

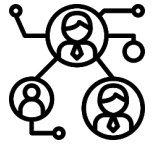


Sick Child Feeding and Care Practices

Sharing findings from an MCGL report in 16 African countries

10 November, 2021

Child Health Task Force Today



2000+ members

from



80+ countries



300+ organizations



Working together in **10** subgroups

Coordination



Advocacy

Support
Countries



Learning

Knowledge
Management



Focused on **5** themes of work



Read the strategy on the website:

<https://bit.ly/chtfststrategy>

Today's Topic & Speaker

Sick Child Feeding and Care Practices

*Sharing findings from an MCGL report in
16 African countries*



Hosted by the
Nutrition and Child Health subgroup



Dr. Habtamu Fekadu Lashtew
Senior Director and Nutrition Team Lead &
Nutrition Technical Lead
Save the Children, MCGL

Sick Child Feeding and Care Practices

Findings from 16 African Countries

November 10, 2021

Dr Habtamu Fekadu, MOMENTUM Country and Global Leadership

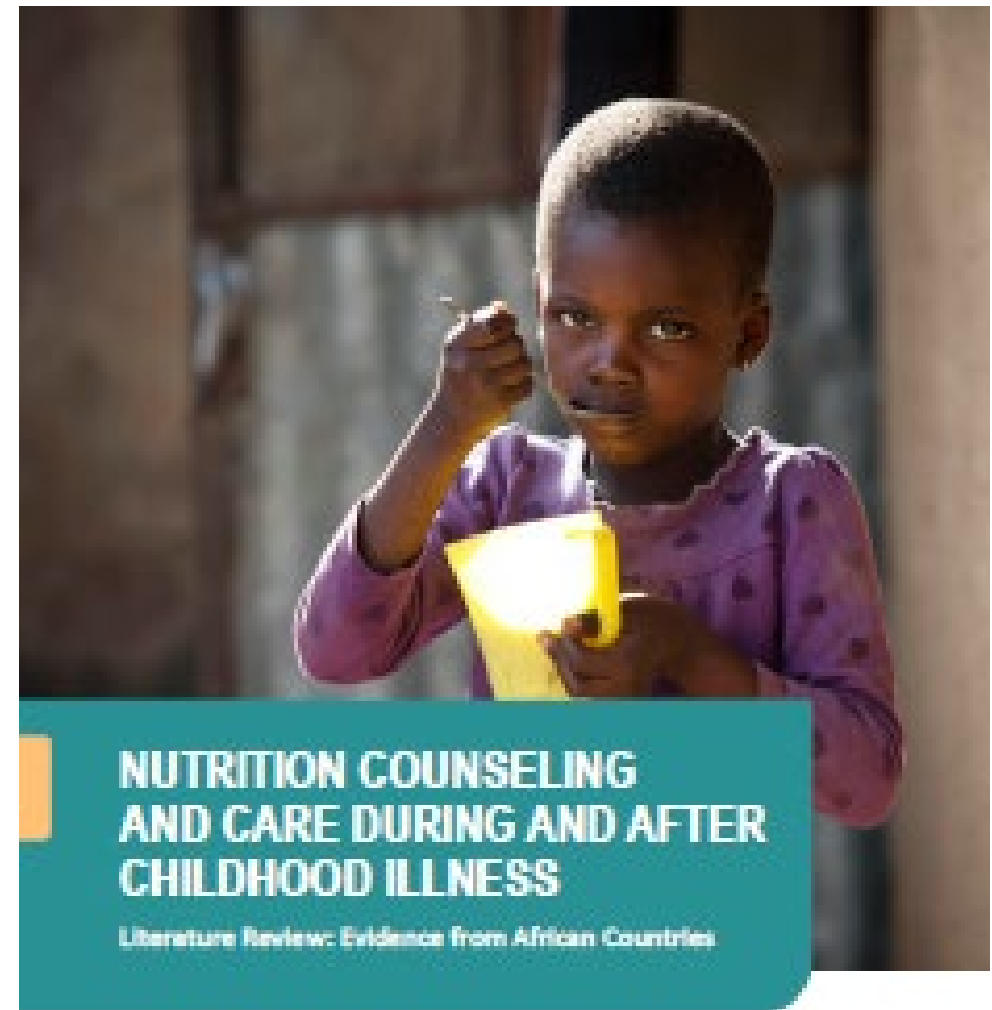


USAID
FROM THE AMERICAN PEOPLE



Presentation Outline

- Purpose of the Literature Review
- Research Questions
- Methodological Approach
- Key Findings
- Recommendations



MOMENTUM Country and Global Leadership



Purpose of the Review

- To provide synthesized information on nutrition counseling and care during and after childhood illness in Africa
- Specifically:
 - Documented trends for child feeding and care practices during and after childhood illness over the last 15 years (2005–2020) in 16 African countries;
 - Investigated caregivers' practices and health providers' support for nutrition counseling during and after childhood illness;
 - To help countries improve the integration and quality of nutrition counseling for sick children within Integrated Community Case Management (iCCM) / Integrated Management of Childhood Illness (IMCI), or child health care services.

Research Questions

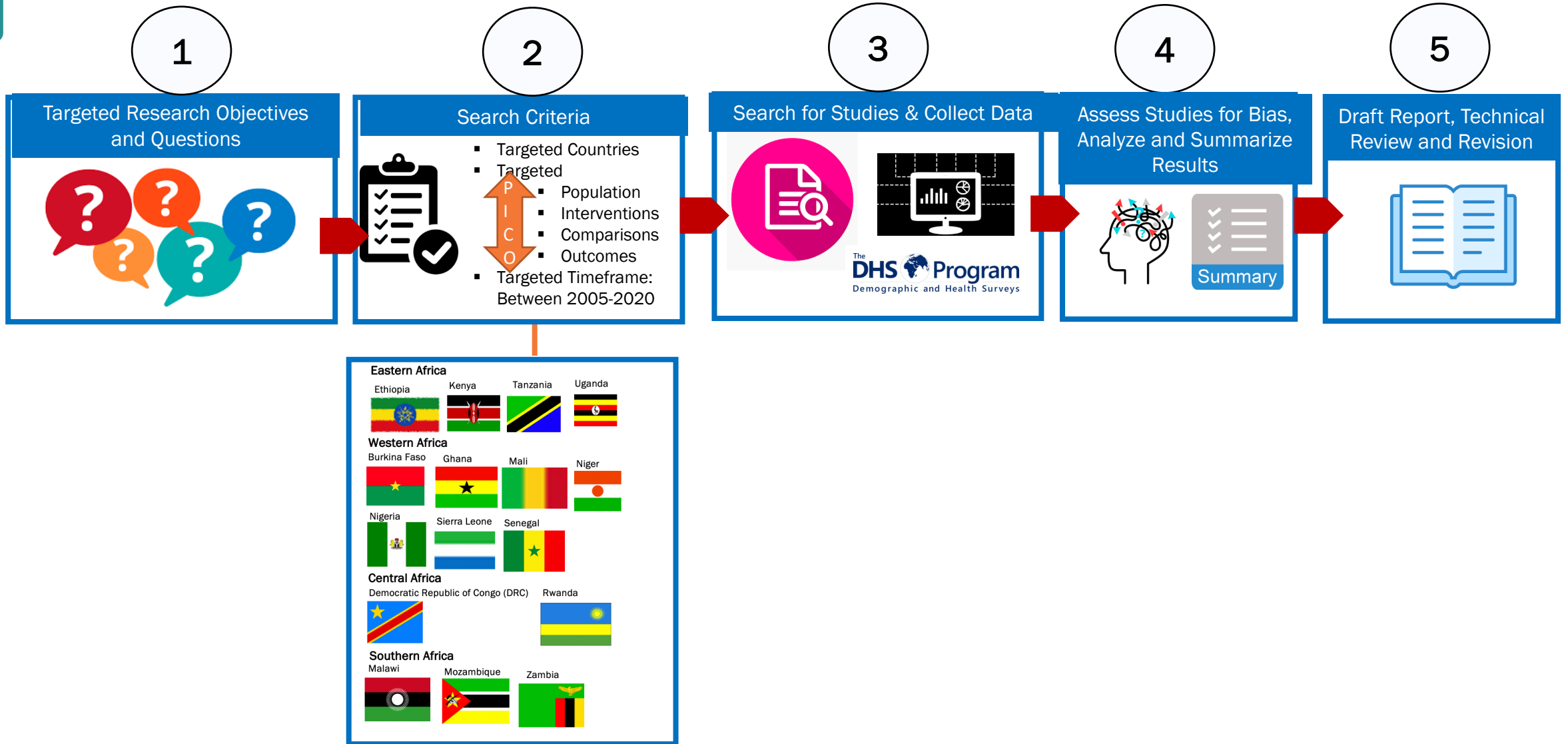
1. Trends in Feeding and Care Practices During and after Childhood Illness, over the last 15 years in Africa

1.1	What are the changes in proportion of children who received treatment or counseling services?
1.2	What are the changes in breastfeeding and complementary feeding practices including during and after common childhood illness?
1.3	What are the changes on the impacts of health providers provision of IYCF counseling and support on the change in practicing feeding during and after illness?

2. Caregivers' Practices and Health Care Providers' Support

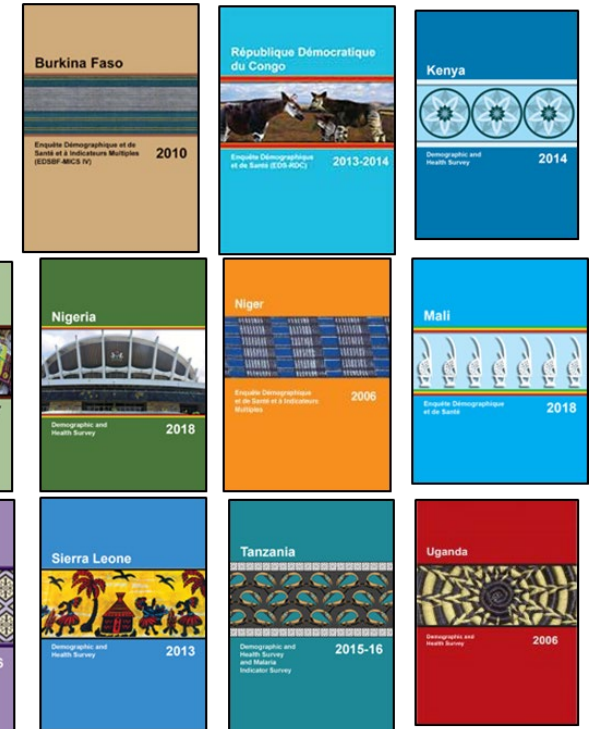
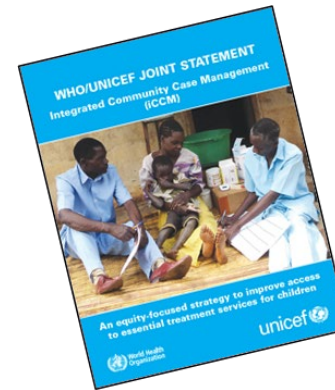
2.1	What are the proportion of caregivers counseled on how to <u>feed during and after illness</u> ?
2.2	What are the caregivers' uptake of recommended IYCF practices/behaviors, especially feeding and increased fluid intake?
2.3	From the caregivers' perspective, what are the enablers for practicing and barriers for not practicing optimal breastfeeding <u>during and after illness</u> ?
2.4	From the caregivers' perspective, what are the enablers for practicing and barriers for not practicing optimal complementary feeding <u>during and after illness</u> ?
2.5	From the caregivers' perspective, what are the enablers for increasing fluid intake and barriers for not providing more fluids during and after illness?
2.6	Who are community influencers of IYCF practices for sick children? How do they influence positively or negatively optimal feeding practices?
2.7	Do health providers and community workers provide quality counseling and support on feeding of sick children? If not, what are the reasons from providers' perspective for not providing quality IYCF counseling during and after illnesses? What are the barriers and enablers of provider counseling and feeding during and after illness?

Methodological Approach



Methodology

- To define inclusion and define key variables, we prepared the targeted **P**opulations, **I**nterventions, anticipated **C**omparison groups, and **O**utcomes of interest (PICO).
- Quantitative and qualitative research studies including: peer-reviewed journal articles, systematic reviews and meta-analysis, cross-sectional studies, case studies, evaluations, and grey literature (study protocols for uncompleted studies).
- 47 studies fulfilled inclusion criteria and were included.
- For the trend analysis, data was analyzed from population-based surveys - mainly DHS and MICS - of the 16 targeted countries.



Data Sources for the Literature Review



Data Source	Web Page
African Index Medicus (AIM)	https://indexmedicus.afro.who.int/
African Journal of Food, Agriculture, Nutrition and Development (ajfand)	http://ajfand.net/#gsc.tab=0
Alive and Thrive	https://www.aliveandthrive.org/
BiblioMap - EPPI-Centre database of health promotion research	eppi.ioe.ac.uk/webdatabases/Intro.aspx?ID=7
Community Health Worker (CHW) Central: A global resource for and about Community Health Workers	https://chwcentral.org/resources-search/?wpv_post_search=nutrition&wpv_aux_current_post_id=3162&wpv_view_count=3161-TCPID3162
clinicaltrials.gov	https://clinicaltrials.gov/
Cochrane Reviews	https://www.cochranelibrary.com
Database of Promoting Health Effectiveness Reviews (DoPHER)	http://eppi.ioe.ac.uk/webdatabases4/Intro.aspx?II=9
Demographic Health Surveys (DHS)	https://dhsprogram.com/data/DHS-Survey-Indicators-Maternal-and-Child-Health.cfm
The Emergency Nutrition Network (ENN)	https://www.ennonline.net/
Google Scholar	https://scholar.google.com/
Ministry of Health websites in respective countries	
PROSPERO-National Institute for Health Research	https://www.crd.york.ac.uk/prospero/
International prospective register of systematic reviews	
PubMed including Medline	https://pubmed.ncbi.nlm.nih.gov/ . & https://www.nlm.nih.gov/bsd/pmresources.html
Scaling up Nutrition	https://scalingupnutrition.org/
United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Surveys (MICS)	https://mics.unicef.org/
USAID Experience Development Clearinghouse	https://dec.usaid.gov/dec/home/Default.aspx
USAID/ Food and Nutrition Technical Assistance III Project (FANTA)	https://www.fantaproject.org/
USAID Advancing Nutrition	https://www.advancingnutrition.org/
USAID/ Maternal and Child Survival Program (MCSP)	https://www.mcsprogram.org/
World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP)	https://www.who.int/clinical-trials-registry-platform

Limitations

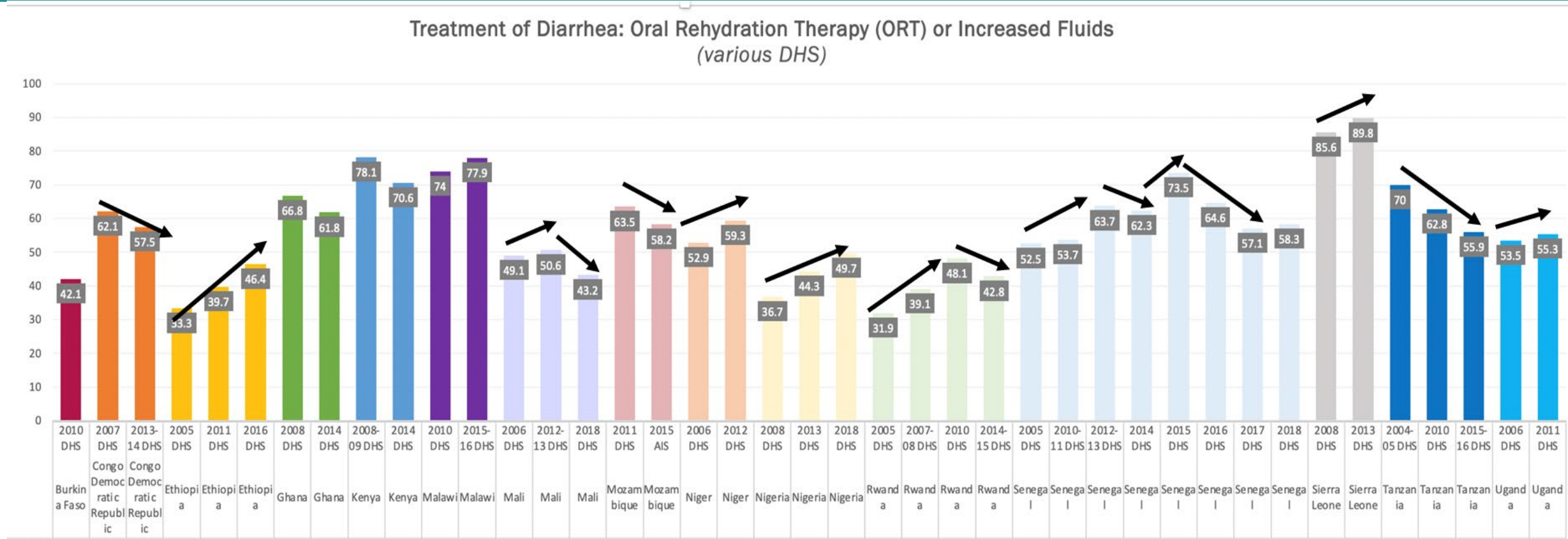
- Trend analysis limited to indicators available within population-based surveys - DHS and MICS:
 - Currently report only on feeding practices during diarrhea: increased amount of fluids and increased amount of foods;
 - Do not report on feeding practices during other childhood illnesses e.g. fever, acute respiratory infections (ARIs);
 - No specific data on nutrition counseling.
- No data / studies assess how health providers conducting IYCF counseling and support impacts feeding practices during and after illness.

Key Findings

Research Question 1: Trends in feeding and care practices during and after childhood illness, over the last 15 years in Africa

Trends in percentage of children with symptoms of diarrhea treated with oral rehydration therapy (ORT)/ increased fluid

Nine countries showed increased trend: Ethiopia, Malawi, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Uganda, and Zambia
Six countries showed decreased trend: DRC, Ghana, Kenya, Mali, Mozambique, and Tanzania.

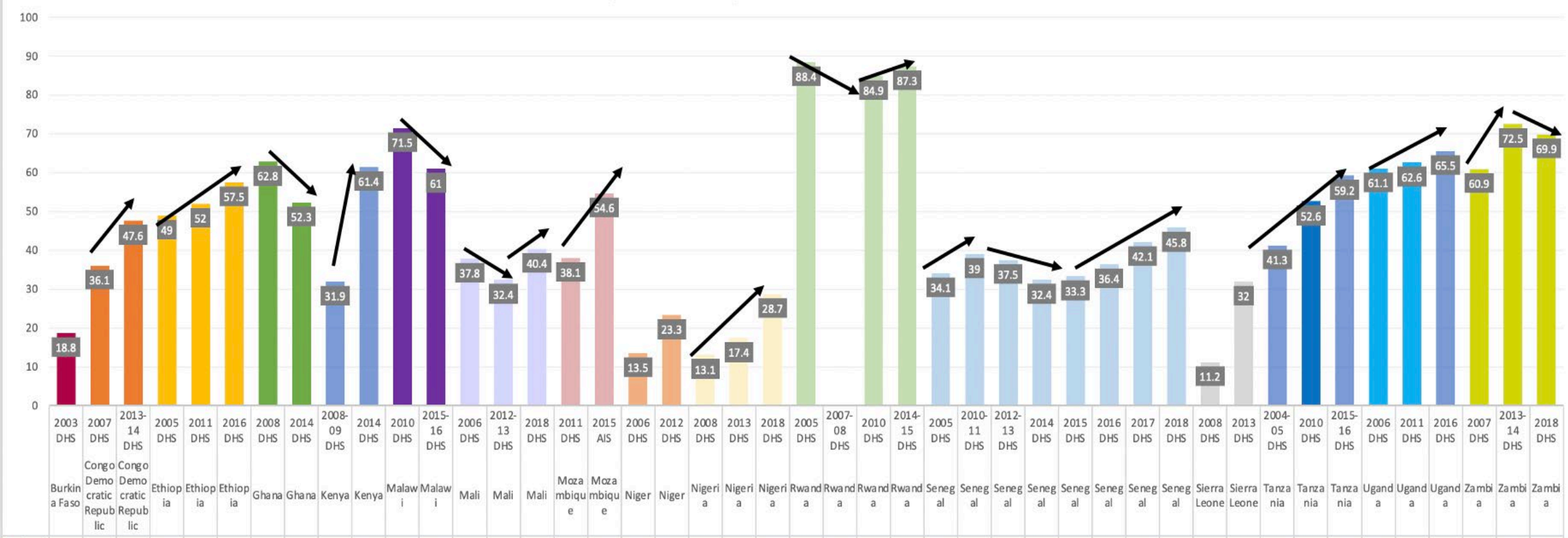


Trends in feeding and care practices during and after childhood illness

Trends in breastfeeding practices including during and after common childhood illness

DRC, Ethiopia, Ghana, Kenya, Malawi, and Sierra Leone showed increasing trends in the percentage of children exclusively breastfed. Mali, Niger, Rwanda, Tanzania, Uganda, and Zambia showed decreasing trends.

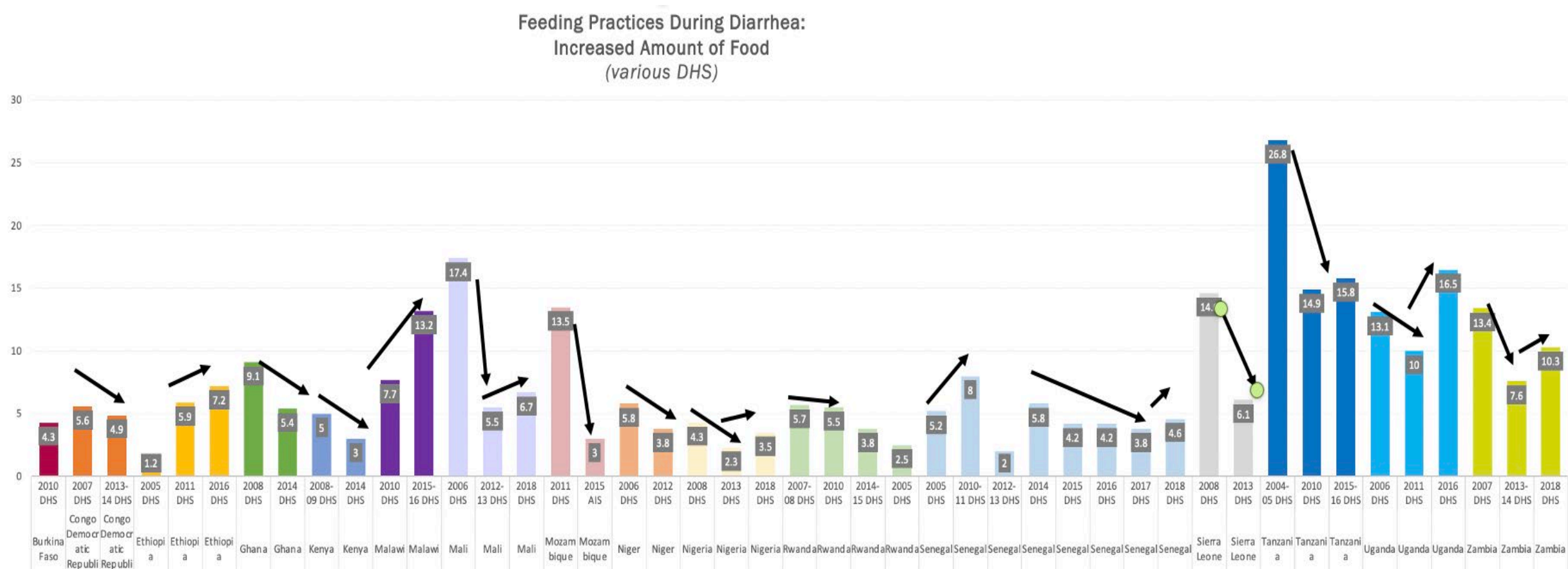
Children Exclusively Breastfed (0-5 months of age)
(various DHS)



Trends in feeding and care practices during and after childhood illness

Trends in feeding practices during illness: the proportion of children with diarrhea who were offered an increased amount food

In almost all countries, less than 20% of the children were offered increased amount of foods. Few countries— Ethiopia, Senegal, Malawi, and Mali—showed an increasing trend. The majority of the countries had a decreasing trend.



Trends in feeding and care practices during and after childhood illness

Trends in the percentage of children by amount of foods given during an episode of diarrhea

With the exception of Rwanda and Malawi (that have a small increase), no countries are on track with increasing trends in the percentage of children fed more than usual.

In almost all countries, more than 60-70% of children are fed **less than usual** or decreased food —which is concerning

Country and Amount of Foods Offered to Children					Years				
ETHIOPIA					2000	2005	2011	2016	
More than usual					9.3	11.4	6.7	7.4	More than usual
Same as usual					10.9	13.6	29.9	17.6	Same as usual
Less than usual					64.4	55.6	41.1	60.1	Less than usual
Stopped food or Never gave food					18.5	31.3	22.8	14.8	Stopped food or Never gave food
GHANA					2003	2008	2014		
More than usual						6.8	8	4.1	More than usual
Same as usual						26.7	28.5	36.9	Same as usual
Less than usual						55.2	48.1	48.4	Less than usual
Stopped food or Never gave food						6.4	6.4	6.2	Stopped food or Never gave food
MALAWI					2000	2004	2010	2015	
More than usual					4.5	5.7	10.9	6.2	More than usual
Same as usual					33.2	30	28.8	32.3	Same as usual
Less than usual					31	35.1	45.4	42.8	Less than usual
Stopped food or Never gave food					7.5	11.9	13.6	10.2	Stopped food or Never gave food
MALI					2001	2006	2012	2018	
More than usual					13	5.2	3.3	3.4	More than usual
Same as usual					27.5	31.2	28.8	34.6	Same as usual
Less than usual					41.1	42.5	58.5	48.8	Less than usual
Stopped food or Never gave food					6.6	4.4	5.7	8.7	Stopped food or Never gave food
					RWANDA				
					2000	2005	2010	2014	
More than usual					12.9	1.6	5.6	8.3	More than usual
Same as usual					44.7	36.2	23.3	19.7	Same as usual
Less than usual					22.5	40	61.4	63.3	Less than usual
Stopped food or Never gave food					21.7	24.6	11.4	11.1	Stopped food or Never gave food
					SENEGAL				
					n/a	2005	2010	2018	
More than usual						3.5	4.4	3.3	More than usual
Same as usual						48.8	39.5	40.2	Same as usual
Less than usual						33.4	40.4	43.6	Less than usual
Stopped food or Never gave food						12.7	9	8.4	Stopped food or Never gave food
					SIERRA LEONE				
					n/a	2008	2013	2019	
More than usual						5.3	5	2	More than usual
Same as usual						24.9	25.4	22.4	Same as usual
Less than usual						49.3	60.6	63.3	Less than usual
Stopped food or Never gave food						4.5	3.4	4.5	Stopped food or Never gave food
					UGANDA				
					2000	2006	2011	2016	
More than usual					10.9	4.5	5.8	5.6	More than usual
Same as usual					29.2	44.7	33.8	36.15	Same as usual
Less than usual					39.6	33.4	43.8	43.8	Less than usual
Stopped food or Never gave food					24.3	17.2	0	12.5	Stopped food or Never gave food

Trends in feeding and care practices during and after childhood illness

Feeding practices during diarrhea: increased amount of food by age group in focus countries

The percentage of children with diarrhea who were provided the recommended increased amount of food is low (<10%) among all age groups (<6 months, 6–11, 12–23, 24–35, 36–47 and 48–59 months old) in most countries.

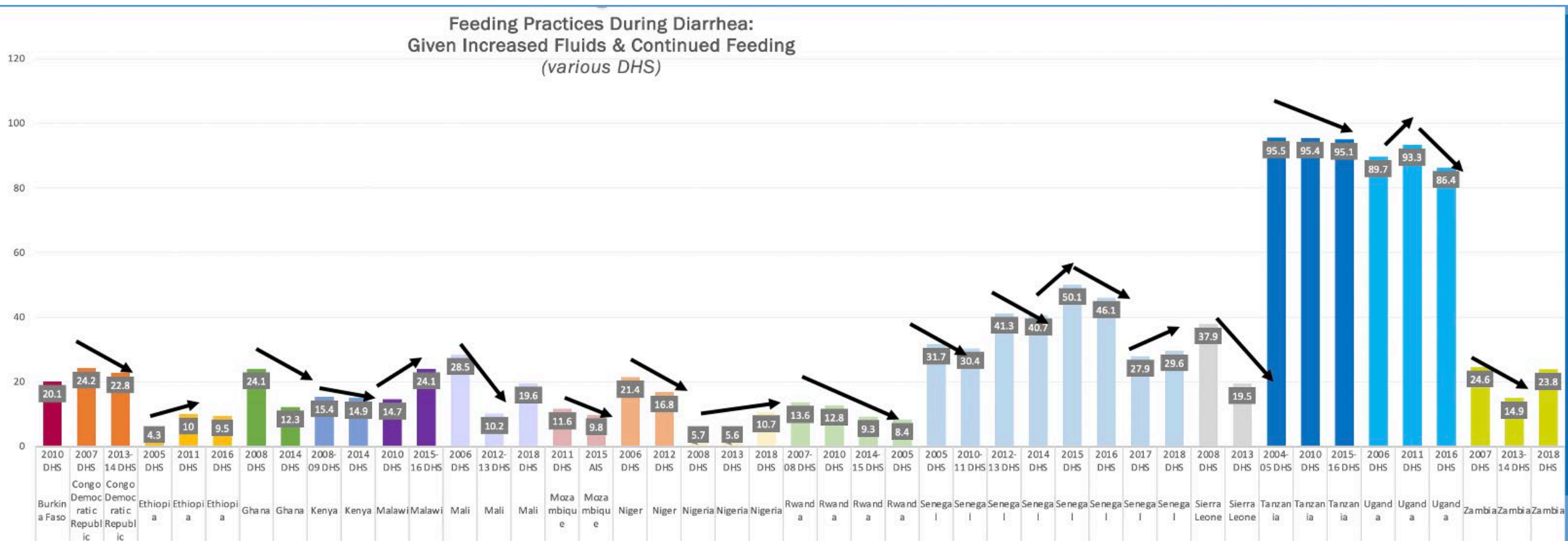
Trends in feeding and care practices during and after childhood illness

Trends in % of children given increased fluids and continued feeding during episode of diarrhea

The overall percentage is low in most countries except in Tanzania, Uganda and Senegal.

The trend results varied across countries: five countries (DRC, Ghana, Kenya, Mozambique, and Rwanda) had decreasing trends and ten countries had increasing trends (Ethiopia, Malawi, Nigeria, Niger, Sierra Leone, Uganda, and Zambia).

Four countries had inconsistent trends (Mali, Uganda, Senegal, and Zambia).



Trends in feeding and care practices during and after childhood illness

Trends in breastfeeding and complementary feeding practices including during and after common childhood illness

- No publications or program review documents looked at trends in feeding practices during and after illness, except studies from Botswana, Ethiopia and Nigeria, that assessed feeding practices over a short period of time.
 - Botswana:
 - 86% of caregivers gave less food than usual.
 - Ethiopia:
 - 45–54% of mothers fed their sick child more frequently during illness,
 - 27% of sick children had minimum dietary diversity score,
 - 84% of breastfed children were fed with age-appropriate meal frequency.
 - Nigeria:
 - 61% of caregivers do not stop breastfeeding when their child has diarrhea,
 - 62.4% gave sugar and salt solution.

Research Question 2: Caregiver Practices and Health Care Provider Support

Caregivers counseled on how to feed during and after illness.

- Ten studies were relevant to this sub-question, specifically counseling during illness.
- There is limited evidence regarding caregiver counseling on feeding after illness.
- **Low coverage of counseling:**
 - Service Provision Assessment (SPA) data for seven countries in Sub-Saharan Africa showed only 10% of caregivers reported counseling on feeding for the child

Larson, Elysia, Leslie, et al 2017. <https://doi.org/10.1136/bmjopen-2016-014888>

- In Tanzania IMCI counseling was generally poor, especially for feeding recommendations and follow-up care.
- **Health worker knowledge, skill and counseling is key to improving feeding practices:**
 - Systematic review and IMCI meta-analysis looked at key nutrition counseling outcomes:
 - Health workers trained in IMCI were more likely to provide correct counselling on basic nutrition.
 - Nearly all studies found positive associations between IMCI training and nutrition counseling.

Nguyen, Duyen Thi Kim et al. 2013.. <https://doi.org/10.1371/journal.pone.0066030>.

Caregiver Practices and Health Care Provider Support (cont.)

Caregivers' uptake of recommended IYCF practices/behaviors, especially feeding and increased fluid intake.

- There is limited evidence regarding caregivers' practices on feeding after illness.
- Though caregivers practice the recommended feeding behaviors during illness, in most cases it is still sub-optimal.
- Caregivers feed their sick child more frequently:
 - In **Ethiopia**, 45% of mothers provide their children with more frequent feedings at the time of illness.
 - In **Nigeria**, 60% do not stop breastfeeding when their child has diarrhea.
- Practices were sub-optimal in most countries:
 - In **Botswana**, 86% of caregivers gave less food than usual during an episode of diarrhea.
 - In **Ethiopia**, 46% fed their children sub-optimally and 33% fed their children less than usual.
 - In **DRC**, only 40% of mothers fed more breast milk; 46% reported not giving semi-solid and solid foods during illness, and only 4–6% reported increasing the amount of these foods' during recovery.

Caregiver Practices and Health Care Provider Support (cont.)

Caregivers' Perspective: Barriers and Enablers for Practicing Optimal IYCF behaviors During and After Illness

Barriers

- **Caregivers' limited knowledge or misconceptions:** Restriction or withdrawal of breastfeeding or complementary foods during illness was common
- **Difficult to feed a sick child:** Mothers fed children less during illness because they refuse to eat and it is difficult to force a sick child to eat.
- **Poor quality and little attention to IYCF counseling:**
 - Limited attention to breastfeeding counseling during sick child consultations, leading to poor uptake of breastfeeding during illness
 - In some cases healthcare providers advised restricting food or reducing breastfeeding
 - Health providers give feeding messages without explaining the reasons to caregivers
- **Failure to attend follow-up visits**

Enablers

- **Access to trained health providers and facilities with IMCI services:**
 - Health provider counseling complemented community-based peer counseling and home visits.
- **Individual, personalized counseling:**
 - Counseling that considers maternal/family beliefs, cultural considerations and individual personalized counseling adapted to each mother-child pair during sick child consultations.
 - Responses to mothers' questions and concerns about child feeding; intensity and exposure of counseling sessions

Recommendations/Next Steps

- Strengthen skills and workload of health providers
- Caregivers need individualized counseling and support
- Community IYCF SBC strategies and materials address community, family, and social barriers to feeding of sick child
- Advocate for better data to track feeding of sick child:
 - DHS (DHS-8 and DHS-SPA) to introduce nutrition counseling and coverage indicators for infants and sick children; WHO and UNICEF to modify the core set of IYCF counseling indicators to measure counseling at health facility and community levels during ANC, postnatal care, and child health services.

Recommendations/Next Steps

- Need for additional research:
 - Evidence on feeding practices during childhood illnesses other than diarrhea—for example, malaria, ARIs, and other fever—were not available.
 - Very limited formative or observational research from Africa that looked at barriers and enablers of feeding and counseling after illness or during recovery.
 - There was limited research on influencers such as fathers, husbands, grandmothers, in-laws, and neighbors on children's feeding during sickness.

THANK YOU

This presentation is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) under the terms of the Cooperative Agreement #7200AA20CA00002, led by Jhpiego and partners. The contents are the responsibility of MOMENTUM Country and Global Leadership and do not necessarily reflect the views of USAID or the United States Government.



@USAID_MOMENTUM



@USAIDMOMENTUM



USAID MOMENTUM



Connect with the us



Engage with the **co-chairs**:

- Akriti: akriti_singh@jsi.com
- Ellyn: eyakowenko@actionagainsthunger.org

Subgroup information, recordings and presentations from previous meetings and webinars are available on the subgroup page of the Child Health Task Force website:

www.childhealthtaskforce.org/subgroups/nutrition

**The recording from this webinar will be available on this page later today*

Suggestions for improvement or additional resources are welcome. Please email **childhealthtaskforce@jsi.com**.

Join the Nutrition and Child Health subgroup here: www.childhealthtaskforce.org/subscribe



The Child Health Task Force is managed by JSI Research & Training Institute, Inc. through the USAID Advancing Nutrition project and funded by USAID and the Bill & Melinda Gates Foundation.

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.