Community-Led Complementary Feeding and Learning Sessions

An integrated peer-to-peer support approach to prevent undernutrition

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Presentation Outline

• Description of CCFLS

• The genesis of the concept: 2008 - 2009

• Implementation: 2009 – 2010

• Implementation and learning : 2010 - 2016
What is CCFLS?

• Peer-to-peer support approach to prevent undernutrition

• Promotes:
  – Use of locally produced, nutrient rich crops
  – Dietary diversity
  – Proper food processing, preparation and preservation
  – Improved feeding and caring practices.
Focus on Prevention of Undernutrition

Goal:
To prevent undernutrition among children under two years, and pregnant and lactating women

Result 1:
Caregivers have knowledge and skills for improved infant and young child care and feeding.

Result 2:
Caregivers have knowledge and skills in food processing and preservation.

Result 3:
Young children and pregnant and lactating women consume diverse, locally produced, nutrient-rich foods.
CCFLS Target WAZ
When to use CCLFS

- Underweight prevalence of 20% or higher.
- WAZ below 0 and greater than -2SD.
- MUAC indicator (pregnant women)
- If recuperative services are available
How is CCFLS implemented?

- Identification
- Caregivers grouped
- 12 day session
  - Cooking together
  - Active and responsive feeding
- Systematic home visits to motivate and support behavior change
- Multi-sectoral coordination
The Concept I-LIFE

2005 – 2009 CRS Malawi Title II program I-LIFE (USAID Funded)

• SO2 Health & Nutrition
  – protection and enhancement of nutritional status through growth monitoring and PD/Hearth

MTE S02 Findings

• SO 2 achievements below expectation
• PD/Hearth difficult to implement effectively
• Challenges with PDI
• Lack of integration with SO1

MTE S02 Recommendations

• Adoption of Care Group Model
• Modify PD/Hearth = CCFLS
• Include food preservation
• Collaborate with SO1 - Agriculture
I-LIFE FINAL EVALUATION

% children 6 – 59 months with weight for age < -2 z-scores
WALA

• FY 2009-2014 USAID funded MYAP Wellness and Agriculture for Life Advancement (WALA)

• SO1: Maternal and Child Health and Nutrition
  – Care Groups
  – CCFLS
  – CGMP
  – C-IMCI
  – Targeted Supplementary Feeding
WALA – MTE Findings

- CCFLS well accepted in the communities
- Concern: PDI done but not used
- Concern: large groups 25 – 233 children.
- Mothers participation
- Focus prevention, but implementation enrollment of children with WAZ less than -2SD
WALA MTE Recommendations

- Limit size to 10 children
- Participatory
- Use locally available foods
- Feeding: active, quantity, frequency and consistency
- Target growth faltering children
WALA – Final Evaluation
WALA CCFLS Data Analysis

- 962 children with age between 6 and 60 months
  - 509 females  453 males

- Average weight gained was 496 grams.
  - girls gained more compared to boys, 500 grams to 492 grams respectively.

- Children with WAZ greater than -1 and less than 0 have the lowest average weight gain when compared to other z-score groups.

- Pregnant women participated but no data was collected.
  - No data collected on newborn birth weight.
Recommendations

• Design a study with a representative sample size to follow the children 6 to 59 months during the entire 12 days of the CCFLS.

• Include a Day 6 weight measurement in the study to inform if the durations of the CCFLS could be reduced based on weight gain in the first six days compared to weight gain between day 6 and 12.

• Include measurement of length to measure impact on stunting during CCFLS and follow-up home visits (up to six months after CCFLS)

• Include only children with WAZ less than 0 and greater than -2, and age between 6 and 59 months in the study.

• Include follow-up data

• Include a comparison group of children with similar characteristics in the study.
Implementation Experience

Malawi Projects
• Lusubilo
• SNIC
• ANI
• SCORE ECD
• Nutrition ECD
• UBALE

• Madagascar Project
• Fararano

Lesotho Projects:
• SPRINGS Project

Zambia Projects:
• GIZ Nutrition
CRS SARO CCFLS research

- Research question: “What is the mean weight gain of Zambian children aged 6 to 23 months with a WAZ less than 0 SD and greater than -2 SD who participate in CCFLS compared to the 400-gram weight gain expected under the PD/Hearth model?”

- The study also examined:
  - Mean weight gain by day 12 (grams)
  - Number and percentage of children who gained at least 400 grams by day 12
  - Mean weight gain from day 1 to final 6-month follow up visit (grams)
  - Association between weight gain at 6 days and 12 days and weight gain at 6 months
  - Number and percentage of children followed up at 1, 2 and 3 months after CCFLS session
Findings

• Overall, 58 (27%) of children had gained at least 400 grams (by day 12 of the CCFLS session).
  – with fewer boys reaching 400 grams (23%) than girls (29%).

• The mean weight gain after six-month was 1,518 grams,
  – with boys gaining somewhat less than girls (1,408 to 1,585 grams respectively).
Conclusion

• The mean six-month weight gain was 11% higher than what would be expected per the World Health Organization (WHO) child growth standards.
  – the mean weight gain for boys was 4% greater than the WHO expected weight gain and the mean weight gain for girls was 15% greater than the WHO expected weight gain.

  – Children participating in CCFLS demonstrated solid weight gain over the six-month follow up period, i.e., mean ponderable growth relatively close to or exceeding the expected weight gain according to WHO growth standards
Yet to Learn

• Pregnant women
  – Pregnancy outcome: weight of newborn
    • Newborn with weight above 2.5 kg
• Define new success cut-off for 12 days
• Understand differences among mean weight gain in Malawi and Zambia
• Understand the reasons for boys gaining weight slower

• Are 12 days necessary?

• to study the knowledge, attitude, and emotions of individuals involved in enrolling/targeting decisions.
Mawa - Sex-Based Inequalities in Infant and Young Child Nutrition in Eastern Zambia (Qualitative)

- Stunting prevalence is higher among boys than girls

- Qualitative: 10 focus groups, 40 KII, 4 observations (girls and boys)

- Two sites without CCFLS
  - To prevent bias due to knowledge gain through sessions
Findings:

• **Child Care:** the source of information related to child care: (1) health facility, (2) older female relative.

• **Perceived Gender-based differences:**
  – Girls grow faster than boys.
  – Girls are more active than boys.
  – Boys are pickier to eat.
  – Girls eat more than boys.
  – Boys eat less and are always hungry.

• **Illness:**
  – Most mothers feel that girls are more prone to sickness.
  – Mothers think that boys become sick more often as they eat less than girls.

• **Stunting:**
  – Mothers aware of stunting
  – Boys are sick more frequently and they eat less.
Recommendations

• Include fathers and grandmothers into aspects of CCFLS.
• Include health clinic staff into CCFLS education to facilitate and harmonize messages on IYCF.
• Facilitate small group discussions at community level to increase understanding that undernutrition causes stunting.
• Use feeding-aid bowls.
Mawa - Sex-Based Inequalities in Infant and Young Child Nutrition in Eastern Zambia (Quantitative)

- Report being reviewed
- Quasi-experimental study design

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- Sample size: 3600 baseline, 5400 final
- Stunting prevalence in boys higher than girls, 44% and 33.9%.
Need more information on CCFLS?

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