Nutrition-Specific Actions

Multi-Sectoral Nutrition Strategy
Global Learning and Evidence Exchange Workshop
January 19, 2016
Accra, Ghana

Fred Grant, Regional Nutrition Advisor
Helen Keller International, Africa Regional Office
Undernutrition responsible for 45% of all <5 yr child deaths

165 million children <5 yr are stunted

“The Series identifies a set of ten proven nutrition-specific interventions, which if scaled up from present population coverage to cover 90% of the need, would eliminate about 900 000 deaths of children younger than 5 years in the 34 high nutrition-burden countries—where 90% of the world’s stunted children live.”
# Nutritional Disorders

<table>
<thead>
<tr>
<th>Nutritional Disorders</th>
<th>Attributable deaths with UN prevalences*</th>
<th>Proportion of total deaths of children younger than 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal growth restriction (&lt;1 month)</td>
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<tr>
<td>Stunting (1-59 months)</td>
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<tr>
<td>Underweight (1-59 months)</td>
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<tr>
<td>Wasting (1-59 months)</td>
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<tr>
<td>Severe Wasting (1-59 months)</td>
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<tr>
<td>Zinc deficiency (12-59 months)</td>
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<tr>
<td>Vitamin A deficiency (6-59 months)</td>
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<td>Suboptimum breastfeeding (0-23 months)</td>
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<tr>
<td>Joint effects of fetal growth restriction and suboptimum breastfeeding in neonates</td>
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<tr>
<td>Joint effects of fetal growth restriction, suboptimum breastfeeding, stunting, wasting, and vitamin A and zinc deficiencies (&lt;5 years)</td>
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</tbody>
</table>

Data are to the nearest thousand. *Prevalence estimates from the UN.

Black R et al, Lancet, 2013
Undernutrition responsible for 45% of all <5 yr child deaths

Current evidence & modeling of impacts 10 interventions @ 90% coverage can reduce stunting by at least 20% (range 11%-29%)

What about the remaining 80% of stunting?

165 million children <5 yr are stunted
PROVEN PACKAGES OF NUTRITION INTERVENTIONS

Optimal maternal nutrition during pregnancy

- Maternal multiple micronutrient supplements to all
- Calcium supplementation to mothers at-risk of low intake
- Maternal balanced energy protein supplements as needed
- Universal salt iodization

Infant and young child feeding

- Promotion of early, exclusive breastfeeding for 6 months; continued breastfeeding until 24 months
- Appropriate complementary feeding education in food secure populations and additional complementary food supplements in food insecure populations

Micronutrient supplementation in children at risk

- Vitamin A supplementation between 6-59 months age
- Preventive zinc supplements between 12-59 months of age

Management of acute malnutrition

- Supplementary feeding for moderate acute malnutrition
- Management of severe acute malnutrition

Spoiler alert: Breastfeeding is still in!
PROVEN ESSENTIAL NUTRITION ACTIONS

Women’s Nutrition
Breastfeeding
Complementary Feeding
Feeding of sick children

Integrated Control of Anemia
Control of Vitamin A deficiency
Control of Iodine Deficiency Disorders
Agreement on the “what” (Essential Actions)
Challenge is the “how”
ENA Framework:
- Life Cycle approach
- Integration to avoid missed opportunities
- Harmonized approaches, messages, tools, and tunes
- SBCC
- Capacity building
- Coverage and scale
DELIVERING ENA-EHA

• Agreement on the “what” (Essential Actions)
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CRITICAL LIFE-CYCLE CONTACT POINTS

✓ pre-pregnancy and adolescence
✓ during pregnancy & lactation
✓ at birth
✓ during post-natal period
✓ from 0-6 months
✓ from 6-24 months
Providing the right support at the right time to the right person

Preconception care: family planning, delayed age at first pregnancy, prolonging of inter-pregnancy interval, abortion care, psychosocial care

- Folic acid supplementation
- Multiple micronutrient supplementation
- Calcium supplementation
- Balanced energy protein supplementation
- Iron or iron plus folate
- Iodine supplementation
- Tobacco cessation

Delayed cord clamping
- Early initiation of breast feeding
- Vitamin K administration
- Neonatal vitamin A supplementation
- Kangaroo mother care

Exclusive breast feeding
- Complementary feeding
- Vitamin A supplementation (6-59 months)
- Preventive zinc supplementation
- Multiple micronutrient supplementations
- Iron supplementation

Adolescent

WRA and pregnancy

Neonates

Infants and children

Disease prevention and treatment

- Malaria prevention in women
- Maternal deworming
- Obesity prevention

Disease prevention and treatment

Management of SAM
- Therapeutic zinc for diarrhoea
- WASH
- Feeding in diarrhoea
- Malaria prevention in children
- Deworming in children
- Obesity prevention

Delivery platforms: Community delivery platforms, integrated management of childhood illnesses, child health days, school-based delivery platforms, financial platforms, fortification strategies, nutrition in emergencies

Bold=Interventions modelled
Italics=Other interventions reviewed

Bhutta et al, Lancet 2013
INTERVENTIONS ACROSS THE LIFECYCLE

- Folic acid supplementation
- Multiple micronutrient supplementation
- Calcium supplementation
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- Iodine supplementation
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WRA and pregnancy

Disease prevention and treatment
- Malaria prevention in women
- Maternal deworming
- Obesity prevention

Bhatta et al, Lancet 2013
46% REDUCTION IN NEURAL-TUBE DEFECTS AFTER FOLIC ACID FORTIFICATION IN CANADA

Mandatory fortification of cereals with folic acid

Figure 1. Prevalence of Neural-Tube Defects, According to Diagnostic Category, in Seven Canadian Provinces from 1993 through 2002.

NOS denotes not otherwise specified.

De Wals, NEJM, 2007
INTERVENTIONS ACROSS THE LIFECYCLE

- Exclusive breast feeding
- Complementary feeding
- Vitamin A supplementation (6–59 months)
- Preventive zinc supplementation
- Multiple micronutrient supplementations
- Iron supplementation

Infants and children

Disease prevention and treatment

Management of SAM
- Therapeutic zinc for diarrhoea
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Bhutta et al, Lancet 2013
VITAMIN A SUPPLEMENTATION TO REDUCE CHILD MORTALITY

Sommer & West, 1996
FIRST 1000 DAYS OR LAST 730 DAYS?

Adolescence

Conception

Pregnancy

Birth

1000 days

270

730

2 yrs

Helen Keller INTERNATIONAL

15
- 3x ↑ risk of neonatal death
- 2x ↑ risk of post-neonatal death
- 11.8% of death<5y
- 4.5x ↑ of stunting
- Responsible for ~20% of childhood stunting

Lancet, 2013
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Delivery of nutrition services in health systems in sub-Saharan Africa: opportunities in Burkina Faso, Mozambique and Niger

Rachel D Hampshire1,*, Victor M Aguayo2, Hamani Harouna3, Julie A Roley4, Ann Tarini1 and Shawn K Baker5
1Helen Keller International, BP 8150 Ouagadougou 04, Burkina Faso; 2UNICEF Regional Office for West and Central Africa, BP 29720, Dakar, Senegal; 3HKI/Niger; 4HKI/Mozambique; 5HKI Africa Region

Submitted 18 August 2003: Accepted 21 May 2004

Abstract

Background: In sub-Saharan Africa, underweight and micronutrient deficiencies account for an estimated 25% of the burden of disease. As the coverage of national health systems expands, increased opportunities exist to address the needs of children and women, the most vulnerable to these deficiencies, through high-quality nutrition services.

Objective: To assess health providers’ knowledge and practice with regard to essential nutrition services for women and children in Burkina Faso, Mozambique and Niger, in order to assist the development of a standard guide and tools to assess and monitor the quality of nutrition services delivered through national health systems.
**Ante-Natal Contacts:**

- In Niger and Burkina, only 38% and 14% of women observed at consultations received counseling on pregnancy related dietary improvement

**Well-child Contacts:**

- In Niger, all children were weighed but only 62% of their caregivers were asked/or counselled about feeding practices

- In Mozambique, while 87% of new mothers received counseling on breastfeeding, only 8% were advised to breastfeed exclusively
**PREGNANCY**: TT, antenatal visits, FP, STI prevention, safe delivery, VCT, Options, safe sex, danger signs, Prepare for breastfeeding (BF), iodized salt, iron/folic acid, de-worming, anti-malarials, ITNs, diet

**DELIVERY**: safe delivery, FP, STI prevention, Optimal delivery, ARVs, Delay cord clamping. Early initiation of BF, vitamin A, iron/folic acid, diet

**POSTNATAL AND FAMILY PLANNING**: FP, STI prevention, child’s vaccination, VCT, safe sex, support optimal BF, diet, iron/folic acid

**IMMUNIZATION**: vaccinations, FP, and STI referral, VCT, safe sex, support optimal infant and young child feeding (IYCF), vitamin A, de-worming, assess and treat infant’s anemia

**WELL CHILD AND GMP**: check and complete vaccination, VCT, safe sex, monitor growth, assess and counsel on IYCF, iodized salt

**SICK/MALNOURISHED CHILD**: assess and treat per IMCI, /immunization/ VCT, manage MAM/SAM, counsel on IYCF, assess and treat for anemia, check and complete vitamin A, de-worming, ITNs
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REDUCING MISSED OPPORTUNITIES:
INTEGRATE INTO RELEVANT SECTORS
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- Nutrition Programs
- Child survival programs
- Neonatal
- Reproductive health
- Infectious diseases

Within the health sector
REDUCING MISSED OPPORTUNITIES: INTEGRATE INTO RELEVANT SECTORS

Within the health sector:
- Nutrition Programs
- Child survival programs
- Neonatal
- Reproductive health
- Infectious diseases

Outside the health sector:
- Agriculture
- Education
- Micro-credit
- Emergency
- Social Protection
- WatSAN
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  – Coverage and scale
BUILD ON WHAT ALREADY EXISTS USING CURRENT PROGRAMS AND SYSTEMS

- **Existing** services & interventions

- **Existing** people

- **Existing** community groups and structures to the extent possible
HARMONIZE EXISTING FIELD PROGRAMS

Strive for harmony across partners:
same nutrition messages, BCC strategy, IEC, and training materials...

Bring these many partners together – team building, technical up-dates, training of their trainers...

All partners singing the same nutrition song from the same music sheet!
TRUE COORDINATION OR “LOGO SOUP”?

Scaling Up Nutrition
A FRAMEWORK FOR ACTION

This policy brief was prepared with financial support from the Bill and Melinda Gates Foundation, the Government of Japan, UNICEF and the World Bank. It is based on a series of consultations hosted by the Center for Global Development, the European Commission, the International Congress of Nutrition (ICN), United Nations Standing Committee on Nutrition (SCN), USAID, UNICEF, WHO and the World Bank. Many developing country partners, CSOs, bilateral partners, UN and multilateral agencies have contributed to this effort.
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• Reinforce ENA messages through social & behavior change communications at all levels, promoting simple “do-able” actions, using inter-personal communication, mass media and community mobilization

#BreastfedEarlyAdopters
Agreement on the “what” (Essential Actions)

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Customized ENA training targeted to:
- Health workers (gov’t & NGOs)
- Community volunteers (less literate)

Integrated training
- avoid “technical silos”

Short-term, skills-based focus

Heavy on counseling/negotiation skills

Lots of practice with real mothers
The Core Group
http://www.coregroup.org/resources/core-tools
Brand new 3rd edition!

Focuses on Africa but also includes South Asia for first time

Targets nutrition and health workers

Very practical

Just released

French and online versions coming soon
Consensus that:

• There is a need to accelerate progress for nutrition in West Africa

• A major initiative is required to develop the needed capacity to accelerate progress for nutrition in the region
Strengthen institutional and human capacity to accelerate progress for nutrition in the West Africa region.

Address capacity gaps at individual, organizational, and systems level.

IMPROVED CAPACITY TO ACT IN NUTRITION

IMPROVED PUBLIC HEALTH OUTCOMES IN WEST AFRICA

Build on existing capacities.
Enable effective use of

**Individual**

**Skill**

**Tools**

- Performance capacity

**Staff**

- Workload/supervisory capacity

**Infrastructure**

- Facility/support service capacity

**Systemic**

**Structures**

- Structural capacity

**Systems**

- Systems capacity

**Roles**

- Role capacity

**Organizational**

**Enable effective use of**

**SUMMARY OF EXISTING CAPACITY GAPS**

<table>
<thead>
<tr>
<th>INDIVIDUAL (skills)</th>
<th>ORGANIZATIONAL</th>
<th>SYSTEMS</th>
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<tbody>
<tr>
<td>• Lack of pre-service and in-service training</td>
<td>• Critical shortage of HR for nutrition</td>
<td>• Lack of institutional capacity to design and implement nutrition programs that responds to the multi-sectoral dimensions of nutrition problems</td>
</tr>
<tr>
<td>• In-service training- mainly on CMAM</td>
<td>• Limited capacity to support the expansion of a nutrition workforce</td>
<td>• Limited capacity for multisectoral coordination of nutrition programs</td>
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<tr>
<td>• Didactic training</td>
<td>• High staff turnover</td>
<td>• Inadequate nutrition information systems</td>
</tr>
<tr>
<td>• Focus on food science</td>
<td>• Nutrition roles and tasks not well-defined in job descriptions</td>
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<tr>
<td>• Training curricula not aligned to regional nutrition priorities</td>
<td>• No minimum standard to qualify as a nutritionist</td>
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<tr>
<td>• Lack of uniformity in training curricula within/between countries</td>
<td>• Lack of equipment and infrastructure</td>
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<tr>
<td>• Shortage of faculty</td>
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Communities (families)

- Community volunteers,
- Community Leaders, religious leaders
- Village Development groups, Village Model Farms
- Members of Women’s Groups, etc...

Sub-district Level

- Health Workers,
- Agriculture extension workers
- School teachers
- Etc..

Districts

- Health Workers,
- Agriculture extension workers
- School teachers
- Etc..

Regional

- District MOH Team
- District Agric Team
- Other District Teams
- NGOs
- Hospital Administration, etc...

National

- Gov’t Planners
- Donors
- NGOs
- Academia
- Radio DJs
- Journalists

ENA – SCALE

Health          Agriculture          Education          Finance          Trade

- continuous advocacy on ‘why nutrition matters’, existence of up-to-date nutrition specific/sensitive policies and guidelines; increased investment in nutrition
- strengthen nutrition workforce via training and supervision and other aspects of systems strengthening
- on the ground support to mothers & families to adopt improved actions on nutrition (ENAs)
Strengthen capacity to use "implementation science" methods to generate evidence on how to take efficacious interventions to scale.
GOING TO SCALE: HOW TO CLOSE THE KNOW-DO GAP?

“THANK GOD!
A PANEL OF EXPERTS!”
TANAHASHI FRAMEWORK FOR EFFECTIVE COVERAGE

- Effectiveness Coverage
- Contact Coverage
- Acceptability Coverage
- Accessibility Coverage
- Availability Coverage

Target population who do not contact services

Geographic aspect

Process of service provision

TARGET POPULATION
IMPLEMENTATION: THE “VOLTAGE DROP”

Control/Quality

Zone of National Control

High

National
Regional
District
Sub-District
Community
Household/Mother/Child

Low

Zone of Desired Impact

?
PREVENTING THE VOLTAGE DROP

Control/Quality

AAA=Assessment, Analysis, Action

Zone of Desired Impact

High

National

Regional

District

Sub-district

Community

Household/Mother/Child

Low

Strong local AAA process

Strong local capacity

Strong monitoring & support

Strong training. Guides & tools

Strong, clear ToRs

Business as usual
THANK YOU

“Alone we can do so little; together we can do so much.”
- Helen Keller