Strengthening Community-based Management of Acute Malnutrition in Tillaberi and Dosso Departments (Niger)

Annual Results Report

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Plan International USA, Inc.
1255 23rd Street N.W., Suite 300
Washington, DC 20037
Tel. (+1) 202 617-2300

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Author(s) name: Adamou Souley and Ryan Lander
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Plan HQ Contact

Ryan Lander, *Program Advisor, Disaster Risk Management*

Plan International USA, Inc.
1255 23rd Street N.W., Suite 300
Washington, DC 20037
Tel. (+1) 202 617-2300
ryan.lander@planusa.org

Plan Niger Contact

Rheal Drisdelle, *Country Director*
Plan International Niger
Rue du Beli, BP 12247
Plateau Niamey, Niger
Tel. (+227) 20 724444
rheal.drisdelle@plan-international.org

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Acronyms and Abbreviations

CHW	Community Health Workers
CMAM	Community-based Management of Acute Malnutrition
FARN	Nutritional Rehabilitation and Training Centers
FY	Fiscal Year
GAM	Global Acute Malnutrition
IEHK	Interagency Emergency Health Kit
IMAM	Integrated Management of Acute Malnutrition
LNGO	Local Non-Governmental Organization
MAM	Moderate Acute Malnutrition
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
OFDA	Office of U.S. Foreign Disaster Assistance
PBR	Performance Baseline Report
SAM	Severe Acute Malnutrition
U-5	Children under 5 years of age
WFP	World Food Program
USAID	United States Agency for International Development

I. PROJECT SUMMARY

Niger, one of the poorest countries in the world, faces frequent food and nutrition stresses and crises, with malnutrition posing a persistent and significant public health problem in the country. The rate of global acute malnutrition (GAM) reached 16.7% in 2010, surpassing the emergency threshold. In response, Plan is working with communities to apply a Community-Based Management of Acute Malnutrition (CMAM) approach to addressing acute malnutrition in the catchment areas of 23 health facilities in Tillaberi and Dosso departments of Niger. The *Strengthening Community-Based Management of Acute Malnutrition in Tillaberi and Dosso Departments* project, funded by the United States Agency for International Development's Office of U.S. Foreign Disaster Assistance (USAID/OFDA), was designed to support the prevention, treatment, and management of GAM among children under-5 years of age (U-5s) and lactating and pregnant women by supporting capacity-building at government hospitals, dispersed integrated health centers, and in communities in the Dosso and Tillaberi Departments.

The project is building the capacity of 272 target communities and 23 health facilities to manage moderate and severe acute malnutrition (MAM and SAM). In the facilities, the project is improving facilities' ability to manage MAM and SAM through the training of existing frontline health facility staff and supplementing with additional professionals seconded to the Ministry of Health (MoH) and bolstering the MoH's capacity to collect, manage, and analyze nutrition data. In communities, the project is training a cadre of health workers in nutritional screening and referral of cases; conducting nutritional information sessions, and reaching particularly vulnerable groups via participatory monitoring programs, and formation of women's groups. The project will result in improved malnutrition prevention and treatment for more than 50,400 U-5s, 52,800 women of reproductive age, and over 12,000 pregnant and lactating women.

II. SUMMARY OF RESULTS

During the three month implementation period of FY12, the project completed critical steps for the rapid roll-out of community and facility-level nutrition activities, including the following: conducting the Performance Baseline Report (PBR); undertaking the recruitment of staff to be seconded to the MoH; identifying and recruiting the cadre of volunteer CHWs to lead nutrition screening and promotion activities in the communities; and completing preparations for CHW and health facility staff on MAM, SAM, and data collection. While the project continued to recruit a dedicated Project Coordinator, important progress was made on the procurement of pharmaceuticals planned under the project.[1] In sum, the project made significant progress in the abbreviated year and is positioned to complete the bulk of community level activities over the coming two quarters of FY13.

III. RESULTS BY OBJECTIVE

Sector: **Nutrition**

Objective 1: **To improve the prevention, treatment, and management of global acute malnutrition among vulnerable groups in Niger.**

Performance against indicators	Target	Achieved
Number of beneficiaries by objective (reporting period)	0	0

[1] The procurement and deployment of IEHKs to target health facilities was completed in the project's second quarter and will be reported on in the second quarterly report (covering Q1 of FY13).

Performance against indicators	Target	Achieved
Number of beneficiaries by objective (cumulative)	0	0
Number of internally displaced persons reached	0	0

Sub-sector: **Management of Moderate Acute Malnutrition**

Performance against indicators	Target	Achieved (Reporting Period)	Achieved (Cumulative)
Number of sites managing MAM	23	0	0
Number of beneficiaries admitted to Moderate Acute Malnutrition (MAM) services by beneficiary type (<5s and adults) disaggregated by type: • <5s; • pregnant and lactating women; • inpatient care with complications; • outpatient care w/out complications	8,624	0	0
Number of health care providers and volunteers trained in the prevention and management of MAM	239	0	0
U-5 discharge rates of targeted supplemental feeding programs over the life of the program	deaths <3%; recovered >75%; defaulted <15%	0	0

Result 1. Under-five children suffering from moderate acute malnutrition and pregnant and lactating women have access to appropriate outpatient/home-based treatment.

Under Result 1, the project will assist 23 target health facilities to develop key competencies in CMAM. Central to this strengthening will be (1) training on the new national protocol on nutrition (rendered as Integrated Management of Acute Malnutrition – "IMAM", in Nigerien national protocols) and its implementation, the collection and analysis of nutritional status data, and the procurement and management of nutrition supplement stocks; (2) provide staffing support to the MOH for the management of its nutrition programming; and (3) lobby the MOH, UNICEF, and World Food Program (WFP) to maintain the pipeline for the provision of therapeutic foods, essential medicines, and dry-ration fortified foods to assure the treatment of malnutrition at all levels.

During the reporting period, the project completed key mobilization activities including preparing the logistics, materials, and trainers to ready the IMAM trainings conducted in the first quarter of fiscal year (FY) 13. MoH Staffing support was initially designed to be overseen by a local implementing partner, however, following the award of the grant the partner declined to participate in the project at the funding levels previously agreed. As a result, Plan initiated the recruitment process for the 15 staff to be seconded to the MoH. These health and support staff include the following positions: two Medical Doctors (2); four Nutritionists (4); Nutritionist Assistants (4); Nurses (4); and one Data Manager. The recruitment, hiring, and deployment to MoH facilities in the project areas were also completed by Plan in the first quarter of FY13. Finally, Plan and WFP have an agreement for the provision of therapeutic and supplementary products to Plan affiliated health centers, including for the additional need resulting from the significantly expanded screening activities conducted under the OFDA project. UNICEF has also agreed to supply these health centers with food and Mid Upper Arm Circumference (MUAC) measurement tools during FY13.

Result 2. Community health volunteer networks are activities to detect acute malnutrition and raise awareness of nutrition, hygiene, diarrhea, and malaria prevention in each of the catchment areas of targeted health facilities.

Under Result 2, the project will mobilize communities and train volunteer CHWs in the detection of malnutrition and referral of suspected MAM cases for treatment. In FY12, the project completed the selection of communities and worked with local partners to identify and recruit volunteer CHWs. During the coming FY13, the project intends to recruit 424 CHWs (target - 180) and train them on: developing sensitization messaging to engage communities around nutrition and related health and protection topics; organizing periodic community planning meetings; undertaking screening and active case finding of malnutrition; conducting home visits; ensuring referral linkages with health care facilities for malnutrition and related health issues. The project is working to expand the number of CHWs and the number of communities targeted in order to ensure greater coverage within the two departments.

Result 3. Malnutrition prevention among vulnerable groups is improved through an integrated approach to nutrition and healthcare in Tillaberi and Dosso departments.

Under Result 3, the project will work to target the most vulnerable through the establishment of nutritional monitoring programs; Nutritional Rehabilitation and Training Centers (FARN) based on the PD Hearth model; conduct market surveys of food availability and develop recipes for nutrient rich meals for malnourished children; and will undertake house-to-house sensitization on nutrition (including good nutrition practice) using MoH-approved IEC materials. These activities focused in the communities are slated to begin early in FY13.

Result 4. Capacity of the healthcare system to gather, transmit, and disseminate nutritional information in Tillaberi and Dosso departments.

Under Result 4, the project will work to bolster the ability of the MoH and its local health facilities collect, transmit, analyze, and act upon nutritional data collected in their catchment areas. In FY13 and based on the needs highlighted in the Performance Baseline Report, the project will resupply health centers with the necessary data collection tools including monitoring sheets and stationery, MUAC bands, and case file folders; training will include the design of an information management system to improve the collection and analysis of data; and support the MOH to organize and host monthly nutrition and health cluster coordination meetings in Tillaberi and Dosso. Activities under this result will begin early in FY13, aided by the recruitment and secondments of the Data Manager.

Sub-sector: **Management of Severe Acute Malnutrition**

Performance against indicators	**Target**	**Achieved** (Reporting Period)	**Achieved** (Cumulative)
Number of health care providers and volunteers trained in the prevention and management of SAM		0	0
Number of sites established/rehabilitated for inpatient and outpatient care	23	0	0
Number of beneficiaries treated for Severe Acute Malnutrition (SAM) by type disaggregated by type: • <5s; • pregnant and lactating women; • inpatient care with complications; • outpatient care w/out complications	2,448	0	0

U-5 discharge rates of targeted therapeutic feeding programs over the life of the program	deaths <10%; recovered >75%; defaulted <15%	0	0

Result 5: U-5s suffering from severe acute malnutrition (SAM) and pregnant and lactating women have access to appropriate outpatient/home-based treatment.

Linked to Result 1 above, under Result 5 the project will assist 23 target health facilities to develop key competencies in CMAM. The trainings of facility staff will include modules on managing SAM cases with complications and to provide support for the community-based treatment of SAM without complications. The project will also equip the Stabilization Centers in the Tillaberi and Dosso Hospitals with essential equipment for the management of SAM with complications and conduct advocacy as described above.

As noted, the project completed key preparations for the health facility trainings during FY12, allowing the project to complete the trainings in all 23 facilities during the first quarter of the following fiscal year. Similarly, the project completed preparatory steps to allow for the procurement and distribution of Interagency Emergency Health Kits (IEHKs) including conducting the competitive bid process, gaining OFDA approvals, gaining importation clearance and tax exemption from the Government of Niger, and scheduling the delivery. The kits were received in Niamey in the first quarter of FY13 and delivered to health facilities shortly thereafter.

Result 6: Community Health Volunteer networks are activated to detect acute malnutrition and raise awareness of nutrition, hygiene, diarrhea, and malaria prevention in each of the catchment areas of targeted health facilities.

Linked to Result 2 above, the project will mobilize communities and train volunteer CHWs in the detection of malnutrition and referral of suspected SAM cases for treatment. In FY12, the project completed the selection of communities and worked with local partners to identify and recruit volunteer CHWs. During the coming FY13, the project intends to recruit 420 CHWs (target - 180) and will also train them on the identification and proper referral of suspected SAM cases.

Result 7: Capacity of the healthcare system to gather, transmit, and disseminate nutritional information in Tillaberi and Dosso departments.

Linked to Result 4 above, the project will work to bolster the ability of the MoH and its local health facilities collect, transmit, analyze, and act upon nutritional data collected in their catchment areas. In FY13 and based on the needs highlighted in the Performance Baseline Report, the project will resupply health centers with the necessary data collection tools including monitoring sheets and stationery, MUAC bands, and case file folders; training will include the design of an information management system to improve the collection and analysis of data; and support the MOH to organize and host monthly nutrition and health cluster coordination meetings in Tillaberi and Dosso. Activities under this result will begin early in FY13, aided by the recruitment and secondments of the Data Manager.

IV. CHALLENGES

In the first quarter of implementation, the project made adjustments based on the results of the PBR and faced a number of challenges not uncommon in the difficult environment. Principal challenges included the withdrawal of the LNGO intended to oversee the MoH staff secondments; delays in recruiting key personnel; and difficult security conditions making one community within the Tillaberi project area inaccessible.

In response, Plan has taken the necessary actions to mitigate the impact of these challenges including assuming the responsibilities planned for the LNGO partner and identifying additional communities to

replace the one that is currently unreachable. While the replacement of the LNGO partner required Plan to identify and recruit 14 medical professionals and one Data Manager, this process was completed in the first quarter of FY13 and will allow for the initial delays to be overcome.[2]

In addition, with tight labor market in Niamey, Plan recruitment of a Project Coordinator took longer than had been anticipated. However, the project was pleased to welcome Mr. Adamou Souley, an experienced project coordinator in October.

V. MONITORING AND EVALUATION METHODOLOGY

During the first quarter of implementation, the project engaged an external consultant to conduct the quantitative and qualitative data collection used to complete the PBR. As reported in the PBR, data collection took place across project communities and health facilities and was grounded in an initial desk review of GoN protocols and available data collection tools and reports.

As activities in the communities get underway in early FY13, the project will implement its monitoring and evaluation plan beginning with nutrition screening data collected by CHWs in the communities, health facility/CREN data collected on cases, health center reports on the supply of medicines and equipment, and program reports collecting data on project training activities.

VI. COORDINATION

The project coordinates closely with governmental and non-governmental actors in Niamey and operating within the regions. Plan strives to leverage existing relationships with major LNGO partners, UNICEF, and others to maximize the impact of its activities. Examples include those mentioned above where UNICEF will complement the OFDA project's efforts in health facilities by supplying food and MUAC material and the WFP will provide therapeutic foods to those benefiting from the OFDA supports.

In addition the project conducted exchanges missions with regional and departmental health structures in Dosso and Tillaberi and has met with the MoH's Director of Studies and Programs to discuss the project' implementation plans. The MoH also approved the importation of the IEHKs.

VII. PROCUREMENT

During FY12, the project's procurement of the one approved motor vehicle was not yet completed.

VIII. SUMMARY OF COST-EFFECTIVENESS

Early in the implementation period the project is has limited financial data to report on cost-effectiveness. Procurement initiated during FY12 was concluded in FY13. However, IEHKs procured internationally were more expensive than was originally budgeted due to delivery fees proving to be significantly higher than what had been projected. As a result, the project will seek cost-efficiencies wherever possible in order to ensure the most effective use of grant funds.

[2] The project's design originally intended to second existing LNGO partner staff to the MoH. Their departure from the project required Plan to undertake individual recruitment for each project health professional position.