NUTRITION LEARNING REPORT JUNE 2021

USAID/Uganda Nutrition Implementing Partners Learning Experience: Community-Integrated Nutrition in Karamoja

EVENT OVERVIEW

USAID Maternal Child Health and Nutrition (MCHN) Activity seeks to increase cross-fertilization of knowledge and shared learning between and across regions. On 28th-29th April 2021, the MCHN Activity, USAID Uganda Learning Activity (ULA), and USAID-supported partners NUYOK (which means "it is ours") and APOLOU (which means "growth") held a two-day workshop on community-integrated nutrition. The workshop was designed with field visits to intervention sites in Moroto and Napak districts of Karamoja and discussion, reflection, and synthesis sessions to provide a platform to enhance inter-partner collaboration and between- and cross-regional learning.

Twelve USAID Implementing Partners (IPs), representatives from the Ministry of Health (MOH), Napak and Moroto District Health Teams, and two Regional Nutritionists attended the workshop. Both NUYOK and APOLOU representatives shared experiences designing community nutrition models and participants discussed the strengths and limitations of implementing various workflow processes, care model groups, sustainable models and community integration best practices.

Workshop

Day 1

AM – Field visit to two intervention sites in Karamoja

PM – Synthesis Session

Day 2

AM – Visiting teams report on field experiences and what they learned

PM – Collaborative Learning and Adaptation (CLA) sessions, and evaluation discussions and recommendations

HOST PARTNER DESCRIPTION

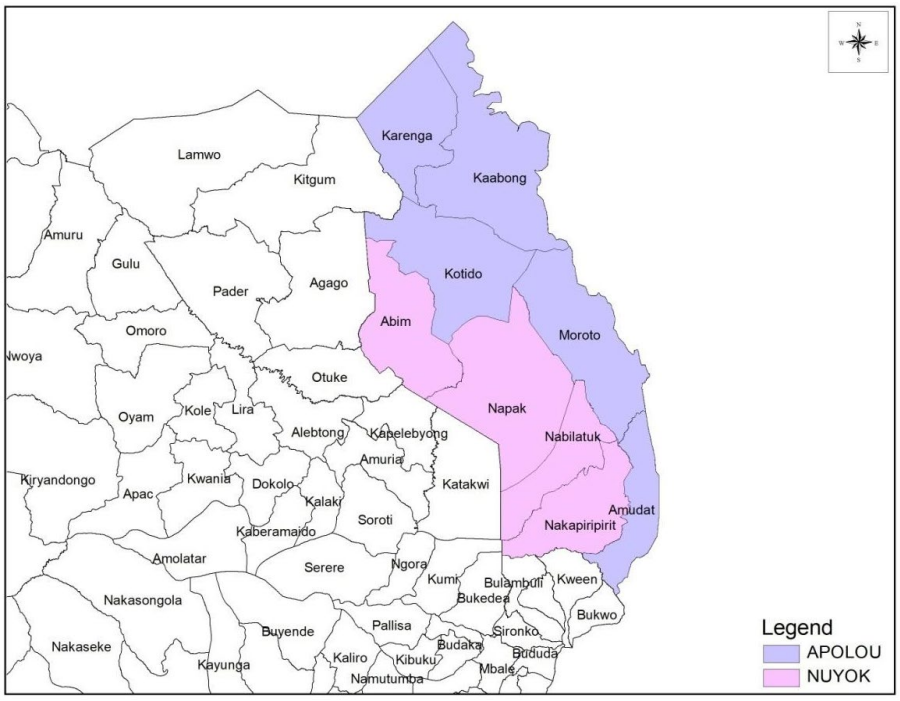
NUYOK

The NUYOK Activity (2017 to 2022) targets vulnerable rural families in 524 villages in Abim, Nakapiripirit, Nabilatuk and Napak districts of Karamoja (Figure 1). The Activity's targeted reach is 196,053 people and it seeks to strengthen governance, promote gender equity, build community capacities to manage shocks and stress, strengthen traditional and diversified livelihood strategies and improve nutrition and health, including Water, Sanitation and Hygiene (WASH), for pregnant and lactating women, adolescent girls and children under five years of age. The NUYOK Activity is a consortium of seven partners and is managed by Catholic Relief Services.

APOLOU

The APOLOU Activity (2017 to 2022) has a reach of over 216,692 participants (women, children under 5 years, adolescents, and men) in Karenga, Kaabong, Kotido, Amudat and Moroto districts of Karamoja (Figure 1). The Activity goal is to achieve a food-secure future in the Karamoja sub-region of Uganda by improving: 1) inclusive and effective governance; 2) health and nutritional status of pregnant and lactating women, children under five, and adolescent girls in targeted districts; 3) WASH conditions among targeted households; and 4) incomes and livelihoods of targeted communities. The APOLOU Activity is implemented by a consortium of 8 partners and is managed by Mercy Corps.

Figure 1: Map showing the location of APOLOU and NUYOK Activities in the Karamoja region



LEARNING WORKSHOP STRATEGIES

MCHN and ULA designed the learning workshop to foster inter-partner collaboration and knowledge exchange in promoting integrated nutrition approaches. The two days were organized as follows:

DAY 1: FIELD VISIT AND SYNTHESIS SESSION

- A courtesy visit by the visiting team to the Chief Administrative Officers (CAO) of Napak and Moroto, who escorted and introduced the various teams to the community.
- Intervention site visits by the district leadership, visiting IPs, and hosts to:
    - observe practical initiatives taken up by the women and adolescents to solve some of the food security and sustainability challenges they encounter daily, and to
    - discuss key achievements with community recipients of the interventions.
- Group discussion using MCHN and ULA-provided discussion guides to reflect and synthesize lessons from the field experience visit.

DAY 2: LEARNING EXCHANGES, DISCUSSIONS AND EVALUATION

- Experience sharing by NUYOK and APOLOU on strengthening relationships with key stakeholders within the community structures, to implement district-level nutrition activities.
- Experience sharing from collaborating Ips of NUYOK and APOLOU doing similar work in Karamoja.
- Experience sharing by visiting IPs on community nutrition integration practices from various regions around the country.
- Interaction with district local government leadership, community members, and regional nutritionists on functionalizing community gardens and other activities in general.

The workshop utilized multiple and diverse strategies to engage the participants: **field visits** to enable participants to observe and appreciate the host partners' context of implementation, **group discussions** to share and reflect on implementation experiences and learning, **presentations** by IPs to facilitate regional learning where on-the-ground visits are not possible and **plenary and synthesis sessions** to guide participants to reflect on specific aspects of integrated community nutrition. To boost participants' morale and active participation, the workshop had interludes of video/ audio clips and fun games.

FIELD VISITS

Participants were separated into two main groups: group one visited NUYOK and group two visited APOLOU sites. Sub-groups were created within the main groups to minimise crowding in accordance with the COVID-19 standard operating procedures.

NUYOK: The team visited three homesteads to

1) Interact with a lead mother to understand how household caregivers obtain skills, knowledge and the impact of this on health and nutrition of children;
2) Interact with a peer Village Health Team member and health assistant to understand community-facility linkages and data flow processes; and to
3) Interact with NUYOK staff to understand how integrated nutrition-sensitive agricultural interventions work, including the project's adaptation processes, challenges and lessons learned.

APOLOU: The team visited two communities to:

1) Observe APOLOU-supported interventions, including kitchen gardens, WASH facilities and learning materials;
2) Interact with community structures and beneficiary members of Mother Care Groups (MCG) and Saving and Internal Lending Groups (SILG) to hear about their experiences, including perceived challenges and perceived benefits; and to understand how the community structures influence MCHN and WASH; and to
3) Interact with the "natural leaders" to understand how the team maintains WASH facilities in the village, what challenges they face, and how they mitigate them.

Participant Expectations

1. Learn about best practices in community nutrition
2. Learn about effective care models
3. Learn how VHTs are motivated
4. Learn how partners manage collaborations between Government of Uganda structures from district to village levels
5. Identify gaps in community nutrition and how they can be addressed or improved
6. See the Karamoja household set-up
7. Learn about the process and effectiveness/impact of community nutrition
8. Learn about integration of nutrition into other MCH/Family care models
9. Learn about the sustainability approaches for the community integrated nutrition

LESSONS FROM THE FIELD VISITS

1. Integrated nutrition-sensitive agriculture interventions

Communities adopted **backyard gardening** with the support of agro-input dealers to select crops to grow, provision of quality seeds to improve yields, and marketing of the produce. Districts provided technical assistance through training, registration, and linkage of individual farmers to markets. In addition, the project encouraged farmers to grow iron-rich beans and orange-fleshed sweet potatoes to mitigate nutritional deficiencies found in the community.

Communities developed the vegetable gardens behind the *manyattas* (Karamojong village). They organized the gardens in clustered strips measuring 3-7 meters long and used water from the borehole to irrigate the garden. Some gardens existed outside *manyattas* and around boreholes to take advantage of the run-off water. (Figure 5).

Figure 5: Backyard vegetable gardens

The proximity of backyard gardens located behind the manyattas has enabled households to have a continuous supply of nutritious foods, promoted the uptake of balanced diets amongst families and reduced malnutrition. Also, backyard gardening has increased the income generating capacity of households, and participants feel the increased the number of farmers has led to cheaper food; thereby, enhancing the sustainable access of food access within the community.

2. Community-led Peer-to-Peer WASH Interventions

The standard campaigns for improving hygiene and sanitation were ineffective. Therefore, NUYOK and APOLOU adopted a peer-to-peer approach to increase hygiene and sanitation practices at the household level. Communities identified and selected suitable individuals to undergo training by the project to become WASH advisors, managers, mobilisers, and agents. Trained agents cascade their knowledge and skills by teaching WASH practices to their communities through design and demonstration projects. These projects include latrine digging, bath areas, and hand washing facilities (Figure 6). Community-selected WASH agents have enabled community members to actively engage in WASH practices.

Figure 6: Hand washing point

3. Mother Care Groups

Mother Care Group (MCG) is a strategy to cascade healthy practices to households in the community. Each MCG involves a maximum of 10 Lead Mothers selected by the community and each Lead Mother supports a group of eight to ten household caregivers. Lead Mothers receive hands-on skill training and demonstrations by Village Health Teams. In turn, Lead Mothers pass on what they have learned to household caregivers. Lead Mothers conduct home visits and follow-up to promote recommendations and guidelines provided by health workers. The MCGs have contributed to improved infant feeding practices by adopting and promoting sustainable nutrition practices such as feeding with locally grown food.

Notably, NUYOK adapted the structure of MCGs to the contextual needs of its communities. For instance, the *manyattas* were far apart and it was not feasible for mothers to travel long distances to meet. Therefore, NUYOK adapted MCGs to have fewer members (5-7 instead of 10), residing in a single *manyatta*, to enable Lead Mothers to effectively support household caregivers and increase the adoption of essential nutrition and hygiene Actions (ENHA).

Figure 7: Lead Mother conducts a cooking demonstration of nutritious porridge

4. Linkage of Adolescent Safe Spaces to Mother Care Groups

MCGs create "adolescent safe spaces" to share knowledge and skills to promote adolescent health and confidence. Some MCGs train adolescents on how to make and use sanitary pads and support hygiene during menstruation, and provide informal introduction to education, such as basic reading and writing. The linkage of adolescent safe spaces to MCGs has supported adolescent girls to transition to womanhood.

An adolescent girl from Nawanatau Village, Nadunget Sub-County reported:

"Initially, before the project, I knew nothing. Now I can write my name and those of other people. I used not to mind clearing faeces with my hands while at the same time preparing food. However, I no longer do that these days. I am clean nowadays as you can see. I learnt how to make, use and wash pads. I bathe three times a day when I am in menstrual periods. Therefore, I do not smell. I find myself comfortable around the others since I no longer smell."

5. Male Change Agents

Men are influential members in Karamojong society as key decision-makers and keepers of household resources. Therefore, male involvement is critical to lasting behavioural change in the community. Male Change Agents (MCA) – men who are influential members of the village, willing to volunteer, and able to read and write – were identified to be champions of behaviour change among fellow men and increase male involvement in maternal health, child health and nutrition activities. The MCAs support Mother Care Groups by escorting pregnant mothers for antenatal care visits, assisting households on major decision-making (e.g., whether to sell an animal or not) and mitigating conflict resolution at the household level, including reduction of gender-based violence.

6. Lead Mothers and Male Change Agents Support Village Health Team

Lead Mothers and Male Change Agents regularly conduct home visits and nutrition assessments. They collect individual data and share these records with the VHTs, who assess whether the mother or child requires referral for nutrition supplementation. The VHTs verify and record these data in the VHT Register, which are submitted at the health sub-district (sub-county) to be entered into the District Health Information System 2 (DHIS2). This process has enabled VHTs to cover more areas within the community and improved data capture and data utilization at the community level.

IMPLEMENTATION CHALLENGES

NUYOK and APOLOU shared various implementation challenges to integrated community nutrition interventions. Contextual and cultural challenges are more difficult to mitigate, but program planning challenges can be addressed by rethinking existing program strategies and planning.

Type of Challenge	Description
Contextual	• **Natural calamities and insecurity**: natural calamities (e.g., wildfires) and high levels of insecurity in Karamoja (for instance cattle rustling, kidnapping and massacre) lead to destruction of property, loss of lives, and detrimental social and psychological problems. This impacts staff safety and continuity of interventions. Wildfires destroy property, including learning materials and homesteads which forces communities to migrate, hence disrupting the implementation activities. • **Alcohol abuse**: High levels of alcohol consumption, particularly among adult males, negatively affects household decision making and behaviour change. • **Physical access**: Limited transport options and deplorable roads in the district constrain the community's access to health facilities, markets, and schools. • **Health system:** Frequent supply stock-outs at health facilities negatively affect community perceptions of health facility readiness to offer services and community's health-seeking behaviours, especially ANC attendance.
Cultural	• **Mobile communities**: Communities are nomadic, thereby, making long-term investments difficult (e.g., changing farming practices or building pit latrines) • **Acceptable food:** "People do not have animal proteins in their meals because they consider their animals (cattle, sheep and goats) too prestigious to consume."

Type of Challenge	Description
Program Planning	• **Community engagement**: Use of financial incentives to mobilize mothers to participate in MCG learning sessions were detrimental to the program and development of the community. Mothers were reluctant to participate without facilitation from the lead mothers. Program staff feel there is a lack of evidence-based research and documented practices to guide ongoing community engagements. • **Linkage to stakeholders:** Limited linkages and collaboration between communities, government and private sector players limits access to opportunities in the region • **Male involvement:** Current male involvement strategies have not trickled down to the adolescent boys, leaving girls more empowered than their male counterparts • **Borehole and pit latrine slab construction and management:** The use of concrete for WASH interventions has proven challenging due to the cost and unique skill sets required to construct and maintain these structures. • **Wet season:** Lack of bags to protect the IEC sensitisation materials and registers during the wet season.

RECOMMENDATIONS FOR NUYOK AND APOLOU

During the discussion, reflection, and synthesis sessions, visiting IPs suggested the following recommendations for NUYOK and APOLOU to build sustainable community-integrated nutrition models:

1. **Empower existing community structures through capacity building**

Build sustainable community-integrated nutrition models by implementing the interventions through existing structures and continued capacity building of community leadership structures to enhance ownership and acceptability.

2. **Build collaborations with existing partners (CSOs, NGOs, GOU)**

Collaborations with partners on the ground are crucial to implementing targeted community interventions, facilitating collaborative learning and adaptation and reducing duplication of effort by different partners. It is important to build collaborations with existing partners, such as Community Service Organisations (CSOs), Non-Government Organisations (NGOs) and the Government of Uganda (GOU).

3. **Link adolescents to formal education and/or skills building opportunities**

Link adolescents, youth and young adults to formal education and/or skills building opportunities to build self-sufficient communities in Karamoja.

4. **Use alternative building materials to concrete slabs**

Reinforced pit latrines are needed in the area given the weak soil. However, concrete slabs were too costly for the poor and disadvantaged communities in Karamoja. The use of less expensive and locally available alternative materials, such as sandbags and bamboo poles were recommended.

5. **Empower communities to save money for agricultural, nutrition, and WASH purposes, and link them to sustainable financial services, strategies and tools**

Most households that have generated income use it to purchase additional cattle. Communities can be empowered to save money for agricultural, nutrition, and WASH purposes (e.g., repair borehole, purchase agricultural equipment). Additionally, the savings groups are continually disrupted by civil disputes within the regions. Therefore, it was recommended that community-saving groups should be linked to banks and mobile saving platforms, which would minimise the loss of their savings.

BEST PRACTICES AND CORE STRATEGIES

Visiting IPs identified the following best practices and core strategies with potential for adoption in their regions.

1. **Mother Care Groups:** Several IPs were impressed by the MCG because of the flexible peer-to-peer learning and multi-pronged intervention packages (e.g., advise about care during pregnancy, childbirth, newborn care, and nutrition) the Lead Mothers offer to their communities.
2. **Male Change Agents:** IPs recognised this as a great opportunity to strengthen the male involvement in MCHN activities within their regions.
3. **Knowledge, Attitudes, and Practice Survey:** IPs recognised the value of conducting a KAP survey to understand community needs and prioritize content in the training manual to enhance uptake of Essential Nutrition and Hygiene Actions.
4. **Graphic and Visual IEC:** Use of graphic and visual IEC materials can reach both the literate and illiterate community members, accelerate dissemination of information, and improve comprehension of key messages.
5. **Readily Available and Translated Job Aides:** IEC materials and job aides were readily available to the Mother Care Groups, and they were translated into local languages to ease communication (figure 8).

Figure 8 Translated learning manual

CONCLUSION

Participants of the learning workshop appreciated knowledge exchange through field visits and purposeful discussion. They provided feedback that it enhances collaboration, learning, and adaptation between different IPs, and they recommended that MCHN and ULA conduct similar learning workshops in the future. Follow-up and documentation of these learnings are needed to assess the extent of between- and cross-regional uptake of ideas and strategies.

For more information
Contact APOLOU Chief of Party: Sagar Pokharel, spokharel@mercycorps.org
Contact NUYOK Chief of Party: Vewonyi Adjavon, vewonyi.adjavon@crs.org

MCHN Project Contact Information:
FHI 360 Uganda
Plot 15 Kitante Close, PO Box 5768
Kampala, Uganda
Telephone: +256.312.266.406
Fax: +256.312.266.407
MCHNinfo@fhi360.org

Author contact information:

MakSPH
Joseph Akuze jakuze@musph.ac.ug
Kajjo Darious kjjdarius@gmail.com
Gertrude Namazzi namazzi_ge@yahoo.co.uk
Doris Kwesiga dknnkwesiga@gmail.com
Peter Waiswa pwaiswa@musph.ac.ug

ULA
Ruth Ankunda RAnkunda@qedgroupllc.com

FHI360
Brenda Kharono BKharono@fhi360.org
Hanifa Bachou HBachou@fhi360.org
Sharon Tsui STsui@fhi360.org
Patrick Walugembe PWalugembe@fhi360.org
Nathan Tumwesigye NTumwesigye@fhi360.org

APOLOU
Rose Nakiwala rnakiwala@mercycorps.org
Wilson Kirabira wkirabira@mercycorps.org
Florence Randari frandari@mercycorps.org
Emma Koryang ekoryang@mercycorps.org
Gilbert Oywek goywek@mercycorps.org
Paul Pax ppax@mercycorps.org

NUYOK
Joanita Naggadya, jonanita.nagaddya@crs.org