Nutrition as the Entry Point to Strengthening Health Systems
Tina Lloren, Alice Nkoroi, Aimee Rurangwa, Alejandro Soto
WHO Health Systems Strengthening Framework: 6 Building Blocks

- Leadership/governance
- Health workforce
- Service delivery
- Health financing
- Information and research
- Medical products
Using Nutrition as an Entry Point to Strengthening Health Systems

- Bangladesh
- Cote d’Ivoire
- DR Congo
- Ethiopia
- Ghana
- Guatemala
- Haiti
- Indonesia
- Lesotho
- Madagascar
- Malawi
- Mozambique
- Namibia
- Nigeria
- Tanzania
- Uganda
- Vietnam
- Zambia
Malawi: Using QI Methods to Strengthen Service Delivery

Alice Nkoroi
Context

• In Malawi HIV and TB care and treatment services are widely scaled up.
• However, nutrition interventions for vulnerable adolescent and adult PLHIV and TB clients are not as widely scaled up.
• Geographic coverage of CMAM services is high.
• High death rate among children with severe acute malnutrition admitted to the inpatient care, commonly associated with HIV and AIDS.
• Since 2015 FANTA, has supported the MOH to roll-out nutrition focused quality improvement activities in 52 health facilities.
The Model for Improvement

What are we trying to accomplish?

How will we know a change is an improvement?

What change can we make that will result in improvement?

I. Identify the improvement aim/objectives
II. Develop the improvement measurement system
III. Generate ideas for changes
IV. Test/implement system changes
Steps in the Design of the Quality Improvement Collaborative

1. Common Improvement Aim
2. Sensitization and Training
3. Common Monitoring System
4. A PDSA-based Improvement Model
5. Operational Structure and Coaching System
6. Learning and Knowledge Sharing
Results: Increased Number of PLHIV and TB Clients Who Receive Nutrition Assessment, Counseling, and Support

QI training conducted and system put in place in January
Results: Increased Number of Clients Retained in HIV and TB Care and Treatment
### Examples of Changes Tested to Retain Clients in HIV and TB Care and Treatment

<table>
<thead>
<tr>
<th>Change Idea Tested</th>
<th>Period Tested</th>
<th>Effective</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making phone calls to loss to follow up</td>
<td>1st Week of May - 3rd Week of May 17</td>
<td>YES</td>
<td>50% of people who were called reported</td>
</tr>
<tr>
<td>Using of volunteers, HSA’s, Home Craft Workers.</td>
<td>1st Week of May - 3rd Week of May 17</td>
<td>YES</td>
<td>30% of the people who followed up returned.</td>
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<tr>
<td>Writing Appointment dates as Reminder</td>
<td>1st Week of May - 3rd Week and On going</td>
<td>YES</td>
<td>Providers were writing appointments dates if clients are coming.</td>
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<tr>
<td>Health Education on Importance of Keeping a Appointment Dates</td>
<td>1st Week of May to 3rd Week of May and ongoing</td>
<td>YES</td>
<td>Roster for health Education Is been followed.</td>
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<tr>
<td>Using of other clients in the same programme as a reminder to others.</td>
<td>1st Week of May - 3rd Week of May 2017</td>
<td>NO</td>
<td>No feedback from the clients to provider.</td>
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</table>
Results: Improved Initial Clinical and Nutrition Assessment of SAM Children

Before QI was launched

Increased caseload due to the emergency
Additional Results

• Better teamwork among health service providers, each provider understands their role and contribution in care and treatment.

• A shift to patient-centered and competence-building mentorship and coaching.

• Improved monitoring, reporting, and use of data by facility-level service providers.

• Improved understanding of quality management among health care providers. The facility QI teams are applying their skills to improve other health services.
Key Takeaways

• QI has improved nutrition outcomes and contributed to an improvement in pediatric health and HIV/AIDS outcomes (the 90:90:90 goals).

• QI has improved health care providers’ performance and accountability in delivering care and treatment to patients.
Cote d’Ivoire: Coaching and Community-Facility Linkages
Aimee Rurangwa
Context

- FANTA has provided technical assistance for the integration of nutrition care and support into HIV services since 2009.
- Key activities:
  - Advocacy
  - Capacity building
  - Quality improvement
  - Referral systems
- Two system approaches to nutrition programming contributed to HSS:
  - FANTA developed a coaching approach to improve providers’ performance.
  - FANTA built facility-community linkages to track ART clients between facilities, social centers, and the community.
The Coaching Process

Coaching model

Observe

Analyze

Feedback

Performance improvement plan

Coaching process

Client flow process diagram
Results: Improvement of Coverage and Quality of Nutrition Services Over Time

Nutrition services delivery indicators at 11 health facilities 2013–2016

- Coverage and quality of nutrition services improved over time
- NACS and QI training
- QI & coaching launched

% of adults and children PLHIV nutritionally assessed and classified correctly
% of adults and children PLHIV who received appropriate nutrition counseling
% of PLHIV SAM or MAM who received therapeutic or supplementary food
Results: Improvement in Cross-cutting Areas

22 regional coaches trained

308 health providers coached on site
- Performance indicators for nutrition services improved
- Performance indicators for HIV, TB, and other services improved

Nutrition integrated into 650 ART clinics
- Integrated Nutrition, HIV, and TB service package

Service Delivery

Leadership/Governance, Information, Supplies

Coaching skills applied to other health system areas
- Health data management, planning, and resource utilization
- Coordination with central level
Community-Clinic Linkages for Improved Services along the Continuum of Care

- **Community**
  - Nutrition screening

- **Social center**
  - Psychosocial support/food support

- **Clinic/health facility**
  - Nutrition assessment, counseling, specialized food Rx

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- Referral System
- Regional Nutrition Coordination Committees
- Nutrition TWG
Results: Linking More Clients to Care, Improved Retention Rate, and Reduced LTFU

- Nutrition has become an essential entry point for HIV testing:
  - More than 50,000 clients were screened for malnutrition.
  - Those diagnosed severely malnourished or moderately malnourished were referred for HIV testing.
  - Nearly 65% of cases of SAM or MAM completed the referral for HIV testing, of which almost 80% tested HIV+.

- Average adherence rate to ART increased from 59% to 76% between 2013 and 2016 (data from 11 pilot sites).

- Retention in care improved from 49% in 2013 to 80% in 2016.

- 116 clients deemed loss to follow up (LTFU) were identified and reconnected with the health system within 3 months while the referral register was being field-tested.
Key Takeaways

The Coaching

- On-site monthly coaching visits must accompany traditional classroom training to reinforce skills.
- Positive changes in one level of the health system lead to changes in other levels/sectors of the health system.
- Coaching yields better results when built on existing and available resources.

Clinic-facility linkages

- Links cases of MAM and MAS to HIV care, contributing to UNAID’s 90-90-90 goal.
- Improves stakeholders engagement and collaboration.
- Builds stronger, more coordinated, health systems necessary to respond to nutrition and HIV needs of the targeted population.
Mozambique: Strengthening Health Management Information Systems

Alejandro Soto
Technical Assistance in Health Management Information Systems

FANTA Mozambique strengthens the health management information systems through technical assistance at:

• National level with the MOH

• Sub-national level with provincial and district health offices and health facilities
National-Level Technical Assistance

Strengthening of the national monitoring system for the Nutrition Rehabilitation Program through:

- Development of the registry books, monitoring forms, tools for data management
National-Level Technical Assistance (continued)

Strengthening of the national monitoring system for the Nutrition Rehabilitation Program through:

• Training government staff and partners

• Ongoing technical support to:
  – Install the databases
  – Track data submission
  – Analyze data
Results: MOH Receives Data from Health Sites Systematically
## Results: MOH, Provinces, and Districts Are Able to Track Health Sites that Submit Nutrition Data

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<th>#</th>
<th>Districts</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
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<td>1</td>
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Results: MOH Produces Graphs to Analyze Nutrition Rehabilitation Program Performance in the Country

PRN cure rates by province, 2013–2014

PRN admissions national, 2012–2016

PRN discharges Nampula province, Jan–Jun 2017
Sub-National Level Technical Assistance

Technical assistance on:

• Completion of the registry books and aggregation of monthly data
• Tracking submission of data to higher levels
• Analyzing data for programmatic decision making
• Data cleaning to improve quality
• Data verification to track and correct diagnoses
Results

- Improved filling of the registry books
- Consistent aggregation of monthly data
- Systematic data submission to higher levels
- Regular data analysis for programmatic decision making
- More accurate data on active patients and defaulters
- More accurate data on nutrition classification
Key Takeaways

• Developing tools for the nutrition M&E system and training staff on its usage lead to the availability of data that can be analyzed to measure programs performance.

• Tracking data submission at different levels brings about accountability for data completion and submission.

• Improving the HMIS produces more accurate and higher quality data.
Discussion

- Health workforce
- Leadership/governance
- Service delivery
- Health financing
- Information and research
- Medical products
This presentation is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID), under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.