Kole District Nutrition coordination committee (DNCC), is equipped to conduct an in-depth analysis of the nutrition status at the subcounty level. The DNCC meets on a regular basis to discuss nutrition-related issues and to develop strategies to improve nutrition outcomes.

The district conducted quarterly DNCC meetings and support supervision activities aimed at strengthening the accountability framework for Multi-sectoral nutrition actions implemented in Kole district.

Systems capacity building (functional, institutional and Human capacities)

Kole district local government was supported to build the capacity of the coordination structures at district level and respective lower local governments to plan, budget, implement, and monitor multisectoral nutrition actions.

A total of 120 technical staffs from 6 sub-counties and 4 Town councils were trained on development of DNAPs.

DNCC/DNCCs to develop nutrition action plans (EH/NAPH(ANAP)/2020-2025) and advocate for approval by district/sub county councils.

Policy development, implementation and legal framework

A Framwork Kole District Nutrition Action Plan (DNAP), FY 2020-2025 was approved by the District council for operation as a district guide regarding multi-sectoral nutrition programming.

All six sub-counties and four Town councils were supported to develop Sub-Country Nutrition Action Plans (SNAPs) and these were approved by the respective councils.

Information management (monitoring, evaluation, surveillance and research)

The district was supported to carry out a Nutrition Impact Analysis (NIA) to understand the food and nutrition security situation and to explore the causal pathway for nutrition issues prevalent in the district.

Data from the NIA were to be used to support program implementation.

Kole was also supported to conduct a Food Security and Nutrition Assessments (FSNA). FSNA data was not available previously.

unavailable therefore this first FSNA data will be used as a baseline to compare progress in achievement of health, nutrition and WASH indicators in subsequent FSNA. Annual FSNA will be conducted to assess annual progress.

The Kole DNCC has been trained on nutrition governance and supported to use reporting templates and monitoring tools previously developed as part of the Standard Operating Procedures for nutrition governance. The reporting templates and monitoring tools are currently used in the district for program implementation.

The DNCCs SNCC and MCC conducts monthly monitoring and supervision visits and quarterly meetings to assess progress of program implementation.

Financial and resource mobilization

A created Multi-Sectoral Nutrition Annual Workplan (FY 2020/2021) was developed and approved through the office of the Chief Administrative Officer (CAO) to ensure implementation of nutrition actions in the district.

The Kole District Nutrition Action Plan (2020-2025) to support the implementation of multisectoral nutrition actions was approved by the District Council.

Six sub-counties and four Town council all had their Nutrition Action Plans approved by their respective councils. Activities from their workplan are being implemented in the district.

Communication for nutrition social change and Advocacy

A total of 120 PDCs, FAL Instructors and others training on Key Family Care Practices (KFCPs) as change agents for nutrition to enhance their ability to implement and supervise Multisectoral nutrition actions at sub-county/Town council level.

PDC Instructors were trained on Key Family Care Practices (KFCPs) as change agents for nutrition to enhance their ability to implement and supervise Multisectoral nutrition actions at sub-county/Town council level.

Advocacy for Nutrition (planning, budgeting and policy)

Involvement of politicians in monitoring of multi-sectoral nutrition actions and do not necessarily reflect the views of the European Union.

A Call to Action to support program implementation.

Kole District is situated in the Northern part of Uganda, along a sub-region between longitude 30 and 32 and 40 East and latitude 0 and 3° North. Kole District in Northern Nigeria shares a boundary with Oyam District in the West and Northern Nigeria.

Kole District in the Eastern and Apac District in the South. Administratively, Kole District has Four (4) Sub-county Councils (Lira, Nwoya, Pader and Adama) and six Sub-counties (Aker, Bala, Aboke, Ayer, Akalo and Aboke) and six Sub-counties (Bala, Aboke, Ayer, Akalo and Aboke).

Kole District covers a total area of 2,847 square kilometers of which 3% is under arable farming and 97% is forest and swamps.

Forest cover is 15% while about 74% is suitable for arable farming. Subsistence agriculture and livestock farming are the main economic activities.

With animal husbandry is the main economic

Activity in the district.

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NUTRITION, WASH AND HEALTH STATUS OF THE DISTRICT

**NUTRITION STATUS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FSNA baseline (2019)</th>
<th>Desired situation (2025)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal frequency</td>
<td>30%</td>
<td>49%</td>
</tr>
<tr>
<td>Breastfeeding within 1st hour</td>
<td>21%</td>
<td>80%</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>10%</td>
<td>21%</td>
</tr>
<tr>
<td>Min. diet diversity (6-23mo)</td>
<td>80%</td>
<td>87%</td>
</tr>
<tr>
<td>Min. acceptable diet</td>
<td>55%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**HEALTH INDICATORS**

<table>
<thead>
<tr>
<th>Condition</th>
<th>FSNA baseline (2019)</th>
<th>Desired situation (2025)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult anaemia</td>
<td>40%</td>
<td>57%</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>49%</td>
<td>30%</td>
</tr>
<tr>
<td>Underweight</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Stunting</td>
<td>25%</td>
<td>40%</td>
</tr>
<tr>
<td>Wasting</td>
<td>6%</td>
<td>25%</td>
</tr>
</tbody>
</table>

**NUTRITION GOVERNANCE**

**WHAT IS NUTRITION GOVERNANCE AND WHY IS IT IMPORTANT?**

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 programs and policies can withstand threats and constraints from changes in district leadership, political and socio-economic upheavals (Solon, 2007).

**NUTRITION GOVERNANCE FRAMEWORK**

- **Policy/Frame Work**: Nutrition policy development and implementation
- **System Capacity Building**: Technical capacity building and training of stakeholders
- **Outcomes**: Improved health and well-being of target groups
- **Outcomes**: Improved health and well-being of target groups
- **Outcomes**: Improved health and well-being of target groups

**NUTRITION GOVERNANCE ACTIVITIES SUPPORTED IN THE DISTRICT**

- Scaling up & sustain effective coverage of vitamin A supplementation to children 0-59 months
- Iron and Folic Acid supplementation to pregnant women
- Outpatient management of severe acute malnutrition without medical complications
- Management of moderate acute malnutrition (MAM)
- Deworming for pregnant women* (15-49yrs)
- Vitamin D supplementation to children 6-59 months
- Nutrition sensitive Governance
- Scale up and sustain coverage of long lasting insecticide treated nets (LLINs)
- Treatment of malaria
- Sustain universal coverage of available routine immunization services
- Prevention and Management of diet –related NCDs

**INTERVENTIONS**

- Scale up coverage of optimal breast feeding practices
- Breast feeding within first 1 hour
- Exclusive breast feeding
- breastfeeding within first 1 hour
- Min. diet diversity (6-23mo)
- Min. acceptable diet
- Common childhood illnesses in Kole district include;
  - Malaria: 5%
  - Diarrhea: 3%
  - Acute Respiratory Infections: 3%

**16 STAKEHOLDERS OVERSEEING/IMPLEMENTING GOVERNANCE**

- Nutrition sensitive Governance
- All stakeholders
- Nutrition specific
- 35% 75%
- Children 0-59 months, Pregnant women
- Children 0-59 months, Pregnant women
- Children 0-59 months, Pregnant women
- Pregnant women (15-49 yrs)
- Children with special needs
- Pregnant women (15-49 yrs)
- Pregnant & Lactating women (15-49 yrs)
- Children 0-59 months
- Children 0-59 months
- Pregnant & Lactating women
- Pregnant & Lactating women
- Children 0-59 months

**PILLARS OF GOVERNANCE**

- Information
- Communication
- Stakes holder mapping
- Coordination and Partnerships
- Technical
- Financial and Resource Mobilization
- Administration
- Management

**Source:** Institute of Development Studies (IDS), 2013