



## NUTRITION

The 2018 Year in Review

USAID Systems for Health works to improve the nutritional status of children under 5 and pregnant and lactating women. Through trainings and on-site support visits Systems for Health has built health workers' capacity to provide quality services. Shared learning and quality improvement activities support facilities to improve the quality and availability of nutrition services.

To reduced missed opportunities to improve nutritional status, nutrition is integrated into maternal, newborn, and child health (MNCH) trainings, coaching visits, and quality improvement activities.

### KEY INTERVENTIONS

- On-site coaching for service providers trained in anemia prevention and case management, Essential Nutrition Actions, Infant and Young Child Feeding, and lactation management
- Shared learning to improve the provision of nutrition services
- Coaching visits to Community Health Officers include nutritional assessment and counseling as a core component

### Integration into MNCH services

To maximize opportunities to integrate nutrition into routine service provision, Systems for Health includes nutrition assessment, counseling, and support in many of its MNCH activities. Content on assessment and counseling skills, breastfeeding, complementary feeding, feeding during illness, and other relevant topics are integrated into ENC and IMNCI training and follow-up. In Greater Accra, the percent of sick children whose caregivers were asked about feeding practices increased from 41% at first IMNCI PTFUs to 55% at second visits. In Greater Accra and Northern, record reviews at ENC coaching visits showed an increase in early initiation of breastfeeding, from 49% to 88%.

### Nutrition Shared Learning

From June to July 2018, eight districts in Greater Accra initiated shared learning for facilities previously trained in IMNCI and CMAM to improve the treatment of childhood illnesses and ultimately reduce preventable morbidity and



**Figure 1 A provider measures middle-upper arm circumference to assess nutritional status**

mortality. The shared learning package aimed to strengthen the linkages between nutrition and child health, thus improving integrated care for children and child health outcomes. Also, 138 facilities included CMAM-related improvement activities, such as visiting homes to follow up on defaulters and checking the mid-upper arm circumferences (MUACs) of all underweight children during Child Welfare Clinics (CWCs). Work is ongoing, and results will be shared in subsequent reports.

### KEY RESULTS

#### Provider Competency in Nutrition Assessment and Counseling

Providers trained in ENA who received two rounds of follow-up coaching showed improved competency in growth monitoring and nutrition counseling. From observing 33 providers with two visits, findings showed overall competency in growth monitoring and nutrition counseling increased from 75% at the first visit to 85% on the second visit. Targeted nutrition counseling had the greatest improvement, with average competency rising from 67% to 85%.

#### Anemia Diagnosis and Treatment

Systems for Health supported the Northern Regional Health Directorate to train providers in five districts on anemia case management in Year 3. In Year 4, 55 providers

received follow-up visits to assess gaps and provide coaching. Providers showed good retention of skills in clinical assessment (87%) and counseling (86%) on anemia. Skills with more room for improvement include hemoglobin testing (68%) and treatment for anemia (56%). Many sites lacked testing equipment, making it difficult for providers to practice and retain testing skills and to properly diagnose anemia.

### Provision of nutrition services at Community-based Health Planning and Services (CHPS)

CHPS compounds are a primary entry point for addressing nutrition-related issues for children under 5. At CWCs, nurses track children’s growth over time and provide counseling to strengthen feeding practices. The clinics include the identification of children in need of more targeted counseling and support. In 483 project-supported CHPS zones, CWC registration increased by 64%, from 519,030 in Year 2 (baseline) to 929,308 in Year 4 (Figure 3).

A new CHPS supervision tool, rolled out in May 2018, supports coaching for CHOs on nutrition assessment and counseling for children. Of 79 CHOs observed, 70% assessed breastfeeding/feeding patterns while taking the health history for children under 5, and 72% counseled the mother on feeding when nutritional issues were diagnosed. Other steps, such as checking the MUAC, were

less likely to be performed (37%). Nutrition assessment and counseling is an area for strengthening at the CHPS level.



Figure 2 Baby weighing at a CHPS CWC in the Volta Region

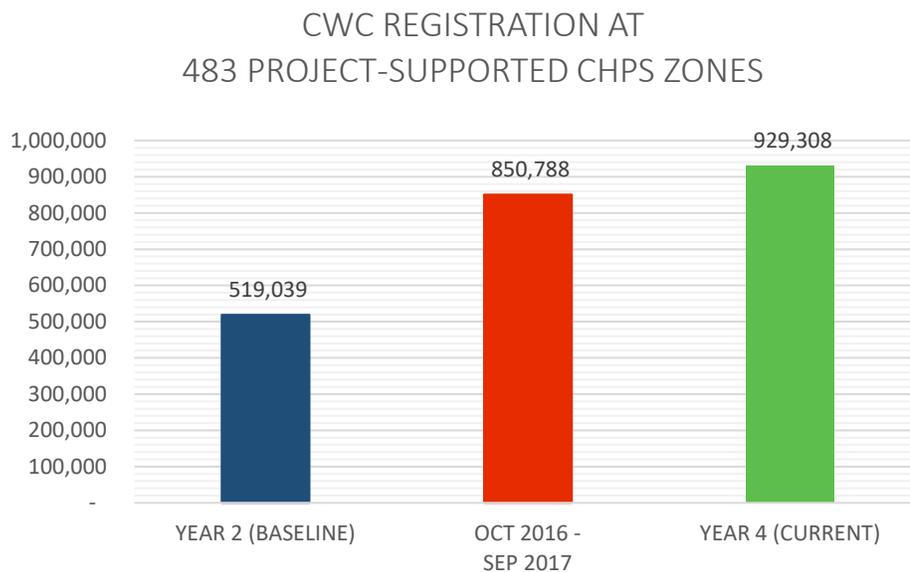


Figure 3. Increased registrations for CHPS CWCs from Year 2 to Year 4.

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