Integrating Nurturing Care as Part of Health Systems: A series of discussions

A summary report on the Conrad N. Hilton Foundation's virtual convening session on Community Health Workers

What have we learned integrating Nurturing Care into routine work of Community Health Workers and where should we focus going forward?

CONRAD N. Hilton FOUNDATION

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ILCHR Institute for Life Course Health Research

Executive Summary

The Conrad N. Hilton Foundation is convening a series of virtual sessions to discuss the progress made through collective efforts with partner organizations to integrate nurturing care for early childhood development as part of health systems in Eastern and Southern Africa. The first 2-hour virtual convening was conducted on 22 September 2020 and focused on what lessons have been learned integrating nurturing care into the routine work of community health workers (CHWs) and what should be focused on going forward.

A pre-convening survey on the status of CHW nurturing care services and systems highlighted a number of issues that informed the discussions during the meeting. Some of the key considerations raised by respondents included recognition of the importance of:

- the community health platform;
- testing before going to scale;
- ongoing training opportunities;
- supportive supervision;
- community health worker links with the health system and communities; and
- the need to be realistic in our approaches.

Four breakaway discussions took place during the meeting, centered around four key themes that would help to inform future directions. These included:

1) CHW roles in promoting responsive caregiving, play and stimulation;
2) What works to strengthen CHW skills and service delivery;
3) Institutionalizing nurturing care as part of CHW roles;
4) How is and will COVID-19 impact on the nurturing care work CHWs do?

These discussions highlighted prominent considerations related to national policy and guidelines, finances and human resources, training and professional development, service delivery, supervision and mentoring, and data for monitoring and evaluation purposes.

Key Considerations for Integrating Nurturing Care into routine work of CHWs

NATIONAL POLICY AND GUIDELINES

Core roles and responsibilities of CHWs in supporting nurturing care should be defined, particularly considering the COVID-19 pandemic. It is critical that CHWs' role in delivering nurturing care services is preserved despite competing survival-focused intervention demands being placed on CHWs at this time. Careful consideration should be given to what is appropriate, feasible and sustainable concerning the role of CHWs in delivering nurturing care, given the current policy landscape, funding limitations and capacity constraints.

Countries' global commitments to universal health care and primary health care strengthening provide opportunities to leverage strategic and financial commitments to nurturing care. The perspectives and experiences of CHWs in supporting nurturing care, especially during the COVID-19 pandemic, should be explored to inform planning and potential policy changes.

FINANCES AND HUMAN RESOURCES

Ongoing advocacy and support to governments is required to institutionalize CHW programs, specifically regarding the role of CHWs in promoting nurturing care. Effective transitions from partner-led to government-led efforts are key, and governments should be supported to assume a stronger leadership role in the promotion of nurturing care through the health system

SERVICE DELIVERY

The core (minimum) package of services that CHWs should feasibly and effectively deliver to promote nurturing care, as well as standards (including quality) and key expectations for service delivery, should be established across different settings. Ways to leverage the use of technology and the development of 'fit for purpose' tools/aids to support CHWs in promoting nurturing care should be a key focus moving forward.

TRAINING AND PROFESSIONAL DEVELOPMENT

Responsive caregiving, early learning, and safety and security are currently under-emphasized in training packages for CHWs. In addition, counselling skills in training for CHWs needs to be prioritized, as opposed to technical training. Standardized approaches to training, assessment of competency and tools to support effective, quality service delivery should be established. The use of technology to support training for CHWs and follow-up support, especially as COVID-19 has currently limited face-to-face training approaches, should be systematically assessed and adopted.

Key Considerations for Integrating Nurturing Care into routine work of CHWs

SUPERVISION AND MENTORING

In order to adequately support and develop CHWs, careful consideration should be given to how definitions, standards, approaches and tool/aids related to supervision and mentoring can be standardized across settings. The use of technology to assist with challenges to effective supervision and mentoring needs to be systematically explored – what is feasible and will add value in resource-constrained settings? Alternative supervision and mentoring approaches should be considered for effective and sustainable approaches to supporting CHWs.

DATA FOR MONITORING AND EVALUATION

Core data and indicators that will help stakeholders understand the present status, monitor progress and achieve outcomes; as well as the process and outcome data required to ensure quality and effectiveness should be agreed upon. Approaches to improve data collection methods and management using 'fit for purpose' tools (digital and non-digital) should be examined across settings. Exploring how CHWs and supervisors can use routinely collected data to reflect and monitor performance and progress, enhance understanding of the objectives of their work, problem solve challenges and inform planning should be incorporated as standard practice.

CONCLUSION

It is clear that substantial progress has been made in all countries, however there is still much to be done to strengthen individual and collective efforts to promote and support nurturing care at the community level. There is already a rich evidence-base and collective experience among the partnership related to these issues that can be shared to inform regional and global efforts. Several important issues were raised concerning the key roles that CHWs assume in providing nurturing care and these should be deliberated for future planning and scaling efforts.

Acronyms

CHW	Community Health Worker
COVID-19	Coronavirus Disease
DHIS	District Health Information System
ECD	Early Childhood Development
FGM	Female Genital Mutilation
HMIS	Health Management Information System
MCH	Maternal and Child Health
MMP	Multiple Micronutrient Powders
PCH	Primary Health Care
PPE	Personal Protective Equipment
UHC	Universal Health Coverage
UN	United Nations
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Background

Since 2012, the Conrad N. Hilton Foundation (Hilton Foundation) has worked in partnership with non-governmental organizations, local and national government departments, including Ministries of Health, to improve early childhood development for vulnerable children in Kenya, Malawi, Mozambique, Tanzania, and Zambia. This work has included a focus on advancing evidence-based approaches and promising practices to supporting responsive caregiving and early learning through the health system.

Annually, the Hilton Foundation convenes partner organizations to discuss the progress of their collective efforts to improve early childhood development. This year, due to COVID-19, a series of virtual sessions - 'Health System Virtual Convening: *Integrating Nurturing Care as Part of Health Systems: A series of discussions*' to discuss key issues - will be held in the last quarter of 2020. The first 2-hour virtual convening was held on 22 September 2020, with 49 participants representing ministries of health, implementation partners, regional networks, professional associations, foundations, bilateral donors, iNGOs, academia and United Nations (UN) agencies attending.

This report synthesizes the meeting presentations and discussions, and provides an integrated summary to assist with informing the way forward. The list of participants is in Annex 1, the agenda in Annex 2, and a tabulated summary of key country milestones achieved (for review by participants) is in Annex 3.

Setting the Scene

Welcome (Lisa Bohmer, Conrad N. Hilton Foundation)

Lisa Bohmer welcomed participants to the first session of the '*Health System Virtual Convening*, '*Integrating Nurturing Care as Part of Health Systems: A series of discussions'*. She applauded the strong partnerships between Ministries of Heath and non-governmental organizations for the progress made towards developing policies and guidelines and increasing financial resource allocations for the promotion of the Nurturing Care Framework (NCF).

Lisa referred participants to the background paper '*Supporting Nurturing Care for Young Children and Families within Health Systems: An overview of progress in Kenya, Malawi, Mozambique, Tanzania, Zambia'* that was shared with participants prior to the convening meeting. This paper provides a review of the progress in the five countries, supported by the Hilton Foundation (and other public and private partners), to strengthen health systems for early childhood development (ECD). A list of key milestones that should guide work within the health sector, as well as country progress towards the achievement of these milestones, were presented for review by participants. Feedback on the relevance and usefulness of these milestones, as well as any recommendations on how these could be improved or expanded was encouraged.

Participants were encouraged to reflect on critical questions that will assist with developing the way forward, as well as the most effective strategies to support the strengthening of health systems and services for nurturing care. This will inform the development of the Hilton Foundation's strategy for the next 5 years. This first session of the virtual convening will focus on community health workers (CHWs) and will create a space to discuss issues related to those who are central actors in supporting nurturing care, especially in light of COVID-19.

The importance of CHWs – key learnings, where are we now and where are we headed?

(Mark Tomlinson, MEL Partner, Stellenbosch University)

Mark provided context for the session discussions and emphasized that, although we do not know the exact number of CHWs across programs globally, they are ubiquitous in low and middle-income countries and are the foundation of many public health systems. Over the years, task shifting and task sharing have resulted in changes in CHW roles, with reports of task 'dumping' and overburdening of CHWs in some settings.

In order to move forward constructively, it is important to 'listen to the voices' of CHWs to obtain their perspectives and try to gain a better understanding of their experiences across different settings.

The multiple roles that CHWs assume are often overlooked. They are not only health agents, but play a key role in linking people with services (bringing services to people and people to the services); as cultural brokers, providing an interpretive and mediation role between services and the communities they serve; and as social change agents addressing social determinants of health.

CHWs are and will continue to play a pivotal role during (and after) the pandemic, especially in countries with vulnerable health systems.

We have seen significant progress across the five countries. Over the past three years, 3,536 CHWs have been trained as part of the Hilton Foundation partnership, responsive caregiving and early learning are being incorporated into community health policies and integrated training examples are being introduced, as seen in Kenya and Mozambique. Countries are preparing nurturing care advocacy strategies and there is progress toward increased budgetary allocations at subnational and local levels, and toward formalizing the community health workforce within countries.

Mark provided attendees with three statements/questions to guide their reflections during the respective topic sessions:

- Remember what you are already doing about nurturing care
- What can be strengthened or improved to increase coverage and quality?
- What can be added, if not now then over time?

Key findings from the pre-convening survey

(Rob Hughes, Independent Consultant)

Rob provided a summary of preliminary findings from the pre-convening survey circulated to participants, which received 21 responses. Initial analysis indicated that there is some consistency across countries related to CHW programs. CHW links with the wider health system are present, as well as opportunities to grow and develop, e.g. entry into training programs such as nursing.

Areas that require improvement include data systems, equipment and supplies, and accreditation. Some of the most important lessons learnt about integrating nurturing care into community health systems work included:

- The importance of the community health platform
- The need to test before going to scale
- That training is an ongoing process (not 'once-off')
- Supervision needs to be supportive
- The community health workforce should not be considered as a vertical program but a group of people that exists within a community
- The need to be realistic

These important findings informed the questions that will be discussed in the breakaway sessions:

What is the role of CHWs? What can we realistically expect CHWs to do to promote nurturing care as part of their routine work?

How do we support CHWs? What works to strengthen their skills and service delivery?

How do we institutionalize nurturing care at the community-level? How do we make it a core part of CHW work?

How is, and will, COVID-19 impact on the work CHW do in delivering nurturing care?

Breakaway Sessions

Theme 1: CHW roles in promoting responsive caregiving, play and stimulation

Facilitator: Elizabeth Omondi (Jaramogi Oginga Odinga University of Science and Technology)

What can we realistically expect CHWs to do as part of their routine work?

There was extensive discussion about what CHWs can feasibly be expected to do, with reflections on context-specific experiences of what has worked and what has not. Three key questions were discussed: *What is the core role for CHWs in promoting nurturing care? We might be able to ask CHWs to do this, but what support will they need? What should we not expect CHWs to do?*

What is the core role for CHWs in promoting nurturing care?

- Antenatal counselling of parents about child development
- Postnatal visits to families to promote nurturing care
- Support caregivers with growth monitoring
- Referral to primary care services where appropriate
- Promote responsive feeding as part of nutritional counselling
- Counsel caregivers on the importance of early childhood development and on practical ways they can talk and play with their children

We might be able to ask CHWs to do this, but what support will they need?

- Support parents to produce age-appropriate play materials
- Detection of basic developmental milestones – this will require simplified tools for screening/assessment
- Support caregivers of low birth weight and premature newborns
- Advocacy on child rights at community level
- CHWs can collect and keep a simple archive of data regarding nurturing care
- Support children and families with severe developmental disorders
- Support caregiver mental health (especially during antenatal and postnatal care)
- Assist caregivers to do stimulation activities at home for children with developmental delay
- Deliver integrated nutrition interventions (example from Mozambique which includes support for exclusive breastfeeding, water, sanitation and hygiene (WASH), growth monitoring, nutritional supplementation, deworming, Vitamin A supplementation and multiple micronutrient powders (MMP)
- Provide remote/distant support to caregivers during COVID-19 pandemic
- Identify, share concerns in the home and refer to child protection officers/social services where needed
- Address stigma related to female genital mutilation (FGM) and early marriage at community level to prevent or respond to these challenges

What should we not expect CHWs to do?

- Refer to secondary or tertiary care services
- Diagnose illness or disability
- Take an active curative role in home-based COVID-19 isolation facilities
- Group-based activities given current COVID-19 restrictions

What questions does this discussion bring up? What do we need to think more about?

Participants were challenged to reflect on key questions that arose from the discussions and that need further deliberation. Efforts to prioritize the questions revealed that all were of high or medium priority.

High priority questions

- How do we build capacity of CHWs to deliver nurturing care as current training approaches do not adequately cover child development and nurturing care?
- How do we train CHWs on effective counselling and standardize training and tools for service delivery?
- How do we standardize supportive supervision and mentoring to ensure quality?
- How do we elevate the importance of responsive care within the package of care that CHWs are required to deliver (i.e. how do we counter the perception that responsive care is of lesser priority than health interventions)?
- How do we deal with attrition of CHWs – using stipends, incentives etc.?
- How do we retain human resource and service delivery capacity after programs/donor funded projects end?
- How can we support the professional development of CHWs and provide them with a career pathway?
- What is the role of CHWs in supporting fathers (to promote male engagement) and how is this different to supporting mothers?
- How are things different in rural vs urban settings (different contexts), given that there are no urban CHWs in some settings (e.g. Mozambique, Tanzania)?
- How do we support the specific needs of adolescent mothers?

Medium priority questions

- What tools can assist CHWs to do their work more effectively? What is the role for technology (apps etc.) in this?
- What is the ability of CHWs to conduct developmental monitoring? Are developmental milestones well enough explained or communicated by CHWs and understood by caregivers? Countries may be at different levels of readiness to leverage the use of technology to support the work of CHW and these contextual differences should be taken into consideration

Theme 2: What works to strengthen CHW skills and service delivery?

Facilitator: Josephine Ferla (Elizabeth Glaser Pediatric AIDS Foundation)

What are the 'tools of the trade', which help CHWs to effectively deliver nurturing care?

Contributions on tools to help CHWs effectively deliver nurturing care were related to specific problems related to service delivery that need to be addressed.

Problem to be solved	What can be done to address the issue?	Examples of tools/approaches to address the issue
Quality of counselling/ motivational interviewing	• Provide good quality training that is supported by the use of print materials or mobile applications, training on job aids, prompts or decision trees, simulation training/role play, and a focus on 'soft skills' such as problem solving and communication skills • Creating opportunities for CHWs to learn from each other, practice and share their experiences (e.g. communities of practice) • Conducting well-structured counselling sessions • Using demonstrational videos that role model quality counselling sessions	• The D-tree mHealth application in Zanzibar • Videos for CHWs to use during sessions to support counselling, by providing examples of caregiver-child interactions and play (e.g. in Tanzania). • Demonstration videos for use during training for CHWs with opportunities for role play and practice
Planning and frequency of visits	• Use of mobile devices and digital applications, however scale can be limited • Set expectations at end of visit for next visit (shared expectations) • Mapping families/households on CHW caseload and plan visits according to key milestones (e.g. pregnancy or postnatal milestones)	• Use of appointment diaries in Malawi • Household registries in Rwanda

Problem to be solved	What can be done to address the issue?	Examples of tools/approaches to address the issue
Acceptability and respect within the community	• Need to consider the selection of CHWs to ensure adequate skills and experience; however, being trusted by community is more important • Use printed job aids – increases provider knowledge and skills and mothers can observe images that validate provider knowledge • Having a uniform with an official logo and/or ID • Involving CHWs in facility outreach activities – this will build trust and respect as they will be seen with other cadres of health workers and thus part of the formal health system.	• Use of an official uniform and ID in Mozambique • In Malawi, CHWs partner with health facility personnel during outreach activities – this promotes recognition and respect within the community as the CHWs are regarded as health personnel • Link timing of visits with the recommended schedule in Care for Child Development and link the counselling cards to these pre-identified visit times – this approach is used in Zambia
Connections to the wider health system	• Use referral and counter-referral booklets – paper-based or mobile applications • Integration into other programs or high-level documents at country level • Provide opportunities for CHWs to meet with other CHWs and facility-level health workers to share experiences	• Use of home-based record in Zambia – maternal and child health (MCH) handbook – for continuity of care • ECD indicators included in the health information system (HMIS) in Zambia
Other	• Formalize and legitimize the CHW cadre	

Supportive supervision at scale: What models can work and why?

The core elements of a functional supportive supervision system were discussed. Key issues identified were:

Funding

Health facility workers supervise CHWs but this is limited by funding as supervision does not happen as frequently as it should, particularly at the community level.

Using data for problem solving and decision-making

Program data should be used during supervision and mentoring sessions to help with problem solving around programmatic challenges and to inform decision-making. This could be facilitated by having more frequent facility-based mentoring sessions (e.g. quarterly sessions) for CHWs to complement community-based sessions, which may be limited due to funding or human resource constraints.

Roles, responsibilities and expectations

There needs to be clearly defined roles and responsibilities for CHWs and supervisors/mentors, which will inform expectations of supervision, frequency of visits, methods (e.g. supervisor guide/checklists). Countries, such as Zambia, have national guidelines and standards that specify that twice-yearly performance assessment and mentorship visits should be conducted.

Supervision and Mentorship

Supervision and mentorship are essential for CHW capacity building and support. Alternate supervision approaches should be explored due to resource constraints, e.g. Mozambique is exploring facility-level supervision of CHWs to complement community-based supervision. Another alternative is the use of blended approaches using digital materials that allow CHWs to monitor their own progress, whilst being supported by a mentor. Often the emphasis is placed on supervision and the 'observe, demonstrate, provide feedback' mentorship approach is not prioritized; however, effective mentorship is key to quality CHW service delivery. Fully integrated supportive supervision tools should be used, by including responsive caregiving and early learning into what is already in use (i.e. building on what already exists).

Consistency and sustainability

This is important and can be achieved through working closely with partners to ensure sustainable, institutionalized approaches that will remain after partner funding has ceased.

Theme 3: Institutionalizing nurturing care work as core to CHW roles

Facilitator: Oscar Kadenge (PATH – Kenya)

What policies and guidelines are needed to better support CHW roles in delivering nurturing care?

Reflections on policies to support CHW nurturing care work were grouped according to global, national and sub-national levels.

Global

The 2018 WHO 'Guideline on health policy and system support to optimize Community Health Worker Programmes'[1] provides guidance on how to implement CHW programs and should be adopted by countries, as it will ensure budgetary allocation and institutionalization of CHW programs. 'Improving early childhood development: WHO Guideline' (2020)[2], contains recommendations related to providing responsive care and activities for early learning during the first 3 years of life; including responsive care and early learning as part of interventions for optimal nutrition of infants and young children; and integrating psychosocial interventions to support maternal mental health into early childhood health and development services. However, evidence-based global guidance on the core role for CHWs in promoting nurturing care is required.

National and sub-national

At the national level, there are a number of promising policy initiatives to support the work of CHWs more broadly but also in delivering nurturing care. However, there is still need for greater recognition at all levels of government regarding the importance of CHWs in supporting early childhood development. Some countries have formally recognized and integrated CHWs into the health system, e.g. the Tanzanian government has nationalized CHWs and has national guidelines for implementation and is working towards adding the ECD package in this. Another country example is the Kenya Community Health Policy 2020-2030, which also includes nurturing care as a core component of the community health services package. Where possible, efforts should be made to integrate nurturing care with other programs. Thus, the work of CHWs should be defined in each context with clear roles and responsibilities considered in relation to those of other health workers. This should be supported by clear Terms of Reference (ToR) for CHWs endorsed by Ministries of Health, as well as improved remuneration and working conditions.

[1] World Health Organization. WHO Guideline on health policy and system support to optimize community health worker programmes. Geneva: World Health Organization; 2018.

[2] World Health Organization. Improving early childhood development: WHO guideline. Geneva: World Health Organization; 2020.

Nurturing care performance indicators that measure and monitor the work of CHWs should be integrated into service packages and fed into District Health Information Systems (DHIS).

Training and supervision guidelines should be developed for CHWs (related to their nurturing care work), as in Mozambique where CHW training and supervision guidelines are being developed. Plans for integrated training of CHWs alongside other health workers should also be considered.

Who needs to do what to get these in place (an agenda for policy action)?

What are the key challenges/constraints to policy action that you see?

There is a lack of understanding of nurturing care and its importance for child health and wellbeing at policy level. Financing is a key constraint and the reason why many CHWs are not on the formal payroll in countries. There should be a shift from community health 'volunteer' to community health 'worker' with formal recognition of CHWs as part of the health system and with adequate remuneration. There still seems to be a lack of awareness and recognition of the important role that CHWs assume in the health system by many governments. This is evidenced by many countries not having institutionalized CHWs in the health system and not remunerating them according to the demands, complexity and scope of the work that they undertake. In many instances CHW programs are run as small projects supported by donor funding and governments do not take over responsibility for such programs. This lack of government commitment and funding limits the scalability of programs. It also influences the retention of CHWs as career pathing is unclear.

What opportunities do you see ahead to drive policy change?

Universal health coverage (UHC) is a global and national policy priority and is a key driver for health policy change in many countries. The move toward UHC and strengthened primary health care (PHC) in Kenya has resulted in the recognition of CHWs as critical drivers to attain these goals. This has also led to greater funding allocations to CHW programs. Opportunities to work with political leaders to include CHWs in their party manifestos should be explored, as CHWs can be influential mobilisers at community level.

What questions does this bring up? What do we need to think more about?

- How do we use the UHC agenda more effectively to better advocate for and support CHW roles in delivering nurturing care?
- How do we garner greater recognition and commitment from governments to include CHWs as part of the health system and to remunerate them appropriately? Many CHWs live in abject poverty and need proper remuneration to sustain livelihoods.
- Government commitment is a critical factor in developing functional and sustainable CHW programs
- Financial incentives are not the main drivers for CHW commitment in many settings – e.g. in Kenya training, supervision and mentorship are often the main motivators for CHWs. Thus, many CHWs have an intrinsic motivation to better themselves and their communities and so professional development opportunities, as well as career pathing, should be provided.
- The need to have more pictorial, 'fit for purpose' job aids is important as many CHWs do not always have time to read fine print and also have lower literacy levels.
- In many places, CHWs will revert to a largely 'survival-focused' child health agenda amidst COVID-19 and ways to preserve nurturing care interventions that are not seen as 'essential' in the CHW service package will have to be considered. This may be easier where nurturing care has been better integrated into the CHW service package.
- CHW training focuses on strengthening technical skills rather than the 'softer skills' required to be effective in their role. Technical skills alone do not adequately prepare CHWs to deal with some of the situations they are faced with when visiting households.
- There needs to be greater differentiation concerning the various types of CHWs and their respective roles and responsibilities outlined in policy, e.g. between those working in rural and urban settings.
- Use of mHealth and digital tools and technology for monitoring of performance indicators, client outcomes and service delivery.

Theme 4: How is, and will, COVID-19 impact on the work CHWs do in delivering nurturing care?

Facilitator: Roland van de Ven (Elizabeth Glaser Pediatric AIDS Foundation)

In what ways is COVID-19 likely to impact on CHWs and their work (especially their nurturing care work)?

Community-based activities such as home visits and group programs are restricted, limiting the ability of CHWs to provide parenting support and to conduct other services such as growth and developmental monitoring. There is also reduced demand for routine child health services, for example, less children are coming to facilities for immunization. There is increased need for psychosocial support during this time, with added pressure on CHWs to provide this, as social support services are not considered essential services in some settings. Where CHWs are delivering services, there are a number of reported deficiencies related to inadequate provision of personal protective equipment (PPE) and mobile technologies, reduced supervision and mentoring, and lack of knowledge and information to be able to continue to provide services during the pandemic. New approaches to providing services and training for CHWs have been employed, mainly through the use of virtual training methods and mHealth. Stigma related to COVID-19 in some settings, significantly affects the work of the CHWs. Many CHWs also have co-morbidities that place them at greater risk of COVID-19 infection.

What should we be doing now to anticipate and plan for these impacts?

As in-person interactions will be limited for the foreseeable future, new tools that allow CHWs to provide remote family support need to be developed and tested. There should be virtual training and supervision modalities available to CHWs, supplemented by increased communication channels through which CHWs can interact with parents/caregivers, with their colleagues/peers, supervisors, facility staff and with other services. There should be a balance between the use of virtual and face-to-face approaches wherever possible, as these should be seen as complementary, (virtual approaches are not a replacement for face-to-face interactions). Innovative finance instruments are required to allow additional remuneration for CHWs during the pandemic, as they are the essential frontline link between the community and health services.

Several critical issues or knowledge gaps need to be addressed to ensure that challenges are overcome and that we plan sustainably and effectively into the future.

Although there was an attempt to separate these into short- and long-term approaches, most of these require short-term efforts with a view to strengthening and expansion in the longer term.

There is a need for policy and guideline changes (in light of the current pandemic) with clear, evidence-based guidance, using in-country information and data, to allow for context-specific rather than blanket ('one size fits all') intervention strategies. COVID-19 has highlighted the importance of the safety and security component of the Nurturing Care Framework (NCF)[3] – due to the negative effects on income and food security, altered family and social relations, stigma, and increases in exposure to and experiences of violence, among others. This should be a particular area for strengthening as it is often not well integrated and supported in the work of CHWs and other frontline health workers. It is important to obtain the perspectives of CHWs (as well as the team that supports implementation) to gain an understanding of their experiences during the pandemic, so that local solutions and appropriate, sustainable strategies can be developed to support effective service delivery.

The work of CHWs should be prioritized and their value recognized as the closest link between the health system and the community. Countries need to invest in demand creation activities, such as the use of social behavior change communication approaches across a variety of platforms to support and promote changes in social norms related to parenting, especially due to continued restrictions in quality face-to-face interactions between nurturing care service providers and families.

[3] World Health Organization, United Nations Children's Fund, World Bank Group. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Geneva: WHO; 2018.

Summary

Despite the time constraints, there was vibrant discussion and valuable sharing of experiences, perspectives and lessons during the convening meeting. When reviewing the information from the parallel discussion sessions, specific issues related to a few key themes stand out.

National Policy and Guidelines

Despite important advancements in global and national policies and guidelines related to ECD and institutionalizing nurturing care through the health system, it is evident that there are still significant gaps regarding the role of CHWs in delivering nurturing care. There are global guidelines that speak more broadly to the CHW role in providing primary health care services at a community level, but none to date that specifically covers their role in supporting nurturing care. The 2018 WHO 'Guideline on health policy and system support to optimize Community Health Worker Programmes'[3] provides countries with high-level guidance on how to establish functional, effective and sustainable community health worker programs. In-country adoption of these guidelines, used together with global and national ECD policies, strategies and guidance, may motivate for increased government commitment and funding for CHW programs and ECD. Some countries have made significant progress in this regard. One example is the Kenya Community Health Policy 2020-2030, which has integrated elements of responsive caregiving, early learning, assessment of developmental milestones and referral as part of CHW core role.

All five countries have made efforts to integrate monitoring of child development, caregiver support for age-appropriate play and communication (early learning) and responsive caregiving into their national strategies and service packages. However, specific country-level guidance on the roles and responsibilities of CHWs in supporting nurturing care still needs to be defined in some settings, particularly in relation to those of other health workers. This is especially pertinent during the COVID-19 pandemic, which has affected the roles and service delivery approaches assumed by CHWs. There also does not seem to be clearly defined national quality standards for community-based service provision across all settings.

Effective and sustainable approaches to promoting nurturing care through CHW programs requires a systems perspective. Thus, focusing mainly on certain aspects of CHW programs – such as roles and responsibilities, training, skills and other more operational attributes – will only partially determine success.

CHWs interface with the formal health system but are also embedded in the 'community system'[4]. Thus, issues such as how to build a formalized system of support for the community health workforce, promote acceptability and trust of CHWs within communities, how to use community-based health workers more effectively as health and social agents and exploring how to work with political and civil society leadership groups and structures to drive policy change are important to consider for sustainability.

Key considerations

1. There still seems to be a need for countries to clearly define the core roles and responsibilities (scope of work and service package offered) of CHWs in supporting nurturing care, particularly in light of the COVID-19 pandemic – this should be informed by global guidance but locally defined based on context. The role of CHWs during the pandemic and how their role in supporting nurturing care is affected should be systematically explored. It is critical that their nurturing care role is preserved despite competing survival-focused intervention demands placed on them at this time. A recent review article[5] explored the effects of COVID-19 on nurturing care on young children in Kenya. The article draws on empirical evidence from prior pandemics epidemics and evolving and anecdotal evidence from the ongoing COVID-19 pandemic to propose program and policy strategies to guide the re-orientation of nurturing care to support the optimal development of the youngest and most vulnerable children.
2. There needs to be agreement on what is appropriate, feasible and sustainable concerning CHW roles, given the current policy landscape (lack of formalization of the cadre), funding limitations and capacity constraints (in some settings). Consideration should be given to what should be guiding this process at a strategic level. Global and/or national policy (could be aspirational), maternal and child health records (may be more practical), service and workforce readiness (this could be limited by what is available), civil society advocacy and demand for services (this may take time). This may differ across settings; however, there should be consistency in the approach applied to this prioritization process.
3. A number of opportunities are available to effectively advocate for strategic and financial commitments to promote nurturing care through the health system, especially at community-level, by leveraging countries' global commitments to UHC and PHC strengthening initiatives.
4. Greater efforts should be made to gain CHW perspectives and experiences of supporting nurturing care, especially during the COVID-19 pandemic to inform planning and potential policy changes.

[4] Schneider H, Lehmann U. From community health workers to community health systems: time to widen the horizon? Health Syst. Reform. 2016;2:112-8.

[5] Shumba, C.; Maina, R.; Mbuthia, G.; et al. Reorienting Nurturing Care for Early Childhood Development during the COVID-19 Pandemic in Kenya: A Review. Int. J. Environ. Res. Public Health 2020;17:7028.

Finances and Human Resources

Government commitment, leadership and financing are essential for sustainability of partner-led efforts. Financing remains a key constraint in countries, limiting the scale-up of CHW programs. In most instances, CHWs are not institutionalized into the health system and thus not remunerated according to the demands, complexity and scope of the work that they carry out. This lack of financial commitment and ongoing dependency on external funders/partners raises uncertainty about the ability of governments to maintain the progress made by partner-led efforts to promote nurturing care through the health system. In addition, there are concerns about the lack of incentives and career pathways for CHWs leading to high levels of attrition and limits the ability to retain human resource capacity after partner-funded projects have ended.

Key considerations

1. A key focus should be on how to support governments to institutionalize CHW programs, specifically regarding their role in promoting nurturing care[6]. This process should include the recognition that some aspects of CHW nurturing care roles and responsibilities may have to be prioritized (over others) initially in contexts where there are significant financial constraints, with a plan to expand on these roles over time.
2. There needs to be greater collective understanding of how to motivate and retain CHWs through payment[7], use of incentives (financial, in-kind, social) and professional development opportunities, which are currently variably applied and tested across settings.
3. How to work with governments toward a sustainable transition of leadership for partner-led efforts, particularly to maintain community-based support for nurturing care, was raised in the deliberations and should be systematically explored for future efforts.

Training and Professional Development

Considerable efforts have been made to develop or revise pre-service training packages for CHWs across countries. However, there is need to standardize training and to ensure ongoing/refresher training opportunities for CHWs (e.g. 'top-up' approaches used in Siaya County, Kenya), rather than the use of 'once off' approaches.

[6] Tomlinson M, Hunt X, Rotheram-Borus MJ. Diffusing and scaling evidence-based interventions: eight lessons for early child development from the implementation of perinatal home visiting in South Africa. Ann N Y Acad Sci. 2018;1419:218-229.

[7] Tomlinson M, Sherr L, Macedo A, Hunt X, Skeen S. Paid staff or volunteers – does it make a difference? The impact of staffing on child outcomes for children attending community-based programmes in South Africa and Malawi. Glob. Health Action.2017; 10:1

There is an emphasis on the training of technical skills, with less focus on interpersonal communication, observation, coaching and quality counselling skills. Training should include the use of job aids (printed materials, videos etc.), prompts/decision trees, and problem-solving approaches. There should also be a balance of theory and practice, with the use of simulation, role-play, videos and other digital technologies to address training challenges. Peer learning opportunities and spaces for CHWs to share lessons learnt, experiences and practices are currently limited.

There are concerns regarding the status of responsive caregiving within the package of services that CHWs deliver. It is often perceived to be of lesser importance compared to health and nutrition interventions and this also translates in to CHW training, as current approaches do not adequately cover issues related to child development and responsive care.

There are currently limited professional development opportunities for CHWs and lack of clear career pathways to other training opportunities or role progression.

Key considerations

1. There should be active exploration of ways to elevate the importance of nurturing care, particularly under-emphasized aspects such as responsive caregiving, early learning, and safety and security in the training (and service delivery) packages for CHWs.
2. There seems to be an under-prioritization of counselling (vs technical) skills in CHW training – what are optimal approaches to strengthen training on effective counselling skills for CHWs?
3. Processes to standardize training, assessment of competency and tools to support effective, quality CHW service delivery should be explored.
4. Continued (in-service) professional development opportunities for CHWs and clear career pathways, which enhance motivation and retention, should be institutionalized.
5. A number of examples were provided about how the use of technology had been incorporated in CHW training, service delivery and supervision support. Ways to effectively harness the potential of technology to support CHW training and follow-up support, especially as COVID-19 has currently limited face-to-face training approaches, should be systematically explored and adopted. There are potential long-term benefits to using blended approaches for CHW training and support, especially in light of continued resource constraints and limitations to face-to-face interactions.
6. It seems that Train-the-Trainer approaches are predominantly used across settings. This raises the question 'Who supports the master trainers to ensure ongoing relevance and quality of the training provided?' Further, how is this institutionalized as part of the supervision framework, especially when moving towards scale?

Service Delivery

There seems to be consensus on what the core role of CHW is in promoting nurturing care, however some of the details of 'what this looks like' and 'how it should be delivered' need to be more clearly defined. There are a number of key roles that CHWs can assume in delivering nurturing care interventions, but they will require adequate training, supervision and effective 'fit for purpose' tools to support them in these roles. There still seems to be an under-prioritization of certain aspects of nurturing care (that are 'newer' to the health system) in the service delivery packages of CHWs – in particular, responsive caregiving, early learning and safety and security. There are different types of CHWs that assume diverse roles, and this should be considered when defining what CHW roles are in promoting nurturing care. There are also contextual differences (e.g. urban vs rural) that will determine what is feasible for CHWs to deliver sustainably. Issues such as promoting father and male engagement and participation in providing nurturing care, as well as support specific to the needs of adolescent mothers are not well-defined and addressed through the health system at a community-level.

Although there are a number of tools in use to support implementation, these are not standardized across settings and there are some concerns about relevance and usability. COVID-19 has illustrated that nurturing care interventions are not always regarded as an essential component of health service packages. This poses concerns for sustainable integration into existing health services packages, especially as norms and standards for nurturing care have not been defined in all settings. The forthcoming Operational Guidance Handbook for Nurturing Care may be useful to this process moving forward.

Key considerations

1. What is the core (minimum) package of services that CHWs should be expected to feasibly and effectively deliver to promote nurturing care? This is what should be universally available in all settings (taking into consideration the scope of work and resource limitations). This process should be conducted in collaboration with CHWs to ensure decision making that is grounded in experiences and has the buy-in and commitment from all key partners in the process.
2. Ways to leverage the use of technology and the development of 'fit for purpose' tools/aids to support CHWs in promoting nurturing care should be a key focus moving forward. Several examples of digital job aids, decision tools and mobile applications were provided. Assessment of the usefulness, relevance and effectiveness of these technological aids would be particularly valuable for future planning and efforts to scale up.
3. There is need to define the core standards (including quality) and key expectations for CHWs service delivery for nurturing care. Countries have taken diverse approaches; however, there are core elements that are consistent across programs and settings.

Supervision and Mentoring

Terminology and approaches to supervision of CHWs differ across settings. Sometimes, supervision and mentoring are used interchangeably in discussion and standardization of definitions across settings may be helpful for future planning and to address current concerns. Although, countries have all implemented supervision approaches for CHWs, these are not clearly defined in terms of the roles and responsibilities of CHWs and supervisors, expectations of supervision support, frequency of visits, supervision approaches, expected measures of quality, among others.

Financial constraints, as well as the COVID-19 pandemic, limit supervision contacts and thus alternative, complementary supervision approaches should be explored to promote quality CHW programs. Supervision often focuses on the technical aspects of services delivery (using checklists, supervision guides etc.), with case-based 'observe, demonstrate, feedback' practical problem-solving approaches not given the same amount of time and priority.

Cascade training and follow-up support approaches for the whole chain should be considered. Currently, the typical model is that a partner organization trains government staff to become 'trainers', who in turn train other health workers in the system, at facility and community levels. How are the 'trainers' supported to provide ongoing quality training and to keep up to date with their knowledge and skills. What is the supervision and mentorship approach for these in-country trainers, to be able to sustainably provide good quality, relevant supervision and mentorship to health workers at different levels of the health system, including CHWs, especially when partner support ends?

The use of supportive supervision aids and technological tools should be considered and standardized where appropriate. A combination of supervision and mentoring approaches, including a mix of CHW self-assessment, peer support and problem- solving using case-based approaches (observation and feedback), mentoring (mentoring-supervision) from a supervisor; and periodic (regular, scheduled and planned) group supervision/mentoring sessions to discuss progress, mutual challenges, difficult cases, and refresher training, professional development opportunities etc. should be considered.

Key considerations

1. A number of concerns were raised regarding inadequate and ineffective supervision systems and approaches. In order to adequately support and develop the capacity of CHWs, careful consideration should be given to how definitions, standards, approaches, tool/aids related to supervision and mentoring can be standardized across settings.
2. The use of technology to assist with supervision and mentoring challenges needs to be systematically explored – what is feasible and will add value in resource-constrained settings?
3. What alternative supervision and mentoring approaches should be considered for effective and sustainable approaches to supporting CHWs?
4. How do we ensure effective and sustainable supervision systems for CHWs promoting nurturing care, especially when transitioning from partner-led to government-led efforts?

Data for Monitoring and Evaluation

There has been some success toward the inclusion of activity-related ECD indicators in the HMIS across countries; however, there is still some lack of clarity about how to monitor the promotion of responsive caregiving and early learning through the health system. There seems to a number of data collection measures utilized, but with some uncertainty about how the data are being used by health workers for decision making and planning.

CHWs are able to collect, collate and use data on nurturing care activities to reflect on performance and progress, problem solve challenges and to inform planning. Program data should be used during supervision sessions to provide performance feedback. It is unclear what process data are collected and how it is used to inform issues of fidelity, dosage etc. Similarly, how are quality and outcomes measured? There is need to assess how technology is being used for monitoring of performance, service delivery and child and family outcomes, as well as how this could be strengthened.

Key considerations

1. There is need for agreement on the core data/indicators that we need to understand current status, monitor progress and achieve outcomes. And what process and outcome data are required to ensure quality and effectiveness.
2. How can data collection methods and management using 'fit for purpose' tools (digital and non-digital) be improved across settings?
3. Approaches to routine use of data by CHWs and supervisors to reflect and monitor performance and progress, enhance understanding of the objectives of their work, problem solve challenges and inform planning should be incorporated as standard practice.

Way Forward

The meeting conveners thanked the participants and emphasized that this convening session was not the end but rather the beginning of a series of discussions to deliberate key issues. The meeting concluded with closing remarks and recommendations from participants from partner organizations, representatives from UN organizations and country representatives.

Recommendations included the development of working groups that can collaborate further virtually on key topics discussed, e.g. supportive supervision, digital technologies etc. to continue with progress made during discussions. There should be ways to capture the insights, experiences and lessons learnt in this group and make this information available and accessible for shared learning in other settings to advocate and motivate for increased funding and commitment for nurturing care interventions. COVID-19 has been disruptive and created pressure for the consideration of innovative approaches to support nurturing care. Country commitments to UHC and current PHC strengthening initiatives provide opportunities for nurturing care and these should be actively explored. There should be 'deep dives' into country case studies to share progress made and lessons learnt in subsequent convening meetings.

The final word was from the Kenya country representative (Ken Oruenjo), who emphasized that countries should continue to conduct activities and work toward achieving targets for nurturing care. He reiterated the commitment of the Kenyan government to support nurturing care and the discussions on how to advance the nurturing care agenda, especially related to areas that require additional support for effective implementation.

ANNEX 1: List of participants

Name	Surname	Organization
Diego	Adame	LEGO Foundation, Denmark
Bonita	Birungi	ELMA Philanthropies, Uganda
Lisa	Bohmer	Conrad N. Hilton Foundation, US
Laura	Bonareri	Ministry of Health, Nairobi, Kenya
Fiona	Burtt	mothers2mothers, South Africa
Christina	Callegari	Conrad N. Hilton Foundation, US
Terrell	Carter	American Academy of Pediatrics, US
Ryan	Cherlin	Conrad N. Hilton Foundation, US
Yeukai	Chideya	Stellenbosch University, South Africa
Bernadette	Daelmans	World Health Organization-HQ Geneva, Switzerland
Svetlana	Drivdal	PATH - Mozambique
Josephine	Ferla	Elizabeth Glaser Pediatric AIDS Foundation, Tanzania
Matthew	Frey	PATH - US
Jamie	Gow	United States Agency for International Development, US
Bruno	Gumphi	Tanzania ECD network (TECDEN), Tanzania
Marc	Holley	Conrad N. Hilton Foundation, US
Rob	Hughes	Consultant, UK
Xanthe	Hunt	Stellenbosch University, South Africa
Katie	Januario	Conrad N. Hilton Foundation, US
Joshua	Jeong	Harvard T.H. Chan School of Public Health, US
Oscar	Kadenge	PATH - Kenya
Cat	Kirk	United States Agency for International Development, US
Maureen	Malave	United States Agency for International Development – Nutrition, Mozambique
Sheila	Manji	PMNCH, World Health Organization, Switzerland
Marguerite	Marlow	Stellenbosch University, South Africa
Chabi	Martin	World Health Organization - Kenya
Sonia	Moldovan	Conrad N. Hilton Foundation, US
Néllia	Mutisse	World Health Organization - Mozambique
Rosella	Njaya	The Honorable First Lady, Siaya County, Kenya
Rose	Njiraini	UNICEF- Kenya
Luitfrid	Nnally	Tanzania Food & Nutrition Centre
Alinune	Nsemwa	UNICEF- Tanzania
Monica	Oguttu	Kisumu Medical and Education Trust, Kenya
Lynette	Okengo	Africa Early Childhood Network, Kenya
Elizabeth	Omondi	Jaramogi Oginga Odinga University of Science and Technology, Kisumu Kenya
Ken	Oruenjo	Siaya County, Kenya
Beatrice	Oyugi	PATH - Kenya
Janna	Patterson	American Academy of Pediatrics, US
Helio	Penicela	United States Agency for International Development - Nutrition, Mozambique
Melanie	Picolo	PATH - Mozambique
Vichael	Silavwe	Ministry of Community Development MCH, Zambia
Wiedaad	Slemming	University of the Witwatersrand, South Africa
Benilde	Soares	UNICEF- Mozambique
Mark	Tomlinson	Stellenbosch University, South Africa
Evelyn	Udedi	Partners in Hope, Malawi
Roland	Van de Ven	Elizabeth Glaser Pediatric AIDS Foundation - Tanzania
Leonore	Victor	ADPP - Mozambique
Teshome	Woldehanna	World Health Organization, Regional Office Harare

ANNEX 2: Agenda

Health System Virtual Convening

Integrating Nurturing Care as Part of Health Systems: A series of discussions

CONRAD N. Hilton FOUNDATION

UNIVERSITEIT STELLENBOSCH UNIVERSITY

Tuesday, 22 September 2020

6am PDT / 2pm London / 3pm South Africa / 4pm Kenya

Session 1: Community Health Workers

What have we learned integrating Nurturing Care into routine work of Community Health Workers and where should we focus going forward?

Session Agenda:

Welcome (5min) — Lisa Bohmer

Conrad N. Hilton Foundation welcomes participants

Setting the scene (15min) — Mark Tomlinson, Rob Hughes

The importance of CHWs; key learnings; where we are now and where are we headed?

Break-out groups (60min)

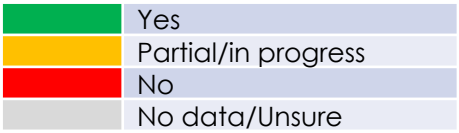
Participants will break out into smaller groups and rotate between different discussion themes. Each participant will participate in two discussion groups, lasting 30 minutes each.

	Facilitators:
CHW roles in promoting responsive caregiving, play and stimulation	Elizabeth Omondi
What works to strengthen CHW skills and service delivery?	Josephine Ferla
Institutionalizing nurturing care as part of CHW roles	Oscar Kidenge
How is, and will, COVID-19 impact on the nurturing care work CHWs do?	Roland van der Fen

Break (10min)

Plenary discussion (30min) — Rob Hughes and group facilitators

ANNEX 3: Key country milestones



Milestone	Kenya	Malawi	Mozambique	Tanzania	Zambia
POLICY					
National Integrated ECD policy includes the 0 to 3 age group					
National ECD policy defines roles/responsibilities/priority actions for the health sector with respect to early learning and responsive caregiving					
National health sector policy/strategy/plan includes attention to early learning (EL) and responsive caregiving (RC)					
National nutrition sector policy/strategy/plan includes attention to EL and RC					
COORDINATION AND COLLABORATION					
Ministry of Health participates in/leads inter-ministerial coordination and collaboration mechanism for ECD at national level					
Ministry of Health participates in/leads inter-ministerial multi-sectoral coordination and collaboration for ECD at sub-national levels					
FUNDING					
Ministry of Health has allocated public financial resources at national level for actions that can promote early learning and responsive caregiving in health services					
Ministry of Health has allocated public financial resources at sub-national levels for actions that can promote early learning and responsive caregiving in health services					
TRAINING					
Revising one or more pre-service curricula for facility-based workforce					
Revising pre-service curricula for community-based workforce					

ANNEX 3: Key country milestones

Milestone	Kenya	Malawi	Mozambique	Tanzania	Zambia
GUIDELINES AND TOOLS					
MNCH-related national documents revised/developed to include developmental monitoring, age-appropriate play and communication and responsive caregiving					
HIV-related national documents revised/developed to include age-appropriate play and communication and responsive caregiving					
Nutrition-related national documents revised/developed to include age-appropriate play and communication and responsive caregiving					
Revised Mother and Child/Under 5s booklet to include attention to developmental milestones, EL and RC					
Developing/updating national approach for maternal mental health screening and counselling					
SUPERVISION					
National supervision documents for facility-based staff revised to include attention to developmental monitoring, early learning, and responsive caregiving					
National supervision documents for community-based workforce revised to include attention to developmental monitoring, early learning, and responsive caregiving					
DATA, MONITORING AND EVALUATION					
Indicators added to HMIS (re: developmental screening) at facility level					
Indicators added to HMIS (re: counselling on early learning, responsive caregiving) at facility level					
Community-based workforce reporting tools (household-based records) revised to include indicators re: developmental milestones					
Community-based workforce reporting tools (household-based records) revised to include indicators re: counselling on early learning, responsive caregiving					
Facility registers revised nationwide to include approved ECD indicators					
Facility-based staff trained nationwide on revised registers					