

Strengthening health systems to tackle malnourishment in Uganda

About 3ie evidence impact summaries

[Read](#) how 3ie verifies and classifies evidence impact

Highlights

Evidence impact

- Evaluation findings prompted the Uganda Ministry of Health's addition of new supportive supervision and nutrition sections in monthly performance reports of district health units.

Factors that contributed to impact

- Researchers at the World Health Organization's Collaborating Centre and Doctors with Africa (Collègues Universitaires Aspirants et Médecins Missionnaires, or CUAMM) engaged with government health officials and UNICEF at the district level throughout the research period.
- Engagement was timely, as the health ministry could consider researchers' recommendations whilst reviewing the district health units' reporting templates.

Impact evaluation details

Title: [Improving the quality of care for children with acute malnutrition in Uganda](#)

Authors: Marzia Lazzerini, Humphrey Wanzira, Peter Lochoro and Giovanni Putoto

Status : Completed August 2018



Context

Undernutrition and HIV are the two main drivers of increased morbidity and mortality in children under age 5 in Sub-Saharan Africa. In Uganda, 4 per cent of children under age 5 suffer from moderate acute malnourishment and 1 per cent are diagnosed with severe acute malnourishment. Areas experiencing humanitarian conflicts or receiving an influx of refugees face additional challenges in tackling malnourishment.

Uganda's West Nile Region, specifically the Arua district, hosts large numbers of refugees fleeing civil wars in the bordering countries. The region also has Uganda's highest prevalence of moderate acute malnourishment and severe acute malnourishment amongst children under age 5, at 10.4 per cent and 5.6 per cent, respectively.

To tackle this issue, the Ministry of Health developed national guidelines for integrated management of acute malnutrition in 2006 and updated them in 2016. The 2016 integrated management of acute malnutrition guidelines suggest supportive supervision amongst health workers as one of the tools for improving quality of care. However, there was no robust study on the effectiveness of supportive supervision in improving health outcomes of children with malnourishment.

Researchers at the World Health Organization CUAMM jointly conducted the evaluation to test whether supportive supervision could improve outcomes of outpatient malnourished children. The first phase provided supportive supervision to health centre staff, and the second phase provided supportive supervision to community health workers. The evaluation also looked at whether supportive supervision improved the overall quality of care, quality of data and access to care. Three out of six health centres with heavy footfall were randomised to receive the intervention, with others serving as the comparison group.

Evidence

The evaluation demonstrated that the supportive supervision intervention was a cost-effective measure to improve the quality of nutrition care, health outcomes, data quality and access to care for outpatient malnourished children in a resource-constrained humanitarian setting.

Findings showed the health centres that received enhanced nutritional supportive supervision had significantly higher cure rates than those that operated as usual. The defaulting rate – the rate at which children dropped out from treatment – was also significantly lower in the intervention centres than in the comparison-group facilities that did not receive supportive supervision.

Additionally, after the extension of supportive supervision to community health workers, the total number of children enrolled in the intervention centres increased by a significant 38.6 per cent when compared to the centres that did not get supportive supervision.

Evidence impacts

Prompted Ministry of Health to track quality of malnutrition care

Impact evaluation findings led the Ministry of Health to improve its monitoring, support and supervision of health workers who tackle malnourishment in conflict-prone regions of Uganda. Intense advocacy and timely dissemination of the study results at a time when the health ministry was in the process of reviewing the health unit monthly report led the ministry to include new supportive supervision indicators in the report submitted on a monthly basis by the local health facilities. Additionally, the ministry added a new section to the report to assess the nutrition status of outpatients served by the units.

Suggested citation

International Initiative for Impact Evaluation (3ie), 2020. *Strengthening health systems to tackle malnourishment in Uganda* [online summary], Evidence Impact Summaries. New Delhi: 3ie.

Evidence impact summaries aim to demonstrate and encourage the use of evidence to inform programming and policymaking. These reflect the information available to 3ie at the time of posting. Since several factors influence policymaking, the summaries highlight contributions of evidence rather than endorsing a policy or decision or claiming that it can be attributed solely to evidence. If you have any suggestions or updates to improve this summary, please write to influence@3ieimpact.org

Last updated on 11th November 2020