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.

FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology – creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.

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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

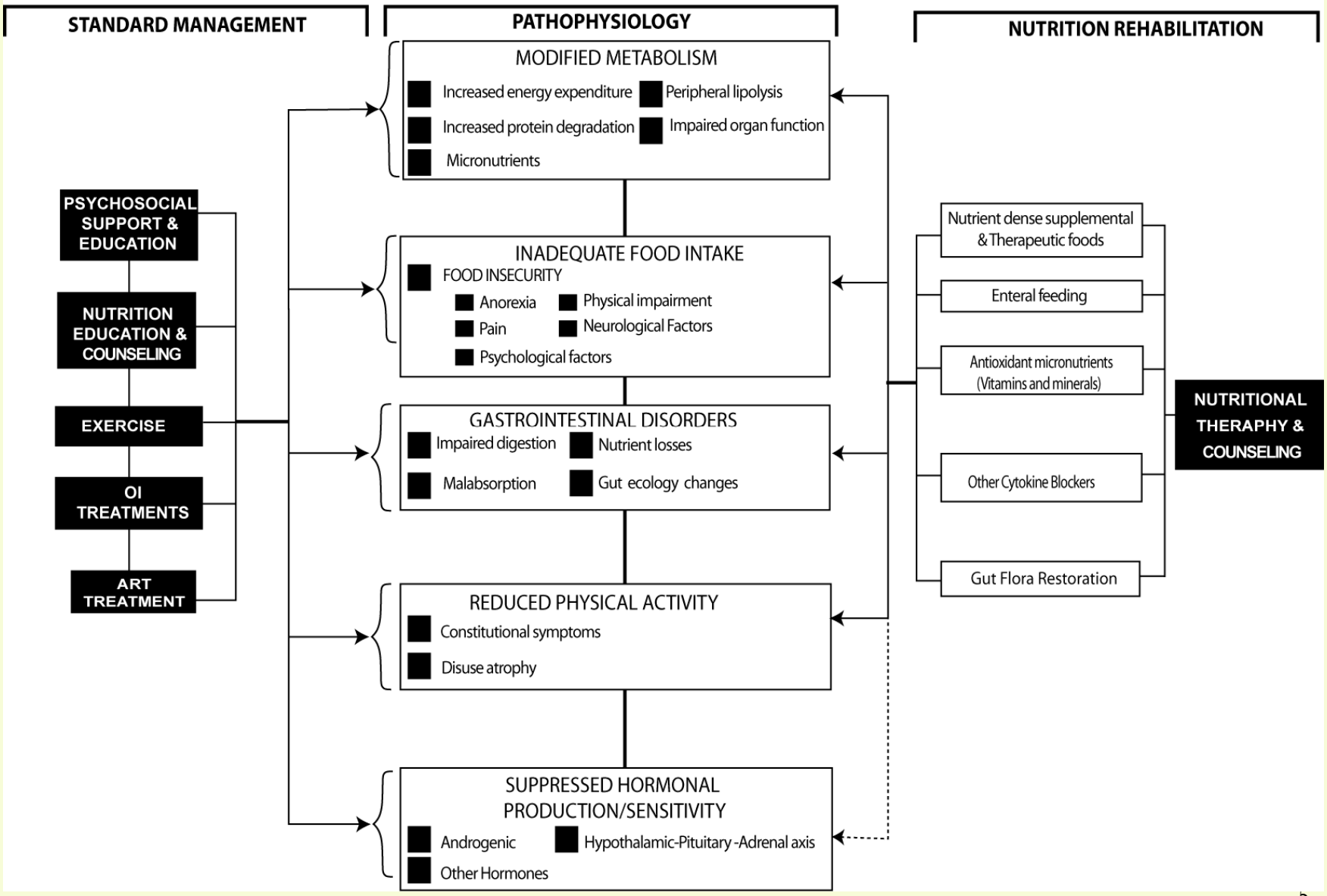
- Kenya has population of 38.6 m people (2009 Census)
- Kenya has ~1.4 m PLHIV; (Kenya AIDS Indicator Survey, 2007; KDHS 2009);
- HIV majority (56%) did not know their status (KAIS, 2007).
- Among PLHIV on care and treatment 10-15% are affected by varying degree of wasting.
- Nutrition status of < 5-yr-olds: 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

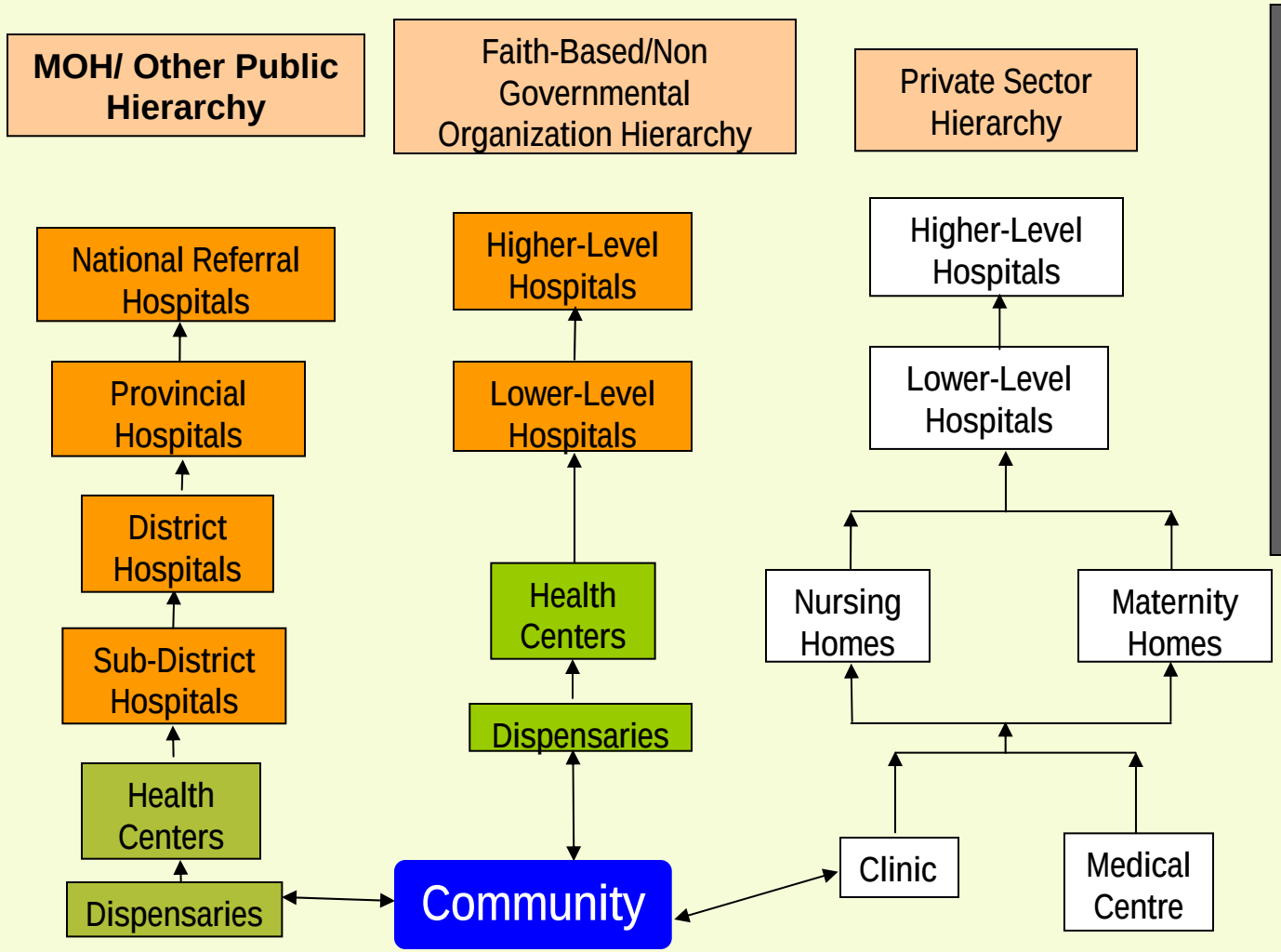
Prevention and Control of Malnutrition in PLHIV



Chronology of NACS Evolution & Service Delivery

2003 -2006	Establishment of Nutrition and HIV TWG at NASCOP Development of Nut.& HIV Guidelines, Infant Feeding Guidelines, Training Materials; TOT; (NASCOP/AED-FANTA/USAID /UNICEF)
2003 -2010	Nutrition Program North Rift/Western Kenya (AMPATH/ WFP) ~ 26 primary sites
2006 -2008	NACS (FBP) Pilot Phase - 58 primary sites (Insta/ NASCOP/USAID)
2006 -2008	Operations Research in 6 sites AED-FANTA/ KEMRI/ MoH/USAID
2007-2010	Key staff hired; Nutritionists & TA (Global Fund, Capacity/USAID, UNICEF)
2008-2013	NACS(FBP) Scale-up to 250 primary sites (NASCOP/ AED/Insta/ USAID; Suba District (Global Fund)

Health Facilities Organizational Hierarchy: NACS Service Delivery

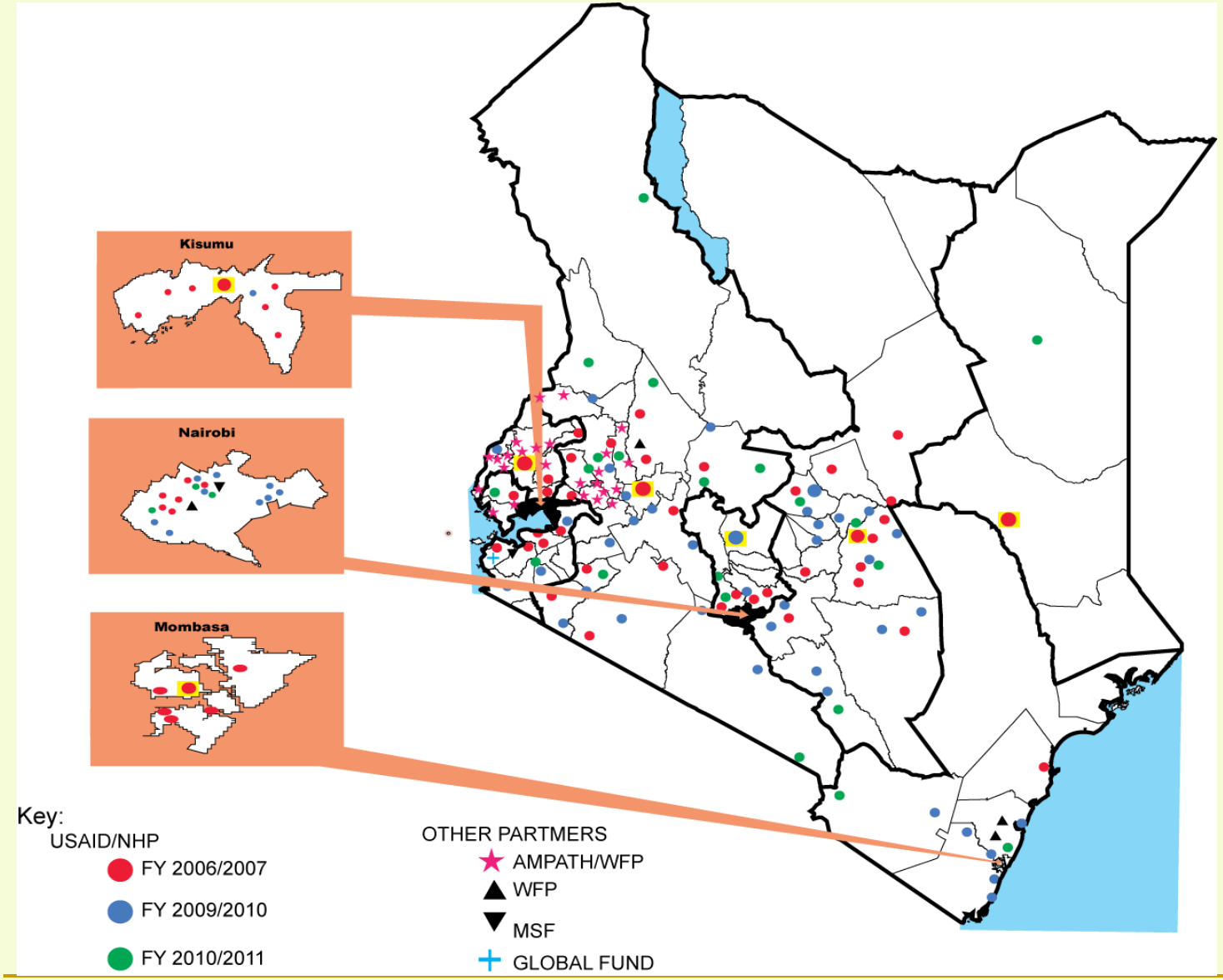


- ❑USG I Partners
  - ▪USAID
  - ▪CDC
- ❑WFP
- ❑Global Fund
- ❑UNICEF
- ❑MSF
- ❑WHO
- ❑Others

Key: **Primary sites** **Satellite sites except Nairobi**

Partner coordination and collaboration

SCALE UP OF NACS SERVICE DELIVERY PRIMARY SITES



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

A Public Private Partnership

Implementing Partners:

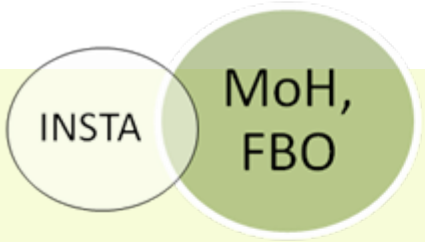
- **Academy for Educational Development**
- **Insta Products (EPZ) Ltd**
- **Ministry of Medical Services/Public Health and Sanitation – NASCOP/DoN**
- **USAID/K**

Responsibilities in the Partnership

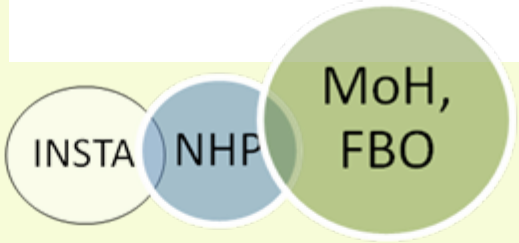
Partner	Roles	Scope/Strategy
Government ***GoK*** ***USG - USAID***	Develop policies, legislation & formulate standards; Provide resources	**Regional/National**
Private Food Company ***Insta as the incubator*** Private SCM Company	Produce Public health goods & deliver to SCM Companies Deliver commodities & assist development of a SCM system for nutritional commodities	**National/international** **National/regional**
NGO –***AED*** ***Prime partner***	Design & deliver interventions/programs; Catalyst/ broker; Advocacy	**Targeting Vulnerable groups**

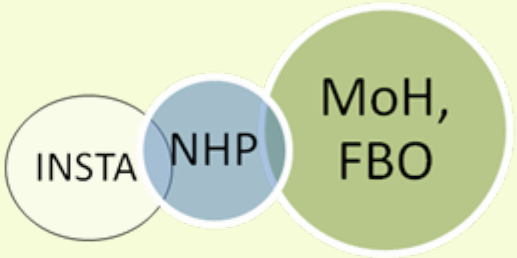
Moving From Pilot to Scale…..

Pilot Phase -2006

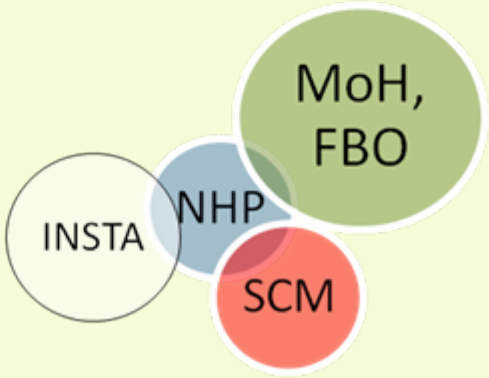


Transition/Adaptation Phase - 2008

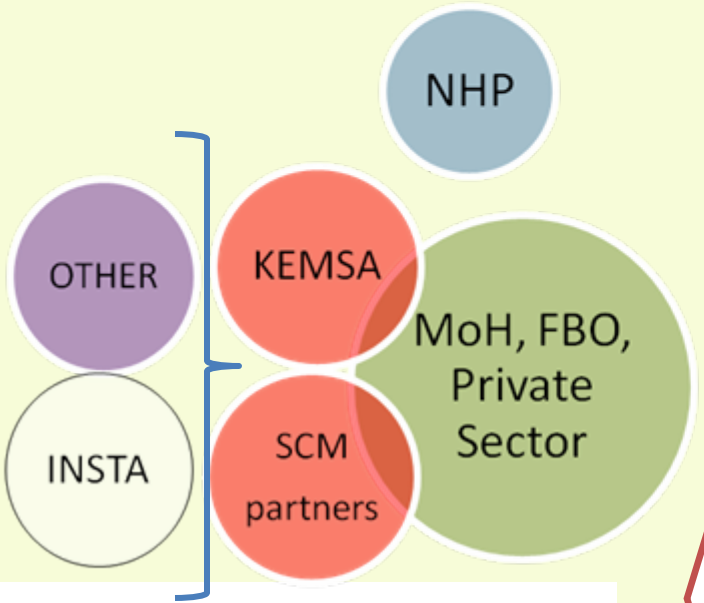




Scale-up Phase -2009



Scale-up Phase -2010/12



Maturation Phase – Post 2013

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