

## Technical Brief on Commemoration of the World Breastfeeding Week (WBW) - August 1-7, 2021.

### THE USAID MATERNAL CHILD HEALTH AND NUTRITION (USAID MCHN) ACTIVITY

The USAID MCHN Activity is a five-year program (January 2020 to December 2024) funded by USAID/Uganda to improve maternal, newborn, and child health, and nutrition (MCHN) outcomes in Uganda. This is achieved through the provision of targeted technical support at national and subnational levels to (1) develop and rollout MCHN strategies, and high-impact practices and interventions; (2) strengthen coordination and cooperation within and between Government of Uganda (GoU) sectors; and (3) increase the use of data for planning, decision making, and learning. The Activity also supports improved delivery of MCH and Nutrition services in Kampala, particularly for the urban poor, through strengthened service delivery systems in the public and private sectors.

The MCHN Activity is implemented by a consortium led by FHI 360 that includes EnCompass LLC, Makerere University School for Public Health, Save the Children, and the Uganda Healthcare Federation.

### BACKGROUND

Uganda joins the rest of the world during the first week of August each year to commemorate the World Breastfeeding Week (WBW). WBW aims to advocate for and increase awareness of interventions that promote, protect, and support breastfeeding. Practiced at scale, optimal breastfeeding can prevent up to twelve percent of all deaths in children under the age of five<sup>1</sup>. In Uganda, however, just 66% of children receive breastmilk within the first hour after birth, 66% are exclusively breastfed through the age of six months, and less than half continue to breastfeed through the recommended age of two<sup>2</sup>.

This year's WBW theme was *Protect Breastfeeding: A Shared Responsibility*. While acknowledging the central role of individuals in the uptake optimal breastfeeding practices, the 2021 campaign emphasized the importance of the health system, workplace and communities in creating the enabling environment necessary for optimal breastfeeding.

The campaign had six primary objectives:

- Increase awareness on the importance of protecting breastfeeding targeting all stakeholders

<sup>1</sup> Sankar MJ, Sinha B, Chowdhury R, Bhandari N, Taneja S, Martinez J, Bahl R. Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatr.* 2015 Dec;104(467):3-13. doi: 10.1111/apa.13147. PMID: 26249674.

<sup>2</sup> Uganda Bureau of Statistics (UBOS) and ICF. 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF.

- Advocate for breastfeeding support as a vital public health responsibility
- Create awareness around the Regulations on Marketing of Infant and Young Child Foods and how to protect breastfeeding through reporting violations
- Engage media and advertising companies to uphold the Regulations and protect and promote breastfeeding
- Strengthen protection of breastfeeding and infant and young child feeding (IYCF) through advocacy to regularly monitor and enforce the regulations within the health system
- Lobby for multilateral partnerships to collectively identify suitable solutions for maternity and parental protection and support for workers in both the formal and informal economy

The Uganda Ministry of Health (UMoH) called on all stakeholders to intensify behavioral change activities around breastfeeding throughout the month of August 2021.

## ACTIVITIES AND ACHIEVEMENTS

The USAID MCHN Activity, in collaboration with the Ministry of Health, KCCA, and the USAID SBCA project, supported WBW campaign activities throughout the month of August in four of Kampala City's administrative Divisions: Makindye, Rubaga, Kawempe and Nakawa. The following were conducted: integrated community outreaches, home visits, food demonstrations and media coverage as outlined below.

### INTEGRATED COMMUNITY OUTREACHES

MCHN: (i) provided coordination and logistics support to village health teams (VHTs) to mobilize and sensitize communities on the importance of breastfeeding; and (ii) coordinated with healthcare facilities providing community outreaches to increase provision and coverage of childhood deworming and vitamin A supplementation; conduct nutritional assessments and refer malnourished children for follow up; and increase awareness about breastfeeding among health workers and local community members.

The number of individuals reached varied across divisions, ranging from 289 in Rubaga to 772 in Kawempe (Table 1)

Table 1: Summary of services provided through community outreach

	Rubaga	Makindye	Kawempe	Nakawa	Totals
Number of individuals reached	289	431	772	227	1719
Number of children assessed for malnutrition	230	63	290	217	800
Number of children identified as malnourished and referred	10	0	3	3	16
Number of children receiving Vitamin A supplements*	22	139	202	198	561
Number of children receiving deworming medication*	200	175	241	288	904
<b>*Only children with out of date Vitamin A supplementation or deworming status were eligible for the Vitamin A supplement and/or deworming medication.</b>					



Figure 1: Pregnant mothers attend a group health education while nutrition assessment goes on in Nakibinze zone



Figure 2: Outreach in Makindye Division.

## HOME VISITS

The project supported VHTs to conduct home visits to households with pregnant and postpartum women and children under the age of two. During these visits, mothers were counselled and given practical support and demonstrations on optimal breastfeeding. Other activities included MUAC screening and referral of malnourished children, general health education, counselling on GBV, and the promotion of post-natal services for mothers with children less than six weeks of age. VHT's visited 456 households in Rubaga Division and 70 in Nakawa Division. They identified and referred six malnourished children in Rubaga Division (1 moderately malnourished and 5 severely malnourished) and six malnourished children in Nakawa Division (5 moderately malnourished and 1 severe malnourished).



Figure 3: Home visit in Lubaga Division



Figure 4: Food demonstration at Kibuli Hospital ANC/YCC led by Susan Nutrition Mentor FHI 360

## FOOD DEMONSTRATIONS

The project supported food demonstrations at 10 healthcare facilities. These demonstrations aimed to increase understanding of the importance of adequate maternal nutrition and dietary diversity, introduce techniques to conserve nutrient content during food preparation, and demonstrate how participants could use locally available cheap nutrient-dense foods to prepare balanced meals for their families.

Facilitators used the “MY PLATE” approach to demonstrate the “The go food” for energy-giving foods, “the bodybuilding foods” for foods high in protein, and the “protective foods” for foods high in key vitamins and minerals. A question and answer session was held at the end of each demonstration.

These sessions were attended by 676 participants, of which 140 (21%) were male and 536 (79%) were female.

Table 2: Number of participants who attended the food demonstrations

	Male	Female	Total
1. Naguru Hospital	90	120	210
2. Prime Medicare	10	50	60
3. Mirembe Community Care	8	48	56
4. Kibuli Muslim Hospital	2	40	42
5. Mulago Specialized women’s hospital	2	37	39
6. MNU - Mulago	0	47	47
7. Kiswa HC III	7	36	43
8. Busabala Road Nursing Home	3	31	34
9. Mukwaya General hospital	0	29	29
10. Lubaga Hospital (3 sessions)	18	98	116
<b>Total</b>	<b>140</b>	<b>536</b>	<b>676</b>



## MEDIA COVERAGE

The project supported the airing of radio spots, TV talk shows in English and Luganda, and a webinar attended by 134 participants. Participating media outlets included Family Health TV, Spark TV, NTV, DBT, Bukedde TV, Sanyu Fm and Hot 100 FM, among others. Health workers and other key influencers were supported with talking points in preparation for the coverage.

## CHALLENGES

- COVID-19 restrictions prevented large gatherings. Ensuring observation of COVID-19 recommendations for small gatherings (no more than 20 people at a time) added additional complexity to outreach activities and food demonstrations.
- Finding household members at home during week days was difficult; home visits and outreach activities were therefore conducted during weekends and care givers were sometimes followed up at their workplaces.
- Poor internet connectivity for some of the virtual participants limited access to key content; the presentations were shared widely with participants.



- Locating households with children under two was difficult. While facilities recorded the parish names of households with children under two, the physical location of those households was dependant entirely upon VHT memory.
- Stockout of supplies during outreach limited coverage – clients were referred to the nearest facilities

## LESSONS LEARNED

- Events like WBW can be used to increase coverage of MCH and Nutrition services in urban settings.
- Asking the mothers for the name of her VHT and recording the VHT name alongside the household name with children <2 years in the facility register enables staff to more easily locate the households with children <2 years during community outreach
- In urban informal settlements, outreaches and home visits during the weekends are more effective as caregivers are often busy with livelihood activities during the weekdays
- Males perceive breastfeeding compaigns as targeting mothers only – future compaigns should more effectively target men
- Use of local languages is important in ensuring accurate communication with stakeholders
- Provision of pens, books and T-shirts can be used to motivate health workers and VHTs around WBW activities
- Timely engagements with VHTs and Mobilizers is important for effective planning and mobilization
- It is important to coordinate with the division’s Department of Public Health and health facilities to appropriately forecast and prepare adequate stock for community outreach activities. Adequate stock of vaccines, Vitamin A, and deworming pills are key because caregivers expect the outreach to be a “one-stop shop” for their children’s needs. Stockouts are demotivating and can lead to lower turnouts in days following a stockout.

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