

How to Strengthen Nutrition Interventions for Optimal Early Childhood Development

Putting the Global Child Thrive Act into Action

“Even though it's not so easy, I'm doing my part to see the community with a favorable attitude related to early childhood development, nutrition and WASH, because those components always go together. Because with only ECD, we can have nutrition but it will be baseless [...] the child can grow but will have no other components.”

— A Community Health Worker, in Mozambique



Why the Integration of Caregiving and Nutrition Makes Sense

Globally, around 250 million children in low- and middle-income countries under age five are at risk of not meeting their developmental potential (Black et al. 2017). Adequate nutrition is essential for a child to grow and develop optimally, particularly between conception and three years of age, when 80 percent of brain development occurs. However, while nutrition interventions are essential, they alone are insufficient for children to thrive. For children to do so, they need nurturing care—good nutrition, health, safety and security, responsive caregiving, and opportunities for early learning (WHO et al. 2018). Global evidence shows that combined nutrition and caregiving interventions, particularly responsive caregiving and early learning (RCEL), results in better childhood development outcomes (i.e., improved nutrition outcomes [weight-for-height (or length) z-scores] and positive impacts on cognitive, language, and motor development) (WHO 2020). Strengthening responsive caregiving and feeding has also shown to benefit children’s weight and feeding practices (Redsell et al. 2015).

This optimal start in early childhood sets a foundation for lifelong wellbeing and contributes to better economic outcomes (Gertler et al., 2021). Furthermore, integrating nutrition and RCEL services can allow programs to provide more cost-effective and efficient services by using common platforms, personnel, and service delivery touchpoints to deliver interventions (Gowani et al. 2014). In addition, integrated services that provide more holistic care can improve client experiences and result in better health service outcomes (Dovel et al., 2023). While there is global recognition of the need to provide all children, including those with disabilities¹, with more holistic care (see the [Nurturing Care Framework](#)), guidance on how to integrate RCEL effectively and with quality into nutrition services is limited.

¹ Children with disabilities are often excluded from mainstream nutrition and ECD programs, and very few receive targeted intervention to meet their specific needs (Smythe et al. 2021).

How to Strengthen Health and Nutrition Programs to Improve Early Childhood Development

The Global Child Thrive Act USAID Implementation Guidance outlines how USAID and its implementing partners can work to ensure all children reach their developmental potential by strengthening health and nutrition programs through integrating RCEL. Over the past five years, USAID Advancing Nutrition, the Agency's flagship multi-sectoral nutrition project, has prioritized the design, development, and testing of early childhood development (ECD)-focused interventions that can be integrated into nutrition activities, platforms, and programs to improve children's health, nutrition, and developmental outcomes.

Below are seven recommendations grounded in evidence for their feasibility and/or effectiveness to integrate RCEL into health and nutrition programs. The recommendations focus on the first 1,000 days (pregnancy through a child's second birthday) and are accompanied by examples and relevant resources from USAID Advancing Nutrition's work and other relevant implementers.

Box 1. The Global Child Thrive Act

The [Global Child Thrive Act](#) states that U.S. government agencies should integrate ECD interventions into U.S. foreign assistance programs that serve vulnerable children and their families. The act, which was signed into law in January 2021, calls for a comprehensive, coordinated approach to ECD programs within U.S. foreign development and humanitarian assistance. The three main pillars mandate integration of support for ECD (within nutrition services, among others), strengthening coordination with partner government and non-state actors, and identification of evidence-based practices to promote inclusive ECD. The Thrive Act mandate was emphasized in the U.S. government [Global Malnutrition Prevention and Treatment Act](#). For more information on the Global Child Thrive Act, read The [Global Child Thrive Act Implementation Guidance](#).

Box 2. Definitions

Responsive caregiving: The ability of the parent/caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Example responsive caregiving programming includes activities that—

- encourage play and communication between caregiver and child
- promote caregiver sensitivity and responsiveness to the child's cues
- involve fathers, extended family, and other actors in the care of the child.

Opportunities for early learning: Any opportunity for the baby, toddler, or child to interact with a person, place, or object in their environment. Example early learning programming includes activities that—

- encourage young children to move their bodies, activate their five senses, hear and use language, and explore
- promote age-appropriate play with household objects and people
- encourage caregivers to engage with the child, including singing, talking, and telling stories to the child.

Source: WHO et al 2018

Seven Recommendations for Integrating RCEL into Health and Nutrition Programs

1. **Leverage and strengthen existing child health and nutrition platforms**, such as growth monitoring and promotion services, well child visits, and community infant and young child feeding (IYCF) groups, as opportunities to include all aspects of nurturing care, but particularly RCEL. For example, RCEL counseling using the [RCEL Addendum](#) (USAID Advancing Nutrition 2023) (see box 3 below), was [integrated into existing child health and nutrition platforms](#) (e.g., well-child and growth monitoring and promotion visits) in Ghana and the Kyrgyz Republic. Study results indicated an increase in complementary feeding, responsive care, and early learning practices as well as reductions in some measures of parental stress. Furthermore, this integration did not appear to disrupt nutrition service delivery or have a negative impact on complementary feeding outcomes, but rather suggested synergistic benefits to both care and complementary feeding practices (Aidam et al. n.d.; Oot et al. n.d.). UNICEF/WHO's [Nurturing Care Practice Guide](#) presents example actions and simple counseling messages that frontline health workers in maternal, newborn and child health, and nutrition services can use to strengthen caregivers' practices to care for their children.

Box 3. The Responsive Care and Early Learning (RCEL) Addendum

USAID Advancing Nutrition's [RCEL Addendum](#) package promotes core RCEL practices that are essential for improving ECD outcomes: promoting responsive care, responsive feeding, and early learning; monitoring children's development; promoting and supporting caregiver well-being; and supporting children with feeding difficulties. The *RCEL Addendum* package includes counseling cards to use when counseling caregivers and training materials and job aids to teach key RCEL concepts to frontline health workers and guide their counseling approach. It also promotes inclusion of children with disabilities in programming by incorporating images of children with disabilities throughout the counseling cards and content on monitoring children's development to promote conversations with caregivers to identify concerns or potential risk factors that warrant additional follow-up. The package also provides targeted counseling messages to address feeding difficulties and tips for modifying play and learning activities for children with disabilities. The package can be adapted to different contexts. It is not a stand-alone package or program, but rather was designed to be integrated within health and nutrition packages. Read more about how the *RCEL Addendum* was adapted and used in Ghana and the Kyrgyz Republic in this [report](#).

2. **Start early** by integrating [responsive care in the first 28 days](#) into maternal and newborn health interventions and programs by promoting and including interventions and behaviors such as [responsive feeding](#), skin-to-skin contact immediately after birth, and [kangaroo mother care](#). Also integrate smiling, making eye contact, cuddling, singing, and talking to even the youngest babies. Adding these activities during breastfeeding is particularly powerful. To support RCEL counseling during the newborn period and first 1,000 days, USAID Advancing Nutrition developed the [Supporting Integrated Infant and Young Child Nutrition and Early Childhood Development Programming: Ages and Stages Reference Package and Resource Collection](#). This guide builds upon the *RCEL Addendum* and helps program managers design integrated IYCF and RCEL programming, providing resources and guidance on how children grow and develop, as well as their feeding and care needs during the first 1,000 days. Content includes four age-specific modules, design and implementation guidance, and an online resource collection.
3. **Capitalize on existing IYCF and nutrition counseling and educational tools** by adding RCEL content. Programs can train both facility- and community-level counselors to use these packages to provide more holistic counseling services and care. While it is recommended to integrate the full *RCEL Addendum* package, there may be instances where this is not feasible and a lighter touch version can be integrated. For example, the updated [UNICEF Community-IYCF](#)

[Counselling Package](#) (in 2024) now includes more content on nurturing care, including RCEL, using some content from the *RCEL Addendum* package. Additionally, the [Management of small & nutritionally at-risk infants under six months & their mothers \(MAMI\) Care Pathway Package](#) incorporates in its assessment guide an assessment of feeding difficulties, nurturing care practices, and maternal mental health. Responsive feeding counseling messages also appear in the [MAMI Counselling Cards and Support Actions Booklet](#) for caregivers of infants experiencing growth failure or wasting.

4. **Build on supportive supervision and mentorship structures within existing nutrition services.** Supportive supervision is one approach to strengthen the quality of nutrition services. In settings where RCEL has been integrated with the delivery of nutrition services, integration into the supportive supervision structures helped to reinforce the quality of services provided by frontline health workers. USAID Advancing Nutrition [integrated RCEL into supportive supervision structures](#) in Ghana and the Kyrgyz Republic by training supervisors on the *RCEL Addendum* and integrating RCEL content into existing IYCF supervision tools and checklists and reporting mechanisms for documenting delivery of supportive supervision. This supportive supervision was a critical component of program design and [qualitative research](#) highlighted the importance of continued practice and learning with the new RCEL topics to improve the quality of counseling
5. **Prioritize children and caregivers for in-depth counseling by using job aids** to identify children with a high risk of developing malnutrition and/or sub-optimal conditions for development. Prioritization based on health, growth, and caregiving assessments can reduce workloads and prevent health worker burnout while also supporting the provision of more tailored and focused counseling. When USAID Advancing Nutrition piloted the *RCEL Addendum* in northern Ghana, health workers and community volunteers expressed a desire for more guidance on how and when to practically integrate RCEL content with IYCF counseling. USAID Advancing Nutrition and the Ghana Health Service developed a [decision-logic flowchart job aid](#) to guide health workers through a child welfare clinic visit using existing clinical tools (e.g., maternal and child health record books) while integrating RCEL and nutritional assessment, analysis, and counseling. Qualitative findings from the development and use of the flowchart show that the tool helped to streamline counseling, prevent health workers from drifting off course or missing an opportunity to discuss essential issues, and supported the use of the appropriate job aid. Findings also showed the flowchart was well received by caregivers—indicating they felt they had more time with the counselor and received more tailored counseling.
6. **Create a supportive enabling environment for primary caregivers to adopt optimal practices.** Primary caregivers need support from their families and communities to provide optimal nurturing care. Programs need to understand and address barriers to the uptake of recommended practices by addressing these barriers across the multiple levels of the socio-ecological framework. Suggested activities include addressing social norms through use of mass and social media platforms, engagement activities with community groups and leaders, purposeful and tailored engagement of men and other key household decision makers, and activities at the individual level. Such individual-level activities should address the caregiver’s needs—both tangible (e.g., food, money, assets) and intangible (e.g., mental health and social support)—to provide optimal care to their children. To support this engagement, USAID Advancing Nutrition developed several resources including a [Measuring Caregiver Resources Toolkit](#) (and accompanying [blog post](#)), [Program Guidance on Engaging Family Members in Improving Maternal and Child Nutrition](#), and a report on [Key Considerations for Engaging Men in Maternal, Infant, and Young Child Nutrition Programming](#). Additional resources include: [How](#)

[to Engage Men in Nurturing Care Across the Life Stages](#) and UNICEF's [Caring for the Caregiver](#) package.

- 7. Design and implement your programs with an intentional focus on both RCEL and nutrition.** The integration of RCEL into health and nutrition services requires purposeful action. It cannot be an afterthought to nutrition programming, but needs to be undertaken with high quality, frequency, and intensity. A quasi-experimental study of an [integrated package of interventions in Mozambique](#) showed only limited increases in caregiver engagement in early learning activities and no effects on child development as a result of integrating four ECD-focused sessions into the 26-session nutrition groups, which were delivered every 1-2 weeks over 8 months (Momade et al, n.d.). While supportive supervision data showed improvement over time, this outcome highlights the need for even more focused and intensive support for RCEL counseling in these types of programs. Several studies have shown that more frequent (fortnightly) and longer implementation periods (at least a year) are important to improving ECD outcomes (Jeong et al. 2021; Grantham-McGregor and Smith 2016). In Mozambique, the duration and intensity of the intervention was likely too limited and uptake was not consistently monitored. Furthermore, [qualitative research](#) identified limitations in the cascade training approach, supervision, and literacy of volunteers who facilitated the groups, which likely contributed to a limited understanding of the concept of responsive caregiving by the volunteers. A [video series](#) was created to help counselors effectively counsel on responsive caregiving, and particularly to overcome challenges in cascading training on this topic.

A Call to Action for the Nutrition Sector

Integrating RCEL can strengthen existing nutrition and health programming and improve child outcomes in the short and long terms (Grantham-McGregor et al. 1991, Walker et al. 2011, Gertler et al. 2014). The Global Child Thrive Act is acting upon this global evidence, requiring the integration of ECD interventions, particularly RCEL, into all U.S. Government foreign assistance. Furthermore, the recent release of the [WHO Guideline on the Prevention and Management of Wasting and Nutrition Oedema in Infants and Children Under 5 Years](#) and the forthcoming, accompanying operational guidance, presents an opportunity to integrate RCEL interventions into wasting programs, operationalizing the recommendation that psychosocial stimulation be included as part of routine care for these at-risk infants and children. The updated [WHO Guideline for Complementary Feeding of Infants and Young Children 6-23 Months of Age](#) has elevated the importance of [responsive feeding](#), which requires an understanding of broader responsive care. The work of USAID Advancing Nutrition has shown the feasibility, acceptability, and impact of integrating RCEL within government nutrition and health services in two countries and has developed tools and guidance to support effective integration now. Given the political will for integrated interventions and the strong global evidence base, nutrition and ECD stakeholders must act and continue to innovate together to reach the most vulnerable children and families with impactful, integrated programming at scale.

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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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