USAID
FROM THE AMERICAN PEOPLE

Feasibility and Acceptability of Integrating Responsive Care and Early Learning Counseling with Nutrition Services

Experiences and Learnings from Implementation Research in Ghana and the Kyrgyz Republic

NOVEMBER 2023

About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training Institute, Inc. (JSI), and do not necessarily reflect the views of USAID or the United States government.

Recommended Citation

USAID Advancing Nutrition. 2023. *Feasibility and Acceptability of Integrating Responsive Care and Early Learning Counseling with Nutrition Services*. Arlington, VA: USAID Advancing Nutrition.

Photo Credit: Romilla Karnati, Save the Children

USAID Advancing Nutrition

JSI Research & Training Institute, Inc.

2733 Crystal Drive

4th Floor

Arlington, VA 22202

Phone: 703–528–7474

Email: info@advancingnutrition.org

Web: advancingnutrition.org

Contents

Acknowledgments iv
Introduction 1
Background 1
Overview of the *RCEL Addendum* Development 1
Implementation Experiences and Findings 3
Testing the *RCEL Addendum* through Implementation Research 3
Findings and Lessons Learned 8
Key Takeaways 16
References 18
Annex 1. Summary of Study Tools by Research Question 19

Acknowledgments

This report was developed by Lori Baxter (independent consultant) and Malia Uyehara (USAID Advancing Nutrition), in collaboration with the USAID Advancing Nutrition *RCEL Addendum* implementation research team (Andrew Cunningham, Begimai Zhumgalbekova, Cholpon Abdimitalipova, Fauzia Abukari, Joyce Apoasaan Jambeidu, Kathryn Beck, Kelsey Torres, Kristen Cashin, Lesley Oot, Peggy Koniz-Booher, and Romilla Karnati) and USAID (Catherine M. Kirk). We are grateful for the significant inputs of the technical advisory group and colleagues who provided guidance in developing the *RCEL Addendum*. We would especially like to thank teams that supported the *RCEL Addendum* development and implementation research: Enam Aidam, Evidence Central Asia, Ghana Health Service, Ghana Ministry of Health, Kyrgyz Republic Ministry of Health, the Kyrgyz State Medical Institute for Retraining and Advanced Training, Republican Center for Health Promotion, SAHA Consulting and Services, University of North Carolina Chapel Hill in Zambia, USAID Advancing Nutrition Ghana, and USAID Advancing Nutrition Kyrgyz Republic. Lastly, we acknowledge the caregivers and service providers who provided substantive feedback throughout the *RCEL Addendum* implementation research process.

Introduction

Background

The Nurturing Care Framework maps the components of nurturing care—good health, adequate nutrition, responsive caregiving, safety and security, and opportunities for early learning—to show how they are essential to child development and inextricably linked (WHO, UNICEF, and World Bank 2018). Children who receive a combination of nutritional and caregiving interventions develop better than those who receive only one or the other (WHO 2020). For this reason, the integration of responsive care and early learning messages into existing health and nutrition packages is recommended to amplify the effect 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 providing integrated services is currently limited.

In response to this global need, USAID Advancing Nutrition developed a companion package to the *Community Infant and Young Child Feeding (C-IYCF) Counselling Package* (UNICEF 2013) and other child health, nutrition, and infant and young child feeding (IYCF) packages. The *Responsive Care and Early Learning (RCEL) Addendum* promotes two components of nurturing care that are absent from the *C-IYCF Counselling Package;* responsive caregiving and opportunities for early learning, and other supportive practices. USAID Advancing Nutrition tested the feasibility, acceptability, and effectiveness of integrating the *RCEL Addendum* into child health and nutrition packages in Ghana and the Kyrgyz Republic through mixed-methods implementation research and found improvements in responsive caregiving practices and enhanced caregiver engagement with children to support learning.

This report details the process that USAID Advancing Nutrition used to develop, adapt, and test the *RCEL Addendum* in two settings and the associated findings and lessons on the package's feasibility and acceptability. It is a companion report to and expands upon the information in the implementation brief Supporting Children to Thrive: Using the Responsive Care and Early Learning Addendum to Improve Child Nutrition and Development. Two forthcoming manuscripts (anticipated spring 2024) will include additional findings on the approach's ability to improve caregivers' RCEL practices.

Overview of the *RCEL Addendum* Development

The development of the *RCEL Addendum* had several key phases, as shown in figure 1. The foundation of the *RCEL Addendum* is a set of seven illustrated counseling cards with key messages and practical tips for counselors to give caregivers related to responsive caregiving and feeding; communication; play; monitoring child development; caregiver well-being; and feeding difficulties. It contains an additional five job aid cards to guide individual counseling, group session facilitation, and supporting children with disabilities. The package is built on a prioritized limited number of counseling cards to facilitate its integration into other packages.

Figure 1. Development of the *RCEL Addendum*

2019

Conducted Initial Landscape Review

- Reviewed *C-IYCF Counselling Package* and Nutrition Global Behavior Profiles (ThinkBIG 2021) to identify essential nurturing care behaviors missing in IYCF content
- Selected possible nurturing care content to integrate into health/nutrition platforms
- Developed roadmap

2020

Developed Key Messages for *Counseling Cards*

- Formed a Technical Advisory Group consisting of experts in ECD, IYCF, and social and behavior change
- Prioritized behaviors for inclusion in the *RCEL Addendum*
- Determined key messages
- Provided suggestions for illustrations, training, and implementation

2021

Developed Draft Global *RCEL Addendum* Package

- *Planning, Adaptation, and Implementation Guide*
- Illustrated *Counseling Cards*
- Training Package (*Facilitator's Guide* and *Training Aid*)
- *Counselor's Resource Packet*

2022

Tested *RCEL Addendum*

- Finalized implementation research protocols
- Adapted *RCEL Addendum* to Ghanian and Kyrgyz contexts with stakeholders
- Conducted cascade trainings and supportive supervision

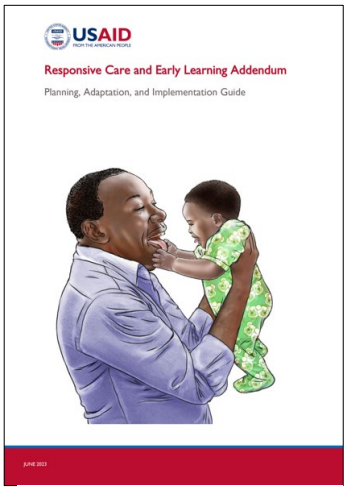
2023

Revised, Finalized, Disseminated

- Completed implementation research activities
- Revised global *RCEL Addendum* package
- Disseminated findings and package through conferences, webinars, and published materials

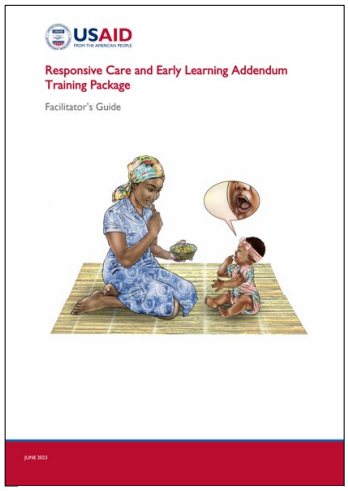
The final global *RCEL Addendum* (figure 2) consists of the *Counseling Cards*; a *Planning, Adaptation, and Implementation Guide* with considerations and tools for using the *RCEL Addendum*; and a package of materials (the *Facilitator's Guide, Training Aid,* and *Participant Handouts*) to train counselors on using the Counseling Cards. It is available in English, Arabic, French, Spanish, Russian, and Kyrgyz and can be found on the USAID Advancing Nutrition website.

Figure 2. The *RCEL Addendum* Global Package



Planning, Adaptation, and Implementation Guide

Counseling Cards



Training Package

Implementation Experiences and Findings

Testing the *RCEL Addendum* through Implementation Research

USAID Advancing Nutrition conducted mixed-methods implementation research in Ghana and the Kyrgyz Republic in 2022 and 2023 to test the feasibility, acceptability, and effectiveness of integrating the *RCEL Addendum* into existing nutrition programs. Annex 1 has more information on the study questions and tools, including the pre-post surveys, focus group discussions, individual interviews, and pre-post training evaluations.

Context

Figure 3. Ghana

Within Ghana's population of 32 million, 17.5 percent of children under five are stunted and 13 percent are underweight (Ghana Statistical Service 2018). One-third of children 36–59 months are not expected to meet developmental milestones (Ghana Statistical Service 2018). Building on recent gains in childhood outcomes, child nutrition and ECD remain priorities for the government. Leaders have demonstrated strong political commitment to improving children's development through the multi-sectoral Early Childhood Care and Development Policy launched in 2004 and standards developed in 2018, coordinated by an inter-ministerial group under the leadership of the Ministry of Gender, Children and Social Protection (USAID Advancing Nutrition 2022).

Figure 4. The Kyrgyz Republic

In the Kyrgyz Republic, a country of about seven million, 98 percent of women give birth in a facility, and 97 percent of the population has access to primary education (National Statistical Committee of the Kyrgyz Republic and UNICEF 2019). Seven percent of children under five are stunted and less than one percent are wasted (Ministry of Health of the Kyrgyz Republic et al. 2021). However, improvements in other aspects of nurturing care, such as access to early childhood education (39 percent), are lagging, and more than one-quarter of children under five are not developmentally on track (Ministry of Health of the Kyrgyz Republic et al. 2021; USAID Advancing Nutrition 2021). While the government has shown a vested interest in education and ECD, including enactment of laws requiring access to ECD services and the provision of training for health workers on ECD, a landscape analysis showed a gap in services to support essential nurturing care practices (USAID Advancing Nutrition 2021).

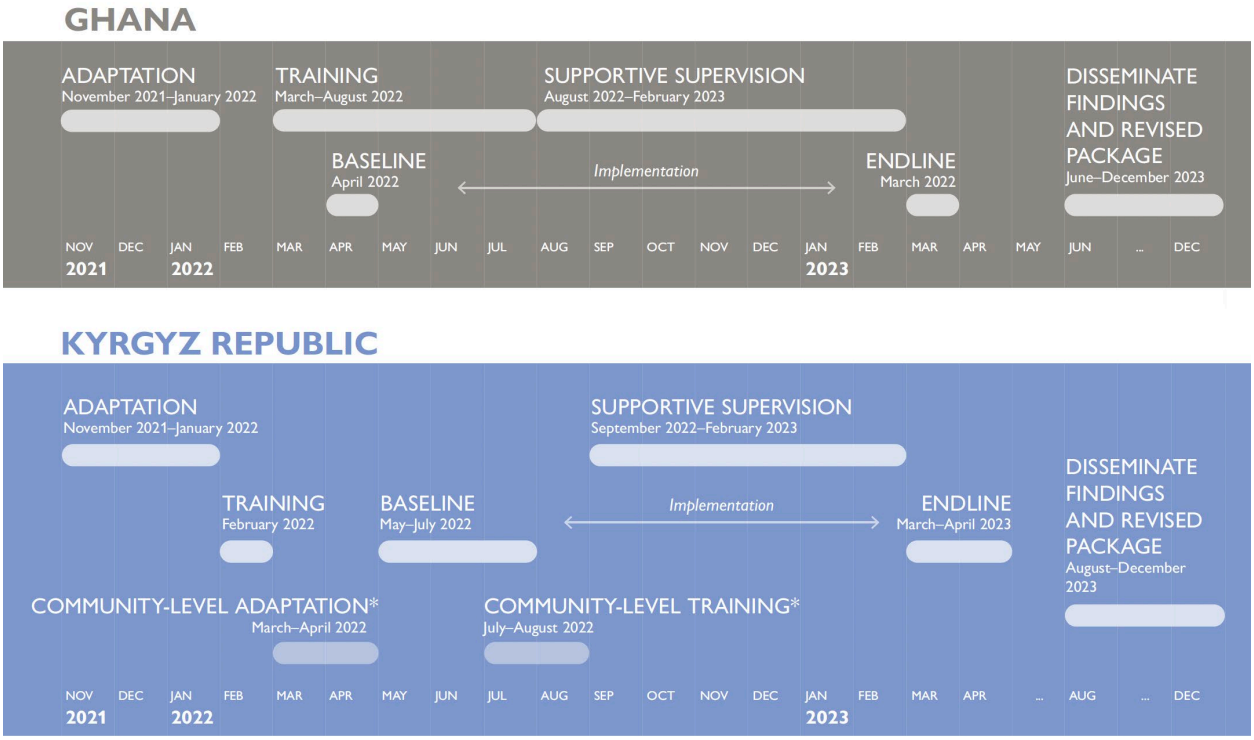
This study took place in four priority districts in three regions of northern Ghana (Northern, North East, and Upper West) (figure 3), and seven districts in two regions of the Kyrgyz Republic (Batken and Jalal-Abad) (figure 4).

Program Design

Methods

The implementation research included several key activities across the two countries, as outlined in figure 5.

Figure 5. Timeline of Major Implementation Research Activities in Ghana and the Kyrgyz Republic



*Community-level implementation in the Kyrgyz Republic required a separate approach specific to the model of service delivery. More information is provided under *Training* and in box 1.

Adaptation

The content of the *RCEL Addendum* can be used globally and must be adapted to country contexts to optimize relevance, clarity, and usefulness. USAID Advancing Nutrition followed the adaptation steps outlined in the *Planning, Adaptation, and Implementation Guide,* as described in table 1.

Table 1. Applying the *RCEL Addendum* Adaptation Steps in Practice

Step	Adaptation
1. Technical review (and translation in the Kyrgyz Republic)	• Stakeholders in Ghana reviewed the *RCEL Addendum* to identify adaptations to align the materials with existing Ghana Health Service (GHS) tools (e.g., the Maternal Child Health Record Book, training on child development milestones monitoring, and *C-IYCF Counselling Package*). We adapted the materials.

	• The *RCEL Addendum* was translated into Russian for use in the Kyrgyz Republic. Stakeholders reviewed the materials for integration into the existing Kyrgyz *C-IYCF Counselling Package* and adapted them to align. • Limited changes were made to the key messages in the *Counseling Cards* in both contexts since these messages were carefully chosen and vetted by the technical advisory group.
2. Pre-testing	• Health workers and caregivers of children 0–3 years provided feedback during focus group discussions on country-specific illustrations for the *Counseling Cards* and the key messages and practical tips.
3. Review	• Following the feedback from the focus group and internal discussions with in-country staff and key stakeholders, we worked with artists to finalize the illustrations. Few suggestions were made to change the messages.
4. Translation	• In Ghana, key terms in the Training Package materials were translated into relevant local languages to prepare for community-level trainings. The package remained in English, as is consistent with Ghana Health Services' other national packages. • In the Kyrgyz Republic, the Russian version of the *RCEL Addendum* materials were reviewed by the USAID Advancing Nutrition Kyrgyz Republic team and Kyrgyz State Medical Institute (KSMI) staff after the technical content was adapted (step 1). Materials for health workers (i.e., the *Counseling Cards* and Training Package) were also translated into Kyrgyz.
5. Finalize	• We co-branded the adapted *RCEL Addendum* materials with GHS. • In the Kyrgyz Republic, the Ministry of Health approved the *RCEL Addendum* materials, and the *Counseling Cards* were co-branded for the facility level. At the community level, USAID Advancing Nutrition staff adapted the *Counseling Cards* to brochure format (further described under *Findings and Lessons Learned*).

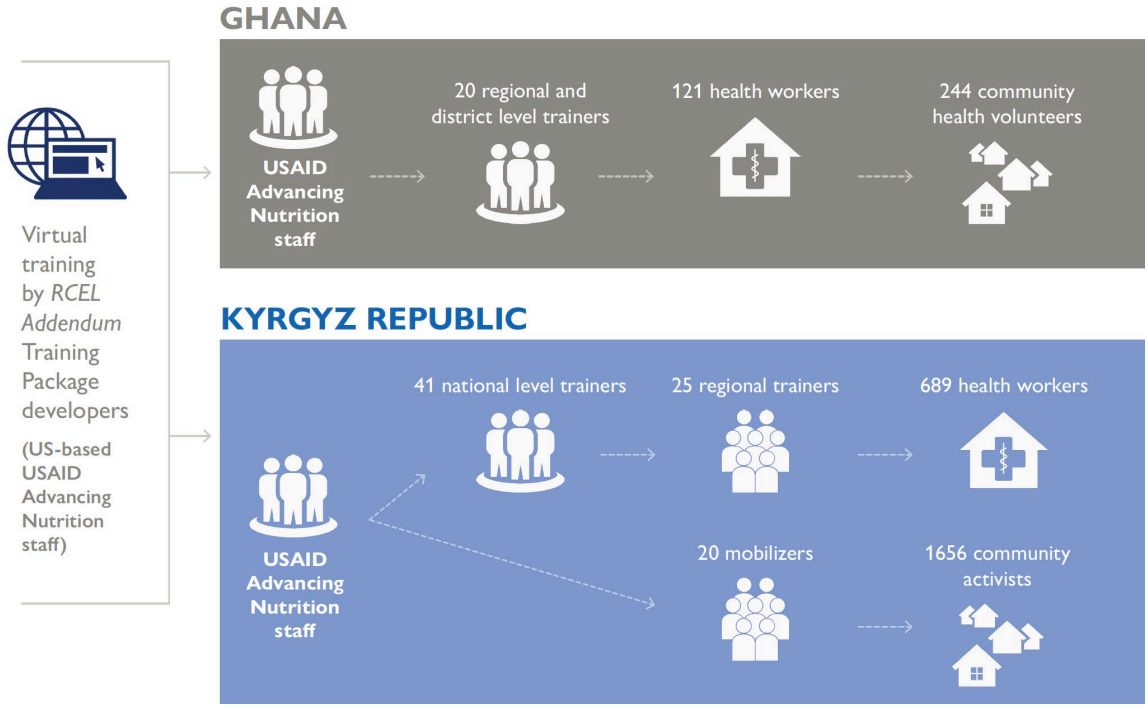
Training

Following adaptation, we used a national-to-community-level cascade training approach to roll out the *RCEL Addendum* at the health facility and community levels (figure 6). The training reinforced essential facilitation and counseling skills that counselors were taught in IYCF trainings and introduced new content on RCEL and child development. Training in both countries included instruction on supportive supervision and mentorship for supervisors and national-level facilitators.

First, the team that developed the *RCEL Addendum* Training Package conducted a virtual training[1] for USAID Advancing Nutrition staff in the United States, Ghana, and the Kyrgyz Republic. In Ghana, USAID Advancing Nutrition staff then held an in-person training for regional- and district-level GHS trainers, who then cascaded the 3-day training of facilitators to health workers across the four districts. Next, trained health workers cascaded a 2-day training of counselors to community health volunteers. Following the training, health workers (primarily nurses, nutrition officers, and midwives) and community health volunteers provided integrated IYCF/RCEL counseling to caregivers during preventive child welfare clinics and Village Savings and Loan Association meetings, respectively, throughout the implementation period. In the Kyrgyz Republic, USAID Advancing Nutrition staff held in-person and virtual national-level trainings for government and academic stakeholders. Next, these national trainers led a 3-day training for regional trainers, who then cascaded a 2-day training to health workers. Following the training, health workers (primarily family medicine doctors and nurses) provided integrated IYCF/RCEL counseling to caregivers during routine well-child visits (which included growth monitoring and promotion and IYCF counseling).

In the Kyrgyz Republic, the community program followed a different approach to fit the low-dose, high-frequency training and implementation approach used in the country for nutrition counseling. Community volunteers, or activists, attend 2-hour training sessions every four-to-six weeks at which they learn to promote health- and nutrition-related behavior change, improve practices, and generate community demand for related services by giving families educational brochures during home visits. USAID Advancing Nutrition developed two separate RCEL-specific sessions and integrated additional RCEL content into existing training materials (e.g., caregiver well-being was integrated into the maternal nutrition session) and brochures. We trained community mobilizers who cascaded the training to approximately 1,600 activists through two rounds of training. After each training, the activists conducted home visits and shared educational materials on the topics.

Figure 6. Overview of the Cascade Training Approaches in Ghana and the Kyrgyz Republic



[1] The *RCEL Addendum* training is designed to be delivered in person, but USAID Advancing Nutrition staff were unable to travel for the initial training due to the COVID-19 pandemic.

Box 1. Case Study: 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 align with the existing service delivery model. 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 children 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 well-being, as it was deemed beyond the skillset of the activists and prioritized for health workers. Qualitative data found that activists and community members, including male caregivers, appreciated that the brochures highlighted information for different age groups and featured contextualized, colorful illustrations with minimal text. They reported using the illustrations to guide their discussion with caregivers.

"Responsive Care and Feeding" and "Early Learning" brochures

Supportive Supervision

Supportive supervision was an integral component of program design and capacity strengthening to support quality implementation in Ghana and the Kyrgyz Republic. The supportive supervision process emphasized critical aspects of high-quality counseling (e.g., building rapport with the client, listening, asking questions, praising good practices, joint problem solving) and RCEL-specific content (e.g., asking caregivers if they have concerns about their children's development, learning how they interact with children).

In Ghana, in coordination with USAID Advancing Nutrition staff, trained district-level GHS officials conducted two rounds of supportive supervision for trained health workers and community health volunteers using a checklist that aligned with existing tools (i.e., IYCF supportive supervision checklist) and systems. USAID Advancing Nutrition also supported national-level GHS official monitoring visits to integrate RCEL activities into GHS routine reporting systems and explore potential for scale up.

In the Kyrgyz Republic, we built on USAID Advancing Nutrition's well-developed supportive supervision process for IYCF counseling by integrating RCEL content into the supervision tool that health facility supervisors used to support health workers. We held a 1-day refresher training on the key components

of supportive supervision and the new integrated supervision tool. At the community level, mobilizers performed periodic joint home visits with activists to observe counseling interactions and provide feedback and support. The mobilizers also conducted quality spot checks by calling a sample of households to ensure activists were engaging with the community and measure caregivers' knowledge transfer and retention.

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.

Findings and Lessons Learned

Adapting the *RCEL Addendum* to Diverse Contexts

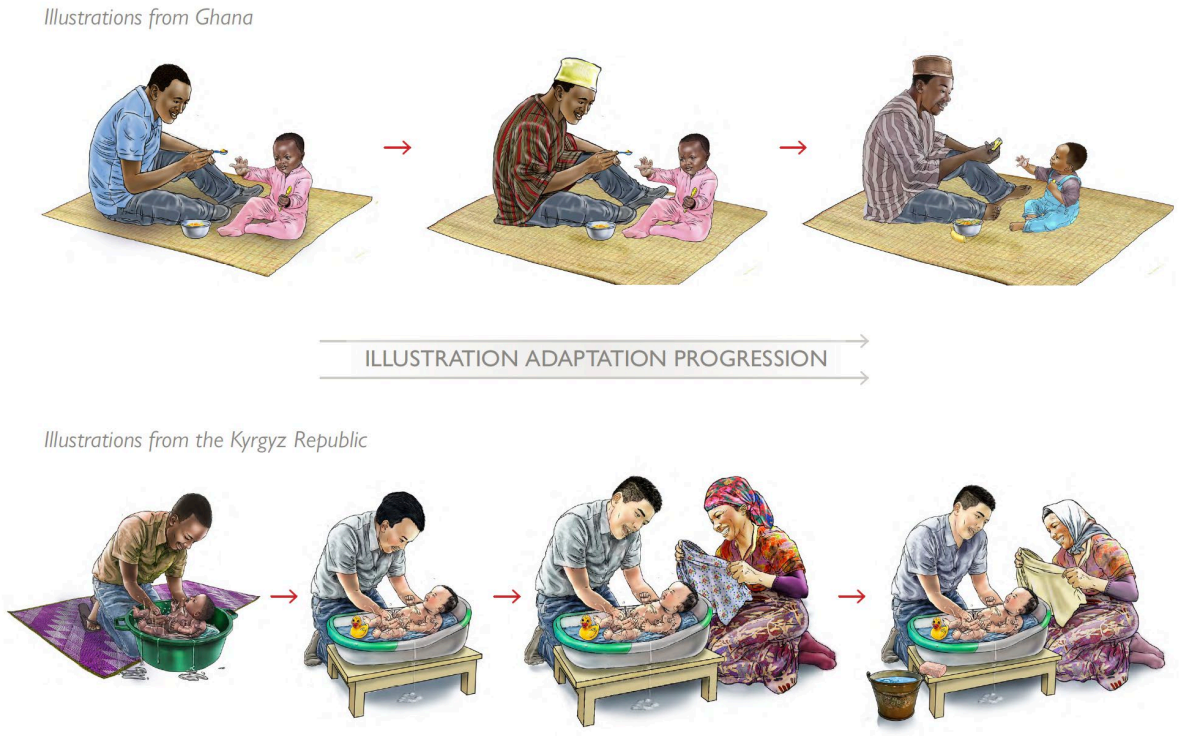
Language and illustration adaptations are two key considerations when preparing the *RCEL Addendum* for diverse contexts. In the Kyrgyz Republic, it was challenging to translate terms, concepts, and skills that were novel to Central Asia, absent from customary translations, and difficult to find in other sources into Russian and Kyrgyz. Additionally, Russian and Kyrgyz words tend to be longer than their English equivalents, causing the translated text to take up more space than the English-language *Counseling Cards*. We adjusted and shortened the Russian- and Kyrgyz-language content to fit (e.g., combining similar bullets, finding alternative, shorter wording for a sentence).

Overcoming translation challenges required a collaborative effort, involving careful consideration and brainstorming to find suitable equivalents for terms and phrases without direct translations, while ensuring relevance to the subject matter and audience. We learned that it is essential to allow sufficient time to navigate translation challenges, including through discussion and revisions, and to involve local language experts who are familiar with the subject matter.

In Ghana and the Kyrgyz Republic, illustration adaptations focused on culture and context. Figure 7 demonstrates how the father's clothing was changed to align with typical dress in northern Ghana (e.g., adding a hat to correspond with the age of the male caregiver, removing shoes since they are sitting on a mat). The method of food delivery changed from spoon to hand feeding, as is customary in northern Ghana. Lastly, more color was added to the food to indicate nutrient-rich foods.

Figure 7 also shows the progression of the illustrations adapted to the Kyrgyz context. Because male caregivers do not bathe small children alone, we added a grandmother holding a towel to signify that she is supporting the father rather than bathing the child herself. Additionally, the color of the towel and the grandmother's head covering and clothes were adapted to better reflect the region.

Figure 7. Illustration Adaptation Progression



The language and illustration adaptation process in Ghana and the Kyrgyz Republic highlighted the importance of:

- engaging relevant stakeholders early and often to ensure an accurate translation of technical content and that illustrations are contextually relevant and effective
- promoting engagement and involvement of men and other caregivers in the care of young children to challenge social norms and promote gender equality and caregiver well-being. In Ghana, caregivers reported receiving support from others and noted particular satisfaction with that 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*. Showing female caregivers with another adult as contextually relevant can reinforce the link between in-person support and caregiver well-being.

Table 2 summarizes cross-country learnings on adapting the *RCEL Addendum* and the accompanying revisions.

Table 2. Revisions to the *RCEL Addendum* Global Package

Cross-Country Learnings from Implementation	Revisions
Translating technical terms is challenging, particularly to languages such as Kyrgyz that may lack reference materials.	We expanded the glossary of terms in the *Planning, Adaptation, and Implementation Guide* translation annex to help translate challenging terms and included known translations (i.e., from the Nurturing Care Framework) of certain key terms. We also recommend that individuals conducting translation be fluent or a native speaker of the language of the audience for the materials, as well as knowledgeable about the culture and context in which the

	materials will be used, and work with local experts, such as in child development or disability, to ensure accurate translation of specific concepts.
Caregiver well-being is a new idea that challenges gender norms, is visually hard to convey, and may look different in different contexts.	We included more information and resources in the gender considerations section of the *Planning, Adaptation, and Implementation Guide* on how gender norms may affect caregiver well-being. We also included a case study from the Kyrgyz Republic to illustrate how the caregiver well-being content was adapted.
Disability inclusion was very new, and service providers and caregivers had difficulty understanding visual portrayals of children with disabilities.	• We created and added an illustrated job aid for counselors to the *Counseling Cards* for modifying activities to support children with disabilities to engage in play and learning. • We added references to several additional materials to the *Planning, Adaptation, and Implementation Guide*, including the Feeding and Disability Resource Bank and the UNICEF/USAID Advancing Nutrition IYCF Image Bank, which contain illustrations of children with disabilities, to support disability inclusion during the adaptation process. • We developed additional illustrations that show a variety of children and caregivers with disabilities that are available in the IYCF Image Bank.

Strengthening the Capacity of the Workforce

Training Approach

> Training on responsive care is very interesting. We indeed were not interested in the child's world…we only paid attention to their physical health: that they eat, most importantly, do not have cough or high temperature, and we were happy with that. Now we are particularly interested in their inner worlds, their worldview… children are so interesting, those tiny humans.
>
> -Supervisor, Kyrgyz Republic (paraphrased)

Findings demonstrated the feasibility of adapting the global package and training counselors through a cascade approach. Data indicate that the trainings and supportive supervision increased counselor RCEL knowledge and improved their RCEL counseling capacity. Health workers and volunteers noted that the *RCEL Addendum* training was useful, efficient, relevant, and effective, despite its density and complexity. Counselors valued the interactive and engaging training approach (e.g., use of role-play, activities with a strong audience participation component). They cited the importance of the information and appreciated the opportunity to role-play and practice what they had learned. Health worker knowledge scores in RCEL improved from 75 to 85 percent in Ghana and 59 to 78 percent in the Kyrgyz Republic from pre- to post-training. More than 95 percent of participants felt well prepared to counsel caregivers post-training. Counselors reported feeling more confident and relaxed during counseling and attributed the relationships they built with caregivers to the skills they developed during training and supervision.

While the training was useful, the following lessons from the training approach emerged:

- The *RCEL Addendum* training is highly interactive and requires little-to-no technology, which resulted in difficulties adapting it to the virtual format while maintaining active participation and ensuring that trainers understood how the training was meant to be delivered in-person. For example, one session requires that participants take turns sticking items to a flipchart as they

answer the facilitator's questions. In the virtual format, participants gave answers verbally while facilitators filled out the flipchart on camera.

- The number of training days may need to be increased or content may need to be re-prioritized to fit time constraints and participants' baseline knowledge. For example, the training of national-level trainers in the Kyrgyz Republic included several doctors whose training and experience allowed them to quickly grasp the concept of nurturing care and how experiences can affect brain development. The *Planning, Adaptation, and Implementation Guide* has recommendations on potential adaptations.
- Caregivers and health workers would like videos to supplement RCEL educational and counseling materials. USAID Advancing Nutrition has developed new videos on responsive care, caregiver-child interactions, and the *RCEL Addendum* counseling steps that can be used during training and counseling.

Lessons from Modular Training in the Kyrgyz Republic

It was challenging to fit the *RCEL Addendum* content into the 2-hour modular training for activists. The typical training style for community activists is also more didactic; they learn to follow a script to share content with the community and refer clients to the health center for personalized counseling. Because the content was new (communities have heard of IYCF but not RCEL specifically), we designed the training to help activists answer questions they were likely to receive from the community.

Overall, activists were eager to participate in the *RCEL Addendum* training because the sessions were interactive (e.g., incorporating singing and role-play). They were particularly enthusiastic about an activity referred to as "the brain game" that explains how various experiences can affect brain development and were surprised to learn the impact of RCEL on children's development. Qualitative results (collected in January 2023 near the end of the implementation period) showed activists had lower levels of RCEL knowledge than health workers, which was expected, given that activists did not receive the complete 2-day health worker training and have less experience and fewer responsibilities.

Box 2. Sustainability Considerations

The Kyrgyz Republic government is interested in incorporating the *RCEL Addendum* into its primary health care service delivery and continuing higher education training programs for doctors, nurses, and specialists within the health system. In May 2023, after approval from the Scientific Council of the KSMI and the Educational and Methodological Board of the Ministry of Health, the *RCEL Addendum* was officially incorporated into a KSMI post-graduate curriculum. Starting in fall 2023, the training on the *RCEL Addendum* will be available for practicing doctors and nurses.

The Minister of Health of the Kyrgyz Republic signed Order 566 to establish a working group to update training programs related to nutrition and anemia in women and children, and responsive care and early learning of infants and young children. The group has eight members, including representatives from the Ministry of Health and staff from local medical educational institutions. The main objective of this working group is to enhance the quality of health care services by strengthening the knowledge and skills of health workers in nutrition, anemia, responsive care, and early learning education. These efforts will reflect the principles of evidence-based medicine.

Supportive Supervision

Data from observations of supervisory visits, in-depth interviews with supervisors and supervisees, and debrief sessions highlighted the importance of supportive supervision in both countries, including to providing high-quality RCEL counseling.

In the Kyrgyz Republic, health workers received supportive supervision twice over six months. During the first round, we found providers were less likely to counsel caregivers on RCEL topics, preferring to discuss the IYCF content they were more familiar with. The second round of supervision showed large improvements in discussing RCEL-specific content, highlighting the importance of on-site mentoring and practice with the new content. Overall, assessments of health worker counseling skills showed approximately a 20 percent improvement between the two rounds of supervision.

In Ghana, counselors received supportive supervision twice over six months from trained district-level GHS officials. Supervisors and counselors said that supervision visits strengthened counselors' ability to tailor counseling and pair the appropriate card with the most pressing issues of the caregiver and child and boosted their morale. Counselors appreciated on-the-job support and expressed a strong desire for more frequent and routine supervision support.

> I have seen a lot of improvement in the counseling sessions. During the first 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)

Overall, supervisors in both countries noted that health workers appeared more knowledgeable and confident discussing and addressing RCEL- and development-related topics and concerns and had improved rapport with caregivers after training and supervision. Health workers noted that the supervision visits allowed them to discuss and mitigate implementation challenges and strengthened their skills and confidence to use the *Counseling Cards*. Supportive supervision visits were seen as an important opportunity for supervisors to help health workers tailor their counseling, encouraging counselors to discuss information relevant to the child's age and stage (e.g., introducing complementary foods once the child is six months of age). While health workers were trained to focus on counseling on 1–2 key behaviors per session, this only happened with the additional support provided through supervision.

Cross-Country Learnings and Revisions

Table 3 summarizes cross-country learning related to training and supportive supervision and the associated revisions made to the *RCEL Addendum* global package.

Table 3. Cross-Country Learnings on Capacity Strengthening Using the *RCEL Addendum*

Learning	Revisions
Training participants who had been trained in IYCF counseling defaulted to those topics (e.g., breastfeeding positioning) when conducting role-plays during the training activities, rather than incorporating RCEL topics.	We added reminders in the sessions for the facilitators to reiterate that the training provides an opportunity to practice RCEL counseling, and to incorporate them into counseling role-plays.
The draft *RCEL Addendum* followed a 6-step counseling approach: 1. Open and welcome 2. Assess and recap 3. Analyze and introduce today's topic 4. Act 5. Recap and reflect	We reduced the six steps to five. Steps 2, 3, and 4 of the revised 5-step approach align with the *C-IYCF Counselling Package* AAA approach. The final counseling steps in the *RCEL Addendum* are: 1. Welcome the caregiver(s) 2. Assess 3. Analyze

6. Close This confused participants who had learned the *C-IYCF Counselling Package* 3-step approach of Assess, Analyze, Act (AAA). Participants did not have a clear preference for either approach but valued the first and last steps of the 6-step approach to open and close the counseling session. Participants were unclear on how to use the counseling steps during group sessions and requested additional guidance.	4. Act 5. Summarize and close These steps apply to individual counseling and group session facilitation, and we provide specific guidance on how to use them, including newly developed job aids on group session facilitation. We revised all role-plays throughout the training to use a 5-step approach.
Facilitators were sometimes unable to deliver the training and its sessions in the allotted time. This was due to a variety of factors, such as activities covering new or challenging topics (e.g., disability inclusion) that required additional explanation and discussion, and material being inappropriate for level of health worker being trained (e.g., introducing a model of behavior change steps to community health volunteers).	We eliminated activities that were mismatched to health worker level and participants were unable to achieve the activity objectives. We revised sessions with challenging topics (e.g., feeding difficulties, caring for the caregiver, and developmental milestones) to better explain instructions, content, and objectives to facilitators and participants.
Facilitators asked for an agenda that could be used to easily reference the details of the training sessions (e.g., duration, objectives, necessary materials). They also wanted more training preparation guidance.	We created and added the Prep Day and Detailed Facilitator's Agendas to the *Facilitator's Guide*. The Prep Day Agenda is designed prepare facilitators for delivering the *RCEL Addendum* training. It includes assigning sessions to facilitators, preparing the *Training Aid* materials, and discussing potentially challenging topics such as feeding difficulties. The Detailed Facilitator's Agenda is designed to be used during the delivery of the *RCEL Addendum* training and includes session names, duration of each session and activity, learning objectives, materials and preparation needed, and key takeaways for each session.
Facilitators said that several sessions required too many flipcharts, which take time to prepare and use during the sessions, and require a place to hang.	We simplified some of the activities where several flipcharts were used while ensuring participants could still easily understand the key messages for the activities.
The draft *RCEL Addendum* included a *Counselor's Resource Packet* of additional materials for use during counseling sessions. However, health workers relied on their *Counseling Cards* as their primary job aid to support and guide the counseling sessions.	We dissolved the *Counselor's Resource Packet* by incorporating some of its content into other materials of the *RCEL Addendum* and discarding the rest. For example, the draft *RCEL Addendum* included an individual consultation checklist to guide counseling sessions. Although it was not being used during counseling sessions, counselors did need guidance on questions to start conversations with caregivers on RCEL. Questions

	from the checklist were incorporated into a job aid on individual counseling in the *Counseling Cards*.
Participants wanted more guidance about how to interact with and respond to newborn cues.	We incorporated a new story card with a father responding to his baby's tired cues.
Supportive supervision and mentorship were conducted after the training, but the *RCEL Addendum* did not include much guidance on either topic.	We developed an integrated RCEL and IYCF supportive supervision checklist based on examples from Ghana and the Kyrgyz Republic for staff to use to conduct supportive supervision and included an example of this checklist in the *Planning, Adaptation, and Implementation Guide* for possible adaptation.

Service Provider Perspectives on Delivering an Integrated Counseling Package

The provision of integrated IYCF and RCEL counseling using both community and facility-based platforms was well received by counselors in both countries. Counselors praised the simple design and concise nature of the *Counseling Cards*. Although some supervisors mentioned the need to manage health workers' workloads due to existing systematic challenges common to most health systems, qualitative data from both countries showed no indication that adding the RCEL content to current workloads was problematic. Data from the Kyrgyz Republic highlighted the importance of small incentives (e.g., branded t-shirts, hats, bags) and support (e.g., problem solving, encouragement, praise, capacity strengthening) from the mobilizers as critical to the volunteers' engagement.

> I think I will need a little more training on just the impairment and disability session so that I can be well prepared enough to provide counseling and assist or support sub -district health facility level staff to provide counseling in the event that I encounter a child with disability.
>
> -Health worker, Ghana (paraphrased)

In Ghana, counselors used the cards and the stepwise counseling to make individual and group sessions at child welfare clinics and village savings and loans groups more interactive. They tailored their counseling to the caregiver-child dyad for individual sessions, integrating IYCF and RCEL topics as needed. Health workers and community health volunteers noted the training helped them understand and counsel on the milestones in the Maternal Child Health Record Book, though some still did not feel fully comfortable counseling on this topic. Additionally, they found counseling caregivers of a child with a feeding difficulty or a disability particularly challenging, noting that caregivers did not consider them qualified in these areas. Counselors wanted more training and support on these topics. However, in general, they described the training as enlightening and suggested refresher training and scaling up to other districts.

> 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 was new to me.
>
> -National trainer, Kyrgyz Republic (paraphrased)

In the Kyrgyz Republic, supervisors, health workers, and activists welcomed the *RCEL Addendum*, citing the content as relevant and useful. Health workers used the *Counseling Cards* as a reminder of the RCEL-related key points to discuss with caregivers. Similarly, the activists found the brochures to be clear, engaging, and helpful in sharing the information with caregivers. Activists served an important function – sharing information, connect caregivers to facilities and reinforce health workers' messages. They said that additional resources, such as informational materials or facilities, would further support learning among caregivers.

Overall, supervisors, health workers, and volunteers wanted refresher training to remind them of key content, teach them more about specific topics, and give them the opportunity to practice skills. They also requested more materials to support their work and the practical integration of the content during counseling sessions. They said that job aids such as brochures, videos, and posters for use during the session and display in health facilities could reinforce concepts and help them counsel caregivers. Some health workers recommended establishing a designated room or center where caregivers could learn more about nurturing care and access additional educational resources after counseling sessions.

Lastly, although experiences were limited, there was interest in both countries for supporting the needs of children with disabilities. Health workers and volunteers wanted to learn more about supporting caregivers of and children with disabilities, but some volunteers said that caregivers did not see them as qualified for this. Health workers acknowledged that it was emotionally challenging to work with these families, as sensitivities and stigma require careful counseling. Some counselors felt they lacked skills to support families of children with disabilities, but expressed the desire to help and support them.

Box 3. Addressing Feeding Difficulties Using the *RCEL Addendum*

Session 11 of the *RCEL Addendum* training trains counselors on using "Special Circumstances Counseling Card 7: Feeding Difficulties" to address feeding difficulties, which are common among children with disabilities. Future *RCEL Addendum* implementers may need to consider the skill level of the target workforce to determine whether they can be trained effectively on this content and feel confident using this card with caregivers. For example, this session may be more appropriate for health workers or other community workers that have some existing experience around disability inclusion or feeding interventions. In this approach, other workers should still be trained to identify and refer any children with feeding difficulties to the subset of health workers that have been trained to counsel on this topic. This tiered approach may also help to alleviate caregivers' concerns around health workers' qualifications to counsel in these circumstances.

Caregiver Perspectives

Analysis of qualitative data suggests that caregivers of children under three perceived the counseling they received with the *RCEL Addendum* to be important, informative, and engaging. They were interested in the content and recognized the benefits for their children. Across both countries, caregivers reported improved care practices related to communication, responsive care, and play (e.g., spending more time with and providing children with a variety of readily available home items for play). Caregivers accurately linked the benefits of playing with and engaging children (e.g., talking and singing) with their physical and cognitive development. In both countries, caregivers 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.

> We also learned to treat our children with care, affection, and love and not with anger since that is not good for their growth and development.
>
> -Caregiver, Ghana (paraphrased)

In Ghana, there were no differences in feedback from caregivers who received counseling from the health center and those who received it from volunteers. All appreciated the counseling, reported that they were able to practice what was taught, and had positive feedback. Caregivers reported that they had shifted from some harmful practices (e.g., yelling, hitting) to more intentional, loving care (e.g., playing, interacting). They reported receiving caregiving support from spouses, in-laws, older children, other family members, and in some cases friends. They noted particular satisfaction with the increased support they received from their husbands, which they attributed to the counseling they received from the health workers, including the male-engagement illustrations in the *Counseling Cards*.

In the Kyrgyz Republic, all caregivers reported receiving information through brochures or the *Counseling Cards*, which received good reviews for usefulness and clarity. Only half of the caregiver respondents said that they take care of their own health by trying to eat well and relax. They reported that other family members sometimes care for the child so that the mother can do household chores. However, rarely do other family members take care of the children to give the mothers a chance to rest. Instead, mothers usually rest only when children are asleep. About one-third of respondents reported experiencing postpartum stress, but none asked for help. The most notable and significant difference between the health center and community group respondents was that the former more frequently referred to previous, non-RCEL counseling topics (e.g., breastfeeding, vitamins), while the latter more frequently referred to the RCEL counseling topics (e.g., communicating and playing with children). Therefore, despite the difference in training and capacity, both the health workers and community activists shared information and discussed RCEL with caregivers.

> For example, 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)

Box 4. Trials of Improved Practices Study in Zambia Using the *RCEL Addendum*

A recent study in Zambia (Matenga et al. 2022) assessed the acceptability of engaging family members (especially fathers and grandmothers) to support postpartum women living with HIV with exclusive breastfeeding (EBF) and antiretroviral therapy (ART) adherence and engaging in responsive caregiving practices. Researchers used Trials of Improved Practices, which follows participants over time as they try new behaviors. USAID Advancing Nutrition adapted four of the *RCEL Addendum Counseling Cards* to be used with children 0–6 months of age who were involved in this research study. The study used an integrated nutrition, ECD, and ART adherence counseling package, followed by in-depth interviews. Family members valued participating in counseling sessions and most reported increased support for EBF and ART adherence, and greater participation in responsive caregiving, which women confirmed. Engaging family members to support infant care and feeding and ART adherence through an integrated counseling package, including four adapted *RCEL Addendum Counseling Cards,* was acceptable and feasible. The study team, which included researchers from the University of North Carolina Global Project Zambia and the University of Zambia, also pre-tested the *RCEL Addendum Counseling Cards* with caregivers of children 0–2 years and health care providers in Lusaka.

Key Takeaways

Multi-Sectoral Implications

RCEL is not solely the responsibility of health systems. Therefore, we recommend creating a multi-sectoral platform to promote RCEL, engaging for example education and social development (UNICEF and WHO 2022). Several of the more challenging concepts from the *RCEL Addendum Counseling Cards* (caregiver well-being, supporting children with disabilities, and caring for children with feeding difficulties) require coordinated work across sectors. Programs need to understand and mitigate individual barriers to behavior change and create an enabling environment by changing social norms and reducing stigma and discrimination that may limit a person's ability to change behavior (Menon et al. 2016). Global evidence shows that interventions that work on multiple socio-ecological levels (e.g., individual, community, structural) and focus on multiple audiences through combined communications, advocacy, and programming can reduce stigma and discrimination more than standalone initiatives (UNICEF 2019).

Lessons Learned

Findings demonstrated the feasibility and acceptability among supervisors, counselors, and caregivers of integrating RCEL content with IYCF counseling in two differing contexts—northern Ghana and the Kyrgyz Republic—when key local stakeholders are engaged throughout. Significant improvements in IYCF practices suggest that caregivers were able to improve RCEL practices without sacrificing IYCF practices and that integration did not hinder nutrition interventions using these same delivery points. Improving practices among caregivers through primary health care service delivery can help all children thrive and achieve their full potential. Key learnings on the feasibility and acceptability of the *RCEL Addendum* are listed below and can be used to amplify its benefit during future implementation. Additional learnings and implications for sustainable integration of the package into nutrition services are in the implementation brief.

- Adaptation with key stakeholders based on the unique implementation context is essential to ensure that the package is relevant to and resonates with counselors and caregivers.
- The package's simple, focused design and careful alignment with existing tools and approaches was important to its success.
- Use of the *RCEL Addendum* did not appear to overwhelm or overburden health workers or community volunteers. Although the content was largely new to them and caregivers, data indicated that they understood and valued the information and material.
- Caregivers were interested in the content and recognized the benefits for their children, reporting changes in their behaviors, particularly related to responsive feeding, responsive care, play and communication. More difficult behaviors to influence related to caregiver well-being and the needs of children with disabilities due to social and structural barriers.
- Ongoing efforts to integrate RCEL content into 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.
- Government support, alignment with health system infrastructure, a dynamic and engaging training approach, concise and clear key messages and materials, and supportive supervision all had an important role in the effective implementation of the *RCEL Addendum.*

References

Ghana Statistical Service. 2018. "Multiple Indicator Cluster Survey (MICS 2017–18), Survey Findings Report." Accessed June 22, 2021. https://mics-surveys-prod.s3.amazonaws.com/MICS6/West%20and%20Central%20Africa/Ghana/2017-2018/Survey%20findings/Ghana%202017-18%20MICS%20Survey%20Findings%20Report_English.pdf

Matenga, Tulani F.L., Margaret P. Kasaro, Josephine Nyambe, Rhoda Chabaputa, Sithembile Chanda, Douglas Habinda, Laetitia Mulenga, et al. (2022). Engaging family members to support infant feeding, early child development, and ART adherence is acceptable to families with HIV-exposed uninfected children in Zambia. Poster presented at the 24th International AIDS Conference (AIDS 2022). Montreal, Canada, July 29-August 2, 2022.

Menon, Purnima, Phuong Hong Nguyen, Kuntal Kumar Saha, Adiba Khaled, Andrew Kennedy, Lan Mai Tran, Tina Sanghvi, et al. 2016. "Impacts on Breastfeeding Practices of At-Scale Strategies That Combine Intensive Interpersonal Counseling, Mass Media, and Community Mobilization: Results of Cluster-Randomized Program Evaluations in Bangladesh and Viet Nam." PLOS Medicine 13, no. 10 (October): e1002159. https://doi.org/10.1371/journal.pmed.1002159.

Ministry of Health of the Kyrgyz Republic, UNICEF, FAO, WFP, WHO, USAID, USAID Advancing Nutrition, MercyCorps. National Integrated Micronutrient and Anthropometry Survey 2021. Snapshots of Key Findings. Bishkek, the Kyrgyz Republic. https://kyrgyzstan.un.org/sites/default/files/2022-11/NIMAS%20snapshots%20eng.pdf

National Statistical Committee of the Kyrgyz Republic and UNICEF. 2019. Kyrgyzstan Multiple Indicator Cluster Survey 2018, Survey Findings Report. Bishkek, Kyrgyzstan: National Statistical Committee of the Kyrgyz Republic and UNICEF. https://mics-surveys-prod.s3.amazonaws.com/MICS6/Europe%20and%20Central%20Asia/Kyrgyzstan/2018/Survey%20findings/Kyrgyzstan%20MICS%202018_English.pdf

ThinkBIG. 2021. Behavior Profiles Tool. Washington, DC: The Manoff Group, Inc. for USAID/ACCELERATE

UNICEF (United Nations Children's Fund). 2013. *Community Infant and Young Child Feeding Counselling Package.* New York: UNICEF. https://www.unicef.org/documents/community-iycf-package

UNICEF (United Nations Children's Fund). 2019. *Reducing Stigma and Discrimination Against Children with Disabilities.* New York: UNICEF. https://sites.unicef.org/disabilities/files/Reducing_stigma_and_discrimination_against_children_with_disabilities_-_Policy_Brief.pdf

UNICEF (United Nations Children's Fund) and WHO (World Health Organization). 2022. *Nurturing Care Practice Guide: Strengthening Nurturing Care Through Health and Nutrition Services.* New York: UNICEF and Geneva: WHO. https://www.who.int/publications/i/item/9789240058651

USAID Advancing Nutrition. 2021. *Nurturing Care to Improve Early Childhood Development: Kyrgyz Republic Country Profile.* https://www.advancingnutrition.org/sites/default/files/2021-10/ecd_landscape_brief_kyrgyz_republic.pdf

USAID Advancing Nutrition. 2022. *Situational Analysis of Early Childhood Care and Development Services in Ghana.* https://www.advancingnutrition.org/sites/default/files/2022-08/usaid_an_situational_analysis_ghana_2022.pdf

WHO (World Health Organization), UNICEF (United Nations Children's Fund), and World Bank Group. 2018. *Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential.* Geneva: WHO. https://apps.who.int/iris/handle/10665/272603.

WHO (World Health Organization). 2020. *Improving Early Childhood Development: WHO Guideline.* Geneva: WHO. https://www.who.int/publications/i/item/97892400020986.

Annex 1. Summary of Study Tools by Research Question

Research Question	Study Tools
• How feasible is it to use the adaptation guidance to adapt the global *RCEL Addendum* to the country context? What parts of the *RCEL Addendum* are most critical for adaptation to the country context to make the package effective and usable?	• R*CEL Addendum* Adaptation Matrix • *RCEL Addendum* Translation Matrix • Focus Group Discussion Guide on Adaptation
• How well does the *RCEL Addendum* training and supervision equip frontline workers with the needed competencies to deliver the addendum content, achieving minimum standards of quality? What training content needs to be strengthened for frontline workers to deliver counseling effectively?	• Pre-Post Written Competency Assessment • Post-Training Evaluation Form • Semi-Structured Post-Training Phone Interview Guide • Supervision Checklists
• How feasible is it for frontline workers to use the *RCEL Addendum Counseling Cards* for counseling caregivers on RCEL through existing nutrition programming? Under what circumstances is it feasible to deliver and what are challenges to delivery?	• Semi-Structured Discussion Guide for Counselors • Semi-Structured Interview Guide for Supervisors
• How acceptable is the *RCEL Addendum* counseling content and delivery modality for caregivers of children ages 0-2 years?	• Semi-Structured Interview Guide for Caregivers from Health Facilities • Semi-Structured Discussion Guide for Caregivers from Community Groups
• How do RCEL practices change among caregivers who received the *RCEL Addendum* counseling?	• Household Pre-Post Intervention Survey • Nurturing Care Framework Responsive Care Tool • Nurturing Care Framework Early Learning Tool • Family Care Indicators

USAID ADVANCING NUTRITION

Implemented by:
JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703–528–7474
Email: info@advancingnutrition.org
Web: advancingnutrition.org

November 2023

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

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training Institute, Inc. (JSI), and do not necessarily reflect the views of USAID or the United States government.