

# Strengthening Nutrition Counselling for Mothers to Improve Infant and Young Child Feeding

## LESSONS FROM LAGOS AND KADUNA STATES

The 1,000-day window covering a woman's pregnancy to her child's second birthday is a crucial period for children's health and development. Social and behaviour change research has shown that an effective intervention to improve breastfeeding and complementary feeding practices during this critical time is high-quality interpersonal communication (IPC), or counselling, delivered by frontline health workers. From 2016-2021, Alive & Thrive strengthened nutrition counselling provided in routine health and community services along the continuum of care in Lagos and Kaduna States of Nigeria.

### Background

Alive & Thrive (A&T) is a global nutrition initiative that aims to save lives, prevent illness, and ensure healthy growth by promoting optimal maternal, infant, and young child nutrition practices. A&T supports frontline health workers (e.g., nurses, community health extension workers) to provide quality interpersonal communication (IPC) to mothers, fathers, and other influential family members. This is done in combination with other social and behaviour change approaches to improve nutrition practices such as mass communication, advocating to policymakers and legislators, improving use of routine data, and mobilizing communities.

From 2016-2021, A&T aimed to strengthen the quality of one-on-one and group counselling on nutrition for pregnant women and mothers of children under 2 years of age in Nigeria. A&T supported health workers with timely and targeted counselling contacts with mothers based on the age-specific infant and young child feeding (IYCF) needs throughout the 1,000-day period. This brief describes A&T's approach to strengthen nutrition counselling through facility- and community-based approaches in Lagos and Kaduna States, and provides lessons learned for the design of future programs and interventions.



# What We Did

Working with the government of Nigeria and the private health sector, A&T leveraged existing government and community systems and structures to strengthen the capacity of health workers, traditional birth attendants (TBAs), and community support groups in providing quality nutrition counselling. Over five years, more than 2 million pregnant women and mothers of children under 2 in Nigeria benefited from an improved package of IYCF services, including quality nutrition counselling. Frontline health workers and community support groups promoted the following key nutrition practices during IPC: early initiation of breastfeeding within the first hour of birth (EIBF), exclusive breastfeeding during a child's first 6 months of life (EBF), and complementary feeding for children after 6 months with continued breastfeeding up to 24 months.

Through state-specific stakeholder workshops, A&T developed implementation manuals and tools to guide activities to strengthen IPC. Figure 1 illustrates the variety of approaches undertaken to strengthen IPC for pregnant women and mothers of children under 2 years, with more details provided below.

## 1

### **Strengthening health worker capacity with IPC through skills-based training in addition to mentoring and coaching.**

- Working with health facility managers, A&T oriented health staff such as nurses, TBAs and midwives, nutritionists, and health promoters on practical skills for providing IYCF services. The simplified, hands-on, skills-based training emphasized strong IYCF counselling and client-friendly services.
- First, state-level trainings were held for service providers and Master Trainers, who also doubled as onsite mentors to improve quality of IYCF services. This pool of Master Trainers provided states with the human resources for future IYCF trainings and scale-up.
- Master Trainers and service providers then conducted step-down trainings for all relevant staff in health facilities and communities including TBAs, community health extension workers (CHEWs), and community breastfeeding guardians.
- Health facility staff established a schedule for regular onsite competency-based IYCF practical skills orientations to reach new staff and to refresh skills. During the COVID-19 pandemic, in-person orientations were shifted to virtual platforms.

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## Engaging breastfeeding champions to provide mothers with nutrition IPC at the community level.

- At the community level, A&T established groups of community-based champions known as “breastfeeding guardians” (BGs), who were assigned to provide IPC to pregnant women and women with children under 2 years old on key IYCF practices. A&T created 180 new support groups and identified 325 BGs in Kaduna and Lagos states.
- The BGs served as a bridge between health facilities and the communities in Lagos and Kaduna states. They reinforced IYCF messages provided at health facilities by conducting home visits, holding group meetings with mothers, and making appearances at community meetings to share information on EIBF, EBF, and complementary feeding.
- BGs also gave talks during community town hall meetings and ceremonies and held special meetings with religious and traditional leaders to encourage their support for a shift in social norms to support IYCF practices.
- Community-based management teams established a tracking system to obtain feedback from the champions and mentored them to improve their knowledge and skills in IYCF messaging. The champions continued to independently support pregnant women and lactating mothers and strengthen community-health facility referrals for IYCF services.

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## Ensuring quality IYCF services by introducing systematic and sustainable quality improvement steps at service points.

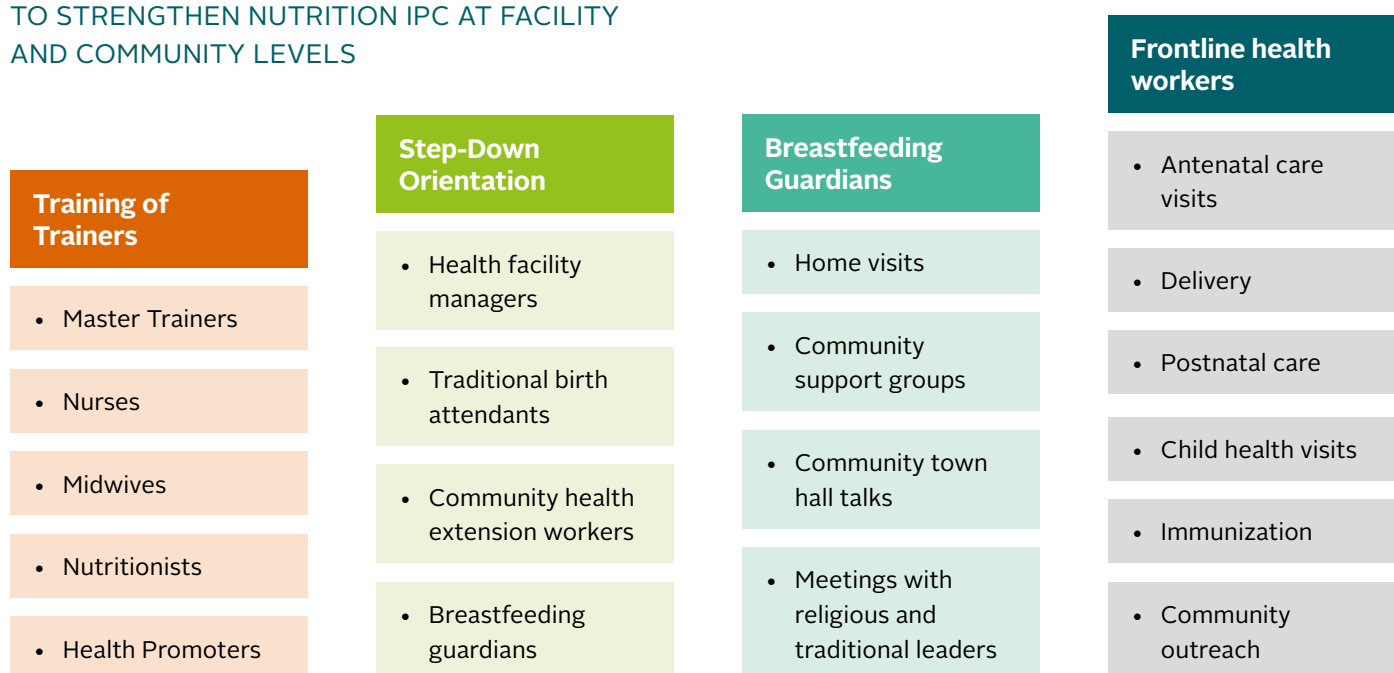
- A&T worked with health facilities to develop IPC performance improvement plans, which identified service delivery channels and platforms for nutrition IPC, including antenatal care (ANC), labour and delivery, postnatal care (PNC), and children's immunization visits. The plans also outlined key IPC messages and actions during each contact with mothers, frequency of contacts, and how to provide IYCF problem-solving to mothers and family members.

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## Providing necessary tools, job aids, and materials required for quality IPC services.

- A&T equipped health facility and community outreach points with IPC tools, job aids, the M-nutrition mobile app, Pico video projectors, and audio-visual materials on key IYCF topics to strengthen the capacity of service providers to provide quality counselling.
- Job aids and supportive materials also helped to ensure correct and consistent IYCF messaging during counselling sessions, in the face of frequent government redeployments and attrition of health workers.

**FIGURE 1: A&T-SUPPORTED INTERVENTIONS TO STRENGTHEN NUTRITION IPC AT FACILITY AND COMMUNITY LEVELS**



## Key Learnings

### The establishment of an onsite skills-based orientation and on-the-job coaching improved staff's IPC skills in service delivery points.

- Decreased workforce was a persistent gap encountered in both public and private health facilities, coupled with high staff attrition. Health staff were hesitant to take on a larger workload, creating an absence of dedicated health personnel assigned to provide routine nutrition counselling and services. To address this, A&T strengthened the capacity and skills of retired nurses and midwives on IPC and engaged them to become coaches and Master Trainers who routinely mentored health workers onsite and regularly updated their skills in line with IYCF SOPs. This approach ensured that multiple health facility staff were available to provide nutrition counselling and services.

- A&T trained more than 3,000 public and private health workers in Kaduna and Lagos states using the IYCF practical skills training. The training improved staff skills so they could better assist mothers to initiate breastfeeding within the first hour of delivery and increased the frequency and quality of counselling during ANC and child health services. Orientation activities were broken into short skill-focused modules executed on different days to minimize staff time away from their workstations. Clinic heads expressed their satisfaction with this approach, and their enthusiasm facilitated increased adoption and integration of IYCF counselling in routine services.



## Linkages between communities and public and private health facilities, such as joint planning, routine supportive supervision, and monitoring visits promoted mutual accountability and ownership.

- Programme Implementation Management Teams (PIMT) were established in the A&T-supported communities; the teams included key community leaders and health team members within the local government area (LGA) as well as political representatives identified by the LGAs. The PIMT provided oversight over all nutrition activities to ensure they aligned to the national IYCF SBCC strategy.
- The PIMT met bi-monthly to discuss progress, challenges, and data gaps, and to provide as well as implement practicable solutions. The team also conducted joint quarterly monitoring visits to oversee progress and provide support.
- When A&T transitioned program activities to the government, the PIMTs worked with LGAs to develop sustainability plans. Some LGAs continued to convene and fund PIMT meetings and committed to continually plan, budget, and support IYCF practices during community outreach and sensitization programmes. In Lagos state, the health educators continued to leverage existing platforms and community structures to reach target audiences and support community counselling sessions. In Kaduna state, the LGAs retained all volunteers originally engaged by A&T, including the breastfeeding champions, to continue IYCF activities in communities.

## Improving regular program monitoring allowed for regular assessment of program performance and recognition of high-performing facilities and providers.

- Initially, health workers and personnel responsible for data capture and reporting did not have a strong awareness of key IYCF indicators; as a result, IYCF documentation was poor. For example, A&T found that the existing registers and monthly summary forms did not include IYCF indicators, leading to the creation of parallel reporting systems by partner organizations. To address this challenge, A&T piloted the use of mobile phones for reporting with the introduction of the mobile DHIS application (DHIS2) in 370 health facilities in Kaduna and Lagos, which included the six additional IYCF indicators. This effort improved IYCF reporting rates and during the COVID-19 pandemic, health managers and monitoring and evaluation staff were able to use their mobile phones for IYCF data reporting.
- A&T also facilitated the establishment of a data linkage system to feed community IPC data into the state database through the primary healthcare reporting system. This allowed state government and community-based monitoring and evaluation officers to incorporate IYCF data from private health facilities into the DHIS2 platform.

