Approaches and Lessons from Rapidly Scaling-Up Nutrition Assessment, Counseling and Support (NACS) Services

- AED - Academy for Educational Development
- NASCOP - Ministry of Medical Services/Public Health and Sanitation
- USAID/K
In July 2011, FHI 360 acquired the programs, expertise and assets of AED.
Presentation covers

- Background
  - Rationale of moving from pilot to scale
  - Chronology – Development of NACS Services

- Approaches to Expansion of NACS Service

- Lessons learned

- Pending Matters – Future!
Background facts on the burden of HIV and malnutrition

- Kenya has population of 38.6 m people (2009 Census)
- Kenya has ~1.4 m PLHIV; (Kenya AIDS Indicator Survey, 2007; KDHS 2009);
- HIV majority (56%) did not know their status (KAIS, 2007).
- Among PLHIV on care and treatment 10-15% are affected by varying degree of wasting.
- Nutrition status of < 5-yr-olds: Wasting ~ 9%; underweight ~ 20%; stunting ~ 49% (KDHS 2009)
- Food insecurity affects ~ 50% of HH
Expanding NACS Service Delivery – Rationale?

- Contribute to the realization of National Targets as defined in KNASP II & Kenya Nutrition & HIV Strategy (2007-10); KNASP III (2009-13)
  - Coverage
  - Equity and Quality
  - Increase resources – Financial, human & capital

- Achieve full potential of NACS interventions:
  - Optimum strategy for prevention & control of malnutrition among PLHIV & OVC
  - Improve effectiveness of other care & treatment interventions

Scale-Up to New Primary Sites; Decentralize to other service points & Sat. Sites
Prevention and Control of Malnutrition in PLHIV

**STANDARD MANAGEMENT**
- Psychosocial Support & Education
- Nutrition Education & Counseling
- Exercise
- OI Treatments
- ART Treatment

**PATHOPHYSIOLOGY**
- **MODIFIED METABOLISM**
  - Increased energy expenditure
  - Peripheral lipolysis
  - Increased protein degradation
  - Impaired organ function
  - Micronutrients

- **INADEQUATE FOOD INTAKE**
  - **FOOD INSECURITY**
    - Anorexia
    - Physical impairment
    - Pain
    - Neurological Factors
    - Psychological factors

- **GASTROINTESTINAL DISORDERS**
  - Impaired digestion
  - Nutrient losses
  - Malabsorption
  - Gut ecology changes

- **REDUCED PHYSICAL ACTIVITY**
  - Constitutional symptoms
  - Disuse atrophy

- **SUPPRESSED HORMONAL PRODUCTION/SENSITIVITY**
  - Androgenic
  - Hypothalamic-Pituitary-Adrenal axis
  - Other Hormones

**NUTRITION REHABILITATION**
- Nutrient dense supplemental & Therapeutic foods
- Enteral feeding
- Antioxidant micronutrients (Vitamins and minerals)
- Other Cytokine Blockers
- Gut Flora Restoration

**NUTRITIONAL THERAPY & COUNSELING**
## Chronology of NACS Evolution & Service Delivery

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>2003 - 2010</td>
<td>Nutrition Program North Rift/Western Kenya (AMPATH/WFP) ~ 26 primary sites</td>
</tr>
<tr>
<td>2006 - 2008</td>
<td>NACS (FBP) Pilot Phase - 58 primary sites (Insta/ NASCOP/USAID)</td>
</tr>
<tr>
<td>2006 - 2008</td>
<td>Operations Research in 6 sites AED-FANTA/ KEMRI/ MoH/USAID</td>
</tr>
<tr>
<td>2007 - 2010</td>
<td>Key staff hired; Nutritionists &amp; TA (Global Fund, Capacity/USAID, UNICEF)</td>
</tr>
<tr>
<td>2008 - 2013</td>
<td>NACS(FBP) Scale-up to 250 primary sites (NASCOP/AED/Insta/ USAID; Suba District (Global Fund)</td>
</tr>
</tbody>
</table>
Health Facilities Organizational Hierarchy: NACS Service Delivery

Key:  
- **Orange**: Primary sites  
- **Green**: Satellite sites except Nairobi

**MOH/ Other Public Hierarchy**
- National Referral Hospitals
  - Provincial Hospitals
  - District Hospitals
    - Sub-District Hospitals
      - Health Centers
        - Dispensaries
          - Community

**Faith-Based/Non Governmental Organization Hierarchy**
- Higher-Level Hospitals
  - Lower-Level Hospitals
    - Health Centers
      - Dispensaries

**Private Sector Hierarchy**
- Higher-Level Hospitals
  - Lower-Level Hospitals
    - Nursing Homes
    - Maternity Homes
  - Clinic
    - Medical Centre

**Partner coordination and collaboration**

- **USG I Partners**
  - USAID
  - CDC
  - WFP
  - Global Fund
  - UNICEF
  - MSF
  - WHO
  - Others
SCALE UP OF NACS SERVICE DELIVERY PRIMARY SITES

Key:
- USAID/NHP
  - FY 2006/2007
  - FY 2009/2010
  - FY 2010/2011
- OTHER PARTNERS
  - AMPATH/WFP
  - WFP
  - MSF
  - GLOBAL FUND
Approaches in Expansion of Service Delivery– Issues?

- Agenda Setting – Managing the Policy Process
- Leadership at national and Sub-national levels & Managerial capacity
- Resource Needs (Inputs) – HRH, Equipment, Infrastructure, Financing & Social capital
- Design of Service Package – single intervention vs multiple interventions
- Delivery channels – Vertical vs integrated
- Identify novel approaches – private sector delivery channels vs public sector
- Identify synergies & Partners

Political Commitment; Leadership Planning & Implementation; Resources
Mobilizing Political Support & Resources to Scale Up

**Strategies**

- Direct engagement of Govt. & Partner Policy Makers
- Sensitize Partners on importance of nutrition services in care and treatment
- Sensitize citizenly on the importance of Nutrition with special reference to HIV

**Actions**

- National Nutrition Day - Advocacy
- Inform Policy/Program decisions – Evidence?
- Disseminate information in various forums
The USAID NHP Experience

Implementing Partners:

- Academy for Educational Development
- Insta Products (EPZ) Ltd
- Ministry of Medical Services/Public Health and Sanitation – NASCOP/DoN
- USAID/K
# Responsibilities in the Partnership

<table>
<thead>
<tr>
<th>Partner</th>
<th>Roles</th>
<th>Scope/Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Government</strong> GoK USG - USAID</td>
<td>Develop policies, legislation &amp; formulate standards; Provide resources</td>
<td>Regional/National</td>
</tr>
<tr>
<td><strong>Private Food Company</strong> Insta as the incubator</td>
<td>Produce Public health goods &amp; deliver to SCM Companies</td>
<td>National/international</td>
</tr>
<tr>
<td><strong>Private SCM Company</strong></td>
<td>Deliver commodities &amp; assist development of a SCM system for nutritional commodities</td>
<td>National/regional</td>
</tr>
<tr>
<td><strong>NGO – AED Prime partner</strong></td>
<td>Design &amp; deliver interventions/programs; Catalyst/ broker; Advocacy</td>
<td>Targeting Vulnerable groups</td>
</tr>
</tbody>
</table>
Moving From Pilot to Scale…..

Pilot Phase - 2006

- INSTA
- MoH, FBO

Transition/Adaptation Phase - 2008

- INSTA
- NHP
- MoH, FBO

Scale-up Phase - 2009

Scale-up Phase - 2010/12

Maturation Phase – Post 2013

- OTHER
- KEMSA
- MoH, FBO, Private Sector
- INSTA
- SCM partners

- INSTA
- NHP
- MoH, FBO

- INSTA
- NHP
- SCM
1st NND - Minister for Medical services, DCM, WR & Officials of GoK & USG Launch USAID NHP
The First National Nutrition Day Walk - 2008

1st NND Walk – “The march to USAID|NHP Launch”
### Scaling up to New Primary Sites

#### 1. Site Selection Process
- Criteria for selection
- Provincial & Partner consultations
- TWG Review & Consensus

#### 2. Selection of Health Workers
- NASCOP - Criteria for selection of trainees
- Provincial & Sites nominate trainees

#### 3. Training & Post Training actions
- 5 – day residential course
- Site assessment
- Delivery of Ref. materials, tools and commodities

#### Challenges & Lessons Learned
- Redeployment of trainees to other service points;
- Integration of NACS into other service points eg MCH is slow
- Regional variations in decentralization to satellite sites
Lessons from NACS Service Delivery I-Operations

- High Site Instability in delivery of NACS services -
  - HR - creating a critical mass of HCW & demystify NACS
  - Variations in commodities in the package
- Variations in knowledge of HCW trained on site -
  - Standardize continuing medical /nutrition education mechanism and materials primary and satellite sites
- Gaps in client IEC materials – adult PLHIV
- Equipment – Not calibrated and or faulty
- Lack/inadequate storage space is common
- NACS knowledge & skills weak in pre-service training curricula of other front-line staff
Lessons from NACS Service Delivery II-Operations

Packaging of Commodities

- Pre-packaging of FBF or RUTF sachets is highly appreciated by health workers

Strategies and Channels

- Service points largely limited to CCC; MCH/ PMTCT, Wards, Community – CBOs rare
- Nutrition counseling is not universally done
- Food preparation demonstrations is rarely done.
- Mentorship and site supervision is limited
Lessons from Commodity Management

- A pull system in which sites project needs and use of tracking tools is more suitable.
- A cushion inventory to keep delivery lead time short (<14 d).
- An order forecast (push) in production of commodities along with a pull system of ordering by sites was required to reduce risk of stock outs.
- Quality Assurance – pest infestation, rancidity due to hot weather.
- Raw materials availability & Global economic factors contributed to stock outs.
- Challenges in managing PPP.
Lessons from NACS Service Delivery III-Coordination

- Coordination to facilitate piggybacking on other implementers in delivery of services at community level.
- Harmonization of indicators and data capture tools by partners.
- Observation of the three-ones principle in NACS is required.
- Alignment of NACS service use reporting with ART & Care.
Pending Matters

- Scaling up linkages with other programs – priority -
  - Food security and livelihood support initiatives
  - Food fortification programs
- Social marketing of FBF for better access and sustainability.
- Support for standards to facilitate entry of other investors into the field.
- Policy review: Initiate processes to review taxes & tariffs on Minerals & Vitamins pre-mixes and therapeutic foods within context of public health goods.
- R&D of new formulations and effectiveness trials.
“….If it were not for the services, I would have died”
(FBP client, Nyanza Province)

- Thank You