

Community Mobilization

Brief Summary Description	A capacity-building process through which community members, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other conditions, either on their own initiative or stimulated by others.
Objectives	<ul style="list-style-type: none"> • Build greater community participation, commitment and capacity for improving child nutrition • Strengthen civil society
Target Group	Everyone in the community
Criteria <i>(when to use this approach)</i>	Community members most affected by and interested in child nutrition are involved from the very beginning and throughout the process
Defining Characteristics	<ul style="list-style-type: none"> • Builds on social networks to spread support, commitment, and changes in social norms and behaviors • Builds local capacity to identify and address community needs • Helps to shift the balance of power so that disenfranchised populations have a voice in decision-making and increased access to information and services while addressing many of the underlying social causes of poor nutrition and health • Motivates communities to advocate for policy changes to respond better to their real needs • Plays a key role in linking communities to health services, helping to define, improve on, and monitor quality of care, thereby improving the availability of, access to, and satisfaction with health and nutrition services
Needed Elements for Quality Programming by Implementers	<ul style="list-style-type: none"> • Staff training in community mobilization techniques • Organizational and political commitment and support • Adequate time: It will generally take two to three years to begin to see improvements in nutrition and several more years to strengthen community capacity to sustain improvements • Community participation, ownership, and collective action • Organizational values and principles that support empowering people to develop and implement their own solutions to health and other challenges • Caretaker involvement in monitoring the child's weight gain • A central location within a reasonable walk for most community members

Adapted from the *Nutrition Program Design Assistant: A Tool for Program Planners* available at www.coregroup.org



Counseling at Key Contact Points

Brief Summary Description	<p>Counseling is provided by a health care provider to a caregiver during the delivery of health services. Counseling messages can be personalized to the needs of the mother/caregiver or child. Within this approach, consider opportunities to improve the quality and timeliness of the counseling, in addition to reinforcing the same message across various contact points.</p> <p>Contact points include:</p> <ul style="list-style-type: none"> • IMCI or sick-child visits • Well-child visits • Immunizations • PMTCT clinics • Antenatal or prenatal care visits • Baby delivery (potentially via traditional birth attendants) • Post-partum care
Objective	<p>Improve care and feeding practices for pregnant and lactating women and children under 5 years of age</p>
Target Groups	<ul style="list-style-type: none"> • Pregnant and lactating women • Mothers/caregivers of children 0-23 months or up through 59 months • Influencers of caregivers of children under 5
Criteria <i>(when to use this approach)</i>	<ul style="list-style-type: none"> • Time available for counseling • Adequate coverage: community where women access services at the health facility
Defining Characteristics	<ul style="list-style-type: none"> • Messages targeted to the child's developmental stage when the mother/caregiver seeks the service • Individually tailored guidance
Needed Elements for Quality Programming by Implementers	<ul style="list-style-type: none"> • Training on counseling and negotiation skills • Counseling materials developed through formative research, appropriate for a low-literate population, if necessary • Time and space available for counseling • Continuous supportive supervision • Caretaker involvement in monitoring the child's weight gain • A central location within a reasonable walk for most community members

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Care Groups

Brief Summary Description	Care groups are an approach for organizing community health volunteers. It is a community-based strategy for improving coverage and behavior change through building teams of women who each represent, serve, and promote health and nutrition among women in 10-15 households in their community. Volunteers meet weekly or bi-weekly with a paid facilitator to learn a new health message, report on the incidence of disease, and support each other. Care group members visit the women for whom they are responsible, offering support, guidance, and education to promote behavior change.
Objectives	<ul style="list-style-type: none"> • Improve coverage of health programs • Sustainable behavior change
Target Group	Mothers of children 0-59 months of age
Criteria <i>(when to use this approach)</i>	<ul style="list-style-type: none"> • Community with houses close enough together so that volunteers can walk between them and to meetings • A sufficient volunteer pool
Defining Characteristics	<ul style="list-style-type: none"> • Trained “leader mother” volunteers provide support to other mothers • Small number of paid staff reach large population (through leader mothers) • Peer support • Can support multiple health initiatives
Needed Elements for Quality Programming by Implementers	<ul style="list-style-type: none"> • Time available – leader mothers must have five hours per week to volunteer • Comprehensive and ongoing training of leader mothers • Long start-up time (due to training) – program should be of four to five year duration • Supervisor-to-promoter ratio should be 1:5 • Caretaker involvement in monitoring the child’s weight gain • A central location within a reasonable walk for most community members

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Child Health Weeks/Days

Brief Summary Description	Child health weeks/days should occur every six months to deliver vitamin A supplements and other preventive health services to children at the community level. In addition to vitamin A, services have included catch-up immunization, providing IFA to pregnant women, deworming, iodized salt testing, distribution of LLINs, and promotion of infant and young child nutrition.
Objectives	<ul style="list-style-type: none"> • Increase coverage of vitamin A supplementation • Increase coverage of other nutrition approaches • Provide deworming
Target Group	Children 0-59 months of age
Criteria <i>(when to use this approach)</i>	Vitamin A program in-country
Defining Characteristics	<ul style="list-style-type: none"> • High coverage rates • Feasible in diverse settings • Community census and social mobilization
Needed Elements for Quality Programming by Implementers	<ul style="list-style-type: none"> • Best suited for areas with high prevalence of vitamin A deficiency • Requires coordination with district health plan • Need to assure adequate supply • Volunteers and supervisors need to be trained • Substantial social mobilization • Follow-up/record-keeping important • Part of a larger nutrition strategy • Caretaker involvement in monitoring the child's weight gain • A central location within a reasonable walk for most community members

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Essential Nutrition Actions

1. Promotion of optimal breastfeeding during the first six months
2. Promotion of optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond
3. Promotion of optimal nutritional care of sick and severely malnourished children
4. Prevention of vitamin A deficiency in women and children
5. Promotion of adequate intake of iron and folic acid and prevention and control of anemia for women and children
6. Promotion of adequate intake of iodine by all members of the household
7. Promotion of optimal nutrition for women

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Home Visits (e.g., Auxiliary Nurses, CHWs, Care Groups)

Brief Summary Description	Home visits, conducted by CHWs, auxiliary nurses, or specialized community CNVs, provide an opportunity for one-on-one, personalized counseling, outreach, follow-up and support to pregnant women, lactating women, caregivers of children and their families. Visits may include checking on the health of a baby, counseling caregivers, or following up with a child who has experienced growth faltering, acute malnutrition, and/or illness.
Objectives	<ul style="list-style-type: none"> • Ensure child's health or growth is improving • Improve care and feeding practices • Support family
Target Groups	<ul style="list-style-type: none"> • Pregnant and lactating women • Mothers/caregivers of children 0-23 or up to 59 months
Criteria <i>(when to use this approach)</i>	<ul style="list-style-type: none"> • Willing and available volunteers • Community where homes are located a short distance of each other
Defining Characteristics	<ul style="list-style-type: none"> • Opportunity to tailor messages to individual needs and to engage in dialogue to negotiate change • Community members provide support and counseling • Individually tailored guidance and support
Needed Elements for Quality Programming by Implementers	<ul style="list-style-type: none"> • Counseling materials developed through formative research, appropriate for a low-literate population, if necessary • Training on counseling and negotiation skills • Continuous supportive supervision • Caretaker involvement in monitoring the child's weight gain • A central location within a reasonable walk for most community members

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Support Groups (e.g. Mothers Groups, Grandmothers Groups, and Other Community Affinity Groups)

Brief Summary Description	Support groups provide comfortable, respectful environments where peers can learn from and support each other to practice optimal child care and feeding practices. Support groups may build on existing groups within the community or be organized for specific purposes. Common support groups include breastfeeding support groups, women's groups, and grandmother's groups. Support groups may be facilitated by a member, a health care provider, or other community member.
Objective	Promote optimal child care and feeding behaviors
Target Groups	<ul style="list-style-type: none"> • Mothers of young children (<2, <3, or < 5 years of age) • Pregnant women • First-time mothers • Adolescent mothers
Criteria <i>(when to use this approach)</i>	<ul style="list-style-type: none"> • Group members willing and able to meet and share with each other • Community mobilized
Defining Characteristics	<ul style="list-style-type: none"> • Groups are composed of peers • Safe environment for mothers to learn and share • Research shows the level of influence of peers on behavior change is strong • Requires minimal outside resources
Needed Elements for Quality Programming by Implementers	<ul style="list-style-type: none"> • Group leader must have strong facilitation skills • Training may be necessary • Variation in methodology from very interactive to lecture driven • Can link into the non-health sector • Caretaker involvement in monitoring the child's weight gain • A central location within a reasonable walk for most community members

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Community-Based Growth Monitoring and Promotion (CBGMP)

Brief Summary Description	<p>Approach implemented at the community level to prevent undernutrition and improve child growth through monthly monitoring of child weight gain (although there is growing consensus that monitoring height/length gain may be more critical), one-on-one counseling and negotiation for behavior change, home visits, and integration with other health services. Action is taken based on whether a child has gained adequate weight, not by a nutritional status cutoff point, and then identifying and addressing growth problems before the child becomes malnourished. A major benefit of high-quality programs includes that caregivers witness their child’s weight gain and thereby receive reinforcement for improving their practices. Additionally, CBGMP provides an opportunity for advocacy with community leaders and other persons of influence to become involved in seeking local solutions to the problem of growth faltering and undernutrition.</p>
Objectives	<ul style="list-style-type: none"> • Improve child growth • Prevent undernutrition • Early detection of growth faltering and undernutrition
Target Group	<p>Children 0-23 months</p>
Criteria <i>(when to use this approach)</i>	<p>Best used in communities with high prevalence of mild or moderate underweight or stunting</p>
Defining Characteristics	<ul style="list-style-type: none"> • Creates community motivation/sensitization to reduce underweight • Uses trained community-selected volunteers • Uses “inadequate weight gain” as early indicator of growth faltering • Referral and counter-referral system with health posts/centers • Uses counseling and negotiation specific to the individual child • Home visits • Active community involvement in problem solving and planning • Potential contact for MUAC and edema screening and SAM referral • Addresses many causes of poor growth, not just the symptoms, and is closely tied to promoting evidence-based interventions
Needed Elements for Quality Programming by Implementers	<p><i>For the individual child:</i></p> <ul style="list-style-type: none"> • Routine monthly assessment of growth status • Feedback on growth and on assessment of health and feeding • Individualized counseling on feeding and child care practices and negotiating adoption of improved practices • Follow-up and referral following program standards <p><i>Across the whole program:</i></p> <ul style="list-style-type: none"> • Quality counseling • Analysis of causes of inadequate growth with guidelines for taking actions • A large network of community-based workers or volunteers (two to three community workers per 20 children) to be effective • Supportive and quality monitoring and supervision • Community participation in planning



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Food Supplementation/Food Assistance: Prevention

Brief Summary Description	<p>In food-insecure environments, programs may choose to supplement the diets of women, children, and/or households to help them meet their macro and micronutrient needs. Food supplements may be in the form of international food aid, including fortified blended foods and vitamin A-fortified oil, or locally or regionally purchased foods. The food rations are generally distributed on a monthly basis. To be most effective, food supplementation should be accompanied by essential health and nutrition services and SBC programming. One food supplementation program, the Preventing Malnutrition in Children Under 2 Approach (PM2A), is a specific, tested package of actions aimed at preventing undernutrition. Although PM2A has been found to be more effective in reducing chronic malnutrition than recuperative programs, it may not be appropriate in all program contexts. There is also a great deal of experience with the use of food supplementation to meet gaps in the diet in emergency situations; some lessons are applicable in developing contexts.</p>
Objective	<p>Reduce prevalence of chronic malnutrition</p>
Target Groups	<ul style="list-style-type: none"> • All children 6-23 months of age • Pregnant women • Lactating women from delivery until the child is 6 months of age • Households of the participant women and children
Criteria <i>(when to use this approach)</i>	<ul style="list-style-type: none"> • Food-insecure environment • Evidence that the area can absorb the quantity of food supplementation needed and that the food supplementation will not displace local food production. (Bellmon Estimation for Title II is a resource for this) • Logistical capacity for transport, storage, and management of food commodity • Health services available (or ability to work to strengthen health services) • Levels of child stunting and/or underweight are high (>30% or 20%, respectively)
Defining Characteristics	<ul style="list-style-type: none"> • Food is provided to vulnerable people who could not otherwise access it • Opportunity to link with agriculture and livelihood sectors and improve food access while also improving utilization • Food supplementation may also be targeted on a seasonal basis, when the food needs are the greatest
Needed Elements for Quality Programming by Implementers	<ul style="list-style-type: none"> • Provision of or access to basic essential health services • Complementary SBC programming focused on maternal nutrition, IYCF, hygiene, and health-seeking behaviors • Close coordination with health, nutrition, and food security programs and services • Formative research to adapt program to local conditions, including a seasonal calendar of when food needs are greatest • Caretaker involvement in monitoring the child's weight gain • A central location within a reasonable walk for most community members



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