FOOD INSECURITY: DOUBLE BURDEN OF MALNUTRITION

EXPERIENCES IN THE PREVENTION OF CHRONIC MALNUTRITION AND EFFORTS TO INCREASE FOCUS ON OVERNUTRITION

Paige Harrigan Senior Nutrition Advisor Save the Children

SNEB August 2, 2016

Purpose of the Session:

Introduction

Overview of experience, tools, evidence generation and impact **in the prevention of chronic malnutrition** in the countries with the highest malnutrition burdens with an overview of recent experience steps to expand the focus to include more work and greater investment in undernutrition.

Personal observations

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Slide 2 – Intro SC- slide of SCUK Nutrition portfolio (descriptive)

- – chronic and acute malnutrition

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SCUK PPQ Nutrition Programmes in 22 countries..

SCUK Global Footprint countries	High burden country (Lancet definition[a])	Countries with SCUK nutrition programmes	Scaling Up Nutrition (SUN) member	Focus countries of main donors[e]	Breakdown of SCUK's 21 focus countries[b] (highlighted in orange)	
					Priority level[c]	If signature programme, type specified[d]
Afghanistan	√	√			A	E
Angola	√					
Bangladesh	√	√	√	DFID, CIFF	A	H,CP
Brazil					C	-
Burkina Faso	√	√	√			
Cameroon	√		√			
Chad	√		√			
China					C	-
Cote d'Ivoire	√		√			
DRC	√	√	√		A	NCS,CP
Egypt	√					
Ethiopia	√	√	√	DFID, CIFF	A	NCS
Ghana	√		√			
Guatemala	√		√			
India	√	√		DFID, CIFF	C	NCS
Indonesia	√		√		B	CP
Iraq	√					
Kenya	√	√	√		A	NCS,H, CP
Laos	√	√	√			
Liberia		√			B	NCS,CP
Malawi	√	√	√			
Mali	√		√			
Mozambique	√		√		B	-
Myanmar	√	√	√		B	-

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Nepal	√	√	√	DFID		
Niger	√	√	√		B	-
Nigeria	√	√	√	DFID	A	NCS
North Korea	√	√				
Pakistan	√	√	√		A	NCS,H
Philippines	√					
Rwanda	√	√	√			
Sierra Leone			√		B	NCS
Somalia		√			A	-
South Africa	√				C	-
South Sudan		√	√		A	E
Sudan	√					
Tanzania	√	√	√		B	NCS
Uganda	√		√			
Vietnam	√	√				
Yemen	√	√	√			
Zambia	√		√			
Zimbabwe			√	DFID	B	-
Total	34	22	28		21	13
Covered by SCUK nutrition programmes	19/22	22	16/22		14/21	11/21

[a] The 34 countries with latest national stunting estimate ≥ 20% and population affected covering 90% of total child stunted population (**1**)

[b] Afghanistan, Bangladesh, Ethiopia, Pakistan, South Sudan, DRC (Democratic Republic of Congo), Kenya, Nigeria, Somalia, Liberia, Mozambique, Myanmar, Sierra Leone, Tanzania, Niger, Indonesia, Zimbabwe, India, South Africa, Brazil, China (highlighted in bold).

[c] A- maximum breakthrough, B- High breakthrough, C- global footprints

[d] SCUK signature programmes: NCS- Newborn Child Survival, H- Hunger& Livelihoods, E- Education, CP- Child Protection

The Lancet's package of interventions

with the potential to reduce stunting by 20% if scaled up to 90% and save an estimated 900,000 lives

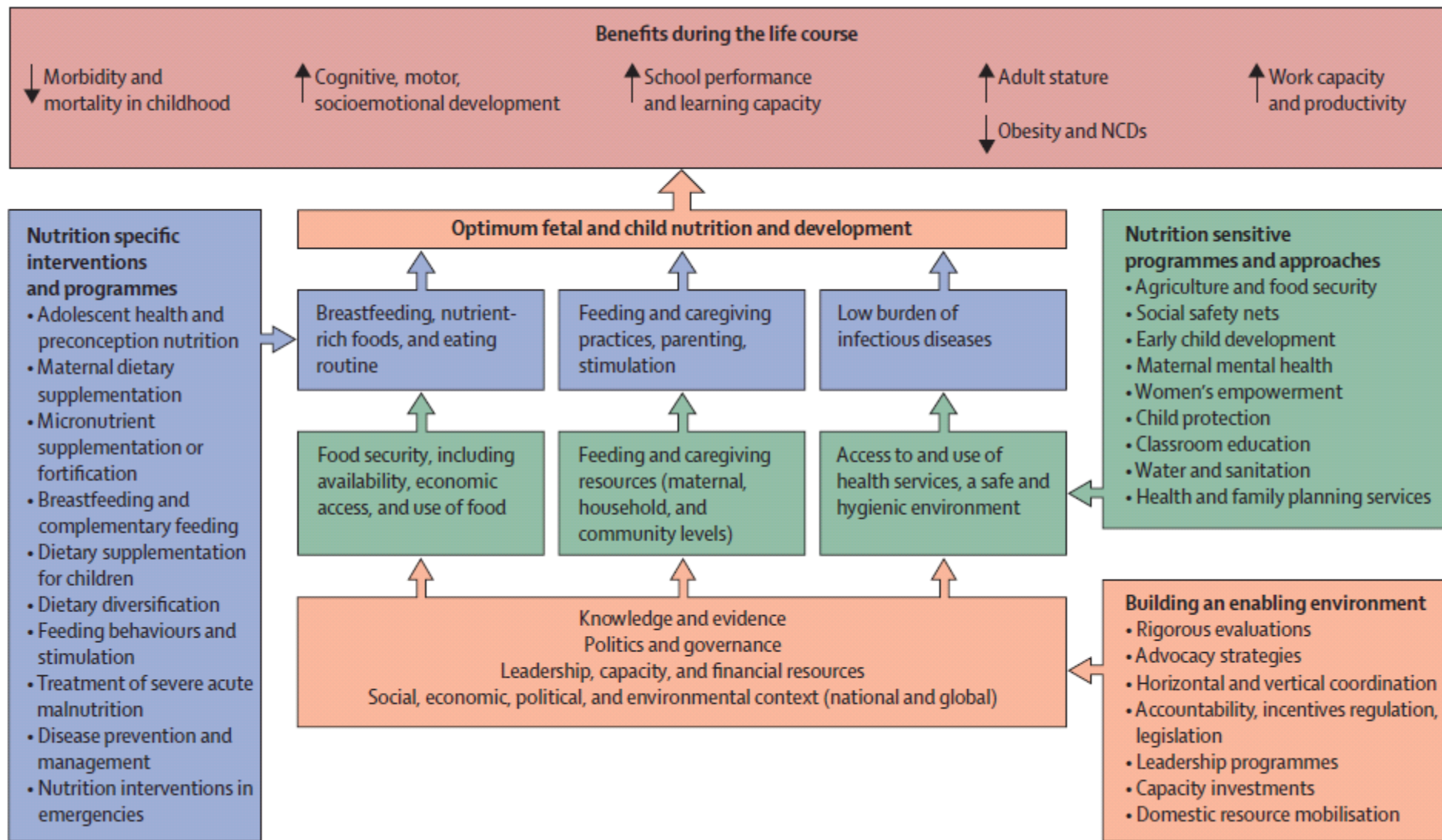| Nutrition intervention/behaviour	Present in SCUK programmes	No. of SCUK programmes with these interventions
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maternal balanced energy protein supplementation	X	0
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multiple micronutrient supplementation in pregnancy	√	5
promotion of breastfeeding	√	37
appropriate complementary feeding	√	37
vitamin A administration	√	13
preventive zinc supplementation in children aged 6–59m	√	3
management of severe acute malnutrition (SAM)	√	31
management of moderate acute malnutrition (MAM)	√	24

- Strong focus on IYCF and CMAM
- Minimal number of pre-conception/ maternal interventions
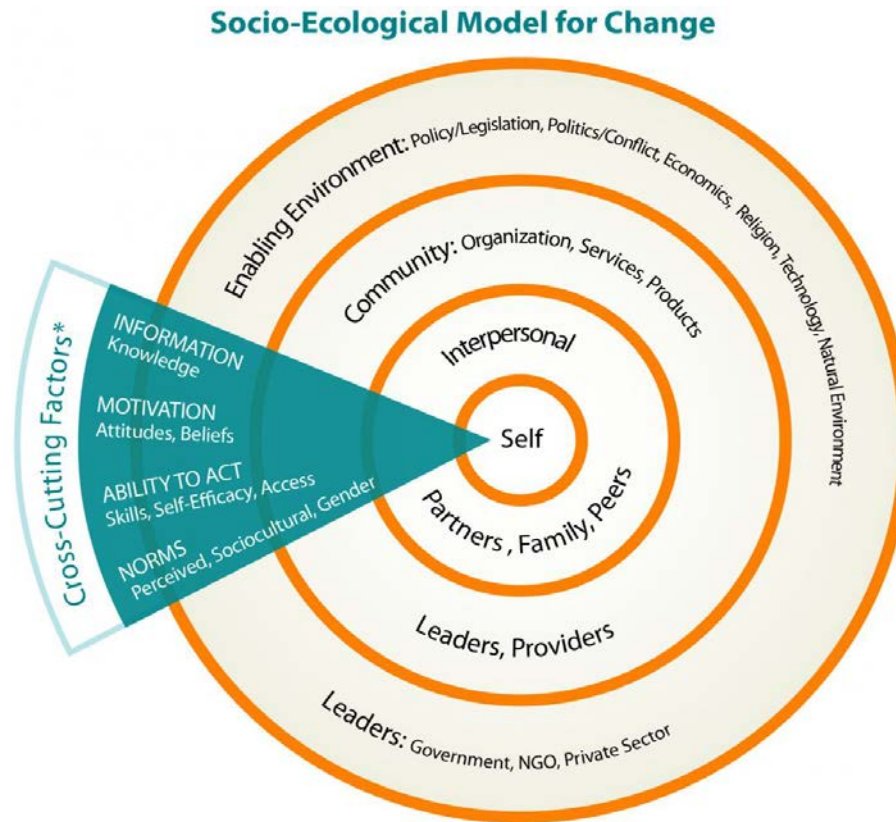- Minimal number of programmes with preventative zinc supplementation

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Slide 3- conceptual frameworks

- Unicef, lancet , socio-ecol

Which one?

8

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Benefits during the life course

↓ Morbidity and mortality in childhood

↑ Cognitive, motor, socioemotional development

↑ School performance and learning capacity

↑ Adult stature
↓ Obesity and NCDs

↑ Work capacity and productivity

Optimum fetal and child nutrition and development

Nutrition specific interventions and programmes
- Adolescent health and preconception nutrition
- Maternal dietary supplementation
- Micronutrient supplementation or fortification
- Breastfeeding and complementary feeding
- Dietary supplementation for children
- Dietary diversification
- Feeding behaviours and stimulation
- Treatment of severe acute malnutrition
- Disease prevention and management
- Nutrition interventions in emergencies

Breastfeeding, nutrient-rich foods, and eating routine

Feeding and caregiving practices, parenting, stimulation

Low burden of infectious diseases

Food security, including availability, economic access, and use of food

Feeding and caregiving resources (maternal, household, and community levels)

Access to and use of health services, a safe and hygienic environment

Knowledge and evidence
Politics and governance
Leadership, capacity, and financial resources
Social, economic, political, and environmental context (national and global)

Nutrition sensitive programmes and approaches
- Agriculture and food security
- Social safety nets
- Early child development
- Maternal mental health
- Women's empowerment
- Child protection
- Classroom education
- Water and sanitation
- Health and family planning services

Building an enabling environment
- Rigorous evaluations
- Advocacy strategies
- Horizontal and vertical coordination
- Accountability, incentives regulation, legislation
- Leadership programmes
- Capacity investments
- Domestic resource mobilisation

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Social and Behaviour Change Communication

Socio-Ecological Model for Change

*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

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Slide 4 - SCUK MIYCN Nutrition Strategy

- Insert diagram

- SC (chronic and acute malnutrition) – Full spectrum

- Research and evidence

- Scale up of Behaviour Centered Programs MIYCN (mat nutrition, breastfeeding, complementary feeding)– (determinants, quality, community)

- Advocacy

- We are at invest and test and innovations with undernutrition/obesity prevention and control. part of Children 2030 Strategy. Picture SCUK Model

-

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Slide 5: Other current and emerging platforms SC

ECD

School Health and Nutrition*

Adolescent nutrition 2016-18 strategy.

Maternal Health and Nutrition

Limited current funding from foundations, individual donors, multilaterals, bilaterals, sponsorship

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Slide 6- Slide 6. Select Tools and Methods SC NUTRITION

- Situational Analysis

- HEA

- Cost of the Diet*** (complementary feeding barriers – food insecurity, cost of the food, cultural) – unpacking this is harder than it looks and there is much more we can do with consultation here.

- Formative Research/Barrier Analysis

(determinants, quality, community)

- (I have noted my most recent trips in remote remote settings that young mothers have mentioned concerns about weight gain, too much fat consumption in addition to cost of foods- most interesting – a first for me)

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Slide 7-IYCF and IYCF-E - Slide 7.Full spectrum/Links emergency to Non-emergency
IYCF Handshake

All shake hands!

IYCF

IYCF-E

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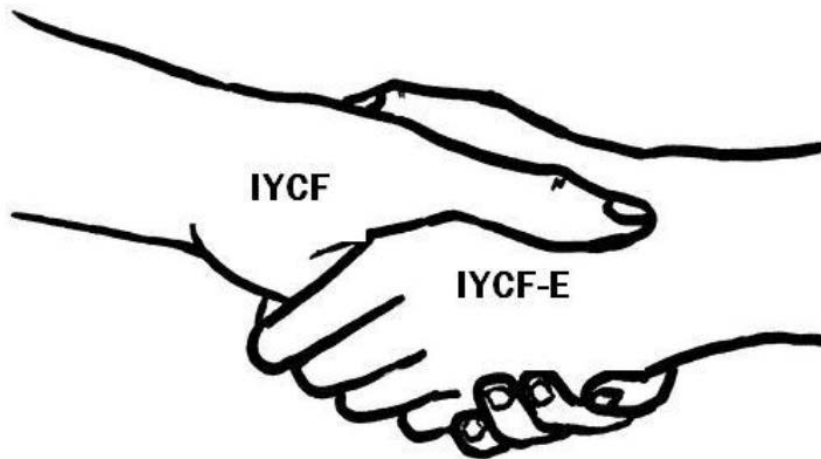
Slide 8 - Overnutrition SNAPSHOT

- Slide 8. Overnutrition SNAPSHOT

- Latin America/US/Asia

- Advocacy Focused

- Program Support –promotion of physical exercise, reduce screen time

- Distinct

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Slide 9. Big questions/Challenges:

- Slide 9. Big questions/Challenges:

- Behavioural determinants

- Resource constraints driving decisions and actions

- Urbanization

- Climate Change

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Slide 10 In closing

-
- Slide   END Thank You

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THANK YOU

- Guatemalan Girls

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ADDITIONAL SLIDES (may be used for discussion)

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IYCF is Infant and Young Child Feeding

- PRACTICES

- Behaviour-Centered Programming

- Successful IYCF interventions at scale rely on behaviour and social change – which is reached through political commitment, evidence based standards and norms, adequate resource allocation, capacity development and effective multiple level communication strategies

Sources: UNICEF IYCF Programming Guide May 2011, Alive and Thrive technical briefs 2014, and materials from the Manoff Group and SC

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Selection of Evidence Based Strategies to support IYCF practices (1 of 2)

- **Maternity care practices**

- **Professional support/Service Delivery Improvement**

- **Lay and peer support**

- **Community-based breastfeeding promotion and support**

Summarized Unicef IYCF Programming Guide

Selection of Evidence Based Strategies to support IYCF practices (2 of 2)

- **Media and social marketing**

- **Workplace**

- **Nutrition education improves caregiver CF practices – use of multiple channels**

Summarized Unicef IYCF Programming Guide- citations

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Components for Comprehensive IYCF Strategy

A comprehensive IYCF strategy needs to include context-specific package of actions at different levels that need to be implemented together including:

- **National level** processes and actions (legislation, Strategies, Guidelines)
- **Health services actions**(skilled support, training curricula for IYCF counselling at HF, capacity development, supervision, BFHI)
- **Community level actions** – community level counselling and support (IPC, skilled community workers/volunteers, support groups, training)

- **Communication** for social and behaviour change (multiple channels, inc media, print, advocacy)
- **IYCF in exceptionally difficult circumstances**, including HIV/AIDS and emergencies
- **Situational Analysis**, monitoring, information systems, evaluation
- **Integration** with additional cross-sector approaches

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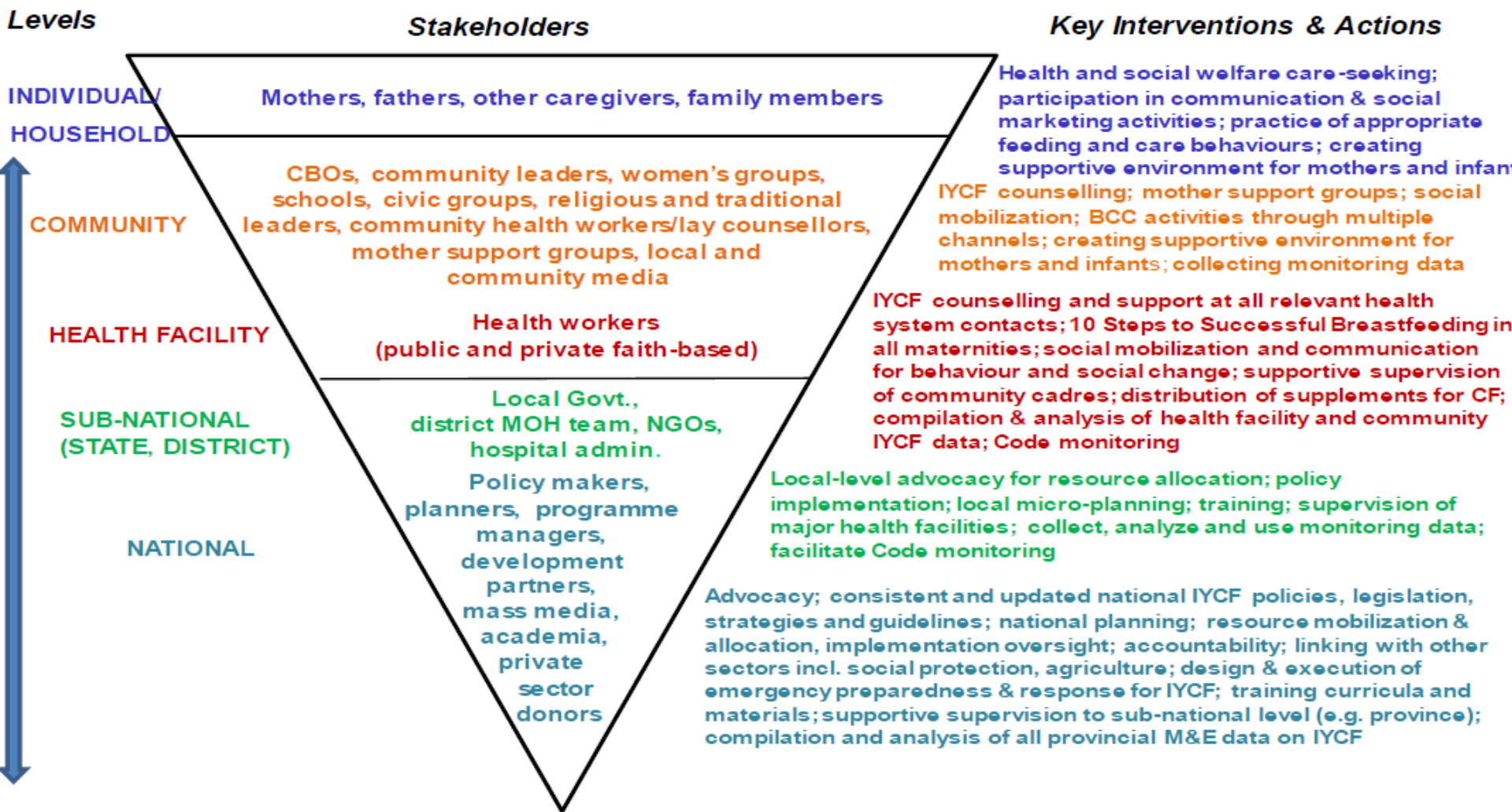
DIFFERENT FOCUS but SIMILAR ACTIVITIES

IYCF

- Promote, protect and support optimal IYCF
- Improve IYCF practices
- Improve Nutrition and Health Status
- Situational Analysis, qualitative and quantitative to understand and design around behaviours
- Specialized communication, counselling and support
- Comprehensive and multiple contact points

IYCF-E

- Do NO harm
- Immediately save lives
- Promote, protect and support optimal IYCF
- Improve key IYCF practices (if possible)
- Comprehensive and Multiple contact points

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IYCF Components and Actions:

Levels	Stakeholders	Key Interventions & Actions
INDIVIDUAL/ HOUSEHOLD	Mothers, fathers, other caregivers, family members	Health and social welfare care-seeking; participation in communication & social marketing activities; practice of appropriate feeding and care behaviours; creating supportive environment for mothers and infants
COMMUNITY	CBOs, community leaders, women's groups, schools, civic groups, religious and traditional leaders, community health workers/lay counsellors, mother support groups, local and community media	IYCF counselling; mother support groups; social mobilization; BCC activities through multiple channels; creating supportive environment for mothers and infants; collecting monitoring data
HEALTH FACILITY	Health workers (public and private faith-based)	IYCF counselling and support at all relevant health system contacts; 10 Steps to Successful Breastfeeding in all maternities; social mobilization and communication for behaviour and social change; supportive supervision of community cadres; distribution of supplements for CF; compilation & analysis of health facility and community IYCF data; Code monitoring
SUB-NATIONAL (STATE, DISTRICT)	Local Govt., district MOH team, NGOs, hospital admin.	Local-level advocacy for resource allocation; policy implementation; local micro-planning; training; supervision of major health facilities; collect, analyze and use monitoring data; facilitate Code monitoring
NATIONAL	Policy makers, planners, programme managers, development partners, mass media, academia, private sector donors	Advocacy; consistent and updated national IYCF policies, legislation, strategies and guidelines; national planning; resource mobilization & allocation, implementation oversight; accountability; linking with other sectors incl. social protection, agriculture; design & execution of emergency preparedness & response for IYCF; training curricula and materials; supportive supervision to sub-national level (e.g. province); compilation and analysis of all provincial M&E data on IYCF

Coordinating & Harmonizing Across Levels

Same objectives, different balance of strategy in IYCF-E

Selection of Key interventions and Actions

Individual caregiver and family level – practice of recommended BF and CF behaviours, care seeking, maintaining supportive environment for mothers and infants, limited IPC/individual counselling and support.
Support: Camp level/community level, IYCF support groups, Health services, outreach, food distribution contact points, training and supervision.
Enabling Environment: Advocacy, Joint Statements, resource allocations, consistent and updated IYCF -E legislation and policy implementation, preparedness in place, rapid roll out of response, situational analysis, collection, analysis use and reporting of IYCF data.
Media multiple, social mobilization, participation in groups promoting IYCF-E
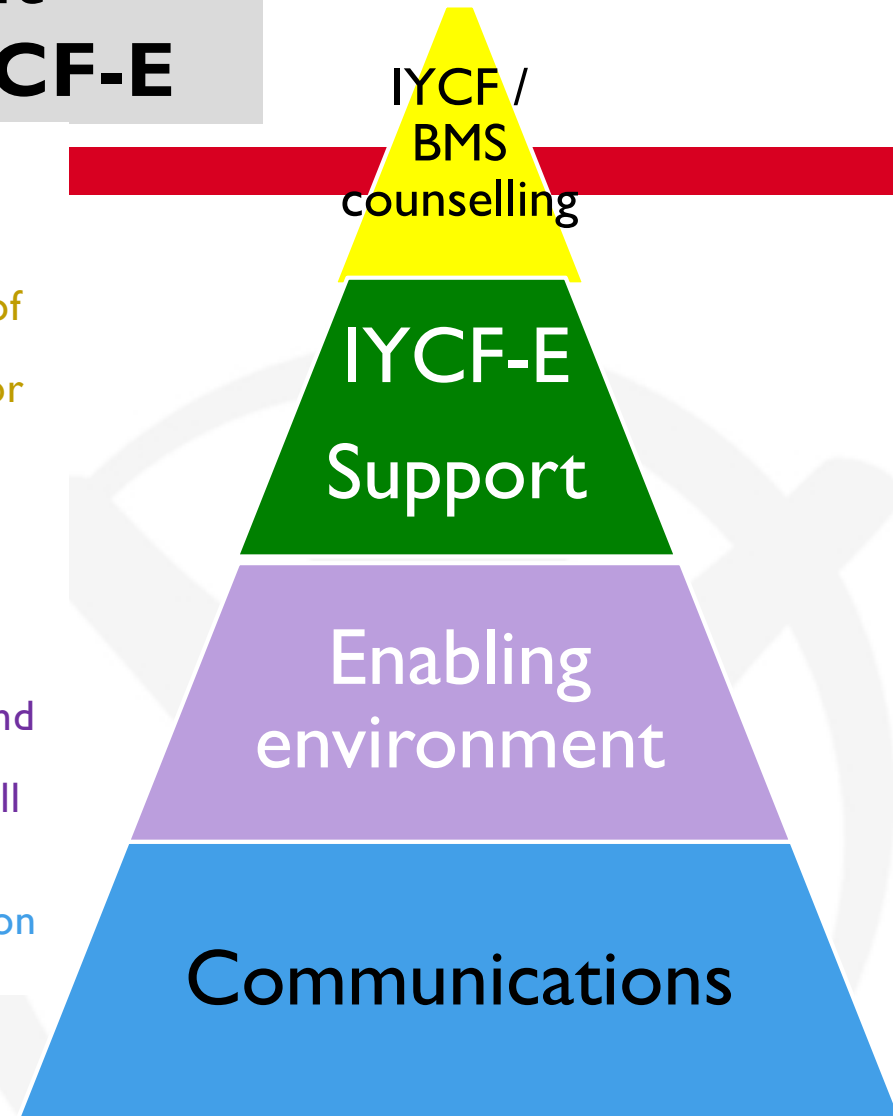
Diagram taken from integration of IYCF into CMAM materials

IYCF / BMS counselling

IYCF-E Support

Enabling environment

Communications

IYCF-E

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IYCF – IYCF-E Continuum:

National Level Policy, processes, legislation, Norms, Standards

Skill development, training, IYCF curricula supervision facility level

Community/local Level counselling, support, CHW/CV training and supervision, peer groups

Communication for Social and Behaviour change- multiple channel

Sit Analysis, Monitoring, Evaluation, research, Information Systems

IYCF

IYCF-E

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Reality

- IYCF-E often 'missing' in emergency response
    - Nutrition cluster not activated.
    - No IYCF-E lead designated.
    - If running IYCF, no need for IYCF-E.
- 'Ad hoc' (*promotional*) response
    - Joint statement released,
    - 'Added on to' other programmes,
    - Stopping ad hoc donations.

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Reality – How to manage in an emergency?

- Focus on need of the majority

- Prioritize support

- Need to rapidly increase knowledge and capacity of certain groups

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IYCF-E is better with STRONG IYCF base

- E.g. A confident breastfeeding mother will continue to breastfeed during an emergency. Will be more resilient.

IYCF needs

Major emergencies

Ability to cope…

TIME

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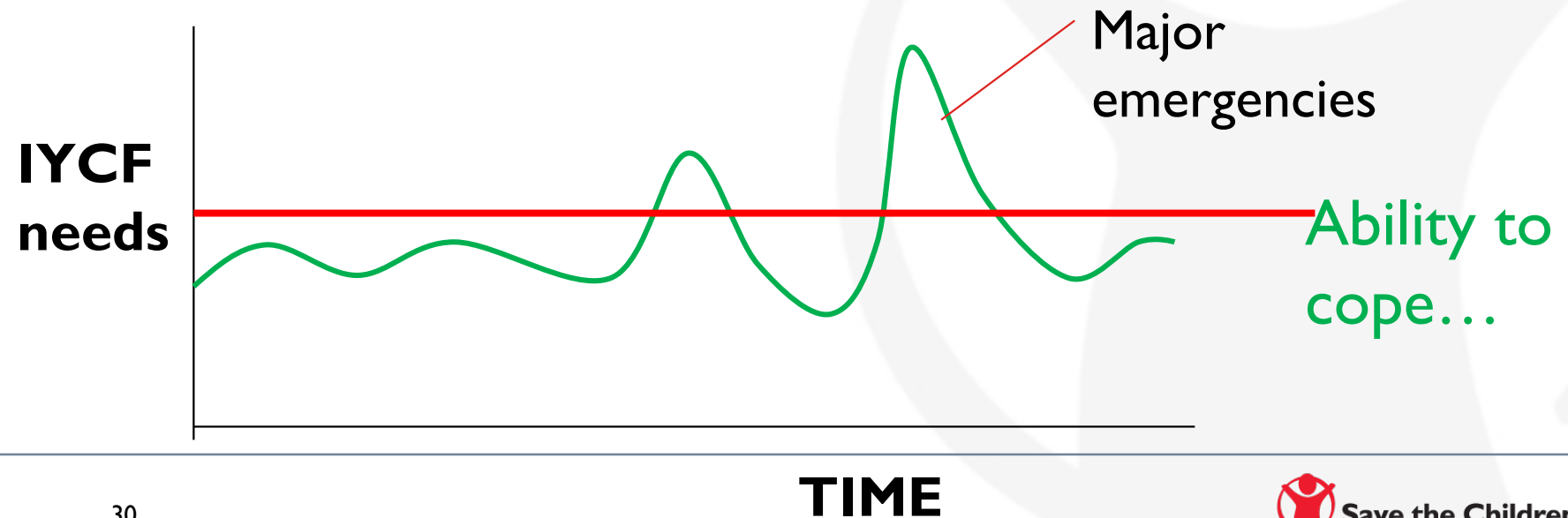
Reality (contd.) Poor IYCF programme

- IYCF skills in non-emergency contexts useful but not fully transferable to meet IYCF-E needs

- No focus on additional / differing needs of caregivers in emergencies

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IYCF-IYCF-E
Links for Quality Preparedness for a Response

- Is your agency 'IYCF AND IYCF-E Friendly'?
- What policies/systems need to be put in place?
- Who needs to be involved in decisions?
- Think about the differing emergency contexts – need to address them ALL
- What tools are available or could be adapted?
- Who could you work with /collaborate with?
- What are YOUR next steps?

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In Conclusion IYCF and IYCF-E

KEY POINTS

- There are strong overlaps in the IYCF and IYCF-E continuum

- But the reality of emergencies means that there are also differences

- IYCF has stronger materials, tools, strategies but as the focus changes in emergencies, different tools and activities need to be appropriated for IYCF-E

- Preparedness is key for quality response – can't sort this in an emergency

- YOU need to take action NOW before an emergency

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SCUK PPQ Nutrition Programmes in 22 countries..

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Malawi	√	√	√			
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Nigeria	√	√	√	DFID	A	NCS
North Korea	√	√				
Pakistan	√	√	√		A	NCS,H
Philippines	√					
Rwanda	√	√	√			
Sierra Leone			√		B	NCS
Somalia		√			A	-
South Africa	√				C	-
South Sudan		√	√		A	E
Sudan	√					
Tanzania	√	√	√		B	NCS
Uganda	√		√			
Vietnam	√	√				
Yemen	√	√	√			
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Zimbabwe			√	DFID	B	-
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The Lancet's package of interventions

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management of severe acute malnutrition (SAM)	√	31
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- Strong focus on IYCF and CMAM
- Minimal number of pre-conception/ maternal interventions
- Minimal number of programmes with preventative zinc supplementation

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Who are PPQ targeting?

Number of programmes

Legend:
- LACME
- Southern Africa
- East Africa
- West & Central Africa
- South East Asia & Pacific
- South & Central Asia

Categories: children under 2, children under 5, pregnant & lactating women, women of child bearing age, communities, caregivers of children

This category means targets only CU2. CU5 category will also include CU2 for the most part, and PLW will indirectly benefit CU2.

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Background, Recommendations

SBC-CCS WORKSHOP

A Main Priority for our technical teams

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Pre- Learning Needs Analysis Results: Hunger Reduction team

- Design Situational Analysis/Formative Research/qualitative and quantitative tools, Operations and Implementation
  - Is a SBC-CCS strategy based on understanding of the main causes of malnutrition? What is the evidence for underlying nutritional assumptions? How can we ensure equal focus on prevention of disease and diet towards improving nutrition?
  - What are minimums for Formative Research

- Capacity Building/Training
  - How can we train people in effective interpersonal communications?
  - How do we combine IYCF and IYCF-E?
  - How long would it take to train FSC staff to deliver messages effectively?

- Measure, Monitoring of Behaviour Change – Evaluation
  - How can we develop joint guidance on communication strategies and monitoring?
  - How do we monitor uptake/monitoring of a best practices
  - How can we monitor the quality/efficacy of counselling or support groups?

- Delivery strategies
  - What is the role of community volunteers in SBC?

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Knowledge and experience of…

Poor | Fair | Good | Very Good | Excellent | N/A

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Areas of most experience and/or capacity? …

Monitoring and evaluation

Research and situational...

Dissemination of SBC / CM ...

Creation direction of...

Building capacity for...

Service provision
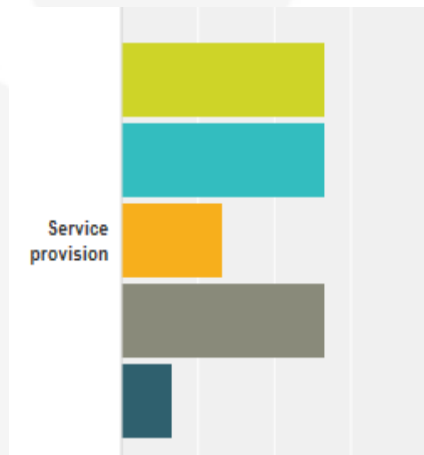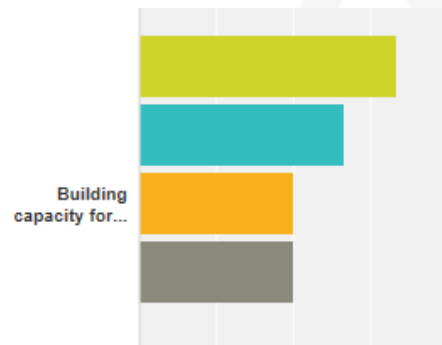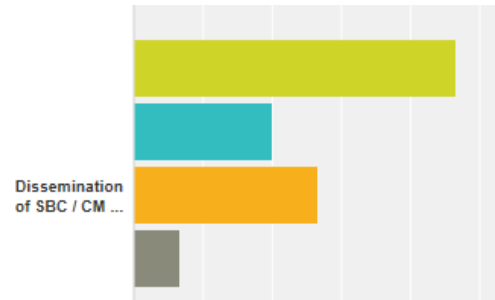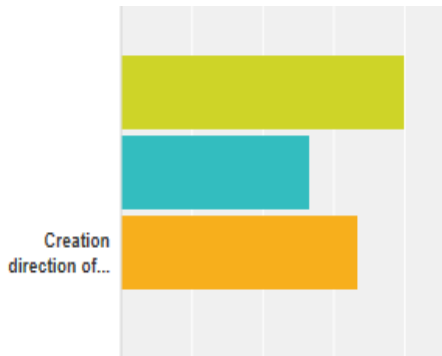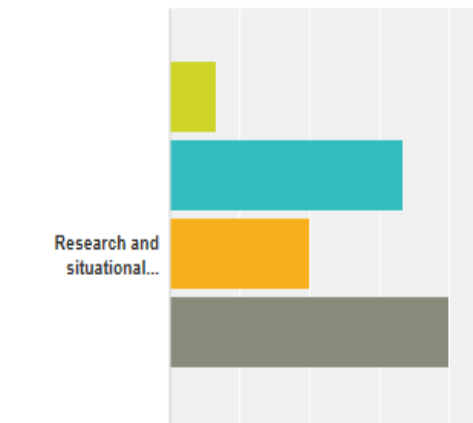
No experience | A little experience | Some experience
Considerable experience | Expert

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Knowledge and skills in SBC and community mobilization

- A range of Knowledge and skills – little to some

- Knowledge of community mobilization: definition, approaches and techniques:
  - Some knowledge **33%**
  - A little knowledge **26%**
  - No knowledge **6%**

- Skills in community mobilization, including its definition, various approaches and techniques:
  - Fair **46%**
  - Poor **20%**
  - Good / Very good **13%**

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What specific topics would you most like to learn about or discuss during the SBC/CM training?

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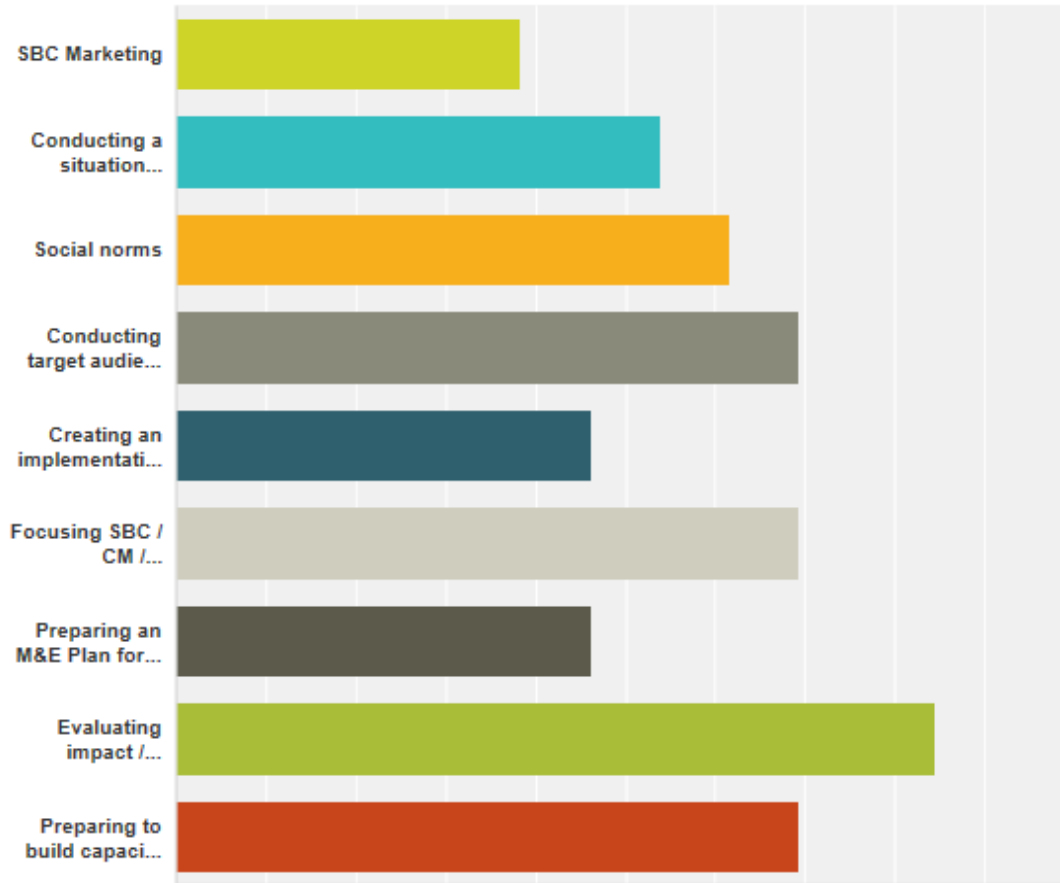
What would you hope to learn about
SBC/Community Mobilization/Community Capacity
Strengthening in this Workshop?

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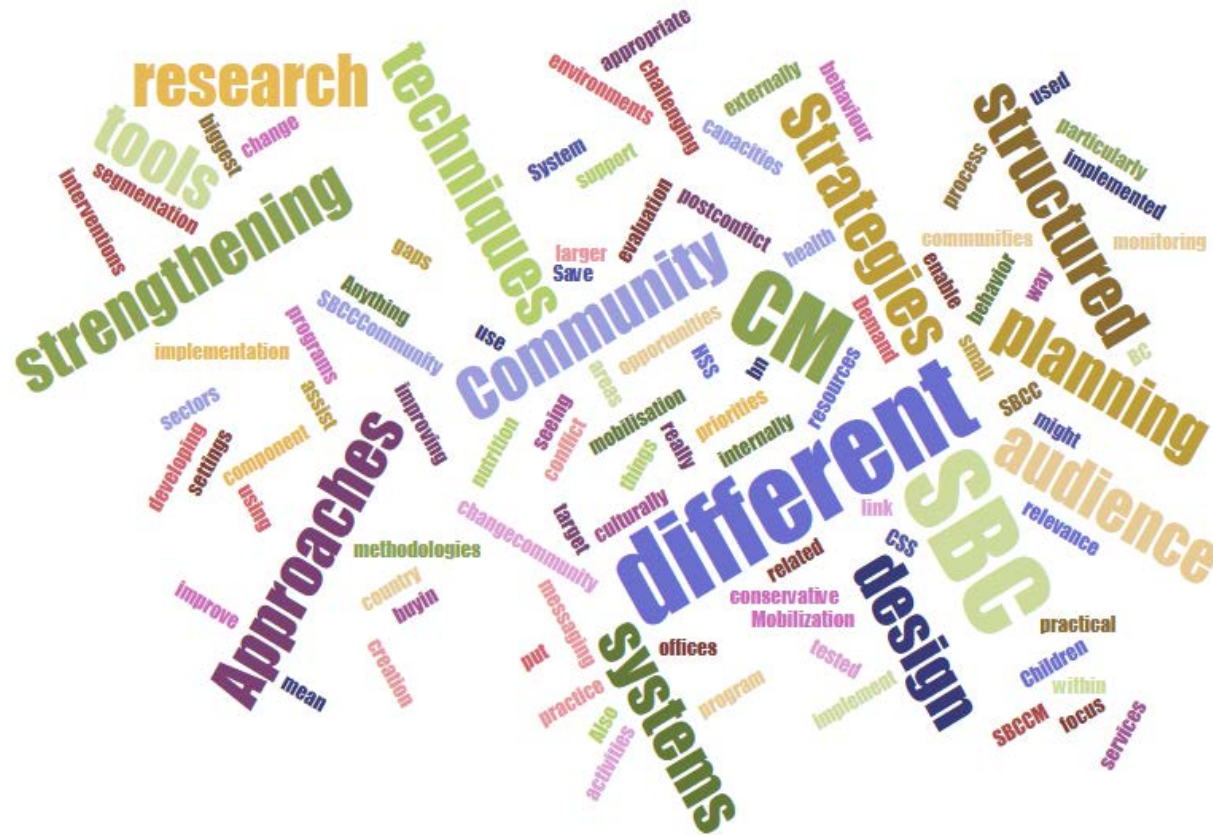
SBC-CSS Workshop: SCUK seeks to concurrently improve:

- **Internal capacity and skills** in management of and direct implementation of behaviour change programming across the sectors of Nutrition and Health; and

- **Identification, selection and management of qualified strategic partners** who are highly skilled and experienced in state of the art, yet practical application of SBC and CCS programming and principles.

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SBC-CSS workshop objectives

- Orient advisors to the basic principles and processes of SBC and CCS that are needed for programme design, implementation and management.

- Understand and explain key concepts, definitions, some common SBC and CCS models and theories;

- Understand, explain and demonstrate the use of a practical process tools that assists in the design, planning, implementation, monitoring and evaluation of SBC and CCS approaches;

- Understand and explain how to access further support through strategic partnerships with organisations and companies that offer technical assistance in SBC and CCS;

- Contribute to a longer term SBC-CSS strategy development for SCUK and follow up capacity building and knowledge management needs;

- Identify point people to contribute to SCI Global Initiative for SBC CCS

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Expectations raised at SBC-CSS workshop

- Clearer understanding of Terminologies. *Yes*

- Knowledge and Tools for practical implementation in the proposal, design and monitoring and evaluation frameworks. Strengthen my knowledge on the different steps for SBCC programming - *Yes- via ABCDE framework (iteration and refinement) - more needed*

- To understand how community capacity strengthening and social behavior change approaches fit together (or not) –*Yes and in progress.*

- Formative research for SBCC. *Topic covered, but more depth needed*

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Expectations raised at SBC-CSS workshop

- Introduction to practical tools – Yes - but more would be nice

- Have sufficient understanding of the SBC/CCS to help country office and program teams throughout the process. To be able to train country staff on SBCC approach and strategy development focus on SBCC – getting there. To cover here

- Lessons learnt/best practices to identify/share from our various projects that focus on SBCC – Signature programs- but more needed here from SCUK and global experience

- Overview of the various approaches/tools/techniques and strengths weaknesses. Not covered in overview

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Close of Workshop/Evaluation 1

- How to access tech expertise at country level

- Still need more TA on best approaches and tools

- Roll out to country offices in a practical and replicable way

- Thinking more critically about SBCC and CCS and doing it properly (or more consistently)

- We need to think as an agency bigger and beyond H&N. Would be nice to transfer to WASH, Education sectors. How to link with other approaches such as children's participation?

- Need to connect strategy at CO, regional and member level

- Need to include people from advocacy and campaigns – across Behavior Centered programming

-

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Close of Workshop/Evaluation 2

- Need Strategy on how SBCC CSS can be implemented/or premature?

- SBCC & CCS Should not be thought of as stand alone – working together

- Staff should be aware they need to communicate

- A final framework for M&E for SBCC/CSS

- As long as we have strategic conversations on SBC CSS we are already moving forward --GI can support – and be thought of as a thought leader for other GIs.

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Personal Takeaways

- Better situational analysis at start

- Segment our audiences

- Improve that we prioritize and select precise behaviours

- Desire and need to strengthen/manage formative research

- Ensure correct identification of key determinants

- Need to test our assumptions and approaches consistently

- Improve how we select delivery channels that meet the audience and correct behaviour determinants across platforms (community etc)

- Must consider how we add social change to our BC work

- Great desire to learn more about SBC evidence, programs and successes*

- Document and share our work

- Our 3 day works too heavy for the time- need to modify for field application

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Personal Takeaways

- Great desire and need to strengthen formative research

- Internally and in managing consultants

- Minimums:

    - Situational analysis/lit review (identify key behaviours, audiences)

    - Use a mix of methods (qualitative and quantiative) in the Formative research

    - Ensure the correct determinants are identified with the methods (e.g. BA, *doer/non-doer*/TIPS) most appropriate for the program in consultation with technical assistance

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Burning Questions:

- What do we mean by Scale?

- Whose Quality?

- Time Limitations and Budget

- How do we deal with "donor education"

- From individual behavior change to social change/Behavior change vs. Social Change and governance, systems changes in order to contribute to SDGs

- Are we intentional in our programming?

- ABCDE Framework: Some: Let's not stick with "complicated" Framework like ABCDE. Others: We like it and we've adapted the approach to simplify it at this workshop. Strategy meeting we'll be putting this stuff together.

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Thank you!

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