



# USAID/Food By Prescription



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## Internal Joint Supportive Supervision Indicates NACS Delivery on Right Track

Internal Joint Supportive Supervision conducted during the ended June indicated that Nutritional, Assessment and Counseling Service(NACS) delivery is on the right track. The supervision which is serving as the measurement of program performance was conducted with teams drawn from country office and regional offices in a total of 46 facilities of Tigray, Amhara, East Oromia, West Oromia and SNNP regions.

Facilities were randomly selected by the teams but other factors like efficiency (in terms of time, energy and fuel) were also considered in the decisions. Structured questionnaire developed and pre-tested in selected facilities in Addis Ababa was used as a method of assessment besides open-ended interview questions and direct observation.



The assessment mainly focused on feasibility of reporting on number of relapsed clients in FBP Support , accuracy of number of clients who are being assessed and counseled for malnutrition and involvement of case managers in NACS services, especially in tracing lost to follow-ups and defaulters. It also assessed the progress of Quality Improvement (QI), capacity building , economic strengthening, logistics, IEC/BCC and monitoring and evaluation.



During the debriefing of the assessment result, it was noted that NACS is on the right track with strong follow-up and coordination support provided to the program from both the field office managers and the regional FBP staffs. The issue of recording and reporting relapsed clients in the program seems feasible in all facilities. It was learned that some facilities are even willing and able to trace back and report all their relapsed clients.

The role and contribution of case managers to the program has been found to be also significant putting the medical professional at ease by sharing workload. Their involvements, however, was not uniform and there are still challenges that demand continued efforts from the program

The integration of QI in to the MDT ensures the sustainability of QI; however, the issues to be reviewed by the MDT team are too many that NACS issues are being overlooked. Hence, there should be ways to revitalize QI.

High staff turnover and rotation of health facility staffs are among the challenges faced and thus cannot be addressed by hotel based trainings, as it used to be and calling for innovative strategy. Onsite training is

## **FBP-WFP Consultative Meetings to Implement Effective Referral and Reporting System**

Consultative meetings have been conducted so as to popularize collaboration agreement reached between USAID/ Food by Prescription (FBP) and World Food Program (WFP) as well as implement effective client referral and reporting system.

The consultative meetings conducted in Addis Ababa, Adama, Nekempt, Bahir Dar, Mekele, Dire Dawa and Awassa shed light on the collaboration agreement between the two programs for regional, zonal and town level implementing bodies. It also created conducive forum to iron out effective referral and reporting system according to particular context of region and implementing partner.

The collaboration is necessary since the two programs implement similar projects with a shared vision. In addition the two parties share resources of donors for same target beneficiaries and hence it would help to improve program performances.

The collaboration will ensure that FBP and WFP's HIV and AIDS activities are implemented in a complimentary and resource efficient manner facilitating access for eligible clients to receive the appropriate and recommended type of nutrition and food security assistance. It also enhances the respective roles in the implementation of food, nutrition and food security assistance to meet the desired quality and efficiency of support.

In similar development, seven implementing partners were selected to effect the back-to- work initiative in all FBP operational regions during the current budget year. Activities are ongoing to transfer respective funding for proposed project to the partners.

The implementing partners are Mums for Mums in Tigray, Mekdim Ethiopia in East and West Oromia , Hiwot Intergrated Development Association in Addis Ababa, Network of Association of HIV Positive People in Dire Dawa, Charitable Societies of HIV Positive in Amhara and Network of South Region Association of HIV Positive People.

The back- to- work scheme to be implemented with 340,000 USD budget is expected to benefit 2,200 clients graduating from NACS by linking them to private and public enterprises so that they could improve their livelihood with the employment opportunities.



*FBP - WFP consultative meeting for Addis Ababa region*

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one possible way being entertained.

There has been a debatable issue of recording and reporting of 'clients assessed and counseled' for malnutrition. This will be settled for good as a new format of ART and Pre-ART registers will be dispatched to all facilities in the near future.

It was stressed that the best practices that were demonstrated by some health facilities should be replicated to other health facilities. Corrective measures need to be taken so as to fill the gaps identified as soon as possible by respective health facilities, FBP regional offices and country office advisors. Finally, it was recommended that the

### **Semiannual Review Emphasizes Concreted Effort to Achieve Planned Activities of the Year**

The USAID/FBP Semiannual review meeting conducted on May 13 and 14, 2013 evaluated program performance of the last two quarters and the focus need to be given in the reminder period.



Regional coordinators and thematic advisors presented performance of their respective regions and thematic areas pertaining to planned vis-a-vis achieved activities with regard to capacity building, logistics, economic strengthening, NACS beneficiaries and budget utilization as well as remaining activities and budget for the fiscal year.

Issues considered being outstanding challenges during the six months and actions taken have been also highlighted. Turnover of trained staff of health facilities, continued misuse of RUTF/RUSF and stock out of product in some facilities and problem of recording of data at health facility were among the challenges identified.

Number of assessed and counseled clients by the facilities was somewhat inflated as seen against national ART. This is a critical setback to be precise about the number of beneficiaries who got the minimum care from the programme and probing into it to rectify data recording system at health facilities was found to be necessary.

It was also emphasized during the review that all training and supportive supervision should include regional, Woreda and Zonal Health Bureau officials for

better results. Review meetings at regional level need to be also conducted before the end of the year.

Participants of the review commended the beginning of back-to-work initiative underway in SNNPR and accordingly all regions need to press ahead the effort to create more effective linkages and economic strengthening activities as well as the collaboration with WFP. The experience in Tigray region which linked 130 clients with the private sector was cited as exemplary.

Newly scaled up facilities in some regions were not able to deliver fully service and this was attributed to the problem of starter stock which was due to delays in procurement process and measures have been taken to solve the problem.

The semiannual review meeting was concluded with consensus that concerted effort is required at all levels during the remaining quarters to achieve the planned activities of the forth year of the program.

## Strict Measures to Address Plumpy'nut Misuse Bearing Fruit

Shashemene is used to be one of the hot spot of misuse of RUTF/RUSF. The products intended to reverse the health status of people with severe acute and moderate malnutrition mainly due to HIV/AIDS and TB is exposed to misuse. The coordination meeting held last March in Shashemene town to stamp out the misuse of Plumpy'nut contributed in raising awareness of the concerned bodies.

There was case of fraudulently taking the therapeutic product from the facility by parents in the name of a single child up to ten times by changing the name and sex among others, according to Sintayehu Debebe, clinical Nurse in the Shashemene Kuyera hospital administration. Non responders (failure to have significant improvement in nutrition status) after RUTF/RUSF support was also higher

Following coordination meeting measures were taken including the putting in place of system to strictly assess the children coming to the facility, directly dispensing the Plumpy'nut from the paediatric centre and requiring cover of sachets consumed when they come for refill.

According to the hospital administration, measure were also taken against health extension workers who become accomplice of misuse as they were taking part in the identification of malnourished children in their constituency. As a result of these efforts, the facility is noting a drastic decrease in the number of non responder with an increasing trend of graduation.



*Sister Sintayehu says now the assessment and crosschecking is strong*

## HIV's High Nutritional Toll

The HIV/AIDS pandemic combined with drought, floods, soaring food prices, decades of conflict, economic decline and cuts in social services, have overwhelmed families in many parts of sub-Saharan Africa, leaving them with few coping mechanisms.

Weight loss and low micronutrient levels are associated with increased progression to AIDS in adults living with HIV. This crisis in Africa has underscored the dire nutritional needs of all children who are HIV positive or affected by HIV/AIDS, such as orphans and those living in households with infected family members.

Many are left to fend for themselves, while others live with HIV-infected parents who can no longer provide food for their families. Undernutrition rates are increasing and orphans are hardest hit. Without treatment almost 50 per cent of infected infants will die before age two.

As of December 2010, about 456,000 children globally were receiving antiretroviral therapy, up from 354,600 children in 2009 and 75,000 in 2005. Many HIV-infected children also suffer from undernutrition. (Source: UNICEF)