Review of Policies and Guidelines Related to the Nutrition of Ill and Undernourished Children at the Primary Health Care Level

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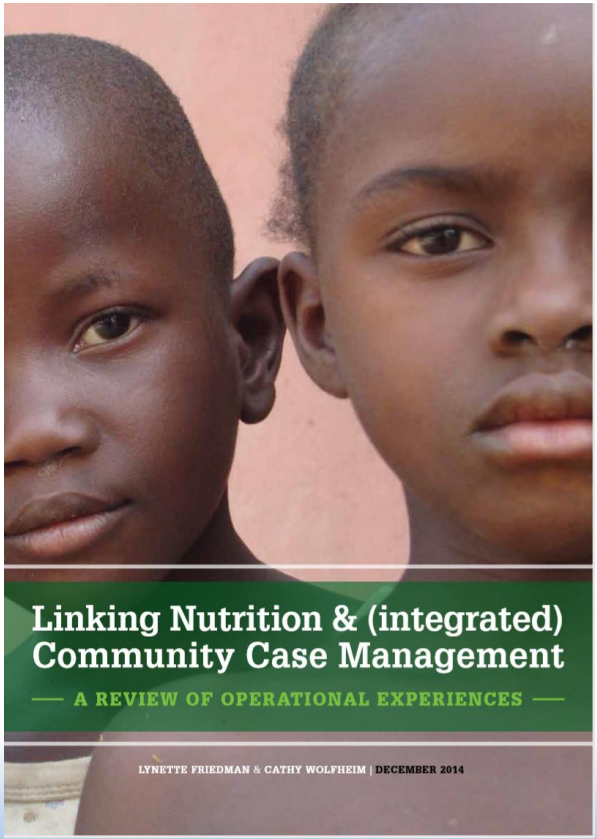
Background

- The importance of nutrition throughout the life course of a child is gaining more attention globally and in countries
- There is concern about the level of integration of child health and nutrition-focused interventions
- First-level providers and CHWs may not provide adequate nutritional care for the sick child
- Premise: the lack of adequate care is in part due to continued fragmentation of policies and guidance

Building from…



Parameters

- What: Policies and guidelines
- Where: Encounter between a sick child under five years of age and first level health facility provider or a lay community health worker
- Excluded: Difficult circumstances such as orphaned children or emergency situations, training materials and reports of implementation

Methodology

- **Desk Review:** Guidelines and policies related to the encounter between a sick child and a health provider
  - Global
    - IMCI, iCCM, ENA, complementary feeding guidelines, breastfeeding guidelines, technical guidance for SAM and MAM
  - Country (6)
    - Child and newborn health policy, IMCI/IMNCI, iCCM, nutrition policy, SAM and MAM guidelines, other nutrition guidelines for health workers or CHWs.
- **Key Informant Interviews:** Total = 28
  - 13 global
  - 15 country (2-3 per country)

Structure of Report

- Document review
  - Global
  - National
- Gaps in current global and national policy
  - Research needs; perceptions of key informants
  - Technical issues raised
  - Issues related to integration
- Barriers to adequate attention to nutritional care
  - Coverage and quality of implementation
  - Health system constraints
  - Perception of nutrition and its relationship to global health
  - Nutrition is multisectoral
  - Functioning in silos

Findings of Global Document Review

Policies exist

- Nutrition:
  - Policies and guidance for IYCF widely available, mostly prevention and promotion; includes feeding advice for sick children
  - SAM and MAM

- Newborn and Child Health:
  - Child 2-59 months: IMCI and iCCM
  - Child 0-2 months: IMCI; guidelines for postnatal care

Nutrition Interventions Addressed in the Sick Child Encounter (IMCI and iCCM)

- Assessment and treatment of:
  - SAM
  - MAM
  - Anemia
  - Feeding problems
  - Low weight-for-age

- Counseling of caregivers about feeding for the sick child

IMCI and iCCM Country Guidance Mirrors Global Guidance

- Some variations in anthropometrics
- Split on treatment for SAM under 6 months
- Some countries allow CHWs to treat uncomplicated SAM
- Variability in actions following a yellow MUAC reading

Some Guidance on Feeding Sick Children Found in all National Nutrition Policies

Additionally:

- Some nutrition policies express the expectation for global guidelines on MAM treatment

- Some countries are developing integrated management protocols for SAM and MAM

Perceived Gaps Related to Research

- Managing malnutrition under 2 months of age
- Treating MAM (yellow MUAC) for all children
- Treating SAM and MAM in a child under 6 months of age
- Treating SAM at the community level
- Catching at-risk children early
- Preventing post-discharge mortality

Convergence with research agenda published by CORTASAM

Technical Issues Raised by KIs

- Harmonizing age brackets
- Simplifying anthropometry
- Assessing and treating feeding problems
- Feeding advice for sick children during and after illness
- Addressing underlying causes (catching kids earlier)

Anthropometry

There is a special challenge related to assessing the nutritional status of children under six months.

Feeding Advice During and After Illness

- Global, national, nutrition and child health documents align – but the guidance is for the most part limited and unspecific.
- It often related only to dysentery or diarrhea.
- Advice for after illness is especially hard to find.

Issues Related to Integration

Integration of nutrition related to:

- management of acute malnutrition integrated in IMCI
- management of acute malnutrition into iCCM
- assessing and counseling for feeding problems in IMCI

"IMCI is a successful example of integration. It has brought the main causes of morbidity and mortality together; the inclusion of SAM in IMCI is a success."

Many efforts ongoing to coordinate across boundaries of child health and nutrition

Assessing and Treating Feeding Problems

"Does effective nutrition counseling take place during the sick child encounter?"

"Do providers have the knowledge or skills to effectively carry out the assessment or counseling?"

"Assess the child's feeding and counsel the mother on feeding recommendations."

Assess Child's Feeding

Assess feeding if child is Less Than 2 Years Old, Has MODERATE ACUTE MALNUTRITION, ANAEMIA, CONFIRMED HIV INFECTION, or is HIV EXPOSED. Ask questions about the child's usual feeding and feeding during this illness. Compare the mother's answers to the ***Feeding Recommendations*** for the child's age.

ASK - How are you feeding your child?

- **If the child is receiving *any* breast milk, ASK**:
  - How many times during the day?
  - Do you also breastfeed during the night?

- **Does the child take any other food or fluids?**
  - What food or fluids?
  - How many times per day?
  - What do you use to feed the child?
- **If MODERATE ACUTE MALNUTRITION or if a child with CONFIRMED HIV INFECTION fails to gain weight or loses weight between monthly measurements, ASK:**
  - How large are servings?
  - Does the child receive his own serving?
  - Who feeds the child and how?
  - What foods are available in the home?
- **During this illness, has the child's feeding changed?**
  - If yes, how?

In addition, for HIV EXPOSED child:

- **If mother and child are on ARV treatment or prophylaxis and child breastfeeding, ASK:**
  - **Do you take ARV drugs? Do you take all doses, miss doses, do not take medication?**
  - **Does the child take ARV drugs (If the policy is to take ARV prophylaxis until 1 week after breastfeeding has stopped)? Does he or she take all doses, missed doses, does not take medication?**
- **If child not breastfeeding, ASK:**
  - **What milk are you giving?**
  - **How many times during the day and night?**
  - **How much is given at each feed?**
  - **How are you preparing the milk?**
    - **Let the mother demonstrate or explain how a feed is prepared, and how it is given to the infant.**
  - **Are you giving any breast milk at all?**
  - **Are you able to get new supplies of milk before you run out?**
  - **How is the milk being given? Cup or bottle?**
  - **How are you cleaning the feeding utensils?**

“Compare the mother’s answers to the feeding recommendations for the child’s age.”

Feeding Recommendations

Feeding recommendations FOR ALL CHILDREN during sickness and health, and including HIV EXPOSED children on ARV prophylaxis

Newborn, birth up to 1 week	1 week up to 6 months	6 up to 9 months	9 up to 12 months	12 months up to 2 years	2 years and older
					
▪ Immediately after birth, put your baby in skin to skin contact with you. ▪ Allow your baby to take the breast within the first hour. Give your baby colostrum, the first yellowish, thick milk. It protects the baby from many Illnesses. ▪ Breastfeed day and night, as often as your baby wants, at least 8 times In 24 hours. Frequent feeding produces more milk. ▪ If your baby is small (low birth weight), feed at least every 2 to 3 hours. Wake the baby for feeding after 3 hours, if baby does not wake self. ▪ DO NOT give other foods or fluids. Breast milk is all your baby needs. This is especially important for infants of HIV-positive mothers. Mixed feeding increases the risk of HIV mother-to-child transmission when compared to exclusive breastfeeding.	▪ Breastfeed as often as your child wants. Look for signs of hunger, such as beginning to fuss, sucking fingers, or moving lips. ▪ Breastfeed day and night whenever your baby wants, at least 8 times in 24 hours. Frequent feeding produces more milk. ▪ Do not give other foods or fluids. Breast milk is all your baby needs.	▪ Breastfeed as often as your child wants. ▪ Also give thick porridge or well-mashed foods, including animal-source foods and vitamin A-rich fruits and vegetables. ▪ Start by giving 2 to 3 tablespoons of food. Gradually increase to 1/2 cups (1 cup = 250 ml). ▪ Give 2 to 3 meals each day. ▪ Offer 1 or 2 snacks each day between meals when the child seems hungry.	▪ Breastfeed as often as your child wants. ▪ Also give a variety of mashed or finely chopped family food, including animal-source foods and vitamin A-rich fruits and vegetables. ▪ Give 1/2 cup at each meal(1 cup = 250 ml). ▪ Give 3 to 4 meals each day. ▪ Offer 1 or 2 snacks between meals. The child will eat if hungry. ▪ For snacks, give small chewable items that the child can hold. Let your child try to eat the snack, but provide help if needed.	▪ Breastfeed as often as your child wants. ▪ Also give a variety of mashed or finely chopped family food, including animal-source foods and vitamin A-rich fruits and vegetables. ▪ Give 3/4 cup at each meal (1 cup = 250 ml). ▪ Give 3 to 4 meals each day. ▪ Offer 1 to 2 snacks between meals. ▪ Continue to feed your child slowly, patiently. Encourage —but do not force— your child to eat.	▪ Give a variety of family foods to your child, including animal-source foods and vitamin A-rich fruits and vegetables. ▪ Give at least 1 full cup (250 ml) at each meal. ▪ Give 3 to 4 meals each day. ▪ Offer 1 or 2 snacks between meals. ▪ If your child refuses a new food, offer "tastes" several times. Show that you like the food. Be patient. ▪ Talk with your child during a meal, and keep eye contact.

A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.

COUNSEL THE MOTHER

TEACH CORRECT POSITIONING AND ATTACHMENT FOR BREASTFEEDING

- Show the mother how to hold her infant.
  - with the infant's head and body in line.
  - with the infant approaching breast with nose opposite to the nipple.
  - with the infant held close to the mother's body.
  - with the infant's whole body supported, not just neck and shoulders.
- Show her how to help the infant to attach. She should:
  - touch her infant's lips with her nipple
  - wait until her infant's mouth is opening wide
  - move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple.
- Look for signs of good attachment and effective suckling. If the attachment or suckling is not good, try again.

TEACH THE MOTHER HOW TO EXPRESS BREAST MILK

Ask the mother to:

- Wash her hands thoroughly.
- Make herself comfortable.
- Hold a wide necked container under her nipple and areola.
- Place her thumb on top of the breast and the first finger on the under side of the breast so they are opposite each other (at least 4 cm from the tip of the nipple).
- Compress and release the breast tissue between her finger and thumb a few times.
- If the milk does not appear she should re-position her thumb and finger closer to the nipple and compress and release the breast as before.
- Compress and release all the way around the breast, keeping her fingers the same distance from the nipple. Be careful not to squeeze the nipple or to rub the skin or move her thumb or finger on the skin.
- Express one breast until the milk just drips, then express the other breast until the milk just drips.
- Alternate between breasts 5 or 6 times, for at least 20 to 30 minutes.
- Stop expressing when the milk no longer flows but drips from the start.

TEACH THE MOTHER HOW TO FEED BY A CUP

- Put a cloth on the infant's front to protect his clothes as some milk can spill.
- Hold the infant semi-upright on the lap.
- Put a measured amount of milk in the cup.
- Hold the cup so that it rests lightly on the infant's lower lip.
- Tip the cup so that the milk just reaches the infant's lips.
- Allow the infant to take the milk himself. DO NOT pour the milk into the infant's mouth.

TEACH THE MOTHER HOW TO KEEP THE LOW WEIGHT INFANT WARM AT HOME

- Keep the young infant in the same bed with the mother.
- Keep the room warm (at least 25°C) with home heating device and make sure that there is no draught of cold air.
- Avoid bathing the low weight infant. When washing or bathing, do it in a very warm room with warm water, dry immediately and thoroughly after bathing and clothe the young infant immediately.
- Change clothes (e.g. nappies) whenever they are wet.
- Provide skin to skin contact as much as possible, day and night. For skin to skin contact:
  - Dress the infant in a warm shirt open at the front, a nappy, hat and socks.
  - Place the infant in skin to skin contact on the mother's chest between her breasts. Keep the infat's head turned to one side.
  - Cover the infant with mother's clothes (and an additional warm blanket in cold weather).
- When not in skin to skin contact, keep the young infant clothed or covered as much as possible at all times. Dress the young infant with extra clothing including hat and socks, loosely wrap the young infant in a soft dry cloth and cover with a blanket.
- Check frequently if the hands and feet are warm. If cold, re-warm the baby using skin to skin contact.
- Breastfeed the infant frequently (or give expressed breast milk by cup).

Assessing and Treating Feeding Problems

Additional formative research and innovation may be required to better understand providers' challenges and what support is needed to overcome them.

Barriers to Adequate Nutritional Care

- Premise: the lack of adequate care is in part due to continued fragmentation of policies and guidance
- Findings: Policies and guidelines are important and are available with few exceptions (MAM)
- **"Policy is good, translating into action is difficult"**
- The main barriers concern:
  - Implementation quality and coverage
  - Health system constraints
  - Perceptions of nutrition and its relationship to health
  - The complexity of nutrition across sectors
  - Working in silos

Coverage and Quality

- Much documentation showing that IMCI and iCCM are rarely implemented at scale
- Coverage of OTP services unknown
- Little available data on counseling quality
- Quality is seldom measured, and when it is the results are not overwhelmingly positive

Health System Constraints

- Human resources
  - Insufficient quantity and types
  - Capacity of CHWs (overloaded)
- Inadequate facilities
- Indicators in HMIS for nutrition programming
- Inconsistent supply of commodities

Perceptions of Nutrition

- Nutrition may not be perceived as a health issue, by health workers nor by families
- Nutrition is attributed a lower value than "medical" (curative) interventions ("nutrition gets lost in IMCI")
- Counseling often does not happen
- Cultural norms make families seek care from traditional healers for nutrition issues

Nutrition is Multisectoral

- Nutrition goes beyond diet
- Linked to biology, food security, food safety, agriculture, trade, finance, WASH, education, culture…..
- Collective solutions are required but difficult
- Examples from several countries (guidance by SUN movement)

We Function in Silos

- All levels are concerned, most particularly UN agencies and global partners
- "Nutrition" and "health" are not separate in richer countries; why so in development settings?
- Potentially opposing perspectives of nutrition and health communities; is it useful to separate nutrition?
- Organizational complications include funding streams, responsibilities, the need to get things done, survival of the organization

Conclusions (1)

- **Relevant policies and guidelines are in place globally and in countries for IYCF and for the nutritional care of the newborn and child**. Most nutrition guidance for the encounter between the sick child and a health provider is found in IMCI and iCCM.

- **Further research is required on** assessing and treating MAM, treating SAM and MAM in children under 6 months of age, treating the malnourished newborn and identifying children at risk of malnutrition in order to catch them earlier.

- **Technical issues needing more attention** include simplifying anthropometry, assessing and treating feeding problems and advice related to feeding and fluids during and after illness

- **There are concerns about the degree to which nutrition can be adequately integrated in the sick child encounter.** Issues concerned the management of acute malnutrition as well as the implementation of effective assessment and counseling.

Conclusions (2)

- **The most pervasive reason identified by KIs for adequate nutritional attention during the sick child encounter is low quality and coverage of appropriate interventions.** This is largely due to health system constraints including insufficient human resources, inadequate health facilities / services, need for stronger indicators in the HMIS, and consistent availability of commodities.

- **Specific barriers to implementation, vary country by county as do the most appropriate actions to address them.** Defining actions and developing clear plans will require in-depth country work involving all stakeholders to find appropriate solutions.

- **The conceptual distinction between "nutrition" and "health", that plays out in funding streams, organizational structures and implementation, is perceived by KIs as unhelpful**.

For more information, please visit
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Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop

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