

Implementation Guidance

Behavioral Solutions for Child Feeding During and After Illness



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Introduction to the solutions

Solutions to improve feeding of sick and recovering children

The following pages describe solution materials and activities to improve feeding of sick and recovering children. Specifically, these solutions aim to support caregivers of young children to 1) continue breastfeeding and feeding during illness and 2) to feed the child more than they typically eat during the two weeks after illness.

Choosing what to implement

The elements of this set of solutions all address distinct social and behavior change aims, as described in the table below. They are recommended to be used in concert but can also be used independently except as noted below, depending on program resources and priorities.

<i>Solution element</i>	<i>Social and behavior change aims*</i>	<i>When, where, and by whom it's used</i>	<i>Main resources required*</i>
Feeding prescription	Elevate food to a similar importance as medication in helping the child recover, for both health providers and clients	Health providers use it to facilitate consultation with caregivers during sick child visits	<ul style="list-style-type: none">● Reprinted consultation forms to replace existing forms (1 per sick visit)● Provider reflection and orientation activity
Reminders	Offer an in-the-moment reminder during sick visits for providers to counsel caregivers on feeding	Providers place them on things they see during sick visits	<ul style="list-style-type: none">● Printed peelable stickers or paper (1 per consultation room)● Provider reflection and orientation activity
Counseling aid	Communicate simple, achievable messages about feeding during and after illness and encouraging children to eat during sick visits	Providers learn from the counseling aid key messages to convey during client consultations, and use the pages during consultations as relevant	<ul style="list-style-type: none">● Printed pages to add to the counseling aid (2 pages for each job aid)● Provider reflection and orientation activity
Peer exchange of coaxing strategies	Support families to view children's appetite as moveable and build skills and confidence to encourage children to eat	Community health workers (CHWs) facilitate a brief activity with caregivers who are gathered for other health events	<ul style="list-style-type: none">● Printed booklet of strategy cards (1 per CHW)● CHW reflection and orientation activity
Home visit		CHWs visit families of sick children and facilitate discussion and activities with all family members who are present and willing to participate	<ul style="list-style-type: none">● Home visitation program for sick children, through which the materials can be delivered● Printed facilitation guide● Booklet of coaxing strategy cards (same as used in peer exchange)● Food cards (1 set per CHW)● CHW reflection and orientation activity

*Please see each solution’s implementation guidance below for more detail on the aims of and resources for each material.

Reflection and orientation activities for front-line implementors

The facility-based health workers and CHWs who use the solution materials and engage directly with caregivers are critical to the solutions’ success. The *Reflection and Orientation Activities* that accompany these solutions prompt these front-line implementors to reflect on the challenges caregivers face and the value of the materials in addressing those challenges, reinforce best practices related to feeding, and offer opportunities to practice using the materials. These activities are recommended to be conducted with all health providers and CHWs who are asked to use the materials but can be adjusted for program needs and to match the elements of the solution set you are implementing.

Sequence of activities

The following table summarizes the main activities needed to plan, prepare, roll out, and implement the solutions.

Activity	Planning and preparation	Roll-out	Ongoing implementation
Choose solution elements to integrate into programming			
Identify health providers and CHWs who will use and deliver solution elements			
Make any necessary adjustments or local contextualization to the materials; obtain local approvals as needed			
Print materials			
Conduct reflection and orientation activities with providers and CHWs			
Distribute materials			
Implement solutions			
Conduct monitoring and evaluation activities; refine materials and conduct supplementary training as needed			

Feeding prescription

Operational definition

The consultation form currently used by facility-based providers during consultations for sick children is adjusted to add a new section (adjacent to prescribed medical treatment) that specifies how to feed during and after illness. It serves as a reminder to talk about key messages about nutrition during and after illness, and a place to write notes if desired.

Rationale

- Providers and clients currently focus their attention during sick visits primarily on medical treatment, and rarely talk about how to feed. Feeding is also important to recovery, though.
- An additional section on the existing counseling form for feeding elevates food to a similar importance as medication in helping the child recover.

Responsible

Facility-based health providers who provide sick child consultations

Equipment required

1 printed consultation form per consultation

CENTRE DE SANTE DE _____		N Dossier# _____
FICHE DE CONSULTATION		
NOM.....	AGE.....	SEXE.....
ADRESSE.....		
DATE/HEURE	EXAMEN CLINIQUE	OBSERVATION
	Plaintes principales :	Poids : T° : TA : Pouls : FR :
	Examens physiques du malade:	Labo :
	Classement :	
TRAITEMENT		
Medicaments :	Alimentation : <i>Pendant la maladie :</i> ☺ continuez à offrir des aliments (dont le lait maternel pour les bébés) <i>Pendant 7 semaines après :</i> ☺ offrez plus que ce qu'ils mangent habituellement	
Nom du Consultant:		

Execution procedure

For the regional office that prints consultation forms for health facilities in their area:

1. Open the digital version of your current consultation form
2. Next to the area for medical treatment, add a section that says:
 - a. Feeding:
 - i. During illness: continue to offer food (including breastmilk for babies)
 - ii. For 2 weeks after: Offer more than they usually eat
3. Ensure there is still plentiful space for the medical prescription, like in the example.
4. Reprint consultation forms and distribute to each facility in your area

5. Conduct the *Reflection and Orientation to Solutions for Facility-Based Health Providers* with health providers who conduct sick child consultations

For facility-based health providers:

Before consultations:

1. Ensure that your stack of blank consultation sheets is the new version with the box for Feeding
2. Ensure that you remember and understand the key messages on feeding children during and after illness that were covered in the Reflection and Orientation Activity

During consultations:

1. After prescribing a medical treatment, use the notes printed in the feeding box to counsel the caregiver on how much to feed during and after illness.
2. If you have time, use the two counseling aid pages “Feeding a sick baby” and “Encouraging a baby to eat” as visual aids to deliver the messages.
3. (Optional) Write down any additional notes on how to feed the baby

After consultations:

1. File the consultation sheet as you have done before.

Quality criteria

- All consultation sheets are replaced with the new version and providers use the new version in every sick child consultation
- During all sick child consultations, providers convey the key messages on feeding during and after illness:
 - Continue to feed during illness by offering frequently.
 - Feed more than usual after illness.
 - Every bite counts.
- Providers do *not* use the form to prescribe specific foods that a family may not have access to or be able to afford. If they talk about specific foods, it is in conversation with the family to learn about what they can truly access.

Recommended M&E indicators/questions

For program staff to observe at the health facility:

- Check clients’ files. Are the consultation forms from past visits the new version of the form, or the old/outdated version?

For program staff conducting interviews with health providers:

- [See questions listed in the *Technical Sheet for the Counseling Aid*]
- [Looking together at a consultation form] How do you use this form in consultations?
- Does the form have any effect, positive or negative, on your consultations? Why do you think that?

Adaptations

- The feeding prescription section, with the text about quantity as shown in the example, can be added to other formats of consultation sheets.
- If forms cannot be changed or are too costly to reprint, a small sticker with the feeding prescription section could be pasted onto the current form.

Reminders

Operational definition

A small sticker is placed on items that providers see during consultations, reminding them of the key message that every bite counts.

Rationale

Reminder stickers are placed in strategic spots in a health facility and provider's office to remind them to convey the nutritional counseling with caregiver

Responsible

Facility-based health providers who provide sick child consultations

Equipment required

1 52x74 mm peelable sticker per consultation room (preferred)



Execution procedure

For facility-based health providers who provide consultations for sick children:

Before consultations:

- Conduct the *Reflection and Orientation to Solutions for Facility-Based Health Providers*
- Gather all providers in your facility who provide consultations for sick children.
- Together, go to the consultation room in your facility where you see sick children.
- Look around: what are the most prominent surfaces or objects you see during consultations?
- Choose one of those surfaces to place the sticker on.

During consultations:

- When you see the sticker, use it as a reminder to talk about how to feed a sick and recovering baby:
 - Continue to feed during illness by offering frequently.
 - Feed more than usual after illness.
 - Every bite counts.

Quality criteria

- Every room used for sick child consultations has a sticker in a highly visible place.
- During all sick child consultations, providers convey the key messages on feeding during and after illness:
 - Continue to feed during illness by offering frequently.
 - Feed more than usual after illness.
 - Every bite counts.

Recommended M&E indicators/questions

For program staff to observe at the health facility:

- In the consultation room(s) used for sick child consultations, do you see the reminder?
- Where is the reminder placed?
- Does it appear to be in a prominent, highly visible location?

For program staff conducting interviews with health providers:

- *[See questions listed in the Technical Sheet for the Counseling Aid]*
- Do the stickers have any effect, positive or negative, on your consultations? Why do you think that?

Adaptations

- The illustration of the mother may need to be adapted to match the appearance and dress of local mothers.
- If it is not possible to print stickers, printed paper could alternatively be affixed with tape or putty

Counseling Aid

Operational definition

Two pages are added to the existing nutrition counseling aid and cover feeding during and after illness and coaxing when appetite is limited.

Rationale

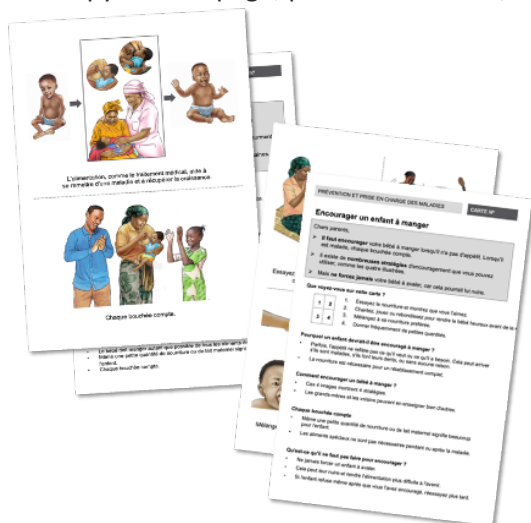
- The revised version of the counseling aid for feeding sick children includes simple, achievable guidance on how young children should eat during and after illness. It emphasizes that quantity of food is most important during the critical time of illness and recovery and avoids mentioning specific foods so that caregivers feel encouraged to feed the child any available family foods.
- The new page on coaxing young children to eat inspires caregivers to feel that they can overcome limited appetite by encouraging the child to eat during times of illness and other times. It describes simple tactics caregivers can use with the child.
- The format of both pages mimics the structure of the existing counseling aid, so the pages can be added and used in the same way that other pages are.

Responsible

Facility-based health providers who provide sick child consultations

Equipment required

One copy of each page, printed two-sided, for each counseling aid in the health facility.



Execution procedure

Preparation by the regional supervision team

1. Gather all copies of the counseling aid for sick child visits in the health facility.
2. Remove the current page for *Feeding a Sick Child* from each counseling aid
3. Replace it with the 2 new pages, *Feeding a Sick Child* and *Encouraging a Child to Eat*
4. Conduct the *Reflection and Orientation to Solutions for Facility-Based Health Providers* with all providers who conduct sick child consultations

Use of the tool by providers

1. In consultations with caregivers of sick children, use the counseling aid page titled *Feeding a Sick Child* to counsel caregivers on appropriate feeding of the sick and recovering child.
2. In any consultation with a caregiver who mentions limited appetite as a challenge to feeding the child well, use the counseling aid page titled *Encouraging a Child to Eat* to counsel on coaxing strategies.

Quality criteria

- Providers have mastery of key messages about feeding during and after illness (every bite counts, continue to feed during illness, and feed extra after illness) and can communicate them simply and effectively to clients
- Providers have mastery of several techniques for coaxing children to eat and can encourage clients to coax their children to eat using these techniques
- During all sick child consultations, providers convey the key messages on feeding during and after illness
- When caregivers mention during consultations that a child's appetite is limited, providers encourage them to coax the child to eat and describe specific techniques

Recommended M&E indicators/questions

For program staff to observe at the health facility:

- Is there a counseling aid in the room for sick child consultations?
- Are both new pages in place within the counseling aid?

For program staff conducting interviews with health providers:

- How often do you talk about feeding during sick child consultations?
- What do you say about feeding?
- Do you recommend any specific foods to caregivers? What do you discuss when recommending those foods?
- Do you advise caregivers to encourage babies to eat when appetite is limited?
- Do you share specific encouragement strategies?
- How do clients respond to the messages about feeding sick and recovering children?
- Do the two new pages of the counseling aid have any impact, positive or negative, on your consultations? Why do you think that?
- Do you use the counseling aid during sick child consultations?

Adaptations

- If a different counseling aid is used, the format of the page can be adjusted to match the format of that counseling aid.
- If no counseling aid for child nutrition is used, the content of these pages could be used during the *Reflection and Orientation to Solutions for Facility-Based Health Providers* or other health provider trainings on nutrition.

Peer exchange of coaxing strategies

Operational definition

A group activity, held in the community and facilitated by CHWs, where families with young children share and learn together how to encourage children to eat when their appetite is poor.

Rationale

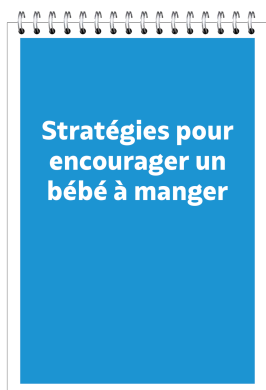
- The IYCF guideline is to continue to feed during illness and to feed more after illness.
- However, caregivers feel there is little they can do to overcome poor appetite and do not know or use many strategies to encourage their young child to eat. They do not consistently know or use coaxing tactics that might encourage the baby to take more food.
- This activity builds caregivers' skills and confidence to overcome limited appetite.
- Caregivers learn simple tactics to encourage the baby to eat, they learn that appetite is moveable, and see their peers using coaxing tactics and learn and practice together.
- This inspires them to feel that they can overcome the child's limited appetite and they can have a plan on how to feed their sick baby. That will lead caregivers to continue to offer sick child food and breastmilk during illness, and to encourage sick and recuperating children to eat.

Responsible

Community health worker

Equipment required

Strategies for encouraging a baby to eat (booklet of 9 strategy cards and the facilitation guide for the peer exchange)



Execution procedure

Preparation by the regional supervision team

- Identify the types of settings and events during which the peer exchange can occur
- Conduct the *Reflection and Orientation to Solutions for CHWs* with all CHWs who will facilitate peer exchanges

For CHWs who facilitate the peer exchange:

Before the activity

- Identify the time and place of the activity. It can be delivered during a vaccination day or antenatal day, for example, or it can be arranged as a standalone community event.
- Ensure that you have the necessary material: the booklet of Coaxing Cards, with the facilitation guide at the end.
- Notify any local leaders or other necessary authorities of the event.
- Invite participants. Participants can be any member of a family with a young child approximately 6 months - 2 years old, including the primary caregiver, but also other family members like grandmothers or fathers. The activity is relevant for both babies that are currently sick and currently healthy.

During the activity

- Invite all participants to sit together.
- Use the facilitation guide to lead the activity through each step (the steps are summarized below, but please use the facilitation guide to teach CHWs to facilitate and during the actual gatherings):
 - Welcome the participants
 - Ask about past experience
 - Recognize the common challenge
 - Explain the meeting's objective
 - Ask about past experience
 - Introduce new strategies
 - Show the cards one by one.
 - Invite the participants to choose a strategy they would like to use
 - Explain not to force feed
 - Introduce the songwriting
 - Give instructions for the song
 - Teach the song to the group
- Answer any questions
- Thank everyone for their participation
- Refer any sick babies with concerning symptoms to the health facility.

After the activity

- Return the coaxing cards to the safe place you keep it, ready to use in both home visits and future peer exchange activities.
- Take notes on the key metrics for the workshop (see Recommended M&E indicators/questions)

Quality criteria

- CHW has mastery of all the encouragement strategies pictured in the cards
- CHW is fluent in the steps of the workshop and all the messages to deliver at each step
- CHW facilitates the activity in an engaging yet professional manner
- Attendees participate actively and feel safe to share their experiences without judgment
- Participants find the exercise of creating a song fun and useful

Recommended M&E indicators/questions

For CHW to note after each peer exchange:

- Date
- Setting and occasion (e.g. vaccination day at health center)
- How many participants
- Who were the participants? (mothers, fathers, grandmothers, etc.)
- What went well?
- What didn't go well?
- Note any deviations from the facilitation guide, or tips for how to facilitate better next time

For program staff conducting interviews with CHWs:

- How many peer exchanges have you led this month?
- In what settings, or on what occasions, did you hold them?
- Approximately how many people attended?
- What type of people?
- How much of their own experience do participants share?
- Were participants able to compose a song?
- What did participants respond well to in the activity?
- What didn't go well?
- Are there any common questions that participants ask you?
- Do you think this activity is having any effect, positive or negative, in your community? Why do you think that?

Adaptations

- **Setting of implementation:** This activity can be done in any community gathering (health and nutrition) or during other thematic gatherings (community dialogue).
- **Facilitator:** CHWs can be replaced by frontline workers to facilitate the activity (nutrition community agent, educator)
- **Alternatives to the cards:** In situations where cards cannot be printed or are not available:
 - Facilitators can borrow the counseling aid from the consultation room at the health facility and use the page that shows 4 coaxing tactics
 - Facilitators can do the group exercise without any visual aid. Instead of reviewing the cards with new strategies, participants just learn from each other's past experience, and learn from the facilitator's description of several coaxing strategies. The rest of the session can stay as usual.
- **Additional cards:** Additional coaxing strategies can be added considering the context and local culture.
- **Illustration:** Clothing and hairstyles in the illustrations may need to be changed to match the local community.
- **Song:** In other contexts, the song writing part can be replaced with poetry or slam. The aim is always to create something funny and catchy to help caregivers remember the specific coaxing strategy they will use.

Home visit

Operational definition

During CHWs home visits to families with sick children, CHWs convey key messages about feeding during and after illness and facilitate two interactive activities that help families overcome challenges to feeding the child well. The Foods Activity identifies more available foods to feed the baby. The Encouragement Activity teaches new ways to overcome a baby's limited appetite.

Rationale

- Families know that feeding a child well is important for recovery, but do not always know what this means or how to achieve it. They are often discouraged by the many constraints they face. The home visit shows families that even small increases in how much the child eats are meaningful and they can feed their sick child within their means.
- Families often think that special, expensive foods are necessary for recovery. The **Foods Activity** uses cards to review all the foods that the family can access and emphasize that all are worthwhile during the urgent time of illness.
- Caregivers also often feel that feeding during illness is limited by the baby's poor appetite. In the **Encouragement Activity**, they learn simple tactics to encourage their baby to eat and see that a baby's appetite is movable and can be won over.
- To ensure that the guidance is understood and put into practice, the Home Visit also asks the family to make a specific, personalized plan for what it means to them to continue to feed during illness and feed more than usual after illness.

Responsible

Community health worker

Equipment required

- Child nutrition guide for sick and recovery babies (booklet)
- Set of 40 Food Cards
- Strategies for encouraging a baby to eat (bound booklet of 9 strategies)



Execution procedure

Preparation by the regional supervision team

- Conduct the *Reflection and Orientation to Solutions for CHWs* with all CHWs who will facilitate peer exchanges

For CHWs who conduct home visits:

Before the home visit:

- With the help of facility-based providers and their records, identify sick children in your community who you will conduct home visits for
- Gather all the materials needed

During the home visit

Use the facilitation guide to go through each step (summarized below, but please use the facilitation guide to teach CHWs and during actual home visits):

- Welcome and Goals p. 2-3
- Key messages p. 4-7
- Invite families to celebrate each bite p. 8-9
- Identify barriers to increasing baby's consumption p. 10
- Do the foods activity p. 11-15
- Learn ways to encourage the baby to eat p. 16-19
- Make a Plan as a Family p. 20-23

After the home visit:

- Return the facilitation guide, Food Cards, and Coaxing Cards booklet to your safe keeping place, ready to use in more home visits and/or Peer Exchanges
- Weekly, take notes on the key metrics for the home visit (see Recommended M&E indicators/questions)

Quality criteria

- CHW promptly identifies the sick children in the community and conducts a home visit in a timely manner
- CHW is fluent in the steps of the home visit and the messages to deliver at each step
- CHW facilitates the activity in an engaging and respectful manner
- CHW never forgets to bring the required materials to each home visit
- CHW delivers the content with respect for a family's constraints and celebrates what they can do rather than make them feel shame for what they can't afford to do
- Families participate actively and feel safe to share their experiences without judgment
- CHW conducts home visits at an hour when it is possible for as many family members as possible to be present

Recommended M&E indicators/questions

For the CHW to record weekly:

- How many home visits did you do to families with sick children?
- In how many of those visits did you use the facilitation guide and activities to talk about how to feed during and after illness?
- What went well?
- What did not go so well?

For program staff conducting interviews with CHWs:

- Approximately how many home visits did you do this month for families with sick children?
- In how many of those visits did you use the facilitation guide and activities to talk about how to feed during and after illness?
- Which family members participated in home visits? (e.g. mothers, fathers, siblings)
- What went well?

- What did not go so well?
- Are there any common questions that participants ask you?
- Do you think these activities are having any effect, positive or negative, in your community? Why do you think that?

For program staff conducting interviews with caregivers:

- How much did your baby consume during his last illness? Why?
- What do you do if your baby refuses to eat?
- How much did your baby consume in the two weeks after his last illness? Why?
- Did you receive a visit from a CHW when your baby was sick? If yes:
 - What did the CHW discuss with you?
 - Did you learn anything from the visit? If so, please describe.
 - How did you feel at the end of the visit?
 - Is there anything in particular you liked about the visit?
 - Is there anything about the visit you wish was different?

Adaptations

- **Setting of implementation:** This activity can be integrated into other home visitation programs that reach families of sick children. If home visits are not feasible, CHWs could facilitate these activities with a caregiver after seeing a provider at the facility for a sick child consultation.
- **Food cards:**
 - The food cards can be adjusted to match foods that are locally available. Discover through interviews with a variety of community members what those foods are and delete or add cards to the set.
 - The cards were numbered so that it is easier to tell which have gone missing. However, they are numbered manually. Don't forget to adjust the numbering when customizing the set of foods.
- **Coaxing cards:** If the cards are not available, ask the family to share their experience on specific coaxing strategies they used in the past. The facilitator can suggest others they know or have learned from the *Reflection and Orientation to Solutions*

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