

NAWIRI

MIYCN Implementation Guide



Report prepared by:



Executive Summary

Project background

USAID Nawiri program is a five-year initiative funded by USAID Bureau of Humanitarian Assistance (BHA) with the overarching goal of sustainably reducing high levels of persistent acute malnutrition in Kenya's arid and semi-arid lands (ASALs). Acute malnutrition in infants and children less than 5 years is persistent in these counties despite years of investment by USAID and other donor organizations. NAWIRI therefore sought to identify and test effective MIYCN interventions prior to project implementation with a focus of shifting from research to implementation by coming up with practical, community-based approaches to reduce acute malnutrition in Samburu and Turkana counties..

Prior to the commencement of the HCD process, Nawiri together with the Department of Health of Samburu and Turkana Counties, agreed on an adapted Baby Friend Community Initiative (BFCI) as a promising approach to improve MIYCN and Care practices. The model was seen as an appropriate model that has the capacity to address a number of weak areas of MIYCN based on the MIYCN formative research and HCD findings. These include the need for Male inclusion in MIYCN programming, adolescent targeting, strengthen the delivery of MIYCN through CHV household visits/family meeting/dialogues and strengthening the efficiency and sustainability of MTMSG. Through a co-creation process, the Nawiri and County Technical teams narrowed down to 3 key aspects to improve MIYCN under BFCI; Mother to Mother support Groups, Household visit/Family meetings and Men inclusion. The HCD approach was therefore required to test this modification through short prototyping and recommend the modifications that should be piloted. In addition, the teams identified key influencers for MIYCN and Care practices in Samburu and Turkana; Men, TBAs, CHVs as well Grandmothers/Mother/father in-laws. As the MIYCN study had already identified three main interventions to focus on, the HCD approach was anchored on the Targeted Design Assessment (TDA). The purpose of the TDA approach was thus to identify key areas and gaps on the three interventions currently being implemented in Samburu and Turkana counties and how these can be adapted to improve their effectiveness or used as platforms for new interventions/approaches to inform MIYCN programming towards the adoption of nutritious practices and behaviours in Turkana and Samburu.

Whilst the TDA approach was targeted, the approach also focused on other contextual areas that play a pivotal role when it comes to adoption and uptake of nutritious behaviours and practices. These included critical areas such as identifying the gaps and barriers around gender equality and gender roles, cultural norms and the role of positive deviants in communities. Subsequently, the TDA and HCD approaches sought to promote a user centric approach that primarily acknowledges that the people most affected by the problem, are the ones we should not only be designing for but with as well.

Key MICYN Interventions we explored using the TDA approach



**Mother to Mother
Support Groups**



**Father to Father
Support Groups**



**CHV –
Household visits**



Introduction

Prior to the prototyping phase ThinkPlace facilitated a co-design workshops with a select number of participants from the NAWIRI consortium. The aim of the workshops was to delve deep into the HCD TDA insights, findings and recommendations pegged on three main MIYCN related interventions and eventually come up with ideas to guide the development of concepts for field testing.

Purpose of the document

Subsequently, ThinkPlace conducted a prototyping workshop in Samburu and Turkana to capacity build the local teams (Nawiri staff and local researchers) on the prototyping process. Thereafter, the concepts were tested for a period of one week in both locations. Samburu prototypes were the first to be tested followed by Turkana.

This document presents the findings from the prototyping process. It highlights the key findings across each of the concepts as well as the context specific findings across the different livelihood zones. It also builds on the concepts adding in additional builds that are vital for refining and improving the concepts. Proposes which elements should be carried forward for further testing and development.



Identified MIYCN key interventions

Based on the above intervention selection criteria, the MIYCN team in a workshop held in Eldoret, came up and put forward the following interventions that the TDA approach was to target and investigate as well as the targets areas for exploration.

Mother to Mother Support Groups

The MTMSG model is a group of pregnant and lactating women (PLW), who meet on a regular basis to discuss and support each other on maternal, infant and young child nutrition (MIYCN). They are important forums to reach to PLWs and delivering MIYCN information while leveraging on positive deviants.

Target areas for further investigation

- Identify adherence and participation enablers for PLW in MTMSG, specifically by layering these to fit the specific timings and needs of PLWs (e.g., an adolescent mother may have different needs and preferences from that of a mother who is no longer an adolescent)
- Identify behavioral and social cultural determinants to support the enhancement, sustainability and continuity of MTMSG

CHV-Household Visits

The CHV household visits present personalized and intimate interactions between CHVs and various household members especially mothers and are an effective channel to build capacity of caregivers and to influence behavior change.

Target areas for further investigation

- Identify opportunities for increased engagement and active participation of all household members (e.g., brainstorming and couple sessions). Currently, women are the target audience during these sessions.
- Assess the drivers for enhanced ability and capability of CHVs to reinforce positive habits at HH level.
- Identify enablers for CHVs to conduct in terms of maintaining confidentiality in the community.
- Inform the customization of content for SBCC aimed to help CHVs relay nutrition related information that is factual and easy to understand.

Father to Father Support Groups

Evidence of success in counties outside Samburu & Turkana indicates that FTFSG are a potential entry point for husbands and other male key decision makers in supporting the uptake of positive health and nutrition practices. MIYCN formative research and HCD findings show that men have been excluded from participating in the Health and Nutrition discussion targeting the wives and are willing to be included. Men have also occasionally refused to allow their wives to attend women meeting such as MTMSGs.

Target areas for further investigation

- Identify opportunities to enhance men and young boys' engagement and support towards the uptake of MIYCN services at the community/household levels.
- Identify existing forums that can be leveraged to introduce FTFSG, and the incentives that lead to enhanced sustainability and participation of men in such forums.
- Leverage on male positive deviants in communities to influence fellow men in supporting and partaking in MIYCN practices and behaviors in the communities.

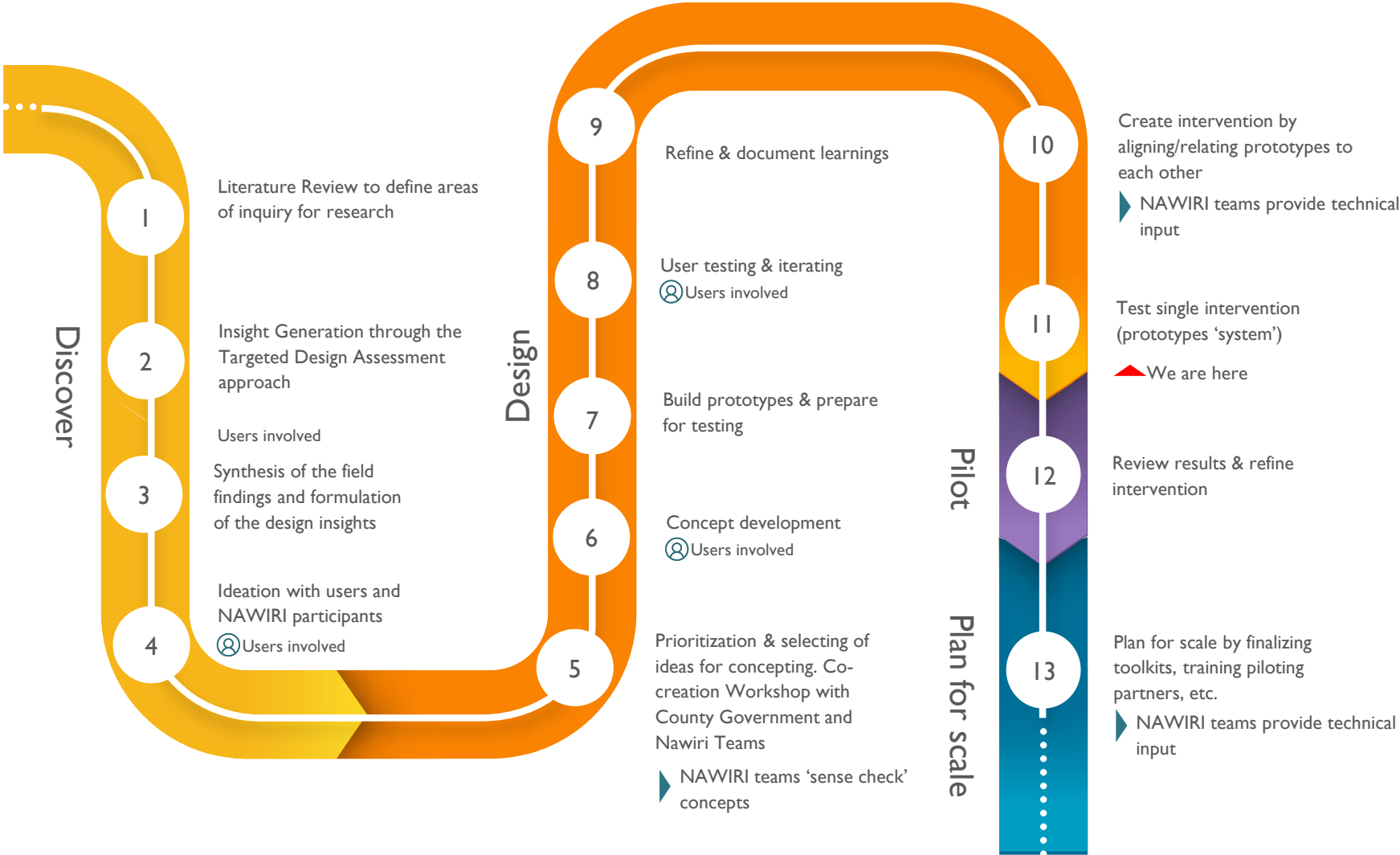
Adolescent & Youth Friendly H&N Initiatives

It was predominantly stated that existing services are adequately responsive to Adolescent and youth needs. Design needs to focus on provision of adolescent responsive health and nutrition services:

- Providing psychosocial support at facility level
- Health care workers and CHVs trained acquire adolescent competencies

Imperative to note that the TDA did not primarily focus on the Adolescents' Intervention due to the limitation around not having an IRB. This was however focused on in the SRH study.

MIYCN Design Journey



Intervention Summary



Concepts' Overview

Summary of interventions

Further to the three main interventions that the TDA focused on during the field activities, the co-design workshops aimed at delving deep into the TDA findings and design insights to develop concepts that reinforced/adapted the four interventions to deliver between MIYCN outcomes. The TDA findings and design insights are detailed in the MIYCN TDA report.

Below is a summary of the proposed concepts which have been derived from the TDA approach, anchored on the 3 interventions highlighted earlier and build from the ideas co-generated during the co-design workshops. The concepts are refined further from the initial concepts shared during the co-design workshops.

01

Adapted MTMSG

This idea focuses primarily on making MTMSG a long-term affair, allow for the freedom of choice on what members to work with as a group and what economic activity to indulge in, open up the admission criteria to women of reproductive age, introduce an economic element to create a sense of belong and value addition, introduce group registration mechanisms geared towards economic empowerment of these groups. Awarding MIYCN champions. CHVs & MIYCN Champions to facilitate the Meetings

Interventions addressed

- MTMSG
- Adolescents,
- CHV household visits

02

Men-led MIYCN: A male engagement strategy visits

The strategy involves reaching men with MIYCN and Care Practices messages in context specific forums such as Barazas, Tree of men, Social activities, Father Groups, other existing groups
This strategy also aims at introducing data tracking mechanisms for men around adoption and uptake of MICYN practices with best practices linked to a recognition system. Also, it involves the introduction of local male champions paired with CHVs

Interventions addressed

- FTFSG
- CHV household visits

03

Practice based Learning

This idea is pegged on introducing cross-learning experiences for the various Family/MTMSGs per a given area/village/settlement or with other groups outside that particular settlement. The key elements include the introduction of adult learning dynamics in the MTMSG as well as introduction of champion mothers to boost the adult learning dynamics by sharing life experiences.

Interventions addressed

- MTMSG
- FTFSG
- CHV household visits

04

Approach for Identifying Community Champions

This strategy aims at introducing community local champions whose influence is tailored to the diverse groups in the adapted MTMSG as well as the male groups. It speaks on how to identify champions to meet the needs of various interest groups such as the adolescents, elderly, TBAs, men and other key influencers and target groups

Interventions addressed

- MTMSG
- FTFSG
- CHV household visits

1.0

An adapted
MTMSG



I. Adapted Mother to Mother Support Groups

Concept Definition

This concept describes Mother to Mother Support Groups that allow for choice whilst operating for a longer period of time. The concept also seeks to leverage on existing VSLAs to inculcate MIYCN related information and practices in these groups instead of forming new groups. The concept is also premised on the idea of adapting current MTMSG to allow for these groups to have targeted sessions with women of reproductive age; including adolescent mothers and to allow for the freedom of choice around which group to belong with the resultant effect being groups that stand the test of time, encompassing an aspect of trust and longevity. Additionally and as noted, this concept appreciates the fact that having many women focused groups may not be optimal as women are already time bound by other household chores. To this effect, the adapted MTMSG, seeks to leverage on existent VSLAs as compared to forming new MTMSG to pass MIYCN specific practices. The testing phase will seek to explore why existent VSLAs have proved to be successful and sustainable and women have shown consistency in attending such over the years.

We outline below the key elements that will be critical for this concept to function effectively once tested;

CHOICE – LONGEVITY - REGISTRATION

- This concept aims to **expand the inclusivity criteria** for the groups to include women of any marital status and reproductive age, including adolescent mothers.
- The MTMSG/existent VSLA will remain as the key group and under it, have **targeted sessions for peer groups** as well as having peer groups whilst forming new MTMSG that will be **goal-oriented** and focus on women of different ages and women in different stages of motherhood.
- The concept also seeks to introduce the **freedom of choice** for women to choose whichever group they intend to join.
- The concept will aim to explore if the different peer groups of mothers including adolescent mothers would be keen to explore **economic empowerment** programs. These groups will also, where possible, **leverage on the existent VSLA** structures/groups on **economic empowerment**. Economic empowerment is aimed at value addition and motivate women to belong to such groups which can be a source of social capital and income to enable MIYCN and care practices possible
- Based on the goals per peer group, women that demonstrate the uptake of recommended MIYCN complementary practices will be **rewarded** to encourage more women to uptake these practices. The rewards will either be social based or material rewards for **couples or single mothers (household reward mechanisms)**.

I. Adapted Mother to Mother Support Groups

– Concept Definition

Key Outcomes:	
Type of intervention	Adapted MTMSG
Audience	Women of reproductive age
Design Question	How to increase the value of MTMSG for women over time and increase the adaptability and interest/demand of MTMSG for different ages and preferences?

TDA Findings underpinning this intervention

- 01** Women don't see the need of continuing to be in groups that do improve their capability/economic to provide nutritious diets other than just knowledge, they want to be in groups that have a purpose other than MIYCN delivery.
- 02** A one size fits all approach to MTMSG is not tenable. Women do not want to be in the same homogeneous groups. They desire choice to join the groups they prefer and feel comfortable with.
- 03** Women do not want to be in groups with a restricted duration; knowing upfront that they will be excluded from it.

What is the desired strategic outcome?

- A MTMSG structure with far reach that meets the interests of all women of reproductive age including adolescent mothers.
- An MTMSG that caters for women of different ages and their different needs.
- Occasionally experienced mothers, TBAs, MIYCN champions will play advisory roles to the MTMSG with the aim of influencing uptake of positive MIYCN practices such as complementary feeding.
- A robust reward mechanism that acknowledges households (couples or single mothers) who have consistently demonstrated the uptake of MIYCN practices and achieved the goals set in their peer groups.
- Communal uptake and self-initiated promotion of MIYCN and care practices anchored on economically empowered effective and long-term MTMSG/VSLAs that makes

Adapted MTMSG Concept

- An Overview of key elements



Adapted MTMSG Concept - Key Elements



All inclusive groups

MIYCN formative research found that there is low knowledge of complementary feeding practices as well as feeding children during and after illnesses. Improving the knowledge and practices on these two aspects will potentially reduce persistent acute malnutrition.

Women past reproductive age play a pivotal advisory role in their households, primarily influencing the uptake of MIYCN practices as they are highly regarded in households and communities. A blend of such diverse groups of women is likely to encourage cross-learnings whilst leaving no woman of reproductive age behind.

In this concept, MTMSG will be re-adapted to include all women of reproductive age including pregnant and lactating adolescent. This element acknowledges the fact that MIYCN practices are fundamental for children, regardless of their age, but also that women in different age groups are motivated by different social relations, drives and interests. This key element also seeks to leverage on all inclusive MTMSG with an aim of having them grow organically thereby entrenching MIYCN practices in entire communities and mostly amongst women of reproductive age. Eventually, with all inclusive groups, women of reproductive age do not have to form new groups as VSLAs can be leveraged to form peer groups primarily focused on the adoption and uptake of MIYCN related practices.



Freedom of choice

In this key element, women will belong to one MTMSG or VSLA in each locality to avoid having too many groups competing with the various needs for women. This element subsequently envisions having targeted MIYCN related sessions peer groups under the MTMSG/VSLA. The sessions will be run by CHVs and champion mothers. Subsequently, women will have the freedom to choose the peer group they are most comfortable with. The proposed peer groups will be classified as follows;

- Pregnant and Lactating Women and women **with children below the age of 2;**
- Women with **children above the age of 2;**
- PLW and **adolescent mothers;** and
- **Grandmothers** – this group will constitute a group of grandmothers who will act as **advisors** to the 3 peer groups highlighted above. Grandmothers have influence over younger women and this influence will be leveraged to have them act as accountability partners seeing that the peer groups will be goal oriented (see element 3).

For formation of new MTMSG, this element also envisions a **'Market Place'** where women get to interact with the different peer groups before deciding the group to join. Women in those existent peer groups will make a pitch for their groups and get more women subscribed with most members receiving free training and handholding sessions from group registration experts from counties on how to register groups (including different groups within the peer groups). For longevity purposes, women will be encouraged to stay in one group for a **minimum of 2 years** before choosing to join another group of their choice depending on their needs. This element appreciates the need for women to belong and make a choice for the groups they would want to be a part of. Additionally, it allows for women who are past reproductive age to leverage on their experiences and pass these to the women of reproductive age thereby contributing towards the communal uptake of MIYCN related practices.

Adapted MTMSG Concept - Key Elements



Goal oriented peer groups

The groups under the MTMSG/VSALs combined with the freedom of choice, seek to create groups that are long-term; groups that transcend time and not pegged on the age of children for different women, thereby allowing for a natural organic transformation and value creation.

To further ground and strongly anchor the concept of longevity, the peer groups, once formed, will proceed to set both short term (daily and monthly) and long-term (monthly and yearly) goals with the help of CHVs and the grandmother peer groups. These goals will be focused on the uptake and practice of MIYCN and care practices such as uptake of complementary feeding practices, proper breastfeeding practices, minimum dietary diversity, minimum meal frequency amongst others.

The goals setting approach should be focused on **creating habits** and achieving **small yet consistent wins** for the women i.e., we propose that peer groups start by setting one goal per day, then evolve to one goal per week, two goals per two weeks before setting monthly and yearly goals altogether. We also propose goals that are both individual related and household related. For example, goals could range from;

- A woman being able to be **available for herself** outside the normal household chores and do the one thing that makes her excited and share this during the peer group meetings;
- A woman successfully **negotiating with her husband** on how to share out certain chores in the house;
- A woman taking up MIYCN specific practices for example exclusive breastfeeding;
- Peer groups arranging for and coordinating MIYCN **communal days of practice** i.e., days where mothers focus on cleaning their homesteads or days where mothers visit schools and cook a nutritious meal for lunch.

The aim is to make these goals **holistic and fun** whilst focusing on general MIYCN practices. These goals are supposed to ground women and attach value to these groups beyond meeting to receive information related to MIYCN practices. The groups will have something to look up to and goals to achieve. The goals will be activity based to ensure that the groups do not suffer from 'information fatigue'.



Adapted MTMSG Concept - Key Elements



Champion Mothers

Each peer group will be expected to have and nominate a champion mother. This will be a mother who will have demonstrated the uptake of MIYCN practices by meeting the set goals under her peer group.

Champion mothers will play the role of accountability partners for her group. She will ensure that the groups set realistic and achievable goals and work hand in hand with the women in the peer groups to meet these goals. Additionally, she will help record and keep a track of each woman's goal progress in her peer group.

The identified champion mothers should be trained and exposed further on MIYCN practices, specifically through experiential learning such that they are able to steer their peer groups towards the uptake and practice of MIYCN practices.

Adapted MTMSG Concept - Key Elements



A reward-based peer group system

Based on the goals set for the peer groups targeted sessions, at the end of the goal period (daily, weekly, monthly or annual), these will be reviewed by the NAWIRI teams with the help of CHVs, MOH and champion mothers, with an aim of identifying and rewarding the women in the peer groups who have met their MIYCN related goals.

The proposed rewards include;

- A **framed certificate of appreciation** detailing the MIYCN practices that a household has been able to demonstrate as having promoted and achieved;
- **Promotion to being a champion woman.** Women who will have achieved their set goals, will subsequently be promoted to become champion women in their peer groups and communities. Additionally, the champion mothers should be trained further on MIYCN related activities, how to integrate these in households and how to keep a measurement track of the same. This will help the champion mothers in their role as goal accountability partners for the women in their peer groups.
- A **MIYCN gift Kit** that could include among others;
 - Hygiene wipes (wet towels).
 - Antiseptic cleaning products (Dettol or small bar soaps).
 - Visual diary cards to record MIYCN related practices adopted over a certain period by a mother
 - Nipple creams to soothe and heal the skin because breastfeeding can lead to cracks, sores, itchiness, and even some blood in the early weeks
 - A baby-milestones assessment tool

- Being **bestowed the honor of attending and speaking as a MIYCN expert** in other MTMSG within and outside the communities or during community health outreach sessions.
- Group guidance on how to **register groups** for groups with women who will have consistently achieved their short term and long-term goals as defined above.

Imperative to note that the rewards will be **done publicly** in the wider MTMSG/VSLAs and will be awarded to the mother's nuclear households i.e., couple-based reward mechanisms and where a woman is not married, then she will bring her next of kin during the reward ceremonies.

Additionally, we propose that **the award days be named after famous and positive influential people in the communities (alive or posthumous)** to inculcate a sense of pride within the community when one is honored.



A MIYCN gift Kit

Adapted MTMSG Concept

What will be tested

Desirability

Q1



Group Segmentation

When given a choice, do women take it?
Validation that choice factor is valuable for women

Q2



Group Preferences

What attracts women to choose: peer-based groups or goal-oriented groups? What goals matter for women the most?
Mapping of preferences per age (of peers and goals)

Feasibility

Q3



MIYCN information dissemination

How is MIYCN information successfully disseminated through practical activities and goals?
Validation of preferences per age (of peers and goals)

viability

Q4



VSLAs are successful in the communities

Insight on VSLAs: What has made them last the test of time? What are most effective reward mechanisms (material and social) for women in different groups?
Validation of preferences per age (of peers and goals)

Adapted MTMSG Concept

What will be tested



Group segmentation – when allowed the freedom of choice, do women take it?

a) Survey/subscription-based offering

This activity aims to measure the willingness of women of reproductive age to choose peer-based groups as compared to being in homogeneous groups. Essentially, if choice was to be introduced under the MTMSG/VSLAs, would women take it and the rationale behind their decision.

To test this concept, KAP (Knowledge, Attitudes and Practices) surveys will be deployed and will primarily be focused on assessing if women of reproductive age would be interested to join peer groups under the MTMSG or under the existing VSLAs.

The proposed KAP surveys are envisioned as follows;

- ❖ In one group, **use pictorial KAP tools** i.e., portraying the pictures of the proposed women peer groups, their ages and circumstances (e.g., victims of GBV (woman with a black eye), old women, modern women, smiling and sad women and a random selector basis).
- ❖ In the group we propose to use **plain KAP surveys and simple verbal descriptions** and note the different choices women make in both circumstances.

Assumption to be validated

Women would rather belong to peer groups they have chosen as compared to groups they have been made to join. The influence of choice in terms of visualizations and lack thereof of visuals.

The assumption that because women are given the choice, they will even be more open to “bring a friend along” – which is a good strategy to increase reach of MTMSG

Suggestions for measurement

In order to measure the success of this intervention in piloting, we propose some indicative metrics;

- ✓ Recording the number of women who prefer having the choice to belong to specific groups.
- ✓ For the women who prefer having choice to belong to whichever peer group they prefer, recording the groups they choose with aim of analysing if women choose their peer groups or other groups not within their peer groups.

b) Organize peer-based group targeted events and invite mothers to attend

This activity will involve planning for and organizing peer-based group events and inviting women of reproductive age to attend (following the KAP survey). The events will be grouped into the following categories;

- Pregnant and Lactating Women and women with children below the age of 2;
- Women with children above the age of 2; and
- PLW and adolescent mothers.

The aim of this event will be to observe the number of women who attend such events as well as the groups that different women attend/choose with a focus on observing and detailing if women were willing to join their respective peer groups. Also, we will seek to test the best names to accord the re-adapted MTMSG.

Additionally, we propose to have one of the events **have a reward element** to it (i.e., a MIYCN kit) and another without to validate **if choice truly is a decisive factor** for the women. In these events, women will also be encouraged to bring a friend from their peer group and ho acts as an accountability partner.

Assumption to be validated

Given choice, women would be incentivized to participate.

Suggestions for measurement

In order to measure the success of this intervention in piloting, we propose some indicative metrics;

- ✓ Recording the number of women who attend such events and comparing these number to the total number of women who had received the invitations

Adapted MTMSG Concept – What will be tested



Do women prefer peer-based groups or goal-oriented groups

a) Card sorting activities

Once the concept of choice is tested, the adopted MTMSG should further test the choice mothers would make if they were to choose between peer groups and groups anchored on given MIYCN related goals.

This will be tested using a card sorting activity. The activity will involve having two different sets of cards;

- i. Cards that show different women peer groups;
 - Pregnant and Lactating Women and women with children below the age of 2;
 - Women with children above the age of 2; and
 - PLW and adolescent mothers.
- ii. Cards that indicate different MIYCN focused goals such as, groups of women who want to achieve; full uptake of complementary feeding practices, proper breastfeeding practices, minimum dietary diversity, minimum meal frequency amongst others. Additionally, these goals will be specific ones i.e., show 2 weeks goals all the way to 6 months goals with the idea being that the women in the MTMSG help each other as a group to get there. We also propose to have non MIYCN related goals to spruce up the groups.
- iii. Cards indicating different rewards for women whose groups demonstrate the uptake if MIYCN practices and note which rewards women value the most.

Beyond the card sorting activity, we propose to describe the elements of peer groups and goal-oriented groups and ask the women to choose which matters most for them. After they choose reveal each group's objective and note if the woman would have wanted to choose differently or see other goals.

Mothers will then choose the card they would prefer and then expound on their choice. The aim is to note what is more important for women – peer groups or MIYCN related goals, depending on the cards that the women prioritize.

Learnings to be made

In this activity, we will aim to learn what is more important for women – peer-based groups or goal-oriented groups.

Suggestions for measurement

In order to measure the success of this intervention in piloting, we have proposed some indicative metrics;

- ✓ Observing the groups that matter to mothers and probing further on their choice.
- ✓ A 2-day FGD with different women to understand what kind of MIYCN related goals they desire to achieve, the length of these goals and the number of women who ideally should form one peer group. This would involve setting simple goals with women such as drinking water and having them reflect about their goals.



Learnings and Recommendations from prototyping phase



OPPO

Adapted MTMSG

Results

Key Highlights



Worked

- Concept of layering MIYCN related information in the VSLAs was most preferred. MTMSG were highlighted in some instances
- MIYCN sessions in the VSLAs should be more hands-on and there should be blended ways of passing the information
- Women want to belong to blended/mixed groups



Did Not work

- Inclusion of men in the MIYCN-VSLA groups
- Having too many groups in the communities i.e., standalone MTMSG, VSLAs etc.



Adaptations for further testing/roll out

- What other channels besides VSLA gatherings can be used to share MIYCN related information. i.e., audio recordings, visualized recipes, radio dramas, participant generated MIYCN songs etc.
- Striking the right balance in relation to time to ensure that the integration of MIYCN and VSLAs does not further enhance time poverty for women



Key learnings

- There are MIYCN related topics that require more focus i.e. breastfeeding, storing breast milk, WASH
- People require consistent MIYCN sessions even in instances where CHVs are not available during the group sessions

Adapted MTMSG – general key learnings

The following Golden Rules capture the essence of our learnings and provide guidance on the approach to adopt when transforming the way MTMSG are structured with an aim of improving uptake of MIYCN practices and behaviours. Applying these rules will lead to more human, respectful and caring interactions for pregnant and lactating women and their children as well as households.

General learnings

- There is high knowledge of MIYCN related information across both counties. As initially noted, participants noted that information fatigue is rife. Whilst this is the case, participants on the other hand noted that there is need to increase the frequency upon which this information is shared. Mothers in both Samburu and Turkana noted that they still require to have refresher sessions on key MIYCN practices and behaviours. One mother noted that when it comes to exclusive breastfeeding, some women do it for six months while others go beyond six months. There is need to have a refresher on best breastfeeding practices in the communities.
- Most of the women preferred having a one-stop shop for all MIYCN related information. This is to help them save on time as they have many other demanding chores in their homes. It is on this basis, that across both counties, the idea of layering MIYCN related information with the VSLAs was highly preferred as compared to having existing VSLAs and having MTMSGs as two different groups.
- VSLAs are also predominant in the two counties and most women noted that they belong to a VSLA (albeit some being inactive). Additionally, women remain loyal to these groups as they find value in them especially economic value. On the other hand, most women were either not aware or did not belong to MTMSG. Additionally, MTMSG are perceived as information platforms only. With information fatigue in place, some women end up missing the MTMSG sessions.
- Men remain influential figures in the households. In some instances, participants noted that men do not appreciate the value of MTMSG and hence may prevent women from attending these. On the other hand, VSLAs are appreciated as they are perceived to bring economic empowerment hence men will rarely discourage women from attending these.
- Blended/mixed groups were preferred in both counties and by women of different age groups with the exemption of adolescents. Blended groups were preferred as they bring on board women of different ages and this way women learn from each other i.e., younger women noted that they learn about breastfeeding practices and minimal diet from older women who have raised more children and have practical experience with the same. The preference for mixed groups was the main reason why most women preferred having MIYCN information layered in VSLAs and VSLAs are currently blended.
- CHVs were proposed as being the best MIYCN facilitators in the VSLAs as they already have the knowledge and have created trust within the communities. That said, participants also noted that the VSLA mother care/chairladies should be trained on practical MIYCN practices and behaviours and CHVs are not always available hence the VSLA leads will lead MIYCN sessions in the absence of the CHVs.



Having the VSLAs/Savings in our MTMSG will make us occupied and also will enable us to utilize the money we get in the saving groups to do other businesses

– Mother in Archers Post

Adapted MTMSG – general key learnings

General learnings

- MIYCN sessions in the VSLAs should be as practical as possible and the attendees should also have some material to carry home to use as reference documents. Participants noted that for the MIYCN sessions in the VSLAs to be interesting and for them to find value in these, the sessions should;
 - ✓ Include practical learning sessions i.e., cooking demos, breastfeeding sessions including videos/visual illustrations showing best practices;
 - ✓ Have tangible materials for attendees to carry home as reference materials. Some of the proposed materials included visualized recipes; and
 - ✓ The groups activities (including MIYCN sessions) should last between 1-2 hours per session so women can attend to other household chores.
- Women noted that men should not be part of their VSLAs as men are generally not trusted when it comes to finances i.e., they could use the VSLA savings to indulge in activities that do not contribute to the wellbeing of their households.

“

I have been in a group with my peers and I had a better understanding among each other, I didn't like it though because some members were not contributing towards overall growth of the group – Mother in Kanamkemer



“

We learn by doing- they show us practically how we can wash hands in our groups – Mother in Baragoi

Adapted MTMSG – context specific key learnings

Samburu

- Mixed groups most preferred by majority of the participants. It enables the sharing of different ideas from the different members thus learning from each others past experiences with MIYCN practices and behaviours.
- Past experiences with groups has resulted in positive outputs and there is also an element of group support emanating from the mixed groups. **“A mixed group has women from different age sets, and we have older women who can lead the group and share with us best MIYCN practices that we can adopt.”- Mother, Samburu**
- Older women have a preference of working with older women compared to having younger women in the groups. **“In a group of older women, we can work together and there is no misunderstanding when it comes to group activities. We can support each other by for example contributing money if we have a malnourished or a sick child and help to send the child to hospital.” - Mother, Samburu**
- Absenteeism from MTMSGs was attributed to the fact that men/ husbands are not fully supportive of women attending the sessions because there is no economic value associated with the attendance of MTMSGs. This proved to be a barrier regardless of mothers appreciating MTMSGs and the knowledge they gain in the sessions.
- It was noted that MIYCN groups had more diversity in terms of age groups in comparison to VSLAs which were most likely to have mothers of the same age groups. However, MTMSG meetings are not consistent or held as often as women would like.
- VSLAs tend to consume more time compared MTMSG groups due to the multiple nature of activities where mothers must finish VSLAs meetings then have MIYCN forums thereafter. If MIYCN was to be layered in VSLAs, the sessions should be very hands on and practical.

“

We really appreciate the training, but some people will appreciate it more if we are provided with incentives during the training. It will motivate us” – Mother, Samburu



Adapted MTMSG – context specific key learnings

Turkana

- Most mothers preferred having MIYCN related sessions included in the VSLAs. These should include activity led sessions to avoid having information only sessions. That said, the sessions should be as often as possible because if there are missed sessions, women end up forgetting some of the MIYCN related activities.
- Adolescent mothers have a higher preference for peer groups. An estimated 90% of adolescent respondents cited being more comfortable in peer groups compared to mixed groups. Adolescents feared the risk of older members not being cooperative i.e., risk of older group members hoarding the funds. Also, in the peer groups, they learn from each other on how to bring up their children in a healthy manner without being judged.
- A minority of the women would prefer to be in mixed groups with older men (age 30+) as they are more trusted and will provide expert advise on how to use the VSLA funds. This also ensures that men are also aware of MIYCN practices as they remain key decision makers in the households especially in terms of what groups women can attend to and what foods should be consumed in the households.
- In pastoral communities you may find it common that grandmothers will be left with multiple children to take care of, therefore influencing feeding practices. Mothers in Katilu (agro-pastoral) spend majority of their time working in farms, therefore, have less time for baby care. Grandmothers should also be included in MIYCN sessions as they play critical roles in raising children.
- In Kaeris it was mentioned that CHVs felt they lack concrete and practical MIYCN related information and would like to receive more training on how to have practical sessions.
- Notably in Kaeris there was the fear of VSLA loans spearheaded by the high security requirements of commercial loans. People had been exposed to experiences/stories of defaulters who lost their property as security for unpaid loans.

“

I will support having MIYCN sessions in VSLAs because through the VSLAs it will be easier to take our children to school and purchase food using our savings, which is a challenge now.” – Mother in Turkana



Adapted MTMSG – Recommendations on key elements

This section highlights the key elements from the adapted MTMSG that need to be considered as the project moves towards implementation. The updated elements are a build up on the initial concept elements and are as a result of the prototyping activities

Layering MIYCN related information into VSLAs

Given the preference by participants to have MIYCN sessions layered within the VSLAs, we provide below recommendations on how to structure the sessions;

Structuring the VSLAs

- ❖ There are already existing VSLAs in the communities and majority of the women are in these groups. The participants noted that instead of having many groups, the MIYCN related sessions would rather be layered into the existing VSLAs;
- ❖ Participants noted that the combined sessions should last for about 1-2 hours so they can tend to other household chores;
- ❖ Include MIYCN topics and the related days/timelines that the topics will be covered during the VSLA sessions. This allows members to self reflect and choose the sessions they would like to attend. For sessions where members do not perceive value/have the information already, the members can choose to attend just the VSLA sessions;
- ❖ The VSLA/MIYCN led groups should also include MIYCN sub-groups for targeted training sessions. These are subgroups of peer members such as adolescents or PLW with children below the age of 2. Within the subgroups, members will participate in MIYCN activities that relate to their needs. For adolescents' girls, this allows for them to have peer session where they feel confident to speak up and contribute. Sub-groups within the VSLAs also allow for longevity of the VSLA/MIYCN groups as the wider group sessions will include all women including those with children beyond the age of two.

- ❖ The MIYCN sessions in the VSLA should not be information heavy sessions. They should include a blend of learning activities such as using pre-recorded or visualized recipes for cooking demos, radio drama to pass MIYCN practices and behaviours



Adapted MTMSG – Recommendations on key elements

Inclusion of key MIYCN related topics in the VSLA, MIYCN sessions

Participants reiterated the fact that MIYCN related information was being relayed in the communities. However, practical sessions are lacking. Participants noted that their most urgent practical sessions should be focused around;

Exclusive breastfeeding. The main subtopics around this were;

- Imitation of breastfeeding after childbirth
- How often should this be done. When does breastfeeding stop?
- What are the dos and don'ts when breastfeeding children?
- What should mothers do when they are not around the households to breastfeed their young children? i.e., expressing milk
- What should a mother feed on to ensure that she produces nutritious and quality breastmilk?
- Modalities around ANC and PNC visits.

Preparation of nutritious meals. The main subtopics around this were;

- What forms a combination of nutritious meals? (Minimum Acceptable Diet & Minimum Meal Frequency) for children at different ages, for pregnant women and for lactating women and how to prepare these meals. As noted, women were willing to use the savings from their VSLAs and invest these in purchasing these foods.
- How do you prepare a balanced diet? This was from the fact that the women were not fully versed on how to cook different nutritious meals in away that ensures a balanced diet.
- What meals should be given to younger children ant different age groups and what meal is meant for adults?
- How to use kitchen gardens.

WASH practices. The main subtopics around this were;

- How should mothers' clean young babies? Are there cleaning ingredients that should be included?
- How to maintain clean compounds.



“

I would really love to see more new information on kitchen gardening and how to deal with pests, or even support us with pesticides, this will make use have different types of vegetables hence boosting Nutrition practices – Mother in Katilu

Adapted MTMSG – Recommendations on key elements

Communicate tangible benefits for layering MIYCN into VSLAs

As is, women noted an information overload in relation to MIYCN. On the other hand, men do not see the value of women attending MTMSG.

Layering MIYCN with VSLAs will require proof of tangible value to not only the VSLA members but to the households and communities they belong to. Economic empowerment was stated to be of high value for both men and women. There will be need to clearly show the benefits of the VSLAs when it comes to promoting uptake of MIYCN practices and behaviours.

Most VSLAs adopt a savings culture where money saved by the group is shared out to different participants after a certain period of time. Others invest in various businesses such as livestock or commodity shops. It'd be critical to recommend certain related MIYCN related activities such as purchasing nutritious meals that the women can achieve with the shared savings and share back within the group the perceived benefits. Some of the perceived benefits include;

- Capability to economically purchase food stuff as a group owing to the economies of scale;
- Enhanced purchasing power especially where women share out their savings or run out profitable businesses;
- With the purchasing power enhanced, there is the benefit of having and affording food variety; and
- As a group, the members can use some of their savings to have pit latrines dug in their homesteads this enhancing proper hygiene.

Imperative to note that the proposed benefits align with the MIYCN topics and activities that participants were keen on.

Consistency of the MIYCN sessions will be critical

The participants we spoke with noted that CHVs remain critical in relaying MIYCN related information. Over the years, CHVs have earned the trust of communities and are constantly referred to as community doctors.

The participants therefore noted that when MIYCN is layered in the VSLAs, CHVs should attend these sessions to help with the same in addition to having the lead mothers play champion role.

That said, participants noted that there will be need for consistency from the CHVs when it comes to ensuring that the MIYCN sessions happen as planned during the VSLAs and guided by the proposed schedule of the MIYCN sessions.

CHVs should regularly attend the MIYCN related sessions in the VSLAs to ensure that the women fully comprehend the same. As is now, some women noted that they cannot fully remember information related to exclusive breastfeeding as CHVs did not consistently touch on such topics. In absence of the VSLAs, the lead mothers will help facilitate the MIYCN sessions and activities.



We expect more trainings and sessions on health matters in general. We have been given a few sessions and takes a long period of time before the next – Mother in Katilu

Adapted MTMSG – Adaptations for further testing

This section highlights elements that will need further testing as the project moves towards the implementation phase. These are elements that need further observation before final roll out.

Key elements to test

- Having sub-groups within the MIYCN/VSLA groups especially adolescent MIYCN sub-groups. What's the likelihood of peer group oriented VSLAs being functional and influencing subsequent MIYCN outcomes. Additionally, to confirm how this either enhances or mitigates time poverty for the members.
- Chama groups adapted as platforms for MIYCN trainings. How can MIYCN trainings be adapted into chama groups without disrupting the functionality of the groups (i.e., avoid consuming more time) as well as ensuring that mothers are reached across the age-groups.
- Diversification of VSLA economic activities, especially in the rural areas. This should have a focus on businesses that will enhance uptake of MIYCN outcomes (access to funds for food purchase, diversifying nutritional food choices etc.).
- Other channels beyond the VSLAs that can be used to pass MIYCN related information such as radios especially in pastoral and agropastoral livelihood zones.
- The impact of counselling sessions on the uptake of MIYCN related practices and behaviours in pastoral, agropastoral and fishery zones.

What to expect?

- Willingness by women to sit in for extra time during the VSLAs to discuss MIYCN related information as they find these sessions beneficial.
- Self selection – participants will have the choice to attend sessions they perceive to be more relevant for them in. VSLA & MIYCN groups
- Formation of value adding groups for women as compared to having too many groups that may end up consuming too much time and offering limited value
- Longevity – members are able to continue staying in their groups for a long time and beyond the two years.



2.0

A Male Engagement Strategy

2. A Male Engagement Strategy – Concept Definition

This concept recognizes the need to proactively and strategically involve men not only as consumers but as champions of MIYCN related information and practices in communities. Men remain key decision makers in both Samburu and Turkana counties and having them as part of the MIYCN community of practice will help them be well informed decision makers at the individual, household and community levels.

At the heart of this concept, is the acknowledgements of the fact that men in these two communities take pride in communal achievements; seeing to it that their communities remain safe, have fewer disputes and have sufficient food to name but a few. This concept rides on this backdrop: that to bring men on board, they would have to be engaged during their male meetings and the male engagement strategy should spur a sense of communal duty amongst men (as opposed to individual household objectives).

We outline below the key elements that will be critical for this concept to function effectively once tested;

Enhanced Positive Masculinity Through Social Confirmation

- This concept aims to rebrand Father to Father Support Groups to **Male Groups** that are already existent in the communities. The male groups will leverage and layer MIYCN related activities in already **existent male groups**. The concept aims to find men where they already converge and in their circles of influence.
- Additionally, the concept introduces a key element pegged on the introduction of **a communal data tracking mechanism** for men in their male groups. The data will be collected from individual men households but tracked at the male forums and thereby provide participants with a sense of control and ownership.
- The concept envisions the introduction and roll out of a **male buddy system** where men are paired with fellow men who act as accountability partners in the adoption of set MIYCN related practices in their households.
- The male groups with communal data tracking mechanisms will have **local male champions** who primarily will be paired with CHVs with their main role being helping the men collate the correct MIYCN related information for ease of data tracking and setting MIYCN related goals pegged on the collected information
- Based on the goals per household (and represented by the man in the men's groups), men whose households will have demonstrated the uptake of recommended MIYCN complementary practices will be **rewarded** to encourage more households to uptake these practices. The reward mechanism will include among other rewards, a framed certificate for **couples or single mothers** as well as promoting men who have demonstrated recommended complementary feeding practices as local champions of MIYCN practices (see concept 4).

2. A Male Engagement Strategy – Concept Definition

Key Outcomes:	
Type of intervention	A Male Engagement Approach
Audience	Men – old and young, married and unmarried, fathers.
Design Question	HMW leverage existing/organic community-based initiatives and models to bring on board various decision makers/influencers from the households to achieve desired MICYN practices (VSLAs, LGAs, Associations, Tree of Men, grandmother associations)?

What is the desired strategic outcome?

- Involvement of men as champions of the uptake of MIYCN related practices and outcomes through the development of sustainable and organic male engagement strategy
- Having men as accountability partners amongst themselves to see to it that their communities adopt MIYCN and care practices in a sustainable manner.
- Diffused concept of positive masculinity and generalized sense of achievement among men through social confirmation

TDA Findings underpinning this intervention

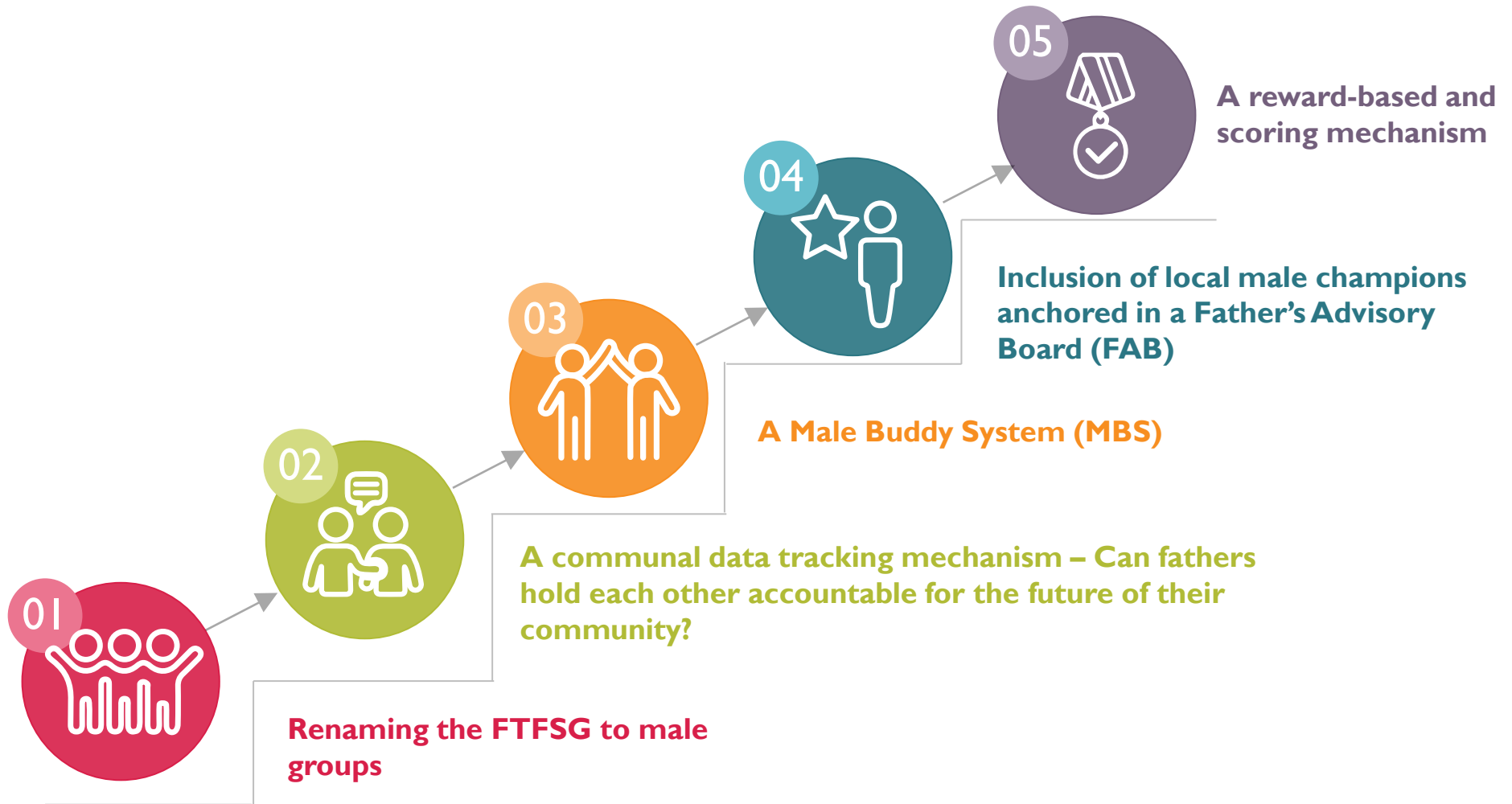
01 Men want to be part of groups and the resultant conversations on MIYCN related outcomes. However, most of these groups and information is geared towards and tailored for women making men feel left out.

02 Men's participation in activities is driven by economic gain rather than social incentives

03 Men participate in male groups that primarily focus on community issues which men want to contribute to and not having their groups as learning forums.

04 Men are rarely found at home and don't eat with their wives or children, thereby making them distant from the MIYCN agenda especially at the household level and during CHV household visits.

Adapted Male Engagement Strategy Concept – An Overview of key elements



A Male Engagement Strategy - Key Elements



Renaming the FTFSG to Male Groups

This element proposes that Father to Father Support Groups are not formed in both Turkana and Samburu counties. Rather, MIYCN related practices and outcomes should be layered in already existent male groups such as the tree of men and men barazas to avoid having too many groups of men with the resultant effect being men not attending new groups and thereby MIYCN information not being passed on.

The male engagement strategy thus aims to meet men at their already existent forums.



A communal data tracking mechanism

Can fathers hold each other accountable for the future of their community whilst building a community's social capital?

This element recognizes the fact that men have a shared responsibility towards their communities. That the success of their households eventually leads to the success of their communities.

It is no doubt that men meet so often to discuss shared communal objectives such as security and food availability in their already existent male groups. The communal data tracking mechanism is an element that seeks to leverage on the already existent male groups in both Turkana and Samburu such as the Tree of Men. This element seeks to

leverage on men's sense of duty towards their communities. This mechanism envisions a situation where men are involved in tracking their household's uptake of certain MIYCN related practices. With this information, individual men will present this at the men's forum and CHVs and local male champions will help record and track this data. The aim is to have a data tracking system that indicates how individual households are performing in relation to MIYCN practices and having men as the custodians of this information.

The main objective is to have men become MIYCN champions related in their households, and this is possible when they have a yardstick, they can compare themselves with by having data on how other households are performing.

The communal data tracking mechanism seeks to have individual men follow up on three MIYCN indicators;

- Their children's levels of nutrition by having men conduct individual **household MUACs** in the presence of CHVs;
- **A 24 – Hour Dietary Recall** tracked over time to assess improvement on dietary diversity/changes repeated on monthly basis to be done by CHVs during household visit; and

Once men have the MUAC recordings and school transitions for their children they will present these to the tree of men/their men forums and a record of each household will be kept, with a score attached to each household dependent on their performance. Imperative to note that the two mechanisms are anchored on achievable performance rather than challenging/ideal goals. Goals within their control.

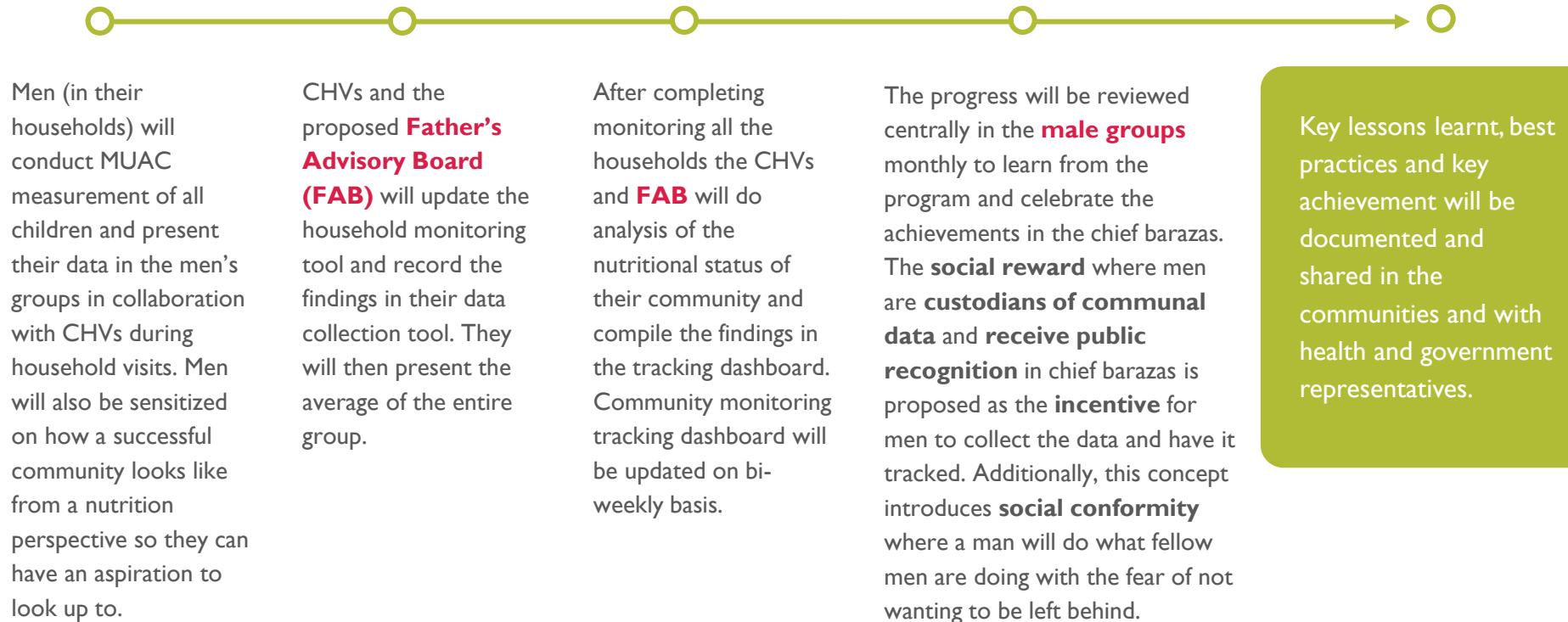
A Male Engagement Strategy - Key Elements



A communal data tracking mechanism

Can fathers hold each other accountable for the future of their community whilst building a community's social capital? – cont'd

The monitoring of the data will be done as follows:



A Male Engagement Strategy - Key Elements



A communal data tracking mechanism

Can fathers hold each other accountable for the future of their community whilst building a community's social capital? – cont'd

INSPIRATION

The concept of a communal data tracking mechanism that was tested and proven to have worked well in Rwanda with the help of World Vision.

The concept envisioned '**Malnutrition Free Villages**' anchored in the **Modified Graduation Model** with aim of changing the burden of malnutrition in Gichumbi and Nyamasheke districts by mobilizing communities, partners and leaders in Rwanda to understand the burden and accelerate the rate of malnutrition reduction in the region starting from each village. The major triggering factor for the initiative was understanding the continued high burden of malnutrition in areas where World Vision implements integrated development programs and where there have been many years with inadequate or no progress in the level of malnutrition. The key element of the initiative was the adoption of village trackers and monitoring progress on a bi-monthly basis with a reward



A Male Engagement Strategy - Key Elements



A Male Buddy System (MBS)

Further to the data tracking mechanism element, this concept also introduces the element of a Male Buddy System where each man is paired with another man (a buddy) to act as an accountability partner.

A buddy is envisioned as a fellow man (a peer) who will help track the other man's performance in the communal data tracking records with an aim of challenging each other to improve their current scores with an aim of achieving certain MIYCN practices within their control.



Inclusion of local male champions (A Father's Advisory Board) paired with CHVs

The male champions will primarily be men whose households consistently score higher on the communal data tracking scoreboard. These men will form a Father's Advisory Board (FAB) **of 3-5 men** that will be charged, in collaboration with the CHV's, to provide weekly updates to the wider men's group on how each household is performing in relation to the MUAC and the proposed MIYCN specific activities. Essentially, they will help keep the records in their respective groups as well as **offer MIYCN related recommendations** to the men on key practices to adopt so as to improve their rankings on the communal tracking database.

Additionally, the FAB will be charged in providing communal updates to health and government representatives in their communities/regions on the performance of their communities in relation to the MIYCN and health status based on the real-time data they will be recording. This is meant to provide real-time data to policy and decision makers with an aim of having them address any urgent needs in communities that may be delaying the uptake of MIYCN practices in these communities.

A Male Engagement Strategy - Key Elements



A reward-based and scoring mechanism

Based on the communal data tracking mechanism, individual men will have sole responsibilities of ensuring that their households are up taking MIYCN related outcomes whilst contributing to the future of the wider community.

Noting that individual household progress will be tracked and scored in the various male groups, this element proposes that men whose households are performing well based on the tracker be rewarded in public places especially during chief barazas. Public recognition is important for men, but it also acts as a challenge to other men to aim for better and get publicly recognized.

The proposed rewards include;

- A **framed certificate of appreciation** detailing the MIYCN practices that a household has been able to demonstrate as having promoted and achieved;
- **Promotion to being a champion woman.** Women who will have achieved their set goals, will subsequently be promoted to become champion women in their peer groups and communities. Additionally, the champion mothers should be trained further on MIYCN related activities, how to integrate these in households and how to keep a measurement track of the same. This will help the champion mothers in their role as goal accountability partners for the women in their peer groups.
- A **household MIYCN gift Kit** that could include among others;
 - Hygiene wipes (wet towels).
 - Antiseptic cleaning products (Dettol or small bar soaps).
 - Visual diary cards to record MIYCN related practices adopted over a certain period in their household(s)
 - A baby-milestones assessment tool that highlights the various baby milestones and the periods of time that these are achieved.
- Being **bestowed the honor of attending and speaking as a MIYCN expert** in other MTMSG within and without the communities or during community health outreach sessions. The expert talks should also be layered on **radio shows that talk about MIYCN practices** in the respective communities.
- Group guidance on how to **register groups** for groups with women who will have consistently achieved their short term and long-term goals as defined above

A Male Engagement Strategy Concept –

What will be tested

Feasibility

Q1



Peer accountability

Can fathers hold each other accountable for the future of their community?

Desirability

Q2



Communal data tracking

*What are the perceptions about communal data tracking amongst men?
Is it a concept men would take pride in?*

A Male Engagement Strategy Concept –



What will be tested

Can fathers hold each other accountable for the future of their community?

a) Mid-Upper Arm Circumference (MUAC) trainings designed for and attended by men

This activity will involve planning for and organizing household MUAC events where men will be trained on how to conduct MUAC and the subsequent actions that should be taken for the assessment of their children's nutritional status. The training will be conducted by mothers in the presence of CHVs.

The aim of this activity is to have men become MUAC experts as well in their households. Additionally, the MUAC data will be presented by individual men to their wider male groups effectively having men as the custodians of communal data relating to MIYCN practices.

Assumption to be validated

Men are interested and vested in the MIYCN status of their households and would be willing to help improve the same if it means improving overall MIYCN practices of their communities and households.

Suggestions for measurement

In order to measure the success of this intervention in piloting, we propose some indicative metrics;

- ✓ Recording the number of men who attend such events and comparing these number to the total number of men who had received the invitations
- ✓ Improved uptake of MIYCN practices at the household levels given that there will be real time MIYCN data as well a buddy system that ensures for accountability amongst men to reach 100% MIYCN compliance.
- ✓ A 'communal uprising' dedicated towards the uptake of MIYCN practices both at the household and community levels.

INSPIRATION

In Somalia for example, this concept is working well with wives teaching their husbands on how to stop malnutrition. In Elbarde specifically, a district in Southwestern Somalia, the project is dubbed "Mother-Taught and Father-Tested" MUAC – because, more and more, wives are showing their husbands what they've learned, and parents across the region are putting it into practice.

With more parents – both fathers and mothers – trained to spot malnutrition early and to take their children to health centres as soon as the illness is detected, Action Against Hunger's nutrition teams have seen improvement throughout the communities in Elbarde.

"It has made our work easier, since parents take the lead in measuring their children, which helps them to quickly see the first signs of malnutrition," Health Worker.

<https://www.actionagainsthunger.org/story/wives-teach-their-husbands-how-spot-malnutrition>

A Male Engagement Strategy Concept – What will be tested



Male perceptions on the needs for communal data tracking in relation to MIYCN related activities

a) Conducting FGDs with men on their perceptions of a community data tracking mechanism

The male engagement strategy seeks to place a communal responsibility on men geared towards the uptake of MIYCN related practices both at the communal and household levels. This involves a strategic shift from having men stay on the side-lines to having them as key players in the advancement of MIYCN and care practices in their communities.

This activity will involve two main activities;

- Conducting FGDs with men to understand their perceptions around a communal data tracking mechanism. This activity will seek to determine if men would be comfortable being data custodians and the best ways of tracking this. Additionally, we will seek to understand from men, **who an ideal local champion should be to help with the data tracking in the male groups;** and
- Conducting FGDs with women to understand their perceptions around a male led communal data tracking mechanism. This activity will seek to determine if women would be comfortable having their husbands and male relatives participate in household MUAC activities and having this data tracked in the male groups. Additionally, this will explore the MIYC related information men would like to have custody of i.e., **the 24-hour dietary tracking mechanism,** as well as MICYN support behaviours such as supporting with household chores, setting aside some money for purchase of a nutrient-dense food for wife and child, giving wife a break to breastfeed comfortably, setting up a handwashing station near the house so wife can wash hands before cooking and accompanying their wives during ANC visits.
- Conduct an FGD with men to **validate the rewards** they would prefer in the following ways;
 - Inquire from men the reward they think the best performing households should receive and why; and
 - Inquire from the men on the reward they would like to receive if their household(s) was the ranked best and have them rank the rewards according to their importance.

Assumption to be validated

Women would be interested in having men becoming more involved in the practical uptake of MIYCN related practices.

Suggestions for measurement

In order to measure the success of this intervention in piloting, we propose some indicative metrics;

- ✓ Recording the responses from the men and women during the FGDs specifically with an aim of noting their responses in relation to this concept.
- ✓ Improved uptake of MIYCN practices at the household levels given that there will be real time MIYCN data as well a buddy system that ensures for accountability amongst men to reach 100% MIYCN compliance.
- ✓ A 'communal uprising' dedicated towards the uptake of MIYCN practices both at the household and community levels.







Learnings and Recommendations from prototyping phase



A Male Engagement Strategy

Results

Key Highlights

 Worked	<ul style="list-style-type: none">• Household led MUAC sessions as compared to CHV led MUAC sessions• Communal Data Tracking mechanism - interest from men to be custodians of communal MIYCN information
 Did Not work	<ul style="list-style-type: none">• N/A
 Adaptations for further testing/roll out	<ul style="list-style-type: none">• Inclusion of more MIYCN metrics other than MUAC as key data for tracking• Moving from data tracking to actions in relation to uptake of MIYCN practices and behaviours
 Key learnings	<ul style="list-style-type: none">• Households desire to lead MUAC sessions as this cements a feeling of ownership and responsibility towards raising health, contributing towards having more prosperous households adopting the right nutrition and related practices.• There are many other contributing factors such as psychosocial issues i.e., poverty, household conflict that bar households from consistently up taking MIYCN practices and behaviours.• Men have minimal knowledge and awareness around MIYCN practices and behaviours including having limited information, yet they are key decision makers in the households for example, men purchase food or determine what a family will eat.

A Male Engagement Strategy – general key findings

The following findings capture the essence of our learnings and provide guidance on the approach to adopt when transforming the way men and their households are engaged for optimal uptake of MIYCN practices and behaviours. Applying these rules will lead to more human, respectful and caring interactions for pregnant and lactating women and their children as well as households.

General learnings

- Household MUAC sessions were appreciated as ideal avenues for reaching men in the communities. Through these sessions, men appreciated the need to become aware of the health of their children and households as they play a role in the purchase of food in the households.
 - The MUAC and household dialogues were preferred as they gave a basis for good decision making around uptake of MIYCN practices and behaviours. Participants noted that when they become aware of the health status of their children, they are able to make informed decisions especially on the meals consumed in the households based on the CHV's advise and will purchase these knowing the effects the meals will have on the health of their children.
 - Households especially mothers within these households prefer taking lead of the MUAC sessions as compared to having CHVs lead these sessions. Mothers want to feel accountable for the health and wellbeing of their children and conducting the MUAC activities in the presence of CHVs would promote this.
 - In pastoral zones in both counties, men's involvement during the MUAC and household dialogues was constrained and limited due to the unavailability of men who sometimes are out to graze or look for casual jobs so they can earn a living and provide for their families. That said, the mothers noted that if they can have the MUAC tapes in within their households, they are able to conduct the tests on their children when the men are back home. Mothers noted that it is important for men to be around at times when conducting MUAC so they appreciate the need of purchasing varied foods for their households depending on the status of the children.
- CHVs did recommend the Family Meeting Dialogue Facilitation Toolkit as one that is easy to comprehend both for them and the household members. They proposed to have a more visualized toolkit. One they can share with the households noting that most mothers noted that they require reference materials in the households where they are able to check on the critical aspects to adopt MIYCN practices and behaviours.

“

In all discussions, I liked most the one on the importance of good food because we men always thought that anything concerning food was a woman's business but now, I know that a man plays an important role in it too, and bringing men into such discussions is a yes for me – Father in Kaeris

“

The MUAC discussion was okay but I would suggest homesteads to be given MUAC tapes to help track the children's health and not depend on CHVs all the time – Father in Kaeris

“

The use of MUAC surprised me as my child was almost at yellow meaning he needs further attention. We will discuss as a family and make a decision going forward – Father in Serolipi

A Male Engagement Strategy – general key findings cont'd

General findings

- Participants did see the correlation between MUAC results and nutritional outputs. Through the activity participants, especially men, learnt the value of good health for children in the households. The MUAC test was noted as a tool that will be helpful in keeping track of the children's health and identify when its vital to seek medical care.
- Through the MUAC trainings and household dialogues, men appreciated the fact that they too could play in making informed decisions in relation to the food choices in the households. The trainings were perceived as awareness creation sessions for men who for a long time felt as if MIYCN activities were only women focused.
- Across both locations there was a preference of sharing data as an aggregate representation of the community MIYCN performance rather than individual household data. It is vital to ensure that data privacy is observed to avoid shaming poorly performing households. Data should also be availed to groups so decisions can be made collectively. Communities showed willingness to mobilize resources and support households that were not performing well on nutrition outcomes by communally sharing food. It was noted that once the Tree of Men proposed that the community contributes food and other resources to be shared with various households, this would be adhered to, and community members would collectively help.
- CHVs were proposed to be the custodians of the individual household MIYCN data and were also proposed to help collate this and present to the Tree of Men on a monthly basis. During the Monthly presentations, CHVs will also help interpret the data for the men and advise them on the key actions that should be taken to improve the MIYCN indicators of their community.

“

I will be responsible to at least balance the household diet by buying food and some fruits. Like instead of buying 4kg ugali I will buy three and the rest I buy fruits – Father in Naling'ang'or

“

For a family that has done well, representatives from the Tree of Men should visit this family in the presence of the community for learning and congratulating them – Father in Sere Olippi



A Male Engagement Strategy – context specific key findings

Samburu

- Children are valued as wealth. Association between a child's well being and positive MUAC outcome was well perceived. The mere association of children to wealth is a driver for wanting the best health outcomes by men for their children. Element of pride association with a healthy child remains relevant. Reinforcement of the MIYCN messages through social recognition mechanisms (tree of men) was recommended.
- Some foods may be new/expensive for some households to afford. There is therefore need to have more sessions focused on locally available yet nutritious meals.
- Likelihood of MUAC tests strengthening family bonds as this is something that women and men in the households can conduct together thus providing opportunities for engagement and reducing conflicts especially on what to consume.
- Reward mechanisms for well performing households were proposed to encourage further uptake of MIYCN practices and behaviours i.e., having households receive blessings from elders in front of the community or Nawiri providing access to education, scholarships etc.
- Participants requested for more activities such as bead making as they already know a lot about cooking demos and energy saving jikos.
- Households that are well performing could be rewarded by being recognized/ receive blessings from community/ provision of nutritious foods, MUAC materials etc.

“

As pastoralists we really need to have many children in one household, so MUAC is very important to help track our children's health. We value children as the real wealth – Father, Samburu

“

My wife no longer dislikes other foods such as eggs, because she has learnt about what a balance diet is - Father, Samburu

A Male Engagement Strategy – context specific key findings

Turkana

- It was noted that in some locations where poverty is rampant, conducting MUAC tests will have no value if the child is not eating healthy/ has no means for eating healthy. Participants noted that there is need to assist such household access food. One of the ways proposed was through the community data tracking mechanism where the Tree of Men would nominate households that are performing poorly as the first to receive food when this is being distributed from well-wishers or the local government in Turkana. This way, the households can bring up healthier children.
- Recognition of psychosocial issues such as poverty, household conflict etc. as secondary factors contributing to nutrition challenges. In urban and agro pastoral zones people asked for guidance & counselling support to deal with issues such as household neglect. In pastoral/ agro-pastoral zones child neglect may stem issues such as conflict, alcoholism that leads to a child's poor observance of nutritional practices.
- Across all livelihoods the element of recognizing the best performing households was appreciated. Tree of men appreciated the concept and agreed to mobilize for forums where positive deviants/ well performed households are celebrated in public.
- In agro-pastoral households adolescent mothers have little knowledge on childcare practices. Additionally, mother/fathers may spend majority of time at farms thus limiting childcare practices.
- Willingness to collect data amongst the men was tied to literacy levels. In urban locations men were more willing to have representatives from their groups collate the household MIYCN data in comparison to pastoral and agropastoral locations where they had preferences for CHVs taking charge of the data collection process.
- Across all livelihood zones communities were willing to gather resources and contribute to supporting malnourished households. For example, by giving food or funds that they could start a business with.



Everything we were taught here was okay. And I know even the other men will say the same thing. On the issue of MUAC, we thought this was a surprise, based on how you have trained us, it is a good thing. And I just wish MUAC to be in my house, so that I may track the relevant diets to have in my household. The only thing we didn't know about these foods, is the different food groups. We were just eating food to fill the stomach. Based on how you shared information about food groups, I will be in the frontline doing this in my family. I know if I can't afford meat, I can afford this other one with lower prices – A father in Kanam

Male Engagement Strategy – Recommendations on key elements

MUAC should be household led and not CHV led

Participants noted that CHVs have played a critical role in leading MUAC activities within the households as well as leading household dialogues thereafter. However, it was proposed that the MUAC measurement should be household led and especially mother-led and CHVs should act as advisors in this process and later lead the household dialogues.

Additionally, participant noted that the MUAC activities and the household dialogues should also include;

- Height measurement;
- Weight measurement;
- Consistency in the 24-hour dietary recall as participants noted that this allows CHVs to advise them accordingly on the best foods to consume;
- Practices around kitchen gardens i.e., get seedlings;
- Household sanitation/WASH practices;
- Family Planning especially in agropastoral areas; and
- Counselling sessions within the households

These were also highlighted as critical as parents noted that they had information that these two critical aspects help measure a child's nutrition aspect hence they need to also learn how to measure height and weight as well.

The household dialogue toolkit should be visualized

The household dialogues were well received especially the bit where participants interacted with the community dialogue toolkit that highlights key MIYCN practices and behaviours that households should adapt.

That said, it was highly proposed that the toolkit is shared as a reference document within households such that households can be using this as a guide for uptake of MIYCN practices and behaviours and discuss these during the CHV household discussions. The toolkit should however be visualized as most participants noted that they are not able to fully comprehend the contents of the toolkit due to limited comprehension capabilities. A visualized toolkit would be easy to understand this increasing understating of MIYCN practices and behaviours in the households.



Male Engagement Strategy – Recommendations on key elements

Whilst men were open to the idea of tracking the communal MIYCN related data, it would be important for them to receive training on what to do with this information

As noted, across both counties and across all livelihood zones, the element of the community data tracking mechanism was well received and appreciated. That said, the main concern from the men was that they did not know how to interpret this data and thus becomes difficult for them to advise communities on the MIYCN practices to adopt given the data.

It is on this basis that we recommend that CHVs be primarily charged with collection, collation and tracking of the household data and present the aggregated communal data. Subsequently, the CHVs will hold MIYCN related dialogues with the men advising them on;

- ✓ The results of the information from the households and what this means for the community from a MIYCN perspective i.e. if a majority of the children are under the red spectrum of the MUAC, what action points should be taken to move them to the green section?
- ✓ What nutritious meals (including meal combinations) for their households. This is also pegged on the aspect that men are key decision makers when it comes to purchasing household meals

CHVs should tailor their sessions towards the MUAC results

It will be critical that CHVs review the MUAC results as well as the household dialogues and base their subsequent dialogues having conversations on the MIYCN practices and behaviours that a household should uptake to improve their MIYCN results. MUAC trainings should go hand in hand with supporting information for household to know how to respond to a negative result i.e., to know what foods they should introduce to their current diets etc.

Additionally, CHVs should keep household trackers to record progress or lack thereof of individual households. This is however does not mean sharing the individual households at the tree of men – that remains and aggregated data.



Adapted MTMSG – Adaptations for further testing

This section highlights elements that will need further testing as the project moves towards the implementation phase. These are elements that need further observation before final roll out.

Key elements to test

- Scaling MUAC across households and increasing the frequency of MUAC trainings. Participants agreed that MUAC should be conducted at household level i.e., consistent monthly tests to monitor for malnutrition.
 - Are CHVs willing to conduct follow ups at household level? What support can they be accorded, what materials will they need?
 - Are households likely to effectively self administer MUAC frequently and maintain/ make improve diets as a result?
- How will MUAC tests translate to referrals to health facilities. Will there be potential risk of households refusing to escalate cases and hide children out of shame?
- Probe further for the need of psychosocial support as a secondary form of support with a focus on improving nutrition outcomes. How rampant are psycho-social support-based need & the likelihood of impact on nutritional outputs at scale?
- The mechanisms of using the collective household MIYCN results to inform food relief programs especially in times of drought in the communities.

What to expect?

- Household led MUAC activities as compared to CHV led sessions. This is anticipated to have households have a sense of shared ownership and responsibility in improving performances against the identified MIYCN metrics such as MUAC and the household dialogue toolkit

- High awareness amongst men on the need for uptake of MIYCN practices and behaviours in their households

- Formation of value adding groups for women as compared to having too many groups that may end up consuming too much time and offering limited value



3.0

Practice Based Learning

3. Practice Based Learning – Concept Definition

For MIYCN related groups to stand the test of time and deliver value for both men and women, these groups will need to move beyond the traditional information dissemination and adopt a more practical based way of learning. As is currently, most of the participants we interacted with and especially women, noted that MIYCN related groups need to provide more value in terms of having more practical, tailored learning sessions as compared to sessions where information is relayed by word of mouth leading to information monotony and fatigue.

We outline below the key elements that will be critical for this concept to function effectively once tested;

A Practical Based Approach

- This concept seeks to introduce **practical based learning sessions** to make the adapted MTMSG more engaging. These sessions will aim to introduce the element of learning by doing and will include among others, **cooking demos**, introduction of sessions where women build and are introduced to **energy saving jikos** as well as **kitchen gardens**.
- Introduction of **adult learning techniques**. These are learning techniques and tools that are tailored and optimized for adults cognition, leading to improved information retention.
- Introduction of **field schools** where MTMSGs learn from each other and are guided by grandmothers who act as general champions for each of the proposed MTMSGs under adapted MTMSG. Additionally, this will involve having select women visit other MTMSG/VSLAs in the communities for cross-learning experiences that will be shared in their home MTMSG/VSLAs.
- Introduction of **local champion women** who will be charged with attending field schools and sharing their learnings with their peer groups as well as the wider MTMSG and VSLAs.

3. Practice Based Learning – Concept Definition

Key Outcomes:	
Type of intervention	A practical based approach
Audience	MTMSG, peer groups within the MTMSG, Chamas, women, households, communities etc.
Design Question	HM M2MSGs integrate or support the competing priorities of mothers while making more time available for mothers, increasing their motivation, their capacity, reduce the time of activities or even make it compulsory?

What is the desired strategic outcome?

- Communities practising and applying the MIYCN related information that has been passed down over the years
- Women groups learning from each other on best MIYCN practices

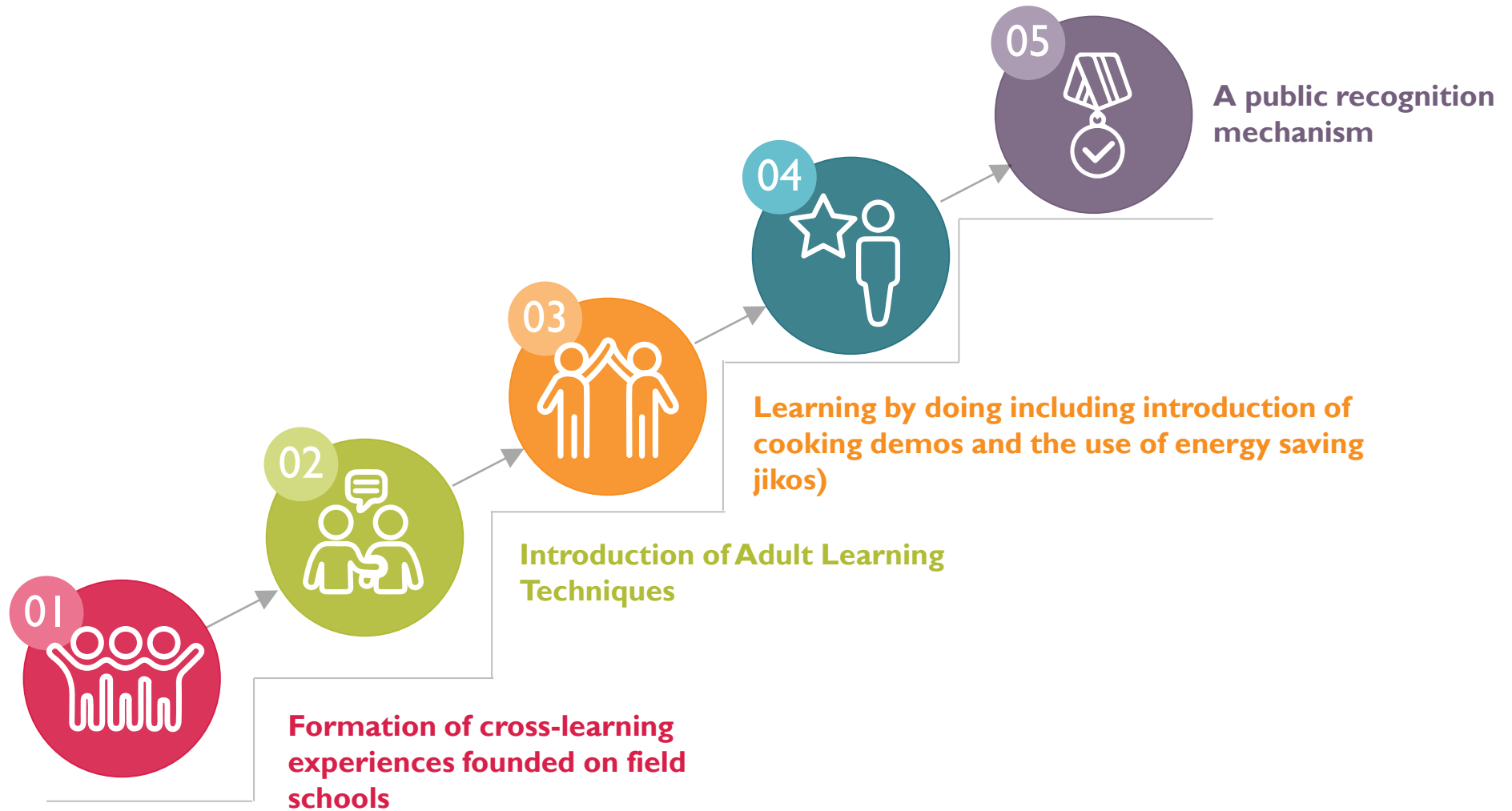
TDA Findings underpinning this intervention

01 Most women lack the time to join groups and participate in activities because of household chores and other competing priorities.

02 The study findings show that while Breast feeding Practices are relatively good, knowledge of and practice of Complementary feeding practices and feeding children during and after illness is low. Communities also lack the know how and economical means to practically implement this information.

03 Whilst CHVs continuously provide vital services to their communities, they are overwhelmed by the distance and number of homesteads they have to cover.

Practice Based Learning Concept – An Overview of key elements



Practice Based Learning Concept - Key Elements

Field Schools - Cross-learning experiences

The field schools' concept is aimed at having peer groups learn from each other as well as from other MTMSG/VSLAs within the villages and communities.

The cross-learning experiences will take the following format;

- Identification of **local champion women** in each of the peer groups (as detailed under the adapted MTMSG). The champion mothers, in liaison with the CHVs, will be charged with visiting other MTMSG/VSLAs for **exchange visits** with an aim of learning what these groups are doing differently from theirs and their ways of operation. Subsequently, they will conduct learning sessions within their own peer groups and MTMSG to share their experiences and learnings from other MTMSG. Exchange visits spruce up the learning mechanisms and allow for women to appreciate different perspectives from theirs.
- **Radio recordings** pegged on specific MIYCN practices that the MTMSG should uptake. The aim of these recordings is to share them within different MTMSG in the communities. The recordings will be **a call to action** in that they will aim to have the MTMSG listen in and practically have a point of reference when applying this information. For example, in both Samburu and Turkana counties, households might have been aware of some healthy meals that would lead to improved MIYCN outcomes. However, they were not aware of how to prepare these. A recording that encompasses **a recipe** on how to cook a certain available yet nutritious meal that women can listen to even as they cook at home would be a more effective option as compared to merely sharing information on nutrition.
- To sustain the sessions, the NAWIRI team should **explore sponsorship and collaborations from accessible food brands** in the area – being a win win for both parties.

Adult learning techniques

The concept of Practice Based Learning appreciates that as much as MIYCN related information is important, the **'how'** it is delivered to the recipients is even more important especially for adults. Adults are self-directed and expect to take responsibility for decisions. Adult learning programs must accommodate this fundamental aspect.

Andragogy (the art of adult learning) is fundamental in ensuring that adults conceptualize and practically apply any MIYCN related information layered into VSLAs and MTMSG.

Andragogy makes the following assumptions about the design of learning: (1) Adults need to know why they need to learn something (2) Adults need to learn experientially (3) Adult's approach learning as problem-solving, (4) Adults learn best when the topic is of immediate value, and (5) Adults use their life experience to facilitate learning

The Practice Based Learning element, proposes that group learnings take into consideration the following key andragogy principles;



Image courtesy.

Source - <https://thepeakperformancecenter.com/educational-learning/teaching-training/principles-of-learning/adult-learning-principles/>

Practice Based Learning Concept - Key Elements

Adult learning techniques – Cont'd

Further to the principles listed above, andragogy proposes that for group learning to be effective, the following 4 key approaches would be instrumental;

Adopting blended learning sessions	Sharing the podium with the participants by adopting a co-facilitation approach	Targeted and enabling problem solving environment embedded in continuous feedback	Using life experience to facilitate learning
<p>A blended approach entails having different ways of learning. In this concept, this would entail having a blend of both information related sessions as well as practical sessions to ensure that participants are able to apply the MIYCN information they receive.</p> <p>The blended learning sessions ensure that there is no monotony of having to adopt just one approach and that the participants are continuously stimulated and engaged by the various learning activities they are engaged in.</p>	<p>This approach acknowledges the need for adults to share their lived experiences during learning activities. That adults learn better when they learn from experiences of other people.</p> <p>Although lectures are one of the most common methods of knowledge transfer, their effectiveness has been questioned as we also experienced during the TDA with participants suffering from 'information fatigue'. Passive formats, lack of relevance and disconnection from the learner's needs are some of the arguments supporting this apparent lack of efficacy. However, having participants share their lived experiences during the learning activities has proved to be an effective learning tool through andragogy.</p>	<p>Andragogy has shown that adults learn better when solving challenges and problems that are relatable to them. Additionally, this connects to the fact that adults prefer feedback on the challenges they are solving to improve better by learning from others.</p> <p>It is on the basis of this research that this concept proposes for hands on learning and story telling activities during the MTMSG sessions such as cooking demos and co-creating effective jikos together. This moves the sessions from theoretical based sessions to practical based sessions.</p>	<p>Adults, of course, have more experience than children.</p> <p>Adult learners rely heavily on their experiences when they engage in learning, and they benefit from training programs that understand this. Content that draws from real-world examples, relatable scenarios and builds on direct experience will lead to a more meaningful understanding of the subject. Although using existing experience can help adults more quickly understand new information, there is a downside. The experience that learners draw from might be outdated, incorrect, biased, or incomplete. It is for this reason that these sessions will be guided by CHVs and champion mums whose information is updated from the trainings they get every so often.</p>

Practice Based Learning Concept - Key Elements

Learn by doing

This element seeks to cure the information overload that has been common over the years and gravitate the MTMSG and VSLAs towards more practical ways of life. Learning by doing is also anchored in andragogy – an effective way of learning for adults.

Under this element, the following activities will introduce a Practice Based Approach during the MTMSG/VSLAs MIYCN learning sessions;

1. Adoption of new cooking mechanisms : - Energy saving jikos (that can be income generating activities for women).

Energy saving jikos are aimed at reducing the time women take to fetch firewood and in return allowing mothers time to attend to the adapted MTMSG as well as focus more time on household chores that end up promoting MIYCN practices such cleaning and breastfeeding. Women also have a challenge paying for the firewood/charcoal in areas that would otherwise be nearby. Additionally with the introduction of new cooking methods, the peer MTMSG, would be encouraged to be pioneer sellers of these jikos thereby providing finances to the groups.

Inspiration - <https://burnstoves.com/>

II. Cooking demos

This element envisions the leveraging on MTMSG/VSLAs to provide shared learnings opportunities through cooking competitions, demonstrations and promoting experiential learning through sharing knowledge.

Cooking competitions and demonstrations conducted with the aim of providing avenues for sharing and practically learning MIYCN related information.

The proposed approach around cooking demos is one anchored on **developing audio as well as radio recipes for easily accessible yet nutritious meal**. These will be used by the adapted MTMSG during cooking demos but will **also form the goals that women formulate** i.e., using these recipes in their homes to cook a meal and sharing their experiences with the wider group.

Step by step procedure for the practical sessions



Identify anchor person within Chama responsible for organizing sessions

1. Identify key person (peer group mother champions) to be responsible for organizing sessions during the MTMSG sessions.
2. Develop materials required for the cooking demos. For sustainability, audio/visual recipes are proposed as mothers can carry these home and act as a point of reference.
3. Invite positive deviants in some of these sessions i.e. if the activity is happening in a pastoral area, invite women from **peri-urban** areas who have adopted MIYCN practices or who have experience with energy saving jikos in their homes as well as women from the same locality with the same experiences.
4. Encourage Chamas to document outputs of sessions i.e. pictures of sessions, audios etc. These will be key for sharing during the field school visits

Expected timeframe: 1-2 hours

- Activity to be conducted during MTMSG meetings. 1-2 sessions monthly.

Formats

- Facilitated discussions - trainer is invited.
- Group sessions for cross knowledge sharing

Practice Based Learning Concept – What will be tested



Does cross sharing between groups (social relations and exchange of real life experiences) lead to higher desirability?

a) Have trainings conducted by a CHV and another by a champion mother and conducting a retention test to observe which works best.

This activity aims to measure the impact lived experiences have. On one hand, we propose to have a MIYCN training conducted by an influential mother (positive deviant) in the community who is known to have taken MIYCN related activities. This will be a sharing lesson where she shares her experiences and encourages the other women to engage her by sharing the podium with her.

On the other hand, we will have the CHV conduct MIYCN trainings as has been the case in the past and observe the same. Additionally, the positive deviants should be identified and proposed by CHVs, as they are aware of individuals who have consistently taken up MIYCN practices in the communities.

Assumption to be validated

Adult learning principles are key elements when it comes to information retention and breaking the monotony of lecture-based sessions.

Suggestions for measurement

In order to measure the success of this intervention in piloting, we propose some indicative metrics;

- ✓ Observe the level of interaction amongst women to note the sessions that are most interactive by issuing a retention-based test after both sessions. This will involve asking the mothers to provide responses to a few questions based on the two sessions with the aim of noting which sessions promotes higher information retention.

b) Conduct cooking demos & energy saving jikos building activities in the adapted MTMSG

Cooking demos will be conducted at the peer group levels with assistance from CHVs. To make these more interactive, flyers and audio recipes should be used during the demos so that mothers can listen in and practise. Additionally, the flyers and audios should be distributed during the demonstrations so people can take them home and try in the privacy of their own households. The recipes should be contextualised and foods should be easily accessible to households and affordable even for poorer households.

- Expected timeframe: 1-2 hours
- Activity to be conducted once monthly

Assumption to be validated

That mothers will uptake MIYCN practices if they understand the how; if they have the practical approach.

Suggestions for measurement

In order to measure the success of this intervention in piloting, we propose some indicative metrics;

- ✓ Increased attendance to the adapted MTMSG by mothers as these groups will now be more engaging.
- ✓ We attempt to measure improved uptake of MIYCN practices by the targeted adapted MMSG members





Learnings and Recommendations from prototyping phase



Practice Based Learning

Results

Key Highlights

 Worked	<ul style="list-style-type: none">• Cross-learning experiences between various MIYCN related groups was highly preferred by the community members• In addition to cooking demos, participants also highlighted the need to have more Practice Based activities such as bead making. When sold, these affords them more resources and they can afford a more diverse meal
 Did Not work	<ul style="list-style-type: none">• N/A
 Adaptations for further testing/roll out	<ul style="list-style-type: none">• Having consistent cooking demo forums in a sustainable way• Distributing MIYCN related material after the cooking demos that is visual or in audio formats i.e., visual recipes
 Key learnings	<ul style="list-style-type: none">• Male involvement was appreciated by women as the men were exposed to learning about nutrition.• Cooking demos were seen as practical and effective methods for teaching and learning. Men appreciated the new knowledge gained from the sessions. i.e., scenario of a man in Kaeris who learnt about value of cutting big pieces of vegetables etc.• There was high appreciation for the energy savings jikos. People saw the value of it saving time and not having to use charcoal or firewood for cooking which is both tiresome and expensive to access.

Practice Based Learning – general key findings

The following findings capture the essence of our learnings and provide guidance on the approach to adopt more hands on MIYCN related activities that help address the MIYCN information fatigue in the communities .

General findings

- Cooking is usually supported by peer advise, and highly regarded if it is done by experienced women. When asked about their preferences, users refer to recipes that impress through visualization or audio.
- Cross-learning experiences were generally well received and appreciated as new ways of. Champion mothers appreciated sharing personal experiences on MIYCN, and this proved to be a potentially effective approach to learning. It was practical and engaging and different from the traditional informational sessions.
- Participants appreciated the learning of new foods as well methods of cooking especially using the energy saving jikos. They however noted that purchasing already made jikos is expensive and they would prefer home made energy saving jikos.
- Male involvement was appreciated by women as the men were exposed to learning about MIYCN practices and behaviours. Cooking demos were seen as practical and effective methods for teaching and learning. Men appreciated the new knowledge gained from the sessions. i.e., scenario of a man in Kaeris who learnt about value of cutting big pieces of vegetables etc.
- There was high appreciation for the energy savings jiko. People saw the value of it saving time and charcoal or firewood for cooking.
- The champions in the communities should be able to speak the local language for ease of understanding by the community members.

“

I liked the cooking process, because I got to see new foods like kamande. I also liked the energy saving jikos process because it used less firewood and charcoal - mother, Lorubae, Samburu.

“

I feel happy sharing with other women because I have seen they are also interested as they are eager to know more by asking questions around the energy saving jiko I personally use - Champion woman, Lorubae, Samburu

“

The other thing that we will find challenging is the energy saving jikos where we were shown the jiko okoa which are very expensive so it's going to be hard for us to buy the jiko. But we had an alternative which was the moulded jiko which is easier to make so we are going to try that – Father, Naling'angor, Samburu

“

I would want to try out the recipes at home including the ugali, eggs and spinach. The fact that my wife is here, and we have both learned of the importance of various foods and how to prepare them we must practice the cooking, I personally don't like eggs and don't like eating them but the fact that we were shown today how to cook it, we will try it at home – Father, Sereolipi

Practice Based Learning – context specific key findings

Samburu

- Participants requested for more activities such as bead making as they already know a lot about cooking demos and energy saving jikos.
- It is vital to inform communities of activities way in advance so people can plan to attend.
- In drought seasons some people migrate therefore may be difficult to reach people. Additionally, during drought when people move from place to place, they might have a challenge, because they cannot move around with the energy saving jiko and they might not have enough charcoal because of the rain.
- Informing participants of planned events in advance therefore people can plan to avail themselves for forums. Diversification of audiences by involving different audiences over time.
- In pastoral/ agro-pastoral zones insecurity has contributed to poverty as men who are providers get killed in raids.
- Need for addressing water shortages.

“

*I enjoyed champions session because I heard and learnt of the saving boxes (Sanduku) which I didn't know before. The saving boxes will help me be keen and disciplined when it comes to matters money and affording different meals – **Mother, Lorubae***

“

*I liked the fact that men were involved in the cooking demos because they were so happy that they were involved in such practices. This will help them put into practice what they learnt especially in providing the family some money to buy these foods - **CHV, Samburu***

“

*More cross-learning trainings should be done to such people like me so as to get more knowledge on different things and how these can lead to better MIYCN practices in my household – **Mother, Naling'angor***

“

*Most people in our community only feed on Githeri or porridge so the introduction of these other foods is very good because we are now able change our diet, though the only difficulties we have is money to buy these foods – **Father, Naling'angor***

Practice Based Learning – context specific key findings

Turkana

- VSLA networks in Kanam/Katilu are active compared to Kaeris with access to lending institutions via county govt etc. therefore more structured and functional.
- In Urban and agro-pastoral zones awareness on energy savings jikos was high. Readiness to purchase via loans was also high. In Kanam for example people requested for more information on how to access mobile money loans can be used to purchase jikos.
- In contrast, in pastoral & agropastoral settings awareness levels of the jiko koa was lower , but interest to own one was equally high. Cost of purchase was limiting therefore most people were willing to try pursue the 3 stone energy saving model that was cheaper and cost kes.500 to install. Note in Kanam there were variety of options of energy saving jikos being sold locally and at affordable prices.
- In places like Kaeris vegetables are relatively more available. In Kaeris food decisions made based on availability regardless of knowledge while in Kanam and Katilu other factors such as financial availability is at play.
- It would be important to learn about various business that one can conduct as most shops sell the same food products.
- The use of nutrition charts was preferred with participants asking to have such materials shared within the households so they can have reference materials to assist them adopt recommended MIYCN practices and behaviours

“

We request for trainings on business managements in this community, this way many women will stop the habit of imitating one another business ideas – Mother, Kaeris

“

I am now aware that it's better to feed the child with small portions of balanced food than feeding too much food that won't help the child - Mother, Kaeris

“

I know how to make improvised energy saving jikos. I do make for people and get paid ksh. 500 – Mother, Katilu

“

I will try today's recipe with my wife and teach her that food should be washed first before cutting. What she normally does is wrong i.e., cutting vegetables before washing because all nutrients will be lost – Father, Katilu

Practice Based Learning – Recommendations on key elements

Visualised/Audio recipes were highly proposed

Participants whilst appreciating the need for cooking demos and the role this will play in helping them identify how to cook various meals, also noted that it would be important to have visualised/pre-recorded recipes that can be carried home after the cooking demos.

This was noted as a sustainable way for having households have reference documents as they purchase foods and cook these in their homes. Visualised and audio recorded recipes were highlighted as being fundamental as most participants found it difficult to comprehend written recipes. Visualization will make it easier for them to understand the process and try the same in their households and also based on the understanding that cooking demos cannot be done on a weekly or daily basis.

The image displays four recipe cards, each with a list of ingredients and instructions, followed by a 'Redfired Image' showing the final dish. The recipes are:

- Query Recipe 1:** Ingredients: Hamburger, veggie patty, Raisin olive bread, mushrooms, onion, mushroom, mushroom, mushroom, mushroom, mushroom. Instructions: 1. Cook hamburger and onion and onion off the heat. 2. Add mushrooms and onion and fry until browned. 3. Add mushroom. 4. Lay mushroom on top of hamburger (in sandwich). 5. Turn over and fry and heat 4-6 hours. 6. Place over the remainder of olive bread over the middle. 7. Top with the cheese.
- Query Recipe 2:** Ingredients: ground beef, salt, onion, pepper, mushroom, onion. Instructions: 1. Put the beef into a pan about the size of a large non-stick pan. 2. Add salt and onion and fry until browned. 3. Add the pepper and onion and fry until browned. 4. Add the mushroom and onion and fry until browned. 5. Add the salt and onion and fry until browned. 6. Add the pepper and onion and fry until browned. 7. Add the mushroom and onion and fry until browned. 8. Add the salt and onion and fry until browned. 9. Add the pepper and onion and fry until browned. 10. Add the mushroom and onion and fry until browned.
- Query Recipe 3:** Ingredients: butter, eggs, oil, sugar, flour, baking powder, salt, vanilla, cream, milk. Instructions: 1. Heat butter in 2-3 minutes over low heat until melted. 2. Add eggs. 3. Stir in sugar and salt. 4. Cook, stirring constantly until bubbly. 5. Remove from heat and stir in milk and vanilla. 6. Cook uncovered at 200°F/90°C for 10 minutes until thick and bubbly. 7. Let stand 10 minutes before eating.
- Query Recipe 4:** Ingredients: 1 cup rice, 1/2 cup water, 1/2 cup oil, 1/2 cup onion, 1/2 cup onion. Instructions: 1. Transfer rice to a pressure pot (see instructions for that). 2. Mix the oil together for water, onion and rice. 3. Pour water into middle of the pot. 4. Add salt. 5. Bring the pot to a boil. 6. To cook, remove the pot from heat and let it sit for 10 minutes.

Exchange visits – embed these in the VSLAs

The element of exchange visits and cross-learning sessions amongst different groups was highly preferred especially by women across both counties.

With MIYCN sessions layered within the VSLAs, the groups should share MIYCN related information amongst themselves. This will help address the issue of information fatigue as the groups will have blended approaches to receiving MIYCN related information.

Given that distance may become a hindrance and women may not be able to physically visit each other every so often, it will be key to explore other ways on how this can be done. The use of recorded messages shared on radio or using recorders during the VSLA sessions could be explored noting that some of the participants noted that this would be an approach that communities could embrace.

Practice Based Learning – Adaptations for further testing

This section highlights elements that will need further testing as the project moves towards the implementation phase. These are elements that need further observation before final roll out.

Key elements to test

- Consistency of the forums. Organizing sessions frequently and conducting follow-ups to monitor progress. Extending reach of trainings to remote areas.
- Testing additional materials such as visuals that will enhance the training process of the champion mother and ensure more impact is achieved. Incorporation of visual illustrations or picture aids for teaching practically so participants can learn by seeing considering that most people in pastoral/agro pastoral settings are illiterate.
- Providing more financial literacy trainings. The desire for gaining business skills was high i.e., find new ways of diversifying their businesses in the communities. Explore providing more financial literacy trainings as people were eager to receive more information on how they could access loans, start a business etc. Linkages to business trainings to diversify income as well as availability to food varieties.
- Look further on the available opportunities to strengthen markets and linkages.
- How to effectively scale the training forums? What other avenues would be ideal for scaling the practical based trainings other than through cooking demos? Explore opportunities or areas to conduct practical based trainings. i.e., conduct cooking demos in schools, clinics, etc.

What to expect?

- A sustainable way of rolling out cooking demos in the households that includes having households try out different meals based on the visual/recorded recipes shared out with them.

- Uptake of nutritious meals in the communities.

- Blended learning sessions within the VSLAs that makes it interesting for participants whilst passing information in a vibrant manner.



4.0

An Approach for Identifying Community Champions

4. An Approach for Identifying Community Champions

– Concept Definition

This concept acknowledges the need to identify local and strategically influential local champions in a way that builds trust from both women and men in communities whilst also reducing the burden of CHVs in terms of the intensity of their work seeing they focus on a number of households that are far away from each other. The approach encompasses the introduction of a local community champion who works hand in hand with the CHVs to enhance the uptake of MIYCN related practices. Subsequently, this concept aims to identify strategies on how to effectively map out and identify local champions who have positive influence on the adapted MTMSG as well as the male groups.

We outline below the key elements that will be critical for this concept to function effectively once tested;

A model of support for CHVs

- Identification of local champions based on **influence groups** i.e. testing out the key users as per the TDA report and identifying relevant and influential champions for each target group. This concept also envisions scenarios where **communities choose their local champions** based on their interactions and MIYCN lived experiences in the communities.
- Identifying **methods and tools of measuring or tracking the success** of the local champions while allowing them autonomy in the communities.
- The concept also explores social reward mechanisms for the best performing champions in the community.

4. An Approach for Identifying Community Champions

– Concept Definition

Key Outcomes:	
Type of intervention	A re-engineered CHV Model
Audience	Adapted MTMSG, male groups and the wider community
Design Question	HMW leverage the CHV model to include champion women to build trust in communities whilst encouraging the adoption of positive MICYN practices?

What is the desired strategic outcome?

- A champion based model that leverages on different lived experiences amongst community members to amplify MIYCN practices through the 'rub on' effect that influential people have on the rest of the community members
- Sustainable uptake of MIYCN practices even in situations where CHVs are not present.

TDA Findings underpinning this intervention

01 Whilst CHVs are trusted in communities in matters health, mistrust still rooms especially from men and in relation to reproductive health, a key element towards enhancing positive MIYCN outcomes. This is because men are not involved in the CHV household visits hence the suspicion around RH matters such as family planning and children spacing.

02 CHVs, whilst performing noble activities in communities, are overstretched as they have to cover many households that are far away from each other. A champion model thus seeks to bridge this gap.

An Approach for Identifying Community Champions – An Overview of key elements



An Approach for Identifying Community Champions

- Key Elements

Identification of local champions – A one size fits all does not work

Whilst local champions are key and have helped influence community members to uptake better MIYCN practices, the challenge remains that different groups of men and women will have different influencers. A one size it all does not work, and this is one of the main barriers when it comes to having successful local champion models.

For this model to be effective, it will be prudent to map out influence groups indicating the level of influence a champion would have in different contexts with the aim of having the most influential for the different groups of mothers in the adapted MTMSG as well as within the male groups.

For this element, we propose that local champions are identified by testing the key users identified per intervention as per the TDA report. The community will validate these or invalidate the same by providing the ideal users who would make up a persona in these communities.

Empowering communities to choose their preferred community champions

Building on element I, we also note that communities understand their needs better; they understand their reference groups better and are hence better suited to identify community champions for the different peer groups in the adapted MTMSG as well as the male groups.

This choice will be an appreciation/reward mechanism for those households that have demonstrated the uptake of MIYCN practices.

Where a household has uptake MIYCYN practices, the champions should be anchored on a couple-based model where the husband and wife become champions for their respective groups. In households where there are no couples, then the woman of the household will be recognized and identified as a champion. Alternatively, for single women, they should be encouraged to identify their key support individuals to work with them as champions i.e.. Mother-in-law? Mother? Sister? Brother?

An Approach for Identifying Community Champions

- Key Elements

Measuring the effectiveness/success of community MIYCN champions

This element envisions a sustainable community champion approach that tracks the MIYCN milestones being achieved by the champions with the aim of building a sustainable model.

The measurement will entail understanding the social influence that these champions have in relation to different groups of people in the communities. Levels of influence do matter as this will eventually result in influencing the uptake of key MIYCN practices in the community.

An influential champion should **raise awareness** in relation to MIYCN practices and eventually **create a community that advocates** for these practices. To measure this, we propose rating the champions against the **adoption pathway model**.

The Adoption Model gives clarity on what the jobs to be done are when seeking to drive uptake of MIYCN practices. It is made with the understanding that the target users of any product are typically at different stages in the journey to adoption of the product and thus a blanket approach cannot work. This model enables us to target a user at the right point in this journey and to develop a focused approach that will enable them proceed to the next stage – closer to adoption. Champions should ideally have influence to move the community members from one stage in the adoption model to the other to indicate that they indeed do have substantial influence.



AWARENESS

How present is it in this user's peer group & environment?

COMPREHENSION & VALUE

How well do I truly understand it?
How highly do I value it?

TRIALABILITY

How able or willing am I to trial it?

CONFIRMATION

Through usage, the extent to which I have confirmed the value it brings.

RETENTION

I use it regularly because it meets my need.

ADVOCACY

I know its value and I am confident that other will find it useful so I am willing to share my experience.

An ideal champion should be able to move a community member from the point of awareness to the point of being a MIYCN advocate.

An Approach for Identifying Community Champions

- Key Elements



A reward-based and scoring mechanism

For the community champions model to be effective, there is going to be need for a well-structured incentive mechanism that is both motivating yet sustainable.

Community champions are expected to be critical points of influence and work hand in hand with CHVs to increase the uptake of MIYCN practices in communities.

The proposed rewards include;

- Social Capital where the champions are;
 - **Selected by the community members** themselves as their trusted sources of MIYCN related information and practices; and
 - Organizing for sessions where the champions attend other groups away from their areas of operation as **MIYCN speakers/experts** to share their experiences with other groups thus growing their social capita;
 - Creating a **Community of Practice** for champions where they meet bi-annual to share and reflect on their experiences sharing MIYCN related activities in the communities. This allows for **access to networks** that the champions would otherwise not have normally.

An Approach for Identifying Community Champions

What will be tested

Desirability

Q1



Validation of key users

Who does community identify as influential people who they can rely on and trust when it comes to MIYCN related practices?

Feasibility

Q2



Conducting communal events

Do people look up to certain people in communities? What's their level of influence?

Validation that the influence factor is valuable

Viability

Q3



A sustainable reward mechanism

How can we build a sustainable MIYCN champions' model?

An Approach for Identifying Community Champions

- What will be tested



Who influences specific groups of people and how much influence do they have?

a) Conducting FGDs with different MTMSG peer groups and men to understand their preferred choice of local champions

An approach for identifying community champion seeks to include a local champion model as people primarily charged with sharing their lived experiences to inspire other community members to uptake MIYCN related practices. However, the model has to be alive to the fact that influence groups vary for different groups, and it would be imperative that the local champions are key influencers for the groups they are allocated to.

This activity will involve two main activities;

- Conducting FGDs with men and women to understand their perceptions around a male local champion and who ideally would make a good local champion. This will involve showing them various users/personas who would make for ideal champions and having them build on these or propose others; and
- Conducting FGDs with women to understand their perceptions around a female local champion and who ideally would make a good local champion.

Assumption to be validated

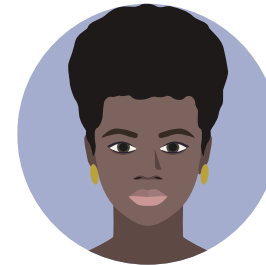
Whilst local champions are important, it is critical to consider their level of influence on given groups of community members.

Suggestions for measurement

In order to measure the success of this intervention in piloting, we have proposed some indicative metrics;

- ✓ Increased uptake of MIYCN and carer practices at both the household and community levels as local champions will be sharing relevant lived experiences and their influence will be tailored for the groups they are attached to.

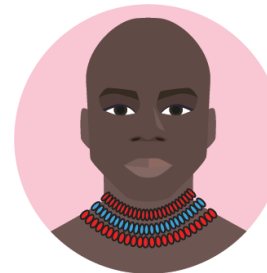
CHAMPION MUMS



AN ADOLSCENT CHAMPION



A YOUNG MALE CHAMPION



An Approach for Identifying Community Champions

– What will be tested



How can we build a sustainable MIYCN champions' model?

a) Conducting FGDs with prospective champions to understand their perceptions and the preferred reward mechanism to build a sustainable model

Once the community members have identified people they would consider as champions in the communities, we propose to conduct IDs and FGDs with a few of the proposed champions to understand their perception on the MIYCN champion model.

This activity will involve two main activities;

- Conducting FGDs with the proposed champions to understand their perceptions and have a feel of how to make the model more efficient and sustainable from their own points of view; and
- Conduct an FGD with a different group of proposed champions to validate the rewards they would prefer and why these are important for them.

Assumption to be validated

A social based reward system is critical in incentivising the champions and sustaining the MIYCN champion model.

Suggestions for measurement

In order to measure the success of this intervention in piloting, we have proposed some indicative metrics;

- ✓ Increased uptake of MIYCN and care practices at both the household and community levels as local champions will be sharing relevant lived experiences and their influence will be tailored for the groups they are attached to.

b) Organize champion led events and invite people to attend

This activity will involve planning for and organizing champion-based MIYCN events and inviting a diverse group of community members to attend. We propose that the events be agenda based i.e., a cooking demo or a talk on the need for energy saving jikos.

The aim of this event will be to observe the number of people who attend such events giving an indication on the influence levels of the champions on the communities.

Additionally, we propose to have one of the events have a reward element to it (i.e., a MIYCN kit) and another without to validate if influence truly is a decisive factor for the community.

Lessons to be learnt

Do community champions have varied influence on different groups and how does that look like for the different groups.

Suggestions for measurement

In order to measure the success of this intervention in piloting, we propose some indicative metrics;

- ✓ Recording the number of people who attend such events and comparing these number to the total number of people who had received the invitations





Learnings and Recommendations from prototyping phase



Identification of Community Champions

Results

Key Highlights

 Worked	<ul style="list-style-type: none">Community members noted that different people indeed have different points of influence and these should help play the role of MIYCN community champions.
 Did Not work	<ul style="list-style-type: none">The assumption that CHVs will automatically act as community champions. A one size fits all is not preferred.
 Adaptations for further testing/roll out	<ul style="list-style-type: none">Integrating the champions in various community meetingsWhat other channels besides VSLA gatherings can champions leverage on to share MIYCN related information. i.e., audio recordings, visualized recipes, radio dramas, participant generated MIYCN songs etc.
 Key learnings	<ul style="list-style-type: none">Champions should receive trainings on health practices & MIYCN issues improve their capacity in providing adequate support.Champions are highly likely to be well learned in comparison to the CHVs so potentially posing the possible fear of CHVs feeling as if they will be replaced.

Community Champions

General Learnings

- Champions should receive trainings on health practices & MIYCN issues improve their capacity in providing adequate support. They will be the point person between the CHV and community linking community members to the CHV. Champions should also receive materials like sanitation packages (sanitizers, soap, gloves, first aid kits). They can also facilitate MUAC activities.
- They can also support in the role of mobilizers whenever there are meetings called up by any organizations and identify positive deviants & other champions in the community.
- Champions are highly likely to be well learned in comparison to the CHVs so potentially posing the possible fear of CHVs feeling as if they will be replaced. Therefore, enhancing the risk of conflict between the CHV and champions however, this can be mitigated by clearly distinguishing roles between the CHV and that of the champion.
- In summary champions should possess specific qualities such as be trusted, be able to link people to facilities, available and ready to help, be role models who practice good nutrition, sanitation etc., be discreet (not sharing out household information). They are viewed as leaders in their capacity who is well knowledgeable about his/her community and with the ability to identify poor performing households for support.



General Learnings

Champion profiles-based off participant feedback from the FGDs



CHVs were identified as ideal champions for reaching adolescent mothers, PLW, as well as men across all ages in the communities. In general, CHVs were ranked as the most influential persons in the communities.



Parents (both mother and father) were mentioned as ideal champion profiles for adolescent girls and boys in Samburu especially.

In Turkana particularly, adolescent girls preferred their fellow adolescent girls as champions. These are peers who seem to be raising healthy children and taking them to school.

In both counties, fathers were also mentioned as possible champions for young men (those in their 20'S and 30's) as they were perceived to have played critical roles in bringing up their families hence described as people who understand what it means to bring up a healthy family.

Characteristics of the identified champions

- CHVs are respected and trusted as the community has seen them interact with in relation to MIYCN practices and behaviours over the years.
- CHVs have also remained consistent over the years. They are seen as ordinary people in the communities who understand the context in these communities and have the community's best interest at heart hence better suited to be MIYCN champions as well.
- Adolescent boys and girls look up to their parents to guide them on day-to-day matters. Adolescent girls who get pregnant eventually seek counsel and assistance from their parents especially mothers on how to bring up their children especially on what to feed the children and clean them in a way that ensures proper growth.
- Peers amongst the adolescents were also identified as potential champions. The preferred peers are those who despite being adolescents have brought up healthy children and taken these them to school. They are seen as role models.

General Learnings

Champion profiles-based off participant feedback from the FGDs



Teachers and Nurses were identified as ideal champions for reaching men who were married and had children. This was mostly highlighted in Turkana as teachers and nurses are highly respected in the communities because they are seen to be well educated hence perceive to have knowledge that may help communities.



Community leaders such as religious leaders, chiefs, village elders were mentioned as potential champion profiles who are influential especially amongst older men and women.

Characteristics of the identified champions

- Men preferred educated champions i.e., people who have gone beyond high school and attended a tertiary institution.
- Educated people were perceived to be knowledgeable and can comprehend MIYCN related information and pass this to the communities in away they can understand.
- Nurses were seen as being credible as they are in the health sector and hence trusted in communities.
- Community leaders such as religious leaders, local administration leaders and village elders were identified as key influencers amongst older men and women across Samburu and Turkana. They are perceived as custodians of good MIYCN practices that are contextualized to their communities. They were seen to have institutional memory and hence best placed to pass MIYCN related information to the communities.

General Learnings

Champion profiles-based off participant feedback from the FGDs



Women whose households were deemed as up taking MIYCN practices and behaviours were identified as ideal champions for reaching young and middle-aged women i.e., women in their 20s, 30s and 40s. This came out in both counties.

Characteristics of the identified champions

- Positive deviants were identified as points of influence. These were mostly women who;
 - ✓ Noted that they had breastfed their children for more than six months;
 - ✓ Whose households had pit latrines hence proper sanitation
 - ✓ Whose households were well kept and always clean hence better hygiene for the household members
 - ✓ Whose children and husbands were always clean while in the communities thus indicating better hygiene

Key Learnings

Reward Mechanisms for MIYCN Community Champions

We highlight below the major reward that were highlighted by potential champions as a motivation for them;

Most preferred reward mechanisms

- Communal blessings, especially in Samburu. Champions in Samburu prefer being conferred with blessings from the elders for the work they would be doing in the interest of their communities.
- Social recognition/respect from society. This should be done in barazas and in front of other community members. It was noted that social recognition leads to and respect.
- Certificates – Certificates were preferred as the champions are able to hang them in their houses and this becomes a source of pride and joy for them as it depicts them as people who care about their community and have contributed towards this. Additionally, certificates can be used for job applications in future.
- Financial support specifically to help the champions in their day-to-day interactions with the communities i.e., at times they may require to pay for a motorbike to move from one place to another



Other forms of rewards noted included;

- Access to loans to give them moral support.
- Access to motorbikes that can be used for movement especially if covering long distances.
- Smart phones that could aid with sending out of MIYCN reports.
- Livestock to take home.
- Uniforms-branding of champions (t-shirts) etc.

Practice Based Learning – Recommendations on key elements

Develop a database for the identified community champions

The community champions play a pivotal role in influencing community members to uptake certain behaviours and practices in the communities. As noted, the proposed champions above were highlighted as men and women who would play a critical role in the influencing the community to uptake MIYCN related practices and behaviours.

A database allows for targeted allocation of the champions based on different personas allows communities to receive MIYCN related information from their points of influence and from people they can trust and listen to.

What to expect?

- A MIYCN Community of Practice – A CoP of individuals who possess MIYCN information and can relay this to individuals, households or the wider community and especially fill in the gaps where CHVs are not ever present in the communities due to their demanding obligations
- Hands on MIYCN related activities embedded in the communities

There is need to train the champions on MIYCN related practices and behaviours

The identified champions do not necessarily possess full and accurate MIYCN related information. It is therefore important that the identified champions are trained on key and core aspects in relation to MIYCN.

With such trainings, champions will be everyday MIYCN advocates in the communities and households. The main topics highlighted by the communities are being critical in raising awareness around uptake of MIYCN practices and behaviours include;

Exclusive breastfeeding. The main subtopics around this were;

- Imitation of breastfeeding after childbirth.
- How often should this be done. When does breastfeeding stop?
- What are the dos and don'ts when breastfeeding children?
- What should mothers do when they are not around the households to breastfeed their young children? i.e., expressing milk.
- What should a mother feed on to ensure that she produces nutritious and quality breastmilk?
- Modalities around ANC and PNC visits.

Preparation of nutritious meals. The main subtopics around this were;

- What forms a combination of nutritious meals? (Minimum Acceptable Diet & Minimum Meal Frequency) for children at different ages, for pregnant women and for lactating women and how to prepare these meals. As noted, women were willing to use the savings from their VSLAs and invest these in purchasing these foods.
- How do you prepare a balanced diet? This was from the fact that the women were not fully versed on how to cook different nutritious meals in a way that ensures a balanced diet
- What meals should be given to younger children and different age groups and what meal is meant for adults?
- How to use kitchen gardens.

WASH practices. The main subtopics around this were;

- How should mothers' clean young babies? Are there cleaning ingredients that should be included?
- How to maintain clean compounds.



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