

Engaging Grandmothers to Improve Nutrition

A TRAINING MANUAL FOR DIALOGUE GROUP MENTORS



Photos: Judi Aibel (left) and PATH/Eveyn Hockstein (right)

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Content for this manual is based on several key infant and young child feeding publications including:

- *Training of Trainers for Mother-to-Mother Support Groups* (LINKAGES)
- *Behavior Change Communication for Improved Infant Feeding – Training of Trainers for Negotiating Sustainable Behavior Change* (LINKAGES)
- *Infant Feeding Counselling: An Integrated Course* (WHO/UNICEF)
- *Preparation of Trainer's Course: Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics Instructional Planning Training Package*. (CARE/Window of Opportunity Project)

We are grateful to these authoring organizations for excellent information and activities. Complete citations are available in the reference section of this manual.

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Introduction

This manual was prepared by the Infant and Young Child Nutrition (IYCN) Project to train grandmothers to serve as dialogue group mentors. Mentor grandmothers facilitate discussions with their peers to enhance maternal and child health practices. This project is being carried out in partnership with USAID's APHIA*Plus* project, also implemented by PATH.

This manual is designed to provide mentors of grandmother dialogue groups with the information and techniques they need to encourage discussions on family care and optimal infant and young child feeding. Grandmothers play a pivotal role in advising mothers and families on how to raise young children and care for pregnant women, however their advice may not always lead to positive health outcomes. Therefore, it is critical that grandmothers have the best health and feeding information for the optimal growth of infants and care for pregnant women, and are provided with a forum for discussion.

The manual provides step-by-step guidance to facilitate a three-day training workshop that uses group activities, focused discussions, brainstorming, and role-playing to introduce issues such as breastfeeding, complementary feeding, and prevention of mother-to-child transmission of HIV, as well as facilitation skills and practice. These issues are discussed in the context of existing cultural and environmental conditions including prevailing gender roles, familial relationships, barriers to accessing quality health care, and other social norms and practices. It is expected that after the end of the training session grandmothers will be more informed about best health practices and will be able to more successfully engage the mother, child, and father toward better feeding and care practices. Moreover, we hope that grandmothers will take an even greater leadership position to support health and feeding practices throughout the community.

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.

Workshop objective and methods

Purpose

This training will provide mentor grandmothers with the skills and information they need to conduct grandmother dialogue group sessions on maternal and child health and nutrition. The training workshop is conducted to encourage a participatory and interactive learning environment. The goals are to increase the mentors' knowledge on these issues, provide them with a framework and model for conducting grandmother groups, and gain experience in facilitating the information sessions. It is hoped that this knowledge can be successfully used to engage grandmothers and will result in improved uptake of appropriate infant and young child feeding practices in the household.

Facilitation

This training will use participatory methods and techniques, based on adult learning principles, that optimize learning through active involvement of participants. This includes group work, role-plays, and question-and-answer sessions. These methods enable the participants to reflect on their own values and attitudes about maternal nutrition and infant feeding and the roles of household members in the care of pregnant women and young children.

At the beginning of the training, a participatory evaluation of participants' values and attitudes toward infant feeding issues is conducted. This is done through a group activity designed to allow participants to get a general understanding of their own and each other's values and attitudes about maternal nutrition and infant feeding. This exercise also allows the facilitators to get a better understanding of participants' initial attitudes and beliefs about infant feeding, many of which are clarified in the course of the training.

It is critical to conduct the workshop in a way that reinforces the atmosphere of respect, attention, trust, sincerity, and empathy. These are the same desired characteristics for the grandmother group activities. New knowledge, attitudes, and skills are reinforced through facilitation practice. Checklists are used during the practice sessions to guide the participants' experiences and provide a tool for performance evaluation. There are also pre- and post-test tools to identify content areas that have been difficult for participants to grasp.

Daily evaluation activities

Conduct daily evaluations using the method suggested below or invent your own.

- At the end of each day, ask the participants to write their responses to the following questions: 1) What did you like? 2) What should be changed or improved? 3) What did you learn?

Ask participants to fold their papers and place them in a hat. The following morning redistribute all of the responses. Ask participants to read the response they were handed. This allows participants to evaluate the day's activities in confidence.

- Alternatively, ask two or three participants to be representatives for the day. At the end of each day, meet with them to discuss what the participants liked, what they would like changed, etc. This is another way to ensure that participants' opinions, needs, and concerns are addressed.

Topics covered during the workshop

The following topics are covered during the three-day workshop:

- Local health situation
- What is a grandmother dialogue group
- Role of grandmothers in infant and young child feeding and maternal nutrition
- Understanding maternal and infant and young child nutrition
- Eating during pregnancy and breastfeeding
- Benefits of exclusive breastfeeding
- Starting breastfeeding immediately
- Supporting good infant feeding practices during the first 6 months
- How the body makes breast milk
- Complementary feeding
- Preparing food safely
- Helping children to eat
- What to do when a child falls ill
- Mother-to-child transmission of HIV
- Infant feeding and HIV
- Dialogue group topics
- Effective communication
- Common infant feeding beliefs
- Dialogue group practice

Overview of training schedule

Day 1	Day 2	Day 3
<p>1. Welcome, expectations and objectives, pre-test</p> <p>2. Values clarification</p>	<p>Day 1 review</p> <p>10. Supporting good infant feeding practices during the first 6 months</p> <p>11. How the body makes breast milk (dialogue group practice)</p>	<p>Day 2 review</p> <p>19. Dialogue group topics</p> <p>20. Effective communication</p> <p>21. Common infant feeding beliefs</p>
Break (15 min)		
<p>3. Local health situation</p> <p>4. What is a grandmother dialogue group</p> <p>5. Role of grandmothers in infant and young child feeding and maternal nutrition (dialogue group practice)</p>	<p>12. Complementary feeding</p> <p>13. Preparing food safely</p> <p>14. Helping children to eat</p>	<p>22. Dialogue group practice</p> <p>23. Support and reporting</p>
Lunch (1 hour)		
<p>6. Understanding maternal and infant and young child nutrition</p> <p>7. Eating during pregnancy and breastfeeding</p>	<p>15. What to do when a child falls ill</p> <p>16. Complementary feeding (dialogue group practice)</p>	<p>24. Activity plans</p> <p>25. Questions and answers</p> <p>Closing</p>
Break (15 min)		
<p>8. Benefits of exclusive breastfeeding</p> <p>9. Starting breastfeeding immediately</p>	<p>17. Mother-to-child transmission of HIV</p> <p>18. Infant feeding and HIV</p>	

Workshop materials and preparation

The following is a list of materials that the facilitator will need to prepare in advance of the training session:

- Blank A4 sheets
- Prepared A4 sheets, as needed
- Flip charts and paper
- Prepared flip charts, as needed
- Prepared small cards, as needed
- Handouts
- Marker pens
- Tape
- Pens or pencils
- Small cards
- Relevant cut-outs and pictures, as needed
- Information on nutritional status of relevant country/region

1. Welcome, expectations, objectives, and pre-test

Materials and preparation

- Flip chart, note cards, tape, markers
- Flip chart with learning objectives (covered until presented at the end of the session)
- Copies of *Handout 1: Pre-test* for each participant
- Pens

Time: 60 minutes

Activity

Note to facilitator: This activity is an opportunity for the participants to gain an understanding of the purpose of the workshop and what is expected from them. The pre-test also provides an opportunity to obtain baseline information on the participants' knowledge and opinions. These data will be compared with the post-test evaluation at the end of the workshop.

1. Open the workshop and welcome participants. Review the training schedule and logistics.
2. Divide participants into pairs. Ask each pair to introduce themselves and agree on one expectation they share for the workshop. After 3–5 minutes, ask each pair to introduce one another to the larger group and share the expectation. Facilitators should write each expectation on a flip chart sheet.
3. Compare participant expectations to workshop objectives.

Maternal health and feeding objectives

At the end of the training, the participants will be able to:

- Describe three ways that a pregnant or breastfeeding woman should eat to promote good health for her and the baby.
- Explain why breastfeeding is good for the mother.
- Explain three ways that a pregnant woman can be supported by the grandmother.

Infant health and feeding objectives

At the end of the training, the participants will be able to:

- Name three benefits of breastfeeding for the baby.
- State why early initiation of breastfeeding is important.
- Identify the age at which to begin introducing foods.
- Describe a baby's first foods (local, available, and affordable).
- Describe how a baby's foods change over time.
- Name three things that are important for food safety.
- Describe the risk of mother-to-child transmission of HIV.

Grandmother dialogue group objectives

At the end of the training, the participants will be able to:

- Facilitate a grandmother dialogue group.

- Name three characteristics of a mentor in a grandmother group.
 - Name three necessary components for conducting a grandmother group.
 - Describe characteristics of good facilitation.
 - Explain why an information system is important.
4. Administer pre-test as appropriate. Depending on participants' education level, the pre-test can be photocopied and passed out for participants to complete or the questions can be asked aloud. If the pre-test will be conducted aloud, ask participants to form a circle and sit with their backs facing the centre. Explain that 15 statements will be read aloud and they should respond yes or no by raising their hands. Ask participants to raise one hand if they think the answer is "Yes," to keep their hands down if they think the answer is "No," and to raise both hands if they "Don't know." One facilitator should read the statement and another facilitator should record participants' answers and note which topics present confusion.

2. Values clarification

Materials and preparation

- One A4 sheet on the wall with the heading “Agree”
- One A4 sheet on the wall with the heading “Disagree”

Before the activity begins, put up the signs on opposite sides of the room. Leave enough space between them to allow a group of participants to stand near each one. Review the statements provided below. Choose five or six that you think will help the discussion most.

Time: 30 minutes

Activity

Note to facilitator: This activity is an opportunity for you (as a facilitator) to get a better understanding of participants’ attitudes and beliefs about infant feeding that you can keep in mind as you facilitate sessions over the course of the workshop. Some of the statements below are incorrect, but this is not a time to provide correct information. Throughout the workshop these topics will be discussed in detail.

If all the participants agree about any of the statements, play the role of “devil’s advocate” by walking over to the opposite side of the room and asking “why would someone be standing on this side of the room or what values would they have that would put them here?”

1. Ask participants to stand in the middle of the room. Explain that you will read a statement; 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 or the other—if they do not feel strongly they can go to the side that is closest to how they feel.
2. Select four or five of the following statements and read them one at a time. After participants have moved, ask a few from each side to explain why they are standing on that side.
 - Making sure the family eats well is solely a mother’s responsibility.
 - Children should sometimes go hungry so that they can learn to do without when they grow older.
 - Because men work hard to provide for the family, they should be given priority at meal times.
 - A woman needs to eat less during pregnancy so that she can have an easier delivery.
 - Most mothers cannot make enough breast milk to exclusive breastfeed for 6 months.
 - Infant formula (Nan, etc.) is very good for babies.
 - Breast milk is best for babies when they are first born, but after 2 to 3 months, babies start to be hungry and need to eat other foods.
 - Women who are HIV positive should not breastfeed their children because HIV can be transmitted through breast milk.
 - It is the role of the grandmother to advise women and families about child feeding and care.
 - Parents of small children never listen to their elders.
 - Women who ask to rest more during pregnancy are being lazy.

3. After all of the statements are discussed, explain that this activity is designed to give them a general understanding of their own and each other's values and attitudes about maternal nutrition and infant feeding and family members' roles. It is designed to challenge some of their thinking and also help them clarify exactly how they feel about certain issues. Remind the participants that everyone has a right to his or her own opinion, and everyone's opinions should be respected.
4. Facilitate a discussion by asking the following questions:
 - Which statements, if any, do you think the community has strong opinions and not very strong opinions about? Why do you think so?
 - How do you think people's attitudes about the statements affect the health of children and women?
5. Present the following:

Everyone has their own attitudes about maternal nutrition and infant feeding. Our attitudes may conflict with the teachings of the health community. It is important to respect other people's attitudes, but also to challenge them if their attitudes and values can be harmful to them and to others. As you do community health-related work, it is equally important to challenge your own personal values and beliefs.

3. Local health situation

Objectives

- Describe the short- and long-term effects of malnutrition of women and children
- Explain how exclusive breastfeeding prevents common childhood illnesses and malnutrition

Materials and preparation

- Flip chart, note cards, tape, markers
- Post an A4 sheet on the wall with the heading “Illnesses that cause the death of children”

Time: 30 minutes

Activity

1. Ask: What are some common illnesses and diseases that make children in our community fall sick? As a participant raises her hand, write her response on a note card. [Participants should mention the following: diarrhoea, colds, coughs, pneumonia, malnutrition, earaches, malaria, TB, measles, fever, anaemia, AIDS.]
2. Explain that we want to talk about the most dangerous illnesses for children. Read one card at a time and ask if this illness causes children to die. Post all note cards that participants describe as leading to death on the wall under the heading “Illnesses that cause the death of children.”
3. Ask: Why do infants in our community suffer from these illnesses? Listen to participants’ responses and add the following if necessary:
 - Giving water to the child before 6 months
 - Giving solid foods early
 - Using bottles
 - Giving animal milk before 6 months
 - Stopping breastfeeding early
 - Poor hygiene
 - Lack of public sanitation
4. Ask: Which of these illnesses on the wall could be prevented by exclusive breastfeeding and other optimal feeding practices?
5. Present the following information:
 - One out of every three child deaths is associated with malnutrition, which weakens the body’s ability to fight illness. Not eating well, frequent illness, and not being cared for properly can lead to malnutrition in young children.
 - If a woman is doesn’t eat enough during pregnancy, or if her child doesn’t eat well 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.
 - Children have the right to a caring, protective environment and to nutritious food and basic health care to protect them from illness and promote growth and development.

- Childhood illness can be caused by a lot of different factors, some of which are related to our culture and common practices within families.

4. What is a grandmother dialogue group

Objectives

- Describe a grandmother dialogue group
- List characteristics of a grandmother dialogue group

Materials and preparation

- Flip chart, markers

Time: 60 minutes

Activity

1. Ask: What is a grandmother dialogue group? Listen to the participants and add to their responses with:

It is a meeting where grandmothers with young grandchildren come together in a safe place to exchange ideas, share experiences, give and receive information, and at the same time, offer and receive support to help improve the health, well-being and caregiving provided to their families. The group is facilitated by a mentor who is a fellow grandmother who has received training on nutrition and communication skills.

2. Explain that as mentors they are responsible for:
 - Choosing the date, time, and meeting place.
 - Preparing for the topic.
 - Inviting participants to the meeting.
 - Facilitating a meeting at least once a month.

3. Ask: How do you choose the time and the place for meeting?

Note their responses on a flip chart under the headings “Time” and “Place.” Explain that they should consider the following:

- **Time:** It should not interfere with the primary activities of the members (preparation of meals, washing, market days, chores, work schedules, etc.).
- **Accessibility:** If it is a home, it should not be more than 15–25 minutes walking distance from the homes of members. If the community is spread out, the health centre, church, or school could be a good alternative.
- **Place:** The place should be safe so that members can bring their children.

4. Explain that a facilitator should do the following to prepare for a meeting:
 - Think of who was invited and prepare a topic that would be of interest to them and that they are able to discuss.
 - Prepare questions that will generate a discussion.
 - Think about questions other grandmothers might have.
 - Review the content so you feel prepared to answer questions.
5. Ask: What is a first meeting of a dialogue group like? Listen to participants and add the following:
 - At the beginning of the meeting, the mentor greets and welcomes everyone.
 - She explains the objectives of the meeting.

- She asks each participant to introduce themselves, tell the others how they feel about being there and what they expect from the group, and answer a question as an ice breaker. For example: What do you enjoy about being a grandmother?
 - After introductions, the participants make agreements about how the group will function.
6. Ask: What is needed for a group to function with safety and trust for all members? Listen to participants' answers and write them on a flip chart. The word "rule" will probably be mentioned.
7. Review the following suggestions for the rules (or agreements) for dialogue groups:
- Any personal experience or information shared during the group meetings should not be discussed outside the group.
 - Each person has the right to express themselves, give suggestions, and propose activities or topics.
 - Each person defines the type of support she needs in the group—for example, advice, support, information, or just being listened to.
 - Each person has the right to be listened to and the duty to listen to others.
- Ask: Are there any other rules or agreements that should be added?
8. Present the following information:
- Dialogue group topics are decided based on the interests of the group members. At the beginning of each meeting, the mentor can announce the topic, give a brief introduction, and then ask a question to generate a discussion.
9. Ask: How can you maintain active participation by the group? Listen to their responses and add the following as needed:
- Ask other questions to encourage discussion.
 - When there is a question, the facilitator should direct it to the group to see if another member can answer it.
 - Mentors should talk only when there are questions that the group cannot answer or to offer an explanation or share information to clarify some confusion.
 - The best dialogue group meeting is one when the members have spoken more than the mentor.
10. Explain that at the end of a dialogue group meeting a mentor should:
- Ask participants to say a few words about how they felt during the meeting.
 - Ask participants how to improve the next meeting.
 - Ask participants if there are any topics they would like to discuss during the next meeting.
11. Ask: How can a dialogue group help to improve infant feeding practices? Listen to participants and then share the following:
- Information and support are given to help address common challenges and barriers to feeding children well.
 - Sharing experiences helps grandmothers to learn more about how best to support good feeding practices.
 - Mother support groups have been shown to be an effective way to improve infant feeding practices all over the world. We believe that since grandmothers have such an important role in how babies are fed, sharing experiences and information with other grandmothers through dialogue groups will also help improve infant feeding.

12. Explain that while promoting optimal nutrition practices is the focus of this group, group members should be encouraged to propose other activities that could enhance group cohesion and sustainability.
13. Answer any questions that participants have about dialogue groups.

5. Role of grandmothers in infant and young child feeding and maternal nutrition (dialogue group practice)

Objectives

- Describe grandmothers' roles related to infant and young child feeding and maternal nutrition
- List qualities of a dialogue group

Time: 60 minutes

Note to facilitator: *During this activity you will demonstrate the role of a dialogue group mentor by conducting a dialogue group meeting with the theme of “the role of grandmothers in the family and community.” Participants including workshop facilitator(s) sit at the same level in a circle and share their own experience or that of mothers, sisters, or daughters. All participants experience attendance at a dialogue group (this is not a group role-play).*

Be sure to demonstrate how a dialogue group:

- *Provides a safe environment of respect, attention, trust, sincerity, and empathy.*
- *Allows women to share information and personal experiences, support each other through their own experience, strengthen or modify certain attitudes and practices, and learn from each other.*
- *Allows women to reflect on their experiences, doubts, challenges, popular beliefs, information, and practices.*
- *Is NOT like a LECTURE or CLASS. All participants play an active role.*
- *Allows all participants to have eye-to-eye contact through the sitting arrangement.*
- *Is facilitated by an experienced grandmother who listens and guides the discussion.*

Activity

1. Welcome all participants to the grandmother dialogue group. Remind participants of the rules/agreements that were made earlier.
2. Facilitate a discussion on the roles of grandmothers in infant and young child feeding using the following questions. Encourage participants to share personal experiences:
 - What are the responsibilities of grandmothers in the home?
 - How do grandmothers also help take care of young children?
 - Is it different when the mother is home compared with when the mother is away?
 - Do grandmothers help feed children under 2 years?
 - Do grandmothers cook for the family?
 - Do grandmothers advise mothers on child care and feeding? What types of advice do they give?
 - Do mothers listen to their mothers-in-law and mothers for advice on how to feed their babies?
 - What advice do you give mothers on how to feed the baby?
 - How do you feel about your role as a grandmother in your family? In the community?
 - How do you think grandmothers can help improve the health of babies and young children?
 - What additional support and information do you need to help improve the health of your family?

3. Explain that you are going to start to tell a story and that you would like the participants to take turns adding information to the story.
Julia has just given birth to her first child. She gave birth in the health centre and started breastfeeding right away. She has now arrived home and is talking with her mother-in-law, Margaret, about how she should feed her baby. She says, "The nurse told me I can give my baby only breast milk for 6 months and he will grow well. What do you advise?"
4. Ask for a participant to continue the story. After they have told part of the story, ask another participant to continue. Allow this to continue until all participants who would like to add have had a chance to share. After they agree that the story has ended, use the following questions to facilitate a discussion:
 - Is this story similar to what happens in our community? Why or why not?
 - Do you agree with the characters' choices in the story? Why or why not?
 - What would you suggest they do differently?
 - Would the ending have been different if they made different choices?
5. After the practice dialogue group, discuss the experience of participating in a dialogue group. Encourage participants to reflect on and describe the characteristics of a dialogue group by asking the following questions:
 - What did you like about the dialogue group?
 - What didn't you like?
 - How was this different from an educational talk?
 - How would you describe the environment of the dialogue group?
 - What did you think about the story? Do you think using open-ended stories in a dialogue group is helpful to encourage discussion and reflection? How could you use this tool?

6. Understanding maternal and infant and young child nutrition

Objectives

- Explain the importance of nutrition in the household

Time: 30 minutes

Activity

1. Present the following information:

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 cared after well, and poor hygiene and sanitation can lead to young children being malnourished.

If a woman is malnourished before and during pregnancy, it will affect her pregnancy. She may not bring the pregnancy to full term, or she may give birth to a very small child. This will affect the child's development throughout life.

During pregnancy, a woman needs to eat more to support the growing baby, and she needs extra iron to support the increased demand for blood in her system. She may be given iron tablets that she is to take for at least 90 days during pregnancy. She needs plenty of rest and should not do heavy work. She needs support from her family to help with chores to reduce her workload. Pregnant women need to eat extra food, at least an extra meal each day, as well as a variety of different kinds of foods.

After she gives birth, the mother needs vitamin A, which will pass through her breast milk to the baby. The mother is given a large dose of vitamin A within 2 months after delivery. After that the child is given vitamin A every 6 months, starting at 6 months of age. Babies who do not have enough vitamin A are more at risk for having a lower appetite, eye problems, difficulty fighting infections, more frequent and severe bouts of diarrhoea and measles, iron deficiency anaemia, and growth failure.

If a child is malnourished during the first 2 years of life, the child's physical and mental growth and development may be slowed. This cannot be fully made up when the child is older—it will affect the child for the rest of his or her life. For these reasons, how a woman eats when she is pregnant and how children are fed during the first 2 years 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 get, so that they grow well and do not get sick. Children who are malnourished are more at risk for illness 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 make them miss work more often, causing them to earn less money during their lifetime. Malnutrition

can also result in problems during pregnancy for a mother's health and the health of her child.

Note to facilitator: *Include information on the local health and nutrition situation in your community/country. For example:*

Over the past 20 years in Kenya, the number of children who die before their first and 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, not feeding babies and young children the right way causes more than 10,000 deaths every year. In Kenya, almost one out of every three children under the age of 5 is too short for their age. In addition, one out of every five children under the age of 5 in Kenya weighs too little for their age. This is a serious problem for our communities.

The Government of Kenya is committed to promoting, protecting, and supporting optimal infant and young child feeding practices, because these practices have significant health, social, and economic benefits. The best way to feed children includes: starting to breastfeed within the first 30 minutes of birth, giving only breast milk for the first 6 months, and continuing to breastfeed for at least 2 years and beyond.

When solid foods are introduced at 6 months, it is important to consider how often they are given, the amounts, the variety of foods, how they can be prepared safely, and how children are encouraged to eat. Feeding the right amount and right kinds of safely prepared nutritious foods is very important for a young child from 6 to 24 months old.

These good infant feeding practices are necessary for children to grow and develop well during the first 2 years of life. In Kenya, current poor breastfeeding and complementary feeding practices, coupled with the high rates of childhood diseases, result in high rates of malnutrition during the first 2 years of life. It is important to ensure that mothers, caregivers, family members, and communities have accurate information on how to optimally feed infants and young children, and that community leaders help to protect, promote, and support optimal infant feeding practices.

2. Present the following information:

Explain that even though breastfeeding is common in our community, almost all babies take other foods and liquids in addition to breast milk before 6 months. This means that every day most babies face a risk of illness, malnutrition, and death. Almost every mother is able to exclusively breastfeed successfully. Those who might lack the confidence and support to exclusively breastfeed need the encouragement and practical support of the baby's father; their family, relatives, and neighbours; and the wider community. Everyone should have access to information about the benefits of exclusive breastfeeding.

7. Eating during pregnancy and breastfeeding

Objectives

- Describe how women need to eat at different stages in their life
- List key messages on maternal nutrition

Materials

- Flip chart sheet, markers, tape
- Prepared flip chart with woman's life drawn as a timeline marking these key times in her life: birth, infancy, childhood, adolescence, reproductive years (not pregnant or breastfeeding), pregnant, breastfeeding, menopause, old age, death

Time: 60 minutes

Activity

1. Present the prepared flip chart. Ask participants to name important stages in a woman's life when she should change how she eats. Mark the timeline at each of the stages identified by participants.
2. Ask participants to discuss how a woman should eat at each of these points and why. Ask them about the consequences of not making these changes.
3. Be sure that participants discuss all of the following information:

At any age women should

- Eat more food if underweight to protect health and establish reserves for pregnancy and breastfeeding.
- Eat a variety of foods to get all of the vitamins and nutrients needed.
- Eat several fruits and vegetables daily.
- Eat animal products as often as possible.
- Use iodated salt.

During adolescence and before pregnancy women should

- Eat more food for the adolescent "growth spurt" and for energy reserves for pregnancy and breastfeeding.
- Delay the first pregnancy to help ensure full growth and nutrient stores (after age 18).
- Eat a variety of foods to get all of the vitamins and nutrients needed.
- Eat several fruits and vegetables daily.
- Eat animal products as often as possible.
- Use iodated salt.

During pregnancy women should

- Eat an extra meal a day for adequate weight gain to support foetal growth and future breastfeeding.
- Take iron/folic acid tablets daily.
- Eat a variety of foods to get all of the vitamins and nutrients needed.
- Eat several fruits and vegetables daily.
- Eat animal products as often as possible.

- Use iodated salt.

During breastfeeding women should

- Eat an extra, healthy meal (made of a variety of foods) each day.
- Take two high-dose vitamin A capsules (200,000 IU) within 24 hours of each other, as soon after delivery as possible, but no later than 8 weeks post-partum, to build stores, improve the vitamin A content of breast milk, and reduce illness in mothers and babies. This helps women to recover from childbirth and prevents illness.
- Eat a variety of foods to get all of the vitamins and nutrients needed.
- Eat several fruits and vegetables daily.
- Eat animal products as often as possible.
- Use iodated salt.

4. Ask: Do women follow the recommendations that we just discussed? Why not?
5. Ask: What are the consequences of women not eating properly, especially during pregnancy and breastfeeding?
6. Ask: What advice would you give to women in your group to help them support their daughters and daughters-in-law to eat properly during pregnancy and breastfeeding? Encourage participants to share experiences and ask each other questions.
7. Answer any questions that participants may have and share the following key messages:

Pregnant or breastfeeding women should:

- Eat an extra meal every day.
 - Eat a variety of fruits and vegetables every day and use iodated salt.
 - Eat animal products as often as possible.
 - Take iron/folic acid during pregnancy
 - Take vitamin A supplements after giving birth.
8. Ask: What can grandmothers do to help their daughters and daughters-in-laws to eat better during pregnancy and breastfeeding? Encourage participants to share personal experiences and ideas. If participants do not mention accompanying their daughters-in-law and daughters to the clinic for antenatal (ANC) visits while pregnant and postnatal care and child visits after giving birth, suggest it. Grandmothers will be better able to support their daughters-in-law and daughters if they hear the messages their daughters-in-law and daughters are receiving.
 9. Ask: How can grandmothers help their daughters and daughters-in-laws to take iron during pregnancy and vitamin A after giving birth? Encourage participants to share personal experiences and ideas.
 10. Present the following information:
 - In addition to eating properly, it is important for women to get plenty of rest during pregnancy and avoid strenuous hard work.
 - Doing hard work (such as carrying heavy loads, or being on your feet for several hours) can cause the baby to be born too early or to be small at birth, or cause the pregnancy to end.
 11. Ask: What do you think of the advice for pregnant women to rest during pregnancy? Encourage participants to discuss.

12. Ask. Do you think most mothers-in-law and husbands would agree with this advice? How could you talk with fellow grandmothers about the importance of pregnant women getting extra rest?
13. Ask for two volunteers to role-play the following characters and scenario.
 - **Grandmother** has a daughter-in-law who is 8 months pregnant and has told her that she cannot work as much in the shamba because the health worker said it was better for her to rest often throughout the day. The grandmother thinks that her daughter-in-law is being lazy.
 - **Dialogue group mentor** listens to the grandmother's concern and gives advice.
14. Let the participants role-play for 3 to 5 minutes. Then ask the group to comment on the kind of support and advice given to the grandmother by the group mentor. Facilitate a discussion with the following questions. Encourage several participants to share:
 - Do you think the grandmother will follow the advice?
 - Would anyone have done anything differently?
 - Is what happened similar to what would happen in our community?
 - Is there anything more she could have said or done?

Allow other volunteers to act out the scenario and then discuss again.

8. Benefits of exclusive breastfeeding

Objectives

- Name three benefits of exclusive breastfeeding for the baby
- Name three benefits of exclusive breastfeeding for the mother
- Name three benefits of exclusive breastfeeding for the family and community

Materials and preparation

- Note cards, markers, tape
- A4 sheets with the following:
 - Benefits of exclusive breastfeeding for the baby
 - Benefits of exclusive breastfeeding for the mother
 - Benefits of exclusive breastfeeding for the family and community

Time: 60 minutes

Activity

1. Share the following information:
 - During a baby's first 6 months, optimal infant and young child feeding practices include:
 - Starting to breastfeed within the first 30 minutes to 1 hour of birth.
 - Giving only breast milk (and no other foods or liquids—not even water) whenever the baby wants for the first 6 months.
 - These optimal infant feeding practices are necessary to ensure that babies start to grow and develop properly.
 - After the first 6 months, breast milk continues to be important for a child's growth and development. In later sessions we will talk more about feeding children older than 6 months.
2. Divide participants into two groups, each with a facilitator. Assign a number (1 or 2) to each group. Ask each facilitator to serve as the note taker.
3. Read aloud the following instructions:
 - Group 1 should list all the benefits of exclusive breastfeeding for the baby. The facilitator will write participants' responses on the flip chart.
 - Group 2 should list all the benefits of exclusive breastfeeding for the mother. The facilitator will write participants' responses on the flip chart.

Allow 5 minutes.

4. Ask a representative from group 1 to share the benefits they noted.
5. Ask a representative from group 2 to share the benefits they noted.
6. Ask the entire group to list benefits of exclusive breastfeeding for the family and community. Write participants' responses on the flip chart.
7. Ask participants to look at all of the benefits. Facilitate a discussion with the following questions:

- Are any benefits missing for any of the three categories?
- Are any not in the appropriate category?

8. Review the benefits participants identified and add any of the following that were not listed:

Benefits of exclusive breastfeeding		
Baby	Mother	Family and community
Supplies everything the baby needs to grow well during the first 6 months of life.	Reduces blood loss after birth (immediate breastfeeding).	Is available 24 hours a day.
Digests easily and does not cause constipation.	Is always ready at the right temperature.	Reduces the need to buy medicine because the baby is sick less often.
Protects against diarrhoea and pneumonia.	Saves time and money.	Is always ready at the right temperature.
Provides antibodies to illnesses.	Makes night feedings easier.	Delays new pregnancy, helping to space and time pregnancies.
Protects against infection, including ear infections.	Delays return of fertility.	Reduces time lost from work to care for a sick baby.
During illness helps keep baby well-hydrated.	Reduces the risk of breast and ovarian cancer.	Children perform better in school.
Reduces the risks of allergies.	Promotes bonding.	More children survive.
Increases mental development.		
Promotes proper jaw, teeth, and speech development.		
Suckling at breast is comforting to baby when fussy, overtired, ill, or hurt.		
Promotes bonding.		
Is the baby's first immunisation.		

9. Ask: Which of these benefits are most important to mothers and families? Encourage participants to discuss and answer any questions.

9. Starting breastfeeding immediately

Objectives

- List the benefits of early initiation
- Explain when women should begin breastfeeding
- Describe how grandmothers can help support immediate breastfeeding

Materials and preparation

- Note cards
- Markers
- Flip chart with the following questions:
 - Who is with a woman when she gives birth?
 - What do family members do to prepare before birth and at the time of the birth?
 - Who delivers the baby?
 - What is done with the baby immediately after birth?
 - Where is the baby placed?
 - What is given to the baby to eat or drink as soon as it is born? Why?
 - When does a mother start to breastfeed? Why?

Time: 60 minutes

Activity

1. Facilitate a discussion with participants about practices in their communities using the following questions. Allow several participants to share their thoughts and experiences.
 - Who is with a woman when she gives birth?
 - What do family members do to prepare before birth and at the time of the birth?
 - Who delivers the baby?
 - What is done with the baby immediately after birth?
 - Where is the baby placed?
 - What is given to the baby to eat or drink as soon as it is born? Why?
 - When does a mother start to breastfeed? Why?
2. Ask: What do the breasts make during the first three days after a woman gives birth?
3. Listen to participants' responses and add:

During the first three days the breasts make a yellow, thick liquid that is the first milk.
4. Ask: Why is it important for the baby to have this first milk?
5. After participants discuss this question, add:
 - It helps protect babies against viruses and bacteria. It is like the baby's first immunisation.
 - It cleans the baby's stomach and helps protect the digestive track.
 - It has all the food and water the baby needs.
 - Putting the baby in skin-to-skin contact helps regulate the baby's temperature.

6. Present the following information:
 - The Ministry of Health recommends that women begin to breastfeed within the first 30 minutes of birth.
 - There are many benefits to mothers and babies if breastfeeding is started very soon after giving birth.
 - Early initiation of breastfeeding helps stop bleeding.
 - The earlier you put the child to the breast, the faster the milk comes. This will help mothers to make enough breast milk.
 - Starting breastfeeding soon after birth helps reduce the risk of newborns dying.
 - Giving other liquids including warm water, sugar-salt solution, thin porridge, or other milks can be dangerous.
7. Ask: Do women in our community start to breastfeed as soon as they should? Why or why not?
8. Ask: What do most elder women/grandmothers in our community recommend to give to a baby when he or she is first born?
9. Ask: How can grandmothers support the women in their families and the women in our community to start breastfeeding right after giving birth? Encourage participants to discuss.
10. Explain that you will read a variety of scenarios, and would like participants to suggest what advice or suggestions they would offer in each case.
 - A woman has just given birth at home with the help of a traditional birth assistant (TBA). Her mother-in-law suggests that she get some rest and regain her strength rather than start breastfeeding.
 - A woman has just given birth at home and her mother-in-law suggests giving the baby warm water to satisfy his hunger, just until the mother's milk comes in.
 - A woman gave birth a couple of hours ago and the baby has breastfed but only a little. The baby now seems tired, and the grandmother suggests giving the baby glucose to give the child some energy.
 - A woman has just given birth several hours ago and the baby is crying a lot. The grandmother suggests giving some water or salt solution.

10. Supporting good infant feeding practices during the first 6 months

Objective

- Identify ways grandmothers can support good infant feeding practices

Materials

- One A4 sheet with BREASTFEEDING WITHIN 30 MINUTES written on it, and one with EXCLUSIVE BREASTFEEDING
- Blank A4 paper, markers, tape

Time: 60 minutes

Activity

1. Ask: What are the reasons why mothers in our communities give their babies food and liquids other than breast milk before they are 6 months old. Have your co-facilitator write each reason participants mention on a piece of A4 piece of paper, and post the reasons on the wall under the heading EXCLUSIVE BREASTFEEDING. [Participants may mention cultural practices/beliefs, advice from health workers, pressure from family members, don't know about the benefits of exclusive breastfeeding, women have to work/be away from the baby, no partner/community/ family support, etc.]
2. Ask: What are the reasons why mothers in our communities do not start breastfeeding immediately after giving birth? Have your co-facilitator write each reason participants mention on a piece of A4 piece of paper, and post the reasons on the wall under the heading BREASTFEEDING WITHIN 30 MINUTES. [Participants may mention cultural practices/beliefs, advice from health workers, pressure from family members, don't know about the benefits of exclusive breastfeeding, women have to work/be away from the baby, no partner/community/family support, etc.]
3. Ask participants to look at all of the reasons posted on the wall. Which of these reasons are they able to help address in their families and communities? Take down any reasons that they do not think that they can help address.
4. Explain that grandmothers can help support women to exclusively breastfeed their babies for the first 6 months. It is important to talk about the beliefs and attitudes people have about infant feeding and to be sure that everyone in our community has information about how to best feed their children. There are many common beliefs 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. Sharing helpful information and providing support are important first steps toward improving our children's health. It is important for us to include grandmothers for good infant feeding practices to be practiced in families and communities.
5. Facilitate a discussion with the following questions:
 - We have talked about the benefits of giving babies only breast milk in the first 6 months of life. Is it possible for mothers to exclusively breastfeed their babies for 6 months? Why or why not? What would make it easier for mothers to do it?

- How are grandmothers involved in how mothers feed their babies during the first 6 months? Does the grandmother not think that the mother has enough breast milk? Does the grandmother not think the quality of the mother's breast milk is adequate? Does the grandmother not think the mother has enough time? How are some mothers able to do it and others are not?
 - Since women have to go back to their regular activities, they are advised by the clinic to express the milk and leave it for the baby. What do you think about this advice? Do you know whether women in your community express their breast milk? Do you know any grandmothers who give their grandchildren expressed breast milk while they are caring for them? Why or why not?
6. Divide participants into groups of three for a role-play. Explain that one person should be a father, the other should be the mother, and the other should be the husband's mother/grandmother. The father and mother have a 2-month-old baby boy. The mother has been giving her baby only breast milk and plans to continue. The grandmother thinks that the baby needs to start taking some watery porridge. She thinks the baby cries too much and it is because he is hungry. She thinks that boys need to eat more than girls and breast milk alone is not enough. Ask participants to role-play this scenario.
7. After 5 to 10 minutes, ask participants to return to the larger group and discuss their role-plays using the following questions:
- What happened in your role-play?
 - What was the grandmother's role?
 - What was decided?
 - How good was the communication between these three persons?
 - Do you think this is similar to what would happen in families in your communities?
8. Review:
- Breast milk is the perfect food for babies. It has everything that a baby needs to grow and develop for the first 6 months.
 - Babies who take only breast milk 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. Breast milk has enough water so that 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 breast milk 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 perfectly meet the needs of each baby animal.

11. How the body makes breast milk (dialogue group practice)

Objectives

- Describe how the body makes breast milk
- List qualities of a grandmother dialogue group

Time: 60 minutes

Note to facilitator: During this activity you will demonstrate the role of dialogue group mentor by conducting a dialogue group meeting with the theme of “how the body makes milk.” Participants including workshop facilitator(s) sit at the same level in a circle and share their own experiences or that of mothers, sisters, or daughters. All participants experience attendance at a dialogue group (this is not a group role-play).

Be sure to demonstrate how a dialogue group:

- Provides a safe environment of respect, attention, trust, sincerity, and empathy.
- Allows women to share information and personal experiences, support each other through their own experience, strengthen or modify certain attitudes and practices, and learn from each other.
- Allows women to reflect on their experiences, doubts, challenges, popular beliefs, information, and practices.
- Is NOT like a LECTURE or CLASS. All participants play an active role.
- Allows all participants to have eye-to-eye contact through the sitting arrangement.
- Is facilitated by an experienced grandmother who listens and guides the discussion.

Activity

1. Welcome all participants to the dialogue group. Remind participants of the rules/agreements that were discussed earlier.
2. Ask: Do the size of a woman’s breasts affect how much milk she can make for her baby? Encourage participants to discuss.
3. Ask: Do you think it is possible for a woman to produce enough to feed a baby only breast milk for 6 months? What if a woman does not get enough food to eat?
4. Share the following information.
 - Almost all women can make enough milk to feed their baby only breast milk for 6 months and continue breastfeeding until their baby is 2 years or older.
 - The size of a woman’s breast does not affect how much milk she can make.
 - Even women who are sick or thin can make enough milk for their baby.
 - When a baby suckles at the breast, the tongue and the mouth touch the nipple.
 - The suckling causes a message to be sent to the mother’s brain that the baby wants milk.
 - The brain responds and tells the body to make the milk flow for this feed and to make milk for the next feed. The more the baby suckles, the more milk is produced.
 - How a mother feels and what she thinks can affect how her milk flows. If a woman is happy and confident that she can breastfeed, her milk flows well. But if

she doubts whether she can breastfeed, her worries may stop the milk from flowing.

- It is important for a woman to feed from one breast and then let the baby come off on its own before switching to the other breast. As milk is removed from the breast it lets the body know more milk needs to be made.
5. Ask: Is it common for women to feel like they are not making enough milk? Encourage participants to share their experiences and those of their relatives.
 6. Ask: How can we support mothers who are breastfeeding and are worried that their baby is not getting enough breast milk?
 7. Ask: How can we share this information with other grandmothers in our community who may believe that women cannot make enough breast milk or that breast milk is not enough for a baby for 6 months?
 8. Ask: What would you say to a mother who believed she could not make enough milk because she was not eating well herself?
 9. Ask if participants have any questions or experiences that they would like to share. Thank participants for participating.
 10. After the practice dialogue group, ask participants to discuss the experience of being in a dialogue group. Encourage participants to reflect on and describe the characteristics of a dialogue group by asking the following questions:
 - What did you like about the dialogue group?
 - What didn't you like?
 - Were any doubts about breastfeeding answered?

12. Complementary feeding

Objectives

- Describe the importance of feeding children the right kinds of food starting at 6 months of age
- Explain how to overcome challenges to appropriate complementary feeding

Materials

- Note cards with names or pictures of common local foods
- *Handout 2: Thickness of first foods*
- Note cards with water, infant formula, cow's milk, breast milk
- A4 sheets with 0–6 MONTHS, 6–12 MONTHS, 12–24 MONTHS, NEVER
- Prepared flip chart with food group headings

Time: 90 minutes

Activity

1. Facilitate a discussion with the following questions:
 - How do you know when a baby is ready to start eating solid foods?
 - What are the cues and milestones (specific ages, teeth, sitting, crying, reaching for food, etc.)?
 - When and how should mothers start to give solid foods?
 - When should babies start to drink other liquids? And eat solids?
 - At what age should mothers start to give water to babies? Why?
 - At what age should mothers start to give other fluids/liquids? Why?
 - Should other milks besides breast milk be given? Which ones, and when? Why?
 - How should these other liquids be given?
 - What are the best foods for babies and children of the following ages?
 - Newborns and babies up to 2 months.
 - Babies 2 to 6 months.
 - Children 6 to 12 months.
 - Young children 1 to 2 years.
 - What are the first foods typically given to young babies?
 - What are the names of foods given?
 - What are the ingredients in the foods?
 - If porridge is mentioned, ask: What other things are added to the porridge? Why?
 - Do young children under 2 years eat the same foods as the rest of the family?
 - If not, what do they eat differently?
 - How often do they eat?
 - What foods or liquids should not be given to young children under 2 years? Why?

2. Share the following information:
 - At 6 months children start to need a variety of other foods in addition to breast milk. As the baby grows, more and more foods can be added to their diet.
 - Before 6 months, breast milk provides everything a baby needs, but at 6 months and as babies continue to grow they need other foods.
 - Breast milk continues to be important to help children grow well and protect them from illnesses until 2 years and beyond.
 - The foods that are given to children at 6 months are called complementary foods, because they are given in addition to breast milk (they complement breast milk)—they do not replace breast milk.
 - Giving a variety of different foods in addition to breast milk helps children 6–24 months of age to grow well. When children are short for their age (which shows that they are malnourished), it is permanent and affects intelligence. Rates of malnutrition are usually highest during the 6–24 months of age period, with lifelong consequences.
 - Good complementary feeding involves continued breastfeeding and giving the right amount of other good quality foods.
 - Babies 6–12 months old are especially at risk, because they are just learning to eat.
 - Babies 6–12 months must be fed soft foods frequently and patiently. These foods should complement, not replace, breast milk.
3. Ask: How many times a day do you eat (including tea, snacks, and meals)?
4. Explain that babies and young children have small stomachs and need to eat much more often to keep filled up. How many times a day do you think a young child of 6–8 months needs to eat solid foods? 9–11 months? 12–24 months?
5. Explain that when children do not eat properly it affects their health, intelligence, and productivity, and ultimately it affects a country's potential to develop. Answer any questions participants have.
6. Post the A4 sheets with the ages of children written on them. Pass out the note cards/pictures of food to participants. Explain that participants should tape their note cards under the age that food should be given to babies and young children. Make sure participants post all of the note cards.
7. Ask participants to walk around the room with you and look at how foods were grouped. Ask if there is anything that people think should be moved. Correct any information that is not correct. It is important to emphasize that there are many cultural beliefs about what foods can and cannot be given to babies. Also, emphasize that the kinds of foods given to young children are similar for those aged 6–12 months and 12–24 months; they are often just prepared in a different way, and older children eat more food, more often. Discuss any foods that are listed under "NEVER."
8. Explain that different foods help the body in different ways. There are foods that make children strong, foods that give energy, and foods that help prevent and fight illness. Review the prepared flip chart with food group headings. Pass out the note cards/pictures used earlier. Ask them to place their foods under the appropriate heading.

<u>Body building</u> Make children strong	<u>Energy giving</u> Give children energy	<u>Protecting foods</u> Prevent and fight illness
Participants may list: <i>Beans, dengu, meat, chicken, fish, and egg yolks</i>	Participants may list: <i>Rice, potatoes, ugali, maize, millet, and matoke</i>	Participants may list: <i>Fruits and vegetable such as leafy greens, carrots, pumpkin, oranges, mangoes, and paw paws</i>

9. Explain that children should be fed food from at least two different food groups at each meal. Ask: Do you think this is possible? What are some possible combinations based on foods that are normally prepared for the family? What are foods that you have given to your grandchildren? Some foods are better than others—what foods are especially good for children and why? What can we do to help ensure that children are given a variety of foods?
10. Ask: What are some of the traditional vegetables that are commonly eaten by adults? Are these given to children? Why not? How can we encourage families to give children these traditional, healthy vegetables?
11. Explain that as children grow they need to eat more. To be sure they are eating enough, mothers can continue to breastfeed often, but it is also important that children are given more food, more often, and that the foods given have a lot of energy even in small amounts (like fats and oils). Review the following amounts that children should receive.
 - 6 months
 - Two to three tablespoons at each meal
 - Two meals each day
 - 7–8 months
 - One-half cup at each meal
 - Three meals each day
 - 9–11 months
 - Three-fourths of a cup at each meal
 - Three meals each day
 - One snack
 - 12–24 months
 - One cup at each meal
 - Three meals each day
 - Two snacks
12. Ask: What are common measures that women in your community use to know how much they are feeding their children? Do these recommendations make sense for women in your community? Is there a better way that you could explain how much and how often to feed babies and young children?
13. Facilitate a discussion with the following questions:
 - How should food be prepared for children? [Mashed, soft, etc.]
 - Should uji be thin or thick? Why? [It should be thick enough to stay on the spoon. Otherwise it is too watery and will not give children enough energy.] Show the picture

of Handout 2 and ask participants which looks more like how children are fed? Which is how children should be fed?

14. Ask: What are some of the challenges that women and families in our communities face that prevent them from feeding their 6–24 month old children appropriately? [Possible answers: lack accurate information, heavy workloads limit time to help feed children, perception that there is not enough food.] Note participants' responses on a flip chart. For each response noted on the flip chart, ask: How can we work together with our daughters/daughters-in-law to overcome these challenges? Encourage participants to share experiences.
15. Explain that, when you share information with grandmothers in your groups, it might help to first talk with them about what they and their families are doing and then help them to decide what they could realistically do to improve their current practices—for example, give more food, feed more often, or give more variety. Telling grandmothers and mothers to make many changes at once is not likely to lead to positive changes in behaviour.
16. Explain that foods are often introduced too early. Many times caregivers say that children seem interested in the food being eaten by the rest of the family. Ask: What advice would you give to a grandmother in your group who said her grandchild wanted food before 6 months? Encourage participants to discuss. (Possible recommendations include: suggest that they give the baby a spoon to play with and see if that satisfies his/her interest.)
17. Ask: How do you know if a child is growing well? Where can a child be taken to be weighed and measured? How often should a child to be weighed and measured? Are most children in our communities taken to be weighed and measured as often as they should?
18. Explain that weight gain is a sign of good health and nutrition. It is important to continue to take children to the health facility for regular check-ups and immunizations and to monitor growth and development. Ask: Can grandmothers be encouraged to go with mothers to the clinic for these visits?
19. Explain that after 6 months of age, children should receive vitamin A supplements twice a year or take multiple micronutrients on a daily basis. Encourage mothers to consult a health care provider for the proper advice.

13. Preparing food safely

Objectives

- Describe how to safely store, clean, prepare, and serve food
- List times when mothers/caregivers should wash their hands

Time: 30 minutes

Activity

1. Ask: How do most families in our community store, clean, prepare, and cook food for babies and young children? Encourage participants to discuss.
2. Explain that how we store, clean, prepare, and cook food is also important. Ask: Why is this important? What are the risks if we do not handle food properly? Encourage participants to discuss. After participants discuss, explain that more than half of all illnesses and deaths among young children are caused by germs that get into their mouths through food or water or dirty hands.
3. Ask: How can we store, clean, prepare, and cook food safely? Encourage participants to discuss. Correct any incorrect information, and mention the following additional information as needed:
 - Cooked food should be eaten without delay or thoroughly reheated.
 - Store cooked food in a covered container and use it within one hour. Always reheat food well if it has been sitting.
 - Wash all bowls, cups, and utensils with clean water and soap.
 - Only use water that is from a safe source or is purified. Water containers need to be kept covered to keep the water clean.
 - Raw or leftover food can be dangerous. Raw food should be washed or cooked.
 - Food, utensils, and food preparation surfaces should be kept clean. Food should be stored in covered containers.
 - Safe disposal of all household rubbish helps prevent illness.
4. Explain that washing our hands with clean, running water and soap is very important. When are the times that we should wash our hands? Allow participants to discuss and mention the following as needed: before cooking food, before and after feeding a baby, after changing nappies or going to the toilet, and after touching animals.
5. Ask: Are these behaviours common in our community? How can you help support families to practice these behaviours?

14. Helping children to eat

Objectives

- Describe how to encourage young children to eat
- Explain why responsive feeding is important
- Discourage force feeding

Materials

- Flip chart sheet, markers, tape

Time: 45 minutes

Activity

1. Ask participants to imagine a young child eating. What comes to mind? Participants may mention the following:
 - When a child is learning to eat, he often eats slowly and is messy. He may be easily distracted.
 - He may make a face, spit some food out, and play with the food. This is because the child is learning to eat.
 - A child needs to learn how to eat, to try new food tastes and textures.
 - A child needs to learn to chew, move food around in the mouth, and swallow food.
 - A child needs to learn how to get food effectively into the mouth, how to use a spoon, and how to drink from a cup.

Explain that it is very important for caregivers to encourage the child to learn to eat the foods offered.

2. Facilitate a discussion by asking the following questions:
 - How do you encourage your grandchildren to eat?
 - How do you know your grandchild has eaten enough?
 - What advice do you give to mothers with young children if they are concerned about how to feed their child or that their child will not eat enough?
3. Explain that force feeding is common in our community. Facilitate a discussion on this practice using the following questions:
 - Why do mothers and grandmothers force feed?
 - What are the dangers of force feeding?
 - How can we support mothers and grandmothers to encourage babies and young children to eat without force feeding?
4. Ask: Is it common for older children to feed younger children? Is it common for children to be given food to eat without much supervision?
5. Ask: Why is it important for babies and young children to be watched and helped to eat by an adult caregiver? Encourage participants to discuss.
6. Ask: How would you talk with other grandmothers and mothers about how best to help a baby or young child to eat?

7. Summarize the discussion and share the following information:
 - Feed infants directly and assist older children when they feed themselves.
 - Offer favorite foods and encourage children to eat when they lose interest or have depressed appetites.
 - If children refuse many foods, experiment with different food combinations, tastes, textures, and methods for encouragement.
 - Talk or sing to children during feeding.
 - Look at children when you are feeding them.
 - Feed slowly and patiently and minimize distractions during meals.
 - Do not force children to eat.

8. Emphasize these points:
 - A child needs food, health, and care to grow and develop. Even when food and health care are limited, good care-giving can help make best use of these limited resources.
 - Care refers to the behaviours and practices of the caregivers and family that provide the food, health care, and emotional support necessary for the child's healthy growth and development.

9. Divide participants into groups of five. Explain that you are going to practice open-ended stories. Ask for a volunteer to start the story related to force feeding. Each group will start with the same story and have 10 minutes to all take turns telling the story in their group.

10. After 10 minutes ask for a representative from each group to share the ending of their group's story and briefly discuss the similarities and differences between the group's stories.

15. What to do when a child falls ill

Objectives

- Identify danger signs
- Describe how to feed a child who is ill

Materials

- Flip charts
- Markers

Time: 60 minutes

Activity

1. Facilitate a discussion with the following questions:
 - How do you know that a baby or young child is healthy?
 - What does a healthy baby look like?
 - How does a healthy baby behave?
 - How does a sick baby look different or behave differently than healthy babies?
 - What makes babies sick?
 - What types of illnesses do babies have before they are 6 months old?
 - What causes these illnesses?
 - How can mothers prevent their babies from getting sick?
 - Are special foods or liquids fed to infants when they are sick?
 - When a child falls ill, who decides how the child should be cared for?
 - Who decides when a child should be taken to a health facility?
 - What do men typically do when a child is ill? What is their role?
2. Ask: Does anyone have a story to share about when a child fell ill? Encourage participants to share their experiences.
3. Ask: What are signs that a child should be taken to a health facility immediately? [Participants should mention the child is not able to drink or breastfeed, the child vomits everything, the child has convulsions (fits), or the child is lethargic or unconscious.]
4. Ask: What are some of the challenges or barriers to bringing children to a health facility when they are ill? Note participants' comments on a flip chart.
5. Ask: How can we overcome these challenges? Write suggestions next to the challenges.
6. Explain that often time or money for transport is a challenge to getting care. Ask: How can we be prepared in the case of an emergency? What can you do to be prepared in your own family? Encourage participants to discuss.
7. Ask: Have you ever heard of parents waiting to take their child to a health facility (or taking children to traditional healers) and the child dying?

8. Explain that it is common for caregivers to wait to take children for care at a facility. Share the following information:
- Young infants can become ill suddenly and may need to be seen and treated urgently by a health provider.
 - If a child is not feeding well, has fever or diarrhea, is vomiting, is losing weight or becoming thin, has difficulty breathing, or has other signs that he or she may not be well, it is important to have him or her examined at the nearest health centre or hospital.
 - It is also important for caregivers to take children for routine immunizations, vitamin A supplementation twice yearly, and continued growth monitoring until they are 5 years of age.
 - Women who are HIV positive can take their children for HIV testing at 6 weeks of age to learn if they are infected with HIV and begin to receive treatment and care.
9. Ask: How can we encourage families to take their children to a health facility for treatment?
10. Explain that when children are ill, it is important for them to eat properly. Ask: What are common beliefs and practices around feeding children who are ill? Are they encouraged to eat or not eat? Are there foods that should be given or not given?
11. Explain that it is important for children to eat more when they are ill and when they are recovering from an illness. Present the following:
- Children who are ill may lose weight because they have little appetite or their families may believe that ill children cannot tolerate much food.
 - If a child is ill frequently, he or she may become malnourished, causing them to be at higher risk of more illness. Children recover more quickly from illness and lose less weight if they are helped to eat when they are ill.
 - Children who are fed well when healthy are less likely to lose weight when they are ill and more likely to recover faster. They are better protected.
 - Breastfed children are protected from many illnesses. Special care needs to be given to those who are not breastfed and who do not have this protection.
12. Ask: Why might a baby or young child feed less during illness? Write participants' replies on the flip chart. Refer to their responses as you make these points:
- The child does not feel hungry, is weak and lethargic.
 - The child is vomiting or the child's mouth or throat is sore.
 - The child has a respiratory infection, which makes eating and suckling more difficult.
 - Caregivers withhold food, thinking that this is best during illness.
 - There are no suitable foods available in the household.
 - The child is hard to feed and the caregiver is not patient.
 - Someone advises the mother to stop feeding or breastfeeding.
13. Ask: What can you do to make sure that children eat enough when they are ill? Ensure that the following are mentioned:
- Encourage children to drink and eat during illness and provide extra food after illness to help them recover quickly.
 - The goal in feeding a child during and after illness is to help him to return to the growth he had before he was ill.
 - Give small amounts frequently.
 - Give foods that the child likes.
 - Give a variety of nutrient-rich foods.

- Encourage the mother to continue to breastfeed—often ill children breastfeed more frequently.
14. Ask: What can you do to make sure that children eat enough when they are recovering from an illness? Ensure that the following are mentioned:
- Encourage the mother to give extra breastfeeds.
 - Feed an extra meal.
 - Give an extra amount.
 - Use extra rich foods.
 - Feed with extra patience and love.
 - The child's appetite usually increases after the illness so it is important to continue to give extra attention to feeding after the illness.
 - This is a good time for families to give extra food so that lost weight is quickly regained.
 - Young children need extra food until they have regained all their lost weight and are growing at a healthy rate.
15. Ask: How can grandmothers be more supportive to their daughters-in-law in caring for their grandchildren when they fall ill? Encourage participants to discuss.

16. Complementary feeding (dialogue group practice)

Objectives

- Facilitate a dialogue group on complementary feeding
- Evaluate a dialogue group session

Materials and preparation

- Four copies of *Handout 3: Dialogue group observation checklist*.
- Identify and prepare four participants to be the facilitators during this dialogue group practice. Explain that the discussion topic for this meeting will be complementary feeding, and that when they start to ask people about their experiences, a grandmother will share her story. Help the facilitators prepare to facilitate. Their job is to welcome participants, start the dialogue group, allow the grandmother to talk first, encourage other participants to provide the grandmother with support and advice, and correct any misinformation.
- Identify four participants to play the role of a grandmother with a 9-month-old grandchild who is not growing well. Share the following role-play instructions and help her prepare for her role.
- Note card with role-play instructions:

You are a grandmother of a 9-month-old baby boy. The mother is breastfeeding, but you often care for the baby when she is away. You have been giving watery uji in a bottle and you give pieces of chapati and sometimes mashed mangoes, and have advised your daughter-in-law to do the same. You all went together to take your grandchild to be weighed at the health facility and the nurse told you both that he was not growing properly and had not grown since last month. Everyone is very worried and upset. You do not know what to do.

Time: 90 minutes

Activity

1. Ask the four volunteer facilitators and four grandmothers to come forward. Divide participants into four groups and assign a facilitator and grandmother to each group. Ask for a volunteer from each group to be the observer. Provide each observer with the checklist and pens.
2. Give participants 30 minutes to enact their role-play.
3. After the practice session, ask the observers to report their findings to the larger group.
4. Ask participants to share their experience facilitating. Ask: What was challenging? What went well? What other support do they need?
5. Ask the grandmothers to share their experiences receiving advice and support.

17. Mother-to-child transmission of HIV

Objectives

- Describe how HIV is transmitted from infected mothers to their children
- Explain that most babies born to HIV-infected mothers will not be infected with HIV
- List ways to reduce the risk of mother-to-child transmission
- Describe what grandmothers can do in their community to help reduce the risk of mother-to-child transmission

Materials

- 40 blank A4 sheets, tape, markers

Time: 45 minutes

Activity

1. Ask: When can HIV be transmitted from HIV-infected mothers to their children? Allow participants to answer. [Participants should mention: during pregnancy, during labour and delivery, and through breastfeeding.]
2. Ask: Will most children born to mothers who are HIV infected become infected with HIV themselves? Encourage participants to discuss.
3. Ask participants to stand in a circle. Place 20 pieces of A4 paper on the ground and present the following:
 - Imagine that each piece of paper is a baby who was born to an HIV-infected mother.
 - How many of these 20 babies do you think will become infected with HIV during pregnancy, labour, or birth? *Encourage several participants to discuss.*
 - *After participants discuss, ask 5 volunteers to write the word HIV on one piece of paper each.*
 - About 5 out of the 20 babies will be infected with HIV during pregnancy, labour, or birth. These are the numbers based on women who do not go for prevention of mother-to-child transmission (PMTCT) services during pregnancy. The number of babies who would be infected is lower if women use PMTCT services.
 - How many of these 20 babies do you think will become infected with HIV through breastfeeding? *Encourage several participants to discuss.*
 - *After participants discuss, ask three volunteers to write the words HIV on one piece of paper each.*
 - About 3 out of 20 babies would be infected during breastfeeding. A baby's risk of HIV infection depends on how he or she is breastfed. When HIV-infected mothers breastfeed and give other foods and liquids before 6 months (which is how most children in our community are fed) it almost doubles the risk of passing HIV to the baby.
 - In summary, out of 20 babies born to HIV-positive mothers, around 8 would be infected with HIV, even if their mothers do not use PMTCT services or practice safer infant feeding. So most children will not become infected.

4. Replace the 8 pieces of paper with the word HIV with blank sheets. Present the following:
 - Now imagine that each piece of paper is a baby who was born to an HIV-infected mother, but this time the mother and baby take antiretroviral drugs and practice exclusive breastfeeding for 6 months.
 - How many of these 20 babies do you think will become infected with HIV during pregnancy, labour, or birth? *Encourage several participants to discuss.*
 - *After participants discuss, ask two volunteers to write the word HIV on a piece of paper.*
 - About 2 out of the 20 babies will be infected with HIV during pregnancy, labour, or birth. The number is lower because these women used PMTCT services.
 - How many of these 20 babies do you think will become infected with HIV through breastfeeding? *Encourage several participants to discuss.*
 - *After participants discuss, ask one volunteer to write the word HIV on a piece of paper.*
 - About one baby would be infected during breastfeeding if a mother breastfeeds exclusively for 6 months.
 - In summary, if their mothers use PMTCT services and practice exclusive breastfeeding, around 3 out of 20 babies born to HIV-positive mothers would be infected with HIV. So by taking these preventive actions, mothers can reduce the risk of transmission to their baby by more than half.

5. Explain that even when women do not use PMTCT services, most children will not become infected. But because there are ways to reduce the risk of HIV transmission, it is important for all pregnant women to be tested so that if they are positive, they can learn how to reduce the risk of HIV transmission to their baby. Women who are negative need to protect themselves from HIV infection during pregnancy and breastfeeding.

6. Ask: Why do some babies who are born to HIV-infected women become infected with HIV while others do not? Encourage participants to discuss.

7. After participants discuss, present the following information:
 - Research has shown that there are many factors that can increase the risk that mothers will pass HIV to their babies. These factors include:
 - Recently infected or re-infected with HIV while pregnant or breastfeeding.
 - Being in labour for a long time.
 - The mother is very sick with HIV (the stage of her illness).
 - Mother has breast problems while breastfeeding, including cracked nipples, swollen breasts, or mastitis.
 - The baby has oral thrush or sores in his or her mouth.
 - The baby breastfeeds and receives other foods or liquids at the same time.

8. Ask: What can be done to help prevent or reduce the risk of an HIV-infected woman passing HIV to her baby? Encourage participants to discuss. They should mention the following:
 - All pregnant women and their partners should go for HIV testing and seek health care services if they are positive.
 - Women who are positive should give birth in a health facility.
 - Women who are positive should attend PMTCT services.
 - Women who are positive should take antiretroviral drugs (ARVs) during labour and give ARVs to their baby when it is born.
 - Talk with a health worker about how best to feed her baby safely.
 - Sleep under an insecticide-treated net during pregnancy. These nets are available for all pregnant women for free or at a subsidised fee at the antenatal care (ANC) clinic.

9. Ask: How can grandmothers support women who are HIV positive and pregnant? Allow participants to discuss.

18. Infant feeding and HIV

Objectives

- Explain how HIV-positive mothers can breastfeed more safely
- Offer support to HIV-positive mothers and families on how to feed their babies

Materials

- Flip chart, markers

Time: 45 minutes

Activity

1. Ask: Since we know that HIV can be passed through breast milk, how should HIV-positive women feed their babies? Encourage participants to share their thoughts.
2. Share the following information:
 - For most HIV-positive women in our communities, **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 in the first 6 months women breastfeed and give other foods or liquids (including water) at the same time, it makes the risk of HIV transmission and death from other illnesses much higher. This is called mixed feeding.
 - Although giving only 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, such as pneumonia and diarrhea. For this reason, exclusive breastfeeding for the first 6 months and continued breastfeeding through at least 12 months is the safest option for most women in our community.
 - We need to support HIV-positive women to exclusively breastfeed and 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 choose to feed their children using infant formula instead of breastfeeding, they should talk with a health worker to learn if this would be an appropriate option for them and how to do this safely.
3. Encourage participants to ask questions about any of the information presented above.
4. Ask: Why do you think mixed feeding is so dangerous? Why do you think giving formula is so dangerous?
5. Ask: How can grandmothers support HIV-positive women to exclusively breastfeed for 6 months? What services are available in our community to help women and families who are HIV positive? Encourage participants to share their opinions and write them on a flip chart.

19. Dialogue group topics

Objectives

- List possible themes for dialogue group meetings
- Identify their own themes based on their group's needs

Materials

- Flip chart sheet, markers, tape

Time: 20 minutes

Activity

1. Facilitate a brainstorming session by asking participants to list all of the possible topics that could be discussed in a grandmother dialogue group. Write participants' responses on a flip chart. Examples of possible topics include:
 - Benefits of breastfeeding
 - Starting breastfeeding immediately
 - Infant feeding and HIV
 - Feeding babies at 6 months
 - Complementary feeding
 - Preparing foods safely
 - Helping children to eat
 - Feeding during illness
 - Eating during pregnancy and breastfeeding
2. Ask: Are there any themes should not be discussed. If so, which? Why? Allow participants to discuss.

20. Effective communication

Objective

- Improve communication skills within their families
- Share skills to improve family communication with dialogue group participants

Materials and preparation

- Flip chart paper
- Markers

Time: 45 minutes

Activity

Note to facilitator: *This activity is an opportunity for participants to think about stereotypical communications patterns. This will help them get a better understanding of the need for improved communication skills. Throughout this session good communication skills will be stressed.*

1. Ask participants to think about communication in their own families. Explain that good communication is a quality of strong families, and it can help families make it through difficult times. However, it is during hard times, when family members need each others' support the most, that communication can be the most difficult. A family member who has a problem may find it difficult to ask someone else for help, or the person might think that he or she has to be happy and not worry the other family members. People can also be ashamed and worry that the other family members will be disappointed or angry if they learn of the problem. Elders in the household may have difficulty communicating with other family members. It is important to learn how to convey messages effectively.
2. Ask if anyone is willing to share an example from their family or a family of someone they know where not talking about a problem made it worse. Ask volunteers to describe who was involved, what the problem was, why the person did not talk about it, and what happened as a result of not talking about it. Allow participants to comment.
3. Ask if anyone has an example from their family or a family they know where someone with a problem shared it with another family member or the whole family and they were able to deal with the problem successfully. Allow participants to share.
4. Explain that families can change and improve the way they communicate. Share the following information with the group:

Listening — When you listen carefully to family members, you encourage them to talk about what is most important to them. It is normal for family members to not listen carefully to each other. We might think that since we know the person well we do not have to listen as closely or we may pretend to listen while we do something else. To listen well, we can:

- Pay attention. Paying attention, and putting aside what you are doing shows the speaker you want to listen. While you are listening it is important to put

aside your own opinions, thoughts, and judgments until you have heard all of what the speaker is trying to say.

- Be open and show respect. You may not agree, but being willing to hear what the other person believes shows that you respect that person.
- Hear words and sense feelings. Ask questions to be sure that you understand correctly: “Do you mean...?” “Are you saying...?” This can help you be sure that you have understood what your family member really means.
- Give responses, but not always answers. Saying things like “Tell me more about that” or “How long have you felt that way?” shows the other person that you are ready to listen more. Giving someone advice too soon or telling someone what to do may discourage them from talking with you more in the future.

Listening is not always easy. It can be difficult to listen when strong emotions are present. Just being with a family member who is going through a hard time shows that you care. Letting someone know that you will be ready to listen whenever he or she is ready to talk is a good beginning. Encourage talking by asking questions like “What do you think about...”

- Listen patiently. Do not interrupt the speaker.
- Respond positively. Even if you don’t agree with the speaker’s ideas, give him/her time to explain his/her thoughts.

Summarize by giving three main points about listening:

- It encourages people to speak.
- It encourages people to express their feelings.
- It helps people feel valued, building self-esteem.

5. Ask participants if they have any questions. Ask participants if they think that this information can be used in their own families. Ask them to explain how they think they could use it.
6. Explain that good communication is more than just listening. It is also important for the person talking to express him/herself clearly.
7. Share the following information about talking:

Talking — You cannot assume that other family members know your needs, feelings, and thoughts if you have not told them. To share your thoughts and feelings in a way that is easy for other people to understand, you may need to take time first to listen to yourself. Ask yourself, “What am I really feeling right now?” “What do I really think about this issue?” Try to focus on how something is affecting you, and try not to blame someone else or think about what another person has done or said. Remember, the other person’s feelings are involved too.

- Describe your feelings. Say, “I feel sad” or “I feel afraid.”
- Say what you mean in a simple, direct way.
- Do not blame or judge. Say, “I really need to talk with you,” instead of, “You never listen to me.”

- If something is important, talk about it—even if you are worried about how the other person will respond. Be ready to listen and try to understand their reaction.
8. Explain that it is not always easy to communicate well as a family. Improving family communication takes practice, and taking time to communicate is even more important than practicing new skills. A family can provide a safe place for its members to share feelings, thoughts, ideas, fears, dreams, and hopes. Try to find time to talk with each person alone, and together as a family. When you are busiest and most worried, it is especially important to plan a few minutes when everyone can be together. A few minutes spent at the end of the day just talking about how things have gone that day and planning for tomorrow can be a relief from stress. Be sure to save difficult problem-solving conversations for times when you are not tired.
 9. Ask participants if they have any questions. Ask participants if they think that this information can be used in their own families. Ask them to explain how they think they could use it. Ask participants how they would share this information with members of their groups.

21. Common infant feeding beliefs

Objectives

- Name three popular beliefs about breastfeeding and explain how they relate to optimal breastfeeding practices
- Respond to popular beliefs about breastfeeding that participants or community members acknowledge

Materials

- Flip chart sheet, markers, tape

Time: 30 minutes

Activity

1. Ask participants to brainstorm their own and community members' beliefs about breastfeeding. Divide these beliefs into those that do not affect breastfeeding, those that are positive, and those that are negative. Discuss beliefs that affect breastfeeding practices. Participants may mention the following:
 - Mothers cannot eat certain foods when breastfeeding.
 - Colostrum should be discarded because it is not good for the newborn baby.
 - Mothers who are angry, scared, or stressed should not breastfeed.
 - Mothers who are sick should not breastfeed.
 - Mothers who are pregnant should not breastfeed.
 - Breast milk is not enough to meet a baby's needs for 6 months.
 - Every baby needs water.
 - Do not start breastfeed until the milk comes in/lets down.
 - Babies who are given formula grow faster, are fatter and healthier than breastfed babies.
 - If mothers do not eat enough they cannot breastfeed.
 - Babies need more than breast milk, especially if they cry a lot.
 - If a baby is sick, s/he should stop breastfeeding.
 - Once breastfeeding is stopped, breastfeeding cannot be started again.
2. Ask participants to explain how they would address these topics if a participant mentioned them in a dialogue group.

22. Dialogue group practice

Objectives

- Facilitate a grandmother dialogue group
- Observe and provide suggestions for improvement

Materials

- Flip chart sheet, markers, tape
- Five copies of *Handout 3: Dialogue group observation checklist*

Time: 75 minutes

Activity

1. Ask for two or three volunteers to practice facilitating a grandmother dialogue group. Divide remaining participants into two or three groups. Ask for one volunteer from each group to serve as the observer. Pass out copies of the observation checklist to the observers. Allow facilitators to select the topic for their group based on the topics proposed in the previous session (infant feeding beliefs). Explain that all other participants should play the role of grandmothers who live with or near mothers with children 2 years old and younger.
2. Give participants 30 minutes to enact their role-play. Ideally one trainer should be with each group (if there are not enough trainers, move between groups).
3. After the practice session, invite the participants back to the large group. Ask the observers to report their findings to the groups.
4. Ask participants to share their experience facilitating. Ask: What was challenging? What went well? What other support do they need?
5. Ask the grandmothers to share their experience participating in the dialogue group. Ask: What did they enjoy? How could it have been better?

23. Support and reporting

Objectives

- Complete the reporting form
- Explain ways for facilitators to support each other

Materials

- *Handout 4: Dialogue group reporting form*
- Flip chart sheet, markers, tape

Time: 30 minutes

Activity

1. Pass out copies of the reporting form. Facilitate a discussion with the following questions:
 - What do you think this form is for?
 - When would you use this form?
 - How do you fill it out?
 - Why would it be important to complete this form?
2. Explain how the forms will be used. These reporting forms will be used to capture information about how many people are attending the grandmother groups, what type of topics are being discussed, and what kind of questions are generated in the discussions. Furthermore, the reports will help us to collect feedback from facilitators of grandmother groups, including problems they encounter and additional ways that they would like to be supported in the future.
3. Ask: As facilitating these groups can be challenging, how can you support each other? Encourage participants to discuss and note their responses on the flip chart. [Suggest the following: co-facilitate groups until they become more comfortable, observe each other's dialogue groups and provide each other feedback and suggestions for improvement, keep each other motivated to follow their activity plan, etc.]

24. Activity plans

Objectives

- Create and implement a 6-month work plan

Materials

- Copies of *Handout 5. Activity plan* for each participant

Time: 75 minutes

Activity

1. Explain that creating an activity plan with a goal and objectives can help them achieve the goal and make positive changes in their groups and communities. Present the activity plan template, defining each of the headings and sharing examples.
2. Ask: In addition to dialogue group meetings, what other ways can you share information on optimal maternal, infant, and young child nutrition practices with other grandmothers, mothers, and families in your community?
3. Explain that since grandmothers are well-respected sources of information in their families and communities, they should be encouraged to share new knowledge learned with their peers and other women. Family bazaars and other existing social forums in the community can be a useful way to promote optimal feeding practices. Grandmothers can exhibit nutritious complementary foods (including showing how to use traditional vegetables that are not commonly given to children) and do cooking demonstrations. In addition, grandmothers can visit women who have recently given birth and provide them with information and support.
4. Ask participants to work individually for 15–20 minutes to create a personal activity plan. Ask participants to identify an overall goal (based on the changes they identified earlier), along with activities that can help them reach their goal. For each activity, ask participants describe the activity, timeline, resources available, and how they will know if they have been successful.

Goal:			
Objective			
Activity	Timeline	Resources available	Measures of success
Objective			
Activity	Timeline	Resources available	Measures of success

5. Ask participants to form small groups with people from neighbouring areas. Ask each participant to present their plan to the people in their groups. One facilitator should be with each group. Encourage group members to ask each other questions and offer suggestions.

25. Questions and answers

Objectives

- Assess what was learned during the workshop and what areas need further clarification
- Compare knowledge at the end of the training with the pre-test results

Materials

- Copies of *Handout 1: Pre-test/Post-test*
- Copies of *Handout 5: Training evaluation form*

Time: 60 minutes

Activity

1. This is an opportunity for participants to ask any questions on maternal and child health and nutrition.
2. If participants completed a written pre-test: Distribute post-tests and ask participants to write their names on them. Clarify questions participants may have, but do not influence in any way the responses nor allow participants to talk among themselves. Give 5-minute and 2-minute warnings. Collect the tests. Grade the tests and compare performance between the pre- and post-test scores and the questions missed. Return pre-tests and post-tests to participants and allow time for them to review and ask questions. Call attention to topics that need further clarification.
5. If participants completed an oral pre-test: . If the pre-test will be conducted aloud, ask participants to form a circle and sit with their backs facing the centre. Explain that 15 statements will be read aloud and they should respond yes or no by raising their hands. Ask participants to raise one hand if they think the answer is “Yes,” to keep their hands down if they think the answer is “No,” and to raise both hands if they “Don't know.” One facilitator should read the statement and another facilitator should record participants’ answers and note which topics present confusion. Compare performance between the pre- and post-test and the questions missed. Call attention to topics that need further clarification and answer any questions.
3. Distribute end-of-training evaluations to participants and ask them to write their comments. Explain that their suggestions will be used to improve future workshops.

Handout 1: Pre-test/Post-test

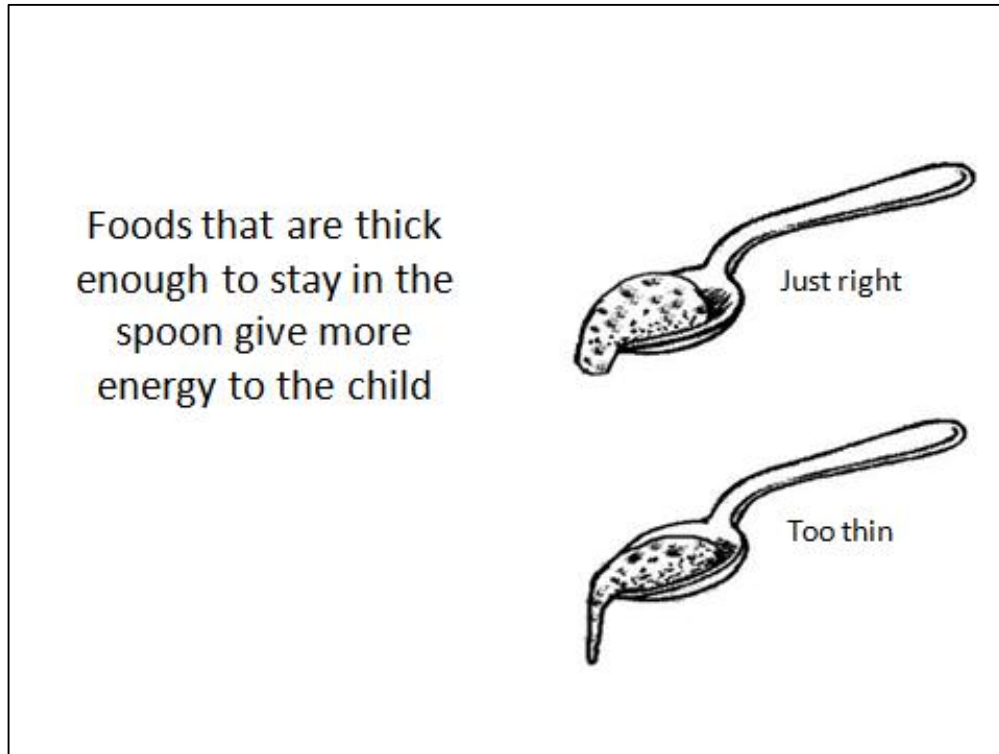
		YES	NO
1	A pregnant woman does not need to eat more food than usual.		
2	It is important to avoid fish while breastfeeding.		
3	Telling a mother what to do is the best way to improve how she feeds her child.		
4	Breastfeeding has many benefits for the baby, and also for the mother.		
5	At 4 months, infants need other liquids and soft foods in addition to breast milk.		
6	HIV-positive women should never breastfeed.		
7	Young babies (less than 6 months) should be given water if the weather is hot.		
8	When a mother begins to give foods to a baby, she needs to start with thin, watery porridge.		
9	Sick children should continue to be breastfed often.		
10	If an HIV-positive woman takes antiretroviral drugs, there is a good chance that her child will not become infected with HIV.		
11	A mother who does not eat enough healthy foods cannot make enough good breast milk for her baby.		
12	It is important to tell grandmothers what to say to their family—it is a waste of time to discuss their opinions in the group.		
13	The mother should wait until the sick child is healthy before giving him/her more food.		
14	A pregnant woman can lift and carry things in the same way as before pregnancy.		
15	From 6 months of age, babies and young children need to eat a variety of foods, including eggs and meat.		

Pre-test/Post-test answer key

		YES	NO
1	A pregnant woman does not need to eat more food than usual.		X
2	It is important to avoid fish while breastfeeding.		X
3	Telling a mother what to do is the best way to improve how she feeds her child.		X
4	Breastfeeding has many benefits for the baby, and also for the mother.	X	
5	At 4 months, infants need other liquids and soft foods in addition to breast milk.		X
6	HIV-positive women should never breastfeed.		X
7	Young babies (less than 6 months) should be given water if the weather is hot.		X
8	When a mother begins to give foods to a baby, she needs to start with thin, watery porridge.		X
9	Sick children should continue to be breastfed often.	X	
10	If an HIV-positive woman takes antiretroviral drugs, there is a good chance that her child will not become infected with HIV.	X	
11	A mother who does not eat enough healthy foods cannot make enough good breast milk for her baby.		X
12	It is important to tell grandmothers what to say to their family—it is a waste of time to discuss their opinions in the group.		X
13	The mother should wait until the sick child is healthy before giving him/her more food.		X
14	A pregnant woman can lift and carry things in the same way as before pregnancy.		X
15	From 6 months of age, babies and young children need to eat a variety of foods, including eggs and meat.	X	

Handout 2: Thickness of first foods

First foods for babies should be thick enough to stay on a spoon.



Source: World Health Organization (WHO), UNICEF, Joint United Nations Programme on HIV/AIDS (UNAIDS). *Infant and Young Child Feeding Counselling: An Integrated Course*. Geneva: WHO; 2006.

Handout 3: Dialogue group observation checklist

Community: _____ Place: _____

Date: _____ Time: _____ Theme: _____

Group facilitator(s): _____

- The facilitator(s) introduce themselves to the group.
- The facilitator(s) clearly explain the day's theme.
- The facilitator(s) ask questions that generate participation.
- The facilitator(s) motivate the quiet women to participate.
- The facilitator(s) apply communication skills.
- The facilitator(s) adequately manage content.
- The facilitator(s) adequately distribute the tasks between themselves.
- The participants share their own experiences.
- The participants sit in a circle.
- The facilitator(s) fill out the information sheet on their group.
- The facilitator(s) invite women to attend the next dialogue group (place, date, and theme).
- The facilitator(s) thank the women for participating.
- The facilitator(s) ask women to talk to a pregnant woman or breastfeeding mother in their community before the next meeting, share what they have learned, and report back.

Handout 4: Dialogue group reporting form

Mentor's name:	Sub-location:	Date:	Type of group (circle one)
Total number of participants:		Fathers	Grandmothers
Topic:			
Key issues discussed:			
Questions asked:			
Questions unanswered or more information needed:			
Challenges faced:		Possible solutions:	
1		1	
2		2	
Recommendations/suggestions			

Handout 5: Activity plan

Goal:			
Objective			
Activity	Timeline	Resources available	Measures of success
Objective			
Activity	Timeline	Resources available	Measures of success
Objective			
Activity	Timeline	Resources available	Measures of success

Handout 6. Training evaluation form

Please answer the questions as honestly as you can to help improve future trainings.

Place a \surd in the box that reflects your feelings about the question.

	Good	Fair	Poor
1. I would rate this training overall as...			
2. The content was...			
3. The amount of information was ...			
4. Materials and visual aids were...			
5. Trainer facilitation was...			
6. The practice exercises were ...			

7. The length of the training was (please circle)

- (a) Too long
- (b) Too short
- (c) Just right

8. What could have made this training better?

9. Should anything be left out in future training?

10. List one thing you will do differently after participating in this training.

Comments:

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