

INTEGRATING NUTRITION INTO HEALTH SERVICE DELIVERY SYSTEMS: EXPERIENCE FROM UGANDA

Background

In Uganda, malnutrition is a major concern that affects all regions and most segments of the population, with 2.2 million children under 5 years (29%) suffering from chronic malnutrition (stunting or low height-for-age). In addition, 53 percent of children under 5 and 32 percent of women of reproductive age (15–49 years) are anaemic.¹

The government of Uganda's recent policies and plans have prioritised nutrition and the Uganda Nutrition Action Plan 2011–2016 (UNAP) outlines the government's multi-sectoral approach to improving nutrition.

The UNAP's first objective emphasises improving access to and utilisation of maternal, infant, and young child nutrition services. Strengthening integrated nutrition care is urgently needed, as 82 percent of cases of child undernutrition and its related pathologies go untreated.² To address this challenge, the Ministry of Health (MOH) is integrating Nutrition Assessment, Counselling, and Support (NACS) into all health services. NACS aims to improve the nutritional status of individuals and populations by integrating nutrition into policies, programs, and the health service delivery system and improving the quality of the service provided. The U.S. Agency for International Development (USAID)-funded Food and Nutrition Technical Assistance III (FANTA) project, and key implementing and development partners, have been supporting the MOH through the development of essential tools and materials, and strengthening the capacity of the MOH and partner staff in NACS, including health facility assessment, nutrition service provision, and monitoring of nutrition services.

Nutrition is a priority in the government agenda and there are several guidelines, policies and manuals in place to support this including the most recent NSDA tool and the HMIS nutrition training manual.

Samalie Namukose – Principal Nutritionist,
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FANTA's Collaboration with MOH

Strengthening nutrition services requires understanding health facility and staff capacity and identifying gaps, addressing the capacity gaps through training and mentorship, providing needed materials and supplies, and effective monitoring to measure performance. FANTA collaborated with the MOH to develop the tools needed to assess, train, and monitor health facilities and their staff, strengthen the capacity of the MOH, health facilities, and implementing partners to use the tools, and provide NACS services. All tools were developed in an iterative process through which they were tested and refined based on stakeholder experience.

Developed Practical Tools

To strengthen the capacity of health service providers to assess, improve, and monitor the quality of nutrition services in health service delivery, FANTA, the MOH, and partners developed three essential tools.

¹ Uganda Bureau of Statistics (UBOS) and ICF. 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF

² African Union Commission. ND. [The Cost of Hunger in Uganda: Implications on National Development and Prosperity](#).

Nutrition Service Delivery Assessment. A key step in integrating and strengthening NACS services was to assess health facilities' capacity to deliver nutrition interventions, using the results as a benchmark for quality improvement (QI) and as a guide for action planning. FANTA and the MOH developed the nutrition service delivery assessment (NSDA) tool to generate reliable information on the status and functioning of health facilities in providing NACS services. Before the user-friendly NSDA was developed, FANTA had conducted nutrition health facility assessments when requested by MOH or USAID to identify strengths and gaps and recommend improvements in nutrition service delivery and the use of nutrition commodities like ready-to-use-therapeutic food (RUTF). Effective application of the tool developed for these assessments and interpretation of the data relied heavily on the expertise of the user. The tool was adapted through experience to be more useful for each facility and results were not comparable across facilities.

As demand for nutrition service delivery assessments increased, the need for a consistent and universal process that could be implemented by MOH, development partners, or health facilities became apparent. Working from the FANTA assessment tool, and in consultation with stakeholders, FANTA and MOH began developing, testing, and refining the NSDA, eventually developing two—one for national and regional hospitals and one for district/community-level health facilities—that can be used with minimal external support. The two NSDAs assess human resource capacity; availability of nutrition services; linkages with the community; QI; materials and supplies; storage and logistics management; and monitoring and evaluation (M&E). The results, presented in a dashboard (Figure 1), inform plans to enhance capacity and improve nutrition service delivery. The latest innovation is an electronic version of the NSDA that facilitates compilation, reporting, and use of NSDA data and reduces costs related to printing the paper-based tools.

Figure 1: Example NSDA dashboard with results from 18 health facilities in Uganda

Health facility name	General health facility information	Human resources trained in nutrition and QI	Provision of nutrition services	Community linkages	Quality improvement	Materials and supplies	Requirements specific to nutrition	Facility nutrition equipment	Store management	Logistics management for nutrition commodities	M&E nutrition
Butabika National Referral Mental Hospital											
Fort Portal RRH											
Gulu RRH											
Hoima RRH											
Kabale RRH											
Lira RRH											
Masaka RRH											
Mbale RRH											
Mbarara RRH											
Mubende RRH											
Soroti RRH											
Uganda China Friendship Hospital Naguru											
Abim Hospital											
Bududa Hospital											
Kapchorwa Hospital											
Kibuli Moslem Hospital											
Kisoro Hospital											
Nakaseke Hospital											

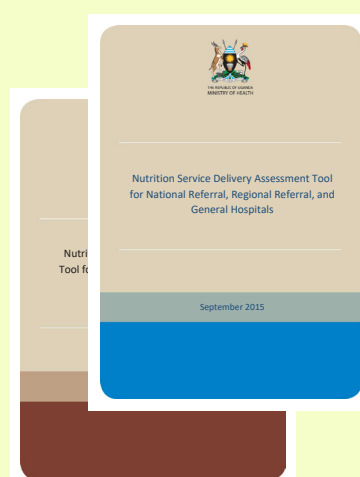
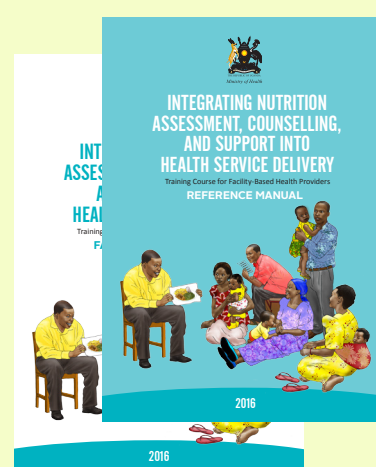
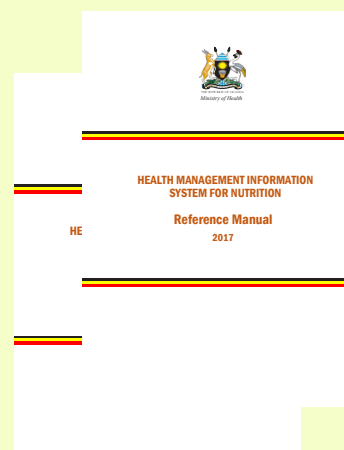
KEY

Excellent	Good	Fair	Poor	Interviewee absent

NACS Training Course for Facility-Based Health Providers. The MOH and FANTA also strengthened the capacity of health service providers to integrate NACS into all health service delivery points. With partners, they developed the NACS training package, which includes a reference manual, facilitator's guide, slides, job aids, and counseling cards. The package enhances providers' understanding of nutrition's role in promoting health and equips them with knowledge and skills to assess clients' nutrition status and provide them with counselling and appropriate nutrition care and support. The package also helps providers strengthen the systems at the health facility through QI principles; collecting, monitoring, reporting, and disseminating data; fostering linkages with the community and other services; and establishing efficient supply and logistics management.

HMIS for Nutrition Package. Access to quality data on nutritional status and nutrition service coverage—and the capacity to use them—will better inform decision making to improve nutrition service coverage and quality. However, until recently, there were few nutrition indicators in the Health Management Information System (HMIS), insufficient capturing and reporting of nutrition data, and no clear information on how health facilities were performing in terms of providing nutrition services. In 2014, the MOH and partners took an important first step and integrated key nutrition indicators into the HMIS registers for several health facility contact points. To support effective application and use of the new indicators, FANTA and the MOH created the HMIS for Nutrition package, Uganda's first HMIS training package. Through the training package, health workers develop the skills to collect, compile, and report timely, complete, and accurate nutrition data. They learn about nutrition data collection (including anthropometric assessment of nutritional status), data aggregation, routine reporting, service delivery, and the use of QI principles in HMIS. This, in turn, ensures that the MOH and health facility leaders have the information they need for evidence-based decision making.

The three tools were developed through an iterative and collaborative process that included extensive testing and revision. They were refined over time based on experiences from assessments and feedback from participants at training workshops. The MOH has distributed the tools during technical working group meetings and nutrition stakeholder experience sharing meetings.



Top: Health Management Information System for Nutrition Guide and Manual

Center: Nutrition, Assessment, Counselling, and Support (NACS) Facility-Level Training Materials

Bottom: Nutrition Service Delivery Assessment (NSDA) tools

Training health workers using the NACS package helps them get the relevant and exact information they need [and] gives them the ability to offer the relevant nutrition services.

Nadith Rwanga – Nutritionist,
Ntungamo District

Strengthened Capacity

Using the newly developed tools, FANTA worked with the MOH to conduct a series of trainings to strengthen the capacity of health service providers across the country in using the NSDA integrating nutrition in health service delivery, and managing nutrition data. FANTA has trained MOH nutritionists, USAID implementing partners, and Parliamentary Forum for Nutrition members to use the NSDA through practical application, joint assessments, and field exercises at hospitals and health facilities throughout Uganda. To strengthen health provider skills to deliver nutrition, FANTA has trained NACS master trainers and national trainers of trainers. These trainers, who can be accessed through the MOH, have trained nurses, midwives, clinical officers, and implementing partners, among other service providers using the NACS training package. The MOH trainers are available as a long-term source of capacity strengthening as NACS services are expanded across the country. The HMIS for Nutrition training package has been used to train health providers and biostatisticians. FANTA also provided mentorship and support supervision follow up to health facility workers.

Using the Tools

Since the first assessments in 2013, the NSDA has been used in over 50 facilities. Most recently, the MOH and FANTA tested the NSDA e-tool's use in 18 health facilities and identified strengths and challenges for each facility. Common strengths included health workers who appreciated the integration of nutrition services; facilities with key materials (job aids, guides and education materials, reference charts); staff who were appointed as nutrition focal persons (even if there was no nutritionist on staff); and nutrition services provided at almost all service points. In addition, the assessment showed that most facilities had adequate stock of RUTF and inpatient care facilities could properly prepare F75 and F100 therapeutic foods. The assessment also identified challenges, including inadequate nutrition documentation and reporting, inactive QI teams, unused guides and references, and insufficient equipment that was not always evenly distributed. The facilities also faced challenges with community linkages for services. This information, available by site, helps the MOH, to determine where to focus resources.

Health facilities should continuously conduct NSDA assessments and report findings to MOH which will in turn provide evidence for resource mobilisation and information for decision making.

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Using the NACS package, FANTA supported USAID's ASSIST project to build the capacity of health care providers in ASSIST-supported health facilities in northern Uganda to enable them to offer quality nutrition services as part of their routine health services with a focus on offering a more holistic package to strengthen and promote engagement, adherence, and retention of HIV and AIDS clients in the continuum of care. And USAID's Regional Health Integration to Enhance Services projects (RHITES SW, RHITES EC, RHITES E), MildMay Uganda, Infectious Disease Institute, and The AIDS Support Organisation have used the NACS package to build capacity of health service providers in the districts they support.

With nutrition data now collected for most services, the MOH has more complete data to inform nutrition budgeting, planning, and programmatic decisions. For example, these data have been presented in the MOH Nutrition Division's quarterly nutrition bulletin, which is disseminated to stakeholders throughout the country and used to compare health facility performance. This helps stakeholders identify areas for targeted support. In addition to FANTA/MOH-supported training, partners have conducted trainings in districts they support. As data accuracy and reporting continue to improve, so will decision making and resource allocation.

Challenges

There have been challenges to integrating nutrition into health facilities. These include:

- High health facility staff attrition, especially after their capacity has been strengthened through the implementation of the NACS package.
- Support from partners is necessary to produce, print, and disseminate the quarterly nutrition bulletin.
- Integration of nutrition into routine health services is perceived as additional work by health workers who often have a full workload.
- Nutrition indicators are not included in the Ministry of Finance output budgeting tool, which poses a challenge in tracking progress on implementation of nutrition activities and earmarking resources for nutrition.

Lessons Learned

To share experiences and capture lessons learned and recommendations for moving forward in integrating nutrition into health services, the MOH in collaboration with FANTA organized experience sharing and learning events attended by implementing partners and health service providers. Some feedback from the events include:

- Coordination among stakeholders needs to be strengthened to avoid duplication of activities and resource allocation and to ensure reporting and information flow to all necessary stakeholders through the right structures.
- In districts where District Nutrition Coordination Committees (DNCCs) are functional, there are strong advocacy platforms to lobby for nutrition integration in district-level plans. More effort should be placed in districts where DNCCs are in their nascent stage to strengthen them.
- Routine mentorship and support supervisions for health facility staff are crucial for continuous delivery of quality services.
- NSDA visits must be well planned and team members carefully selected to ensure technical understanding of the assessment and the ability to address critical gaps at the facility.
- Continuous feedback to health facility teams improves appreciation of nutrition services and acts as a motivator to strengthen gaps identified in action plans.
- Dissemination of materials is best at regional referral hospitals for wide coverage and orientation on use. Efforts at scale up should place special emphasis on these.

Way Forward

Assessing capacity, building capacity, and collecting quality data will result in more effective and higher quality service delivery to clients seeking care and ultimately better health outcomes for those clients. To continue strengthening Uganda's nutrition service delivery it is recommended that the MOH scale up the use of the NSDA tool, NACS package, the HMIS for nutrition training package across all health facilities. The range and nature of services needs to be adjusted to each context. Staff who deliver nutrition services should be adequately trained and mentored to provide clear, tailored, and effective counselling to address the communities' nutritional needs.

For more information on FANTA materials and activities, please visit our website: www.fantaproject.org.

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