Recommended Priority Actions for Improved Maternal Nutrition in Uganda

Webinar Transcript

Yaritza Rodriguez

Good morning, good afternoon, good evening! Thank you for joining today's webinar to learn more about the recommended maternal nutrition priorities for Uganda and how they were identified. My name is Yaritza Rodriguez and I am a program coordinator at USAID Advancing Nutrition. I will begin today's webinar by going over some troubleshooting tips and norms in the zoom webinar environment.

So first, if at any point you're unable to hear please make sure you've connected your audio by selecting the headphones icon at the bottom of your zoom control bar labeled 'join audio'. During the webinar, again, please make use of the chat box to introduce yourself or ask for help. Let us know where you are joining from, share your questions and comments in today's webinar by sending a message to all panelists and attendees. It's important that you do send to all panelists and attendees so that we all can see the chats you've sent. If you have a question for one of the panelists or presenters today, please make use of the Q&A box. Panelists will respond to questions in the Q&A box as they are able. We've also allotted the second half of this webinar for a panel discussion, at which point the panelists will respond to your questions. Please also note that this webinar is being recorded and will be made available on the USAID advancing nutrition website afterwards.

I'm now pleased to introduce our moderator for today's webinar Kate Litvin. Kate is a technical specialist with the USAID Advancing Nutrition project. She leads a broad range of activities in maternal and child nutrition, social and behavior change, and gender equality, as well as women's empowerment. She previously worked on the USAID funded Advancing Partners and Communities project and the Spring Project. She holds a Master's of science and Public Health Degree from the Bloomberg School of Public Health and served as a Peace Corps volunteer in Togo. Kate, over to you.

Kate Litvin

Thanks so much Yaritza and I'm excited to be moderating today's webinar on such an important topic. During today's webinar, we will first hear from the director of USAID Uganda's health and HIV office. She will set the stage for today's discussion. We will then move to a brief presentation on the USAID Advancing Nutrition field test experience and the resulting recommended maternal nutrition priorities for Uganda. Next, we will have a panel discussion on the recommended maternal nutrition priorities and we will conclude with time for audience questions. Throughout today's webinar, please do share your questions and comments using the Q&A box on zoom. So, we have an exciting group of contributors today.

If we could have the next slide please?

Pictured here from left to right. First, we have Heather Smith-Taylor, who serves as the director of USAID Uganda's health and HIV office. She has served as a career foreign service officer since 2005 with assignments in Nigeria, South Sudan, Angola, Afghanistan, Nicaragua, and Washington. She represented USAID at the U.S. Army School of Advanced Military Studies where she earned a Master's degree in Military Arts and Sciences. Prior to joining USAID, Heather worked for various USAID implementing partners and served as a Peace Corps volunteer in Gabon.

Next, we have Dr. Muniirah Mbabazi, a consultant for USAID Advancing Nutrition who is actively engaged in research on food and nutrition policy, planning and programming in Uganda. She holds a PhD in nutritional sciences from the University of Nottingham – UK.

Next, we have Samalie Namukose, the acting assistant commissioner of the nutrition division with the ministry of health. She has over 20 years of experience working at the ministry, and holds a Bachelor and Master of Science in Agriculture from Makerere University, and is currently pursuing a PhD in public health nutrition.

Next, we have Dr. Hanifa Bachou, the technical director for nutrition on the USAID maternal child health and nutrition activity in Uganda. She has over 30 years of experience in nutrition and child health and previously worked with the government of Uganda and USAID funded nutrition projects including New Life and a host of projects. She holds a PhD in clinical nutrition from the University of Bergen.

So, with that, I would like to hand it over to Heather for the opening remarks for today's webinar.

Heather Smith-Taylor

Thank you Kate and welcome everyone and thank you for finding time in your busy schedules to participate in this webinar. Today's discussion covers a topic of high importance both to the USAID mission in Uganda and to the government of Uganda, which is ensuring the best possible nutrition for mothers. In addition to maximizing women's own health, optimal maternal nutrition status, leads to positive birth outcomes and children's healthy growth and development. Ensuring women's optimal nutrition status requires multiple interventions before and during pregnancy, as well as in the postnatal period. Maternal nutrition depends on a variety of factors including access to and availability of nutritious food, micro-nutrient supplementation, food fortification, nutrition counseling and healthy gestational weight gain. Household support for maternal nutrition and social and gender norms are also important factors.

Antenatal and postnatal care are an important opportunity for pregnant women to receive a broad range of health promotion messages and preventive health services, including nutrition, education and support. Both USAID's multi-sectoral nutrition strategy and the Ugandan Nutrition Action Plan highlight the need for more diverse diets and access to supplementation for pregnant and lactating women. These strategies also promote improved women's nutrition services and nutrition counseling as part of reproductive antenatal and postnatal care. USAID Uganda has contributed to national progress in reducing maternal under nutrition through projects such as The Rights and the recently awarded maternal and child nutrition and health activity. USAID has supported strengthening delivery of health services including maternal nutrition at the facility and community levels. In 2019, approximately one million pregnant and lactating women benefited from USAID funded nutrition programs, and in 2020, seven hundred thousand women were reached. The reduction in these numbers was unfortunately due to the impact of Covid on our activities.

USAID has also contributed to the creation of a supportive and enabling environment for maternal nutrition in Uganda, through the development of national policies and guidelines. Today's webinar will present recommended implementation priorities for maternal nutrition in Uganda that align with and support the newly drafted MIYCAN Guidelines developed by the Ugandan ministry of health and partners. The implementation priorities were identified through a collaborative process, and are intended to be used by the government of Uganda, USAID and other donors, NGOs, and other implementing partners. The panelists will also share opportunities for government representatives, NGOs, implementing partners, and civil society organizations in Uganda, to incorporate these recommended maternal nutrition priorities

into their work. USAID is proud to be associated with this great achievement and will continue to support translating these into better maternal nutrition outcomes.

Thank you very much for participating in this webinar and I wish you fruitful deliberations.

I will now hand the mic over to Muniirah for her presentation on the field test. Thank you.

Muniirah Mbabazi

Thank you very much Heather and … thank you very much.

Good evening, good morning, good afternoon.

Thank you for joining us today. My name is Muniirah Mbabazi and I'll be presenting maternal nutrition priorities for Uganda, as informed by the maternal nutrition operation field guidance test, that was conducted in Uganda late last year.

Next.

The purpose of the field test is highlighted in two major objectives: one was to identify the gaps in maternal nutrition operation guidance itself, and also recommend ways of strengthening it, and also to identify implementation priorities for maternal nutrition in Uganda which align and support the newly drafted maternal, infant, young child, and adolescent nutrition. Specifically about the maternal nutrition operation guidance, it was developed by the USAID Maternal Child Survival project and is being tested by USAID Advancing Nutrition.

Next, please.

For this particular piece of work, we will be presenting work from the second objective. Precisely, the maternal nutrition operation guidance lays down conductors for use during the field tests. And the field tests coincided with the Maternal Child Health and Nutrition Activity Planning Program and a baseline assessment. And in that regard, our work at USAID Advancing Nutrition, working together with maternal child health and nutrition activity, provided input related to maternal nutrition into the data collection tools that were used for this baseline activity, and also supported aspects of the data collection itself, including participation in interviews and also observation, as well as drafting the maternal nutrition recommendations for Uganda.

Later on, upon drafting the maternity nutrition recommendations for Uganda, what we did was we had a workshop with maternal nutrition activity and worked around the priorities. And some of the priorities we'll be presenting to you today. But what is important is to note that this activity largely also informed the next phase of programming for the maternal child health and nutrition activity.

Next, please.

So, the field test basically explored how the maternal nutritional agents could be used to inform programming and planning by integrating the checklist into the USAID activity program and we synthesize results. These results are presented in three major themes: a policy environment, maternal nutrition interventions and also factors affecting service delivery. These will go from basically secondary assess data analysis, health facility assessment, and also through key informant interviews. So, for the policy environment, what we see is that Uganda has made a great stride towards creating a policy environment that favors maternal nutrition programming. And what we see is that there are some areas within the policies that need strengthening. For example, the maternal nutrition guidelines of 2010 do not incorporate some of the latest thinking in maternal nutrition. Like ANC … it still talks about four ANC visits as compared to the eight that are currently recommended. So, when we look at the forthcoming documents like UNAP and the maternal, infant and young child and adolescent nutrition guidelines or commonly referred to as MIYCAN guidelines, try to put some of these issues at rest. They also seek to bridge the identified gaps for programming, and also take on a life cycle approach to maternal nutrition in Uganda, basically focusing on women of reproductive age and also including adolescents.

Next, please.

Also, through our results, we highlight what we found about maternal nutrition interventions and coverage. What we observed was that, for ANC coverage and PNC service delivery, we see that antenatal care as a service is not delivered through all the health facilities in Uganda, with only 70 percent of the health facilities providing ANC care. And the disparities, when it comes to rural and urban, with rural facilities providing ANC services than urban facilities. And also, when we look at PNC service delivery, what we get to see is that PNC services are also still not well taken up. When you look at the graph below, what we have is that as much as 98% of mothers reported to have used ANC services in 2016, we see that only 74% actually accessed ANC services or even skilled birth care during that same period. And when we look at PNC, what we see is that PNC at health facilities is still very low with only 54% of the mothers receiving PNC after two days of delivery, and a whole 43% of mothers receiving no PNC at all.

So, this is still an area that needs intervention or popularization so that this life-saving services are accessed by mothers during this period.

Next, please.

So, we also looked at IFA supplementation and health with treatment during pregnancy. We know that reducing maternal anemia is important in reducing maternal mortality. However, we found that not very many mothers use IFA tablets, with up to 60 % of the mothers using less than 90 tablets which is recommended, that is within three months. Less mothers are using that. Then also, when we look at Helminth infections that are also a major cause of anemia among pregnant women and other population groups, we also see that only 60 % of pregnant mothers took any deworming medication during their last pregnancy. It is important to note that up to about 98 % of the mothers noted that they had actually attended ANC. So, only 60 % in the end received this treatment.

Next, please.

So, when we look at dietary intake as a major intervention for ensuring that the mothers receive adequate diet for their children, their growing baby and themselves, we see that the maternal diets of Ugandan women are predominantly rich in carbohydrates, with one in two mothers consuming only fruits or vegetable. Looking at the analysis, what we get to see is that the consumption of iron-rich foods, especially the animal source protein fruits that are rich in iron is also still very low. And when you go ahead and look at breastfeeding, you also see that breastfeeding practices are still suboptimal, to a larger extent, with the percentage of mothers starting breastfeeding still at 66 % and mothers that start breastfeeding their children within one day going up to 94 %. However, the disparity lies within the one hour and the one day percent showing that there's actually some optimal breast feeding at the beginning, when the babies are supposed to receive the antibodies that come from their mother's milk.

Next, please.

So, we went ahead to look at some of the behavior factors that inhibit or prevent the mothers from accessing adequate maternal nutrition, and we looked at both the determinants - meaning that if the mothers do these particular things, they will receive adequate maternal nutrition, while barriers refers to the factors that will prevent them from achieving adequate maternal nutrition. So, what we get to see among the determinants is that knowledge is key, and their attitudes and practices and how they apply the knowledge is very important. For example, if mothers know or have knowledge about IFA, they're

very likely to use it. And what comes in very handy is the social support that they receive, and also the attendance of ANC.

Food choice is a very big issue. The choices mothers make on food during pregnancy is an issue, especially in food insecure communities where mothers cannot access an adequate diet because they either cannot afford food, or they do not have foods that … meet their cravings. Sorry about that. We also see that cultural beliefs play a very big role in our culture. Then we also looked at barriers to ANC compliancy and we divided the barriers into three major areas: personal factors, social factors and institutional factors. What is important to note is that personal factors and social factors may operate at a community or personal level, while institutional factors operate at a health facility level, and the key factors here for the institutional factors are health worker attitudes, the distance between the facilities and the homesteads or places where the mothers dwell. So, these are areas that also need to be addressed during programming, especially for maternal nutrition.

Next, please.

So, we went ahead and explored other factors that really affected service delivery. Therein, we saw that, at the health facility level, these factors were important, or even at the programming level, where we saw that some respondents noted that maternal nutrition was not considered in their programs because it wasn't directly mainstreamed into their health or nutritional health programs especially. And, mainstreaming here really referred to incorporating maternal nutrition into programs, explicitly incorporating it in their programs. A clear example that was given where mainstreaming has worked was for HIV AIDS, where HIV AIDS has been incorporated in very many sectors. Say for example, education health itself, livelihoods, among very many others. So, when we look … we also saw that the capacity of health workers to deliver maternal nutrition was also key and resource mobilization. Resources basically refer to the tools that are supposed to be used to deliver maternal nutrition interventions that were found missing or lacking at some of the facilities that we visited. And then we looked at coordination and partnership for nutrition intervention and activities. This refers to the different players within the nutrition fraternity, or nutrition-programming arena, coordinating their efforts to ensure that they deliver interventions that target mothers during this period.

And then there was an issue of data capture and analysis where data was actually available in some circumstances but it was never analyzed and therefore could not be used. Some was captured but not analyzed and in other places, it was not captured. Meaning that where it was captured but not analyzed, it could not be put to better use for informing programs.

Next, please.

So, we now make our recommendations based on some of those findings. Other findings for the field test are also presented in a larger report. Today we are only dwelling on the priority areas. So, we made recommendations based on three … sorry, we made recommendations for different sectors. We made recommendations for the national government, local government, implementing partners and also make additional recommendations where cross-sectoral linkages can be exploited.

Next, please.

So, at the national government level, our first recommendation that we are making is that it is important that we conduct a costing exercise for nutrition activities, including maternal nutrition. Why is this important? This is important because if we do costing, then it is going to be easier for us to know what interventions … the cost of delivering these particular interventions. And therefore, it is the first step into planning and facilitating maternal nutrition investments. And then, there is also an agent need to strengthen capacity of health facilities and community health workers to provide maternal services as part of ANC, delivery care and PNC. Our results show that as much as 98 percent of the mothers say that they had attended ANC services and only about 60 percent of these mothers had actually received PNC care. Meaning that there is that gap, but this gap likely lies in the capacity of health workers to deliver these interventions and also the absence of resources to deliver this particular intervention.

Next, please.

So, we also make recommendations for local governments where we think that if local government strengthens the use of nutrition data at the facility level and community level, then it will not have issues of failure to capture data and later on analyze it. This data will go a long way to provide evidence for programming and implementation. And consequently, we would have health staff that have the capacity to collect, analyze and interpret data, and also act in a timely manner upon their own data results. And then…

Next, please.

We also make recommendations for implementing partners. What we're saying is that it is very important to increase advocacy for maternal nutrition. This advocacy efforts will go a long way in improving investment around maternal nutrition and also in building the capacity of staff and competencies because from our results, what we get to see is that staff capacity and competence is low in addressing maternal nutrition. So, if advocacy is done in the right avenues, we believe that some of these issues of maternal

nutrition challenges in Uganda will go to rest. And I was saying that it is important that we strengthen multiple coordination between government and implementing partners. Most of the maternal nutrition programs is actually done by partners that have a greater reach in different parts of the country. However, coordination is still very poor. So it is important that we improve coordination and also reduce duplication of efforts, and also parallel planning. In parallel planning what we want to see is that if we do our parallel planning, we'll be in position to understand what Partner A is doing and in that way either you only supplement their programming or fill the gaps in their programming, but not running parallel programs alongside. And this in turn is going to break away the central silos in nutrition and also maternal health programs and this runs through programs both at the district and also at the national level.

Next, please.

So, we make additional recommendations where all the stakeholders can be party and it is important to note that much of these recommendations have been made in … different part. It is important to know that we are encouraging multi-sectoral undertakings. So, our additional recommendations are basically updating the maternal nutrition guidelines, preventing stock-outs, and also incorporating social behavior changes, of course cutting priority through projects and programs, because we see that many of these are factors that hinder achievement of optimal maternal nutrition. Outcomes are actually imbedded in behavior. So, social behavior change should be something that we all look at and integrate in our programming.

Next, please.

Okay. So, this is a summary of the recommendations that we make; basically increase advocacy, conduct costing exercise, strengthen the use of nutrition data, strengthen multi-sectoral coordination and also strengthen the capacity of health facilities and provide maternal nutrition services.

Next and thank you very much. Over to you Kate.

Kate Litvin

Great! Thank you so much Muniirah for that very interesting presentation and overview of the recommended maternal nutrition priorities. So, I would now like to open the panel discussion on these priorities. The panel will be featuring Muniirah, Dr. Hanifa Bachou and Samalie Namukose. I would first like to give our panelists an opportunity to provide initial thoughts and comments on the presentation

and recommended priorities. So, Dr. Hanifa, would you like to take two to three minutes and share your initial thoughts on these recommended priorities? Thank you.

Hanifa Bachou

Thank you very much. My name is Hanifa Bachou. I would like to thank the presenter and just to share with the audience that the Uganda USAID maternal child health and nutrition activity that is in its second year of implementation was a main collaborator for the maternal nutrition operation guide field test. We found the field just very timely and at the time of the field test, we were about to start our baseline assessment. And so we used the filters to review the tools that we use in their baseline assessment and actually comprehensively address maternal nutrition in the key tools, including the key informant interview guide, the policy and literature review, a questionnaire and health facility assessment tool. So we really found it very useful. And also the priority recommendations that came out helped us to again address maternal nutrition in a deeper length in our year-two plan. And in future, we plan also to use the priority recommendations during the review of our theory of change and review of our activity design, because it speaks to the heart of maternal child health and nutrition activity. Without addressing maternal nutrition, there's very little we are doing. And as we have just heard that there are a number of gaps that we need really, as implementing partners, to come in and fill.

We also … as we work towards strengthening the key nutrition strategies, the rollout of the strategies to improve maternal child health and nutrition outcomes, we are going to use the recommendations and to ensure that these recommendations are easily integrated into the maternal child health and nutrition work. For example, priority three that speaks to strengthening the use of data. Maternal and child health nutrition activity key approach is the use of data as a compass. So this comes timely as we are going to ensure that key maternal nutrition indicators are well aligned. And priority 4 that speaks to multi-sectoral coordination between government and implementing partners at all levels. These are well aligned in our objectives and we are going to ensure that maternal nutrition again is well addressed. And finally priority one on advocacy. We are all … we all know that civil society organization and implementing partners are well placed to advocate for increased investments and resources for nutrition. So this comes timely and we are going to ensure that advocacy at all levels … I mean advocacy for nutrition will be conducted at all levels. It will include building capacity of champions at all levels, from national right up to the community because the factors that affect maternal nutrition is mostly in the community. So, for as much as we address these factors at the national level, we need to reach the community. So, thank you so much and I submit.

Kate Litvin

Thank you so much Dr. Hanifa for those great initial thoughts and remarks. And I would now like to offer Samalie a chance to share her initial thoughts to the presentation and recommendations.

Samalie Namukose

Yeah! Thank you moderator. Again, Samalie Namukose is my name, acting assistant commissioner nutrition division, Ministry of Health. I would like to thank Dr. Muniirah for the presentation and as earlier alluded too by Hanifa, I think these recommendations are really very key that have come out. And I want to inform this audience that in the spirit of integration, we developed a comprehensive MIYCAN action plan that captures many of the priorities that have come up. And we developed this, of course, in the view of the broader UNAP, which is being coordinated under the office of the prime minister. And the goal really of this action plan is to reduce all forms of malnutrition across the life cycle, of course including maternal nutrition. And I want to say that from the issues that have come up, we pledge to jointly plan together to ensure that those interventions that we have planned together as a team will be implemented, and we will also strengthen our collaboration. I want to inform the meeting that we have coordination platforms where we actually interact with many of our partners. And I believe, with this, we shall go a long way in implementing the interventions that we have identified.

The issue of strengthening capacity building of service providers have come up, and this is something that he would like to focus on as the ministry of health. Just to mention that we developed actually a training package on MIYCAN to cater for the training of the service providers who are based at health facility and we also looked at those who are within the community. So, we are going to ensure that we roll out these training packages to the entire country.

The issue of data management came up. Of course, we are still having those challenges of data and I want to say that this is one of our priority areas that the ministry is focusing on. And I want to inform the audience that many of the MIYCAN indicators, including maternal nutrition indicators, have been incorporated in the health management information system and the district health information system. And we are looking at building the capacity of those who collect the data to ensure that they collect quality data and this will be used for our nutrition programming. For now I think I can stop there. Over to you moderator.

Kate Litvin

Thank you so much Samalie for those initial thoughts from the perspective of the ministry of health. And it is so great to hear that the priorities are well aligned with some of the areas the ministry has already identified for strengthening. So, I now wanted to … we've already received so many great audience questions so thank you. And I do encourage everyone to use the question and answer feature at the bottom of your screen to submit additional questions and we will try to get to as many as we can. And the first question I have is for Muniirah and based on your presentation. The audience was curious to know, … you mentioned that PNC was not as well attended as ANC. So, could you speak to any reasons potentially why that was the case and whether the ANC and PNC services are provided at the community level as well as the health facility level.

Muniirah Mbabazi

All right. Thank you very much. There were quite a number of factors that we advanced for low attendance for PNC. For ANC, first, what we need to understand is that the mothers in Uganda attend PNC a little later; in their second trimesters. So there were cultural factors around attending PNC late and … sorry ANC a little later. And also other factors included, especially among adolescent mothers, we found that there was stigma for them being pregnant. Some mothers also reported that having their children close up … if their child spacing was not good enough, they also still attended ANC late. And a major factor, however, was the distance. Some mothers have to trek for very long distances to get to the different health facilities to receive ANC. Then for the question about if ANC and PNC are delivered at community level, I would say no ANC and PNC are delivered at health facility level. However, the community linkages that exist between health facilities and the community is through the VHT system. VHT's may identify mothers that have to either attend the ANC or PNC clinics. Otherwise, there is no community PNC and there is no community ANC services at the moment.

Kate Litvin

Great! Thank you so much Muniirah. My next question is for Dr. Hanifa. So based on the field test experience, could you share some of the key issues that you recommend other implementing partners to consider when integrating maternal nutrition programs into a broader nutrition and health project or program. . . Dr Hanifa, I see you are on mute. Are you able to unmute?

Yaritza Rodriguez

Kate, it seems like she may have dropped off. I think we should move on to the next question.

Kate Litvin

Thank you Yaritza. My next question is for Samalie. Thanks so much for sharing your thoughts. One of our audience members brought up the area of maternal anemia in Uganda and how the program relies on IFA distribution but … the audience member would like to know about any potential plans or interest in researching the use of multiple micronutrient supplements as part of the anemia reduction plan, and what is the strategy for addressing it. So go ahead with that. Thanks

Samalie Namukose

Okay. Thank you very much for that question. On the issue of multiple micronutrient supplements, I want to say that we know there is evidence that it has benefits to the mothers. And, as Uganda, we are designing some studies to actually conduct in some areas to show the effectiveness of these micronutrient supplements on the mothers.

Kate Litvin

Okay great! So there are some studies underway it sounds. Thank you so much.

Muniirah, another question for you please. So, an audience member called out that it's great the recommendations include local government monitoring of nutrition data. Do you have a sense of key indicators you suggest that we track to know how well maternal nutrition work is going?

Muniirah Mbabazi

Yes, it's important. The various indicators that can be collected at ANC and what is important to note is that, it's not that some of these indicators are not collected. Some indicators are collected but they are never analyzed because no one asks for them. So, we can track dietary data. We can also … because at the moment I think we are tracking the IFA. We track IFA, we track ANC and a number these. We also track other things … sorry about that. But, other indicators that we could incorporate could be indicators on diet itself. We could track indicators on anemia again because what we get to see is that anemia testing is still very poor, especially for those that are for the mothers that attend ANC. We could also track um …. Really, I can't get them off hand now but I know there are quite a number of indicators that we can track in that regard. I can respond to that later on.

Kate Litvin

Great! Thank you so much. My next question is for Samalie. Could you please speak to the strategy for addressing the nutrition of non-pregnant women of reproductive age in the government's MIYCAN plan.

Samalie Namukose

Sorry, I beg your pardon. What is the question?

Kate Litvin

Could you please share the strategy for addressing the nutrition of non-pregnant women of reproductive age in the government's MIYCAN plan?

Okay. Are you able to hear us all right.

Samalie Namukose

I think that's nice. Yes, I can now hear.

So, as I said, our MIYCAN action plan is very comprehensive. Looking at interventions for pregnant women, for lactating women and women of reproductive age. One of the things that we are looking at is really intensifying the implementation of interventions, to prevent and control anemia, and other micronutrient deficiencies. Members, you may not know, but in Uganda about 32 percent of our women are anemic. Therefore, one of the things that we are focusing on is the routine supplementation of iron and folic acid. The issue of deworming is emphasized, then the use of insecticide treated nets, the issue of encouraging consumption of micro micronutrient rich foods, and of course the issue of fortification is really key to us. Those are some of the interventions that we are actually promoting for that category.

Kate Litvin

Okay. Thank you so much

Samalie Namukose

Then of course, broadly, we want to strengthen capacity for the service providers to be able to offer quality nutrition services to the pregnant women, to the lactating women, issues of counseling are really

very key. Giving them key messages to adopt optimal nutrition practices for their own health and that of the incoming babies.

Kate Litvin

Great! Thank you so much for those insightful comments and I understand Dr. Hanifa is back on the webinar so I did want to return to the question for her.

I just wanted to hear your perspective Dr. Hanifa. What are some of the key issues you recommend other implementing partners consider when integrating maternal nutrition programs into a broader nutrition and health project?

Hanifa Bachou

Thank you! Sorry for the disruption in the internet.

Implementing partners work to support government efforts, government strategies. And it's very important, right from start, to identify those strategies that government is implementing and support the government so that we have a sustainable mechanism to ensure that nutrition interventions are well aligned throughout the country. Maybe I can just jump out here and talk about what is government doing at the moment, and where do we come into support. If you look at the Uganda Nutrition Action Plan which is the government framework for multi-sectoral nutrition, this plan has been signed off and so this is the time for partners to come in to support government to roll out the plan. Along with this plan is the accompanying documents. One key strategy is the National Nutrition Advocacy and Communication Strategy. The strategy has also been signed off and it has covered maternal nutrition extensively. So, implementing partners have to come to support this effort to see that the strategy is rolled out from the national level down to the community. And also, it is important that nutrition needs, financial resources and government again through the multi-sectoral platform is in the process of conducting nutrition costing exercises. And once that is done, there is need to develop investment case for nutrition to really ensure that nutrition is well integrated in all the action plans and budgets of these key sectors. So, once that is done, implementing partners have to also come in to ensure that they support this process. Within the ministry of health, we have … you know … further presentation. There are key areas where maternal nutrition is currently not sufficiently covered. One could be that the implementing partners concentrate in some regions and leave out other regions. It is important that we conduct a comprehensive implementing partners mapping so that we know who is working where to avoid duplication of effort and

also to provide equity in terms of maternal nutrition and other MIYCAN in general into the entire country and not just have a concentration in other regions. I think for now I will stop here.

Kate Litvin

Great! Thank you so much Dr. Hanifa for those comments. i just wanted to pose one last perhaps and apologies. As I said we have so many interesting and thoughtful questions in the chat but we are just running short on time unfortunately. But one thing that we did not completely address in the presentation or discussion yet has been private sector engagement. An audience member has a great question around that and I open it to any of our three panelists. What do you think the role of the private sector is in improving maternal nutrition? What is their role and are they currently engaged, or should they be?

Hanifa Bachou

Okay. Thank you. I will talk about the private sector. The USAID maternal child health and nutrition activity embraces that. It is a very important component and we are working across ownership of health facilities, including the private sectors, because we do realize that the private sector plays very key roles in nutrition activities and especially in maternal health, more so in the urban setup. So, bringing on board the private sector is very key and I am glad to say that the Uganda Nutrition Action Plan too actually recognizes the importance of the private sector and in the framework we find that the private sector plays a key role. It is up to us, implementing partners now, to support this effort or for strengthening coordination between the government and implementing partners, and also building capacity of the private sector towards supporting the government in its effort to improve the nutrition of mothers, infant and young children in the country.

Kate Litvin

Great! Thank you. Samalie, can I ask you, from your perspective, how do you recommend the private sector be engaged, if they are not already, in supporting maternal nutrition in Uganda?

Samalie Namukose

Thank you very much for that question. I want to say that the ministry of health and the general government embraces the issue of private partnership. And I want to say that we have a policy and guidelines on private sector partnership. And why are we doing this? Because the government cannot implement all these interventions, we realized that we need to bring the private sector on board to

support us achieve our goal. And I want to say that in Uganda, we are really benefiting from the private sector's involvement in the issue of food fortification. You well know that many countries, including Uganda, are affected by micronutrient deficiencies and one of the interventions is food fortification. So, we have been having meetings with the private sector to see to it that the some of the foods that are manufactured, for example the wheat, the oil, is actually fortified. So, they really play a key role in addressing issues of malnutrition.

Kate Litvin

Great! Thank you Samalie and I think we are coming to the end of the webinar today already and we've had so much to discuss in so little time. Samalie, I wanted to give you the opportunity just for any closing final thoughts from your perspective on the panel discussion today and the recommended priorities.

Samalie Namukose

Thank you very much. I want to say that a lot has been discussed and quite a number of priorities have been identified in the area of maternal nutrition. And as I mentioned, as a country, we are embracing integration. We have a comprehensive Maternal, Infant and Young Child Action Plan, where many of these priorities have been addressed, and I want to say that we shall continue to engage with the partners to ensure that we implement these interventions together.

For some of the recommendations that Muniirah pointed out which are not reflected in the action plan, I want to say that we shall have the opportunity to input in our action plan. They are not yet final. We are actually going to present them to our senior management committee for clearance. I want to say that we shall input some of those interventions the MIYCAN action plan is already costed. I call upon the partners who are actually participating in this meeting to see to it that together we support the implementation of these interventions that have been identified, and they address malnutrition in Uganda. So, thank you very much. Over to you.

Kate Litvin

Thank you so much Samalie for those great concluding remarks and I am so glad to hear that the ministry of health you know ... there, might be an opportunity for input from these recommendations to be reflected in the MIYCAN action plan. Once again, I would just like to thank our panelists and speakers today for their engaging presentations and remarks, and I really appreciate the high turnout today and our audience questions. As a final reminder, the webinar recording will be available on the advancing nutrition

website and will also be shared. A link will be shared with you by email following this webinar. So thank you so much and hope you have a great rest of your evening or day.

USAID ADVANCING NUTRITION

Implemented by:

JSI Research & Training Institute, Inc.

2733 Crystal Drive

4th Floor

Arlington, VA 22202

Phone: 703–528–7474

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

This document was produced for the U. S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.