Nutrition as the Entry Point to Strengthening Health Systems

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WHO Health Systems Strengthening Framework:
6 Building Blocks

Using Nutrition as an Entry Point to Strengthening Health Systems

Bangladesh   Madagascar
Cote d'Ivoire   Malawi
DR Congo   Mozambique
Ethiopia   Namibia
Ghana   Nigeria
Guatemala   Tanzania
Haiti   Uganda
Indonesia   Vietnam
Lesotho   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.
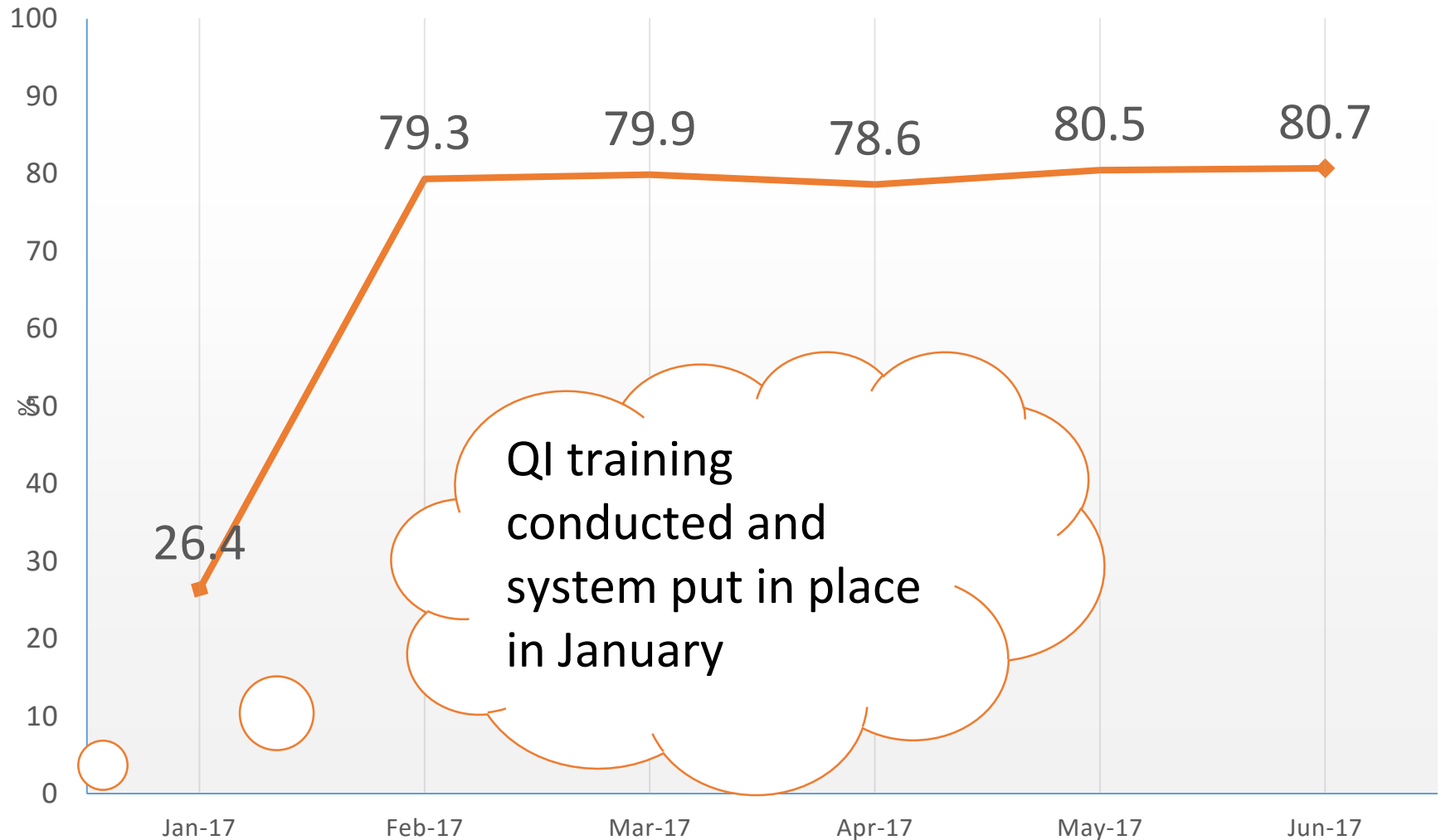
The Model for Improvement
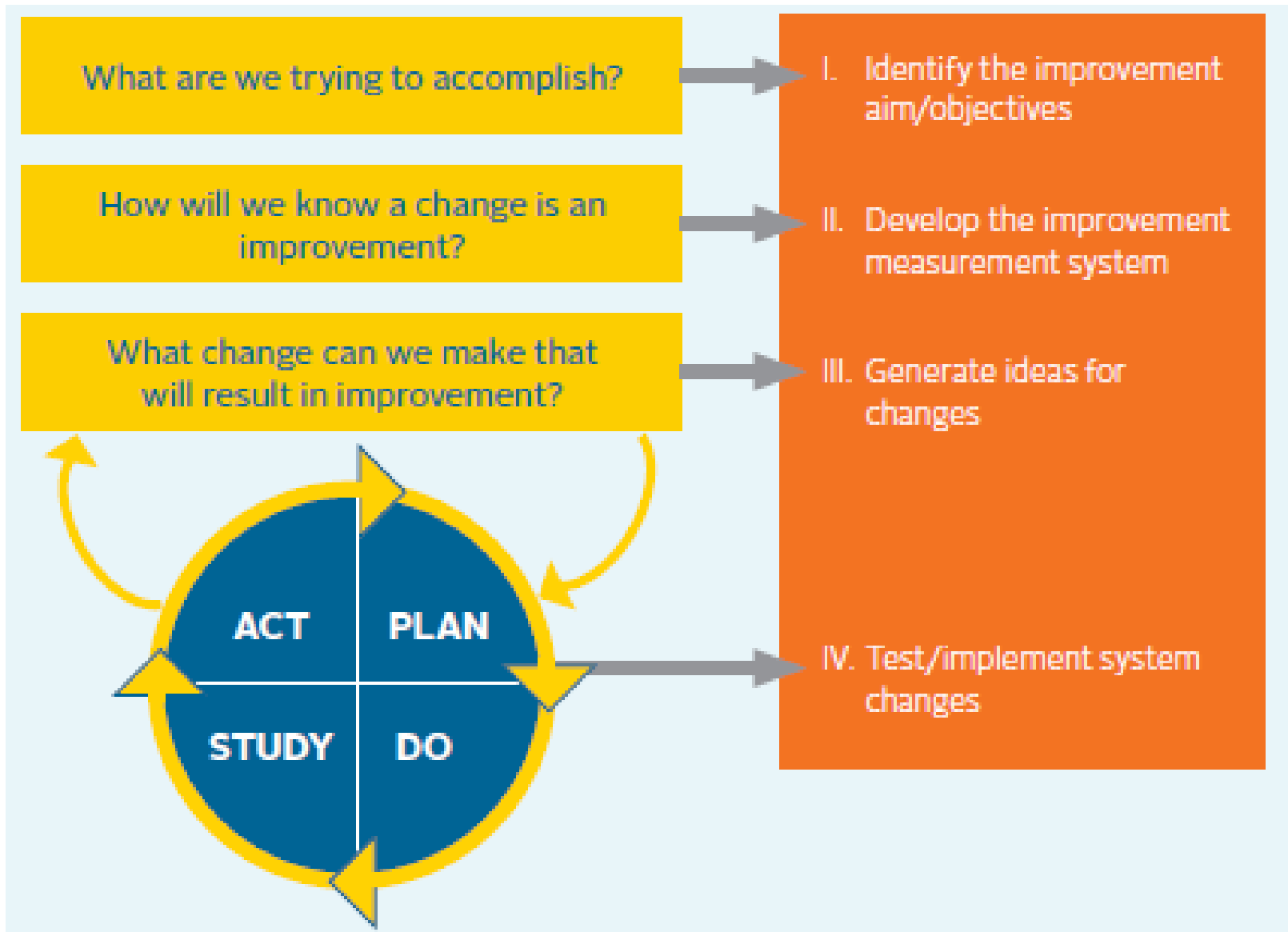
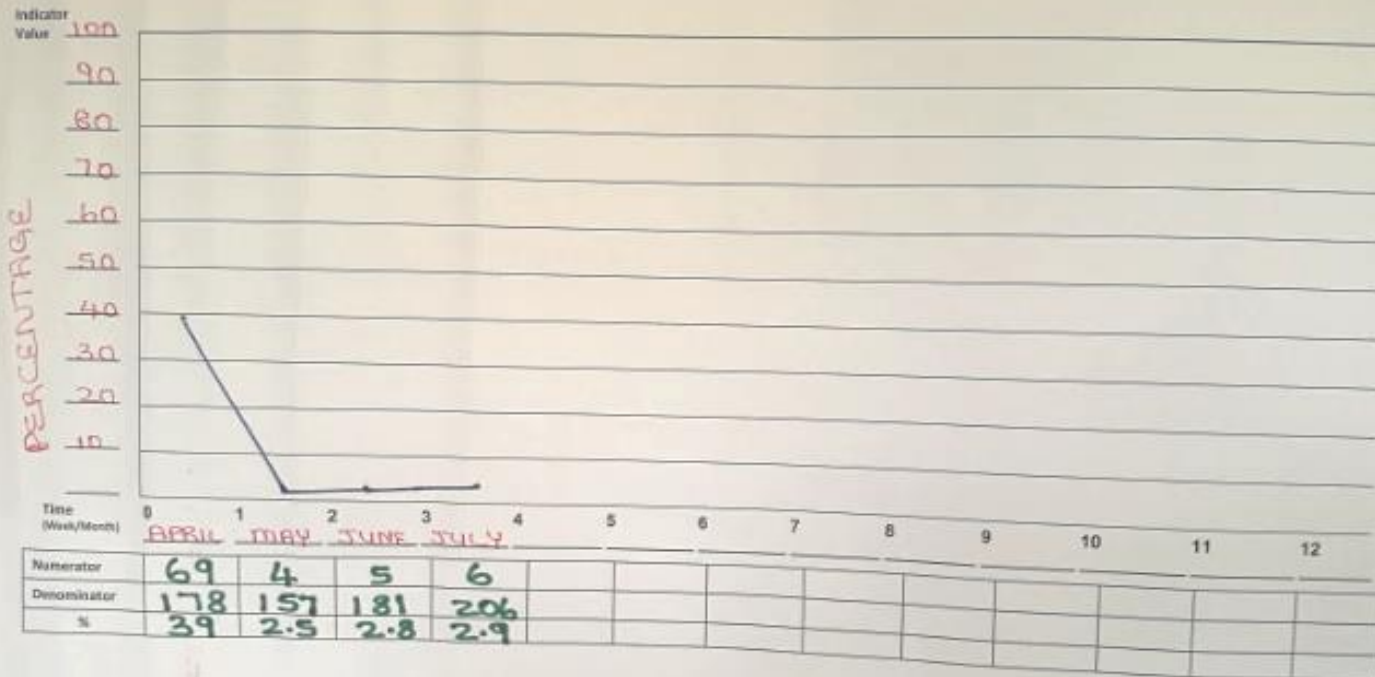# Steps in the Design of the Quality Improvement Collaborative
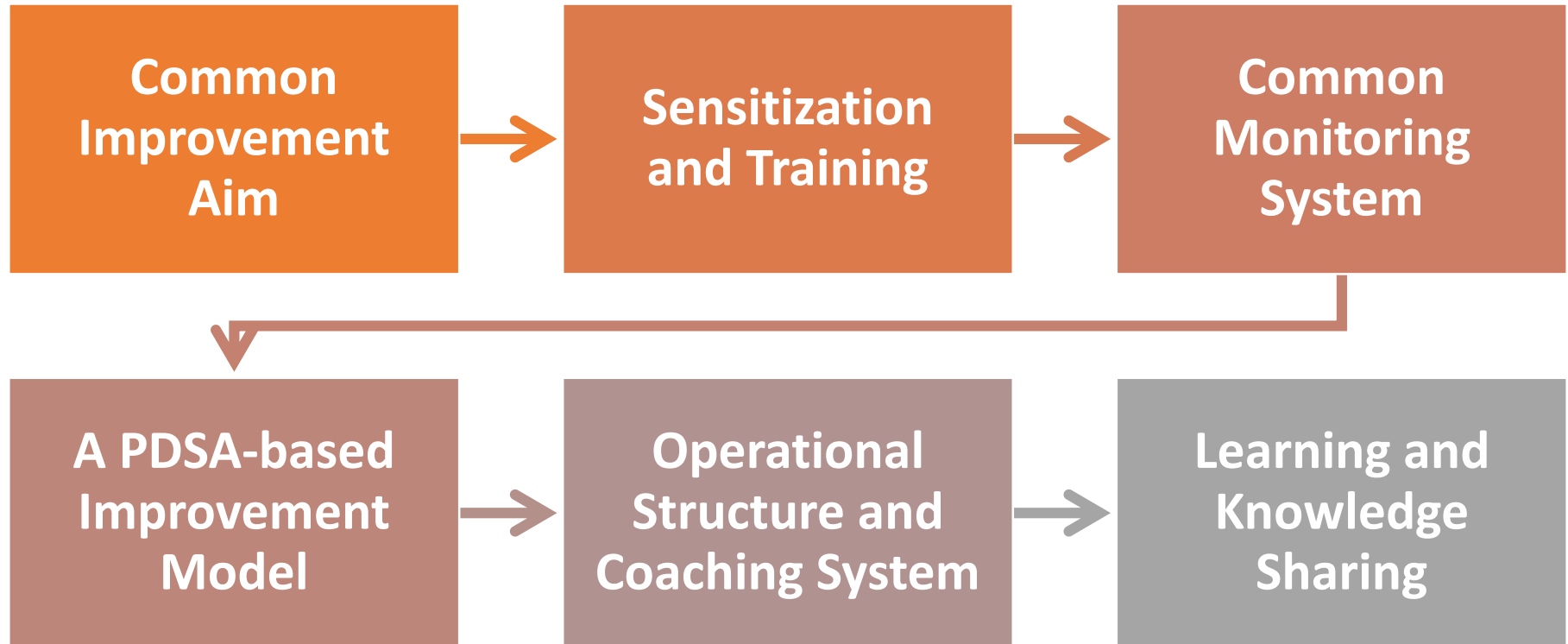
Results: Increased Number of PLHIV and TB Clients Who Receive Nutrition Assessment, Counseling, and Support

A line chart showing the percentage of PLHIV and TB clients receiving nutrition assessment, counseling, and support from January 2017 to June 2017.

- Jan-17: 26.4
- Feb-17: 79.3
- Mar-17: 79.9
- Apr-17: 78.6
- May-17: 80.5
- Jun-17: 80.7

Y-axis: % (0 to 100)
X-axis: Jan-17, Feb-17, Mar-17, Apr-17, May-17, Jun-17

Callout: QI training conducted and system put in place in January
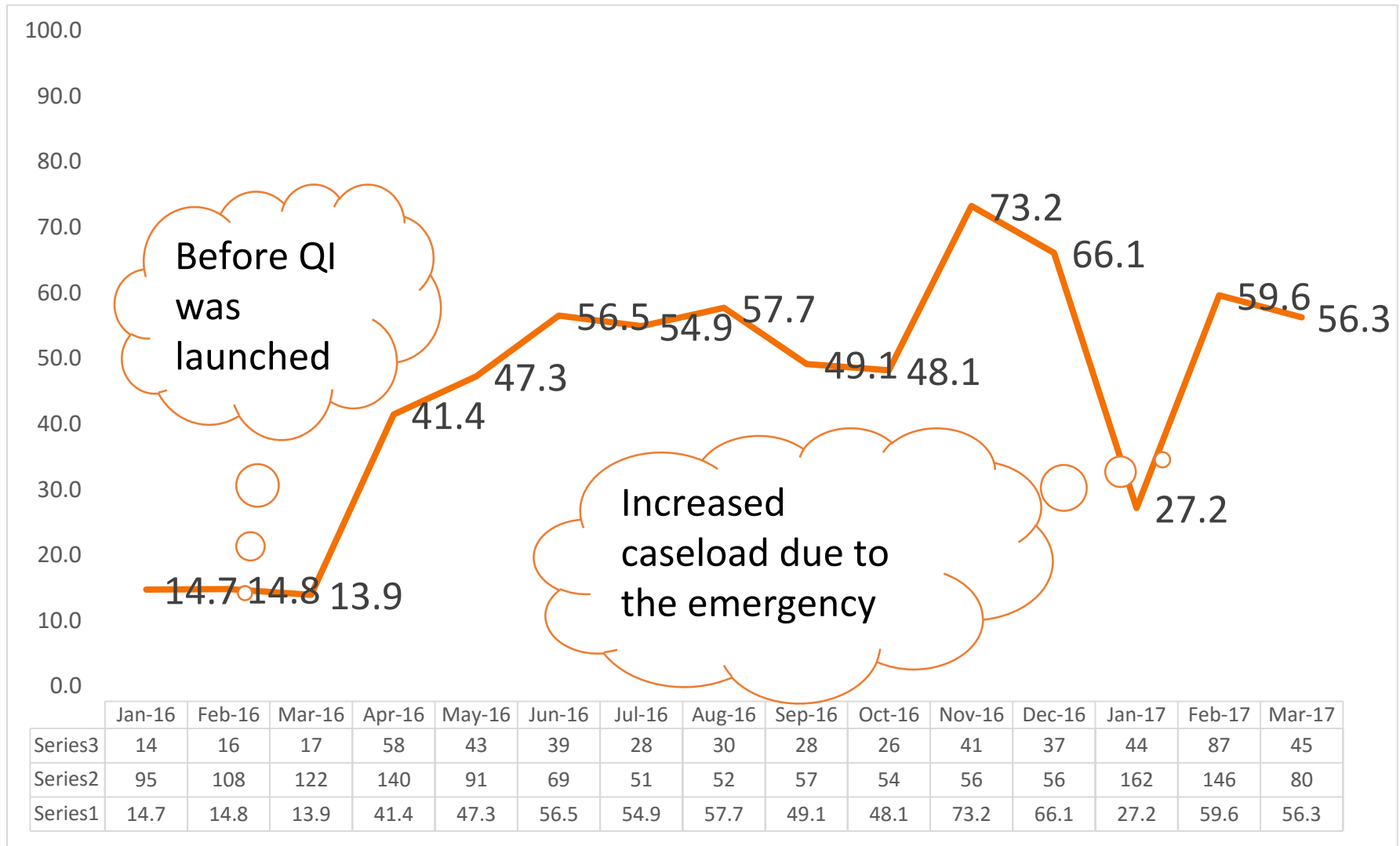
Results: Increased Number of Clients Retained in HIV and TB Care and Treatment

Examples of Changes Tested to Retain Clients in HIV and TB Care and Treatment

TESTED CHANGES.

CHANGE IDEA TESTED	PERIOD TESTED	EFFECTIVE	EVIDENCE
MAKING PHONE CALLS TO LOSS TO FOLLOW UP.	1st Week OF MAY— 3RD WEEK OF MAY, 17	YES	50% of People who were called reported
Using OF Volunteers, HSA's, Home craft Workers.	1st week of May — 3rd week of May, 17.	YES	30% of the People who followed up returned.
Writting Appointment dates dates as Reminder.	1st week of May — 3rd week and On going.	YES	Providers were writting appointments dates & clients are coming.
Health Education on Importance of Keeping appointment Dates	1st week OF May — to 3rd week of may and on going.	YES	Roster for health Education is been followed.
Using Of other clients in the same Programme as a reminder to others.	1st week Of may — 3rd week of May 2017.	No	No feed back from the clients to provider.

Results: Improved Initial Clinical and Nutrition Assessment of SAM Children

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Series3	14	16	17	58	43	39	28	30	28	26	41	37	44	87	45
Series2	95	108	122	140	91	69	51	52	57	54	56	56	162	146	80
Series1	14.7	14.8	13.9	41.4	47.3	56.5	54.9	57.7	49.1	48.1	73.2	66.1	27.2	59.6	56.3

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.

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
- Demonstrate
- Performance improvement plan
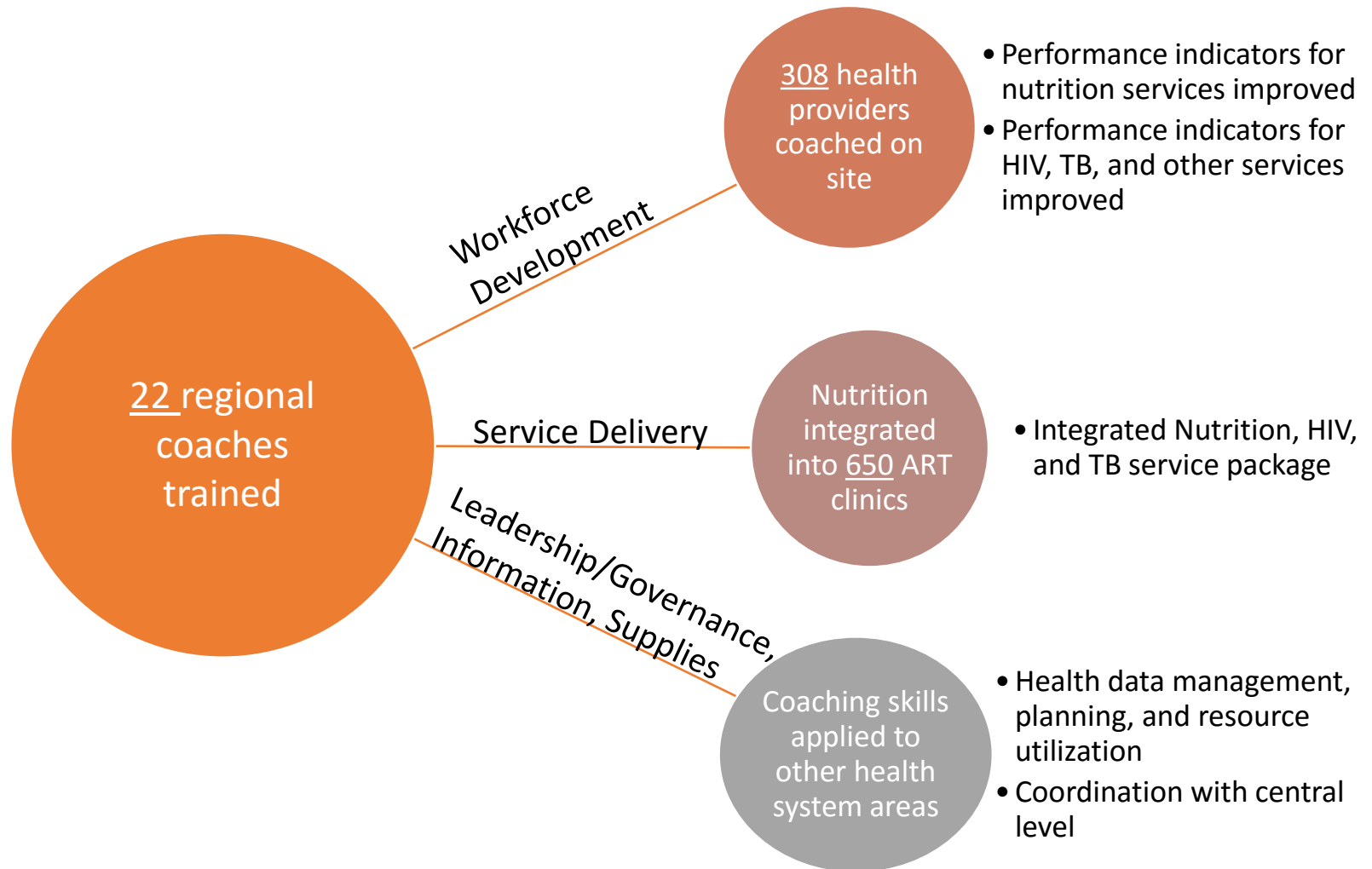- Coaching process

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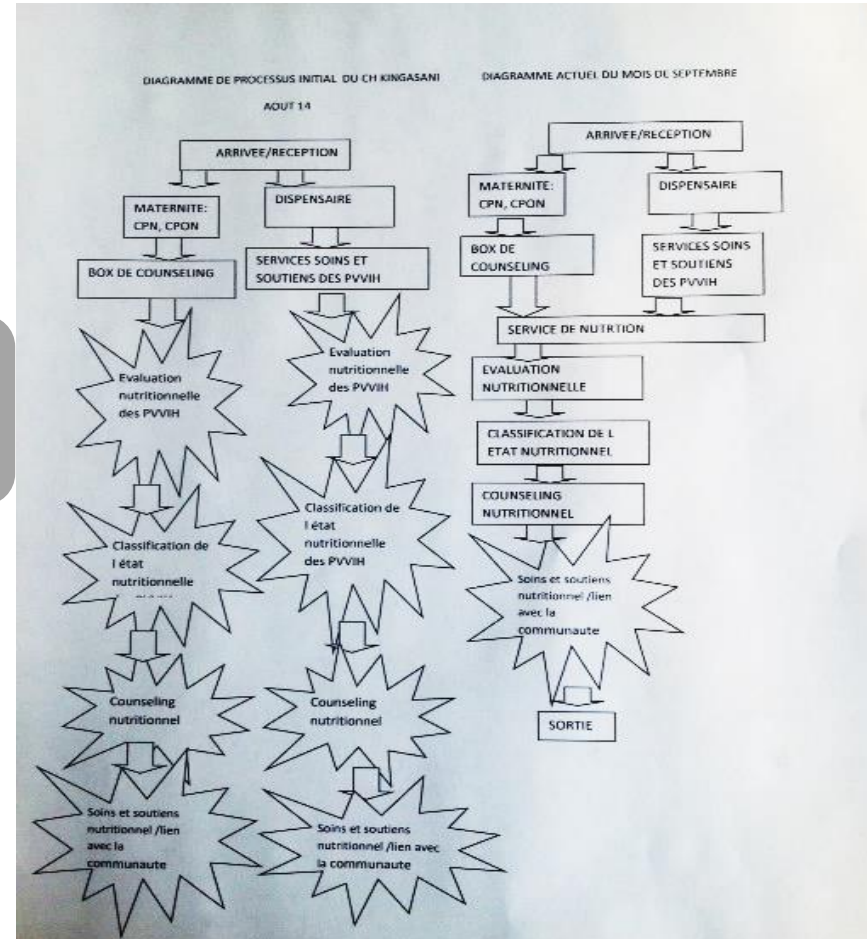
Results: Improvement of Coverage and Quality of Nutrition Services Over Time

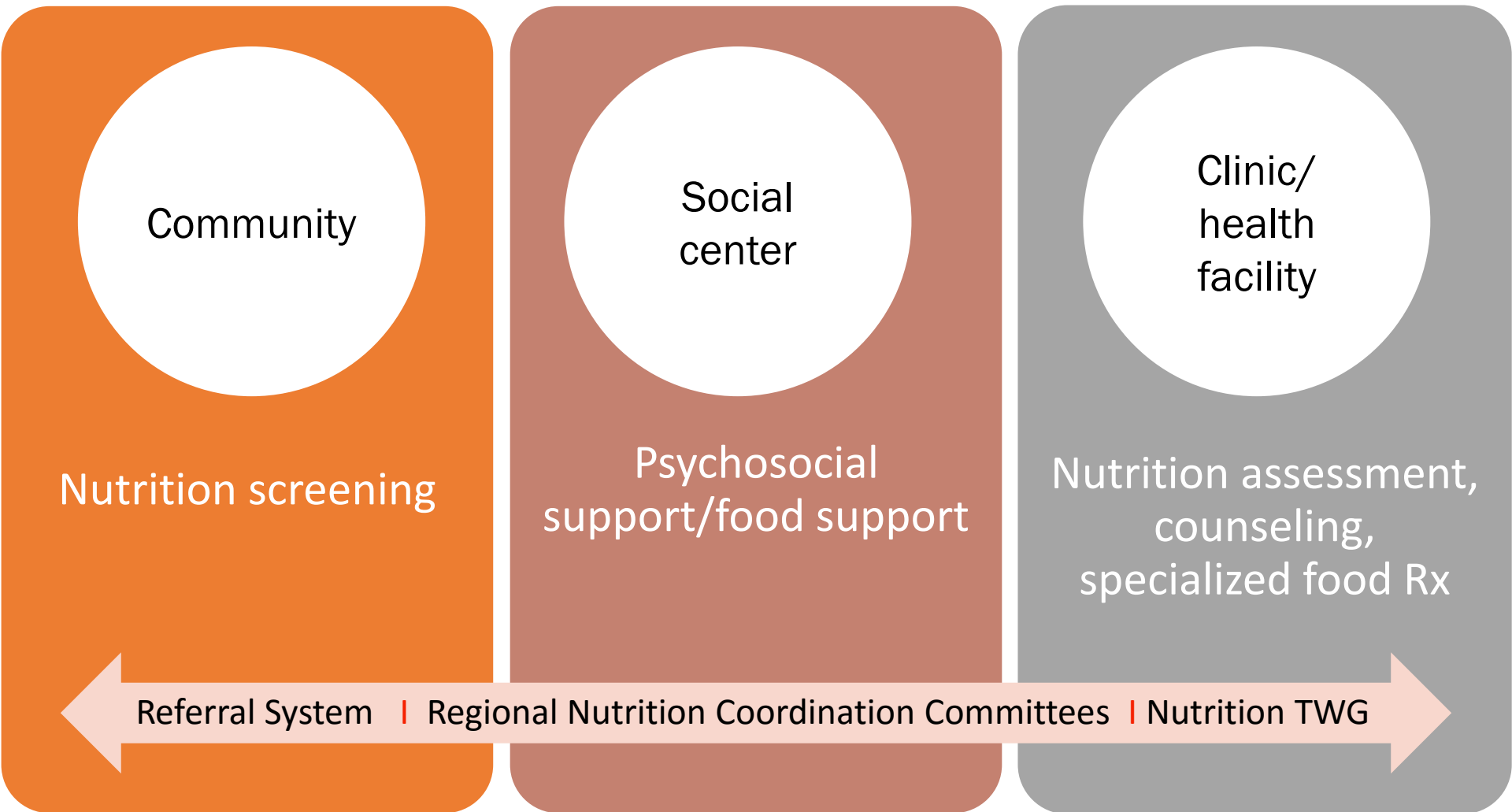**Nutrition services delivery indicators at 11 health facilities 2013–2016**

Coverage and quality of nutrition services improved over time

NACS and QI training

QI & coaching launched

Percentage

100.00
90.00
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00

2013   2014   2015   2016

— % of adults and children PLHIV nutritionally assessed and classified correctly

— % of adults and children PLHIV who received approppriate nutrition counseling

— % of PLHIV SAM or MAM who received therapeutic or supplementary food

Results: Improvement in Cross-cutting Areas

22 regional coaches trained

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

Service Delivery → Nutrition integrated into **650** ART clinics
- Integrated Nutrition, HIV, and TB service package

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

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
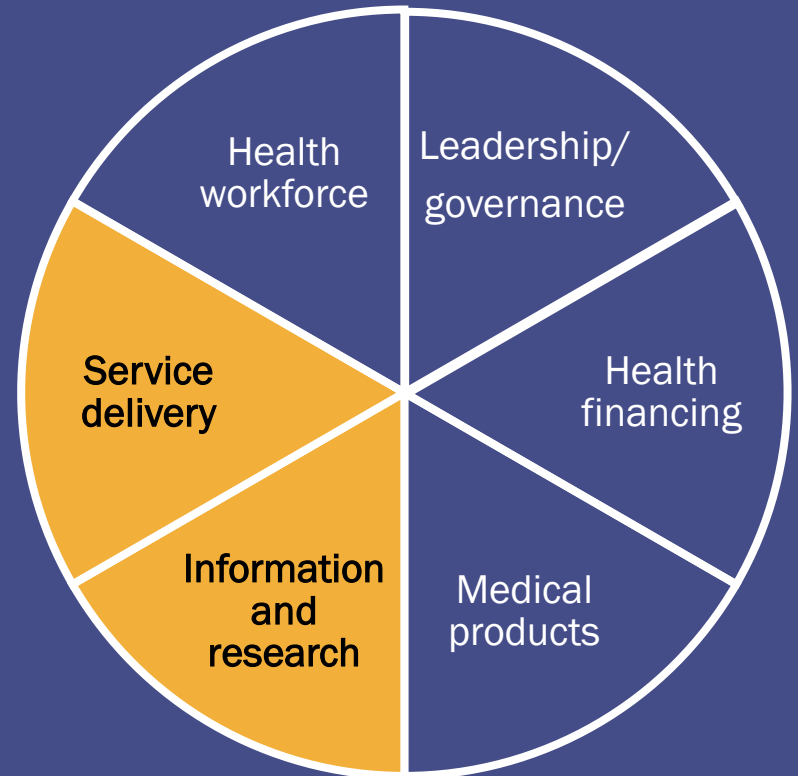
Technical Assistance in Health Management Information Systems

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:

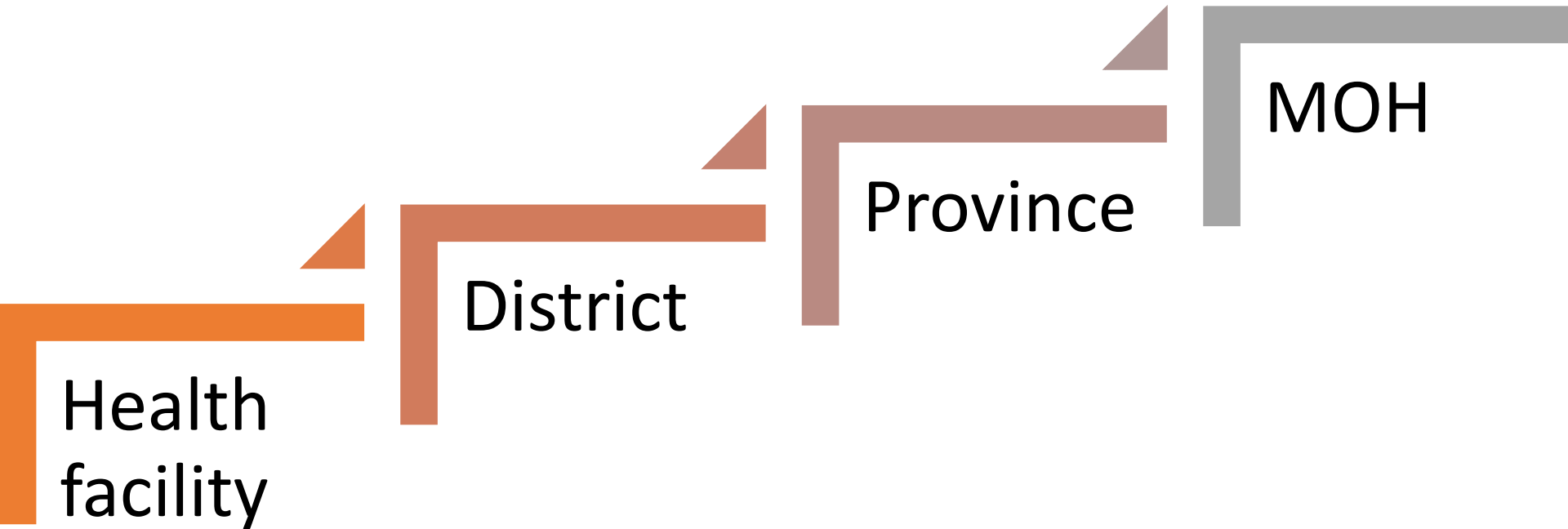- Training government staff and partners
- Ongoing technical support to:
  - Install the databases
  - Track data submission
  - Analyze data

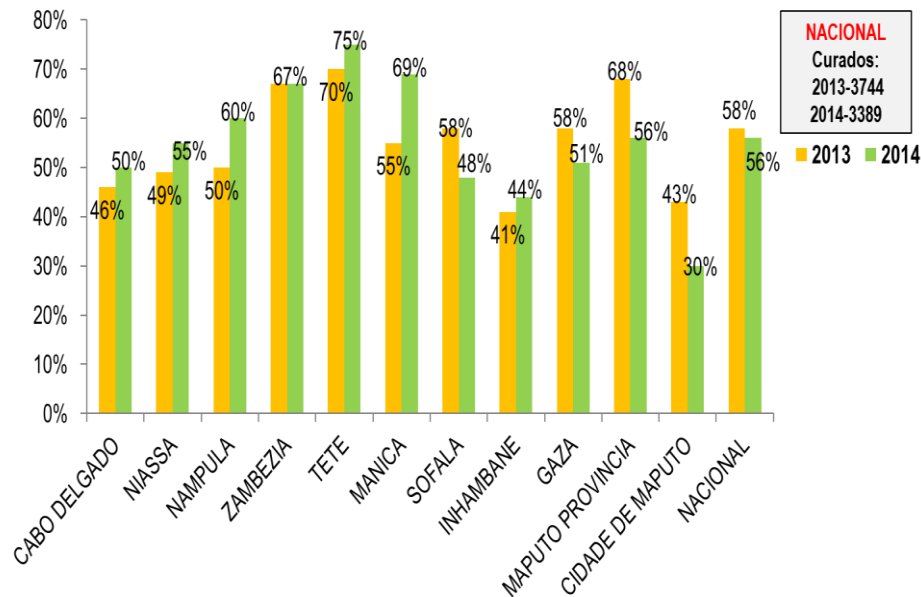# Results: MOH Receives Data from Health Sites Systematically

Health facility

District

Province

MOH

Results: MOH, Provinces, and Districts Are Able to Track Health Sites that Submit Nutrition Data

#	Districts	Mar	Apr	May	Jun	Jul	Aug	# reports submitted	% reports submitted
1	Alto Molócuè	1	1	1	1	1	1	6	100%
2	Chinde	1	1	1	1	1	1	6	100%
3	Gilé	1	0	1	1	1	1	5	83%
4	Gurúè	0	0	0	1	0	0	1	17%
5	Ilé	1	0	1	1	1	0	4	67%
6	Inhassunge	1	1	1	1	1	1	6	100%
7	Lugela	0	1	1	0	1	1	4	67%
8	Maganja Da Costa	1	1	1	1	1	1	6	100%
9	Milange	1	0	1	1	1	1	5	83%
10	Mocuba	1	1	1	1	1	1	6	100%
11	Mopeia	1	0	1	0	0	0	2	33%
12	Morrumbala	0	0	1	0	0	0	1	17%
13	Namacurra	1	1	1	1	1	1	6	100%
14	Namarrói	0	1	1	1	1	1	5	83%
15	Nicoadala	1	0	0	1	0	1	3	50%
16	Pebane	0	1	0	1	0	0	2	33%
17	Quelimane	1	1	1	1	1	1	6	100%

Results: MOH Produces Graphs to Analyze Nutrition Rehabilitation Program Performance in the Country

PRN cure rates by province, 2013–2014

NACIONAL
Curados:
2013-3744
2014-3389

■ 2013 ■ 2014

Provinces: CABO DELGADO, NIASSA, NAMPULA, ZAMBEZIA, TETE, MANICA, SOFALA, INHAMBANE, GAZA, MAPUTO PROVINCIA, CIDADE DE MAPUTO, NACIONAL

PRN admissions national, 2012–2016

Year	SAM	MAM
2012	7,959	11,539
2013	9,131	18,583
2014	12,516	25,504
2016	11,350	21,944

■ SAM ■ MAM
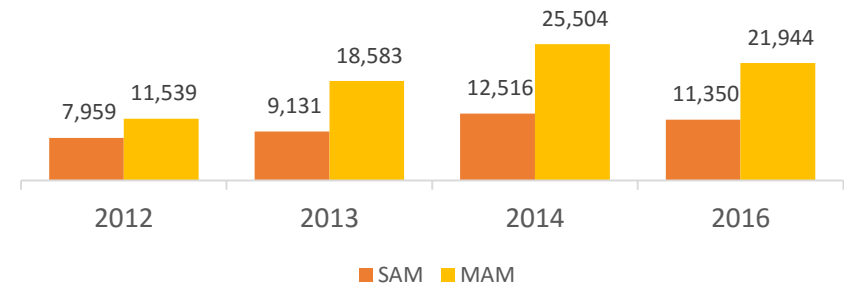
PRN discharges Nampula province, Jan–Jun 2017

Categories: Namina, Mecuburi, Namitória, Angoche

■ Cured ■ Died
■ Defaulted ■ Transferred to inpatient
■ Transferred to other sector

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.