MULTI-SECTORAL NUTRITION STRATEGY
Global Learning and Evidence Exchange
East and Southern Africa Regional Meeting

NACS - A Systems Approach to Integrating Nutrition Assessment, Counseling and Support within Health Services through Quality Improvement
Tim Quick, USAID Office of HIV/AIDS, Washington, DC
Strategic Objective:

Scale-up effective, integrated nutrition-specific & -sensitive interventions, programs & systems across humanitarian & development contexts
Standards of Nutrition Care

Assessment  Counseling  Support

Continuum of Nutrition Care

Infants & Young Children
Women in Pregnancy & Postpartum
Adults & Adolescents

1000 Days
How Do We Establish Nutrition as a Continuum of Care

NACS -- Nutrition Assessment, Counseling & Support

Across the Life Cycle?
The Genesis of NACS

- > 50% of PLHIV Presented w/ Clinical Wasting (BMI < 18.5)
- Clinical wasting increases risk of mortality
- Provision of therapeutic & supplementary feeding support for wasting mandated by WHO

Kenya Food by Prescription Program
NACS -- Nutrition Assessment, Counseling & Support

Clinic

Clinical Mgmt
Assessment
Support
Counseling

Community

Community Services
NACS Entry Points

• Antenatal Care
• MNCH (CMAM/IMAM)
• Clinical care & treatment
• Community nutrition screening & referral
Assessment

• Anthropometry
• Biochemical
• Clinical
• Dietary
• Economic/Food security
Clinical Management

• Acute Care Treatment
  ✷ Infections
  ✷ MAM/SAM

• Chronic Care Mgmt (NCDs)
  ✷ Obesity
  ✷ Cardiovascular Disease
  ✷ Stroke
  ✷ Diabetes
  ✷ Osteoporosis
Counseling

• Adherence & retention in clinical care & Tx
• Diet
• WASH/food safety
• Psychosocial support
Support

- Food by Prescription
  - Therapeutic foods
  - Supplementary foods
  - Complementary foods
- Micronutrient supplements
- Safe water treatment
- Referral to community services
Community

- Household economic strengthening, livelihood & food security support
  - Food production
  - Employment/IGAs
  - Microcredit/microsavings
  - Vocational training
- Support groups
  - VSLAs
  - Care and treatment
  - Mother-to-mother
- CHWs
- Family planning
NACS - Nutrition Assessment, Counseling & Support

Clinic

Clinical Mgmt
- Treatment of acute infections
- Chronic infectious & non-communicable management

Assessment:
- Anthropometric
- Biochemical
- Clinical
- Dietary
- Food Security

Counseling:
- Adherence & retention
- Diet
- WASH
- Infant & young child feeding

Support:
- Food by Prescription:
  - therapeutic, supplementary & complementary foods
  - MN supplements
  - Community referrals

Community Services:
- Nutrition surveillance & clinic referrals
- Nutrition counseling & support within home-based care & support groups
- Economic strengthening, livelihood & food security support

Community
Elements of the NACS Systems Approach

Human Resources

Commodity Supply Chain Mgmt

Information Systems

Quality Management: QA/QI

Training

NACS
Quality Management (QA/QI):

✓ Standards of Care/Guidelines
✓ Roles & Responsibilities
✓ Performance Standards
✓ Job Aids
✓ Patient Management & Flow
✓ Mentoring
✓ Supportive Supervision
Essentials of Quality Improvement:

✧ Clinic/Community Teams (Who)
✧ Standards of Care (What)
✧ Data Management & Analysis
✧ Targeted Improvement (How)
✧ Outcomes (Why)
✧ Shared Learning/Community of Practice ➔ Spread/Scale-Up
SITE: KAMFINSA CLINIC

TEAM FORMED? No
MEMBERS: 13

DESIRED PERFORMANCE STATEMENT:
To assess nutrition status of 75% of the
SITA ART CLIENTS.

INDICATOR: At least 75% ART clients assessed in
nutrition status.

NUMERATOR: Total number of clients ART assessed
during the period.

DENOMINATOR: Total no. ART clients at the facility.

INTERVENTIONS/ACTIVITIES

1. In house training of staff in NAC.
2. In house training of Community Volunteers
   in NAC.
3. Forming PI Team.
4. Sharing responsibilities
5. Implementation of NAC in ART CLINIC.
   1. Monitoring & Evaluation in NAC.
Site-Level Data Collection & Analysis
Patients Nutritionally Assessed & Categorized

Percentage of patients assessed and categorized for nutrition status at 8 sites and Mulenga health center

- Percentage of patients assessed and categorized for nutrition status at Mulenga clinic, Kitwe
- Percentage of patients assessed and categorized for nutrition status at 8 sites, Kitwe

Monitor data completeness after each clinic day and assigned volunteers to do assessments

Changed client flow

Improved recording of assessment data

USAID Applying Science to Strengthen and Improve Systems
Percentage of patients defaulting from NCST care -- 8 sites in Karonga and Balaka Districts, Malawi (January 2013 - August 2014)

Changes tested:
- Changing the flow of patients to start with nutrition assessment
- Counseling patients on importance of appointments
- Following up patients using expert clients & support groups

Dec 2013: Teams begin to improve retention of patients in nutrition care

Denominator: Number (SAM+MAM) Cured+died+defaulted+non-response + transferred out

USAID Applying Science to Strengthen and Improve Systems
## PMTCT/ANC/MNCH 1000-Day Continuum of Care

### ANC Visits

<table>
<thead>
<tr>
<th>Women:</th>
<th>Delivery/Birth</th>
<th>Early Postnatal</th>
<th>Postnatal EPI Visits 6, 10 &amp; 14 weeks</th>
<th>6 months</th>
<th>9 months</th>
<th>12 months</th>
<th>15, 18, 21 &amp; 24 months</th>
</tr>
</thead>
</table>
| • PITC  
• CD4 & clinical mgmt  
• ART Tx or prophylaxis  
• Maternal NACS  
• Infant feeding counseling | • CD4 & clinical mgmt  
• ART Tx or prophylaxis  
• Maternal NACS  
• Infant feeding counseling -- EBF/ERF | • CD4 & clinical mgmt  
• ART Tx or prophylaxis  
• Maternal NACS  
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• ART Tx or prophylaxis  
• Maternal NACS  
• Infant feeding counseling -- EBF/ERF |

### Infants:

<table>
<thead>
<tr>
<th>Infants:</th>
<th>Initiation of EBF/ERF</th>
<th>EBF/ERF</th>
<th>EBF/ERF</th>
<th>CF</th>
<th>CF</th>
<th>CF</th>
<th>CF</th>
</tr>
</thead>
</table>
| EBF = exclusive breast feeding  
ERF = exclusive replacement feeding  
CF = complementary feeding | • Initiation of EBF/ERF  
• ART prophylaxis  
• Infant NACS/Growth monitoring | • EBF/ERF  
• ART prophylaxis  
• Infant NACS/Growth monitoring | • EBF/ERF  
• ART prophylaxis  
• Infant NACS/Growth monitoring | • CF  
• ART prophylaxis  
• Infant NACS/Growth monitoring | • CF  
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• Infant NACS/Growth monitoring | • CF  
• ART prophylaxis  
• Infant NACS/Growth monitoring | • CF  
• ART prophylaxis  
• Infant NACS/Growth monitoring |

**EBF** = exclusive breastfeeding  
**ERF** = exclusive replacement feeding  
**CF** = complementary feeding  
**EID** = early diagnostic HIV testing  
**CTX** = cotrimoxazole  
**DPT 1,2,3** = diphtheria, tetanus, and pertussis vaccines  
**EPI** = expanded program on immunization  
**AFASS** = advanced family planning services  
**FP** = family planning  
**NACS** = nutrition and growth monitoring  
**Post-weaning HIV testing** = post-weaning HIV testing
Percent of community - identified pregnant women who received first ANC in the same month, Licilo Health Center (15 bairros) March 2014 to February 2015
Percentage of all mothers attending all postnatal visits at 9 sites in Iringa Region, Tanzania

Changes

- Counseling mothers on the importance of completing 4 PNC visits
- Introduction of PNC register
- On-site training to staff on how to document PNC visits
- Outreach services

Denominator: All postnatal mothers eligible to attend all standard PNC visits (all women delivered in the past six weeks)

USAID Applying Science to Strengthen and Improve Systems
Mother-infant pairs who receive a standard package of care at routine visits, Uganda

Pecentage of Mother-Baby pairs that receive standard package of care at routine visits in 22 sites, June 2013- May 2015

- Aug-13, 78% Merging of ART and EID services
- Sep-13, Expert clients trained to do MUAC and assigned responsibility of assessing and nutrition counselling
- Dec-13, Mothers told about what services to expect so they can remind HIV if they forgot a service
- Learning session 2, new client flow chart developed

USAID Applying Science to Strengthen and Improve Systems
Increasing HIV-free infants at 18 months, Uganda

Denominator: # of HIV exposed infants in PMTCT programs that have been discharged from EID care point

USAID Applying Science to Strengthen and Improve Systems
• ANC
• Maternal MAM/SAM/Wt Gain in Pregnancy
• Prenatal MN supplements
• IYCF Counseling
<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Birth</th>
<th>Infancy</th>
<th>Childhood</th>
<th>Adolescence</th>
<th>Adulthood</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Postnatal Care</td>
<td>• Maternal Nutrition</td>
<td>• EBF Initiation</td>
<td>• ENA/EWA/FP Counseling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• MNCH
• EBF/CF
• Micronutrients
• GMP
• CMAM/IMAM
• ENA/EWA/FP Counseling
• Tracking/Follow-Up of Mother-Infant Pairs

Photos: Save the Children Federation
• MNCH
• Micronutrients
• Deworming
• GMP
• CMAM/IMAM
• ENA/EWA/FP
• Counseling

Pregnancy
Birth
Infancy
Childhood
Adolescence
Adulthood
• Nutrition Screening & Referral
• Deworming
• Micronutrients
• ENA/EWA/FP Counseling

• Nutrition Screening & Referral
• Micronutrients
• ENA/EWA/FP Counseling

Photo: LINKAGES Project

Pregnancy | Birth | Infancy | Childhood | Adolescence | Adulthood
NACS: A Multi-Sectoral Systems Approach to Nutrition
Countries around the world have committed to making nutrition a priority. NACS provides a framework for SUN countries to translate that commitment & their resources into comprehensive, cohesive nutrition programming.
Need to Establish Nutrition Programs from the Site Level Up, Not From National Level Down
INTRODUCTION
Nutrition is a critical component of HIV treatment, care, and support, as recommended by The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the World Health Organization (WHO), United Nations Programme on HIV/AIDS (UNAIDS), and the World Food Program (WFP). Programs like Feed the Future and Food for Peace that address food security and nutrition also must take into consideration the role that HIV and AIDS plays in increasing poverty and household vulnerability and decreasing resilience of communities—all contributing to increased rates of malnutrition.

USAID MULTI-SECTORAL NUTRITION STRATEGY
The goal of the U.S. Agency for International Development (USAID) Multi-Sectoral Nutrition Strategy is to improve nutrition to save lives, build resilience, increase economic productivity, and advance development. The strategy states, “[O]ptimal nutrition is fundamental to achieving USAID’s wider mission to end extreme poverty and to promote resilient, democratic societies while advancing our national security and prosperity.” Within this context, the large, synergistic impact of HIV and AIDS and food insecurity on nutrition, particularly in communities across Africa, mandates that USAID place high priority on addressing these problems together as part of its development program. The strategy’s multi-sectoral approach calls for working across sectors and through multiple programs, including PEPFAR, maternal, newborn and child health (MNCH), and family planning programs aimed at ending preventable child and maternal deaths (EPCMD), plus others such as Feed the Future, education and humanitarian assistance programs.


Key Takeaways

• **NACS** is a systems approach & framework for integrating nutrition within health services
  - Not limited to HIV/AIDS
  - Supports the USAID Multi-Sectoral Nutrition Strategy

• HR & training NOT sufficient to ensure provision of the standard of care for nutrition & health – HOW services are most efficiently, consistently & sustainably provided at the clinic & community levels established through **QI**