



2021 Scaling Up Nutrition National Conference



27th -29th April 2021

Location: Virtual/Lusaka





Date: 27th April 2021

Presentation Title:

Community and facility readiness to implement multi-sectoral maternal and child nutrition interventions.

Presenter:

Dr Wilbroad Mutale, Dr Oliver Mweemba, Mr Mike Mwanza

Organization: SUN-LE & UN

“Sustaining stunting reduction through creating an enabling environment for nutrition programmes”



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KFW



Community and facility readiness to implement multi-sectoral maternal and child nutrition interventions.



27-29
April 2021



Presenters

Mr, Mike Mwanza – Introductions/ Background

Dr, Wilbroad Mutale – Methods and Quantitative results

Dr. Oliver Mweemba – Qualitative Results

Mrs. Agness Aongola – Conclusions and Recommendation

Organization: SUNLE



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Outline

- Background
- Purpose and scope
- Methodology
- Results
 - Quantitative
 - Ward-level performance and readiness assessment
 - Health facility readiness assessment
 - Qualitative
 - Participatory mapping workshop
 - Focus group discussions



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Purpose and Scope

- Overall objective:
 - Assess the readiness of health facility and community service delivery points to implement multi-sectoral nutrition-specific and nutrition-sensitive interventions in the The 30 SUN 2.0/MCDP II priority districts..

Specifically:

- Assess the readiness and capacity of community-based health, WASH, agriculture, education, and community development/social services structures to deliver nutrition-specific and nutrition-sensitive interventions.
- Asses the quality of service delivery of nutrition interventions within health facilities.
- Understand the current state of the delivery of multi-sectoral nutrition interventions.
- Identify barriers and facilitators to implementing recommended nutrition-specific and nutrition-sensitive interventions.



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Approaches/ methods

Data collection methods	Topics to be assessed	n
<i>Multisectoral community performance and readiness assessment</i>		
Group interviews with community volunteers and WNCC members	Capacities, readiness, and gaps to deliver multi-sectoral nutrition interventions; linkages with other sectors and health facilities; and effectiveness of implementation tools and structures	164
<i>Health facilities</i>		
Facility inventory survey	Service availability, general service readiness, nutrition service readiness, supplies, equipment, nutrition consumables	120
Health care provider interview	Service availability, nutrition service readiness, nutrition community-facility linkages, training, supervisory structures, performance and motivation	269
Client exit interviews ANC, GMP, and child curative	Nutrition service delivery, client satisfaction	360

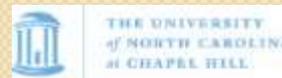
Qualitative methods

Data collection methods	Topics to be assessed	n
Community Participatory Mapping Workshops	Nutrition-specific and -sensitive activities in the catchment area, community-facility linkages, nutrition coordinating committee structures and function, implementation tools, resources and commodities available	20 workshops
Focus Group Discussions: Community supervisors	Supervisory structures, roles, training, volunteer performance and motivation	20 FGDs
Focus Group Discussions: Community volunteers	Motivation, performance, implementation tools, training, supportive supervision, role	20 FGDs

Quantitative Findings

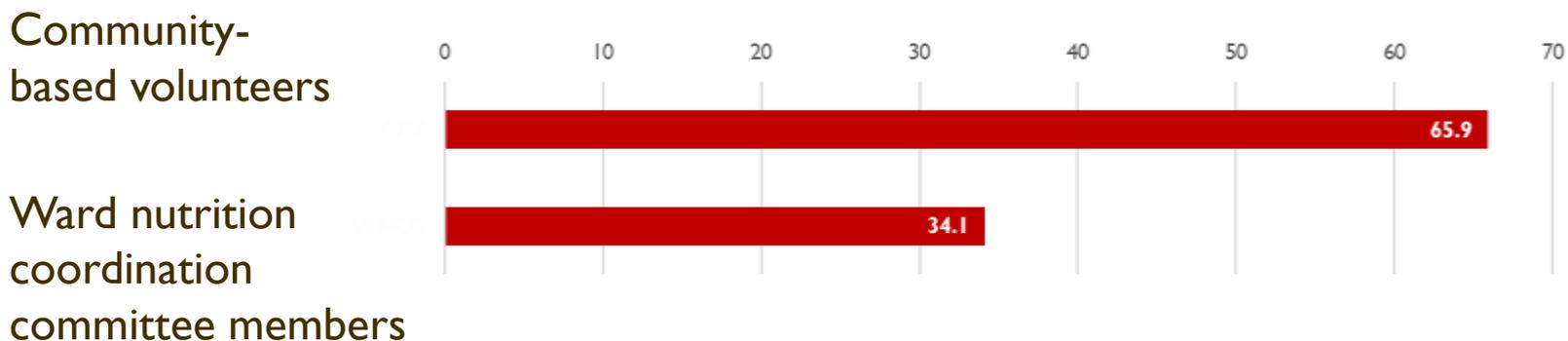
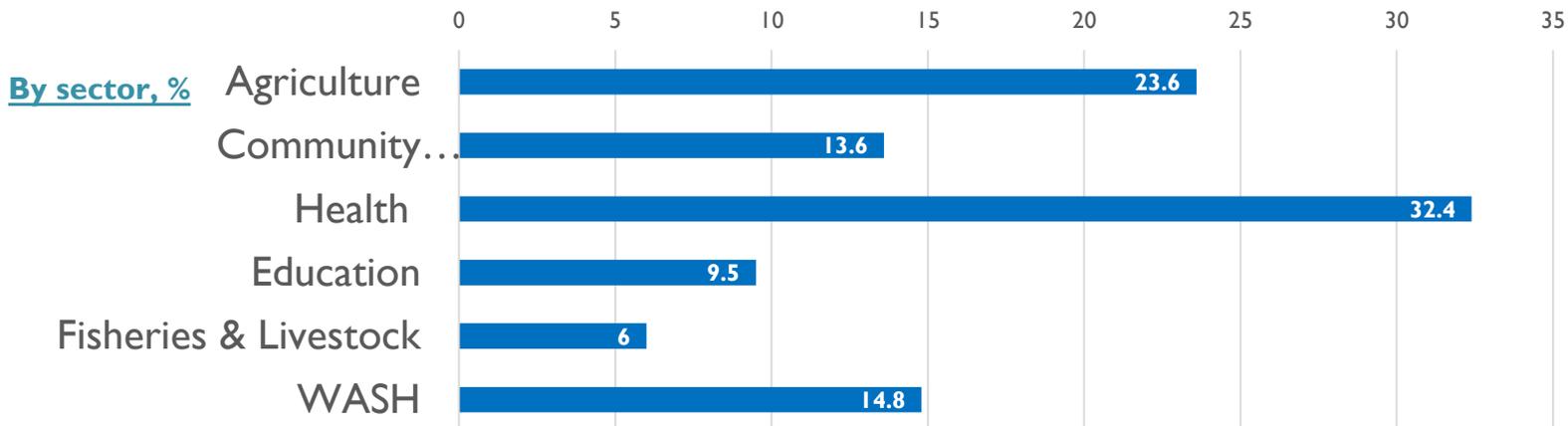


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Performance and Readiness Assessment – Ward Level

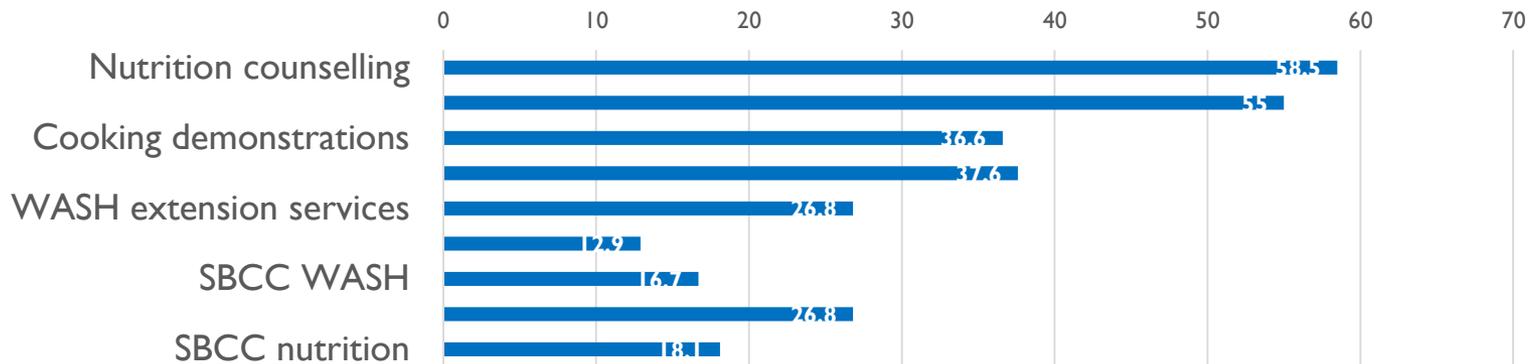


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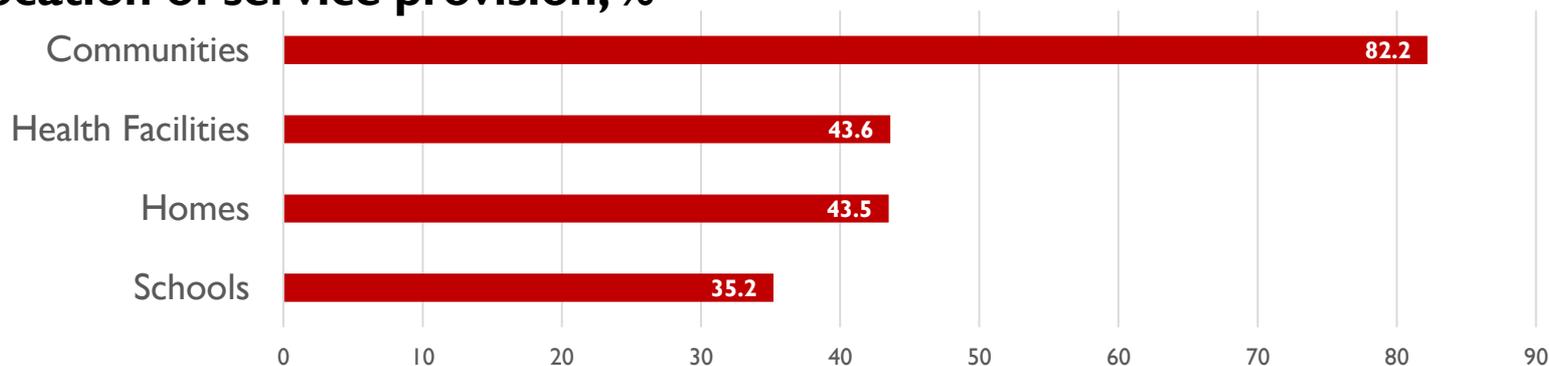
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Service type and location

Types of services participants provide, %

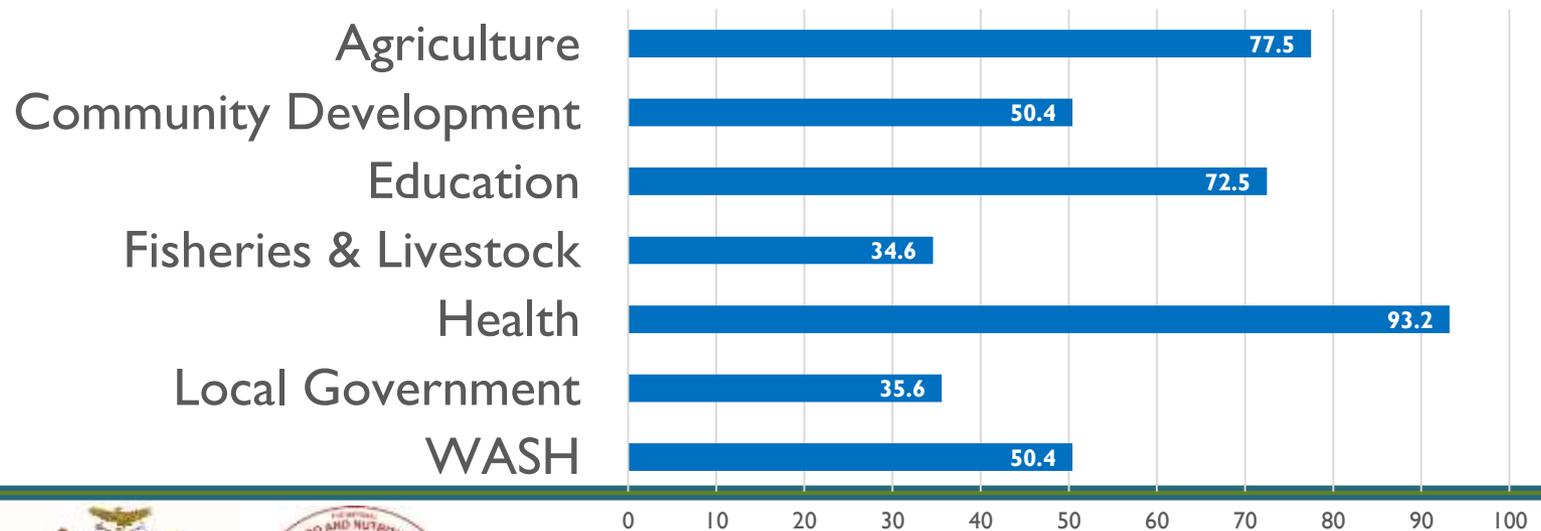


Location of service provision, %



Multisectoral teams

- 70% of participants reported a platform whereby providers work together as a **formal** multi-sectoral team to coordinate service delivery
- Among those who reported multi-sectoral teams (n=236), the teams included the following sectors



Performance measures and quality improvement

- There are standard indicators to measure nutrition programme...
- SDPs monitor progress towards performance indicators
- There are standardized, sector specific tools to monitor progress
- SDPs use performance indicator data for decision making
- SDPs have documented quality improvement plans or activities
- Progress of quality improvement activities is monitored

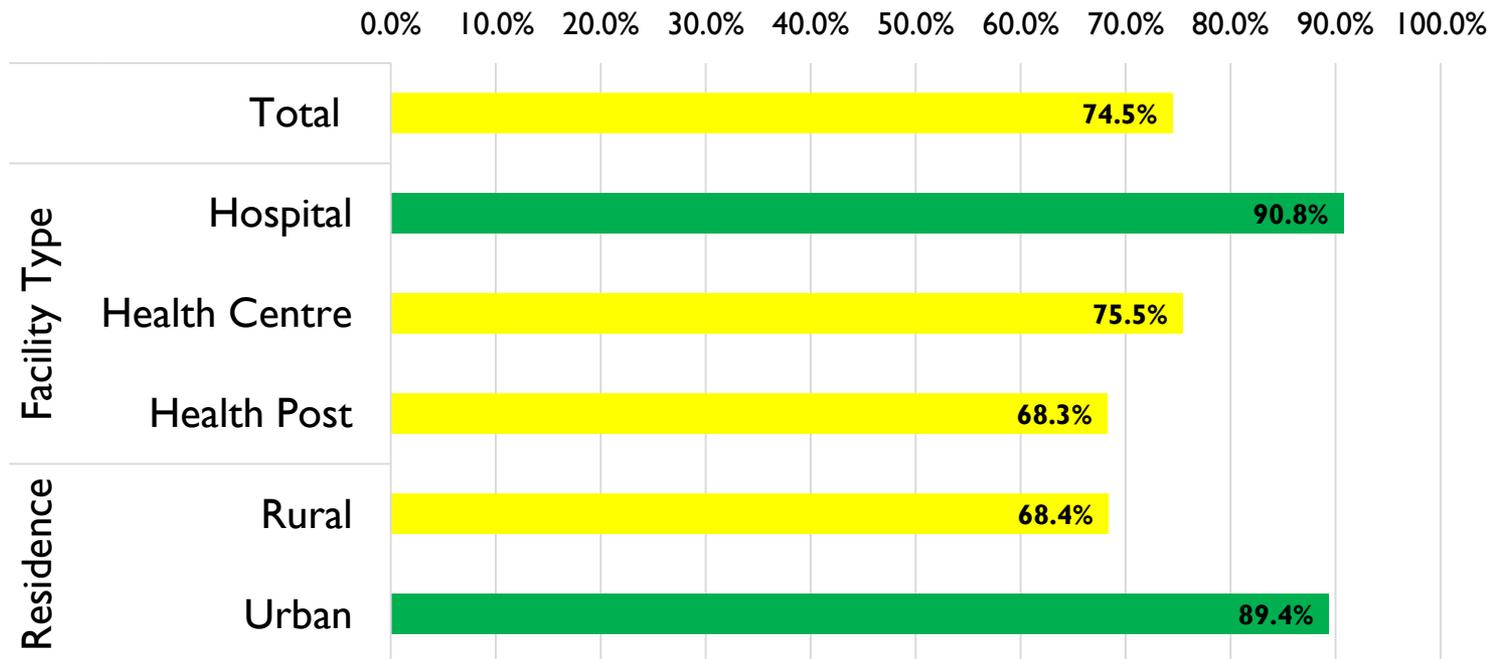


General service availability

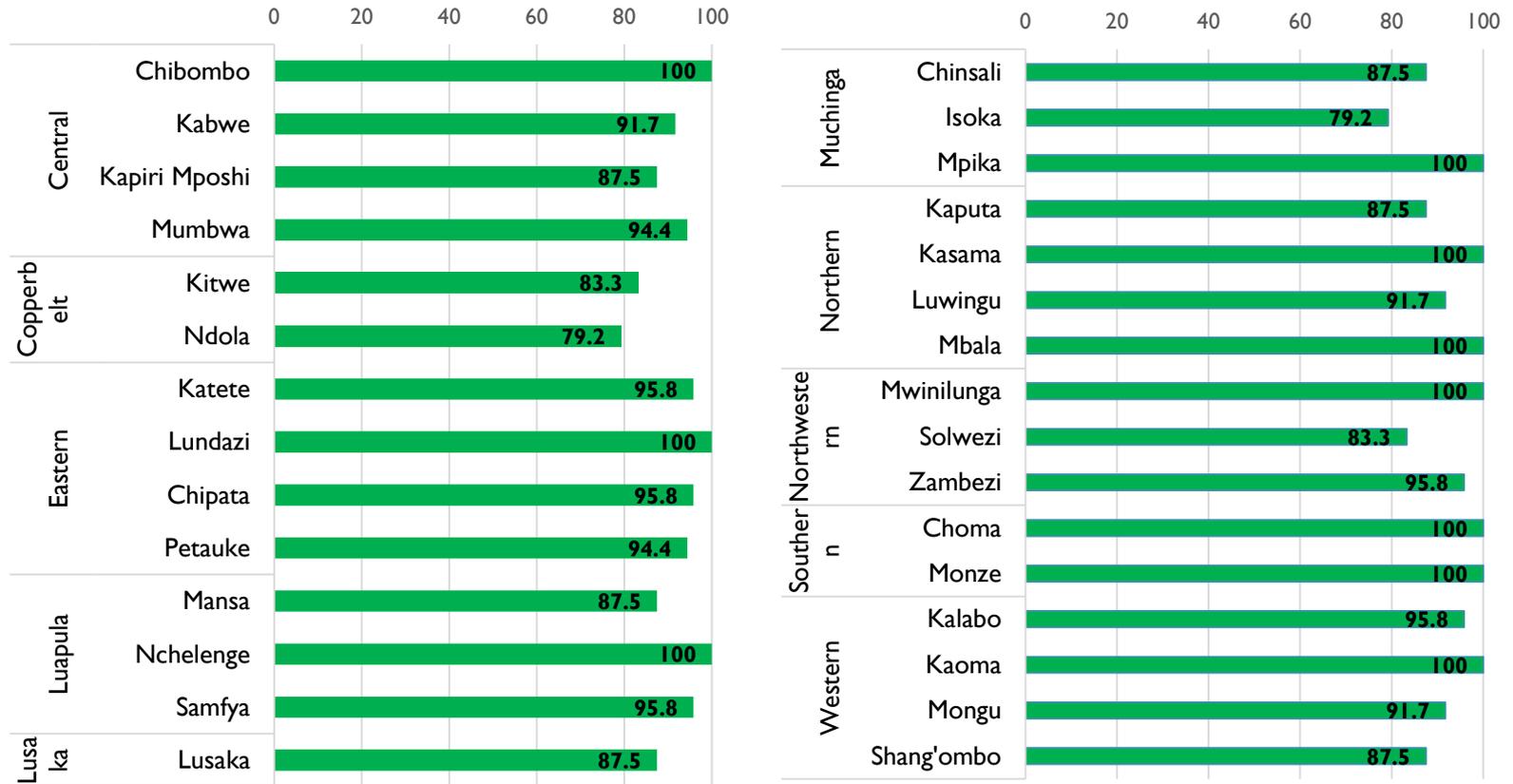
- From facility inventory (n=120)
- Basic amenities
 - Power
 - Improved water source inside or within the ground of the facility
 - Room with auditory and visual privacy for patient consultations
 - Access to adequate sanitation facilities for clients
 - Place for client handwashing with soap
 - Telephone
 - Facility has access to computer with email/internet access

General service availability

- 120 health facilities
 - 14 hospitals, 60 health centres, 46 health posts



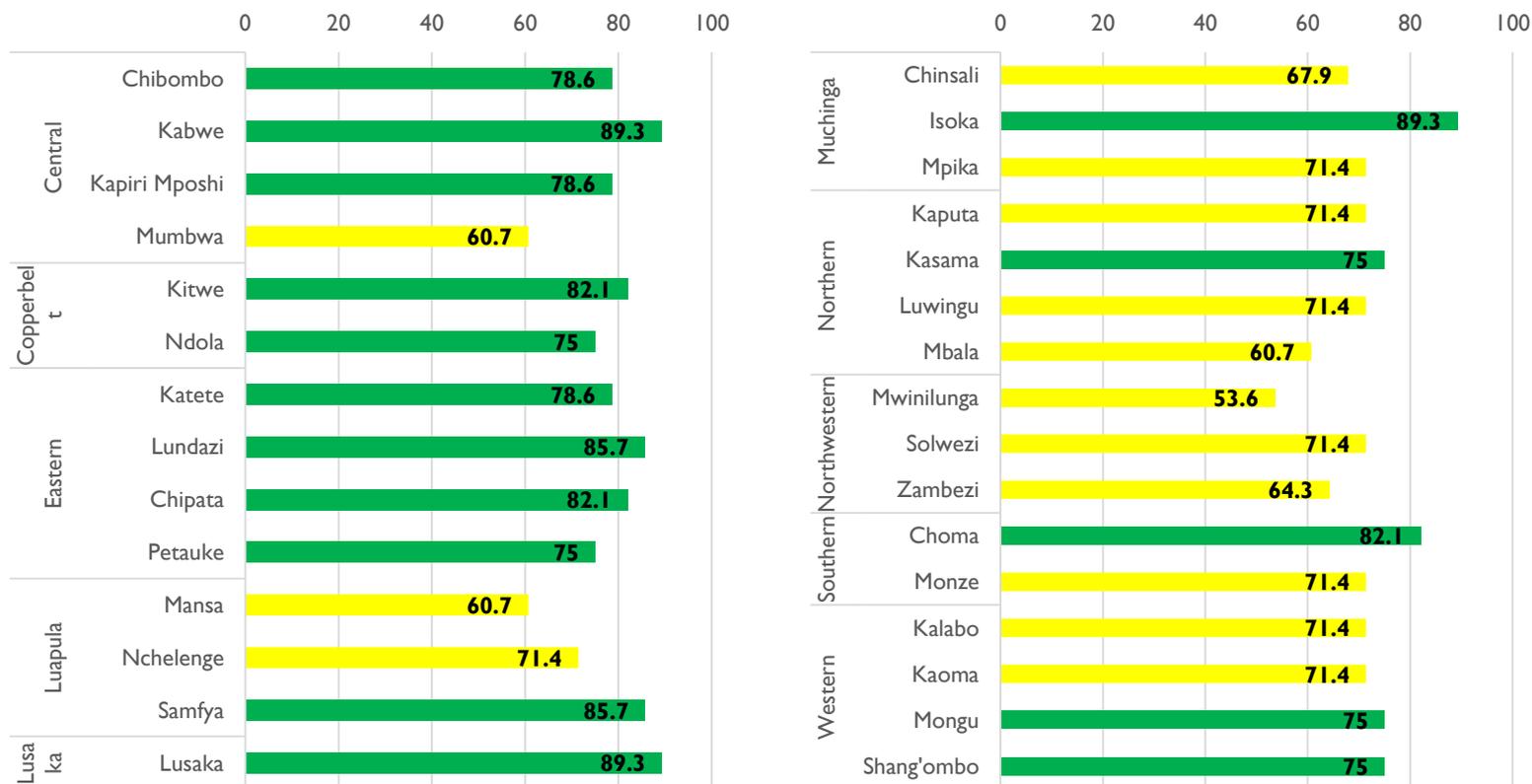
Nutrition service availability (%)



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General service availability by district

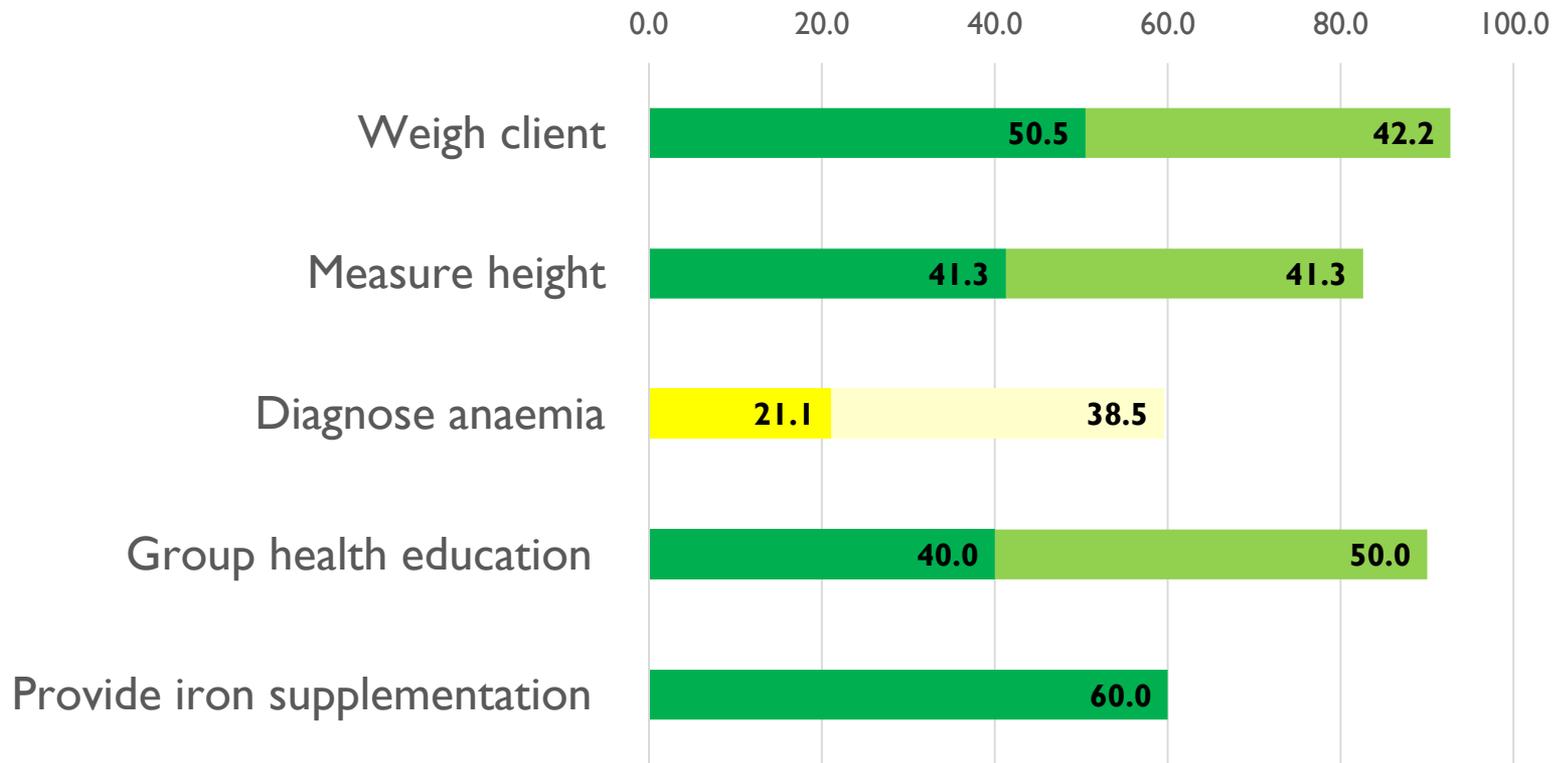


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Nutrition service readiness – Antenatal care

- ANC services offered – from facility inventory

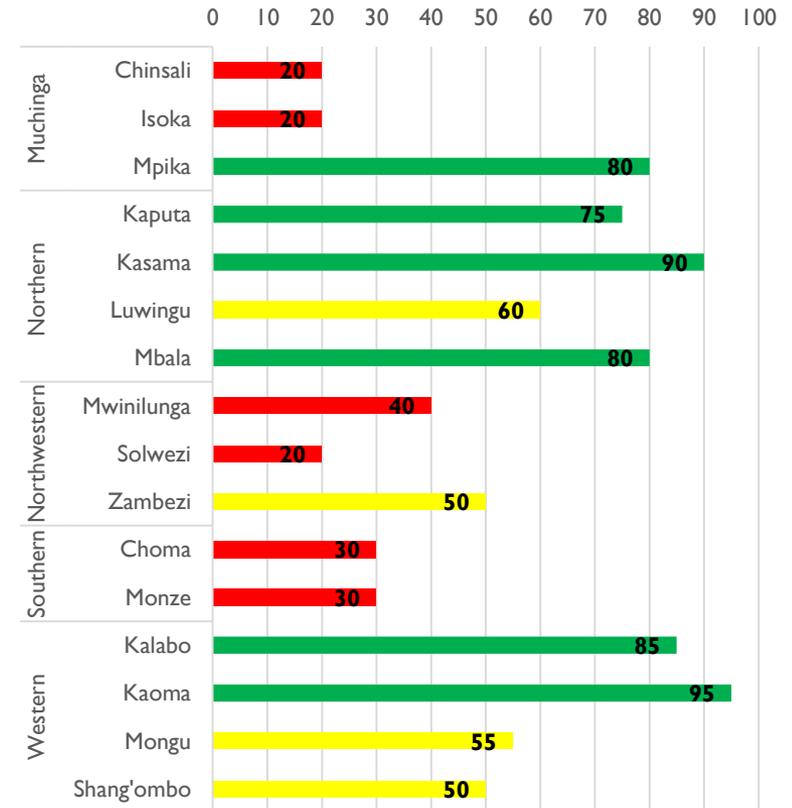
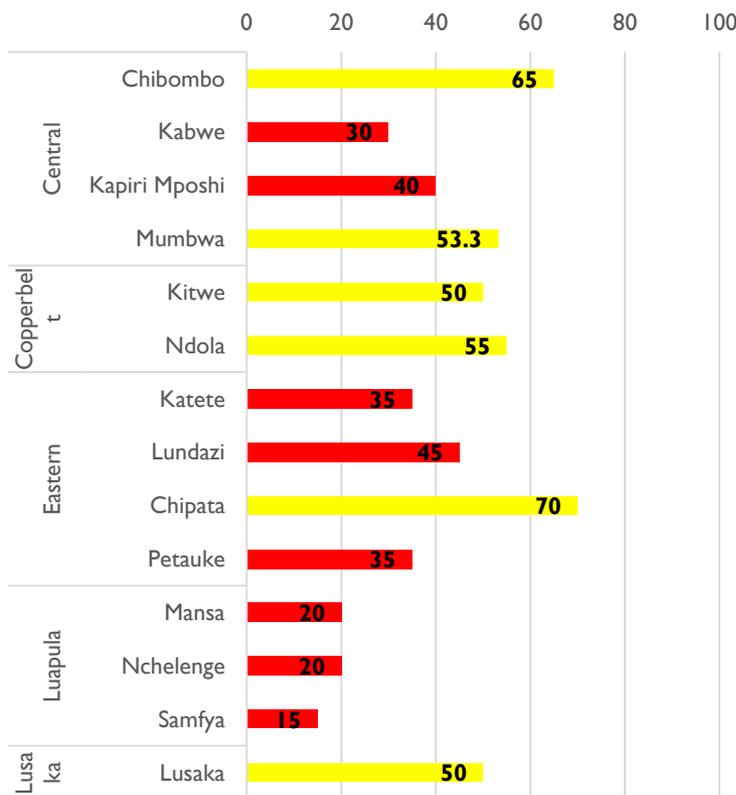


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■ Observed ■ Reported Not Seen

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ANC nutrition service readiness

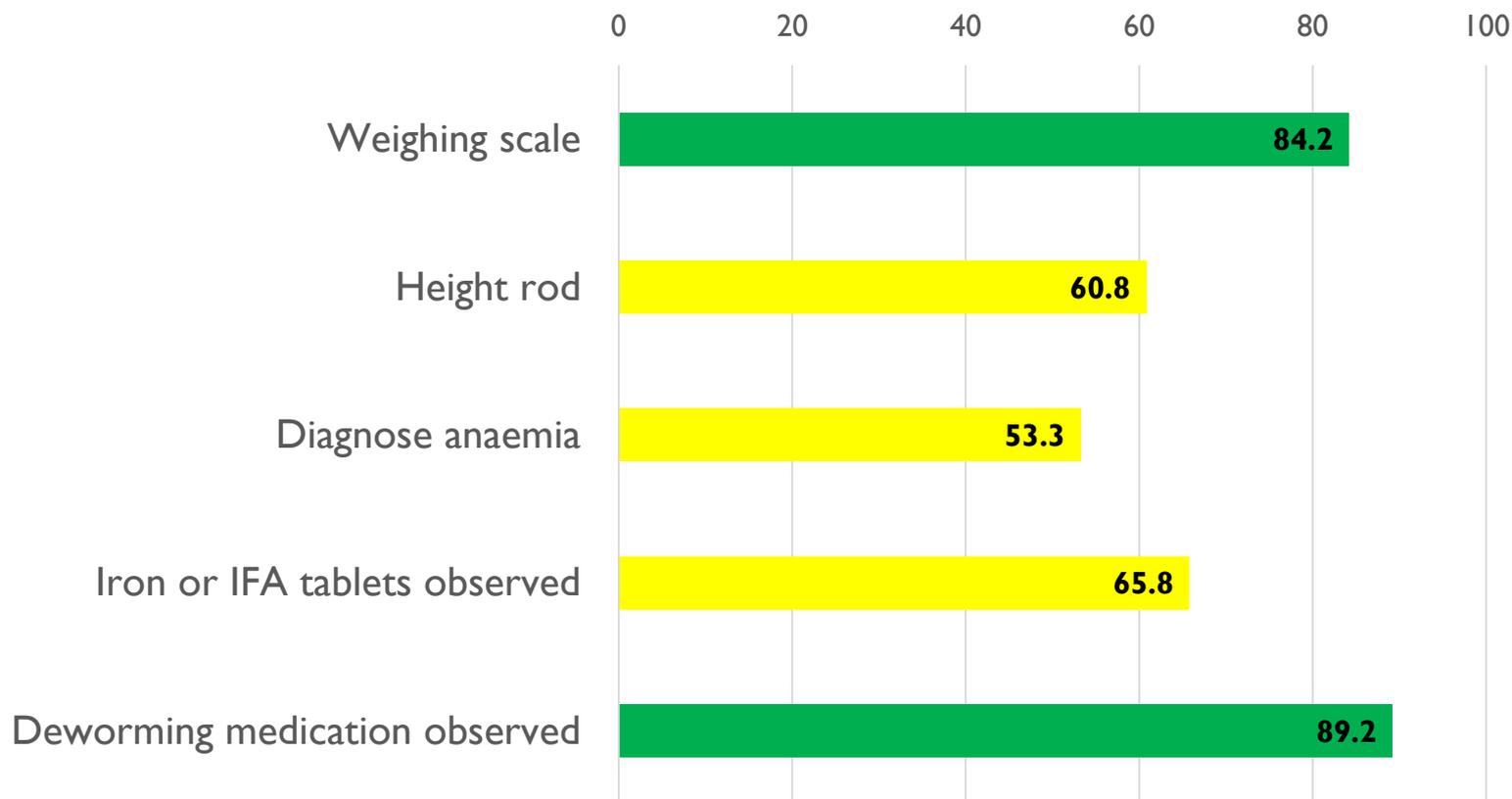


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ANC nutrition equipment, commodities and diagnostic capacity



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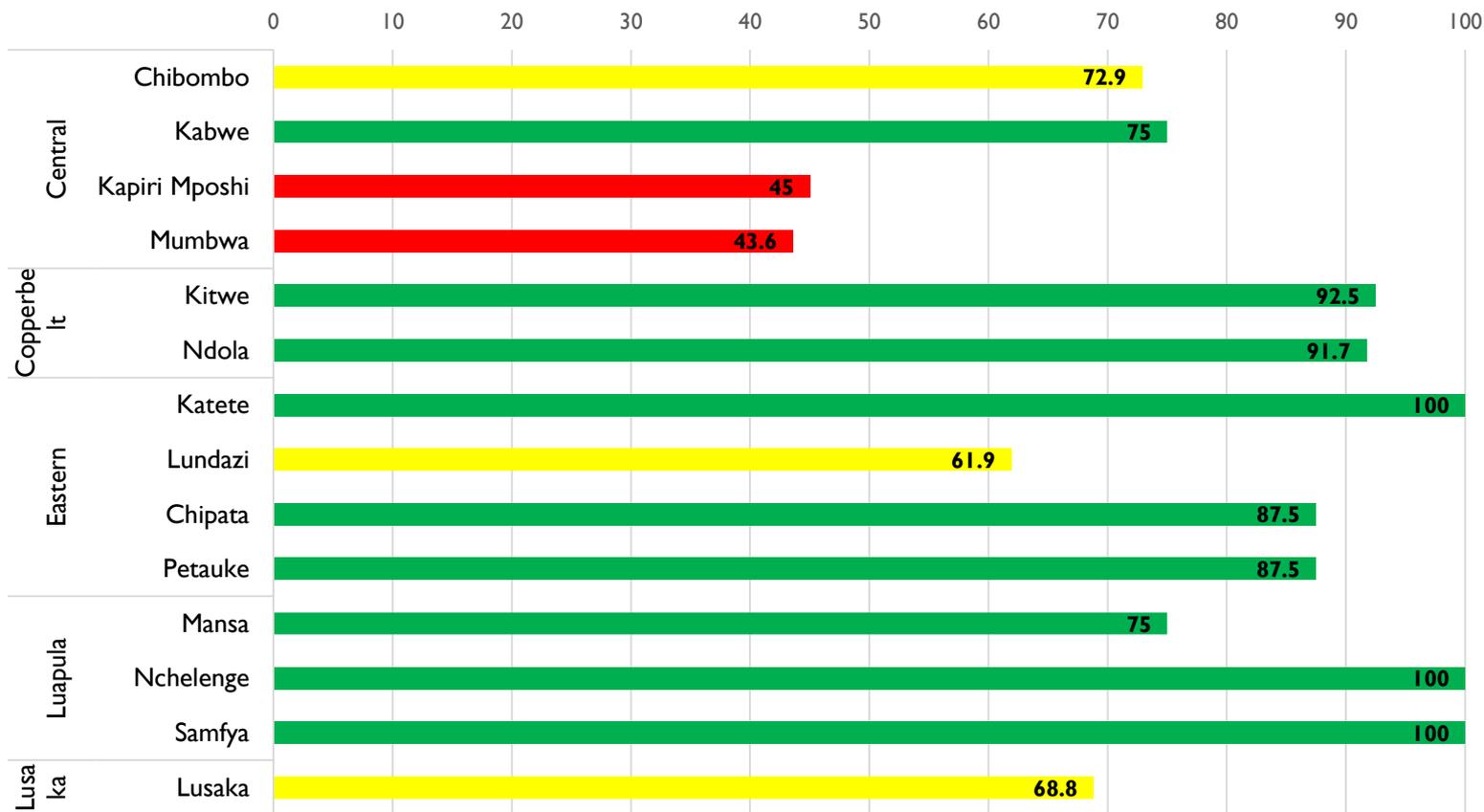


Health care provider training received – Antenatal care

- HCP interview (n=269)
- Participants received training in the past two years on:
 - IFA supplementation
 - Nutritional assessment pregnant women
 - Anemia during pregnancy
 - Nutrition counseling during pregnancy
 - Nutrition during pregnancy and breastfeeding
 - Exclusive breastfeeding
 - Early initiation of breastfeeding
 - Postpartum family planning



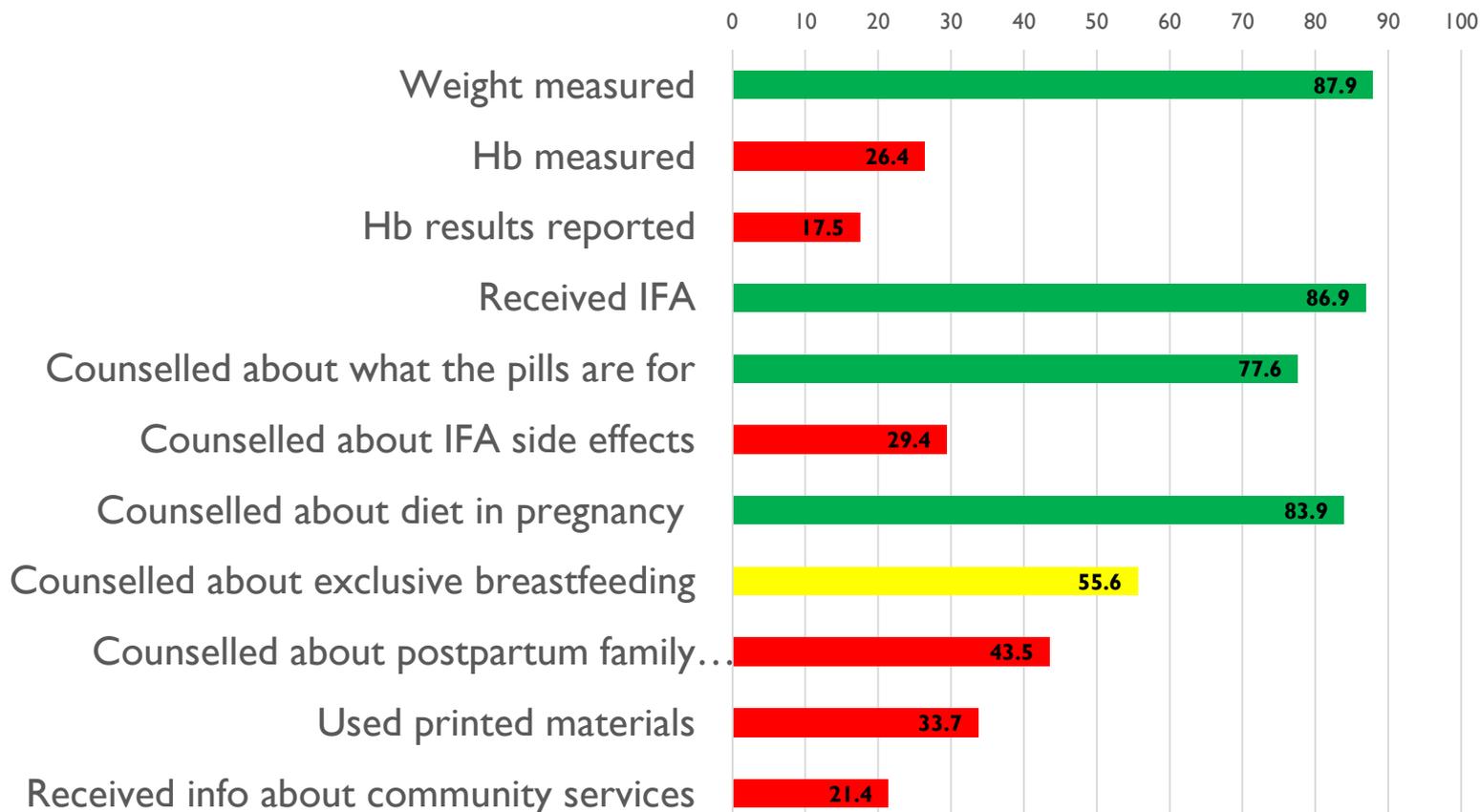
ANC staff training in nutrition



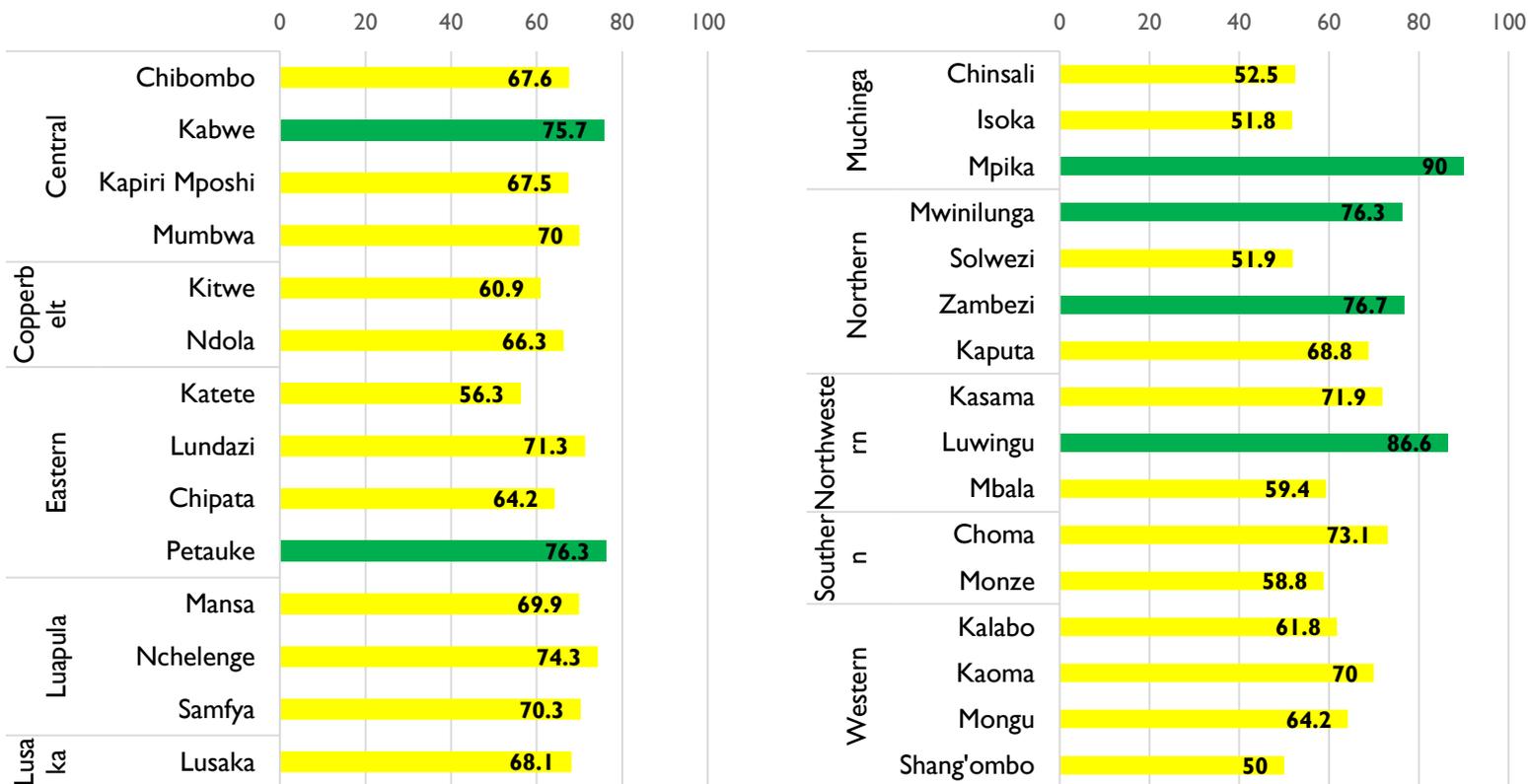
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ANC nutrition services received (client exit interviews) (n=504)



ANC nutrition services (Client exit interviews)

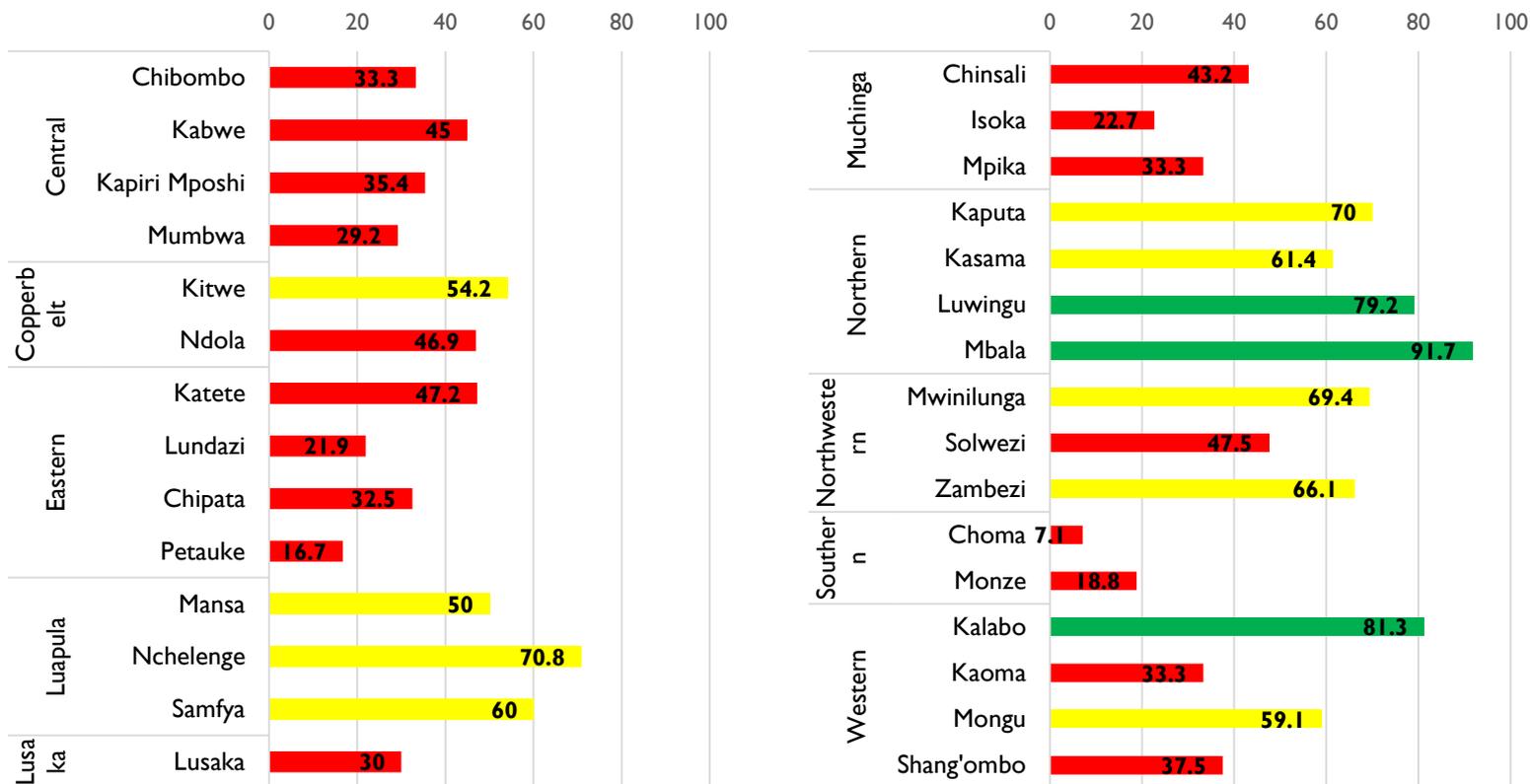


Training in Growth Monitoring & Promotion

- HCP interviews (n=269)
- Had providers received training in the past two years on:
 - Growth monitoring
 - Exclusive breastfeeding
 - Complementary feeding
 - Counselling related to child nutrition



Training in Growth Monitoring & Promotion



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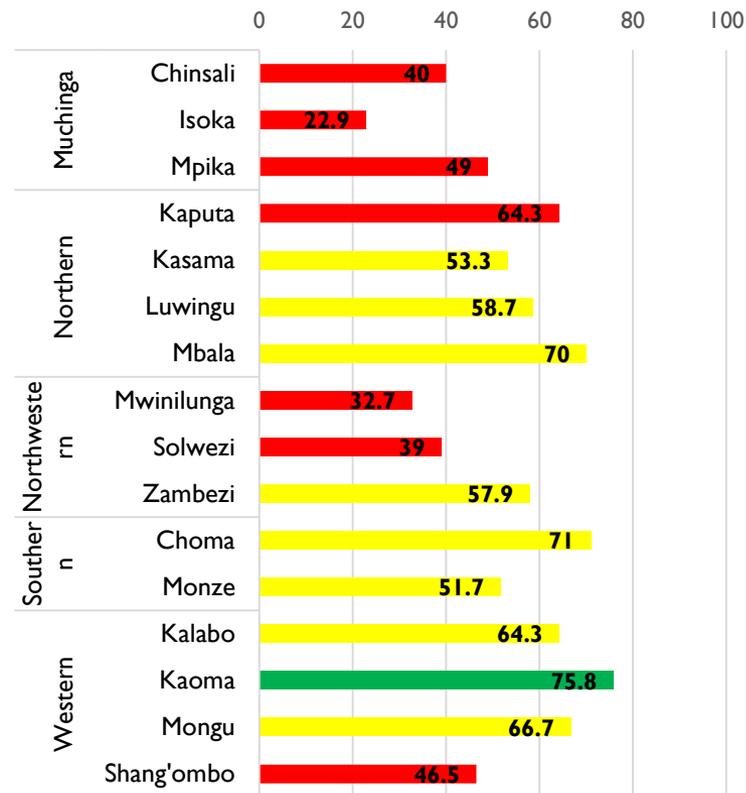
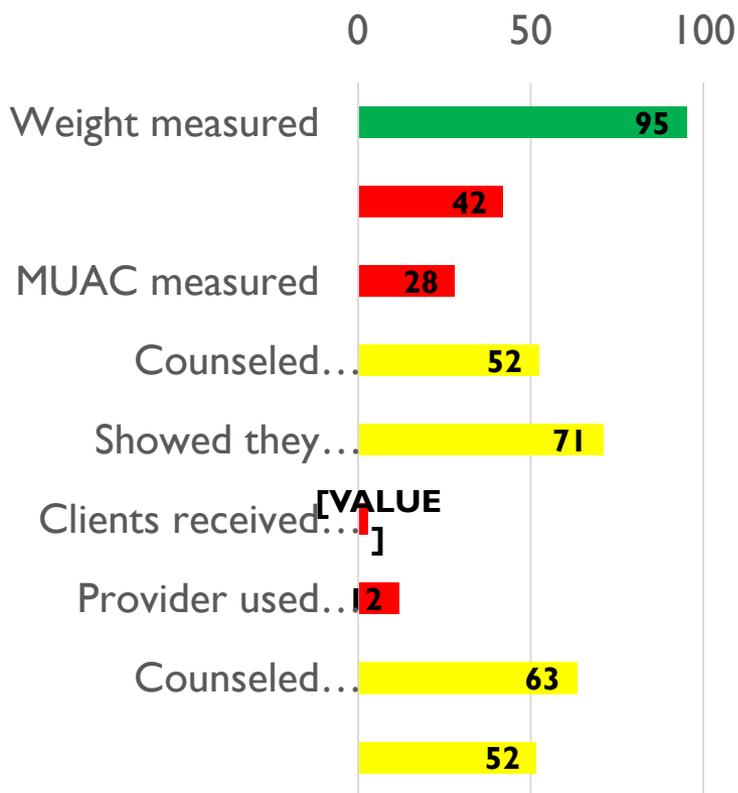
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Growth Monitoring & Promotion – Exit interviews

- Exit interviews with caregivers attending GMP (n=472)
 - Child weighed
 - Height/length measured
 - Counselling about how child growing
 - Counselling about child feeding
 - Provider used materials during counseling



GMP exit interviews (n=485)



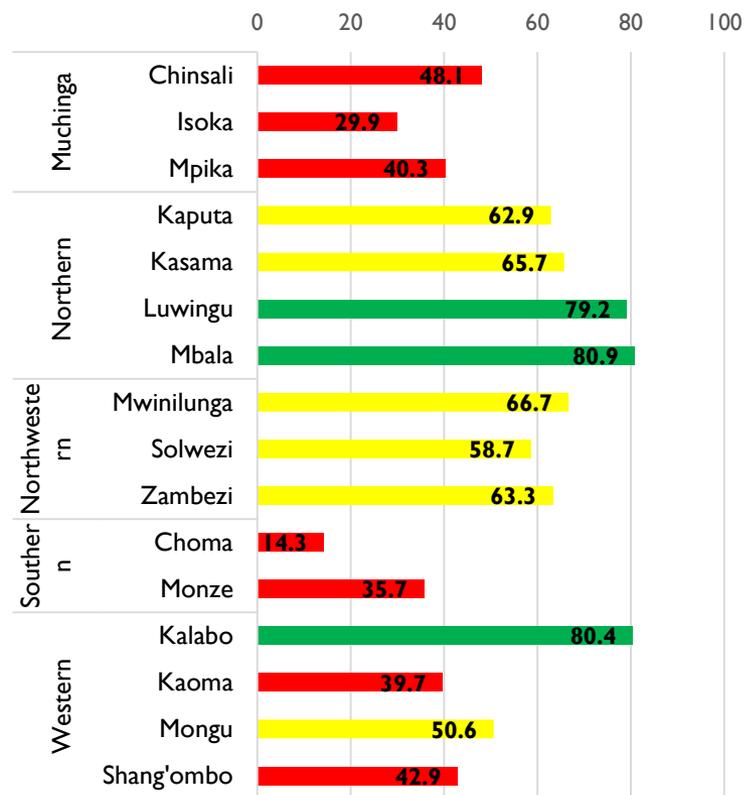
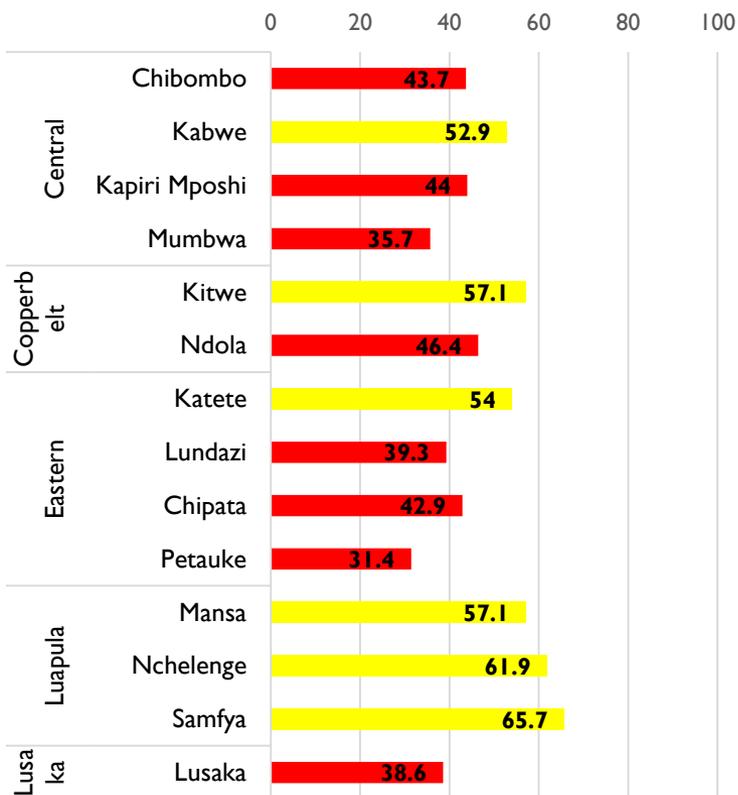
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Child curative services – HCP training received

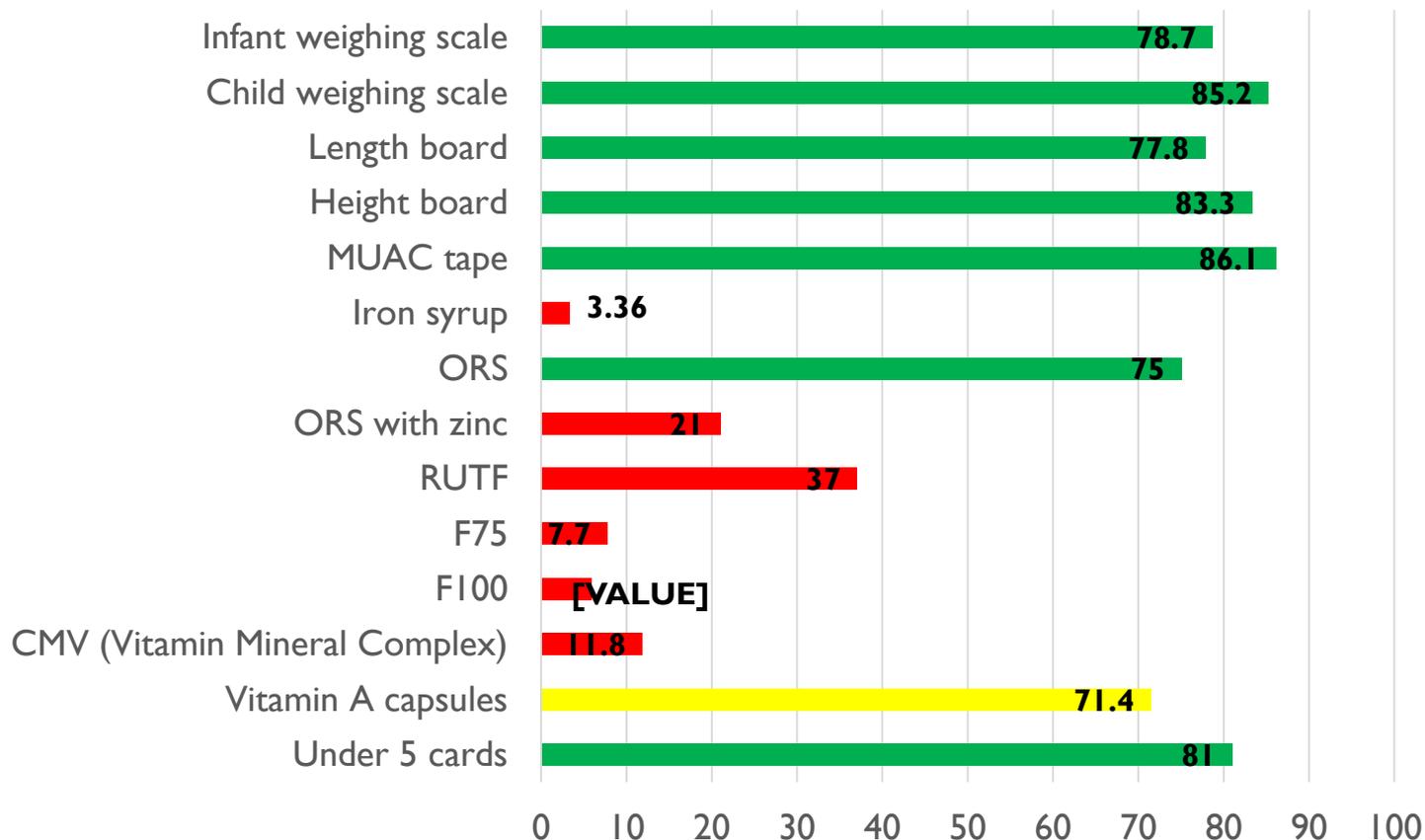
- HCP interviews (n=269)
- Had providers received training in the past two years on:
 - Growth monitoring/nutritional assessment
 - IMCI
 - Treatment of acute malnutrition
 - Exclusive breastfeeding
 - Complementary feeding
 - Counselling related to infant feeding and nutrition
 - Diarrhea treatment with zinc

Training in child curative services





Availability of nutrition equipment and commodities for child nutrition



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Participatory Mapping workshop

Qualitative Findings

Participatory mapping workshops

- Conducted 20 workshops with 356 community-based workers and volunteers and supervisors
- Mean number of participants per workshop 17.8 (12-22)
- 48.3% female, 51.7% male

Sector	Workshops
Health	20/20
Agriculture	20/20
Fisheries and Livestock	12/20
WASH	11/20
Community Development	20/20
Education	20/20
Local government/Chiefs and traditional affairs	4/20

Overall description of multisectoral nutrition activities

- All workshop groups reported community-based nutrition activities being implemented in their wards
- All workshop groups reported nutrition was a priority in their community
- Most – but not all – workshop groups reported sectors working together on nutrition activities
 - 14 workshop groups reported working together
 - 6 workshop groups reported working somewhat well together

Nutrition activities being delivered well

- Most groups mentioned
 - Growth monitoring and promotion
 - IFA supplementation
 - Several groups mentioned
 - Home garden activities
 - Vitamin A supplementation
 - Nutrition/MCDP community mobilization and outreach Provision of seed and food packs
 - Cooking demonstrations
 - Social cash transfers
 - Distribution of livestock

Nutrition activities NOT being delivered well

Considerable variation across wards

- Cooking demonstrations mentioned by several
 - Lack of funds
- School health and nutrition (cooking activities and production units)
 - Lacking permanent cooks/funds to employ cooks
- Lack of construction/repair of boreholes

What makes multi-sectoral nutrition difficult?

- Lack of coordination was mentioned by almost all groups
- Lack of funding mentioned by most groups
- Lack of communication was mentioned by half
 - Typically communication challenges were noted across sectors
 - Less commonly noted were challenges between the district and ward level
- Lack of transportation and human resources was mentioned by several groups

Focus group discussions

- Discussions with volunteers (20 FGDs) and supervisors (20 FGDs) to explore:
 - Multisectoral collaboration
 - Community based volunteer motivation and factors that influence motivation
 - Supervision



Focus group discussion participants

Participant characteristics	n=302
Age, mean years, range	42.6 (22-73)
Years in position, mean years, range	6.6 (1-37)
Female, %	48.7
Sector, %	
Agriculture	14.2
Community development	19.5
Education	15.2
Fisheries & Livestock	3.3
Health	40.7
WASH	4.6



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Key findings from focus group discussion

- Overall coordination was moderate and varied
 - Stronger among some sectors and areas, and less so in others
- Volunteer motivation is complex - sacrificing time to do the work and leaving their own personal activities
- Lack of training for supervisors around supervision for nutrition activities
- Volunteers distracted by multiple programs because they are looking for financial incentive
- Supervision is there but it is not “supportive”
 - Supportive of the work that is done but not of the volunteer

Multisectoral collaboration for nutrition

Participants talking about sectors working together and sharing a common goal to improve nutrition in their communities was a common theme

- *“So you find that despite belonging to different ministries, we are all serving the same purpose. We are doing the same thing, targeting the well being of that man, that woman, that child in our communities.”*
- *“All the ministries are working hand in hand. Its not like health alone, agriculture alone, it’s like all the sectors have been brought together to work for one goal...we are working together for one goal.”*

-Nchelenge



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Challenges to multisectoral nutrition

Despite shared goals to improve nutrition, several reported a lack of coordination

- “We have one goal, but we don’t work together as a team. Health has their own activities, agriculture has their own activities, like here ...you find that health and agriculture they don’t know each other, so what we are supposed to do is to be together when we go in the field; we go as a team... So, coming up with MCDP 2 it encourages us to have meetings as sectors, otherwise we don’t know each other in the community we just find that different sectors doing their work but with one goal.”* -Lusaka

Lack of funds for activities was a barrier

- “In fact all sectors are working together for instance here all 6 sectors of government where the health, agriculture, fisheries, community and local government then the information it is given to the community...what brings a lot of challenge ...we can say sponsorship for those programs because it needs a lot of money, material.* -

Mnyamazi



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What factors negatively impact community volunteer's motivation and performance?

Lack of reimbursement and compensation was the main factor that negatively impacted volunteer's motivation

- *“They do not fund us to cook for those people at the grassroots. They just teach but they do not fund, if they used to fund then it would have been better so they are not doing a good job.”*
- *“I found that we are laughed at because you know our job as a volunteer they laugh at us that we are just wasting our time and friends are farming.”*



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Summary

- General availability of basic equipment is **fairly good**
- ANC specific basic equipment showed **Some gaps**
- Training in all areas: **Was poor**
- Client experience with services: Was poor
- Rural sites **performed poorer**
- There was generally **Lack of IEC** materials for all services
- There was **Poor coordination** of activities within wards and District
- Lack of **funding**
- ~~Lack of incentives for volunteers~~

Recommendations

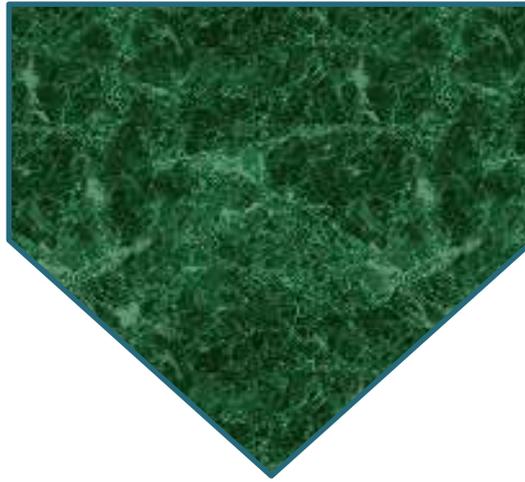


- Support WNCCs to coordinate activity delivery and monitoring
- Provide CBVs incentives/reimbursements and gear
- Train CBV supervisors on supportive supervision
- Provide additional funds for implementing activities
- Training and job aids for health care providers or volunteers for nutrition counseling for pregnant women and growth monitoring and promotion
- Disseminate printed materials to share with pregnant women and caregivers
- Strengthen systems to connect pregnant women at ANC to community nutrition services
- Target efforts to improve systems for managing IFA inventory at facilities with stock outs



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Thank you



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