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.”

Systems thinking means looking at the forest and the trees.

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

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

Ensure that efforts promote beneficial synergies.

Recognize change as a process rather than snapshot.
SPRING’s Framework for Systems Thinking
• 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).
#1 Take the long view of scale up – it will take more than five years to create an enabling environment.

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

#3 Build structures for sustainable change.

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

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

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

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.
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

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**

<table>
<thead>
<tr>
<th>001</th>
<th>RESPONDENT’S OCCUPATIONAL TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RESPONDENT’S CODE</td>
</tr>
<tr>
<td></td>
<td>RESPONDENT’S GENDER CODE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>002</th>
<th>DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DEPARTMENT CODE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>003</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COUNTRY CODE</td>
</tr>
</tbody>
</table>

**INTERVIEW INFORMATION**

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

<table>
<thead>
<tr>
<th>004</th>
<th>INTERVIEW DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>005</th>
<th>INTERVIEWER NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INTERVIEWER CODE</td>
</tr>
</tbody>
</table>
Tools for Mapping and Assessing Nutrition Services

How Do Community Health Workers Contribute to Better Nutrition? Philippines

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 of 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

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>NAME OF FACILITY</td>
<td></td>
</tr>
<tr>
<td>002</td>
<td>UNIT CODE</td>
<td></td>
</tr>
<tr>
<td>003</td>
<td>DISTRICT</td>
<td></td>
</tr>
<tr>
<td>004</td>
<td>SUB-COUNTY</td>
<td></td>
</tr>
<tr>
<td>005</td>
<td>TYPE OF FACILITY</td>
<td></td>
</tr>
</tbody>
</table>

Interview Information

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>006</td>
<td>DATE</td>
<td>Day, Month, Year</td>
</tr>
<tr>
<td>007</td>
<td>INTERVIEWER NAME</td>
<td>Interviewer Code</td>
</tr>
</tbody>
</table>
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)
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
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.
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:
Dr. Sascha Lamstein at
sascha_lamstein@jsi.com

www.spring-nutrition.org