Understanding Pathways to Better Nutrition at District Level: Lessons from Feed the Future Innovation Lab for Nutrition efforts in Uganda

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Abstract

For countries looking to implement multisectoral nutrition plans, it is critical to understand what actually works in a country context. There is need to know how programs should be delivered and scaled-up.

Countries can learn from each other on how to adapt to new information, evidence and events related to scaling-up and district stakeholders can play important roles in implementation of this multisectoral plan.

As part of "Pathways-to-Better Nutrition" case studies under USAID-funded SPRING Project in Uganda, we set out to explore district-leaders' readiness, challenges of implementing multisectoral

Background

- Uganda is among 34 countries that carry 90% of the stunting burden [Black et al 2013]. Latest data shows low levels of underweight (14%), and wasting (5%) but persistent levels of stunting (33%) in children under five [UDHS, 2011] and malnutrition accounts for 40% of all child deaths (Bridge, et al., 2006). The Global Hunger Index (GHI) ranks Uganda 52nd out of 76 countries with the hunger situation being considered serious.
- Uganda Nutrition Action Plan, a national multi-sectoral nutrition plan, developed by the Government of Uganda, with the objective of ensuring adequate nutrition to all Ugandan in order to live healthy and productive lives is implemented by Office of the Prime Minister (OPM) (GOU, 2011). Significant efforts have been undertaken to establish UNAP benchmarks around the Scaling up Nutrition (SUN) movement, advocating for policy formulation and implementation and in the mobilization of resources for the enactment of UNAP. UNAP implementation is through different platforms and committees including: Cabinet Sub-Committee, Food & Nutrition Council and Multi-Sectoral Technical Coordination Committees.
- Little is known of the district uptake of UNAP. Lack of information at the district level impedes the effective roll out of national plans such as the UNAP which are considered as local multi-sectoral leadership initiatives for delivering sustainable solutions in improving maternal and child nutrition
- As part of "Pathways-to-Better Nutrition" case study of SPRING Project in Uganda, we set out to explore district-leaders' readiness, challenges of implementing multisectoral programs and opportunities for integration under UNAP. We

Specific Objectives

- Describe the nutrition and public health situation in study districts
- Understand district leaders perceptions of nutrition situation in the selected districts
- Assess roles of districts in UNAP implementation and scale up of nutrition interventions

Methods

- Thirty-one Key Informant interviews & three Focus group discussions were conducted with district & community leaders who belonged to the district or sub-county multisectoral nutrition committee in Lira and Kisoro districts.
- The Grounded Theory Approach was used to identify themes to code data. The domains included: learning, adaptation, and evidence on scale-up; adaptation of innovations/interventions to local context, financing of nutrition-sensitive activities & long-term planning for sustainability.
- Descriptive statistics of individual (maternal & child data) were computed (n=600/district) to provide district nutrition snapshots collected by Nutrition Innovation lab

Results

Table 1: Nutrition indicators in study districts and UNAP targets

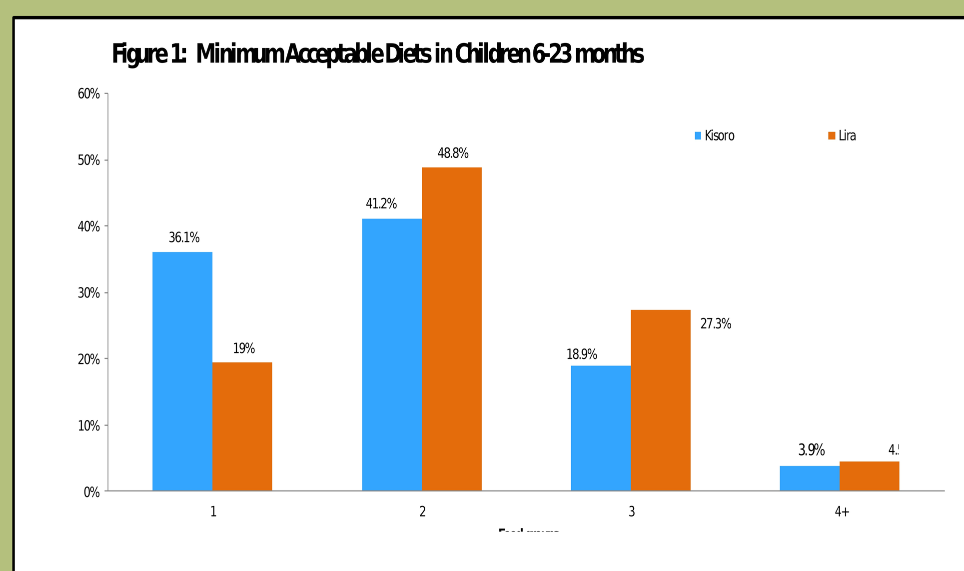
Indicator	*Kisoro*	*Lira*	*UNAP Target (2016)*
Stunting, children under 5 yrs	51.4%	19.2%	32%
Underweight, children under 5 yrs	14.2%	9.7%	10%
Wasting, children under 5 yrs	3.4%	6.8%	5%
Underweight, non-pregnant women	2.0%	11.4%	8%
Overweight, non-pregnant women	13.6%¥	7.2%¥	No target
Any anemia, children 6-59 months	55%	58.8%	50%
Any anemia, women of reproductive age	18.2%ꜝ	29.4%ꜝ	12%
Exclusive breastfeeding, under 6 months	78.6%ꜝꜝ	69%ꜝꜝ	75%
Minimum dietary diversity children 6-23m*	3.7	4.3	No target
Mean Food groups consumed by women	3.7	5.36	No target

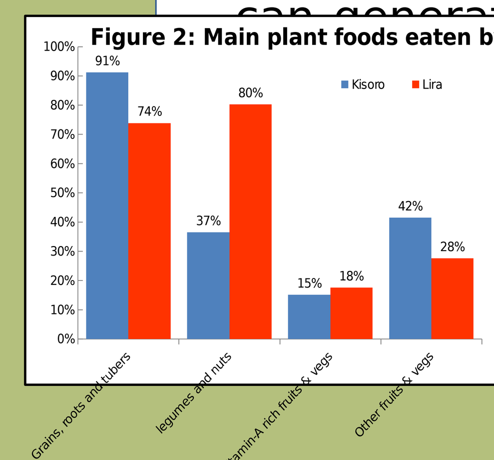
¥ Overweight (BMI >= 25) among non-pregnant women of reproductive age in surveyed districts

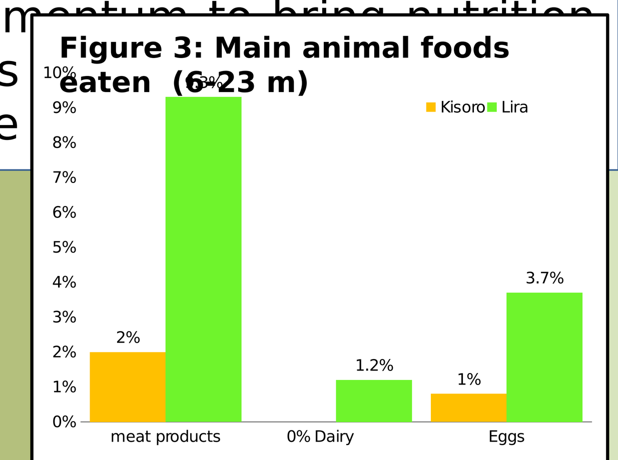
Table 1 provides a descriptive analysis of nutrition outcomes in the two districts (Nutrition Innovation Lab, 2012 Panel Survey.
- Rates of stunting are high with higher rates of exclusive breast feeding.
- Anemia rates are similarly high in both districts with over 50% children anemic. For anemia in women about 1/3 of the women categorized as anemic.

Table 2 describe key barriers to better nutrition as defined by key informants along with the descriptive statistics as estimates from Innovation Lab panel survey 2012.

Barriers/Drivers	**Kisoro**	**Lira**
Attend 4+ ANC	34.5%	56.0%
Diarrhea Prevalence in Children <5	43.6%	20.3%
Proper food hygiene	27.8%	28.8%
Protected water source	39.2%	79%
Using family planning	14.0%	46.4%
3+meals/day(6-23months)	64%	26%
Food secure households	9.7%	8.1%
moderate or severe hunger	73%	55.9%
Consumption of Animal source foods	4.7%	20.7%
Percentage of Poor households	78.6%	72%







Challenges of Implementation at District Level

- There are **no nutrition-sensitive programs** in either Kisoro or Lira.
- **Nutrition is also not on 'list' of key priorities** of district departments e.g in health most focus is put on HIV/AIDS, Malaria or SRH issues.
- There are **limited institutional and individual capacity** for integrating nutrition multisectorally (seen as new them) so districts depts work independently on most of the programs incl. surveillance system.
- **Lack of funding for nutrition** and this is made worse by restricted government fixed funding mechanisms that limit districts to allocate funds to other sectors.
- There are also **community and household** conflicts, ignorance).

Discussion

- While OPM/partners have helped to form **district multi-sectoral nutrition committees, they are struggling with coordination**, setting up priorities & technical backstopping due to challenges above.
- Because of inadequate ag-nutrition surveillance and monitoring systems, **districts do not have enough data** for effective planning & implementation of key interventions.
- **Districts still lack human capacity** needed not only the nutrition know-how, but a set of soft-power skills such as advocacy, nutrition planning to convince government to fund nutrition.
- Actual **expenditures for nutrition interventions is weak** in both districts as demonstrated by the funds allocated to nutrition activities hence a need to identify opportunities in agriculture to exploit so as Food Based Approaches of Nutrition not income is important
- There is **low-medium political attention** at district level and hence questions on how we can generate this momentum to bring nutrition ... interventions ... to decline

Perception of Nutrition Situation

- **Majority of respondents were not aware with the descriptive nutrition outcomes and their figures .**
- **Malnutrition is high and due to ignorance, social-cultural bottlenecks, lack of enough food-diverse and poor access & utilization of health services**

"...this problem [malnutrition] is continuously going high because of the issue of not going in for family planning. People have continuously produced children that they can't feed ... if we don't take any intervention it will even be more than the

Role of Districts in UNAP

Current status:

- *Districts h*ave formed and activated multi-sectoral working group (DNNCs and SNCCs). With support from partners Kisoro district has rolled out up to parish level with formation of Community Mobilization Teams (CMTs) who include leaders at parish and village level.
- Kisoro's DNCC has developed nutrition action plan and cost it as compared with Lira that has not.
- Both districts are engaged nutrition promotion and community empowerment activities
- Both districts have rolled out RUFT in health Center III's for treating acute malnutrition

Conclusions

Capacity to implement nutrition related programs is still at basic operational level and current nutrition programs implemented are not enough to bring any meaningful change.

Hence strengthening OPM structures and improving district leaders' knowledge on nutrition governance, budgeting and integrating multisectoral responses of nutrition would provide a springboard for district leaders to prioritize nutrition but

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The research protocol and tools were approved by Institutional Review Board (IRB) of John Snow, Inc. in the US and the IRB of Makerere University