NUTRITION Is a BIG Issue

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

- 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
And **nutrition-sensitive interventions**

Nutrition-sensitive interventions are less well defined and more context specific than nutrition-specific interventions

- Agriculture and food security including availability, economic access, and use of food
- Social safety nets
- Child protection
- Access to and use of health services, a safe and hygienic environment
- Classroom education
- Health and family planning services
- Early child development, including feeding and caregiving resources (maternal, household, and community levels)

The nutrition sensitivity of programs can be enhanced by improving targeting; using conditions; integrating strong nutrition goals and actions; and focusing on improving women’s physical and mental health, nutrition, time allocation, and empowerment.

5 WAYS TO IMPROVE NUTRITION THROUGH AGRICULTURE

Agriculture plays an important role in providing nutritious foods and sustainable livelihoods. SPRING’s work has revealed several opportunities for agriculture to contribute to improved nutrition, especially for those most at risk. By addressing these opportunities in current and new agricultural activities, USAID and its implementing partners can more effectively contribute to better nutrition.

Here are five things we can do now.

1. **Increase Availability of and Access to Diverse, Nutritious Foods**
   - Invest in nutritious food value chains
   - Improve the availability of nutritious foods year-round through storage
   - Make nutritious foods safe and affordable
   - Promote good agricultural practices that protect the environment

2. **Encourage Income Use for Better Diets, Health, and Hygiene**
   - Improve household budgeting skills to afford the cost of nutritious diets
   - Stress the importance of investing in diverse foods, proper infant and child feeding, caregiving, and health

3. **Recognize the Central Role of Women in Agriculture and Nutrition**
   - Empower women, promote gender equity, and an equitable division of labor
   - Introduce time and labor-saving farming technologies
   - Support time for self- and child-care, especially for pregnant and lactating mothers

4. **Generate Demand for Diverse, Nutritious Foods**
   - Increase consumers’ knowledge of nutrition
   - Make nutritious foods convenient and appealing
   - Overcome cultural barriers to consume nutritious foods

5. **Establish Policies and Programs to Support a Broad View of Nutrition**
   - Advocate for explicit nutrition goals within national policies and development activities
   - Establish and strengthen multi-sectoral partnerships
   - Collaborate and share knowledge and resources
Frontline workers play a critical role in providing these interventions

Health Workers  Promoters  Volunteers  Nurses  Traditional Healers
Agriculture Extension Workers  Mayors  Village Chiefs  Teachers  Other influential voices

Frontline workers have
• Direct access to the community
• The ability to link with other nutrition-related community-based workers

They can provide community members
• A range of nutrition-specific and -sensitive services that directly and indirectly affect nutrition

Source: Bhutta et al. 2013.
Globally, CHWs are some of the **most numerous** frontline workers out there. They include paid and sometimes unpaid volunteers.

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
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<tbody>
<tr>
<td>Haiti</td>
<td>212,185</td>
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<tr>
<td>Mali</td>
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<td>Pakistan</td>
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<td>Nepal</td>
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<td>Malawi</td>
<td>13,500</td>
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</tbody>
</table>

There is a global shortage of health workers, which has severe implications for morbidity and mortality rates.

[Health Worker Density by Region (per 1,000 population)]

- North America: 10.9
- Europe: 10.4
- Western Pacific: 8.5
- South & Central America: 2.8
- Middle East & North Africa: 2.7
- Asia: 2.3
- Sub-Saharan Africa: 1

Source: JLI 2004 and WHO Global Health Workforce Statistics
But they face many challenges

- Poor Remuneration
- Shortages of Qualified Staff
- Limited Training
- Difficult Work Environments
- Lack of Support
Bringing about **meaningful change** in service providers’ behaviors—and, by extension, the nutrition services they provide—requires a **systematic and sustainable change process**.
How to build a foundation

Essential underpinnings of successful efforts to reduce malnutrition include:

- Multi-sectoral national nutrition policies and plans
- Processes and procedures for information collection and use, supervision, monitoring, and human resource management
- Training curricula and materials for a range of actors
- National indicators, guidelines, and protocols
Of those countries, 30 have some form of national nutrition plan or policy.

SPRING conducted a review of **33 countries** prioritized by USAID for ending preventable maternal and child deaths and by the U.S. Government’s Feed the Future initiative.

- 10 mentioned roles, responsibilities, and/or job descriptions of service providers.
- 15 policies mentioned the importance of supervision (sometimes defined as “supportive,” but not always).
- 26 included capacity building or training of service providers.
- 7 made reference to “quality improvement”.

Of those countries, 30 have some form of national nutrition plan or policy.
How to build a foundation

Situation analyses conducted by Alive & Thrive in Bangladesh, Ethiopia, and Vietnam showed that full implementation of policy mandates for the support and promotion of universal access to breastfeeding and complementary feeding was lagging.

Enacting the policies required extensive

- Advocacy
- Evidence
- Dialogue
- Partnership Formation
- Capacity Building

across varied programs and institutions

Once this was in place, scaling up the main components of service delivery required leadership, financing, logistics and supplies, and partnerships.

Source: Sanghvi et al. 2013
Policies, systems, protocols, guidelines, and curricula are of little use if they are not communicated properly to service providers and if service providers are not supported in carrying out the tasks expected of them.
Factors affecting performance

- Knowledge and skills
- Clear expectations
- Timely feedback
- Incentives and motivation
- Adequate environment
Providing support

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

Ensure the availability of adequate infrastructure, resource, and supplies.

Develop, share, and discuss detailed and meaningful job descriptions. [Research shows that health workers who have been given written job descriptions provide higher-quality care than those who have not.]

Develop “a process of guiding, monitoring, and coaching workers to promote compliance with standards of practice and assure the delivery of quality care service.” (Crigler et al. 2013)

Institute systems for providing feedback and incentives to service providers. [Research for five countries found that motivation was the most powerful ‘predictor’ of performance.]

Explore approaches, such as quality improvement and performance improvement, that engage and empower teams, focus on clients, analyze processes, and use data.
## SPRING Nutrition Workforce Mapping Toolkit

### Description

**Tools** | Description | Key informant/ respondent (s)
--- | --- | ---
**National- level interview guide** | Module 1: Assess national nutrition workforce size, composition, availability, and gaps | National HR focal person for health or secondary data
| Module 2: Assess required qualification(s) of providers tasked with nutrition actions | National nutrition focal person/secondary data
| Module 3: Assess which nutrition actions each provider type is tasked with (expected to perform) | National nutrition or health focal persons

**District-level interview guide** | Module 1: Assess workforce size (approved and filled positions) | District HR focal person for health secondary data
| Module 2: Assess number of providers have been trained and provided with a job description | District training/capacity-building focal person
| Module 3: Assess which nutrition actions each provider type is tasked with (expected to perform) | District health officer/nutrition focal person

**Facility- level interview guide** | Module 1: Assess workforce size (approved and filled positions) | Head of health facility/facility HR focal person for health or secondary data
| Module 2: Assess number of providers have been trained and provided with a job description | Head of health facility/facility training focal person or secondary data
| Module 3: Assess which nutrition actions each provider type is tasked with (expected to perform), usually performs, and is typically trained to perform | Head of health facility/health center/health post

**Individual provider interview guide** | Module 1: Assess which nutrition actions each provider is tasked with (expected to perform), usually performs, and is trained to perform | Individual provider (s)
| Module 2: Assess provision of job description |  |
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.
Increasing demand through 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.
Increasing demand by encouraging community structures

- Strengthen and empower existing government structures and community systems
- Promote the Citizen Voice and Action approach (World Vision)
- Use the Partnership Defined Quality approach (Save the Children)
- Use score cards that are developed, discussed, and improved together
- Establish community-based quality improvement committees

Sources: Hoffmann 2014, Shrestha 2012; Moyo 2013
Recommendations

To sustain and scale up quality nutrition services, countries will ...

1. Determine country needs and priorities at the foundation, support-level, and demand.
2. Integrate nutrition at the foundation, into existing policies and/or create multi-sectoral policies along with corresponding systems, curricula, and protocols.
3. Review existing approaches and tools for supporting frontline workers and integrate nutrition into the most robust, scalable, and sustainable.
4. Engage communities and build demand for nutrition outcomes, nutrition-sensitive and nutrition-specific behaviors.
5. Share and learn from successful and unsuccessful experiences.

www.spring-nutrition.org
References


Moyo, Tiwonge. 2012. CASE STUDY: A community-led approach to improve early childhood development (ECD) and nutrition in Blantyre District, Malawi using quality improvement methods. N.p.: Applying Science to Strengthen and Improve Systems (ASSIST) Project/USAID.


Shrestha, Ram. 2012. Health Systems Strengthening Case Study: Demonstration Project to Strengthen the Community Health Systems to Improve the Performance of Health Extension Workers to Provide Quality Care at the Community Level in Ethiopia. N.p.: Health Care Improvement Project.


WHO. Global Health Workforce Statistics.

Thank you!
For more info, please contact:

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