



GOALS

- To improve amount and variety of food consumed by pregnant and breastfeeding women, particularly animal source foods and nutrient-dense vegetables and fruit
- To improve quality of exclusive breastfeeding, including increasing average duration of feeds and positioning
- To improve the quality of complementary feeding, including age- appropriate variety/diversity, frequency, food consistency and amount
- To improve feeding during illness and recuperation period
- To reduce diarrhea frequency and environmental enteropathy through increased handwashing with soap, and actions to keep babies from contacting feces (e.g. safe play areas)

KEY BARRIERS

- Local foods not seen as high-value; perception that “good” nutrition means buying food, especially packaged foods
- Difficulty in understanding/managing many recommendations for optimum health during pregnancy, breastfeeding and different age stages
- Fear of not having sufficient quantity of breastmilk to satisfy/nourish baby
- Lack of time to breastfeed for sufficient duration each feed
- Belief that young children should are not eat foods like vegetables/meat (even mashed) because they don’t have teeth
- Belief that watery porridge/soup has sufficient nutrients for a young child
- Illness, including diarrhea, is seen as a normal part of childhood and not necessarily connected to hygiene practices
- No concept/awareness of a recuperation period for children following an illness
- Lack of resources (time and money) for treating water

FACILITATING FACTORS

- Good support from families for trying new foods/prioritizing children’s food
- Minimal existing food taboos for pregnant and breastfeeding women
- Overwhelming acceptance/belief that breastfeeding is best for babies
- Strong willingness to try new practices in interest of children’s health
- Frequency of feeding for young children generally high/appropriate
- Trust in health workers/information from health centers

COMMUNICATION OBJECTIVES

- Create a belief that the best start in life for a child begins with support of the pregnant woman and continues with through the child’s first 2 years of life
- Improve women’s sense of self-efficacy in following complex set of recommendations for health of her children
- Improve inter-family dialogue and in particular role of husband/partner in preparing and serving food and household hygiene
- Create attitude shift in health workers on supporting families to achieve maximum child growth and health, not just weight gain
- Create a sense of responsibility within communities for their women and children
- Reposition locally available foods and traditional ways of growing and preserving foods as the healthiest, best option for families.
- Build the link between poor hygiene and sanitation and poor child growth and health and empower families with the confidence that it is possible to reduce the incidence of child illness (including how to create a healthier environment for children with “safe play spaces”)
- Introduce and develop the concept and recognition of the “recuperative feeding window” for children following an illness.

ACTIVITIES

- **Mass media:** Radio series
- **Clinic level:** Support to GRZ/NFNC in scaling up effective counseling and information given via clinics
- **Interpersonal/community:** 8 districts; 131 communities ; group meetings and one-on-one sessions using child growth reminder card, menu planning game and placemat, feeding bowl with age-appropriate amounts; creation of safe play-spaces; and cooking and food preservation demonstrations