Course 6: NUTRITION SERVICES IN THE COMMUNITY

⏰ : 2 hr
📖: Module 3: CMAM
🗂️: Power point handouts
✍️ Case studies: commodity management
✏️: Manual For community and home-based care Providers and Community based Management of Acute Malnutrition
Nutrition services in the community

Objectives

• Enhance community outreach – community assessment, community mobilization, active case-finding, counseling and referral, and case follow-up.
• Establishing linkages between community and health facilities
• Building capacity of CHWS to provide FBP services for OVC
• Exploring community based livelihood support interventions
Terms

- **Community Outreach**
  - Community outreach includes community assessment, community mobilisation, active case-finding and referral, and case follow-up.

- **Community Referral**
  - Community referral is the process of identifying children with acute malnutrition in the community and sending them to the health facility.

- **Community Volunteer**
  - A community volunteer is a person who conducts outreach for community mobilisation, screening, referral and follow-up in the community. He or she can receive an incentive but no remuneration.
Community Outreach

Community-based Management of Acute Malnutrition

- Services and programs addressing MAM
- Outpatient care for SAM without complications
- Inpatient care for SAM with complications

Services and/or programs to prevent undernutrition
Characteristics of community outreach

• Active case finding

• Case follow-up in the home

  • Active case-finding is done for early detection and referral

  • For management of malnutrition to function effectively and for coverage to reach acceptable levels, severely malnourished children should be identified early, usually through active case-finding.
Case finding methods

• House to house
• Community case finding
• Passive case finding
House to house case finding

• Roaming outreach workers (e.g., CHWs, volunteers) periodically perform the bilateral pitting oedema and MUAC checks in the home.
• This is necessary at start-up to ensure that pockets of the community are not overlooked and that all families are aware of community management of malnutrition.
Community case finding

- Bilateral pitting oedema and MUAC checks are performed in the community or neighbourhood, bringing children from different households together.
- Done either by CHWs performing regular scheduled outreach (e.g., maternal and child health [MCH] visits) or by specially recruited volunteers.
- Unscheduled community case-finding can also be performed at formal and informal community activities and gatherings.
- Approach is used in many nutrition emergencies.
Passive case finding

- Initiative rests with families, who must seek referral to from trained individuals in the community. This can only be done once knowledge of community nutrition services is well established.
- Teachers, home-based care (HBC) group members, local
- Health workers, or others who are in contact with children can be consulted.
Community-Facility Interface referral

Community

- Safety net
- New referrals
- Client monitoring in the community
- Discharge
- Relapses

Facility-based FBP services

- Client/Patient Evaluation
- Therapy/Treatment
- Revisits
- Post-discharge screening
- New referrals

1. Client/Patient Evaluation
2. Therapy/Treatment
3. Discharge
4. Client monitoring in the community
5. Post-discharge screening
6. Revisits
7. New referrals
8. Safety net
Case follow-ups in the homes

- CHW should check on a client who is not thriving or responding well to the treatment.
- Learn why a client was absent from or missed an outpatient care follow-on session.
- Learn why a client defaulted (defined as missing three outpatient care follow-on sessions in a row).
- CHWs should give more information (CNPs) and counselling to reinforce information gained at the health facility.
Action points for CHWs

• Help clients including PLHIV to set nutritional goals
• To sensitize clients eat a healthy and a balanced diet from locally available foods
• To help clients understand how HIV/AIDS affect nutrition
• Assist clients understand malnutrition and the causes of poor nutrition in PLHIV
• Refer clients to health facilities and organizations within the community that can assist with food and nutrition security
• Assist clients with ways to manage HIV related symptoms with locally available foods and natural spices/condiments
• Help clients understand the importance of nutrition and ART adherence and identification of related side effects
Action points for CHWs

• Educate clients on specific interactions between food-medication*
• Ensure clients follow the dietary recommendations of medications by including them as part of their treatment plan*
• To help clients understand the importance of regular nutritional assessment especially weight
• Help clients with food safety to ensure the food they eat does not make them sick
• Explain role of physical activity in maintaining good nutrition
• Explain the importance of drinking plenty of safe clean water at the recommended intervals
Observation checklist for follow-up counselling and referral in the community (handout)
Messages and use of materials in the community

- Messages should be simple and standardized
- Messages could also be translated into local languages
- The purpose of the key messages is not to change underlying behaviours or practices but to clarify how management of malnutrition in the community is offered and to whom.
- Standard messages should describe the target client using the local disease terms collected during assessment
Community mobilization

• Agreements should be made with the community concerning
• Joint responsibilities be clear
• Issues and challenges that arise (e.g., defaulting) require the community’s advice on correctives and assistance with implementing solutions.
• Conducting orientation meetings before startup or when there are new service providers or CHWs is important
• Service providers should seek the advice and involvement of standard health sector partners
• Ways of disseminating messages rapidly and without cost, such as at regular gatherings should be sought
Livelihood support

- Explore possible interventions that can address income and or own food production (wages, salaried employment, business, sale of farm produce, donations/gifts etc.)
- Discuss about the optimal use of the resources available to the households.
- Link clients and vulnerable households to peer support groups, micro-credit schemes
- Explore coping strategies and discuss with the client how to escape from unfortunate measures
- Design food strategies that are appropriate to the community.
- Link households to FBO, CBOs and NGOs working in the area for livelihood support.
- Discuss food utilization: As an individual and as a household including inter household food distribution.
Course 7: Monitoring & Evaluation

- ⌚ : 2 hrs 30 min
- 📚: FBP Job aid
- 📚: Power point handouts
- 💾: Case studies: M&E
- 📑: Prescription and discharge forms, tally sheets and MoH 407
Overview

• Understanding the importance of monitoring and evaluation in nutrition and HIV
• Understanding the monitoring indicators for nutrition care services
• Identifying indicators for monitoring and evaluation of nutrition care services
• Use of facility data in the management of nutrition and HIV services
• Understand the need for reporting
Definitions

Monitoring:

– *Routine tracking* of program activities using indicators to determine whether a program has achieved its objectives in the short-term and goals in a longer term.

Evaluation:

– Is the *periodic assessment* of the change in targeted results that can be attributed to an intervention.
Definitions...

Inputs:

– Resources (human, financial, material) that a program requires to conduct its activities.

Outputs:

– Results of conversion of resources/inputs through processes.
Definitions...

Outcomes:
- Ultimate results realized after an intervention.

Data:
- Observations, records or information that is collected on forms, registers e.t.c for reference or analysis.
Importance of M&E

• Source of management decisions for planning and implementing
• Indicators provide a means of accountability for performance monitoring
• Show results - important for advocacy and policy guidance
• Plan for efficient use of resources.
**Indicators**

Definition:

- Statements relating to input variables that are used to assess a program’s progress.

**Anatomy of indicators**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>NEW clients served in the facility</td>
<td>during the month</td>
</tr>
<tr>
<td>Percent</td>
<td>New clients by gender</td>
<td>during the month</td>
</tr>
</tbody>
</table>
Examples of FBP Indicators

Examples of FBP Indicators

– Number of OVCs (6-23 months old) provided with supplementary food

– Number of malnourished P/PP HIV+ women provided with supplementary or therapeutic food
(SMART) Indicators

Simple:
Indicators must be easy to understand and collect.

Measurable:
Must measure only what is intended.

Attainable:
The period that the program proposes to measure the indicator must be a reflection of the feasible time it would take to accomplish the related activities/goals.
(SMART) Indicators

• **Reproducible**: Indicators are not ambiguous. Using the same source of information and time frame, a person must be able to come up with the same indicators.

• **Time bound**: Indicators relate to a specific period of time. This is important because indicators are used to show changes of a condition over time.
Data recording & management

• Case studies:
  – You will be divided into groups to work on case studies
Facilities

Community

Delivery sites

Satellite sites

CSOs

OVCs

PLWH

PNO/PASCO

NACC

USAID/K

NASCOP/DoN

NHP

Courier services

Feedback

Referrals

Nutritionist/Nurse/Clinician

Key:

- Processes
- Entities
- Feedback
- Data flow
- Focal points

Reporting
NASCOP report format

• # of HIV positive clients with BMI<18.5
• # of pregnant with MUAC <22 cms
• # of lactating women with MUAC<22 cms
• # of children >5 - <18 with BMI for age<2SD
NASCOP report format

• # of under fives with WFH<-2SD (moderate malnutrition)
• # of HIV positive clients/patients children and adults receiving supplementation
• Mothers receiving counseling post natal and pre-natal
• Infant feeding practices at 3 and 6 months:
  – # exclusively breast feeding; # Replacement feeding; # Mixed feeding
Speeding report flow

Personal Digital Assistants (PDAs)
- Pocket-size/handheld mobile computers (devices) that can be used for data collection, and transmission

– Rationale for use
  • Speed up data collection and sharing
  • Reduce data entry mistakes
  • On-spot data manipulation for decision making
  • Reference information
A sample PDA

- PDAs
Data for decision making

• Data for implementation planning
  – Monthly data can be used to compare trends over time. These trends help in daily program planning.

• Forecasting
  – Using data collected over time will help a program implementer to make projections for the future.

• Informing future programs
  – When evaluations are done, it is possible to use the lessons learned to inform future programs.
Data quality improvement

• Profiling
  – Of common mistakes.

• Improvement
  – Improve collection and quality.

• Integration of lessons learned

• Enrichment and monitoring
  – Enrich to collect any additional data as required and monitor the system.
Data quality

1. Profiling
2. Quality
3. Integration
4. Enrichment
5. Monitoring
Critical practices for M&E

Accuracy
- It is important to accurately record the patients’/clients’ vitals such as weight, height, MUAC, Hb, CD4 etc.

Reliability
- Recorded data needs to be reliable. For example, the height of an adult should remain the same most of their adult life.

Timeliness
- Data collected needs to be collated in good time so as not to delay the decision making process.
Critical practices for M&E

Completeness

– It is important that the data collected is complete so that the information generated is whole.

Precision

– Ensure that correct readings from measuring instruments are collected.

Confidentiality

– For all patient records, it is important to maintain confidentiality.
Action points for HCW

**ACCURACY**

- Take correct readings from scales, height meters, length boards, mats MUAC tapes and accurately record them.

**COMPLETENESS**

- Ensure that all required fields are recorded.

**CONFIDENTIALITY**

- Ensure that client records are kept safe.

**TIMELINESS**

- Ensure all FBP forms are submitted to Nairobi on or before 5th day of the new month.
Prescription forms
Discharge form
Tally sheets
FBP ADMINISTRATION AND INTEGRATION RELATED ISSUES

• Decentralization of FBP services (*in line with ART*)
  – Service delivery points
  – Satellite sites

• Roles and responsibilities of different cadres
  – Task shifting

• Collaboration between GoK& non-GoK providers:
  – establishing partnerships between:
    • Missionary and private health facilities
    • Civil society organizations