



Elevating quality nutrition services across the first 1,000 days in Gujarat and Uttar Pradesh in India

An implementation research study





INTRODUCTION

Delivering quality nutrition services through the first 1,000 days of a child's life (from conception to their second birthday) remains a challenge in most settings. While the World Health Organization's recommended Essential Nutrition Actions¹ are clear and informed by evidence, ineffective implementation and uptake of these actions are holding back progress. Quality nutrition counselling has the potential to narrow the gap between evidence and effectiveness of nutrition services for pregnant women and caregivers of newborns, infants and young children. Nutrition International, in collaboration with the state governments of Uttar Pradesh and Gujarat, is embarking on a two-year implementation research project to better understand what it takes to integrate high quality interpersonal nutrition counselling into 1,000 days programming as delivered through the health system in India.

BACKGROUND

The first 1,000 days is a critical window for physical and neurological development – strongly influenced by nutrition – which impacts their health trajectory for life.² Effective implementation of maternal, infant, and young child nutrition interventions across this 1,000-day period leads to improved health outcomes. These include decreased maternal anaemia, decreased incidence of low birthweight and preterm delivery, and decreased prevalence of stunting.^{3,4,5,6,7}

However, many nutrition interventions across the first 1,000 days are not being practised exactly as intended or implemented consistently. Frontline health workers face many challenges to adopting and delivering these interventions with quality and efficiency at all touchpoints across the full 1,000 days. There are gaps within the continuum of care between “what we know” and “what we do.” One of these gaps exists in nutrition counselling between healthcare providers and beneficiaries

Existing literature does not define quality counselling, and there is wide variation in how the term ‘counselling’ is used. Often it equates to the simple provision of nutrition messages to a beneficiary or group of beneficiaries, and the quality of that interaction is overlooked. This project intentionally focuses on improving nutrition services with an emphasis on delivering high quality interpersonal nutrition counselling (IPNC).

IPNC is a two-way conversation requiring soft skills such as establishing rapport, active listening, demonstrating empathy, troubleshooting with the beneficiary, and engaging family members or other social supports. Delivering this type of culturally resonant, evidence-based, individually tailored nutrition counselling requires an enhanced skill set, motivation, tools, time, and other workplace support.

There is evidence that quality IPNC improves health outcomes, nutrition practices, and nutritional status.^{8,9,10,11}

- 1 World Health Organization (2019). Essential Nutrition Actions. Available at: <https://www.who.int/publications/i/item/9789241515856>.
- 2 Black RE, Liu L, Hartwig FP, Villavicencio F, Rodriguez-Martinez A, VIDALETTI LP et al. Health and development from preconception to 20 years of age and human capital. *The Lancet*. 2022 Apr 30; 399(10336):1730-1740.
- 3 Lumbiganon P, Martis R, Laopaiboon M., et al. (2016). Antenatal breastfeeding education for increasing breastfeeding duration. *Cochrane Database Syst Rev*. (12):CD006425. DOI: 10.1002/14651858.CD006425.pub4.
- 4 Sankar, MJ., Sinha, B., Chowdhury R., et al. (2015). Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatr*. 104(467):3-13. doi: 10.1111/apa.13147. PMID: 26249674
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- 8 Mistry, S.K., Hossain, M.B. & Arora, A. (2019). Maternal nutrition counselling is associated with reduced stunting prevalence and improved feeding practices in early childhood: a post-program comparison study. *Nutr J* 18, 47 <https://doi.org/10.1186/s12937-019-0473-z>
- 9 Bhutta ZA, Das JK, Rizvi A, and others (2013). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet Global Health* 382(9890):452–477. [http://dx.doi.org/10.1016/S0140-6736\(13\)60996-4](http://dx.doi.org/10.1016/S0140-6736(13)60996-4)
- 10 Lumbiganon P, Martis R, Laopaiboon M, Festin MR, Ho JJ, Hakimi M (2016). Antenatal breastfeeding education for increasing breastfeeding duration. *Cochrane Database Syst Rev*. 2016; (12):CD006425. DOI: 10.1002/14651858.CD006425.pub4
- 11 Graziose MM, Downs SM, O'Brien Q, Fanzo J (2017). Systematic review of the design, implementation, and effectiveness of mass media and nutrition education interventions for infant and young child feeding. *Public Health Nutrition* 21(2): 273-287

Furthermore, when a supportive, enabling workplace environment is in place, quality counselling with beneficiaries has been found to improve healthcare provider job satisfaction, retention, and ability to provide nutrition services to a higher quality standard.^{12,13}

In India, community-based health and nutrition service delivery is carried out by the “triple A’s” (AAAs): Anganwadi workers (AWW), Accredited Social Health Activist (ASHA) workers, and Auxiliary Nurse-Midwives (ANM). Their mandate includes counselling women, caregivers and their influencers across the first 1,000 days. However, the extent and quality of this counseling and associated supportive supervision for AAAs conducting this counselling is unknown and thought to be low.¹⁴

PROJECT DESIGN

This project aims to implement and evaluate a model for improved quality and integration of nutrition services across the first 1,000 days in two districts each of Gujarat and Uttar Pradesh. The project will include health systems strengthening activities such as:

- implementing an enhanced IPNC strategy and training for AAAs
- implementing a behaviour change intervention strategy with target audiences being both health service providers and beneficiaries
- supply chain strengthening for nutrition commodities
- enhancing supportive supervision for frontline service providers
- strengthening monitoring and reporting mechanisms
- other enabling environment activities to strengthen the institutionalization of IPNC

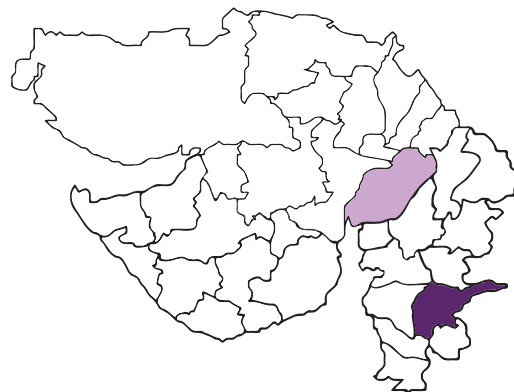
Effective implementation strategies will be identified to inform adoption and potential sustainable scale-up of intensified IPNC training for AAAs in India.

MATHURA AND SAHRANPUR DISTRICTS IN UTTAR PRADESH STATE, INDIA



■ Sahranpur
■ Mathura

TAPI AND KHEDA DISTRICTS IN GUJARAT STATE, INDIA



■ Kheda
■ Tapi

- 12 Girard AW, Olude O (2012). Nutrition Education and Counselling Provided during Pregnancy: Effects on Maternal, Neonatal and Child Health Outcomes. *Paediatric and Perinatal Epidemiology*, 1:191–204. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1365-3016.2012.01278.x>
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IMPLEMENTATION RESEARCH

This project uses implementation research^{15,16} to understand how to effectively implement proven nutrition interventions in real-life settings. Through this research, challenges that prevent effective implementation of nutrition interventions, especially IPNC, will be identified and solutions to these issues will be developed and tested. A costing study will also be part of this research to model cost-effectiveness and further inform potential scale-up. The following diagram outlines the components of the implementation research for this project:

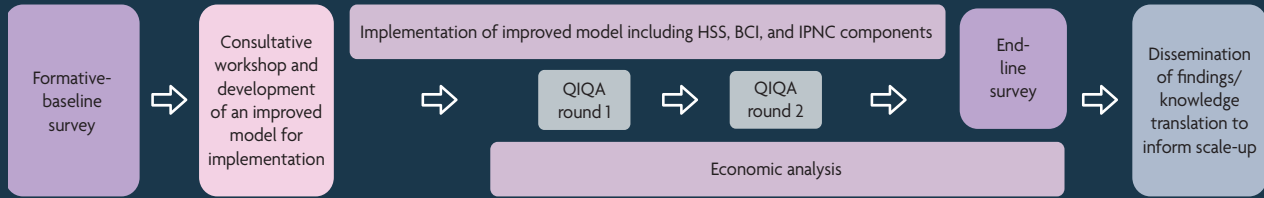





FIGURE: Process for the 1,000 Days Implementation Research


HSS = health system strengthening; BCI = behaviour change intervention; IPNC = interpersonal nutrition counseling; QIQA = quality improvement/quality assurance

Based on Nutrition International’s past experience, this project is designed to inform whether increased investment in frontline health worker counselling skills, with health systems strengthening support, enhances quality service delivery and uptake at health system touchpoints across the first 1,000 days. Through implementation research, Nutrition International will be testing the hypothesis that this intervention will:

- 1  Increase the provision of quality nutrition services, including coverage of maternal micronutrient supplements (iron-folic acid and calcium), growth monitoring and promotion, and quality IPNC.

- 2  Improve women’s experience of care, including improved provider-beneficiary interactions, such as feelings of respect and dignity during interactions with service providers.

- 3  Increase uptake of evidence-based nutrition interventions, including adherence to maternal micronutrient supplementation and improved dietary diversity, breastfeeding, and young child feeding practices.

- 4  Be cost-effective.

KNOWLEDGE TRANSLATION

This implementation research project aims to inform policy and program decision-making related to maternal and child nutrition services across the 1,000 days within Gujarat, Uttar Pradesh, and beyond. Key stakeholders are actively involved throughout the process to share their input and feedback. Outputs from the project, such as tools contributing to the evidence base for integrating quality nutrition services and counselling into the health system will be disseminated on an ongoing basis.

KEY PARTNERSHIPS

This project is a collaboration between Nutrition International and the state governments of Gujarat and Uttar Pradesh, with the support of partners – CARE India, Basic Paradigm and SAARTHAK.

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