

Infant and Young Child Feeding

Lessons Learned and Recommendations from USAID Advancing Nutrition

Background

Infant and young child feeding (IYCF) refers to a range of essential care practices for children under two, including breastfeeding, complementary feeding, and feeding sick children. Strengthening IYCF practices is fundamental to improving the nutritional status of children (UNICEF 2020). However, too few children receive optimal IYCF. Globally, in 2015–2021, only 48 percent of children 0–6 months were exclusively breastfed and 18 percent of children 6–23 months consumed a minimum acceptable diet (UNICEF 2023). Families face numerous challenges to practicing optimal IYCF, including political, socio-economic, and socio-cultural barriers (UNICEF 2020).

USAID Advancing Nutrition Goals and Approach

Over the course of the project's five years, USAID Advancing Nutrition worked to support the U.S. Agency for International Development, implementing partners, and national stakeholders to improve IYCF. We implemented more than 30 activities across the project's core portfolio and six of its country programs (Ghana, Kenya, Kyrgyz Republic, Mozambique, Niger, and Nigeria). This learning brief summarizes key lessons learned from these efforts and shares resources we developed and recommendations for future nutrition programs.



Complementary feeding in Kyrgyz Republic. Photo credit: USAID Advancing Nutrition.

We organized this brief by key topic areas—breastfeeding, complementary feeding, feeding of the sick newborn and child, and IYCF counseling. The lessons and resources presented come from several approaches we used to improve IYCF, including strengthening nutrition in health services, improving the enabling policy environment, creating an enabling household environment for care through social and behavior change (SBC), and improving measurement to inform decision-making. Key implementation modalities varied, but included supporting national scale up and multi-sectoral engagement, capacity strengthening and technical assistance, developing tools and guidance documents, and conducting research.

Key Learning and Lessons Learned

Breastfeeding

Breastfeeding plays a key role in the health of mothers and infants. Suboptimal breastfeeding is associated with elevated risk of death from infectious diseases. Longer breastfeeding duration and exclusive breastfeeding is associated with higher intelligence and lower risk of overweight and diabetes. Progress on improving optimal breastfeeding practices and scaling-up interventions to support breastfeeding has been slow in low- and middle-income countries (Victora et al. 2021).

Key Learning

- Gaps in breastfeeding counseling include specific challenges, such as continued breastfeeding when a mother is separated from her child or expression and storage of breastmilk with cup feeding; and lactation management around physical concerns such as cracked nipples, engorgement, or poor attachment (USAID Advancing Nutrition 2020a).
- A comparison of five methods of measuring exclusive breastfeeding (Alayón et al. 2022), determined that each method produced different estimates of the standard indicator. Researchers should test the measures that align with the global recommendation of exclusive breastfeeding for the first six months of life and can be collected with large household surveys for accuracy.

USAID Advancing Nutrition Resources

Guidance and Tools:

- [Tool and Guide for Reviewing the Nutrition Content of Pre-Service Training Curricula](#)

Evidence and Learning:

- [A Review of Nutrition-Related Service Delivery Packages](#)
- [Building The Competency of Health Professionals In the Kyrgyz Republic for the Baby-Friendly Hospital Initiative](#)
- [Exclusive Breastfeeding: Measurement to Match the Global Recommendation](#)
- [Implementing Two National Responsibilities of the Revised UNICEF/WHO Baby-Friendly Hospital Initiative: A Two-Country Case Study](#)
- [Mixed-Methods Systematic Review of Behavioral Interventions in Low- and Middle-Income Countries to Increase Family Support for Maternal, Infant, and Young Child Nutrition during the First 1,000 Days](#)

Capacity and Systems Strengthening

The project [reviewed six prominent, globally recognized service delivery packages](#) to enable partners to better harmonize, combine, or adapt the packages or to introduce, strengthen, or expand them. The review found that breastfeeding-specific counseling training content is extensive, covering all optimal breastfeeding practices. However, identified gaps include specific challenges, such as continued breastfeeding when a mother is separated from her child or expression and storage of breastmilk with cup feeding; or lactation management around physical concerns such as cracked nipples, engorgement, or poor attachment (Lamstein and Torres 2021; USAID Advancing Nutrition 2020a).

Quality pre-service training forms the foundation of all nutrition services, equipping health professionals with the competencies required to deliver quality services from day one on the job. However, nutrition content is often outdated and can be difficult to integrate into pre-service training. To improve the

quality of nutrition services, including breastfeeding support, USAID Advancing Nutrition developed a [Tool and Guide for Reviewing the Nutrition Content of Pre-Service Training Curricula](#), and tested it in Bangladesh, the Democratic Republic of Congo (DRC), Ghana, the Kyrgyz Republic, and Malawi. We found that few curricula for frontline health workers fully supported development of competencies needed to adequately promote and support breastfeeding. Academic institutions, relevant government entities, nongovernmental organizations, and donors can use the tool to help review and improve the nutrition content in existing pre-service training curricula for specific cadres of health workers who provide frontline nutrition services (USAID Advancing Nutrition 2023h).

USAID Advancing Nutrition supported development and testing of a [mentorship program model to improve the quality of breastfeeding counseling](#) provided by health workers in Kenya (USAID Advancing Nutrition n.d.[b]). The program is designed to reinforce, strengthen, and sustain competencies that providers learn through the 2020 *Baby-Friendly Hospital Initiative Training Course for Maternity Staff* (WHO and UNICEF 2020a), which is being adapted for Kenya. The USAID MOMENTUM Country and Global Leadership will complete this work.

Supporting Enabling Policies and Policy Implementation

USAID Advancing Nutrition is documenting and sharing country experiences in expanding the coverage and sustainability of the Baby-Friendly Hospital Initiative, which includes 10 evidence-based steps that health facilities can implement to promote, protect, and support breastfeeding (WHO n.d.). The World Health Organization (WHO) and UNICEF recommend nine key government responsibilities to integrate the Ten Steps into national health systems. USAID Advancing Nutrition conducted a [two-country case study](#) in the [Kyrgyz Republic](#) and Malawi to support efforts to document and share country experiences in implementing three of the responsibilities: health professional competency building, incentives for compliance and/or sanctions for non-compliance with the Ten Steps, and technical assistance to facilities. We found that even with national-level policies and strong implementation structures, countries may still have limited monitoring and evaluation, resources, and multi-sectoral engagement beyond the health system. Integrating the Baby-Friendly Hospital Initiative into standards of care requires a multi-sectoral approach beyond nutrition, including—

- Reproductive, maternal, and newborn health should fully incorporate the Ten Steps.
- Sustainability calls for the education (curricula and pre-service training) and finance sectors for regular funding, along with regulatory and/or professional bodies, to monitor the quality of implementation.
- For national policy implementation to reach all levels of the delivery system, communication and advocacy for policymakers and program managers is needed (Mukuria-Ashe et al. 2022; Klein, Block et al. 2023).

Improving the Enabling Household Environment

Mothers need an enabling household environment to practice early initiation of breastfeeding, to breastfeed exclusively for six months, and to continue breastfeeding through two years of age and beyond. Most mothers need family support for these behaviors. The project's [mixed methods review](#) on interventions to increase family support for nutrition found quantitative and qualitative evidence of positive impacts on breastfeeding through family engagement. The type of support, and from whom, to create this environment may vary by context (Martin et al. 2020). For example, testing of USAID Advancing Nutrition's [guide to focusing on social norms](#) (USAID Advancing Nutrition 2023e) in Niger found that mothers-in-law determine if mothers can breastfeed exclusively.

Measurement and Monitoring

USAID Advancing Nutrition published findings [comparing five methods of measuring exclusive breastfeeding](#). We determined that measuring the point prevalence of exclusive breastfeeding in the 24 hours before a survey tends to overestimate the percentage of infants exclusively breastfed. Each method produced different estimates of the standard indicator and has pros and cons for collecting data and estimating the true proportion of exclusively breastfed infants. Researchers should test the measures that align with the global recommendation of exclusive breastfeeding for the first six months of life and can be collected with large household surveys for accuracy (Alayón et al. 2022).

Complementary Feeding

In 2021, the *Lancet* identified complementary feeding strategies to improve dietary intake as a major global gap and recommended activity at national and subnational levels. However, complementary feeding is complex (Heidkamp et al. 2021). Complementary feeding behaviors change with the child's age and are influenced by multiple factors across households, communities, and systems. Improving complementary feeding requires a multi-sectoral approach, including one that addresses the determinants and drivers of young children's diets (UNICEF 2020).

Key Learning

- Enabling better complementary feeding is complex and requires focused and context-specific programming with aligned efforts across sectors.
- Supporting partners in carrying out a step-wise approach to identifying locally available nutrient-rich foods to meet specific population nutrient requirements, and testing a menu of food-based recommendations is key before promoting project interventions.
- Social norms and caregiver well-being are two often overlooked factors influencing complementary feeding practices that require additional attention and carefully planned activities.
- Measurement of complementary feeding is complex due to the number of complementary feeding behaviors and rapid change during the small window of time, but important to understand what works and make adjustments.

USAID Advancing Nutrition Resources

Guidance and Tools:

- [Complementary Feeding Tool Repository](#)
- [Enabling Better Complementary Feeding: Guidance and Workbook](#)
- [Enabling Better Complementary Feeding: Key Concepts of Quality Social and Behavior Change](#)
- [Focusing on Social Norms: A Practical Guide for Nutrition Programmers to Improve Women's and Children's Diets](#)
- [Measuring What it Takes to Provide Care](#)
- [Program Guidance: Engaging Family Members in Improving Maternal and Child Nutrition](#)

Evidence and Learning:

- [A Review of Nutrition-Related Service Delivery Packages: What They Train Providers to Deliver](#)
- [Complementary Feeding in Emergencies Programming in Myanmar: A Case Study Based on the UNICEF Action Framework](#)
- [Complementary Feeding in Emergencies Programming in Yemen: A Case Study Based on the UNICEF Action Framework](#)

- Engaging Family Members in Maternal, Infant and Young Child Nutrition Activities in Low- and Middle-Income Countries: A Systematic Scoping Review
- Experiences Engaging Family Members in Maternal, Child, and Adolescent Nutrition: A Survey of Global Health Professionals
- Exploring the Influence of Social Norms on Complementary Feeding: A Scoping Review of Observational, Intervention, and Effectiveness Studies
- Mapping and Gap Analysis of Tools for Complementary Feeding in Emergencies
- Nutritional Care for Children with Feeding Difficulties and Disabilities: A Scoping Review
- Program Guidance: Engaging Family Members in Improving Maternal and Child Nutrition
- Sudan, Nigeria, Myanmar, and Yemen: Lessons from Complementary Feeding Programming in Emergencies

Capacity and Systems Strengthening

Our [review of frontline nutrition service delivery packages](#) found that all packages cover some key complementary feeding behaviors: feeding children 6–23 months a variety of foods or a diverse diet, feeding children age-appropriate quantity and frequency, and feeding children responsively. Most mention the importance of fruits and vegetables, but few mention feeding children fortified complementary foods. None discusses the need to control salt intake, increase potassium intake, avoid processed meats, or avoid fatty and fried foods, and only one mentioned reducing the intake of free sugars (Lamstein and Torres 2021; USAID Advancing Nutrition 2020a).

USAID Advancing Nutrition provided technical support to a USAID Bureau for Humanitarian Assistance (BHA)-funded program in Zimbabwe to prepare and implement a practical, stepwise process to develop food-based recommendations for young children, 6–23 months of age. We documented the process in a guide for other partners to use to identify locally available and accessible foods in gardens, markets, and wild spaces and analyze the nutrients in these foods to ultimately develop a menu of foods that households could choose from based on seasonal availability, accessibility, and cultural acceptability. It then guides partners to conduct formative research with households to test food-based recommendations and supporting behaviors by various household and community members to address the factors that prevent or support these behaviors. The menu of foods in suggested amounts and frequency appropriate by age, and the role of various household members, are then used in multi-sectoral community-based projects.

We also prepared a guide for USAID implementing partners in Niger to develop food-based recommendations for young children’s diets, with a special focus on locally-available iron- and vitamin A-rich foods. The guide helps partners apply a systematic process to identify local foods, review these foods with a key foods list with nutrient analyses for children 6–11 and 12–23 months of age, or do their own analysis of these foods. It then guides communities through the process of testing the acceptability and feasibility of food-based recommendations using these foods and developing a menu of options to promote through existing program platforms, such as women support groups and farmers groups, for example. Testing with partners in Niger found that although the variety of foods is highly limited in this context, families have access to some nutrient-rich foods that are acceptable to feed to young children by adding them to porridge.

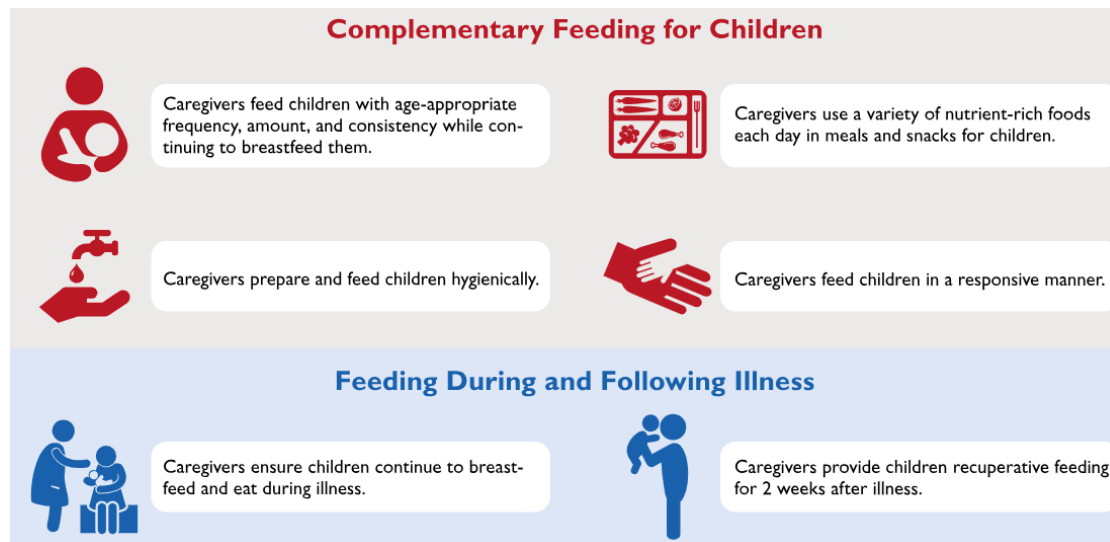
Supporting Enabling Policies and Policy Implementation

To promote accountability, we worked with the Medical Health Insurance Fund in the Kyrgyz Republic to include nutrition indicators for children under six months of age and children 6 to 24 months of age into a national assessment card used for routine monitoring.

Improving the Enabling Household Environment

A social and behavior change approach is vital to improve complementary feeding because it puts people, and their behaviors, at the heart of problem solving. USAID Advancing Nutrition prepared a workbook for program planners and practitioners to design and implement [better complementary feeding](#) (USAID Advancing Nutrition 2022b), operationalizing UNICEF’s multi-sectoral framework to improve young children’s diets during the complementary feeding period (UNICEF 2020). Complementary feeding is not one behavior; USAID has identified six behaviors that help to standardize program efforts and evidence generation (USAID Advancing Nutrition n.d.[a]).

Figure I. Six Complementary Feeding Behaviors for Children



Source: USAID Advancing Nutrition n.d.[a]

The workbook guides program designers to assess the factors that prevent or support practice of the complementary feeding behaviors. These are likely to vary by context. For example, research conducted in Sudan found the main drivers of complementary feeding were maternal age, maternal and paternal education, wealth, access to antenatal visits, the cost of fruits and vegetables, access to clean water, and certain cultural practices among tribal communities with limited knowledge of recommended complementary feeding behaviors. A rapid assessment of consumer demand in Nigeria found that all elements of the personal food environment influence caregivers: availability, price, convenience, and desirability, which included perceptions of the healthiness of a given food, personal preference, values, tradition, and social norms. Participants in [formative research in Niger](#) perceived children as needing nutritious foods. However, household food access and purchasing power constrained their consumption of these foods, and some foods were not seen as good for children, such as dark leafy green vegetables and eggs (USAID Advancing Nutrition 2022c).

We identified a growing evidence base on social norms and complementary feeding in our [scoping review](#) published in 2021. Many reports described various norms, customs, and perceptions related to appropriate foods for young children, parenting practices, gender, and family roles. Programs can respond to these norms to improve feeding behaviors through community engagement, media, and facilitated discussions; challenging negative norms; portraying positive norms; engaging emotions; and correcting misperceptions. Evidence suggests the feasibility and effectiveness of addressing social norms as one component of programs to improve complementary feeding behaviors (Dickin et al. 2021). The USAID implementing partner that tested the USAID Advancing Nutrition [guide on social norms](#) in Niger

identified how understanding social norms can guide key decisions about the food value chain; market support activities (products, packaging, prices); and marketing to meet families' needs and values around child feeding. For example, in Niger normative restrictions in rural but not in urban communities on feeding young children food such as eggs helped to develop a two-pronged marketing plan. The program also saw that they could leverage a father's roles in providing food for the family to increase food for young children (USAID Advancing Nutrition 2023).

We also found global evidence that to make positive changes in complementary feeding of young children, caregivers need to draw on resources linked to their own physical and psychological well-being and sense of self, or [caregiver resources](#). For most caregivers, family support is critical (USAID Advancing Nutrition 2022f). Based on a [systematic review](#) of the literature (Martin et al. 2021), we prepared [program guidance on family engagement](#) to support practitioners to proactively consider and address this need (USAID Advancing Nutrition 2020b), reviewed [practitioners' experiences](#) (Lowery et al. 2022), and established a [community of practice](#) with the University of North Carolina to share experiences and lessons. In Nigeria, our project staff reported that the implementation of father-to-father support groups was a useful way to increase family support for more diverse foods for young children. Learning includes the need to apply a family systems approach and strong interest of nutrition partners to better engage family members in improving complementary feeding, but varying degrees of application. Given the evidence of impact, family member engagement that focuses on changing underlying social and gender norms should be an automatic part of any complementary feeding activity.

Our work in complementary feeding in emergencies, has helped to not only document examples of complementary feeding in emergencies programming and policies in Myanmar and Yemen, but also inform global guidance and offer field practitioners a suite of tools for their context-specific needs. Through close collaboration with the Infant Feeding in Emergencies Core Group members (including USAID BHA, UNICEF, and many implementing partners) we have designed a number of documents, including: a [Mapping and Gap Analysis of Tools for Complementary Feeding in Emergencies](#) (USAID Advancing Nutrition 2023f), established a [Complementary Feeding Tool repository](#) (IYCF EHub n.d.), produced two case studies on complementary feeding in emergencies programming along the humanitarian-development nexus in [Myanmar](#) (USAID Advancing Nutrition 2023b) and [Yemen](#) (USAID Advancing Nutrition 2023c), along with an Emergency Nutrition Network [Field Exchange article](#) on those contexts (Desplats and Chase 2022). All of these were featured in a [webinar](#) we led in collaboration with UNICEF and the Infant and Young Child Feeding in Emergencies Core Group (USAID Advancing Nutrition 2022a). Finally, we produced a [complementary feeding in emergencies decision tool](#) to guide technical advisors and managers working in humanitarian response to design and incorporate complementary feeding actions at each stage of the program cycle (USAID Advancing Nutrition 2023i). In emergencies in particular, young children's nutritional status can deteriorate rapidly. It is critical for the nutrition sector, humanitarian community, and governments to act, lead, intervene, and prevent the deterioration of children's nutritional status in emergencies. Importantly, investing in and integrating complementary feeding interventions can contribute to preventing and reducing acute malnutrition in children—ultimately saving lives. All of this work was in response to a review of complementary feeding in emergencies programming that found that humanitarian actors lacked knowledge of what constitutes an effective and efficient complementary feeding in emergencies intervention, and did not have the tools for carrying out complementary feeding programming.

Measurement and Monitoring

Measurement of complementary feeding is complex due to the number of complementary feeding behaviors and rapid change during the small window of time, but it is important to understand what works and make adjustments. An effective IYCF program focuses on a refined set of feeding-related behaviors: this enables the design of associated measures or indicators that are *specific* to the population, location, context, and goals of the program. Each priority IYCF behavior should be measured

to determine progress toward achieving and sustaining behavior change. Setting realistic goals and timelines for SBC, using measurable and easy-to-understand indicators, is key. SBC activities may not go according to plan, so IYCF implementers must be prepared to be supportive and flexible throughout program implementation. Two modules in the [Enabling Better Complementary Feeding Workbook](#) help practitioners and evaluators do this (USAID Advancing Nutrition 2022b).

Care is rarely measured even though it is a core element of nutrition conceptual frameworks and central to complementary feeding outcomes. Measuring caregiver resources is the first step toward understanding where there are gaps and how interventions can support caregivers and impact caregiving resources to improve nutrition outcomes. We prepared a [toolkit](#) of caregiver resource measures relevant to improved complementary feeding of young children (USAID Advancing Nutrition 2022f).

Sick Newborn and Child Feeding

Feeding during and after illness is an important component of IYCF to ensure children are adequately fed and hydrated while sick and regain the energy and nourishment lost during illness (UNICEF n.d.). As with complementary feeding more generally, improving sick newborn and child feeding requires a multi-sectoral approach (UNICEF 2020).

Key Learning

- Strengthening IYCF guidance and behavioral solutions can support health workers and caregivers to improve sick child feeding and recuperative feeding, including for children with disabilities and for children in emergencies.
- Policies across sectors must also promote disability inclusion and targeted approaches to address nutrition among children with feeding difficulties and disabilities to strengthen systems, provide adequate support to families, and generate evidence on best practices.

USAID Advancing Nutrition Resources

Evidence and Learning:

- [Behavioral Barriers to Feeding Young Children During and After Illness](#)
- [Behavioral Solutions for Child Feeding During and After Illness](#)
- [Nutritional Care for Children with Feeding Difficulties and Disabilities: A Scoping Review](#)
- [Qualitative Study on Skills and Capacity Barriers in Turkana County, Kenya: Study Report](#)

Capacity and Systems Strengthening

Health workers may lack the knowledge or empowerment to triage their patients to ensure they spend more of their time with children most at risk of poor nutrition outcomes, including and especially [children with disabilities](#) (Klein, Uyehara et al. 2023). Additionally, counselors and health workers may not know what intermediate actions to take for vulnerable children if they cannot be referred to specific services right away.

USAID Advancing Nutrition collaborated with Breakthrough ACTION to apply behavioral design to the challenge of improving child feeding during and after illness in the Democratic Republic of Congo. Research identified [behavioral barriers](#) and found that sick visits do not address nutrition due to divided attention and doubts, even though these topics are included in protocols for health workers (USAID Advancing Nutrition and Breakthrough ACTION 2022a). Health workers co-created and tested [behavioral solutions](#) to these barriers. From multiple solutions tested, health workers found several solutions acceptable and feasible to do. They were willing and able to use a “food prescription” to elevate the importance of feeding during sick child consultations, and keep stickers in counseling rooms to remind counselors to prioritize sick child feeding. The activity also tested a training game for health

workers to identify local nutritious foods to reduce the cognitive burden of scarcity and to overcome defensive pessimism that families cannot carry out health worker recommendations (USAID Advancing Nutrition and Breakthrough ACTION 2022b).

Supporting Enabling Policies and Policy Implementation

Several key gaps exist in current IYCF guidance for sick children. From [our work in Kenya](#), we identified two gaps in existing IYCF guidance documents: counseling for caregivers on recuperative feeding after illness for recovery of growth, as well as guidance on pneumonia prevention through nutrition (USAID Advancing Nutrition 2022g).

In addition, our work on complementary feeding in emergencies will inform the forthcoming *Implementation Guidance for Complementary Feeding Policies and Programmes* WHO and UNICEF are developing. The implementation guidance will aim to provide member states and supporting partners programmatic guidance on how to implement the *Guideline for Complementary Feeding of Infants and Young Children 6–23 Months of Age*.

Improving the Enabling Household Environment

In our research with Breakthrough ACTION in the Democratic Republic of Congo, we identified several [behavioral barriers](#) to continued feeding during illness and increased feeding after illness for recuperation:

- food scarcity imposes practical constraints and a cognitive burden on child feeding during sickness
- focus on quality over quantity of food obscures benefits of feeding greater amounts of available foods
- perceptions of good and bad foods
- deference to appetite leads to missed opportunities for caregivers to coax sick children into eating (USAID Advancing Nutrition and Breakthrough ACTION 2022).

Families co-created and tested [behavioral solutions](#) to these barriers. From 12 solutions tested, several were acceptable and feasible, including integrating “every bite counts” messaging to existing home visits to sick children and counseling aids to help caregivers coax and not give up feeding during illness, even when there is low appetite. These promising solutions can be used and scaled up in DRC and they are easy to adapt to other contexts. In addition to meeting a critical gap in IYCF, the research generated another important learning: the solutions did not promote recuperative feeding after illness. Caregivers and families were able to continue feeding during illness, but were not able to act on this recommendation without additional contact with health workers or volunteers after illness. This experience suggests that addressing recuperative feeding requires additional health system services to families during this critical time to prevent malnutrition (USAID Advancing Nutrition and Breakthrough ACTION 2022b).

IYCF Counseling

Counseling has proven to be an effective approach to improve breastfeeding and particularly to improve complementary feeding in food secure settings (Keats et al. 2021). While health workers commonly use nutrition counseling, the quality of counseling is often poor and nutrition counseling is not always accessible in communities (UNICEF 2020).

Key Learnings

- Having a clear definition of IYCF counseling is key.

- Counseling should support more holistic care that is tailored to a child’s age, stage, and needs; integrates child growth and other domains of development; and helps address each caregiver and child’s unique challenges and needs.
- Evidence-based local solutions developed with counselors help improve the experience of care for clients and health workers and meet their needs.
- Capacity strengthening efforts should consider when and what type of counseling is needed, and improved environments for care.
- More can be done during counseling in less-than-ideal contexts (e.g., no growth trend) to make the most of the contact point with the caregiver while working toward making the context more optimal, but guidance on what this may look like is needed.
- Current IYCF packages and nutrition programs should better integrate identifying and supporting children with feeding difficulties and children with disabilities. Additionally, new packages and programs that specifically address the needs of these children are needed, as is training for health workers and other individuals on how to effectively counsel caregivers to provide the necessary support.
- Supporting and integrating IYCF work with existing policies and systems is crucial to the effective functioning and sustainability of community-based IYCF programs.

USAID Advancing Nutrition Resources

Guidance and Tools:

- [A Guidance Package for Developing Digital Tracking and Decision-Support Tools for Growth Monitoring and Promotion Services](#)
- [Enabling Better Complementary Feeding: Guidance and Workbook](#)
- [Improving Nutrition among Children with Feeding Difficulties and Disabilities: Call to Action for Policymakers](#)
- [IYCF Image Bank](#)
- [Nurturing Young Children through Responsive Feeding](#)
- [Supporting Integrated Infant and Young Child Nutrition and Early Childhood Development Programming: Ages and Stages Reference Package and Resource Collection](#)

Evidence and Learning:

- [Community Health Worker Competency List for Nutrition Social and Behavior Change](#)
- [Counseling in Growth Monitoring and Promotion: A Rapid Desk Review and Learning Agenda](#)
- [Learning from Health System Actor and Caregiver Experiences in Ghana and Nepal to Strengthen Growth Monitoring and Promotion](#)
- [Strengthening Counseling Capacity Through Supportive Supervision and Mentorship](#)
- [Testing the Responsive Care and Early Learning Counseling Package to Improve Early Childhood Outcomes through Nutrition Services in Ghana and the Kyrgyz Republic](#)

Capacity and Systems Strengthening

Quality counseling for breastfeeding and complementary feeding, including feeding during and after illness, is tailored to the child’s age, stage, and needs, and focused on what caregivers are willing and able to do. However, IYCF recommendations are typically generic, without a focus on the child’s stage, caregiver needs, or even locally available foods that caregivers have the financial and social resources to access.

To strengthen capacity in counseling, our [Enabling Better Complementary Feeding: Guidance and Workbook](#), guides counseling capacity strengthening activities to shift the paradigm from *educating* caregivers to *enabling* caregivers, families, and communities to practice the priority feeding behaviors, and pass them on to other people in the community. It is important to focus on the power of caregivers, families, and communities to improve IYCF. This shift prevents staff, partner, and frontline workers from simply repeating messages and recognizes the nuances of local contexts, challenges, and solutions (USAID Advancing Nutrition 2022b).

USAID Advancing Nutrition prepared an evidence-based [competency list for community health workers](#) on nutrition SBC, with emphasis on counseling. The list is a starting point for assessing, developing, and evaluating community health workers counseling skills (USAID Advancing Nutrition 2021a).

In addition, through our nutrition service delivery package review, growth monitoring and promotion activities, and an early childhood education situational analysis in Ghana, we found an opportunity to promote more holistic care, by integrating other components of [nurturing care](#) (responsive care and early learning [RCEL]) in IYCF counseling. Research shows that combining feeding and care interventions leads to improved nutrition and development outcomes, but there are few examples of how to feasibly achieve this (WHO 2020). Our *RCEL Addendum* implementation research offers evidence for successful integration of RCEL and IYCF counseling and provides considerations for uptake and scaling up (Oot et al. 2022). Building on the RCEL Addendum, our [Ages and Stages Reference Package](#) also recognizes the importance of age- and stage-based counseling, providing guidance, materials, and suggestions for integrating the content during individual counseling and group activities (USAID Advancing Nutrition n.d.[c]).

USAID Advancing Nutrition supported the provision of quality IYCF counseling (both separately and integrated with RCEL content) through the use of supportive supervision processes that help address counselor's on-the-job needs. [Qualitative research from Ghana and the Kyrgyz Republic](#) found that supportive supervision helped to strengthen counseling skills—the provision of more interactive and tailored counseling, counselor confidence, rapport between counselors and clients—and provided counselors with an important support system to address their own needs as providers and those of their clients as well (Oot et al. 2022). As summarized in a recent [brief](#), our experiences show that supportive supervision and mentorship can help health workers provide quality counseling, supporting caregivers to practice optimal IYCF and other nurturing care behaviors (USAID Advancing Nutrition 2023g).

Beyond capacity strengthening, improving the environment for health workers is also critical. Our case studies on the implementation of [growth monitoring and promotion](#) observed high capacity among health workers for tailored, quality counseling, especially for sick children who are not meeting growth goals. Yet, their environments make quality counseling a challenge with high client flow and lack of privacy. Some health workers provide home visits to deliver the needed counseling (Singh et al. 2023; USAID Advancing Nutrition 2021b; 2022d). USAID Advancing Nutrition worked with health workers and the Ghana Health Service to develop and test an algorithm to help prioritize the children who are most at risk, integrate responsive care and early learning, and focus counseling based on client needs.

Appropriate job aids make a difference. USAID Advancing Nutrition collaborated with Breakthrough ACTION to learn what community health workers in Nigeria want to counsel on child feeding. We learned that using a human-centered design approach to [open a counseling session](#) can shift power dynamics and make counseling more interactive, meaningful, and memorable by sharing personal experiences between the counselor and client. Similarly, based on our work in Mozambique, we found the importance of breaking down the natural sense of hierarchy among healthcare workers and other providers of IYCF counseling and care to allow for a broader culture of mutual learning and mentorship. Our *RCEL Addendum* implementation experience in Ghana found that varying literacy levels of caregivers should be taken into account. Providing illustrative vignettes, illustrated and live action videos, and

context-specific visuals for children with disabilities is vital for trainee comprehension and integration of the training lessons in their work. UNICEF and USAID Advancing Nutrition’s [IYCF Image Bank](#) includes such images (n.d.).

Supporting Enabling Policies and Policy Implementation

Our desk review informing our [growth monitoring and promotion learning agenda](#) on counseling found, however, that there is no standard, accepted definition of IYCF counseling nor clarity on what quality counseling can look like in less than ideal settings (e.g., when no growth trend is available). Guidance should cover how counseling in these contexts can make the most of the contact point with the caregiver (USAID Advancing Nutrition 2023d).

Quality and compliance limitations are pronounced for counseling aimed at identifying and supporting children with disabilities, per the project’s [Improving Nutrition among Children with Feeding Difficulties and Disabilities: Call to Action for Policymakers](#). Health professional education institutions should include competencies to identify and support children with feeding difficulties and disabilities, and their families, in their curricula and in-service training opportunities (USAID Advancing Nutrition 2022e).

Measurement and Monitoring

IYCF counseling is rarely recorded in a patient’s [mother and child] record book. Even when it is, as we found in our [growth monitoring and promotion case studies](#), there is no place to enter the information into government data tracking systems nor a system for monitoring or tracking the quality of counseling (Singh et al. 2023; USAID Advancing Nutrition 2021b; 2022d). No global counseling record-keeping mechanism exists. Health workers may therefore not have an incentive to provide high quality counseling as it is not something they will be evaluated on. We developed a [guidance package for developing digital tracking tools for growth monitoring and promotion services](#) to help improve the quality of the services, including for counseling (USAID Advancing Nutrition 2023a).

Recommendations

Capacity and Systems Strengthening

- Ensure all IYCF capacity strengthening efforts and job aids meet the knowledge level of the counselors and caregivers, use context-specific language and vocabulary, and are highly visual whenever possible. Partners can use and adapt the [SBC competency assessment](#) for frontline workers to begin to develop capacity strengthening activities (USAID Advancing Nutrition 2021a). Go beyond training to mentoring, coaching, peer to peer learning, and more. Use competency assessment to identify capacity strengthening needs.
- Take advantage of every point of service delivery as an opportunity to provide tailored counseling to the age, stage, and specific needs of the caregiver and child; using algorithms or other ways to focus is critical to avoid overloading counselors, integrate growth and development, and make each counseling session useful.
- Support health professional education institutions to include technical IYCF content in addition to competencies related to other nurturing care components, such as responsive care and learning, and identifying and supporting children with feeding difficulties and disabilities and their families in their curricula and in-service training opportunities.

Supporting Enabling Policies and Policy Implementation

- Create policies and systems that support community workers and facilitate the community-based program, whether it is an integrated community-based health and nutrition program or a stand-alone IYCF community program.

- Incorporate nutrition program packages that integrate IYCF into national priorities, policies, and health systems within a given program's context.
- If the country of activity implementation has a national IYCF strategy, programmers should follow the basic framework of the strategy while drilling deeper into the behaviors and what they mean for the given activity or program specifically.
- Work toward the development of globally-recognized IYCF counseling standards and record keeping mechanisms; advocate for their integration in community health workers' evaluation modules.
- Ensure policies and financing is in place to support an enabling environment for counselors, including guidance to focus counseling according to need and job aids to focus on local challenges and solutions, going deeper than ideal recommendations.
- Promote disability inclusion and targeted approaches in policies across sectors to address nutrition among children with feeding difficulties and disabilities to strengthen systems, provide adequate support to families, support caregivers with disabilities, and generate evidence on best practices.

Improving the Enabling Household Environment

- Continue to share resources and guidance with partners that IYCF consists of multiple behaviors. The first step in quality program design is unpacking and prioritizing behaviors most important in the local context. To improve these behaviors, all types of IYCF policies and services should begin by prioritizing based on local needs to understand and address the specific local factors that prevent or support the prioritized behaviors. This analysis is useful for all types of activities, including helping to focus counseling.
- Ensure counselors can select from local needs and feasible recommendations, including local foods and food-based recommendations, to better tailor counseling, national and local policies, and activities to local needs. Job aids developed with counselors can help to address challenges, such as encouraging trust and compassion to improve the experience of care.
- Provide counseling beyond individuals to include families. Engaging families using a family systems approach to be locally meaningful and responding to social norms are likely to be important in every context. Understand the social norms through rapid consultations and respond to the norms, whether harmful to or supportive of IYCF, by engaging the people who uphold the norms.

Measurement and Monitoring

- Continue to improve the monitoring and evaluation of IYCF behaviors and the incremental pathways to change, including normative shifts and caregiver resources, so that programs can make timely adaptations and know what works for future programs.
- Consider building mechanisms for IYCF counseling quality measurement among health workers and counselors (e.g., building on and adapting the existing breastfeeding counseling competency verification toolkit and guide on breastfeeding counseling [WHO and UNICEF 2020b; WHO 2021]).
- Opportunities remain for greater integration of technology for IYCF monitoring, especially in the case of growth monitoring and promotion, despite persistent technology and connectivity access issues.

Overall Recommendations for USAID

- Support the development of globally-recognized IYCF counseling standards and record-keeping mechanisms; advocate for these to be integrated into community health workers' training and supervision modules.
- Improving feeding for children with disabilities and feeding difficulties:
 - Integrate disability-specific content and guidance into IYCF packages and nutrition programs.
 - Provide new funding opportunities related to rehabilitation, specifically incorporating children with feeding difficulties and considering the role of assistive technology and rehabilitation techniques.
 - Provide new funding opportunities related to health, nutrition, or health systems strengthening that include a specific objective about children with disabilities and/or children with feeding difficulties.
 - Lead global advocacy to get feeding and disability onto the nutrition agenda. This should include a high-level donor/development partner focus and more targeted, high-level, small, and action-oriented consultations.
 - Push for health professional education institutions to include competencies to identify and support children with feeding difficulties and disabilities and their families in their pre-service curricula and in-service training opportunities.

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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

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