Improving Delivery of Nutrition Services at Primary Health Care Facilities in Tanzania

Introduction

Sikika conducted an implementation research on availability, functionality and quality nutrition services in 18 primary healthcare facilities (PHF) in three districts in Tanzania. The facilities consisted of two health centres and 16 dispensaries in the districts of Ikungi in Singida region, Kilolo in Iringa region and Nyamagana in Mwanza region. Fourteen of the PHFs were directly owned by Government, while the other four were owned by government institutions. All the necessary permissions and ethical clearance to do the study were obtained from the relevant authorities.

The main objective of the study was to determine the availability, functioning and quality of nutrition services[1] in the selected Primary Healthcare Facilities and identify the high priority areas which require improvements in policy and implementation.

The study observed the provision of nutrition services at the selected PHFs, interviewed a total of 54 health service providers and 55 mothers or caregivers. The district health and planning authorities in those districts were also interviewed and a desk review of the national context including the National Multisectoral Nutrition Action Plan (NMNAP)[2] 2016/17–2020/21 and the 2019 Edition of the National Health Policy[3] was done.

[1]In this study; nutrition services includes councelling, education, commodities, health workers, community health workers, guidelines and education materials. In this study; nutrition services includes councelling, education, commodities, health workers, community health workers, guidelines and education materials.

[2]United Republic of Tanzania (2016). National Multisectoral Nutrition Action Plan (NMNAP) for the period July 2016 – June 2021.

[3]Jamhuri ya Muungano wa Tanzania Wizara ya Afya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto (2019): Rasimu ya Pili ya Sera ya Afya: Toleo La Mwaka 2019: Agosti 2019.

The main reason for doing the study at PHFs is because they provide the platform for frontline expert delivery of nutrition specific interventions[4] and form a critical interphase between the health system and communities in the implementation of the NMNAP and Tanzania's 2019 Health Policy.

Why this policy brief?

The objective of implementation research is to promote the systematic uptake of research findings and other evidence-based practices into routine practice to improve the quality and effectiveness of chosen interventions[5] . So this policy brief provides insights on performance on delivery of nutrition services at PHFs and helps policy makers understand the results in ways that identifies the key findings and actions they are supposed to take. Therefore, decision makers responsible for designing policies and managing processes for delivery of nutrition services at primary health care facilities are key stakeholders of the results.

Key findings of the study with policy implications and recommended policy response

The study found that generally, availability of nutrition services at the 18 studied Primary Healthcare Facilities was satisfactory. However, their functionality and quality were found to be inadequate.

[4]Nutrition specific interventions under the NMNAP include (i) Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) (ii)Prevention and Control of Micronutrient Deficiencies (iii) Integrated Management of Acute Malnutrition (IMAM) and (iv) Prevention and Management of Diet-Related Non-Communicable Diseases (DRNCDs).

[5] World Health Organization (2013): Implementation Research in Health: A Practical Guide.

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Key findings and challenges with policy implications and the recommended policy responses with possible actors are shown below. Please note that the policy actors can be at any level of Government system from the Council to the national level.

1. **Key finding 1:** Primary Healthcare Facilities offering nutrition services are generally available and accessible, but funding is inadequate and dependent mainly on donors.

Recommended policy response 1: Strengthen domestic financial resource mobilization and develop a strategy that ensures the current TZS 1,000 per child underfive per year is gradually increased to reach the World Bank's recommended amount of about TZS 20,000 (US$ 8.50) per child per year. Action by President's Office-Regional Administration and Local Government (PO-RALG), Ministry of Finance and Planning (MoFP), Councils

2. **Key finding 2:** Delivery of nutrition services at Primary Healthcare Facilities is not adequately integrated into the routine Universal Healthcare Coverage (UHC) system, thus undermining a critical component of UHC which requires all people to have access to the health care they need (including for nutrition), when and where they need it, without facing financial hardship.

Recommended policy response 2: Integrate nutrition services into routine primary healthcare delivery to ensure sustainability as per the 2019 Edition of the Tanzania Health Policy and as planned for in the National Multisectoral Nutrition Action Plan (NMNAP) 2016/17 – 2020/21. Action by Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), PO-RALG, Councils

3. **Key finding 3:** The Community Health Worker (CHW), Village Health Teams (VHTs) and Vaccinators provide critical outreach linkage of the PHF with the community. However, as noted by the CHWs themselves, they work on a voluntary basis without tangible recognition.

Recommended policy response 3: Capacitate Community Health Workers to strengthen community outreach. This could include providing them with training, modest remuneration and other innovative ways that recognize their good work. Action: MoHCDGEC, MoFP, PO-RALG, Councils.

4. **Key finding 4:** Inadequate reflection of nutrition in the standards, guidelines, policies and strategies at PHFs limit the technical quality of nutrition services provided at the PHFs.

Recommended policy response 4: Review, update or develop policies, strategies, guidelines and standards on delivery of nutrition services at PHF level to ensure consistency with national standards and guidelines as per the 2019 Health Policy and as planned in the NMNAP. Action: MoHCDGEC, Tanzania Food and Nutrition Centre (TFNC)

5. **Key finding 5:** Although major efforts have been made to provide nutrition experts at the district and council levels, such expertise is inadequate, and in some cases lacking at some PHFs.

Recommended policy response 5: To strengthen the availability, functionality and quality of nutrition services in primary health care facilities, it is important to ensure the multiskilled health service providers available in all PHFs are trained, supervised and provided with standard nutrition guidelines, assessment tools and adequate nutrition supplies. Action: Councils, PO-RALG, MoHCDGEC, TFNC.

6. **Key finding 6:** Poor management, irregular supervision and lack of regular client satisfaction surveys reduce the delivery of quality nutrition services.

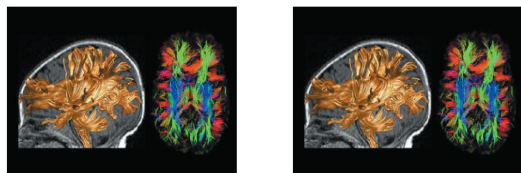
Recommended policy response 6: Strengthen supervisory, monitoring and evaluation of nutrition service delivery using the PO-RALG supportive supervision tool and checklist to monitor nutrition service provision on a regular basis and revise them to include client satisfaction surveys. Action: PO-RALG, Councils

Why should policy makers be concerned about the results of this study?

Since malnutrition occurs in households and communities, providing functional and quality nutrition services at PHFs ensures those affected by malnutrition are easily reached by the health system.

Scientific evidence shows that achieving good nutrition throughout the life course, especially during the first 1,000 days of life from conception to two years, is associated with important short and long-term benefits. Benefits include: good brain development, positive birth outcomes for both the mother and child; healthy physical, mental and cognitive development; and overall potential for survival, growth and development. PHFs through their ante-natal and post-natal care provide a critical platform for improving maternal and young child nutrition. Figure 1 shows the stunning impact of poor nutrition on brain development in young children.

Figure 1: Brain scan of healthy and stunted child (C.A. Nelson et al., Harvard Medical School, 2017)



Studies[6] also show that in the long term, good nutrition improves educational performance; prepares adolescents for future adult roles including in reproduction and civic participation; and in adults, improves working capacity, productivity and increases overall longevity and quality of life.[7]

[6]World Bank's 2016 paper on "Why Invest in Nutrition?"

[7] BMI is calculated by dividing the person's weight in kg by the square of the height in metres: BMI = W (kg)/H2 (m). For men normal BMI is 20-<25; overweight is 25-<30; obesity is 30 and above; Women normal BMI is 18.5-<25; overweight 25-<30; and 30 and above is obesity.

For example, such studies have shown that: -

- Stunting may reduce IQ by 5-11 points.
- Iodine deficiency reduces IQ by 10-15 IQ points.
- Low birthweight (2.5 kg and below) may reduce a person's later IQ by 5%.
- Iron deficiency anaemia reduces performance on tests of mental abilities by 8 IQ points.
- Eliminating anaemia can lead up to 5-17% increase in adult productivity.
- A 1% loss in adult height due to childhood stunting is associated with a 1.4% loss in productivity.
- Extreme Body Mass Index (BMI) of below 18.5 or above 25 is associated with lower adult productivity.

It is estimated that each dollar spent on nutrition delivers between USD 8 and USD 138, a cost-benefit ratio of around 1:17, similar to that of infrastructure development like roads, railways and electricity. Investing in nutrition is thus an investment in the brain grey matter infrastructure that develops intelligence, and, therefore, the capacity for innovation and creation, critical for Tanzania's goal of achieving an industrially driven economic growth to achieve middle-income country status by 2025.

It is estimated that Tanzania will lose about US$ 20 billion by 2025 if the nutrition situation does not improve, especially for anemia in women and childhood stunting. By contrast, improving the population's nutritional status, could make the country gain up to US$ 4.7 billion by 2025 (Tanzania Profiles, 2014).

Strategic policy efforts to address malnutrition in Tanzania

Providing a policy response to this study will add to the series of recent strategic policy steps that Tanzania has taken to address the problem of malnutrition at the community level. These include (i) establishing multisectoral nutrition coordination structures with terms of reference at all levels

of Government down to the ward level[8] ; (ii) recruiting Nutrition Officers and nutrition focal points in all districts and regions; (iii) establishing a nutrition section in PO-RALG, (iv) developing a comprehensive guideline and check-list on supportive supervision including at PHFs[9] ; and (v) launching the National Multisectoral Nutrition Action Plan (NMNAP) 2016/17 - 2020/21, which is globally recognized as one of the strongest.

Moreover, nutrition was included among the key government priorities in the Five Years Development Plan (FYDP) 2016-21 for the first time. The theme of the FYDP is "Nurturing an Industrial economy and Human Development" and subsumes nutrition in the human development part.

Another important development was in 2017, when the Vice President of Tanzania Hon. Samia Suluhu launched a Nutrition Compact, signed by PO-RALG and Regional Commissioners to create accountability for achievement of the NMANP results in every region. A mechanism was established to promote, ring-fence and track minimum budget allocations for nutrition.

The high-level political commitments have resulted in significant improvements in nutritional status, especially among children. However, the absolute levels remain unacceptably high. For example, the Tanzania National Nutrition Survey (TNNS 2018)[10] showed that between the TNNS of 2014 and TNNS 2018, the prevalence of stunting decreased only from 34.7% to 31.8%; wasting from 3.8% to 3.5%; underweight increased slightly from 13.5 to 14.6%; and low birth weight decreased very slightly from 7.0% to 6.3%.

Conclusion

Although it is not possible to generalize the results of this study countrywide due to its small sample size and limited geographical scope, the findings are consistent with those from other recent studies. These include: - (i) the critical role played by primary healthcare platforms and services in improving the nutrition situation (UNICEF-IFPRI 2019); (ii) the Community Health Worker (CHW) being the main link between primary healthcare facilities and communities (Mid-Term Review -MTR- of NMNAP 2019); (iii) inadequate domestic funding of nutrition interventions especially those related to maternal, infant, young child and adolescent nutrition, which are mainly donor dependent (MTR 2019); (iv) inadequacy of human resources, supplies, guidelines and assessment tools (MTR 2019); and (v) the importance of integrating nutrition in the routine delivery of universal health coverage (MTR 2019, and annual Joint Multisectoral Nutrition Reviews 2013-19). The consistency of evidence requires not only a technical response, but also a policy response.

[8] President's Office - Regional Administration and Local Government (2017). Terms of Reference for Multisectoral Steering Committees on Nutrition for Regions and Local Governments. Dodoma, November 2017.

[9] President's Office - Regional Administration and Local Government (2017). Guidelines for Comprehensive Supportive Supervision in the Implementation of the National Multisectoral Nutrition Response In Regions and Councils. Dodoma, December 2017.

[10] Ministry of Health, Community Development, Gender, Elderly and Children; MOH Zanzibar; TFNC; NBS; OCGS Zanzibar and UNICEF (2018). Tanzania Nutrition Survey (TNNS) using the SMART Methodology. Dar es Salaam, Tanzania.

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