

NEEP INFORMATION BRIEF NO. 3

Early Childhood Development and Child Nutrition

Exploring connections through programme evaluations

The Nutrition Embedding Evaluation Programme (NEEP) is a four-year project led by PATH and funded by the United Kingdom Department for International Development, concluding in 2017. NEEP was designed to build the evidence base for what works in improving nutrition by conducting credible, robust evaluations of innovative interventions implemented by civil society organisations.

NEEP interventions fall under one or more thematic areas: 1) agriculture (5 grantees); 2) cost-effectiveness analysis (4); 3) early childhood development (5); 4) infant and young child feeding (10); 5) micronutrients (6); 6) water, sanitation and hygiene (5); 7) women's empowerment (8); and 8) e-learning (1). This brief is focused on early childhood development, and how these approaches discussed below can be leveraged to improve child nutrition.

LINKING NUTRITION AND CHILD DEVELOPMENT

Health status and well-being as an adult are significantly shaped by behaviours and experiences both whilst in the womb and within the first few years of life. To achieve optimal development, a child's brain and other organs require proper protection, care, nutrition and stimulation in these early stages. In low-resource settings, parents often do not have access to the tools or knowledge to create this type of safe environment in their homes, and their children suffer long-term consequences as a result.¹ Deficiencies of care within this window of time can be difficult to overcome in the future.

Early childhood development (ECD) and nutrition are intricately linked in their impact on overall child and adolescent health. Initiatives like the World Bank's Strategic Impact Evaluation Fund (also supported by the United Kingdom Department for International Development [DFID]) have provided strong evidence that multisectoral interventions including ECD have a positive impact on child nutrition outcomes. The evidence that is lacking is how to best structure these programmes to maximise the complementary outcomes of nutrition and ECD efforts. Because of this gap, four Nutrition Embedding Evaluation Programme (NEEP) grantees chose to focus their efforts on the connection between ECD and nutrition.

Under NEEP, civil society organisations in Bangladesh (BRAC), Nepal (Action Against Hunger | ACF International [ACF]), and Zambia (the Population Council and Zambia



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Centre for Applied Health Research and Development [ZCAHRD]) conducted evaluations of pilot and existing programmes to assess their effectiveness and potential for scale-up.

EARLY CHILDHOOD DEVELOPMENT PROGRAMMES IN SOUTHERN ASIA

BRAC sought to reduce malnutrition amongst Bangladeshi pregnant women, adolescent girls, and young children in poor rural villages and urban slums. Trained community health workers visit the homes of parents and caregivers during their child's antenatal, postnatal, infancy and toddler stages to provide education and counselling on childcare and nutrition and to monitor the child's development against

standard milestones. The evaluation aims to assess the effect of knowledge and adoption of adequate caregiver practices on nutrition outcomes and child development—especially fine motor skills. Furthermore, BRAC endeavours to compare the complementary effects from delivering nutrition and ECD interventions concurrently versus separately.

In Nepal, ACF has been working in a challenging and unstable political environment to implement and evaluate the cost-effectiveness of a psychosocial intervention on severely malnourished children. Trained health workers deliver weekly group sessions with mothers and their children over the course of two months—addressing child development, emotional attachment, feeding and childcare practices, mother-child interpersonal relationships and specific concerns and challenges about parenting. Similar to BRAC, ACF is looking to see if this programme—Follow-up of Acutely Malnourished Children—presents an additional benefit to child growth, development and nutrition beyond the standard medico-nutritional treatment approach. This evaluation also has the potential to fill the gap in research on the effectiveness of nutrition and ECD interventions in humanitarian or emergency settings.

EARLY CHILDHOOD DEVELOPMENT IN ZAMBIA

The Population Council's Adolescent Girls Empowerment Program (AGEP) provides social, health and economic resources to 10- to 19-year-old girls in Zambia through weekly "Safe Space" group meetings. The nutritional component of AGEP educates girls about their own nutritional needs, how those needs change during pregnancy, and how to properly monitor the nutritional and developmental status of infants and young children. The Population Council is evaluating the impact of their programme on empowerment, the nutritional status of adolescent participants and the developmental status of any participants' children (6 to 59 months of age).

The other NEEP grantee in Zambia—ZCAHRD—conducted the first rigorous evaluation of a combined child health, nutrition and early life stimulation intervention within the country. Through their Improving Early Childhood Development in Zambia (IECDZ) project, ZCAHRD trained and deployed community-based child development agents throughout two districts in Zambia's Southern Province to provide health and nutrition screening, monitoring and caregiver support through biweekly home visits and group meetings. Their evaluation assessed the impact of IECDZ on child physical, cognitive and socio-emotional development.

ZCAHRD published the results of their study in 2016, reporting that the intervention was feasible and well received by local caregivers.

*"Despite no material incentive for doing so, a large proportion of caregivers attended a majority of group meetings. The intervention had a strong positive impact on key parenting behaviours related to child development, including caregiver-child interaction and child nutrition."*²

Rockers et al., 2016

With additional DFID funding, ZCAHRD extended the parenting group component of the intervention for a second year. As of the year two follow-up assessment in 2017, significant impacts had been made on child stunting and language development.³

CONCLUSION

From sub-Saharan Africa to Southeast Asia, NEEP grantees are testing novel approaches to reducing childhood malnutrition and disease. Although the final evaluation results are still being analysed, the innovative programmes and rigorous evaluations by BRAC, ACF, the Population Council and ZCAHRD are generating useful data on feasibility, complementarity and cost-effectiveness of combined ECD and nutrition interventions. PATH will continue to support these programmes, providing technical assistance throughout the evidence dissemination process to ensure maximum uptake and optimal health outcomes for women and children throughout the developing world.

REFERENCES

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