



# Elevating Nutrition in Pre-Service Training: A Competency-based Tool to Assess Coverage of Nutrition Content

## Webinar Transcript

### Lauren Wheeler

Hi everyone. Thank you for joining us for today's elevating nutrition and pre-service training webinar. Just wait for a few more people to join.

Hi everyone, welcome. While we wait for everyone to join and get connected, please feel free to introduce yourself in the chat by stating your name and the location you're joining from. We'll give it about a minute to let everyone file in and connect to audio.

For those of you who just joined, please feel free to introduce yourself in the chat box with your name and where you're joining from. We'll give it about 30 more seconds as people file in.

Okay, we will go ahead and get started. Thank you so much for joining today's webinar on elevating nutrition and pre-service training a competency-based tool to assess coverage of nutrition content. My name is Lauren Wheeler and I'm a project coordinator with USAID advanced nutrition. I will kick us off with some Zoom housekeeping and reminders that you may find useful during the webinar.

Next slide Tori. If at any point during today's webinar, you are unable to hear the speakers, please make sure you have connected your audio by selecting the headphones icon at the bottom of your Zoom window. Please send a chat message to everyone to introduce yourself. Send in your comments or questions or ask for tech support during today's session. Closed captioning in English has been enabled for this meeting. To view the live English subtitles on your screen click on the CC icon and select to show subtitle. Finally, please note that this meeting is being recorded and live-streamed.

Next slide. While this webinar is in progress, please submit your questions for the panellists in the Q&A box. Panellists will either reply back to you via text in the box or we'll answer your questions during the Q&A discussion portion of the webinar. Next slide. Today's webinar is available in English, French and Russian. To enable in your interpretation in the language of your choice, click on the globe icon at the bottom of your screen.

I will now turn it over to Sascha Lamstein who will be moderating this webinar. Sascha has 20 years of experience working in international public health. She has a PhD in food policy and Applied Nutrition from Tufts University. She is a senior technical advisor with the USAID advancing nutrition project, leading efforts to strengthen the delivery of nutrition services through the revision of pre-service training, the use of digital tools, and mentoring of health workers. Over to you, Sascha.

### Sascha Lamstein

Thanks, Lauren. Sorry, I was on mute for a second there. Thank you very much, first of all, Lauren, for really appreciate your attention to detail and your overall support for making this webinar happen today.

Welcome to all of you. Good morning, good afternoon, good evening. I really appreciate you joining from all over the world. As you can see from the agenda here, we are hoping to cover a lot today.

I'm really thrilled to have such a great lineup of speakers who will share their perspectives on and experiences with developing, reviewing, and revising curricula for pre-service education, particularly related to nutrition. Without further delay, I'm going to hand it over to Anne. Anne has led the capacity strengthening work at USAID Advancing Nutrition since 2019. Working to strengthen approaches to strategic planning, organizational development, training, and mentoring for USAID and other partners.

Prior to her work with USAID Advancing Nutrition, she has worked with a range of international and local organizations to design strategic conversations, organizational development programs, and capacity-strengthening initiatives in the fields of nutrition, food security, and global health across both humanitarian and development in Africa, in the Middle East. Anne, over to you.

## **Ann Miceli**

Wonderful. Thank you, Sascha. I wanted to just first issue a few words of warm welcome to everyone. We're really pleased to have you all with us today to really discuss this important piece of work for nutrition. USAID Advancing Nutrition, over the last five years, has conducted a wide range of work, integrating nutrition into the health system, and really working to identify the right opportunities to strengthen the focus on nutrition, particularly for women and children under two years of age.

Pre-service training in particular is a really critical moment where we can strengthen healthcare providers' knowledge and their skills to really improve the quality of nutrition services. Through these kinds of updates to pre-service training, we can reach health workers just as they begin their careers, creating that really strong foundation that can last for years and years to come.

In many ways, pre-service training is one of the most sustainable moments to make change in the way that health workers address nutrition. Today we're really proud to share this piece of work with you, and to really help take the nutrition work that we're doing the next step forward. We know the tool that we're discussing today will help those of you who are interested in strengthening nutrition components of pre-service training to make that piece of work easier for you and to really think about the critical role that nutrition plays in all of the healthcare that's delivered across your countries. With that, I just would like to welcome you again, and then I'll hand back to Sascha to take us through the next part of the webinar. Sascha, back to you.

## **Sascha Lamstein**

Thank you very much, Anne, for the intro. Now I'm pleased to turn it over to Tori, who has been working with me very closely. She's sharing her slides. She's been working with us very closely on this work, and she's going to lead us in a little poll to get us all thinking about pre-service training a little bit. Tori?

## **Tori O'Halloran**

Thank you, Sascha. All right. If everyone can please click on the link that Lauren has shared in the Zoom chat to access the Menti poll or use the QR code that's also shown on the screen we'll be answering the following question, in a few words, why do you think it is important to cover nutrition topics when training frontline health workers? I will let Sascha share the answers.

## **Sascha Lamstein**

I'm working on it, Tori. [laughs] I'm almost there.

## **Tori O'Halloran**

Sure. If anyone has any issues, please feel free to reach out to our technical support on this. Perfect. This form will show up and you can add one or a few words, whatever pops to mind when you think of nutrition topics in frontline health worker.

## Sascha Lamstein

There we go. That's what I wanted you to see. Sorry, Tori.

## Tori O'Halloran

Excellent. We have a word cloud here. Some of the main answers are those that we've seen a little more frequently that are appearing larger, include cost effective. It's a sustainable way of impacting nutrition, integration. It affects many people. A more holistic approach. It's very well-rounded. There's a lot of counselling involved when frontline workers are providing their services. Yes. Education, sustainability, morality, undernutrition. These are all excellent. I'll give everyone maybe a couple more seconds to submit. It's critical and definitely a health priority. Great. Thank you for getting us warmed up in thinking a little bit about nutrition in pre-service training. I will now hand it back over to Sascha Lamstein to speak for the rest of the slides.

## Sascha Lamstein

Great. Thanks, Tori. Thank you, Anne, for getting us started. I appreciate how that's set the stage. I feel like I just need to double-check. I am. Okay, good. I'm not muted. I keep on worrying that I'm muted. Thank you very much. I'm excited to get us started now in my presentation and I love the answers that you all gave. I think that's right on track of what we were thinking as well.

Next slide, Tori, on purpose of the tool. Building country capacity to deliver multi-sectoral nutrition programming is one of the US state advancing nutrition's key strategies for sustainability, which you all mentioned, and success. One of the US state advancing nutrition does a fair amount of global work that's relevant to many different countries or hopefully relevant to many countries.

One way we thought that we might be able to contribute was by developing a tool that government ministries, universities, professional associations and others could use to review the nutrition content of pre-service curricula. We focus on professional frontline or primary care level health workers who are expected to complete one or more years of school at a university or post-secondary training institute to equip them with the competencies required to deliver quality services from their first day on the job.

It's key to note that we were not looking at community health workers who might have a couple of months of training. We were looking at professional frontline health workers who have one or more years of post-secondary school. Our thinking was that the process of conducting and the findings from such a review, this review of the curricula could draw attention to pre-service education and nutrition content included or not included in the curricula and could review alignment of curricula with national job descriptions. It could also help suggest next steps for integrating up-to-date nutrition content that aligns with national standardized job descriptions and certification requirements in pre-service education curricula. Next slide.

In 2021, a while back now, we developed a list of competencies for the delivery of nutrition services at the primary care level, working at the front line. Different terms are often used. We have said the primary care level or working at the frontline, what we mean is workers who are the first and often the only point of contact for a wide range of individuals.

We prioritize competencies required for health workers to deliver the nutrition services that they are typically expected to deliver at the frontline, as well as other competencies necessary for delivering services that need to be, expected of such health workers.

I noticed that someone in that word cloud mentioned something related to non-communicable diseases. That's something that is new, and so it's something that frontline health workers may really need to be responsible for and have the competencies for because that is such a growing issue.

That's what we were thinking about here, is that we wanted to, as they say in English, push the envelope. [laughs]. Now I'm forgetting the expression in English. We wanted to push a little bit, not just the normal services that are delivered, but think about what needs to be delivered in today's time. We reviewed globally recognized guidance documents, including, many of you will be familiar with the competency verification toolkit for Baby-friendly Hospital Initiative.

We also used very extensively and really appreciated the work of the Engine Project, another USAID-funded project that was based in Ethiopia. They developed a detailed list of competencies for health science, cadres, and undergraduate nutritionists. Initially, our list included 84 competencies that we organized into 11 categories. Quite a few, but still not as many as other lists that we looked at. Next slide, Tori.

We then piloted the tool in five countries in Bangladesh, the Democratic Republic of Congo, Ghana, the Kyrgyz Republic, and Malawi. As you can see, I'm not sure how easy it is to read, but you can see what we added here to the map just for interest was the number of nurse midwives per 10,000 people. As you can see, there's quite a bit of variability in these countries. Then not surprisingly, they also vary in a number of other ways with regard to their health systems and the pre-service education requirements of their health workers. However, in each case, I'm pretty sure it's fair to say that we found that the list of competencies and the process that we followed with our tool worked and it produced useful findings. Next slide. Just to give you a sense of some of the things that we found in these five countries or just the kind of information you can find, the purpose of today is not to go over these findings quite as much, but to talk about and introduce you to the tool and what it can do for you.

Actually, I can remind perhaps, Lauren, if you haven't already, maybe put in the chat the link to our report from this work. If anyone is interested, you can look at that. You can take a look at that. It's also available in French and Russian in case you're interested. We found that a range of cadres provide frontline nutrition services ranging from community health nurses and technical officers with two to three years of pre-service education to family nurses and family doctors with much lengthier pre-service education. We also looked at job descriptions. We found that nutrition-related job responsibilities also varied fairly significantly across cadres and countries. Most job descriptions we reviewed mentioned something related to the assessment of nutritional status, the management of wasting among children, healthy living, often sanitation or hygiene or wash.

General infant and young child nutrition, some breastfeeding, behavior change, communication and management of nutrition services. They mostly did mention those, but fewer job descriptions mentioned the management of malnutrition or thinness among adults, the management of micronutrient deficiencies, responsive care in early learning, which is often coupled with nutrition these days.

Maternal nutrition, adolescent nutrition, the delivery of nutrition services in the context of chronic disease and the delivery of nutrition services in the context of emergencies. Both the chronic disease and the emergencies unfortunately seem to be a growing trend, greater prevalence of chronic disease and emergencies seem to be increasing as well, unfortunately, but both seem to be areas that really do need to have greater attention. We found that the curricula do not always align with job descriptions. Then turning to the pre-service education, the requirements also vary significantly. The pre-service training programs for the cadres we selected ranged from one year, that's Malawi's HSA training, to 10 years in length, that is the Kyrgyz Republic, the family doctor. The curricula for these programs were published between 2 to 15 years ago.

Another key finding was that it isn't always easy to determine if a curriculum addresses some of the competencies based on the information provided. We were looking at the curriculum, not lesson plans

or reading lists. We were looking at the curriculum, which has lists of topics and maybe some higher-level learning objectives. There were some challenges and limitations.

Next slide. Just quickly, we found that the best-addressed topics in the curriculum or the curricula that we reviewed were assessment of nutritional status, management of micronutrient deficiencies, promotion of healthy living, responsive care, maternal nutrition, and behavior change communication and counseling. Next slide, Tori. Thank you. There were still some gaps in the curricula reviewed. Only five of the curricula we reviewed appeared to adequately address competencies related to the management of wasting in children and adolescents, breastfeeding, complementary feeding, or the management of nutrition services.

Only four adequately covered competencies related to the management of undernutrition or thinness among adults, and less than four adequately addressed competencies related to the promotion of general infant and young child nutrition practices, adolescent nutrition, and then, again, the delivery of nutrition services in the context of chronic disease and in the context of emergencies. We found that even recently updated curricula have gaps in nutrition content.

Next slide, Tori. After piloting the tool, we revised the list of competencies trying to strike a balance between high-level broad competencies or general competencies that almost all curricula would have to very specific competencies that might be more difficult to find. We didn't want to be too high-level because then all of the curricula would seem to be covering everything, but we also didn't want to be too specific that would make it almost impossible.

We also separated categories of competencies that are not likely to be equally addressed. We didn't want to combine management of malnutrition among children in one category with management of thinness among adults, because what we suspected was that some curriculum would cover management of malnutrition among children, but wouldn't cover management of malnutrition among adults. We wanted to make sure they were separate so that the gaps were identified. Ultimately, we prioritized 68, so fewer competencies, and we grouped them into 12 categories. Next slide. Tori, please.

This is just giving you a quick list of those competencies similar to the list you saw before that I've mentioned before. I'm just going to keep on going to the next slide, Tori. Oops. We also refined our process to involve and so that process revolves in reviewing the policy environment, selecting the cadres of health workers, then identifying which new competencies are relevant for each cadre. We somewhat assumed that the competencies on our list were probably relevant to most of these cadres, but that's part of the process, right? We can't assume all of them are relevant given how different each health system is.

Then determining how well the curricula, as I've talked about, addresses the competencies to deliver nutrition services and then reporting or sharing and using the findings. That was the process that we followed and the process that you will see described in the tool. We also developed job aids, I just want to quickly go through these, for reviewing national documents and assessing the health system.

Here you see a little table for reviewing documents and another table for reviewing the types of health facilities and then the cadres of health workers. Then this is the tool that was actually for reviewing curricula. In this, you can see a general description of the curriculum as well as going through each course. That first little table is the different courses and it talks about the amount of nutrition content in each course.

Then the bottom table there is getting into the specific nutrition competencies that are covered. First, we would determine if the competency is relevant to the health worker. There's some categories there, and then the extent to which the curriculum addresses a competency. We have a category for not applicable, not addressed, somewhat addressed, well addressed, and unable to determine.

In the tool itself, I haven't presented them, but we also include illustrative tables for presenting findings. Our thinking was that the tool could be used in two main ways, in two scenarios as part of a larger effort to update all aspects of the preservice curricula, which is often the case, that if there's an effort to update a curriculum, you're not just looking at the nutrition content, or as a focused effort like what we did to look specifically at the nutrition content of preservice curricula. That might be if you are like us, nutrition champions, focused on nutrition, looking at that and wanting to call attention to the need to make revisions.

The tool isn't designed for making the final decisions or the updates or rolling out revised curricula. We see it really as a first step as a way to get started in the process. Final decisions regarding curricula content and the rollout will require a deeper dive review of the course syllabus, lesson plans, and reading lists. Careful consideration of human resources for health and trainings of trainers and professors. That's our tool. I will look at the chat and see if you had questions and also happy to answer later on.

I should say that the tool is not yet up on the web, but we will be posting it very soon and we will be sure to send it out to all of you who registered for the webinar. Sorry, our timing was just a little off, so we couldn't get it posted yet, but we will be sharing it very soon. At the very least, you can look at the report from the five countries. I am pleased to say that we can now go over to our other three speakers so we can hear their perspectives on the tool and experiences either using this tool or following other processes to review preservice training.

Next slide. I'm very pleased to introduce Tursun-- I've never practiced her last name, Mamyrabaeva. Sorry, Tursun, if I missed that up. Tursun has 43 years of experience in health care as a physician, along with academic experience in pediatric nutrition. She has studied immunology of chronic viral hepatitis and holds a PhD in malnutrition of children up to three years old. She has experience in research, analysis, and development of strategic documents, some of the very important documents in the Kyrgyz Republic, which includes work with state programs to improve nutrition of the population and drafting laws of the Kyrgyz Republic.

Currently, Tursun works as a professor at the Kyrgyz State Medical Academy. She's also worked with us, with USAID Advancing Nutrition, to pilot the early version of the tool in the Kyrgyz Republic. Tursun will present in Russian. If you haven't done so already, please click the interpretation icon at the bottom of your screen to be sure to hear in your preferred language. Tursun, over to you, please.  
[silence]

## **Tursun Mamyrabaeva**

[Russian language]

## **Interpreter**

Kyrgyzstan. Oh, we have the job of family nurses and-

## **Sascha Lamstein**

Tursun, I think I need to interrupt. Lauren, I don't think-- I'm not hearing the translation. I just want to make sure. I see a few other people commenting. Sorry, Tursun to interrupt you, but I want to make sure. I'm not able to hear you.

## **Lauren Wheeler**

Yes, if everyone can please click on the interpretation icon and choose English to listen to. You may also choose to mute the original audio where you will be able to hear the interpretation.

## **Sascha Lamstein**

I had done that and it's not working. [silence] I'm not sure if there's anything we can do about it. All right. You could not hear either, so I'm not alone at least. [laughs] I'm glad. There was no English translation. Lauren, is there anything else we can do?

## **Lauren Wheeler**

Yes. I'm looking to connect to all the other interpreters.

## **Sascha Lamstein**

I'm so sorry, Tursun, but I want to make sure that we understand and hear you, that all of us do.

## **Lauren Wheeler**

Okay. It should be good now.

## **Sascha Lamstein**

Thank you. You said that it's good now. Okay.

## **Tursun Mamyraeva**

Can you hear me well now? Yes.

## **Sascha Lamstein**

I can. Yes. Excellent. Good. Tursun, please continue. I'm very sorry for the interruption.

## **Tursun Mamyraeva**

[Russian language]

## **Interpreter**

In other words, very bright network where we can assist with the nutrition and we have this law order of the government, Kyrgyz Republic, and also the malnutrition and the underweight. The very process of this-- I'm sorry. I don't quite said it well. The family doctors they study six years at the university and then two years of residency to get the diploma of the family doctor. It's total of eight years, maybe. I didn't put it correctly.

As to the pre-service education of family education, they went two years and then 10 months of practicum and also three in the health months. It's more than three years of training for family nurse practitioners and then they get this diplomas and certificates in order to work as family nurses and family doctors, but in spite of this access to this primary care we still have the problem of malnutrition. We have this malnutrition and undernutrition, anemia problems and also we just got this.

## **Interpreter**

We've just recently got the results on nutrition status study. There we got some really sad picture. Folic acid deficit is seen in 85% of fertile women. Almost all the women.

In some regions it's 90%. 90% of women have the deficiency of folic acid. Also there was another study on vitamin D and almost one out of two women and adolescents, they have vitamin D deficiency. The problem linked to nutrition in our republic still are very, very relevant. The health system is provided by the General Training Center. Next slide, please. This is how we have this system. We have this General Practice Center.

The regional level it coordinates family medicine center, territorial hospitals, and the emergency services. The family medicine center has family doctors, family nurses, and narrow specialists, which

provide consultations on different nosologies. Also, there's the immunization center. Also, we have the health promotion room, which has nurses employed and they do some nutrition awareness work there.

In the territorial hospital, we have nurses, we have midwives, and some semantic departments with specialists. It is all organized at the regional level. At the village level, if it's a larger municipality, they have some family medicine center with one family doctor and several nurses, and a nurse on immunization.

If it's a smaller village, with up to 1,500 people there, we just have a small office with only a nurse. In some places we also have midwives or a junior doctors. Almost all the territory of Kyrgyzstan is covered by the primary and secondary health services. The availability is there, is good.

## Tursun Mamyraeva

[Russian language]

### Interpreter

-and they helped us in this direction and the next is the primary care in the Ministry of Health. This was the chief specialist in nursing. We were working with them. We had a lot of questions about organizing and also about the standards. We had a lot of questions. The next informants were the federal employees of the Kyrgyz at Medical Academy. They had the curricula and they offered it. This is Slavic Institute of Kyrgyzstan and also the medical college. They have the training for nurses. We also worked there with almost all the employees there. Almost all the stuff who are correlated with nurses' training and also Kyrgyz State Medical Institute of Retraining and Professional Development.

they were worked with Vice-rector, with the dean of family medicine, and also all the alumni of this college who would like to be family nurses, they have to go through retraining through three months and a half in this institution. Also we worked with the professional association of family doctors and of family nurses.

The next slide, please. In order to have this choose our **[unintelligible 00:38:28]** we analyze different documents. This is the National Nutrition Programs, is to have the policy of development and education in nutrition and also the safety. We analyze the orders of the Ministry of Education. There is the standards called the Higher Professional Education. the new standards of the 2021 and also as to the standards, according to the standards, everything was reviewed.

The second order was about the standards of higher professional education of 2019. Also, there was the order of the Minister of Health there. We were looking at family doctors and nurses, and we looked at the responsibilities, first in general, and then in specifically of family nurses who offer the services of nutrition to broader community. We analyze to the syllabi and to the course curricula. In some colleges where the syllabi are prepared, we work with them. We've worked with them.

The next slide. Because the results that we received were outlined by Sascha, I would like to tell what helped us to successfully review their curriculum and to make this provision study. Of course, we would like to outline the Minister of Health and their Human Resources. She helped us all the way.

We made several meetings with stakeholders. The orders, work programs, syllabi are available on the website of the organizations, which eased our work. Some of the program's syllabi, they're all accessible for review. The key informants, when we had some difficulties, we consulted with them. We received some answers, and it was some kind of environment that, of course, characterized the interest in the results and if we were going in the right direction, it was interesting to get those results.

We consulted with them and when we were going to get them final results. All was very good environment in order to fill out those tools and to get everything ready. I said a lot about the meetings. We made the gatherings with this. The next slide. Of course, there were challenges when we started



the curriculum review and when we had to sort out the orders because the orders of the health department outlined the competencies and the job descriptions of family nurses and also the family doctors.

Here we found a lot of orders, which target the job descriptions national chapter and those were from 14 to 21. Some of the orders repeat themselves, but functional descriptions, they will be reviewed and something will be added. Some orders were not canceled and they duplicate themselves and we had some difficulty which order we should take into account in analyzing the curriculum.

In these moments, we consulted our key informants and they consulted us which order today is current and which we should use in the work and I think it's some kind of influencing on the curriculum as well. I don't know if tutors who develop those programs they don't have time to look for those orders and to take them into account while comprising the curricula. Maybe that's why some of the competencies, which were supposed to be in the programs or functional job descriptions, responsibilities, and they're in standards and orders, they are not in the curriculum. This was challenging for us to think of.

The next in the curriculum is the general competencies and we had to figure it out how to work with the employees, I'm sorry.

## **Tursun Mamyrabaeva**

When we analyzed the curricula, we have seen that sometimes the outcomes, the education outcomes, are not mentioned. Even if they mention the competencies, if they have a discussion on the anemia, for example, they don't have outcomes, so they teach it, but what's the outcome? When there was the discussion, the professor said that, "Well, this is the course that would create this competence." How would it create it? Was difficult to see. Essentially, in some organization, in some higher education institutions, their curricula, their syllabi, they were not available at all.

We have spent quite some time to even get hold of it, to be able to review, to be able to assess it with the tool. This was the challenge we've had and with regards to the next steps in the revision of the programs. Now we have a revision in--

## **Interpreter**

[foreign language]

## **Sascha Lamstein**

I'm sorry to interrupt, but we're over time so if you could maybe wrap up. Sorry, I just want to make sure to leave time for everybody else.

## **Interpreter**

[foreign language]

## **Sascha Lamstein**

Excellent, thank you. I'm sorry I had to interrupt, Tursun. It's very interesting and actually, I love this last part about how the project is already making revisions to the curricula. That's really fabulous. I am now going to turn it over to our next speaker. I'm sorry, just a reminder that we'll answer questions. If there are any questions about the work that is happening in the Kyrgyz Republic and how they have gone about the review and are making revisions, please put them in the chat or in the question and answer box and we will get to them later. I am now pleased to introduce Dorothy Matiki Chizimba. Dorothy is a registered nurse midwife and an experienced educator.

She has an MSC in nursing and midwifery education and over 10 years of work experience in management and mid-administration of training institutions, curriculum planning, implementation, and

evaluation. Her specialties include development of test items, clinical assessment, and learner-centered approaches of curriculum implementation. Dorothy is currently directing education and training at the Nurses and Midwives Council of Malawi. Over to you, Dorothy.

## **Dorothy Matiki Chizimba**

Thank you so much, Sascha. Good afternoon, good morning, everyone. Welcome to my presentation. I'll give you a brief description of how reviewing the nurse-midwifery curriculum nutritional content is valuable to us as Malawians. As a matter of background, in Malawi, we have so many frontline health workers who are involved in provision of nutritional services to the community. Just to mention a few, we have community health nurses. These ones, they undergo a three-year diploma in nursing, generic program. We also have a one-year diploma in community health nursing, which is a postgraduate diploma.

After they have already done the basic nursing, they go back to school to do a one-year postgraduate diploma in community health nursing. Apart from those we also have other nursing cadres that are providing nutritional services in the country. If we do an analysis, we have almost seven cadres that are providing nutritional services, frontline health workers.

On top of that, we also have the health surveillance assistant. I think for those of you that have worked in Malawi before, you know that the HSA are doing a lot of work in the community because these are the ones that are working with the community members. They're actually based in the communities. For most of the interventions that are targeted for the community, the health surveillance assistants are doing a lot of work to reach out to the community. These ones are trained during a one-year training program for earning a certificate in community health.

On top of that, we also have other cadres, maybe not really directly in health sector, but they're also providing nutritional services. We have other institutions that are providing degrees. Others are providing diplomas in nutritional courses. Those ones are not nurses or maybe clinical officers or health surveillance assistants or community health workers dealing with health services, but they're also involved in nutritional services. On the screen, you can see some of the statistics. Maybe you may be wondering why are we concerned with the improving or promoting nutritional pre-service training. It's because of those statistics.

You can see that our statistics are still high. For instance, we have a high percentage of children that are born with low birthweight, that's 13.9%. That's quite high. A lot of adolescent girls are also thin. That's the age between 15 to 19 years. Issues of nutrition are quite important to Malawi. We all know how this can affect the development of the country. It is of importance to us to make sure that we improve the services that are being provided to the community so that we can promote their health and promote the development of the country. Ideally, by the end of it all, what we want is to strengthen the human capacity for effective programming and delivery of nutrition services, so we want to provide quality service to the communities.

Next slide, please. I've just gone through some of those and some of the key challenges that have been identified from recent studies, I think from such as presentation, one of the issues that is being highlighted is that we have outdated curriculum, and some of the implementation approaches that we use in our training institutions are not really practical and they're not aligned with the national policy priorities. We also have issues of resource constraints. Malawi being one of the low-income countries, that cannot be overemphasized.

Those are some of the challenges that updating a curriculum or the tool that USAID is developing or has developed, will help in mitigating some of those challenges that have been highlighted. Next slide, please. The value of regular reviews is that we will use the tool to update the content in our curricular documents for all the programs that are providing nutritional services to the community. We're also

going to align the content with national nutritional policies. As Malawi, we'll have a lot of nutritional policies that we use or regulations that we use as a country in order to provide those services. Whenever we are updating our curriculum documents, we are supposed to align them with such documents.

We can also use these regular reviews to lobby for resources because for us to provide this pre-service training, there are a lot of resources that are required for our students to practice. We develop some of the skills and the competencies that we've been talking about there's need for resources. Regular reviews, the reports that are developed from such reviews can help us to lobby for resources from government, partners, and other stakeholders. Next slide, please.

During updating of the curriculum content, I think one of the curricular reviews that has been done in Malawi, some of the issues that we looked at were to identify the gaps and the outdated information. This was done looking at some of the international standards that we have. We have WHO guidelines and the content has to be updated in order to be in line with the international standards as well as the guidelines that we're supposed to follow. Also, we need to look at what works in our settings. We may have interventions that maybe work in other developed countries but may not work in Malawi.

During the revision of the curriculum, we're also supposed to look at some of those interventions and then try to put them in our context, how well we can adapt them in order to be user-friendly in our communities. We also look for low-cost high-impact interventions that would not cost much but would give us the best output in terms of nutrition for the communities.

Next slide, please. In terms of practicality, we also looking at these two that has been developed, it's competency based. Basically, it's easier to link with the job description for the different cadres that Sascha was talking about, because you are looking at the skills or competencies that you expect the health workers to have. You also define the responsibilities and corresponding competencies of each frontline healthcare provider. Then you compare the training curricula with defined nutrition competencies for each program.

If you've gone through the two, you'll see that it has divided the different groups of clients that are supposed to be provided with this service. It's easier for curriculum reviewers to compare what is in their document against the competencies that each of those cadres are supposed to have. Then you can easily isolate the gaps that are in the curricular document and then you decide how best those gaps can be filled.

It's also to follow in case you have a student. That list of competencies can assist with assessment. You'd want to assess your student if they're gaining the competencies that is, from low level as they're progressing in their training. You'd want to see that progression. With the list of competencies for each and every age group as well as for different groups of patients or clients, you can easily follow if such skills or competencies have actually been achieved by a group of students in the pre-service trainings. Next slide, please.

## **Sascha Lamstein**

Dorothy, we're running low on time so if you could move along a little bit, just as a little push.

## **Dorothy Matiki Chizimba**

Okay. All right.

## **Sascha Lamstein**

Thank you.

## **Dorothy Matiki Chizimba**

I'm almost done anyway. All right. I've already talked about aligning our curricula documents with national nutritional policies because that forms the basis for the review. The policies and guidelines also need to be up to date. Before the revision of the curricula documents, you also need to check if your national policies are updated with the international standards and the international guidelines like the WHO standards. It needs to be evidence-based.

You use all that information from the national policy, national document, as well as evidence from those maybe that were implementing that particular curriculum, those that have been involved in the process so that they can give firsthand experiences and firsthand information on some of the gaps or the issues that they would want to be addressed as the document or the curricula is being revised. These two is very helpful.

Next slide, please. It's very helpful because it is competency-based and context-specific. Because it's context-specific, then it's easier for you to follow the progression of your students using those tools that have been highlighted. Next slide, please. I was just explaining how this tool can help. I was talking about competency-based, context-specific, and progression can easily be followed.

I think as Malawi, we have previously just piloted using the two, but moving forward, we are looking forward to using the two to revise our curricular documents. As I've said, we have a lot of cadres that are undergoing pre-service training in nutrition. The two is user friendly because of the way it has been demarcated, the competencies and the groups of clients that require that service. Thank you so much, Sascha, for the opportunity.

## **Sascha Lamstein**

Thank you. Thank you so much, Dorothy, for your perspective on the process of reviewing and revising pre-service curricula. I really appreciate it. Without further delay, I'm pleased to say that we are having great presentations and we do actually still have time. We're doing okay. We budgeted some wiggle room for ourselves. I hope you all are enjoying these presentations and hearing different perspectives. I wish we could hear from other countries.

Someone who is participating asked about Pakistan. I would at some point love to hear the experiences in Pakistan related to the nutrition content of your pre-service training. Anyway, moving on. Veronica Quartey is someone I have been lucky enough to work with quite a bit over the last few years. Veronica is the deputy director for nutrition with the family health division of the Ghana Health Services.

She has an MPhil in health sciences education and over 30 years experience working in the field of nutrition. She's worked at all levels of the health sector in Ghana and has a special interest in maternal and child health. She's contributed to the development of many training manuals for nutrition in Ghana. She was a lecturer in nutrition at the College of Health and Well-Being in Ghana for more than 10 years and enjoy sharing and passing on knowledge and skills. Before her current appointment, Veronica was the program coordinator for the micronutrient deficiency control program and contributed significantly to the success of the Girls' Iron and Folate Tablet Supplementation or GIFTS Program. Veronica, over to you.

## **Veronica Quartey**

Thank you very much, Sascha. Hi everyone. I'm particularly happy to be here to share experiences from Ghana.

## **Sascha Lamstein**

Oops, you might be on mute. I'm not hearing you.

## **Veronica Quartey**

Can you hear me now?

**Lauren Wheeler**

Yes, Veronica, we can hear you.

**Veronica Quartey**

Thank you very much. Next slide.

**Sascha Lamstein**

Lauren, are you hearing her? I am not.

**Veronica Quartey**

I can hear you very well. Can you hear me?

**Lauren Wheeler**

Yes, we can hear you, Veronica.

**Veronica Quartey**

Okay.

**Sascha Lamstein**

Oh, okay. For some reason I'm not hearing you, so please go ahead, Veronica. I'm sorry. I'm not sure what's happening on my end. [chuckles] Please proceed.

**Veronica Quartey**

Okay. Next slide. Ghana needs a sustained trained out of schools competence workforce to provide nutrition services in the face of high level of all forms of malnutrition and diet-related NCS. You can see the figures on your screen. Ghana has had some improvement in nutritional status among children under five, but undernutrition still persists. Anemia is highly prevalent in both women and children. At the same time, we are seeing increasing levels of underweight and obesity among women. We also have suboptimal feeding practices among children and women.

This might be a contributory factor of the high incidence of malnutrition that we see in Ghana. This is why we need regular assessment of the curriculum so that we identify the possible gaps and staff competencies to address these prevailing nutrition issues in the country, such as very low breastfeeding rate and high stunting rate that you see on your screen. Next slide. [silence] Next slide.

Nutrition services in Ghana is provided by a wide range of health staff at various levels, and you can talk of midwives, public health nurses, community health nurses, medics, and specifically pediatricians and obstetrician-gynecologists. We have two different cadres of nutrition officers, the technical officers, and then the graduate officers, which we call the nutrition officers, physician assistants, and dieticians.

When it comes to community-level nutrition services, this is provided by community health nurses and nutrition technical officers. These officers are trained in three main types of institutions in Ghana. We have the nurses and midwifery training schools and the colleges of health. These train the community health nurses and the nutrition technical officers. They usually provide or award diplomas. Then we have the universities who train the graduate nutrition officers and the medical officers, the physician assistants, that also provide some level of nutrition services, but not necessarily at the community level.

At the community level, we have the nurses and midwife training schools and the colleges of health. These schools are run by the Ghana Ministry of Health, but the universities are entities on their own,

they're autonomous. Next slide. Previously, effort has been made to review the nutrition curriculum in Ghana. Some work was done with Ghana Health Service and [unintelligible 01:09:07] and other stakeholders to look at what the content of the nutrition service, the nutrition curriculum in Ghana, and also assess the competencies of the tutors when it comes to delivering nutrition contents. This review reveals that the content of key service providers are not adequate within the curriculum.

Then competencies among tutors to teach some of the content areas are also not adequate. Efforts were made to review and revise the curriculum and also series of TOTs or trainer of trainers were done too and update the tutors or improve their competencies when it comes to handling the content of nutrition within the curriculum. Next slide, please. The current curriculum assessment using the tool by USAID advancing nutrition pre-service training with the tool, it's very, very beneficial because comparing to what we did previously, we just looked at 15 competency areas.

This one looked at 84 competencies including knowledge, skills, and attitude. Aside that, this particular tool also determined whether the competencies are addressing the need of society or whether they are relevant in the curriculum and whether they are being adequately covered in the curriculum. This becomes very, very relevant to us because we need this to be able to make sure that we provide skillful staff that will provide quality services.

Next slide. We have learned very, very valuable lessons through these reviews. Key amongst them is that the review helps in targeting. The review helps to identify uncovered grounds as well as to assess how already covered grounds are being implemented for strengthening nutrition services among the country. If the content area is not in the curriculum, then we find a way of putting it back into the curriculum through revision or if it's in the curriculum, is it being taught? Are there training aids to teach it adequately? All these were assessed and this provides opportunity for advocacy or to make a case for additional content where non appeared to exist.

For instance, in one of the review, it was found that the content on nutrition services in the context of emergencies was completely missing in most of the curriculum. Even where it appeared, it was so inadequately addressed and therefore it has been tabled that in the next circle of curriculum review, this is one area that needs to be addressed. This is one example among many.

Next slide. One other value of the review that we found was that it improves enabling environment and promotes efficiency because we review the policy and looked at the content of the policy when it comes to covering nutrition education to determine gaps in training. These are the service delivery. This helps to identify gaps between service delivery direction and pre-service training direction and improve the environment and mechanisms by which such reviews can be done.

We know that when we are doing this review, we don't just look at just the curriculum, but then we have to go to all the policies that has nutrition content and see whether what the policy addresses is also being addressed in pre-service training because when they come out from school, they need to implement what is in the policy. This was very, very important and it was a very, very valuable finding that we're sure that will help us moving forward.

Next slide, please. The review also looks at the duties and responsibilities of specific cadre of staff, including the competencies. That is explicitly related to the delivery of nutrition services provided by this staff based on the job description. It helps in scheduling. When we looked at their job description vis a vis their responsibilities and then what is in the curriculum, it helps to identify what qualifications is needed and better align them to the national curriculum and their corresponding certifications. Whether somebody is given diploma or degree. One thing we found is that some are given diplomas, some are given the degree, but they are expected to do basically the same thing.

Meanwhile, the content of their curriculum may be different. We need to align the qualification with their job descriptions and their competencies. It helps to continuously refine the job description to

improve efficiency and effectiveness. This is also maybe even able to contribute to decisions when it comes to the staffing norms within the health sector. Next slide, please.

One other important value of the review is that it helps to know who and what else to add by identifying competencies that have not been addressed, and they need to expand the curriculum to address and build more nutrition-related competencies. In previous reviews and in this particular one, some content that I will say were **[unintelligible 01:15:37]**, were found in the curriculum. Content that are irrelevant will be in the curriculum, but content that should be addressed may not be in the curriculum. At the same time, there are some cadre of staff who are providing nutrition services, but it is not found in their curriculum or in their job description.

A case in point is the public health nurse in Ghana. Everybody knows that public health nurses provide a lot of nutrition services at the community level. However, in their curriculum, there's nothing on nutrition mentioned and in their job description, very little on nutrition is mentioned. We need to bring them on board because they do a lot of nutrition work. Align their job description with their curriculum so that they can add up to the nutrition and service provisions force to give holistic service to the populist of Ghana, especially women and children who need them very much.

Next slide. Also, by mapping existing stakeholders, including professional bodies, professional councils, and donor partners who are interested in nutrition and how they can harness the review and bring on board everybody, we found out that it is very, very valuable because it helps to rope in all relevant stakeholders who are not yet on board. It helps to target stakeholders in order to harness their strengths, including resources, and leverage on them to improve pre-service competency by building and capacity and providing resources.

This is anticipated to be able to guide decisions about where to invest time and resources for nutrition capacity strengthening. This is very, very important because we realize that nutrition capacity strengthening, it's a very, very efficient way and cost-effective way in dealing with nutrition workforce because pre-service training is cost-efficient and it's able to get them started on the right foot if I may say. That is very, very important.

All these valuable lessons that we learned and the many stakeholder engagements that we had during the review exercises that we have done is particularly the ones with the advancing nutrition tool that we used, made us realize that in reviewing the curriculum-- next slide, please. In reviewing the curriculum, it's very, very important to focus on improving what already exists. If there is a curriculum that is there, we need to look at it specifically and then improve what is there. If the content is already there, but it is not well covered, we improve it.

If the content is there, but it is not covered in the curriculum, then we find a way of putting it into the curriculum. Of course, we need to look at what policy and WHO recommendations and other global recommendations says and then we put it in the curriculum. Secondly, the tools for review must be very, very simple just like this one because this one came with tables that can be filled in. Therefore, it made the review exercise very, very orderly and straightforward. Tools must be simple to use so as not to discourage regular reviews. We know that curriculum must be reviewed regularly at regular intervals because policies change, evidence shows new directions and this must be included in the curriculum.

It is very, very necessary that the resource of the curriculum is used to engage stakeholders on a broader base because in our stakeholder engagement, so many recommendations and views were brought on board that could be used to revise the curriculum and make it richer and then make it provide staff and nutrition officers or nutrition service providers who are competent to provide quality services. On that note, thank you very much for listening.

**Sascha Lamstein**

Thank you so much, Veronica. I really love what you've added. I couldn't cut you off even though Lauren was telling me to remind you to stop. It was excellent presentation. I do think we are probably not going to have time for much Q&A, so please, anyone who has questions, please go ahead and type them into the chat. You can type in French or Russian. I can't promise that I can answer immediately in French or Russian, but I will get to them and I will be sure to follow up.

I'm sorry we've run out of that time, but I've been trying to answer questions as we go. I'm thrilled with all of this information and I'm just sorry we haven't had the time for Q&A but we will get there and you can always reach out to me and ask questions that way as well and to our speakers. Without delay, I am pleased to turn it over to my colleague, Katie Beck. Katie is a technical advisor for USAID Advancing Nutrition where she works on a range of capacity-strengthening activities, including training, learning, and mentoring programs and interventions to strengthen nutrition and early childhood development integration into health systems.

Prior to joining USAID Advancing Nutrition, she lived in Rwanda for five years, working for Partners in Health, where she led the nutrition program team in the design of capacity-strengthening activities to improve the quality of programs, to detect and manage acute malnutrition in infants and children, and support the Ministry of Health to integrate nutrition across multi-sectoral platforms. Katie is also a registered dietician and has worked in different clinical settings. Katie, over to you, please.

## **Katie Beck**

Great. Thank you so much, Sascha. Thanks for giving me the time to present about a related activity that USAID Advancing Nutrition is also leading that I think many of you on the call today, including our wonderful speakers, have participated in. On March 1st, we had a virtual consultation with stakeholders from Bangladesh, the Democratic Republic of Congo, Ghana, the Kyrgyz Republic, Malawi, Mozambique, and the United States who are working across various sectors such as government, academia, professional associations, NGOs, and donors.

We discussed the challenges and opportunities around strengthening the nutrition components of pre-service training of frontline health workers. With those almost 100 participants in the meeting, we developed five prioritized recommendations to strengthen the curriculum review process and integrate nutrition into pre-service training of frontline health workers.

Next slide, please. These are the five recommendations that came out of this meeting. We recommended to strengthen stakeholder collaboration on pre-service nutrition curricula review. Ensure alignment between policies, needs, job descriptions, and competencies addressed through pre-service nutrition curricula. Many of the things you heard our speakers also talk about today, strengthen curriculum, nutrition content, and training methods of the professors and tutors delivering the pre-service curricula.

Monitor professional performance for quality nutrition service delivery, and encourage global knowledge exchange. It was a great opportunity for some of that global knowledge exchange across these six different contacts, but that's just a starting point. Next slide, please. To implement these recommendations, we are issuing a call to action to ministries of health, ministries of education, universities and training institutions, professional associations, donors, implementing partners, and international organizations to strengthen the nutrition integration into pre-service training of frontline health workers.

These recommendations and the call to action priorities are being written into an article that's being co-authored by several of the participants who joined the consultative meeting. Again, some of which I think are on this call today. We look forward to disseminating this article to you once it's published, to get it out widely across international, but also, in-country dissemination channels. We look forward to sharing this with you soon. Thanks so much, and back to you, Sascha. [silence]



## Sascha Lamstein

Great. Sorry, for the delay. I couldn't get myself off mute. Thank you so much, Katie. I'm really glad we could have you present as well since this is such related work and very relevant to what we've been talking about today. I am pleased to turn it over to my colleague at USAID. Katherine Owens is our new health science specialist in the Maternal Nutrition and Child Health Office at USAID. She's my point of contact for this work. She was most recently the team leader for the family health, and the HIV TB teams at the USA Uganda mission. Katherine was previously posted in USAID Tajikistan as the health director on managing programs in TB, HIV, MCH, nutrition, and COVID. Prior to serving in the foreign service, she served as a senior nutrition advisor in USAID Bureau for Food, Security, Country Strategies, and Implementation in Washington.

As a senior nutrition advisor, Katherine provided broad expertise to the Global Food Security Strategy Feed the Future program in various African, Asian, and Latin American countries. She provided technical leadership on health, nutrition, agriculture, food fortification, food policy, and WASH. She's a registered dietician as well, like Katie, and for the past 23 years with experience in clinical care and dietetics in HIV international public health, community health, food management, food safety, hygiene, and public policy. I forgot to shorten your bio and so I think I'm going to have to stop there. Katherine, you have great experience and we're lucky to have you and I'll turn it over to you now for our closing remarks.

## Katherine Owens

Thank you, Sascha. Thanks for [unintelligible 01:26:52]. First, I apologize, in case you hear a lot of loud noises in the back. There's a lot of agricultural things going on outside but really I'm impressed by the curriculum, by the tool, by everybody presenting from multiple countries today. I think it's-- being in nutrition for a long time and seeing how far we've evolved in being able to support curriculum in various countries is really impressive. It's a huge testament to the work that we've done with advancing nutrition across multiple continents.

Appreciative of hearing the stories from Ghana, from Malawi, from Central Asia. This is so valuable for all of us to learn and to move forward on this. I do apologize, we will get you that tool out very soon as Sascha was sharing earlier. I want to give thanks to our presenters today and for all of you for attending because I know that you have some questions or some lessons that are learned. We'll be at least be able to give you some feedback on the chat. Really appreciate your time and your attention today no matter what time zone that you're in.

## Sascha Lamstein

Those are some good agricultural noises behind you, Katherine. I love it.

## Katherine Owens

My apologies. Thank you, everybody.

## Sascha Lamstein

No problem. [crosstalk]

## Katherine Owens

Thanks for joining.

## Sascha Lamstein

Thank you so much. Thank you. That actually, the agricultural noises, there was a question that came in asking about similar tools for nutrition-sensitive fields and I might not be able to find the link but the

Engine Project also, I mentioned them before in Ethiopia developed a similar list, if I remember correctly, for nutrition-sensitive agriculture extension workers.

I think that's what it was. I will try to find it but I'm afraid I'll get distracted and can't search at this very moment. They've done some great work. Those lists are long and detailed but a great starting point. I think I will just wrap up to say I don't think I'm forgetting anything. I'll try to take note of the questions and answers and we will send out an email with the tool.

I'm very sorry I don't have the tool online yet. It's very close. It's been a pleasure having you here. I hope you look to the tool. We develop these in hopes that they will be useful. I hope you'll look to them. Even if you don't use it exactly as it is, you can adapt it. That's the idea. Make it your own in your country and for your purposes. Don't hesitate to reach out. I'm always happy to answer questions. I hope and wish you the best in looking at pre-service education for improving nutrition services. Thank you so much to all of our speakers and all of you who have attended. Have a wonderful day and wonderful evening. Thank you.



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