

NOTE

HEALTH APPROACH: THE FUNDAMENTALS OF THE HEALTH AND NUTRITION ALIGNMENT

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1. THE REASONS FOR ALIGNING HEALTH AND NUTRITION

1.1. FROM A NUTRITION STANDPOINT

Recent literature and experience reviews have highlighted some high potential intervention principles and strategies to address undernutrition.

The 2013 *Lancet* Maternal and Child Nutrition series¹ proposes an intervention framework that lays out the means to achieving optimum foetal and child growth and development. Most of these interventions target specifically pregnant and lactating women and young children in the first 1,000 days of life: “strengthening nutrition-sensitive and nutrition specific services as part of the minimum health package, such as family planning and ante and post-natal care, are critical to break the intergenerational vicious cycle of under nutrition²”. Because health is a determining factor in undernutrition, prevention and treatment of major childhood diseases will lead to reduced prevalence of undernutrition. Furthermore, despite the considerable progress made over the past 25 years on severe acute malnutrition (SAM) intervention, coverage remains unacceptably low with only 20% of children reportedly having access to care. Universal coverage of SAM treatment can only be achieved by ensuring availability and access to treatment at all levels of a health system, particularly as part of primary healthcare packages.

Action Against Hunger has worked and will continue to work on nutrition-sensitive activities, including food security and livelihoods, access to water and sanitation, and care practices. By supporting reproductive, maternal, and child health activities, Action Against Hunger is able to implement exhaustive and better targeted strategies of proven effectiveness. As a result, Action Against Hunger maximises its impact on the reduction of both acute and chronic undernutrition.

1.2. FROM A HEALTH STANDPOINT

The past few decades have witnessed major improvements in reducing maternal and child mortality. The mortality rate for the under 5s has halved³ since 1990, with maternal mortality falling by 45%.⁴ And yet avoidable deaths of newborns, infants and pregnant women remain at unacceptably high levels, despite the fact that proven, effective low-cost interventions for addressing the causes of these deaths are now more widely known. Today, the key challenge is to ensure access to these essential interventions throughout all stages of the life cycle and all stages of care, notably by providing a continuum of maternal, neonatal, child and adolescent reproductive care (RMNCH+A). For example, the coverage of malaria treatment is no more than a 38%⁵ in the countries that account for 95% of child mortality.

There is an inextricable link between the nutrition and health of mothers and children. The fact that undernutrition is an underlying cause of almost half of all deaths among the under 5s is now gaining greater attention⁶ in global maternal and child health initiatives. Indeed, the Global strategy for women’s, children’s and adolescents’ health (2016–2030) providing a roadmap for ending preventable deaths of women, children and adolescents by 2030, highlights poor nutrition as one of the key challenges in ensuring that women and children can survive and thrive⁷. This strategy document explains that nutrition interventions must be fully integrated into the reproductive health, maternal, neonatal, infant and adolescent care continuum.

Health systems are struggling to cover these essential interventions throughout the continuum of care. Therefore, it is crucial for Action Against Hunger to improve access to a high impact package of health and nutrition interventions for reducing maternal and child mortality.

1.3. THE IMPACT OF ALIGNING HEALTH AND NUTRITION

By combining essential health and nutrition interventions at all stages of the continuum of care, we can maximise impact on:

- reducing mortality among mothers and the under 5s;
- reducing the prevalence of undernutrition and breaking the cycle of intergenerational undernutrition.

2. WHAT IS THE FRAMEWORK FOR ACTION AGAINST HUNGER'S INTERVENTIONS?

2.1. CONSOLIDATE THE ACHIEVEMENT OF THE INTERNATIONAL STRATEGIC PLAN (ISP) OBJECTIVES AND GOALS

Action Against Hunger's ISP involves working with the global community to contribute to achieving the Sustainable Development Goals (SDG), in particular SDGs 2, 3, 5 and 6.

Action Against Hunger aims to:

- 1 Mitigate the consequences of hunger
- 2 Address the causes of hunger and undernutrition
- 3 Change the way hunger and undernutrition are viewed and addressed

Health and nutrition sector play important roles in meeting the objectives and targets set by the ISP 2020, in particular:



Figure 1: 2015-2030 Sustainable Development Goals

• OBJECTIF 1 ISP 2020: REDUCTION OF MORTALITY IN CHILDREN UNDER FIVE YEARS OLD

By improving provision of essential health and nutrition interventions at all stages of the mother and child continuum of care, including treatment for severe acute malnutrition, and enabling it to be scaled up as needed.

Currently, treatment for SAM only reaches 20% of malnourished children, and it is therefore urgent to work on scaling this up. In addition, some essential health interventions in the continuum still suffer from a low coverage; for example, the coverage of malaria treatment in 2015 reached only 38%.⁸ Supporting and strengthening health services will make it possible to maximise the effects of nutrition and health interventions.

• OBJECTIF 2 ISP 2020: REDUCE THE PREVALENCE OF ACUTE AND CHRONIC UNDERNUTRITION

By aligning health and nutrition and broadening coverage of nutrition specific and nutrition sensitive activities to maximise the impact of nutrition security.

Aiming for a long term, sustainable and at scale impact on undernutrition, Action Against Hunger has adopted a multisectoral approach that promotes acting in an integrated, simultaneous way on all the causal context-specific factors leading to undernutrition.

A large proportion of nutrition specific and nutrition sensitive activities were already covered, aligning nutrition with health makes ACF's actions far more exhaustive.

	SPECIFIC NUTRITION ACTIVITIES	NUTRITION-SENSITIVE ACTIVITIES
ACF'S PAST ACTIVITIES	<ul style="list-style-type: none"> - Maternal food supplementation - Breastfeeding and complementary feeding - Dietary supplementation for children - Dietary diversity - Feeding behaviours and stimulation - Treatment of severe acute malnutrition - Nutritional interventions in emergencies 	<ul style="list-style-type: none"> - Access to water and sanitation - Agriculture and Food security - Social safety nets - Early child development - Maternal mental health - Child protection
HEALTH	<p><i>Makes it possible to target and supplement with these interventions:</i></p> <ul style="list-style-type: none"> - Health and nutrition for adolescent girls before conception - Disease prevention and management - Micronutrient supplementation 	<p><i>Makes it possible to add this activity:</i></p> <ul style="list-style-type: none"> - Family planning services

2.2. SCOPE OF INTERVENTION: FOCUS ON THE ALIGNMENT WITH HEALTH

The essential services prioritised by Action Against Hunger follow the 2 dimensions of the continuum of care: i) at key stages in life and ii) at all levels of services provided by the health system. Action Against Hunger's health activities focus on community health and primary healthcare. Action Against Hunger's presence at the secondary care level (hospitals) focuses on providing care for complicated cases of SAM and other major childhood diseases in paediatric units.

The package of essential interventions proposed by Action Against Hunger targets the key periods as well as the referral system between various levels in the healthcare system.

Essential interventions at community level and at primary health center platforms could allow reducing of 77% maternal, newborn, and child deaths and stillbirths that are preventable by these essential interventions. Hospitals contribute to reducing remaining avoidable deaths by providing more sophisticated management of pregnancies and difficult births, serious infectious diseases and complicated severe acute malnutrition.

• HEALTH AND NUTRITION IN ADOLESCENTS AND WOMEN OF CHILDBEARING AGE

The aim is to reinforce quality, use and access to:

- family planning information and services;
- nutritional education for adolescent girls and adequate food for women of child bearing age.

Adolescence is an essential window of opportunity in terms of proper health and growth. It is a period that must be targeted if we want to reduce the risks of maternal mortality and break the vicious cycle of intergenerational undernutrition.

• REPRODUCTIVE HEALTH

On the one hand, we must reinforce the quality, access and use of maternal and reproductive health services, from pregnancy and births to post-natal care, and include nutritional interventions throughout all these stages as well as:

- monitoring pregnancies and identifying, preventing and treating diseases throughout pregnancy, by, for instance, providing preventative treatments, anti-tetanus vaccinations, mental health care etc.;
- offering micronutrient supplements and nutritional care for malnourished pregnant women;
- ensuring births are accompanied by skilled birth attendant.

On the other hand, we must work to improve the use of these services. To do so, it is necessary to act on the demand-side of things and identify barriers to accessing healthcare, be they cultural, financial, or other.

• NEONATAL HEALTH FOR MOTHERS AND CHILDREN AND INFANT FEEDING PRACTICES

The aim is to reinforce access to:

- postnatal care, particularly essential care for newborns;
- in particular, specific care for babies born prematurely and newborns who are small for their gestational age
- postnatal treatments for mothers that are essential for treating the major complications leading to maternal deaths, promoting breastfeeding and preventing maternal depression.

Drawing on its experience and expertise acquired in providing support to breastfeeding mothers both within structures treating complicated cases of severe acute malnutrition and mother and baby friendly spaces, Action Against Hunger will pay special attention to **small babies, particularly by supporting breastfeeding and sharing the kangaroo care method.**

• HEALTH AND CHILDREN

The aim is to reinforce quality and access to:

- a package of preventive services and care practices including infant and young child feeding. Action Against Hunger's WASH teams intervene to improve access and use of drinking water sources and to provide improved sanitation installations, thereby making a major contribution to reducing morbidity among the under 5s;
- curative services for the main fatal diseases at the primary and secondary level. Action Against Hunger's approach provides quality medical and nutritional support throughout an infectious event, in order to prevent cases of undernutrition following illness.

The illustration below shows interventions provided by Action Against Hunger in colour. The interventions in grey are not currently provided by Action Against Hunger.



Figure 2 : Package of essential activities at all stages of the care continuum (source: adapted from Lancet Newborn series)

In emergency situations, Action Against Hunger delivers a package of interventions that seeks to ensure the survival of mother and infant as well as provide psychological care for people in distress.

3. WHAT ARE THE METHODS OF INTERVENTION?

3.1. ANALYTICAL FRAMEWORK

In order to reduce maternal, neonatal and child mortality and morbidity, it is necessary to improve coverage of essential reproductive, neonatal and child health services. The interventions showing high impact and improved results are now well known; however, the coverage and/or quality of some of these interventions delivered across the continuum of care still require reinforcement.

To address the lack of coverage and quality of these interventions, Action Against Hunger promotes a diagonal approach to reinforce access and quality of reproductive, neonatal and child health services with a nutrition-specific focus. Action Against Hunger also works to support health systems in their efforts to become more resilient, in order to ensure the long-term viability of the changes put in place. This interconnection between specific support for a priority package and a longer-term strengthening is an essential feature of the approach promoted by Action Against Hunger.

Action Against Hunger uses the following analytical framework to achieve its objective:

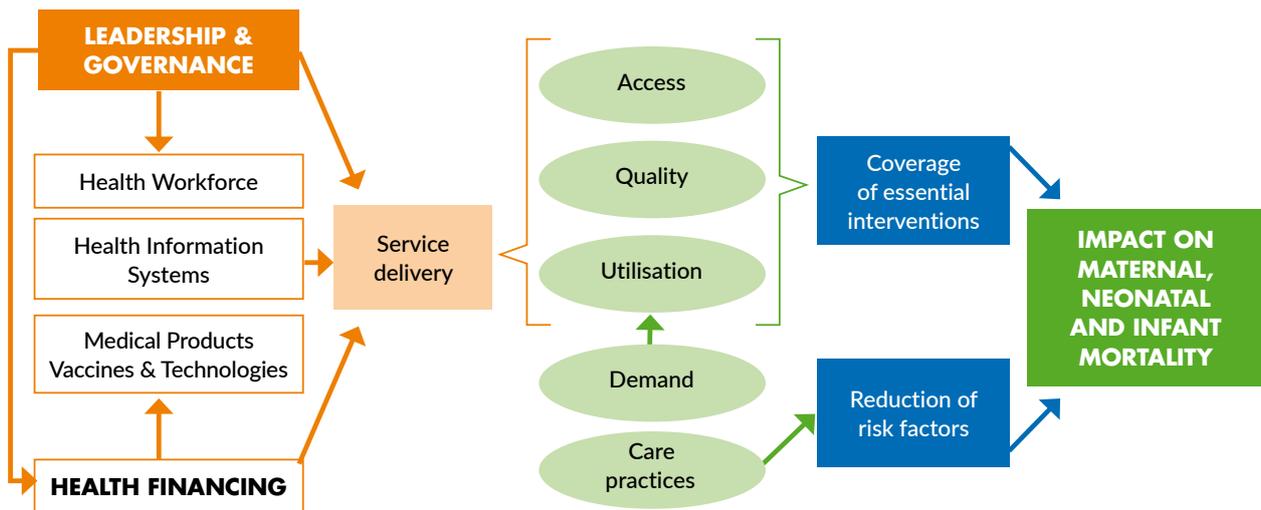


Figure 3 : Action Against Hunger analytical framework: health

To ensure proper understanding of the intervention context, the analysis will examine the following essential aspects:



IDENTIFY THE HEALTH SERVICE SHORTCOMINGS THROUGHOUT ALL STAGES OF THE RMNCH CONTINUUM OF CARE, INCLUDING NUTRITIONAL SERVICES, THAT MAKE IT IMPOSSIBLE TO EFFECTIVELY ADDRESS THE PRIORITY HEALTH PROBLEMS.

Depending on the intervention context, an analysis of the six building blocks of the health system can be made. This analysis will allow identifying the strengths and weaknesses of the health system. Therefore the structural elements that require support or reinforcement will be highlighted. This will ensure the sustainability of improvements proposed for the four key elements described above.

3.2. IMPLEMENTATION MODEL

Action Against Hunger has developed a model to better interlink interventions and to strengthen the ability of the system to deliver lasting solutions to priority health needs. The model recommends strengthening; support and substitution activities are interlinked and complementary. The objective is to improve the health services delivered while also increasing the preparedness for shocks. Therefore Action Against Hunger does not offer a linear implementation of these three intervention modes; instead they are viewed as forming part of a contiguum (i.e. simultaneously).

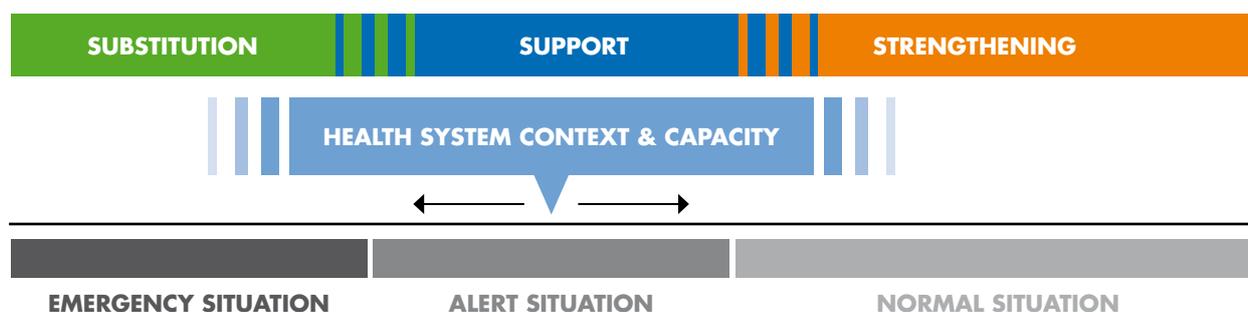


Figure 4 : 3S approach

Substitution, support and strengthening activities are interlinked to reflect the context and the health system's capacities.

The model should make it possible to identify actions required to:

- 1 make sure that populations have, in the short term, adequate access to health services via support for a package of high impact health and nutrition interventions designed to reduce excess deaths and morbidity (substitution or support activities);
- 2 reinforce the system to ensure long-term access and availability (strengthening activities);
- 3 respond to various types of shocks that can impact the health system (substitution activities).

4. CURRENT STATUS OF ACTION AGAINST HUNGER FRANCE'S 2016 HEALTH PROGRAMMES

Of the 23 missions run by Action Against Hunger France, 20 missions offer programming in the nutrition and health sector. At the end of 2016, 80% of these missions had started to transition towards a diagonal approach that integrates nutrition and maternal and child health in at least one of their programmes.

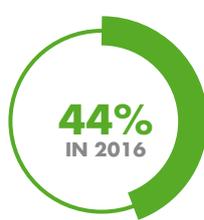
Of the 73 nutrition programmes deployed within these 20 missions:

- 44% incorporate the nutritional component within a more broadly based health approach to maternal and child health.
- 44% deliver the 'old' or vertical approach that only includes care for severe acute malnutrition.

MISSIONS OFFER AT LEAST ONE PROGRAMME INTEGRATING HEALTH AND NUTRITION



PROGRAMMES OF THE SECTOR OFFER AN INTEGRATED HEALTH AND NUTRITION APPROACH



1 - Black RE, Victora CG, Walker SP, and the Maternal and Child Nutrition Study Group, 2013, *Maternal and child undernutrition and overweight in low-income and middle-income countries*. The Lancet.

2 - HHVoster et al in *Cardiovasc J Afr*. Jul 2007; 18(5): 321-324 "The cycle starts with malnutrition during pregnancy, which will result in low birth-weight, undernourished babies that could become stunted children and adolescents, and 'disadvantaged' adults when exposed to further nutritional insults during the life-cycle."

3 - *Levels and trends in child mortality report 2015*. Estimates developed by the UN Interagency Group for Child Mortality Estimates.

4 - *Trends in Maternal Mortality: 1990 to 2015*. Geneva, New York (NY) and Washington

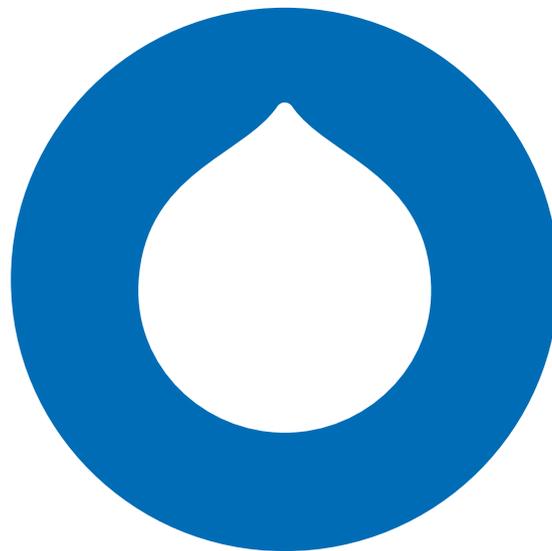
(DC): World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank, United Nations Population Division.

5 - *Countdown to 2015: A Decade of Tracking Progress for Maternal, Newborn and Child Survival*. The 2015 Report.

6 - *Countdown to 2015: A Decade of Tracking Progress for Maternal, Newborn and Child Survival*. The 2015 Report.

7 - *Roadmap for ending avoidable deaths of women, children and adolescents as part of meeting the MDGs, a strategy led by the WHO and the Every Women Every Child movement initiated by the UN secretary general*.

8 - *Countdown 2015 report*. Data based on national coverage in 75 priority countries.



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