

Mobilizing communities for improved nutrition

A GUIDE FOR COMMUNITY LEADERS



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

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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.

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Nutrition overview

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.

It is important to keep in mind that many different people and factors influence how people behave. Women and caregivers need to 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.

Nutrition for mothers, infants, and young children

Exclusive breastfeeding

- 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.

When babies are not exclusively breastfed they are at risk for illness, malnutrition, and death. Almost every mother is able to produce enough breastmilk to exclusively breastfeed. Those who might lack the confidence and support to exclusively breastfeed need the encouragement and practical support of the baby's father and their family, relatives, neighbours, and the wider community.

Starting breastfeeding immediately

- 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.

Feeding babies after 6 months

- 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.

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.
- Continue to breastfeed until 2 years of age and beyond.

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.

Monitoring children's growth

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.

Community leaders 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. 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.

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 the 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.
- 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 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. For this reason, 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.

Challenges to optimal infant feeding

As community leaders you can help support women and families to follow recommended 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 to help improve the health of children in your community.

HIV and infant feeding

- 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.
- 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.

Since 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

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. You can mobilize your community to improve nutrition.

- 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 in 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.

Work plan

Creating a work plan with activities, targets, and timelines and identifying available resources and opportunities can help you achieve goals and make positive changes in your community. The work plan template can help you to reach your goal.

- 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?

In order for activities to be effective, it is important for them to be strategic; they must effectively address barriers to optimal practices. The strategic planning worksheet below can help to identify activities that can help increase support for recommended practices.

After completing the strategic planning worksheet, use the following questions that can help you complete your work plan:

- How can you incorporate this into your current work? What are opportunities that currently exist? For example, if 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, name targets/outcomes, person responsible, resources needed, and dates.

Individual work plan

Goal:			
Activities	Targets	Resources available	Dates

Strategic activity planning

Name: _____ Date: _____

Name of District/Division: _____

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. Current practices, barriers, and motivators should be based on findings from formative research.

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.				
Feed appropriate number of meals for child's age: <i>6–8 months: two to three meals</i> <i>9–24 months: three to four meals plus two snacks</i>				
Give age-appropriate amounts (based on local measures).				

Recommended practice	Current practice in your community	Barriers	Motivators	Action planned
Give food that is thick enough to stay on a spoon.				
Give three different kinds of food at each meal.				
Give animal source foods.				
Encourage young children to eat enough by taking time and patiently feeding them.				
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 prevention of mother-to-child transmission (PMTCT) services, including infant feeding counseling.				

Recommended practice	Current practice in your community	Barriers	Motivators	Action planned
HIV-positive mothers practice exclusive breastfeeding for the first 6 months.				

Reporting form

This form can be used to track all of the nutrition-related work you will do in your community over the next few months.

Name: _____ District: _____

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

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

Problems to discuss/Suggestions:

Challenges:

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