A 12-day interactive small group intervention led to improved child feeding and caring behaviors, achieving weight gain in 85% of participating children in Ethiopia

Community-led Complementary Feeding and Learning Sessions (CCFLS) positively impact young children feeding practices: the experience in Ethiopia

By: Mitiku Tella, Catholic Relief Services (CRS) Ethiopia

INTRODUCTION

Many linear and young child feeding efforts stress education and counseling, which are important but often insufficient to change complex behaviors, especially among the most vulnerable.

The Positive Deviance/Health model integrates hands-on practice and local experience sharing, and builds on an already-motivated group.

CCFLS integrates the Community-led Complementary Feeding and Learning Session (CCFLS) approach to reach families with added support for behavior modification.

The approach began in Malawi and subsequently used in several other locations. It was introduced in Ethiopia in 2019 with funding from USAID Bureau for Humanitarian Assistance.

METHODS

- Target: 'At-risk' children aged 6-23 months.
  - Age 2-week, 4, 6, 8, 10, and 12 month sessions.
  - 3 consecutive plateau or decreasing weight measurements; or
  - Mid Upper Arm Circumference <12.5cm but ≥12cm
- Participating children in groups of 4-5
- 12 context-specific sessions lasting about 2 hours

Each session includes:

- Participation cooking of a promoted recipe
- Practice of handwashing and food hygiene behaviors
- Group feedback of the target child
- A focused nutrition, health, hygiene or sanitation promotion session, including discussion
- Promoted a stronger overlap with Peer exchange allowed them to discuss challenges and build community support. Weight data fostered motivation and trust.

RESULTS

Mean and Behavior Change

- 85% of participating children gained ≥2kgs during the 12-day intervention
- Increased fruit consumption
- Greater meal diversity for children and families
- Caregivers reported planning meal before leaving the child in the care of others

Participants

- 550 caregivers of children under two.
- 100% of caregivers attended 8+ sessions.
- Almost all attended targeted sessions.
- 500+ HEWs and CHNPs trained.
- 80% of caregivers attended 8+ sessions.
- 80% of caregivers attended 8+ sessions.

Patient feedback

- Peer exchange allowed them to discuss challenges and build community support.
- Weight data fostered motivation and trust.

DISCUSSION

- Hands on practice and peer support helped families adopt behaviors that improved nutrition.
- Providing child weight - an objective, visible measure built caregiver trust and sustained motivation. Mothers recalled their child's starting and ending weight easily.
- Peer-to-peer learning continued with lasting support from HEWs and CHNPs.
- The program team recommends more flexibility to deliver the 12 sessions over an extended period, to encourage community engagement and increased attendance. Such adaptations have been made in other CRS projects.

Some key promoted practices included:

- Increased fruit consumption
- Greater meal diversity for children and families
- Caregivers reported planning meal before leaving the child in the care of others

A focused nutrition, health, hygiene or sanitation promotion session, including discussion.

You can see a huge difference between my youngest and the others... My youngest is strong. After we participated in the CCFLS, we have internalized the impact that diet has on our children's lives. Now, we are eating more food groups like lentils, beet roots, carrots, eggs and milk.” — Shil Sayed, Participant

NOTES BAR

Some key promoted practices included:

- Adding vegetable and fruits in the diet has on our children's lives. Now, we are eating more food groups like lentils, beet roots, carrots, eggs and milk.

Participants

550 caregivers of children under two.

Almost all caregivers attended targeted sessions.

80% of caregivers attended targeted sessions.

Participation feedback

Peer exchange allowed them to discuss challenges and build community support.

Weight data fostered motivation and trust.

An interactive small group led to improved child feeding and caring behaviors, achieving weight gain in 85% of participating children in Ethiopia.