



Building a Shared Vision for Good Nutrition, Growth, and Development in the Community

A Recipe for Policymakers, Planners, and Program Managers



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ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a seven-year USAID-funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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COVER PHOTOS: Ingredients for good nutrition, growth, and development in the community. SPRING.

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Introduction

Poor nutrition is one of the most important challenges to the development and growth of nations and communities. In its recent *Global Nutrition Coordination Plan 2016–2021*, the U.S. Government committed to “improving nutrition throughout the world in order to enhance health, productivity, and human potential” (USAID 2016).

There is broad agreement that nutrition is a multi-sectoral problem, yet nutrition-related services are often still delivered in sector-specific silos. Recognizing the many factors affecting nutrition, countries around the world have developed multi-sectoral strategies, policies, and plans for addressing malnutrition. Translating such policies into action at the community level will require a capable workforce from across a range of disciplines. However, not enough has been done to engage, empower, coordinate, or support all of the community workers who do—or could—impact nutrition, growth, and development.

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is committed to creating an environment where nutrition, growth, and development is possible. We believe that program designers, planners, and implementers must work together with a range of stakeholders to create a shared vision of what is needed, who will do it, and how. Throughout this document, we have envisioned this harmonized approach as a “recipe” for good nutrition, growth and development, with community workers responsible for making sure all the “ingredients” are available to families and communities.

Who Should Use This Recipe

SPRING developed this recipe—including the guidance, graphics, and other resources—for government and nongovernmental program designers, planners, and implementers, state- or district-level food and nutrition committees, nutrition secretariats, or other nutrition champions charged with working multi-sectorally.

Why Use This Recipe

There are typically many resources, organizations, and activities at the community level that touch upon, enable, constrain, or profoundly impact family nutrition. By using this recipe through a facilitated process, a picture emerges for the whole of the community about how those resources and activities can be aligned for better nutrition and all that it can foster. Engaging in the recipe process means that stakeholders will be encouraged to think beyond their narrow niche or focus area and to develop together a shared vision for good nutrition, growth, and development in the community. This shared vision can then guide efforts to strengthen systems and design programs.

How to Use This Recipe

We recommend the following tips for using this recipe:

1. Identify actors who have the power to convene key stakeholders and skilled facilitators to guide the process.

2. Cast a wide net to engage those involved in designing, implementing, monitoring, and managing community-based nutrition-related interventions that aim to improve food security, household resources, resilience, care practices, and/or health services, including those for water, sanitation, and hygiene (WASH). It is critical that the right participants are in the room for the workshop.
3. Remember to leverage what is available, including human resources. Communities have many resources already.
4. Think beyond activities that directly improve nutritional status to include those that indirectly support good nutrition or, at the very least, “do no harm.”
5. Give community members a voice in designing and implementing nutrition interventions adapted to community needs and limitations, including those related to gender bias and wealth dynamics. This will build ownership and ensure mutual accountability.

You can use the resources in this recipe during one 2-day workshop or in a series of workshops or meetings, each tackling a different topic and undertaking different activities. Additional suggestions on how to use each resource are provided in the sections that follow.

Regardless of how the resources are used and who is invited, a skilled facilitator who is familiar with community-based nutrition activities should help guide discussions. Using these resources in a workshop context will take a number of days and may require adapting the resource to the local context and group of participants.

When to Use This Recipe

SPRING recommends using this recipe during planning and program design; however, the process might also be useful as part of iterative annual work planning to reassess and modify interventions or as part of a district assessment to strengthen coordination of human resources during planning and budgeting.

Regardless of when you use the recipe and plan the workshops, they will be most productive after an initial context assessment has been completed. In addition, if participants have a basic understanding of key concepts related to nutrition in the community, they are more likely to benefit from a recipe workshop. Tools such as SPRING’s [Workforce Mapping Tool](#) can be useful for assessing the context and SPRING’s [Nutrition-Sensitive Agriculture Training Resource Package](#) includes presentations and other resources for an orientation to the importance of nutrition to growth and development.

Identifying the Ingredients for Good Nutrition, Growth, and Development in the Community

To design a program for improving nutrition at the community level, program designers, planners, and implementers need to determine the context-specific determinants of nutritional status.

Session guidance: Workshop facilitators will print and distribute handout 1 (see annex 3) to all participants or and/or print and display it as a poster, then explain and discuss each ingredient and its relationship with nutrition. Facilitators will then ask participants to divide into small groups – one for each ingredient – and describe, based on available evidence and their own knowledge of the target “community,” the availability of each “ingredient” and its accessibility to all families and family members in the community.

Background: The recipe for good nutrition, growth, and development calls for a number of evidence-based ingredients (figure 1) that families will need. This recipe provides a simple way to think about and discuss multi-sectoral nutrition at the community level and includes:

1. **Food:** Food, including supplements and fortified foods, must be accessible and sufficient, safe, nutritious, and varied to support a healthy, active life. It must be free from contaminants that might cause illness, available year-round, and at a price people can afford.
2. **Caring practices:** Improving nutrition

Figure 1: Ingredients Families Need for Good Nutrition, Growth, and Development



requires the sustained adoption of optimal caring practices or behaviors (see box 1). Many of these are practices that women must adopt or are commonly viewed as the responsibility of women. However, it is important that the family (including men) support the sustained adoption of these practices.

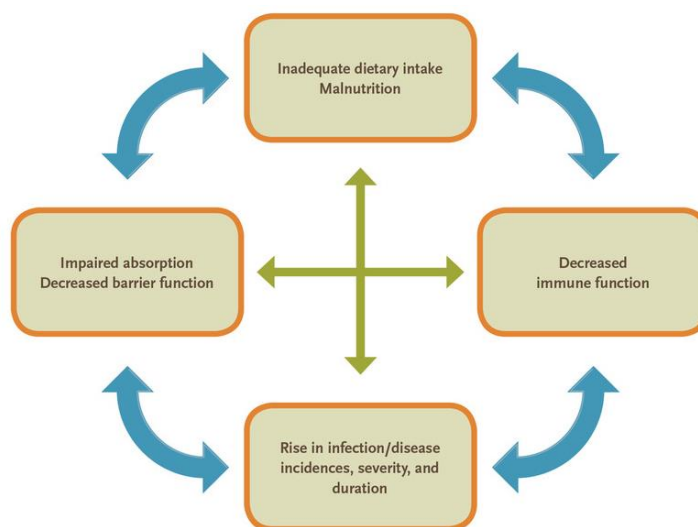
3. **Health services:** Health and nutrition are inextricably linked (see figure 2). All but a few of the priority nutrition interventions (see box 1) are provided by the health system (Bhutta, et al. 2013). Good nutrition requires access to quality health services, such as services to prevent disease, monitor growth, treat malnutrition, and support the adoption of caring practices.
4. **A clean environment:** A clean environment means children drink safe water and learn good handwashing habits; latrines are available, safe, and clean; household and institutional waste is appropriately disposed of, and human and animal feces are kept away from children. Creating and maintaining a healthy environment requires infrastructure, equipment, and supplies, such as latrines, food storage facilities, supply, and water storage facilities.
5. **Income:** Consistent and reliable income is needed to pay for nutritious food, water treatment, sanitation products and equipment, hygiene products, and health care. Household income may include loans and remittances. Evidence shows that additional income—from programs such as conditional cash transfers—can lead to positive effects on dietary diversity and stunting, as well as several

Box 1: Priority and Essential Nutrition Actions (UNICEF 2013; WHO 2013; Bhutta et al 2013)

- Consuming multiple micronutrient supplements during pregnancy
- Consuming iron and iron-folate supplements during pregnancy
- Consuming vitamin A supplements and/or during pregnancy
- Consuming calcium supplements during pregnancy
- Initiating breastfeeding within the first hour after birth
- Breastfeeding exclusively for six months
- Continuing to breastfeed for up to two years
- Introducing safe and nutritious solid, semi-solid, or soft foods in addition to breastfeeding at about six months of age
- Feeding children micronutrient supplements
- Feeding children a diverse diet
- Feeding children with age-appropriate frequency
- Feeding iron-rich or iron-fortified foods to children 6 and 59 months of age
- Providing vitamin A supplements to children 6 and 59 months of age
- Providing preventive zinc supplements to children 12 and 59 months of age
- Consuming iodized salt

In addition, water, sanitation, and hygiene (WASH) practices as well as delayed pregnancy, birth spacing, deworming, and malaria treatment have often been included in this list.

Figure 2: Links between Nutrition and Health



intermediary outcomes, including greater food expenditures and higher quality of diet (Leroy, Ruel and Verhofstadt 2009). However, income generation does not always have a positive effect on nutrition (World Bank 2007). Households—ideally both men and women—will need to make nutrition-sensitive decisions regarding household savings and expenditures.

6. **Empowered women and engaged men:** Evidence shows that when women have equal access to, and control over, household resources and income, agricultural outcomes improve, investments in education and health care for children increase, household food security is strengthened, and children's nutrition improves (Mukidi and Oniang'o 2002; USAID 2014b). However, activities intended to improve women's income or empowerment can sometimes have adverse effects on nutrition, such as adding to women's already heavy workload, requiring strenuous labor during pregnancy, or leaving them with less time for infants and young children (SPRING 2014). While there is limited research on the impact of men's support for maternal and child health outcomes, the available evidence suggests that engaging men can lead to improvements in spousal communication and support, more equitable treatment of children, and greater utilization of health services for men, their partners, and their children (Biratu and Lindstrom 2006; Danforth, et al. 2009; Mumtaz and Salway 2007; WHO 2007).
7. **Education:** Through education, children, women, and men build the skills needed to make positive decisions concerning education, food, health, WASH, and care—and act on them. Education can, “through general improvements in literacy and specific health studies, increase desired and actual use of health services” (Ensor and Cooper 2004). Education can empower adolescent girls and women, giving them confidence and the capacity to adopt optimal care practices. It can encourage men to stay engaged in their wives' pregnancies and their children's care. Educated mothers and fathers are more likely to understand health and nutrition messages and to have the authority within their families to act on those messages and directions. In addition, according to the United Nations Sustainable Development Goals, nutrition education is “a key element in promoting sustainable healthy eating behaviours and should start from early stages of life” (Rao et al. 2006).

Creating a Shared Vision for Good Nutrition, Growth, and Development in the Community

Having a shared vision of a community with the ingredients for good nutrition, growth, and development (figure 3) can help to motivate workers and to coordinate their efforts.

Session guidance: Workshop facilitators ask participants to work in small groups to draw their own community, paying particular attention to the ingredients that are or are not available. Facilitators can distribute handout 2 (annex 3) to all participants, as needed, as an example. Once participants are done with their initial drawing, facilitators will ask them to add to their drawings any additional ingredients needed, thereby creating a realistic shared vision.

Background: The illustration in figure 3 depicts an ideal community that has all of the ingredients for good nutrition, growth, and development.

Figure 3: Nutrition, Growth, and Development in the Community



Identifying the Community Workers Who Can Help Families Collect the Ingredients

In addition to determining the availability and accessibility of ingredients for good nutrition, growth, and development, program designers, planners, and implementers need to identify the workers who can help families collect the ingredients. They will need to think beyond the health worker, who often is seen as the sole provider of nutrition services, to include a wider range of workers operating in each community (figure 4), and determine their current and potential nutrition-related roles and responsibilities.

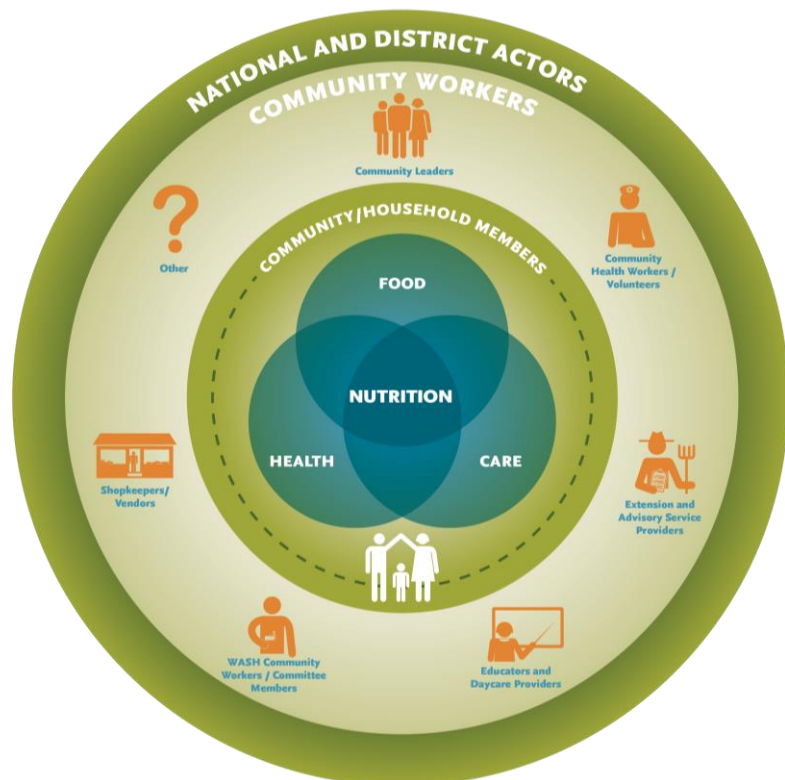
Session guidance: During this session, workshop facilitators will build on their shared vision of a community with the ingredients for nutrition and their knowledge of the community in order to identify the community workers who can help families collect the ingredients and determine how they can do so. They will present figure 4 and discuss the types of workers that might work or volunteer in their community.

Workshop facilitators will then distribute worksheet 1 (annex 3). They will ask participants, once again working in groups, to identify those who work or volunteer at the community level and how often they are actually in the community.

Participants will record the cadres or titles of these workers, volunteers, or other actors in the “community workers” ring of the graphic. Workshop facilitators will need to explain that this should include those who work with the public and private sector and those who do not reside in the community, but regularly—even if rarely—visit the community.

Then, working in sector-specific groups, participants will discuss how workers in their sector could help families collect the recipe ingredients—what could they grow, sell, provide, promote, support, or model to improve nutrition in their communities? If participants are unsure of what workers in their sector could do to help collect certain ingredients, workshop facilitators can distribute handout 3 (annex 3), which is a list, organized by ingredient, of some of the activities that

Figure 4: Community Workers Who Can Help Families Collect the Ingredients



can be done to help families collect each ingredient. Participants will record their ideas in the first three columns of worksheet 2 (annex 3).

Note: The activities in this list were deliberately organized by ingredient rather than by type of community worker. This is partly because the roles and responsibilities of each type of worker can vary significantly from context to context, but also because responsibilities often overlap across different categories of workers.

Background: While there is global consensus on priority interventions for improving maternal and child nutrition, and countries are beginning to show progress in scaling up proven nutrition interventions, the responsibility for those interventions often falls on a select few. As described in USAID’s paper on local systems, “achieving and sustaining any development outcome depends on the contributions of multiple and interconnected actors. Building the capacity of a single actor or strengthening a single relationship is insufficient. Rather, the focus must be on the system as a whole: the actors, their interrelationships and the incentives that guide them” (USAID 2014a). Indeed, a wide range of community workers—many of whom are not traditionally considered part of the nutrition workforce—play a role in collecting the ingredients by growing or selling food; providing services; promoting or modeling practices; and ultimately supporting nutrition, growth, and development (figure 4).

These workers might affect nutrition directly or indirectly. It could be through providing food supplements, counselling women on breastfeeding, helping farmers grow nutrient-rich crops, vaccinating chickens, teaching adolescent girls and boys how to balance a household budget, modeling optimal behaviors, or simply not doing certain things that might negatively affect nutrition. For a list of some of the many activities that workers may conduct that contribute to nutrition see handout 3 in annex 3. In addition, more than one worker may be responsible for the same task or tasks.

The community workers who will likely be involved in collecting the ingredients for nutrition will vary from community to community or at least from region to region. Who they are will also depend on government structures, implementing agencies, and development programs. However, they will most likely include at least one cadre of worker in each of the following categories: community leaders (members of community groups, religious leaders, traditional leaders, and local government officials), community health workers and volunteers, teachers and daycare providers, extension and advisory service providers, WASH workers or committee members, and shopkeepers and vendors. What follows are descriptions of some, but not all, of these community workers.

- 1. Community leaders:** Members of community organizations, including women’s groups, mother’s groups, religious entities, farmers’ cooperatives, school boards, parent-teacher associations, and local health committees support many of the basic ingredients needed for good nutrition, such as income generation, quality service delivery, behavior change. Local leaders, such as traditional leaders, religious leaders, local development committees, and elected government

“We will strive increasingly to quicken the public sense of public duty; that thus . . . we will transmit this city not only not less, but greater, better, and more beautiful than it was transmitted to us.”

—Oath of office required of council members in ancient Athens

representatives, also play an important role in supporting and ensuring the delivery of nutrition-related services. These groups and individuals can exert substantial pressure on communities, and often make decisions regarding how government or local resources are used, or who benefits from development programs.

2. Community health workers and volunteers: There are many types of community health workers (CHWs), recruited in different ways, with widely different training and assigned tasks, working or volunteering in the public and non-governmental sector, with and without compensation and incentive schemes. Some are paid staff, but the majority are volunteers or are given small incentives to do assigned work; some work at primary health care (PHC) facilities, others live and work in communities and visit families and women and children in their homes.

3. Educators, including teachers and school administrators, exist in almost all communities. Daycare providers or early childhood educators, including informal childcare providers, are less common than teachers in these communities, since family members (including older siblings) often care for children. Where they do exist, they are usually unsupported and/or untrained. All of these education workers play an important role in helping to form and change behaviors to improve sustainable nutrition and health practices among children, adolescents, and adults (see box 2).

4. Extension and advisory workers: Extension and advisory services exist in many countries to support farming practices, livestock rearing, and/or other income generation endeavors, but vary widely in their roles and responsibilities and their “reach” into communities. When active, extension and advisory service providers have “direct and sometimes extensive links to farming communities in rural and remote areas. These links are founded upon well-established structures and systems that cover most farming households” (Fanzo 2015). Regular contact with community members, particularly farmers, means that these service providers have established relationships within communities

Box 2: Reasons Why Schools Are an Ideal Setting for Promoting Healthy Eating

- “They reach most children, for a number of years, on a regular basis.
- They have a mandate to guide young people towards maturity. Given the vital role of nutrition in a healthy fulfilled life, nutrition education is part of this responsibility.
- They have qualified personnel to teach and guide.
- They reach children at a critical age when eating habits and attitudes are being established.
- They provide opportunities to practice healthy eating and food safety in school feeding programmes, and through the sale of food on their premises.
- They can establish school policies and practices – for example, sanitation facilities, rules about handwashing – that can improve health and nutrition.
- They spread the effect by involving families in their children’s nutrition education.
- They can be a channel for community participation, for example via school garden projects or school canteens, or through local intersectoral committees.
- They can provide cost-effective nutrition interventions (other than education).”

Source: FAO 2005

and good awareness of social norms and beliefs, as well as challenges and opportunities (Kuyper and Schneider 2016). Often focused on livestock, agricultural production, and income generation, they typically promote good agricultural practices during planning, planting, managing, harvesting, storing, preserving, processing, selling, and distributing.

5. **WASH committee members:** Responsibilities for water, sanitation, and hygiene (WASH) often cut across ministries, with some holding responsibilities for infrastructure (e.g., ministries of public works, education, water, environment) and others holding responsibility for promotion and use of WASH facilities/services (e.g., ministries of health and education). While the latter may have staff at the community level, infrastructure activities are primarily managed at the district or sub-district level and often do not include community-based workers. This paper's focus is on those who work at the community level from private companies and organizations, as well as community WASH committee members and community members themselves who take the lead in constructing latrines and maintaining water systems (Zakiya and Uwejamomere 2016).
6. **Shopkeepers/vendors:** Shopkeepers and vendors provide critical inputs for nutrition and can be quite influential in the community at promoting, triggering, or facilitating behavior change based on their products and prices. Different types of vendors sell a range of nutrition-related products and agricultural inputs, such as food, seeds, and medicine, as well as irrigation tubing, supplies for construction of latrines and handwashing stations, soap, and other cleaning supplies. They can sell products that promote healthy behaviors, but can also create barriers or hinder improvements in nutritional status. Shopkeepers engage with larger retailers or wholesalers who can be influenced by nationally-set subsidies, tariffs, and taxes. It is in their interest to build trust with their customers to make a profit and sustain or grow their business. Aligning nutrition-sensitive actions with those incentives is a good practice for partnering with shopkeepers.
7. **Other workers:** This list is not exhaustive and some communities may have other workers who do not fall into any of these categories. For example, micro-finance schemes sometimes have a strong presence in communities.

Examples of how community workers from multiple sectors have been engaged and mobilized for nutrition in Ghana and Nepal are presented in box 3 and in more detail in annex 1.

Box 3: Country Examples of Engaging Community Workers in Nutrition

SPRING/Ghana

In fifteen districts in northern Ghana, SPRING used an advocacy video on nutrition and stunting, "When a King has Good Counselors his Reign is Peaceful," and a community-based quality improvement approach to engage local leaders, youth groups, water committees, and women's groups to discuss priorities and develop action plans. SPRING's multi-sectoral 1,000-Day Household Approach engaged health, education, environment, agriculture, and community development workers in improving the nutrition of pregnant women and children 2 years of age and younger.

Suaahara II / Nepal

As part of its Multi-Sectoral Nutrition Plan, the Government of Nepal designed decentralized structures at all levels for multi-sectoral coordination and engagement. The USAID-funded Suaahara II project is working with those structures at the community level to help ward citizen groups conduct monthly multi-sectoral meetings and create a shared vision of a well-nourished household.

Supporting the Community Workers Who Can Help Families Collect the Ingredients

For community workers to bring about change in nutrition they need support. In some cases, support systems may already exist. In other cases, efforts will be required to clarify roles, train, provide resources, regulate, motivate, supervise, and support.

Session guidance: During this session, the workshop facilitator asks participants to consider what they know of the support and regulatory systems that affect each worker and then to *begin* planning efforts to address the gaps. This may be tackled sector by sector and may benefit from the participation of the workers themselves. Participants record their conclusions in the final five columns of worksheet 2 (annex 3). It is important to keep in mind that this is only the first step in a long process of strengthening systems to better support community workers.

Background: Worker performance is affected by many things. These are often grouped into five distinct factors: clarity and shared understanding of roles, responsibilities, and expectations; competence; the provision of timely feedback; incentives or some intrinsic motivation; and the environment, including the availability of supplies and infrastructure (figure 5).

Figure 5: Factors Affecting Worker Performance



Having clear expectations of these roles and responsibilities—agreed upon or understood by all key stakeholders—can result in stronger relationships, better coordination, greater legitimacy and trust within the community, increased demand for services or products, increased linkages between nutrition-related roles and responsibilities and individual goals and objectives, and improved worker motivation.

Managers, supervisors, community workers, and community members need to agree on workers' nutrition-related activities. Handout 3 in annex 3 contains a list of some of the nutrition-related activities that community workers may conduct. In each country or context, community workers' roles and the activities for which they are responsible will vary. It is important to recognize that, in many cases, more than one worker might—and possibly should—play similar roles or undertake the same activities. For example, community health workers, WASH committee members, and teachers can all promote better sanitation and hygiene practices. In addition, since job descriptions do not exist for all community

workers, such as vendors and distributors, facilitated discussions with district officials and/or community members and leaders will be particularly important.

However, a shared understanding of each community worker's nutrition-related roles and responsibilities is only the first step.

In addition, to ensure that workers are competent (see box 4), they will need to understand their nutrition-related responsibilities and have the necessary knowledge, skills, and attributes to carry them out. Their competence will need to be built during pre-service and/or in-service trainings and reinforced during follow-up conversations, mentoring mechanisms, and/or supervisory visits.

Motivating a wide range of workers — including those with little interest or stake in nutrition—to take steps toward improving nutrition means helping them understand why such changes are important. They may need incentives such as remuneration—in cash or in kind (e.g., food, services, goods), but they may also be incentivized by demand for their services, respect, and recognition. Finally, to be able to carry out their roles and responsibilities, they will need adequate infrastructure, equipment, and supplies. Additional guidance and resources for addressing these performance factors can be found in SPRING's guide, [*Raising the Status and Quality of Nutrition Services*](#) (2017) and in annex 2.

Box 4: What is competence?

The term competence is often misused to refer to a specific skill area, such as communication or decision making, when it is actually a training approach that ensures that workers are competent to perform certain tasks.



A **skill** (technical, communication, and decision-making) is about doing something well—your ability to choose and perform the right technique at the right time. It's usually developed through training and practice.



Technical **knowledge** (theory or technical content) is knowledge gained in a specific topic or expertise.



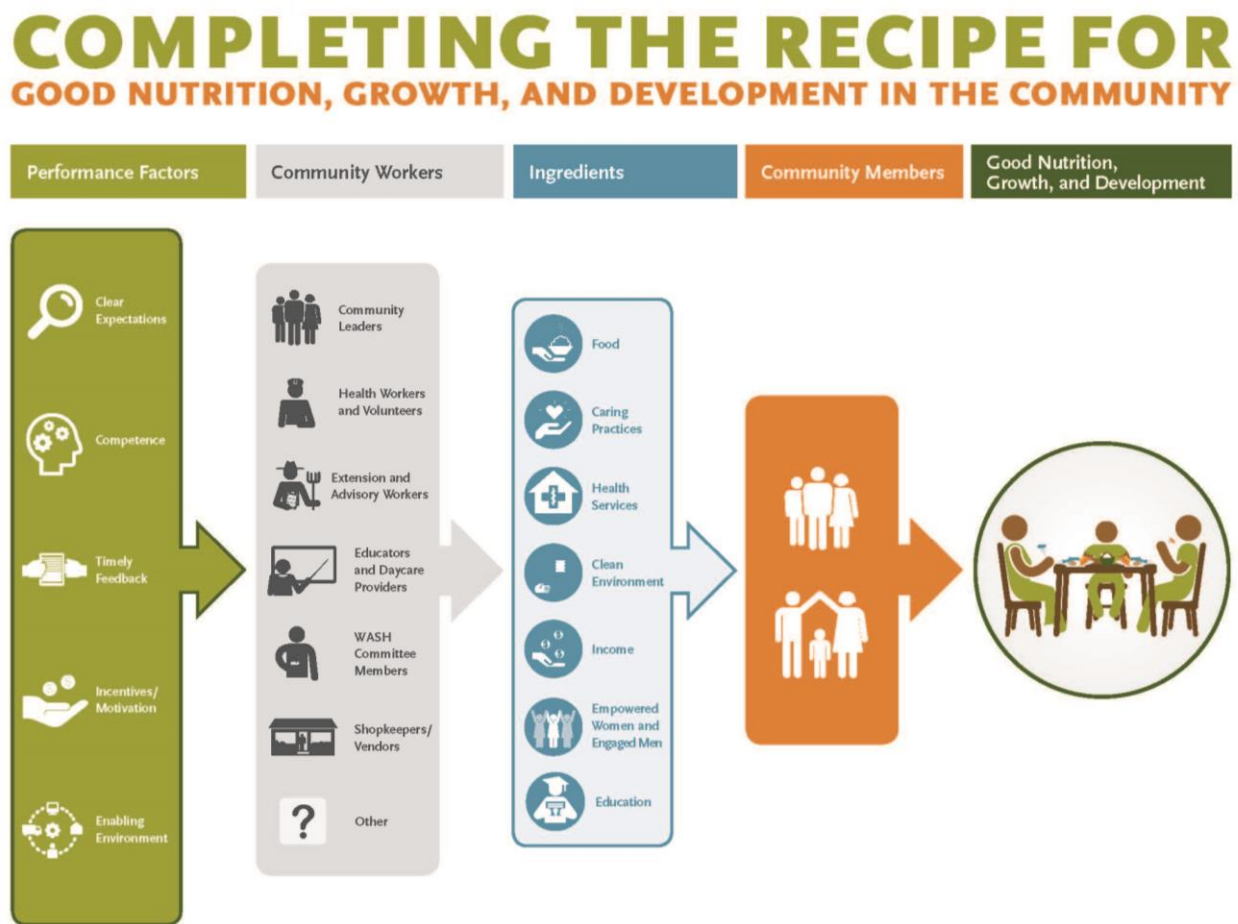
An **attribute** is an inherent characteristic or quality and is often expressed through what you think, do, and feel. Among community workers, attributes can lead to trust, respect, and adherence to advice from community members.

Completing the Recipe for Good Nutrition, Growth, and Development in the Community

In this document, we have presented our vision for good nutrition, growth, and development in the community, suggested some of the community workers who will need to be involved, and highlighted what workers need to effectively promote, support, and model nutrition in a coordinated and efficient manner.

We have included guidance on how to engage a multi-sectoral group of stakeholders in developing a shared vision, identifying the workers, and prioritizing next steps to support those workers. We have also included handouts and worksheets that we hope will be useful and adaptable for particular contexts and objectives. Figure 6 pulls it all together: the recipe is successful when a variety of community workers, with the right supportive performance factors in place and with access to the right local ingredients, remain accountable to community members as they work with each other toward a shared vision of good nutrition, growth, and development.

Figure 6: Completing the Recipe for Good Nutrition, Growth, and Development in the Community



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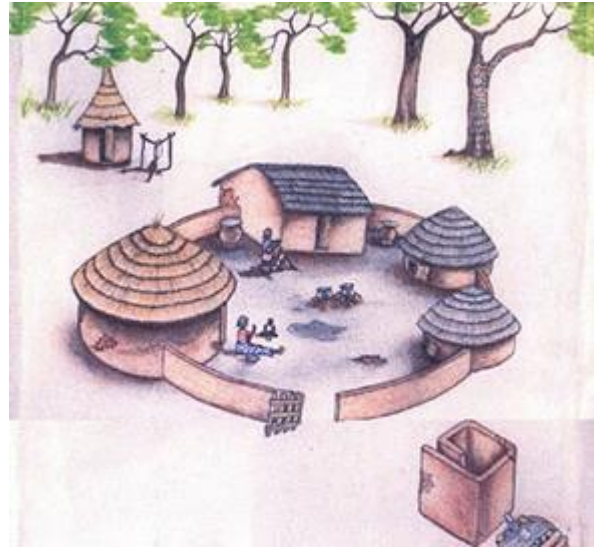
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Annex 1: Country Examples of Engaging Multi-Sectoral Community Workers

SPRING/Ghana

In fifteen districts in northern Ghana, SPRING’s multi-sectoral 1,000-day household approach engages health, education, environment, agriculture, community development, and other sector organizations in nutrition improvement for pregnant women and children 2 years of age and younger.

Using the advocacy video on nutrition and stunting, “When a King has Good Counselors His Reign is Peaceful,” and a community-based quality improvement approach, SPRING has engaged local leaders, youth groups, water committees, and women’s groups to discuss priorities and develop action plans for mobilizing communities to support the 1,000-day household approach. As a result...



- The community-led total sanitation (CLTS) approach being implemented in northern Ghana now includes actions that impact the 1,000-day child: handwashing stations in households and clean play spaces for children under two years of age.
- Village savings and loan associations (VSLA), which empower women and improve household resilience, have been engaged in reaching vulnerable groups with key messages and increased access to capital.
- Agriculture initiatives have prioritized activities such as improving processes for the production and storage of groundnuts, educating families about the harmful effects of aflatoxin, and encouraging the cultivation and consumption of orange-fleshed sweet potatoes (which are rich in Vitamin A).



By capitalizing on and strengthening the wide range of existing community platforms and analyzing how each can support the 1,000-day household, SPRING ensured that pro-nutrition investments and actions are prioritized and harmonized.

For more information on SPRING’s work in Ghana see <https://www.spring-nutrition.org/countries/ghana>.

Suaahara II

In 2012, the Government of Nepal endorsed a multi-sectoral nutrition plan (MSNP) to address Nepal's undernutrition problem (Government of Nepal National Planning Commission, 2012). As part of the MSNP, the Ministry of Federal Affairs designed decentralized governance structures at all levels for multi-sectoral coordination and engagement. At community level, this entails the establishment of ward citizen groups, called *fora* that bring together health and non-health sector representatives to develop settlement plans.



Since the establishment of the MSNP, donors and international nongovernmental organizations have sought to align their work with the MSNP's goals and plans. The USAID-supported Suaahara II project aims to improve the nutritional status of women and children in forty underserved rural districts. Working with the government, the private sector, and other USAID-funded projects, Suaahara II combines a multi-sectoral approach with attention to equity, gender, social inclusion, behavior change, and good governance. At the community level, Suaahara II does this in the following ways:

- Encourage and facilitate communities to conduct the monthly ward citizen forum meetings that are mandated by the Government of Nepal.
- Work with social mobilizers employed by the Ministry of Federal Affairs in every ward to create a shared vision of a well-nourished household.
- Facilitate a process with community stakeholders and frontline workers to identify drivers of nutritional status, particularly stunting, and develop context-specific plans. To do this, Suaahara II adapted SPRING's [District Assessment Tool for Anemia \(DATA\)](#) and corresponding guidance.
- Mobilize and train a wide range of community members and frontline workers, including health workers, traditional healers, members of ward citizen fora, social mobilizers, community water and sanitation committees, school teachers, agricultural extension workers, livestock extension workers, members of women's groups, and members of WASH committees, to become agents of change for improved maternal, infant and young child nutrition in accordance with each actor's role in the community. To do this, Suaahara II has used a curricula approved by the Government of Nepal. Additionally, where agriculture and livestock extension officers are not available, Suaahara II has established model farmers.

While the Government of Nepal's long-established network of female community health volunteers serves as the primary means of reaching vulnerable women and children or 1,000-day households (through routine home visits and mothers' group meetings) and promoting optimal nutrition practices, Suaahara II hopes to bring about social change and ensure sustainability by mobilizing all frontline workers and engaging existing community level structures. For more information see the Suaahara II program [brochure](#) and this introductory [video](#).

Annex 2: Resources for Completing the Recipe

Training Curricula for Community Workers

The following are training packages, materials, or curricula for various community or district workers. We did not find any that targeted a range of workers or addressed all the ingredients for nutrition, growth, and development as described in this document.

1. **District Assessment Tool for Anemia (DATA)** was developed by SPRING to encourage multi-sectoral action at the district level. While the outcome is anemia, the interventions included in DATA are also applicable to anthropometric outcomes in general nutrition.
2. UNICEF's **C-IYCF Counselling Package** is designed to be used and adapted in a wide range of countries. The package includes tools to train community health workers and volunteers through an interactive and experiential adult learning approach. It covers knowledge and skills on the recommended breastfeeding and complementary feeding practices for children ages 0 to 24 months. The package is designed to enhance counseling, problem solving, negotiation, and communication skills to effectively use counseling tools and job aids.
3. **India Maternal, Infant, and Young Child Community Nutrition Training** is a condensed adaptation of UNICEF's C-IYCF Counselling Package, and was designed for community workers to prepare for developing and disseminating nutrition-specific and nutrition-sensitive community videos. The training focuses on basic technical knowledge for hygiene and the recommended Essential Nutrition Actions, including maternal nutrition practices, breastfeeding, and complementary feeding practices for children ages 0 to 24 months. The training also helps build counseling, problem solving, and negotiation skills. SPRING has created adaptations of this package, in whole or in part, for community video programs in Senegal, Niger, Burkina Faso, and Guinea.
4. **India Nutrition-Sensitive Agriculture Training** was designed for community service providers and community resource persons, as they develop and disseminate nutrition-sensitive agriculture focused community videos. This training is also appropriate for other community workers. The training focuses on basic technical knowledge, as well as several illustrative nutrition-sensitive agriculture practices for local community members.
5. **The Accelerating Behavior Change in Nutrition-Sensitive Agriculture** online training is a one-to two-day course for people who design and implement agriculture projects, including those focused on food security, livelihoods, value chains, and/or broader agricultural market development. The course is designed to help agriculture projects become more nutrition-sensitive by leveraging agriculture's potential to contribute to specified nutrition outcomes or results.
6. SPRING's **Nutrition-Sensitive Agriculture Training Resource Package** describes the role of agriculture and extension workers in improving nutrition. It is designed primarily for district- and national-level stakeholders and includes modules on and activities for understanding nutrition-sensitive agriculture, as well as a facilitator's guide.

7. The **Essential Hygiene Actions for Urban Settings** was developed by Feed the Children for care groups of 10–12 women. It was designed to teach household-level behaviors to prevent maternal and child malnutrition and death. It includes lessons on the following topics: handwashing with soap at critical times and when caring for those who are ill; creating household handwashing stations; worms and deworming; improved water source, water purification, and storage; use of latrines and proper disposal of feces; and healthy play areas.
8. **Nutrition Education in Primary Schools: A Planning Guide for Curriculum Development (Training Package)** was developed by the Food and Agriculture Organization (FAO) to assist educators in establishing nutrition education programs that encourage behavior change. The material can be used at the national or local level and is intended for use by a team of educators and health staff, including education inspectors, curriculum planners, teacher educators, teachers, nutritionists and health workers.
9. **Tending a Schoolyard Garden** is also designed for educators. It is a handbook for building knowledge and interest among students in the soil, nature, leaves, flowers, plants, animal husbandry, fisheries—all areas which create livelihood opportunities. It includes step-by-step instructions and illustrations.
10. **Improving Nutrition through Agriculture and Food Systems** is a training module produced by the Nutrition and Food Systems Division and Partnerships, Advocacy and Capacity Development Division at FAO, in collaboration with the World Bank and European Union, and with technical inputs from many partners. It was designed to assist professionals from any field related to food security, agriculture, and food systems who are involved in designing and implementing nutrition-sensitive programs, investments, and policies.
11. **Bringing agriculture and nutrition together using a gender lens** – Royal Tropical Institute and SNV Netherlands created this online toolkit for program managers, field staff, and development practitioners to plan and design holistic agriculture programs using a nutrition and gender lens. Eight steps provide key questions to consider at different stages of program development, each including an appropriate combination of data collection, analysis, and community consultation. The overall approach is highly participatory, and all steps work toward a community action plan.
12. **Sustainable Nutrition Manual. Food, Water, Agriculture and Environment** – This manual is for people who eat, grow, or buy food and who want to improve their own lives, their community and the environment they live in. It has been written for (and by) people living in Malawi, but the ideas in it can be applied anywhere in the world. The manual aims to show that by thinking differently and thinking sustainably, anyone can improve their health, diet, lifestyle and surroundings easily and cheaply.
13. **Healthy Harvest**. A training manual for community workers in growing, preparing and processing nutritious food – Created by FAO/Zimbabwe, this training manual for community workers outlines the process for growing, preparing, and processing nutritious food.
14. **Nurturing Connections. Adapted for Homestead Food Production and Nutrition** – Helen Keller International designed this training program to empower women to make the decisions

needed to improve nutrition for themselves and their children, and enable women food farmers to engage on more equal terms in the marketplace so they can gain more fairly from their labor and investments.

15. **AGP-AMDe Training of Trainers Facilitator's Guide** – The Agricultural Growth Program-Agribusiness and Market Development (AGP-AMDe) developed this training to promote key nutrition messages among members of cooperatives participating in the Sell More For More (SMFM) initiative, including cooperative members, development agents, farmers, facilitators, and trainers. It includes cooperative training and planning in agricultural and business practices to improve quality and quantity of crops sold.
16. **Nutrition Training Manual: Module 1 – Food & Nutrition Security** – Created by Uganda Action for Nutrition (UGAN) and the Ethical Tea Partnership, this manual contains nutrition training materials to improve the food and nutrition security of workers and their families who live in housing provided by the tea estates. The manual describes the key results of a nutrition baseline assessment carried out by UGAN in May 2014 and provides information on how the food and nutrition security of the workers can be improved through a more varied diet, the consideration of wider health/food issues, such as food hygiene, disease prevention, and food storage and food preservation.
17. **Essential Nutrition Actions and Essential Hygiene Actions Training Guide: Community Workers** – This training guide was created by John Snow, Inc. and Helen Keller International to strengthen the capacity of community workers to deliver and promote the Essential Nutrition Action and Essential Hygiene Actions. During the 3-day training, participants learn to deliver nutrition services at each relevant contact and will act as resource persons for adolescents, women, pregnant and breastfeeding women, and caregivers.
18. **Community Worker's Training Guide and Handbook on Essential Nutrition Actions, Essential Hygiene Actions, and Homestead Food Production** – SPRING designed this package to train community workers on how to promote recommended health, nutrition, hygiene, and homestead food production practices and to improve their capacity in facilitation and negotiation. The package also covers how to introduce nutrition themes and encourage improved practices in health, nutrition, and homestead food production for pregnant and lactating women and families with children under the age of two.
19. **Farmer Nutrition School Session Guide** – SPRING created this guide for program managers, field staff, and development practitioners who lead Farmer Nutrition Schools (FNS). The session guide provides a set of tools to promote and support improved nutrition practices in the community.
20. **Engaging Men to Improve Maternal and Newborn Health** – Aimed at community health workers, community leaders, change agent volunteers, farmers' groups, and women's groups, this guide by Catholic Relief Services examines several health-related areas of programs that are directly related to gender inequality and health inequity between men and women. This facilitator's guide focuses on training male volunteers to become "counselors" who encourage

fathers to change practices or adopt new behaviors that will improve the health of their wives and children.

21. **Nutrition-Sensitive Agriculture - Participant Manual for Agriculture Development Agents** – Created by Empowering New Generation to Improve Nutrition and Economic Opportunities (ENGINE) and Save the Children, this manual focuses on the design and adoption of cropping and farming systems (crops and animal) which can provide agricultural solutions to prevailing nutrition problems. It was designed for agriculture extension workers, development agents, and farmer training centers to build skills in nutrition-sensitive agriculture so that they can promote agricultural and other related practices that maximize nutrition benefits.
22. **Village Savings and Loans Association - Facilitator Guide** – International Rescue Committee (IRC) developed this guide for staff supporting the implementation of Savings and Loans Association (VSLA) activities, including program coordinators and managers, community leaders, change agent volunteers, farmers' groups, and women's groups. VSLA is an integral part of IRC's Economic and Social Empowerment (EASE) program, which provides in-depth understanding of gender-based violence to help women's groups save money, access loans, receive support during personal emergencies and build their social support network.
23. **Infant and Young Child Feeding and Gender Manuals for Male Group Leaders** – PATH and IYCN Project created this training guide to provide male group leaders with the information and techniques they need to share information and encourage discussions on gender issues and optimal infant and young child feeding. The goal is to make men more aware of, and engaged in, their children's feeding practices, to make them more comfortable discussing infant and young child feeding issues with their families, and to encourage them to share their insights with other men.
24. **Mobilizing Communities for Improved Nutrition: A Manual for Training Community Leaders** – This workshop created by PATH and IYCN Project helps community leaders understand the importance of optimal infant and young child feeding practices and become advocates for nutrition in their communities.
25. **Mother-to-Mother Support Groups: Trainer's Manual and Facilitator's Manual with Discussion Guide** – PATH and IYCN created this training manual to provide detailed background information on possible support group topics for facilitators to use to prepare for meetings, or to do research if mothers have questions that facilitators do not know the answers to.
26. **Mainstreaming gender into Water, Sanitation and Hygiene (WASH) Programmes: A Training Manual for Water Professionals** – Created by SNV and Protos for the Ministry of Gender and Family Promotion-Rwanda, this manual provides a participatory, gender-sensitive training to water professionals at the policy, project, and administrative levels by building their capacity for mainstreaming gender into WASH programs, with the goal of promoting understanding of, and commitment to, the importance of the participation of both women and men in the optimization and sustainability of these programs.

27. **Why Gender Matters: A Tutorial for Water Managers** – This tutorial, created by CAP-NET and the Gender and Water Alliance, shows how addressing gender inequity will improve the efficiency of water use and environmental sustainability. A gender-based approach will also improve social benefits and help ensure that the contributions of both men and women are recognized.
28. **Improving Nutrition through Home Gardening: A Training Package for Preparing Field Workers in Africa** – This training package was designed by FAO for agricultural extension agents as well as other field workers involved in nutrition, home economics, health, and community development in Africa. The package aims to strengthen their ability to promote home gardening as a step toward enhanced food security and better community and household nutrition.
29. **Integrating Safe Water, Sanitation, and Hygiene into Infant and Child Nutrition Programmes: A Training and Resource Pack for Uganda** – Created by FHI360's WASH Plus project, this resource pack aims to facilitate the training of village health teams, community knowledge workers, peer support groups, and other outreach workers on how they can help household and community members overcome or change the many daily obstacles to improved water, sanitation, and hygiene (WASH) practices in the home.

Roles, Responsibilities, and Competencies of Community Workers

1. **Nutrition Core Competencies for Health Science Cadres and Undergraduate Nutritionists in Ethiopia** – USAID, ENGINE, and Save the Children created this nutrition core competency framework for medical doctors, health officers, nurses, midwives, pharmacists, and nutritionists. The document describes the core competencies needed to provide nutrition-related services at different levels of service delivery. It provides several different breakdowns of core competencies, including competency-based nutrition education, crosscutting nutrition competencies, and discipline-specific nutrition core competencies.
2. **The New Extensionist: Core Competencies for Individuals** – The New Extensionist initiative by GFRAS calls for capacity to be strengthened in extension and advisory services at the individual, organizational, and system levels. The kit includes a list of specific competencies required for extension professionals.
3. **What Every Extension Worker Should Know: Core Competency Handbook** – This handbook from Feed the Future is designed as a reference manual for frontline extension staff to use in their day-to-day work. It includes a set of tools for strengthening skills and competencies in communication, program planning, and evaluation.
4. **Competency Framework for Integrating Gender and Nutrition within Agricultural Extension Services** (INGENEAS) – This framework promotes the skills, attitudes, and behaviors (SABs) needed to deliver gender- and nutrition-informed agricultural extension services. The framework lays out a list of SABs, creates a menu of options for organizations to determine their level of support for frontline extension staff, and provides training session objectives for each SAB based on topic and level of engagement. The framework supports Agricultural Extension Services in their

ability to increase production and supply of nutritious foods. Prospective users of this framework include non-governmental organizations, government agencies, universities, research institutions, farmer based organizations, and private for-profit input or service providers.

5. **Conceptualizing the Contribution of Agricultural Extension Services to Nutrition** – This discussion paper from Feed the Future presents specific activity areas through which agricultural extension services staff can support improved nutrition, an operational approach for engaging organizational leaders, staff, and farmers in nutrition issues, and opportunities for multi-sectoral coordination.
6. **Operations Manual for Staff at Primary Health Care Centres: Chapter 4.5. Community Health Workers (CHWS), pages 56–59** – This section of a document produced by WHO outlines the potential reach and impact of community health workers. It outlines successful community health worker programs, and lists the types of assistance that these workers can provide. It also presents information on how to support community health workers.
7. **Community Health Worker Assessment and Improvement Matrix (CHW AIM): A Toolkit for Improving CHW Programs and Services** – The USAID Health Care Improvement (HCI) project developed the CHW AIM Toolkit to help programs assess community health worker program and improve performance. The toolkit is framed around two key resources: 1) a program functionality matrix with 15 key components used by participants to assess the status of their programs, and 2) service intervention matrices to determine how community health worker service delivery aligns with program and national guidelines. Pages III–1 to III–12 focus on the role of community health workers related to maternal nutrition and child health.
8. **CHW Central** is an online community of practice that brings together program managers, experts, practitioners, researchers, and supporters of community health worker programs. The website is a virtual meeting place to share resources and experiences and to discuss and develop questions and ideas on community health worker programs and policy.

Supportive Supervision of Community Workers

1. **Guidelines for Supportive Supervision in the Health Sector** – Created by USAID, this package consists of management performance and service delivery standards, training materials in supportive supervision, integrated supervisory checklists, guidelines for performance review meetings, and training materials and reference guidelines for the use of Health Management Information System data in decision-making. This guideline was developed to facilitate implementation of integrated supportive supervision in the health system.
2. **Supportive Supervision/Mentoring and Monitoring** – This is a module of UNICEF’s generic *C-IYCF Counselling Package*. It outlines a one-day training to introduce supervisors to the concept of supportive supervision and includes supervision tools and monitoring forms.
3. **Training for Mid-Level Managers Module 4: Supportive Supervision**: This module was developed by the WHO to help mid-level immunization managers obtain the maximum benefit

from every supervisory visit. Though it was designed for immunization managers, many of the lessons are relevant to the supervision of a wide range of services.

4. **Supportive Supervision Protocol and Checklist for MTBT Social Franchises** – This document was developed by Alive & Thrive for the Mat Troi Be Tho (MTBT) social franchise model for provision of quality infant and young child feeding counseling services primarily in public health facilities at province, district, and commune levels in Viet Nam. It describes the objectives of supportive supervision and includes a protocol and checklist for supervisory visits.
5. **WHO Task Shifting: Rational Redistribution of Tasks Among Health Workforce Teams** – This WHO document provides recommendations on task shifting to improve the performance of health systems. Recommendations 11–13 (pages 31–34) outline specific recommendations for managing health workers, including supervisory shifts, assessments, and incentives.
6. **Improving outcomes with community health workers** – This program management guide created by Partners in Health explores some of the key components and lessons learned from designing and implementing community health worker programs at PIH-supported sites within national primary healthcare systems. Section 3.1 (page 16) outlines how to interview candidates and criteria for selecting community health workers.

Annex 3: Adaptable Resources for Putting the Recipe into Practice

This annex contains four resources—five handouts and two worksheets—for program designers, planners, implementers, and/or workshop facilitators to adapt, as appropriate, for use at the community, district, or national level.

Handout 1: The Ingredients Families Need for Good Nutrition, Growth, and Development

This graphic illustrates the evidence-based determinants or “ingredients” that families will need for good nutrition, growth, and development.

Instruction to Facilitators: Print and distribute this handout to all participants or and/or print and display it as a poster, then explain and discuss each ingredient and its relationship with nutrition. Ask participants to divide into small groups—one for each ingredient—and then describe, based on available evidence and their knowledge of the target community, the availability of each ingredient and its accessibility to all families and family members in the community.

RECIPE FOR GOOD NUTRITION, GROWTH, AND DEVELOPMENT

All families need...



FOOD

that is—

- safe, nutritious, and varied
- affordable and reliably available in sufficient quantities at all times



CARING PRACTICES

that are—

- promoted
- adopted
- sustained

... for all, but particularly for adolescents, pregnant and breastfeeding women, infants and young children, the chronically ill, and other vulnerable populations



HEALTH SERVICES

that are accessible, high-quality, and—

- that meet physical and mental health needs of all
- address nutrition throughout the life cycle



CLEAN ENVIRONMENT

where schools, markets, and homes—

- maintain handwashing and sanitation facilities
- have clean or properly treated water
- keep feces away from food and play spaces



INCOME

that is—

- consistent and reliable year round
- saved and used for health care, quality food, clean water, sanitation facilities, and hygiene products



EMPOWERED WOMEN AND ENGAGED MEN

who are able to—

- delay marriage
- stay in school
- share control of income, assets, and resources
- play a role in decision-making



EDUCATION

that is good quality and—

- creates a space where children are safe from discrimination and harm
- promotes early child development
- incorporates teaching about good health, nutrition, and hygiene practices
- supports sustained adoption of pro-nutrition practices



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www.spring-nutrition.org



To design a program for improving nutrition, program designers, planners, and implementers need to determine the context-specific determinants of nutritional status. The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project developed this “recipe” of the evidence-based determinants or “ingredients” that families will need for good nutrition, growth, and development.

Handout 2: A Community with Good Nutrition, Growth, and Development

This graphic depicts an ideal community that has all of the ingredients for good nutrition, growth, and development.

Instructions for Facilitators: After discussing the ingredients for good nutrition, growth, and development, ask participants, working in small groups, to draw their own community, paying particular attention to the ingredients that are or are not available. Distribute this handout to all participants, as needed, as an example. Then ask participants to add to their drawing any additional ingredients needed, thereby creating a realistic shared vision.

Nutrition, Growth, and Development in the Community



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The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is committed to improving community nutrition, growth, and development. Based on SPRING's work, we know that taking a whole-community view strengthens nutrition outcomes and that not enough has been done to engage, empower, and support the broad array of community workers who do—or could—impact nutrition. Having a shared vision of what is needed to do so can help motivate workers and coordinate their efforts. It is our hope that this illustration can inspire stakeholders to develop their own shared vision of a healthy, well-nourished community.

Handout 3: Illustrative Activities for Community Workers Helping Families Collect the Ingredients for Good Nutrition, Growth, and Development

This handout presents a list of some of the activities that can be undertaken to help families “collect” each ingredient. It is organized by ingredient rather than by worker for two reasons: (1) roles and responsibilities of each type of worker can vary significantly from context to context, and (2) there is a risk that if it were organized by type of worker, some ingredients might be overlooked. The activities were derived from interviews with technical experts from various sectors, evidence-based interventions and global guidance, and a review of job descriptions and core competencies. This list is not exhaustive. It is meant to stimulate conversation and serve as a resource for reviewing and revising roles and responsibilities, job descriptions, training curricula, and supervisory tools, for example.

Instructions to Facilitators: Ask workshop participants to break into sector-specific groups to discuss how workers in their sector could help families collect the ingredients for good nutrition, growth, and development—what they could they grow, sell, provide, promote, support, or model to improve nutrition in their communities. Participants will then record suggested activities for workers in their sector on worksheet 2. Encourage participants to refer to this list.

Illustrative Activities for Community Workers Helping Families Collect the Ingredients for Good Nutrition, Growth, and Development



Food

Promote skills needed to make and act on the most appropriate and positive decisions concerning food, including the sale, processing, storage, and consumption of produce

Identify and address gender-specific constraints on participation in agriculture/livestock rearing

Promote the production of nutrient-dense foods and nutrient-rich crop production techniques (e.g., bio-fortified crops, use of mineral fertilization)

Promote good agricultural practices (GAP), including time-saving, energy-saving, and women-friendly inputs, technologies, and techniques for production, harvesting, processing, and storage; for the prevention of aflatoxin contamination; and to minimize exposure to agrochemicals

Promote better use and conservation of soil and water

Promote linkages between farmers and markets to increase availability and affordability of nutrient-dense foods, obtain the best sale price, and ensure the cold chain, as needed

Promote prohibitions on the sale or marketing of unhealthy foods and beverages, especially in and around schools and health facilities

Establish, maintain, and promote a system for tracking food production, prices, and early warning signs of drought and famine

Collect, analyze, share, and use information on consumption, production, weather, and prices of inputs, supplies, and produce



Caring Practices

Promote skills needed to make and act on the most appropriate and positive decisions regarding caring practices

Identify and address gender barriers to adopting and sustaining optimal caring practices

Develop, implement, or enforce nutrition-friendly policies for the community, schools, health facilities, and/or workplaces

Promote and/or model optimal caring practices, such as—

- optimal age-appropriate dietary practices and eating patterns
- consumption of appropriate supplements and/or fortified foods
- use of insecticide-treated bed nets and deworming medication
- WASH practices
- delayed marriage and pregnancy
- optimal birth spacing

Illustrative Activities for Community Workers Helping Families Collect the Ingredients for Good Nutrition, Growth, and Development

Market or sell nutrient-rich, fortified, and/or diverse food products

Market or sell WASH products (e.g., latrines, soap, water purification products, play pens)

Collect, analyze, share, and use information on caring practices, including women's time and labor



Health Services

Promote skills needed to make and act on the most appropriate and positive decisions related to the use of health services

Advocate for increased access to and availability of health services, particularly for women and young children

Provide quality health services for all people of all ages that includes—

- screening for malnutrition (e.g., height/length, weight, mid-upper arm circumference, anemia)
- treatment or referral for malnutrition
- counseling, support, and demonstration (as appropriate) of optimal caring practices, particularly for adolescent girls, pregnant and lactating women, and children

Promote the use of health services

Identify and address barriers to women and adolescents accessing health services

Collect, analyze, share, and use information on health and nutritional status



Clean Environment

Promote skills needed to make and act on the most appropriate and positive decisions to ensure a clean environment

Develop, implement, and enforce WASH-friendly policies for the community, schools, health facilities, and/or workplaces

Advocate for WASH facilities (e.g., toilets/latrines, handwashing stations, water storage, cooking stations) in homes, schools, health facilities, workplaces, and marketplaces

Provide or maintain WASH facilities (e.g., toilets/latrines, handwashing stations, water storage, cooking stations) in homes, schools, health facilities, workplaces, and marketplaces

Promote WASH practices, including the use of WASH facilities and products (e.g., water treatment and storage, soap)

Promote the use of moderate quantities of pesticides and fertilizers (both organic and inorganic) within safe distances from drinking water sources

Collect, analyze, share, and use information on water, sanitation, and the environment

Illustrative Activities for Community Workers Helping Families Collect the Ingredients for Good Nutrition, Growth, and Development



Income

Promote skills needed (e.g., budgeting and budget tracking) to make and act on the most appropriate and positive decisions regarding how income is saved and used for food, caring practices, health, a clean environment, and education

Provide low-cost loans, particularly to women

Identify and address gender barriers to household resources/income

Promote income-generating activities

Promote market access to help producers, processors, and retailers sell their products and generate income that can be invested in better health, care, and food consumption

Administer conditional cash transfers and other social support programs, targeting households that are nutritionally vulnerable (households with malnourished children or age-based targeting)



Empowered Women and Engaged Men

Develop and adhere to a "gender-friendly" policy that prioritizes women's empowerment and men's engagement in nutrition, growth, and development

Identify and address gender barriers

Take steps to keep adolescent girls and women in school (formal or non-formal education)

Advocate for women's control of resources and role in decision-making

Build women's confidence to make decisions and manage household resources

Promote technologies that can save women time and energy

Target women in income-generation interventions, including but not limited to agriculture and livestock rearing

Form women's groups



Education

Impart knowledge and promote skills needed to make and act on the most appropriate and positive decisions related to nutrition, growth, and development

Teach about nutrition and the ingredients for good nutrition

Take steps to keep adolescent girls and women in school (formal or non-formal education)

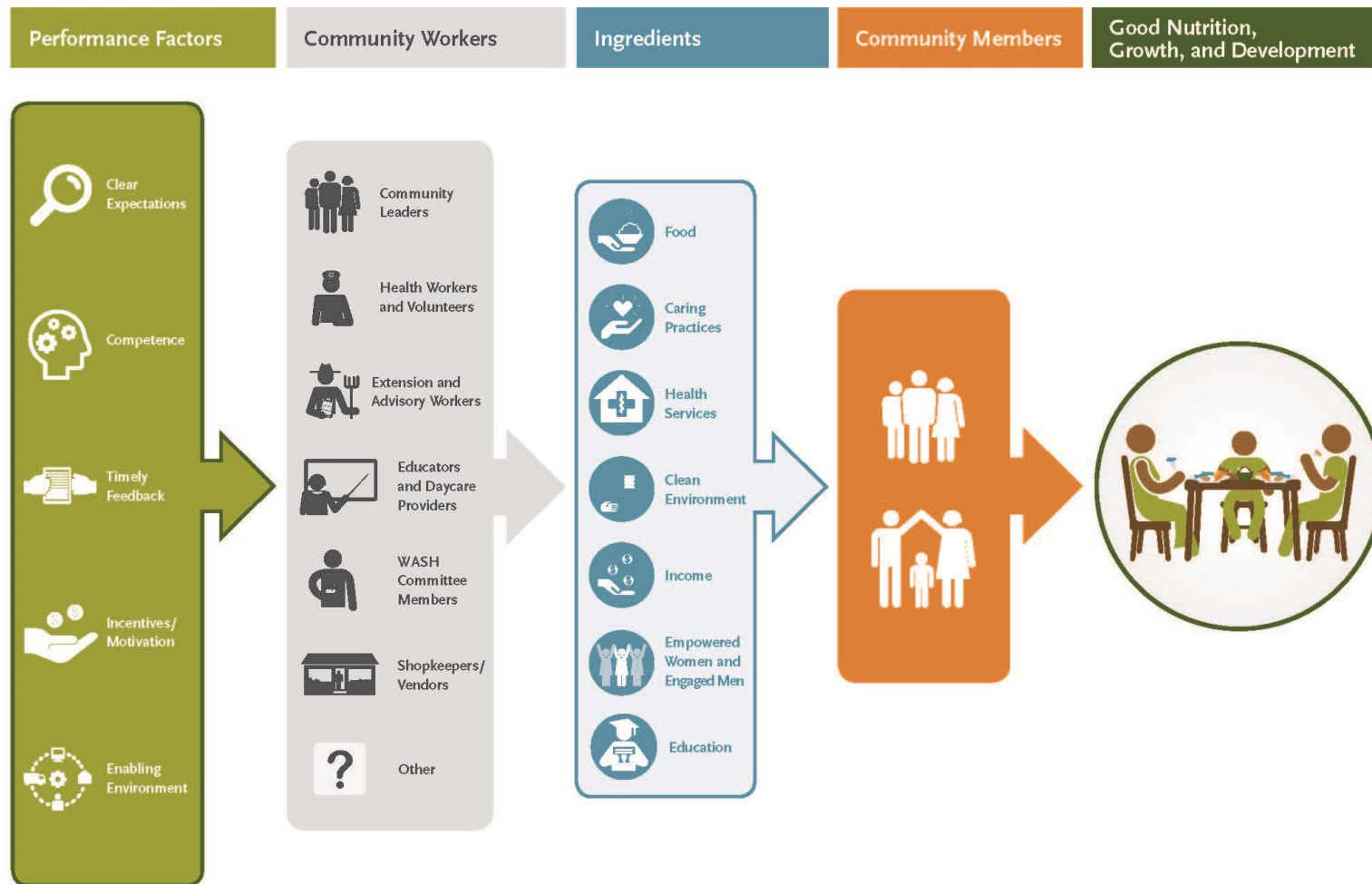
While there is global consensus on priority interventions for improving maternal and child nutrition, the tasks or actions that community workers need to undertake to operationalize those interventions are not always clear. Therefore, in addition to determining the availability and accessibility of ingredients for good nutrition, growth, and development, program designers, planners, and implementers need to identify activities that community workers can do to help families collect those ingredients. The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project interviewed technical experts from various sectors, reviewed evidence-based interventions and guidance, and extracted from job descriptions and core competencies to develop this list of some of those activities. This list is not exhaustive. It is meant to stimulate conversation and serve as a resource for reviewing and revising roles and responsibilities, job descriptions, training curricula, and supervisory tools, for example.

Handout 4: Collecting the Ingredients for Good Nutrition, Growth, and Development in the Community

This graphic attempts to operationalize the shared vision for achieving good nutrition, growth, and development in the community, depicting the “ingredients” needed, the workers who can help families collect the ingredients, and the factors that will enable those workers to do so effectively and efficiently.

Instructions to Facilitators: Print and distribute this handout to all participants or and/or print and display it as a poster. Then explain how, by the end of the workshop, participants will have discussed each element of the graphic.

COMPLETING THE RECIPE FOR GOOD NUTRITION, GROWTH, AND DEVELOPMENT IN THE COMMUNITY



There is broad agreement that nutrition is a multi-sectoral problem, yet nutrition-related services are often still delivered in sector-specific silos. Here, we have presented our vision for how to achieve good nutrition, growth, and development in the community, particularly how to engage and enable a wider range of workers in collecting the ingredients. We believe that program designers, planners, and implementers must work together with a range of stakeholders to create a shared vision of the recipe (what is needed) and a harmonized approach for collecting the ingredients and preparing the recipe, including who and how to do so.

Handout 5: Community Workers and the Ingredients They Can Help Collect

This graphic is designed to inform or remind community members of the workers in their community who can help them collect the ingredients for good nutrition, growth, and development.

Instructions: Print and laminate this graphic to post in homes, schools, health facilities, and/or other community locations as a reminder to community members of the workers in their community who can help them collect the ingredients for good nutrition, growth, and development. Circle or add check marks (✓) to indicate the workers who can help collect—by growing, selling, providing, promoting, teaching, advocating, modeling, or supporting—each ingredient.

COMMUNITY WORKERS AND THE INGREDIENTS THEY CAN HELP COLLECT



Legend



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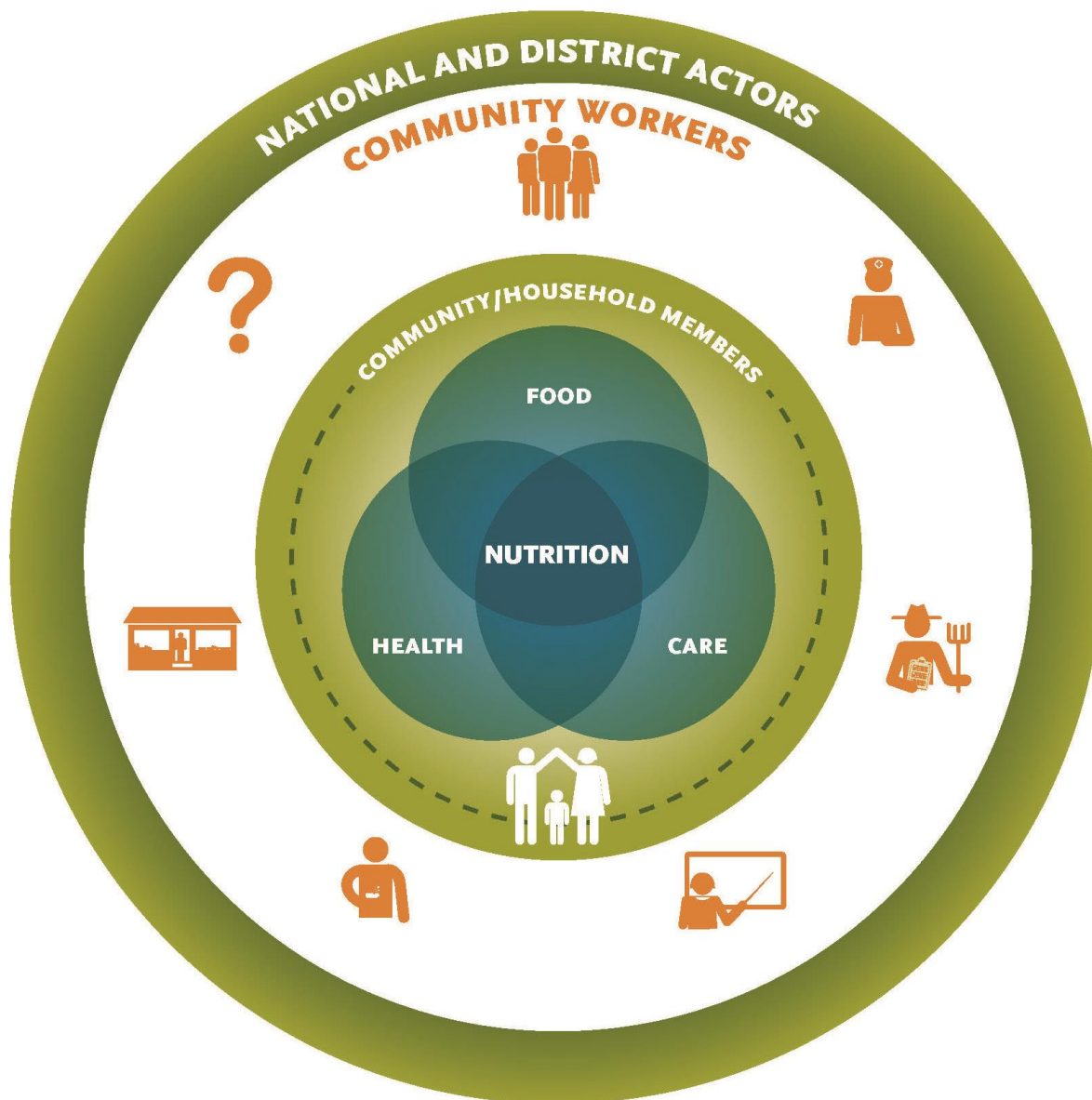
This graphic could be printed as a poster or handout as a reminder for community members of the workers in their community involved with growing, selling, providing, promoting, modeling, or supporting the ingredients for good nutrition, growth, and development. Community members or program managers can circle or add check marks (✓) to indicate the workers in their community who provide each type of support.

Worksheet 1: Community Workers Who Can Help Families Collect the Ingredients

This worksheet will help program designers, planners, and implementers think beyond the health worker as the sole provider of nutrition services to consider a wider range of workers who can help collect the ingredients for good nutrition, growth, and development. Space is provided to record one or more job titles for each of the following categories: community leaders (members of community groups, religious leaders, traditional leaders, and local government officials), community health workers and volunteers, teachers and daycare providers, extension and advisory service providers, WASH workers or committee members, and shopkeepers and vendors. Additional space has been included for other categories of community worker or actor.

Instructions for Facilitators: Print and distribute this worksheet for all participants or for each group of participants. Instruct groups to build on their shared vision of a community with the ingredients for nutrition and draw on their knowledge of the community to develop a shared vision of the community workers who can help families “collect” the ingredients by growing, selling, providing, promoting, teaching, advocating, modeling, supporting, etc. Explain that these workers might include people who work or volunteer at the community level from the public and private sector, and that they may not live or work permanently in the community. In fact, some may visit infrequently. Participants should record the cadres or titles of these workers, volunteers, or other actors in the “community workers” ring of the graphic.

RECIPE FOR GOOD NUTRITION, GROWTH, AND DEVELOPMENT: CONTRIBUTORS



In addition to determining the availability and accessibility of ingredients for good nutrition, growth, and development, it is important to identify the workers who can help families collect these ingredients. You will need to think beyond the health worker who often is seen as the sole provider of nutrition services to engage a wider range of workers and volunteers who may come from the public and private sectors and may reside in the community or visit only occasionally. They will vary from community to community or at least from region to region. Who they are may also depend on government structures, implementing agencies, and development programs. This worksheet allows you to add the specific cadres or job titles of workers available in your community.

Worksheet 2: Nutrition-Related Activities and Support

This worksheet will help program designers, planners, and implementers operationalize the shared vision for achieving good nutrition, growth, and development in the community—or at least to take a first step toward doing so. It provides space to record the context-specific community workers, identify the ingredients that they can help families collect, specify the activities that they can undertake, and determine the support each worker will need to do so effectively and efficiently. It may be best completed by sector-specific groups of participants who are aware of the typical activities and needs of workers from their respective sectors.


























Instructions to Facilitators: Ask workshop participants to break into sector-specific groups. Print and distribute this worksheet to all participants or to each group of participants. Explain that participants will complete the worksheet over the course of several sessions. First, they will identify the cadres of workers (see worksheet 1). Then they will determine the ingredients that those workers can help families collect and the specific activities that they can undertake (see handout 3). Finally, they will determine what support each worker will need to do so.







Having completed worksheet 1, participants can enter the title/cadre of the relevant local community worker in the first column of worksheet 2.

Using handout 3, participants will then brainstorm specific activities that these workers can undertake to help families collect the ingredients for good nutrition, growth, and development—what they can grow, sell, provide, promote, support, or model to improve nutrition in their communities. They will record these activities in the third column. Based on the activities listed, they will circle the ingredients that each worker can help collect or directly or indirectly affect in the second column.

Before completing the final set of five columns, lead the participants in a discussion of the factors affecting worker performance—clear expectations, knowledge and skills, timely feedback, incentives and motivation, and an adequate or supportive environment—and what each cadre of worker has or most needs to perform their nutrition-related role effectively and efficiently.

WORKSHEET: NUTRITION-RELATED ACTIVITIES AND SUPPORT

| Community Worker | Ingredients | Activities <i>(that they currently do or could do)</i> | What support is needed to address each performance factor? | | | | |
|---|--|---|--|------------|-----------------|-----------------------|----------------------|
| | | | Clear Expectations | Competence | Timely Feedback | Incentives/Motivation | Enabling Environment |
|  _____ Community Leaders |  Food  Caring Practices  Health Services  Clean Environment  Income  Empowered Women and Engaged Men  Education | _____ _____ _____ _____ | | | | | |
|  _____ Health Workers and Volunteers |  Food  Caring Practices  Health Services  Clean Environment  Income  Empowered Women and Engaged Men  Education | _____ _____ _____ _____ | | | | | |
|  _____ Extension and Advisory Workers |  Food  Caring Practices  Health Services  Clean Environment  Income  Empowered Women and Engaged Men  Education | _____ _____ _____ _____ | | | | | |
|  _____ Educators and Daycare Providers |  Food  Caring Practices  Health Services  Clean Environment  Income  Empowered Women and Engaged Men  Education | _____ _____ _____ _____ | | | | | |

| | | | What support is needed to address each performance factor? | | | | |
|---|--|---|--|------------|-----------------|------------------------|----------------------|
| Community Worker | Ingredients | Activities <i>(that they currently do or could do)</i> | Clear Expectations | Competence | Timely Feedback | Incentives/ Motivation | Enabling Environment |
|  <hr/> WASH Committee Members |  Food  Caring Practices  Health Services  Clean Environment  Income  Empowered Women and Engaged Men  Education | <hr/> <hr/> <hr/> <hr/> | | | | | |
|  <hr/> Shopkeepers/Vendors |  Food  Caring Practices  Health Services  Clean Environment  Income  Empowered Women and Engaged Men  Education | <hr/> <hr/> <hr/> <hr/> | | | | | |
| <hr/> Other |  Food  Caring Practices  Health Services  Clean Environment  Income  Empowered Women and Engaged Men  Education | <hr/> <hr/> <hr/> <hr/> | | | | | |

Although there is global consensus on priority interventions for improving maternal and child nutrition, the activities that community workers need to undertake to operationalize those interventions are not always clear. Furthermore, the burden of performing these activities often falls on a select few. Therefore, in addition to determining the availability and accessibility of ingredients for good nutrition, growth, and development, program designers, planners, and implementers need to identify the community workers and the activities they can perform to help families collect those ingredients. Furthermore, the ability of community workers to bring about change depends on the support they receive. Worker performance is affected by many factors. These are often grouped into five distinct categories: clarity and shared understanding of roles, responsibilities, and expectations; competence; the provision of timely feedback; incentives or some intrinsic motivation; and the environment, including the availability of supplies and infrastructure. In some cases, support systems may already exist. In other cases, efforts will be required to clarify roles, train, provide resources, regulate, motivate, and support.

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project designed this worksheet to help operationalize a vision for achieving good nutrition, growth, and development in the community—or, at least, to take a first step toward doing so. It provides space for you to record the context-specific community workers, identify the ingredients that they can help families collect, specify the activities that they can undertake, and determine the support each worker will need to be able to do so effectively and efficiently.

SPRING

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