



PAT H/Jennifer Burns

OUR APPROACH: **REACHING ORPHANS AND VULNERABLE CHILDREN**

# Mobilizing social workers to prevent malnutrition in Côte d'Ivoire

The May 2011 inauguration of President Alassane Ouattara in Côte d'Ivoire signaled an end to more than five months of political deadlock that had grounded public programs in the country to a near halt. With the return of stability, the Infant & Young Child Nutrition (IYCN) Project moved quickly to reinvigorate a groundbreaking partnership with Côte d'Ivoire's network of social centers to prevent malnutrition—and strengthen existing efforts to identify and support those already malnourished—among children who are affected by HIV.

## Linking HIV and nutrition

Since 2008, the IYCN Project has been supporting the US President's Emergency Plan for AIDS Relief (PEPFAR) program in Côte d'Ivoire, specifically addressing nutrition within the context of HIV. The challenge is large—estimates of HIV prevalence among Ivoirians range between 3.7 and 4.7 percent, and as a direct result, around 540,000 young people in the country are considered “orphans and vulnerable children” (OVC), whose survival and development is threatened by HIV. This threat is not limited to the direct risk of infection; children of a parent who is HIV positive or who has died of AIDS-related causes have a much higher probability of suffering from malnutrition and other negative health outcomes.

The cornerstone of IYCN's approach in Côte d'Ivoire is improved counseling for caregivers on optimal infant and young child feeding and caring practices. However, it was identified early on that a key barrier to achieving improved counseling was the lack of appropriate training for health care workers and community health workers who are well positioned to reach caregivers through prevention of mother-

to-child transmission of HIV services, social centers, and pediatric care centers. Tailored to meet the needs of the populations served through these services, the IYCN Project collaborated with national programs and local partners to develop training programs in infant and young child feeding based on the World Health Organization's (WHO) *Infant and Young Child Feeding Counseling: An Integrated Course*.

## Social centers: an underutilized opportunity for reaching at-risk children

In 2010, efforts began to extend outreach beyond the formal health system and into social centers as a way to maximize opportunities for reaching OVC and their caregivers. Social centers are decentralized operational units in charge of supporting OVC (within and outside of HIV/AIDS) across seven domains: food and nutritional support, health care, care and shelter, education and training, psychosocial support, protection, and economic support. Public and private organizations providing these services make up a platform that is affiliated with each social center. With a wide range of functions and clients, social centers are a popular and “social” medium through which to extend support to children and families affected by HIV. Caregivers visit social centers each week, to attend group discussions on family planning or children's nutritional needs one day, for a cooking demonstration on making enriched porridge the next, and a third for weighing their children.

Social workers were already involved in nutrition programs in 2010, but no curriculum had existed for training them



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on nutritional surveillance and counseling. So, social centers were being used as places for identifying already malnourished children and referring them to a health facility, but not for recognizing the precursors to any form of malnutrition and helping families take preventive actions.

## Strengthening social workers’ knowledge and skills

The social workers’ nutrition knowledge was not only very rudimentary, but also out of date. Many were still advising mothers to discontinue breastfeeding after four months instead of six, and promoting the risky use of bottles (which often harbor pathogens due to inadequate cleaning) instead of cups when other liquids could be appropriately introduced. Moreover, none of their training included specific issues surrounding infant and young child feeding within the context of HIV—especially, the recommendation by WHO and its partners that HIV-positive mothers who breastfeed do so exclusively for the first six months as a measure to increase infant survival.<sup>1</sup>

The IYCN team met with social workers, community agents, and platform members to seek input on training needs and the role of the social workers, which is less medical than that of health workers offering services at health centers. This discussion resulted in the development of a three-day course covering nutrition basics, optimal infant and young child feeding practices (including within the context of HIV), optimal maternal nutrition practices, detecting growth faltering through growth monitoring and promotion, managing cases of moderate malnutrition, and using monitoring tools. Using a cascade training approach, IYCN supported the training of national OVC program staff who in turn trained health workers from 30 of the country’s

69 social centers. To strengthen existing efforts toward identifying and caring for children already malnourished, social workers trained community health workers to screen for malnourished children in the community using mid-upper arm circumference (MUAC) measurements and to refer them to the social center for further support.

To add a preventive dimension to the nutrition services offered at the social centers, trained social workers now weigh the children and compare their growth to international standards and then advise caregivers on optimal feeding and caring practices, including teaching caregivers how to prepare energy- and nutrient-dense porridges using locally available and affordable foods. One social worker explained: “We...learned to make thicker and enriched porridge by adding powdered milk or soy flour.” Another said, “We learned about vitamins and what micronutrient deficiencies children are at risk of. I [now] counsel moms on choosing the salt with iodine in it, to keep oranges in the shade so the vitamin C won’t be destroyed by the sun, and that palm oil is rich in vitamin A.”

The social workers said the training was very practical and that they learned to identify not only when a child is not growing well but what to do about it. Remarked one social worker, “We would look at physical characteristics, like edema and loose skin, to decide if a child was suffering from [severe] malnutrition.” Since the training: “When we see weights [on the growth chart] going up and down over time, we know there is something wrong,” said one social worker. “I ask what is going on. Is your child sick? How do you feed? What do you feed?”

In addition, the training curriculum is currently being integrated into the curriculum of the national institute where social workers obtain their credentials.

### Recipe for enriched local porridge for children 6-8 months, shared during cooking demonstrations at social centers in Côte d’Ivoire

Flour (millet, sorghum, maize, or rice)	10 g	1 soup cup
Whole milk powder	20 g	2 soup cups
Sugar or honey	6 g	1 ½ cubes or 1 coffee cup
Vegetable oil	1.5 g	½ coffee cup
Water	180 ml	1 cup
Fruit (mashed banana, papaya, or mango)		2-3 spoonfuls

<sup>1</sup> The activity described in this report took place prior to WHO’s release of new guidelines in 2009. The new guidelines recommend 12 months of breastfeeding (six months exclusive followed by six months of breastfeeding with complementary foods), with antiretroviral interventions.

## Hadiya's story

Hadiya spoons warm porridge into 6-month-old Aminah's mouth and finds that on the first try, she gobbles it up. Hadiya has learned the importance of introducing porridge into her daughter's diet at 6 months, using nutrient-rich foods like soy flour, powdered milk, egg yolk, and peanut paste. She's been coming to the Port Bouet II social center each week for several months—though she was forced to flee to her aunt's village for a time, when soldiers took over the center during the civil crisis that followed the disputed presidential election in November 2010.

Hadiya says she likes coming to the social center to learn about good nutrition from social workers trained by the IYCN Project. She attends weekly cooking demonstrations to learn about new ways to prepare enriched porridge using locally available foods that she can afford. She explains that she will continue to breastfeed throughout the night and day and offer porridge in the morning and evening.

Hadiya is one of several mothers who explained that before they started coming to the social center, they or other family members gave their children water because they thought they were thirsty. In talking with social workers, they learned that giving only breastmilk, frequently, was the perfect nourishment for their children until 6 months of age.

Now that the neighborhood is safe and the social center is running again, Hadiya says that she will continue to come to the social center to hear the various talks on family planning and nutrition, have her child weighed and immunized, and attend cooking demonstrations since she has introduced solid food.

"I come here every week. This is my first child in ten years, and I want to protect her and keep her healthy," she said.



Hadiya feeds her 6-month-old daughter enriched porridge that she learned to make during a cooking demonstration at the Port Bouet II social center.

## Ensuring supplies meet demand

Incorporating into social center activities early identification of growth faltering and prevention of malnutrition, as well as better identification of already malnourished children, could not be achieved through training alone. In April 2010, the IYCN Project conducted an initial inventory in 21 social centers to ensure they were properly equipped with a full set of necessary anthropometric equipment for identifying growth faltering and for classifying cases of malnutrition—including scales, MUAC measuring tapes, and height measurement boards—as well as cooking demonstration supplies.

On their own, scales are one of the most vital tools in preventing malnutrition because they enable social workers to monitor a child's weight over time and recognize early signs of growth faltering. Through monthly growth monitoring and promotion sessions at the social centers, social workers compare children's weight to age on growth charts to track whether they fall within desired norms, and more importantly, whether they are consistently gaining weight instead of experiencing troublesome downward growth, no growth, or sporadic up-and-down growth.

MUAC tapes are a key component to nutritional surveillance for volunteers and social workers conducting outreach visits at the community level. The tapes are a tool for identifying risk of death from severe malnutrition in children aged

6–59 months by showing if the arm circumference at the midpoint between their elbow and shoulder is less than 110 centimeters. All children who are referred from the community have their nutritional status confirmed at a social center. A MUAC measurement suggesting moderate malnutrition in a child is validated at the social center by using a scale and measuring board to measure the child's weight for height.

In addition, caregivers are invited to participate in weekly cooking demonstrations, where they learn to prepare a variety of energy- and nutrient-dense porridges to serve during the complementary feeding period of 6–23 months of age. Social workers refer caregivers of children confirmed as being moderately malnourished to cooking demonstrations to show them how to prepare a nationally approved enriched porridge. Caregivers of children who are diagnosed with mild malnutrition receive standard counseling to reinforce appropriate feeding, while children suffering severe malnutrition are referred to a health center for immediate treatment.

Within one month of the IYCN inventory, directors of the 21 social centers received equipment from IYCN to fill existing gaps in their supplies of anthropometric equipment and cooking materials. Arrival of the supplies provided highly visible momentum for the launch of training, most notably in



Abidjan, where the IYCN Project was joined by representatives from PEPFAR and government officials to hand over equipment to local social center directors in a nationally televised ceremony.

## Enduring through political turmoil

Before political crisis hit Côte d'Ivoire in November 2010, IYCN succeeded in training 57 training professionals from the country's national OVC program, who in turn trained 158 social workers from 12 different centers. Violence that surrounded the ensuing stalemate between the outgoing president and his elected successor severely impeded program rollout, eventually forcing PEPFAR to stop all activities for three months at the height of the conflict. The conflict also put newly donated equipment at risk when widespread looting reached the social centers. The Abobo social center, located in the most populated quarter of Abidjan, was one of five that were completely emptied of their resources. In response, IYCN again distributed anthropometric and cooking demonstration equipment to ensure these centers were able to continue their nutrition-related activities. "In returning from the crisis, we've found many children to be affected by malnutrition by weighing them. The equipment has reinforced our capacity to identify them," said the interim director of the Port Bouet II social center. Other social centers also explained how they returned to routine weighing of children in order to catch faltering growth, and to carrying out weekly cooking demonstrations.

An additional programmatic causality of civil unrest was the supervision of trained social workers. At the time PEPFAR-linked programming was suspended, IYCN was in the process of finalizing a model for supervisory support. As social centers began to fully function once again, the urgency of implementing supervision was made all the more critical by the fact that social workers had only a short time to apply their newly acquired skills in nutritional surveillance and counseling before the political roadblocks came about, making it likely that many skills would need to be refreshed or re-taught altogether.

Since project activities recommenced in July 2011, IYCN has trained social workers in nine centers throughout the country—in areas that were previously hard hit by the insecurity. The project also supported the national OVC program to put in place a supervision system, ensuring that all social workers receive quarterly visits to reinforce information from the training and to monitor their activities. In addition,



During a May 18, 2010, ceremony, social center directors received height measurement boards and other equipment to support improved nutrition for OVC.

IYCN developed a variety of materials, such as a *Guide on the Essential Nutrition Care for OVC* and *Food Distribution Criteria to OVC*, which are now serving as references for national programs and implementing partners.

## Future OVC efforts in Côte d'Ivoire

IYCN will conclude activities in Côte d'Ivoire in March 2012. By that time, more than 150 social workers in 30 social centers and more than 130 social stakeholders from the affiliated platforms will have been trained, ultimately preventing malnutrition of mothers and children and leaving a clear roadmap for scale-up to the country's remaining social centers in the near future.

From the beginning, efforts were made to ensure that project activities would continue after the departure of the IYCN Project. By working with the national OVC program and other key stakeholders, all activities were carried out through existing structures, and training was provided to key personnel who will be in place long after IYCN has concluded its activities. Key activities that will continue include: counseling on HIV and nutrition for caregivers of OVC; cooking demonstrations; care of moderately malnourished children and referral of those who are severely malnourished to rehabilitation centers; quarterly supervisory visits to social centers; and dissemination of national reference guides on essential nutrition care for OVC, criteria for food distribution to OVC, and a complementary feeding recipe book to social centers and partners. The government will also promote scale-up by integrating nutrition and HIV activities into other platforms throughout the country.

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### ABOUT THE INFANT & YOUNG CHILD NUTRITION PROJECT

The Infant & Young Child Nutrition Project is funded by the United States Agency for International Development. The project is led by PATH and includes three partners: CARE, The Manoff Group, and University Research Co., LLC. For more information, please contact [info@iycn.org](mailto:info@iycn.org) or visit [www.iycn.org](http://www.iycn.org).