

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

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INTRODUCTION

- Many infant 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/Hearth model integrates hands-on practice and local experience sharing but is targeted only to already malnourished children.
- CRS innovated the Community-Led Complementary Feeding and Learning Session (CCFLS) approach to reach families with added support before malnutrition sets in.
- The approach began in Malawi and subsequently used in several other countries. It was introduced in Ethiopia in 2019 with funding from USAID’s Bureau for Humanitarian Assistance.

METHODS

- Target: ‘At risk’ children aged 6-23 months
 - Weight-for-Age Z scores of 0 to -2SD; or
 - 3 consecutive plateau or decreasing weight measurements; or
 - Mid Upper Arm Circumference <12.5cm but ≥12cm
- Caregivers organized in groups of ≤15
- 12 context-specific sessions lasting about 2 hours

Each session includes:

- Participatory cooking of a promoted recipe
- Practice of handwashing and food hygiene behaviors
- Active feeding of the target child
- A focused nutrition, health, hygiene or sanitation promotion session, including discussion

- Facilitated by trained Health Extension Workers (HEWS) and project Community Health and Nutrition Promoters (CHNPs) with remote support
- Caregivers bring locally available foods and utensils to prepare nutrient-dense meals guided by a recipe book
- Caregivers feed their children on-site to experience portion size and practice active/responsive feeding
- Child weight is measured on the first and last day
- Children who gained ≥ 250g receive 6 months of home visits; those who do not gain enough weight repeat the 12 sessions and are re-evaluated.

RESULTS

Impact and Behavior Change

- 85% of participating children gained ≥250g during the 12-day intervention
- Increased fruit consumption
- Greater meal diversity for children and families
- Caregivers report pre-planning child meals before leaving the child in the care of others

Participation

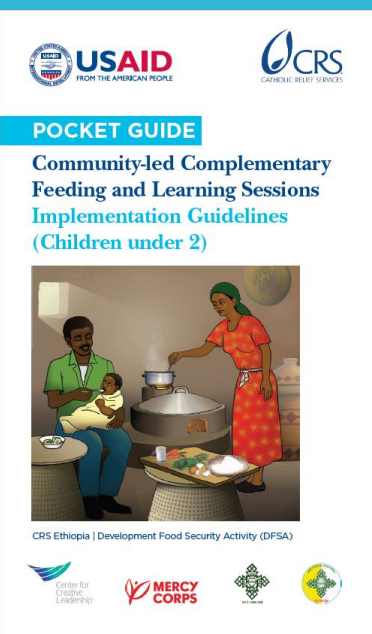
- 4,500 caregivers of children under two.
- >90% of caregivers attended 8+ sessions.
- Almost all fathers attended targeted sessions.
- 500+ HEWs and CHNPs trained.

Participant 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 caregivers’ trust and sustained motivation. Mothers recalled their child’s starting and ending weight exactly.
- Peer-to-peer learning continued with little 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.



Access the pocket guide and other resources here:



NOTES BAR

Some key promoted practices included:

- Adding vegetable and fruits in the porridges,
- The role of the fathers in child and PLWs feeding
- Rearing small animals like poultry at home
- Recipes include at least four food groups: (1) cereals, (2) pulses, (3) vegetable/fruits that are common to the area such as carrot, beat root, cabbage, tomato, and pumpkin (4) dairy products or eggs
- CCFLS sessions were also targeted to 2500 PLW via a 6-day curriculum

Benefits:

- Community engagement
- Create ownership and local responsibility
- Provide a structure for community MCHN interventions,
- Promoted a stronger overlap with livelihoods interventions
- Capitalize on seasonality issues,
- Support weak HDA & volunteer network
- Support busy HEW and cover for high turnover
- Harmonize the many separate components of IYCF
- Greater reach to remote project participants
- Appreciated by GoE MoH
- Overcame challenges of reliance on overstretched GoE staff

Linking CCFLS across purposes

- Link targeting of CCFLS with CLTSH Kebeles (WASH)
- Link with FES groups (Time Saving Technologies) in overlapping Kebeles (GYSD)
- Link with SILC groups - using income for nutritious foods/gardening inputs (MF)
- Link with LGs, DiNER fairs, Agro-dealers to support home gardens (AgLH)
- Link pregnant/lactating PSNP clients and caregivers of those that screen positive for malnutrition with TDS (PSNP)
- The center of the session was selected deliberately with the ideas of participants experience sharing in the areas of toilet utilization, perma-garden, and poultry

“ 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.” — Dita Sayedi, Participant



Children are targeted for inclusion based on weight trends or mid upper arm circumference measurement.



Caregivers participate in meal preparation with ingredients they have brought. Recipes include at least four food groups: (1) cereals, (2) pulses, (3) vegetable/fruits that are common to the area such as carrot, beat root, cabbage, tomato, and pumpkin (4) dairy products or eggs



Sessions feature handwashing stations made with locally available materials to reinforce promoted hygiene behaviors through practice.



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