



**REPORT ON BABY FRIENDLY COMMUNITY INITIATIVE TRAINING FOR COMMUNITY HEALTH
VOLUNTEERS FROM GEM, KAREMO AND ASEMBO REGIONS OF SIAYA COUNTY HELD AT CRS
HALL IN SIAYA COUNTY REFERRAL HOSPITAL**



FROM: 10TH -16TH SEPTEMBER, 2021.

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Introduction

Heidelberg Institute of Global Health (HIGH), in collaboration with Kenya Medical Research Institute (KEMRI), is conducting a sub-project on “Climate-sensitive nutrients, undernutrition, and malaria in sub-Saharan Africa,” which is led by Prof. Dr. Ina Danquah. The project, funded by the German Research Foundation, is intended to take place in the Gem, Karemo, and Asembo regions of Siaya HDSS. This integrated agrobiodiversity project will be conducted in 600 households with young children between 6-23 months of age, randomized into either Control or Intervention group. The 300 households in the intervention group will be followed for 12 months and will receive Home-Gardening and Nutrition Counselling interventions for the said period. The Nutrition Counselling intervention will be implemented by the Community Health Volunteers (CHVs) from the Ministry of health, working within the study site.

As part of the partnership with the County Government of Siaya (Health Department), HIGH agreed to support a comprehensive training on Maternal, Infant and Young Child Nutrition to the CHVs who will offer Nutrition Counselling to the mothers in the intervention. The Siaya County health department was expected to recruit CHVs for the said task and coordinate access to the curriculum for the said training. A training on Baby Friendly Community Initiative for CHVs (cBFHI) was selected since it's a standardized and accredited curriculum. The goal of BFCI is to promote, protect and support breastfeeding, optimal complementary feeding, and maternal nutrition with a particular focus on the first 1000 days. The training aimed at improving the knowledge and skills of the CHVs in preventing malnutrition which is the single greatest contributor to child mortality, by highlighting the importance of intervening early in pregnancy and the first two years of life using the essential nutrition actions. By the end of the course, CHVs were expected to acquire knowledge and skills on the following topics; Rationale of Initiating BFCI; Food, nutrients, and nutrition; Maternal nutrition; Feeding infants 0-6 months; Complementary feeding; Growth monitoring and promotion; Establishing BFCI communities; Household food security and Monitoring and evaluation. By so doing, the CHVs will be expected to offer accurate information and skilled Counselling to the mothers in the intervention to facilitate optimal feeding of infants and young children.

Objectives of the Training

The overall objective of the training was to enable Community Health Volunteers to have focused attention on community initiatives to improve maternal infant and young child feeding practices. In addition, the training was to equip the CHVs with the necessary skills to implement the Nutrition Counselling intervention.

The specific objectives of the training include;

1. Train CHVs on skills and knowledge on how to apply and implement interventions which promote, protects, and supports exclusive breastfeeding for the first six months of life, optimal complementary feeding, and maternal nutrition
2. Strengthen care, support, and follow up for pregnant women, mothers, and caretakers to practice optimal MIYCN through facility-community linkage
3. Specify roles and responsibilities of various identified stakeholders in promoting appropriate MIYCN practices
4. Provide guidance on how to sustain a baby friendly, supportive environment at hospital and community levels.

Course coordination (Participants, Facilitators, and Curriculum)

Participants

The participants were drawn from the three regions of the Siaya HDSS area. That is, Karemo, Gem, and Asembo in Siaya County. Since the P2 project is taking place in about a 10kilometer radius near the five weather stations, 3 CHVs were selected from the 5 regions. A total of 15 CHVs, 14 females and 1 male were selected for the Nutrition intervention project. The distribution is as shown in table 1.

Table 1: Characteristics of the participants

No.	Residence near Weather Stations	HDSS Site	Sex		Total
			Male	Female	
1	Akala	Gem	0	3	3
2	Wagai	Gem	0	3	3
3	Ting'wang'i	Karemo	1	2	3
4	Siaya Referral Hospital	Karemo	0	3	3
5	Lwak	Asembo	0	3	3
Total			1	14	15

The mean age of CHVs was 47.9 Years, with the youngest being 35 years while the oldest is 58years old(Appendix 1). Concerning their years of experience as CHVs, the average years was 12.3, with the

longest-serving CHV being 22 years while the youngest serving was 2 years. The majority have had an update on Nutrition in General, maternal nutrition, Agro nutrition and some child feeding updates as captured in Nurturing care and ECD training by many partners. Apart from the stated nutrition updates, none of the CHVs had training on cBFCI course.

Facilitators' Profile

The cBFCI training was conducted by Facilitators drawn from the National BFCI TOTs list. This included Grace Kihagi, who is a National TOT on BFCI and MIYCN and a researcher. The second trainer was Mr. Oscar Kambona, a National trainer on BFCI and a County Nutrition Coordinator. He was very instrumental in providing training materials, especially the MOH policies, MIYCN Counselling tools, and the booking of the training hall. He represented the County Director of Health in Siaya County. In addition, a nutritionist from Gem, Madam Janet Sika, supported the training with facilitation and planning of logistics.

Curriculum

The facilitators followed the MOH accredited curriculum and the teaching methodology. A hybrid curriculum of the 2018 cBFCI course, 2020 curriculum, and additional notes were used to cover both cBFCI's objectives as well as Nutrition Intervention objectives. The training was conducted in a maximum of five days but with the intention of additional 2 days as a refresher and pre-testing of Counselling.

Preliminaries

Climate setting

The workshop began at 9.50 am on Friday 16th September 2021. The participants did a round of introduction stating the area of residence, their experience as CHVs, and their expectations for the training. This was to ensure that all weather Station sites had an equal number of CHVs. The HIGH team also introduced the upcoming project, highlighted the overall goal, and stated the expectations from the CHVs. The CHVs were taken through the Consent/ terms of engagement which were we read by the County Nutrition Coordinator assisted by Grace. This was to ensure that all clauses were understood. In addition, the participants came up with group norms to guide the 5 days training. This was on the expected mode of behavior during the training, such as the use of Mobile phones and respect for other people's opinions. This

was to facilitate a respectful and conducive learning environment. Lastly, the CHVs selected a few leaders, such as the chair, the timekeeper, and the rapporteurs who worked with the facilitators during the five days.

Opening remarks from the County Health Department

On behalf of the County Director of Health, the County Nutrition Coordinator welcomed all participants and assured them continued support during the entire project phase. He explained that he had worked with the Community Strategy focal person to select responsible and reliable CHVs who met other criteria stipulated by the project. He, therefore, requested the CHVs to be committed to the tasks and deliver all targets on time. He urged them to be flexible in the coverage as he explained that they would be trans-versing areas away from their usual jurisdiction.

Opening remarks from HIGH

The P2 Principal investigator Prof Ina joined the group via Zoom to give opening remarks: She reiterated on the need to have committed CHVs for the project's overall success. She was keen to assure CHVs of any support needed during the project implementation.



Figure 1: Opening Remarks by Principal Investigator, Prof. Dr. Ina, through Zoom Meeting

The CHVs expressed their satisfaction and gratitude for the consideration to participate in the project. Having understood the terms of engagement, they confirmed their willingness to participate and consented to the display of photos or any form of documentation for project-related reporting. However, acknowledging the difficulty in movement during the rainy season, they requested support with Umbrellas, a bag, and a diary to facilitate smooth movement and documentation of appointments. Prof Ina confirmed that such items are essential during the implementation; therefore, she promised to have them ready before the commencement of the field activities.

Pre-test

At the beginning of the training, the participants sat for a non-written knowledge test to assess their prior knowledge on the BFCI. This involved a set of 20 standardized Knowledge questions drawn from the cBFCI course. The following procedure was used:

Step 1: The participants were asked to stand on a straight line facing the blackboard/in front of the screen with the facilitators standing behind them, as shown in Figure 2.



Figure 2: Arrangement of the participants during pre-test

Step 2: One facilitator read the statements from the pre-test while the other facilitator recorded the answers. A correct answer was marked with an open fist, a wrong answer with a closed fist, and an unsure answer was marked with 2 fingers, as shown in figure 3.

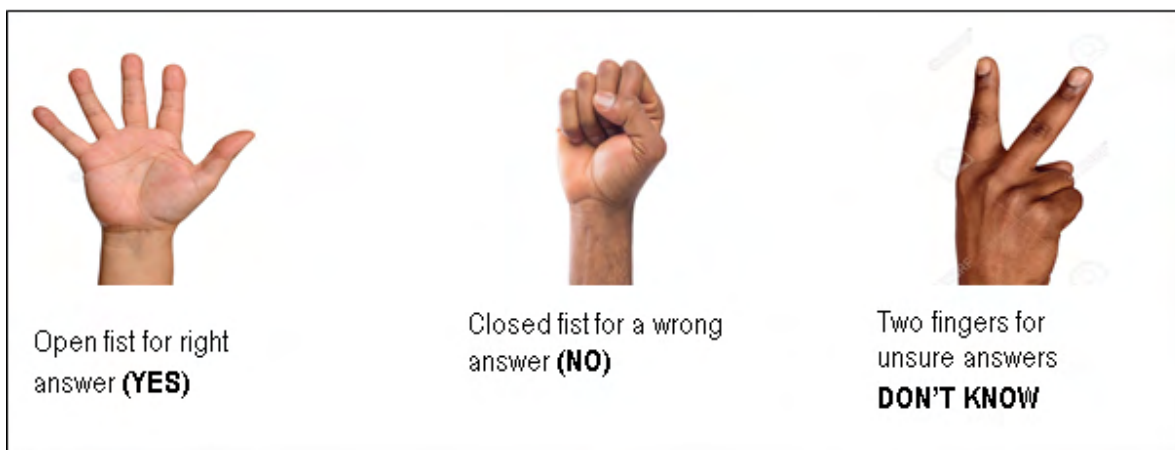


Figure 3: Use of simple methods to display right or wrong statements

Step 3: The facilitators tallied all correct responses for all questions/statements.

Step 4: Once done, the participants were asked to return to the plenary and informed that the topics covered in the pre-test would be discussed in greater detail during the training.

Step 5: The facilitators then summarized the session, noting the topics that had the most knowledge gaps on a flip chart. The same procedure was followed using the same questions at the end of the training

Course Content and Coverage

The topics covered in the cBFCI training are in the table below: All subjects were covered comprehensively according to the MOH-approved curriculum (including the practicals) to meet the participants' expectations and the course.

Table 2: Course content

TOPICS	CONTENTS/COVERAGE	REMARKS TARGETED SKILLS
Introduction	1. Introduction to DFG, P2 project, research & data collection 2. Introduction to MIYCN Cards 3. Introduction to BFCI	Overview of the course and Maternal Child nutrition indicators covered
Food and Nutrients	4. Food and Nutrients	Food groups & Sources
Maternal Nutrition	5. Maternal Nutrition	Food groups
Feeding of children 0-6Months	6. Importance of Breastfeeding 7. How breastfeeding works 8. Breastfeeding techniques 9. Listening and learning skills 10. Building confidence skills 11. Common breastfeeding difficulties 12. Expressing Breastmilk and cup feeding 13. Breast conditions related to breastfeeding	Skills learnt: expressing, positioning, attachment, Building confidence & listening, learning skills
Feeding children 6-23Months	14. Importance of complementary foods 15. Foods to fill energy vitamin A and Iron gap 16. FATVAH 17. Modification and fortification 18. Additional Notes on feeding Sick & malnourished children	Learnt FATVAH concept and other concepts of complementary feeding
Growth Monitoring	19. Growth monitoring and promotion 20. Developmental milestone & Early childhood stimulation 21. BMS act	Learnt how to interpret growth charts appropriately
cBFCI	22. Establishing BFC- 8 point plan 23. BFCI Interventions 24. Roles of different stakeholders 25. Monitoring and evaluation 26. BFCI & P2 reporting tools & documentation 27. BFCI assessment and accreditation	BFCI implementation and Monitoring covered

Others	28. Household Food and nutrition security	Skills on kitchen garden implementation
Fieldwork preparations	29. Review of data collection tools and documentation in a refresher course 30. Role plays on Counselling 31. Pretesting & Debrief	Refresher course to take place before the commencement of the Nutrition Counselling intervention.

Teaching methodology & Mode of delivery

The course content was delivered using various participatory learning methods as guided by the MOH BFCI training curriculum: The mode of delivery included:

- ❖ Power-point presentations- Use of slides
- ❖ Lecture methods
- ❖ Question and answer method
- ❖ Group discussions and presentation- The majority of the topics required the use of this teaching method
- ❖ Individual exercise
- ❖ Use of audio-visual- Use of Videos on breastfeeding concepts, commentary feeding, and Nutrition Counselling to compliment the theory
- ❖ Demonstrations
- ❖ Role Plays on communication skills and Counselling
- ❖ Daily evaluation and feedback
- ❖ Field practicum/ pretest

In addition, the participants sat for a pre-test at the beginning of the training. This aimed at assessing knowledge on the BFCI package. The pre-test was used as a guide during training, emphasizing the already identified gaps. Later, the participants sat for a post-test on the same concepts. This evaluation after training was used to assess if the participants had gained knowledge on BFCI after the training.

Field Experience and pre-testing

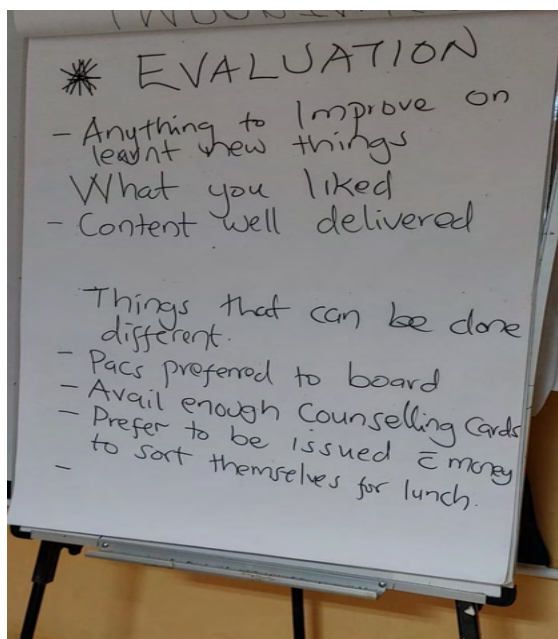
As part of the recommended methods, the participants will be expected to visit some households within Siaya to apply the skills learned in class, especially Counselling. After that, the CHVs will share their experiences on the Counselling sessions conducted and their perceptions on the application of the P2 documentation tools.

Course Evaluation

Evaluation of training by Participants

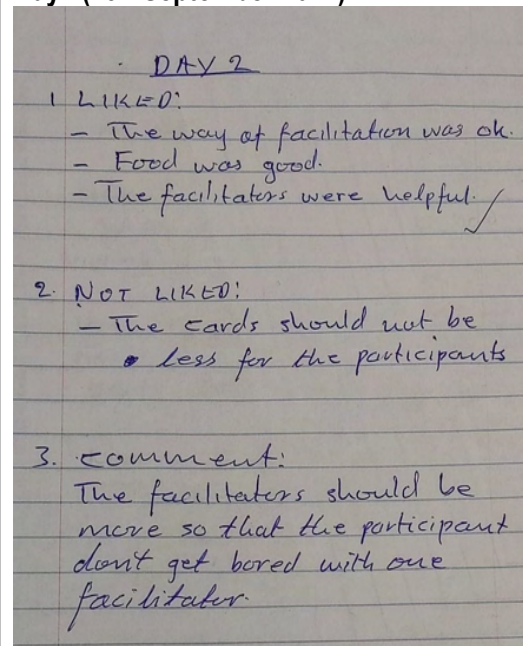
Participants evaluated the course every day, highlighting areas that were understood well, Areas that were not understood, areas liked most, areas that needed improvement, and any other comment. An analysis was done every day, and the concerns raised were addressed promptly. Some prompted immediate solutions before commencing training for the day. Figure 4 and Table 3 provide a summary of evaluation by participants.

Day 1 (10th September 2021)



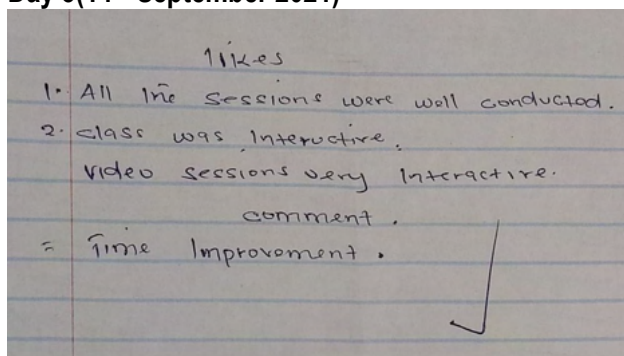
First Day' Summary done on the flip chart

Day 2(13th September 2021)



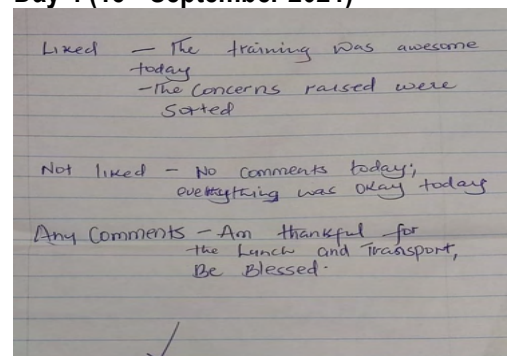
Evaluation by a CHV on day 2

Day 3(14th September 2021)



Evaluation by a CHV on Day 3

Day 4 (15th September 2021)



Evaluation by a CHV on day 4

Figure 4: Photos of Sample Daily Evaluation (1st to 4th Day) from participants

Table 3: A summary of Participants' end of 5 days' BFCI course evaluation

Topics/Concepts Not Understood/ to be revised	Topics/Concepts Understood well	Areas found most Interesting	Dislike about the training	Likes about the Training	General comment / Recommendations
1. Feeding 7-8 M baby, needs for snacks? 2. Feeding 24-59M 3. List of cards for the project 4. Food for lactating mother 5. Food fortification & modification practicals 6. Feeding in a child in special circumstances 7. Review monitoring tools	1. Importance of colostrum 2. Attachment of infants to the breast 3. Danger signs 4. Expressing of Breastmilk 5. Food for pregnant 6. Feeding Sick & malnourished Child 8. Complementary feeding for all ages 9. Food diversity 10. Feeding a non-breastfed child 11. Growth Monitoring 12. Food Hygiene 13. Counselling	1. Maternal Nutrition 2. Skin to skin attachment 3. Early Initiation 4. Breast conditions and management 4. Expressing breastmilk 5. Helping mothers to breastfeed 6. BMS act 7. Use of Videos 9. FATVAH concept 10. Complementary feeding for 6-59m 11. Making kitchen gardens with simple materials 12. Nurturing care 13. BFCI initiatives	1. Time was too squeezed 2. Water for drinking is not adequate 3. Cards not enough 4. Departure time was late 5. Long distance travel to the venue 6. Short breaks 7. Toilet facilities were inaccessible sometimes	1. Good participation of CHVs & facilitators 2. Facilitators elaborate, friendly 3. Training well conducted 4. Use of videos in the training 5. Very insightful course, applicable 6. Conduct of pre-post-test. 7. Facilitation with transport 8. Outstanding training 9. Good Food & service	1. Jovial Class 2. Relevant course 3. Create whatsapp group for updates/ Zoom. 4. Happy with facilitators 5. More training in the communities 6. Good food & drinks 7. Training Successful 8. Consider training in a hotel(Accommodation) 9. Transport reimbursement was reasonable 10. Do good orientation of facilities like toilets 11. Continuous mentorship 12. Consider Refresher course quarterly

Emerging issues from participants' evaluation and some interventions

- a. **Mode of delivery:** Overall, participants seemed to have been okay with using various teaching methods, especially videos, which made sessions very interesting. They were okay with the mode of delivery by the facilitators and found the facilitators friendly and helpful (Table 3). However, they preferred to have several facilitators instead of two for the entire day (Figure 4).
- b. **Time:** On the issue of time, participants highlighted it as one of the areas to be improved, with some suggesting a review of time allocated for the different sessions and reduction of time for day's sessions so that sessions end before 5 pm. However, it was clarified that the facilitators couldn't alter time since it is directed by the approved standard curriculum.
- c. **Administrative issues:** The CHVs were okay with the facilitation of transport and food; however, they preferred an allowance for food instead of physical meals. It was challenging to change this since they would spend lots of time on lunch breaks. However, there was a strong recommendation

to have participants accommodated in a hotel during the training since they were traveling from long distances with some using more than Ksh 750 to and from due to the long-distance and inaccessible means of transport due to the rainy season. As part of the solution to the high transport cost, there was an increase in transport reimbursement from Ksh 500 to 750 for those coming from near areas and Ksh 1000 for those traveling from long, inaccessible places to cater for the cost.

- d. **MIYCN Counselling cards:** The other major recommendation was on the provision of enough Counselling cards for all participants. This was not addressed during the 1st four days; however, the CNC had found a solution by the end of the training. He managed to find the extra copies from neighboring Counties and assured the CHVs of distribution by Mid of October.
- e. **Relevance of the course:** The CHVs found the course very insightful. They acknowledged that the concepts learned were very practical, such as using simple materials to construct Kitchen gardens. Therefore, they recommended replicating the training to the entire Siaya County and frequent training/Refresher course.
- f. **Evaluation of topics understood/in need of further mentorship:** From the listing of topics/concepts understood as shown in Table 3, it can be concluded that almost all topics were understood; therefore, the course's objectives were met. However, for the few highlighted concepts as not well understood/ in need of further review, the researcher plans to review this through the already created Whatsup forum. Secondly, they will form the basis of consideration during the refresher training.

Evaluation of the course by facilitators

The success of the training was evaluated by comparing the participant's performance for both pre-test and post-test using a total of 20 knowledge questions (Appendix 11). As depicted in Figure 5, the results show that CHVs' prior knowledge of Maternal Infant Young Child Nutrition was high, as indicated by an average of 82% scores for all questions during the pre-test. This could be attributed to the many years of experience as CHVs; the average years of experience was 12.3 years (See Appendix 1). The majority of them reported having had some updates on Maternal and child feeding during their tenure as CHVs though the training

was not as intense as the cBFCI. There was a knowledge gap, especially on some questions/ topics marked by a very low score of 10%. Only one participant was sure about the consistency of meals for a child at 6 months (**Question 10**).

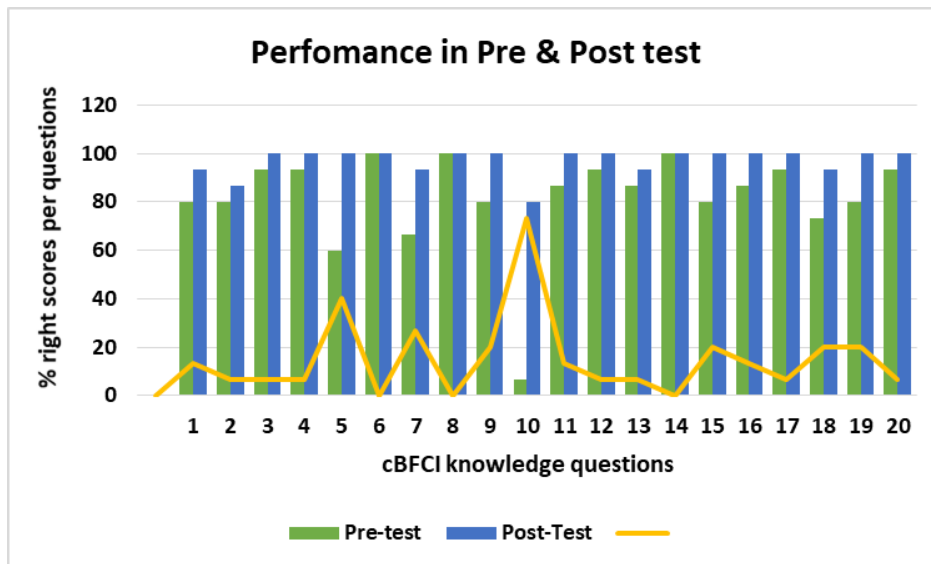


Figure 5: CHVs performance in the pre and post-test

The post-test results revealed some improvement in participant's level of knowledge, with an average score of 97% for all questions was 97% tested. Secondly, questions/concepts that had low scores during the pre-test, especially on water consumption for an infant aged below 6 months and meal frequency of meals for infants at 6 months (**Question 5 & 7 respectively**), show a rise in the percentage of correct scores to 100 & 97% respectively. Participants had mastered the concepts, therefore, were sure about the correct answers. This could be attributed to the use of varied teaching methods, especially numerous group activities, class practicals, and videos. This also concurs with the participants' sentiments, who highlighted the use of videos as an excellent strategy to improve mastery of content.

Other than the pre-test, post-test analysis, the evaluation by the participants on topics understood revealed that close to all topics were understood; hence the expectations of the course were met.

Recommendations

The following recommendations were made concerning the training. The summary of points raised is shown in **Table 3**. Overall, participants recommended the following;

- ✓ BFCI training provides relevant package needed to address worsening nutrition status of children and women in Siaya County. The same package should be replicated in the entire county through the support of the partners.
- ✓ A review of the participants' facilitation on lunch should be considered.
- ✓ To provide more videos for all sessions since this made teaching interesting.
- ✓ Future training to cater for participant's accommodation because of the long distance to the venue and the intensity of the course.

Conclusion and emerging issues for action

The CHVs developed action plans highlighting key action points for implementing the BFCI and preparing the NC intervention. The following were identified as key areas for action;

1. All CHVs are expected to give feedback at the facility covering keys aspects in the BFCI package.
2. The County Nutritionist was to source for MIYCN Counselling cards from Neighbouring regions and possibly distribute them to all participants.
3. As part of recommendations, CHVs wanted to have a Whatsup group created to communicate the scheduled project activities. The researcher created a group containing the 15 CHVs and other relevant stakeholders for the P2 project.
4. All CHVs were expected to revise all topics covered and possibly communicate at a personal level any areas found challenging. The researcher (Grace) promised to have a continuous mentorship with the CHVs.
5. All CHVs were to complete a food calendar indicating foods available within Siaya region for the different months in a Year. This was to be used as a guide during Counselling.

6. Refresher training- All CHVs were expected to have a 2 days refresher training a few days before the onset of the NC intervention. Of the two days, one day will be spent in a centralized venue where a recap of Nutrition Counselling intervention and Counselling role plays will take place. On the second day, a pre-test of Counselling within selected households will take place. The CHVs will be ready to conduct the intervention.
7. All CHVs were to ensure improved documentation and reporting on nutrition activities to address under-reporting on nutrition indicators.
8. The county office and HIGH were to support key tools to enhance data capturing on nutrition activities (Both for the Nutrition Counselling project and the routine community activities).
9. The County Office was to provide the support needed for the rolling out and implementation of BFCI to tier one (Community level).

Acknowledgment

- The facilitators acknowledge participants' willingness to learn and apply the skills learnt in the cBFCI course.
- The department of health acknowledges the support given by the HIGH & KEMRI on CHVs' capacity building, hence encourages a cordial relationship for improved health of the entire Siaya County.

APPENDIX 1: CHVs PROFILE

	NAME	RESIDENCE/ WEATHER STATION	HDSS AREA	YEARS OF EXPERIENCE AS CHV	TRAINING IN INFANT FEEDING /NUTRITION	OCCUPATION PRIOR TO CHV CAREER
1	ANNE ACHIENG' NYAWARO	LWAK	ASEMBO	15	NURTURE CARE & ECD, 2015	BUSINESS
2	JENIPHER AOKO OTIENO	LWAK	ASEMBO	22	NURTURE CARE, 2020	FARMER
3	ROSE OKECHA APIYO	LWAK	ASEMBO	15	ECD &NURTURE CARE,2019	BUSINESS
4	ROSE AOKO OTIENO	AKALA	GEM	15	NUTRITION IN GENERAL, 2016	FARMER
5	SUSAN NDENDA AKACH	AKALA	GEM	19	SOME UPDATES ON NUTRITION, 2007	ECD TEACHER
6	FLORENCE JUMA AKENG'O	AKALA	GEM	2	NO TRAINING IN NUTRITION	FARMER
7	CELINE AOKO DIANGA	WAGAI	GEM	13	FOOD GROUPS & CHOICES BY NAWIRI	BUSINESS- SELLING DRUGS
8	MARIA AOKO OTIENO	WAGAI	GEM	12	MIYCN UPDATES BY NAWILI, 2019	FARMER
9	EUNICE ATIENO OWELE	WAGAI	GEM	18	NOT STATED	AGRIBUSINESS
10	NORAH OWANGO HAINI	SIAYA REFERRAL	KAREMO	2	NO TRAINING ON NUTRITION	FORMAL EMPLOYMENT
11	NEREAH AKINYI LWANDE	SIAYA REFERRAL	KAREMO	11	AGRINUTRITION BY AMREF 2017	BUSINESS
12	SALOME ADHIAMBO OKAL	SIAYA REFERRAL	KAREMO	5	AGRINUTRITION BY AMREF 2017	SMALL BUSINESS
13	PURITA AUMA ODUOR	TING'WANG'I	KAREMO	12	AGRINUTRITION BY AMREF	AGRIBUSINESS
14	VITALIS OPIYO AKOK	TING'WANG'I	KAREMO	12	GENERAL NUTRITION, FOOD GROUPS, 2018	FARMER
15	JENIPHER AKOTH JUMA	TING'WANG'I	KAREMO	12	NURTURE CARE 2019,MIYCN UPDATES BY APHIA PLUS	BUSINESS

APPENDIX 11: cBFCI TRAINING- PRE & POST TEST

NO	QUESTIONS	YES	NO	DON'T KNOW
1	Poor child feeding during the first 2 years of life harms growth and brain development	X		
2	A pregnant woman needs to eat 1 more meal per day than usual.	X		
3	A new-born baby should always be given colostrum	X		
4	At 4 months, infants need water and other drinks in addition to breast milk		X	
5	During the first six months, a baby living in a hot climate needs water in addition to breast milk.		X	
6	A woman with twins can still breastfeed exclusively for the first Six months	X		
7	An infant aged 6 months one week needs to eat at least 2 times a day in addition to breastfeeding	X		
8	The more milk a baby removes from the breast, the more breast milk the mother makes	X		
9	The mother of a sick child older than 6 months should wait until her child is healthy before giving him/her solid foods		X	
10	When complementary feeding starts at six months, the first food a baby takes should have the texture or thickness/consistency of breast milk so that the young baby can swallow it easily		X	
11	A young child (aged 6 up to 12 months) should not be given animal foods such as fish and meat.		X	
12	A mother living with HIV should never breastfeed.		X	
13	The social protection sector has a role in supporting maternal infant and young child nutrition	X		
14	The purpose of a mother-to-mother support group is to share personal experiences on Maternal, Infant and Young child Nutrition (MIYCN) practices	X		
15	Men play an important role in how infants and young children are fed.	X		
16	A child aged 6-23 Months should eat not more than four types of food in a day		X	
17	A child(6-23months) who is not breastfeeding need additional water & Fluids	X		
18	At nine months, infants can eat mashed or finely chopped foods	X		
19	A child 7-8Months old, should eat about half a cup(250mls) per meal	X		
20	Infants should be breastfed for at least 24months	X		

APPENDIX 111: PHOTO GALLERY



Opening Remarks- County Office



15 CHVs for P2 project



Group Discussion



Group Discussions



Demonstrations on Lactation Management by TOT



Group practical & presentation

N.B: All participants therein have consented to display of their images for project-related documentation and reporting.