



# UNAP-SUPA District Level Scaling-Up Discussion Workshop

## Luuka District

June 18, 2015



**REACH**  
ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS

Hosted by the World Food Programme



Foreign Affairs, Trade and  
Development Canada

Affaires étrangères, Commerce  
et Développement Canada

# Aims of the workshop

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- 1. To review the Nutrition Stakeholder and Action Mapping results (by district) and understand how they can be used for planning**
- 2. To build the capacity of district level staff to use the stakeholder mapping data to inform district-level nutrition planning.**

# Expected Outcomes

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- 1. Participants will understand and be able to interpret the UNAP SUPA data for use in the district nutrition planning process.**
- 2. A priority list of nutrition actions to scale-up in the district over the next one year and how they will be scaled up.**

# Schedule

Time	Session
8.30-9.00	Arrival and Registration
9.00-9.10	Welcome and Introduction (Schedule and workshop objectives)
9.10-9.20	1. Background and objectives of the UNAP SUPA stakeholder mapping and how links to ANI project
9.20-10.00	2. Presentation on the results of the UNAP SUPA stakeholder mapping
10.00-10.20	Q&A session
10.20-10.40	<b>Break</b>
10.40-11.30	3. Group Work I: Review of the results
11.30-12.30	4. Plenary: Group presentations and discussion
12.30-1.00	5. Using the results for planning – Presentation on potential role of mapping results in planning
1.00-2.00	<b>Lunch</b>
2.00-3.00	6. Group Work II: Review of the district plans to prioritise the nutrition interventions for the district by sector groups.
3.00-4.00	7. Plenary: Group presentation and discussion
4.00-4.20	8. Presentation: Tracking Progress
4.20-4.30	9. Wrap up and Conclusion
4:30	<b>Tea and Departure</b>



# Contents

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- **Part One:** Introduction to the UNAP SUPA Stakeholder Mapping
- **Part Two:** Key Findings From the UNAP SUPA Pilot in the District
- **Part Three:** Review of the Mapping Results for the District
- **Part Four:** Using the Results for Planning
- **Part Five:** Review of the District Plan
- **Part Six:** Tracking and Evaluating Progress

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# **Part One: Introduction to the UNAP SUPA Stakeholder Mapping**

# Why UNAP SUPA Stakeholder Mapping in Uganda?

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The Uganda Nutrition Action Plan (UNAP) 2011-2016 aims to:

**Reduce the magnitude of malnutrition in Uganda and its impact on the individual, household, community and the nation at large by ensuring that the right target groups are being reached with the right nutrition actions (Core Nutrition Actions – CNAs)**

To be able to *determine the current situation* and then *plan to scale-up CNAs*, UNAP Decision-makers need to know:

- *Who is currently being reached*
- *by Whom*
- *with What actions*

**The UNAP Scale-Up Planning Approach (SUPA) tool – which is based on a REACH tool - can help us to understand about the current scope of CNAs and the potential for scale-up in Uganda**

# Why UNAP SUPA Stakeholder Mapping in Uganda?



Who does what, where?

How many beneficiaries are reached?

Via which delivery mechanisms?



Overall: Shows the current level of intervention activity and, by showing the gaps, **the potential for scale-up of mapped CNAs, particularly at district level**

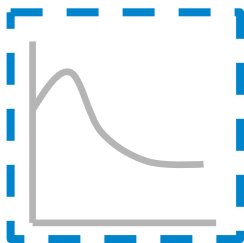
# UNAP SUPA Stakeholder Mapping Aims

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**The Uganda Nutrition Action Plan (UNAP) Scaling Up Planning Approach (SUPA) stakeholder mapping aims to comprehensively review the nutrition landscape in the country to:**

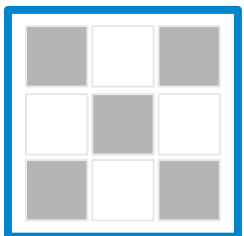
- Inform policy-makers and nutrition stakeholders about the make-up of the nutrition landscape
- Establish which CNAs to scale up in order to impact on key nutrition situation indicators as well as to determine:
  - 1.Where** - to scale-up each action
  - 2.Who** - which target groups to focus on
  - 3.How** - which delivery channels to be used
- Monitor CNA scale-up, evaluate coverage, and inform decision-makers, for planning and advocacy purposes

# What questions can we answer about scaling-up with UNAP SUPA that can inform planning?



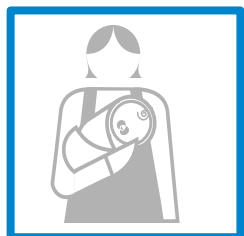
**What is the current nutrition situation? What indicators should be focused on?**

- Status information on nutrition situation



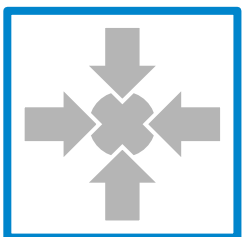
**What is being done and what CNAs should be scaled-up? Is stakeholder engagement aligned with CNAs?**

- Status information on “who is doing what where” including geographic coverage
- Identification of action implementation gaps



**What is the coverage of target beneficiaries and the scale-up need?**

- Status information on service delivery to beneficiaries
- Identification of scale up need



**What is the current utilization and potential of delivery mechanisms to support scale up?**

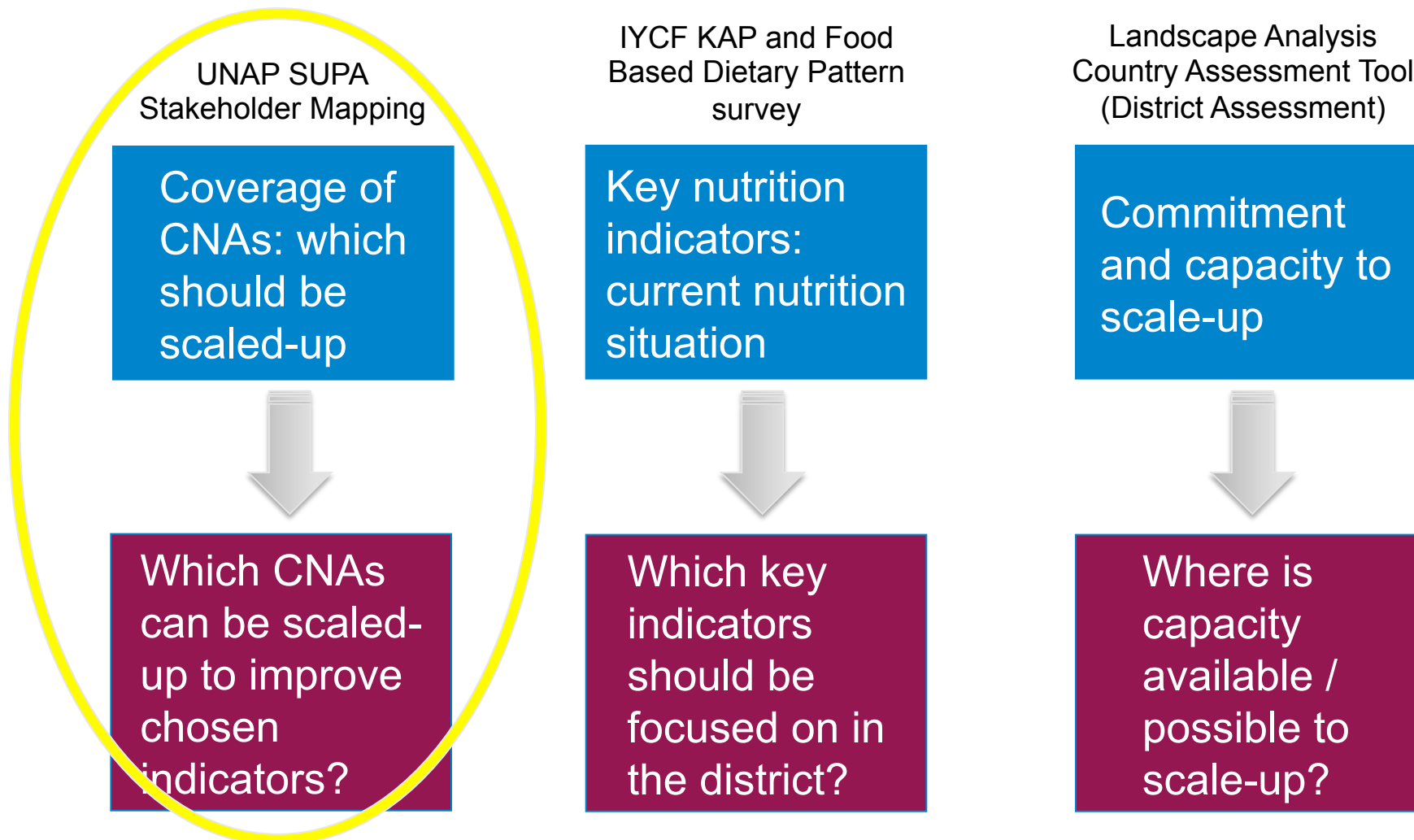
- Status information on utilization of delivery mechanisms
- Estimate of scale-up potential of delivery mechanisms

**Discussion of scale-up strategy among relevant stakeholders**

- Specify current status/ challenges/bottlenecks of each CNA
- Agree on CNAs to scale-up
- Assess options for scaling-up (responsible actor, delivery mechanism, etc.)
- Overall, this process allows the districts to make informed decisions on the CNAs to scale-up and how

# What other information is available to support district planning for scaling up?

It was agreed to pilot UNAP SUPA in the six WHO-ANI project districts as the efforts are complementary:



**Combined, results from ANI and UNAP SUPA exercises can be used to inform Nutrition Scale-up Planning Processes in Uganda!**

# What has happened in Uganda so far and what are the next steps? (1)

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1

April – June 2014: REACH assisted Ugandan partners to adapt REACH tool to Uganda, resulting in UNAP Scaling Up Planning Approach (SUPA)

2

MoH/WHO/ANI Project agreed to pilot the UNAP SUPA in 6 districts, along with ANI Baseline Data Collection Exercise

3

June 2014: REACH Facilitators, together with Multi-sectoral stakeholders, identified CNAs for Uganda

4

July 2014: With MoH/WHO and consultants, REACH carried out orientation and training for national- and district-level partners on UNAP-SUPA tool

5

July 2014: REACH populated UNAP SUPA's Excel database with background data, including pop figures and Nutrition Situation Indicators

6

July-Sept 2014: In tandem with MoH/WHO ANI Project baseline data collection, REACH conducted interviews in 6 districts and at national level



## What has happened in Uganda so far and what are the next steps? (2)

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7

October – November 2014: REACH cleaned and analysed data for 6 districts and related national-level data

8

December 2014: MoH/WHO & REACH disseminated results and conducted training for district- and national-level decision-makers on UNAP SUPA tool

9

June 2015: Hold scaling-up discussions in each district, to determine which CNAs need to be scaled up, and adjust District Nutrition Action Plans

10

June 2015: Identify UNAP SUPA M&E focal persons in each district

11

July 2015: Train M&E focal persons in UNAP SUPA process; organise and conduct round 2 of data collection in six ANI Districts

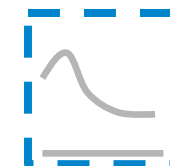
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July 2015: Establish UNAP SUPA database at district level

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# **Part Two: Key findings that can be used to inform the planning process**

# What is the current nutrition situation? What indicators should be focused on?

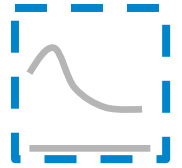


	Situation Indicators	Status National	Trend	Severity	Target 2016	Status Western	Status Eastern
<b>Stunting</b>	Prevalence of stunting among children under 5 years old	33%	↗	●	32%	44%	25%
<b>Underweight women</b>	Prevalence of underweight among non-pregnant women 15-49 years old (with BMI < 18.5 kg/m2)	12%	↗		8%	8%	20%
<b>Anaemia women</b>	Prevalence of anaemia among women 15-49 years old	23%	↗	●	30%	17%	28%
<b>Low birth weight</b>	Percentage of newborns weighing < 2.5 kg at birth	10%	↗		9%	8%	7%
<b>Underweight under 5 years</b>	Prevalence of underweight among children under 5	14%	↗		10%	16%	10%
<b>Wasting</b>	Prevalence of wasting among children under 5 years old	5%	↗	●	N/A	3%	5%
<b>Exclusive Breastfeeding</b>	Percentage of infants exclusively breastfed to age 6 months	63%	↗		75%	???	???
<b>Anaemia under 5</b>	Prevalence of anaemia among children under 5 years old	49%	↗	●	50%	39%	55%
<b>Diarrhoea</b>	Prevalence of diarrhoea among children 6-59 months	23%	↗		N/A	19%	33%
<b>Food Security</b>	Percentage of households with poor or borderline food consumption	20%	↗		N/A	18%	24%

**What situation indicators are most important to focus on in the district?**

# What is the current nutrition situation? What indicators should be focused on?

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Prevalence of anaemia among children under 5 years old

National Target 2016 – 50%; Eastern – 55%

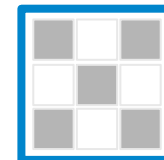
Prevalence of underweight among non-pregnant women 15-49 years old (with BMI < 18.5 kg/m<sup>2</sup>):

National Target 2016 – 8%; Eastern – 20%

Percentage of households with poor or borderline food consumption:

National Target 2016 – 20%; Eastern – 24%

# What is being done and what CNAs should be scaled-up?



Country Priority Actions		Target Groups	Hoima	Iganga	Kibaale	Luuka	Masindi	Namutumba	Total districts covered
IYCF	Promote optimal breastfeeding practices (e.g. BFHI, BFCI)	Pregnant & lactating women 15-49 years							6
		Fathers 15-49 years							5
	Promote optimal complementary feeding practices	Grandmothers							4
		Mothers / caregivers 15-49 years							6
Micronutrients	Provide vitamin A supplements	Fathers 15-49 years							5
		Grandmothers							3
	Provide iron / folic acid / iron supplements	Children 6-59 months							4
		Pregnant women 15-49 years							2
SAM/MAM	Provide therapeutic feeding for SAM	Adolescent girls 10-19 years							1
		Children 0-59 months with SAM							2
	Provide supplementary feeding for MAM	Children 6-59 months with MAM							3
		Pregnant & lactating women 15-49 years with							1
Disease prevention & management	Provide insecticide treated bed nets	Children 0-59 months							3
		Pregnant & lactating women 15-49 years							3
		Households							3
		Children 5-9 years							4
	Provide deworming tablets	Children 6-59 months							4
		Pregnant women 15-49 years							3
		Children 0-59 months							6
		Children 5-9 years							1
Provide PMTCT/EMTCT in line with Option B+ policy (incl. ARV, nutrition counseling)	Pregnant & lactating women 15-49 years with HIV/AIDS							5	
	Children 0-59 months							5	
MNCH	Carry out growth monitoring	Children 0-59 months							5
		Men 15-49 years							3
Fam Plan	Provide family planning services	Women of reproductive age 15-49 years							5
		Adolescents 10-19 years							3

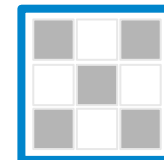
**Note:** Three CNAs at national level not represented:

1. Produce fortified wheat flour
2. Produce fortified maize flour
3. Produce fortified vegetable oil

**Key:**

- CNA implemented in district
- CNA not implemented in district

# What is being done and what CNAs should be scaled-up?



Country Priority Actions		Target Groups	Hoima	Iganga	Kibaale	Luuka	Masindi	Namutumba	Total districts covered
Food & Agriculture	Provide materials for small-scale horticulture / crop diversification with a nutrition objective	Smallholder farmer households							6
	Provide livestock, poultry or fish for small-scale animal husbandry or aquaculture with a nutrition objective	Smallholder farmer households							6
	Provide materials / infrastructure for food processing, preservation and storage with a nutrition objective	Smallholder farmer households							5
WASH	Facilitate construction of improved sanitation facilities	Primary schools							6
		Households	-		-	-	-	-	2
		Secondary schools	-						4
	Provide materials for improved household water	Households		-		-	-		3
		Primary schools	-	-		-			3
		Secondary schools	-	-		-			2
Social Protection	Carry out / support Public Works Projects	Households	-	-	-	-	-	-	1
		N/A	-	-	-	-	-	-	0
		Provide conditional food/cash transfers with a nutrition objective	Households with an income lower than						
		Pregnant & lactating women 15-49 years	-	-	-	-	-	-	1
<b>Total number of actions per district</b>			<b>12</b>	<b>13</b>	<b>18</b>	<b>17</b>	<b>12</b>	<b>14</b>	

Are the right CNAs being focused on to impact on chosen indicators?

# What is being done and what CNAs should be scaled-up?



## What does the data tell us:

- Out of 20 CNAs, 17 are being implemented in the district. This is one of the highest – with Kibaale implementing 18/20 CNAs
- Three CNAs are not being implemented at all in the district
- A further 6 CNAs are not reaching all target groups



## Is stakeholder engagement aligned with CNAs?

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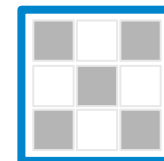
**Focus:** which organisations are supporting what CNAs in the district. This is crucial information when thinking about scaling-up so the following can be considered:

1. What organisations are implementing each CNA (**field implementers**)? Can they do more? What organisations could also potentially implement?
2. Which organisations support each CNA (**catalysts**) – can they give more technical support or leverage more support from other organisations?
3. Who is funding the CNAs (**donors**) – can a case be made for them to contribute further funds (advocacy)? Who are other potential donors?



# Is stakeholder engagement aligned with CNAs?

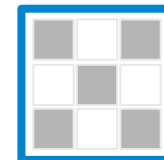
## A Summary



	Country Priority Actions	FI	Cat	Donor
IYCF	Promote optimal breastfeeding practices (e.g. BFHI, BFCI)	3	1	3
	Promote optimal complementary feeding practices	3	1	2
Micronutrients	Provide vitamin A supplements	2	0	2
	Provide iron/folic acid / iron supplements	2	0	1
SAM/MAM	Provide therapeutic feeding for SAM	1	0	0
	Provide supplementary feeding for MAM	1	0	1
Disease prevention & management	Provide insecticide treated bed nets	0	1	1
	Provide deworming tablets	2	0	1
	Provide diarrhoea treatment with ORS / ORS-zinc	2	1	1
	Provide PMTCT/EMTCT in line with Option B+ policy (incl. ARV, nutrition counseling)	2	2	2
MN CH	Carry out growth monitoring	6	4	5
Fam Plan	Provide family planning services	1	1	1

# Is stakeholder engagement aligned with CNAs?

## A Summary



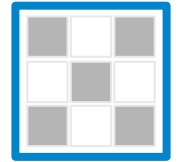
	Country Priority Actions	FI	Cat	Donor
Food & Agriculture	Provide materials for small-scale horticulture / crop diversification with a nutrition objective	3	3	3
	Provide livestock, poultry or fish for small-scale animal husbandry or aquaculture with a nutrition objective	2	2	3
	Provide materials / infrastructure for food processing, preservation and storage with a nutrition objective	2	1	1
	Facilitate construction of improved sanitation facilities	3	1	2
	Provide materials for improved household water treatment	0	0	0
	Facilitate construction of handwashing facilities	1	0	0
Social Protection	Carry out / support Public Works Projects	0	0	0
	Provide conditional food/cash transfers with a nutrition objective	0	0	0
<b>Total Number of Organisations Supporting</b>		<b>14</b>	<b>12</b>	<b>11</b>

## Is stakeholder engagement aligned with CNAs?

 Lowest to highest number of organisations involved

## Is stakeholder engagement aligned with CNAs? (organisations implementing / supporting / funding CNAs in the district)

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### What does the data tell us:

#### Field Implementers:

- The NGO sector and government departments dominate. There are 14 field implementers in the district.
- A large number of field implementers are working on growth monitoring as well as agricultural actions

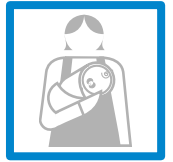
#### Catalysts:

- There are only NGOs present as catalysts with the total number being 12 in the district.
- There are a large number of health actions that do not have catalysts

#### Donors:

- Key donors include bilaterals, NGOs and also the Government itself.
- There are 11 donors in the district with funding concentrated on IYCF, growth monitoring and agricultural actions. Some actions have no donor listed (should be investigated).

# What is the coverage of target beneficiaries and the scale-up need?



## Results for coverage of target beneficiaries for each CNA by the identified situation indicators:

- Underweight women
- Anaemia women

**Women of reproductive age**

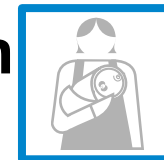
- Low birth weight
- Underweight children under 5
- Wasting children under 5
- Exclusive breastfeeding
- Anaemia children under 5
- Diarrhoea children 6-59 months

**Infants & children under 5 years old**

- Food security

**All population groups with focus on above groups**

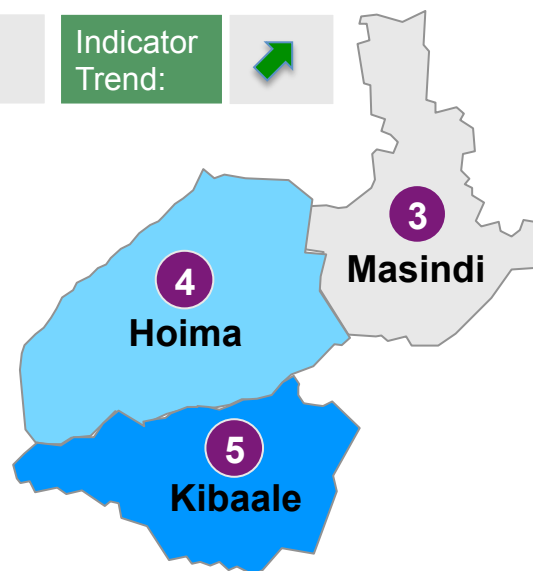
# Prevalence of underweight among non-pregnant women 15-49 years old (with BMI less than 18.5 kg/m<sup>2</sup>)



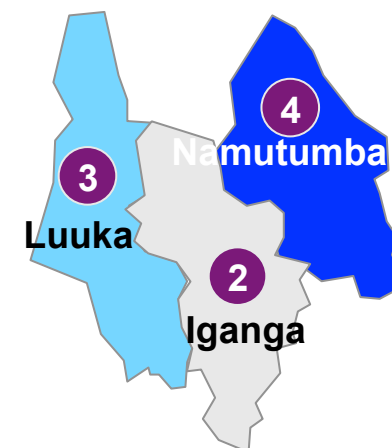
Indicator Status: 8%      Indicator Trend:

Key: Number of CNAs =>30% beneficiary coverage

0 actions  
1 action  
2 actions  
3 actions  
4+ actions  
● Number of actions in district



Indicator Status: 20%      Indicator Trend:



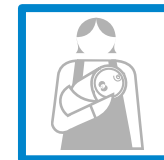
## Findings:

- Luuka is implementing only 3 out of the 5 CNAs for addressing underweight
- One of the CNAs has => 30 % coverage

Actions	Target Groups	Districts					
		Hoima	Kibaale	Masindi	Luuka	Iganga	Namutumba
1 Supplementary feeding MAM	PLW 15-49 years with MAM	-	12%	-	-	-	-
2 Horticulture/crop diversification	Smallholder farmer households	40%	86%	4%	33%	3%	120%
3 Animal husbandry / aquaculture	Smallholder farmer households	11%	34%	1%	3%	7%	32%
4 Food processing / preservation	Smallholder farmer households	13%	3%	0%	4%	-	3%
5 Conditional food/cash transfers	HH income lower than \$1.25/day	13%	20%	-	-	-	5%
	PLW 15-49 years	-	-	-	-	-	48%

x%	% of target population covered
Red	> 0% and <= 25%
Orange	> 25% and <= 50%
Yellow	> 50% and <= 75%
Green	> 75% and <= 100%
Black	> 100%

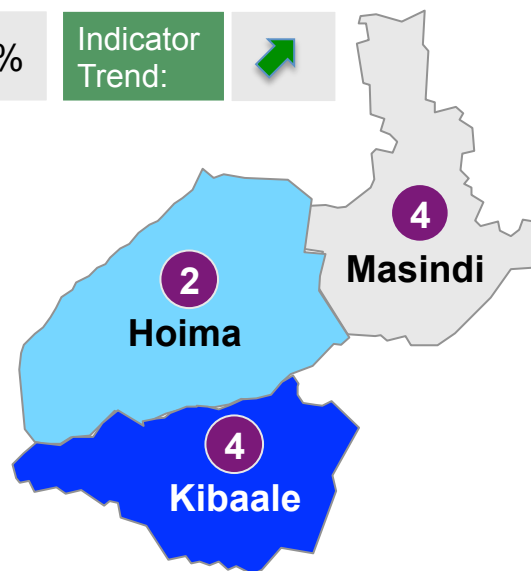
# Prevalence of anaemia among women 15-49 years old



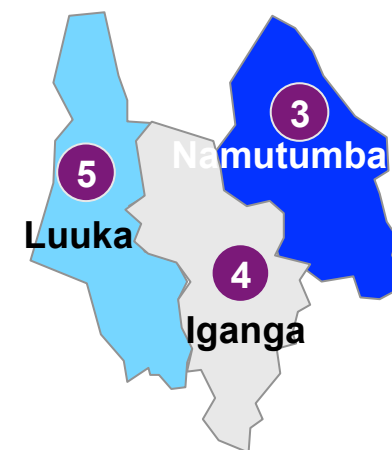
Indicator Status: 17%    Indicator Trend:

Key: Number of CNAs =>30% beneficiary coverage

0 actions  
1 action  
2 actions  
3 actions  
4+ actions  
● Number of actions in district



Indicator Status: 28%    Indicator Trend:



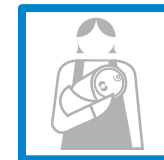
## Findings:

- Luuka is implementing all 5 possible CNAs but is not reaching all target groups
- One of the 5 CNAs has => 30% coverage (Horticulture / crop diversification)

Actions		Target Groups		Hoima	Kibaale	Masindi	Luuka	Iganga	Namutumba
1	IFA	Pregnant women 15-49 years	-	16%	-	2%	-	-	-
		Adolescent girls 10-19 years	-	-	-	0%	-	-	
2	ITBN	PLW 15-49 years	-	31%	-	-	11%	70%	
		Households	-	-	0%	8%	-	115%	
3	Deworming	Pregnant women 15-49 years	-	-	1%	3%	1%	-	
4	Horticulture/crop diversification	Smallholder farmer households	40%	86%	4%	33%	3%	120%	
5	Animal husbandry/aquaculture	Smallholder farmer households	11%	34%	1%	3%	7%	32%	

x%	% of target population covered
Red	> 0% and <= 25%
Orange	> 25% and <= 50%
Yellow	> 50% and <= 75%
Green	> 75% and <= 100%
Black	> 100%

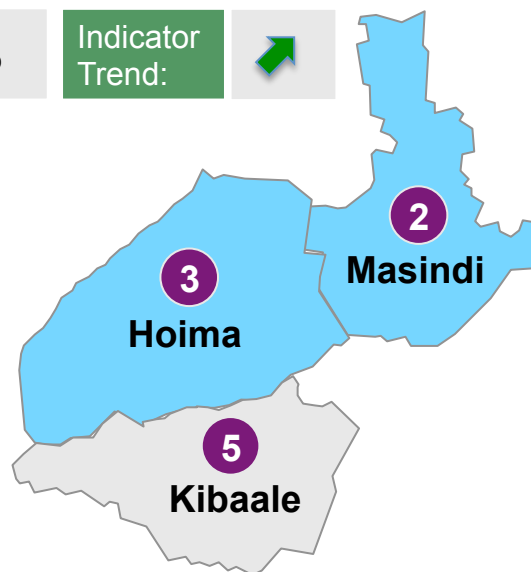
# Percentage of newborns weighing < 2.5 kg at birth



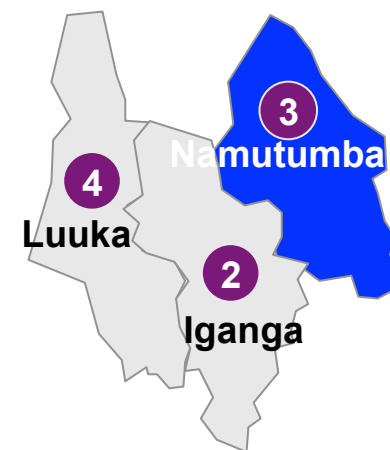
Indicator Status: 8%    Indicator Trend:

Key: Number of CNAs =>30% beneficiary coverage

0 actions  
1 action  
2 actions  
3 actions  
4+ actions  
● Number of actions in district



Indicator Status: 7%    Indicator Trend:



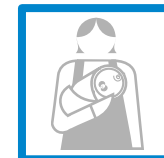
## Findings:

- Four out of a possible 6 CNAs are being implemented in Luuka, but on a very small scale
- Supplementary feeding for MAM and conditional food/cash transfers are the CNAs not being addressed

Actions	Target Groups	Districts					
		Hoima	Kibaale	Masindi	Luuka	Iganga	Namutumba
1 IFA	Pregnant women 15-49 years	-	16%	-	2%	-	-
2 Supplementary feeding MAM	PLW 15-49 years with MAM	-	12%	-	-	-	-
3 Deworming	Pregnant women 15-49 years	-	-	1%	3%	1%	-
4 Provide PMTCT/EMTCT	PLW 15-49 years with HIV/AIDS	11%	27%	-	8%	1%	135%
5 Family planning services	Men 15-49 years	62%	0%	63%	-	-	-
	Women 15-49 years	57%	4%	60%	0%	-	36%
	Adolescents 10-19 years	3%	-	-	0%	-	30%
6 Conditional food/cash transfers	HH income < \$1.25/day	13%	20%	-	-	-	5%
	PLW 15-49 years	-	-	-	-	-	48%

x%	% of target population covered
Red	> 0% and <= 25%
Orange	> 25% and <= 50%
Yellow	> 50% and <= 75%
Green	> 75% and <= 100%
Black	> 100%

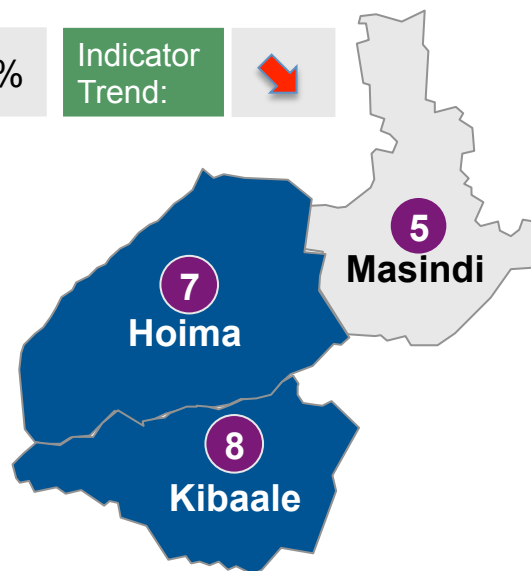
# Prevalence of underweight among children under 5 years old



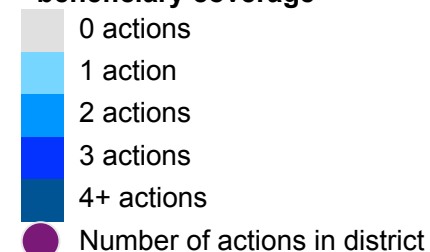
## Findings:

- Luuka is implementing a high number of CNAs (7/8) and is reaching almost all potential target groups for each CNA to a greater or lesser extent
- Three CNAs are reaching => 30% of the target population, but the others have low coverage of <5%

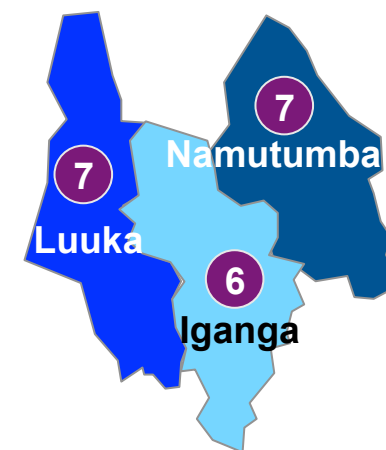
Indicator Status: 16%    Indicator Trend:



Key: Number of CNAs =>30% beneficiary coverage



Indicator Status: 10%    Indicator Trend:

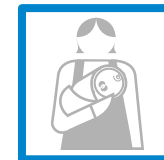


Actions		Target Groups	Hoima	Kibaale	Masindi	Luuka	Iganga	Namutumba
1	Breastfeeding practices	PLW 15-49 years	94%	170%	11%	2%	3%	55%
		Fathers 15-49 years	5%	51%	4%	0%	1%	-
		Grandmothers	-	95%	1%	0%	1%	-
2	Complementary feeding practices	Mothers / caregivers 15-49 years	136%	223%	20%	92%	84%	57%
		Fathers 15-49 years	11%	65%	5%	0%	6%	-
		Grandmothers	-	64%	2%	-	0%	-
3	Supplementary feeding MAM	Children 6-59 months with MAM	-	90%	-	0%	2%	-
4	Growth monitoring	Children 0-59 months	36%	6%	-	94%	26%	95%
5	Horticulture/crop diversification	Smallholder farmer households	40%	86%	4%	33%	3%	120%
6	Animal husbandry/aquaculture	Smallholder farmer households	11%	34%	1%	3%	7%	32%
7	Food processing/preservation	Smallholder farmer households	13%	3%	0%	4%	-	3%
8	Conditional food/cash transfers	HH income lower than \$1.25/day	13%	20%	-	-	-	5%

x%	% of target population covered
Red	> 0% and <= 25%
Orange	> 25% and <= 50%
Yellow	> 50% and <= 75%
Green	> 75% and <= 100%
Black	> 100%



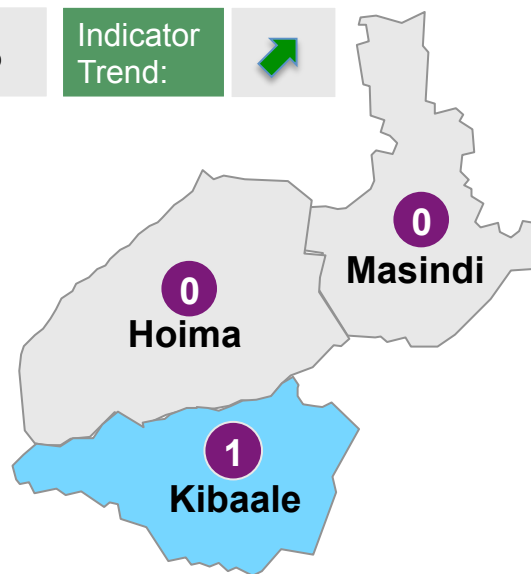
# Prevalence of wasting among children under 5 years old



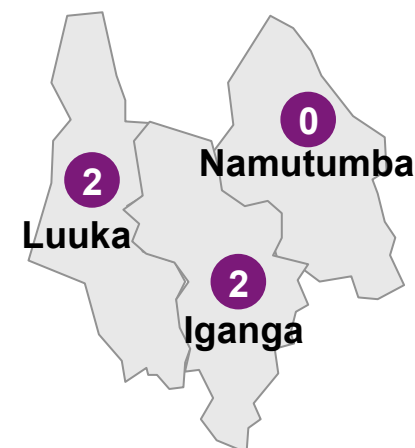
Indicator Status: 3%      Indicator Trend:

Key: Number of CNAs =>30% beneficiary coverage

0 actions  
1 action  
2 actions  
3 actions  
4+ actions  
● Number of actions in district



Indicator Status: 5%      Indicator Trend:



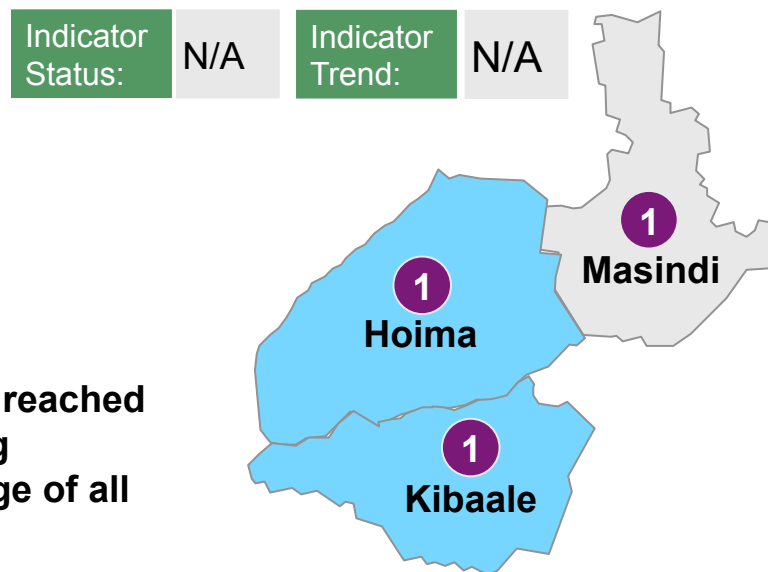
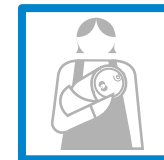
## Findings:

- Both of the CNAs are being implemented in Luuka but the coverage is very low

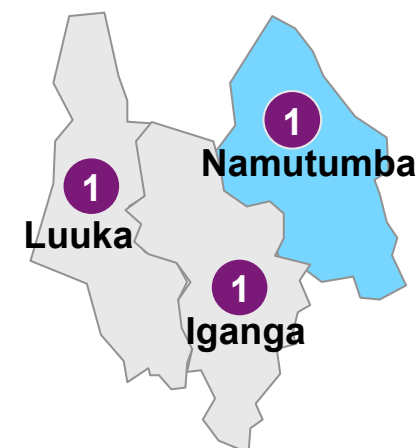
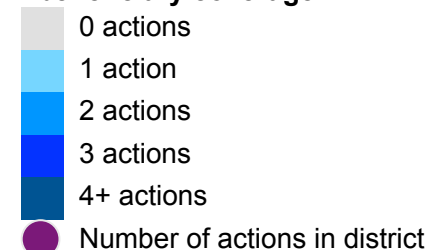
Actions	Target Groups	Target Groups					
		Hoima	Kibaale	Masindi	Luuka	Iganga	Namutumba
1 Therapeutic feeding SAM	Children 0-59 months with SAM	-	-	-	20%	3%	-
2 Supplementary feeding MAM	Children 6-59 months with MAM	-	90%	-	0%	2%	-

x%	% of target population covered
0-25%	> 0% and <= 25%
25-50%	> 25% and <= 50%
50-75%	> 50% and <= 75%
75-100%	> 75% and <= 100%
>100%	> 100%

# Percentage of infants exclusively breastfed to age 6 months



Key: Number of CNAs =>30% beneficiary coverage



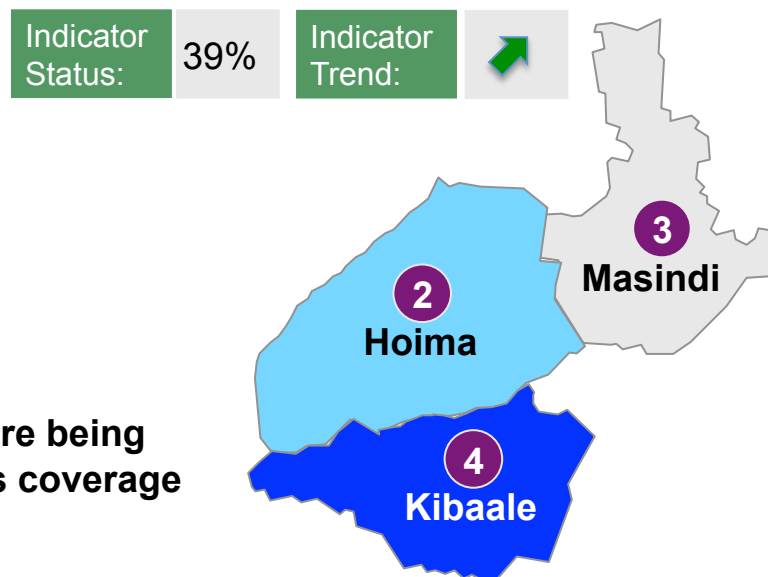
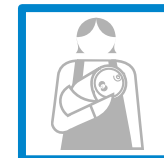
## Findings:

- All target groups are being reached in Luuka with breastfeeding counseling, but the coverage of all groups is low

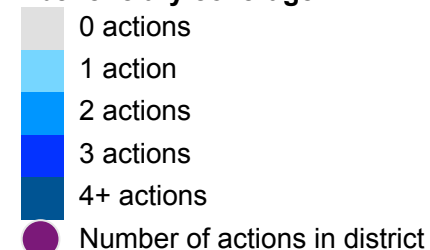
Actions	Target Groups	Hoima	Kibaale	Masindi	Luuka	Iganga	Namutumba
		1 Breastfeeding practices	PLW 15-49 years	94%	170%	11%	2%
	Fathers 15-49 years	5%	51%	4%	0%	1%	-
	Grandmothers	-	95%	1%	0%	1%	-

x%	% of target population covered
Red	> 0% and <= 25%
Orange	> 25% and <= 50%
Yellow	> 50% and <= 75%
Green	> 75% and <= 100%
Black	> 100%

# Prevalence of anaemia among children under 5 years old

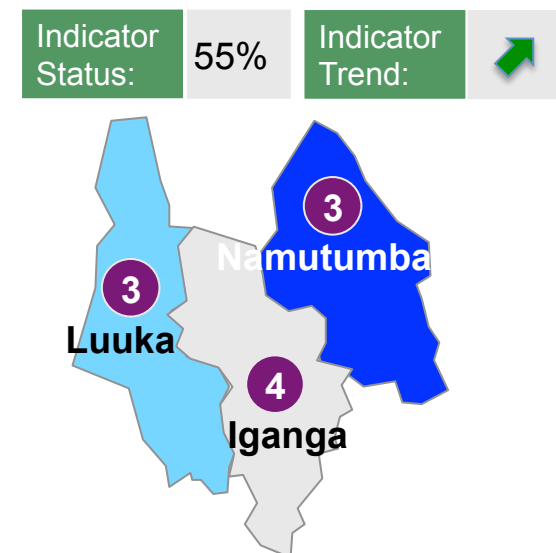


Key: Number of CNAs =>30% beneficiary coverage



## Findings:

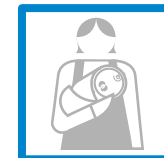
- In Luuka, 3 out of 4 CNAs are being implemented but only 1 has coverage => 30% (Horticulture / crop diversification)



Actions	Target Groups	Districts					
		Hoima	Kibaale	Masindi	Luuka	Iganga	Namutumba
1 ITBN	Children 0-59 months	-	9%	-	-	1%	70%
2 Deworming	Children 6-59 months	-	31%	0%	4%	5%	-
3 Horticulture/crop diversification	Smallholder farmer households	40%	86%	4%	33%	3%	120%
4 Animal husbandry/aquaculture	Smallholder farmer households	11%	34%	1%	3%	7%	32%

x%	% of target population covered
Red	> 0% and <= 25%
Orange	> 25% and <= 50%
Yellow	> 50% and <= 75%
Green	> 75% and <= 100%
Black	> 100%

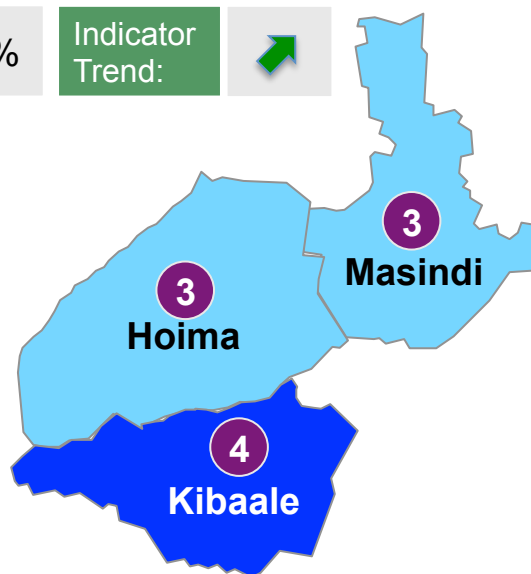
# Prevalence of diarrhoea among children 6-59 months



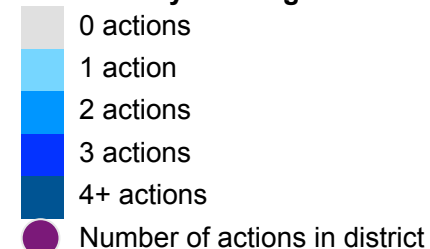
## Findings:

- Three out of 4 CNAs are being implemented in Luuka but ORS/ORS+zinc and improved handwashing facilities are not reaching all target groups
- ORS/ORS+zinc for children 0-59 months and improved sanitation facilities for secondary school students have =>30% coverage

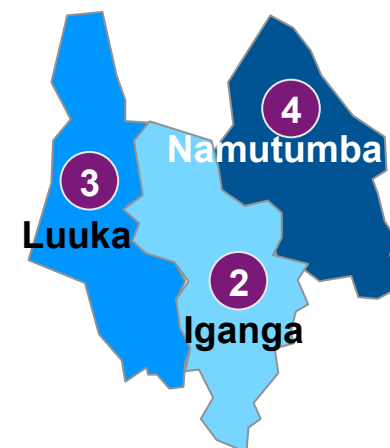
Indicator Status: 19%    Indicator Trend:



Key: Number of CNAs =>30% beneficiary coverage



Indicator Status: 33%    Indicator Trend:



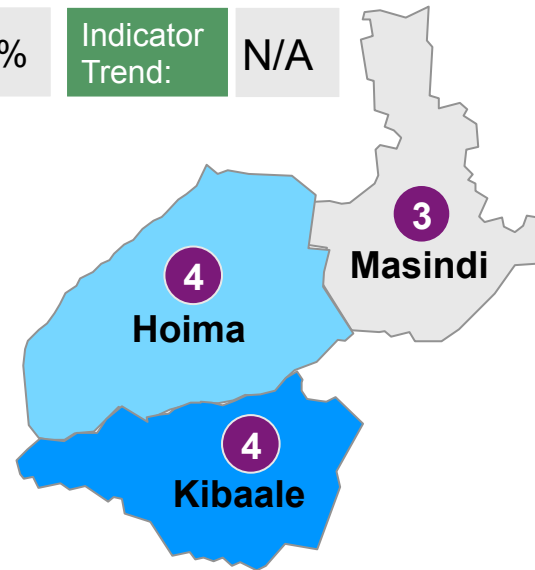
Actions	Target Groups	Districts					
		Hoima	Kibaale	Masindi	Luuka	Iganga	Namutumba
1 ORS / ORS-zinc	Children 0-59 months	60%	2%	0%	60%	95%	30%
	Children 5-9 years	-	60%	-	-	-	-
2 sanitation facilities	Primary school students	6%	22%	31%	17%	2%	70%
	Households	-	-	-	0%	0%	-
	Secondary school students	-	13%	-	83%	9%	73%
3 household water treatment	Households	1%	40%	-	-	-	30%
	Primary school students	-	42%	14%	-	-	83%
4 handwashing facilities	Secondary school students	-	26%	-	-	-	73%
	Households	-	-	-	0%	-	-

x%	% of target population covered
Red	> 0% and <= 25%
Orange	> 25% and <= 50%
Yellow	> 50% and <= 75%
Green	> 75% and <= 100%
Black	> 100%

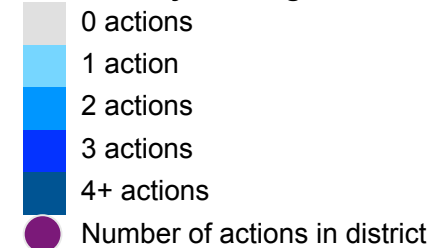
# Percentage of households with poor or borderline food consumption



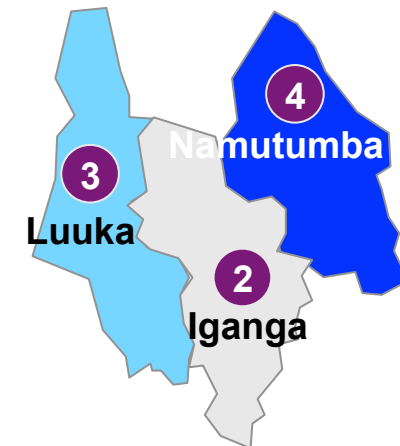
Indicator Status: 18%    Indicator Trend: N/A



Key: Number of CNAs =>30% beneficiary coverage



Indicator Status: 24%    Indicator Trend: N/A



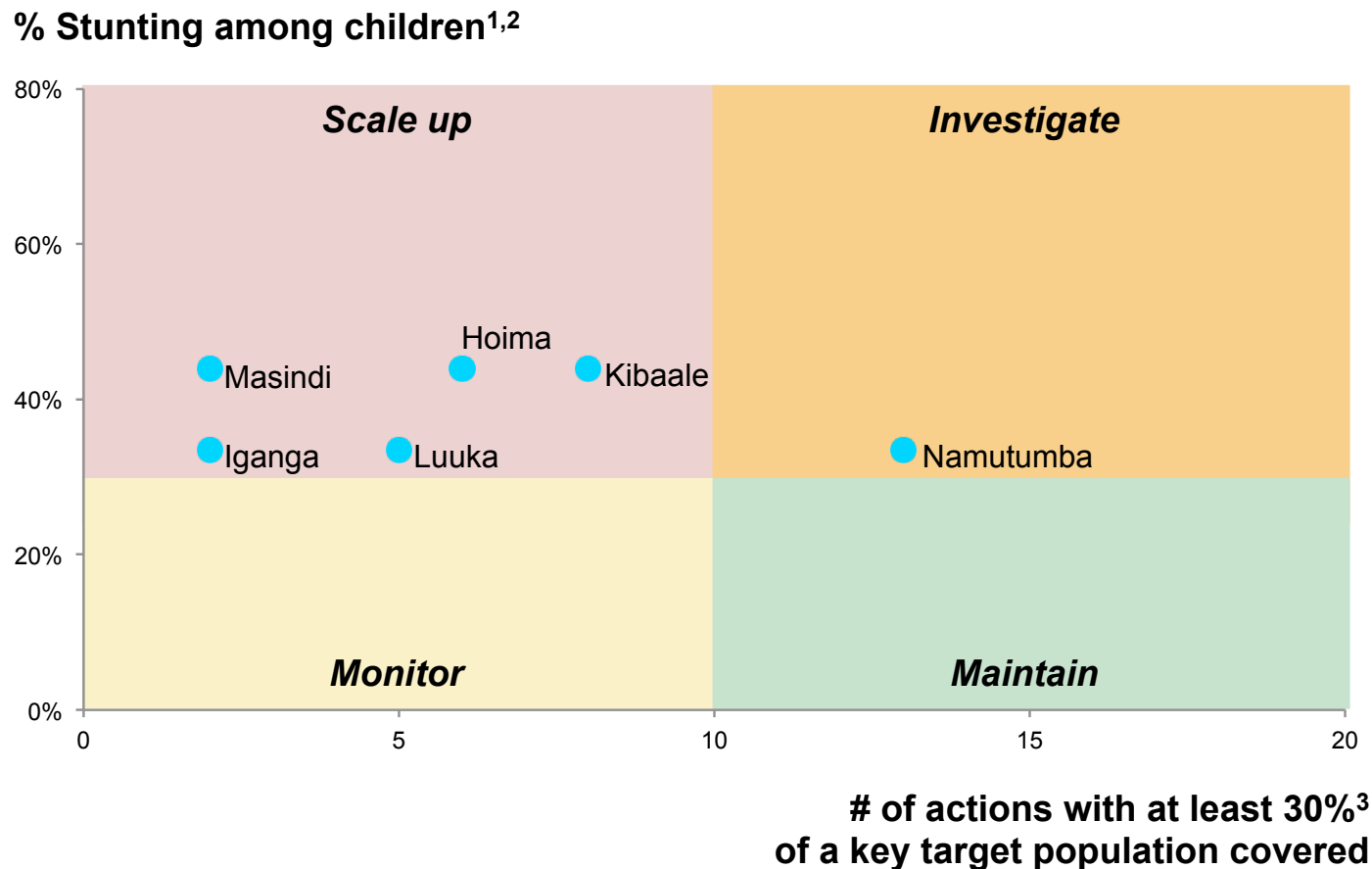
## Findings:

- Three out of 4 CNAs are being implemented in Luuka with one of them covering => 30% of the target population (Horticulture / crop diversification)
- Conditional food/cash transfers is not being implemented

Actions	Target Groups	% of target population covered					
		Hoima	Kibaale	Masindi	Luuka	Iganga	Namutumba
1 Horticulture/crop diversification	Smallholder farmer households	40%	86%	4%	33%	3%	120%
2 Animal husbandry/aquaculture	Smallholder farmer households	11%	34%	1%	3%	7%	32%
3 Food processing / preservation	Smallholder farmer households	13%	3%	0%	4%	-	3%
4 Conditional food/cash transfers	HH income < \$1.25/day	13%	20%	-	-	-	5%
	PLW 15-49 years	-	-	-	-	-	48%

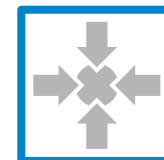
x%	% of target population covered
Red	> 0% and <= 25%
Orange	> 25% and <= 50%
Yellow	> 50% and <= 75%
Green	> 75% and <= 100%
Black	> 100%

# Review: Are the 20 Core Nutrition Actions addressing stunting in the ANI Project districts in Uganda?



1. Among children 6-59 months old 2. Data on the prevalence of stunting is only available at the regional level. 3. Determined based on country-specific situation

# What is the **current utilization** and potential of delivery mechanisms to support scale up?



Districts / Delivery Mechanisms	Hospitals / Clinics	Health centers	Health outreach workers	Agricultural extension workers	Farmer field schools	Agricultural business centers / Farmers cooperatives	Farmer groups / associations	National Agricultural Advisory Services (NAADS)	Pre-school facilities	Primary schools	Radio	Breastfeeding Week	Child Health Day	Community-based organizations	Local council (LOC)	Village Health Teams (VHT)	Community meetings / dialogues	Women / Mother groups	Traditional birth attendants	Community leaders	Community development officers	Social service outreach workers	Drug shops	Wholesalers	Private companies	Religious centers	NGOs	
Hoima	4	7	4	3	3	1	3	2	0	0	0	0	0	0	0	2	1	0	1	0	0	0	0	0	0	1	0	4
Iganga	0	8	6	0	1	0	2	2	0	0	2	0	0	0	0	1	3	0	0	0	0	0	0	0	0	1	0	9
Kibaale	5	12	6	3	0	3	2	3	2	1	2	1	0	0	0	7	0	2	0	0	0	0	0	2	2	0	8	
<b>Luuka</b>	0	11	3	1	2	1	3	1	0	0	0	0	1	0	0	3	4	0	0	0	0	0	0	0	2	6	7	
Masindi	0	3	7	3	3	0	0	3	0	0	2	0	0	0	1	2	2	0	0	0	0	0	0	0	2	4	6	
Namutumba	5	7	1	2	2	3	3	2	0	0	0	0	0	3	5	5	3	5	0	1	1	1	1	0	0	2	6	
<b>Average</b>	2.33	8.00	4.50	2.00	1.83	1.33	2.17	2.17	0.33	0.17	1.00	0.17	0.17	0.50	1.00	3.33	2.17	1.17	0.17	0.17	0.17	0.17	0.17	0.33	1.33	2.00	6.67	

Most common delivery mechanisms in the district: Health centers

Number of delivery mechanisms utilised in the district: 13

Least common used delivery mechanism in the district: AEWs, Agricultural business centres / farmers cooperatives, NAADS & Child Health Days

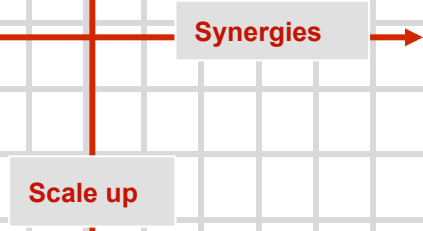
**Key:**

 Lowest to highest number of delivery mechanisms used

# What is the **current utilization** and **potential** of delivery mechanisms to support scale up?



Country Priority Actions / Delivery Mechanisms		Health centers	Health outreach workers	Agricultural extension workers	Farmer field schools	Agricultural business centers / Farmers cooperatives	Farmer groups / associations	National Agricultural Advisory Services (NAADS)	Child Health Day	Village Health Teams (VHT)	Community meetings / dialogues	Private companies	Religious centers	NGOs	Total number of delivery mechanisms per action
YCF	Promote optimal breastfeeding practices (e.g. BFHI, BFCI)														6
	Promote optimal complementary feeding practices														6
Micronutrients	Provide vitamin A supplements														2
	Provide iron/folic acid / iron supplements														2
SAM/ MAM	Provide therapeutic feeding for SAM														1
	Provide supplementary feeding for MAM														1
Disease prevention & management	Provide insecticide treated bed nets														1
	Provide deworming tablets														2
	Provide diarrhoea treatment with ORS / ORS-zinc														2
	Provide PMTCT/EMTCT in line with Option B+ policy (incl. ARV, nutrition counseling)														1
MN CH	Carry out growth monitoring														5
Fam Plan	Provide family planning services														1





# What is the **current utilization** and **potential** of delivery mechanisms to support scale up?



Country Priority Actions / Delivery Mechanisms		Health centers	Health outreach workers	Agricultural extension workers	Farmer field schools	Agricultural business centers / Farmers cooperatives	Farmer groups / associations	National Agricultural Advisory Services (NAADS)	Child Health Day	Village Health Teams (VHT)	Community meetings / dialogues	Private companies	Religious centers	NGOs	Total number of delivery mechanisms per action
Food & Agriculture	Provide materials for small-scale horticulture / crop diversification with a nutrition objective														5
	Provide livestock, poultry or fish for small-scale animal husbandry or aquaculture with a nutrition objective														4
	Provide materials / infrastructure for food processing, preservation and storage with a nutrition objective														3
WASH	Facilitate construction of improved sanitation facilities														2
	Provide materials for improved household water treatment														0
	Facilitate construction of handwashing facilities														1
Social Protection	Carry out / support Public Works Projects														0
	Provide conditional food/cash transfers with a nutrition objective														0
Frequency of each delivery mechanism by action		11			2	1	3	1	1	3	4	2	6	7	



For delivery mechanisms that are less commonly used, is there potential to strengthen scale up through these delivery mechanisms?

For the most commonly used delivery mechanisms for each action, how can capacity of commonly used delivery mechanisms be increased to support scale up?

## Which Delivery Mechanisms could potentially be scaled up?

# What is the **current utilization** and potential of delivery mechanisms to support scale up?



**The number of delivery mechanisms used per CNA varies greatly:**

Maximum number of delivery mechanisms used: 6 for:

- Promote optimal breastfeeding
- Promote optimal complementary feeding

Minimum number of delivery mechanisms used: 1

- a. Provide therapeutic feeding for SAM
- b. Provide supplementary feeding for MAM
- c. Provide insecticide treated bednets
- d. Provide PMTCT/EMTCT in line with Option B+ Policy
- e. Provide family planning services
- f. Facilitate construction of handwashing facilities

**The number of CNAs using a particular delivery mechanism also show great variation:**

- Health centres are used in a total of 11 different CNAs across nutrition & health
- In contrast, agriculture-based delivery mechanisms focus almost exclusively on that sector
- Also, a number of mechanisms are used to only implement one CNA such as: Agriculture business centres / Farmer cooperatives, NAADS & Child Health Days

# What is the current utilization and **potential** of delivery mechanisms to support scale up?



Number of delivery mechanisms identified but currently not utilized including:

<b>Health system</b>	Hospitals / clinics, Midwives
<b>Schools</b>	Pre-schools, primary schools, secondary schools
<b>Media</b>	Radio, TV, newspapers, billboards
<b>Mass campaigns</b>	Breastfeeding week
<b>Community</b>	Community based organisations, Local council, Women / mother groups, Traditional birth attendants, Community leaders, community development officers, social service outreach workers
<b>Private sector</b>	Shops, pharmacies, drug stores, producers, wholesalers

**Which could potentially be used to implement one or more CNAs?**

# What do we now know from UNAP SUPA?

<b>Details on current nutrition situation</b>	
◆ Status information on nutrition situation & indicators	✓
◆ Trends and patterns of CNAs	✓
<b>Identification of key stakeholders and geographical coverage</b>	
◆ Status information on “who is doing what where”	✓
◆ Identification CNA implementation gaps	✓
<b>Coverage of target beneficiaries</b>	
◆ Status information on service delivery to beneficiaries	✓
◆ Identification of scale up need	X*
<b>Utilization and potential of delivery mechanisms</b>	
◆ Status information on utilization of delivery mechanisms	✓
◆ Estimate of potential of delivery mechanisms	X*

\*To be looked at more in the planning sessions

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Any questions on the findings  
presented?

---

# **Part Three: Review of the Mapping Results for the District**

## Group Work

---

**Task: Please divide into groups and review the results, then report back to everyone.**

# **Group Work Task: Please divide into groups and review the results, then report back to everyone.**

---

## **Key questions to consider...**

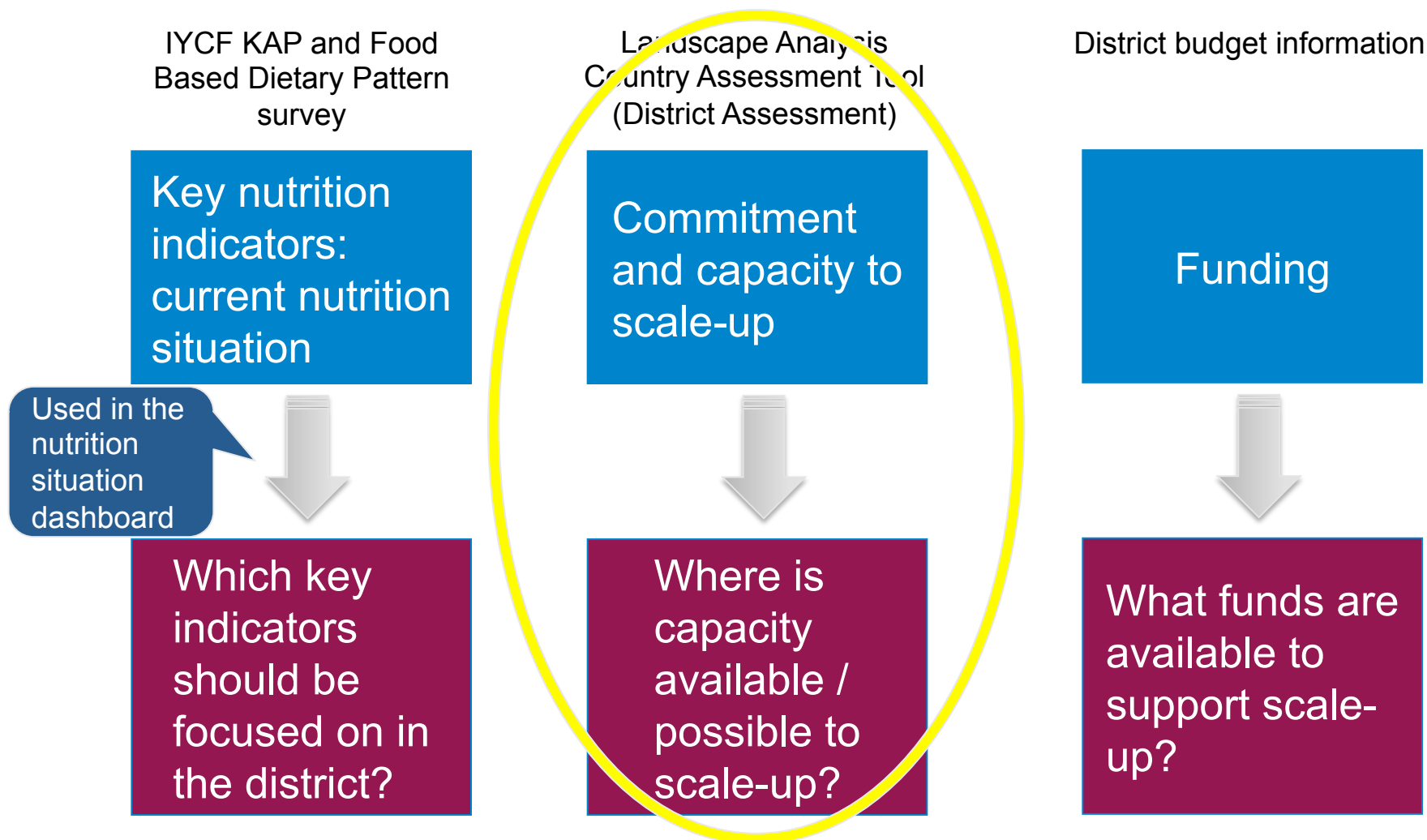
1. Are there any actions that are being implemented but there is no information provided?
2. Are there any organisations involved (Field implementers, catalysts, donors) that are not included in the results?
3. In terms of target population coverage – do the figures look about right, too high or too low?
4. Have all the delivery mechanisms being used been captured or not? If not, which have been missed out?



---

**Question: What other information should be taken into account when planning to scale-up nutrition in the district?**

# What other information is available to use in the district?



# Need to take into account the nutrition situation when developing scale-up plans in the district

---

Used ANI  
Project  
Surveys

What are the main nutrition problems in the district? Who is most affected?

Chronic malnutrition (stunting)?

Acute malnutrition (wasting)?

**Micronutrient deficiencies?**  
(e.g. Vit. A, iodine, zinc, deficiency, anaemia, other)

Overnutrition (overweight & obesity)?

Use ANI  
Project  
Surveys

What are the main factors contributing to those nutrition problems in the area?

Food insecurity

Sub-optimal care practices

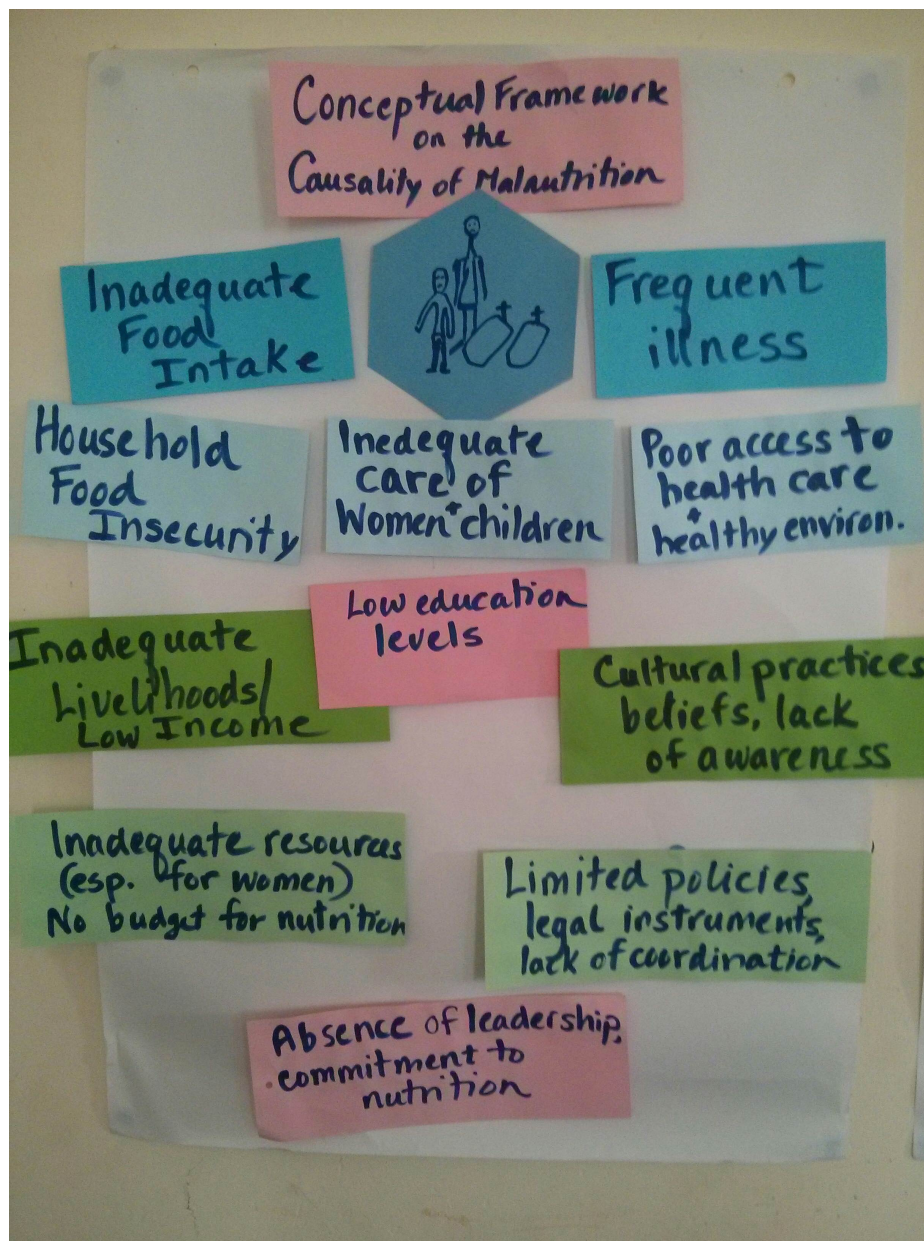
**Limited access to health services & poor health environment**

**Basic causes**  
(e.g. gender inequities, education, poverty, other)

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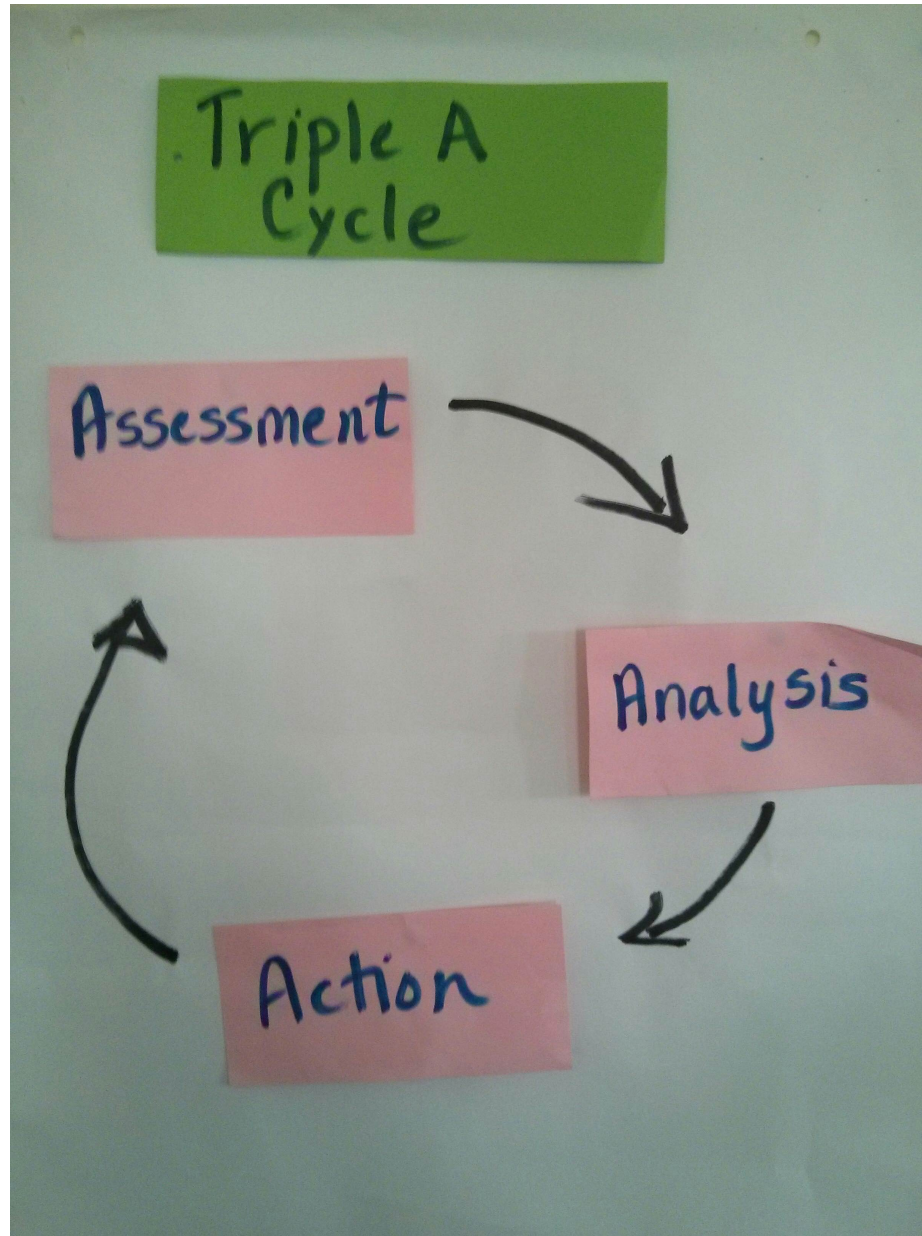
# Conceptual Framework, Triple A, Lifecycle approach - causality of malnutrition

# Conceptual Framework



# Triple-A Approach

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# Lifecycle Approach



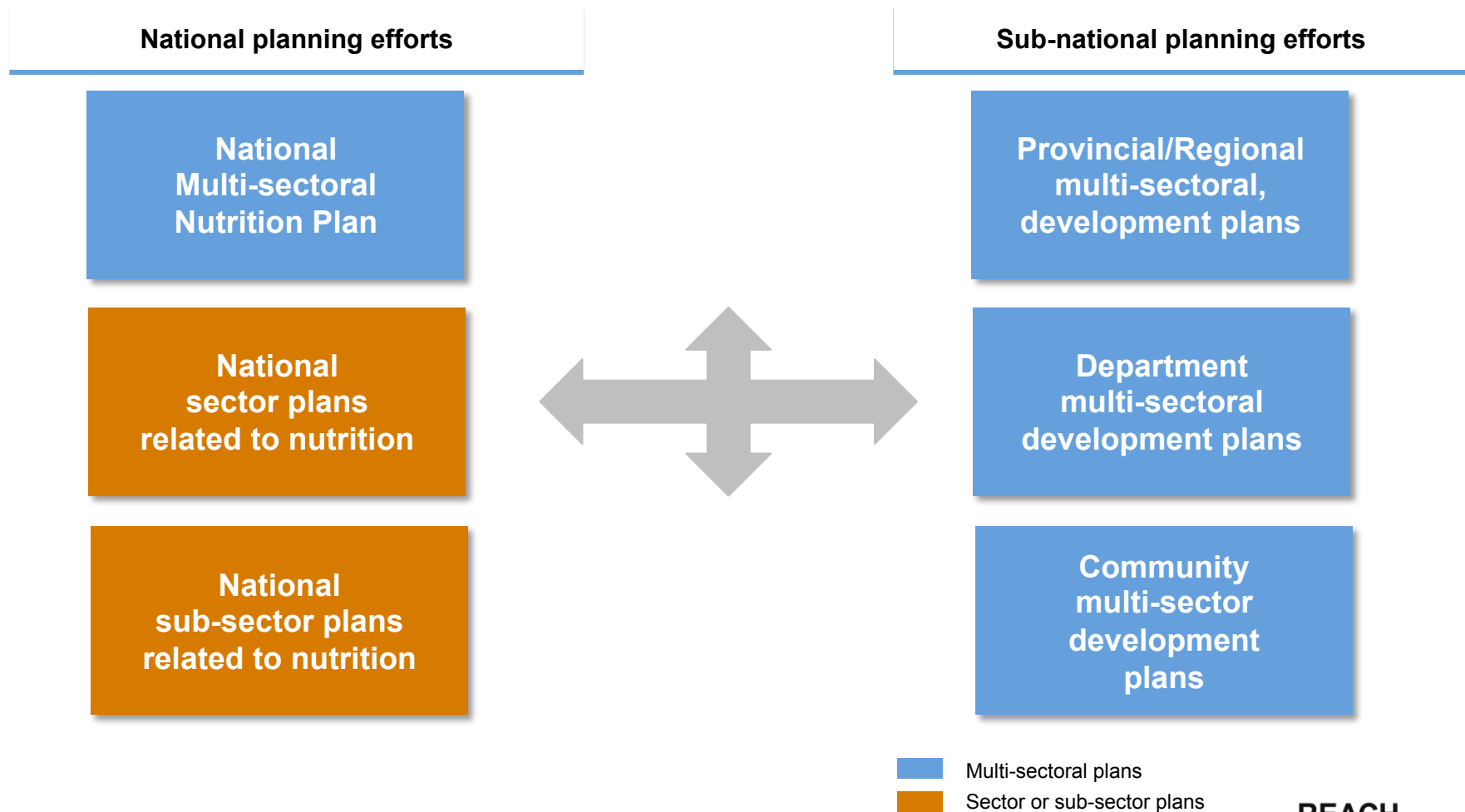
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# **Part Four: Using the Results for Planning**

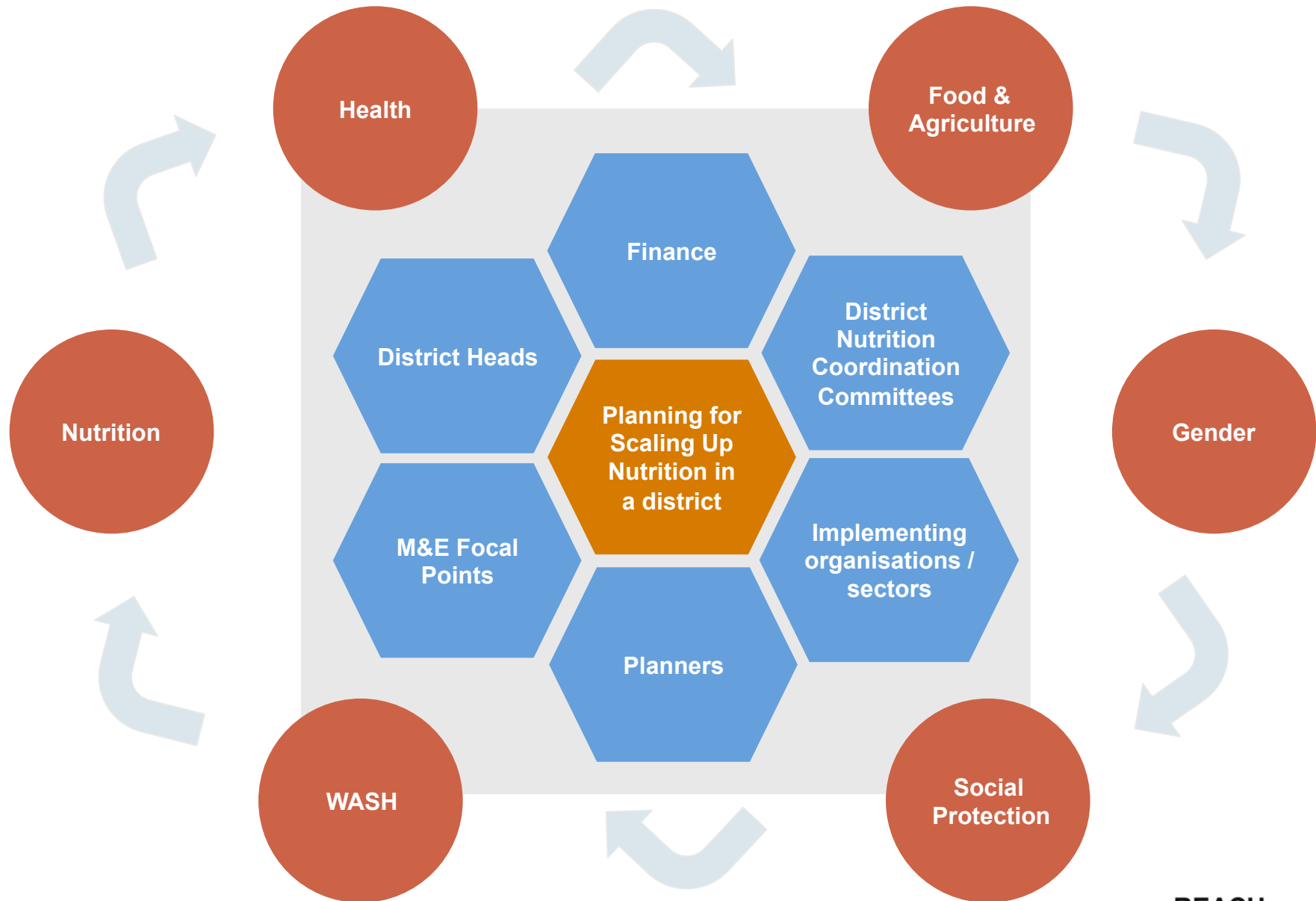


# Linking district level with national level planning is key to focus efforts.

How does district and national level planning work together in Uganda?  
Who owns the district level plan?  
Bottom-up or Top-down approach?



# Key Persons in the District When Planning to Scale-up Nutrition and key sectors



# When talking about scaling up need to take into account the following areas

Key Area:	Key Data / Information:	Source of Information:
Severity of the problem – key indicators	Situation Indicator Table	IYCF KAP and Food Based Dietary Pattern survey Baseline
Country / District priority actions	National & District Plans	UNAP
Roles & responsibilities	Who doing what and where	UNAP SUPA
Target Groups/Coverage (current vs target)	Target Beneficiary Coverage	UNAP SUPA
Capacity to scale-up	HR & delivery mechanism potential	Landscape Analysis (District Assessment) UNAP SUPA
Cost	Budgets	District budget process / performance evaluation
Trends / Impact	Situation Indicator Table UNAP SUPA yearly data	IYCF KAP and Food Based Dietary Pattern survey Endline?

Key: Green = Information available from UNAP SUPA

# Recap of the key questions to consider in the context of planning for UNAP SUPA data:

---

## Severity of the problem

- What is the current nutrition situation? What indicators should be focused on?

## Roles & responsibilities

- What is being done and what CNAs should be scaled-up?
- Is stakeholder engagement aligned with CNAs?

## Target Groups/Coverage (current vs target)

- What is the coverage of target beneficiaries and the scale-up need?

## Capacity to scale-up

- What is the current utilization and potential of delivery mechanisms to support scale up?

# What is the current nutrition situation? What indicators should be focused on?

	Situation Indicators	Status National	Trend	Seve rity	Target 2016	Status Western	Status Eastern
<b>Stunting</b>	Prevalence of stunting among children under 5 years old	33%	↗	●	32%	44%	25%
<b>Underweight women</b>	Prevalence of underweight among non-pregnant women 15-49 years old (with BMI < 18.5 kg/m2)	12%	↗		8%	8%	20%
<b>Anaemia women</b>	Prevalence of anaemia among women 15-49 years old	23%	↗	●	30%	17%	28%
<b>Low birth weight</b>	Percentage of newborns weighing < 2.5 kg at birth	10%	↗		9%	8%	7%
<b>Underweight under 5 years</b>	Prevalence of underweight among children under 5	14%	↗		10%	16%	10%
<b>Wasting</b>	Prevalence of wasting among children under 5 years old	5%	↗	●	N/A	3%	5%
<b>Exclusive Breastfeeding</b>	Percentage of infants exclusively breastfed to age 6 months	63%	↗		75%	???	???
<b>Anaemia under 5</b>	Prevalence of anaemia among children under 5 years old	49%	↗	●	50%	39%	55%
<b>Diarrhoea</b>	Prevalence of diarrhoea among children 6-59 months	23%	↗		N/A	19%	33%
<b>Food Security</b>	Percentage of households with poor or borderline food consumption	20%	↗		N/A	18%	24%

**Task 1: Decide what situation indicator(s) to focus on based on the status of each indicator and set priorities at district level**

# What is being done and what CNAs should be scaled-up?

---

Decisions made on what situation indicators to use determine which CNAs should be focused on.

For example: Anemia in women (Prevalence of anaemia among women 15-49 years old)

Related CNAs:

1. Provide iron folic acid / iron supplements
2. Provide insecticide treated bednets
3. Provide deworming tablets
4. Provide materials for small-scale horticulture / crop diversification with a nutrition objective
5. Provide livestock, poultry or fish for small-scale animal husbandry / aquaculture with a nutrition objective

Key questions:

Which of these CNAs are currently (not) being focused on?

Which ones should be focused on?

**Task 2: Look at whether the right CNAs are being focused on in the district**

# Is stakeholder engagement aligned with CNAs?

	Country Priority Actions	FI	Cat	Donor
IYCF	Promote optimal breastfeeding practices (e.g. BFHI, BFCI)	3	1	3
	Promote optimal complementary feeding practices	3	1	2
Micronutrients	Provide vitamin A supplements	2	0	2
	Provide iron/folic acid / iron supplements	2	0	1
SAM/MAM	Provide therapeutic feeding for SAM	1	0	0
	Provide supplementary feeding for MAM	1	0	1
Disease prevention & management	Provide insecticide treated bed nets	0	1	1
	Provide deworming tablets	2	0	1
	Provide diarrhoea treatment with ORS / ORS-zinc	2	1	1
	Provide PMTCT/EMTCT in line with Option B+ policy (incl. ARV, nutrition counseling)	2	2	2
MN CH	Carry out growth monitoring	6	4	5
Fam Plan	Provide family planning services	1	1	1

**Task 3: Look at current stakeholder engagement focus and how it may need to change to match chosen priority CNAs**

# What is the coverage of target beneficiaries and the scale-up need?

Actions		Target Groups	Hoima	Kibaale	Masindi	Luuka	Iganga	Namutumba
1	IFA	Pregnant women 15-49 years	-	16%	-	2%	-	-
		Adolescent girls 10-19 years	-	-	-	0%	-	-
2	ITBN	PLW 15-49 years	-	31%	-	-	11%	70%
		Households	-	-	0%	8%	-	115%
3	Deworming	Pregnant women 15-49 years	-	-	1%	3%	1%	-
4	Horticulture/crop diversification	Smallholder farmer households	40%	86%	4%	33%	3%	120%
5	Animal husbandry/aquaculture	Smallholder farmer households	11%	34%	1%	3%	7%	32%

**Task 4: Look at the current coverage of target beneficiaries and set appropriate targets for next year**



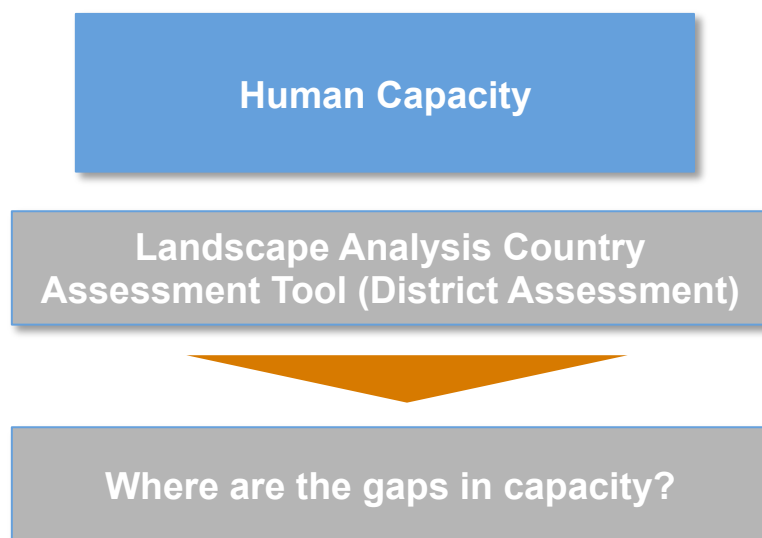
# What is the current utilization and potential of delivery mechanisms to support scale up?

Country Priority Actions / Delivery Mechanisms		Health centers	Health outreach workers	Agricultural extension workers	Farmer field schools	Agricultural business centers / Farmers cooperatives	Farmer groups / associations	National Agricultural Advisory Services (NAADS)	Child Health Day	Village Health Teams (VHT)	Community meetings / dialogues	Private companies	Religious centers	NGOs	Total number of delivery mechanisms per action
IYCF	Promote optimal breastfeeding practices (e.g. BFHI, BFCI)														6
	Promote optimal complementary feeding practices														6
Micronutrients	Provide vitamin A supplements														2
	Provide iron/folic acid / iron supplements														2
SAM/ MAM	Provide therapeutic feeding for SAM														1
	Provide supplementary feeding for MAM														1
Disease prevention & management	Provide insecticide treated bed nets														1
	Provide deworming tablets														2
	Provide diarrhoea treatment with ORS / ORS-zinc														2
	Provide PMTCT/EMTCT in line with Option B+ policy (incl. ARV, nutrition counseling)														1
MN CH	Carry out growth monitoring														5
Fam Plan	Provide family planning services														1

**Task 5: look at current utilisation of delivery mechanisms for each relevant CNA for the anemia (women) indicator and discuss which could be utilised more or new mechanisms that could be used**

## What else should be considered?

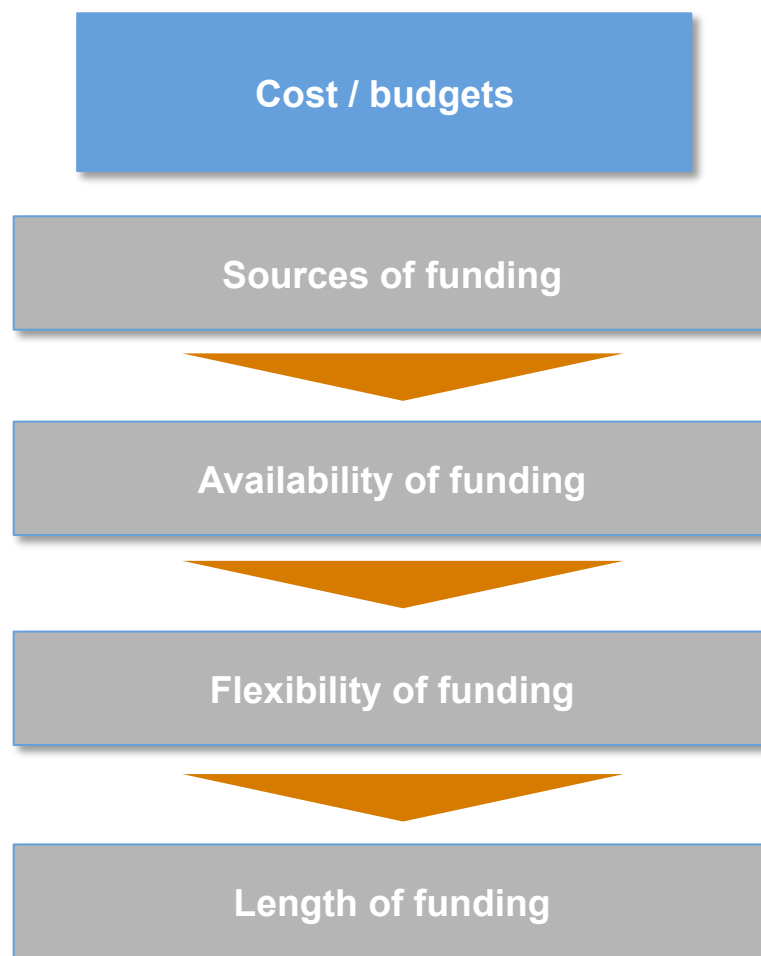
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**Task 6: Look at available human resources available in the district to scale-up the chosen CNAs**

## What else should be considered?

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**Task 7: Look at whether there is a budget available for the CNAs that should be implemented and who is providing**

## Using the results for planning – key points

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- Decisions made on what situation indicators to use determine which CNAs should be focused on.
- If CNAs are not focused, it is unlikely that any impact will be made on situation indicators
- Stakeholders need to be aligned with the district planning process / focus
- Set targets for scale-up need to be realistic / achievable
- Delivery mechanisms need to be chosen carefully, taking into account available capacity

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# **Part Five: Review of the District Plans**

## Group Work

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**Task: Please divide into groups and review the district plans to prioritise the nutrition interventions for the district, then report back to everyone.**

**Group Work Task: Please divide into groups and review the district plans to prioritise the nutrition interventions for the district, then report back to everyone.**

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Task 1: Decide what situation indicator(s) to focus on based on the status of each indicator and set priorities at district level

Task 2: Look at whether the right CNAs are being focused on in the district

Task 3: Look at the focus of current stakeholder engagement and how it may need to change to match chosen priority CNAs

Task 4: Look at the current coverage of target beneficiaries and set appropriate targets for next year

Task 5: Look at current utilisation of delivery mechanisms for each relevant CNA for the chosen situation indicator and discuss which could be utilised more or new mechanisms that could be used

Task 6: Look at available human resources available in the district to scale-up the chosen CNAs

Task 7: Look at whether there is a budget available for the CNAs that should be implemented and who is providing

# Setting targets for actions to be included in the plan of the district

**Task 1:** Prevalence of anaemia among women 15-49 years old in the district: \_\_\_\_\_

Nutrition-related actions <i>District level (e.g. xx%)</i>				Annual target	Delivery mech	HR	Budget
Core Nutrition Actions	Target groups	Implementing orgs	% Pop. coverage (baseline)	% Pop. coverage (2016)	Which delivery mechanisms to use?	Available?	Source
1 Provide iron-folic acid / iron supplements	Pregnant women 15-49 years		0%	XX%		Yes / No	
2 Provide iron-folic acid / iron supplements	Adolescent girls 10-19 years		0%	XX%		Yes / No	
3 Provide insecticide treated bednets	Pregnant women 15-49 years		0%	XX%		Yes / No	
4 Provide insecticide treated bednets	Households		0%	XX%		Yes / No	
5 Provide deworming tablets	Pregnant women 15-49 years		0%	XX%		Yes / No	
6 Promote small-scale horticulture / crop div	Households		40%	XX%		Yes / No	
7 Promote small-scale animal husbandry	Households		11%	XX%		Yes / No	

**Task 2**
**Task 3**
**Task 4**
**Task 5**
**Task 6**
**Task 7**



# Review

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**How does the exercise you just carried out compare with the earlier plan you put together as part of the ANI Project?**

- Chosen Actions?
- Target groups?
- Coverage targets?
- Implementing organisations?
- Implementing method (delivery mechanisms)?
- Budget source?

**What would you do differently next time when developing nutrition scale-up plans?**

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# **Part Six: Tracking and Evaluating Progress**

# Reviewing the implementation performance of the district

It is important to review the performance of the district each year before the next planning cycle starts so know what the current status of each action is and can then plan accordingly

When implemented

UNAP SUPA data

Nutrition Action	Timeline				Budget	Expenditure	Implementation status				Coverage Target / actual	Notes (e.g. challenges, lessons learned)
	Q1	Q2	Q3	Q4			Fully	Partially	Ongoing	Not		

# Next steps for the UNAP SUPA stakeholder mapping

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## UNAP SUPA Stakeholder Mapping Round 2.

**Projects start/finish and actors change frequently. Therefore it is important to update the available stakeholder information on a regular basis in line with the planning cycle**

**Timing:** July 2015

**Who will carry out data collection:** District M&E officers / planners / nutrition focal persons with support from REACH Team.

**Training:** Early July in Kampala

**Dates of data collection:** Mid – July 2015

**Pre-task:** Need to verify stakeholders currently working in the district

## Collecting data on key situation indicators

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**Collecting data on key situation indicators is important to be able to measure the impact of the nutrition-related CNAs that are being undertaken:**

- ANI Project data gives good baseline information BUT will need a measure of progress over the next few years.
- For example: Endline data from the ANI Project
- If no district level data available, can use DHS “regional” level data – or maybe DHS will go to district level.

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**Thank You!**