

Integrating Maternal Anemia Reduction Activities into Malaria Control Program in Uganda

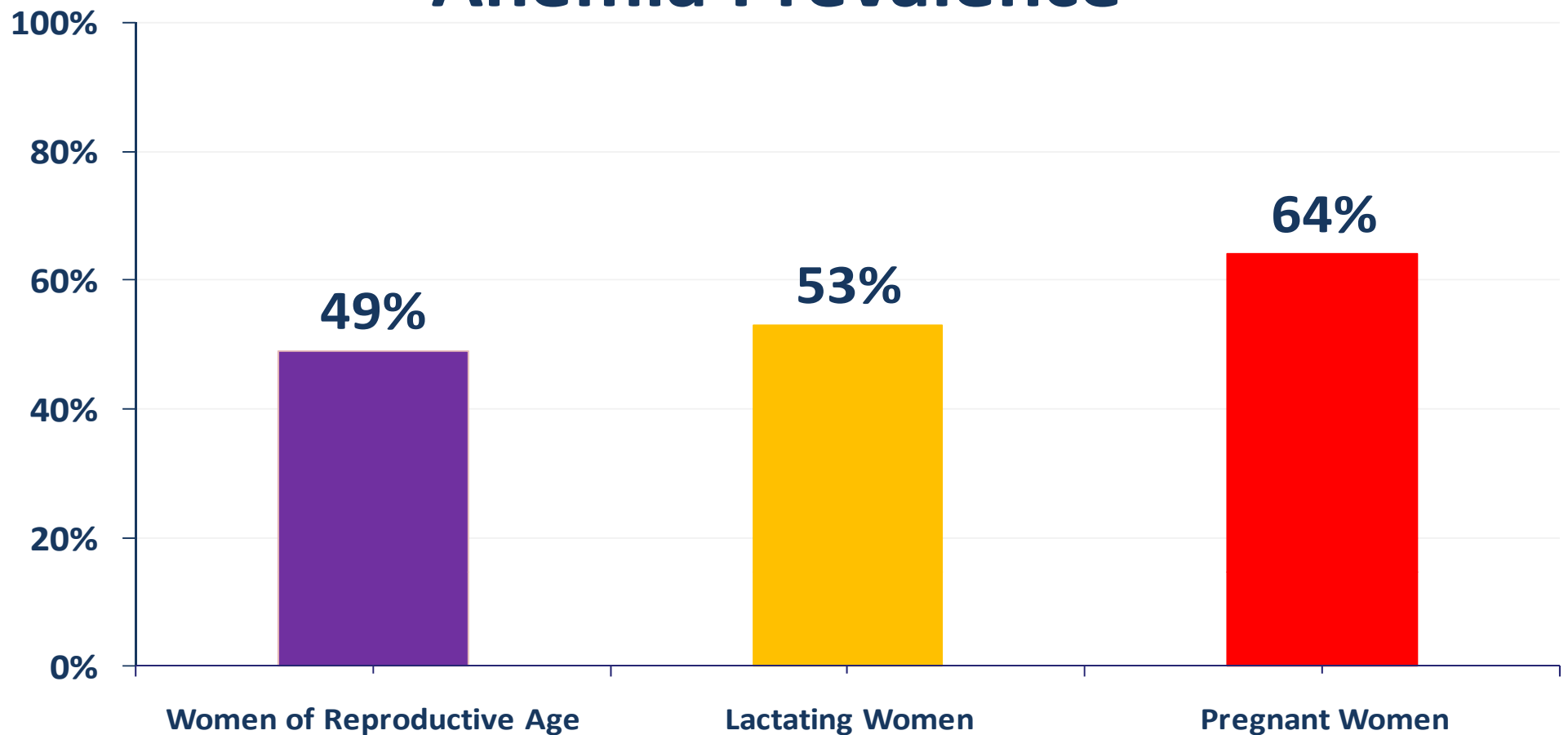
A2Z Cornerstone Meeting

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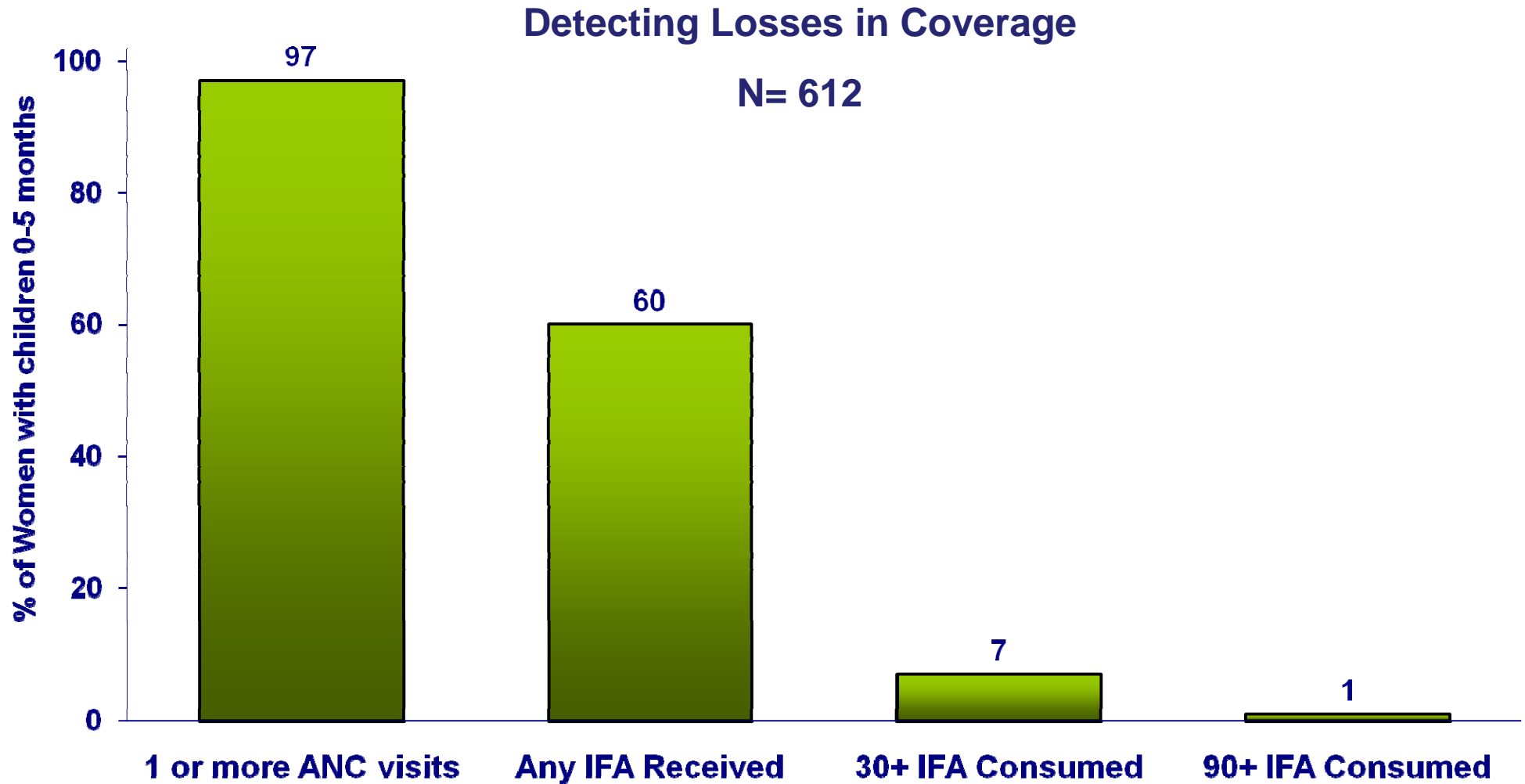
Maternal Anemia is a Public Health Problem in Uganda

Anemia Prevalence



Source: DHS, 2006

ANC and IFA Supplementation in Pregnancy



Source: A2Z, Survey 2007 in Kiboga and Kanungu

The Common Causes of Anemia in Uganda



Inadequate iron intake: Diet mainly composed of matooke and katogo



Malaria affect 90% of adult women



HIV-AIDS



Worm Infestation

Integration of Maternal Anemia Service and Malaria control – One Stop Shop at ANC?

Maternal Anemia



Malaria



Comprehensive Maternal Health

Integration of Maternal Anemia Reduction into malaria control : Steps (1/2)

1) Strengthen Policy and Guidelines or Engaging different national policy makers/sectors for better coordination:

- Maternal Nutrition Policy guidelines 2011
- Sexual and Reproductive health Policy 2011 that emphasis goal oriented ANC
- Malaria control Policy 2011 for IPT, and LLITN

2) Health System Strengthening

- Capacity building through on-job mentoring and coaching for health workers to be perform multiple tasks
- Volunteer health team (VHT) orientation to monitor compliance for LLITN and IFA utilization, mobilization of mothers for ANC
- Supply chain management system for the LLITNs, Screening kits and laboratory reagents, IFA and Deworming
- Goal-oriented ANC platform in place

Integration of Maternal Anemia Reduction into malaria control : Steps (2/2)

3) Performance monitoring system:

- Follow up for IFA compliance at the community level
- Active identification of the pregnant mothers and prompt referral for ANC services
- Assessment of quality of care offered at the facility level
- Add indicator in the mothers passport for IFA compliance

4) Demand Generation for service :

- The integrated Anemia prevention and control services will be at one stop shop
- At least 4 visits for each pregnancy mother before delivery
- VHT will do community auditing and referral of pregnant mothers for ANC services

Integration of Maternal Anemia: Challenges

At the policy level:

- Political Commitment by all sectors
- Identification and empowerment of a champion for changes

At the program level:

- Coordination among the 3 departments under 2 directorates
- How to share costs, data, reporting, and supervisory roles
- Ownership and Accountability: Which department of the RH, Nutrition, and Malaria?

At the community level:

- Volunteer health team workload- Redefinition of priority
- Identification of pregnant women and early screening of anemia
- Harmonization of sensitization activities

Integration of Maternal Anemia: Key Components for Sustainability

- Functional coordination mechanism for control and prevention of Anemia at national level
- Functional Anemia coordination task force at district level
- Functional Quality improvement team for provision of Anemia prevention services at facility level
- Continued Medical Education for health workers on management of Anemia in pregnancy due to malaria
- Existence of self assessment tools for quality of care of anemia and malaria

Integration of Maternal Anemia: Conclusion

In order to implement successful integration:

- **Need to build genuine country ownership and find context-specific solutions**
- **Stronger capacities are needed to consolidate resources, to prioritize, strategize and plan, and to delineate accountabilities and responsibilities**
- **Need to have a result-oriented mindset**