

Bite-sized counseling responds to providers' practical constraints and motivates caregiver follow-through

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Photo credit: Jana Smith

Quality
counseling is at
the heart of
good health
services



Photo credit: Maddie Kau

Feeding children
according to
nutrition guidelines



Motivating follow-up
care when
appropriate

Assuring good
clinical outcomes

Creating positive,
empowering client
experiences

Supporting clients
to take or give
children prescribed
medications

Overcoming
mistrust and
countering myths

Photo credit: Jonathan Torgovnik/Getty Images/Images of Empowerment

Mismatches in tools, circumstances, and client readiness

Time pressure and hectic environment in health facilities

Job aids steer toward detailed, sophisticated messages



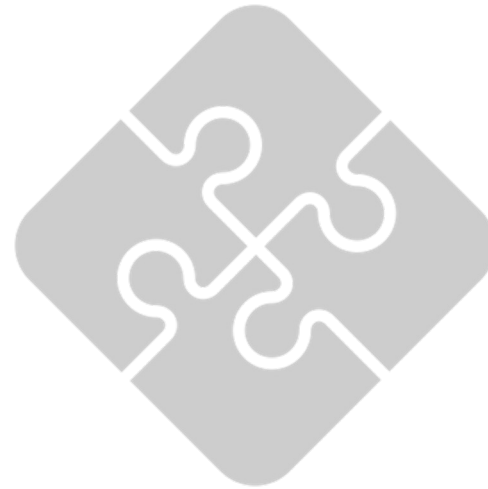
Caregivers feel overwhelmed and face challenges to put guidance into practice

Health workers doubt caregivers' ability or willingness to follow through

“Bite sized” counseling may help alleviate the tensions

Match messages to moments
when they’re likely to be
understood and stick

Distill key messages
to their essentials



Make it easy for
providers to deliver,
and for clients to apply

Focus on the
achievable

3 examples from practice

Exclusive
breastfeeding

Feeding sick
and
recovering
children

Care-seeking
for childhood
illness

Exclusive
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Photo credit: Nicole Russo

Supporting mothers to exclusively breastfeed can catalyze continual gains in health outcomes for mothers and their children



52% of infants in DRC are not exclusively breastfed for 6 months

Infants who are not exclusively breastfed during months 4-6 have 2.8 times higher mortality rate and are 2+ times more likely to get diarrhea

Walters et al. (2019). The cost of not breastfeeding: global results from a new tool. *Health policy and planning*.
From the first hour of life: Making the case for improved infant and young child feeding everywhere, UNICEF, 2016

Example 1: Exclusive Breastfeeding

Insights from formative research:

- Mothers know breastfeeding is good for babies, but don't consistently take away a message about the value of exclusive breastfeeding (EBF) from providers.
- Providers are focused on other topics during visits.
- Messages about EBF are usually framed around when to offer solid food, rather than what *not* to offer during the first 6 months.
- Mothers focus on the health benefits of breastmilk and importance of offering solid food, rather than the risks of offering anything but breastmilk too early.

Example 1: Exclusive Breastfeeding

- "Nudges" providers place in spots where they'll see them during prenatal, postnatal and vaccination visits

Attention-grabbing header reminds providers of most critical EBF message to deliver in the moment

Frames message in memorably by juxtaposing benefits of breastmilk with the dangers of food and water to infants under 6 months

ATTENTION

Pas d'eau, pas de bouillie, avant 6 mois !

Donner **que du lait maternel** avant 6 mois.

La bouillie et l'eau sont **dangereuses** pour le bébé.

VIVA!

Example 1: Exclusive Breastfeeding

- "Nudges" providers place in spots where they'll see them during prenatal, postnatal and vaccination visits

ATTENTION !



Le lait maternel est **le vaccin quotidien** pour le bébé parce qu'il contient des anticorps.



La bouillie et l'eau sont **dangereuses** pour le bébé avant 6 mois.

VIVA! 

Connects the message to vaccination, making it feel timely and relevant during vaccination visits

Exclusive
breastfeeding

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Photo credit: Pitshou Budiongo

For young children experiencing an illness, **adequate nutrition is critical for recovery and to prevent malnutrition**



In the DRC, 70% of children under age 5 receive less or no food during instances of diarrhea

Regional studies found that fewer than 1 in 10 young children were fed more than usual after illness

National Statistical Institute (Congo, DR). Multiple Indicator Cluster Survey, 2017-2018
Burns et al (2016). A qualitative analysis of barriers and facilitators to optimal breastfeeding and complementary feeding practices in South Kivu, Democratic Republic of Congo. *Food and Nutrition Bulletin*.

Example 2: Feeding Sick and Recovering Children

Insights from formative research:

- Sick child consultations offer an opportune moment for providers to counsel caregivers on feeding, but providers are focused on other topics and don't consistently bring up feeding.
- Caregivers face many constraints. Some providers hesitate to counsel on feeding when they doubt that caregivers will be able to put into practice their guidance due to limited resources.
- However, caregivers focus on specific foods they perceive to be high quality, and tend to assume there is not much value in feeding more in general. Quality of food remains important during illness and recovery, but quantity is of paramount importance.

Example 2: Feeding Sick and Recovering Children

- “Feeding prescription” elevates the importance of feeding, alongside medical treatment, in helping a child recover from illness, and focuses attention on the value of locally available foods families already eat.

Simple and achievable guidance for feeding during and after illness, next to prescribed medication

HEALTH CENTER: _____		File number
<u>Consultation Form</u>		
NAME		AGE..... SEX.....
ADDRESS		
DATE/TIME	CLINICAL EXAM	OBSERVATIONS
	Main complaints:	Weight: Height: Temp.: Pulse: Resp. Rate: Lab results :
	Physical examination:	
	Diagnosis:	
TREATMENT		
Medications:	Feeding : <u>During illness :</u> Continue to offer food (including breastmilk for babies) <u>For 2 weeks after:</u> Offer more than usual	
Name of provider: _____		

Example 2: Feeding Sick and Recovering Children

- Reminder sticker highlights a simple, empowering message, based on formative research of what people are able to do in their context.

Motivational message highlights that even small improvements are meaningful



Exclusive
breastfeeding

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illness



Photo credit: Lydia Trupe

For young children
experiencing an illness,
**timely care seeking can
save lives**



Malaria, pneumonia,
and diarrhea are
responsible for 3.6
million children's
deaths every year

Many of these deaths could be
prevented through timely care-
seeking

Hamooya et al (2016). Treatment-seeking behavior among caretakers in Chivuna and Magoye rural communities of Mazabuka District, Zambia: a longitudinal study. *BMC Public Health*.

Example 3: Care-seeking for childhood illness

Insights from formative research:

- Caregivers lack cues for when to take a child to the facility
- Going to the facility is a hassle-filled process, and it's easy to put off or be dissuaded

Example 3: Care-seeking for childhood illness

- Community health worker explains warning signs and helps caregivers make a plan for care-seeking

Clear, visual signals for when to seek care

Caregiver identifies who will seek care and how

Caregiver signs to make a commitment to follow through

Emergency Plan for 


DANGER SIGNS

 Child won't breastfeed	 Drinking poorly	 Yellow palms or soles
 Difficulty breathing	 Fast breathing	 Feels unusually cold
 Fever	 Diarrhea	 Blood in stool
 Lethargy/Unconscious	 Vomiting	 Convulsions


DANGER SIGNS


Seek care immediately from a community health worker or at a health facility

Who will take the child to the clinic:

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other
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How they will get to the clinic:

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other
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How they will pay for any expenses:



	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other
--	--------------------------	--	--------------------------	--	--------------------------	--------------------------	-------

Who will take care of the house while they are gone:

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other
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I promise to get professional care as soon as I see any of these danger signs.

Signature or Thumbprint: _____
Phone number of CHW: _____

Bite-sized counseling must be matched to narrow aims

Exclusive
breastfeeding

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and
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Bite-sized counseling can be complemented by other approaches

Exclusive breastfeeding

- EBF achievement coaching visit
- First sips and nibbles ceremony

Feeding sick and recovering children

- Peer exchange of coaxing strategies
- Home visit from a community health worker

See poster for the full solution set

Care-seeking for childhood illness

- Co-created guidelines for quality of care
- Client feedback system

Thank you!



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