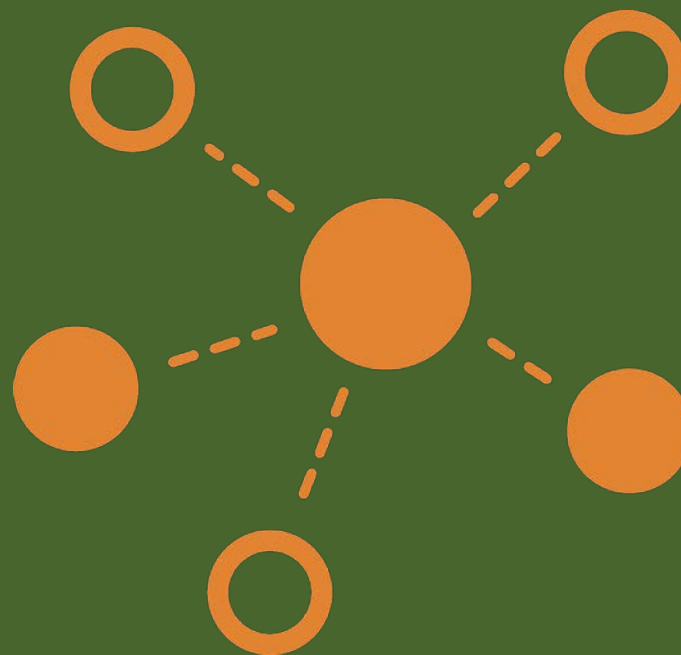# Systems Thinking for Nutrition: A Framework

Webinar: Systems Thinking to Sustain Improved Nutrition

29 March, 2018

Dr. Sascha Lamstein,
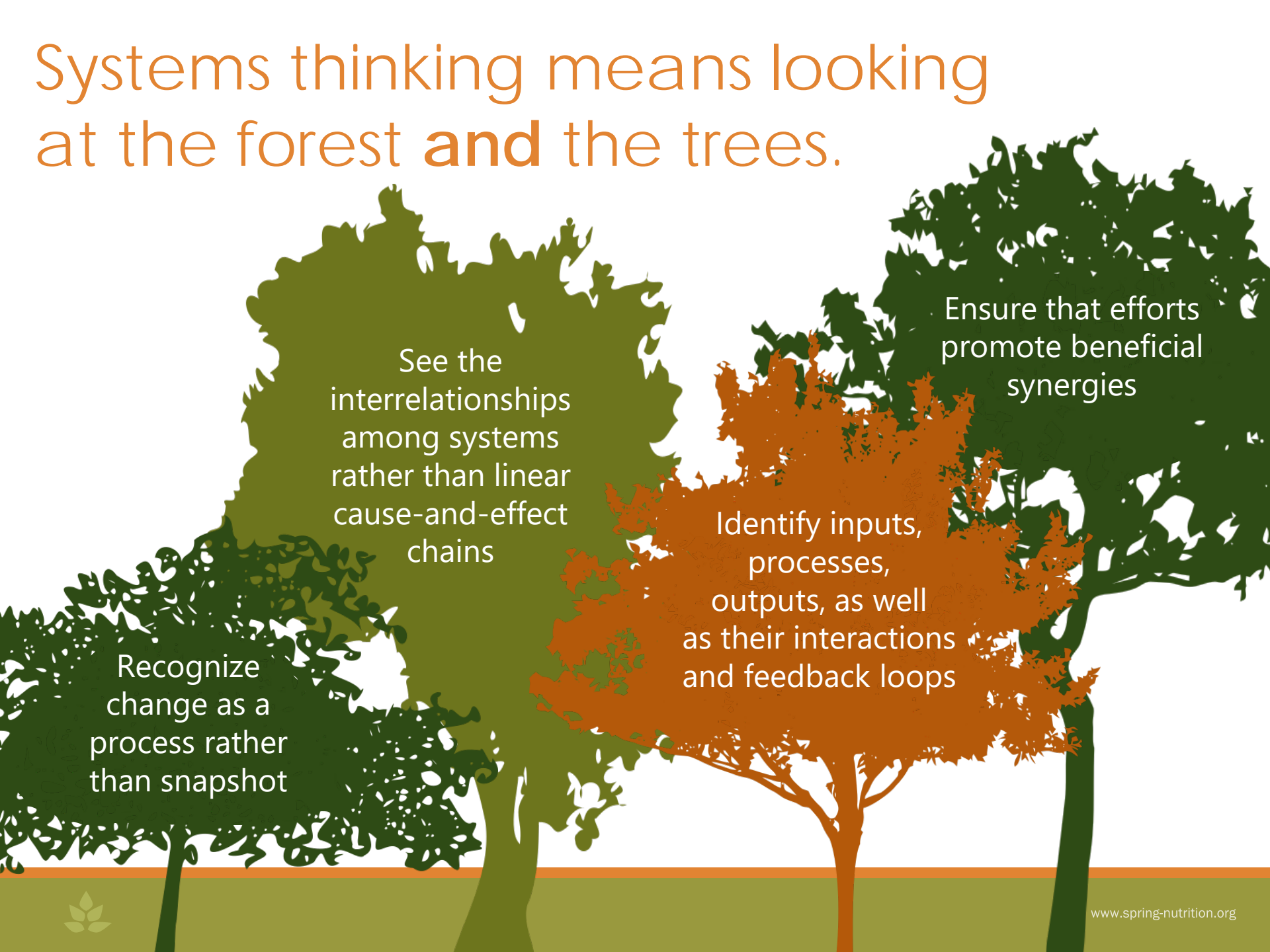JSI/SPRING Nutrition Advisor
and Systems Team Lead

"People don't live their lives in health sectors or education sectors or infrastructure sectors, arranged in tidy compartments. People live in families and villages and communities and countries, where all the **issues of everyday life merge**."

- Robert Zoellick, former head of the World Bank (2010)

Systems thinking means looking at the forest **and** the trees.

See the interrelationships among systems rather than linear cause-and-effect chains

Ensure that efforts promote beneficial synergies

Identify inputs, processes, outputs, as well as their interactions and feedback loops

Recognize change as a process rather than snapshot

SPRING's Framework for Systems Thinking
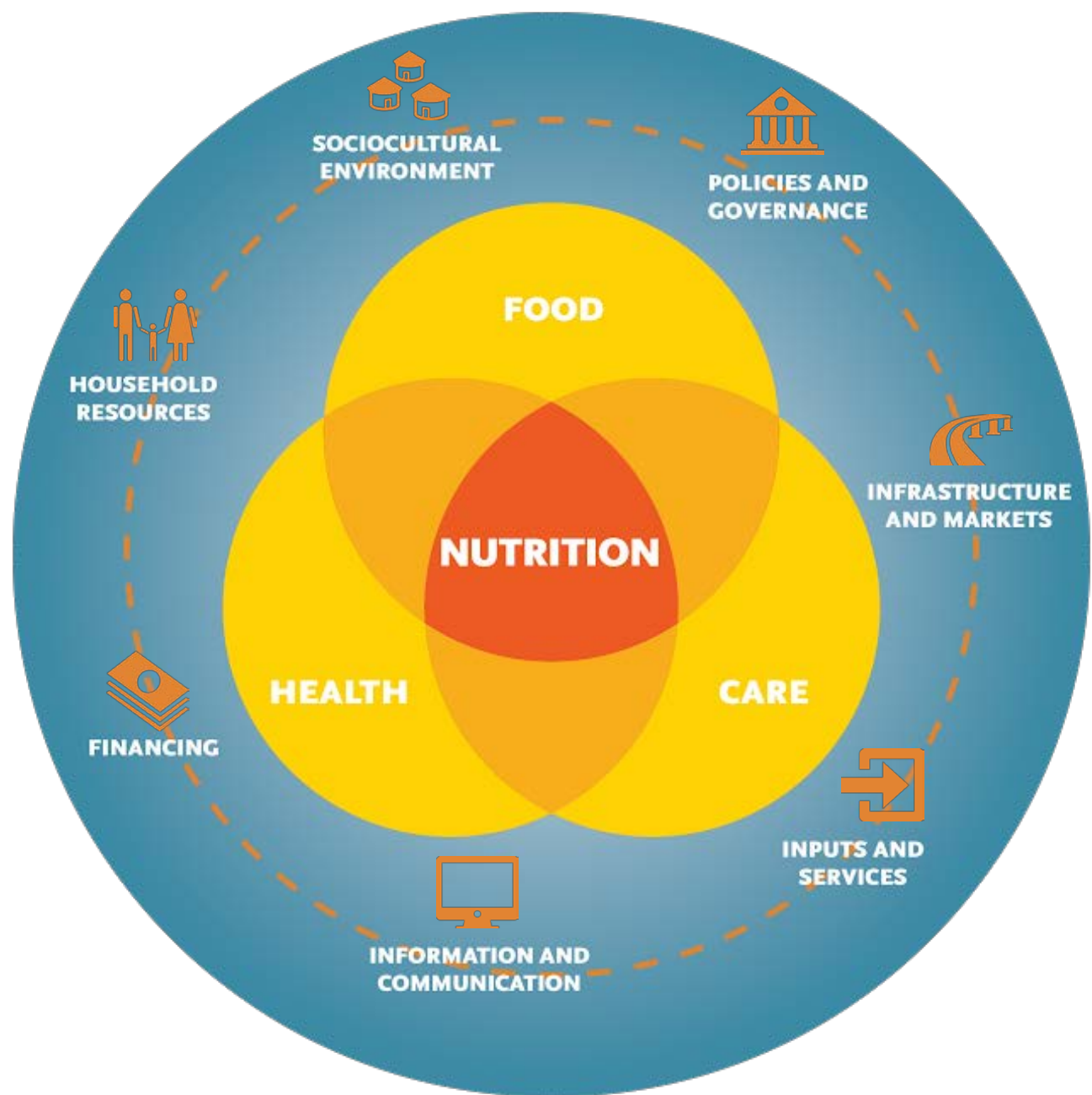
Policies and Governance
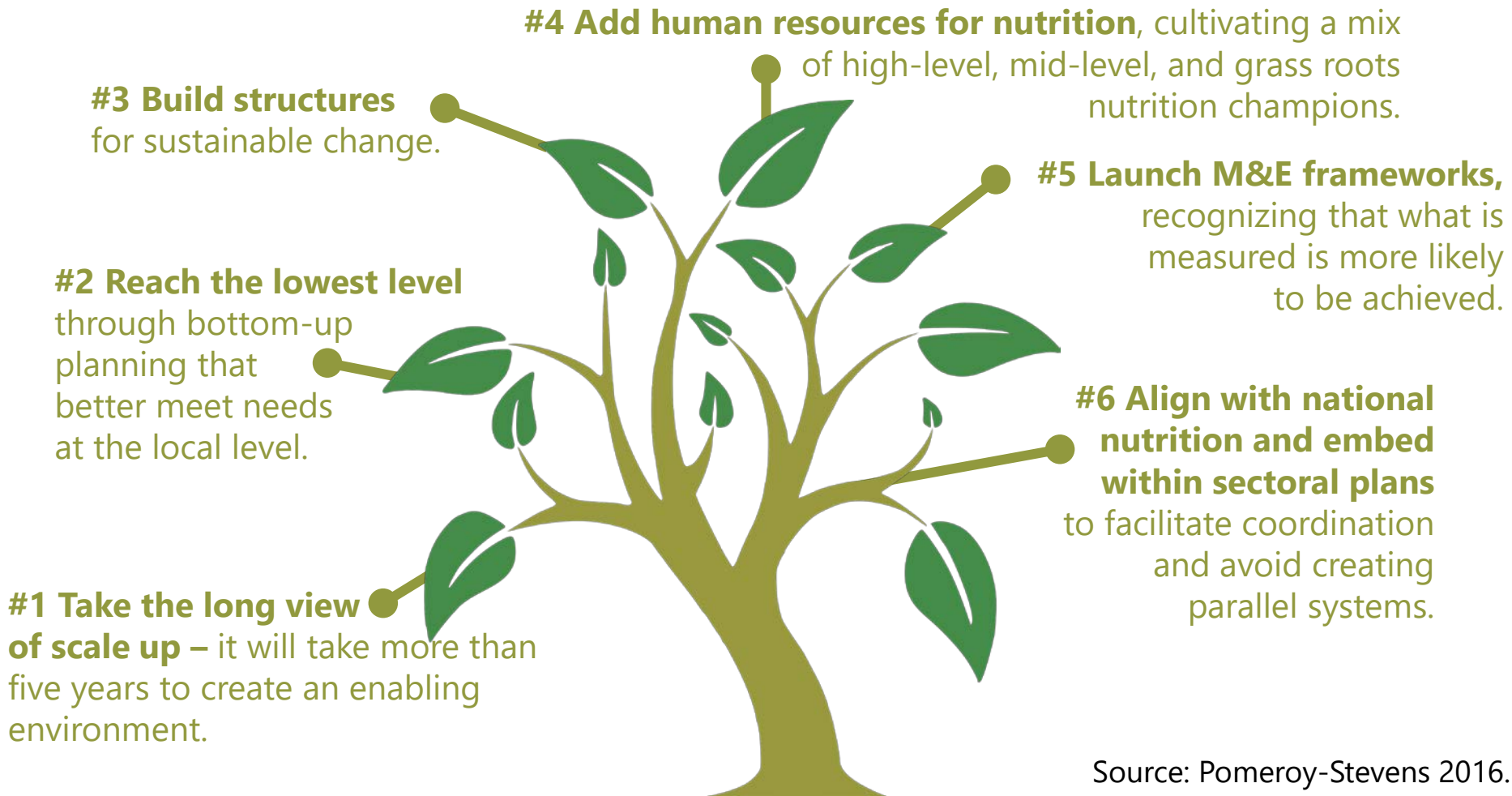
- **Policies affect food, care, health, and the environment** – although their level of impact varies according to adherence and enforcement – **by increasing commitments to nutrition**

- "**Good governance**," according to the former United Nations (UN) Secretary General Kofi Annan, "is perhaps the **single most important factor in eradicating poverty and promoting development"** (UN 1998).

Relevant Recommendations from the PBN Case Studies

#4 Add human resources for nutrition, cultivating a mix of high-level, mid-level, and grass roots nutrition champions.

#3 Build structures for sustainable change.

#5 Launch M&E frameworks, recognizing that what is measured is more likely to be achieved.

#2 Reach the lowest level through bottom-up planning that better meet needs at the local level.

#6 Align with national nutrition and embed within sectoral plans to facilitate coordination and avoid creating parallel systems.

#1 Take the long view of scale up – it will take more than five years to create an enabling environment.

Source: Pomeroy-Stevens 2016.

Infrastructure and Markets

- Infrastructure includes roads and physical structures like health facilities, schools, and markets

- Infrastructure is critical to good nutrition for –
  - **providing services**, including health, nutrition, water, sanitation, and education
  - **distributing** agricultural, food, sanitation, and hygiene products
  - **allowing communities to engage in value chains** that impact incomes and accessibility of nutritious foods

Infrastructure and **Markets**

- Markets facilitate the sale, purchase, and ultimately consumption of food, water, sanitation, and hygiene (WASH) and health products

- Improving infrastructure and tackling market dynamics is **rarely considered** by nutrition programs
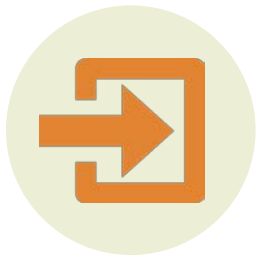
An estimated **1 billion people will never see a health worker during the course of their lives**

— Bhutta et al. 2010

As a result of a **health care workforce shortage**, millions of people die or are disabled each year

— Global Health Workforce Alliance 2008

Inputs and Services

Agricultural inputs are needed for **food** production, storage, preservation, and distribution

To have a "healthy" environment, health services must have essential supplies and households need water and sanitation services

For households to **adopt and maintain optimal care** practices, households, particularly mothers and caregivers will need foods, supplements, nets, etc.

Services must be in place to promote **nutrition-sensitive agricultural practices** and **distribute/sell food** produced

Countries with the **highest burdens of undernutrition** often have **low-density health workforces**

Service delivery systems will need to use every contact point to **promote nutrition care practices**

Tools for Mapping and Assessing Nutrition Services

TOOL 1: NATIONAL-LEVEL INTERVIEW GUIDE

This tool consists of two modules. The first module of the tool collects information about number of positions approved and filled for each provider type in districts. The second module is focused on professional requirements for various provider types. The third assesses which tasks are assigned to which provider type.

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. Possible respondents for each module include:

- Module 1: National human resources for health focal person
- Module 2 & 3: National health or nutrition focal person

You may also be asked to repeat modules in one more than 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 code as well interviewer's name and code.

THE FOLLOWING INFORMATION IN Q001-003 SHOULD BE FILLED BY THE DATA COLLECTION TEAM PRIOR TO ARRIVAL AT RESPONDENT'S DEPARTMENT/UNIT.

RESPONDENT INFORMATION

001   RESPONDENT'S OCCUPATIONAL TITLE _____

RESPONDENT'S CODE ....

RESPONDENT'S GENDER _____   RESPONDENT'S GENDER CODE.........

002   DEPARTMENT_____   DEPARTMENT CODE...............................

003   COUNTRY_____   COUNTRY CODE....................................

INTERVIEW INFORMATION

THE FOLLOWING INFORMATION IN Q004-005 SHOULD BE FILLED IMMEDIATELY BEFORE THE INTERVIEW.

004   INTERVIEW DATE...Day   Month   Year

005   INTERVIEWER NAME_____   INTERVIEWER CODE...............................

MODULE 1: Assess National Nutrition Workforce Size, Composition, and Availability

Now I am going to ask two questions related to number of approved provider positions and number of provider positions that are filled as of today for each district. Unless indicated otherwise, provide your response by stating the number.

Sl. No.	District	FOR EACH DISTRICT, ASK EACH OF THE FOLLOWING QUESTIONS. 1. What is the number of approved [PROVIDER TYPE] in [DISTRICT NAME]? 2. What is the number of filled [PROVIDER TYPE] in [DISTRICT NAME]? INSERT PROVIDER TYPES HERE. FOR EXAMPLE: 1 HEALTH VOLUNTEER, 2 COMMUNITY HEALTH WORKER, 3 MIDWIFE, 4 NURSE, 5 DIETICIAN, 6 NUTRITIONIST, 7 DOCTOR Approved: A; Filled: F														Total	
		1		2		3		4		5		6		7		Total	
		A	F	A	F	A	F	A	F	A	F	A	F	A	F	A	F
1																	
2																	
3																	
4																	
5																	
	Total																

SPRING's Nutrition Workforce Mapping Tool

Tools for Mapping and Assessing Nutrition Services

USAID
FROM THE AMERICAN PEOPLE

ADVANCING PARTNERS
& COMMUNITIES

SPRING
Strengthening Partnerships, Results
and Innovations in Nutrition Globally

How Do Community Health Workers Contribute to Better Nutrition?
Philippines

key takeaways

...e Philippines, three cadres of community
...th workers provide **25** of the recommended **38**
...tion services discussed in this assessment.

...ents

...t women

...eeding women

...ns

...es of life

Services provided by CHWs

Service not provided by CHWs or not clearly specified in policy

Community Health Worker Advocacy Tool

Tools for Mapping and Assessing Nutrition Services

Section 4: The Tool

The tool is composed of five modules. The first is completed by interviewing the health facility manager. The second is completed with permission from the facility manager based on the review of registers in each unit the health facility. Similarly, the third is based on review of routine reports submitted by the facility in the previous three months, and the fourth is primarily based on observation in the health facility warehouse or storage room for nutrition supplies (e.g., specialized food products, micronutrient supplements). The fifth is intended to be administered at least 20 times as a guided observation.

MODULE 1. INTERVIEW WITH THE HEALTH FACILITY MANAGER

THE INFORMATION IN Q001-007 SHOULD BE PRE-FILLED BY THE DATA COLLECTION TEAM PRIOR TO THE INTERVIEW.

IF THIS TOOL IS BEING USED FOR THE ENTIRE FACILITY, ENTER '99' FOR THE UNIT CODE (Q002).

FACILITY INFORMATION

001	NAME OF FACILITY_____	FACILITY CODE..........................	
002	UNIT CODE...		
003	DISTRICT_____	DISTRICT CODE........................	
004	SUB-COUNTY_____	SUB-COUNTY CODE..................	
005	TYPE OF FACILITY_____	TYPE OF FACILITY CODE...........	

INTERVIEW INFORMATION

006	DATE...Day [ ] Month [ ] Year [ ]	
007	INTERVIEWER NAME_____ INTERVIEWER CODE.....................	

Tool for Rapid Evaluation of Facility-Level Nutrition Assessment, Counseling, and Support

A User's Guide

Information and Communication

Information systems have **3 main functions** related to nutrition

1 **Measure** changes in nutrition status

2 **Track** progress in implementation of actions

3 **Prioritize** next steps

Information is of little use, if not effectively **communicated** – through mass media, community mobilization, and/or interpersonal – at all levels and to all key audiences.

Financing

National nutrition policies represent a commitment to act, but...

Political will must be reflected through **financial** support.

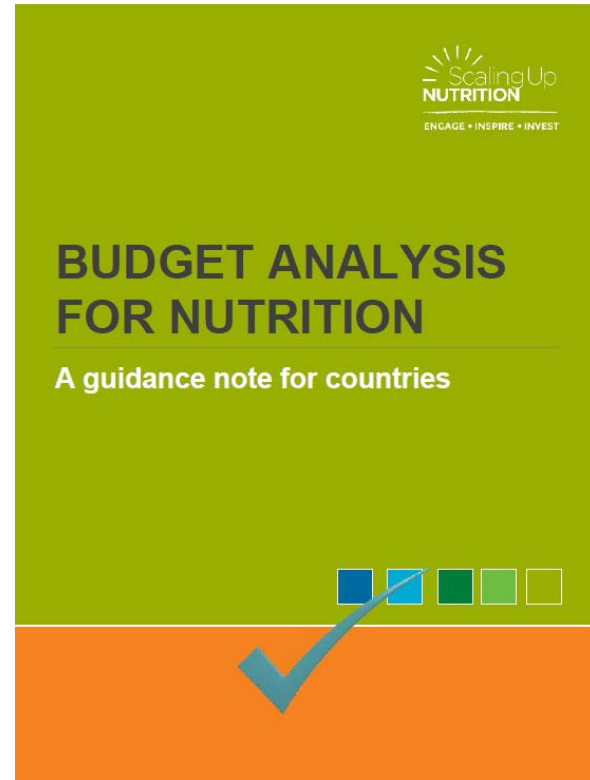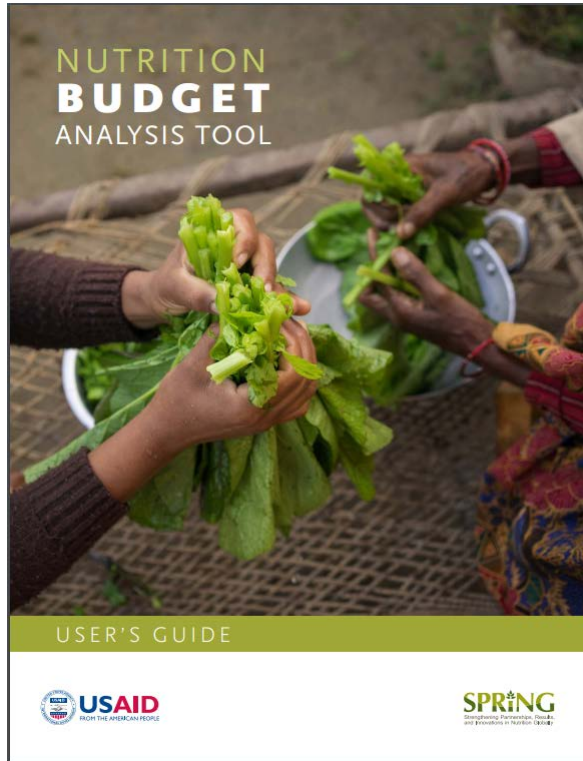*—USAID Multi-Sectoral Nutrition Strategy 2014–2025*

An additional **$7 billion** may be needed to meet undernutrition goals.

— Investing in Nutrition (2016)

Nutrition Financial Analysis Tools

Household Resources

- Household resources includes education, income and technology. These are the **basic drivers of nutrition.**

- Access to these resources and **equitable intra-household distribution of them** allows households to then access food, health, water, and sanitation services (UNICEF 1990)

Systems thinking links **efforts to improve household resources** and **maximize use of these resources** for nutrition outcomes

"…**when women are empowered, educated, and can earn and control income,** infant mortality declines; child health, nutrition, and development improve; agricultural productivity rises; population growth slows; economies expand; and **cycles of poverty are broken.**"
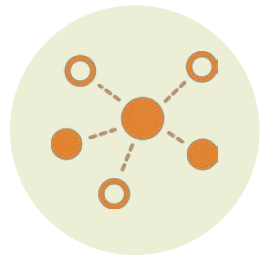
– *USAID Multi-Sectoral Nutrition Strategy*

Sociocultural Environment

- The sociocultural environment includes **customs, laws, attitudes, and behaviors related to gender roles, relationships, values, and norms**

- These forces are at play in **schools, neighborhoods, workplaces, businesses, places of worship, health care settings, and other public places**

Interactions and Consequences

- Systems thinking is not only about these **individual factors**

- It is also about anticipating, considering, and addressing **interactions** or **feedback loops** between factors and sectors, and the **consequences** of program activities

Coming Soon!

- Workshop: Demystifying Nutrition Budget and Expenditure Analysis

- Systems Thinking Assessment Tool

- A Recipe for Policymakers, Planners, and Program Managers: Building a Shared Vision for Good Nutrition, Growth, and Development in the Community

- A Policy Review: Addressing the Dual Burden of Malnutrition

Thank you!

For more info, please contact:
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www.spring-nutrition.org