

**CMAM** 2021

22-25 March

VIRTUAL CONFERENCE

# Nurturing Care

in prevention & treatment of malnutrition

Sarah Bauler & Colleen Emary

**CONCERN**  
worldwide

 **Irish Aid**  
An Roinn Gnóthai Eachtracha agus Trádála  
Department of Foreign Affairs and Trade

**World Vision** 

# OUTLINE

---

- What is Nurturing Care and why it's important
- Approaches to implementing nurturing care in health & nutrition programming
  - Nurturing Care Groups
  - CHW programming
  - Early Child Development & CMAM

# What is Nurturing Care?



- Nurturing care is public policies, programmes, and services that enable caregivers and communities to protect children from threats and provide opportunities for early learning in a responsive and emotionally supportive environment. (WHO, 2018)
- **It moves us from a Survival Agenda to a Thrive Agenda**

# Nurturing care & child health outcomes

---

- The period from pregnancy to age 3 lays the foundation for health, well-being, learning, and productivity throughout a person's life (80% of a baby's brain is formed during this period)
- Poverty, insecurity, gender inequalities, violence, environmental toxins, and poor caregiver mental health reduce the capacity of caregivers' to provide nurturing care
- For every \$1 spent on early childhood development interventions, the return on investment can be as high as \$13 (WHO, 2018)
- The cost of children who do not receive nurturing care is high. In LMICs, more than 4 in every 10 children risk missing critical development milestones due to poverty and poor nutrition outcomes.

# Why is addressing Maternal Mental Health so important in promoting nurturing care?

Depressed, anxious or distressed women are less able to care for themselves and thus their children

Depressed mothers more likely to cease breastfeeding

15-57%  
maternal  
depression

Women are twice as likely as men to experience depression & anxiety and are most vulnerable during child bearing years



# Maternal mental health impact on newborn/child health

- Maternal depression and exposure to violence are **key psychosocial risks to newborn and child health**: distressed and/or anxious women are less able to care for themselves, and thus their children.
- In low-resource settings, maternal depression (especially among those experiencing social disadvantage) is directly linked to:
  - Higher rates of pre-term birth and low birthweight (Wachs, 2009)
  - Early cessation of breastfeeding
  - Undernutrition in the first year of life and higher rates of stunting (Rahman, 2004)
  - Higher rates of diarrhoeal diseases
  - Lower completion of recommended immunization





# Understanding the consequences of Maternal depression on children wellbeing and development

## Growth retardation

Infants of prenatally depressed mothers showed more ***growth retardation*** than controls at all time points (The Lancet, 2008)

## Brain Architecture

Children of mothers who are depressed in the early years of their lives may suffer lasting effects on their brain architecture and persistent disruptions in their ***stress response systems***

## Cognitive Development

Maternal depression can negatively influence cognitive development by decreasing a child's ability to develop skills and new ***pathways for learning.***

Note: We are referring to maternal health, although we acknowledge that fathers, grandmothers or other family can be primary caregivers, but most of the research is on mother's mental health.

# Approaches to implementing Nurturing Care

1. Nurturing Care Groups

2. CHW programming

3. ECD in CMAM

#CMAM21



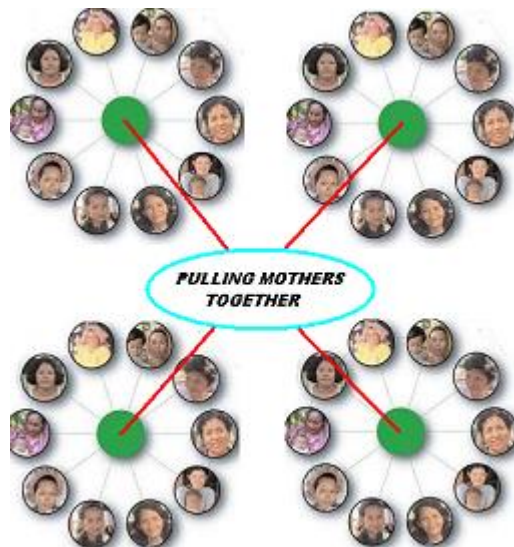
# Why a Multisectoral Nurturing Care focused Care Group Model?

- **The idea:** Combining **Group approach** for household-level behavior change with the multisectoral nature of the **Nurturing Care Framework** – “**Nurturing Care Group**” project model.
- **Purpose:** Promote basic parenting skills and adoption of key behaviors from more sectors. **THRIVE**

## AGENDA

*Better address...*

- *Violence Against Children*
- *Adolescent Nutrition*
- *Caregiver mental Health*
- *Child Injuries*
- *Early child stimulation/development*



# Nurturing Care Group Model

In larger projects each **Coordinator** (paid staff) is responsible for 3–6 Supervisors. A project may hire multiple Coordinators (overseen by a **Manager**) if needed to meet the desired coverage.

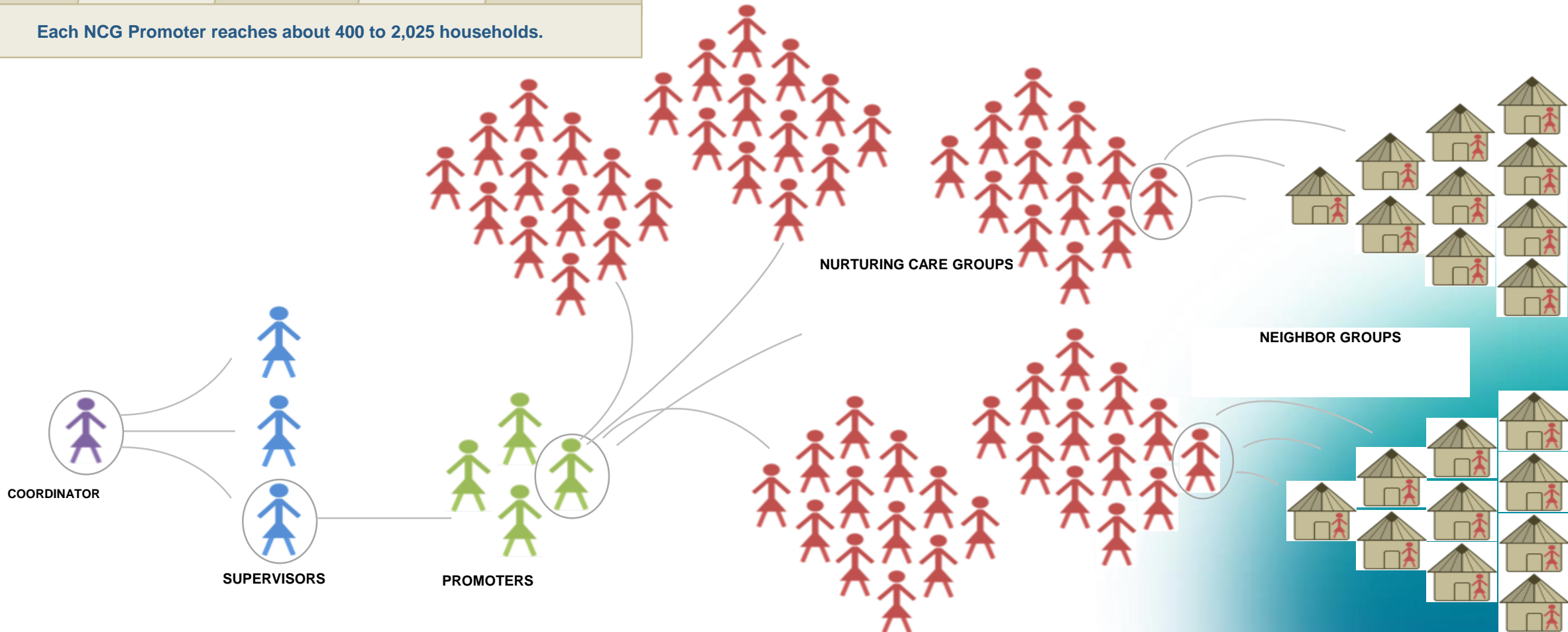
Each **Supervisor** (paid staff) is responsible for supervising 4–6 NCG Promoters (who may be CHWs).

Each **NCG Promoter** (paid staff) supports 4 to 9 Nurturing Care Groups. (If volunteer CHWs take the NCG Promoter role, they usually support only 1-2 NCGs each.)

Each **NCG** has 10–15 NCG Volunteers that are elected by **Neighbour Group** members ("Neighbour Caregivers").

Each **Nurturing Care Group Volunteer** shares lessons with 10–15 **Neighbour Caregivers** and their families, known as a **Neighbour Group**. (max of 15 NCs per NG).

Each NCG Promoter reaches about 400 to 2,025 households.



# Findings from a Care Group and IPT-G study

- Women participating in CGs and treated with IPT-G had a greater reduction of depression (24.5%) than in the control mothers
- Women who were no longer depressed after treatment had adoption rates that were 39% points better than still depressed women on the 12 behaviors studies and better perceived social support.



# Community Health Worker Programs



# Nurturing Care through Community Health Worker Programming

CHW curriculum developed in Ghana with MOH, 1 Million CHW and World Vision

Expanded to Kenya, Sierra Leone, Mauritania, Lesotho, Haiti and DRC

## Household practices promoted by CHWs

**Health Care:** vaccines, WASH, sanitation, environmental health, disease prevention

**Early Learning:** access to quality early, age-appropriate learning opportunities



**Nutrition:** IYCF, growth monitoring, dietary diversity, food security.

**Positive parenting:** child and youth community participation, parent child communication, school attendance.

**Security and safety:** 'child-friendly', prevention of injury, positive discipline, supervision and protection of children



**PROMOTE**

Universal

**PROTECT**

Target at risk children and families

**TREAT**

Additional ECD care and support

# PROMOTE

## Universal

- Timed and targeted **ECD messages** for 0-2 years
- **Storytelling** approach
- Promotion of **father's involvement**
- Household assessment and promotion of the "**Child friendly home**"
- Teaching caregivers to make simple toys and **age-appropriate play**
- Sensitise about violence, abuse, mental health, neglect's impact child development

# PROTECT

Target at risk children  
and families

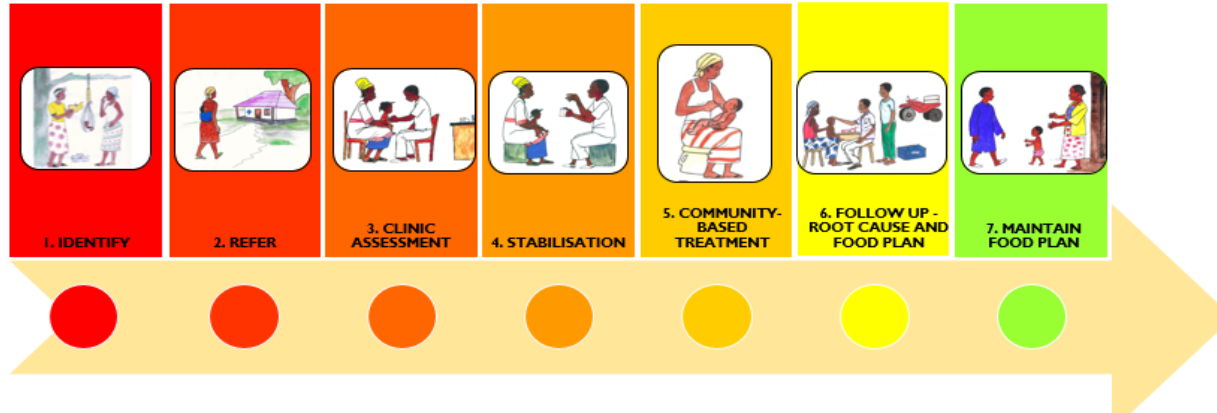
- Identify caregivers with maternal mental health and psychosocial support needs
- **Provide more intensive visiting for vulnerable families = RESPONSIVE CARE**
- Early identification of abuse, neglect, social problems, malnutrition, disability or developmental delay using screening tools

# TREAT

Additional ECD  
care and support

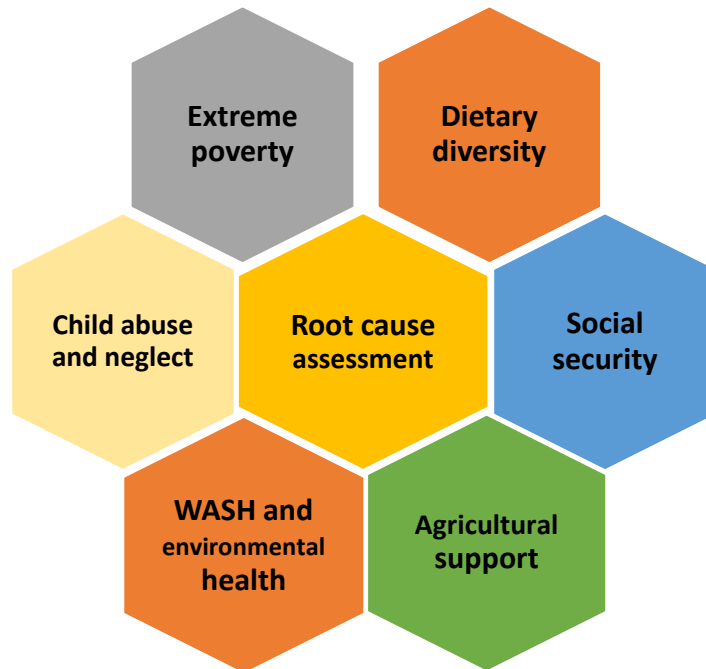
- Provide additional support visits for HIV, orphans and vulnerable children
- ECD support and stimulation
- Kangaroo support for preterm births

# ROOT CAUSE APPROACH FOR MALNUTRITION



To download the curriculum and materials go to:

<http://bit.ly/1WRfHrn>



## ROOT CAUSE APPROACH

- Malnutrition Programs identify children at risk
- Root cause assessment : WASH, ECD, diet, farming, social status, and vulnerability
- Families identified referred into cross sectoral programs
- Preventing relapse
- ***Adopted as policy in Mauritania, Sierra Leone, Lesotho, Swaziland, Niger***



# ECD in CMAM

## Experience in Sudan

# Intervention Description

---

**Community Nutrition Integrated Platform** - a program approach implemented by WV in collaboration with WFP in South Darfur state. The approach combines:

**Targeted Supplementary Feeding (TSF)** - treatment regimen for MAM children 6 -59 months, PLW

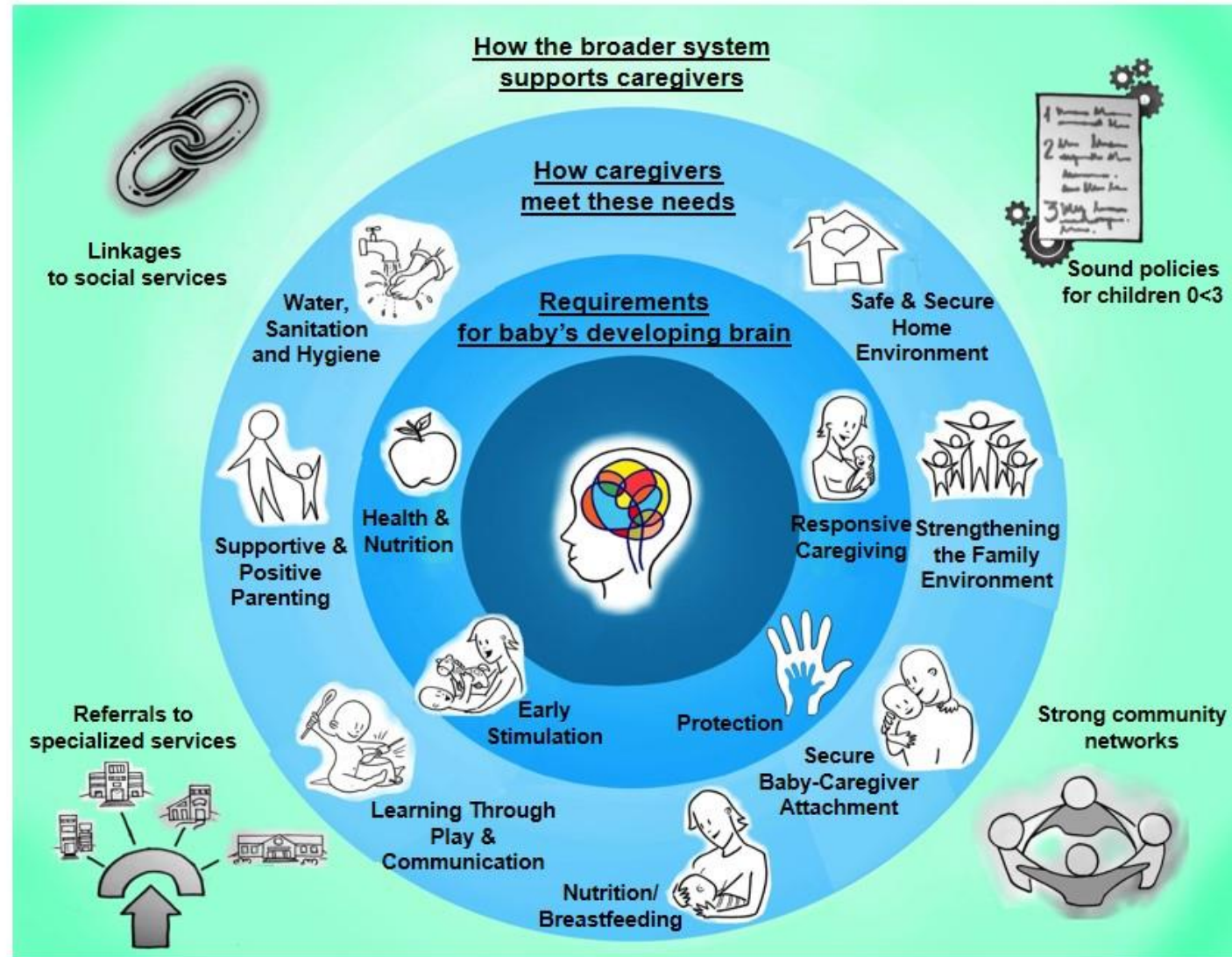
**Supplementary Food Based Prevention of Moderate Acute Malnutrition (FBPMAM)** - prevention regimen for children 6-23 months, PLW 'at risk' of malnutrition

**AND**

**Go Baby Go-** Parenting Program with an integrated approach to promote holistic 0-3 child growth and development



# Go Baby Go - Parenting Program



# Delivery Mechanism

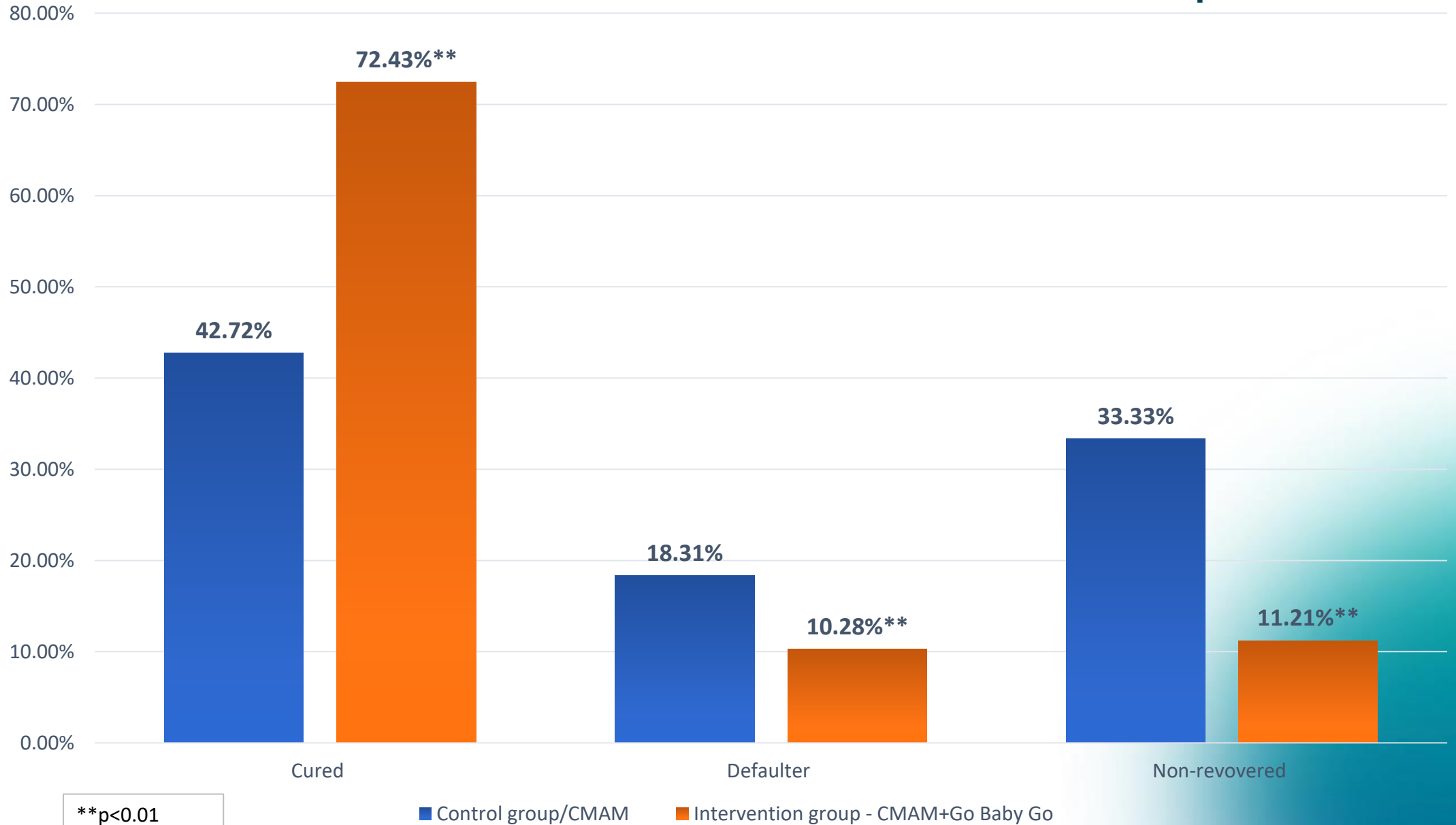
---



1. **Caregiver Group Sessions** - integrated within waiting period at Supplementary Feeding Centers
2. **Toy making**
3. **Home Visits** – monthly



## MAM Treatment Outcomes in Intervention vs Control Groups





# Thank you

For more information please contact: [sarah\\_bauler@wvi.org](mailto:sarah_bauler@wvi.org) or [colleen\\_emory@wvi.org](mailto:colleen_emory@wvi.org)

**CMAM** 2021

22-25 March

---

VIRTUAL CONFERENCE

---

**CONCERN**  
worldwide

 **Irish Aid**  
An Roinn Gréitheal Eachtracha agus Trádála  
Department of Foreign Affairs and Trade