Although micronutrient powders (MNP) are a promising intervention for reducing anemia in young children, research on MNP has focused more on clinical outcomes than operational issues. In Uganda, the Ministry of Health (MOH) is considering national roll-out of MNP but needed context-specific implementation evidence for this intervention. To address this gap, the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is piloting MNP distribution in Namutumba District, Uganda.

SPRING will collect data throughout the nine-month pilot (Figure 1).

After three months of distribution, SPRING conducted qualitative research to identify barriers to use and areas of success. SPRING interviewed caregivers of eligible children identified as users or non-users, as well as health workers and village health teams involved in distribution. Participants were purposively chosen to represent varied distribution contexts. Semi-structured interview guides highlighted key experiences with MNP and areas for program improvement.

**MICRONUTRIENT POWDERS (MNP)** are single-dose sachets containing a mixture of vitamins and minerals that is stirred into a child’s portion of food immediately before consumption. The WHO recommends MNP for children 6-23 months in settings where the prevalence of anemia is >20% since they have been shown to reduce anemia and its consequences.

**MNP CAREGIVER PATHWAY**

- The majority of caregivers were aware of MNP. They reported first hearing about MNP through radio announcements, VHTs mobilizing caregivers to access MNP or offering counseling, health workers mobilizing caregivers or during health facility visits, or from other caregivers currently using MNP.
- Caregivers were motivated to use MNP by the improved health of other children currently using MNP, and VHTs or health workers going their child MNP are particularly influential.
- “The way I see other people’s children who use them. That gives me the energy to give (MNP) to my child…” - Nonuser community, 2 children, 1 child 6 to 23 months of age.
- Caregivers showed a preference for MNP distribution methods that did not require them to go out three to five times a week to pick up their child’s MNP ration.
- Coordination with the VHT can be a barrier for caregivers accessing MNP in a community setting.
- Distance can be a barrier for caregivers accessing MNP in a facility setting.
- Most caregivers report appropriate use of MNP.
  - “I cooked sauce, tomatoes and Mukene (silver fish). I then cooked posho...I mashed until it was like porridge. After mashing, I brought the...child, I fed him to 23 months of age.”
- Although some caregivers report negative side-effects such as diarrhea, access to proper counseling can prevent this from becoming a barrier to continued use.
- “At the start we got diarrhea, but I told the health worker who gave us these things and he said if you increase the water this will stop. I continued giving and giving and the diarrhea stopped…” - User facility, 6 children, 1 child 6 to 23 months of age.
- Many caregivers suggest that their busy schedule is a barrier to accessing MNP refills.

**CONCLUSION**

Overall, the program has had a strong start, with high acceptance and motivation by caregivers. Distributors have worked hard and effectively to give out the product along with helpful and important counseling messages.

- VHTs can play an important role in MNP promotion, distribution, and counseling and may help alleviate the increased workload of health workers.
- The training program for distributors should be adapted to include regular refreshers and informal trainings.