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
Introductions

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Focus on the first 1000 days from pregnancy to when a child reaches age two.

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](#)

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
**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.
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)
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**

**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.
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.
- 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)
**Resource 1: 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-IYCF Counseling Package).

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

**Package Includes:**
- Planning, Adaptation, and Implementation Guide
- 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.

“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

Photo credit: Bishnu Prasad Ghimire/Global Health Media
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.
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.

**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

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

Photo credit: USAID Advancing Nutrition/UNICEF IYCF 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)
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
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
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

DISPEL STIGMA FIRST
Foster cross-sectoral collaboration and prompt key stakeholders to make relevant commitments

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

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

IMPROVE DATA and evidence on successful interventions for scale up

INTEGRATE feeding into disability resources and integrate disability into nutrition packages

ASSISTIVE TECHNOLOGY

Dev

CARE

STANDARDIZED referral pathways for a clear continuum of care

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

MAINSTREAM TARGETING

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


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
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.

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**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
**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.
RESOURCE 1
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

RESOURCES 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.
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
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.
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
USAID Advancing Nutrition is the Agency’s flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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