Integration of ECD Interventions into Health and Nutrition Services: Experiences from Ethiopia and Mozambique

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Co-hosted by the Nutrition Subgroup of the Child Health Task Force
Speakers

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Vision
Evaluation of an Integrated Nurturing Care Activity in Mozambique

Higino Andre, Transform Nutrition
Cat Kirk, USAID
Background

**WHO Guidelines for Improving ECD (2020)**

**RECOMMENDATIONS**

In order to improve early childhood development, WHO recommends:

1. **Responsive Caregiving**
   - All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.
   - Strength of recommendation: Strong
   - Quality of evidence: Moderate (for responsive care)

2. **Promote Early Learning**
   - All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.
   - Strength of recommendation: Strong
   - Quality of evidence: Moderate (for early learning)

3. **Integrate Caregiving and Nutrition Interventions**
   - Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.
   - Strength of recommendation: Strong
   - Quality of evidence: Moderate

4. **Support Maternal Mental Health**
   - Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.
   - Strength of recommendation: Strong
   - Quality of evidence: Moderate
Partners Involved

Transform Nutrition
Comida para Vida • Yolha para Okumi

USAID
Advancing Nutrition

Save the Children®

Maraxis
Early Childhood Development (ECD) Component Objectives

Co-implementation with Transform Nutrition

**Strengthen caregivers’ knowledge and provision of early stimulation and responsive care**
(i.e., capacity strengthening of Transform Nutrition, to cascade to nutrition groups, APS, etc.)

**Strengthen enabling environment for ECD and multi-sectoral nutrition at national and provincial levels**
(i.e., TWGs, government orientation sessions, ensure Community Health Committees trained on ECD component, participate in curriculum reviews, etc.)

**Strengthen health workers’ knowledge of child development, responsive care, and early learning and counseling skills**
(i.e., capacity strengthening of Alcancar, to cascade to health care workers at health facilities)
Geographic Scope

- Nutrition and WASH
- Integrated Package to Improve ECD
Levels of Service Delivery Implementation

Engaging policy makers, government technicians, and other stakeholders to support an enabling environment for multi-sectoral action to improve early childhood growth and development.
## Research Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Study Design</th>
<th>Data Sources</th>
<th>Calendar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the integration of responsive care and early learning have a greater effect on ECD outcomes compared with the nutrition/wash intervention alone?</td>
<td>Quasi-experimental (non-equivalent comparison group)</td>
<td>Household surveys</td>
<td>Baseline and Endline</td>
</tr>
<tr>
<td>What is the feasibility, acceptability and implementation experience of integrating health care and early learning messages into a nutrition and WASH platform by a local partner?</td>
<td>Mixed methods</td>
<td>Individual interviews, focus groups, review of program records</td>
<td>Throughout implementation; Endline</td>
</tr>
<tr>
<td>What was the experience of community actors and caregivers with identifying and referring children with developmental difficulties to additional services?</td>
<td>Qualitative</td>
<td>Individual interviews</td>
<td>Endline</td>
</tr>
<tr>
<td>What is the simultaneous validity of the Global Scale for Early Development (GSED) and the Age and Stage Questionnaire (ASQ-3) in Mozambique?</td>
<td>Validation study</td>
<td>Household surveys</td>
<td>Baseline and Endline</td>
</tr>
</tbody>
</table>
Quasi-experimental Study Design

**Comparison Group**
- TN enrolls pregnant women and caregivers of children ages 0-23 months for community-level care groups.
- Baseline sample of n=485 caregivers of children ages 0-23 months through age-stratified random sampling.

**Intervention Group**
- Baseline sample of n=476 caregivers of children ages 0-23 months through age-stratified random sampling.
- TN delivers nutrition, WASH, and RCEL programs.
- Endline follow-up of caregivers of children ages ~12-35 months (we assume 25% LTFU).

**Total baseline study sample size of n=961 collected February-March 2022**
(exceeded minimum required sample of n=931)

**Total endline study sample n=875 collected February-March 2023**
## Results – Sample Baseline Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Comparison (N=485)</th>
<th>Intervention (N=476)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age of the child at baseline</strong></td>
<td>12.5 (6.2)</td>
<td>11.4 (6.0)</td>
</tr>
<tr>
<td><strong>Percentage male children</strong></td>
<td>198 (40.8%)</td>
<td>249 (52.3%)</td>
</tr>
<tr>
<td><strong>Age of the child’s mother</strong></td>
<td>27.9 (8.0)</td>
<td>26.6 (7.4)</td>
</tr>
<tr>
<td><strong>Primary caregivers with no formal education</strong></td>
<td>214 (44.1%)</td>
<td>144 (30.3%)</td>
</tr>
<tr>
<td><strong>Primary caregivers with primary education or higher</strong></td>
<td>251 (51.8%)</td>
<td>286 (60.1%)</td>
</tr>
<tr>
<td><strong>Primary caregivers who can read/write</strong></td>
<td>90 (18.6%)</td>
<td>141 (29.6%)</td>
</tr>
<tr>
<td><strong>Primary caregiver married or living with partner</strong></td>
<td>415 (85.6%)</td>
<td>410 (86.1%)</td>
</tr>
<tr>
<td><strong>Children whose father lives in the home</strong></td>
<td>359 (74.0%)</td>
<td>364 (76.5%)</td>
</tr>
<tr>
<td><strong>Number of persons living in the household</strong></td>
<td>5.2 (1.7)</td>
<td>5.4 (1.9)</td>
</tr>
<tr>
<td><strong>Improved Water Source</strong></td>
<td>172 (35.5%)</td>
<td>186 (39.1%)</td>
</tr>
<tr>
<td><strong>Improved Sanitation</strong></td>
<td>33 (6.8%)</td>
<td>22 (4.6%)</td>
</tr>
<tr>
<td><strong>Improved Floor</strong></td>
<td>19 (3.9%)</td>
<td>31 (6.5%)</td>
</tr>
<tr>
<td><strong>Caregivers with elevated symptoms of depression on the PHQ-9</strong></td>
<td>190 (39.2%)</td>
<td>169 (35.5%)</td>
</tr>
</tbody>
</table>
Results – Family Care Indicators

Percent of children who were engaged in different types of activities to support learning with an adult caregiver in the last 3 days

<table>
<thead>
<tr>
<th>Any familiar adult in the home</th>
<th>Comparison</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>0.12</td>
<td>0.28</td>
</tr>
<tr>
<td>Father</td>
<td>0.09</td>
<td>0.24</td>
</tr>
<tr>
<td>Other adult</td>
<td>0.26</td>
<td>0.59</td>
</tr>
</tbody>
</table>

Mean number of activities

Baseline | Change at Endline
## Results – Child Development Outcomes (Research Question 1)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
<th>Weighted difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control N</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td><strong>ASQ-3</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>483</td>
<td>-0.10</td>
<td>1.02</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>483</td>
<td>-0.17</td>
<td>0.99</td>
</tr>
<tr>
<td>Fine Motor</td>
<td>483</td>
<td>-0.14</td>
<td>0.96</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>483</td>
<td>-0.09</td>
<td>0.99</td>
</tr>
<tr>
<td>Personal-Social</td>
<td>483</td>
<td>-0.07</td>
<td>1.04</td>
</tr>
<tr>
<td>Overall ASQ-3</td>
<td>483</td>
<td>-0.16</td>
<td>0.99</td>
</tr>
<tr>
<td><strong>GSED</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined SF/LF</td>
<td>482</td>
<td>-0.24</td>
<td>1.01</td>
</tr>
<tr>
<td>Short Form (SF)</td>
<td>485</td>
<td>-0.27</td>
<td>1.11</td>
</tr>
<tr>
<td>Long Form (LF)</td>
<td>468</td>
<td>-0.10</td>
<td>1.16</td>
</tr>
</tbody>
</table>
Qualitative and Implementation Research Findings

Technical Approach

• Integration was seen as feasible and acceptable, however understanding of responsive care and monitoring child development were limited

Capacity

• Limited literacy of volunteers
• Pre-post training evaluations showed knowledge gaps, and the response was to expand the supervision/mentorship cadres
• Improvements in quality were observed through supervision overtime, but supervision dose may have been insufficient to ensure capacity of the frontline workers
Responsive care has been identified as a key component of impactful interventions (Jeong et al., 2021), but this was an area that was not well understood and may contribute to null results.

Intervention intensity - in terms of ECD content and frequency of connections with caregivers - may have been insufficient for the high-adversity context in Northern Mozambique (high poverty, climate risks, maternal depression, etc.)

Need to re-evaluate the supervision needs and appropriate job aids to support the worker’s capacity to deliver high-quality results (language and medium of job aids, etc.)

Focus on quality first - ultimate impact will only come once quality is ensured
Obrigada!

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INTEGRATING NURTURING CARE GROUP IN THE PSNP PROGRAM: SPIR-II EXPERIENCE IN RURAL ETHIOPIA

TIGIST MAMO, SPIR-II -RFSA

December 4, 2024
Overview

Productive Safety Net Program (PSNP-V)

- A **social protection** integrated program in Ethiopia.
- Provides **food/cash** to chronically food-insecure HH and other complementary programs

**Goal:** to reduce extreme poverty.

**Outcome:** Enhanced resilience to shocks of extremely poor and vulnerable HH.

**Coverage:** Reach 8 million people in **382** food-insecure districts

**Target:** HH living in extreme poverty (Men, Women, PLW and children)

**Implementer:** Government, INGO, LNGO, and others
Strengthen PSNP Institution & Resilience (SPIR)- II

USAID/BHA-funded follow-on program of Resilience Food Security Activity

Goal:
Building the resilience of the extremely poor & vulnerable to shocks &

Program result area
Sufficient quantity, quality, & diversity of food at all times;
livelihoods transformed
Accountable, effective, & shock-responsive PSNP services delivery system.
Geographic Coverage

- Two major regions
  - Amhara (9 district)
  - Oromia (8 district)
- 485 Kebles
- Out of this NCG is implemented in 155 kebele
  (100 Oromia and 55 Amhara)
Program design

Nurturing Care + ECD + Care Group

Nurturing Care Group – in PSNP program
Vulnerable Households & Individuals Have Sufficient Quantity, Quality, and Diversity of Food at all Time

1.1: Consumption Smoothed for Vulnerable Households

1.2: Access to, Availability, and Utilization of Quality Nutritious Foods Improved

1.3: Optimal IYCF Behaviors Practiced

1.4: Healthy, Community-Wide WASH

Food /Cash Transfer

1.2.1 HHs have materials and capacity to safely prepare, preserve and store food

1.2.2 PLW, CU2 maintain healthy diets, including animal source foods, during fast periods

1.3.2 Improved feeding, care, and stimulation practices for children under 5 (CU5)

1.3.3 Key influencers and health extension actors support dietary diversity & IYCF

1.4.1 Community members practice optimal sanitation and hygiene

Intermediate Outcome

Enabling environment at local level

Enabling environment at National

Enabling environment at International

Cross Cutting

Strengthen PSNP 4 Institutions and Resilience -II
Expected outcome and program component

**Outcome**
- Optimal Infant and Young Child Feeding Behaviors Practiced

**Intermediate outcome**
Improved feeding, care, and stimulation practices for children under 5 (CU5) in PSNP HHs

**Key influencers support**
- Dietary diversity and improved IYCF practice of PSNP HH

**Component**
Responsive care and promoting early learning
- Child and maternal health
- Maternal Mental health
- Maternal nutrition
- Child Nutrition
- WASH (a clean and safe place for children)
How it works

- Training
- Joint Supportive supervision and feedback session with gov’t staff
- Review meeting and feedback

39 SUPERVISORS

158 PROMOTERS - Received training

NCG - group
5983 selected and trained
conducted 16 sessions with
10-15 NC

• Group discussion
• QIVC for quality improvement
• Motivation

• Group discussion
• Home visit
Trend of NCG &NC attendance rate

NG/

NC
## Impact evaluation Study design

<table>
<thead>
<tr>
<th>T1-Control</th>
<th>T 2.</th>
<th>T3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• PSNP implemented by the government with SPIR II support for the provision of cash and food transfers only (no supplemental programming)</td>
<td>• PSNP +</td>
<td>• PSNP +</td>
</tr>
<tr>
<td></td>
<td>• SPIR II +</td>
<td>• SPIR II +</td>
</tr>
<tr>
<td></td>
<td>• NCG model</td>
<td>• NCG +</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• maternal grants</td>
</tr>
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</table>
## Baseline result

<table>
<thead>
<tr>
<th></th>
<th>Figure</th>
<th>Data source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stunting</td>
<td>40.4%</td>
<td>EDHS 2019</td>
</tr>
<tr>
<td>Wasting</td>
<td>13.8%</td>
<td>IFPRI impact evaluation (2021)</td>
</tr>
<tr>
<td>Underweight</td>
<td>23.4%</td>
<td>EDHS 2019</td>
</tr>
<tr>
<td>MAD</td>
<td>3.1%</td>
<td>IMPEL baseline (2022)</td>
</tr>
<tr>
<td>MDD</td>
<td>3.1%</td>
<td>IMPEL baseline (2022)</td>
</tr>
<tr>
<td>Exclusive breast feeding</td>
<td>79.2%</td>
<td>IMPEL baseline (2022)</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of HH practicing open defecation</td>
<td>50.35%</td>
<td>IMPEL baseline (2022)</td>
</tr>
<tr>
<td>% of HH access to a basic sanitation service</td>
<td>17.8%</td>
<td>IMPEL baseline (2022)</td>
</tr>
<tr>
<td>% of Diarrheal disease in children 0-59month</td>
<td>12.11%</td>
<td>IMPEL baseline (2022)</td>
</tr>
</tbody>
</table>
Promising findings from preliminary analysis of midline

- Caregivers in both treatment groups (NGs and NGs + maternal grants) showed significant improvements in knowledge; increased intake of dairy, eggs, and Vitamin A-rich fruits and vegetables have improved dietary diversity.
- The prevalence of stunting in this group is nearly 5% lower than in the control group (with a p-value of 0.08).
- The maternal grants +NCG group shows a 0.15 SD increase in WAZ compared to the control group.
Way forward

- ECD integration with social protection improves nurturing care.
- Involving the government from the start improves volunteer mobilization and motivation.
- Empowering community volunteers in nurturing care it enhances responsive care and early learning outcomes.
Thank you
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