The Use of a Self-Monitoring Tools Improves Nutrition Counselling Delivered by Community Volunteers in Cambodia

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MUSEFO PROJECT

To promote optimal child and maternal care and nutrition practices, Action Against Hunger implemented care groups in 180 villages across Kampot and Kampong Thom provinces in Cambodia, within the Multisectoral Food and Nutrition Security (MUSEFO) project financed by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and the Germany government.

CARE GROUP APPROACH

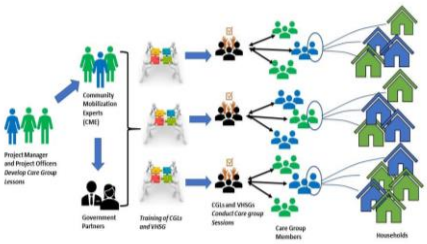

Figure 1: MUSEFO care group cascade

The Care Group approach is a community-driven behavior change model promoting the uptake of maternal and child health and nutritional practices. Care groups are formed of female health volunteers who conduct regular group sessions and counseling with 10-15 caregivers of children under two years from their neighborhood (figure 1). The care group lessons in Cambodia are designed with a strong focus on adult learning cycle and participatory methods.

References

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METHODOLOGY

The study evaluates the added value of using a self-monitoring tool and participatory learning methods for maternal and child nutrition practices as an approach to deliver counseling through care group volunteers in Cambodia. A mixed-method approach was employed, including desk review, telephone and face-to-face interviews, focus group discussions, and secondary data analysis. Informed consent was secured from the respondents before data collection, and COVID-19 precautions were taken. Qualitative data were analyzed manually by categorizing into themes.

THE TOOLS

The approach was designed to bring together several behaviors change techniques (Michie et al. 2011, Kok et al. 2005) such as goal setting strategy and action planning, self-monitoring progress, and cue for actions. The self-monitoring tool is an illustrated card given to the caregiver to monitor its practices at home (figure 2). The participatory learning exercise allows the volunteers and caregivers to assess together individual health and nutrition practices and identifies areas for improvement.

Figure 2: Self-monitoring card

Figure 3: Vinyl sheet used for the participatory exercise

During home visits, health volunteers and caregivers use seeds or small stones or paper to assess together the food groups consumed as presented on the vinyl sheet (figure 3), identify missing food group(s), report the results on the self-monitoring card and then facilitate a discussion around current practices, potential diet improvements and care giver desire to take actions. Health volunteers will follow-up on progress during the next home visit.

RESULTS

A total of 26 interviews and focus group discussions were conducted in June 2020, involving 108 respondents and data from 30 self-monitoring cards. Volunteers and caregivers perceived the card and participatory method as useful. It acts as a job aid that guided the conversation during home visits and helped to focus the nutrition and health counselling on relevant priorities. Volunteers felt more confident when providing counselling, and increased job satisfaction, which is likely to increase their motivation. The use of the tool enabled the caregivers to participate actively in the conversation. Finally, keeping the card at home made it easier for the caregivers to remember key recommendations, enabled conversations about health and nutrition needs with their relatives, and felt motivated to change.

"The role of the card is to teach people visually about nutrition" and "the card helps women on what to eat during pregnancy, how to breastfeed their baby, hygiene and safe water consumption for children (to learn how to cook)"

Caregivers from Kampong Thom

CONCLUSION

The study findings suggest that the combination of self-monitoring tool and participatory methods provides an effective job aid and improves nutrition counseling quality.

Building counseling skills at community level to go beyond information dissemination and provide tailored nutrition counselling is definitively a challenge to improve infant and young child feeding counselling quality and effectively support caregivers and mothers in their journey of change. The learnings are particularly relevant for health care services delivery in resource-limited settings, where task shifting is a common strategy to mitigate the lack of human resource and preserving the quality of services at the community level remains a critical challenge.

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