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
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**

**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

**PSYCHOSOCIAL SUPPORT & EDUCATION**

**NUTRITION EDUCATION & COUNSELING**

**EXERCISE**

**OI TREATMENTS**

**ART TREATMENT**

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

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

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

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

Community
- Clinic
- Medical Centre

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

Partner coordination and collaboration

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

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

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

Pilot Phase - 2006
- INSTA
- MoH, FBO

Transition/Adaptation Phase - 2008
- INSTA
- NHP
- MoH, FBO

Scale-up Phase - 2009
- INSTA
- NHP
- MoH, FBO

Scale-up Phase - 2010/12

Maturation Phase – Post 2013
- OTHER
- KEMSA
- MoH, FBO, Private Sector
- SCM partners

13
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