National Integrated Nutritional Strategy: a system thinking approach

Estrategia Integral de Atención a la Nutrición

Designing the Future of Nutrition SBCC.
How to achieve impact at a scale

- November 5-6, 2014 -
PROGRAM DESCRIPTION
Prospera / Oportunidades / Progresa

- **PROGRESA**: 1997, **Oportunidades**: 2001, **Prospera**: 2014.
- A conditional cash transfer program to improve public service utilization across the health and education sectors.
- Covers over 6.1 million families and 26 million people.
A multisectoral program

National Council (CONEVAL) oversees program evaluations (as of 2007)

**Health Sector (decentralized)**
- Health services
- Health workshops
- Compliance with co-responsibilities
- Procurement and distribution of fortified supplements

**Social Development (National Coordination of Prospera)**
- Financing
- Design
- Coordination
- Benefits payment
- Monitoring
- Evaluation

**Education Sector (decentralized)**
- Public education
- Compliance with co-responsibilities

Supervision, quality assessment, training independent within each sector

***Neufeld et al. J of Nutr. 2011***
“Better Health”
“Better education”
“Better Nutrition”
Health Impact

- Positive impact on child linear growth.
- Children from the poorest beneficiaries families grew 1.0 cm (P < 0.05) more than children in comparison families.
- Reduction in the prevalence of anemia in rural areas: 10 pp.

National prevalence of stunting and underweight in children <5 years, by type of communities in Prospera beneficiaries.

- $ National Health and Nutrition survey 2012
- *p<0.001 **p>0.005.
Prevalence of anemia in <5 years. Beneficiaries and not beneficiaries.
1 out of 5 children ≤6 mo is exclusively breastfeed in rural areas.

1 out of 7 children ≤6 months is exclusively breastfeed in urban areas.
1 out of 5 pregnant women still suffers anemia.

3 out of 4 adult women are overweight or obese.
Why problems Persist?

• Fortified complementary food
  ✓ Low consumption
  ✓ Only 1/3 of beneficiaries consumed it frequently (>4 t/w)
  ✓ Consumed by other family members

• Nutrition intervention focused on the supplement delivery.

• Lack of an integrated SBCC strategy
WHAT IS ESIAN? A national strategy to strengthen the health and nutritional component of Prospera to address the nutritional transition in Mexico and improve the health and nutrition of beneficiaries.
EslAN:

- Strategies of proven effectiveness and efficacy
- Focus on the 1,000 days
- To address both undernutrition and obesity with a life cycle approach
- Evidence based: external evaluation and efficacy studies in the context of the program.
- Systematic process
- System thinking.
Objectives

Decrease in pregnant & lactating, and children <5 years...
Anemia and other MN deficiencies
Overweight and obesity
Stunting in ≤5 years
Chronic Diseases in the future
COMPONENTS

Health Units
Equipment
Supplementation (MNP)
Behavior change communication and training
Supplementation

<table>
<thead>
<tr>
<th>Urban</th>
<th>Rural</th>
<th>6-11 m</th>
<th>12-23 m</th>
<th>24-59 m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy and lactation</td>
<td>+</td>
<td>Vita niño</td>
<td>Vita niño</td>
<td>Vita niño</td>
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<tr>
<td>+</td>
<td>Nutrisano</td>
<td>+</td>
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</table>
2 PROCESS TO DEVELOP EsIaN FORMATIVE RESEARCH AND OTHER STUDIES
Process of development

2008

Formative research

Design and development

In 4 states
2008-2012

Pilot test

Formative research and validation (2013)

Adjustment

National Implementation

2013-2014
Step 2: Design Formative research

Mothers, community female leaders and fathers

- Maternal and infant feeding practices.
- Perceptions, motivations, beliefs, and practices related to EBF, complementary feeding, hand washing, and ORS.
- Barriers and opportunities for the adoption of WHO guidelines.
- Traditions and social norms in the communities related to pregnancy and infant feeding.
- Communication channels.

Health workers

- Practices related to growth promotion, counseling of mothers about infant feeding practices.
- Barriers and opportunities for health promotion at primary care services.
- Map of HW organization, tasks and training.
- Communication channels.
System thinking from the beginning: ecological model

**Individual**
- Lack of topics priority.
- Lack of awareness of nutritional transition.
- Lack of knowledge and motivation.
- Lack on confidence of exclusive breastfeeding for 6 month & complemented to 24 month.

**Interpersonal**
- Lack of communication skills.
- Mothers related factors:
  - Work.
  - Poor compliance.
  - Satisfaction of children desire.
  - Lack of confidence of EBF.
  - Concerns about BF.
  - Sensitive topic.

**Organizational**
- Focus on treatment vs prevention.
- Lack of prepared and motivated health providers.
- Lack of time and incentives for promotion.
- Lack of supervision.
- Insufficient support to BF before & after delivery.
- Lack of materials & appropriate settings.
- High physician turnover.
- Inconsistent information between HCP.

**Community**
- Lack of water availability.
- Marketing practices of food industry specially formula, milk & sweetened beverage.
- Cultural beliefs.
- Local availability of healthy food.
- Widespread availability of sweetened beverage and junk food.
- Formula highly valued by HCP, parents & family.

**Policy**
- Lack of regulation of marketing practices of food and beverage industry.
- Outdated Mexican standard norms.
- Hospital policies do not follow baby friendly hospital initiative.
- Lack of national campaigns and program in favor of breastfeeding.
- Lack of norms to protect and support breastfeeding in working moms.
- Lack of supervision and reinforcement of international code of marketing of breastfeeding substitutes.
Step 2: key results

Mapping of actor

- **Doctors:** credible source of information in health and nutrition topics. High rotation. Time and communication barriers.
- **Nurses:** more permanent at communities, closer to beneficiaries, time constraints.
- **Health promoters and auxiliaries:** recognized by mothers, good communication skills, time constraints.
- **Community volunteers:** from the same communities, some social recognition, beneficiaries (co-responsibilities), knowledge and time constraints, big challenge for training.
TRANSLATION OF FR INSIGHTS INTO DESIGN
Key decisions to improve HW performance

- Shift to a preventive approach
- Strengthening health services
- Integrate nutrition interventions into PHC services.
- Update and standardize information provided by HW.
- Improve their practices and the quality of the interactions with mothers.
- Give responsibility to the different HWs and CHVs to ensure the effective delivery of nutrition actions at different levels.
BCC Key interventions at primary care

**Pregnancy**
- Promotion of healthy eating and physical activity.
- Appropriate weight gain.
- Anemia prevention (Supplement).
- Promotion of breastfeeding.

**0-6 m**
- Exclusive breastfeeding.
- Nutrition assessment.

**7-23 m**
- Complementary feeding practices.
- Nutrition assessment.
- Use of MNP and other supplements.

**24-59**
- Healthy eating and physical activity.
- Nutrition assessment.
- Use of MNP.
Task definition - EsIAN

**Physicians**
- Antenatal care
- Well child visit
- Growth monitoring
- Simplified counseling: key messages.

**Nurses**
- Supplement distribution
- Breastfeeding workshop
- Growth monitoring
- Key messages

**Health promoters**
- Healthy pregnancy workshop
- Complementary feeding workshop (use of supplement)

**CHVs**
- Household visits to reinforce key messages
- Use of supplement during pregnancy
- EBF
- Complementary feeding 6-24 m.
- Supplements.
Pilot test
SCALE-UP @
4 STATES
Counseling on breastfeeding by physicians and nurses before and after training

- **Exclusive Breastfeeding < 6 mo:**
  - 2010 (n=47): 23.4%
  - 2012 (n=175): 85.7%*

- **Breastfeeding On demand:**
  - 2010 (n=47): 30.4%
  - 2012 (n=175): 70.9%*

- **Breastfeeding Technique:**
  - 2010 (n=47): 12.8%
  - 2012 (n=175): 79.8%*
Anemia reduction in EslAN communities

<table>
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<tr>
<th>Age Range</th>
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<th>Rural</th>
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<tr>
<td>6 to 23 months</td>
<td>33.8</td>
<td>26.2</td>
</tr>
<tr>
<td>24 to 59 months</td>
<td>41.1</td>
<td>12.8**</td>
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** Baseline

2012

- 6 to 23 months
- 24 to 59 months
Pilot study

• High rotation of personnel.
• Low reach and fidelity of training.
• Lack of accountability.
• Lack of supervision.
• Lack of validation of communication material

Adjustment

• Face to face sensitization.
• Computer-based training system.
• Offline training system.
• Monitoring system and supportive supervision.
• Communication material validated and reformulated.
Scale-up 5 National Level
Systems approach

- SBCC material
- Equipment
- Sensitization
- Competency-based training
- Technical and counseling skills
- Access to computers
- Basic computer skills
- Accountability: data promote feedback about performance
- Alignment of priorities
- Good communication, cooperation and coordination
- Clear definition of roles and responsibilities

***Potter & Brough, 2004.***
Support Material - EslAN

**Physicians**
- Desktop flip chart.
- Supplements.

**Nurses**
- Breastfeeding flip chart.
- Supplements.

**Health promoters**
- Healthy pregnancy flip chart.
- Complementary feeding flip chart.
- Health promoter manual.

**CHWs**
- Household visits material.
- Healthy pregnancy.
- EBF.
- Complementary feeding 6-24 m.
- Supplements.
Training

LEVEL 1
>1,140 trainers (physicians, nurses, community workers)

LEVEL 2
>90,000 physicians, nurses, and health promoters

LEVEL 3
>100,000 Program community volunteers

Blended training
1-day, face-to-face training + 5-week online course

Blended training
1-day, face-to-face training + 3-week offline course

Online tutoring + Technical support

Monitoring system

Monitoring and supervision
SBCC Chiapas
• **EslAN** was adapted to indigenous groups of Chiapas with funds of the Salud Mesoamerica 2015, a public-private partnership among Gates Foundation, CARSO/Slim Foundation, Government of Spain and the IDB, together with the government of Chiapas.

• Formative research and material validation.

• SBCC strategy developed in 3 indigenous languages, including mass communication.
THE CAMPAIGN

EL CUIDADO DE HOY
PARA UN MEJOR FUTURO
Interpersonal material adapted to indigenous group
Para que su niño o niña crezca sano, fuerte y no se enferme dele Vitaniño todos los días.

El Cuidado de Hoy para un Mejor Futuro.
TV Spots
Key challenges and lessons learned

Focus on few behaviors and messages

Definition of key messages to be given during different contact opportunities with health providers

Lack of time for counseling

Defining key roles
Providing consistent messages at different levels
Simplified counseling

Community health volunteers training and coordination with HW

Rethink their role: reinforce key messages, avoid counseling
CONCLUSIONS
AND NEXT STEPS
Conclusions

- The enabling environment was instrumental to ensure commitment that permitted:
  - The process of moving from pilot to scaling up and most importantly,
  - to use evidence to improve design and implementation of the intervention.
- Political momentum: “Cruzada contra el Hambre”
Conclusions

• Political will provided financial support at national level for design (MOH and Prospera), training and implementation (MOH).
• Public-private partnership made possible to have a mass communication component in Chiapas.
• Political pressure for rapid scale up precluded appropriate impact evaluation with a control group.
Next steps

• Strengthen coordination within sectors at local level for implementation and national and local level for monitoring.
• Political will at state level to secure funds for high quality implementation and supportive supervision.
• Supportive supervision in place with incentive for health workers.
• Mass communication scaled up to a national level.
• Budget allocated for implementation, cost effectiveness and impact evaluation need also to be secured and considered.
Thanks