

Health, Nutrition and Population Global Practice

BUILDING HIGH-QUALITY HEALTH SYSTEMS TO IMPROVE NUTRITION SERVICES FOR WOMEN AND CHILDREN: POLICY AND IMPLEMENTATION CONSIDERATIONS

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KEY MESSAGES:

- A high-quality health systems approach that integrates nutrition is vital to accelerate progress in nutrition and meet the Sustainable Development Goals by 2030.
- High-quality health systems for nutrition include integrated service provision and supplies, performance monitoring, strategic purchasing, and functioning referral services.
- Underpinning these components are political leadership and commitment, well-defined quality metrics and quality and timely nutrition data, and an accountability system that nurtures demand for quality services, among others.
- Several World Bank and Global Financing Facility (GFF)–cofinanced projects are investing in building high-quality health system foundations to improve the quality of nutrition services and can serve as examples for improving quality of nutrition care.

Introduction

Malnutrition for women and children—especially during the first "1,000 days"—continues to be a significant problem in many low- and middle-income countries (LMICs) despite substantial progress made during the last decade. Providing access to evidence-based nutrition interventions is essential but insufficient. Numerous studies from LMICs have shown that many high-impact nutrition-specific interventions are either not delivered consistently or with sufficient quality during key maternal and child health contact points (World Bank 2018, 2020; Billah 2022). For example, nutrition service delivery and counseling are often neglected or sidelined during antenatal care (ANC), newborn care, postnatal care (PNC), and well-child visits, resulting in incomplete and/or poor quality of care (USAID 2021). This has also been demonstrated in the Lancet Global Health Commission's report on High Quality Health Systems in the Sustainable Development Goals Era (HQSS), which estimates that 60 percent of 8.6 million health-related deaths in LMICs are due to poor quality care, and the remainder are due to the nonutilization of the health system.

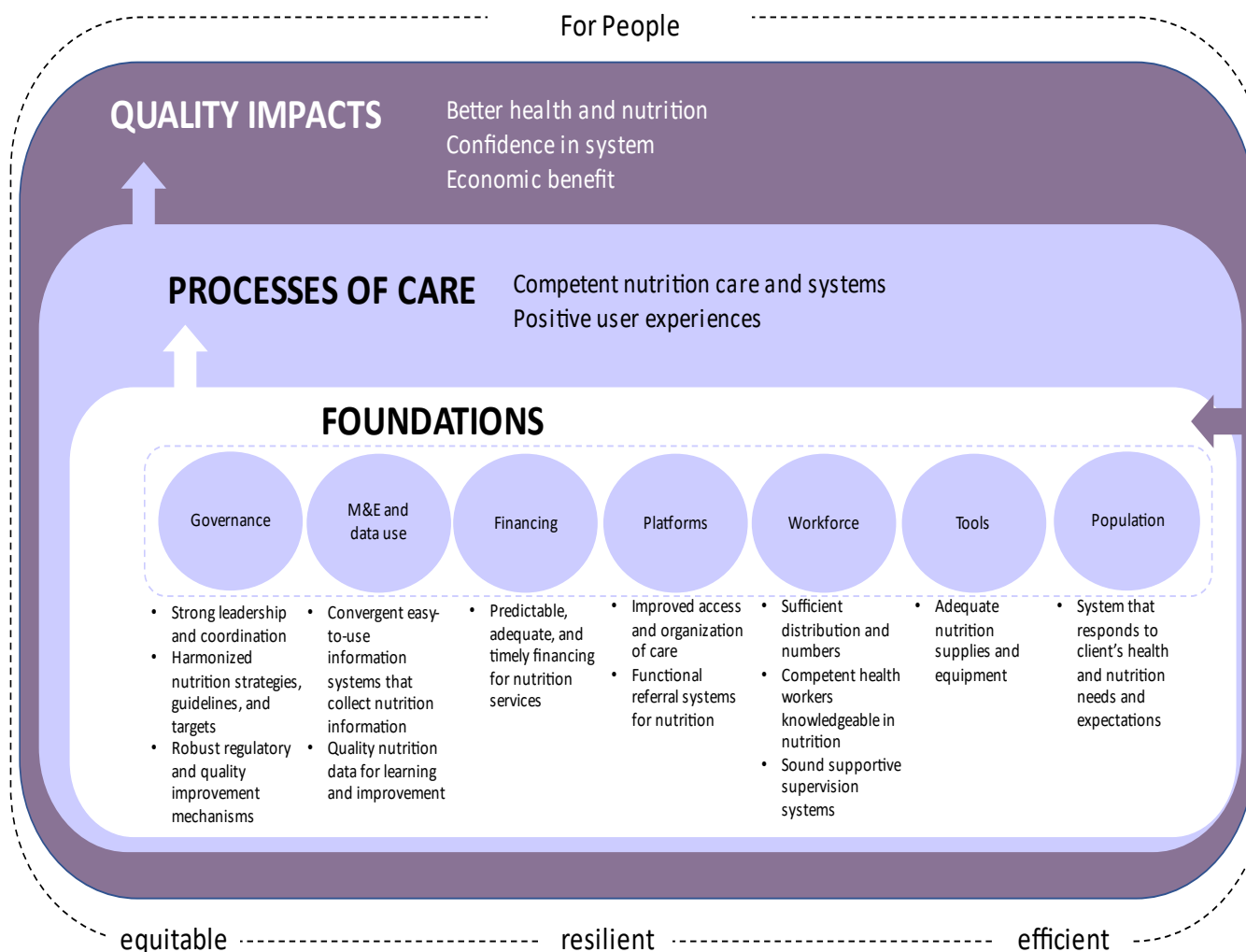
With only seven years left to achieve the Sustainable Development Goals (SDGs) by 2030, a renewed and

sustained focus on improving the quality of nutrition services for women and children is needed. This brief provides an overview of a high-quality health systems approach for improved nutrition outcomes. It also gives examples of how the World Bank and Global Financing Facility (GFF) have supported country-led efforts and country leadership in health system strengthening and explains how these investments are helping countries lay some of the needed foundations for high-quality health systems for nutrition.

What is a high-quality health system for nutrition?

Figure 1 shows the Lancet High Quality Health Systems framework we have adapted for nutrition. Improved nutritional outcomes, user confidence, and economic benefits are influenced by improved processes of nutrition care, and improved foundations for nutrition (e.g., including political leadership and commitment to improving quality of nutrition care, quality and timely nutrition data and performance monitoring systems, predictable and adequate financing for nutrition, improved access and organization of nutrition services, a competent workforce, adequate supplies and equipment, and a system that

Figure 1. A High-Quality Health Systems Framework for Nutrition



Source: Adapted from (Kruk et al. 2018)

responds to clients' health needs and expectations). In addition, high-quality nutrition systems should be for the people, equitable, resilient, and efficient (Holschneider et al. 2021, Kruk et al. 2018).

Foundations and processes of care

Governance through improved leadership and quality improvement mechanisms

The World Health Organization Maternal, Newborn, Child and Adolescent Health (WHO MNCAH) Quality of Care (QoC) Standards and QoC Network emphasize the importance of political leadership and commitment to improving the quality of nutrition care in MNCAH services, along with evidence-based nutrition content in national MNCAH and nutrition quality policies, strategies, and documents (USAID 2021). Quality nutrition services also require that formal institutional coordination and implementation arrangements are replicated and aligned

from the national to the subnational levels to ensure effective implementation and compliance with nutrition and quality-related policies and strategies at all levels of the system (Subandoro, Holschneider, and Ruel-Bergeron 2021).

Indonesia and Rwanda provide good examples of how high-level political leadership and ownership have paved the way for the development and implementation of multisectoral nutrition strategies and institutional arrangements that include coordination strategies, monitoring, reporting, accountability systems, and funding frameworks from national to subnational levels (Subandoro, Holschneider, and Ruel-Bergeron 2021). These plans, however, could benefit from a more explicit mention of how quality will be improved, including the capacity of subnational governments to manage, finance, and ensure high-quality delivery of their nutrition programs.

Accreditation of health care facilities is a form of government regulation to help ensure compliance to standards, and, ideally, quality. However, accreditation leads to improved quality of care and outcomes only when it is part of a "package" of interventions, and the data gathered become a learning system and are translated into action (Kruk and Nimako 2020).

Monitoring and Evaluation (M&E) and data use for decision making

Improving the availability of quality and timely nutrition data and performance monitoring systems is key to enhancing program implementation and accountability. Most LMICs collect nutrition-related data through multiple data sources. However, data integration, accuracy, availability, and granularity at community and district levels remain challenging (Acosta and Fanzo 2012).

Countries should also, ideally, be including nutrition quality of care measures in their facility-level data and routine health information systems. The WHO has developed quality of care standards and corresponding measures to improve the quality of maternal and newborn child services in health facilities (WHO 2016, 2018). These include numerous nutrition-specific quality statements and measures. Examples of quality measures include the availability of up-to-date clinical protocols, adequate and functioning equipment, in-service training, compliance with Code of Marketing of Breastmilk Substitutes, effective systems for implementing community-based activities, etc. (USAID 2021).

While many countries are implementing innovative measurement and data-collection tools, the impact on quality nutrition services depends on how data are being effectively used to inform decision making and enable course correction for improvement. Timely feedback and performance comparisons are needed to promote ongoing quality improvement.

In Indonesia and Rwanda, the World Bank and GFF are working with the government to develop performance monitoring dashboards to consolidate and standardize data to measure health and nutrition-related performance, including across sectors and at district level. Data are used to track implementation progress of their nutrition strategies and to inform discussions at national and district levels. Efforts should be made to more explicitly include quality of care measurements for nutrition services, as opposed to solely focusing on gaps in service delivery (Subandoro, Holschneider, and Ruel-Bergeron 2021).

Financing

Financing is an opportunity to improve health system performance, including for nutrition services. According to the Lancet HQSS, strategic purchasing¹ of nutrition services has the most significant direct influence on quality of care (Kruk et al. 2018). It entails prioritizing nutrition in resource allocation and service delivery and creating incentives at the health facility level to strengthen access to and improve the quality of nutrition services. Strategic purchasing also relies on robust information systems to help monitor performance (i.e., are services being delivered at the scale and quality to meet purchaser expectations?) (Subandoro, Holschneider, and Ruel-Bergeron 2021).

Performance-based financing (PBF) has the potential to improve strategic purchasing functions. Quality-adjusted strategic purchasing of essential health services, including nutrition, should be an essential aspect of PBF. Given the widespread use of PBF in LMICs to improve quantity and quality, there is a lot of potential to improve key quality measures beyond service availability and readiness by integrating quality indicators and methods into PBF to measure quality (Fritsche and Peabody 2018). In Rwanda, health centers are being supported and incentivized through PBF to improve the quality and coverage of an enhanced package of high-impact nutrition and health interventions for women and children (Subandoro, Holschneider, and Ruel-Bergeron 2021). Several indicators measure quality including stock-outs of essential drugs and provision of supportive supervision to community health workers. At the community level, improved community health worker (CHW) performance is incentivized through evaluation and performance-based remuneration to CHW cooperatives and individuals.

In the World Bank and GFF–cofinanced Cambodia Nutrition Project, provider knowledge and competencies are measured through clinical vignettes and exit interviews, with PBF as incentives for quality improvement (see “Workforce” section below). Additional examples to measure the quality of provider competencies that are being used in other countries include chart reviews, direct provider observations, mystery patients, and client satisfaction surveys (Fritsche and Peabody 2018).

Platforms for care and “tools” for quality nutrition interventions

High-quality health systems ensure that quality nutrition services are provided at various service delivery points to provide clients access to care. They also require integrated health facility and community-based services, outreach,

¹ Strategic purchasing ties the payment of providers to information that links their performance to the health/nutrition needs and outcomes of the population they serve, thus incentivizing quality services.

and functioning referral systems. Improving access to quality nutrition services relies heavily on community-based platforms to reach those most in need. Robust supportive supervision and performance management by the health facility are needed to ensure delivery of quality nutrition services by these community-based platforms. As a key principle of people-centered health systems, communities should be empowered to more actively be engaged in planning, implementation, and evaluation of their own local nutrition programs (Schwarz et al. 2019).

To enhance quality of integrated frontline health systems, the WHO QoC network has promoted continuous quality improvement (QI) at the health facility and community level as an important approach to identify the WHO QoC gaps, analyze the bottlenecks in the provision of services, test and adopt changes, and continuously measure trends in QoC indicators to guide QI efforts and improve outcomes (WHO 2022).

Quality health systems need functional equipment, quality medicines, and reliable supply chains for all service delivery points offering nutrition services. Many health facilities in LMICs lack these essential nutrition “tools.” The Cambodia Nutrition Project ensures the availability of these critical resources (equipment, supplies, medicines, and guidelines) through a facility-level scorecard, the outcomes of which are tied to PBF (Subandoro, Holschneider, and Ruel-Bergeron 2021).

Though this brief focuses on the importance of high-quality health systems for nutrition, it is important to note that quality nutrition platforms also require collaboration across nonhealth sectors to work together and address nutrition problems. For example, the life-course approach to child health and development integrates health, nutrition, and early childhood development from birth to adolescence. This requires collaboration across health and nonhealth sectors to maximize the reach of service delivery across the various platforms accessed by target populations (Kruk and Nimako 2020).

Workforce

Competent health workers are essential for delivering quality nutrition services and counseling. Nutrition service delivery challenges in many LMICs include low provider training and capacity to implement evidence-based nutrition practices; limited accountability for providing nutrition and immunization services in adherence to country guidelines; inadequate supportive supervision; and insufficient job aids to carry out the work. Nutrition counseling interventions and growth monitoring and promotion (GMP) are often left to providers' discretion

and/or are of low quality due to lack of time for counseling and provision of generic or prescriptive messages that fail to resonate with caregivers.

Digital tools are increasingly being used to improve health providers' capacity to deliver high-quality nutrition services. In Indonesia, for example, a digital monitoring and mapping application for Human Development Workers (e-HDW) is being rolled out to simplify the reporting and tracking of nutrition-related services across multiple sectors, while also serving as a job aid to improve the quality of nutrition service delivery and counselling (Holschneider et al. 2021). In the Cambodia Nutrition Project, clinical vignettes² and competency tests are being used at the health facility level to measure and improve what the health staff knows about Maternal, Newborn, Child Health and Nutrition (MNCHN)–related medical conditions, their adherence to evidence-based interventions and guidelines (including nutrition during the first 1,000 days), and their competency to deliver care and counsel patients. The results feed into the MNCHN scorecard as described above (Subandoro, Holschneider, and Ruel-Bergeron 2021).

Population demand for high-quality care

High-quality nutrition systems enable clients to demand accountability from their communities and health systems. Numerous World Bank and GFF–cofinanced nutrition projects actively engage communities in their nutrition interventions. For example, in Indonesia and Rwanda, scorecards hold village and subdistrict heads accountable for delivering nutrition-specific and sensitive services (Subandoro, Holschneider, and Ruel-Bergeron 2021). They help identify service gaps; track progress on multisectoral convergence of services; and trigger conversations between the community, service providers, and the local government to resolve the service gaps. Ideally, however, these scorecards should not only focus on coverage but also include measures of quality. In Cambodia, the MNCHN scorecard measures patient feedback regarding nutrition services—another important element of ensuring that services meet client health needs and expectations.

High-quality systems for nutrition also encourage individuals, their families, and communities to be well-informed about optimal nutrition practices through quality nutrition counseling and education (USAID 2021). There is ample evidence that interpersonal communication and counseling (IPCC) can improve nutrition practices during the first 1,000 days, but that nutrition counseling is often not carried out effectively (Lamstein et al. 2014). Studies show that the quality of IPCC is more effective when other social behavior change communication (SBCC) activities

² MCHN vignettes—or standardized medical cases where an assessor role plays a mother with a sick child or a woman seeking services and

asks the health worker how he/she would manage the patient—are being developed to improve provider counseling on MCHN as well as adherence to evidence-based interventions and guidelines.

are aligned on messaging and reinforce the counseling provided to other IPCC contacts (e.g., mothers, fathers, etc.) (Lamstein et al. 2014; Menon et al. 2016; Nguyen 2017).

Recommendations

This brief describes promising approaches and entry points in World Bank and GFF-cofinanced health and nutrition projects for improving the foundations and processes for high-quality health systems for improved nutrition care. Additional approaches for building high-quality health systems for nutrition include the following:

Government and partners conduct a diagnosis of the strengths and weaknesses in the foundations for high-quality health systems for nutrition to decide on specific investment options. This includes the current functioning of governance (e.g., leadership, quality of nutrition strategy/guidelines), financing, workforce, tools, platforms for care, and population demand for nutrition (Kruk and Nimako 2020).

Work with government counterparts at national and subnational levels to ensure that high-quality Health Management Information Systems (HMIS) and metrics exist to facilitate the implementation of quality of care for nutrition. This includes reviews of existing data systems and nutrition indicators (including those measuring quality), interoperability of data systems, and access and use of nutrition data across all levels of government. The WHO and QoC network have developed valuable tools and implementation guides for countries to develop their own quality health strategies, which can be adapted for nutrition and local contexts (WHO 2022; WHO/UNICEF 2019).

Work with government counterparts to test health systems innovations for quality nutrition services. Outcomes for systems innovations can include improvements in nutrition, health care provider competency, positive user experiences, equity of care, and economic benefits (Kruk et al. 2018).

Conduct implementation research to investigate ways to strengthen community-level decision making and accountability processes to encourage the demand for quality services and enhance program course corrections (Subandoro, Holschneider, and Ruel-Bergeron 2021).

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This HNP Knowledge Note highlights many of the key findings from two recently published World Bank and GFF reports: [Improving the Quality of Frontline Nutrition Services in Indonesia's Health Sector \(2021\)](#) and [Operationalizing Multisectoral Nutrition Programs to Accelerate Progress: A Nutrition Governance Perspective \(2021\)](#)