Disseminating OSP Through Health Services Delivery System in Western Uganda

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Outline of the presentation

- VAD prevalence in Uganda
- HarvestPlus Work
- Different Models used by HarvestPlus-Uganda
- HSDS Model
- Achievements of the HSDS Model
- Why the HSDS Model?
- Challenges of using the HSDS Model
- Improvements to the HSDS Model
- Conclusion

VAD Prevalence in Uganda

- The most common malnutrition problems in Uganda are micronutrient deficiencies of Vitamin A and iron (FANTA 2010).
- 33% of children (6-59 months) in Uganda are categorized as having Vitamin A Deficiency (UBOS & Micro International 2011).
- In 2005 UNICEF estimated the deaths at 29000 and the percentage of children less than 6 years of age with sub-clinical Vitamin A deficiency to be 66.

HarvestPlus Work

- HarvestPlus leads a global effort to improve nutrition and public health by developing and disseminating staple food crops that are rich in vitamins and minerals.
- Work with public and private sector partners.
- DDBC project objective is to reduce VAD by improving dietary intakes of vitamin A for 225,000 households in 13 districts of Uganda by 2016.

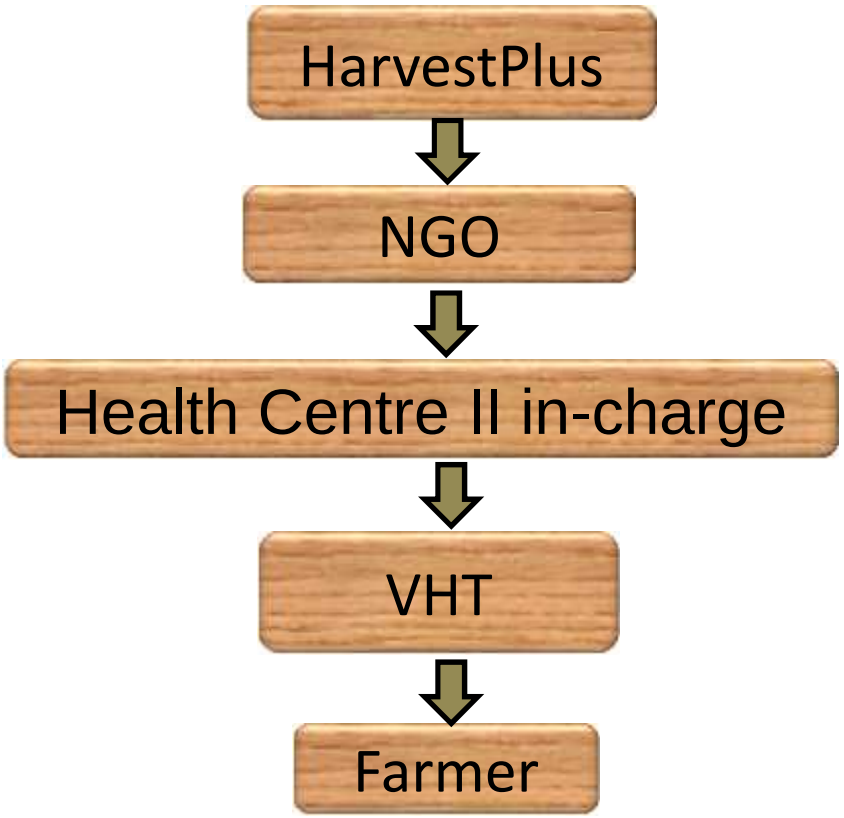
Models used in the DDBC project

Some of the commonly used models by HarvestPlus in disseminating biofortified crops;

- Extension System Model,
- Health Services Delivery System (HSDS) model.

Extension System Model

The HSDS Model



- HarvestPlus provides guidance to NGO who in turn trains Health Centre Staff.
- The Health Centre II In-charge trains the VHTs
- Plants and Maintains the OSP garden at health centre.
- VHT monitors and helps 30 households in their catchment areas.

The HSDS Model-Case Study HCU

- Three sub-counties in Mbarara district were selected including Ruganda, Ndeija and Mwizi from which six parishes were selected.

- In each Parish, one health centre II was included in the project.

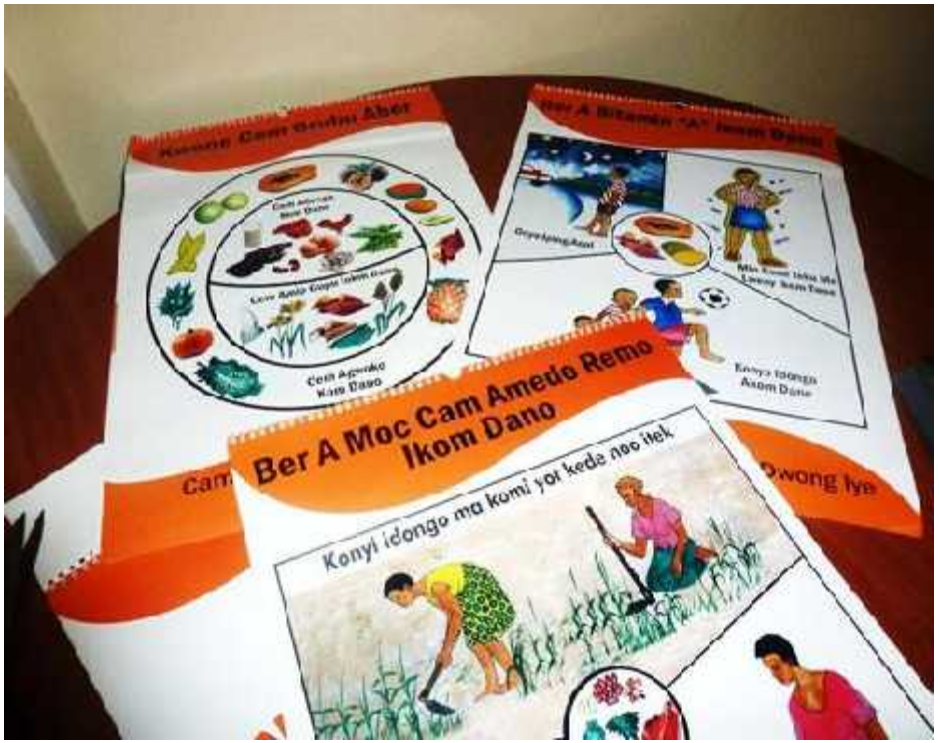
- 100 VHTs at village level

The HSDS Model-Case Study HCU…

- 7 households out of 30 per VHT were selected and received free OSP vines.
- Nutrition and agronomy training charts provided to VHTs.

- Demonstration gardens at health centres were established to provide planting material.

The HSDS Model-Case Study HCU…



During immunization days, the health centre supervisors passed on nutrition and agronomic messages to the mothers.

Achievements of the HSDS Model

- 3000 farmers trained in nutrition and agronomy of OSP.
- 700 directly received OSP vines
- 1400 indirectly received OSP vines.
- 100 VHTs received OSP vines
- 100 VHTs trained in nutrition and agronomy of OSP
- 6 Health Centre II In-Charge trained in the nutrition and agronomy of OSP
- HCU has scaled out the approach to Ntungamo, Rubirizi and Bushenyi districts.

Why the HSDS Model?

- VHTs are well informed on issues of health and nutrition.
- VHTs are farmers
- VHTs command respect in their communities.
- Payback was almost 100%
- Turn-up for trainings was high because the VHTs support each other.
- The work of HarvestPlus/HCU was known up to district level.
- Promotes sustainability of project benefits e.g OSP gardens at Health Centre II

Challenges of Using the HSDS Model

- Lack of commitment from some VHTs.
- Heavy workload on VHTs
- Health Centre II In-Charge nurses and VHTs poorly facilitated to do their work.
- Biased towards health.
- Motivating VHTs is difficult.

Improvements to the HSDS Model

- HCU has recruited a FEW.
- Farmers organise them selves into groups of about 30 farmers including VHTs.
- Close follow-up and monitoring visits by FEW
- New areas per season.
- Marketing of OSP for income generation.
- Community dramas

Conclusion

- For better delivery HarvestPlus had to adopt different models.

Thank you!