

Feasibility Study of Micronutrient Powder (MNP) ‘Sprinkles’ Distribution through Community Health Promoters in Uganda: Regional Workshop Debrief

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Developed by Independent Evaluation and Research Cell (IERC), BRAC Uganda

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Acronyms

CHP	Community Health Promoter
CHW	Community Health Worker
ECD	Early childhood development
IYFC	Infant and young child feeding
KAP	Knowledge, attitudes, and practices
MNP	Micronutrient Powder
NGO	Non-governmental organization
SBCC	Social and Behaviour Change Communication

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Background: MNP Study

Micronutrient powders (MNP) are sachets of vitamins and minerals in a powder form that can be mixed in a small portion of food and fed to a child aged 6 to 59 months to help ensure the child receives adequate vitamins and minerals. MNPs are approved for point-of-use by the World Health Organization.

The World Bank and Japan Trust Foundation collaborated with BRAC to undertake a feasibility study of the distribution of MNP through Community Health Promoters (CHP) in Uganda. The study started August 2020 and was completed November 2020. It comprised of desk work, including stakeholder consultations and information/feedback workshops, data collection and preparing of a final report. There is not one optimal way to enable access to MNPs and therefore the WB aims to assist in narrowing down the possible options that are adequate and technically feasible in order to decrease anemia and other micronutrient deficiencies in children aged 6-59 months. The purpose of the study was to ascertain the methods for increasing access to MNPs to prevent childhood anemia and malnutrition in young children.

Purpose of the Workshop

The purpose of the workshop was to provide an opportunity for BRAC to share, analyze, and provide feedback on the micronutrient powder (MNP) feasibility study that contributes to the larger global landscape of scaling up nutrition.

The workshop presented two pieces of information: 1) findings from the feasibility study and 2) costing analysis; and was supplemented by a presentation of the BRAC Uganda Community Health Promoter (CHP) programme.

The workshop was held December 6, 2020. Due to COVID-19 the workshop was moved online and utilized an online meeting platform called Zoom.

Participants, Speakers, and Moderators

Participants

BRAC sent out email invitations to over 100 regionally based stakeholders as well as all BRAC collaborating partners.



Figure 1. MNP Feasibility Regional Workshop Invitation

A total of 18 people attended the workshop: this includes 12 guests who were not representatives of BRAC. Two attendees represented the Uganda Ministry of Health.

Table 1. MNP Feasibility Regional Workshop Participants by Region

Region	No. Participants	No. Countries
Africa	14	3
Europe	2	2
North America	2	1
<i>Total</i>	<i>18</i>	<i>6</i>

Keynote Presenters

Three keynote presenters inspired participants during the conference; they were Dr. Inshallah Franco (Program Manager, BRAC Uganda Health Programme); Denise Ferris (Research Fellow, BRAC Independent Evaluation and Research Cell); and Pallavi Prabhaker (Senior Research Associate, BRAC Independent Evaluation and Research Cell).

Moderators

The moderator of the workshop was Sarah Ngalombi from the Ministry of Health. Ms. Ngalombi is a Senior Nutritionist who leads the Technical Working Group (TWG)-MNP.

Workshop Outcomes and Recommendations

The workshop addressed the three sub-topics that made up the theme. These were feasibility of community-based distribution of MNP by community health promoters, cost analysis of the MNP pilot, and overall acceptability of MNP by caregivers of children 6-23 months in Uganda. Participants at the end of the session were given the opportunity to ask questions. Three questions were addressed by the presenters. The first question asked about if the research team investigated into the regional differences of MNP sales, specifically referencing Bundibugyo District. The second and third question were related to costing; focused on whether or not the costing of the MNP program was in line with other health interventions and if this project was affordable to scale up to all BRAC CHPs. Lastly, participants were given the opportunity to provide feedback and recommendations, these are presented in detail in the section below.

The following key workshop recommendations are based on the feedback and priorities identified by workshop participants.

Recommendations

1. The overall cost of integrating MNP within existing IYCF programs is higher than other child health interventions, and further investigation into how to make MNP distribution more affordable for caregivers was suggested.

2. Participants emphasized a longer implementation timeframe would provide richer and more robust findings regarding feasibility.
3. Participants called for more information about the landscape and acceptability of MNP through other distribution channels such as health centers and pharmacies.
4. Participants emphasized the need for a stronger SBCC campaign to address IYCF at the front and center, and for any future MNP programs to integrate a strong SBCC component including media campaigns and engagement of local stakeholders.
5. Participants recognized that without specific targeted access, distribution of MNP through CHPs might still fail to reach the most vulnerable and at-risk population, and further work directly targeting them is recommended.