

Reflection and Orientation to Solutions for Facility- Based Health Providers

Behavioral Solutions for Child
Feeding During and After Illness



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BACKGROUND

Goals:

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

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

Time required: 90 minutes

Materials required:

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

1. REFLECT

Introduce a scenario

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

Remember the guideline

- Ask participants: **Does anyone remember the guideline in the ANJE training 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.**
 - **After illness, feed more than usual for 2 weeks—an extra meal of family food per day is recommended.**
- **Why is this guideline important? Food is necessary for recovery of 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.

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 sick visit is a perfect moment for you to inspire change.**
- Ask participants:
 - **What do you think is important for a provider to say about feeding during sick visits? What should a provider avoid doing, and why?**

3. INTRODUCE SOLUTIONS

Introduce solution set

- **We know you have little time and a lot to cover in sick visits even without talking about feeding.**
- **Today we'll practice some new tools to make it easy and quick to counsel families well.**
- **I'll start with the clinical tools which are for you. Then, I'll show the tools that CHWs will use in the community.**

Introduce the Counseling Aid

- **These are two new pages for the Counseling aid. The first is about how to feed a baby during illness and recovery.**
- Ask a volunteer to read aloud the content on the provider's side of the page titled *Feeding a sick baby*.
- **The second page is about encouraging a baby to eat.**
- Ask a volunteer to read aloud the content on the provider's side of the page titled *Encouraging a baby to eat*.
- Demonstrate a mock consultation using both new pages of the Counseling aid.

Introduce the reminder

- **It's easy to fall into an old habit during consultations and forget to talk about nutrition. This sticker goes somewhere in your consultation room to remind you.**
- Ask participants: **Where could you put this in your own facility where you would see it often?**

Introduce the Consultation Form

- **We can also add feeding to the Consultation Form, as a reminder during a sick visit.**
- Ask a volunteer to describe what they see on the new Consultation Form.

What to do when families lack the means

- Ask participants: **What do you think might be a common reaction from families when you ask them to feed the baby more?**
 - Answer: Families might say they cannot afford food for the baby.
- **When this happens and the baby is over 6 months old, ask what foods their family eats on a normal day. Encourage them to feed those foods to the baby.**
- **It can also be helpful to mention some specific foods that are very accessible, that the family might not have thought of.**
- Ask participants: **What is a local food here that many families grow, can find in the wild, or cost barely anything?**
 - Potential answers: small fish (fresh or dried), avocado, nuts, fruits, pea or squash leaves, cassava, fretins
- **It's not necessary to always talk about specific foods. But if you need to, it is helpful to remember some of these options everyone can access.**

4. APPLY

Demonstrate the tools

- **Now I'll demonstrate a sick visit using all these tools.**
- Demonstrate using the new counseling aid pages, reminder, and Consultation Form .

Participant practice

- Have one volunteer demonstrate the roleplay with all the new tools in front of the group
- Have participants form pairs to roleplay all the tools

What to do in a rush

- **You may be concerned about this taking too much time when there are many clients. If you don't have much time, you can reduce it to something simple.**
- Ask participants: **What could you do if you have only 1 extra minute?**
- **If you don't have much time, you can reduce it to the most important messages:**
 - **1. Say what is on the Consultation Form: "offer frequently and encourage during illness, and after the illness feed more than usual for 2 weeks."**
 - **2. If they say they cannot afford to do this, but you don't have time to discuss, repeat "every bite counts" and have a CHW follow up with them at their home.**

Briefly show the community-based solutions

- **We know you don't always have much time for sick visits. So there are tools for CHWs to use in the community, which are designed to complement what you can do at the facility.**

- **The first tool is a guide for CHWs to add nutrition counseling to home visits to families with sick children.**
- **CHWs discuss some key messages about how to feed during and after illness.** Briefly show pages 2-7.
- **The family chooses a cheer to celebrate when the baby takes a bite.** Briefly show pages 8-9.
- **Then they do an activity with cards to recognize new options for foods they can feed the baby.** Briefly show pages 11-15.
- **Then they do an activity with cards to learn more ways to encourage a baby to eat.** Briefly show pages 16-19.
- **And lastly, they make a plan specific to their own family.** Briefly show pages 20-23.
- **The second new solution is a peer exchange, where families learn from each other new ways to encourage a baby to eat. The meeting can be held in many settings, like at vaccination or antenatal care days or at meetings in the community.**
 - Briefly show the Encouragement Cards.
- Ask participants: **Can someone tell me why, even with these community-based solutions, it is still important that providers talk feeding during sick visits?**
 - Possible answers: Mothers are particularly open to advice during sick visits, not all community members will be reached by these activities, and repetition is important.

Summarize

- To close and summarize, let's go back to the scenario we started with: **a mother brings her 10-month-old girl in with a fever.**
- Ask participants: **What would you say, and how would you use the new tools?**

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