

# ENGAGING PRIVATE-SECTOR HEALTH FACILITIES TO IMPROVE THEIR PERFORMANCE ON NUTRITION INDICATORS - A CASE OF KAMPALA CITY

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## INTRODUCTION

The USAID's Maternal Child health and Nutrition (MCHN) activity is a five-year program designed and funded by USAID/ Uganda to improve maternal, newborn, child health and nutrition outcomes in Uganda through strengthening leadership and governance, rollout of national strategies and programs and coordination and cooperation across stakeholders.

## RATIONALE FOR PRIVATE SECTOR ENGAGEMENT

Uganda has a mixed health system with both public and private health service providers. The private sector has 6,960 service delivery points across the country, accounting for 55% of all service delivery points while Kampala alone has 1,458 (2). Despite the substantial presence of private health providers, to date, most government and donor resources are dedicated to supporting public healthcare facilities. Yet, people in Uganda opt for private healthcare facilities because for their generally shorter waiting times and perceived higher quality of care among other reasons (5).

"Private sector engagement" in this case refers to the meaningful inclusion of private health service providers in the health systems through routine inputs for identifying and addressing various service delivery capacity gaps. This process acknowledges the important role the private sector can play in Uganda's collective goal to improve health coverage and outcomes, including nutrition. (3).

*"Market-based solutions must be part of the overall approach to fight under-nutrition"* SUN  
Team Taskforce Member

Private sector health facilities in Uganda present a strategic opportunity to maximize the provision of MCH and Nutrition services to reduce malnutrition. However, they are generally inadequately equipped to provide nutrition services that meet the Ministry of Health standards: (i) they have an inadequate workforce trained in delivery of nutrition services; (ii) the nutrition anthropometric equipment is often lacking; (iii) they lack nutrition guidelines and job aides; and (iv) most do not have capacity to capture and report nutrition service delivery data to the national health management information system (4).

As a result of the bottlenecks outlined above, many private-sector health facilities generally perform poorer than public facilities in nutrition performance, as shown in the table below:

### *Engaging private-sector health facilities to combat malnutrition includes:*

- Intentional collaboration with the private-sector health facilities to improve service delivery
- Inclusion in mentorship and coaching activities conducted by the Ministry of Health with support from implementing partners
- Recruitment of nutritionists to serve in private sector facilities
- Sensitization of managers in vital departments on nutrition, and nutrition performance management
- Inclusion of nutrition trainings and mentorship activities within work planning processes

Table 1 Nutrition Indicator Performance Assessment (NIPA) Results, by Managing Authority.

Finding	Private Health Facilities (n=12)	Private Not for Profit Health Facility (n=8)	Public Health Facility (n=10)
Conducted nutrition assessment at OPD	0%	10%	10%
Vitamin A supplementation, second dose	2%	17%	7%
Maternal nutrition specific interventions	15%	100%	71%

Source: DHIS2 data Analytics, July 2019-June 2020

## HOW DOES USAID MCHN ACTIVITY ENGAGE PRIVATE HEALTHCARE FACILITIES?

USAID's MCHN Activity in collaboration with the Uganda Healthcare Federation (UHF) and other partners is working to strengthen maternal and child nutrition services at 12 private-for-profit (PFP) healthcare facilities in Kampala (5 hospitals and 2 HC IIs). The facilities were chosen due to their high client volumes and will serve as models for other private sector facilities in integrating nutrition services into routine health care. To date, MCHN has provided the following support:

- Identified and engaged key stakeholders, including health facility directors and nutrition focal persons, to ensure ownership and buy-in. We have also engaged faith-based medical bureaus that govern private-not-for-profit health facilities.
- Provided anthropometry equipment, (Mid-Upper Arm Circumference -MUAC tapes, weighing scales, job aides, height boards, length boards, infantometers, and z -score charts) to all 12 private sector health facilities
- Deployed nutrition mentors to train and mentor facility service provider teams. Some of the mentors are MOH nutritionists.
- Created a real-time communication platform using "WhatsApp" media to engage private-sector health providers in active discussions, follow-up, consultations, linkages, referrals, and networking.
- Formed partnership with Joint Medical Stores (JMS) to disseminate information on the use of basic nutrition anthropometric equipment, and the availability of subsidized nutrition assessment equipment/packages for private sector providers. Through this collaboration, JMS is also providing short-term mentoring around the use of equipment for conducting nutrition assessments

## CASE STUDY: IMPROVING NUTRITION SERVICES AT NAKASERO HOSPITAL

*"This facility is a profit-making entity. Rightful information provided during planning and effective collaborations especially with the Ministry of Health and other health and Nutrition partners can go a long way in contributing to combating malnutrition." Nutritionist, Nakasero Hospital- Mis Stella Nambooze*

The nutritionist plans to continually engage the facility management to ensure nutrition service delivery is effective while improving the business model of the facility.

Nakasero Hospital is among the 12 private-sector health facilities selected for intense technical support. Initially, the hospital was not fully integrating nutrition services into routine health services and was not using the MoH HMIS. The facility scored poorly on the NIPA assessment referenced above.

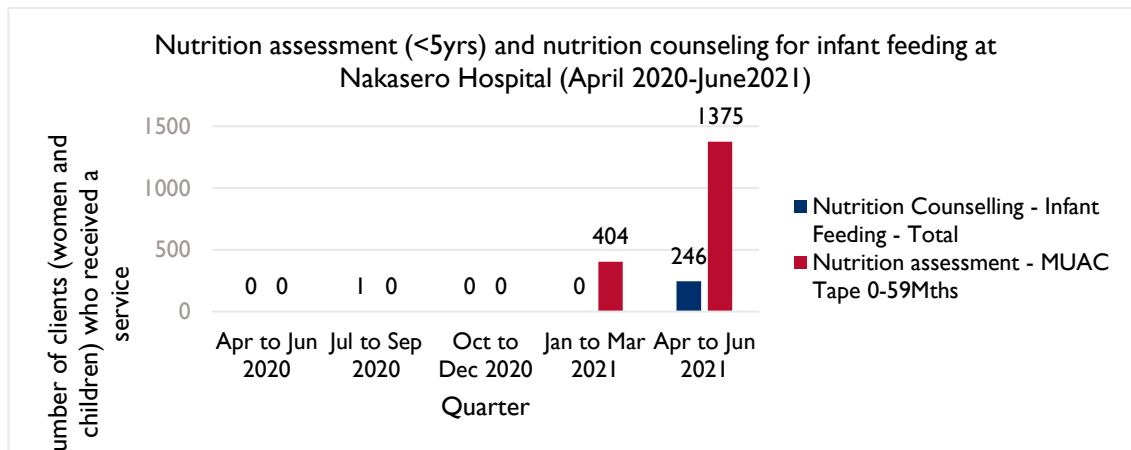
Fortunately, the hospital employs a Clinical Nutritionist. With support from the USAID MCHN Activity, the Clinical Nutritionist engaged in discussions with facility management around the results of the NIPA, and mechanisms for improving nutrition indicator performance WHILE maintaining the business and profit strategy. Through this engagement, the

clinical nutritionist and facility management resolved to address low performance through the following actions:

- Established an active Work Improvement Team (WIT) which meets weekly to monitor and ensure integration of nutrition services into routine health care at all hospital service delivery points.
- Conducted trainings, coaching and mentorship of staff in critical departments (maternity, neonatal, paediatric OPD, records, labour suite, critical care) on the integration nutrition services in routine services.
- Utilization the MoH HMIS tools for capture and reporting of performance data through HMIS105.
- Bi-weekly feed back to immediate supervisors to share progress and address performance gaps.
- Inclusion of budget for nutrition equipment (e.g. MUAC tapes) in the annual hospital budget.
- Weekly continuing nutrition education sessions for health workers and monitoring and evaluation officers;
- Monthly performance review meetings with management and staff of respective departments.
- MCHN provided job aids, nutrition anthropometry equipment, and MoH data management tools.

These actions have led to measurable performance improvements. See Figure 1.

Figure 1 Nutrition assessment and counselling or infant feeding results at Nakasero Hospital (April 2020 to June 2021).



**GOING FORWARD:** USAID’s MCHN Activity will continue to:

- Document, share and expand best practices across other private health providers to further improve integration of nutrition.
- Provide on- site mentorship and coaching to build confidence of facility teams in providing nutrition services, and reporting nutrition data.
- Provide information on prices of equipment, medicines, and supplements through the Uganda Health Federation to allow for better resource utilization (market shaping).
- Provide national nutrition guidelines, standards, and job aides
- Support regular assessments of facilities as er national standards, using the MOH Nutrition Service Quality Assessment (NSQA) tool and Baby Friendly Health Facility Initiative assessment tool. Assessment results inform redress of identified quality gaps.

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