



Ministry of Gender, Labour  
and Social Development



# COMMUNITY MOBILISATION ON FOOD AND NUTRITION SECURITY: A GUIDE FOR COMMUNITY MOBILISERS





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# Foreword

In 2013, the Ministry of Gender, Labour and Social Development developed a handbook for community development officers and other stakeholders in community development work. This handbook acknowledged that:

- Community development officers should be engaged in nutrition and health-related work
- Food and nutrition security is a concern of communities
- Community dialogues should include food and nutrition security
- Food and nutrition security should therefore be integrated into community development work

Current efforts aimed at improving food and nutrition security are constrained by the absence of community mobilisers who are specifically oriented for this particular task. In order to achieve better results, they need guidance on how food and nutrition security messages can be integrated into their community mobilisation work. Mobilisers at the community level need to be grounded in: how to plan for integrating food and nutrition security, the roles of community members in addressing food and nutrition security, and effective approaches to mobilise communities to improve food and nutrition security.

This guide is primarily for community mobilisers who directly interface with communities on a regular basis, especially Community Development Officers/Workers, Functional Adult Literacy Instructors, Group Promoters, Community-Based Facilitators, and members of Village Health Teams. However it is also highly recommended for other stakeholders and leaders who regularly interact with communities and can influence their knowledge, attitudes, and practices about improving food and nutrition security.

I am grateful to USAID's Food and Nutrition Technical Assistance III Project (FANTA) for their technical and logistical support that made the development of this guide possible. I also commend the efforts and input of the Technical Working Group that was constituted to oversee the process of developing this important reference material.

It should be noted that food and nutrition security issues are multi-dimensional. I therefore call upon all stakeholders—key government ministries, departments, and agencies; civil society organizations; and development partners—to actively participate in the improvement of food and nutrition security in Uganda.

**Pius Bigirimana**

**PERMANENT SECRETARY**



# Acknowledgements

Community mobilisation has become an integral part of all development initiatives. It helps communities not only understand and appreciate their situation, but also sets the pace for action and demand for better service delivery. Therefore, all those involved in community mobilisation work are critical in increasing community uptake of services and overall participation in the development process. Food and nutrition security have become such important components of the development agenda that their integration cannot be left to chance any more. In view of this, the Ministry developed this guide to engage communities to discuss food and nutrition security issues.

The development of this guide has been accomplished with support of stakeholders who participated either directly or indirectly in the process. The Ministry would like to pay tribute to the development partners who provided both financial and technical support. USAID's Food and Nutrition Technical Assistance III Project (FANTA) deserves mention for availing financial resources and providing technical assistance to develop the guide. Special thanks go to FANTA staff Dr. Hanifa Bachou, Francis Muhanguzi, Brenda Namugumya, and Karen Tumwine for their critical technical input.

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# Introduction

Improving the food and nutrition security of households in Uganda is important for the development of the country. Like any other aspect of development, success in improving food and nutrition security is dependent on effective community mobilisation. To integrate food and nutrition security into the work of community mobilisers, the Ministry of Gender, Labour and Social Development recognizes that:

- Community mobilisers and resource persons should include food and nutrition security among the issues they cover during mobilisation
- Community mobilisers and resource persons should help communities identify food and nutrition security issues as part of community planning
- Home and village improvement campaigns should address issues of food and nutrition security
- Community meetings should address food and nutrition security concerns

To carry out these activities, community mobilisers need to have the appropriate knowledge, skills, and reference materials to do so. This guide is intended to provide community mobilisers with:

1. Guidance on how to plan community mobilisation activities to improve food and nutrition security
2. Descriptions of the various roles of different community members in improving food and nutrition security
3. Examples of practical discussions to have with community groups to explain food and nutrition security, its importance, and ways to improve it
4. Guidance on conducting home visits and making referrals for malnourished children

Using the information in this guide, mobilisers will be able to integrate food and nutrition security messages into their work. This will lead to communities that are in a better position to improve their food and nutrition security.



## What is a community mobiliser?

A community mobiliser is an individual or leader who interacts with various groups of people (such as households, school children, community groups, community-based organisations, and religious groups) to influence knowledge, attitudes, and practices.

Specific types of community mobilisers that this guide is intended for include:

- Community Development Officers/Workers
- Parish Development Committees
- Functional Adult Literacy Instructors
- Group Promoters
- Community-Based Facilitators
- Village Health Teams
- Any other influencer

Criteria for selecting a community mobiliser are included in Annex 1.

## What is food and nutrition security?

Food and nutrition security refers to when households have enough quality food to eat year round in order to lead active and healthy lives. Issues surrounding food and nutrition security are discussed in more detail in Part 3 in the example discussions and mobiliser notes that are provided.

Examples of community mobilisation activities to improve food and nutrition security:

- Workshops and training
- Home and village improvement campaigns
- Barazas
- Community dialogue
- Functional adult literacy
- Formation and registration of community-based organisations

## Principles of Community Mobilisation

As a community mobiliser, you will need to be familiar with the basic principles of community mobilisation to be able to apply them when promoting food and nutrition security. The four basic principles are participation, accountability, good governance, and universal access to information. (See Annex II for practical tips on community mobilisation).

### **Participation:**

This principle requires that every member of a community gets the chance, directly or through representation, to participate in the design, implementation, and monitoring of community-level initiatives. When this happens, there is a higher likelihood that such initiatives accurately reflect the community's real needs and interests. Participation takes into consideration the different experiences, needs, and capabilities of various groups in a community—women and men, youth and the elderly, persons with disabilities and the able-bodied, and ethnic/religious/language minorities and majorities. With community mobilisation, participation is about meeting the interests of the whole community.

### **Accountability:**

Accountability is the process of sharing information about actions or intentions. Groups and individuals in relationships, such as in communities, are accountable to each other when they honour their commitment to communicate plans and are responsible for what they actually do. In the context of community mobilisation, community members are held accountable to each other. Individuals that are assigned certain roles in food and nutrition security initiatives are accountable to the entire community, which is counting on them to fulfil their responsibilities in everyone's best interest.

### **Good governance:**

Governance in general relates to the process of decision making and how decisions are implemented. Accountability is an essential characteristic of good governance where leaders are held accountable for the decisions made and applied. Governance is most beneficial when it is accountable, transparent, just, responsive, and participatory. Good governance is a goal of community mobilisation and helps ensure sustainability.

### **Access to information by all members of the community:**

Community members should be able to access information on their food and nutrition rights and be able to advocate for themselves. In community mobilisation, every community member has the right to know the procedures, decision-making processes, and the specifics about community interventions, including improving food and nutrition security.

# PART

# 1

# PLANNING COMMUNITY MOBILISATION FOR IMPROVING FOOD AND NUTRITION SECURITY

## Introduction

When planning any community mobilisation activity, it is important to take steps to prepare for meaningful discussions with the community. This involves deciding:

- What to do
- How to do it
- When to do it
- Who is involved

Having a plan and the right people in place is critical for the success of a mobilisation effort. To develop a plan, it is helpful to think of the different phases that are involved in a community mobilisation activity as well as what is required in each phase. This handbook suggests thinking of community mobilisation in five phases:

- Planning
- Community entry and awareness
- Community mobilisation
- Taking action together
- Participatory monitoring and evaluation

These phases are explained on the following pages, including questions to consider when planning for activities to improve food and nutrition security. At the end of this section, there is a template for documenting your action plan.

## A. Planning

During the planning phase is when a mobiliser would determine food and nutrition security issues that need to be addressed and what needs to be done to address them. There are a number of ways to identify issues, people to involve, activities, and measurements of success, which are described next.

## Food and nutrition situation analysis

In order to improve food and nutrition security in a community, there is a need to obtain basic information on the current food and nutrition security situation in a community. While the mobiliser may have knowledge on this topic, information may also be obtained from discussions with people knowledgeable and/or influential in the community, such as local leaders and informal groups. Such discussions should generate information to answer key food and nutrition security questions, such as:

- Do households consume a variety of different foods from crops and livestock throughout the year? If not, why?
- How many meals are consumed by most households each day?
- Do households have backyard gardens?
- Are households' crops drought-resistant?
- Do women give their infants breast milk only (with no other food and water) for the first 6 months?
- Do households have access to clean, safe water?
- What are the sources of water used?
- Are household drying racks available for use?
- Are pit latrines available and used?
- Are rubbish pits available and used?
- Does the community have school gardens?
- What consequences have been observed, if any, from not having adequate quality food?
- What consequences have been observed, if any, from poor infant feeding practices?
- What consequences have been observed, if any, from poor water, sanitation, and hygiene practices?
- What types of people in the community are vulnerable to food insecurity and malnutrition? Why?
- Is there anything that has been done in the past or is currently being done to address food insecurity or malnutrition?
- What are some of the barriers that might slow progress towards addressing food and nutrition security issues?
- Who can help address such barriers and how?

Analysis of these issues will help you understand the problems of food insecurity, malnutrition, and their causes and consequences. This insight will help inform planning for what needs to be done.

## Identifying and involving the right people

It is important to have a clear understanding of people that have power and influence in the community. These 'gatekeepers' are the people that you will first share ideas with and they can help encourage others to participate in community dialogue meetings and implement feasible actions. These gatekeepers include, but are not limited to:

- Local political leaders
- Religious leaders
- Parish Development Committees
- Health care providers
- Extension workers
- Traditional herbalists
- Cultural leaders
- Teachers

## Defining what needs to be done and how

A community mobiliser should always have a clear idea of the mobilisation activities and strategies he or she will use. These activities should be discussed with influential people in the community for agreement. For example, the method used to assist a community to analyse the food and nutrition situation should be discussed and agreed upon.

Identify what you will need for the mobilisation activity to succeed. Mobilisation is about the community understanding and appreciating that there is a problem that needs to be addressed with their involvement. What will you need to ensure they understand? A picture of a malnourished child? A picture of a healthy child? A picture of a household showing a number of positive food and nutrition practices? This should be determined during the planning process.

Identify simple ways that will measure progress or success of mobilisation efforts. Community mobilisation should lead to actions that produce results. During the planning process, a mobiliser should have an idea of possible actions and results that can be measured with time. While community members will determine the actions

to take, the mobiliser should guide them by considering possible actions, what the community is likely to do, and the possible results of their actions. This is informed by the situation analysis.

## B. Community Entry and Awareness of Gatekeepers

The situation analysis helps identify individuals, groups, or organizations (the gatekeepers) that should be contacted for community mobilisation. Once these have been identified, the mobiliser should:

- Identify key food and nutrition security issues that are of interest to the community
- Discuss these issues with identified gatekeepers
- Agree on community groups (audiences) you would like to have participate in discussions on food and nutrition security
- Agree on who will invite them
- Agree on a date and venue and ensure communication is made accordingly
- Agree on approaches to be used in the discussions

## C. Community Mobilisation

In this phase, the mobiliser uses the agreed upon approach to engage the audience to discuss the manifestation, causes, and consequences of food insecurity and malnutrition. The outcome of the mobilisation activity should be a community action plan that:

- Identifies the problem
- Determines tasks to address the problem
- Assigns responsibility for respective tasks
- Sets a timeframe for each task
- Determines signs of success

It is important to note that:

- Each identified problem may have different tasks
- Tasks may address specific groups that are vulnerable to food and nutrition insecurity
- All tasks may not be performed at the same time and some may need to be prioritized
- Actions can be taken at the household, community, and local government levels

## D. Taking Action Together (Implementation)

Once there is a community action plan for addressing food insecurity and malnutrition, respective actors assigned to specific tasks and guided by the agreed time frames embark on real action. The template on the next page is an example of one way to develop your action plan.

## E. Participatory Monitoring and Evaluation

In practice, monitoring and evaluation overlaps with implementation. Monitoring is the act of observing the progress of food and nutrition actions against the action plan. It includes looking at how actions were carried out, if they should have been carried out at all, and if something different should have been done.

Some examples of ways to assess the success of a community mobilisation activity include:

- Number of trainings attended by community mobilisers
- Availability of action plans formulated and implemented by the community mobiliser
- Number of mobilisation meetings held
- Minutes of community meetings recorded and shared
- Frequency of field visits made
- Number of monitoring reports written and shared
- Number of households with gardens to increase food security
- Reduced cases of malnutrition
- Number of community-level groups established and addressing food and nutrition security issues
- Number of food and nutrition security information sessions conducted





# PART 2

## THE ROLES OF STAKEHOLDERS IN COMMUNITY MOBILISATION FOR IMPROVING FOOD AND NUTRITION SECURITY

### Introduction

There are many stakeholders involved in community mobilisation for food and nutrition security. These include political and technical leaders, as well as groups or people that are part of the community, work with the community, or provide services to the community. The key community groups include local religious groups and leaders (e.g., mothers' union, lay leaders, catechists, and imams), community-based organizations, village health teams, networks of people living with HIV, village savings and loan associations, functional adult literacy groups, child protection committees, and any other community groups engaged in community-based work. This section and the accompanying flip charts describe the roles of these groups in efforts to improve food and nutrition security.

### Schools (Card 1)

- Hold classroom discussions on food and nutrition security
- Organize students to engage in food and nutrition security activities, such as school gardens and learning about healthy food choices, marketing, commerce, and income
- Organize farming demonstrations on improved farming techniques
- Engage role-model farmers and extension workers to exchange information with students
- Engage students in outreach activities such as performing cultural/theatrical activities on food and nutrition security
- Advise pupils/students to establish backyard and kitchen gardens

### Parents/Caregivers (Card 2)

- Strive to grow or buy a sufficient quantity and variety of food for the household
- Follow guidance for feeding of infants and young children and ensure children and dependents are fed enough of various types of food

- Participate in community dialogue and mobilisation and support the community action plan
- Attend seminars, meetings, demonstrations, exhibitions, and trainings to gain knowledge, information, and skills pertaining to food and nutrition security
- Work closely with others to form parents associations on food and nutrition security
- Use family planning to have a manageable number of children
- Take children for healthy and sick child visits as needed to receive all immunizations, and participate in any community activities that promote child growth
- Encourage and practice use of clean and safe water, sanitation, and hygiene practices, including: hand-washing with soap/ash before preparing food, eating/feeding, after using the toilet, or cleaning someone who has defecated; having, using, and maintaining a household latrine; and treating drinking water and storing it safely in a covered container

## Community Leaders (Card 3)

- Encourage household heads and other members to engage in profitable farming that promotes food and nutrition security
- Identify model farmers to exchange information with other community members
- Mobilise households to build appropriate food storage facilities
- Identify households that are at risk of food and nutrition insecurity and sensitise them to get involved in good agricultural practices
- Link farmers to appropriate extension workers
- Mobilise schools to teach agriculture and re-introduce school gardening
- Provide information to couples on manageable family sizes
- Promote clean and safe water, sanitation, and hygiene practices at the community and household level
- Follow up on implementation of community food and nutrition security action plans
- Teach and practice agriculture through school gardening

## Parish Development Committees (Card 4)

- Report on food and nutrition security issues to relevant authorities (e.g., in the case of natural disasters such as hailstorms, floods, and landslides) so that proper action can be taken
- Include food and nutrition security objectives and activities in development plans
- Mobilize community members to promote food and nutrition security in their homesteads
- Sensitize communities to adhere to local early warning signs regarding weather

## Civil Society Organizations (Card 5)

- Disseminate relevant food and nutrition security knowledge and information
- Advocate for attitudes, beliefs, and practices that promote food and nutrition security
- Incorporate food and nutrition security issues into programs
- Connect with extension workers and community mobilisers
- Provide financial, technical, and other resources (such as seeds) to improve food and nutrition security
- Follow up with and support families at risk of malnutrition and food insecurity
- Advocate for increased resource allocation to food and nutrition security in local governments
- Monitor food and nutrition security interventions in communities and share reports with relevant stakeholders
- Advocate for integration of food and nutrition security in sector plans and budgets

## Religious Leaders (Card 6)

- Integrate food and nutrition security messages into sermons
- Demonstrate appropriate food production techniques at church farms
- Demonstrate food and nutrition security messages at places of worship
- Encourage and/or influence affiliate organizations, such as mothers' unions, to introduce food and nutrition security messages into their activities
- Introduce food and nutrition security activities into health units under their control/leadership/ownership

- Integrate food and nutrition security messages into pastoral visits to families, households, and communities, for example, by asking questions related to food and nutrition security and providing information on the topic
- Encourage and/or influence affiliate schools to introduce food and nutrition security issues into teaching and practice

## Cultural Institutions (Card 7)

- Mobilise subjects towards promotion of food and nutrition security
- De-campaign cultural values/practices/beliefs that compromise food and nutrition security of women and children
- Integrate food and nutrition security issues into institutions' plans
- Include food and nutrition security messages while interacting with subjects
- Link communities with food and nutrition security-related service providers, such as extension workers
- Organise agricultural and water, sanitation, and hygiene competitions
- Provide resources for food and nutrition security

## Herbalist (Card 8)

- Attend meetings to learn basic knowledge and information on food and nutrition security
- Work hand in hand with relevant offices, such as the Community Development, Health and Agriculture, to seek information on food and nutrition security
- Refer children who may be malnourished to village health teams or health facilities
- Set up demonstration gardens and encourage clients to adopt modern farming practices for improved food and nutrition security
- Establish demonstration gardens for neglected indigenous nutritious crops and herbs
- Mobilise clients to promote messages on food and nutrition security
- Work to change negative cultural beliefs and practices
- Serve as role models for good health, nutrition, and water, sanitation, and hygiene practices
- Link communities with service providers on food and nutrition security, such as extension workers

## Extension Workers (Card 9)

### **Community Development Officers (Mobilisers)**

- Lead community mobilisation efforts and community planning for food and nutrition security
- Coordinate and follow up on action plans
- Technical backstopping during community planning sessions

### **Agriculture Extension Workers**

- Identify model farmers who can grow demonstration plots
- Sensitize and educate households on modern farming methods to improve production, including organizing demonstrations and exhibitions
- Encourage and support households to adopt new crops and livestock varieties to improve food and nutrition security
- Encourage farmers to have a mixture of enterprises for regular, periodic, and long-term income
- Provide information to farmers on causes and consequences of food and nutrition insecurity
- Provide information on climate change issues
- Sensitize communities on appropriate post-harvest management, household food processing, and food preparation

### **Health Extension Workers (Village Health Teams and Health Assistants)**

- Provide community resource persons and other mobilisers with accurate health and nutrition information
- Integrate food and nutrition security issues into work plans, budgets, and reports
- Monitor food and nutrition security at the community level
- Refer malnourished individuals for appropriate care
- Conduct home visits to promote food and nutrition security
- Provide counselling services to families at risk of malnutrition and food insecurity
- Conduct follow-up visits to provide appropriate counselling on food and nutrition security
- Conduct community education sessions or other community health and nutrition interventions to promote food and nutrition security

# PART 3

## ENGAGING THE COMMUNITY TO DISCUSS FOOD AND NUTRITION SECURITY

### Introduction

Community Development Officers and Workers use various approaches in community mobilisation. These can include workshops and training, home and village improvement campaigns, barazas, community dialogue, functional adult literacy, and formation and registration of community-based and nongovernment organisations. However, this guide focuses on community dialogue and home and village improvement.

### Facilitating Community Dialogue on Improving Food and Nutrition Security

**Community dialogue** is an approach for community mobilisation and empowerment. It involves a continuous exchange of views and ideas among a given community about an issue or concern in order to build a common understanding to promote individual, family, and community action that improves or changes the situation. The process begins with an expression of concern about an issue or problem that affects the community, which encourages further dialogue and action until the situation changes to the satisfaction of the concerned community.

### Rationale for Community Dialogue

- Achieve a common understanding of the problem and its extent
- Identify the roles of key stakeholders in addressing the problem
- Identify local resources (e.g., human, financial, and material) to address the problem
- Commit to feedback between the community and service provider
- Build public consensus and commitment necessary to generate action for better outcomes
- Stimulate action and tracking of progress for accountability
- Promote community ownership of the solution

## Do's and Don'ts

- Avoid being a preacher and advisor—listen to what people have to say
- Create a culture wherein people freely express their ideas, fears, needs, and aspirations
- Do not impose your advice and solutions on people—seek to jointly develop a way forward
- See Annex II for additional tips on community mobilisation

## Let's Talk About Food and Nutrition Security

To get started, engage community members in a practical dialogue exercise as presented below. *Ensure participation of women, men, youth, children, and leaders.*

**The Dialogue Spark:** *“According to reports from agricultural extension workers and health workers reaching the sub-county, there are food shortages in a number of households. Some households have one meal a day. At the same time, some of the children look weak and short compared to children of more or less the same age in the neighbourhood.”*

Use the following discussion guide and flip chart cards 10 and 11 to conduct a dialogue on the food we eat:

- a. Looking at card 10, what practices do you see that promote food and nutrition security?
- b. What food do you mainly eat in your home?
- c. How is it acquired?
- d. Who in the household participates in producing this food?
- e. How much is produced?
- f. Does the food you produce take you to the next harvest?
- g. Do some families keep livestock?
  - i. If so which animals?
  - ii. What are they used for?
- h. What is a balanced diet? (After participants respond, show card 11 to encourage discussion)
  - i. Do the foods you eat in your home form a balanced diet?
  - j. If not, what are the likely consequences for children, women, and families?
- k. What can we do to produce and consume a balanced diet in our households?

# Food Security and Food Insecurity

Having a basic knowledge and understanding of food security and its implications will help communities and households take action to promote food security. This section helps you as a community mobiliser explain food security as well as food insecurity to community members.

## Understanding Food Security

Select three people to read the paragraph below. After they read the paragraph, have them act it out in a short play. Alternatively, you may choose to go straight to the discussion of the key issues without the play.

*A community mobiliser met with a husband and wife during a home visit. The mobiliser wants to know what food the household produces, how much they harvest, and which household members help produce the food. The husband tells the mobiliser that he allocated a big part of their land to the wife to produce whatever food crops she wants. The wife, on her part says that she is able to mainly produce matooke, potatoes, beans, and groundnuts, which are enough for the household food needs throughout the year (replace these with crops applicable in your area). The children work with her during weekends and holidays. She says that the harvest is good. In addition to eating it at home, some food is sold for cash to pay for school fees and other necessities.*

Ask the audience to reflect on the play and follow up with these questions:

- a. What is this story about?
- b. What have you learnt/noticed in the story?
- c. What in the story shows that the household has enough food?
- d. How can household members, both men and women, support food production and/or help a household get food?



## Mobiliser's Notes on Food Security at the Household Level

- Food security means that a household has enough quality food for the household to eat at all times. Households are food secure when they have year-round access to the amount and variety of safe foods their members need to eat to lead active and healthy lives.
- Food security can be achieved through a household's own production, buying food, exchanging non-food for food items, or any other means available and acceptable in the community.
- It helps if all or the majority of household members participate in activities that ensure enough food is available for the family, while still fulfilling important roles, such as attending school.

## Understanding Food Insecurity, Its Causes, and Consequences

Select three people to read the paragraph below. After they read the paragraph, have them act it out in a short play. Alternatively, you may choose to go straight to the discussion of the key issues without the play.

*Before one of the community dialogue meetings starts, the community mobiliser has a discussion with a man and a woman who introduce themselves as husband and wife. After greeting each other, they tell him that on this particular day they have no lunch but are going to have supper later in the day. On seeking to understand why, the wife tells the mobiliser that even though they have more than five acres of land, only a small portion has been allocated for food production and she single-handedly produces bananas, potatoes, and beans (replace these with crops applicable in your area). Most of the harvest is sold by the husband. He spends the income from crop sales on some household necessities, but also beer and other non-essential items, and the household does not have enough food. The man confirms this and says it is the responsibility of the woman to provide food for the family. He further justifies allocation of a small portion for food production reasoning that the rest of the land is meant for coffee (replace with a cash crop relevant to the area) to raise money for school fees. He also adds that he has the right to sell bananas to get money for beer.*

Ask the audience to reflect on the story and follow up with these questions:

- a. What is this story about?
- b. What have you learnt/noticed in the story? Are there specific points in the story that show that the household does not have enough food?
- c. Do some households in the community have stories similar to this? If so, what are the causes?
- d. What is the effect of leaving household food production to only women?
- e. Are there members of the household who are more likely to have less food than others? Why?
- f. If the household does not produce and/or access enough food, what are the likely effects?
- g. How can household members, including men, support food production and/or access to food so that it is a shared responsibility?
- h. as a community, what actions can be undertaken to promote food security (refer to action plan)?

## **Mobilisers' Notes: Causes of Food Insecurity**

The following provides information that can be shared with the community during the discussions.

### **Low agricultural productivity**

- Poor methods of farming
- Inefficient production technologies
- Low-quality planting and stocking materials
- Inadequate knowledge and information (includes reluctance to participate in training and lack of access to training)
- Sickness leading to loss of valuable labour
- Land degradation
- Low soil fertility and quality
- Poor post-harvest and storage practices and facilities

For livestock: disease, lack of access to vet services, theft/raiding

### **Climate/weather/environment**

- Drought, floods, and other natural disasters
- Environmental degradation

### **Emphasis on market-oriented production**

- Selling most food produced in the market and income not invested in alternative food
- Cash crops grown at the expense of food crops and income not invested in food

### **Low levels of education/literacy**

- Limited information on farming
- Lack of confidence to seek relevant advice and support
- Low pace of adoption of efficient methods and technologies of production

### **Traditional beliefs and practices**

- Cultural beliefs that food production is the domain of woman (men are not expected to support their wives, even though the women may not be able to produce enough on her own)
- Restrictions on certain foods for children and women

- Cultures in which men eat first (if food is not adequate this will negatively impact the rest of the household)
- In female-headed households, lower literacy among women, higher burden of work, and lower income
- Limited rights for women who may lose access to land
- Land ownership, control, and access mainly dominated by men

#### **Land shortage and/or fragmentation**

- Very little land available for food production
- Large families without matching resources coupled with lack of family planning
- Limited family investment in farming

#### **Domestic violence**

- Physical and emotional trauma that affects women's ability to work, care for themselves, and care for others
- Depression, helplessness
- If spouses separate:
  - Living costs become more expensive, making it harder to provide enough food
  - Home is left without a woman to provide food and care or without a man to provide for material needs

#### **Poverty**

- Not enough money to invest in farming
- Need to sell surplus harvest right away, when prices are lower
- Poor attitude by some members of the community towards work and farming
- Not enough money to buy food to make up for shortage in production

#### **Death or incapacity of parents/adults/caregivers**

- Child-headed households are vulnerable

#### **Rural-urban migration**

- Households are deprived of agricultural labour

## **Mobiliser's Notes: Effects of Food Insecurity**

The following provides information that can be shared with the community during the discussions.

- Food insecurity leads to malnutrition with a host of consequences (see notes later on the consequences of malnutrition)
- Domestic conflict/violence due to stress on the household
- Children may leave school to find work or income to buy food; their lack of education makes it hard to break the cycle of poverty, which may be passed on to the next generation
- Families may sell household assets to buy food, leaving them more vulnerable
- Some families may find it tempting to eat some or all of the seed if they don't have enough food, which reduces production in the coming season
- Environmental degradation as affected families encroach on wetlands and forests, which further complicates the food situation
- Family and communal conflicts over land that is viewed as public (kalandalanda)
- Family or community conflicts resulting from food insecure households stealing from food secure households
- Family members traveling out of the community to look for work
- Inability to work because individuals are malnourished

# Good Nutrition and Malnutrition

## Understanding Good Nutrition

Ask four participants to read the paragraph below. Prepare the group to present a short play based on the paragraph. Alternatively, you may choose to go straight to the discussion of the key issues without the play.

*In one community, a community-based facilitator spoke with a man named Jaka and his wife Kago, who had participated in training sessions by the agriculture extension officer. Jaka said that they always produced enough food from crops such as bananas, maize, beans, pumpkins, soybeans, a variety of fruits, and milk from cows (replace with related enterprises common in your area). But, before the training, he was selling all the milk and now he leaves some milk for the family to drink, especially the children. In addition, he used to buy a quarter kilo of beef each Saturday for himself, but now he buys two kilos so that all members of the family can eat it, and discusses food purchases with his wife, who cooks all the meals. Meanwhile Kago says that since the training, she has supplemented their crops with green and orange/red vegetables around the house. As the cook of the house, she makes sure the family is able to eat bananas (replace with any other local staple), vegetable crops grown by the family, and food from animals like meat, fish, eggs, and milk, some of which they buy. She is also careful to wash her hands before preparing or eating any food and feeding her children, and keeps raw meat away from cooked food. The family only drinks water that she pours from a clean, covered container that she treats with water guard. The man adds that since this enlightenment, he has noticed that the children have not been sick, are happier and active, and have improved in their academic performance.*

Ask the audience to reflect on the story and follow up with these questions:

- a. What is this story about?
- b. What have you learnt/noticed in the story?
- c. What specific points in the story show that the household eats a number of different foods?
- d. Are there households in your community that eat a number of different foods?
- e. How do the household members look? Are there signs that they 'eat well'?
- f. Why do you think they find it possible to eat a number of different foods?
- g. Apart from food, what good practices can be said about this household?

## Malnutrition, Its Causes, and Consequences

Ask four participants to read the following paragraph. Prepare the group to present a short play based on the paragraph. Alternatively you may choose to go straight to the discussion of the key issues without the play.

*Last week an agriculture extension officer visited Kampala village and went to the home of Kahonaho and his wife Kombe. Kahonaho's wife said that she is responsible for producing millet, simsim, and beans (replace with crops of the same category applicable to your area). There is not enough produced for the food needs of their family of six children and themselves and, as such, there is nothing to sell. This is made harder by the little land that the family possesses. The man said that he has nothing to do with growing crops and, as a group employee of the nearby secondary school, he earns money that he uses to go to the bar daily and also buy a kilo of beef for the family once a week. In the middle of the conversation, four children who were playing around the compound, near where the neighbours' goats and chickens walk, came closer and asked for a drink of water. Kahonaho dipped a cup into an uncovered bin of water and gave it to the children to share. One of the children belongs to Kahonaho and his wife and the rest belong to his brothers. Upon asking about the ages of these children, the extension worker learnt that three of them, including Kahonaho's, are four years old, the difference between them being a few weeks. But Kahonaho's child has curly sparse brown hair, looks weak and smaller than the rest, and falls sick often. The extension worker seeks to know what Kahonaho's family typically eats and is told the family eats one meal a day of mostly millet and beans but they are in small quantity.*

Ask the audience to reflect on the story and follow up with these questions:

- a. What is this story about?
- b. What have you learnt/noticed in the story?
- c. What foods are produced by the majority of households in this community?
- d. What specific points in the story show that the household eats only a few types of foods?
- e. Are there households in your community that are in such a situation?
- f. How do the members or some of the members look? Are there signs that they don't 'eat well'?
- g. In a household are there members who are likely to eat less well than others?
- h. What causes some households to not 'eat well'?

- i. Apart from malnutrition, are there any signs of bad or risky practices in the household?
- j. What do you think are the consequences of ‘bad eating’?
- k. At the household level, what can be done to address malnutrition?
- l. At the community level, what can be done to address malnutrition (refer to your action plan)?

At this stage, introduce and explain flip chart cards 12 and 13 on infant and child feeding and how to tell if a child is malnourished. Emphasize that there are vulnerable groups of people who need special attention, especially children, the sick, pregnant and breastfeeding women, elderly, and people with disabilities.

### **Mobiliser’s Notes: Household Nutrition**

Nutrition is important throughout the life cycle—from pregnancy, infancy, childhood, adolescence, and adulthood. The following provides some basic information on nutrition that can be shared with the community during the discussions.

- Good nutrition means eating the right food, at the right time, in the right amounts (quality and quantity) to ensure a balanced diet. It should be prepared in a clean, safe way and stored safely.
- To ensure good nutrition for the household, there should be a balance between selling harvest and livestock for income and keeping enough for the household’s dietary needs. Selling most of the harvest and livestock products and leaving little or nothing for the family exposes them to malnutrition, unless the family uses some of the money from the sale (or other sources) to buy alternative food.
- To ensure good nutrition, household members need to eat a variety of foods from both crop and animal sources on a regular basis. These may include: animal sources such as chicken, goat, beef, liver, eggs, milk, fish (including mukene and nkejje), edible insects, and edible rats; staple foods like millet bread, matooke, and sorghum; other starchy foods like potato, pumpkin, posho, cassava, and rice; beans and lentils; vegetables of various colours such as carrots, nakati, dodo, and pumpkin leaves; and fruits such as mango, pawpaw, avocado, sweet banana, guava, and pineapple. Some foods can be produced by the household while others can be accessed through the market or community social support systems.



- It is good for all members of the family to participate in activities that contribute towards good nutrition.
- For good nutrition, a household needs to eat a combination of crop and animal-based foods whether produced or bought.
- It's important for infants 0–6 months of age to be fed breast milk because it contains what they need to grow and develop.
- From 6 months to 2 years of age children should be given food in addition to breast milk. Gradually increase the amount and thickness of food and the number of meals a day as children get older.
  - 6–8 months: 2 to 3 meals/day and 1 or 2 snacks if needed.
  - 9–11 months: 3 to 4 meals/day and 1 or 2 snacks if needed.
  - 1–2 years: 3 to 4 meals/day and 1 or 2 snacks if needed.
- From 2 to 5 years of age children should eat three meals and two snacks with increasing amounts as needed.
- Pregnant women and breastfeeding mothers need to eat at least an extra meal each day.
- Pregnant women should attend at least four antenatal clinic visits, take iron and folic acid supplements as prescribed, and deliver in a health facility.
- Pregnant women should be accompanied by their spouses to antenatal clinic visits.
- The sick may need to be fed more frequently per day from a variety of foods.

## What is Malnutrition?

To engage the community in discussions around malnutrition, ask participants to think about the plays/stories that were shared. Ask them questions such as: What is malnutrition? Are there different types of malnutrition? What are the causes and consequences of malnutrition? The following provides basic information that can be shared with the community during the discussion.

Malnutrition is a condition that develops when the body does not get the right amount and kinds of food needed to stay healthy. Undernutrition is when a person doesn't get enough of the right kind of food or their body cannot use the foods they

have eaten because of illness. Overnutrition is when a person gets too much. The focus of this guide is on undernutrition, which can occur because of food insecurity. There are three categories of undernutrition:

- **Acute malnutrition** is when a person is very thin (also called wasting or low weight-for-height) because they are not eating enough food or because of sickness. People with acute malnutrition may also have two swollen feet (called bilateral pitting oedema). Children with severe acute malnutrition are at high risk of death and need urgent medical care.
- **Chronic malnutrition** happens when a person has had long-term lack of food or repeated illness that has affected their growth, so they are short for their age (called stunting). Stunting can begin in the womb, and children are at the highest risk of stunting from within the womb until they are 2 years of age. Once children have lost growth, it is hard to correct, especially after 2. It should then be prevented with a healthy diet and good medical care.
- **Micronutrient deficiencies** occur when people do not eat enough food with the right quantity and type of vitamins and minerals, or their body does not absorb the vitamins and minerals. This makes them more likely to get sick and may hurt children's growth and brain development. In Uganda, the focus is on getting more vitamin A, iron, and zinc. Eating many different foods like animal flesh (such as beef, goat, chicken, and liver), beans and nuts, red and orange fruits and vegetables, and iodized salt will help.

## **Mobiliser's Notes: Causes of Malnutrition**

Use this information to point out the causes relevant to the community that may have been left out during discussions.

### **Household food insecurity**

- Poor access to different foods, not enough variety of foods, and low agricultural production

### **Not eating enough food or different kinds of food**

- Eating fewer times than needed
- Eating too many staples and not enough vegetables, fruits, and animal foods like eggs, meat, dairy, and fish

### **Poverty**

- Not enough money to buy different types of food
- Not enough money to pay for health care
- Inadequate access to good land for farming
- Unable to afford planting and stocking materials

### **Inadequate care for mothers and children**

- High daily workload for women resulting in not enough time for nutrition and health needs
- Limited knowledge on good nutrition and caring practices
- Having frequent pregnancies very close together

### **Poor access to health care and healthy environment**

- Poor sanitation and hygiene, increasing risk of illness
- Poor food handling practices, increasing risk of illness
- Poor access to health care and nutrition support services
- Not seeking health care when necessary

### **Illnesses (chronic and others)**

- Poor appetite and not eating enough food when sick, even though the body needs more food to fight illness
- Unable to properly absorb/use the food eaten when sick
- Too weak to grow own food when sick
- Cost of managing illness, which reduces money that would have been used to produce food or buy it in the market

### **Traditional beliefs and practices**

- Beliefs that deny women and children nutritious foods
- Lack of participation of men and boys in food production and caring for family members
- Women denied access to adequate land for production of nutritious foods
- Women not seeking medical help without permission of their spouse

### **Low levels of education**

- May not get health care when needed
- May lack knowledge about good food and nutrition
- May be reluctant to change opinions or practices
- May experience poverty and have lower income

### **Poor water, sanitation, and hygiene facilities, practices, and beliefs**

- Unsafe practices that lead to diseases that interfere with appetite, and make it hard for the body to absorb nutrients
- Time spent fetching clean, safe water if far away, which may reduce time available for providing good nutrition

### **Safe water, sanitation, and hygiene practices include:**

- Drinking boiled or treated water, storing drinking water in a covered container with a narrow neck, and serving by pouring or with a clean ladle
- Using a latrine or burying faeces away from the house
- Washing hands with soap/ash under poured/flowing water at key times like:
  - Before touching, preparing, or serving/feeding food
  - After using the toilet, cleaning up a baby or a person who has defecated, tending to a sick person, and handling animals
- Preparing food in clean areas, covering food to protect from pests, cooking food thoroughly, and keeping raw and cooked food separate
- Keeping livestock out of the house and sweeping compound

## **Mobiliser's Notes: Consequences of Malnutrition**

Use the information in this box to point out the consequences relevant to the community that may have been left out during discussions.

### **Sickness and death**

- Malnourished mothers are more likely to have low birth-weight babies
- Such babies are more likely to be sickly and are more likely to die from illness than well-nourished babies and children
- Not having enough blood (anaemia), which is associated with malnutrition and affects many women and children, can lead to death
- Increased chances of loss of pregnancy (spontaneous abortion), pre-mature births, and still births
- Children who are malnourished are also more likely to get sick and more likely to die from sickness

### **Reduced agricultural productivity**

- Malnourished people are weak and may not have as much energy to work in agriculture as well-nourished people
- Malnourished individuals get sick more often, and during time of their illness they may not be able to work
- Other household members will have less time to work as they spend time looking after the sick or dealing with death and its effects

### **Poverty**

- Money that would have otherwise been invested is spent on managing malnutrition and associated illnesses
- Severe malnutrition itself is a disease which is expensive to manage/treat
- Households have less income because they have less time and energy to spend on farming
- Malnourished individuals are generally less productive

### **Poor education outcomes**

- Malnourished children miss classes because they are weak and sick
- Malnourished children have trouble concentrating in class
- Malnourished children are more likely to repeat classes or drop out of school

### **Poor mental and intellectual ability**

- Malnutrition starting in the womb to 2 years of life (known as the first 1,000 days) leads to poor and irreversible mental and physical development of an individual

# PART 4

## CONDUCTING HOME VISITS AND MAKING REFERRALS FOR MALNOURISHED CHILDREN

Depending on the work of a community mobiliser, one may find it necessary to visit homes as part of their work. With respect to food and nutrition security, there are a number of key issues to consider when making home visits. The following may be useful and should be adapted to your specific work and purpose for conducting a home visit.

### Guidelines for Home Visits

- Often, you should seek to be accompanied by another community gatekeeper or resource person or just a resident. This is usually very useful to help the mobiliser feel more comfortable in the home and the family to feel more comfortable interacting with the mobiliser.
- Announce your arrival. Following the local custom, exchange greetings and explain the purpose of your visit. For example, the visit could be a follow-up to a community mobilisation activity in which the household members participated.
- At an appropriate moment in the exchange, ask the hosts to share with you the household status with regard to food and nutrition security. If you have visited previously or if they have participated in a mobilisation activity, find out whether the actions that were agreed on have been implemented.
- Be sure to have enough discussion in order to raise key concerns, identify their causes, and agree to solutions. If it is a follow-up visit, the mobiliser should ensure that follow-up actions are discussed and a way forward agreed upon.
- You should make observations on a variety of issues, such as the environment and hygiene conditions. Praise what is going well and learn about challenges that are facing the family that are keeping them from achieving any agreed upon actions. Consider the presence of hand-washing stations, pit latrines/sanitation facilities and their use, what the family is eating and how often, the status of gardens, the status of food storage, and water containers. Discuss anything that could put the family at risk of food and nutrition insecurity and discuss options to improve their situation.
- When possible, you should agree on a date for a follow-up visit.

## Making Referrals for Malnourished Children

In the course of your work, especially during home visits, you may come across children who appear severely malnourished and in need of specialized attention by trained health workers, or children that you think may have a nutritional problem. Such children should be referred to village health teams for further action, using a form similar to the one on the following pages when possible. It should be noted that you can make a referral even if the form is not available. When possible, note the signs of malnutrition, details of the home, and report to any member of the village health team for follow up.

### When should referral be considered?

If a child has one or more of the following, they should be referred to the village health team:

- Rigid brittle nails
- Failing eye sight
- Change of colour of the skin, sometimes paleness, and many patches on arms and/or legs
- Dull hair lacking sheen, dry, and can be easily plucked
- Pale, dark red or purple colour of gums
- Sometimes flaked skin; sores on skin, lip, or tongue; and pale lips
- Loss of appetite or digestive disturbances
- Above normal body temperature
- Shortness of breath while performing normal activity
- Easily irritable and depressed
- Weight loss, including appearing too thin
- Appears shorter than children of the same age
- Swollen feet, ankles, legs, arms, face, or whole body (see image of bilateral pitting oedema)
- Thin arms and legs, and bloated abdomen
- Diarrhoea or frequent watery stools

## Community Referral Form for Use by the Community Mobiliser

Name of child: .....Age: ..... Sex: .....

Name of mother: .....Name of father: .....

Village: ..... Sub-county: ..... District: .....

Referred to Village Health Team (indicate village)  
.....

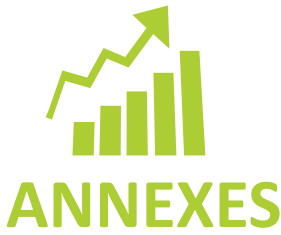
Reason for referral: .....

Date of referral: .....

Referred by: .....

Signature of the Community Mobilizer: .....





## Annex I: Criteria for Selection of a Community Mobiliser

These criteria are for community and/or development agencies in the selection of new community mobilisers. Mobilisers who meet these criteria stand a higher chance of being accepted in the community and being successful in their role.

- 18 years and above
- Willing to serve as a volunteer
- Available to mobilise for food and nutrition security
- Interested in development issues
- Good communicator
- Role model who is honest, trustworthy, and respected
- Dependable and approachable

## Annex II: Practical Tips

Tips for the community mobiliser on community mobilisation

- Maintain a sense of humour and be patient. You might have a deadline to keep, but others may have priorities as well.
- Open your mind and heart and you will receive a warm welcome; a mutually beneficial relationship will develop.
- Build upon the positive aspects of the local culture, religion, knowledge, and tradition; brick by brick, work with the people to build up their lives with dignity and honour.
- Initiate but do not lead. You are a catalyst of inspiring development activities, not the boss.
- Listen, listen, and listen again. Learn from the men and women: the what's, the why's, the when's, and the how's of their situation.
- Identify people's needs, or rather facilitate them to identify their needs. Remember awareness-raising is the first step towards mobilisation.
- Sit together, share ideas and experiences—this is a two-way process.
- Avoid talking in terms of money, rather talk in terms of working together as the value of a project. Do not be authoritative.
- Talk simply. Do not use complex language; your task is to communicate effectively.
- Involve the community from the very beginning; do not start a project and then bring in community participation midway through.
- Organize people to draw up their own plans for their development—simple activities which can easily be understood and realistically carried out.
- Never assume that you are right and they are wrong; in most cases you will discover that they are in fact right but you had failed to listen!

Source: Mercy Corps, 2009, Guide to Community Mobilisation Programming.





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