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

- Women of Reproductive Age: 49%
- Lactating Women: 53%
- Pregnant Women: 64%

Source: DHS, 2006
ANC and IFA Supplementation in Pregnancy

Detecting Losses in Coverage

N = 612

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<th>% of Women with children 0-5 months</th>
<th>1 or more ANC visits</th>
<th>Any IFA Received</th>
<th>30+ IFA Consumed</th>
<th>90+ IFA Consumed</th>
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<td></td>
<td>97</td>
<td>60</td>
<td>7</td>
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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 affects 90% of adult women
- HIV/AIDS
- Worm infestation
Integration of Maternal Anemia Service and Malaria control – One Stop Shop at ANC?

Maternal Anemia

Food & Nutrition

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
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