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Using team work to improve nutrition services



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Most health facilities in Malawi are always crowded with patients to receive medical treatment and the health service providers are overloaded with work. The Nutrition Assessment, Counseling and Support (NACS) program never received any attention in recent years because there were no resources to run the program and no therapeutic supplies to treat the malnourished HIV positive patients. Quality improvement work is the flag ship that has brought NACS to stakeholder's attention at national level such that it has begun to receive support.

Looking back at how services were provided at 8 facilities in Karonga and Balaka, where improvement work for NACS is currently being implemented through USAID ASSIST, nutrition assessment was only done on patients who were very sick. Now, the multi-disciplinary teams of health workers formed at the health facility level are working to integrate NACS into HIV and TB care using the quality improvement methods. The challenging part of the improvement work is to convince malnourished patients to come back to the clinics for continued monitoring of their nutrition status, even when there are no therapeutic foods to manage their conditions. And yet, the teams of health workers have worked tirelessly to change the mindset of the patients to continue coming for routine assessment and counseling.

What I like most is the enthusiasm of the teams to work to improve the services at their facilities with greater hope that the good results and data they generate will help to lobby for resources such as RUTF for their patients. And the fact that the teams come up with the solutions for the gaps they identify in health service delivery on their own, is something that is uncommon and exceptional. It is very interesting to see the service providers giving examples of how they have used quality improvement methods to improve other services at the health facility, and example of patients who have benefited from the counseling and nutrition services they are providing in the facilities.

I would say the learning session, which is not common for most programs, has really provided a forum for the service providers to share their achievements and learn from others. These sessions have given the teams motivation to better improve services in their facilities. For more details on this work, please see the case study ["Integrating nutrition services in HIV and TB care in Karonga and Balaka Districts of Malawi."](#) [2]

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