially affected when they do not eat properly. When children are not fed properly, they become malnourished and their bodies are less able to fight off disease and infection. Not eating properly, falling ill often, not being well-cared after, and poor hygiene and sanitation can lead to young children being malnourished. If a woman is malnourished during pregnancy, or if her child is malnourished during the first two years of life, the child's physical and mental growth and development may be slowed. This cannot be made up when the child is older—it will affect the child for the rest of his or her life. For this reason, how women eat during pregnancy and how children are fed during the first two years of life is especially important. Children have the right to a caring, protective environment and to healthy food and basic health care to protect them from illness and promote growth and development.

It is important that children eat the best foods they can, so that they grow well and do not get sick. Children who are malnourished are more at risk for illness, having behavioural problems, and becoming less intelligent, so they will not perform well in school. As adults, the long-term effects of malnutrition can make workers less productive and miss work more often, causing them to earn less money during their lifetime. Malnutrition during pregnancy can also result in serious health problems for a mother and her child.

When a woman is pregnant, it is important for her to eat an extra meal each day to help, to take iron/folic acid tablets each day, and to rest more often and avoid very strenuous work. When a woman is breastfeeding, it is important to eat an extra meal each day and to take a vitamin A supplement within 2 months of giving birth. Optimal infant and young child feeding practices include starting to breastfeed immediately after the baby is born (or within the first 30 minutes of birth), exclusive breastfeeding for the first 6 months with continued breastfeeding for at least 2 years and beyond, feeding the right amount and right kinds of safely prepared nutritious complementary foods from 6 months to 2 years, providing appropriate nutritional care when the child is sick, and making sure that infants and young children consume enough of important micronutrients, especially vitamin A, iron, and iodine. These optimal practices are necessary to ensure that children grow and develop well during infancy and early childhood.

It is essential for mothers, caregivers, family members, and communities to have accurate information on how women should eat during pregnancy and breastfeeding and how best to feed infants and young children, and for community leaders to help to protect, promote, and support optimal infant feeding practices.

Join the government in its commitment to create an environment that encourages all women, families, and communities to feed their children the best and save lives!

Handout 2. Feeding our children the best

Key information for mothers and families about how to feed their children

- After giving birth, start breastfeeding within the first 30 minutes.
- Give your baby only breastmilk for the first 6 months. It will help him or her to grow healthy, smart, and strong. Your baby does not need any other foods or liquids (such as water, animal's milk, tea, porridge, etc.) during this time—only breastmilk.
- Breastfeed your baby whenever he or she wants, during the day and night.
- Almost all women can make enough breastmilk to feed their babies. The more often you breastfeed, the more breastmilk you will make. Giving water and/or other foods can reduce the amount of breastmilk that you make.
- When your baby is 6 months old, he or she needs to start eating a variety of other foods, starting with soft foods and gradually increasing variety and amount as the baby grows older.
- Breastmilk is still important for nutrition as well as for protection from infection as babies grow. Continue to breastfeed until your baby is two years or older.
- As your baby gets older he or she will need to eat more food more often.
- It is important for women to be tested for HIV during pregnancy. There are many services available to help mothers reduce the risk of transmission to their babies.
- Help your baby to eat, but do not force feed. Watch closely, be patient, and give him or her as much time as needed. Make eating time an enjoyable experience for both you and for your baby.
- Be sure to wash your hands with clean, running water and soap before cooking food, before and after feeding a baby, and after changing nappies or going to the toilet.
- Wash all bowls, cups, and utensils with clean water and soap.
- If your baby falls sick, continue to breastfeed often. Even if your baby has diarrhoea it is important to keep breastfeeding. If the baby is old enough for solid food, continue to try feeding solid food as well. As your child recovers, feed an extra meal each day for a week or so to help her/him recover lost weight.
- After he or she is better, breastfeed even more to help your baby recover.
- You should take your baby to a health facility immediately if he or she has any of these danger signs: difficulty breathing, diarrhoea for 3 days, refuses to eat, vomiting, fever, not gaining weight.
- For most HIV positive women in our community, exclusive breastfeeding is the safest way to feed their baby for the first 6 months. Giving breastmilk plus other foods or liquids during this time increases the risk of HIV transmission, illness, malnutrition, and death.

Handout 3: Individual work plan

Goal:			
Activities	Targets	Resources available	Dates

Handout 4. Strategic activity planning

Name: _____ Date: _____

Name of District: _____ Name of Division: _____

Workshop facilitators: Complete the columns about current practices, barriers, and motivators based on findings from formative research. Encourage participants to add additional information based on their understanding of practices in their communities.

Community leaders: Use this table to plan how you will help address current nutrition practices in your community based on the barriers and motivators. Be specific about the actions you can take to improve feeding practices and increase support. For each action planned, note who this will reach, how many people, and when and where it will take place.

Recommended practice	Current practice in your community	Barriers	Motivators	Action planned
Start breastfeeding within the first 30 to 60 minutes after birth.				
Exclusive breastfeeding from birth to 6 months of age.				
Start complementary foods at 6 months of age.				

Recommended practice	Current practice in your community	Barriers	Motivators	Action planned
<p>Feed appropriate number of meals for child's age:</p> <p><i>6–8 months: two to three meals</i></p> <p><i>9–24 months: three to four meals plus two snacks</i></p>				
<p>Give age-appropriate amounts (based on local measures).</p>				
<p>Give food that is thick enough to stay on a spoon.</p>				
<p>Give three different kinds of food at each meal.</p>				
<p>Give animal source foods.</p>				
<p>Encourage young children to eat enough by taking time and patiently feeding them.</p>				

Recommended practice	Current practice in your community	Barriers	Motivators	Action planned
Wash hands with soap and water before preparing food and feeding children.				
Continue to breastfeed until 2 years of age or beyond.				
HIV-positive women use PMTCT services, including infant feeding counseling.				
HIV-positive mothers practice exclusive breastfeeding for the first 6 months.				

Handout 5. Reporting form

Name: _____ Title: _____

I am a leader of a: community religious group municipality other _____

District: _____ Sub-location: _____

Date	Activity description	Location	No. of people reached	Key points of discussion

Problems to discuss/Suggestions:

Challenges:

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