



KARAMOJA NUTRITION PROGRAMME





INTRODUCTION

The Karamoja Nutrition Programme is strengthening the Government's health system to improve the delivery of nutrition services in Karamoja.

More specifically to:

- Develop the skills of nutritionists and health workers
- Improve the treatment of severe acute malnutrition in hospitals and health centres
- Generate evidence to improve the design of nutrition services
- Procure and manage quality nutrition supplies
- Provide more effective nutrition leadership and coordination across all Government departments and partners.

The programme is being implemented by UNICEF and WFP and is funded by UK Aid. It is being implemented from 2018 - 2021.

SITUATION

Malnutrition remains widespread in Karamoja and is caused by multiple, related factors, including lack of food or limited access to adequate food, disease, poverty, illiteracy and climate change, among others.

CAUSES OF MALNUTRITION IN KARAMOJA





POOR DIET

Poor diet is one of the causes of malnutrition due to a lack of food or limited access to adequate food, as well as inappropriate feeding and care practices.

45% of households in Karamoja had **limited access** to food in January 2018

Most people in Karamoja cannot afford a nutritious diet.

The nutrient needs of **pregnant women, breastfeeding mothers and adolescent girls** are the most expensive to meet.



Even in households with adequate food, when they start eating solid foods, **children do not receive a nutritious diet.**

87% of children aged **6 - 23 months** are not fed the diverse diets they require on a daily basis



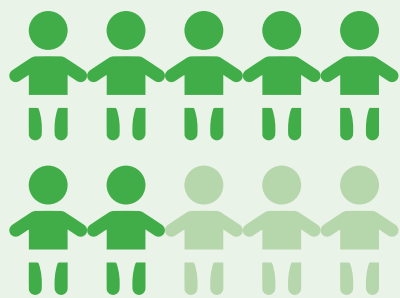




DISEASE BURDEN

Diseases are an immediate cause of acute malnutrition.

Malaria, pneumonia and diarrhea are the most prevalent diseases that cause malnutrition among children in Karamoja.



70%

**of children
0-59 months
in Karamoja had
malaria in 2016**



27%

**of children 0-59
months had a
respiratory infection**

The prevalence of acute respiratory infection in Karamoja is **more than double** the levels in other regions in Uganda.



2/3

**of households
in Karamoja do
not have a toilet.**
Children experience
persistent diarrhea
due to poor
sanitation and
hygiene practices.





HIGH FERTILITY AND INADEQUATE IRON

High fertility, teenage pregnancy and inadequate birth spacing have a negative impact on the nutritional status of children, adolescent girls and women.

24%

of teenagers in Karamoja **have begun child bearing**



10%

of births are **less than 18 months apart**

With poor diets and inadequate feeding among women of reproductive age, and with increased needs for iron during pregnancy, it is likely that child bearing is contributing to undernutrition.





STUNTING, WASTING AND ANAEMIA

12%

of women in Karamoja
are moderately or
severely thin, the highest
percentage in Uganda

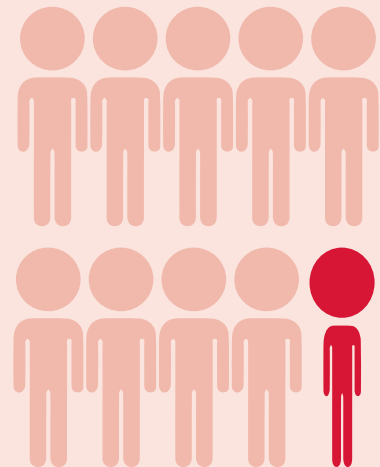


Child anaemia is high **and**
is not improving.



35%

of children in Karamoja have
their **development stunted**
due to undernutrition.



10%

**of children aged 6-59
months** in Karamoja are
severely malnourished

Children and mothers are
more likely to be **severely**
malnourished during
the dry season.

PILLARS OF THE PROGRAMME

The key pillars of building a strong and functional health system to improve the delivery of quality nutrition interventions in Karamoja include:



PILLAR ONE:
EFFECTIVE
LEADERSHIP AND
COORDINATION



PILLAR TWO:
IMPROVED HUMAN
RESOURCES FOR
HEALTH AND
NUTRITION



PILLAR THREE:
EVIDENCE
GENERATION AND
APPLICATION



PILLAR FOUR:
STRENGTHENED
SUPPLY SYSTEM



PILLAR FIVE:
IMPROVED
SERVICE DELIVERY



PILLAR 1

EFFECTIVE LEADERSHIP AND COORDINATION

Regularly supervise, coach and mentor district and health facility staff to ensure the delivery of high quality services. UNICEF and WFP will support staff training of district health officers, nutritionists, and biostatisticians to equip them with relevant skills. Supervision and quality control check lists and guidelines as well as job aids will also be provided to staff to execute their duties. UNICEF and WFP will support joint planning, reviews and the development of policies and guidelines to facilitate the government's effective leadership and coordination.





PILLAR 2

IMPROVED HUMAN RESOURCES FOR NUTRITION AND HEALTH



Recruit nutritionists at hospitals and strengthen district health offices to deliver higher quality health and nutrition services and save more lives. UNICEF and WFP will support filling existing nutritionist positions at the hospitals to support clinical services, like the treatment of acute malnutrition. UNICEF and WFP will also build nutrition capacity within the district health offices and will support nutrition training of health facility staff and Community Health Extension Workers.



PILLAR 3

EVIDENCE GENERATION AND APPLICATION

Strengthen information systems and carry out research to generate data that will improve service delivery. UNICEF and WFP will support health workers to record and report health data through the existing Health Management Information System. UNICEF and WFP will also support research that informs new approaches for digitizing health records, improve child feeding and prevent child anaemia, and improve the quality of nutrition services. In addition, the partners will continue to support surveys in Karamoja, with the data collected being used to determine what vitamin and mineral deficiencies exist, as well as to monitor the impact of drought and changes in climate.





PILLAR 4 STRENGTHENED SUPPLY SYSTEM



Work with partners to procure and deliver sufficient nutrition supplies to health facilities through the existing government supply system, and ensure that supplies are used well. UNICEF and WFP will work with government to improve stock management, and will support follow-up at the local level to ensure that the supplies reach the intended beneficiaries and are used appropriately. UNICEF and WFP will also continue to facilitate the domestic production of nutrition supplies.



PILLAR 5 IMPROVED SERVICE DELIVERY

Increase the coverage of nutrition services, improve the care received by mothers and children with acute malnutrition, and coordinate communication interventions that will promote feeding habits that better prevent child malnutrition. UNICEF and WFP will continue to support districts to deliver vitamin A supplements and deworming medication to children and pregnant women; and will work with partners to strengthen vitamin supplementation of women before and after having a baby, as well as to reach more acutely malnourished children with high-quality treatment. These nutrition services should save more lives as well as reduce the vulnerability of children and women to disease outbreaks, leading to their improved development and productivity.



CONCLUSION

The Karamoja Nutrition Programme is expected to accelerate Uganda's progress towards the Sustainable Development Goals by contributing to SGD 2 (end hunger, achieve food security and improved nutrition and promote sustainable agriculture); SGD 3 (ensure healthy lives and promote wellbeing for all at all ages); and SGD 5 (achieve gender equality and empower all women and girls).

More specifically, planned results of the Karamoja Nutrition Programme, include:

13,800

children aged 6-59 months with severe acute malnutrition are treated through hospitals and health centres.

140,800

children receive vitamin A supplements and deworming medication twice a year.

111,000

children aged 6-59 months and 36,000 pregnant and lactating women (PLW) who experience moderate acute malnutrition are treated through the community-based supplementary feeding programme.

68,500

pregnant or breastfeeding women receive adequate iron folic acid supplements.



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