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Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop

Session 5: Solutions and Actions

Identification of Common Actions at the **District Level**

November 1, 2018

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USAID Advancing Nutrition

We know evidence-based, cost-effective interventions that can improve nutrition outcomes.

It is estimated that the following 10 evidence-based, nutrition-specific interventions, if scaled to 90 percent coverage, could **reduce stunting by 20 percent** and **severe wasting by 60 percent**.

- Management of severe acute malnutrition
- Preventive zinc supplementation
- Promotion of breastfeeding
- Appropriate complementary feeding
- Management of moderate acute malnutrition
- Periconceptual folic acid supplementation or fortification
- Maternal balanced energy protein supplementation
- Maternal multiple micronutrient supplementation
- Vitamin A supplementation
- Maternal calcium supplementation

Source: Bhutta et al. 2013.

Frontline health workers
play a critical role in
providing these
interventions.



Practical Exercise:

Assess nutrition actions

1. Select one cadre of health worker.
2. How does this cadre...
 - Help achieve the priorities of district nutrition committees?
 - Interact with other sectors, systems, or workers?
3. Complete the Assessment of Nutrition Actions in your team.
 - How many actions does this cadre usually conduct?
 - Is the cadre prepared to “perform”?

TOOL 3: NATIONAL LEVEL INTERVIEW GUIDE

This tool consists of two modules. The first module of the tool collects information about number of positions assumed and filled for each nutrition worker category in a district. The second module is focused on gathering information about nutrition actions that a nutrition worker is tasked to perform. Each module may have a different primary respondent or only one primary respondent depending on the expertise and relevance of the person and the organizational structure. Here is an example of possible primary respondents for each module:

- Module 1: National Nutrition Resources for Health Sector person
- Module 2: National Nutrition Action Plan person

How this guide be used to request modules to ask about one department/unit at the national level

Each Time there is a new respondent for one or more modules, begin by obtaining consent, record the respondent's occupational title and address as well as interview location and code.

The following information is collected SHOULD BE THE FIRST OF THE DATA COLLECTION MODULES TO ADDRESS ALL THE INFORMATION OF THE RESPONDENT

RESPONDENT INFORMATION

| | | |
|-----|---------------------------------|-------------------|
| 001 | Respondent's occupational title | Respondent's code |
| 002 | Respondent's gender | Respondent's code |
| 003 | Respondent's name | Respondent's code |
| 004 | Country | Country code |

INTERVIEW INFORMATION

The following information is collected SHOULD BE THE FIRST OF THE DATA COLLECTION MODULES TO ADDRESS ALL THE INFORMATION OF THE RESPONDENT

| | | | | | |
|-----|------------------|-----|------------------|-----|------|
| 001 | Interview date | 002 | Interviewer | 003 | Year |
| 004 | Interviewer name | 005 | Interviewer code | | |

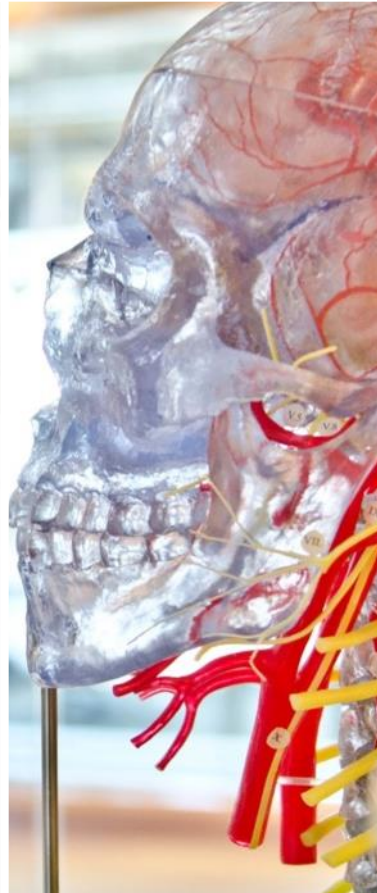
But they face many challenges



Poor
Remuneration



Shortages
of Qualified
Staff



Limited
Training





Difficult
Work
Environments



Lack of
Support

To provide **equitable, high-quality services** workers need...

| | |
|---|---------------------------|
|  | Clear Expectations |
|  | Competence |
|  | Timely Feedback |
|  | Incentives and Motivation |
|  | Adequate Environment |

That districts can provide, by...



Developing, sharing, and discussing **detailed and meaningful job descriptions**.



Implementing **training as a continuous process** of follow-up, refresher trainings, new trainings, and additional support.



Instituting **systems for providing timely feedback and incentives** to service providers.

That districts can provide by...



Empowering clients and engaging government to **seek** services, demand **quality** services, provide **incentives**, and **motivate** providers.



Ensuring the availability of the necessary **infrastructure, resources, and supplies.**



Building Competence in the Kyrgyz Republic



— The SPRING Project

Providing Timely Feedback through Supportive Supervision



— The SPRING Project



Using Mobile Phones to Improve Data Flow for Better Nutrition Interventions



- Prevented malnutrition in children under 2 approach (PM2A) with a food-assisted approach.
- Used a mobile phone system for registration of food beneficiaries and monitoring of nutrition and health practices.

“We faced many problems. Inspections highlighted gaps working with children and pregnant women. Our negative performance was often discussed at regional and national review boards. It was clear that we were doing something wrong, but we did not know how to improve. After SPRING’s supportive supervision training, all staff of Jumgal FMC started implementing mentoring principals in our work. Now we can clearly identify where we achieved success and where we face challenges. And all this happens with no screaming or penalty, just with mentoring and support. Thank you very much.”

— Ainura Tentieva Deputy Head of Jumgal FMC, The Kyrgyz Republic

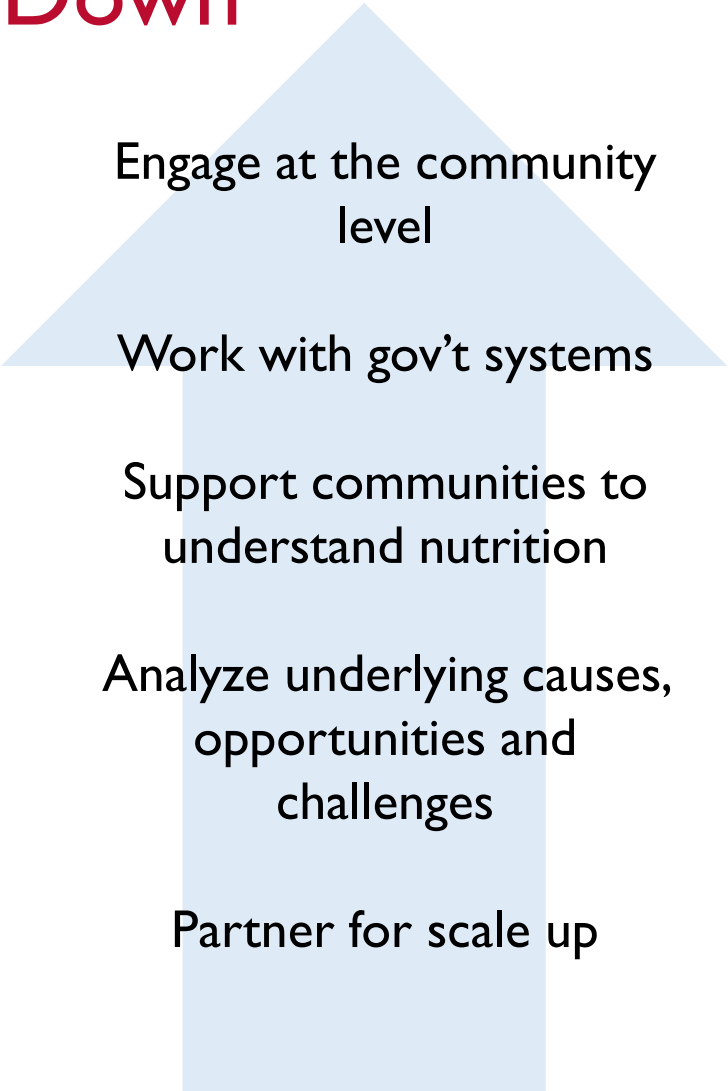
Increasing Demand

It is not enough to establish a strong foundation or even to support service providers; men, women, and children must also demand better nutrition-related services.

Working with Existing Community Structures to Build Demand for Vietnam's Nutrition Clubs



Working from the Bottom-Up and the Top-Down




Engage at the community level

Work with gov't systems

Support communities to understand nutrition

Analyze underlying causes, opportunities and challenges

Partner for scale up



Promote evidence-based interventions

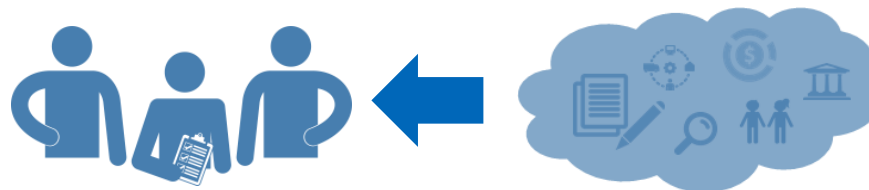
Align with existing policies and strategies

Partner with national institutions

Using Data and Conversation



A great deal of information is gathered at the community level, but often it is too much and duplicative



Increase demand and accountability by gathering community-based data and feeding it back to community committees for them to use in their own efforts to improve nutritional outcomes

With the right **information**, communities can take **ownership** of their own improvement.

Community-based Data for Decision-making in Ethiopia



— The Last Ten Kilometers Project

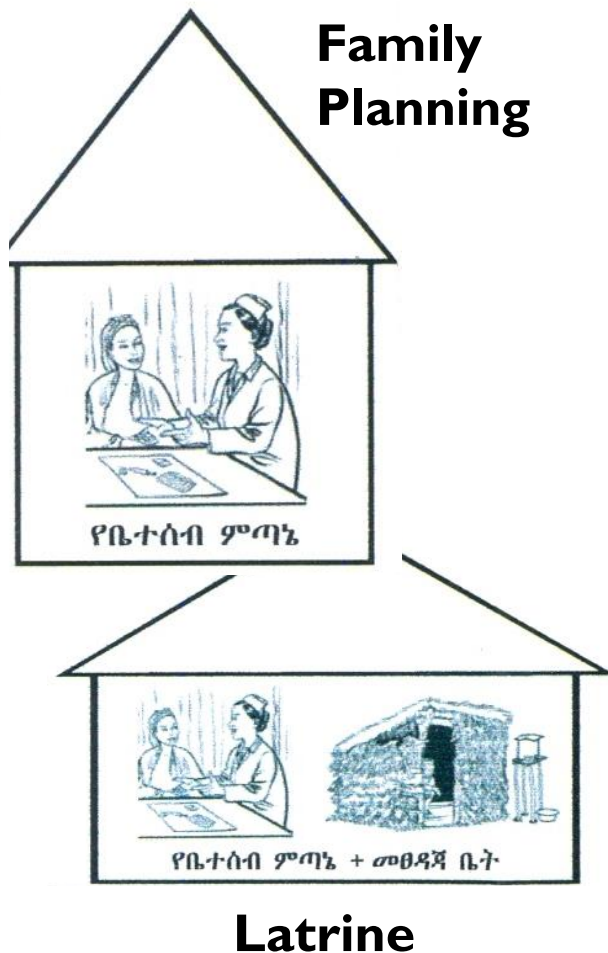
Using Simple Tools and Stickers



Pregnant



Newborn



| | | | |
|---|--|--|--|
| Mother's Name: _____ | | Household Number: _____ | |
| Village Name: _____ | | CHP Name: _____ | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> Pregnancy, Delivery and Child Follow Up Mark with "✓" </div> </div> | | | |
| Did the CHP use the FHC to counsel the mother? | | PNC | <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> I </div> <div style="text-align: center;"> III </div> <div style="text-align: center;"> IIIIII </div> <div style="text-align: center;"> IIIIII (6th Week) </div> </div> |
| ANC Follow up | / (1st) // (2nd) /// (3rd) //// (4th) | Did she breastfeed immediately after delivery? | |
| Delivery | | Has the baby started immunization? | |
| | | Is the baby being exclusively breastfed during the first 6 months? | |
| | | Has the baby started complementary feeding, such as porridge, after s/he turned 6 months old? | |
| Delivery Date DD: _____ MM: _____ YYYY: _____ | | Has the baby completed immunization? <i>Reminder: the baby needs to be vaccinated at least four times and have a measles shot before her/his 1st birthday.</i> | |
| Mother's condition (Regarding delivery) | Healthy Deceased | Monthly Growth Monitoring Mark with "✓" | |
| Neonate's condition (Birth to 1 Month) | Healthy Deceased | | |
| | | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 | |

Getting support from a range of community actors...



Health Workers



Promoters



Volunteers



Nurses



Traditional Healers



Agriculture
Extension Workers



Mayors



Village Chiefs



Teachers



Other Influential
Voices

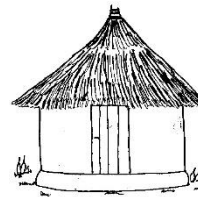
Practical Exercise:

Map Contact Points and Match to Workers

1. Sketch a typical community in your country
2. Circle or mark possible contact points with children under two and/or their caregivers.
3. Indicate at each contact point the type of worker that might be present with a colored dot or symbol:



Nurse/doctor



Traditional
healer



Community
health worker



Teacher

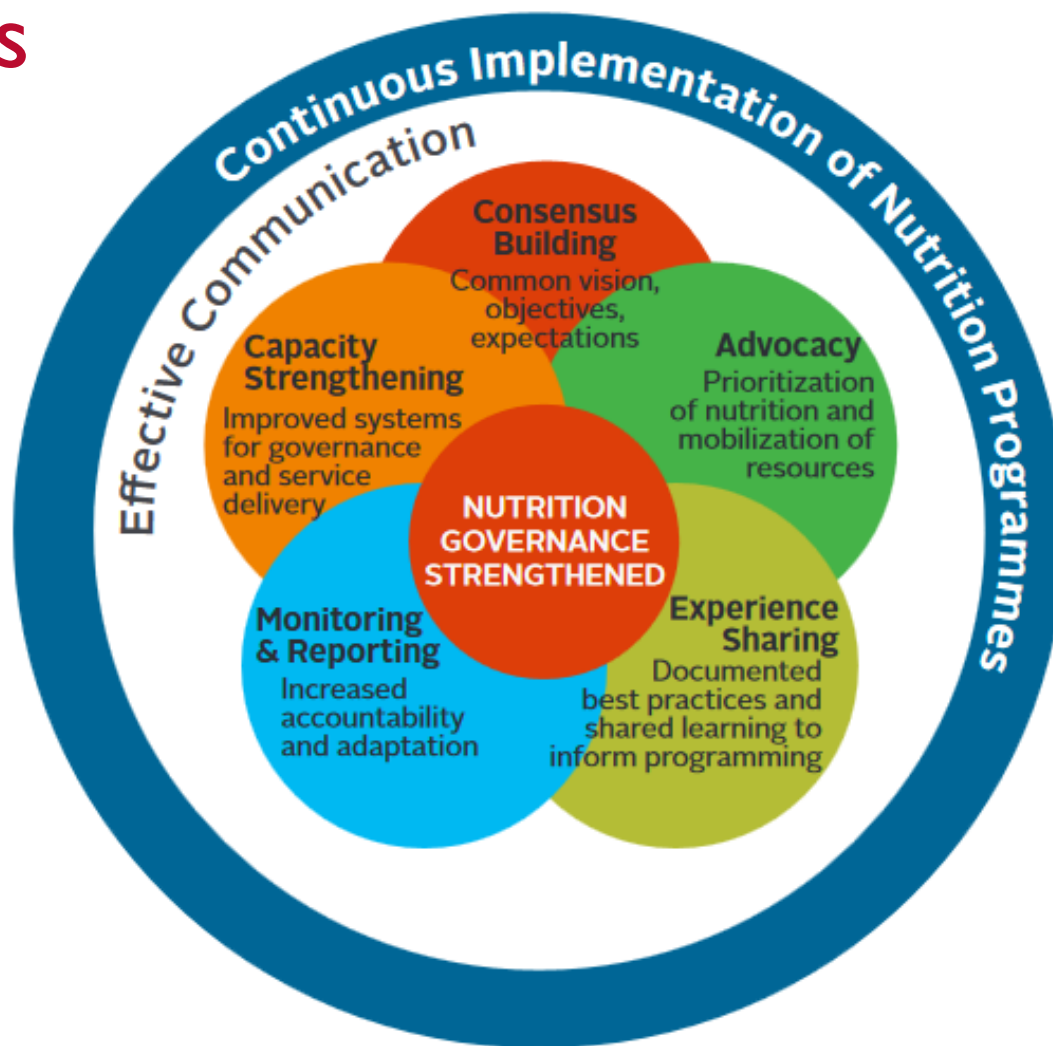
Creating an **Adequate Environment** at the **District Level**

Multi-sectoral nutrition committees need to...

- **manage** complex **inter-governmental processes** and **local governance systems**
- coordinate **across sectors**
- hold members **accountable**

For completing agreed-upon actions and ultimately improving nutrition outcomes.

Partnering and Collaborating across Sectors





Increasing Awareness of and Commitment to Nutrition among Local Government Leaders

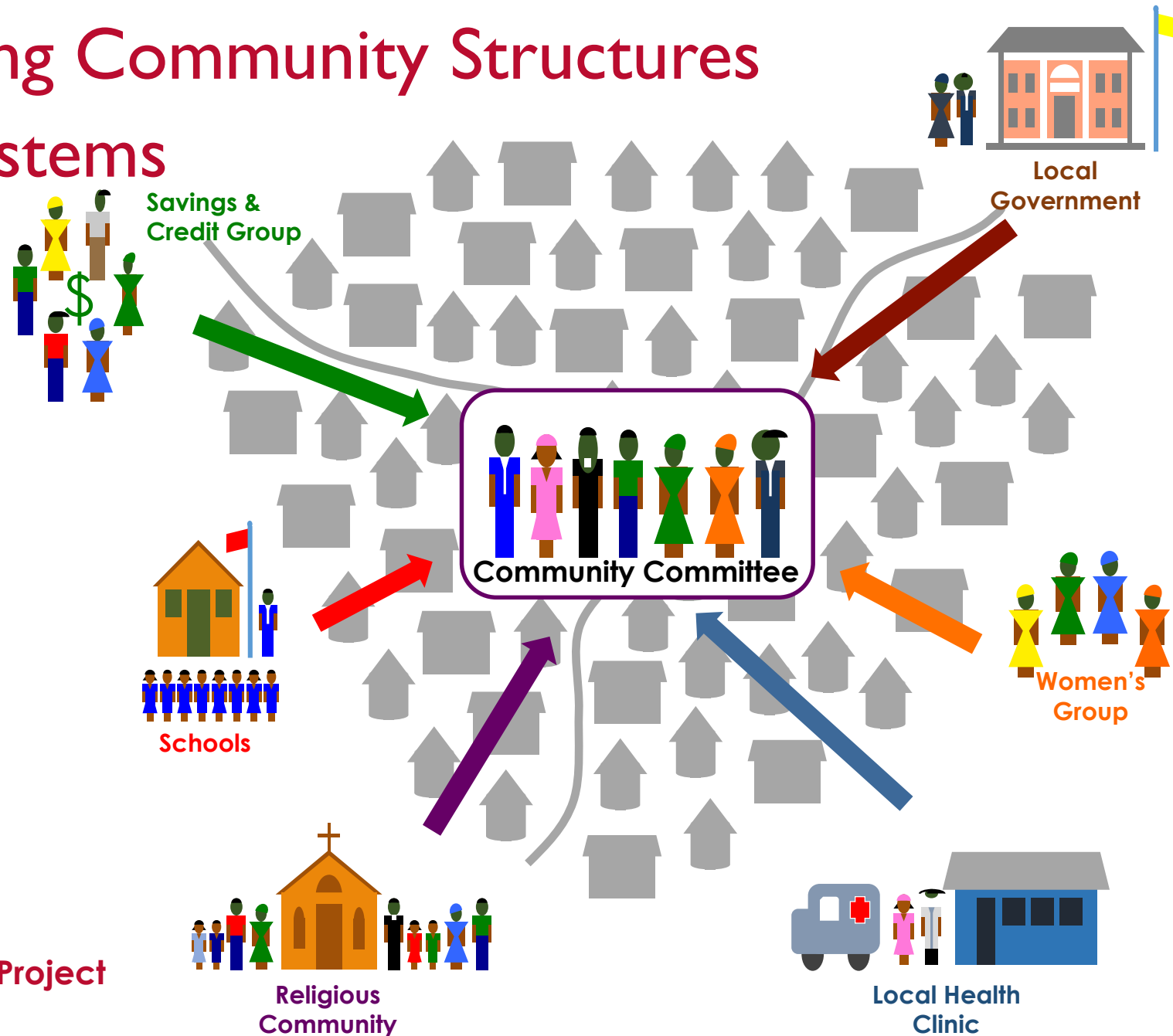
— The Pamoja Tuwalee project

Strengthening Local Governance

The Participatory Approach to Governance Excellence (PAGE) tools have been used in Ghana to help local governments conduct self-assessments and plan activities while strengthening organizational management capabilities and improving service delivery to constituents in a transparent and accountable manner.



Engaging Community Structures and Systems



— The ASSIST Project

Practical Exercise:

Plan District Action

1. Identify gaps, challenges, or areas of focus that pertain to or might be the responsibility of the district/region in the first column of the table provided.
2. For each gap, challenge, or area of focus, please....
 - Identify at least one activity for districts to help strengthen nutrition services in the care of the sick and vulnerable newborn and child.
 - List in the inputs required to conduct the proposed activity.
 - Define the outputs, outcomes (short-term and long-term), as well as impacts.

Thank you!

For more info, please contact:

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This presentation was produced for the U. S. Agency for International Development. It was prepared under the terms of contract 7200AAI8C00070 awarded to John Snow Research and Training Institute, Inc. (JSI).

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This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

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Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop

30 October–2 November 2018

Accra, Ghana

photo by Kate Holt/MCSP

