BACKGROUND

Despite improvements in anemia rates in recent years in Uganda, the prevalence of anemia among children remains high, at 49 percent. To continue reducing anemia, Uganda needs to focus its efforts on children 6–23 months of age. Micronutrient powders (MNP) are one of the few interventions that address multiple micronutrient deficiencies simultaneously and contribute to anemia reduction in this age group.

Following the regional UNICEF Centers for Disease Control and Prevention (CDC) MNP workshop held in Luaka, Zambia in 2012, the Uganda Ministry of Health (MOH) established a micronutrient technical working group (MN-TWG) in July 2012 and tasked it with exploring the potential rollout of MNP in Zambia. The group comprised representatives from local bodies (e.g., UNICEF, WFP, WHO), USAID projects (e.g., Community Connector, SPRING, and Harvest Plus), the Uganda Health Marketing Group, Makerere University, and other development partners.

PILOTING THROUGH PARTNERSHIP: MICRONUTRIENT POWDERS IN UGANDA

The working group identified a two-step process for introducing and rolling out MNP in Uganda.

1. Pilot projects: MN-TWG partners conducted implementation research to study MNP distribution to gauge community acceptance of MNP and then document the distribution process in eight pilot districts. UNICEF, World Food Programme (WFP), and the USAID Strengthening Partnerships, Results, and Innovations for Nutrition Globally (SPRING) project served as implementers; the CDC provided monitoring and evaluation support and technical guidance.

2. National rollout: Based on lessons from the pilot, the MOH has developed plans for the national introduction of MNP, led by the MOH in collaboration with other stakeholders.

METHODS

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2. National rollout: Based on lessons from the pilot, the MOH has developed plans for the national introduction of MNP, led by the MOH in collaboration with other stakeholders.

PREPARATION FOR SCALE-UP

• All partners used monitoring tools based on existing MOH tools to integrate the pilot into the existing monitoring of health programs and activities.
• Partners developed a national training-of-trainers program and manual that were trained to all MNP distributors.
• District officials shared responsibility for the pilot activities among each partner organization by attending distributions, reviewing monitoring data, and participating in supportive supervision visits.

MONITORING, EVALUATION, AND RESEARCH

• All partners regularly collected and reported data on MNP sachets distributed, children enrolled in the MNP program, and community feedback on the program.
• WFP, with technical support from the CDC, conducted baseline and endline data collection to look at the impact of MNP on health outcomes, including anemia rates.
• SPRING is comparing the cost of two distribution methods by collecting data on program expenses for distribution and distribution savings.

RESULTS AND NEXT STEPS

This multi-organization partnership has resulted in an exchange of implementation information that is strengthening national anemia reduction efforts and adding to the global evidence base.

• Training: The working group trained 6 national and 23 district-level trainers to take MNP information to the regions and districts.
• Coordination: 8 national-level MN-TWG meetings guided the pilot programs.
• Distribution: Working group members have distributed nearly 3 million sachets to children 6–23 months of age across Uganda. All research is ending in 2016 and the partners will share findings and policy recommendations with the MOH and other stakeholders in early 2017. The experience in Uganda demonstrates that strong collaboration under effective leadership by the MOH can provide an opportunity for learning that goes beyond traditional one-partner pilot programs.