

Reflection and Orientation to Solutions for Community Health Workers

Behavioral Solutions for Child
Feeding During and After Illness



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BACKGROUND

Goals:

- Motivate CHWs to counsel on feeding during and after illness
- Introduce the new solutions
- Practice the new solutions to ensure CHWs can implement them comfortably and correctly

Participants: Community Health Workers who conduct home visits to sick children and community events (sensitizations) related to nutrition

Time required: 2 hours recommended (minimum 90 minutes)

Materials required:

- Home Visit Facilitation Guide
- Food Cards
- Booklet of Coaxing Cards
- Counseling aid page titled “*Feeding a sick baby*”, double sided
- Counseling aid page titled “*Encouraging a baby to eat*”, double sided
- New version of the Consultation Form including the box for Feeding

1. REFLECT

Introduce a scenario

- **Imagine that you visit the home of a family with a 10-month-old girl with a fever.**
- Ask participants: **What would you say and do during the home visit?**
 - If nobody mentions nutrition counseling, say: **Nobody mentioned nutrition.**
 - If someone does mention nutrition counseling, say: **That’s great. We’re going to focus on this topic today because feeding sometimes gets less attention than it needs.**

Remember the guideline

- Ask participants: **Does anyone remember the IYCF guideline about how to feed a baby during illness and after illness?**
- **The guideline is two parts, one for during illness and one for after illness:**
 - **During illness, encourage your baby to continue eating as much as possible. Any food is good!**
 - **After illness, feed more than usual for two weeks—an extra meal per day of family food is recommended.**
- **Why is this guideline important? Food is necessary for recovery from illness and growth, just like medical treatment.**

Recognize the gap

- **Few families in the DRC currently follow these guidelines. Studies in different regions of the DRC found that 4 in 10 families encouraged their baby to continue to eat during illness¹ and less than 1 in 10 fed the baby more than usual after illness.²**

¹ Luc 2014

² Burns et al. 2016

- Research with families in the DRC highlighted two main reasons behind this gap: One, families focus on specific special foods rather than the quantity of foods they already have at home. And two, families do not always encourage the baby to eat.

2. LEARN

Quantity is key

- Families currently think they need special, expensive foods like meat to regain lost strength.
- Ask participants: **But which is more important according to the guidelines: quantity of food, or quality of food?**
 - Correct answer: Quantity (how much they eat) is more important than quality (what kind of food they eat). And foods they already have at home are very good!
- **Illness and recovery are times of urgency, when quantity is the goal. Families should not feel discouraged if they lack the means to reach the 4 categories of foods in the ANJE guidance. Whatever foods the family already has are good, and every bite is reason to celebrate.**

Encouragement is necessary

- **As for why families do not always encourage the baby to eat, we found that families feed according to the baby's appetite.**
- Ask participants: **How much would a baby eat during illness if the family defers to their appetite?**
- **Extra effort is often needed to win over a sick baby's appetite. Families don't always know they should encourage, or how to encourage.**

Check comprehension

- **We've talked about the guidelines, but how do we realize them in practice?**
- **The home visit to a sick child is a perfect moment for you to inspire change.**
- Ask participants:
 - **What do you think is important for a CHW to say about feeding during home visits? What should a CHW avoid doing, and why?**

3. SOLUTIONS

Introduce solution set

- **Today we'll practice some new tools to help you discuss feeding during illness in a simple and interactive way.**
- **The first tool is a facilitation guide to use in home visits to sick children.**
- **Caring for a sick and recovering child is a lot of work, and the whole family can contribute. So all family members who are available should participate in the conversation.**

Home Visit: Key messages (pages 2-7)

- **The guide starts with some key messages. I'll demonstrate how they go.**
- Demonstrate pages 2-7 with a volunteer participant acting as the main caregiver.
- Participants roleplay pages 2-7 in pairs.

Home Visit: Celebrate each bite (pages 8-9)

- **The next brief section is about celebrating each bite, to emphasize that every bite counts.**

- Demonstrate pages 8-9 with participants acting as multiple family members.

Home Visit: Transition to activities (page 10)

- **Next are two interactive activities, each designed to address the two main challenges we discussed earlier.**
- **You can do either or both of these activities, in either order, depending on what the family's biggest challenge is.** Show page 10.

Home Visit: Foods activity (pages 11-15)

- **The Foods activity uses cards to identify foods within the family's means, especially foods that might not have come to mind earlier, that they can feed the baby if the baby is older than 6 months.**
- Demonstrate pages 11-15 with your caregiver actor.
- Participants roleplay pages 11-15 in pairs.
- Ask participants: **Do you have any questions about this activity?**
- Ask participants: **Why should you only do this activity if the baby is older than 6 months?**
 - Correct answer: Because babies under 6 months should only have breastmilk.
- **I want to call attention to the red box on page 13 that says, "If the family truly has nothing to eat"**
- Ask a volunteer to read aloud the bullets in the red box on page 13.
- Ask participants:
 - **What do you think about these tips?**
 - **Are there other suggestions you have about what to say to a family in this situation?**

Home visit: Encouragement activity (pages 16-19)

- **The next activity builds confidence about how to encourage a baby to eat when their appetite is low.**
- Demonstrate pages 16-19.
- Ask participants: **What other coaxing strategies do you know, from your own experience or from others?**
- Participants roleplay pages 16-19 in pairs.
- Ask participants: **Do you have any questions about this activity?**

Home visit: Make a plan (pages 20-23)

- **The final part of the home visit is making a feeding plan for your own family. And at the very end, everyone repeats their word of celebration to close.**
- Demonstrate pages 20-23.
- Ask participants: **Do you have any questions about this activity?**
- Participants roleplay pages 20-23 in pairs.

Roleplay the whole home visit

- Volunteer participant role plays the whole home visit in front of the group.

Executing the home visit

- **Now that you know what the tools are for the home visit, let's talk about how to integrate this into your work.**
- Ask participants: **How can you integrate this content with what you already do during home visits?**

- Ask participants: **What is the best time to visit so that family members are present?**
- Ask participants: **What are the materials you will need to bring with you?**
 - Correct answer: Facilitation Guide booklet, Coaxing cards booklet, Food cards, and any other materials they currently use in home visits

Peer Exchange of Coaxing Strategies

- **Aside from this new home visit guide, we have one more tool for you. This is a guide to facilitate a community gathering to build coaxing skills and confidence.**
- Ask participants: **What might be a benefit of teaching coaxing skills at the community level?**
 - Possible answers:
 - Teach skills in advance of illness so they are prepared
 - Poor appetite can happen even if no illness
 - Not every family gets counseling from a provider or CHW
 - Other family members can also learn, like mothers-in-law
- Demonstrate the activity.
- Ask participants: **What community events do you think would be good opportunities to facilitate this activity?**
 - Possible answers: immunization days, antenatal care days, and any others they think of
- Ask participants: **Do you have any questions about this activity?**
- Participants roleplay the activity in pairs.

Introduce the facility-based interventions

- **In addition to what you can do in the community, health providers at the facility also have a role to play. We have introduced new tools for them also.**
- **Providers will receive new pages in their counseling aid that talk about feeding during and after illness and encouraging a baby to eat.** Briefly show the new counseling aid pages.
- **To remind them to do this, the Consultation Form will now include a box about feeding.** Briefly show the new Consultation Form.
- **And a sticker in the consultation room will also help remind them.** Briefly show the reminder.
- **Providers often do not have much time for consultations, though, so that is why your activities in the community are important.**

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