



Strengthening the Quality of Nutrition, Responsive Care, and Early Learning in Health Systems

Learning from USAID Advancing Nutrition Experience

Hosted by the Quality of Care Subgroup of the Child Health Task Force



Photo credit: USAID

Introductions



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Please Share Your Experiences

What is needed to strengthen nutrition/nurturing care services within the health sector?

What resources would be helpful to address these priorities?

Webinar Overview

- USAID Advancing Nutrition's work to improve quality of nutrition, responsive caregiving, and opportunities for early learning in health systems.
 - evidence
 - resources and tools.
- Six thematic areas:
 - adolescent and maternal nutrition
 - infant and young child feeding
 - responsive care and early learning
 - children with feeding difficulties and disabilities
 - growth monitoring and promotion
 - pre-service training.

Strengthening Adolescent and Maternal Nutrition: Highlights

Why it matters:

- Good nutrition before and during pregnancy is important to improve nutritional status and health outcomes for women and their infants; adolescent girls are at increased risk.
- Adolescence is a transformative time and an important opportunity to promote healthy nutrition that affects adolescents now and in the future.
- There is limited programmatic experience and evidence.

RESOURCES

- [Strengthening Maternal Nutrition in Health Programs: A Guide for Practitioners](#)
- [Conducting Formative Research on Adolescent Nutrition: Key Considerations](#)
- [Adolescent Nutrition Resource Bank](#)

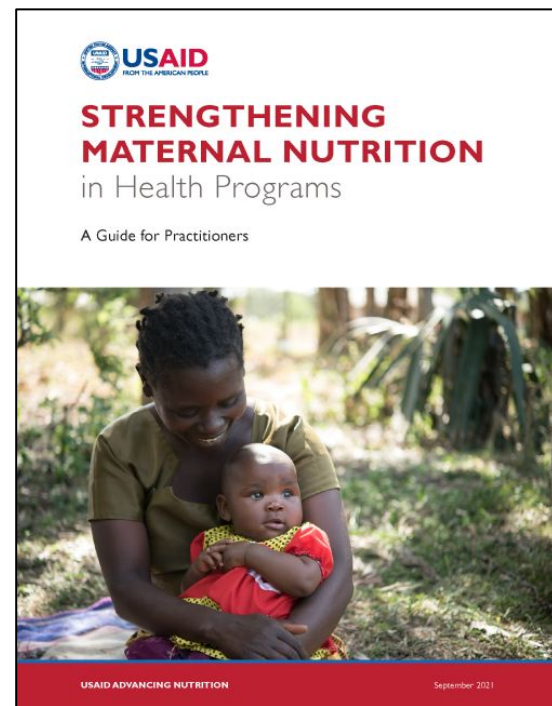
RESOURCE I: Strengthening Maternal Nutrition in Health Programs: A Guide for Practitioners

Gap: Limited guidance on integrating maternal nutrition into health programs

Audience: Program planners/implementing partners working closely with government counterparts

Description

- A guide with step-by-step recommendations to add or strengthen maternal nutrition components in health system programs or services. Process includes—
 - situation analysis
 - prioritization and implementation planning
 - implementation, monitoring, reflecting, adapting.
- Includes information on actions to strengthen health services as well as the overall health system and enabling environment.



RESOURCE 2

Conducting Formative Research on Adolescent Nutrition

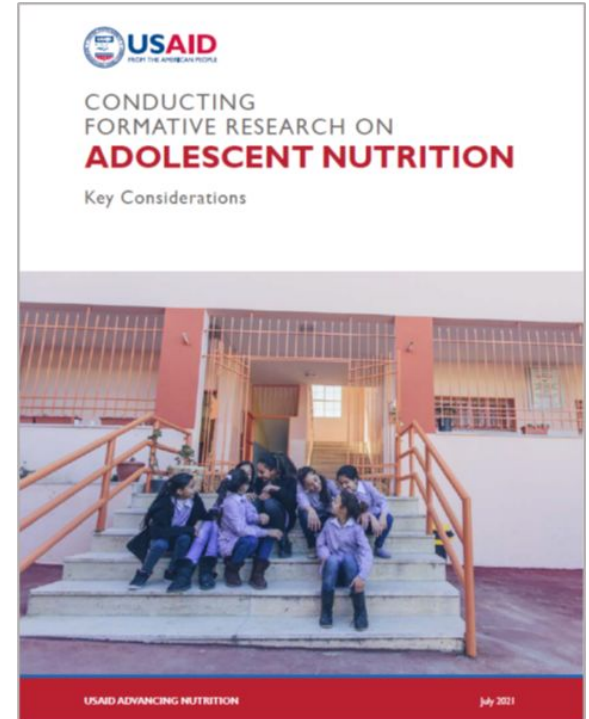
Gap: Lack of resources on designing formative research to better tailor programs for adolescent girls and boys

Audience: Program implementers and researchers

Description

- Determining formative research objectives
- Designing and conducting formative research
- Considering ethics and confidentiality
- Analyzing data
- Disseminating and using findings

Application: Adolescent nutrition formative research in Niger and Nigeria



RESOURCE 3

Adolescent Nutrition Resource Bank

Gap

- Compile and facilitate access to programmatic resources related to adolescent nutrition for others to use, improve, or expand upon
 - Address adolescent nutrition through existing or new initiatives

Audience: USAID Missions, development partners, governments, local civil society organizations, and United Nations and donor agencies

Description

- Online repository of adolescent nutrition resources: Guidance documents for programs and services; examples of policies, protocols, tools, and trainings
- Close to 300 resources to date
- Share resources with us at info@advancingnutrition.org

Guidance on Appropriate Use and Considerations for Limiting Anemia Testing, Assessment and Screening using Hemoglobin in Public Health Anemia Reduction Efforts for Adolescents

Published by: Nutrition International
Publication date: 2023

This brief provides guidance on appropriate use and considerations for limiting anemia testing, assessment, and screening using hemoglobin in public health anemia reduction efforts for adolescents.

Guidance on Appropriate Use and Considerations for Limiting Anemia Testing, Assessment and Screening [\[PDF\]](#)

Geographic focus of document: Global
Language of document: English
Adolescent location: Both urban and rural
Adolescent schooling: Both in and out of school
Adolescent marital status: Both married and unmarried
Adolescent gender: Only adolescent girls
Adolescent age group: All age groups
Audience of document: Development partner staff, Donors/funders, Service providers
Location of service delivery / program implementation: Community



[Go back to Adolescent Nutrition Resource Bank homepage](#)

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[What's in the Bank >](#)

Program Areas

SEARCH

PROGRAM AREA

TECHNICAL AREA

▼ **Advanced search**

AUDIENCE OF DOCUMENT

LOCATION OF SERVICE DELIVERY / PROGRAM IMPLEMENTATION

ADOLESCENT GENDER

ADOLESCENT SCHOOLING

ADOLESCENT MARITAL STATUS

Strengthening Infant and Young Child Feeding: Highlights

Why it matters:

- Stagnant global and national progress in breastfeeding and complementary feeding rates impacts maternal and child health and nutrition.
- USAID, the World Health Organization (WHO), and UNICEF made Nutrition for Growth commitments to scale-up quality breastfeeding promotion and support. Understanding where countries are with Baby-Friendly Hospital Initiative (BFHI) is necessary to provide support.

EVIDENCE

- BFHI manuscripts (published; forthcoming)
- Breastfeeding counseling manuscript (forthcoming)
- Research on sick child feeding in the Democratic Republic of Congo (DRC)

RESOURCES

1. Videos on incentives and sanctions for BFHI
2. Mentorship program implementation guidance, training, resource packet
3. Design innovations resource collection

EVIDENCE & RESOURCE I

BFHI Case Studies, Manuscripts, and Videos

- **Gap:** After 30 years of BFHI, scale up and sustainability are still challenging. Why?
- **Audience:** Policymakers, program managers, implementers and stakeholders of BFHI at hospital and community levels
- **What we did and learned:**
 - Conducted a two-country, qualitative case study to learn how the 2018 UNICEF/WHO BFHI guidelines are being implemented in the Kyrgyz Republic and Malawi
 - Sustaining BFHI and Ten Steps for successful breastfeeding requires investment in governance beyond nutrition and health sectors; finance; reproductive, maternal, and newborn health; education; professional associations; and monitoring and accreditation structures, among others.

Nine National Responsibilities



RESOURCE 2: Breastfeeding Counseling Mentorship Program

- **Gap:** Only 60 percent of babies under six months are exclusively breastfed in Kenya.
- **Opportunity:** Breastfeeding counseling results in a 90 percent increase in rates of exclusive breastfeeding and skilled breastfeeding can help to improve breastfeeding practices.
- **Audience:** Stakeholders interested in improving breastfeeding counseling practices through mentorship.
- **What we did:**
 - Developed implementation guidance and mentor training materials for a breastfeeding counseling mentorship program
 - Shared experience co-creating a breastfeeding counseling mentorship program in Kenya in a brief
 - Tested the feasibility of the mentorship program at a county referral hospital in Nairobi, Kenya. (manuscript forthcoming)



Design of the mentorship program brief

Breastfeeding Counseling Mentorship Program

What we learned (preliminary results):

- Health workers feel more confident in their ability to provide breastfeeding counseling after participating in a mentorship program.
- The mentorship program has created positive culture shifts, including improving relationships between colleagues as well as between health workers and their patients.
- The mentorship program amplified the importance of breastfeeding even among those staff who are not directly involved in the program and created a culture of teamwork.
- Finding the time to participate in a mentorship program is difficult among all of the other competing tasks and responsibilities.

“It has changed me. As I carry out my daily duties, I can assist a mother whose child is not breastfeeding well. The program has given me the ability to help such mothers, not only in the workplace but also outside my workplace.”

— *Mentee in the antenatal care clinic*

RESOURCE 3:

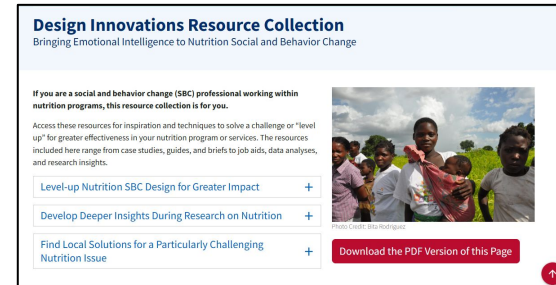
Design Innovations Resource Collection for Infant and Young Child Feeding (IYCF)

Gap: Need for newer approaches that use local solutions to better achieve social and behavior change in infant and young child feeding.

Level up Nutrition SBC Design for Impact

Develop Deeper Insights During Research

Find Local Solutions



Design Innovations Resource Collection
Bringing Emotional Intelligence to Nutrition Social and Behavior Change

If you are a social and behavior change (SBC) professional working within nutrition programs, this resource collection is for you.

Across these resources for inspiration and techniques to solve a challenge or "level up" for greater effectiveness in your nutrition program or services. The resources included here range from case studies, guides, and briefs to job aids, data analyses, and research insights.

- Level-up Nutrition SBC Design for Greater Impact +
- Develop Deeper Insights During Research on Nutrition +
- Find Local Solutions for a Particularly Challenging Nutrition Issue +

Download the PDF Version of this Page

USAID Advancing Nutrition. 2023. Design Innovations Resource Collection. Accessed October 23, 2023.

<https://www.advancingnutrition.org/resources/design-innovations-resource-collection>

How you can use and contribute: Adapt to your program context, like solutions developed in DRC by health workers to address sick child feeding counseling.



Sick Children Consultation



Peer Exchange of Coaxing Strategies



Home Visit

Integration of Responsive Care and Early Learning into Nutrition and Health Services

Why it matters:

- Globally, more than 250 million children are at risk of suboptimal development.
- Integrating responsive care and early learning (RCEL) messages into nutrition counseling has the potential to improve nutrition and early childhood development outcomes in young children.
- U.S. government mandate: The Global Thrive Act (2021) commits the United States to invest in early childhood development.
- However, there is limited program experience and global nutrition packages do not currently include RCEL content.
- Need resources to help design and implement integrated and holistic programs to address children and caregivers needs.

RESOURCES:

1. [RCEL Addendum, available in six languages \(final version forthcoming\)](#)
2. [Videos to support RCEL training and counseling \(forthcoming\)](#)
3. Decision logic flowchart for health workers to integrate RCEL into nutrition counseling (*forthcoming*)
4. Supporting Integrated Infant and Young Child Nutrition and Early Childhood Development Programming: Ages and Stages Reference Package (*forthcoming*)

Resource I: Responsive Care and Early Learning Addendum Package

Objective: create a global package to support integration of RCEL counseling into existing health and nutrition services (e.g., use of the UNICEF Community-ICYCF Counseling Package).

Gap: Lack of practical guidance and tools to support effective, integrated RCEL and nutrition programming

Package Includes:

- Planning, Adaptation, and Implementation Guide
- Training package—Facilitator’s Guide, Participant Handouts, and Training Aid
- Seven Illustrated Counseling Cards and job aids

Methods:

- Adaptation of materials to local context, including translation and image adaptation
- Cascade training of facility and community counselors
- RCEL counseling provided by counselors using existing health and nutrition platforms; supportive supervision to support quality counseling
- Mixed-methods implementation research in Ghana and the Kyrgyz Republic to determine feasibility, acceptability, and effectiveness.



Research Findings: Feasibility and Acceptability of Use

Training, supervision, and qualitative data show—

- Improvements in health worker knowledge, skills, and confidence to provide RCEL counseling.
- Counselors, their supervisors, and caregivers found the RCEL information to be relevant, useful, and important.



Photo credit: Bishnu Prasad Ghimire/Global Health Media

“I have seen a lot of improvement in the counseling sessions. During the first visit there were a lot of gaps in the counselling but now it is better because RCEL has been integrated in all aspect of our health delivery system and so health staff are coping well and improving day by day.”

— *Supervisor, Mamprugu-Moagduri*

“It has changed, now I communicate well with him, I tell fairy tales, I did not know this before, I used to scold the child, now I raise the child without swearing, I say that it is necessary to raise him with love.”

— *Caregiver at a health facility, Kyrgyz Republic*

Research Findings: Effectiveness

- Significant increases in responsive care, early learning practices and opportunities for engagement (i.e., improved access to books and toys around the home) from pre- to post-intervention, in both countries, suggests intervention effectiveness.
- Significant improvements in IYCF practices suggest that caregivers were able to improve RCEL practices without sacrificing IYCF practices and that integration did not negatively affect nutrition interventions through these same delivery points.



Photo credit: Lesley Oot/JSI

Resource 2: IYCF/RCEL Counseling Flowchart

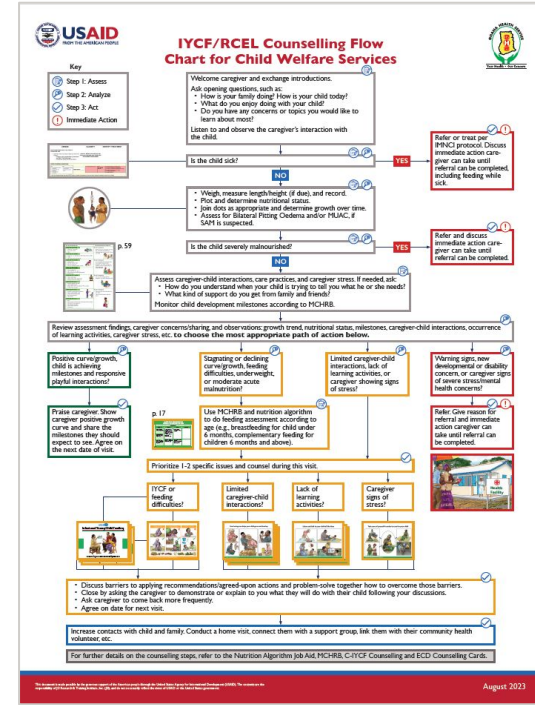
Gap: high health worker workload, untailored counseling, and a lack of tools to support integrated counseling.

Objective: support health workers to provide quality counseling by streamlining workflows, promoting more tailored counseling, identifying clients with the highest risk of malnutrition and/or developmental delays, and providing guidance on how to conduct integrated IYCF and RCEL counseling.

Methods: two rounds of pre-testing and refine with counselors, supervisors, and caregivers and consultations/technical review with Ghana Health Service.

Findings:

- Flowchart helped streamline counseling, prevent health workers from drifting off course and helped them find and use the appropriate job aids.
- Flowchart was well received by caregivers—indicating they felt they had more time with their counselor and received more tailored counseling.
- Alignment with existing tools, processes, and materials was key.



Resource 3: Supporting Integrated Infant and Young Child Nutrition and Early Childhood Development Programming: Ages and Stages Reference Package

Gap:

- Lack of practical guidance and tools to support effective, integrated RCEL and nutrition programming.
- Supporting the provision of more tailored and relevant counseling for caregivers.

Objective: to help program managers design and implement more holistic and integrated programming, to support caregivers based on the age and developmental stage of the child.

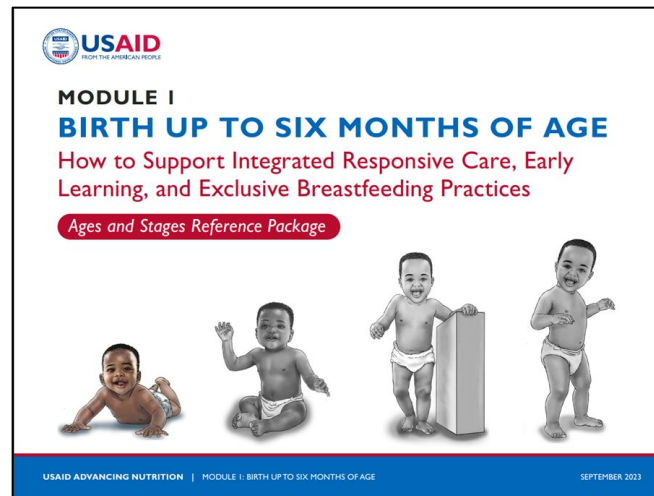
Resource Includes:

Four age-specific modules—provide age-specific guidance and example activities.

- Module 1: Birth up to 6 months; Module 2: 6 up to 9 months
- Module 3: 9 up to 12 months; Module 4: 12 up to 24 months

Program Design and Implementation Guide—provides information on how to use the modules, including prerequisites for their use and key design principles.

Online Resource Collection—provides a curated set of resources searchable by age of the child and/or cross-cutting themes.



Resource 4: Responsive Care and Early Learning Video Series

- **Gap:** no publicly available videos to support training and counseling on responsive care and early learning and a video format lends itself well to explaining these concepts.
- **Objective:** create a new series of videos to demonstrate, explain, and promote positive responsive care practices and counseling skills for health workers that complements the RCEL Addendum package.
- **Resource Includes:** 10 videos in the series, showing real life responsive caregiving moments between caregivers and their children, teaching counselors how to recognize and respond to children's cues, and videos explaining how to provide counseling on RCEL.
- Available in English, Arabic, French, Kyrgyz, Portuguese, Russian, and Spanish.

[Link to videos:](#)



QUESTIONS?

Nutritional Care for Children with Feeding Difficulties and Disabilities

Why it matters:

- 15 percent of the world's population have a disability and 80 percent live in low- and middle-income countries (LMICs)
- Nearly 53 million children under five have a disability, and 95 percent live in LMICs
- People with disabilities are 3x more likely to be malnourished and 2x more likely to die from malnutrition



Photo credit: USAID Advancing Nutrition/UNICEF IYCF Image Bank

EVIDENCE

- [Nutritional Care for Children with Feeding Difficulties and Disabilities: A Scoping Review](#)

RESOURCES

1. [Feeding and Disability Resource Bank](#)
2. [Call to Action for Policymakers](#)
3. [Materials from Virtual Convening](#)
4. [Disability-Specific Images in Image Bank](#)

Evidence and Resource

Nutritional Care for Children with Feeding Difficulties and Disabilities: A Scoping Review



- **Gap:** Children with feeding difficulties and disabilities have worse nutrition outcomes and require specialized support. No comprehensive review existed of programs and policies to support them.
- **Objective:** Understand the needs of children with feeding difficulties and children with disabilities
- **Methods:** Document review of 166 documents and 44 key informant interviews

Topics

- Feeding difficulties (74)
- Disability (56)
- Complementary feeding (34)
- Screening and assessment of feeding difficulties (33)
- Breastfeeding (28)
- Routine services (24)
- Caregiver experiences (24)
- Small and sick newborns (17)
- Child development (16)
- Malnutrition treatment (10)

Klein, A., M. Uyehara, A. Cunningham, Madina Olomi, K. Cashin, and C.M. Kirk 2023. "Nutrition Care for Children with Feeding Difficulties and Disabilities: A Scoping Review." *PLOS Global Health*. <https://doi.org/10.1371/journal.pgph.0001130>.

Nutritional Care for Children with Feeding Difficulties and Disabilities: A Scoping Review

Key Findings

- Insufficient policies, programs and evidence
- Tools and resources exist but are not standardized or universally used
- Significant challenges in identification
- Weak health systems, specialized services, and referral systems for support and management
- Families need support coping with high demands
- High levels of stigma
- Need for more robust and systematic evidence



Photo credit: USAID Advancing Nutrition
IYCF Image Bank

Resource

Call to Action for Policymakers

- **Gap:** Policies are not promoting disability inclusion and addressing nutrition among children with feeding difficulties and disabilities
- **What this is:** four-page policymaker call to action sharing key information, and actionable recommendations
- **Audience:** For policymakers and stakeholders conducting advocacy with policymakers
- **Languages:** Available in English, French, and Spanish



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Improving Nutrition among Children with Feeding Difficulties and Disabilities: Call to Action for Policymakers

INTRODUCTION

In the spring of 2021, USAID Advancing Nutrition conducted a scoping review of programs supporting nutritional care of children with feeding difficulties and disabilities.

The review found insufficient policies, programs, and evidence to support children with feeding difficulties and disabilities, as well as their families.

Feeding difficulties can negatively impact children's growth and development, quality of life for themselves and their families, and limit children's opportunities for social and familial connections during shared mealtimes. A disproportionate burden of these negative effects is experienced among children with disabilities and their families.

Policies across health, social welfare, agriculture, education, and other sectors **must promote disability inclusion and targeted approaches** to address nutrition among children with feeding difficulties and disabilities to—

- strengthen systems
- provide adequate support to children and families
- generate evidence on best practices.

STATUS OF FEEDING DIFFICULTIES AND NUTRITION

The prevalence of feeding difficulties ranges from 25 to 45 percent in children without disabilities to 33 to 80 percent in children with disabilities,¹ yet the role of feeding difficulties in young children's nutrition is often overlooked. One in eight people worldwide—one billion people—are persons with disabilities.² Eighty percent live in low- and middle-income countries (LMICs), and nearly 100 million are children.^{3,4}

There is growing risk of increasing malnutrition due to negative impacts of COVID-19, climate change, and political insecurity.⁵ Malnutrition can cause disability in the short and long term, while disability can also lead to malnutrition.⁶ Children with disabilities are more likely to be malnourished and to die from malnutrition.⁷ Children with disabilities living in LMICs may be more at risk of malnutrition due to the failure of public health systems to provide nutritional support for children with feeding difficulties.⁸ This speaks to a perpetual cycle of malnutrition, disability, and poverty, which have large societal and economic costs.

Children with disabilities are up to **3 times more likely** to be malnourished and **2 times as likely** as non-disabled children to die from malnutrition.

KEY MESSAGES

- Failing to address feeding difficulties can negatively affect growth and development and contribute to high stress on families.
- A disproportionate burden of feeding difficulties and the associated consequences are experienced by children with disabilities and their families.
- Policies across sectors must promote disability inclusion and targeted approaches to address nutrition among children with feeding difficulties and disabilities in order to strengthen systems, provide adequate support to families, and generate evidence on best practices.

USAID ADVANCING NUTRITION

November 2021

Resource

Virtual Convening on Improving Nutrition among Children with Feeding Difficulties and Children with Disabilities

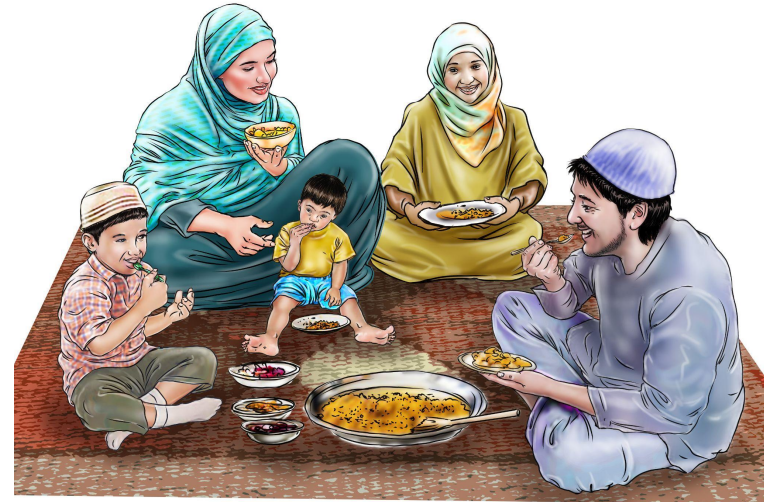
Objectives:

1. Review gaps in policy, programming, and research.
2. Share and discuss approaches to identify, support, and track.
3. Identify key actions and future priorities.

What we did: two-day virtual convening with nutrition, disability, and early childhood development experts

What is available:

- recorded sessions
- slide decks
- key takeaways document and sketch



VIRTUAL CONVENING ON

IMPROVING NUTRITION

Among CHILDREN with feeding difficulties

and CHILDREN with disabilities

LEARNINGS and NEXT STEPS

Improve **DATA** and evidence on successful interventions for scale up



DISPEL **STIGMA** FIRST

Foster cross-sectoral **COLLABORATION**



MAP

Key stakeholders and prompt them to make relevant **COMMITMENTS**



TRACK the inclusion of children with disabilities and children with feeding difficulties in nutrition programming



EMPOWER caregivers to fulfill the rights of their children, including when, where, and how to seek support



Prioritize **FAMILY-CENTERED CARE** that values caregivers perspective and expertise



EMPHASIZE caregiver health and well-being



INCLUDE persons with disabilities at all stages of programming



INVEST in the capacity of Organizations of Persons with Disabilities (OPDs)



TRAIN health workers, including rehabilitation providers, to identify and support children with feeding difficulties and disabilities



Invest in **ASSISTIVE TECHNOLOGY**



INTEGRATE feeding into disability resources and integrate disability into nutrition packages



Develop **STANDARDIZED** referral pathways for a clear continuum of care



Ensure these children are included in mainstream services **AND** able to access specialized services

MAINSTREAM TARGETING



Resource: Feeding and Disability Resource Bank

Gap: Tools and resources exist, but stakeholders do not know where they are, who they are for, or how to use them

What this is: Web-based, open-access repository of 85+ resources that address feeding difficulties and disability inclusion in nutrition programs

Audience: Nutrition and disability program managers, government leaders, and donor agency staff

Published by: Multi-Agency International Training Support (MAITS)

Publication Date: 2018

Training Material

Low-Resource Setting

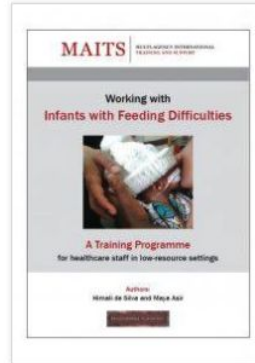
English

Experts working for MAITS have developed this 2-day training program to improve the knowledge and skills of neonatal healthcare professionals to support breastfeeding and nutrition in infants struggling to feed due to prematurity, low birthweight, or underlying disability in low- and middle-income countries. It can be taught as a stand-alone or as a supplement to regular breastfeeding training programs. This training program is intended to be delivered by a skilled trainer

[MAITS Working with Infants with Feeding Difficulties Training Package](#)



Resource Bank Section(s): [Identifying Feeding Difficulties](#), [Managing Feeding Difficulties](#)



Access the resource bank at <https://www.advancingnutrition.org/resources/disability-resource-bank>

Contribute to the resource bank by emailing info@advancingnutrition.org

Feeding and Disability Resource Bank

How to use it:

- Search resources by topic (e.g., identifying feeding difficulties)
- Filter and search by other categories
 - Technical area, population, program area, age group, geographic focus

Resource Bank Sections

Identifying Feeding Difficulties

Managing Feeding Difficulties

Identifying Disabilities

Supporting Children with Disabilities and Their Families

Promoting Disability Inclusion

Identifying Feeding Difficulties

Screening for and identifying feeding difficulties at the appropriate developmental stages is critical to providing support and early intervention for children and their families. This section provides an overview of practical approaches, tools, and trainings to identify feeding difficulties in children, both in clinical and public health settings. [Read more >](#)

Search the Feeding and Disability Resource Bank

SEARCH

TECHNICAL AREA

- Any -

POPULATION

- Any -

▼ Advanced search

PROGRAM AREA

- Any -

AGE GROUP

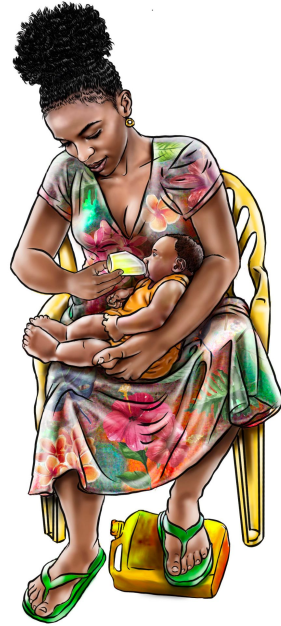
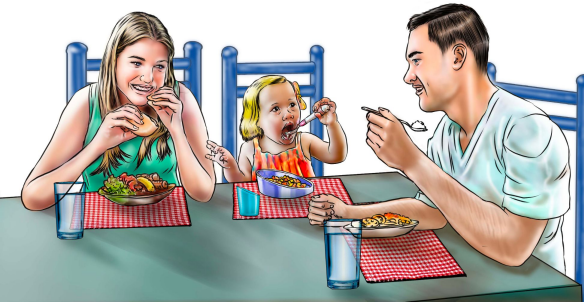
- Any -

GEOGRAPHIC FOCUS

- Any -

Apply

Disability Images on the IYCF Image Bank



All images accessible at
<https://iycf.advancingnutrition.org/>
Topic: "Disability"



Growth Monitoring and Promotion

Why it matters:

Growth monitoring and promotion (GMP) is a common entry point for essential care and services; it makes growth faltering and malnutrition *visible*. But quality varies.



EVIDENCE

- Two case studies ([northern Ghana](#), [Nepal](#))
- [Published article](#)
- [GMP consultation report](#)

RESOURCES

1. [Counseling in GMP learning agenda](#)
2. [Guidance package for digital GMP tools](#)

EVIDENCE

GMP Case Studies and Published Article

Objective: Describe implementation of GMP to identify key actions to strengthen the platform

Methods: Key informant interviews and observations

Key findings:

- Health workers demonstrated knowledge and skills to assess and analyze growth based on weight measurements.
- Health workers in northern Ghana demonstrated good promotion using the child's growth trend. Due to low attendance in Nepal, health workers could only use 1 point in time.
- In both countries, time and heavy workloads were challenges.

USAID Advancing Nutrition. 2022. *Growth Monitoring and Promotion in Northern Ghana*. Arlington, VA: USAID Advancing Nutrition. https://www.advancingnutrition.org/sites/default/files/2021-10/gmp_case_study_findings_ghana.pdf

USAID Advancing Nutrition. 2021. *Growth Monitoring and Promotion in Three Districts of Nepal*. Arlington, VA: USAID Advancing Nutrition. https://www.advancingnutrition.org/sites/default/files/2022-03/growth_monitoring_nepal_2022.pdf



Singh A., K.A. Torres, N. Maharjan, J. Shrestha, F. Agbozo, A. Abubakari, L. Abdul-Rahman, et al. 2023. "Learning from Health System Actor and Caregiver Experiences in Ghana and Nepal to Strengthen Growth Monitoring and Promotion." *PLoS One*. 18(3):e0282807. doi.org/10.1371/journal.pone.0282807

RESOURCE I

Counseling in GMP Learning Agenda

Gap: Understanding *how* to strengthen counseling with GMP

Methods:

- 2022 GMP Expert Consultation
- Desk review and listening sessions with health workers
- 2023 GMP counseling consultation

Description:

Preconditions to
quality
counseling

Achieving quality
counseling

Supportive
community
environment

Tracking and
monitoring

How to use and contribute: Answer one or more of the learning questions during research and programming

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Counseling in Growth Monitoring and Promotion

A Rapid Desk Review and Learning Agenda

Introduction

Countries around the world use growth monitoring and promotion (GMP) as an entry point for preventive care and essential child health, nutrition, and development services. Given its ubiquity and legacy, recent efforts have been made to rethink strengthening GMP in light of the Sustainable Development Goals (SDGs). In 2018, global thought leaders convened to review evidence and coalesce around a way forward. Participants [recommended a paradigm shift](#) to reposition GMP to better integrate child growth and development and strengthen the promotion element (Bégin et al. 2020). In 2022, in collaboration with UNICEF, the World Health Organization (WHO), and the Global Financing Facility (GFF) of the World Bank, USAID and USAID Advancing Nutrition hosted a [GMP expert consultation](#), during which experts reviewed and discussed experiences, innovations, research, and advances in GMP since the 2018 meeting and identified challenges that continue to affect the quality of GMP.

Based on the consultation outcomes, a desk review, and listening sessions with health workers, USAID and partners developed a learning agenda on counseling within GMP to inform research and learning investments that will help guide programming and policies to strengthen the platform globally. The desk review describes findings from studies on what we know about counseling within GMP and the environment that supports it, its effectiveness, challenges, and potential promising solutions and closes by exploring gaps, recommendations, and learning questions for the way forward. Reflections from listening sessions with health workers¹ are woven throughout the desk review to ensure the learning agenda captures the experiences and recommendations of health workers. Global stakeholders including donors, researchers, and implementers refined and validated the learning agenda during a convening in May 2023.

The learning agenda complements ongoing work on growth monitoring by colleagues at the University of South Carolina and International Food Policy Research Institute.

Background

Despite evidence of challenges with GMP, it is a core component of primary health care services in many countries. GMP seeks to improve child growth by directly improving care practices and timely, appropriate care seeking with resolution of health problems through counseling tailored to the growth trend (figure 1) (Griffiths and Del Rosso 2007).

A 2008 review of 12 GMP programs found that growth monitoring leads to improved nutritional status (reduction of child underweight) when implemented with nutrition and health education and access to primary health care services (Ashworth, Shrimpton, and Jamil 2008). However, the review noted that growth monitoring or simply weighing children with no or generic nutrition counseling has little effect on nutritional status (Ashworth, Shrimpton, and Jamil 2008). The findings of this review led the 2008 Lancet Series on *Maternal and Child Undernutrition* to list GM (without promotion) as a not-to-do

¹We held five listening sessions across three countries where USAID Advancing Nutrition supports GMP programming—Tanzania, the Kyrgyz Republic, and Nigeria. In each country, between seven and 11 health workers (including volunteers) who provide GMP services and were available at the facility or outreach site on the selected day participated in the sessions.

USAID ADVANCING NUTRITION
The Agency's Flagship Multi-Sectoral Nutrition Project

SEPTEMBER 2023

USAID Advancing Nutrition. 2023. *Counseling in Growth Monitoring and Promotion*. Arlington, VA: USAID Advancing Nutrition.
<https://www.advancingnutrition.org/resources/counseling-growth-monitoring-and-promotion-rapid-desk-review-and-learning-agenda>

RESOURCE 2

GMP Digital Guidance Package

Gap: Digital tracking and decision support (DTDS) tools could help improve GMP service delivery while facilitating data collection and use. Developing digital tools can be cumbersome and lengthy process.

Description:

- Facilitates the development of country-specific DTDS tools for GMP to save time and resources; reduce duplication of effort, errors, and inconsistencies; and ensure adherence to global guidance.
- Includes all of the components required for developing DTDS tools.

How to use and contribute: Use the package to develop a digital GMP tool specific to local policies and requirements.



Photo: Karen Kasmauski/MCSP

USAID Advancing Nutrition. 2023. *A Guidance Package for Developing Digital Tracking Decision Support Tools for Growth Monitoring and Promotion Services*. Arlington, VA: USAID Advancing Nutrition. <https://www.advancingnutrition.org/resources/guidance-package-developing-digital-tracking-and-decision-support-tools-growth-monitoring>

Strengthening Pre-Service Training

Why it matters:

Ensuring that nutrition content in pre-service training is up-to-date is an important, sustainable investment for improving nutrition services at scale. Updating pre-service training content is complex and time-consuming, but holds the potential to reach every health worker when they are newly hired.

ANALYSIS

- Frontline Nutrition Services: Roles, Responsibilities, and Pre-Service Training


RESOURCES

1. Call to Action for Strengthening Nutrition Content in Pre-Service Training
2. Tool and Guide for Reviewing the Nutrition Content of Pre-Service Training Curricula

RESOURCE I

Call to Action for Strengthening Nutrition Content in Pre-Service Training

- Online meeting held on March 1, 2023 with nearly 100 participants from Bangladesh, the Democratic Republic of Congo, Ghana, Kyrgyz Republic, Malawi, and Mozambique to: (1) share experiences across countries, (2) identify opportunities, and (3) develop a set of prioritized recommendations.
- In collaboration with several meeting participants, we wrote a brief to share the five prioritized recommendations and issued a call to action to stakeholders to better integrate nutrition into pre-service education and more regularly facilitate curriculum review and updates.



Call to Action for Strengthening Nutrition Content in Pre-Service Training

PRIORITY COUNTRY-LED ACTIONS FROM A SIX-COUNTRY CONSULTATION

Investing in pre-service training is an especially effective and sustainable approach to improve nutrition services at scale. However, it requires a collaborative effort by all stakeholders—government ministries, academic institutions, professional associations, funders, and technical experts—to ensure curricula prepare frontline health workers to deliver quality nutrition services.

On March 1, 2023, USAID Advancing Nutrition engaged key stakeholders in Bangladesh, the Democratic Republic of Congo (DRC), Ghana, Malawi, Mozambique, and the Kyrgyz Republic in a virtual consultative meeting to better understand the complexity of the challenges and opportunities around strengthening the nutrition components of pre-service training for health workers. More than 100 stakeholders participated, reflecting on the importance of country-led, high-quality, up-to-date, and evidence-based pre-service training.


This brief summarizes the consultation discussions generated, the opportunities highlighted, the lessons shared, and the recommendations jointly formulated as a way forward. Most importantly, it issues a call to action to all stakeholders to better integrate nutrition into pre-service education and more regularly facilitate curriculum review and updates.

RECOMMENDATIONS

1. Strengthen collaboration between stakeholders (e.g., government Ministries of Health and Education, universities, and professional associations) when reviewing pre-service curricula.
2. Ensure nutrition content of pre-service training aligns with policies, needs, job descriptions, and competencies outlined in job descriptions.
3. Curriculum reviews should examine both nutrition content and training methods to strengthen results.
4. Monitor professional performance to determine competencies to strengthen quality nutrition service delivery.
5. Leverage regional and international knowledge and learnings to close gaps and strengthen the nutrition content of pre-service training.

“Delivering quality nutrition service to communities is like constructing a house—focus on the foundation, or it will fall down! The quality of services depends on the quality of health professionals, which depends on the training they received. If we want quality services, we must have good training.”

—Consultation participants, describing the importance of nutrition in pre-service training for health professionals



Midwives training in Ghana

PHOTO CREDIT: KAREN ESHA/USAID/ICF

USAID ADVANCING NUTRITION
The Agency's Flagship Multi-Sectoral Nutrition Program

August 2023

Recommendations

1. Strengthen collaboration between stakeholders (e.g., government Ministries of Health and Education, universities, and professional associations) when reviewing pre-service curricula.
2. Ensure nutrition content of pre-service training aligns with policies, needs, job descriptions, and competencies outlined in job descriptions.
3. Curriculum reviews should examine both nutrition content and training methods to strengthen results.
4. Monitor professional performance to determine competencies to strengthen quality nutrition service delivery.
5. Leverage regional and international knowledge and learnings to close gaps and strengthen the nutrition content of pre-service training.

RESOURCE 2: Tool and Guide for Reviewing the Nutrition Content of Pre-Service Training Curricula

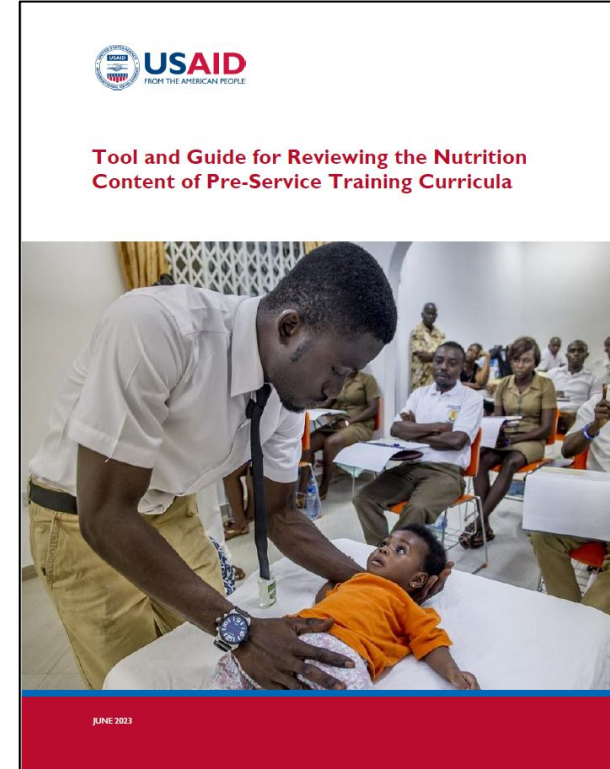
Gap: The process of reviewing and revising curricula is complex and time-consuming. It can be hard to know where to begin.

Audience: Academic institutions, relevant government entities, non-governmental organizations, and donors

Purpose: Guide the review of the nutrition content of pre-service training curricula for primary care workers.

Contents:

- Guidance for prioritizing cadres of primary care workers
- List of 68 competencies necessary for the delivery of nutrition-related services at the primary care level
- Tools for identifying relevant competencies and determining those addressed in pre-service training curricula
- Resources for updating curricula



Questions?

Resources

All resources shared in today's session can be found here: [Website link to](#)

Questions

- We will encourage questions throughout via the chat, I think and ask those not presenting on a topic to monitor the chat and respond?
- Then also time for verbal questions/discussion at the end: 10–15 minutes



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