



REVIEWING HEALTH AND NUTRITION SERVICES RELATED TO OVERALL NUTRITIONAL STATUS WEST AFRICA

Summarize key aspects of the following nutrition policies and protocols, delivery channels, services, and aspects of quality that may affect how a community-based nutrition program targeted to women and children is designed: Boxes that are shaded are not applicable.

Country B	National Policies and Strategies Related to Overall Nutritional Status	Comments on actual or perceived quality of the policy, strategy and level of implementation
Nutrition and health policies, such as a National Nutrition Policy	<p><i>Please summarize here</i></p> <p><i>National nutrition policy was written post-war and focuses almost entirely on recuperation with some attention to breastfeeding and vitamin A</i></p>	<p><i>Badly needs to be revised and up-dated</i></p>
<p>Are all the Essential Nutrition Actions covered? (see page 7-9 of the Reference Guide)</p>	<p><i>Note here those that are covered and those which are not, with possible explanation for why they are not covered in the policy/plan</i></p> <p><i>No, there is no mention of food-based approaches for dietary diversity, very little on complementary feeding other than feeding sick child, nothing on maternal nutrition. The "experts" who helped write this policy were from emergency nutrition side.</i></p>	<p><i>Some IYCF has been introduced through efforts of UNICEF and WHO</i></p>
<p>Is there coordination and planning with agriculture and other sectors at the national level to improve food availability and access?</p>	<p><i>Please summarize here</i></p> <p><i>There is a new national coordination committee with MOH, MOE, MOE, Ministry of Commerce and Presidential representative</i></p>	
<p>Is there a policy in place for the International Code for the Marketing of Breast milk Substitutes?</p>	<p><i>Yes, the gov't signed off on this years ago.</i></p>	
<p>Salt Iodization</p>	<p><i>Yes, universal salt iodization is mandated, but so much local salt production is not monitored</i></p>	
<p>Other food fortification</p>	<p><i>No</i></p>	

National Strategies, Programs and Initiatives Related to Child Nutritional Status				
		Summary	Delivery Channels, Service Availability, Access and Uptake and Community Structures*	Comments on actual or perceived quality of the strategy, program or initiative and level of implementation
✓				
✓	Baby Friendly Hospitals	<i>Only the urban hospital in the capital</i>	<i>Rural deliveries all take place at home most often attended by nurse aides from health posts or some by TBAs who are old</i>	<i>Baby friendly communities would be more appropriate</i>
✓	Infant and Young Child Feeding	<i>Also, please note which IYCF practices are being promoted Early initiation, EBF, timely intro of complementary foods, quantity, consistency, quality</i>	<i>Health post staff need training</i>	<i>Few health workers know the ENA or the WHO Guidelines for Complementary Feeding</i>
	Supplementary feeding programs	<i>Note types of foods, distribution channels, supply issues, etc.</i>		
	Growth monitoring and promotion	<i>Note whether community or facility-based This was done at health posts before the war and nurse aides were trained, but no longer have scales.</i>	<i>No CHVs</i>	
	Rehabilitation of underweight children	<i>NO</i>		
	Rehabilitation of MAM in children	<i>NO</i>		

National Strategies, Programs and Initiatives Related to Child Nutritional Status				
		Summary	Delivery Channels, Service Availability, Access and Uptake and Community Structures*	Comments on actual or perceived quality of the strategy, program or initiative and level of implementation
✓				
✓	Rehabilitation of SAM in Children - facility based	The District hospital has a TFC and treats children. Requires mother to stay with child.	Up until now, all cases of SAM were Referred to hospital.	Many cases don't come when referred. Mother can't leave the family and fields.
✓	Community-based Management of Acute Malnutrition	This is brand new to the country after a pilot. Training just started in some regions. RUTF is imported by UNICEF.	Might require that health posts refer mothers to health center.	Has great potential, but sustainability of RUTF and distribution may be issues
✓	IMCI	National program	Only the hospital staff were trained, not doctors at the health centers.	No plans or funding from national level to train more people.
	C-IMCI		No CHVs exist	
	Community Case Management Of diarrhea, malaria or pneumonia			
✓	HIV and nutrition policies, protocols, program	Extensive program, well-managed, funding from GFATM	Operates out of the district hospital with referrals from health centers where testing is done.	Most comprehensive, well managed program in the MOH
✓	Other Roll Back Malaria	Five-year intensive program just ended, but services are well integrated to continue	Health centers well-supplied with meds. Nurse aides at health posts do smears and referrals	Not enough emphasis on use of bednets and other prevention at the community level

* (What contact points and/or delivery strategies are already in place, need to be strengthened or need to be developed? What is the availability and accessibility of services? Who provides it? What is the coverage?)

National Protocols Related to Child Nutrition				
	Existing Protocol	Summary	Delivery Channels, Service Availability, Access and Uptake and Community Structures*	Comments on actual or perceived coverage and quality implementation
✓	Community-based Management of SAM	Protocols just released but standard CMAM.	Health center staff need training and support. Health posts need to do GMP to detect SAM	Has great potential, although cases of SAM are infrequent so clinics may not gain practice
✓	Therapeutic Feeding	Using the WHO standards		Difficult for mother to stay with child which means high desertion
✓	PMTCT	Developed under GFATM project, very comprehensive, clinic staff trained	TBAs have not been trained	HIV+ women are being encouraged to deliver at health facilities but too far away
✓ ✓	Vitamin A Supplementation Vitamin A for Measles	For all children 6-59 months twice a year	Given with routine immunizations.	Coverage is good
✓	Iron Supplementation	No iron for children now.		
✓	De-worming	Children 2-10 years get de-wormed twice a year	Currently conducted at health centers on demand and at schools as campaigns	Could be more organized as some children get it at school and at the health center
	Multiple Micronutrients (Sprinkles)			UNICEF is pushing for this
	Zinc for Treatment of Diarrhea			Still under discussion by MOH

*What contact points and/or delivery strategies are already in place, need to be strengthened or need to be developed? What is the availability and accessibility of services? Who provides it? What is the coverage?



REVIEWING HEALTH AND NUTRITION SERVICES RELATED TO MATERNAL NUTRITION

	National Policies Related to Maternal Health and Nutrition	Comments on actual or perceived quality of the policy, strategy and level of implementation
Is there a national policy related to maternal health?	<p><i>Please summarize here</i></p> <p>There is a new Safe Motherhood policy in the works. Reviewed draft and it is impressive.</p>	
Are all the Essential Nutrition Actions related to maternal nutrition covered? (see page 7-9 of the Reference Guide)	<p><i>Note here those that are covered and those which are not, with possible explanation for why they are not covered in the policy/plan</i></p> <p>The ENA are all included with cross-references to the National Nutrition Plan</p>	Will have to monitor to see that nutrition is not short-changed in the implementation
Is integration of maternal health and nutrition addressed?	The nutrition counseling is explicit in the ANC protocols, and the IFA is highlighted along with counseling on side effects. Good content on dietary diversity, resting, quantity	

Services, Programs and Initiatives Related to Maternal Nutritional Status				
	Existing Services	Summary	Delivery Channels, Service Availability, Access and Uptake and Community Structures*	Comments on actual or perceived quality of the strategy, program or initiative and level of implementation
✓	Antenatal Care Including nutrition counseling	ANC guidelines exist and posted in health posts.	All health facilities offer this and some send nurses to communities for monthly outreach	Women don't go until second or 3 rd trimester.
✓	Delivery Care	Most nurse aides are attending deliveries as they were trained years ago.	Real need to up-date nurse and TBA skills Health facilities are not available 24/7 and lack space	Serious need for up-dating and for training on immediate BF as part of it
	Post-partum Care	This has been the weak link in maternal care. New SM policy includes visit in 24 hrs. incl. attention on breastfeeding	The nurse aides and TBAs who attend the deliveries need to know what to do on this visit, help with breastfeeding, etc.	Unclear whether TBAs will be trained to make this visit.
✓	PMTCT	Part of overall HIV program and included in new Safe Motherhood policy	HIV+ women are encouraged to deliver at health facilities where they get this counseling	BM substitutes are not available in rural areas. Mother breast feed to avoid stigma.
✓	HIV Testing and Counseling	At Health Centers, staff well-trained		
✓	ARV Treatment	under GFATM funding	Facility-based	Supplies are consistent and well-managed
	Food Supplementation			
✓	Distribution of Long-lasting Insecticidal Nets (LLINs) or availability	Five-year program just ended.	were distributed free to all pregnant women who sought ANC Now for sale in local shops	Easily observed that the nets are not all being used. Women are not convinced of efficacy.
	Training of TBAs	MOH acknowledges need for training, but has no funds		Training plans and content need to be developed

*What contact points and/or delivery strategies are already in place, need to be strengthened or need to be developed? What is the availability and accessibility of services? Who provides it? What is the coverage?

National Protocols Related to Maternal Nutrition				
	Existing Protocol	Summary	Delivery Channels, Service Availability, Access and Uptake and Community Structures*	Comments on actual or perceived coverage and quality implementation
✓	IFA Supplementation during or after Pregnancy	IFA from 3 rd month of pregnancy to 2 nd month ppt.	Distributed through health centers during first ANC visit and every 3 months.	Supplies are irregular. No monitoring whether women actually take it.
✓	De-worming during pregnancy	This is in the new Safe Motherhood policy	Available at health facilities	Supplies are not an issue
✓	Intermittent Preventive Treatment of Malaria (IPT) for Pregnant Women	This is part of the current ANC routine	Available at health centers only, not the health posts.	Women who don't attend any ANC at health center miss out. Health posts could be trained.
✓	Vitamin A Supplementation post-partum	Policy is under review	Nurse aides were doing this when they attended deliveries or when mother came for immunization.	Coverage was low due to inconsistent supplies.
✓	Delayed Cord Clamping	This is new in the new Safe Motherhood policy which isn't approved, yet	Only at Health facility deliveries unless TBAs are trained	Could do advocacy to have TBAs trained on this
	Other related protocol			

***What contact points and/or delivery strategies are already in place, need to be strengthened or need to be developed? What is the availability and accessibility of services? Who provides it? What is the coverage?**