

# Implementation Science Matters

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# Integrating Family Planning in Development Food Security Activities Reena Borwankar

#### **Context and Impetus**

Funded by: USAID/Office of Food for Peace (FFP)

- Family planning (FP) included as a priority nutritionsensitive intervention in USAID Multi-Sectoral Nutrition Strategy
- FANTA Desk Review (2015)
  - HOW are food security and nutrition programs integrating FP?
  - Call for more focused, rigorous formative and implementation research
- FFP Development Food Security Activities
  - Cannot engage in direct FP service provision
  - Can work on demand creation; strengthening health delivery systems; strengthening referrals to FP services

#### Research Question

#### Njira/PCI Goal: Improved food security among vulnerable households in Balaka and Machinga

Purpose 1: Increased access and availability of vulnerable households to diverse and nutritious foods

Purpose 2: Improved John to systematically integrate family in the systematically integrate family in the system of the

Purpo

#### **Project Platforms**

- Women **Empowerment** groups Prod'

- sessions
- **WASH** committees

- **Ubwino** centers
- Village civil protection committees
- Watershed committees
- Area civil protection committees

#### **Study Design and Methods**

- Formative research: Cross-sectional qualitative descriptive study
- Objectives
  - Investigate demand and supply barriers to accessing FP services among priority target groups (mothers with young children and adolescent girls)
  - Assess the acceptability and feasibility of two interventions for improving access to FP services
    - Referrals from care/youth groups to FP providers in health system
    - Provision of FP services at Ubwino center
  - Explore project beneficiary perspectives on connections between population growth, FP, health, and food security
- 20 focus group discussions and 46 semi-structured interviews

# **Key Considerations for Design Process**

- Proof of concept beyond Njira Project
- Strategic planning exercise
  - To prioritize target groups and project platforms for FP integration
  - Design options
- Two-pronged approach
  - User-centered design (acceptable)
    - Tailored to the expressed needs of priority target groups
    - Social relationship context
  - Health system/FP service delivery context (feasible)
    - Health providers
    - Project staff

## **Implementation Challenges**

- Timing of formative research
  - Project start-up, hypothetical scenarios
  - Recruitment challenges
- Keeping the scope and budget focused and manageable to have results in time
  - Breadth versus depth
- Balancing project priorities and schedules

#### **Use of Results**

- Inform Njira design decisions
  - Strategy workshop (September 2017)
    - Which of the two design options is more acceptable and feasible?
    - Targeted SBCC messages on FP and integrated messages that go beyond health sector
- Proof of concept: Considerations for FFP development activities (Brief, December 2017)

Review of Nutrition Assessment, Counseling, and Support (NACS) Service Delivery in Namibia

Nilufar Rakhmanova

## **Context and Impetus**

Funded by: PEPFAR/Namibia

**2012–2013:** FANTA supported a review of the quality of NACS services

**2010:** With FANTA

TA, MOHSS developed operational guidelines for NACS for people with HIV

#### 2012

- 340 health care providers trained in NACS
- 32 of 34 health districts implementing NACS
- PEPFAR support decreases

**2008:** USAID/Namibia requested FANTA TA to strengthen national capacity to integrate nutrition into HIV services

#### 2006:

Adult HIV prevalence 20%, stunting 29%, undernutrition (women): 17%

#### **Research Question**

What was the quality of NACS implementation?

- What barriers did health care providers face in implementing NACS?
- What additional support did health care providers need to implement NACS effectively?
- How satisfied were clients with NACS services?

## **Study Design and Methods**

 Descriptive cross-sectional study with qualitative and quantitative data collection in 24 facilities in four provinces

Key informant interviews

- Facility in-charges
- NACS health providers
- NACS clients

**Observations** 

- Provider-client (nutrition assessment and counseling)
- Inventory of NACS equipment, supplies, and commodities

Audit

NACS registers

# **Key Considerations in the Design Process**

The review was designed using Donabedian's quality of care framework,\* which recommends the assessment of structures, processes, and outcomes.

#### **Structures**

Availability and adequacy of human and material resources



#### **Processes**

Implementation of NACS and adherence to the 2010 NACS Operational Guidelines



#### **Outcomes**

Client satisfaction with NACS services

<sup>\*</sup>Donabedian, A. 1980. Explorations in Quality Assessment and Monitoring, Volume I. The Definition of Quality and Approaches to its Assessment. Ann Arbor, MI: Health Administration Press.

#### Implementation Challenges

- 1. Lengthy IRB process
- Potential lack of objectivity among data collectors (all were practitioners), but good understanding of the service delivery context
- 3. Short timeline for NACS implementation
- 4. Lack of PEPFAR funding for follow-up

#### **Use of Results**

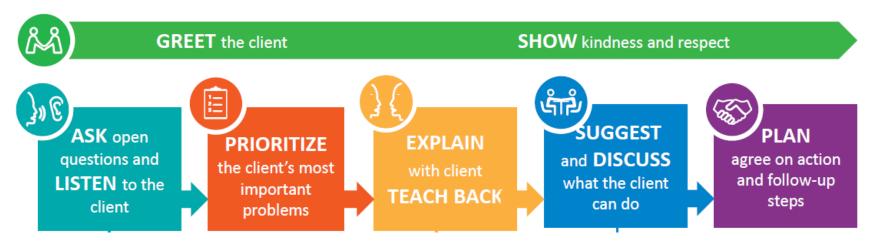
- Structures: Improved district capacity to provide supportive supervision
- Processes: Task-shifting of nutrition screening, counseling, and follow-up of malnourished clients to community-based providers
- Outcomes: Development (with FHI 360/LIFT II)
   of a system to refer NACS clients to economic
   strengthening, livelihood, and food security
   support

Mixed Methods Evaluation of an **Enhanced NACS Package** to Improve Adherence and Retention in Zambia Zeina Maalouf-Manasseh

#### **Context and Impetus**

Funded by: USAID/Office of HIV/AIDS (OHA)

- Data-driven decision making (90:90:90 focus)
- Enhanced NACS (focus on C- Counseling, Community) implemented by FANTA in Antiretroviral Therapy(ART) clinics in 5 healthcare facilities in Kitwe district,



#### **Research Questions**

- Is there a relationship between enhanced NACS and patient adherence to ART?
- Is there a relationship between enhanced NACS and patient retention in ART care?

#### **Study Design and Methods**

- Mixed-method
- Quantitative: quasi-experimental cohort design
  - Pre- + post-intervention
  - Intervention and control group
  - Medical records review
- Qualitative: post-intervention, intervention sites only
  - Client semi-structured interviews

# **Key Considerations and Design Process**

#### Research design:

- Large enough sample size to be able to show an effect, if any
- Control group

#### Data:

- Primary vs. secondary data
- Limited clinical data → qualitative data to triangulate

## **Implementation Challenges**

- Short period of program implementation
- Time for ethical and research approvals (FHI 360, local board, MOH)
- Relying on clinic staff for data collection
   incentives
- Small scale

#### **Use of Results**

- Expected early 2018
- USAID: considerations for NACS support (OHA, Zambia mission)
- MOH: Additional support for the messages and counseling efforts to allow for time and personnel
- Clinics: continued/enhanced investment in strengthening community-facility linkages, and mobilizing Community NACS Volunteers to carry the counseling and support to PLHIV in the communities

# Maximizing the Effectiveness and Sustainability of Resource Transfers Kristen Cashin

#### **Context and Impetus**

- Funded by: USAID/Office of Food for Peace (FFP)
  - Food and non-food transfers are a primary component of most FFP programs
- FFP-funded FANTA Sustainability and Exit
   Strategies Study: Providing free resources can
   threaten sustainability
- 2016–2025 Food Assistance and Food Security Strategy emphasizes sustainability of program activities, outcomes, and impacts

#### **Research Question**

- Original Question: What lessons can we learn from integrated food security and nutrition programs that do not provide direct transfers to beneficiaries or volunteers?
- Project criteria
  - Goal/objective to improve women's or children's nutrition
  - No direct transfers
  - Nutrition-sensitive and nutrition-specific approaches
  - Project duration at least 3 years
  - In low- or middle-income country
  - External midterm or final evaluation

#### **Research Question**

Revised question: What lessons can we learn from how integrated food security and nutrition projects use non-food transfers?



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## **Study Design and Methods**

- Desk Review of 13 purposively selected integrated food security and nutrition programs in Asia and Africa
  - Technical literature review
  - Project document review
  - Key informant interviews

# **Key Considerations for Design Process**

- Should be practical and applicable in FFP and non-FFP contexts
- Examine multiple contexts, transfers, and approaches
- Availability of programs to review
  - Original research question was to examine programs that did not use transfers at all

#### **Implementation Challenges**

- Research question changed after solicitation and screening of projects
- Programs typically did not document transfers in a detailed way
- Timeline was developed for the original question; the new question is more complex
- Identifying key informants for projects that have closed

#### **Use of Results**

- To strengthen effectiveness and sustainability of non-food transfers used in food security and nutrition programs
  - Help programs more strategically select and use transfers
  - Provide insight on approaches that show promise
  - Improve program documentation regarding transfers for continued program learning
- Final report available in early 2018

#### **Available Resources**

- Briefs on the following topics can be found at fantaproject.org:
  - Integration of family planning and nutrition programming
  - FANTA Exit Strategy country summaries
  - Malawi Quality Improvement (QI)
- Forthcoming materials:
  - Malawi QI applied to Community-Based
     Management of Acute Malnutrition
  - Handbook on QI and Health Systems Strengthening





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