The 18 sub-counties and 1 town council were also supported to develop a Five-year Kaabong Nutrition Action Plan (DNAP) for 2020-2025. A Five-year Kaabong Nutrition Action Plan (DNAP) with a respective final mobilization plan was approved by the district council (2020-2025). All 18 Subcounties and 1 town council were also supported to develop subcounty nutrition action plans for approval by their respective subcounty councils.

Financial and resource mobilization

A number of frontline community structures were trained in Key Family care practices, so change agents for nutrition. These include 234 members of Parish development committees (POCs) and Functional Adult Literacy instructors (FALs) as well as 732 Village health team members (VHTS) trained in Nutrition governance.

Communication for nutrition behavior change and advocacy

A baseline food security and nutrition assessment (FSNA) was conducted in Kaabong district for benchmarking information, and the key findings of which have been used to inform nutrition programming in the district. Periodic assessments/baseline will also be conducted annually to assess progress.

The Link Nutrition Cascade Analysis (LS NCA) study was also conducted, to identify the contextual major causal pathways leading to stunting and anemia among the most vulnerable populations, and results of which have been used to adapt programming in order to propose more targeted nutrition sensitive interventions.

Information management, evaluation, and Human capacities

Information management (monitoring, evaluation, surveillance and research)

To build resilience of Vulnerable populations, and results of which study was also conducted, to identify the contextual major causal pathways leading to stunting and anemia among the most vulnerable populations, and results of which have been used to adapt programming in order to propose more targeted nutrition sensitive interventions.
Almost 4 in every 10 children had stunted growth, 15 of every 100 children had wasted bodies and 5 of every 10 children lacking enough blood (aneamic). 4 in every 10 children had stunted growth, 15 of every 100 children lacked enough blood (aneamic).

Continued breast feeding (2yr) 36% 42% 16% 10% 32% 12% 15% 53% 25% 80% 1% 76% 4% 39% 68% 9% 20% 32% 10% 10% 25%

Exclusive breast feeding 36% 42% 16% 10% 32% 12% 15% 53% 25% 80% 1% 76% 4% 39% 68% 9% 20% 32% 10% 10% 25%

Breast feeding within first 1 hour 36% 42% 16% 10% 32% 12% 15% 53% 25% 80% 1% 76% 4% 39% 68% 9% 20% 32% 10% 10% 25%

Child mortality risk (53.1%) were in Nutrition sensitive and 3 (6.3%) were for governance interventions. The figure below shows Nutrition specific, nutrition sensitive and governance interventions) within the district.  In total, 25 (52.9%) were for Nutrition specific, 25 (52.9%) were for Nutrition sensitive and 3 (6.3%) were for governance interventions.

47% Malaria 21% Diarrhea 54% Respiratory Infections

Source: Food Security and Nutrition Assessment in II districts of Kamwenge 2016, Makerere University School of Public Health.

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

NUTRITION GOVERNANCE FRAMEWORK

WASH STATUS

DIE WASH (2018) Desired situation (2025)

HEALTH INDICATORS

FSNA baseline (2018) Desired situation (2025)

NUTRITION GOVERNANCE ACTIVITIES SUPPORTED IN THE DISTRICT

Source: Institute of Development studies (IDS), 2013

Coordination and Partnerships

NUTRITION GOVERNANCE ACTIVITIES SUPPORTED IN THE DISTRICT

Kaabong District map and the distribution of Nutrition interventions (specific, nutrition sensitive and enabling environment) implemented within the district. In total, 19 (40.4%) were for Nutrition specific, 25 (52.9%) were for Nutrition sensitive and 3 (6.3%) were for governance interventions.