CALL TO ACTION

Governance, coordination and partnership:

- Your supervision and coordination efforts will strengthen the leadership and capacity of the district to better plan, budget, implement and monitor both nutrition specific and nutrition sensitive interventions in the district.
- All the developed Nutrition Action Plans and Annual workplan were central and funding gaps established to provide a base for a resource mobilization plan as well as, to strategically facilitate effective and efficient finance planning, monitoring and liquidation of Multisectoral nutrition interventions.
- Communication for nutrition social change
  - Change and Advocacy
  - A network of 220 PCOs (Private Change Agents) were trained on Key family Care Practices as change agents for nutrition
  - 148 HVAs were trained on Key Family Care Practices as change agents for nutrition
  - 9 Community Development Officers were trained on Knowledge Care Practices as change agents for nutrition
- Finance and resource mobilization
  - Use partner presentations in district budget review conferences
  - Regulate the cost of district resources and financial management to allow for cost containment,
  - Use Community Development Action Plans (for Nutrition and practice)
  - Use Community Action Plans (for Nutrition and practice)

A Multi-Sectoral Nutrition Annual Workplan (FY 2019/20) was developed by the DNCC and subsequently approved through the Office of the Chief Administrative Officer to guide implementation of Nutrition actions in the district.

Coping with malnutrition in the district. The information generated from this study is important in designing context specific nutrition interventions in the districts and formulate customized action plans.

A Stakeholder Mapping and Capacity Assessment exercise was conducted to examine institutional arrangements and capacity to plan, budget and manage the multi-sector nutrition programs in the district.

Annual briefs (Technical and Advocacy) have been developed from relevant studies conducted to guide the strategic coordination, planning, budgeting, implementation and monitoring of both nutrition specific and nutrition sensitive interventions in the district, LLGs, and communities.

Poverty and legal framework

- Technical and financial support provided to the district in terms of logics in the various trainings and studies aimed at improving the ability and capacity of the district to better coordinate, plan, budget, implement and monitor both nutrition specific and nutrition sensitive interventions to communities.

Information management (monitoring, evaluation, surveillance and research)

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NUTRITION, WASH AND HEALTH STATUS OF THE DISTRICT

**NUTRITION STATUS**

- **FSNA baseline (2018)**
  - Underweight: 22.3%
  - Anemia in women: 66%
  - Anemia in children: 55%
- **Desired situation (2025)**
  - Underweight: 10%
  - Anemia in women: 12%
  - Anemia in children: 25%

**WASH STATUS**

- **FSNA baseline (2018)**
  - Access to improved sanitation: 63%
  - Access to improved water: 87%
- **Desired situation (2025)**
  - Access to improved sanitation: 80%
  - Access to improved water: 95%

**INFANT AND YOUNG CHILD FEEDING PRACTICES**

- **FSNA baseline (2018)**
  - Continued breastfeeding (2yr): 11.5%
  - Exclusive breastfeeding: 4%
  - Infant and young child diarrhea episodes: 11.5%
- **Desired situation (2025)**
  - Continued breastfeeding (2yr): 20%
  - Exclusive breastfeeding: 12%
  - Infant and young child diarrhea episodes: 76%

**HEALTH INDICATORS**

- **FSNA baseline (2018)**
  - Malaria: 63%
  - Diarrhea: 35%
  - Acute respiratory infections: 39%
- **Desired situation (2025)**
  - Malaria: 80%
  - Diarrhea: 80%
  - Acute respiratory infections: 40%

**ACBTS IN NABILATUK (0-23mo)**

- **FSNA baseline (2018)**
  - Acute malnutrition (MAM): 87%
  - Mortality (ACBTS): 70%
- **Desired situation (2025)**
  - Acute malnutrition (MAM): 80%
  - Mortality (ACBTS): 75%

**IMMUNIZATION (0-11mo)**

- **FSNA baseline (2018)**
  - Immunization coverage: 83%
  - Mortality (ACBTS): 70%
  - Mortality (MAM): 70%
- **Desired situation (2025)**
  - Immunization coverage: 90%
  - Mortality (ACBTS): 80%
  - Mortality (MAM): 80%

**DEWORMING (12-23 mo)**

- **FSNA baseline (2018)**
  - Deworming coverage: 63%
- **Desired situation (2025)**
  - Deworming coverage: 100%

**NUTRITION GOVERNANCE**

**WHAT IS NUTRITION GOVERNANCE AND WHY IT IS IMPORTANT FOR NUTRITION OUTCOMES**

Good nutrition governance entails making adequate policy decisions in a timely manner, committing the necessary financial and organizational resources to their effective implementation, i.e. ensuring that benefits reach most of the population, preferably the most vulnerable. It also entails a sustained political commitment to ensure that nutrition programs and policies can withstand threats and constraints from changes in district leadership, political and socioeconomic upheavals (Solon 2007).

**NUTRITION GOVERNANCE FRAMEWORK**

**PALLIARS OF NUTRITION GOVERNANCE**

- Nutrition Governance
  - Policy and legal frame work
  - Information management
  - Communication
  - Advocacy
  - Coordination and partnership

- Nutrition System Capacity Building
  - Vertical coordination
  - Intersectoral cooperation
  - Sustainable funding

- Nutrition Services Delivery
  - Service delivery of available routine immunization
  - Scale up and sustain effective coverage Vitamin A supplementation
  - Management of moderate acute malnutrition (MAM) Children 0-59 months
  - Provide deworming tablets to children (1-14yrs) Children 12-59 months
  - Scale up and sustain effective coverage of ORS-Zinc for diarrhea Children 0-59 months
  - Scale up and sustain coverage of long lasting insecticide treated nets (LLINs)

- Nutrition Outcomes
  - Reduction of child mortality
  - Reduction of acute malnutrition
  - Reduction of micronutrient deficiencies

**NUTRITION GOVERNANCE ACTIVITIES SUPPORTED IN THE DISTRICT**

- **Nutrition specific & sensitive**
  - Promote infant and young child feeding practices
  - Promote optimal nutrition
  - Improve children’s and maternal nutrition
  - Scale up and sustain effective coverage Vitamin A supplementation
  - Management of moderate acute malnutrition (MAM)
  - Deworming for pregnant women
  - Scale up and sustain coverage of ORS-Zinc for diarrhea

- **Nutrition specific**
  - Promote optimal nutrition
  - Improve children’s and maternal nutrition
  - Management of moderate acute malnutrition (MAM)
  - Provide deworming tablets to children (1-14yrs)

- **Nutrition sensitive**
  - Scale up and sustain coverage of ORS-Zinc for diarrhea

**SPECIFIC, NUTRITION SENSITIVE AND GOVERNANCE INTERVENTIONS**

- **NABILATUK DISTRICT MAP SHOWING DISTRIBUTION OF NUTRITION SPECIFIC, NUTRITION SENSITIVE AND GOVERNANCE INTERVENTIONS**

- **Stakeholders**
  - Nutrition specific & sensitive: 5 stakeholders
  - Nutrition specific: 2 stakeholders
  - Nutrition sensitive: 1 stakeholder

- **Interventions**
  - Nutrition specific & sensitive: 20 interventions
  - Nutrition specific: 15 interventions
  - Nutrition sensitive: 5 interventions

**Source:** Food Security and Nutrition Assessment in 8 districts of Karamoja 2018, MKEarasere University School of Public Health.