



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

December 4, 2023

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



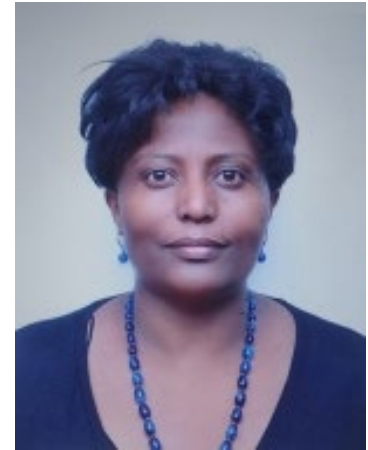
# Speakers



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Vision



# Evaluation of an Integrated Nurturing Care Activity in Mozambique

Higino Andre, Transform Nutrition

Cat Kirk, USAID



# Background



### 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*

## WHO Guidelines for Improving ECD (2020)

**Global Child Thrive Act**  
USAID Implementation Guidance

February 2023



# Partners Involved



USAID  
Advancing  
Nutrition



Save the  
Children®

# Transform Nutrition

Comida para Vida • Yolha para Okumi



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 Alcanar, to cascade to health care workers at health facilities)

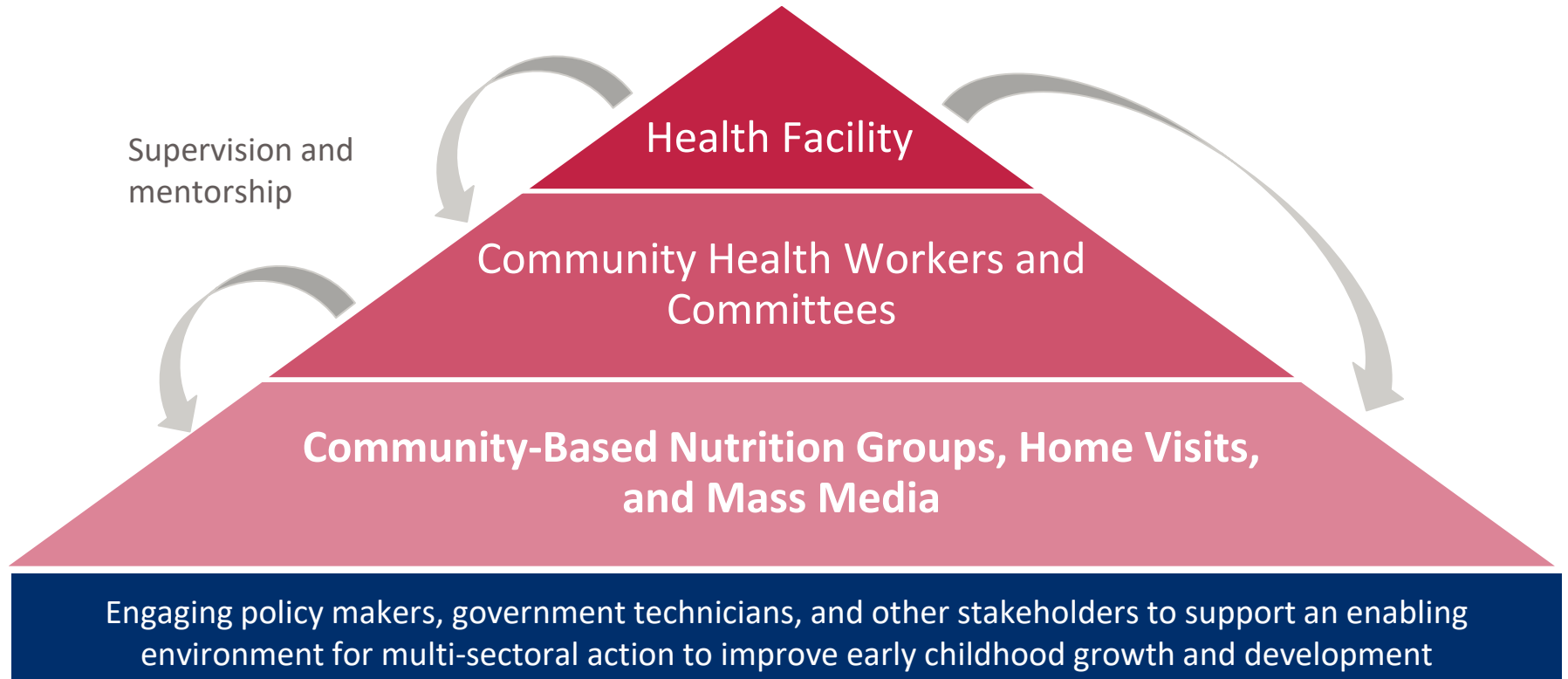
## Geographic Scope



★ Nutrition and WASH

 Integrated Package to Improve ECD

## Levels of Service Delivery Implementation

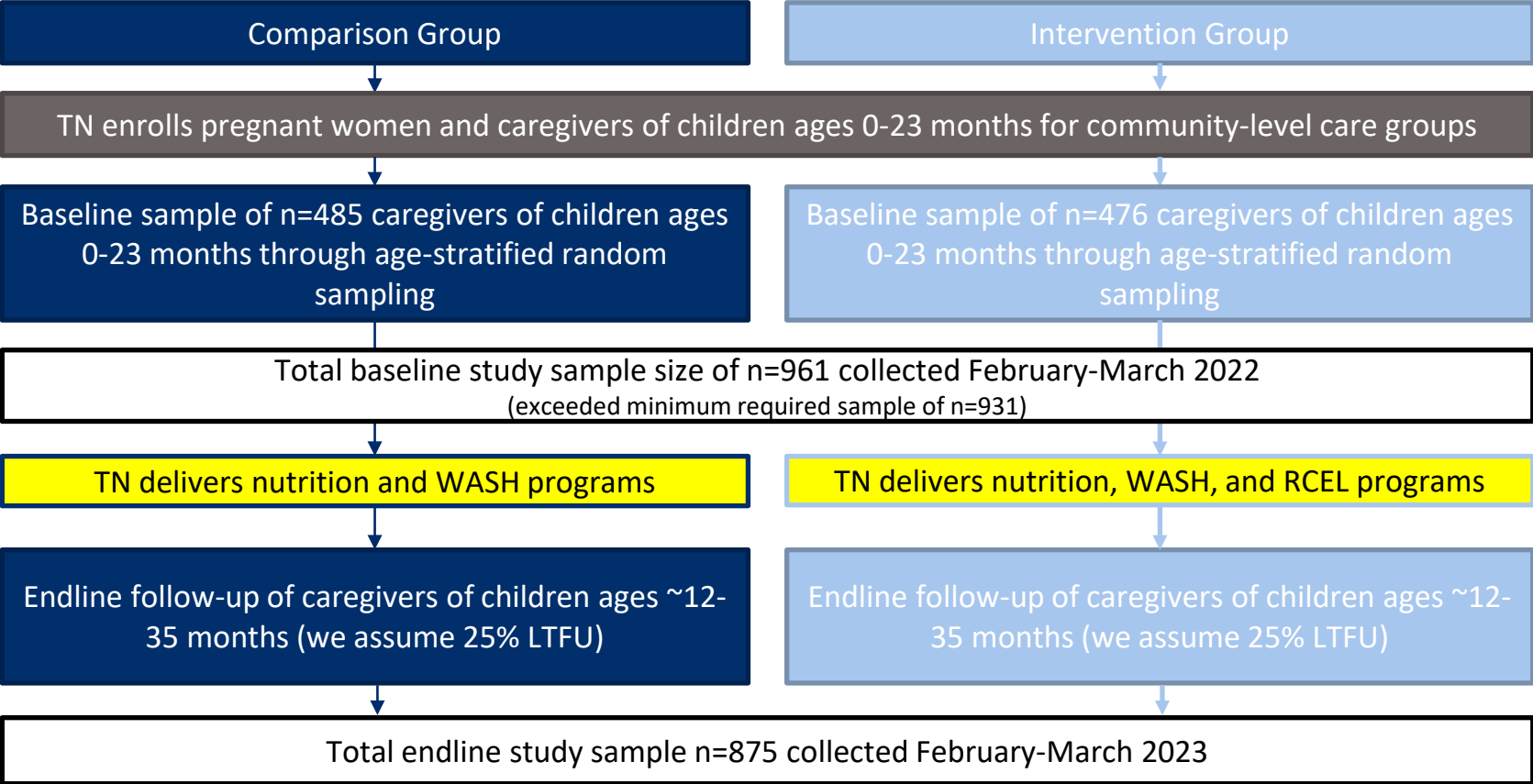




## Research Questions

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

# Quasi-experimental Study Design

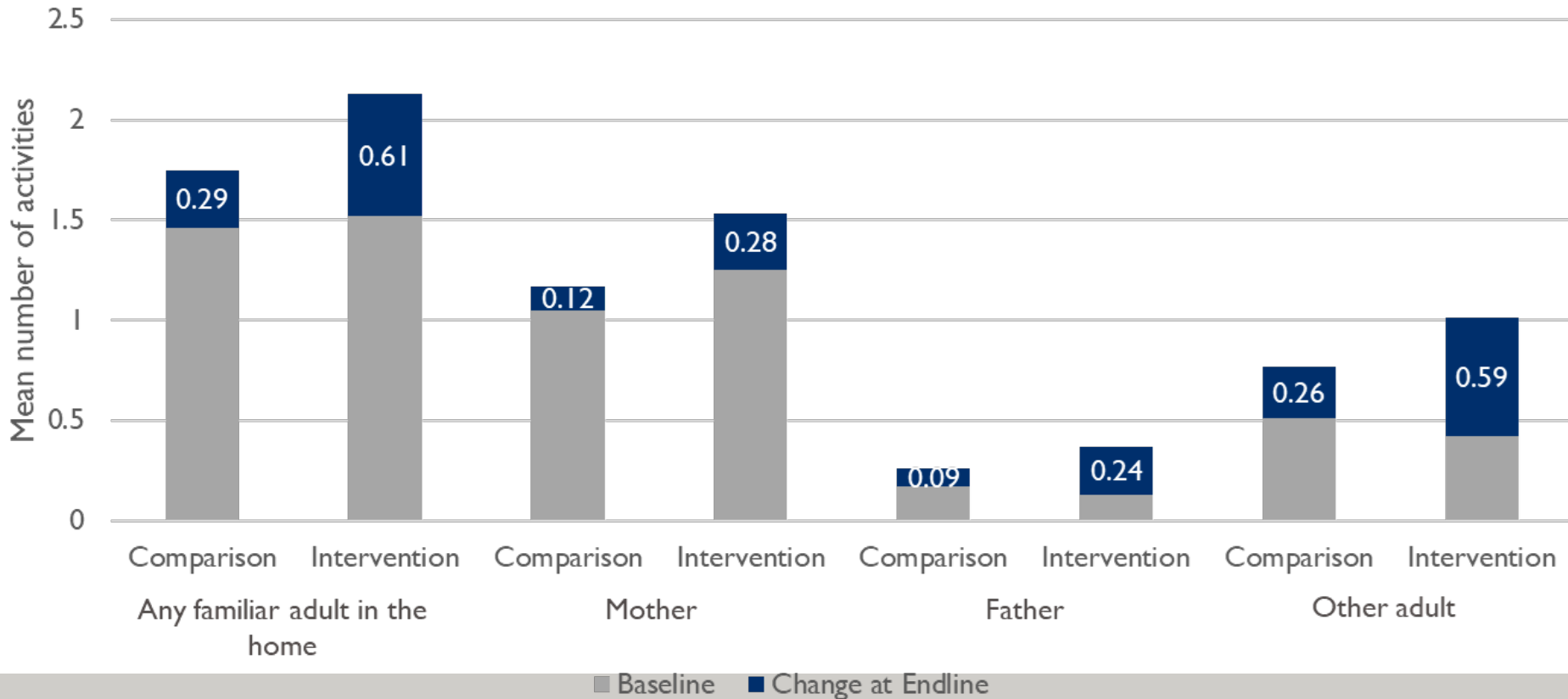


## Results – Sample Baseline Characteristics

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

## 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



## Results – Child Development Outcomes (Research Question 1)

	Baseline						Endline						Weighted difference	
	Control			Intervention			Control			Intervention			Diff or Prev Ratio	
<b>ASQ-3</b>	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	(95% CI)	p-value
Communication	483	-0.10	1.02	471	0.10	0.97	445	-0.03	0.97	428	0.04	1.03	0.04 (-0.11, 0.20)	0.596
Gross Motor	483	-0.17	0.99	471	0.17	0.98	445	-0.05	1.00	428	0.05	1.00	0.05 (-0.12, 0.22)	0.553
Fine Motor	483	-0.14	0.96	471	0.14	1.02	445	0.01	1.01	428	-0.01	0.99	-0.08 (-0.24, 0.07)	0.300
Problem Solving	483	-0.09	0.99	471	0.09	1.00	445	-0.08	0.98	428	0.08	1.01	0.11 (-0.04, 0.26)	0.161
Personal-Social	483	-0.07	1.04	471	0.08	0.96	445	-0.09	0.99	428	0.09	1.00	0.13 (-0.03, 0.29)	0.121
Overall ASQ-3	483	-0.16	0.99	471	0.16	0.99	445	-0.07	1.01	428	0.07	0.99	0.07 (-0.11, 0.25)	0.439
<b>GSED</b>														
Combined SF/LF	482	-0.24	1.01	469	0.00	1.01	442	0.07	0.97	428	0.21	0.95	0.05 (-0.13, 0.23)	0.604
Short Form (SF)	485	-0.27	1.11	475	-0.08	1.15	446	-0.13	1.02	429	-0.10	0.93	-0.02 (-0.18, 0.14)	0.810
Long Form (LF)	468	-0.10	1.16	469	0.15	1.17	446	0.24	1.13	429	0.40	1.17	0.09 (-0.15, 0.33)	0.474

# 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



## Key Takeaways

- 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

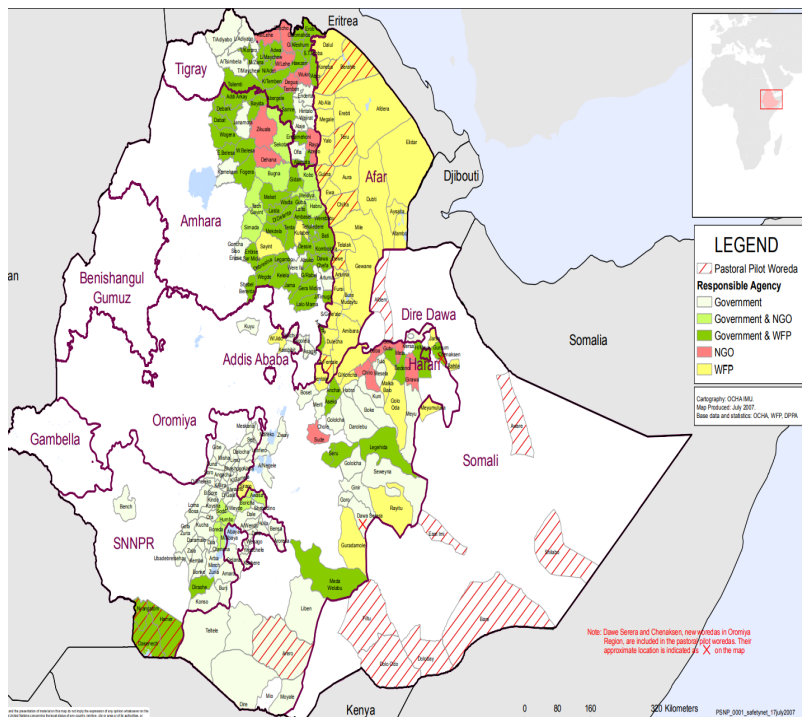
**Goal:** to reduce extreme poverty.

**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 :**

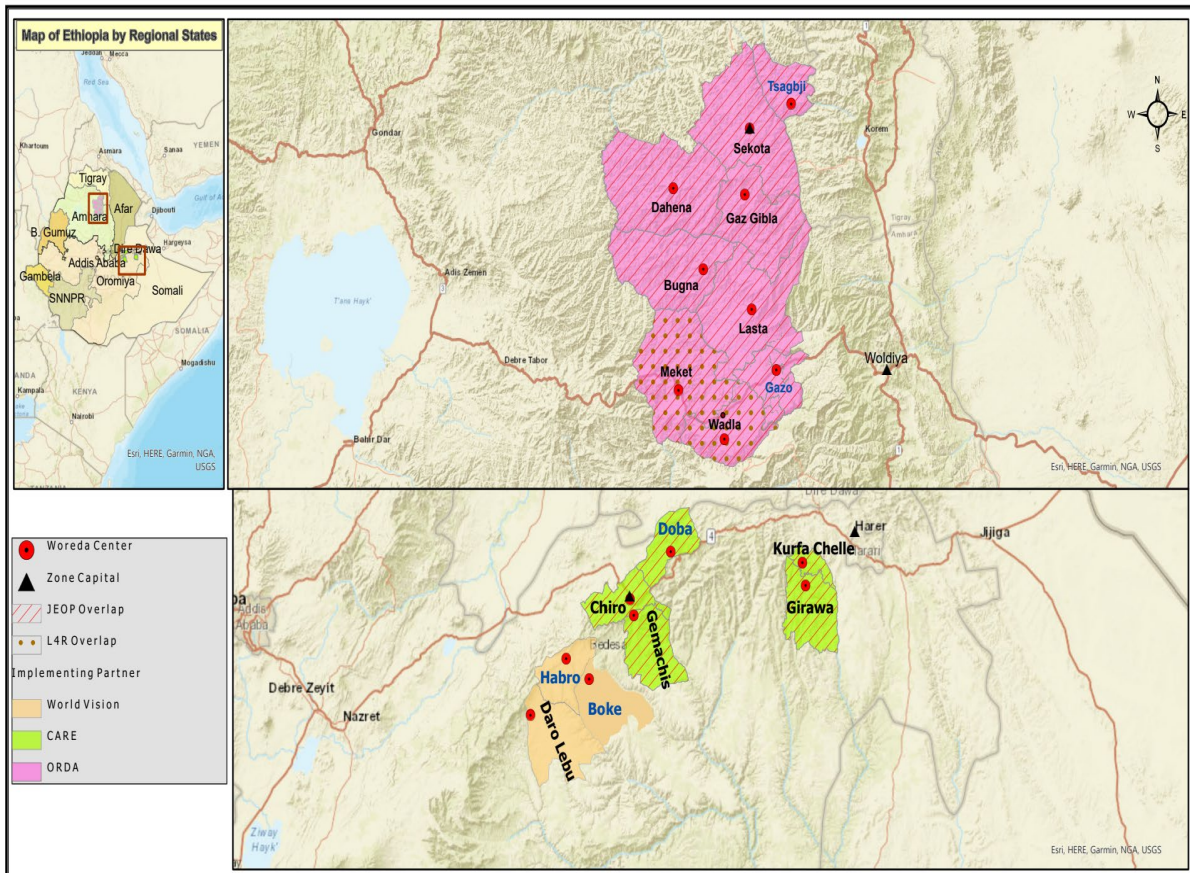
Building the resilience of the extremely poor & vulnerable to shocks &

## **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

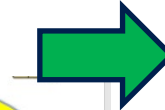
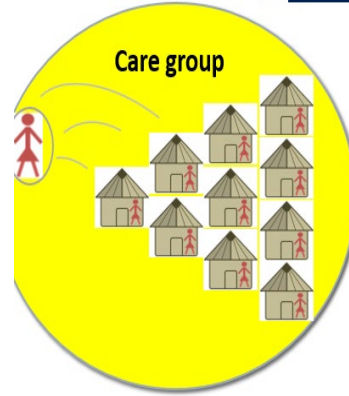
Nurturing Care



+ ECD



+ Care Group



Nurturing Care Group –in PSNP. program



# P1- TOC

Purpos

Vulnerable Households & Individuals Have Sufficient Quantity, Quality, and Diversity of Food at all Time

Intermediate Outcome

1.1: Consumption Smoothed for Vulnerable Households

Food /Cash Transfer

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

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: Optimal IYCF Behaviors Practiced

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: Healthy, Community-Wide WASH

1.4.1 Community members practice optimal sanitation and hygiene

Institutional Strengthening and Capacity building,

Environmenta and Climate change

Gender and Youth Empowerment

Engagement and Social Accountability

INTERVENTIONS

Enabling environment at local level

Enabling environment at National

Enabling environment at International

Cross Cutting

# 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



## Component

Responsive care and promoting early learning

Child and maternal health

Maternal Mental health

Maternal nutrition

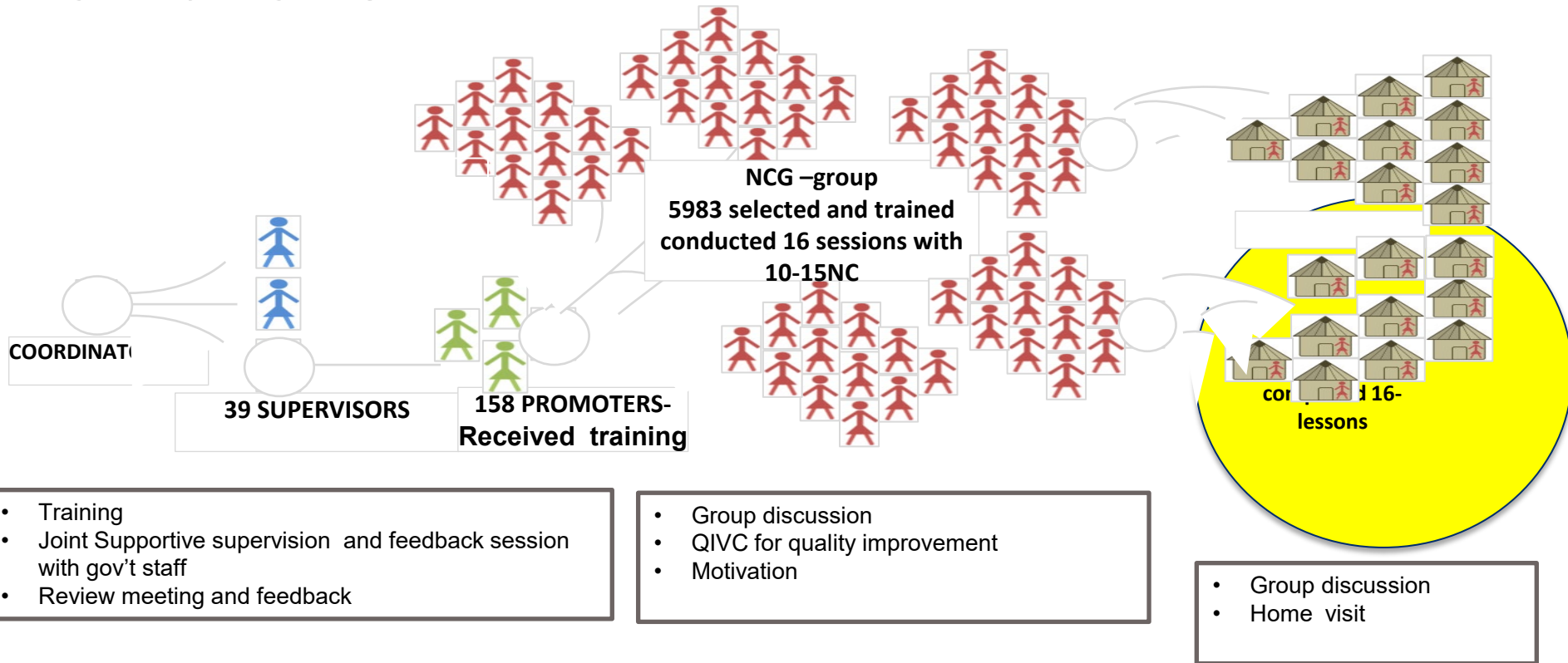
Child Nutrition

WASH (a clean and safe place for children)

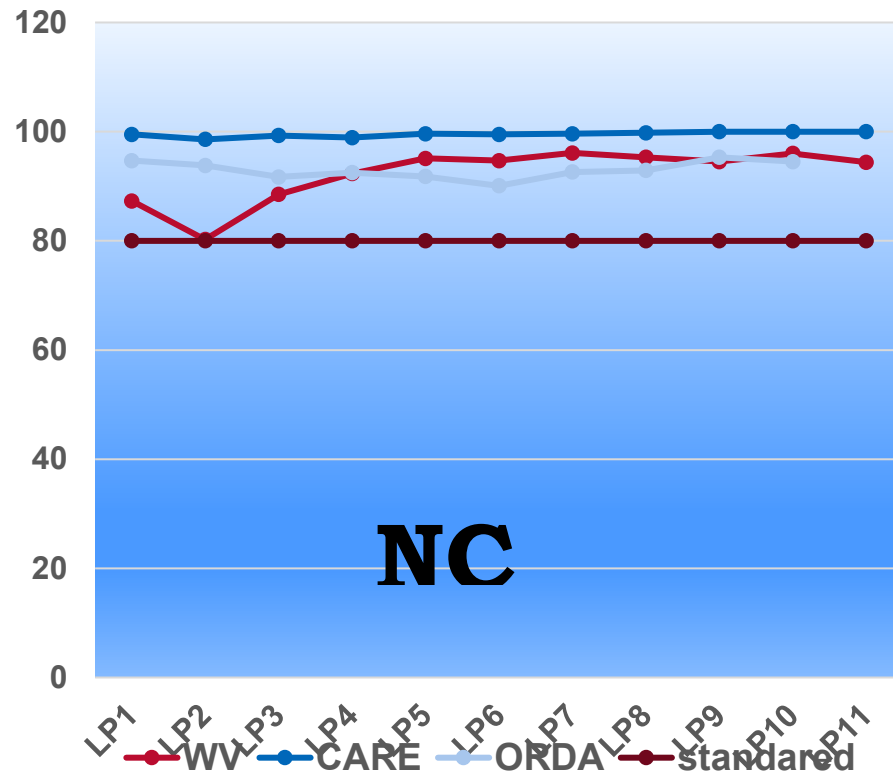
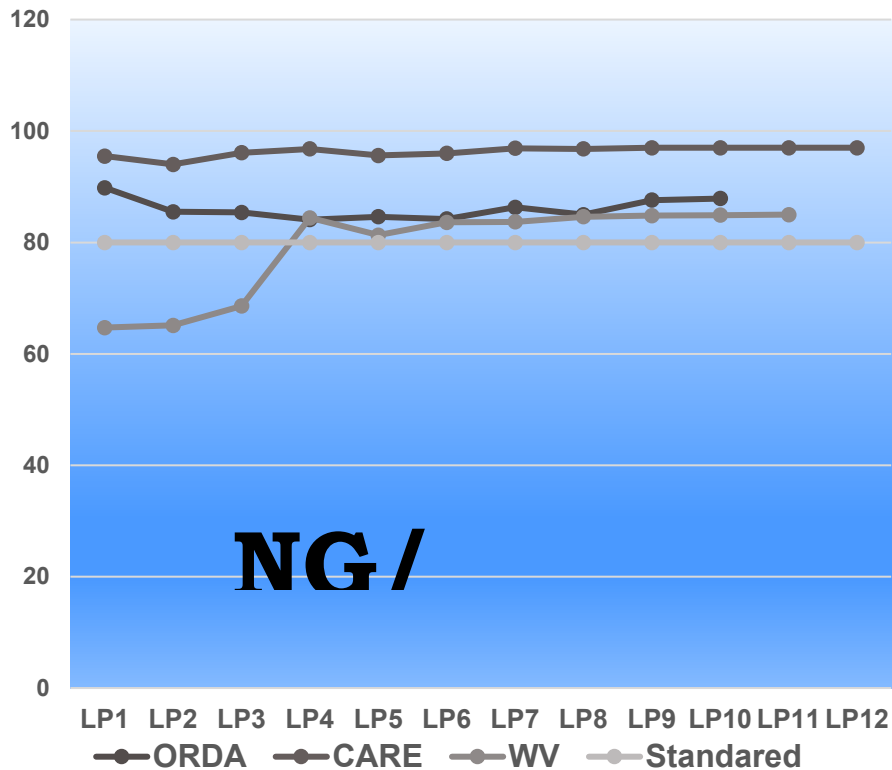
Key influencers support

community diversity and foster practice of PSNP HH

# How it works



## Trend of NCG & NC attendance rate



# Impact evaluation Study design

## T1-Control .

- PSNP implemented by the government with SPIR II support for the provision of cash and food transfers only (no supplemental programming)

## T 2.

- PSNP +
- SPIR II +
- NCG model

## T3.

- PSNP +
- SPIR II +
- NCG +
- maternal grants



# Baseline result



Indicators	Figure	Data source
<b>Nutrition</b>		
Stunting	40.4%	EDHS 2019
Wasting	13.8%	IFPRI impact evaluation(2021)
Underweight	23.4%	EDHS 2019
MAD	<b>3.1%</b>	IMPEL baseline (2022)
MDD	<b>3.1%</b>	IMPEL baseline (2022)
Exclusive breast feeding	79.2%	IMPEL baseline (2022)
<b>WASH</b>		
%of HH practicing open defecation	<b>50.35%</b>	IMPEL baseline (2022)
%of HH access to a basic sanitation service	<b>17.8%</b>	IMPEL baseline (2022)
% of Diarrheal disease in children 0-59month	<b>12.11%</b>	IMPEL baseline (2022)

## 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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**Questions?**





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