Implementation Science Matters
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Integrating Family Planning in Development Food Security Activities

Reena Borwankar
Context and Impetus

**Funded by:** USAID/Office of Food for Peace (FFP)

- Family planning (FP) included as a priority nutrition-sensitive intervention in USAID Multi-Sectoral Nutrition Strategy
- FANTA Desk Review (2015)
  - **HOW** are food security and nutrition programs integrating FP?
  - Call for more focused, rigorous formative and implementation research
- FFP Development Food Security Activities
  - Cannot engage in direct FP service provision
  - Can work on demand creation; strengthening health delivery systems; strengthening referrals to FP services
## Research Question

**Njira/PCI Goal: Improved food security among vulnerable households in Balaka and Machinga**

**Purpose 1:** Increased access and availability of vulnerable households to diverse and nutritious foods

**Purpose 2:** Improved health and nutrition of pregnant and lactating women and children under five

**Purpose 3:** Improved resilience of vulnerable households

### Project Platforms

- Women Empowerment groups
- Producer groups
- Livestock producer groups
- (Women) care groups
- Father groups
- Youth groups
- Growth monitoring and promotion sessions
- WASH committees
- Ubwino centers
- Village civil protection committees
- Watershed committees
- Area civil protection committees

How to systematically integrate family planning?
Study Design and Methods

• Formative research: Cross-sectional qualitative descriptive study

• Objectives
  – Investigate demand and supply barriers to accessing FP services among priority target groups (mothers with young children and adolescent girls)
  – Assess the acceptability and feasibility of two interventions for improving access to FP services
    • Referrals from care/youth groups to FP providers in health system
    • Provision of FP services at Ubwino center
  – Explore project beneficiary perspectives on connections between population growth, FP, health, and food security

• 20 focus group discussions and 46 semi-structured interviews
Key Considerations for Design Process

• Proof of concept beyond Njira Project
• Strategic planning exercise
  – To prioritize target groups and project platforms for FP integration
  – Design options
• Two-pronged approach
  – User-centered design (acceptable)
    • Tailored to the expressed needs of priority target groups
    • Social relationship context
  – Health system/FP service delivery context (feasible)
    • Health providers
    • Project staff
Implementation Challenges

• Timing of formative research
  – Project start-up, hypothetical scenarios
  – Recruitment challenges
• Keeping the scope and budget focused and manageable to have results in time
  – Breadth versus depth
• Balancing project priorities and schedules
Use of Results

• Inform Njira design decisions
  – Strategy workshop (September 2017)
    o Which of the two design options is more acceptable and feasible?
    o Targeted SBCC messages on FP and integrated messages that go beyond health sector

• Proof of concept: Considerations for FFP development activities (Brief, December 2017)
Review of Nutrition Assessment, Counseling, and Support (NACS) Service Delivery in Namibia

Nilufar Rakhmanova
Context and Impetus

Funded by: PEPFAR/Namibia

2012–2013: FANTA supported a review of the quality of NACS services

2010: With FANTA TA, MOHSS developed operational guidelines for NACS for people with HIV

2008: USAID/Namibia requested FANTA TA to strengthen national capacity to integrate nutrition into HIV services

2006: Adult HIV prevalence 20%, stunting 29%, undernutrition (women): 17%

2012
- 340 health care providers trained in NACS
- 32 of 34 health districts implementing NACS
- PEPFAR support decreases
Research Question

What was the quality of NACS implementation?

- What barriers did health care providers face in implementing NACS?
- What additional support did health care providers need to implement NACS effectively?
- How satisfied were clients with NACS services?
Study Design and Methods

• Descriptive cross-sectional study with qualitative and quantitative data collection in 24 facilities in four provinces

Key informant interviews
- Facility in-charges
- NACS health providers
- NACS clients

Observations
- Provider-client (nutrition assessment and counseling)
- Inventory of NACS equipment, supplies, and commodities

Audit
- NACS registers
Key Considerations in the Design Process

The review was designed using Donabedian’s quality of care framework,* which recommends the assessment of structures, processes, and outcomes.

**Structures**
Availability and adequacy of human and material resources

**Processes**
Implementation of NACS and adherence to the 2010 *NACS Operational Guidelines*

**Outcomes**
Client satisfaction with NACS services

Implementation Challenges

1. Lengthy IRB process
2. Potential lack of objectivity among data collectors (all were practitioners), but good understanding of the service delivery context
3. Short timeline for NACS implementation
4. Lack of PEPFAR funding for follow-up
Use of Results

• **Structures:** Improved district capacity to provide supportive supervision

• **Processes:** Task-shifting of nutrition screening, counseling, and follow-up of malnourished clients to community-based providers

• **Outcomes:** Development (with FHI 360/LIFT II) of a system to refer NACS clients to economic strengthening, livelihood, and food security support
Mixed Methods Evaluation of an Enhanced NACS Package to Improve Adherence and Retention in Zambia

Zeina Maalouf-Manasseh
Context and Impetus

**Funded by:** USAID/Office of HIV/AIDS (OHA)

- Data-driven decision making (90:90:90 focus)
- Enhanced NACS (focus on C- Counseling, Community) implemented by FANTA in Antiretroviral Therapy (ART) clinics in 5 healthcare facilities in Kitwe district, Copperbelt province, Zambia.
Research Questions

• Is there a relationship between enhanced NACS and patient adherence to ART?
• Is there a relationship between enhanced NACS and patient retention in ART care?
Study Design and Methods

• Mixed-method

• **Quantitative:** quasi-experimental cohort design
  – Pre- + post-intervention
  – Intervention and control group
  – Medical records review

• **Qualitative:** post-intervention, intervention sites only
  – Client semi-structured interviews
Key Considerations and Design Process

Research design:
• Large enough sample size to be able to show an effect, if any
• Control group

Data:
• Primary vs. secondary data
• Limited clinical data $\rightarrow$ qualitative data to triangulate
Implementation Challenges

- Short period of program implementation
- Time for ethical and research approvals (FHI 360, local board, MOH)
- Relying on clinic staff for data collection → incentives
- Small scale
Use of Results

- Expected early 2018
- **USAID**: considerations for NACS support (OHA, Zambia mission)
- **MOH**: Additional support for the messages and counseling efforts to allow for time and personnel
- **Clinics**: continued/enhanced investment in strengthening community-facility linkages, and mobilizing Community NACS Volunteers to carry the counseling and support to PLHIV in the communities
Maximizing the Effectiveness and Sustainability of Resource Transfers

Kristen Cashin
Context and Impetus

• **Funded by:** USAID/Office of Food for Peace (FFP)
  – Food and non-food transfers are a primary component of most FFP programs

• **FFP-funded FANTA Sustainability and Exit Strategies Study:** Providing free resources can threaten sustainability

• **2016–2025 Food Assistance and Food Security Strategy** emphasizes sustainability of program activities, outcomes, and impacts
Research Question

• **Original Question:** What lessons can we learn from integrated food security and nutrition programs that do not provide direct transfers to beneficiaries or volunteers?

• Project criteria
  – Goal/objective to improve women’s or children’s nutrition
  – **No direct transfers**
  – Nutrition-sensitive and nutrition-specific approaches
  – Project duration at least 3 years
  – In low- or middle-income country
  – External midterm or final evaluation
Research Question

Revised question: What lessons can we learn from how integrated food security and nutrition projects use non-food transfers?

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Study Design and Methods

• Desk Review of 13 purposively selected integrated food security and nutrition programs in Asia and Africa
  – Technical literature review
  – Project document review
  – Key informant interviews
Key Considerations for Design Process

• Should be practical and applicable in FFP and non-FFP contexts
• Examine multiple contexts, transfers, and approaches
• Availability of programs to review
  – Original research question was to examine programs that did not use transfers at all
Implementation Challenges

- Research question changed after solicitation and screening of projects
- Programs typically did not document transfers in a detailed way
- Timeline was developed for the original question; the new question is more complex
- Identifying key informants for projects that have closed
Use of Results

• To strengthen effectiveness and sustainability of non-food transfers used in food security and nutrition programs
  – Help programs more strategically select and use transfers
  – Provide insight on approaches that show promise
  – Improve program documentation regarding transfers for continued program learning
• Final report available in early 2018
Available Resources

- Briefs on the following topics can be found at fantaproject.org:
  - Integration of family planning and nutrition programming
  - FANTA Exit Strategy country summaries
  - Malawi Quality Improvement (QI)
- Forthcoming materials:
  - Malawi QI applied to Community-Based Management of Acute Malnutrition
  - Handbook on QI and Health Systems Strengthening
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