



# Experiences and Lessons Learned in Capacity Building

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# Introduction to FANTA's Capacity Building Efforts

Serigne Diene

# Background

Capacity building is a core approach for FANTA Technical Assistance. It includes:

- Training materials development (guides, handouts)
- Pre-service training in collaboration with academic institutions
- In-service training of health and nutrition service providers (health facilities and communities)
- Mentoring and coaching
- **Special initiatives:** Sustainable NACS service delivery in Ethiopia; Guatemala Nutrition Distance-Learning Course; the Uganda Nutrition Fellowship (UNF)

# Capacity Building Offered by FANTA

## **Nutrition Assessment, Counseling, and Support (NACS)**

- Clinical and counseling training
- QI directly related to NACS
- M&E directly related to NACS

## **Community Management of Acute Malnutrition (CMAM)**

- Clinical training (inpatient and outpatient)
- QI directly related to CMAM
- M&E directly related to CMAM

## **Other Nutrition**

- General nutrition (e.g., IYCF, ENA)
- Agriculture linkages/home gardens
- PROFILES, advocacy, media orientations
- Orientation/sensitization (not directly linked to either CMAM or NACS)
- Costing
- Other specific technical trainings (e.g., Optifood, community mobilization)

# In-Service Training Levels and Targets

## **National and regional/district levels**

- Training of trainers (TOT)
- Training staff with management or supervisory roles (e.g., for DHOs, local authorities, supervisors, NGOs, other org staff)

## **Facility level**

- Training service providers at facility-level (e.g., nurses, counselors, pharmacists)

## **Community level**

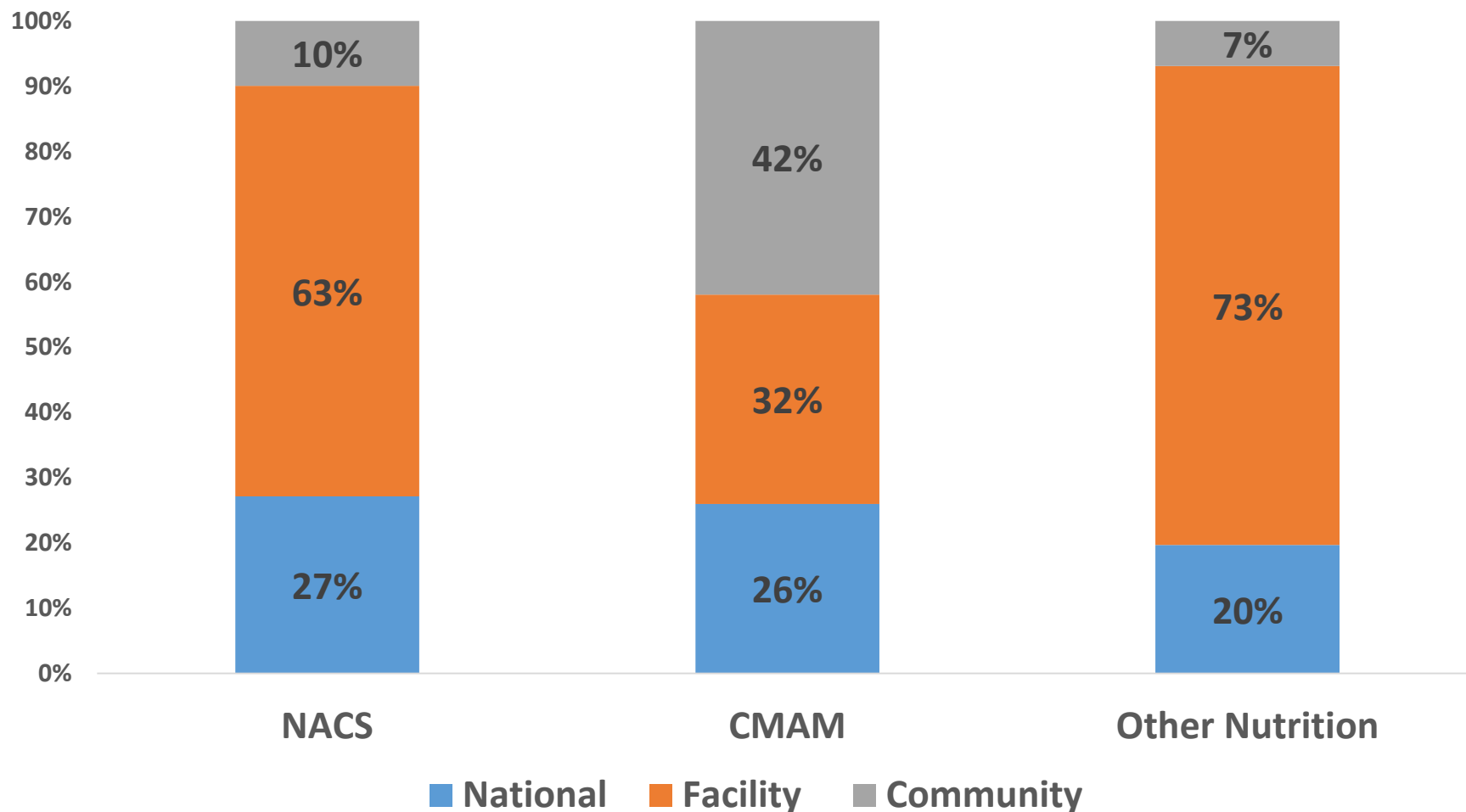
- Training community health workers
- Training community extension workers or any sub-national staff not tied to a health facility
- Training community members

# Capacity Building Results 2012–2017

Levels	Other			Total
	NACS	CMAM	Nutrition	
National/Regional	2,111	1,114	1,948	5,173
Facility	4,894	1,375	7,252	13,521
Community	775	1,797	683	3,255
Total	7,780	4,286	9,883	21,949

# Capacity Building Results 2012–2017

Percent of Men and Women Trained at National, Facility, or Community Level by Training Type



# FANTA Capacity Building Initiatives

- Sustainable NACS service delivery in Ethiopia
- Guatemala Nutrition Distance-Learning Course: implementation and key components for sustainability
- Creating National Leaders in Nutrition: the Uganda Nutrition Fellowship (UNF)

# Sustainable NACS Service Delivery in Ethiopia

Rebecca Egan

# Context

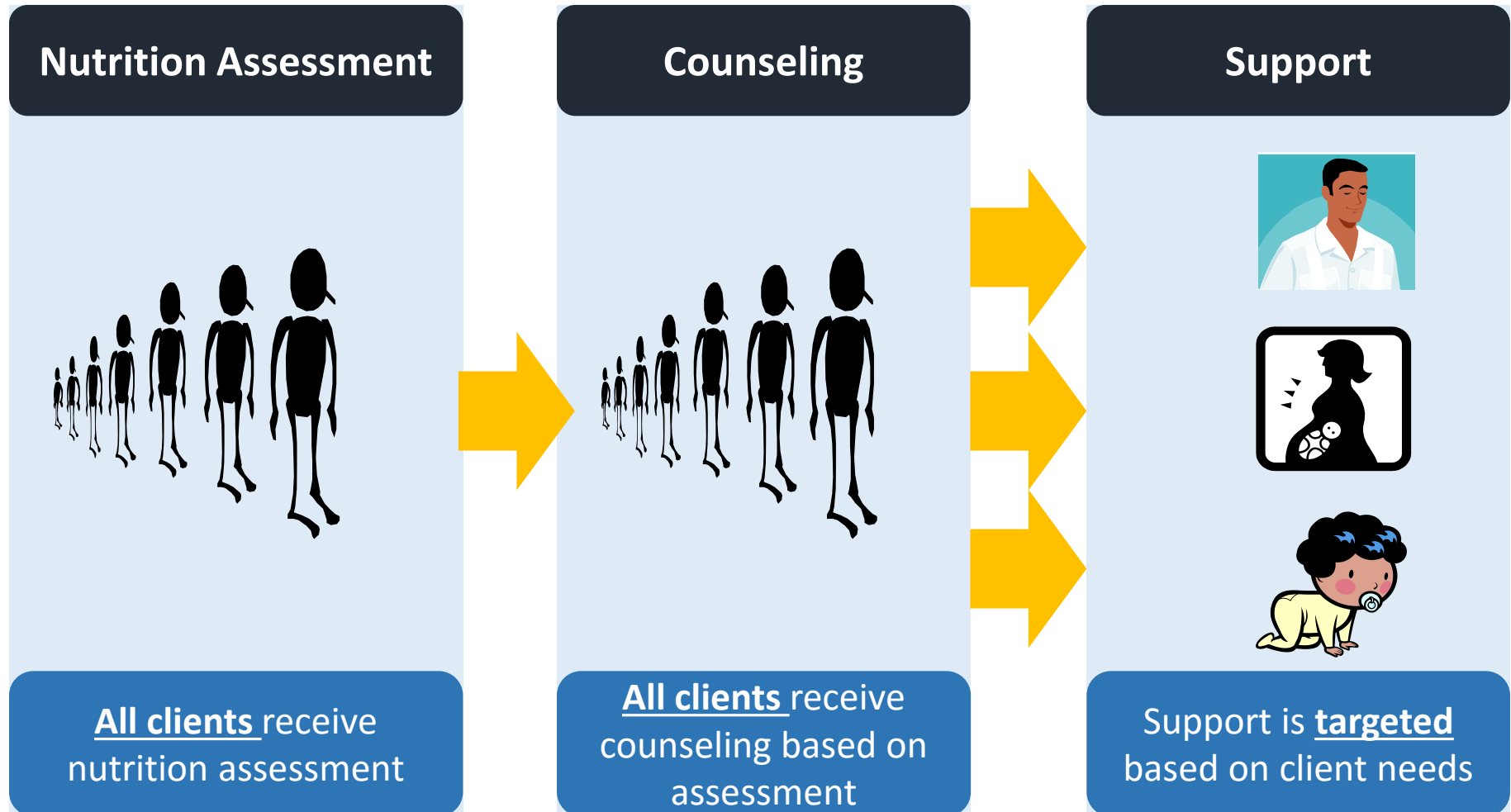
- FANTA has been working in Ethiopia since 2008, providing nutrition technical assistance (TA) for NACS to the federal government.



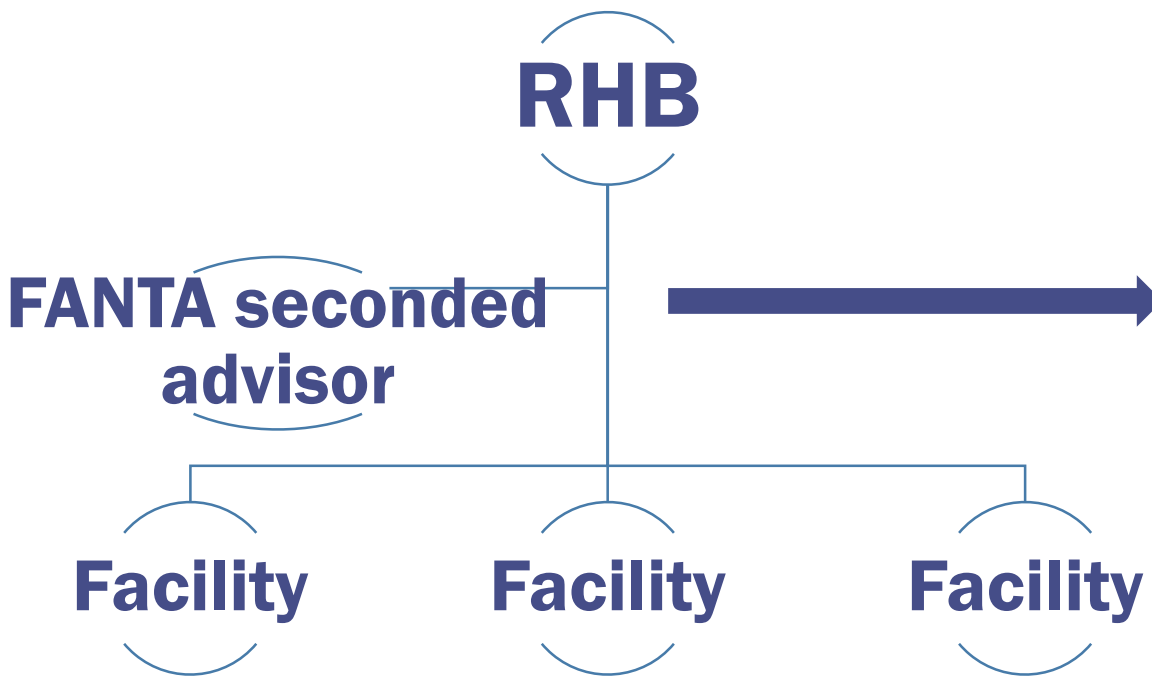
- In 2014, FANTA began providing TA to 6 regional health bureaus (RHBs) to facilitate transition of NACS to government ownership.

# What Is NACS?

NACS is a client-centered approach for integrating nutrition services into the continuum of care



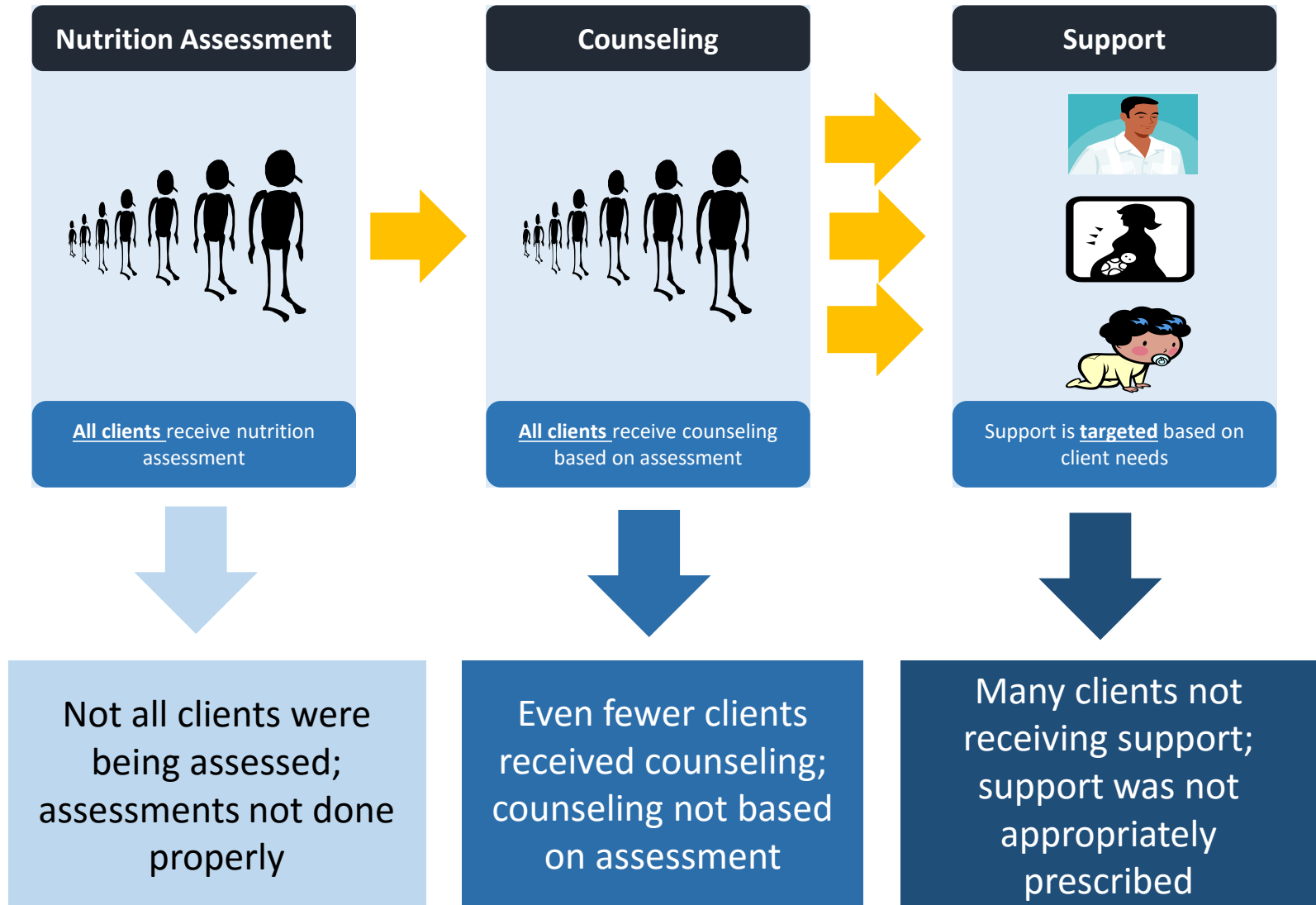
# Regional Technical Assistance



## FANTA's Role

- Support RHBs to train in NACS
- Supportive supervision and assessment of services
- Monitor and validate NACS data
- Support federal-level reporting
- Help RHBs to program funding for NACS
- Support supply chain management

# Assessment of NACS Service Quality



# Identifying Areas to Strengthen Capacity for NACS Services

## Human resources

- High staff turnover
- Untrained staff providing NACS services
- Stand-alone NACS trainings

## Supply chain

- Incorrect commodity prescriptions
- Commodity stock outs
- Improper storage of commodities

## Clinical mentorship

- Mentors not trained on NACS activities
- Gov't checklists lacking NACS indicators

# Human Resources: Integrating NACS Training into National HIV Training

## Stand-alone NACS training

- High cost
- Infrequent
- Staff disruptions due to various competing trainings

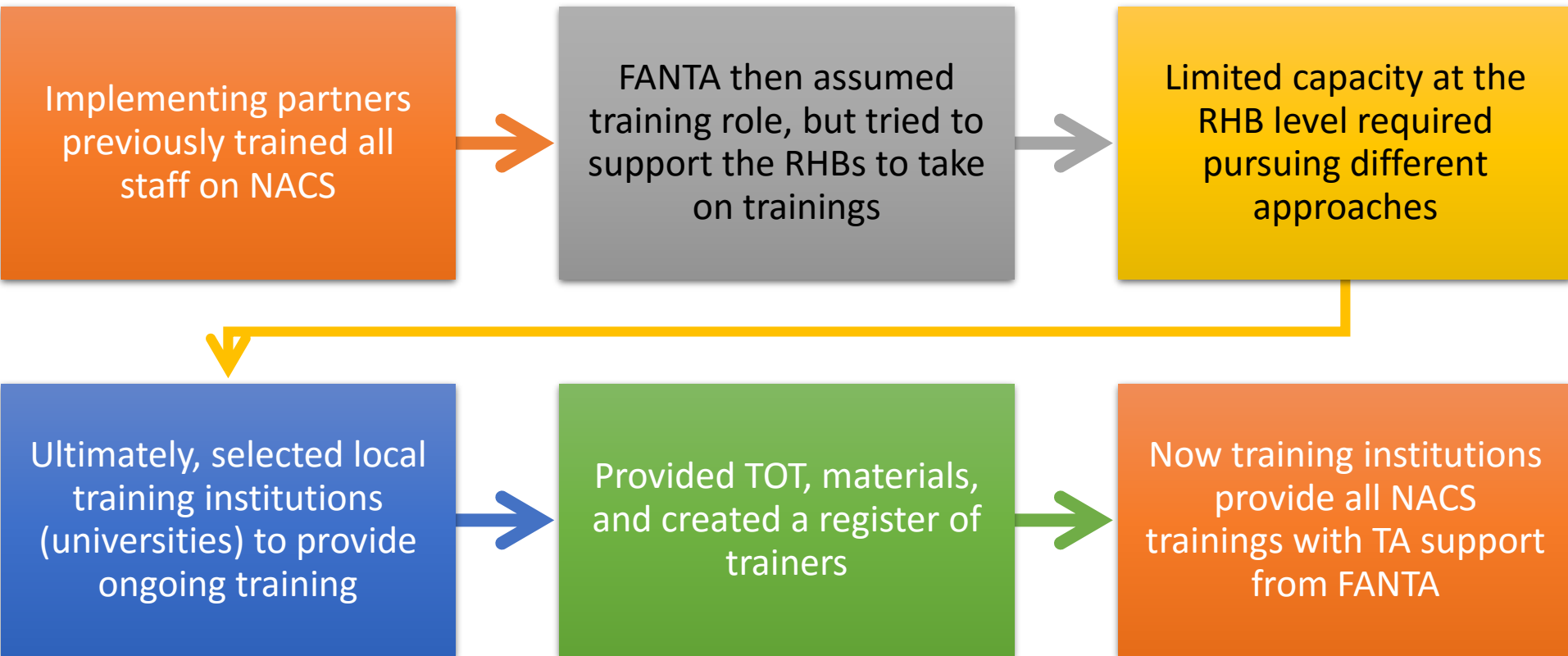
## Pilot shorter NACS training

- Reduced overlapping content
- Assessed competencies

## Integrated NACS/HIV training

- Enhanced integrated service delivery
- Reduced staffing disruptions
- Increased sustainability through streamlined funding

# Human Resources: Creating a Permanent Cadre of NACS Trainers



# Strengthening Supply Chain Management

Assessed pharmacists' training/knowledge of NACS

Developed NACS commodity supply chain training

Helped integrate training into the government's Integrated Pharmaceuticals Logistic System (IPLS) to facilitate sustainability

FANTA and RHB trained pharmacists, developed a mentoring plan, and did follow up mentoring

Subsequent supportive supervision visits demonstrated improvements in commodity dispensing and storage

# Improving and Sustaining Mentorship for NACS

With ICAP and WFP, the team identified minimum NACS components to be observed

Updated gov't mentorship checklist with an annex of NACS questions

Trained clinical mentors on how to use the revised checklist

Assessments demonstrated marked improvement in the assessment, counseling, and treatment of clients

# Lessons Learned – Leveraging Results

## Facility Level

- Improving the percentage of clients being assessed, counseled, and receiving appropriate support
- Incorporating QI to accelerate improvements

## Regional Level

- Expanding the capacity building activities into other regions

## Federal Level

- Advocating for inclusion of NACS in gov't mentorship tools
- Integrating NACS into national HIV training

# Key Takeaways

- Different capacity building approaches executed at the sub-national level can be used to strengthen and integrate NACS into the overall health system.
- Targeted nutrition technical assistance can be leveraged to manage the transition of health services from project-based implementation to government ownership.

# Guatemala Nutrition Distance-Learning Course for Health Facility Staff: Implementation and Key Components for Sustainability

Monica Woldt

# Introduction

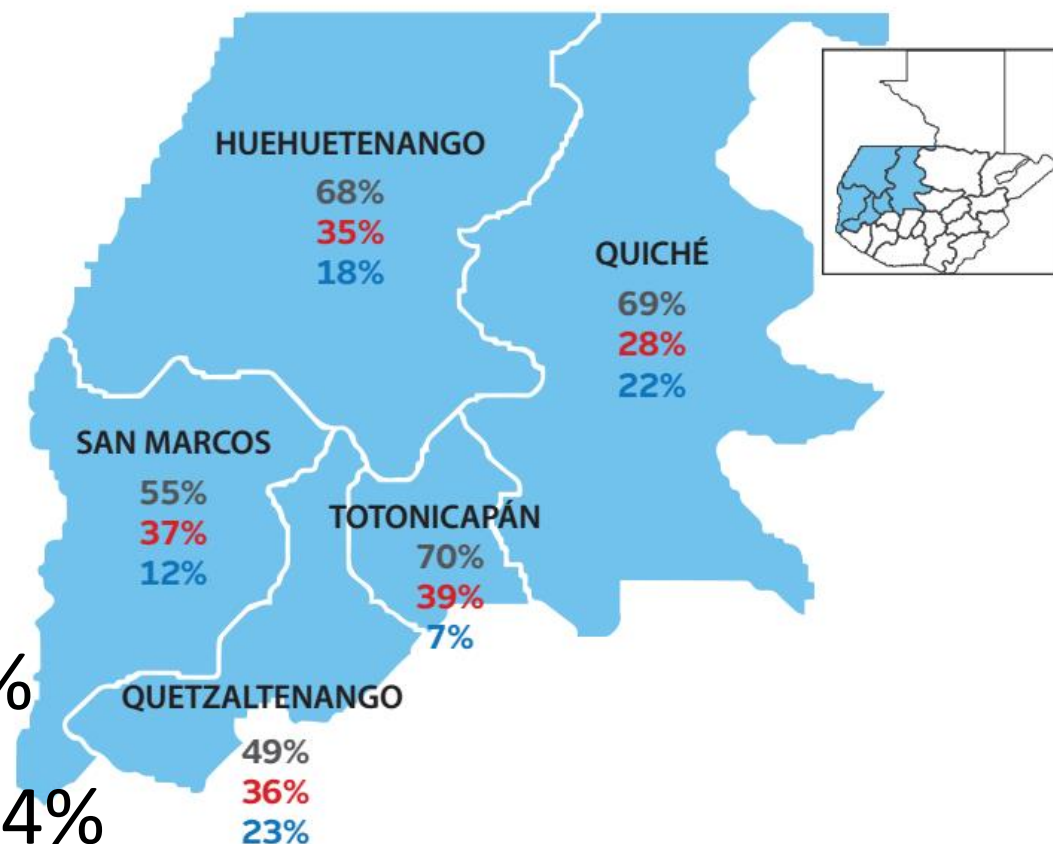
**Poverty: 59.3%**

**Stunting < 5 yrs: 46.5%**

**Anemia 6-59 mos: 32.4%**

**Anemia pregnancy: 24.2%**

**Overweight/obesity:  
51.9% (women)**



Chronic malnutrition, children 0–59 months

Anemia, children 6–59 months

Anemia, pregnant women

# Guatemala MOH: Basic structure

## Health Posts (Primary care)

- Auxiliary nurses
- Community volunteers

## Health Centers (Secondary care)

- Doctors
- Nurses

## Hospitals (Tertiary care)

- Specialists
- Doctors/nurses/other staff

# Context

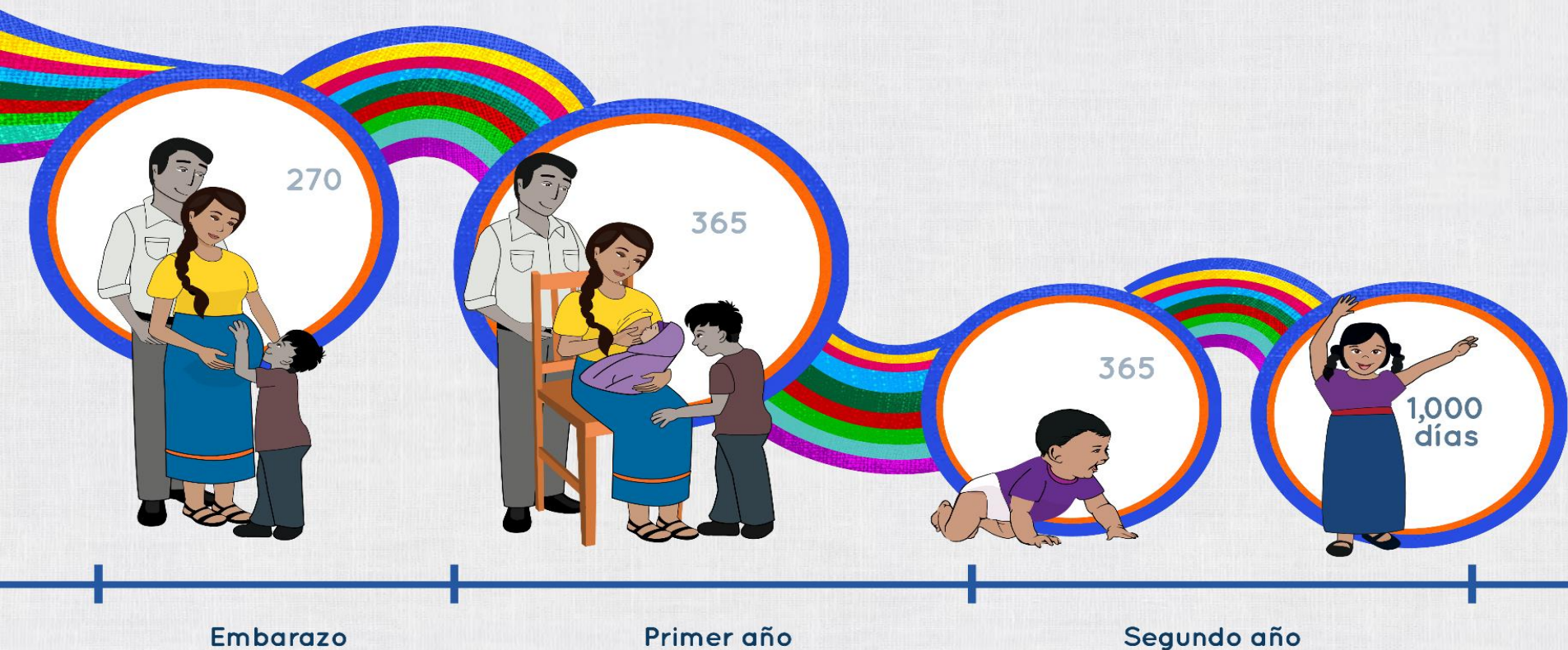
- 13,000 nurses
- 83% - auxiliary nurses
  - Provide bulk of basic health services
  - 10 months of training
  - 3 days of training on nutrition
- 16% of nurses work in Western Highlands



Photo credit: Anna Zatonow/Photoshare

# Diplomado **Nutrición Materno-Infantil**

En los primeros 1,000 días de vida



# Partners: Distance Learning Course



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# Steps in Course Development

Needs  
Assessment



Planning  
and Design



Stakeholder  
Consultations

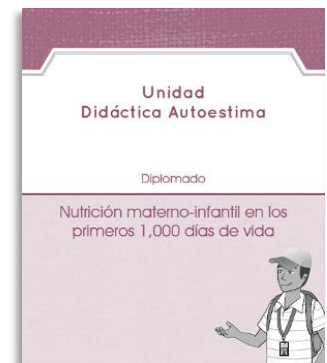
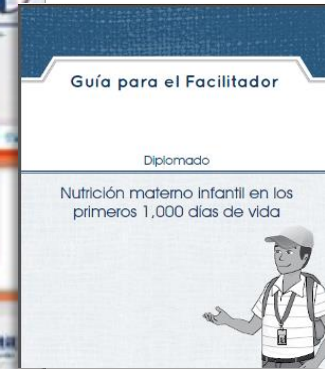


Pilot  
Testing



Course  
Finalization

# Facilitator Guide, Participant Manual, Technical Modules, USB



# 8 Technical Modules + Module on Self-Esteem

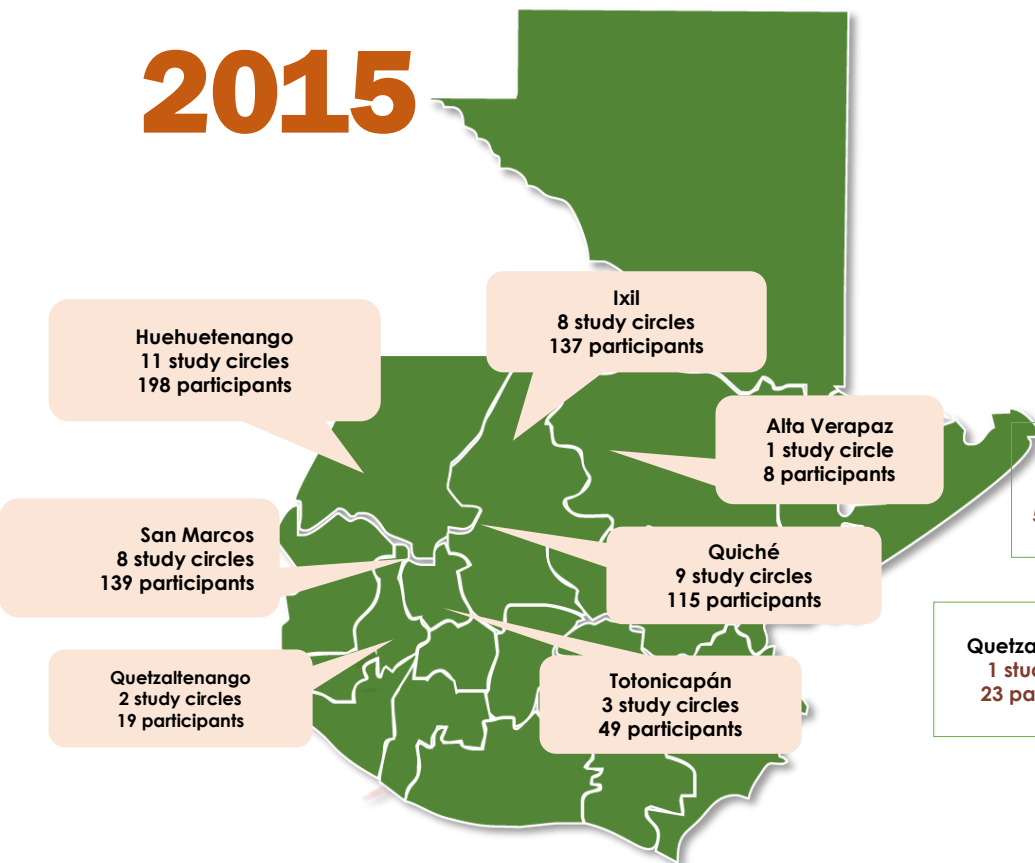
- ENA to improve maternal and child nutrition
- Nutrition during pregnancy
- Breastfeeding
- Complementary feeding from 6–24 months
- Feeding the sick child
- Water, sanitation, and hygiene
- Monitoring child growth and development
- Effective counseling
- Self-esteem

# Methods for Course Implementation

- Health workers complete each module individually
- Participants meet biweekly with course facilitators for practical exercises/discussion
- Course takes up to 120 hours to complete
- Completed over several months
- MOH allows participants to take course during normal working hours
- Earn 25 continuing education credits after successful course completion

# MOH Implementation: 2015–2016

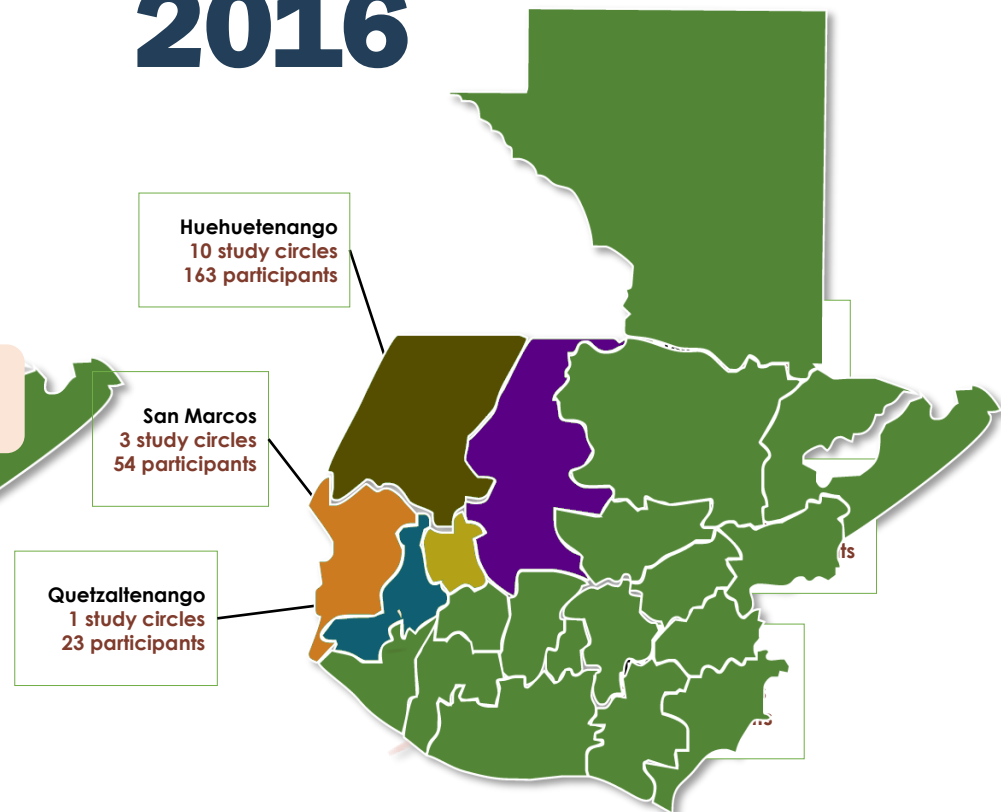
## 2015



May September

**665 health facility  
staff trained - 2015**

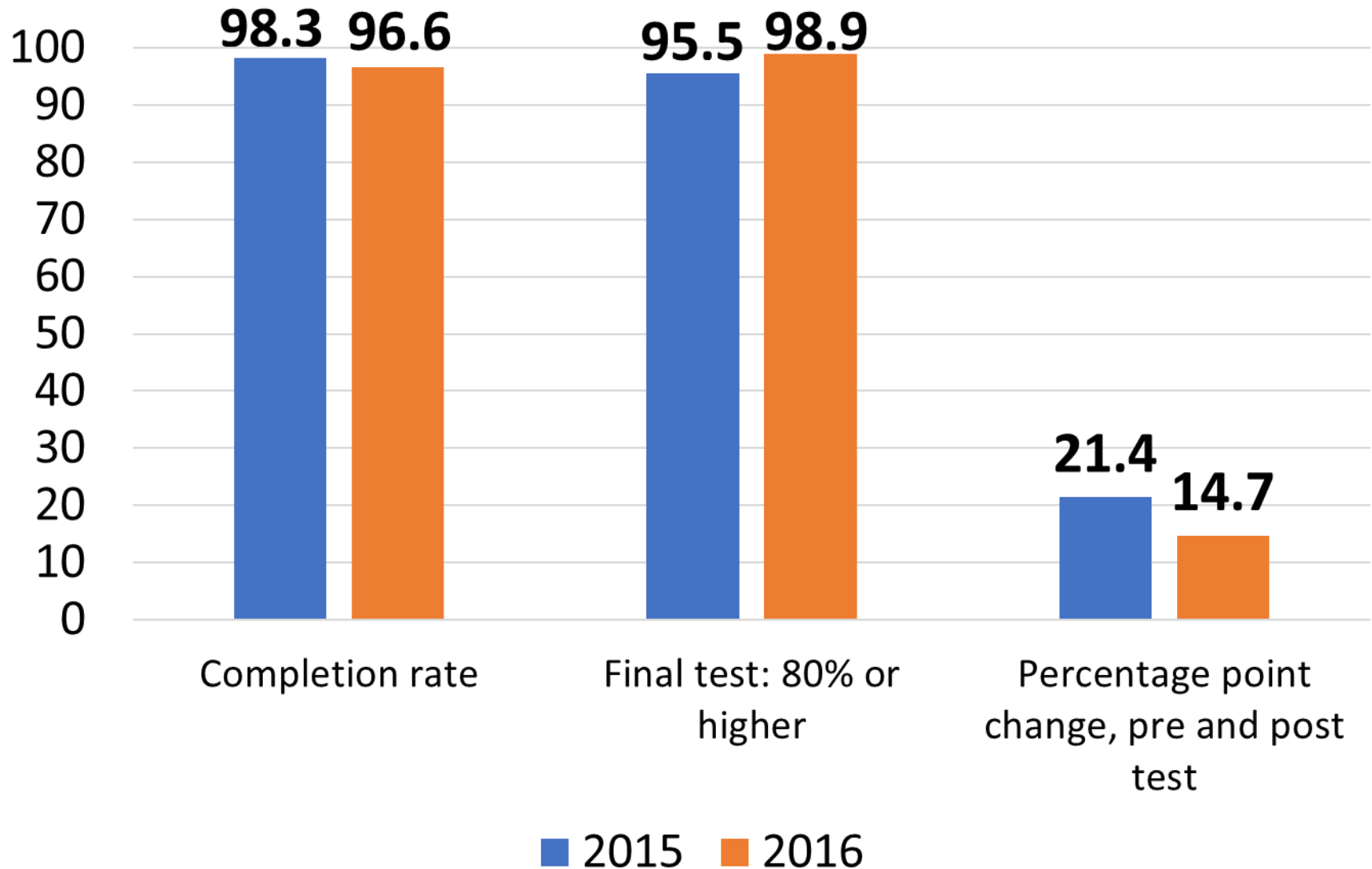
## 2016



June October

**497 staff trained - 2016**

# Results: MOH Performance Indicators 2015–2016



# Course Has Been Integrated into MOH Virtual Platform and Adapted for Other Audiences

## MOH

- Self study and study circles

## Civil Society

- Workshops
- Advocacy and leadership

## Universities

- Virtual sessions

## SESAN

- Material for self study

# Lessons Learned

- MOH and broad USAID partner support was critical to provide the enabling environment for successful course development and implementation.
- Flexibility in course design was essential – the needs assessment revealed limited internet access in the Western Highlands, requiring adaptation of the original course design.
- A course implementation plan, database to monitor participant progress, competency-based monitoring tool, and facilitator and participant evaluations were key components.

# Recommendations

- More training for facilitators on adult education techniques and participatory methods.
- More depth in course on reproductive health, nutritional assessment of pregnant women and children, management/team building.
- Additional ice-breakers and practical exercises to allow more choices to fit various contexts.
- Limit study circle size to no more than 20.
- Monitor participant application of knowledge/competencies during/after course.
- More training for course supervisors.

# Key Takeaways

## Capacity

- Fills a training gap - focusing on evidenced-based interventions to reduce stunting.
- Learning modality and time span allow for deeper understanding and internalization of nutrition.
- Strengthens in-service training, on-the-job training, and through university course: pre-service training.

## Sustainability

- Integrates into the MOH system the nutrition course, core facilitators, competencies tool, and course supervision and monitoring plan.
- Recognition and certification provided by MOH to participants.

# Creating National Leaders in Nutrition: The Uganda Nutrition Fellowship (UNF)

Rebecca Namara

# UNF Documentary Trailer



# Background

- Started as a Nutrition Internship Program, 2010–2011, coordinated by RCQHC and FANTA II.
- Well-received by both interns and host organizations.
- Based on feedback from the internship program and consultations with various stakeholders, the Uganda Nutrition Fellowship (UNF) was created.
- Youth unemployment in Uganda is high, which creates a need for programs such as the UNF.
- Jobs often favor experienced workers—the UNF equips fellows with knowledge and skills to compete favorably in the job market.

# What Is the UNF?

- The UNF is the only nutrition-focused fellowship program in Uganda.
- Fellows are selected and placed with host organizations, such as government sectors, local, national, and international NGOs.
- It provides young professionals with practical experience as well as mentorship and supervision from experts in the field of nutrition.

# Objectives of the UNF

- Develop skilled practitioners in the field of nutrition by providing a unique mix of:
  - Practical experience
  - Professional development activities
  - Leadership and technical training
  - Experience sharing
  - Mentorship
- Provide host organizations with highly motivated and well qualified young professionals learning from and supporting their work.

# My UNF Experience



# UNF Experience: Moses

“ The environment at my host organization is very conducive for a young graduate like me who is building a career. I have learnt how to write concept notes and proposals, and how to build communication, teamwork, and leadership skills. ”

**MOSES KALUNGI**  
UNF Fellow 2015-16



# UNF Experience: Lydia

“ I have learnt that having knowledge without the ability to pass it on in a simple way is a major setback in health communication. Communication for Healthy Communities has equipped me with the art of designing simple and applicable nutrition messages to specific audiences. ”

**LYDIA PEDUN AISU**  
UNF Fellow 2015-16



# Lessons Learned

- Young professionals are enthusiastic and eager to learn when working toward goals they are passionate about.
- Regular meetings between the fellows and mentors/supervisors, as well as fellows having opportunities to share best practices with each other, provided needed guidance, motivation, and support.
- It is important to focus on building both the soft and hard skills that are needed in the current professional world.
- There is a high demand for this type of program.

# Key Takeaways

- A total of 19 fellows successfully completed the program and are still actively engaged in the nutrition field.
- The program has contributed to narrowing the capacity gap for implementing the multi-sectoral Uganda Nutrition Action Plan, as well as reaching the broader public health and disease prevention objectives included in the Second National Development Plan 2015/16–2019/2020.



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