Nutrition Programme Models' and Focus Areas 2021 - 2022

June 2022

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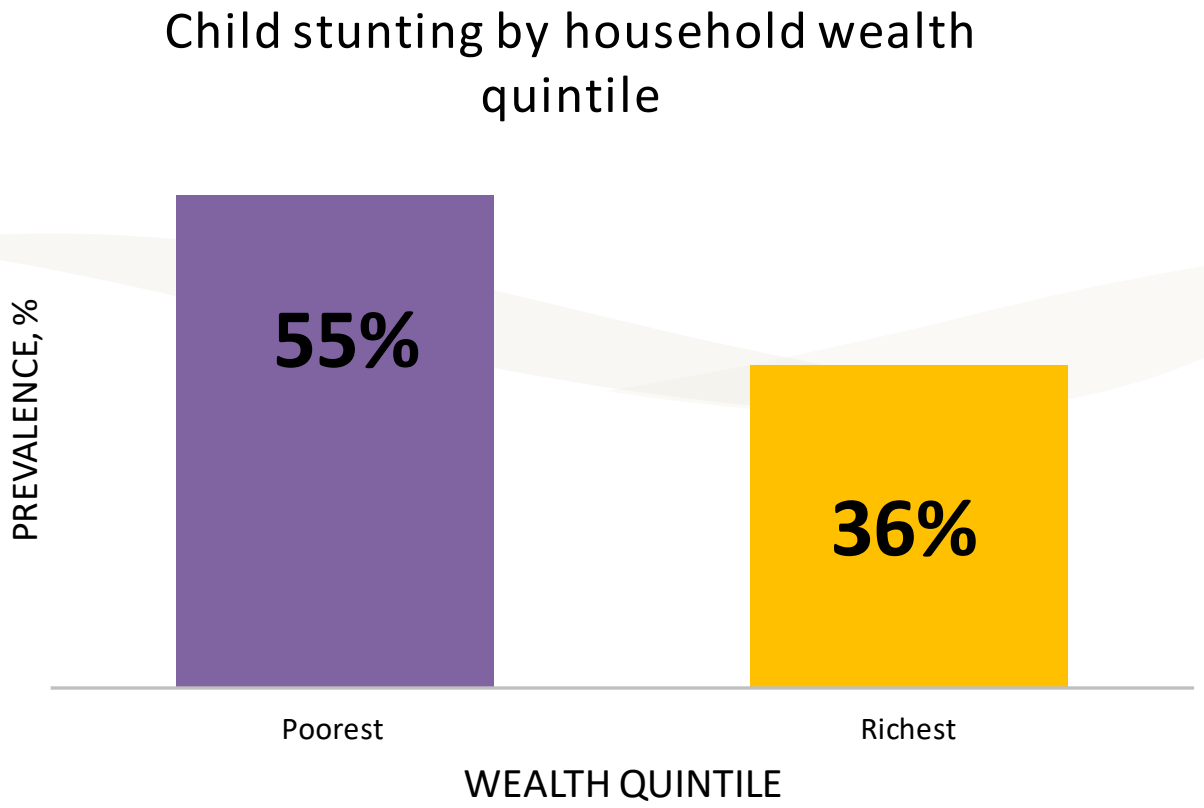
Stunting Remains a Serious Public Health Problem in PNG affecting children in both poor and rich households alike



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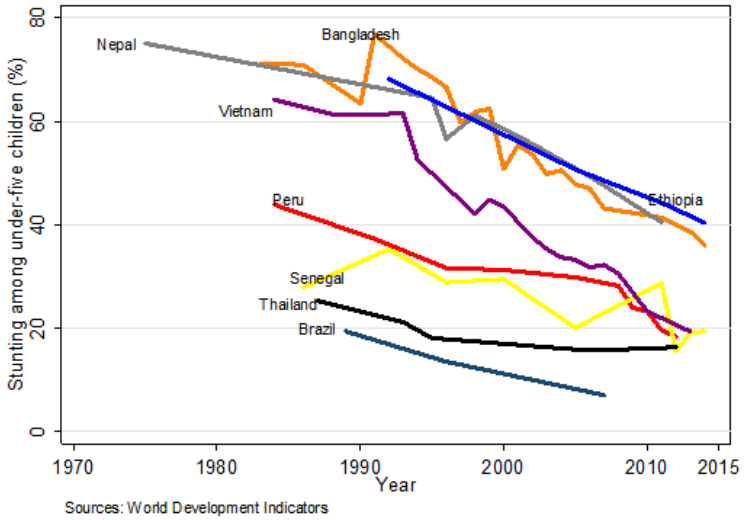
CRC30 YEARS CONVENTION ON THE RIGHTS OF THE CHILD

IMPACT OF ADDRESSING STUNTING

- Early nutrition programs can increase school completion by one year
- Early nutrition programs can raise adult wages by 5-50%
- Children who escape stunting are 33% more likely to escape poverty as adults
- Reductions in stunting can increase GDP by 4-11% in Asia & Africa

Global Evidence on Reducing Stunting.



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CRC30 YEARS CONVENTION ON THE RIGHTS OF THE CHILD

Nutrition: Focus areas

Support the provision of high impact nutrition interventions in health facilities, within communities and in schools.

Support the roll out of the community nutrition component of the Govt's Child Nutrition and Social Protection project.

Strengthen the collection of regular nutrition program data and its use in decision making.

Strengthen multisectoral coordination for nutrition at the national and subnational level.

Modelling of nutrition service delivery has been successfully completed in 3 provinces.

- UNICEF has supported the NDOH to model nutrition service delivery in 3 provinces **WHP, NCD** and in **Western province** since September 2021.

- Nutrition services are being provided across three platforms of **Health facility, Community and in Schools.**

- The objective of the models were:

1. **Proof of concept:** Demonstrate how a package of nutrition services can be provided in different platforms i.e at health facility, in schools and communities.

2. **Data for evidence-based decision making:** To develop and pilot program data collection modules for the three platforms.

1. Nutrition Services are provided in public health care system.

- Why Direct Nutrition Interventions (DNIs): If DNIs are scaled up to 90% population coverage then this could lead to 20 % reduction in stunting & 60 % reductions in wasting (Lancet 2013).
- DNIs address the immediate causes of malnutrition.
- For sustainability, DNIs should be integrated into the health care system as a start.

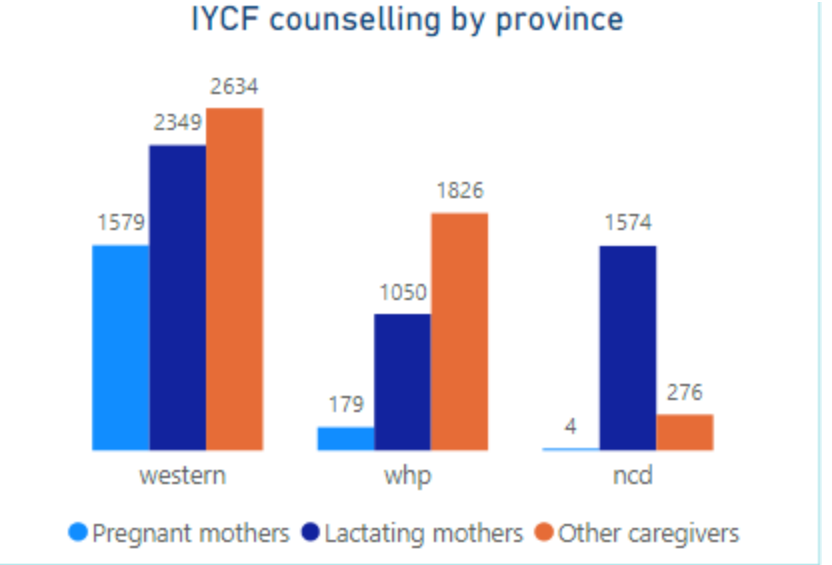
The Direct Nutrition Interventions are.

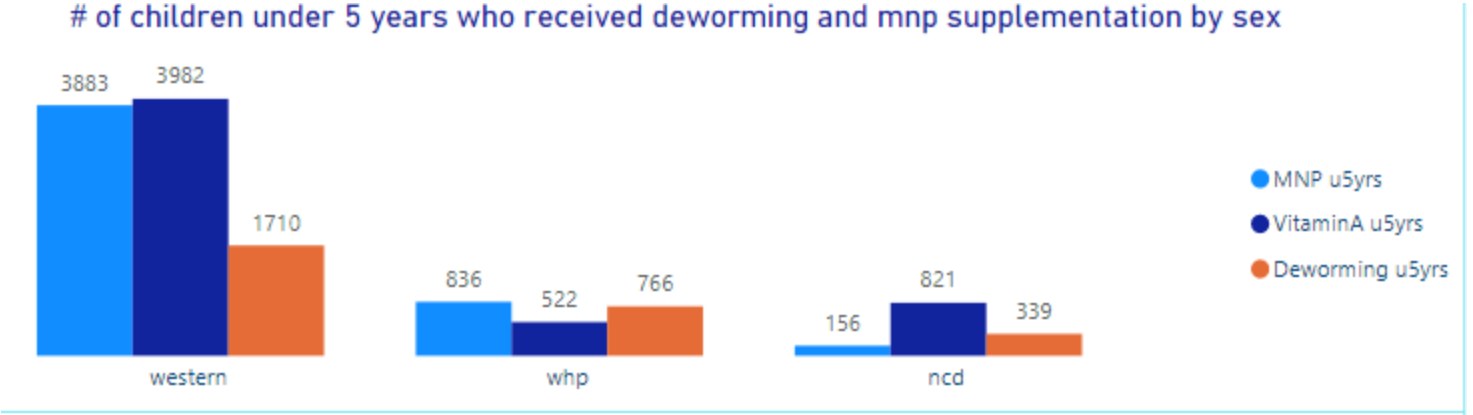
1. Counselling on appropriate adolescent and maternal nutrition.
2. Iron Folic Acid supplementation for pregnant mothers
3. Support for food fortification (salt iodization and fortification of staple foods).
4. Promotion & support for optimum breastfeeding.
5. Multiple micronutrient Powder (MNP) supplementation for children 6- 59 months old.
6. Vitamin A supplementation for children 6-59m.
7. Promotion of appropriate complementary feeding.
8. Treatment of severe acute malnutrition.
9. Promotion of hand washing for disease prevention.
10. Deworming of children aged 12-59 months.

Nutrition services are provided in Health Care Facilities: Results (Sept 21 – Jan 22.

- About 50 HF supported.

- MNP – 13,488
- Vit A – 7,660
- Deworming – 6,067
- Children with SAM identified– 328
- Counseling on IYCF – 21,860

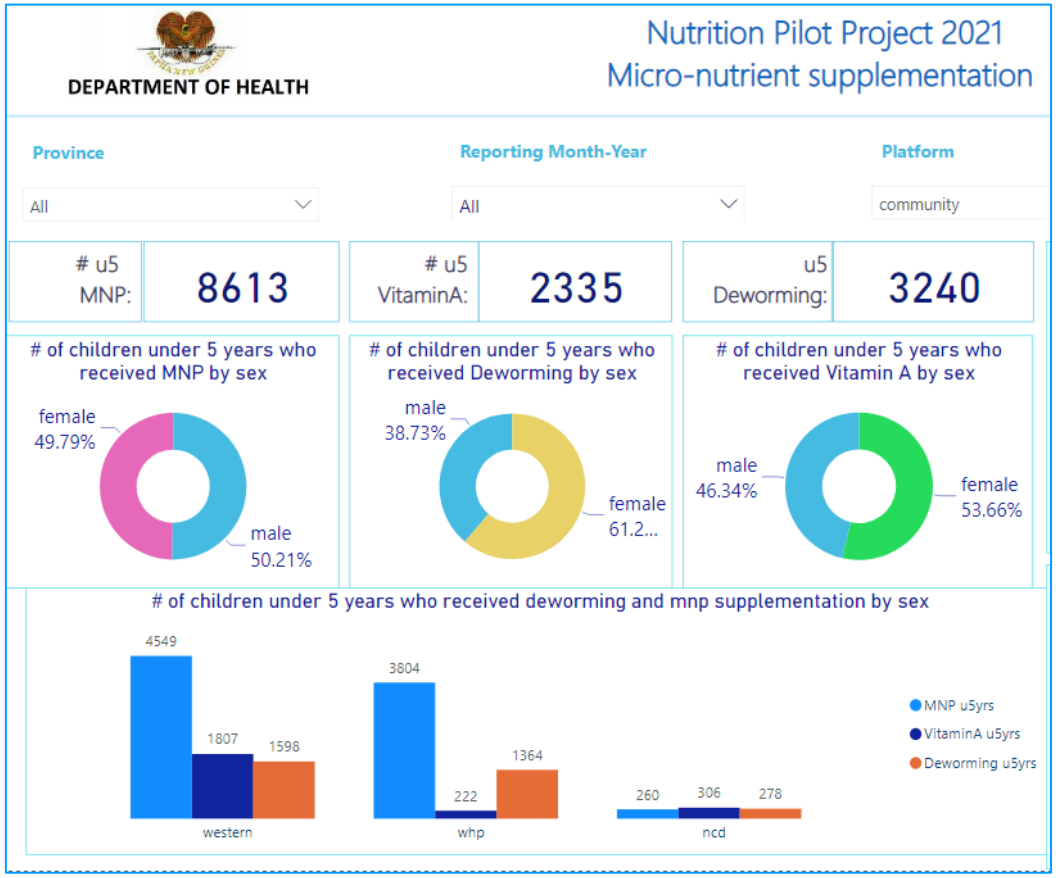




2. Nutrition services are provided in communities.

Engage VHAs to provide a package of nutrition services i.e;	Treatment of Severe Acute Malnutrition (Screening, feeding, follow up, discharge)
	Vitamin A supplementation,
	Micronutrient powder supplementation,
	Iron Folate for adolescent girls,
	Deworming,
	Nutrition education.
Technical Support	Deployment of a dedicated Provincial Nutrition Officer (PNO) at PHA level
	PNOs provide technical assistance to front line service providers through on job training, mentoring and supportive supervision.

Community Nutrition - Progress

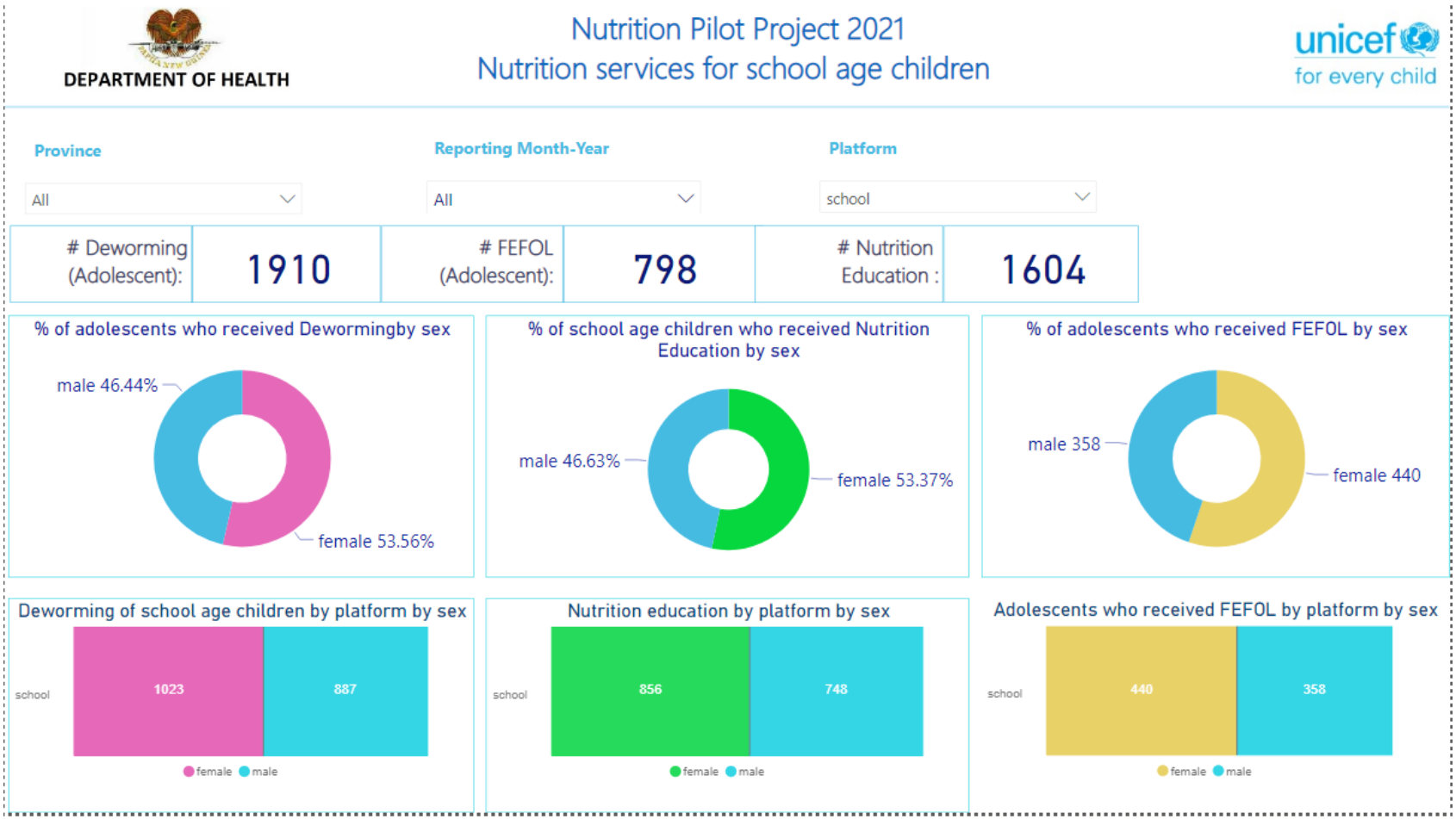


- About 44 communities supported.
- IYCF Counselling: 10,389
- Iron Folate supplementation for adolescents: 383
- Nutrition Education: 2,219

3. Nutrition for School Age Children and adolescents.

Objective	Pilot the use of schools as platforms to reach school going children and adolescents with age-appropriate nutrition services.
Package of services.	Package of nutrition services based on age.
School age children 5-19 years.	Iron Folate supplementation, deworming, nutrition education on healthy diets, Growth monitoring for the prevention of overweight and obesity.
ECD	. Vitamin A supplementation, Deworming, MNP supplementation, hand washing promotion.

Nutrition for School Age Children and adolescents: Progress in 30 schools



4. Data: Nutrition Information Systems

- Presently there are no Nutrition Information system hence program data for nutrition is not collected systematically.

- Develop data collection and reporting tools to enable monitoring of progress in the implementation of nutrition programs.

- Pursue inclusion of the modules in specific sectoral information systems eg National Health Information Systems (NHIS) as appropriate.

- National level data: Vision is to support a nationwide nutrition survey in the country to provide up to date information on nutrition status.

Information Management: Progress

- Developed reporting modules for each of the three platforms i.e Registers and Monthly Reporting format.
- Used a mix of offline and online reporting.
- Online Data capture forms developed and deployed through Kobo Toolbox.
- Power BI deployed to analyze and visualize the data.
- Plan to convert the paper-based tools into digital platforms to improve efficiency.

Samples of IM Materials at Health Facilities.

HF Register

Nutrition Register: Health F

	Background Information									
S/N	Date (dd/mm/yy)	Child's or Caregiver's Name	Full Address + Phone Number	Age in months/Sex		Wt (kg.)	Ht/L (cm)	WHZ score	MUAC (cm)	Edema (Y/N)
				M	F					
1	2	3	4	5		6	7	8	9	10

Facility

Growth Monitoring				Infant and Young Child Feeding (IYCF)				
Children 0 - 59 months				Child aged 0-6 months who are exclusively breastfed (Y/N)	Child aged 6-8 months who receive complementary food (Y/N)	Mothers/Caregivers who received counselling on IYCF (Y/N)		
Underweight	Stunted (Y/N)	Severe Acute Malnutrition (SAM) (Y/N)	Moderate Acute Malnutrition (MAM) (Y/N)			Pregnant	Lactating	Other mothers/ Caregivers
11	12	13	14	15	16	17	18	19

HF Reporting Format

National Department of Health
Health Management Information System
Health Facility Monthly Report – Nutrition.

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Health Facility Name: _____ Province: _____ District: _____
Reporting Month: _____ Year _____

Growth Monitoring *Check here ( ) if service was not provided*

	# of children 0 - 59 months who are underweight (Weight/Age <-2 WAZ score) (Col. 11)	# Children 0 - 59 months who are Stunted (Height for Age <-2 HAZ score) (Col. 12)	# of children 0-59 months with Severe Acute malnutrition (SAM) (<-3 WHZ or MUAC <11.5 cm) (Col. 13)	# of children 0-59 months with MAM (<-2 - ≥-3 WHZ or MUAC ≥11.5 - <12.5 cm) (Col. 14)	# of Children 0 – 59 months Screened/measured through MUAC/WHZ (Col. 13 + Col. 14)
Male					
Female					
Total					

Infant and Young Child Feeding (IYCF) *Check here ( ) if service was not provided*

	# of children aged 0-6 months who are exclusively breastfed (Col. 15)	# of children aged 6-8 months who received complementary food (Col. 16)	# of mothers who received counselling on IYCF		
			Pregnant (Col. 17)	Lactating (Col. 18)	Othermothers/ Caregivers (Col. 19)
Male					
Female					
Total					

Micronutrient Supplementation *Check here ( ) if service was not provided*

	# of children 6-59 months who received MNP (Col 20)	# of children aged 6-11 months who received Vit A (100,000 i.u) (Col 21)	# of children aged 12-59 months who received Vit A (200,000 i.u) (Col 22)	# of children aged 12-59 month who received deworming tablet. (Col 23)
Male				
Female				
Total				

There has been several key Change Strategies adopted

i) Broadened service delivery platforms.

ii) Comprehensive package of nutrition services.

iii) Modality of technical support now focuses on provincial level.

iv) Focus on data collection for evidence-based decision making.

v) Capacity building approach now leans towards transfer of competencies and skills .

Lessons Learnt.

- The use of VHA's is a viable approach to realize scale.
- Nutrition services can be provided successfully in multiple platforms in PNG, and this has the potential to reach more children, adolescents and mothers.
- The collection of programmatic data using nutrition modules is feasible.
- Partnerships with CCHS has shown good opportunities to achieve scale.

Key Challenges.

Challenges

1. Delays in project implementation caused by challenges with fund disbursement through the Government.

2. The COVID-19 pandemic constrained programmatic visits as well as speed of implementation.

Solution

1. Alternative payment modalities are being pursued.

2. Follow applicable prevention protocols and accelerate implementation when restrictions ease.

Next Steps

1. Fundraising for scale up to continue.

2. Scale up the nutrition service delivery across the three platforms to more service delivery points and to new provinces – funding permitting (1. Simbu, 2. Hela, 3. Western, 4. Madang, 5. ENB.6. WHP, 7. NCD 8. Morobe, 9. AROB 10. Eastern Highlands).

3. Integrate Nutrition Indicators into the NDOH NHIS for long term sustainability.

4. Develop and implement a social & behaviors change communication component.