

BEHAVIOR PROFILE: RECUPERATIVE FEEDING Improve maternal and child survival and reduce malnutrition **HEALTH GOAL BEHAVIOR** Caregivers provide recuperative feeding for 2 weeks after illness A Percentage of children (6-23 months?) who were offered more food than what they normally eat for a period of two weeks following their most recent illness episode. (*Note: This indicator and corresponding questions should be piloted and adapted, as necessary, prior to use.) STRATEGY **BEHAVIOR ANALYSIS** SUPPORTING ACTORS AND ACTIONS POSSIBLE PROGRAM STRATEGIES **BEHAVIOR AND STEPS** FACTORS What steps are needed to practice this behavior? What factors may prevent or support practice of Who must support the practice of this behavior, and what actions must they take? What strategies will best focus our efforts based this behavior? on this analysis? 📢 Strategy requires Communication Support Behavior STRUCTURAL INSTITUTIONAL ENABLING ENVIRONMENT Policymakers: Ensure that standards and Accessibility: Caregivers are unable to Caregivers provide recuperative guidance documents contain obtain the nutrient-rich foods Financing: Institute a scheme that removes feeding for 2 weeks after illness recommendations about recuperative feeding recommended for recuperating children financial barriers to families accessing high and that quality assurance protocols include because they are not locally available or value nutrient-rich foods at times of particular the provision of advice and support for affordable. vulnerability, such as recuperating a child who recuperative feeding. Steps has been seriously ill. 📢 1. [Infants 0-6 months] Increase the Accessibility: Caregivers do not have Agriculture Planners and Managers: Work SYSTEMS, PRODUCTS AND SERVICES toward increased production of nutrient-rich the time to feed their children as needed frequency of breastfeeding and foods for local markets. during the period of recuperation due to Quality Improvement: Expand IMCI or other ensure full duration of feeds completing responsibilities (household care of sick child training and job aides for health care providers to include the importance chores, caring for multiple children, [Infants 0-6 months] Do not give 2. Market System Planners: Ensure that a variety of catch-up growth and the steps for work, agricultural labor, etc.). of nutrient-rich foods are available and other fluids, except prescribed recuperative feeding. 📢 affordable in isolated and vulnerable areas medicines DEMAND AND USE Service Provider Competencies: 3. [Children 6-23 months] Continue Caregivers do not feel that they receive Social Welfare Program Managers: Establish a breastfeeding adequate counseling on recuperative voucher or outreach program that will help Communication: Develop a targeted vulnerable families obtain nutrient-rich foods. communication program for families with a feeding because service providers only especially at times when caring for an ill child child who is not growing well and/or who is ill [Children 6-23 months] Give one 4. focus on medicating sick children, not might have reduced resources for their full which helps them identify feasible, high-value on feeding sick children. additional meal and provide recovery foods and increases motivation to feed the foods with high energy and child sufficient amounts of high-value foods nutrient density each day for two until their growth recovers. Service Provider Competencies: Health Program Manager: Continually provide weeks following the illness Caregivers do not know how to feed supervision and refresher training about the care and feeding advice offered to the family of their children after illness because they Collective Engagement: Include the 5. [Children 6-23 months] Feed the a child recovering from an illness. recuperation period in peer-to-peer groups for feel that provider advice on recuperative child in a responsive manner caregivers, both men and women, to discuss feeding is unclear. how they can use local resources to meet the COMMUNITY needs of the child during this period. 6. [Children 6-23 months] Continue SOCIAL to provide zinc supplementation **Community Health Workers and Peer** according to protocol Educators: Address norms and responsive Norms: Caregivers do not comply with feeding skills as part of discussions and recuperative feeding guidelines because counseling. 7. Continue with growth monitoring they follow traditional food belief to ensure growth velocity has systems around acceptable foods for HOUSEHOLD been recovered children following an illness. Family Members: Recognize and support caregiving during this period of recuperation, Norms: Caregivers stop actively ensuring that the child is fed adequate encouraging children to eat after amounts of nutritious foods to resume healthy illnesses like diarrhea because they growth. believe that food is only important for getting through the illness. Norms: Caregivers reduce the amount of food they feed after illness when children refuse to eat or the caregiver is alarmed over too much stool. Norms: Caregivers do not feed in a responsive manner after illness because they follow local norms to force-feed children following illness when children

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refuse to eat.

Attitudes and Beliefs: Caregivers will not persist in feeding children who are recovering from illness because they believe children know their food needs best or need to be coddled.	
Attitudes and Beliefs: Caregivers do not provide recuperative feeding because they believe that children are either sick or well with no in-between.	
Knowledge: Caregivers do not know that recuperative feeding is necessary because they are unaware that a child's body can catch up on missed growth with increased feeding after illness.	
Skills : Caregivers do not provide recuperative feeding after illness because they lack responsive feeding skills.	