

## **Abstract**

### **Introduction:**

Under-nutrition is wide spread in Uganda, contributing directly or indirectly up to 60% child mortality directly and indirectly, making it greater contributor to childhood mortality in the country (2009) despite relative food availability. Under- nutrition disproportionately affects rural and urban with variation in regions and levels of nutrition service integration are still low. This study was conducted to identify factors for integration of nutrition services in EMTCT in Bushenyi and Sheema districts in South-Western Uganda.

### **Study methodology:**

Descriptive cross-sectional study design employing both qualitative and Quantitative data collection methods was used to assess integration of nutrition service provision in EMTCT accredited sites in South-Western Uganda, a region with higher stunting rate despite being the country food basket. Data was collected using interviewer administered questionnaire. Univariate and multivariate analyses were conducted using Epi-info and STATA (version 10.0). Qualitative data collected was manually analysed and qualitative narrative discussion done.

### **Results:**

A total of 258 respondents participated in the study. Ownership (Public Vs Private) of the health unit (OR=0.19, 95% CI=2.07 – 12.43), special training in EMTCT and nutrition care (OR=0.25, 95% CI= 0.10 – 0.61) and presence of an organization partnering with the health unit and its activities were significantly associated with the integration of nutrition service in EMTCT units. A considerable percentage of health units (43%) were not ready for integration of nutrition services, 30% of the units were somewhat ready, 15% were ready and only 12% were very ready.

**Conclusion:**

Being government owned health facility, having special training for service providers in EMTCT and nutrition care and presence of partnering organisation were found significantly associated with integration of nutrition services in EMTCT accredited sites.