World Health Organization **Accelerating nutrition improvements. Best practices for scaling up. Examples from Ethiopia, Uganda and the United Republic of Tanzania.** WHO/NMH/NHD/16.4: World Health Organization. 2016

Available at: http://www.who.int/nutrition/publications/ANI-bestpractices-scalingup/en/

Background

"Accelerating Nutrition Improvements in Sub-Saharan Africa (ANI)" is a project implemented in 11 countries with the support from Global Affairs Canada (1). It is implemented by the World Health Organization (WHO) in close collaboration with other United Nations agencies (such as FAO, UNICEF and WFP), Accelerating the Scale-up of Food and Nutrition Actions (REACH), Scaling Up Nutrition (SUN), United States Centers for Disease Control and Prevention (CDC), several non-governmental organizations and each of the national governments. The project aims to 1) strengthen nutrition surveillance systems in all participating countries (Burkina Faso, Ethiopia, Mali, Mozambique, Rwanda, Senegal, Sierra Leone, United Republic of Tanzania, Uganda, Zambia and Zimbabwe), 2) conduct nutrition baseline surveys in Rwanda, Sierra Leone, Zambia and Zimbabwe, and 3) support the scaling-up of evidence-informed nutrition actions in Ethiopia, Uganda and the United Republic of Tanzania.

The reported activities for scaling up nutrition interventions in Ethiopia, Uganda and the United Republic of Tanzania were implemented in country-led programs and within already existing systems to ensure sustainability. All three countries implemented interventions in line with the essential maternal, infant and young child nutrition actions during the critical period from conception to 2 years of life (2). The current issue of Nutrition News for Africa summarizes a recently published report by the *World Health Organization* to share best practices used for scaling up in Ethiopia, Uganda and the United Republic of Tanzania (3).

Summary of promoted best practices for scaling up

The following best practices used in the ANI project were described by the WHO (3).

Addressing anemia among adolescent girls in Ethiopia

After confirming the anemia prevalence among adolescents in the Ethiopia Demographic and Health Survey in 2011, the case was made that anemia in this population needed to be addressed and the needs and feasibility of iron-folic acid supplementation among adolescent girls was assessed. A survey in three districts identified that 24 to 38% of adolescent girls were anemic. The majority of interviewed girls were reportedly willing to take an iron-folic

acid supplement and stated that they would prefer receiving it through the health system. The government and development partners took action based on the results from this survey.

Using outreach strategies to disseminate of nutrition messages in Ethiopia

To promote nutrition-related practices at the community level and in schools a variety of locally adapted materials were developed. Nutrition workshops were held for local authorities and orientation meetings were organized for schoolteachers and influential community personnel. Moreover, training activities on nutrition messages also targeted local media. Nutrition messages were disseminated at public gatherings through the use of mobile vans. Discussions of infant and young child nutrition were added to monthly meetings of pregnant women. In addition, science classes and nutrition clubs were used to teach school children about nutrition and health.

Strengthening technical skills of health workers to improve coverage of nutrition services in Ethiopia

The following three main steps were taken to strengthen technical capacity for delivering essential nutrition actions regarding adolescent, maternal, infant and young child nutrition and the management of severe acute malnutrition. First, the national training materials were updated to include the latest guidelines by WHO. Second, capacity building was implemented through the train the trainers strategy, followed by cascade training. This led to training of >700 health workers, who in turn trained health extension workers and health development army volunteers. The third step included supportive supervision for post-training follow-up support. Supervisions were facilitated with a detailed checklist to guide supervisors, while monthly meetings covered common challenges encountered when delivering nutrition messages. A before-after evaluation suggested significant increase in knowledge, with health center staff reporting nutrition interventions now considered among the most important maternal and child health activities.

Bringing stakeholders together around evidence-informed nutrition actions through participatory district assessments in Uganda

To strengthen district plans and ensure appropriate support from national level, an initial Landscape Analysis (4) was implemented by conducting over 200 interviews with nutrition managers in government and partner agencies and health facility personnel. This survey revealed that high level commitment to nutrition at the national level was not always translated to the district level. At the district level, a lack of concrete nutrition plans and inadequate financing were limiting nutrition interventions. During district-level consensus meetings gaps were identified and required actions were agreed on. Recommendations focused on planning, decision-making, coordination and tracking of resources. To support the implementation of these recommendations, district health teams and some national staff were trained to plan, cost and implement nutrition services. Subsequently, evidence-informed nutrition interventions were developed, focused on appropriate infant and young child feeding practices and healthy dietary practices among women and adolescents.

Adopting and adapting international guidelines to ensure an evidence-informed approach to improve nutrition in Uganda

The national Nutrition Action Plan in Uganda emphasized the need to prevent and control all forms of malnutrition, to scale up initiatives such as growth monitoring and promotion and the management of severe acute malnutrition. As a first step, national policies were updated in line with global guidelines. Global tools were assessed and adapted to the local context. Workshops and training courses were implemented to strengthen the capacity of Ministry of Health staff at the district and the national level. Over 500 health workers were trained on the updated guidelines and supportive supervision was offered to some.

Developing nutritious, locally available and affordable recipes for complementary feeding in Uganda

Poor complementary feeding practices were identified as a major risk factor for childhood stunting in Uganda. A series of surveys were conducted utilizing the ProPAN methodology (5). These included a survey of >2000 households with children <2 years of age, focus group discussions with caregivers, observational studies of infant and young child feeding practices and a market survey. Findings confirmed that undernutrition was a public health problem, with almost one-third (29%) of children stunted, 13% wasted and 81% anemic. To improve complementary feeding practices, locally available and affordable recipes were developed with the Optifood software (6), which identified several suitable, local complementary foods. However, analyses demonstrated that it was not possible for diets to affordably provide adequate amounts of iron and zinc without additional fortification. Trials of Improved Practices (TIPs) were then used to test the feasibility of the developed food-based recipes. A key limiting factor identified was the time required to prepare these recipes. A social and behavior change communication strategy was developed based on the findings of a knowledge, attitudes, and practices survey. Promotion of the recipes was conducted through various communication channels, including events targeting mothers and fathers of children < 2 years of age and other caregivers. A small before and after survey suggested that infant and young child feeding practices had improved compared to baseline.

Investing in nutrition at district level in the United Republic of Tanzania

The United Republic of Tanzania aimed to implement key nutrition interventions through a decentralized and participatory planning and budgeting strategy. To start the process, a District Gap Analysis was conducted with a focus on multisectoral coordination and partnership, financing, information systems, available human resources and nutrition interventions. Participatory district assessments and workshops for capacity building on planning and budgeting for district-level nutrition activities were implemented. To ensure support at the national level, high-level advocacy meetings were held. As a result, national and district-level health staff reported nutrition had received an increased recognition in the region and districts.

Scaling up social and behavior change communication at the community level to improve maternal, infant and young child feeding practices in the United Republic of Tanzania

With the objective to implement an effective social and behavior change communication strategy to improve maternal, infant and young child nutrition, an inventory assessment was conducted of available materials. Based on these findings, materials and messages were then developed based on Essential Nutrition Actions with the goal to achieve the Global Nutrition Targets (7). The developed materials ranged from fact sheets and policy briefs for national and local decision makers, to information materials for the media and flipcharts for community outreach. Trainers were trained to plan, implement and evaluate the social and behavior change communication campaigns and the trainers subsequently trained numerous target groups at the district-level. A large number of beneficiaries were reached through a wide range of community campaigns. Advocacy events at the national, regional and local levels were implemented, which lead to an increased visibility of nutrition among decision-makers.

Strengthening nutrition surveillance within the health system in the United Republic of Tanzania

A series of gaps were identified in nutrition surveillance in the United Republic of Tanzania. In particular, although information on indicators was available at the national level, it was limited or lacking at the regional and district levels. Moreover, nutrition indicators were collected in 7 of 15 registers in health facilities. To simplify the data collection process, all nutrition-related indicators were consolidated into one single nutrition register and indicators were updated and aligned with the Global Nutrition Monitoring Framework (7). Training modules on the new nutrition surveillance were developed and implemented by cascade training in >400 health facilities. In addition, >400 health workers were trained on anthropometric measurements, growth monitoring and promotion, and on the WHO Child Growth Standards (8); anthropometric equipment was provided to all health facilities. To improve infant and young child nutrition, training was also provided on counselling of infant and young child feeding and on management of severe acute malnutrition.

Policy implications

According to the WHO, the three countries shared some common achievements in their best practices (3). In particular, governmental ownership was key to reinforcing and increasing the pace of implementation of nutrition interventions. Scaling-up activities were implemented by frontline health workers who benefited from critical capacity building. The project built on skills of all partners and ensured that evidence-informed nutrition interventions were implemented in a culturally appropriate manner. Last but not least, the use of communication channels in the health and non-health arenas extend the outreach and coverage of the communication strategy.

NNA Editor's Comments

It is encouraging to see the wide range of actions that were taken as part of the ANI project. Many of the implemented interventions were guided by formative research and were accompanied by a strong capacity building component. The summarized report did not include results from any impact assessments, which would further strengthen these conclusions. It would be important to understand, which of the actions and strategies taken were most effective and at what cost.

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