



## USAID Nawiri June 2021 Learning Brief: Learning from health systems strengthening for improved nutrition outcomes in Turkana and Samburu counties



**Background:** A systems strengthening approach is a key part of the USAID Nawiri program’s approach to addressing persistent acute malnutrition (PAM) in Turkana and Samburu Counties. In partnership with the County governments of Samburu and Turkana, USAID Nawiri aims to strengthen community health systems (CHS) by increasing equitable access to and use of an essential health and nutrition interventions to sustainably reduce persistent acute malnutrition (PAM) in the face of shocks and stresses through evidence informed actions. By leveraging existing relationships on the ground, seizing on learning from the Covid-19 response, and applying emerging evidence, USAID Nawiri is working to support and strengthen CHS in Samburu and Turkana.

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*"I believe Nawiri will be able to facilitate repository of nutrition data in the county so that it will guide in programming decision making by government and partners,"* - Sub County Deputy Administration

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**Introduction:** USAID Nawiri recognizes and works within and alongside key platforms such as the Multi-sector Platforms for Nutrition (MSP-N), the County Nutrition Technical Forums (CNTF), the County Steering Group (CSG), and the Partnership for Resilience and Economic Growth (PREG). However, challenges remain in engaging with these platforms to facilitate ownership, particularly by the government, and operationalizing identified actions emanating from regular engagement. To address these gaps and strengthen the systems, USAID Nawiri co-developed platforms to facilitate meaningful engagement and developed rapid feedback loops for the purpose of adaptation and pivoting (Learning Sprint committees). In addition, USAID Nawiri applied new adaptations to roll-out community health service delivery. The aim of this exercise was to both diagnose and improve the system’s responsiveness to contextual and implementation challenges that are experienced during shocks (in this case, Covid-19). Early detection and treatment of acute malnutrition, in addition to defaulter tracing, remain key to reducing acute malnutrition.

To ensure that interventions to address system challenges are grounded in evidence, USAID Nawiri worked with county governments to design and conduct desk reviews (including stakeholder and landscape analysis) and qualitative formative research. The evidence from these studies was reviewed through collaborative adaptive learning processes, including through learning sprints to rapidly adapt activities during the Covid-19 response. Activities included introducing family-led middle upper arm circumference (FLMUAC) during Community Health Volunteer (CHV) household visits, conducting mini-dialogues on improving nutrition, and providing Covid-19 compliant refresher trainings for integrated

community case management (ICCM) and integrated management of acute malnutrition (IMAM). USAID Nawiri supported government technical officers to reflect and adapt activities based on research and learning, highlighting gaps in the technical evidence base and developing action research to test and refine interventions to address weaknesses in the CHS.

**Lessons Learned:**

- The Learning Sprint committee’s unique structure harnessed the government teams’ technical contributions and generated more robust learning. Collaboration facilitated the implementation of the actions (statements of work and Covid-19 response concepts) and promoted and strengthened a learning culture within county government.
- Gradual roll-out of interventions gave time to assess and respond to issues with system readiness, allowing for learning, reflection, and adaptation including intervention’s responsiveness to the needs. Roll-out of ICCM, commodity supply, and installation of handwashing stations are examples.
- Discussions with household members following family-led MUAC screenings revealed the interplay between gender roles, distance to food markets, and food diversity and consumption at the household level. Women buy food when markets are near while men procure food when markets are at greater distances. Women also buy more diverse food compared to men, a finding which is consistent with other evidence generated.
- At the height of Covid-19 certain services, such as nutrition, were deprioritized. To ensure that IMAM efforts were still detecting nutrition cases and offering services, USAID Nawiri supported the roll out of family-led MUAC.
- Adaptations were made with CHVs to use guides/lesson plans when conducting health education sessions at the household level to ensure consistency and quality of discussions. In addition, the program observed that providing adequate incentivization packages beyond stipends for CHVs is key to improving motivation and performance, especially with increased workload. USAID Nawiri learned that the CHVs require a mixed incentives approach, both financial and non-financial, to boost their morale and performance.
- USAID Nawiri intervened to create an enabling environment within Samburu County to escalate the formulation of a Community Health Bill to anchor CHV motivation through stipend in legislation. The bill has passed, and USAID Nawiri, through advocacy efforts, will support its implementation.

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*"We attribute effective tracking of nutrition indicators at our facility to iCCM trainings provided previously by USAID Nawiri Program"*  
 - Mr. Ateeyo, Turkana West Sub County Public Health Nurse, Turkana West

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**Applying Lessons Learned**

**Figure 1 Key adaptations and implications**

Lessons Learned	Adaptation or implication
The Learning Sprint committee structure are strong mechanisms for generating learning on how to strengthen systems.	The Turkana county government, with support from USAID Nawiri, is exploring how to use the learning sprint approach as a quality improvement tool in health systems service delivery.
Continuous uninterrupted community health service delivery is critical in ensuring households access health and nutrition services especially during emergencies.	Initially, in Samburu County, CHVs were prevented from providing treatment services. USAID Nawiri supported the enactment of the national CHS Bill 2020, which will allow CHVs to address childhood illnesses at community level (including malnutrition).

<p>The Learning Sprint committee structure facilitated the implementation of the Covid-19 response and promoted and strengthened a learning culture within county government.</p>	<p>Reflect and Adapt meetings, which commenced during the Learning Sprints to review monitoring data at the facility level, were found to be highly useful by the health facility staff and have continued beyond the learning sprints.</p>
<p>The Covid-19 response provided an opportunity to apply a participatory action-learning approach, in the form of Learning Sprints, to drive the collaborative design and adaptive implementation of its response plan, and to surface insights to shape the direction of implementation.</p>	<p>Simple facilitator guides in local languages were developed, tested and refined to support CHVs facilitating problem solving discussions during mini-dialogues; a WhatsApp group linking CHVs, Community Health Assistants (CHAs), and health care workers enabled CHVs to seek support for case management, allowed remote supportive supervision and peer support from other CHVs.</p>
<p>Support to adaptive learning approaches that respond to shocks and stresses, including Covid-19, resulted in the adaptation of several activities and approaches based on learning what worked, what did not, and what could work better.</p>	<p>Household visits were adapted to be Covid-19 compliant with an observational checklist developed during the learning sprints utilized by government to monitor CHVs' compliance with Covid-19 restrictions around personal protective equipment (PPE), sharing of Covid-19 prevention messages with families, and provision of real time performance feedback to CHVs.</p>
<p>Violence against women and girls manifests in various ways in the communities affecting women in their productive and reproductive years. Significant gaps exist in mainstreaming gender in community activities. Without gender mainstreaming (in all activities) there is risk of overlooking critical barriers and/or facilitators to a desired change/outcome.</p>	<p>USAID Nawiri will emphasize gender mainstreaming in all activities. A reflect and adapt session on gender analysis was conducted, to synthesize findings across technical streams. One proposed action is to use Community Health Volunteers in proposed action research sites for household level gender awareness linkage to comprehensive medical, social, and legal services.</p>

*This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Mercy Corps, recipient of cooperative agreement no. 72DFFP19CA00003 and do not necessarily reflect the views of USAID or the United States Government.*



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