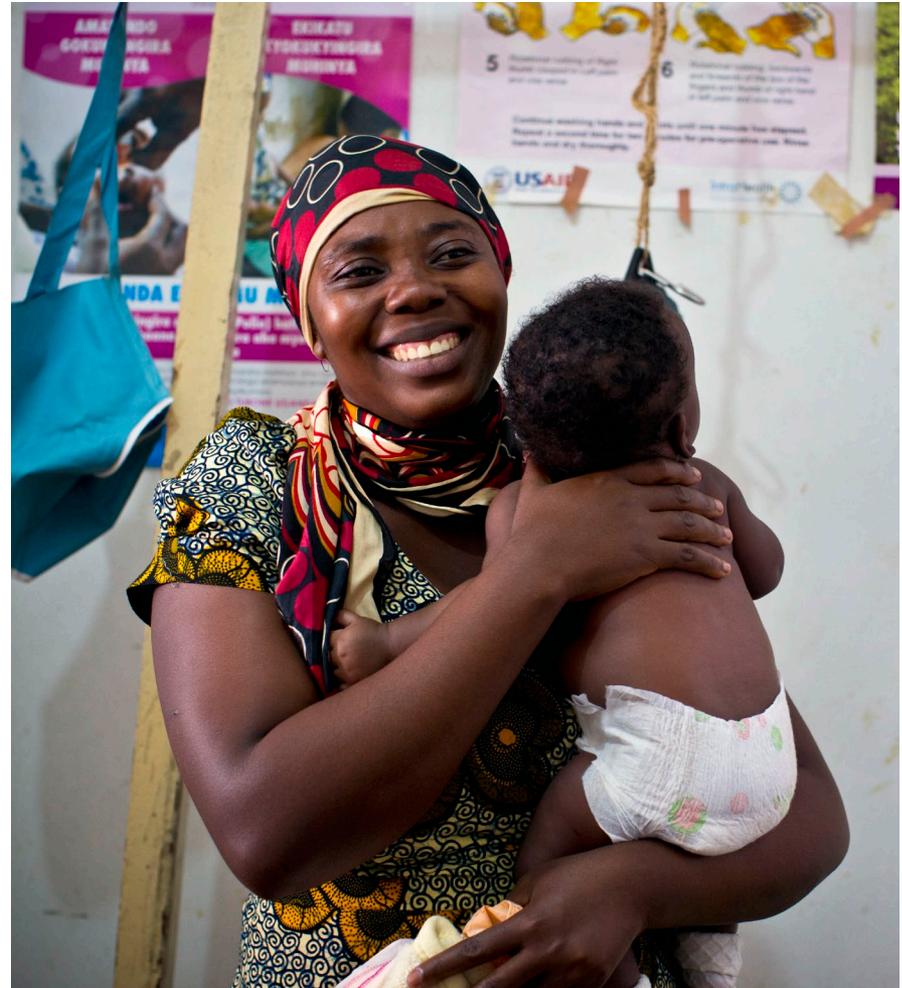


Recommended Priority Actions for Improved Maternal Nutrition in Uganda

Webinar

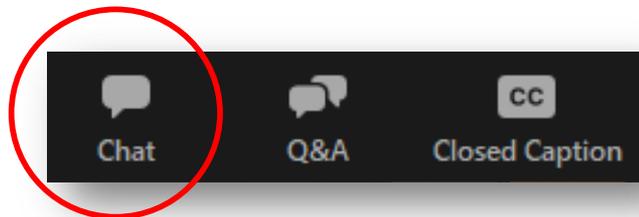
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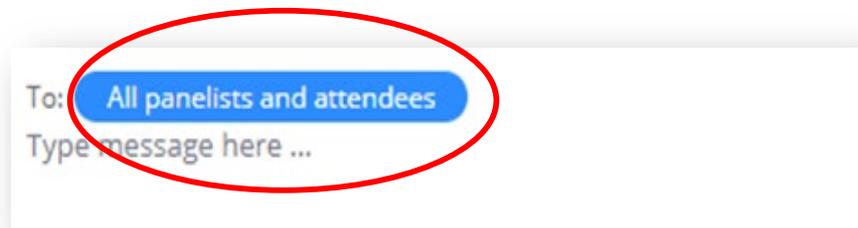
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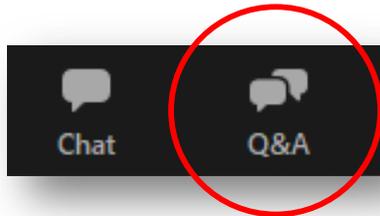


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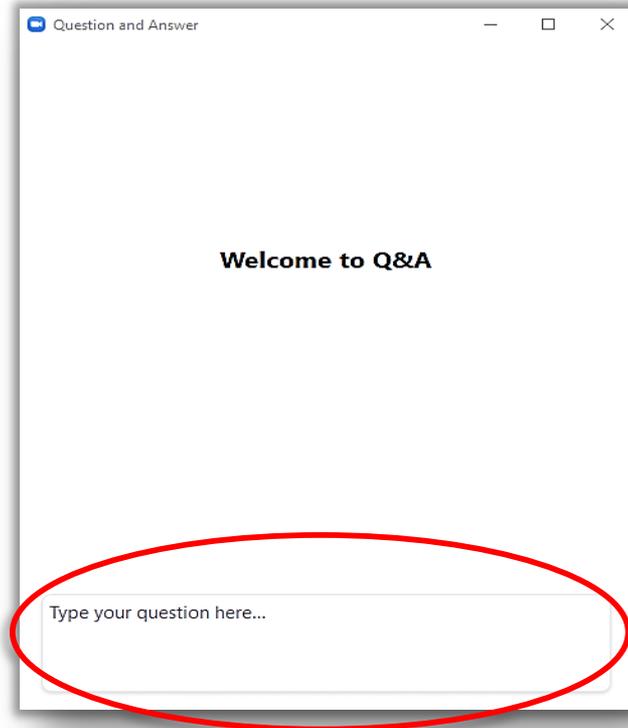
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Recommended Priority Actions for Improved Maternal Nutrition in Uganda

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February 23, 2021



Panelists



Heather Smith-Taylor



Muniirah Mbabazi



Samalie Namukose



Hanifa Bachou

Maternal Nutrition Priorities for Uganda

Findings from the Maternal
Nutrition Operational
Guidance Field Test

Dr. Muniirah Mbabazi



Purpose of the Field Test

1. Identify strengths and gaps in the Maternal Nutrition Operational Guidance (MNOG) and recommend ways to strengthen it
2. Use the MNOG to identify implementation priorities for maternal nutrition in Uganda, which align with and support the newly drafted Maternal, Infant, Young Child, and Adolescent Nutrition (MIYCAN) Guidelines



Photo credit: Kate Holt, MCSP

Maternal Nutrition Operational Guidance

In 2019, the USAID-funded Maternal and Child Survival Program produced the MNOG and checklist.

USAID Advancing Nutrition has led the process of field testing the MNOG in collaboration with the USAID Maternal Child Health and Nutrition Activity in Uganda.

Maternal Nutrition Operation Guidance Steps



STEP 1

Determine available information & data on maternal nutrition



STEP 2

Identify priorities, action items & plan for implementation



STEP 3

Collect data needed to design/adapt interventions or analyze existing data. Use this data to inform on program design



STEP 4

Develop/adapt interventions for implementation



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Results from the Field Test

Policy Environment in Uganda

- Key policy documents providing guidance on maternal nutrition include:
 - 1995 Constitution of the Republic of Uganda
 - Second National Health Policy (2010)
 - Health Sector Development plan 2015/16–2019/20
 - Food and Nutrition Policy (2002)
 - Uganda Nutrition Action Plan 2011–2016 (UNAP)
 - Policy Guidelines on Infant and Young Child Feeding (IYCF) 2012
 - Guidelines on Maternal Nutrition in Uganda (2010)
- Forthcoming policy documents:
 - Uganda Nutrition Action Plan (UNAP) II
 - Maternal, Infant, Young Child, and Adolescent Nutrition (MIYCAN) Guidelines

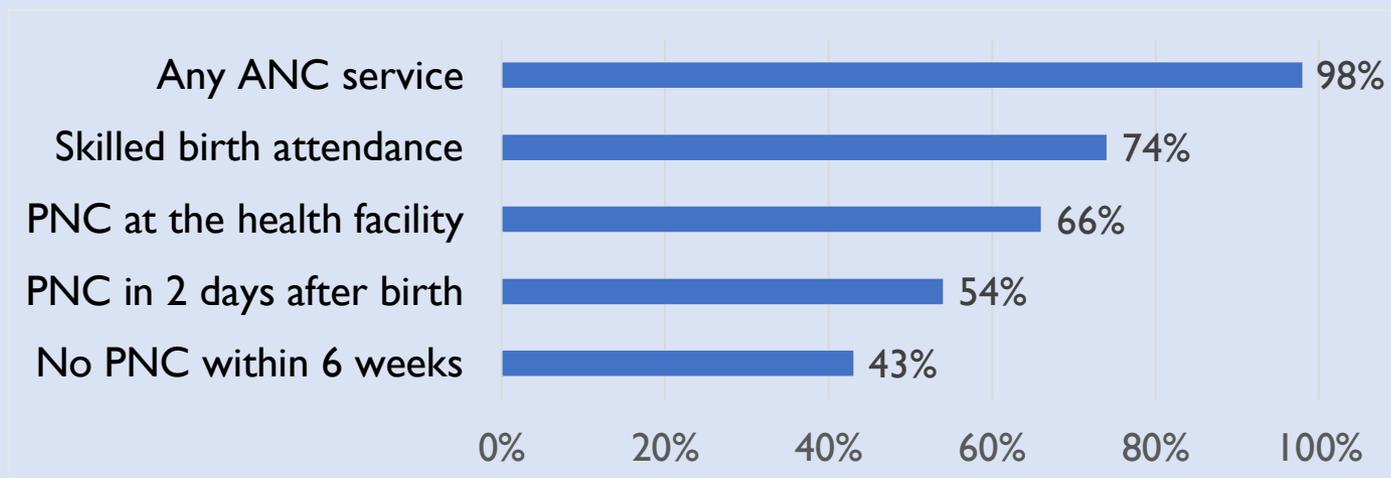
Maternal Nutrition Interventions and Coverage

ANC and PNC Service Delivery

- Antenatal care (ANC) is a key entry point for pregnant women in order to receive a broad range of health promotion and preventive health services, including nutrition education and support.
- 70% of health facilities (public and private) offer ANC services, with a higher proportion of public facilities offering ANC than private.

— WHO-SARA Assessment, 2013

Proportion of Mothers Receiving ANC, Delivery, and PNC Services



Source: UBOS & ICF, 2018

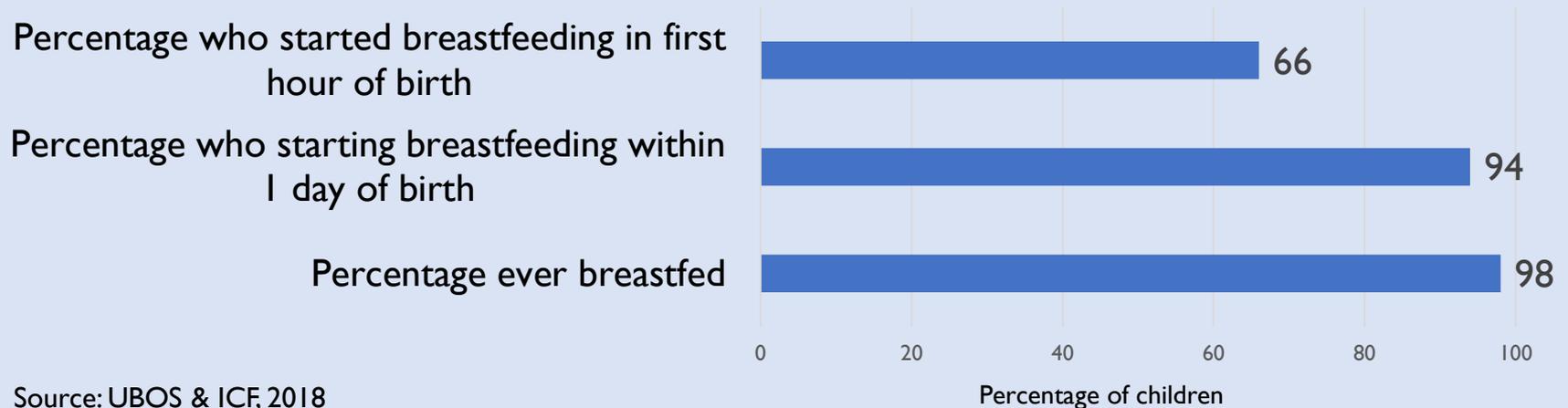
IFA Supplementation and Anti-helminthic Treatment in Pregnancy

- Reducing maternal anemia is important for reducing maternal mortality. Stock-out of medication is a key barrier identified during the field test.
- Less than 1 in 4 pregnant women in Uganda take iron tablets for at least 90 days; more than half of pregnant women take less than 60 tablets
 - UBOS & ICF, 2018
- Helminth infections during pregnancy are associated with adverse outcomes, including maternal anemia, low birth weight, and perinatal mortality.
- Only 60% of pregnant women took deworming medication during their last pregnancy.
 - UBOS & ICF, 2018

Dietary Intake and Breastfeeding Practices

- The quality and quantity of food that mothers consume during pregnancy and lactation influences their health and that of their children.
- Maternal diets in Uganda are carbohydrate-rich, with 1 in 2 mothers of young children consuming fruits and vegetables rich in Vitamin A.
—UNICEF, 2015
- Early initiation of breastfeeding and exclusive breastfeeding have important benefits for both mother and child, yet breastfeeding practices fall short of recommendations:

Initial Breastfeeding Practices among Children Born in 2 yrs before Survey



Determinants and Barriers to Adequate Maternal Nutrition

Determinants

- **Knowledge, attitudes, and practices**
 - Knowledge of IFA, social support, ANC attendance, access to IFA, maternal education, marital status, **social and cultural beliefs**
- **Food choices**
 - Household food insecurity, cultural beliefs and taboos, peer influence, household economic status, spousal support, food stereotypes and craving

Barriers to ANC compliance

- **Personal factors** (age, language proficiency, quality of care, unsupportive spouse, unemployment)
- **Socio-cultural factors** (religious & cultural beliefs, taboos, social support networks)
- **Institutional factors** (health worker attitudes, transport, availability of services, limited material and supplies, inadequately trained health workers)

Factors Affecting Service Delivery

Mainstreaming
nutrition in
programs

Staff capacity to
deliver nutrition
actions

Resources and
resource
mobilization

Coordination and
partnerships for
nutrition
interventions/
activities

Data capture and
analysis

Coverage of
nutrition services



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Recommended Maternal Nutrition Priority Actions

Recommended Priority Actions for National Government

- **Conduct costing for nutrition activities, including maternal nutrition**
 - Assessing the status of Uganda’s national investments for maternal nutrition to facilitate planning.
- **Strengthen capacity of health facilities and community health workers to provide maternal nutrition services as part of ANC, delivery care, and PNC**
 - Limited capacity of health workers to deliver maternal nutrition interventions; this issue is compounded by limited resources at health facilities.

Recommended Priority Actions for **Local Government**

- **Strengthen the use of nutrition data at the facility and community levels**
 - Data utilization is essential for evidence-informed programming and implementation.
 - Strengthening capacity among health facility staff to collect, analyse, and interpret data is critical.

Recommended Priority Actions for Implementing Partners

- **Increase advocacy for maternal nutrition**
 - Advocacy efforts to improve investments, as well as staff capacity and competences.
- **Strengthen multi-sectoral coordination between government and implementing partners**
 - Improved coordination will help to reduce duplication of efforts and parallel planning.
 - Break down sectoral siloes in nutrition and maternal health programs.

Additional Recommended Maternal Nutrition Actions

- **Update national guidelines on maternal nutrition**
 - Maternal nutrition guidelines—last released in 2010—should be updated to incorporate the most recent research and evidence.
- **Prevent stock-outs of maternal nutrition commodities at facility level**
 - Critical ANC and PNC medicines and equipment (IFA, Fansidar, antihelminths) are frequently unavailable, and some would-be essential commodities are not on the national essential drug list.
- **Incorporate social and behavior change (SBC) as a cross-cutting priority**
 - Projects need to consider and address the structural and socio-cultural barriers that influence mothers' knowledge, attitudes, and practices during pregnancy and lactation.

Summary of Recommendations

Recommended MN Priorities	Responsible Party
Increase advocacy for maternal nutrition.	Implementing partners, in support of national government
Conduct costing for nutrition activities, including maternal nutrition.	National government
Strengthen use of nutrition data at the facility and community levels.	Local government, with support from implementing partners
Strengthen multi-sectoral coordination between government and implementing partners.	Implementing partners, in support of national government
Strengthen capacity of health facilities and community health workers to provide maternal nutrition services.	National and local government, with support from implementing partners

Moderated Q&A



Heather Smith-Taylor



Muniirah Mbabazi



Samalie Namukose



Hanifa Bachou



Kate Litvin (moderator)



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Thank you!



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IMPLEMENTED BY:

JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703-528-7474

Email: info@advancingnutrition.org

Internet: advancingnutrition.org

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