

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

30 October–2 November 2018  
Accra, Ghana



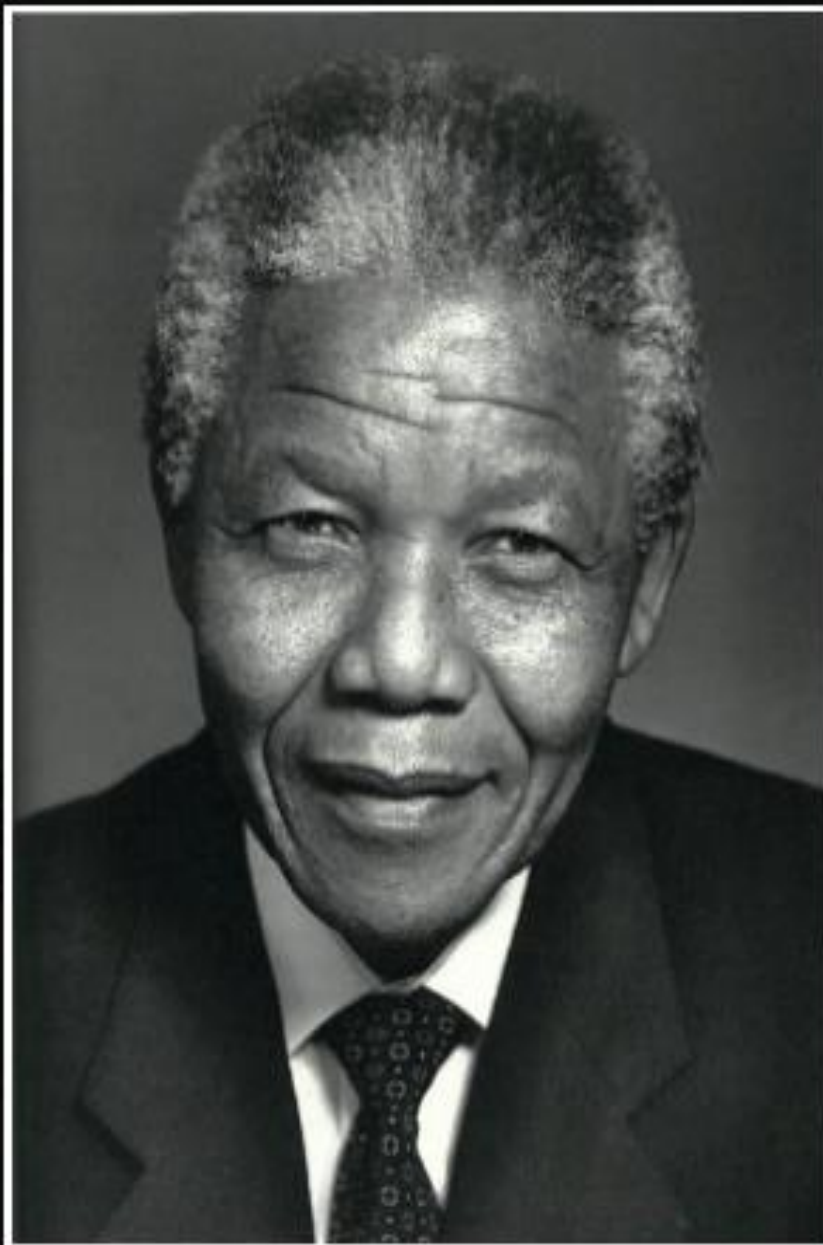
photo by Kate Holt/MCSP

## Goal

*To identify key barriers and opportunities for strengthening nutrition services delivered to children under five years of age through routine management of illnesses in household, community and primary facility*

# Objectives

1. **Share best practices** in implementing current policies and guidelines.
2. **Identify barriers** and **opportunities** for the provision of adequate nutrition interventions during the management of illnesses in children under-five in primary health care settings and identify reasons for their persistence.
3. **Review guidance** and **practices for LBW/Small Gestational Age/premature newborns** to optimize human milk and breastfeeding.
4. **Prioritize the most critical barriers and develop key actions** to address them.
5. **Prioritize actions to implement** and develop short-term country action plans.
6. **Identify and prioritize common themes or barriers that require policy change or further evidence** at the global level.



Our children are the rock on which our future will be built, our greatest asset as a nation. They will be the leaders of our country, the creators of our national wealth, those who care for and protect our people.

— *Nelson Mandela* —

AZ QUOTES

# Context and define problem

- Significant progress with 58% reduction in U5MR and 51% reduction in NMR
- Neonatal deaths are a greater percentage of all deaths in all regions except for African LMICs
- Nutrition related factors contribute to 45% of deaths in children under 5 years
- Mortality in children happens mainly in the first two years – and nutrition remains a major consideration
- Interventions and facility care not enough ..... without coverage and the quality of care (no intervention without a system)

# Context

- Rapid urbanization - By 2050, 66 per cent of the world's population is projected to be urban.
- Changing epidemiology , double burden
- Both the public and private sectors important sources of sick child care
- The private sector serves the poor as well as the wealthy. Two in five caregivers from the poorest households and three in five caregivers from the wealthiest households rely on the private sector for sick child care
- The breast milk substitute (BMS) industry is large and growing -By 2019, the market value is projected to reach US\$ 70.6 billion.

# Opportunities

- SDGs
- World Health Assembly Global Nutrition Targets
- The Global Strategy for Women's, Children's and Adolescents Health (2016-2030)
- Nurturing care for early childhood development: A framework for linking survive and thrive to promote health and human potential endorsed by the WHA
- From Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals

# Sharing best practices

- Mali - importance of establishing strong and community structures to support programs and expanding role of CHWs to include management of SAM
- Ethiopia – experience integrating nutrition indicators onto the national HMIS and unified nutrition information system
- Mozambique -experiences with community-based management of acute malnutrition (CMAM) – Nutrition Rehabilitation Program
- Mozambique – partnership with Association of Pediatricians to improve inpatient severe acute malnutrition case management (capacity building and mentoring), child death audits and SBCC to prevent malnutrition



# Sharing best practices

- Kenya, Malawi – experiences in improving BF support to mothers and care of the sick and small NB through baby friendly platforms – community, facility
- Kenya – experience in implementing an integrated approach to promote, protect and support BF (policy and legislative framework, Baby Friendly Community Initiative (BFCl) and Workplace Support for Breastfeeding)
- India – experiences in implementing community and facility interventions with clear discharge criteria for NICUs and small babies

# Sharing best practices

- Ghana – successfully introduced and integrated ECD into health programming with encouraging cross-ministerial engagement
- Ghana – experience in implementing KMC and demonstrating reduction of morbidity and mortality in preterm through regular follow up of preterm babies post discharge at KMC OPD clinic
- Nigeria – demonstrated the feasibility of CHW delivery of Severe Acute Malnutrition treatment using simplified low literacy tools
- DRC – role of IR to guide programming and strategy development

# Barriers

- Context specific
- Organizational priorities and silos
- Leadership and commitment
- Human Resource -staff quality, quantity and turnover;
- Mentorship, supportive supervision
- Lack of essential equipment and consumables
- Monitoring – coverage and quality

# Emerging Themes

- Child illness and undernutrition often operate in a vicious downward spiral. Addressing child illness without addressing child undernutrition often leads to higher risk of both conditions (and mortality)
- Focus during sick child encounter is often treatment of illness.
  - Little or NO nutrition counseling. Key will be to do targeted counselling and counselling post recovery from illness.
  - Need to strengthen community linkages and preventive health & nutrition services

# Emerging Themes

- Relevant policies and guidelines in place globally and in countries
- Interventions are not implemented in a vacuum – they are implemented in the context of a broader health system and the broader society
- Health-nutrition integration is bigger than ensuring specific nutrition interventions are included in specific health settings – it is about nutrition being treated as an inextricable part of health across the health system
- Integration is a strategy, not cut and paste. It is about bringing efficiency in service delivery

# Emerging Themes

- Optimizing existing opportunities along the lifecycle will increase efficiencies
- A systems approach is essential to deliver a package of services with quality and at scale
- Preservice training provides a sustainable strategy for human resource development
- Research is critical to fill in the gap in knowledge -management and assessment and delivery of interventions (post discharge follow-up)
- Accountability at all levels of the health system
- Improvement of care and feeding of small and sick newborns will require advocacy and commitments from governments, policy makers, and partners

# Looking forward

- Maximize existing opportunities
- Minimizing missed opportunities (clinic & community, curative & preventive encounters)
- Address health system issues including strengthening community linkages (beyond CHW), human resource development, creating an enabling environment
- Address demand issues taking into account local beliefs and cultures
- Build accountability mechanisms
- Aim for functional integration
- Innovate, be creative and build on the lessons learned