BEHAVIOR PROFILE: RECUPERATIVE FEEDING

HEALTH GOAL

Improve maternal and child survival and reduce malnutrition

BEHAVIOR

Caregivers provide recuperative feeding for 2 weeks after illness

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.)

BEHAVIOR ANALYSIS

BEHAVIOR AND STEPS

What steps are needed to practice this behavior?

Behavior

Caregivers provide recuperative feeding for 2 weeks after illness

Steps

1. [Infants 0-6 months] Increase the frequency of breastfeeding and ensure full duration of feeds
2. [Infants 0-6 months] Do not give other fluids, except prescribed medicines
3. [Children 6-23 months] Continue breastfeeding
4. [Children 6-23 months] Give one additional meal and provide foods with high energy and nutrient density each day for two weeks following the illness
5. [Children 6-23 months] Feed the child in a responsive manner
6. [Children 6-23 months] Continue to provide zinc supplementation according to protocol
7. Continue with growth monitoring to ensure growth velocity has been recovered

FACTORS

What factors may prevent or support practice of this behavior?

STRUCTURAL

Accessibility: Caregivers are unable to obtain the nutrient-rich foods recommended for recuperating children because they are not locally available or affordable.

Accessibility: Caregivers do not have the time to feed their children as needed during the period of recuperation due to completing responsibilities (household chores, caring for multiple children, work, agricultural labor, etc.).

Service Provider Competencies: Caregivers do not feel that they receive adequate counseling on recuperative feeding because service providers only focus on medicating sick children, not on feeding sick children.

Service Provider Competencies: Caregivers do not know how to feed their children after illness because they feel that provider advice on recuperative feeding is unclear.

Service Provider Competencies: Caregivers do not feel that they receive counseling on sick child feeding that is clear or responsive to maternal/family beliefs and cultural considerations.

Service Provider Competencies: Caregivers do not feel that they receive counseling that is personalized to the individual needs.

SOCIAL

Norms: Caregivers do not comply with recuperative feeding guidelines because they follow traditional food belief systems around acceptable foods for children following an illness.

Norms: Caregivers stop actively encouraging children to eat after illnesses like diarrhea because they 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

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior, and what actions must they take?

INSTITUTIONAL

Policymakers: Ensure that standards and guidance documents contain recommendations about recuperative feeding and that quality assurance protocols include the provision of advice and support for recuperative feeding.

Agriculture Planners and Managers: Work toward increased production of nutrient-rich foods for local markets.

Market System Planners: Ensure that a variety of nutrient-rich foods are available and affordable in isolated and vulnerable areas.

Social Welfare Program Managers: Establish a voucher or outreach program that will help vulnerable families obtain nutrient-rich foods, especially at times when caring for an ill child might have reduced resources for their full recovery.

Health Program Manager: Continually provide supervision and refresher training about the care and feeding advice offered to the family of a child recovering from an illness.

COMMUNITY

Community Health Workers and Peer Educators: Address norms and responsive feeding skills as part of discussions and counseling.

HOUSEHOLD

Family Members: Recognize and support caregiving during this period of recuperation, ensuring that the child is fed adequate amounts of nutritious foods to resume healthy growth.

STRATEGY

POSSIBLE PROGRAM STRATEGIES

What strategies will best focus our efforts based on this analysis?

Strategy requires Communication Support

ENABLING ENVIRONMENT

Financing: Institute a scheme that removes financial barriers to families accessing high value nutrient-rich foods at times of particular vulnerability, such as recuperating a child who has been seriously ill.

SYSTEMS, PRODUCTS AND SERVICES

Quality Improvement: Expand IMCI or other care of sick child training, both in-service and pre-service training, and job aides for health care providers to include the importance of catch-up growth and how to personalize counseling and respond to family beliefs and cultural considerations the steps for recuperative feeding.

Quality Improvement: Expand space and private rooms for individual counseling.

Quality Improvement: Reduce health workers' time pressure and workload to counsel adequately including on recuperative feeding.

DEMAND AND USE

Communication: Develop a targeted communication program for families with a child who is not growing well and/or who is ill which helps them identify feasible, high-value foods and increases motivation to feed the child sufficient amounts of high-value foods until their growth recovers.

Collective Engagement: Include the recuperation period in peer-to-peer groups for caregivers, both men and women, to discuss how they can use local resources to meet the needs of the child during this period.

they follow local norms to force-feed children following illness when children refuse to eat.

INTERNAL

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.

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