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

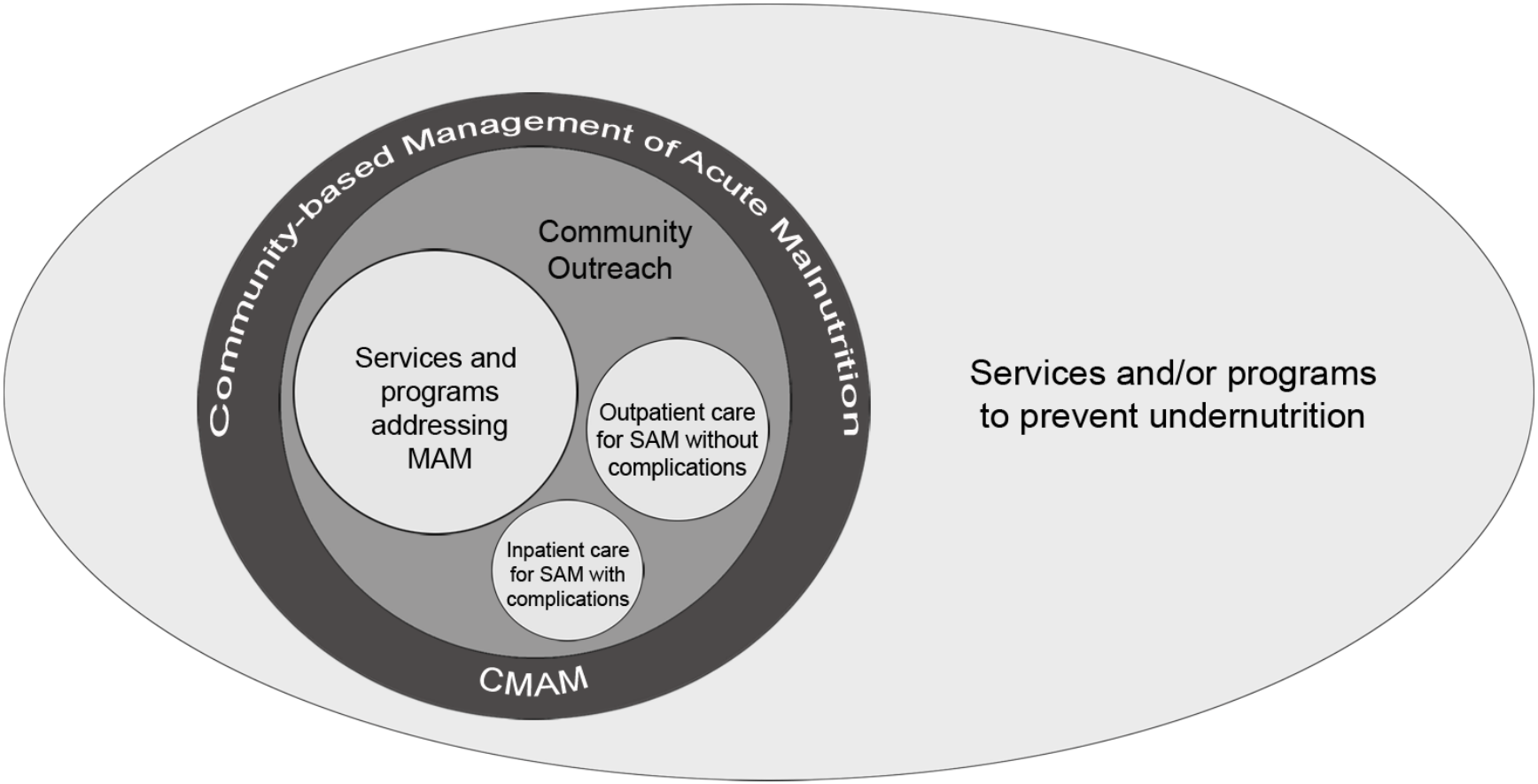
Objectives

- 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



Characteristics of community outreach

- Active case finding
- Case follow-up in the home

- **Active case-finding is done for 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.

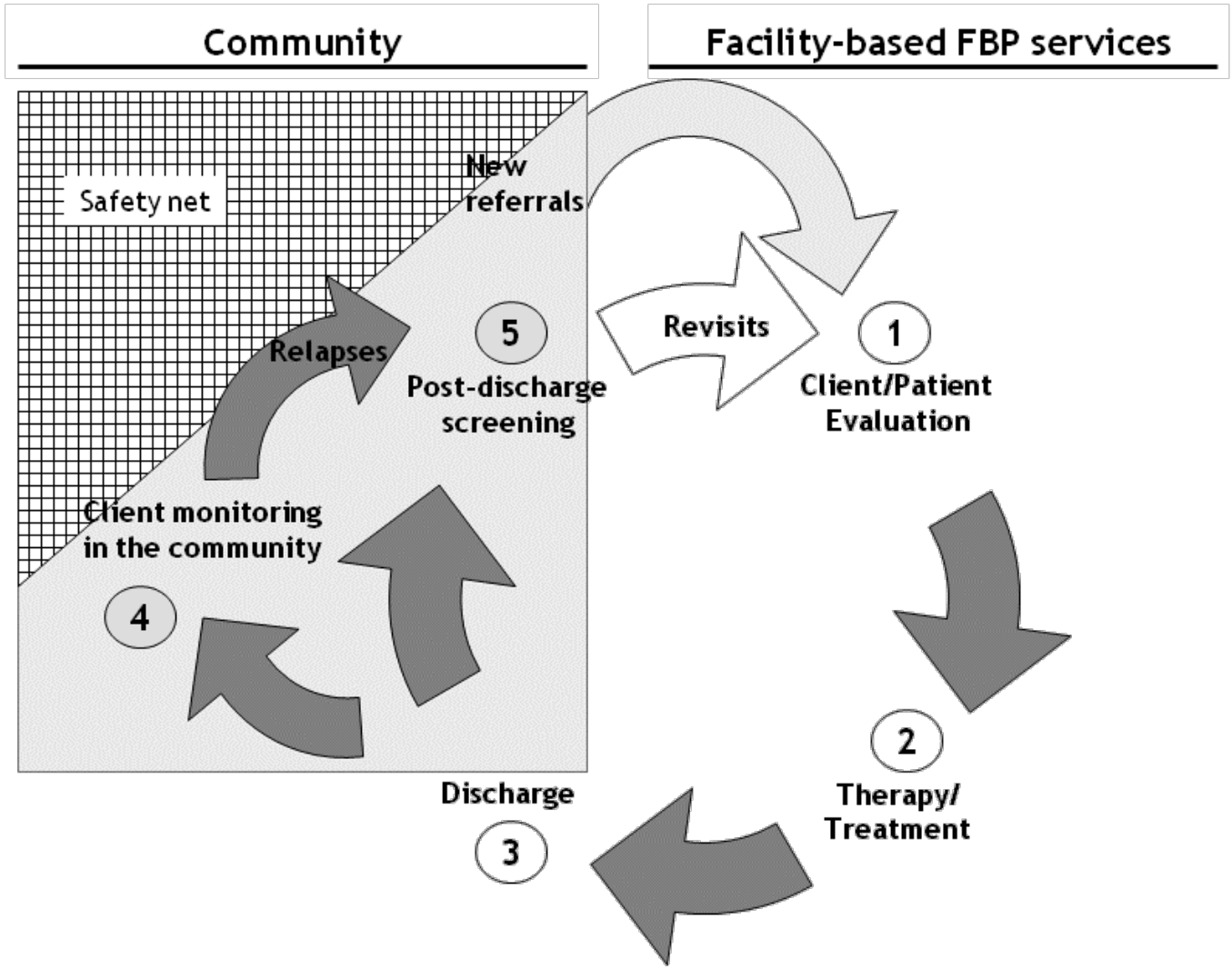
Community case finding

- 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 seervices
- 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



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

Number	Description	Time frame
Number	NEW clients served in the facility	during the month
Percent	New clients by gender	during the month

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.

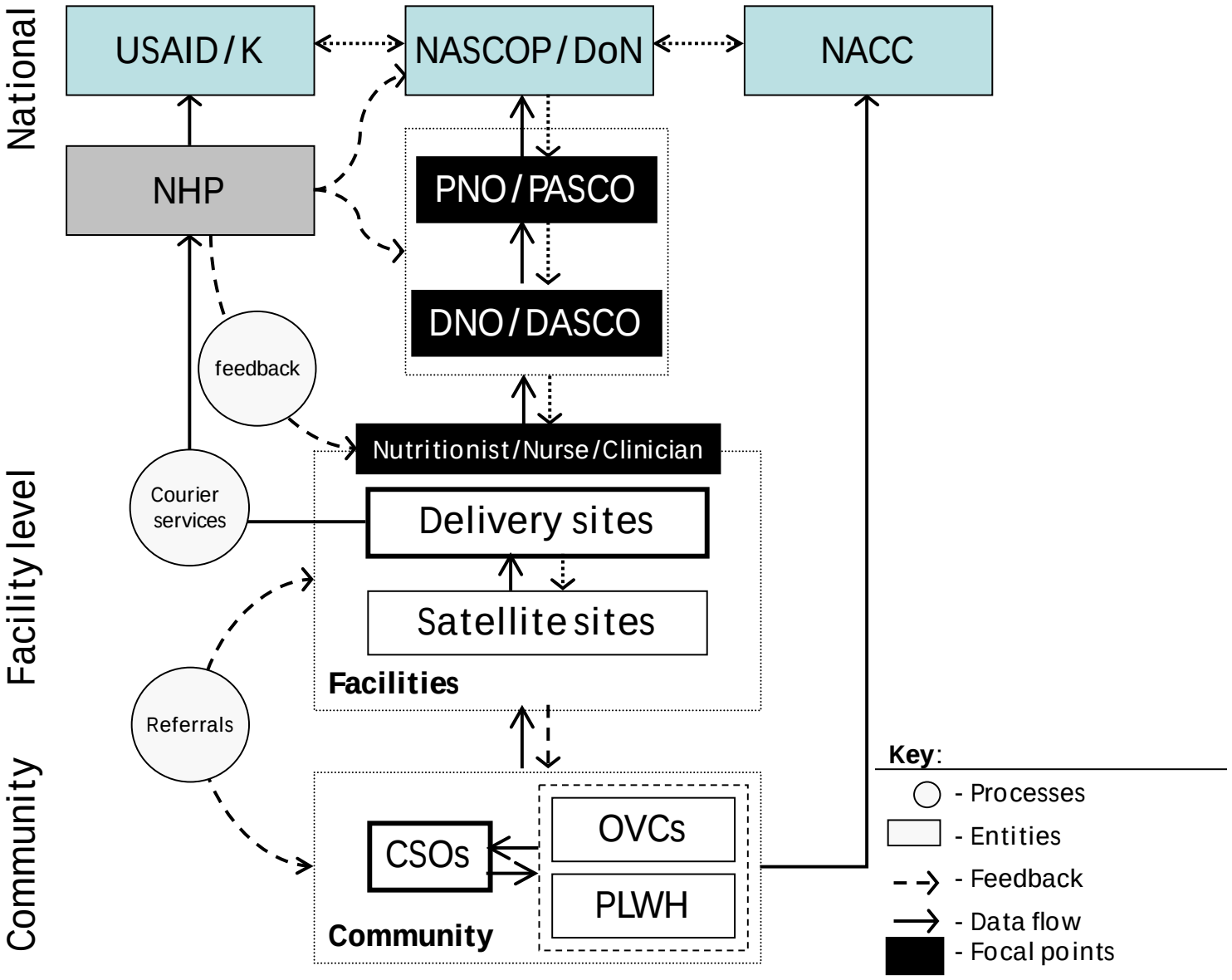
(SMART) Indicators

- **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 indictors.
- **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

Reporting


National
USAID / K
NASCOP / DoN
NACC
NHP
PNO / PASCO
DNO / DASCO
feedback
Nutritionist / Nurse / Clinician
Facility level
Courier services
Delivery sites
Satellite sites
Facilities
Referrals
Community
CSOs
OVCs
PLWH
Community
Key:
- Processes
- Entities
- Feedback
- Data flow
- Focal points

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)**

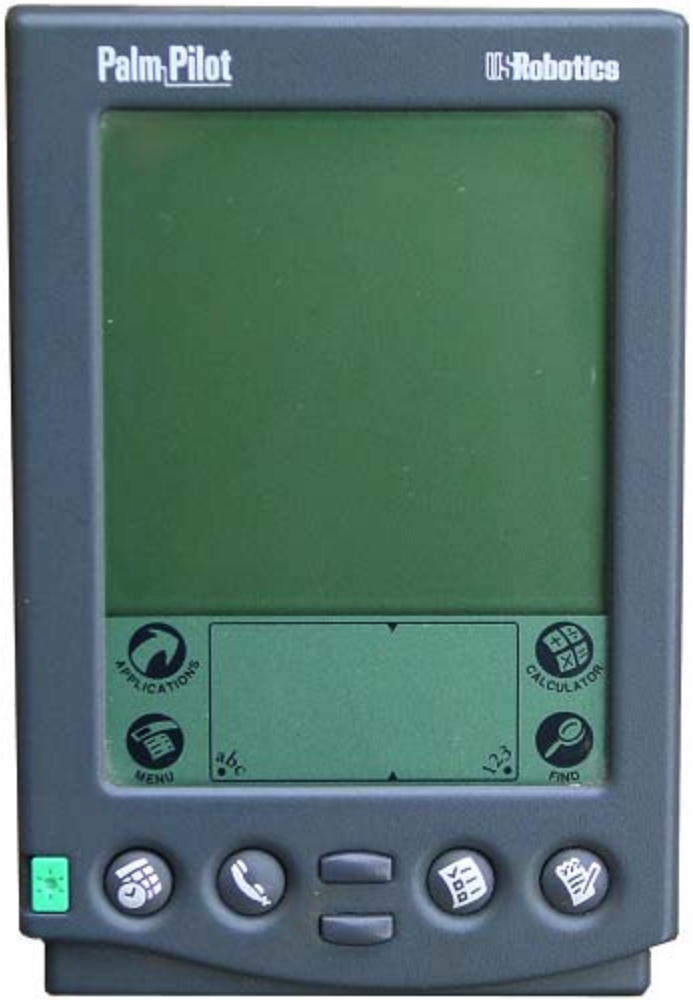
- Pocket-size/handheld mobile computers (devices) that can be used for data collection, and transmission

– 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**



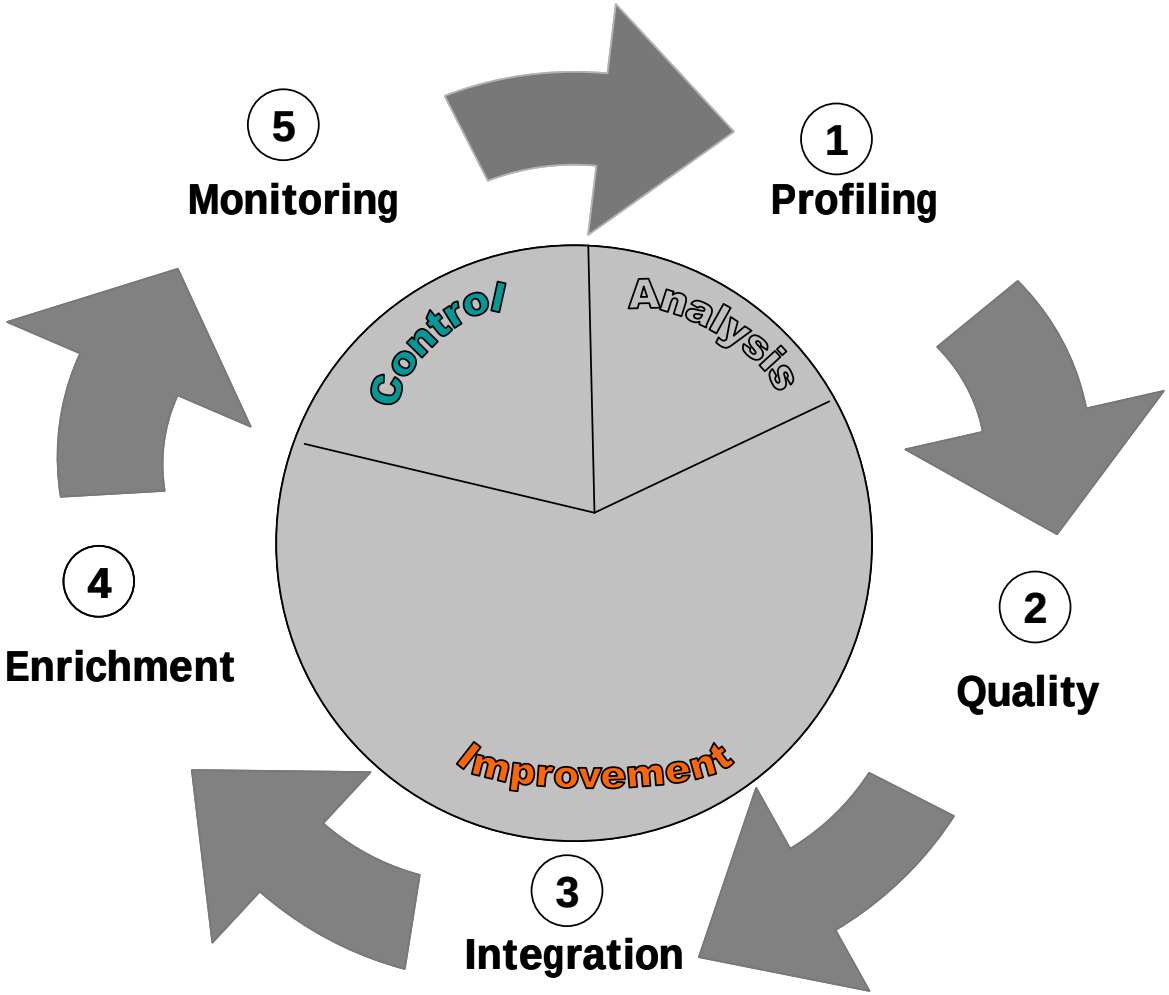
Data for decision making

- **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



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