BEHAVIORAL SOLUTIONS FOR CHILD FEEDING DURING AND AFTER ILLNESS

Solutions developed in the Democratic Republic of the Congo

USAID
FROM THE AMERICAN PEOPLE

Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

SUMMARY

In close collaboration with caregivers, health providers, programmers, and policymakers in the Democratic Republic of the Congo (DRC), Breakthrough ACTION and USAID Advancing Nutrition used behavioral design to develop solutions that support families so they can continue feeding their young children during periods of illness and feed children more in the two weeks following illness.

Together, these solutions guide and encourage families to take concrete actions to put their intentions to feed their children well into practice. They also equip community- and facility-based health workers with resources and approaches to support families to feed children well during illness and recovery.

SOLUTIONS

Solutions work through multiple channels to support caregivers of six to 23 month old children to continue to breastfeed and feed children during illness, and to feed them more for two weeks after illness:

- **In sick child consultations**, a "Feeding Prescription," Counseling Aids, and reminder stickers support health providers to counsel consistently and effectively. A Reflection and Orientation to Solutions for Facility-Based Health Providers prompts them to re-think their counseling approach, building motivation to use the new tools.
- **In gatherings of caregivers,** a Peer Exchange of Coaxing Strategies facilitated by a community health worker builds caregivers' skills and confidence to encourage young children to eat when appetite is poor.
- **In home visits to families of sick children** by a community health worker, families learn together to celebrate every bite and plan to overcome challenges to feeding the child during illness and recovery.

Background

Young children experiencing an illness require adequate nutrition to recover and avoid malnutrition. Global evidence shows that children's growth deteriorates rapidly during and after illness if foods and feeding practices do not meet the additional nutrient requirements associated with illness.[1] Global guidance suggests children aged six to 23 months should continue to eat and breastfeed as much as possible during illness, and they should consume more than usual in the two weeks following illness.[2]

In many settings, however, young children consume far less than needed during these critical moments. In the South Kivu province of DRC, during instances of diarrhea, 42% of children under age five received a lot less or no liquids (per Demographic and Health Survey indicators), and 22% received a lot less or no food.[3] A recent qualitative study in South Kivu found that fewer than one in ten young children were fed more than usual after illness.[4] These gaps are not unique to South Kivu, yet globally relatively little research and programming has focused on these behaviors except for other component behaviors of complementary feeding.

Photo credit: Pitshou Budiongo

Behavioral Design Process: A Snapshot

Insights into drivers of behavior described in the **Behavioral Barriers to Feeding Young Children During and After Illness**	• Generated hypotheses about potential drivers of feeding behaviors based on existing evidence • Investigated hypotheses through 58 qualitative interviews and observations of ten consultations in clinics in Katana and Mubumbano, South Kivu, DRC in 2021 • Analyzed and synthesized qualitative data to identify five key behavioral barriers • Translated behavioral barriers into concrete objectives for program design
Solutions for families and health workers described in this brief	• Through structured individual and group activities, generated 62 design ideas to address the barriers • Filtered ideas through stakeholder input to identify high-impact, feasible, and innovative ideas • Built prototype versions of 12 design ideas to define the details • Tested and refined prototype solutions with over 85 caregivers, health workers, and other community members

Breakthrough ACTION and USAID Advancing Nutrition conducted qualitative research, using a behavioral science lens, to better understand the behavioral factors that hold caregivers back from feeding their children according to the guidelines. **The Behavioral barriers to feeding young children during and after illness brief** provides further insights into these behavioral barriers. The insights from this research formed the basis for a collaborative behavioral design process. Behavioral design is an approach that leverages insights from behavioral economics, social psychology, human-centered design, and other disciplines to develop and test innovative solutions that reshape people's environment to positively influence their behavior.[5] The research team worked with caregivers, health workers, and other stakeholders to build solutions for families and health workers to address suboptimal feeding during illness. The team learned from these stakeholders through formative research, co-design activities, conversations, role-plays, and live trials of the tools in action. It then iteratively refined and re-tested prototypes of the solution materials.

How can we support child feeding during and after illness? This brief introduces the package of solutions developed through this process. It is intended to support policymakers and programmers when they consider which of these solutions may help them achieve their health, nutrition, and development program goals. The brief describes how the solutions work, what questions to ask to determine whether solutions might fit local needs, and considerations for adapting and integrating them into health services, community activities, or both. The solutions can be used separately or together in a package, depending upon program needs and services desired.

Photo credit: Augustin Ngandu

Solutions at a glance

Sick Children Consultation

A Reflection and Orientation to Solutions, Feeding Prescription, Counseling Aids, and Reminder Stickers support facility-based health providers to counsel consistently and effectively on feeding sick and recovering children.

Providers feel confident in the value of counseling on feeding during sick visits and know how to counsel effectively.

Peer Exchange of Coaxing Strategies

A group activity facilitated by a community health worker builds caregivers' skills and confidence to encourage young children to eat when their appetite is limited.

Home Visit

Families of sick children learn together to celebrate every bite and plan to overcome challenges to feeding during illness and recovery, including accessing affordable, nutritious foods for their children and overcoming limited appetite.

Caregivers identify achievable improvements within their means and feel empowered by focusing on what they can do.

Caregivers consider the full range of locally available, affordable, and nutritious options for their young children.

Caregivers recognize the value of increasing the quantity of the foods available to them.

Caregivers have skills and confidence to overcome limited appetite.

Families establish simple, concrete, and achievable goals for feeding sick and recovering children.

Families have a plan for how to feed their sick and recovering children well.

Sick children continue to eat and breastfeed

Recovering children eat and breastfeed more in the two weeks following illness

Every bite counts

At the core of the solutions described in this brief is a simple, memorable, and motivational message: ***during times of illness and recovery, "Every bite counts."*** This message focuses attention on the small, achievable victory of a single bite. It reinforces that during times of illness and recovery, special foods are unnecessary, and caregivers can feed the child well with affordable, locally available foods, even when a family has limited means. When tested in South Kivu, the message that "every bite counts" resonated very strongly with caregivers and health workers. It responded to their frustration with many of the things outside of their control regarding feeding young children.

Reflection and Orientation to Solutions for Facility-Based Health Providers

Resetting intentions for quality counseling during sick child consultation

The behavioral challenge

Sick child consultations offer an opportune moment for health workers to counsel caregivers on feeding during and after illness. However, at these times health providers' attention is understandably focused primarily on diagnosing the illness and offering medical treatment. Sometimes, providers don't counsel on feeding at all during these visits, missing an opportunity to guide caregivers toward appropriate feeding practices.

Other times, providers may recommend specific foods for a sick and recovering child that caregivers are unable to access, leading caregivers to feel frustrated and powerless. This also discourages providers from broaching the topic again in the future.

Is it a good fit for your context?

If the answer to either of these questions is "yes," the Reflection and Orientation to Solutions for Facility-Based Health Providers might be a good fit:

- During sick child consultations, do providers sometimes fail to counsel on feeding or recommend foods that the family may not be able to access or afford?
- Are you considering implementing any of the other sick visit designs described below (the Feeding Prescription, Counseling Aid, or Reminder Stickers)?

The solution

Through a facilitated discussion, front line health providers who engage with caregivers during sick child consultations reflect on what sick and recovering children need and how caregivers may understand and respond to their advice. They learn simple, motivational messages that can be integrated into busy consultations, reinforcing the importance of food quantity rather than specific foods during the critical times of illness and recovery. At the same time, providers may be introduced to the new tools described on the following pages of this brief (the Feeding Prescription, Counseling Aids, and Reminder Stickers) to support them to counsel according to Infant and Young Child Feeding (IYCF) guidelines for feeding during and after illness.

"This activity makes us think of things we didn't think of, to explore usual foods for households."

—Health Provider

How the Reflection and Orientation to Solutions for Facility-Based Health Providers works in practice

1. Providers imagine a typical sick child consultation and what they say to the caregiver.

WHY? Providers are prompted to notice that they often don't counsel carefully on feeding during sick visits, and to connect the remainder of the activity to a concrete scenario in their own practice.

2. Providers reflect on IYCF guidelines for feeding sick and recovering children and on the challenges caregivers may face in putting those guidelines into practice.

WHY? When providers consider challenges from the perspective of a caregiver, they are better able to see how their counseling may make caregivers feel and what response it may elicit.

3. Providers learn how to counsel caregivers on the importance of food quantity during illness and recovery and the need to encourage children to eat when appetite is limited.

WHY? Focusing on simple, accurate, and achievable guidance for caregivers helps providers to feel confident that caregivers can put their guidance into practice.

4. A Feeding Prescription, Counseling Aids, and/or Reminder Stickers are introduced to integrate this guidance into providers' counseling.

WHY? Introducing the new materials after providers have reflected on what quality nutrition counseling during sick visits looks like allows them to see how those materials will assist them in counseling well.

5. Providers practice using the new materials.

WHY? Practicing offers an opportunity to reinforce the messages in the new materials and to build comfort and confidence using them.

6. Providers reflect on the consultation they discussed at the opening of the activity and what they might do differently.

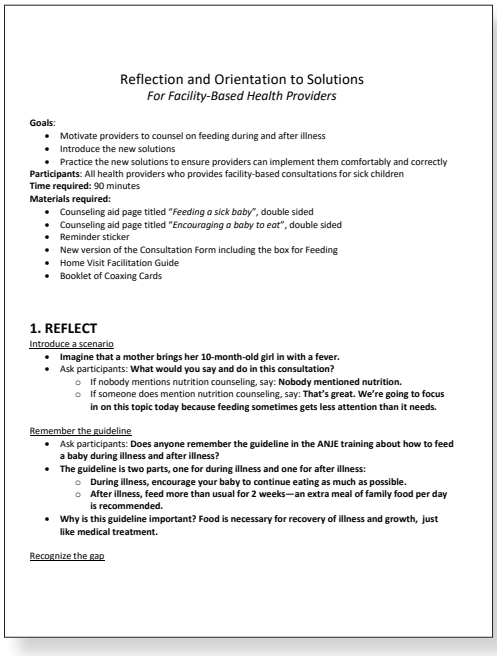
WHY? Articulating how they plan to counsel differently in a concrete scenario solidifies the intention to change.

Considerations for adapting and implementing the Reflection and Orientation to Solutions for Facility-Based Health Providers

The Reflection and Orientation to Solutions for Facility-Based Health Providers can be integrated into another training or regular meetings of health providers and will take one to two hours to complete. The activity works well for groups of various sizes. If more than ten providers are participating at once, they may benefit from dividing into smaller groups for discussion and practice to ensure all providers can participate actively. The activity can be facilitated by Ministry of Health or program staff who support providers, oversee their work, or are involved in implementing other solutions described in this brief.

Users can adjust the facilitation guide to cite locally-relevant data on feeding practices and challenges, where available.

The Reflection and Orientation to Solutions for Facility-Based Health Providers helps providers to see why and how the tools for use during sick visits—the Feeding Prescription, Counseling Aids, and Reminder Stickers—will support them to counsel well. Any providers who are asked to use the new tools should complete the Reflection and Orientation to Solutions for Facility-Based Health Providers. Facilitators can conduct a similar activity with community health workers.



Reflection and Orientation to Solutions
For Facility-Based Health Providers

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 provides 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

Access the solution materials

- Reflection and Orientation to Solutions for Facility-Based Health Providers facilitator's guide

Feeding Prescription

Elevating the importance of feeding

Behavioral challenge

For both providers and caregivers of sick children, medical treatment is generally, understandably, the highest priority during sick visits. However, these visits also offer an opportune moment for providers to counsel on feeding in accordance with the Integrated Management of Childhood Illness (IMCI) protocol, which is a key component of infant recovery from illness. Clinical forms that detail medical exams and treatment cue providers to discuss symptoms and medication, but the forms do not always reference feeding. If providers doubt whether caregivers will be able to put nutrition counseling into practice, they may be discouraged from raising the subject at all.

Is it a good fit for your context?

If the answer to any of these questions is "yes," the Feeding Prescription might be a good fit:

- Do providers' training and clinical cues emphasize medical care?
- Is feeding sometimes not adequately discussed in sick visits?
- Do providers express doubt about whether caregivers can put advice about feeding into practice?

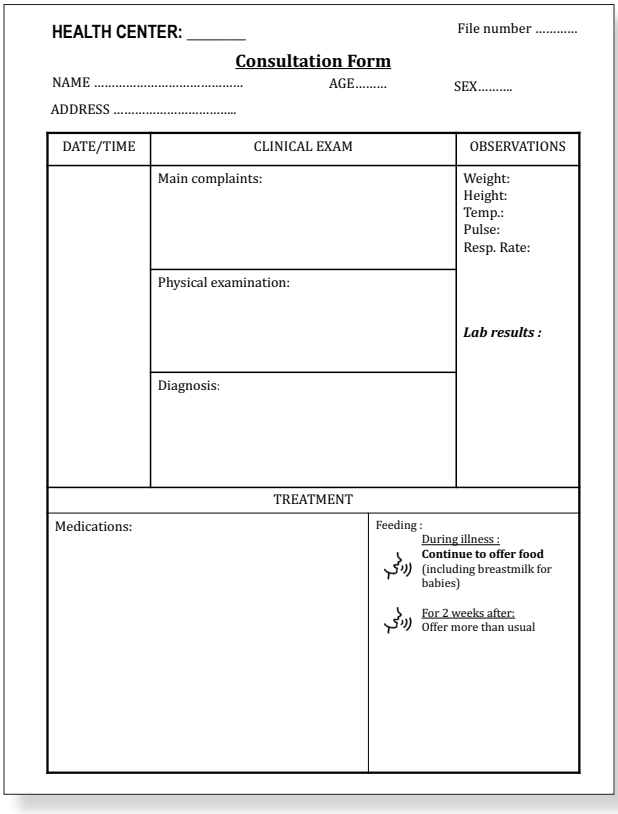
The solution

Implementers can adjust the consultation form, which facility-based providers currently use during sick child visits, by adding a new section adjacent to the prescribed medical treatment specifying how to feed during and after illness. The food prescription serves as a reminder to talk about feeding during and after illness, with an emphasis on the recommended food quantity at these times and a place to write notes if desired.

The Feeding Prescription elevates the importance of feeding, alongside medical treatment, in helping the child recover from illness. It prompts providers to give caregivers simple, achievable guidance for how to feed a sick and recovering child well.

This activity allows the provider and the mother to be realistic and understand what the mother has."

—Health Provider



HEALTH CENTER: _____ File number .....

Consultation Form

NAME ..... AGE..... SEX.....

ADDRESS .....

DATE/TIME	CLINICAL EXAM	OBSERVATIONS
	Main complaints:	Weight: Height: Temp.: Pulse: Resp. Rate:
	Physical examination:	***Lab results :***
	Diagnosis:	
TREATMENT		
Medications:		Feeding : During illness : **Continue to offer food** (including breastmilk for babies) For 2 weeks after: Offer more than usual

How the Feeding Prescription works in practice

1. A "prescription" for feeding is integrated into an existing consultation form, next to the medical prescription.

WHY? Embedding the prompt within a form that providers already use cues them to discuss feeding during all sick visits alongside medical care.

2. Providers follow the prompts in the consultation form and give caregivers simple recommendations for continuing to feed during illness and feeding more after illness.

WHY? Discussing feeding alongside medical care emphasizes its importance to recovery.

3. Providers guide the caregiver to identify locally accessible, affordable foods the child can be fed.

WHY? Focusing the conversation toward nutritious, locally available foods that the caregiver can afford encourages caregivers and providers alike that caregivers can put the guidance into practice.

Considerations for adapting and implementing the Feeding Prescription

The Feeding Prescription text can be integrated into whatever consultation form a provider currently uses. Implementers should work together with the Ministry of Health and other stakeholders to explore whether an adjustment to the form is possible. If it is not possible, they may consider creating a separate form or asking providers to write additional notes on the forms they have. However, implementers need to be aware that providers may use a separate form less consistently than a prompt embedded in a form they already use. The placement of the Feeding Prescription within the form helps ensure utilization; situating it next to medicines in the form helps emphasize how feeding, like medicines, helps the child recover.

Implementers can pair roll-out of the Feeding Prescription with the Reflection and Orientation to Solutions for Facility-Based Health Providers that guides providers in rethinking their current counseling practice. In particular, providers should be encouraged to reflect on how the caregiver may feel if the provider recommends specific foods that the family cannot access or afford. Doing so helps providers to internalize the value of emphasizing quantity during the critical period of illness and recovery.

Access the solution materials

- Sample Feeding Prescription
- Step-by-step implementation guide (page 4)

Counseling Aid

Emphasizing simple feeding actions that are within caregivers' control

The behavioral challenge

Nutrition counseling aids correctly emphasize the importance of feeding young children a diverse and nutrient-rich diet. Quality of food remains important during times of illness and recovery, but during these critical moments the quantity of food the child consumes is of paramount importance.

Sometimes, these aids recommend specific foods for sick and recovering babies and children that may be unaffordable or unavailable. When caregivers can't access these foods, they feel frustrated and powerless, and they may easily forget what nutritious, locally available foods they can offer the child. Caregivers don't always recognize the importance of quantity of food during illness and recovery. Further, counseling aids do not always cover encouraging children to eat when appetite is limited.

Is it a good fit for your context?

If the answer to any of these questions is "yes," the Counseling Aid might be a good fit:

- Do providers sometimes counsel on unrealistic options for feeding young children?
- Do providers fail to counsel caregivers on encouraging a young child to eat when appetite is limited?
- Do existing nutrition counseling materials emphasize specific foods for sick and recovering children?

The solution

This Counseling Aid for feeding sick children reinforces simple, achievable guidance on how young children should eat during and after illness. It emphasizes that quantity of food is most important during illness and recovery and avoids mentioning specific foods so that caregivers feel encouraged to feed the child available family foods. The Counseling Aid reiterates the key message, "Every bite counts," during the child's illness and recovery period.

The Counseling Aid also describes the value of coaxing young children to eat when their appetite is limited, supporting caregivers so they are more likely to feel they can overcome a child's limited appetite during times of illness and similar periods. It describes simple tactics caregivers can use with the child, such as tasting the food to show the child that the caregiver likes it.

The Counseling Aid complements existing materials with simple, actionable messages about feeding during and after illness, emphasizing quantity rather than specific foods, and offering concrete tactics for encouraging children to eat.

PREVENTION AND TREATMENT OF ILLNESS | CARD #

Feeding a sick baby

Dear parents,

- Food, like medical treatment, is important for the baby's recovery.
- **Continue to feed** during illness. Offer frequently to overcome low appetite.
- After the illness, **feed more than usual** for two weeks.
- Don't forget **every bite counts.**

What do you see on this page?

1
2

1. Food, like medical treatment, helps recovery from illness and recovery of growth.
2. Every bite counts.

Why is feeding during and after illness important?

- The child needs energy to fight the illness, even if he or she has little appetite.
- After the illness, the child needs extra food to recover lost strength.

How should a baby eat during illness?

- Continue to offer food. The baby should eat as much as possible.
- Feed frequently to overcome limited appetite.

How should a baby eat after illness?

- Feed more than usual.
- One extra meal per day is recommended.

What should the baby eat during and after illness?

- Special foods are not necessary: breastmilk and the foods your family eats are healthy options for the child.
- The baby should eat as much as possible of whatever foods are available.
- Even a small amount of food or breast milk means a lot to a child.
- Every bite counts.

PREVENTION AND TREATMENT OF ILLNESS | CARD #

Encouraging a baby to eat

Dear parents,

- Your baby **needs to be encouraged to eat** when he does not have an appetite. When he is sick, **every bite counts**.
- There are **many strategies** of encouragement you can use, like the four pictured.
- But **never force** your baby to swallow, as it can harm him.

What do we see on this page?

1	2
3	4

1. Try the food and show that you like it.
2. Sing, play or bounce to make the baby happy before feeding.
3. Mix in preferred foods.
4. Give small amounts frequently.

Why should a child be encouraged to eat?

- Sometimes their appetite does not reflect what they want or need. This can happen if they are sick, teething, or for no reason at all.
- Food is necessary for full recovery from illness.

How can you encourage a baby to eat?

- These four images show four strategies.
- Grandmothers and neighbors can teach many more.

Every bite counts

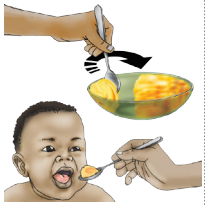
- Even a small amount of food or breast milk means a lot to the child.
- Special foods are not needed during or after the illness.

What should you not to do to encourage?

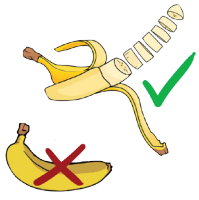
- Never force a child to swallow.
- This can harm them and make feeding more difficult in the future.
- If the child refuses even after you encourage them, try again later.

Try the food and show that you like it

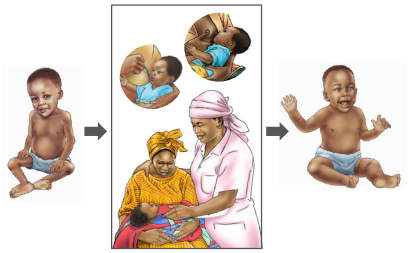
Sing, play or bounce to make the baby happy before feeding



Mix in preferred foods



Give small amounts frequently



Food, like medical treatment, helps recovery from illness and recovery of growth.

Every bite counts.

How the Counseling Aid works in practice

1. During sick child consultations, providers emphasize the benefit of food quantity for sick and recovering children.

WHY? Directing providers' attention toward the most critical message for child feeding during and after illness prompts them to counsel caregivers using those messages.

2. While providing feeding counseling to caregivers, providers refrain from recommending specific foods that may not be available.

WHY? Counseling on quantity and discussing with caregivers what foods they can access avoids discouraging them if they consider what they cannot offer the child.

3. When limited appetite presents a barrier to feeding the child, providers counsel caregivers on encouraging the child to eat.

WHY? Caregivers often see a young child's appetite as immovable, but providers are trusted authorities who can help them to re-envision what is within their control.

4. Providers offer concrete tactics for encouraging the child to eat.

WHY? Providing practical guidance gives caregivers clear actions they can take in response to a child's limited appetite.

Considerations for adapting and implementing the Counseling Aid

The additional content is most effective when nutrition programs can integrate it into existing nutrition counseling aids. Implementers, together with the Ministry of Health and other stakeholders, can explore whether an adjustment to existing counseling aids is possible.

If no counseling aid for child nutrition is available, provider training sessions can include the content instead.

Pair roll-out of the Counseling Aid material (whether new or folded into prior documentation) with the Reflection and Orientation to Solutions for Facility-Based Health Providers, which prompts providers to reflect on the downsides of recommending specific,

unavailable foods and see how the messages described in the Counseling Aid can support caregivers to improve feeding of sick and recovering children, even when their means are limited and children's appetites are low.

Access the solution materials

- **Sample Counseling Aid**
- **Step-by-step implementation guide (page 9)**

Reminder Stickers

Keeping a simple, encouraging message top of mind

The behavioral challenge

During busy consultations when attention is divided and other topics may feel more urgent, providers may struggle to remember to counsel on feeding. Providers may also be tempted to skip counseling that requires special tools or in-depth conversations or if they think caregivers may not be able to put the advice into practice.

The solution

Providers receive a Reminder Sticker that they can place in a spot in the consultation room or office, where they will see it during sick child consultations. The sticker re-states the key message that "during times of illness and recovery, every bite counts." In a simple, empowering, and achievable way, it helps providers remember to discuss feeding and offers a simple and motivating message that they can easily communicate to introduce the topic with caregivers.

Is it a good fit for your context?

If the answer to either of these questions is "yes," the Reminder Stickers might be a good fit:

- Do providers sometimes forget to counsel on feeding during sick child consultations?
- Do they skip over counseling on feeding because they think it will take too long or not be worth the effort?

This activity allows the provider and the mother to be realistic and understand what the mother has."

—Health Provider

How the Reminder Stickers work in practice

1. Health providers who conduct sick child consultations receive a Reminder Sticker with instructions to place it in a strategic spot where they will see it during consultations.

WHY? Placing the sticker in a spot where providers know they will see it helps to ensure that they can easily act on it in the most opportune moment.

2. During sick child consultations, the provider sees the Reminder Sticker.

WHY? Seeing the sticker reminds providers to discuss feeding with the caregiver.

3. The Reminder Sticker cues the provider to emphasize, "Every bite counts."

WHY? Emphasizing this simple and empowering message encourages providers and caregivers that improvement to feeding is possible, even within caregivers' limited means.

The illustration of the mother may need to be adapted appearance-wise to match the local context.

If printing stickers is not possible, small signs or printed paper could be affixed with tape or putty.

Providers may need some guidance to identify opportune spots to place the Reminder Sticker so they will see it at the right moments. The best spot depends on their routines during their visits and their physical working environment. If multiple providers work in one space, they might choose different locations according to what they think will stand out most to them during consultations.

The Reminder Sticker will work best as a complement to other solutions. Alone, it is unlikely to translate to meaningful improvements in feeding. Consider pairing it with the Reflection and Orientation to Solutions for Facility-Based Health Providers, Feeding Prescription, and/or new Counseling Aids so providers learn what to say to caregivers and why.

Access the solution materials

- **Printable Reminder Sticker template**
- **Step-by-step implementation guide (page 7)**

Peer Exchange of Coaxing Strategies

Building skills and confidence to encourage children to eat

The behavioral challenge

Sick and recovering children often have limited appetite and sometimes refuse food when it's offered. Caregivers commonly feel that they can do little to overcome limited appetite, whether during illness or other times. Many caregivers do not know or use many strategies to encourage their young child to eat. If they are unable to offer the young child's favorite foods, they may resort to force-feeding or simply give up.

The solution

The Peer Exchange of Coaxing Strategies is a group activity facilitated by a community health worker or other trusted figure that allows caregivers of young children to share and learn together how to encourage children to eat when their appetite is limited. Caregivers learn that appetite is moveable. Through discussion and sharing with peers, they learn simple tactics to encourage the child to eat, see their peers using coaxing tactics, and practice together. This inspires them to encourage their child to eat during illness and motivates them to continue to offer food and breastmilk at these times. It also builds concrete, practical skills that they can put into practice to coax effectively without forcing the child to eat. The peer exchange reaches caregivers outside the time of illness (when they're particularly overstretched), at a time when they may be more able to absorb new information, build skills, and learn from other caregivers.

The Peer Exchange of Coaxing Strategies builds skills and confidence to overcome limited appetite and shifts social expectations of what caregivers can and should do to encourage children to eat.

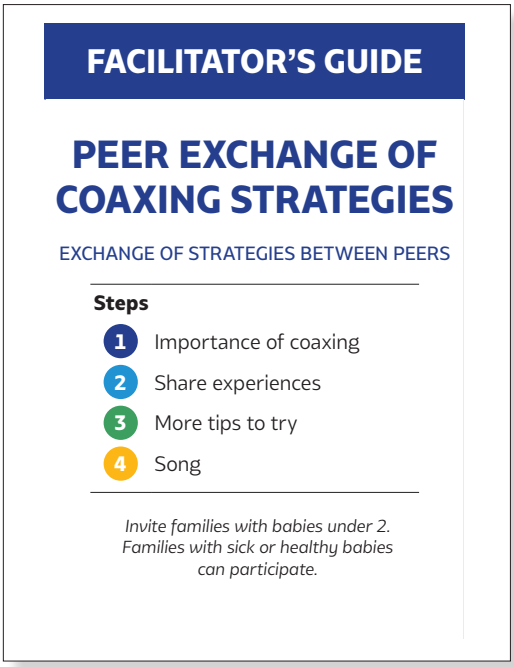
Is it a good fit for your context?

If the answer to both of these questions is "yes," the Peer Exchange of Coaxing Strategies might be a good fit

- Do caregivers feel there is little they can do to encourage a child to eat when appetite is limited?
- Is it possible to gather caregivers in a group, either alongside other gatherings or in a separate event?

"My baby likes to see Daddy to eat when he is sick."

—Health Provider



FACILITATOR'S GUIDE

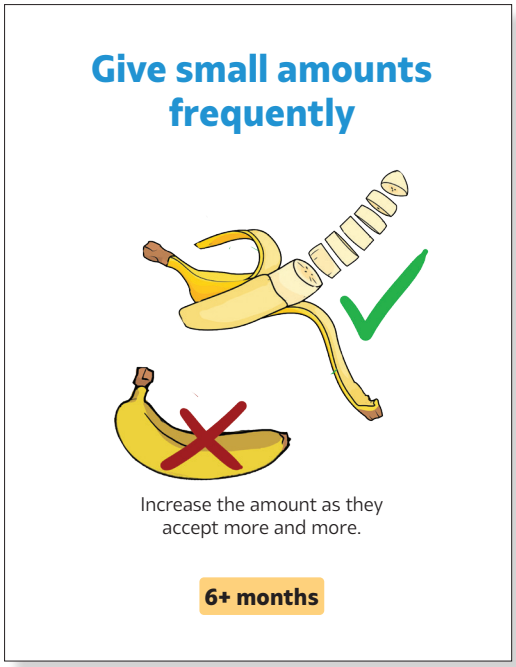
PEER EXCHANGE OF COAXING STRATEGIES

EXCHANGE OF STRATEGIES BETWEEN PEERS

Steps

1. Importance of coaxing
2. Share experiences
3. More tips to try
4. Song

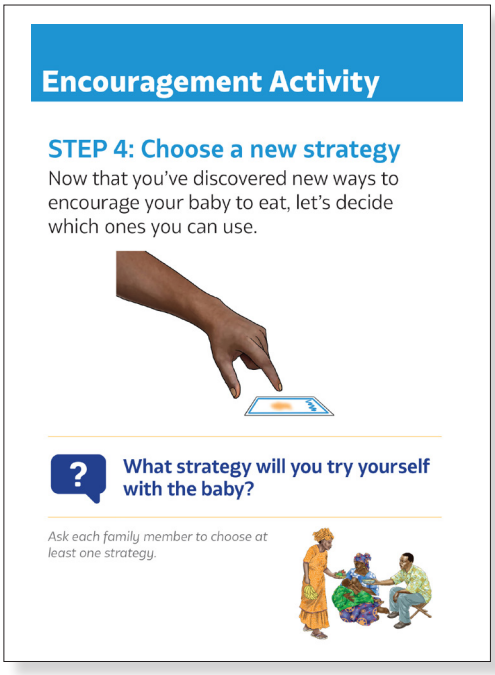
Invite families with babies under 2. Families with sick or healthy babies can participate.



Give small amounts frequently

Increase the amount as they accept more and more.

6+ months



Encouragement Activity

STEP 4: Choose a new strategy

Now that you've discovered new ways to encourage your baby to eat, let's decide which ones you can use.

What strategy will you try yourself with the baby?

Ask each family member to choose at least one strategy.

How the Peer Exchange of Coaxing Strategies works in practice

1. Caregivers gather in a group to participate in a facilitated activity.

WHY? The activity reaches caregivers outside the time of a child's illness with support they can apply during times of illness, recovery, and good health, and offers the opportunity to learn together and from one another.

2. Together, caregivers learn and reflect on why it is important to encourage the child to eat when appetite is limited, including during illness and recovery.

WHY? Reinforcing when and why encouragement to eat is sometimes needed helps caregivers to see it as something they can and should do to feed their sick or recovering children well.

3. Caregivers share experiences and tips with each other.

WHY? Sharing experiences, challenges, and advice about coaxing helps caregivers to envision it and choose strategies to incorporate into their own feeding practices. The group discussion and peer support can also boost a caregiver's confidence and motivation to coax as they see others doing so.

4. Facilitator teaches coaxing strategies using illustrated cards.

WHY? Learning new coaxing strategies expands caregivers' repertoire of approaches to take to encourage the child to eat, reassuring them that when the child's appetite is poor, they are prepared to respond.

5. Caregivers adapt a song from a local tune together to remember one tactic from the session.

WHY? The session ends on a lighthearted note that reinforces one tactic chosen by the group, solidifying intentions to coax, and helping them to remember a single tactic that they found particularly useful.

Considerations for adapting and implementing the Peer Exchange of Coaxing Strategies

The Peer Exchange of Coaxing Strategies can be added to other community events or conducted at times when caregivers are assembled for health or nutrition services. A community health worker or another trusted individual, such as a facility-based health provider or an early childhood development agent, can facilitate it. The appropriate frequency for conducting the Peer Exchange will depend on how and where it is delivered; caregivers may not need to participate more than once, but conducting the Peer Exchange multiple times in the same community (potentially in different venues) may help reach more caregivers.

If the coaxing 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 four coaxing tactics (see Counseling Aids) or do the group exercise without any visual aid. New cards can be added to describe additional coaxing strategies based on the context and local culture. Implementers may also wish to adjust clothing and hairstyles in the illustrations for local relevance.

The songwriting activity could be replaced with a different contextually appropriate activity, such as writing a poem or drawing a picture. The aim of this activity is to allow caregivers to translate what they've learned to a fun, lighthearted, and contextually-relevant message that helps them remember one of the tactics.

Access the solution materials

- Facilitation guide for the Peer Exchange of Coaxing Strategies (Pages 11 - 18)
- Printable coaxing cards (Pages 2 - 10)
- Step-by-step implementation guide (Page 11)
- Reflection and orientation to the solutions for community health workers

Home Visit

Overcoming challenges and celebrating each bite

The behavioral challenge

Families know that feeding a child well is important for recovery, but they do not always know what that means or how to achieve it. A child's limited appetite and caregivers' limited access to affordable, nutritious foods impose constraints, leaving some families feeling that they don't have the resources to feed their sick and recovering child well. Families often think that special, expensive foods are necessary for recovery. Caregivers also often feel that feeding during illness is limited by the child's poor appetite.

The solution

Through a Home Visit from a community health worker or nutrition agent, families of sick or recovering children learn about feeding during illness and recovery and hear the empowering message that every bite counts during these critical times. They learn to celebrate each bite taken by the sick and recovering child as a small victory, which helps the child recover and grow.

Is it a good fit for your context?

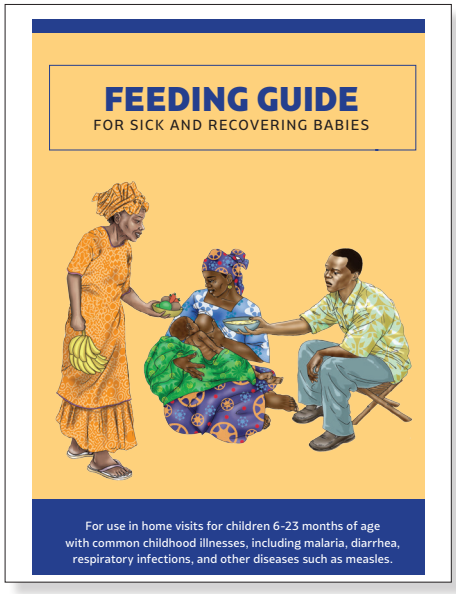
If the answer to all of these questions is "yes," the Home Visit might be a good fit.

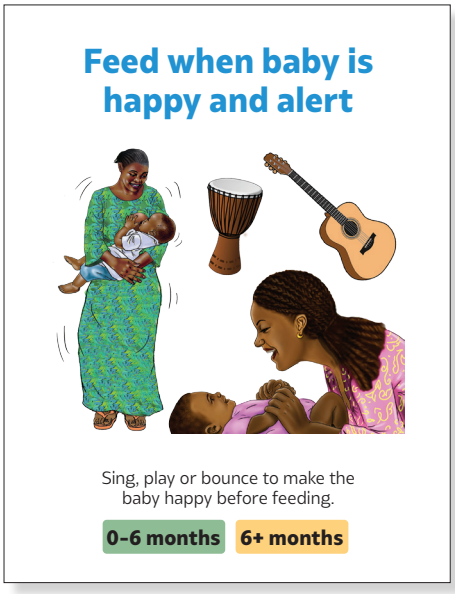
- Do families face challenges putting advice about feeding sick and recovering children into practice?
- Could families of sick and/or recovering children be reached by a home visitation activity?
- Do families identify not being able to access quality foods and/or the child's limited appetite as barriers to feeding their sick or recovering child?

Caregivers discuss the challenges they face feeding the child more at these times and complete one or two activities in response to their challenges. The ***Foods Activity*** helps them identify affordable options that do in fact exist even if they don't quickly come to mind, and to revisit available foods that they might not consider for their young children. The ***Coaxing Activity*** teaches new ways to overcome limited appetite by encouraging the child to eat more. After learning the significance of continuing to feed during illness and feeding more than usual after illness, the family ends the visit by making a plan to implement a feeding strategy. This plan should include a clear commitment to follow through.

The Home Visit reinforces simple, achievable messages about feeding during and after illness, supports families to overcome challenges to feeding children well during this time, and encourages them to celebrate each bite.

> ***"Actually, it's hard, especially for a mom with a sick child, to remember all the cheap foods that are available and the family options."***
>
> *—Health Provider*





BEANS

8

SORGHUM

20

Sick, recovering and healthy babies over 6 months can eat **dried small fish.**

Dried small fish are great for growth. To help your baby eat them, grind them into a powder and add them to all other soft foods.

#4

Sick, recovering and healthy babies over 6 months can eat **foufou.**

Try mixing in ground peanuts or beans to make foufou even more nutritious for baby.

13

Sick, recovering and healthy babies can **breastfeed.**

Breast milk is one of the most nutritious foods you can give a baby. When appetite is low, breast milk is easy for the baby to accept.

3

How the Home Visit works in practice

1. The facilitator invites all family members to participate and shares simple key messages about how sick and recovering children should be fed.

WHY? All family members are invited to contribute to feeding the child well during the critical times of illness and recovery and learn the significance of feeding well during those periods.

2. The family chooses a celebration word to mark every bite the child eats during illness and recovery.

WHY? Celebrating each bite prompts the family to see how they have achieved a small victory in the child's recovery, and it reminds them that every bite counts.

3. The facilitator asks the family to identify challenges they may face in feeding the child during their illness and recovery and completes the Foods Activity and/or the Coaxing Activity in response.

WHY? Tailoring the activities to respond to families' most pressing concerns helps the family to see how those challenges can be overcome.

4. If the family identified food availability or accessibility as a challenge, they complete a card-based Foods Activity through which they identify local foods they can access. They learn about how those foods can be fed to their young child.

WHY? Prompting the family to revisit affordable, nutritious, locally available options combats misconceptions about what sick, recovering, and healthy children over six months can eat, expanding their choice set to include all relevant options and encouraging them that they can feed the child well with the foods they can access.

5. If the family identified the limited appetite as a challenge, they complete a Coaxing Activity to learn new tactics for encouraging the child to eat, using the same illustrated cards from the Peer Exchange of Coaxing Strategies.

WHY? Learning concrete tactics that they can immediately put into practice gives the family new options for how to respond when appetite is limited, encouraging them to continue offering food and breastmilk during these times.

6. **The facilitator guides the family to make a plan for how they will continue to feed as much as possible during illness and feed more after illness. The plan includes a reminder of the celebration word they chose to mark their progress.**

WHY? Making a concrete plan and expressing a commitment to act on it strengthens intentions. It also allows the family to anticipate future challenges and successes.

Considerations for adapting and implementing the Home Visit

All family members can be invited to participate, which reinforces that everyone has a role to play in supporting the child to eat well during illness and recovery. However, the Home Visit can be conducted effectively with the primary caregiver alone.

These activities can be integrated into other home visitation programs that reach families of sick children. Each Home Visit lasts one to two hours. If home visits are not feasible, the activities could be adapted for delivery during or immediately following a sick child consultation. Keep in mind that facility-based health providers often have limited time and the hectic environment in a health facility may make it more challenging for caregivers to focus on in-depth activities, discussion, and plan-making.

The food cards can be adjusted to match foods that are locally available and preparations that are locally relevant. Speaking with community members and community health workers and visiting local markets are helpful ways to learn about locally available foods. Remember that some family foods may not be sold in markets. The text on the back of the cards can be adjusted to counter additional locally relevant myths and misconceptions.

In settings where families' current feeding practices during and after illness are relatively close to the recommended quantities, it may be realistic for them to set a concrete goal for how much they will feed the child each day during illness and recovery and to mark progress against that goal. If you are considering this adaptation, test it carefully with families to ensure that the goals are realistic, well understood, and motivational.

Access the solution materials

- Facilitation guide for home visits
- Printable coaxing cards (Pages 2 - 10)
- Printable food cards
- Step-by-step implementation guide (page 14)
- Reflection and Orientation to Solutions for Community Health Workers

Additional resources

French version of this design brief: This brief describes the solutions in French and links to French versions of the solution materials and implementation guidance.

Formative research brief: This brief (available in English and French) shares insights from the formative research in South Kivu, DRC that informed the solution design.

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