

Background and Objective



- Moderate acute malnutrition (MAM) in children under-5 is treated with specially formulated supplementary foods requiring the addition of oil and/or water in specific ratios.
- While trained personnel carry out MAM screening and health monitoring at health facilities, the burden of preparing food and providing MAM treatment falls to caregivers at home.

As part of the **Food Aid Quality Review (FAQR) Project** at Tufts Friedman School of Nutrition Science and Policy, we aimed to

- Understand barriers to knowledge uptake and recipe adherence among caregivers
- Identify messages that clinic staff and community health workers could communicate when counselling on proper food preparation.

Intervention: What We Needed Caregivers to Do

Intervention: Supplemental Feeding Program (SFP) for MAM children 6 mo. – 5 y.o.

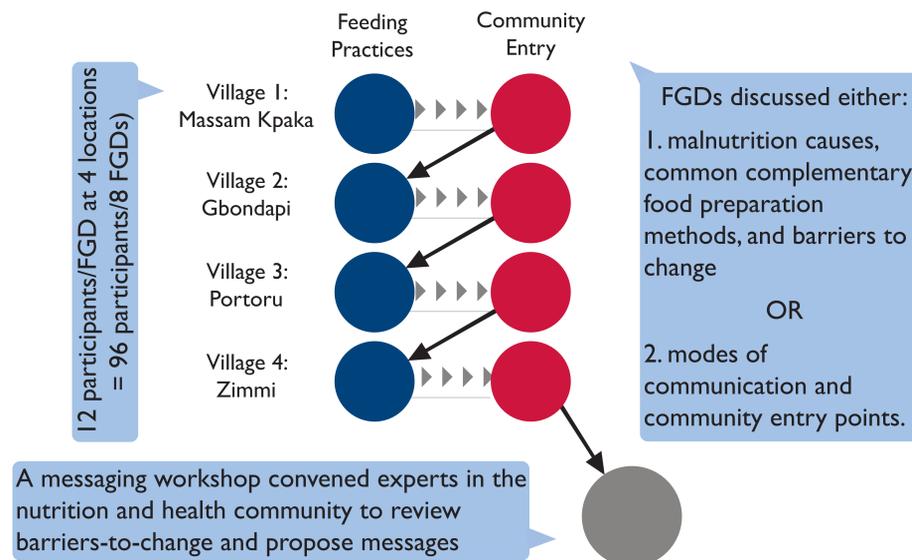
1 of 4 Supplementary Foods is provided as MAM treatment in a 2-week ration

<p>Corn Soy Blend Plus</p> 	<p>Corn Soy Whey Blend</p> 
<p>Mix 85.7g of flour with 25.7g or FVO and 350g water</p> <p>Local measures: 1 baby feeding cup of flour filled to the line with 4 bottle caps of FVO and 3 baby feeding cups of water</p>	<p>SUPER CEREAL plus With Amylase</p>  <p>Mix 135.7 g of flour with 250g water</p> <p>Local measures: 1 full baby feeding cup of flour and 2.5 baby feeding cups of water</p>
<p>RUST READY TO USE SUPPLEMENTARY FOOD FOR CHILDREN WITH MODERATE ACUTE MALNUTRITION 6 MONTHS AND UP</p>  <p>Feed 100 g of paste</p> <p>Local measures: 1 full sachet</p>	

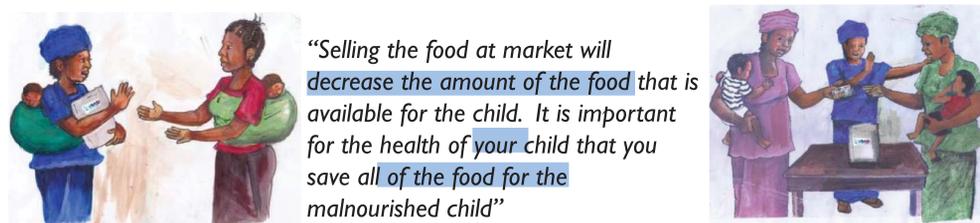
Program Setting: Sierra Leone



Focus Group Discussion Overview



Key Messages



Messages focussed on the health of the child.
Sharing = Less Food = Slow Recovery
This helped guide health workers away from explanation that could seem judgemental

Images of the caregiver receiving instruction from a nurse help link “food” with “medicine” or “treatment”

Words like “dosage” or “ration” with “recovery” or “illness” helped relate the food’s recipes to treatment and to the child’s health



“Follow the instructions given to you by the nurse, CHW and Lead Mother on how to cook the food.

Using a different dosage could slow recovery”

Barriers Between Knowledge and Practice

“In fact, maybe it will happen that the man who will eat all the oil.”

“It happens a lot, it is happening, even in the family food that we cook such things do happen with eating. Some do give all the best part of the cook to the husband”

Though caregivers had knowledge about not sharing, husbands or male household members are important in ensuring the supplementary food reaches the MAM child and caregivers are empowered to follow instructions



“Nurses should be the ones that will make the messages”

“There is a suckling mother among us that we were told that she was caught today feeding her child using her hand...but we did give her a flog”



Nurses, neighbors, and grandmothers were admittedly very powerful in shaping caregiver behavior in the community but not always in a positive way.

“Carelessness is in them [mothers]”

“Mostly, let this do not offend my mothers, but, the suckling mothers are not serious in their homes.”

“if you still do not take good care of him/her, he/she will become malnourished”



Malnutrition was universally perceived as a result of ‘carelessness’ or resulting from a lack of care and support. Even when relating malnutrition (MAM specifically) to environmental or low socioeconomic conditions, perceptions of ‘laziness’ persisted as the root cause.

Conclusions

- MAM children were not perceived as ill even among health workers;
- Food was not viewed (in any form) as a mode of treatment; and health workers often considered caregivers “lazy”;
- Perceptions influenced caregiver behavior around sharing, dosage, and recipe preparation;
- Though caregivers were recognized as the primary cooks in households, husbands, neighbors, secondary caregivers, and mothers-in-law influenced their sense of power to prepare the food as instructed by SFP staff;

Acknowledgements

This poster was made possible through support provided by the Office of Food For Peace, Bureau for Democracy, Conflict, and Humanitarian Assistance, U.S. Agency for International Development, under the terms of Contract No. AID-OAA-C-16-00020. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development..

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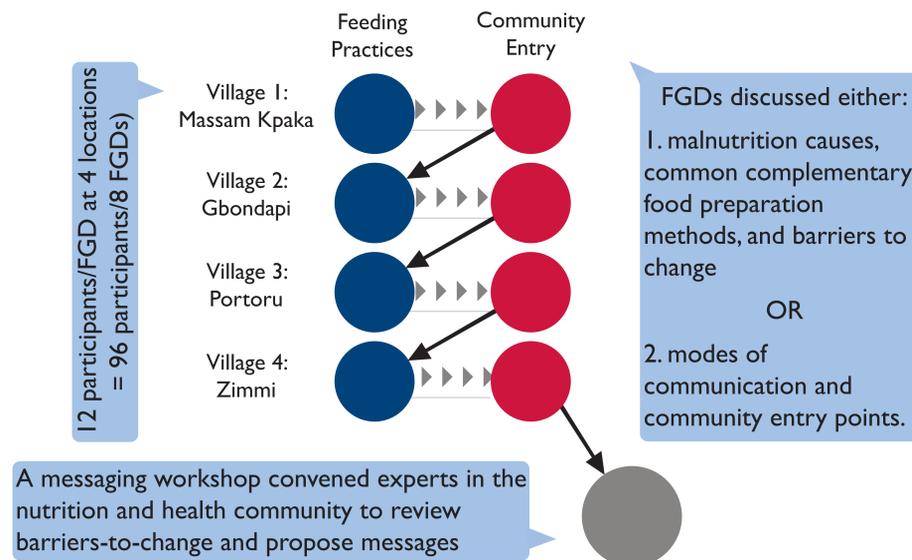
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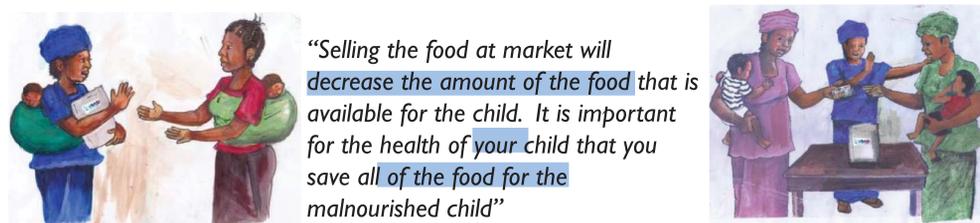
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