

3.5. Nutritional rehabilitation: recovering from poor growth and development

Poor nutrition puts children’s health at risk of more frequent and severe infections, and slower recovery from illness. Stunted growth (low height compared to other children the same age) is related to subsequent developmental delays, poor social and emotional skills, and poor performance in school. Based on measures of stunted growth and poverty, 43% of children – 250 million children under 5 – are at great risk of not reaching their developmental potential (47).

Providers in health and nutrition services – including many community programmes – weigh children, take their height, and monitor their growth to identify children who are undernourished or stunted. They may measure the mid-upper arm circumference to identify children with severe wasting. Children found to be stunted or severely malnourished need referral for nutritional rehabilitation.

Nutritional services range from community-based ones that aim to improve infant and young child nutrition practices and behaviours, monitor growth and identify wasting, to hospitalization for the treatment of complicated severe wasting. Children with moderate or severe wasting are usually treated with therapeutic supplements depending on the severity of their condition. Given that increasingly severely wasted children are treated at home with ready-to-use therapeutic food, their caregivers play a critical role to ensure their children actually consume this food to gain back their strength. Community health workers have a role to play to support caregivers to feed responsively and patiently to help their child accept the ration.



Nutritional rehabilitation services in hospitals and communities often include play activities. Play stimulates growth and addresses related delays in development. Increasing the level of activity of poorly-nourished children helps to improve their appetite and acceptance of food. Since 1999, WHO guidelines on the hospital management of severe wasting have included recommendations on play (48).

Adding responsive care and early learning activities to community-based nutrition services increases their attractiveness to caregivers, as well as their effectiveness. Where caregivers meet in groups, they may also enjoy the time with other families, which helps to sustain their efforts (see the example in **Box 8**).

BOX 8. INDIA: PLAY AND COMMUNICATION ACTIVITIES INTRODUCED INTO COMMUNITY NUTRITION PLATFORMS

Mother-child groups – led by Anganwadi Workers and Accredited Social Health Activists in India – distribute food supplements and help mothers improve their feeding practices. Responsive play and communication activities, which caregivers practise with their children during the group meetings, have been added. Including popular play and communication activities helps undernourished children grow and develop. It also helps to increase and sustain the participation of families in community-based nutrition services (49).





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Table 3.5 gives suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being in nutritional rehabilitation and support services.

Table 3.5. Supporting caregivers during nutritional rehabilitation and support services

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
<p>Responsive caregiving</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Look closely at your child. <hr/> <input type="checkbox"/> Be aware of your child's signals (e.g. hunger, discomfort, attempts to communicate, joy, attention). 	<ul style="list-style-type: none"> <input type="checkbox"/> Observe a breastfeed Correct positioning and address attachment difficulties, if necessary. Help the mother see and feel how the baby responds to changes in position, reaches for her and continues to feed. <hr/> <input type="checkbox"/> Ask How often do you feed your child? How do you know when your child is hungry? When you are feeding, how do you know she is full or wants to take a rest? What does your child do when she wants to start eating again? <input type="checkbox"/> Discuss Help the caregiver responsively breastfeed, give complementary foods or therapeutic feeding. Help the caregiver recognize when the child wants to rest or is full.
<p>Opportunities for early learning</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Talk with your child. <hr/> <input type="checkbox"/> Play with your child. <hr/> <input type="checkbox"/> Follow your child's lead and assist the child's interest in exploration and learning. 	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss While the child is eating, frequently talking about the good food and communicating by touch is helpful. It helps the child pay attention and continue eating. It also stimulates the brain and body to develop during this important time of rapid growth. <input type="checkbox"/> Discuss Meal time is an opportunity for helping the child to learn: talk about the food, colours, tastes, what the child likes to eat, how the child can feed himself. <hr/> <input type="checkbox"/> Discuss Frequently playing with your child throughout the day will help your child develop an appetite. It will be easier to feed her. <input type="checkbox"/> Counsel If your child does not want to eat, try a game to engage the child's interest, e.g. "Open your mouth wide. Let the food truck go inside." <hr/> <input type="checkbox"/> Counsel Look for signs that your child is ready to take the breast or food. Does he reach for the breast or spoon? Or open his mouth wide and reach with his tongue? Do not force food, but follow the child's lead. <input type="checkbox"/> Ask What happens when you try to give a new food to your child? If you have difficulty, introduce the food when the child is hungry. Let the child explore the new food by picking it up, and let her taste it by licking her fingers. Breastfeed after, not before, the child has tried a new complementary or therapeutic food.

Table 3.5. Continued

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
<p>Safety and security</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Make a safe home environment. 	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss How do you prepare your child's food? Discuss how to make the texture, temperature and size of morsels appropriate for the age of your child, to interest your child, and to prevent choking. <input type="checkbox"/> Ask How do you position your child? Supporting the child to sit upright when eating helps to prevent choking. <input type="checkbox"/> Ask Do you have water and soap near you to wash your hands before preparing the food and feeding the child? <input type="checkbox"/> Ask Do you have access to enough food for the family every day? <input type="checkbox"/> Ask (when and where appropriate) Are you enrolled in social services that provide extra financial or food support?
<p>SUPPORTING CAREGIVER WELL-BEING</p>		<p>EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO</p>
<p>Supporting caregiver well-being</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Build capacity to care for themselves. <input type="checkbox"/> Problem-solve and organize support from family members. 	<ul style="list-style-type: none"> <input type="checkbox"/> Ask How are you feeling? <input type="checkbox"/> Ask What difficulties do you have feeding your child? I know you want your child to enjoy eating and to eat well. What help do you need? <input type="checkbox"/> Ask (If in the hospital) How are you getting the food you need while you are here? What family member or friend could bring you food? How else can your family or friends help you right now?

