



Supporting Children to Thrive: Using the *Responsive Care and Early Learning Addendum* to Improve Child Nutrition and Development

Learnings and Recommendations from Implementation

Introduction

Children who receive a combination of nutritional and caregiving interventions develop better than those who receive only one or the other (WHO 2020). Integrating responsive care and early learning (RCEL) into existing health and nutrition packages can amplify the impact for both nutrition and early childhood development (ECD) outcomes (WHO 2020). While there is global recognition of the need to provide children with more holistic care, guidance on how to integrate services successfully is limited.

To address this global need, USAID Advancing Nutrition, with a technical advisory group, developed and tested the *Responsive Care and Early Learning (RCEL) Addendum* as a companion package for UNICEF's widely used *Community Infant and Young Child Feeding (C-IYCF) Counselling Package* (UNICEF 2013) as well as other child health, nutrition, or infant and young child feeding (IYCF) counseling packages. We tested the feasibility, acceptability, and effectiveness of integrating the *RCEL Addendum* into existing child health and nutrition packages used at primary health care service points and with community groups in Ghana and the Kyrgyz Republic through mixed methods implementation research. Qualitative and quantitative data confirmed that health workers and caregivers understood, accepted, and appreciated the material; responsive caregiving practices improved; and caregiver engagement with children to support learning was enhanced (Abdimalipova et al. 2023). Improvements in child feeding indicators suggest that integrating RCEL did not disrupt nutrition interventions delivered through the same channels. We updated and strengthened the *RCEL Addendum* based on learning from Ghana and the Kyrgyz Republic.

This brief provides insight for implementers who plan to use the *RCEL Addendum* to enhance their nutrition programs. It describes implementation experiences from Ghana and the Kyrgyz Republic and shares lessons learned for adapting and implementing the *RCEL Addendum* in different country contexts. Additional detailed findings from the implementation research can be found in two manuscripts anticipated to be published in December 2023.

Overview of the *RCEL Addendum*

The *RCEL Addendum* is a package of materials that supports counseling on core RCEL-related practices that are essential for improving ECD outcomes. The foundation of the *RCEL Addendum* is a set of seven illustrated counseling cards that include key messages and practical tips for counselors to share with caregivers related to: responsive care, responsive feeding, communication, play, monitoring child development, caregiver well-being, and feeding difficulties. The counseling cards are complemented by job aids on individual counseling, facilitating group sessions, and supporting children with disabilities. The *RCEL Addendum* package includes training materials (a *Facilitator's Guide*, *Participant Handouts*, and a *Training Aid*) to teach key RCEL concepts to community-level counselors and health providers and strengthen counseling and group facilitation skills, which are also reinforced through job aids. The

package aims to promote inclusion of children with disabilities with content that addresses misperceptions around disability and a job aid to help counselors adapt the practical tips on the counseling cards for children with disabilities. The *Planning, Adaptation, and Implementation Guide* provides guidance for adapting, translating, and pre-testing messages and illustrations for program leaders interested in using the *RCEL Addendum*.

The *RCEL Addendum* is not a stand-alone package or program, nor is it a comprehensive program for improving ECD or a complete counseling and training package on all components of [nurturing care](#) (good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for early learning). It is intentionally designed as a brief complement to address common gaps in existing health and nutrition packages.

The *RCEL Addendum* global package, shown in **Figure I**, will be available on the USAID Advancing Nutrition website in English, Spanish, Arabic, French, Russian, and Kyrgyz in November 2023.

Figure I. The RCEL Addendum Global Package



Learning from Using the RCEL Addendum

This section outlines specific lessons learned from implementing the *RCEL Addendum* in Ghana and the Kyrgyz Republic. Overall recommendations for sustainable integration of the *RCEL Addendum* into existing nutrition and child health services are summarized in the following section.

Adapting the RCEL Addendum Counseling Cards to Diverse Contexts

The *RCEL Addendum* is a global resource that must be adapted to ensure that it is relevant, clear, and useful for the country and community using it. The *Planning, Adaptation, and Implementation Guide* outlines important adaptation steps, including technical review, pre-testing, translation, and finalization. USAID Advancing Nutrition followed these steps to create packages specific to the Kyrgyz and Ghanaian contexts, working closely with local stakeholders to

The training gave us the required knowledge and skills to counsel caregivers on responsive care and early learning. It helped us to know the importance of talking and playing with children in their development. [...] We know how to ask relevant questions, relate well with the clients and help them to make decisions to promote the good development of their children.

-Health worker, Ghana (paraphrased)

ensure the *RCEL Addendum* adaptation was contextually appropriate and aligned with the counseling tools and processes already in use. Illustrations required cultural and contextual adjustments (examples shown in **Figure 2**), such as adapting clothing styles, feeding utensils, and culturally appropriate ways to promote newer concepts such as family involvement or disability inclusion that vary from place to place.

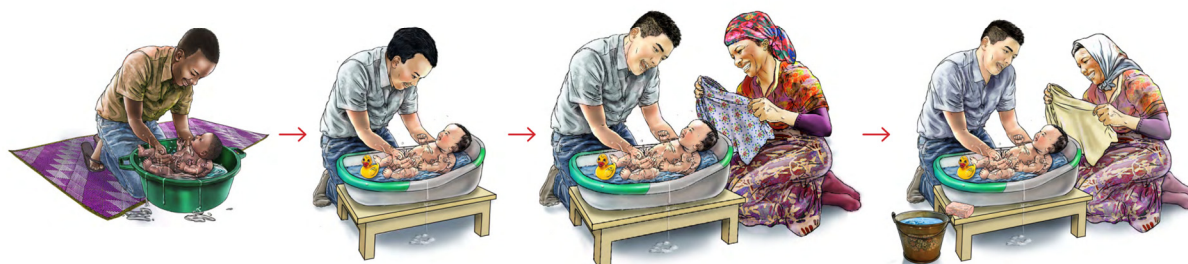
Figure 2. Illustration Adaptation Progression

Illustrations from Ghana



ILLUSTRATION ADAPTATION PROGRESSION

Illustrations from the Kyrgyz Republic



Key lessons learned from the adaptation process related to language translation and illustration adaptations include:

- **Content in the Counseling Cards may need to be shortened and/or the formatting adjusted when translating to languages where words are typically longer than their English counterparts.** The Kyrgyz and Russian text was longer than the English original, requiring adjustments to the content and formatting of the counseling cards (e.g., combining two bullet points into one or rewording sentences to shorten them without losing meaning).
- **Collaboration with local technical experts in child development, disability, and culture is critical to ensuring terms are properly translated,** particularly to align with other locally available materials or if they are novel terms with no standard translation. For example, “responsive caregiving” was originally translated as “responsible caregiving” and required discussion among technical experts fluent in the language to agree upon the proper translation. The glossary of terms in the translation annex of the *Planning, Adaptation, and Implementation Guide* includes common challenging terms.
- **Disability inclusion is a new concept for many providers, and visually portraying children with disabilities was not always understood.** Illustrations may need to be adapted to portray the most common disabilities in a certain context. The illustrations of children with disabilities in the USAID Advancing Nutrition [Feeding and Disability Resource Bank](#) and the

[UNICEF/USAID Advancing Nutrition IYCF Image Bank](#) provide examples of children with disabilities in various contexts and social situations that can be used as models for adaptation.

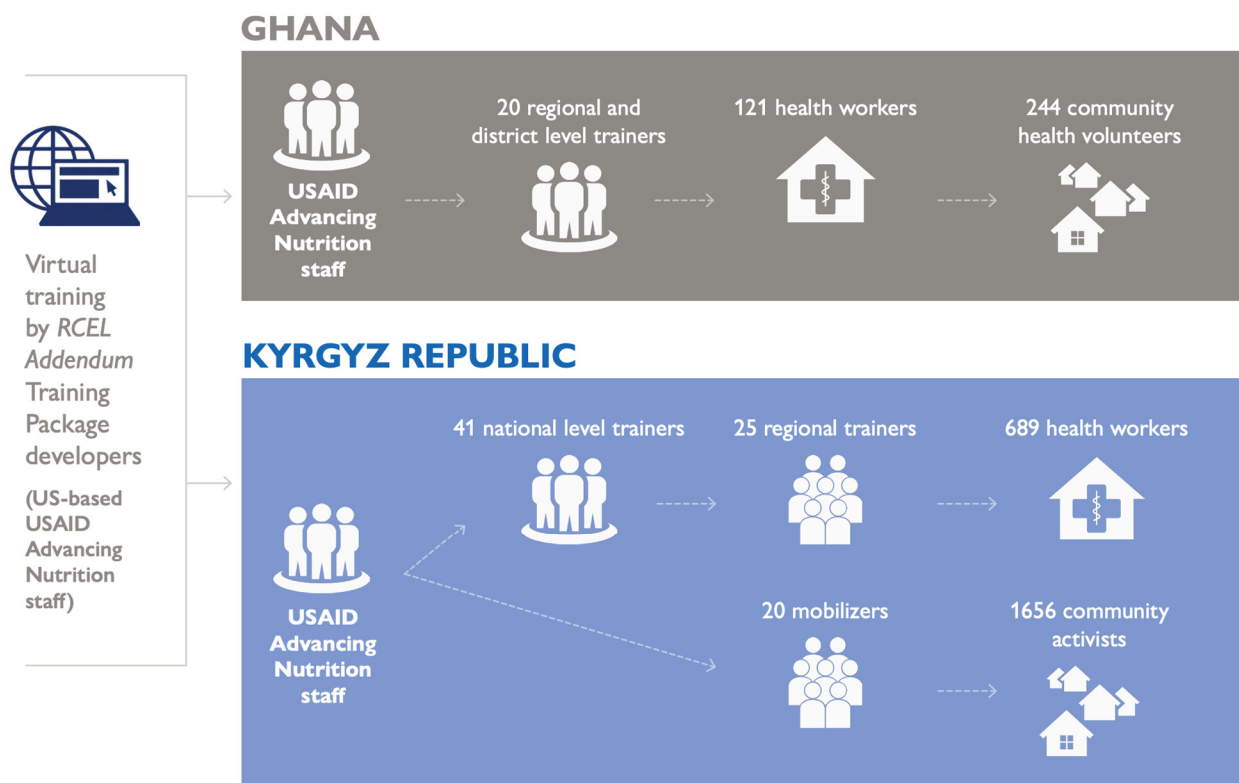
- **Caregiver well-being is a new idea that may challenge gender norms, is a visually hard concept to convey, and may look different in different contexts.** Showing female caregivers with another adult, as contextually relevant, reinforces the link between in-person support and caregiver well-being. The gender section of the *Planning, Adaptation, and Implementation Guide* provides ideas for conveying caregivers' well-being, including considering how gender norms may affect caregiver well-being and stress.

Strengthening the Capacity of the Workforce

Training

Following each country's approach to training and service delivery in Ghana and the Kyrgyz Republic, USAID Advancing Nutrition used a national-to-community level cascade training approach, shown in **Figure 3**, to build capacity to use the *RCEL Addendum*. In Ghana, health workers (primarily nurses, nutrition officers, and midwives) and community health volunteers were trained and delivered the *RCEL Addendum* at monthly child welfare clinics and weekly Village Savings and Loan Association meetings, respectively. In the Kyrgyz Republic, health workers (primarily family medicine doctors and nurses) provided counseling during routine well-child visits (which included growth monitoring and promotion and IYCF counseling). Community volunteers conducted home visits and distributed informational brochures adapted from the *RCEL Addendum* content. More information on community-level service delivery in the Kyrgyz Republic is provided in **Box I**.

Figure 3. Overview of the Cascade Training Approaches in Ghana and the Kyrgyz Republic



Implementation research validated the feasibility of the cascade approach, and health workers and volunteers noted that the *RCEL Addendum* training was useful, efficient, relevant, and impactful. However,

trainers noted several suggestions to improve future *RCEL Addendum* training, particularly in relation to delivering the dense and complex content succinctly and to audiences with varying backgrounds and skills:

- **Allow ample time for facilitator preparation, role-playing, and discussion for topics that are new to health workers or that challenge norms** (e.g., disability inclusion). Advance preparation is particularly important for sessions that require participants to brainstorm unfamiliar concepts (e.g., local resources to support caregiver mental health), since facilitators may need to supplement the discussion.
- **Facilitators may need to increase or decrease the training length or prioritize content to fit time constraints and to match the background knowledge and experience of the providers** (e.g., community workers, community volunteers, health facility personnel). This can include, for example, reducing the session on children’s brain development if training nurses or doctors who are already knowledgeable on monitoring developmental milestones, or reserving training on “Special Circumstances Counseling Card 7: Feeding Difficulties” for participants who have prior experience with feeding interventions and can more effectively use this card with caregivers. The *Planning, Adaptation, and Implementation Guide* provides further guidance on these potential adaptations.
- **Maintain a focus among trainees on new RCEL content as there may be a tendency to revert to the IYCF content they are more comfortable with**, especially during role-plays and other activities.
- **Supplementary job aids, videos, or other visual aids may help illustrate concepts covered during the training.** This could include videos on the steps to counseling or animations to demonstrate the effect of positive and negative experiences on a child’s brain development. Refer to the [USAID Advancing Nutrition website](#) for newly developed videos on responsive care, caregiver-child interactions, and the *RCEL Addendum* counseling steps.

Box 1. Adapting the *RCEL Addendum* to the Community Level in the Kyrgyz Republic

In the Kyrgyz Republic, community volunteers, or activists, conduct home visits and share educational brochures to promote health- and nutrition-related behavior change, improve practices, and generate community demand for related services. They receive 2-hour modular training sessions on how to use the brochures, where they typically learn a script for sharing content with the community and when and where to refer families for personalized counseling. USAID Advancing Nutrition adapted the illustrations, content, and training of the *RCEL Addendum* to fit the training and implementation approach of the Kyrgyz Republic by prioritizing content and combining topics to create RCEL-specific training modules and brochures. For example, we combined the practical tips from “Counseling Card 3: Communication” and “Counseling Card 4: Play” so that caregivers could easily read the section of the brochure that matches the age of their child and learn tips for communication and play in one place. We also removed content on monitoring child development and addressing feeding difficulties and provided limited content on caregiver wellbeing as it was deemed beyond the skillset of the activists and prioritized for health workers. Qualitative data found that both activists and community members, including male caregivers, appreciated that the brochures highlighted key information for different age groups and featured contextualized, colorful illustrations with minimal text.

Supportive Supervision

Once counseling with the *RCEL Addendum* was underway, counselors received supportive supervision twice over six months from trained district-level officials from Ghana Health Service in Ghana, and from the counselors’ supervisors (typically clinical directors or family doctors) in the Kyrgyz Republic. The

supportive supervision process emphasized critical aspects of quality counseling (e.g., building rapport with the client, listening, asking questions, praising good practices, and joint problem solving) as well as RCEL-specific content (e.g., asking caregivers whether they had concerns with their child's development and learning about how caregivers interact with their children).

In Ghana and the Kyrgyz Republic, implementation research found that supportive supervision combined with practice strengthened frontline workers' skills and confidence to appropriately use the *RCEL Addendum Counseling Cards* (e.g., pairing the appropriate card to the most pressing issues of the caregiver and child). Supportive supervision visits also provide an opportunity for frontline workers to discuss and address *RCEL Addendum* implementation challenges and provided them welcomed support, strengthening their skills and confidence to use the *RCEL Addendum Counseling Cards*.

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

-Supervisor, Ghana (paraphrased)

Ideally, the *RCEL Addendum* supportive supervision process is integrated into routine IYCF supervision. The *Planning, Adaptation, and Implementation Guide* includes an integrated RCEL and IYCF supportive supervision checklist, based on examples from Ghana and the Kyrgyz Republic. Future implementers can use this checklist to conduct supportive supervision, which could also be digitized.

More details on supportive supervision in Ghana and the Kyrgyz Republic can be found in the [Strengthening Counseling Capacity through Supportive Supervision and Mentorship brief](#).

Service Provider Perspectives on Delivering an Integrated Counseling Package

Following training, counselors began to deliver integrated RCEL and IYCF counseling to caregivers and families, using both community- and facility-based platforms in Ghana and the Kyrgyz Republic. Counselors praised the simple design and concise nature of the *Counseling Cards* as well as the manageable number of cards to use. Although some supervisors expressed concern related to systematic workload issues that plague most health systems, qualitative data from both countries showed no indication that integrating RCEL content into current counseling efforts added to workload. While service providers noted difficulties in providing tailored care and support to children with disabilities and their families, they understood the sensitivities and the importance of addressing stigma.

We were just talking about the growth and nutrition of children. But not about how to play with children, that development should be put first. This was new to me.

-Nurse, Kyrgyz Republic (paraphrased)

Service providers noted the following lesson learned from delivering the *RCEL Addendum*:

- **Health workers and volunteers expressed an interest in supporting and addressing the needs of children with disabilities and their families, but some felt that they lacked the skills to provide adequate support or that caregivers did not see them as qualified to counsel in these circumstances.** To help build familiarity and confidence among counselors, trainers with specific expertise can provide further training that includes opportunities to practice working with children with disabilities and their caregivers. Additionally, a tiered approach where all service providers are trained to identify and refer any children with feeding difficulties to a more skilled sub-set of service providers better equipped to address the child's and family's needs may also alleviate concerns.

- **Small incentives (e.g., branded t-shirts, hats, bags) and support (e.g., problem solving, encouragement, praise) from health workers help to motivate and ensure engagement from community volunteers.**

Health workers, volunteers, and supervisors made the following recommendations to further strengthen service providers' and caregivers' competency related to RCEL practices:

- **Develop and use supplementary materials such as job aids, videos, or other visual aids to illustrate concepts and to display in health facilities and communities.** They can be used to reinforce key messages discussed with caregivers during counseling sessions.
- **Designate a room or center where caregivers can go to learn more about nurturing care and access additional educational resources following the counseling session to reinforce topics covered during counseling.** Rooms or centers of this nature can serve as a dedicated space for continued learning and to connect families.
- **Provide refresher training to remind health workers and volunteers of key content, help them learn more about specific topics, and identify additional opportunities to practice their skills.** Supplementary materials can be used as additional refreshers between trainings.

Caregiver Perspectives

Qualitative data from caregivers of children under three suggest that caregivers perceived the *RCEL Addendum* to be important, informative, and engaging. They found the *Counseling Cards* to be useful and clear. Through qualitative data across both contexts, caregivers of children under three reported interest in the content; recognized benefits of RCEL for their children; and improved care practices specifically related to communication, responsive care, and play. For example, caregivers accurately identified a variety of items to use for play that are readily available at home and recognized the importance of engaging with their children through activities like playing, talking and singing for their physical and cognitive development. Caregivers in both countries demonstrated limited uptake of concepts such as caregiver well-being and support for children with disabilities or feeding difficulties, which are more challenging to implement due to deeply entrenched social norms.

I really liked the topic of family support. As a bride, most of the time we are not able to devote enough time to the child. And when the grandparents and the father treat a child with care, the child receives the love and kindness from them. They should take over some housework if you need to breastfeed a child, so that we can form a bond with a child. They are also making time for a child. I liked that aspect too.

- Caregiver, Kyrgyz Republic (paraphrased)

Key learning for future *RCEL Addendum* implementation include:

- **Use the male engagement illustrations in the *Counseling Cards* to emphasize caregiving support from spouses, in-laws, older children, other family members, and, when contextually relevant, friends.** In Ghana, caregivers reported receiving caregiving support from others and noted particular satisfaction with the increased support they received from their husbands, which they attributed to the education and counseling they received from the health workers, including the male engagement illustrations in the *Counseling Cards*.
- **When utilizing “Counseling Card 6: Take care of yourself in order to take care of your child,” service providers should reinforce the importance of caregivers (especially female caregivers) taking care of their own health by trying to eat well, relax, and rest, and link them to available support and resources for managing postpartum stress.** In the Kyrgyz Republic, only half of the caregiver respondents reported

taking care of their own health by trying to eat well and relax, and a third reported experiencing postpartum stress but none asked for help.

Refer to the two manuscripts for additional findings around the effectiveness of the approach to improve caregivers' RCEL practices in Ghana and the Kyrgyz Republic.

Box 2. Integration of the RCEL Addendum into the Revised UNICEF C-IYCF Counselling Package

In 2022, UNICEF launched their effort to revise the *C-IYCF Counselling Package*, with a significant part of the revision team's mandate being to strengthen all components of nurturing care and disability inclusion. USAID Advancing Nutrition served on the Technical Advisory Group organized by UNICEF to support the revision, and provided access to the *RCEL Addendum* content and resources to support UNICEF in integrating training and counseling content. Through USAID Advancing Nutrition and UNICEF's collaboration, UNICEF was able to leverage learning on overlapping components between both resources and integrated some training sessions and *Counseling Cards* into the draft content of the *C-IYCF Counselling Package*. Due to limited time and resources to add other components of the *RCEL Addendum* to the existing *C-IYCF Counselling Package*, USAID Advancing Nutrition still sees immense value in using the *RCEL Addendum* training with the *C-IYCF Counselling Package*. The *RCEL Addendum* also serves in contexts where the IYCF package is not yet being updated to the new version or to complement other health and nutrition counseling packages.

Recommendations for Integrating the RCEL Addendum into Nutrition Services

USAID Advancing Nutrition's *RCEL Addendum* implementation research demonstrated the feasibility and acceptability among supervisors, counselors, and caregivers of integrating RCEL content with existing community- and facility-based IYCF counseling services in two diverse contexts—Ghana and the Kyrgyz Republic—when key local stakeholders are engaged throughout. The package's simple, focused design and careful alignment with existing tools and approaches was important to its success. Ongoing efforts to integrate RCEL content into the existing health service delivery platforms in both countries highlight government dedication to sustaining and building upon this implementation research for healthy growth and development of their youngest children. Recommendations for the integration of the *RCEL Addendum* into nutrition services in other contexts are summarized in **Table I**.

Table I. Recommendations for Sustainably Integrating the RCEL Addendum into Nutrition Services

Component	Recommendations
Adaptation: Process	<ul style="list-style-type: none"> Collaborate with key stakeholders (e.g., policymakers, health workers, community members) early and often to ensure alignment with the context, existing tools, approaches (e.g., the Maternal Child Health Record Book in Ghana), and proper translation, both in technical accuracy and alignment with existing materials (e.g., the existing Kyrgyz <i>C-IYCF Counselling Package</i>). Co-brand with the local government (e.g., Ghana Health Service, the Kyrgyz Ministry of Health) for local ownership of the adapted package.
Adaptation: Illustrations	<ul style="list-style-type: none"> Ensure the illustrations appropriately reflect the culture and

	<p>context so that those being counseled relate to what is being shown.</p> <ul style="list-style-type: none"> Promote engagement and involvement of men and other caregivers in the care of young children to challenge social norms and promote gender equality.
Training	<ul style="list-style-type: none"> Consider using an agenda/counseling card set integrating IYCF and RCEL when feasible/appropriate, noting that an integrated agenda may require compromise on content. Consider including RCEL content in pre-service training as another channel for building workforce capacity. Be flexible and willing to adapt the training format to match a country's existing training or service delivery approach (e.g., adapting to a modular training approach or removing group facilitation or individual counseling if it is not provided).
Individual counseling and group facilitation	<ul style="list-style-type: none"> Implement through existing health systems and community groups for streamlined and sustained integration. Consider using the RCEL materials with fathers' groups or other community channels. Family engagement elements of the package were well received, and caregivers recognized an opportunity for even greater family support. Plan additional activities integrating RCEL with nutrition programming to create an enabling environment for sustained uptake of practices (e.g., community dialogues, media campaigns, policy advocacy). Practices around caregiver well-being and addressing the needs of children with disabilities (e.g., modifying activities to engage children with disabilities in play and learning) were particularly difficult due to social and structural barriers.
Supportive supervision and mentorship	<ul style="list-style-type: none"> Leverage existing supervision systems (e.g., staff, checklists) to integrate supervision on IYCF and RCEL for sustainability and adequate frequency of support. Focus supervision checklists on the most important/common issues to manage length and ensure completion by supervisors.
Monitoring and reporting	<ul style="list-style-type: none"> Integrate RCEL into health system monitoring and reporting systems (e.g., the District Health Information Management System or community group reports) to track progress incorporating the content into counseling and group sessions. Continue to monitor uptake of RCEL behaviors among caregivers to know what additional support is needed and for which specific audiences (e.g., young mothers, fathers, grandparents, caregivers of children with disabilities).

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¹ Names of the Technical Advisory Group members and contributors can be found in the *RCEL Addendum Planning, Adaptation, and Implementation Guide*

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