

Understanding Pathways of Better Nutrition

-Uganda

BY Agaba Edgar MS,
MPH-Nutrition Candidate



Picture : courtesy of Spring

PRESENTATION OVERVIEW

Introduction

Methodology

Results

Conclusions and Recommendations

INTRODUCTION



Gerald J. and Dorothy R.
Friedman School of
Nutrition Science and Policy

Feed the Future Innovation Lab for Nutrition

INTRODUCTION

- In Ugandan children <5 yrs
 - 33% were stunted
 - 5% were wasted
 - 14% were underweight (UDHS, 2011).
- Its among the 36 countries identified in Lancet that carry **90% OF THE STUNTING BURDEN** (Black et al 2008).
- Malnutrition accounts for **40% OF ALL CHILD DEATHS** (Bridge et al., 2006).
- March, 2011, Uganda joined the **global SUN (Scaling Up Nutrition)** movement and culminated into developing the Uganda Nutrition Action Plan (UNAP) in 2012

INTRODUCTION



UGANDA NUTRITION ACTION PLAN

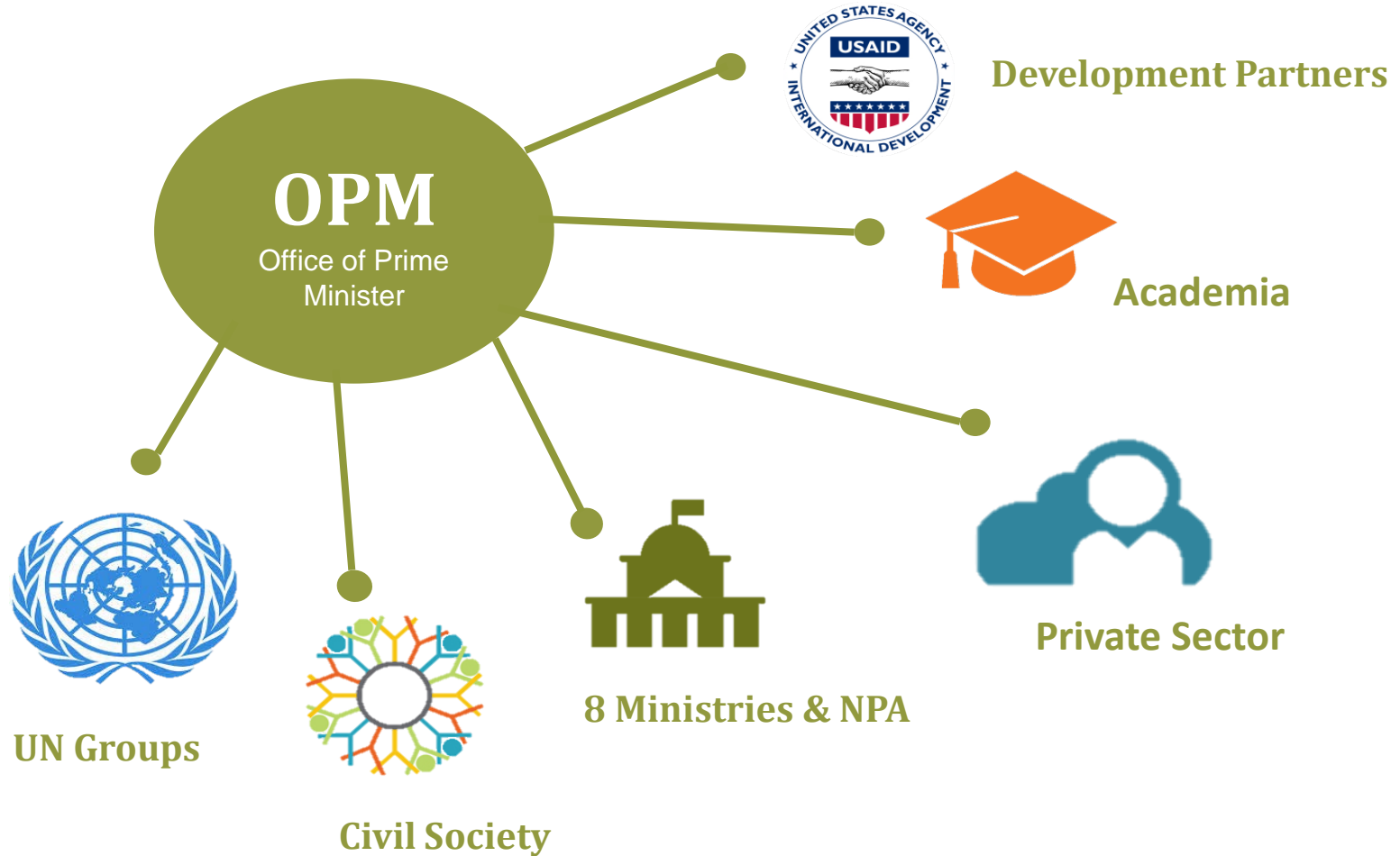
2 0 1 1 – 2 0 1 6

Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development



- UNAP outlines its commitment to **ENSURING FOOD AND NUTRITION SECURITY** for all Ugandans.

INTRODUCTION



Multi-sectoral Technical Coordination of UNAP by the Office of the Prime Minister (OPM)

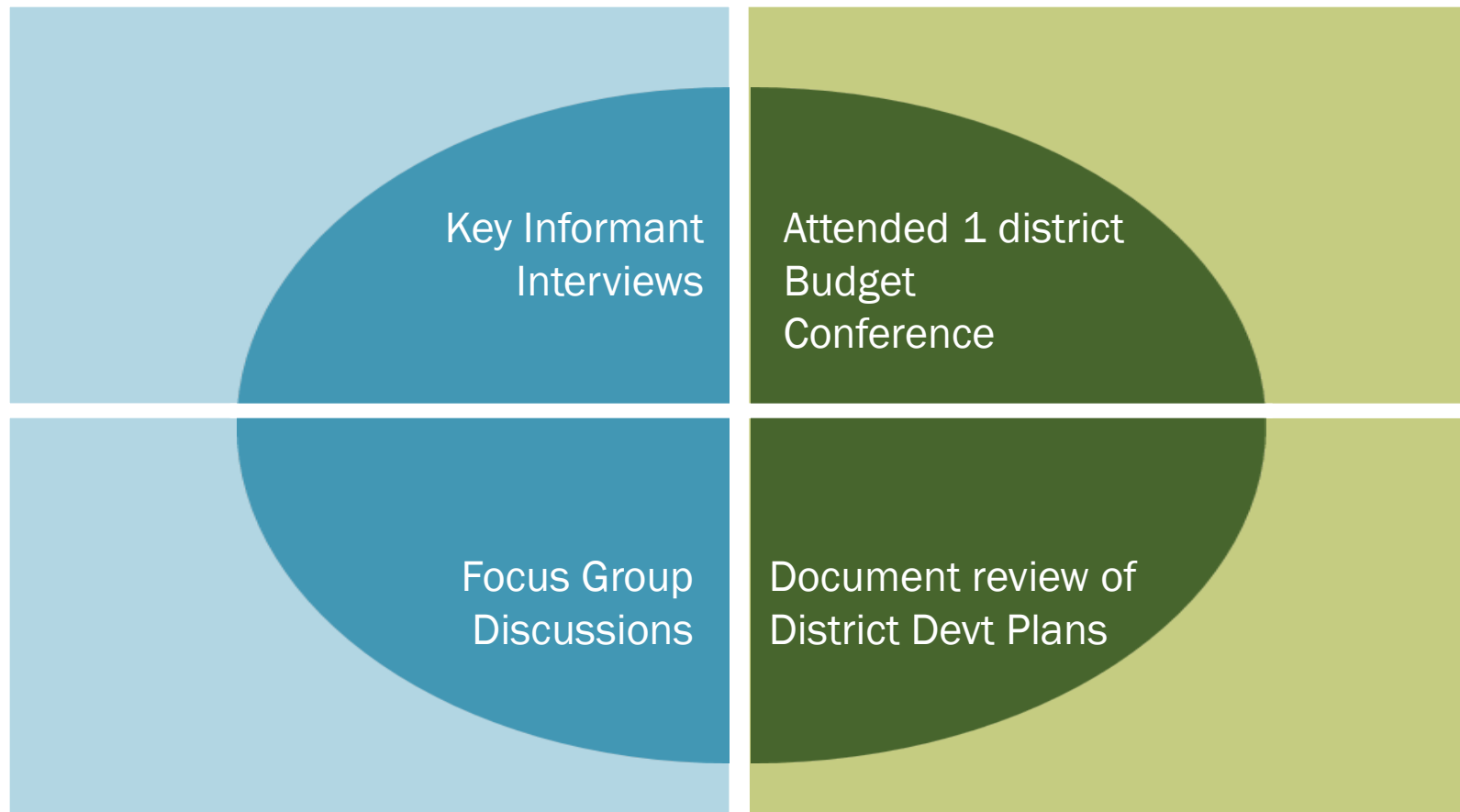


AIM AND OBJECTIVES

- **Overarching Aim**
 - Understand implementation facilitators and challenges to UNAP
- **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

METHODOLOGY

Qualitative Data Collection



Total-31 interviews

METHODOLOGY

- The “Pathways-to-Better Nutrition” study methodology has been documented (Nancy Adero and Lidan Du, 2014)
 - District and sub-county
- **Secondary quantitative data analysis**



METHODOLOGY-

STUDY SITES



METHODOLOGY

Kisoro district KII	Lira district KII
<p>Chief Administrative officer (CAO)</p> <p>District nutritionist</p> <p>Sub county chief Muramba sub county</p> <p>Chair person LC11 Muramba sub county</p> <p>Sub county accountant Muramba sub county</p> <p>Parish Chief Muramba sub county</p> <p>Sub county chief Kyahi sub county</p>	<p>District Nutrition focal point person</p> <p>District Biostatistician</p> <p>HMIS Focal point person District Health office</p> <p>District Lab focal person (District Health office)</p> <p>Production and marketing Officer</p>
Kisoro Focus Group discussion team	Lira Focus Group discussion team
<p>District Nutrition focal point person</p> <p>District Health Officer</p> <p>District Development Officer</p> <p>District Commercial Officer</p> <p>District Water officer</p> <p>District Agricultural officer</p> <p>District Health Educator and VHT focal person</p> <p>Community Development Officer</p> <p>District Planner</p> <p>Deputy CAO</p> <p>Principal Assistant Secretary</p>	<p>Community development officer</p> <p>District Education Officer</p> <p>District Agriculture Officer</p> <p>Assistant District Health Officer (MCH)</p> <p>District Inspector of Schools</p> <p>District Production and marketing Officer</p> <p>District Planner</p> <p>Nutritionist attached to Uganda URCS</p>

METHODOLOGY

Research Question themes



- Part I: perceptions of nutrition situation in the districts
 - Definitions and causes of poor nutrition
- Part II : District involvement in UNAP by the Districts
 - Focus on planning, implementing and effectiveness
 - Roles of Multi-sectoral District Nutrition Coordination Committee
- Part III: Scaling up opportunities and challenges at district and subcounty level

METHODOLOGY

Data Documentation Process

- Data recorded on Sony MP3 Portable Digital Voice Recorder
- Handwritten notes were immediately rewritten and typed up after interviews
- All recorded voices were transcribed verbatim and prepared in Microsoft Word
- **Ethical Considerations** (IRB , Consent for participation OR recording)
- Interviews lasted 1.5 - 2.5 hours



METHODOLOGY

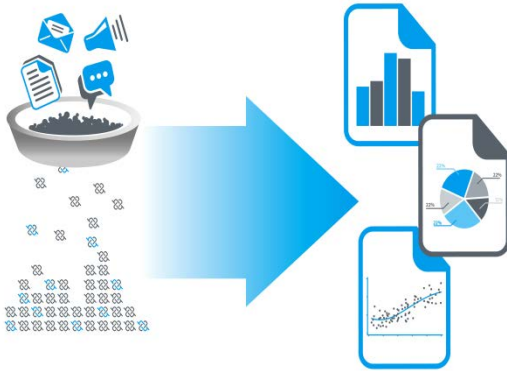
Qualitative Data Analysis

- No pre-determined hypotheses when looking at transcripts of interviews
- Allowed themes to emerge that respond to the research questions
- Used an existing conceptual framework to guide the analysis already developed by SPRING project
- Grounded Theory Approach



METHODOLOGY

Secondary Data Analysis



- Data from Feed the Future Innovation Laboratory for Collaborative Research on Nutrition in Africa
- 600 households in each District Analyzed for Nutrition and Public Health Indicators
- SPSS V.22

RESULTS

Table 1. Nutrition Snapshot of Kisoro District

Nutrition Indicators	Level in Kisoro	UNAP Target (2016)
Underweight, children under 5 yrs	14.2%	10%
Underweight, non-pregnant women	2.0%	8%
Wasting, children under 5 yrs	3.4%	5%
Stunting, children under 5 yrs	51.4%	32%
Overweight, non-pregnant women	13.6%	No target
Any anemia, children 6-59 months	55%	50%
Any anemia, women RA	18.20%	12%
Exclusive breastfeeding, under 6 months	78.6%	75%
Minimum dietary diversity 6-23 months	3.7%	No target
Mean number of food groups consumed by WRA	3.7	No target



RESULTS

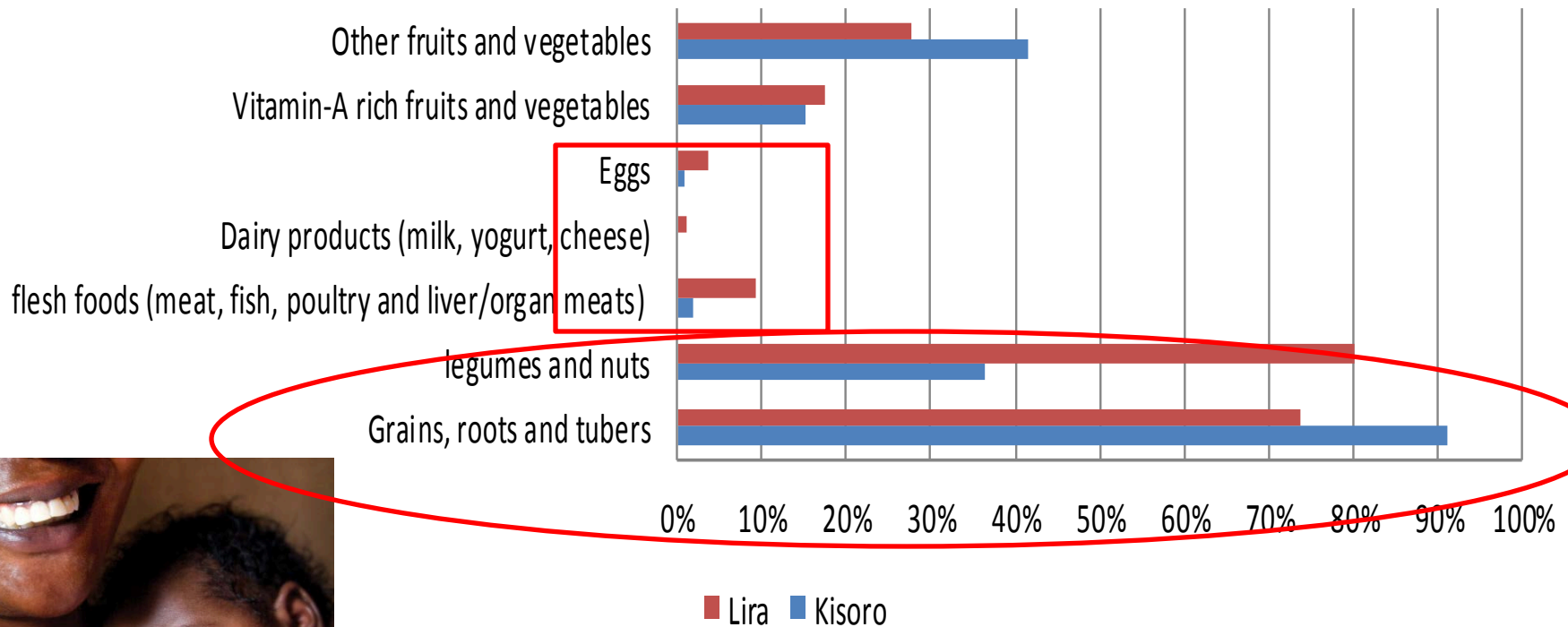
Table 2. Nutrition Snapshot of Lira District

Indicator	Level in Lira	UNAP Target (2016)
Underweight, children under 5 yrs	9.7%	10%
Underweight, non-pregnant women	11.4%	8%
Wasting, children under 5 yrs	6.8%	5%
Stunting, children under 5 yrs	19.2%	32%
Overweight, non-pregnant women	7.2%	No target
Any anemia, children 6-59 months	58.8%	50%
Any anemia, women RA	29.39%	12%
Exclusive breastfeeding, under 6 months	69.0%	75%
Minimum dietary diversity 6-23 months	4.3%	No target
Mean number of food groups consumed by WRA	5.36	No target



RESULTS

Key main food groups for children 6-23 months



RESULTS

Minimum Dietary Diversity 6-23 months



RESULTS

Table 3. Identified Barriers and Drivers of Better Nutrition

Identified Barriers	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 in district	78.6%	72%

RESULTS

Perception of District Leaders on Nutrition Situation

- Acknowledge malnutrition is very high
- Attribute to mainly ignorance and social-cultural bottlenecks
- Lack enough food- diverse
- Access and 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 way it is now...” District Leader, Kisoro district*
- 91% of district level respondents were not familiar with these nutrition statistics.

RESULTS

Role of Districts in UNAP

- **Coordinating entity for monitoring , implementation and support supervision** of nutrition –sensitive programs
- **Formation and activation of multi-sectoral working group** (DNNCs and SNCCs)
- **Inherent role: Technical backstopping for key nutrition sensitive sectors**
 - Health
 - Agriculture
 - Community development
 - Education
 - Water
 - Production
- **Management of acute malnutrition** through district health system and referral mechanisms for screening and provision of Read-to-Use Therapeutic Food
- **Supporting Households to improve food security**
 - government funds agriculture as a strategy to eliminate poverty.

RESULTS

Challenges: Implementing UNAP at district level

- Lack of nutrition-sensitive programs e.g most agricultural programs “lack nutrition lens”
- Nutrition is not on the ‘list’ of key priorities of district departments e.g health dept. focuses mostly HIV/AIDS, Malaria or Sexual Reproductive Health
- Limited institutional and individual capacities for integrating nutrition multisectorally
- District nutrition financing
 - Fiscal decentralization and use of Output-Based Financing (OBT)
- Lack of financial resources to implement activities
- Community and household driven bottlenecks (gender, alcohol etc)

CONCLUSIONS

- Improving nutrition status at district level is still a challenge even with establishment of multi-sectoral approach
- Capacity for implementing multi-sectoral approach interventions is weak.
- Current nutrition programs implemented indicate a moderate level of commitment to reducing maternal and child undernutrition.
- Financial expenditure and lack of capacity to implement nutrition sensitive intervention are big challenges to scaleup.

WAY FOWARD

- Develop District level snapshots for policy makers
- Share results stakeholders and publications



The Leverhulme Centre for Integrative Research on Agriculture and Health
London International Development Centre
36 Gordon Square, London, WC1H 0PD
Tel: +44 (0)207 958 8252 Fax: +44 (0)203 073 8303 Web: www.lcirah.ac.uk

10th April 2015,

Dear Mr. Edgar Agaba,

Re: Invitation to present a poster at the 5th LCIRAH Conference, 3-4th June 2015

I am writing to invite you to present a poster on your research on "*Understanding pathways to better nutrition at district level: lessons from Uganda*" at the 5th Annual LCIRAH Research Conference on "*Agri-health research: what have we learned and where to next?*" taking place on June 3rd and 4th 2015: London School of Hygiene and Tropical Medicine, London.



TEAM

**Ms. Amanda Pomeroy-Stevens, JSI
SPRING Project**



**Prof. Jeffrey Griffiths
School of Medicine, Tufts
&
Director, Nutrition Innovation**



**Asso.Prof Shibani Ghosh
Friedman School
&
Associate Director**



ALE PRECEPTOR

**AND
ALE Director
Prof. Beth Rosenberg**



QUESTIONS/COMMENTS