

PMA2020 Nutrition Round 1 Service Delivery Point Indicator List and Definitions

Acronym List	
CHV	community health volunteer
CMAM	community-based management of acute malnutrition
HIV	human immunodeficiency virus
IFA	iron–folic acid
MICYN	maternal, infant, and young child nutrition
MMN	multiple micronutrients
MUAC	mid-upper arm circumference
ORS	oral rehydration solution
PMA2020	Performance Monitoring and Accountability 2020
PMTCT	prevention of mother-to-child transmission (of HIV)
RUSF	ready-to-use supplementary food
RUTF	ready-to-use therapeutic food
SDP	service delivery point

Introduction

From May to August 2017, Performance Monitoring and Accountability 2020 (PMA2020)—in partnership with International Centre for Reproductive Health Kenya and the Institut Supérieur des Sciences de la Population in Burkina Faso—conducted a survey on nutrition status and service provision. The survey was made up of two parts: first, a survey of children under five years of age and women between the ages of 10 to 49 years in sampled households; and second, a survey of facilities that provide health-care services—also known as service delivery points (SDPs). One of the primary difference between the two surveys is that the household surveys are nationally representative, whereas the SDP surveys are not. For more information on sampling methodologies, please visit [PMA2020’s website](#).

What Types of Health Facilities Were Analyzed?

PMA2020 reviewed the health facilities that completed the survey and identified the facilities that provide antenatal or pediatric care or trained their staff to screen for malnutrition. This subset of health facilities was chosen because nutrition services for pregnant women and children under five are predominantly provided through either antenatal or pediatric care services. These categories were defined by facilities that responded “Yes” to any of the following questions in the survey:

- Antenatal care: “Does this facility provide antenatal services?”
- Pediatric care: “Does this facility provide consultation or curative services for sick children?”
- Trained staff: “Do you have staff in the facility trained to screen for acute malnutrition in children?”

In Kenya, of the 395 facilities that completed the survey, 342 facilities provide antenatal care, 351 provide pediatric care, and 286 have staff trained to screen for malnutrition. In Burkina Faso, of the 129

facilities that completed the survey, 106 facilities provide antenatal care, 115 provide pediatric care, and 116 have staff trained to screen for malnutrition.

What Are the Key Findings?

PMA2020 examined every facility's readiness to provide nutrition services and care for pregnant women and children in Kenya and Burkina Faso. A facility's determination of readiness was based on combinations of responses to questions in the survey. The following figures focus on public facilities in the two countries, as the private facilities were less able to provide maternal and child nutritional care in all instances.

For public facilities that provided either antenatal or pediatric care, the facilities had staff trained to provide, at the very least, basic nutrition services, regardless of the presence of formally trained nutritionists. In Kenya, 32% of facilities surveyed reported having nutritionists on staff, whereas in Burkina Faso, only 6% of facilities had a nutritionist on staff. However, 67% of facilities in Burkina Faso did report they had staff trained in maternal, infant, and young child nutrition (MIYCN), prevention of mother-to-child transmission (PMTCT) of HIV, infant feeding during HIV, and community-based management of acute malnutrition (CMAM), while in Kenya, only 38% were trained in all four guidelines. While Kenya may have a larger official cadre of nutritionists, Burkina Faso has a cadre of staff who are able to provide nutrition services despite their level of education.

This claim is further supported by the reported roles of community health volunteers (CHVs) in providing nutrition services. Many public facilities in both Burkina Faso and Kenya reported supporting CHVs to provide group education sessions to and one-on-one counseling sessions with mothers on MIYCN. Over 20% of public facilities in both countries reported supporting CHVs to provide multiple micronutrient (MMN) supplements, cooking demonstrations, and zinc and vitamin A supplements. Additionally, 19% of public facilities in Kenya and 7% in Burkina Faso reported that the CHVs they support provide treatment for children who were identified as malnourished.

Public antenatal-care facilities were analyzed from a perspective of whether they were ready to provide nutrition services to pregnant women. Of the surveyed facilities, 86% in Kenya and 90% in Burkina Faso indicated they were ready and able to screen the weight and blood pressure of pregnant women. This also meant, however, that between 10% and 15% of public facilities in these countries were not ready and able to provide those services. There was also a consistent discrepancy between facilities that reported they provide iron supplementation as an antenatal service, yet did not have the appropriate nutrients in stock. In Kenya and Burkina Faso, 95% and 96%, respectively, of the facilities that reported providing iron supplements as a regular antenatal care service; however, but only 85% and 86% of the facilities, respectively, had either iron–folic acid supplements (IFA) or multivitamins in stock.

Public pediatric facilities were analyzed from a perspective of whether they were able to provide basic nutritional services for children. In both Kenya and Burkina Faso, most (93% and 94%, respectively) had staff trained to monitor child growth and development. However, while their methods and equipment for growth monitoring methods and equipment were the same, in Kenya and Burkina Faso, the percentage of facilities that could monitor both weight and height, and had functioning equipment to do so, varied greatly (66% and 91%, respectively). Many facilities in both countries indicated they have staff trained to screen for malnutrition reported screening using weight, height, and mid-upper arm circumference (MUAC): 62% of facilities in Kenya and 89% of facilities in Burkina Faso reported using

those measures and had working equipment for all three methods. Interestingly, none of the facilities reported using only MUAC to screen for acute malnutrition.

The basic nutrients and medications for nutritional care for children are considered vitamin A, zinc, oral rehydration solution (ORS), ready-to-use therapeutic food (RUTF), and albendazole, which is a drug used to treat parasites. Only 33% of facilities surveyed in Kenya and 54% of the facilities in Burkina Faso provided all of those nutrients and medications and had them all in stock. The limiting factor in this measure of readiness is RUTF. When RUTF was excluded from the measure, 61% of Kenyan public facilities and 67% of Burkina Faso facilities had the other four nutrients and medications in stock.

Finally, in terms of readiness to identify and treat malnutrition, we found that public facilities in Burkina Faso were more prepared to treat severe-acute, rather than moderate, malnutrition. In contrast, facilities in Kenya were able to focus on both. Kenyan public facilities were equally prepared to treat severe and moderate acute malnutrition with around half of public facilities providing RUTF or ready-to-use supplementary food (RUSF) and having it in stock. In Burkina Faso, 82% provided RUTF and had it in stock, while only 46% of facilities provided RUSF and had it in stock. This indicates more of a focus on severe acute malnutrition, as RUTF is primarily used to treat severe acute malnutrition while RUSF is used to treat moderate acute malnutrition. Finally, only 39% of public facilities in Kenya provided inpatient treatment for malnutrition, compared to 48% in Burkina Faso.

How Were Indicators Defined?

Some of the indicators were calculated using responses from multiple questions, some of which were not asked of all facilities due to the survey design. In these cases, we included a comment in the Excel document. While all indicators were disaggregated by public or private sector, some were also disaggregated by facility type.

In the “Antenatal or Pediatric” tab of the Excel document are indicators that measure the nutritional capacity of facilities that provide **either** antenatal care or pediatric care:

- Facilities with any trained nutritionists on staff
- Facilities with any trained nutritionists on site the day of the survey
- Facilities that have staff trained in individual guidelines: MICYN, PMTCT, infant feeding during HIV, or CMAM
- Facilities that have staff trained in all four guidelines: MICYN, PMTCT, infant feeding during HIV, and CMAM
- Facilities that provide supervision/support to CHVs for nutrition services
- Facilities that support CHVs to provide the following interventions:
 - Group education sessions on MIYCN (e.g., waiting room, mother’s club)
 - One-to-one counseling (individual) on MIYCN
 - Iron supplementation
 - MMN supplements, powders, sachets
 - Supplementary food
 - Cooking demonstrations
 - Zinc supplementation
 - Vitamin A supplementation
- Facilities that have staff or CHVs that conduct community-based screening for malnutrition

- Facilities that have CHVs that provide treatment for children identified as malnourished
- Facilities that have fees in order to be seen by a provider for any reason

In the “Antenatal Care” tab of the Excel document are indicators that measure the nutritional capacity of facilities that provide antenatal care:

- Facilities that provide group nutrition counseling to expectant mothers
- Facilities that provide individual nutrition counseling to expectant mothers
- Facilities that both group and individual counseling to expectant mothers
- Facilities that are ready and able to provide pregnancy nutrition screening (measure weight and blood pressure)
 - Facilities that screen the blood pressure and weight of expectant mothers
 - Facilities that screen the blood pressure and weight of expectant mothers and have functioning equipment
- Facilities that provide iron supplementation to expectant mothers
- Facilities that provide both IFA and MMN tablets to expectant mothers
- Facilities that only provide IFA as an iron supplement to expectant mothers
- Facilities that provide iron supplementation and have either IFA or MMN tablets in stock to expectant mothers
- Facilities that are certified under the World Health Organization Baby Friendly Hospital Initiative

In the “Pediatric Preventative” tab of the Excel document are indicators that measure the nutritional capacity of facilities that provide pediatric care:

- Facilities that have staff trained to monitor growth and development of children and infants
- Facilities that measure **ONLY** height and have functioning height boards
- Facilities that measure **ONLY** weight and have functioning scales
- Facilities that measure **BOTH** height and weight and having functioning equipment for both
- Facilities that measure **EITHER** height or weight and have functioning equipment
- Facilities that provide vitamin A, zinc, ORS, albendazole, and RUTF
- Facilities that provide vitamin A, zinc, ORS, albendazole, and RUTF **AND** have them all in stock
- Facilities that provide vitamin A
- Facilities that provide vitamin A **AND** have it in stock
- Facilities that provide zinc
- Facilities that provide zinc **AND** have it in stock
- Facilities that provide ORS
- Facilities that provide ORS **AND** have it in stock
- Facilities that provide albendazole
- Facilities that provide albendazole **AND** have it in stock
- Facilities that provide RUTF
- Facilities that provide RUTF **AND** have it in stock

In the “Pediatric Malnutrition” tab of the Excel document are indicators that measure the nutritional capacity of facilities that have staff trained to screen for acute malnutrition:

- Facilities that **ONLY** use weight to screen for malnutrition and have functioning scales

- Facilities that **ONLY** use weight and height to screen for malnutrition and have functioning scales and height boards
- Facilities that **ONLY** use MUAC to screen for malnutrition and have functioning MUAC tape
- Facilities that use weight, height, **AND** MUAC to screen for malnutrition and have functioning scales, height boards, and MUAC tape
- Facilities that use **EITHER** weight, height, or MUAC to screen for malnutrition and have functioning scales, height boards, and MUAC tape
- Facilities that provide RUTF
- Facilities that provide RUTF **AND** have it in stock
- Facilities that provide RUSF
- Facilities that provide RUSF **AND** have it in stock
- Facilities that provide RUTF and RUSF
- Facilities that provide RUTF and RUSF **AND** have both in stock
- Facilities that provide inpatient treatment for malnutrition and provide antibiotics to treat malnutrition
- Facilities that provide inpatient treatment for malnutrition and provide antibiotics to treat malnutrition **AND** have antibiotics in stock
- Facilities that provide inpatient services for malnutrition
- Facilities that refer patients with malnutrition
- Facilities that provide inpatient services for malnutrition or refer patients with malnutrition