



UGANDA NATIONAL IMAM COVERAGE WORKSHOP

MOROTO – 27TH FEBRUARY 2015
KAMPALA- 3RD MARCH 2015

WORKSHOP REPORT AND RECOMMENDATIONS



SUMMARY

Karamoja sub region is a semi-arid area of northern Uganda that borders Kenya and Sudan. Out of 1.2 million Karamojong who live there, 82% live below the poverty line. There are several underlying factors to the region's underdevelopment, including its relative isolation, persistent instability due to cattle rustling and conflict with neighbouring tribes, and chronic drought and flooding which results in poor harvest and food insecurity. The UNICEF/WFP 2014 Food Security and Nutrition Assessment, indicate that critically, the prevalence of Severe Acute Malnutrition (SAM) is approximately 2.8% (with a range of 1.8-5.6%) and Global Acute Malnutrition (GAM) is approximately 13.4% (with a range of 8.4-22.2%).

From January to March 2015, the first SLEAC and SQUEAC coverage assessments to be conducted in Uganda, took place in the Karamoja region. Following the SLEAC assessment of the whole Karamoja region, and a SQUEAC assessment in Moroto district, two workshops were organised.

The objectives of the workshops were:

1. To disseminate an overview of coverage and preliminary results from the SLEAC.
2. To demonstrate capacity building and learning undertaken by the new SQUEAC team.
3. To engage all stakeholders in using the findings of the assessments to produce recommendations for the IMAM programme.
4. To jointly develop country specific action plans for scaling up/rolling out coverage assessments across Uganda.

Presentations from ACF-UK focussed heavily on objective one in order to create an understanding of the relationship between effectiveness of programmes and coverage, and to present preliminary SLEAC results. The capacity building process of the SQUEAC was demonstrated through the participants using the Moroto SQUEAC data to present the process. The third and fourth objectives were the result of interactive group sessions where recommendations were considered on the community, organisational, strategic and policy level. Agnes Chandia of the nutrition unit of the Ministry of Health opened the workshops, with presentations on the implementation of IMAM in Uganda and how IMAM sits inside the five priority interventions for nutrition in Uganda. The presentation looked at Severe Acute Malnutrition in the Ugandan context, and the varying prevalence across the country with the Karamoja region having the highest rates, which are classed as critical.

The first workshop, held in Moroto town on 27th February 2015, was for local stakeholders from the Karamoja region. The second, a national workshop, held in Kampala on 3rd March 2015 included participants from across Uganda. In total, approximately 60 took part the workshops, including ACF representatives, Ministry of Health (MoH), UN and several from other agencies. A full list of participants and their contact details is available in annexes 1 and 2.

Coverage Activities:

Figure 1: Map of SLEAC and SQUEAC area.

The highlighted area in North-East Uganda displays the Karamoja region, where the SLEAC was conducted, with the SQUEAC taking place in Moroto district. The coverage of SAM services are high in the green areas, and moderate in the orange areas.

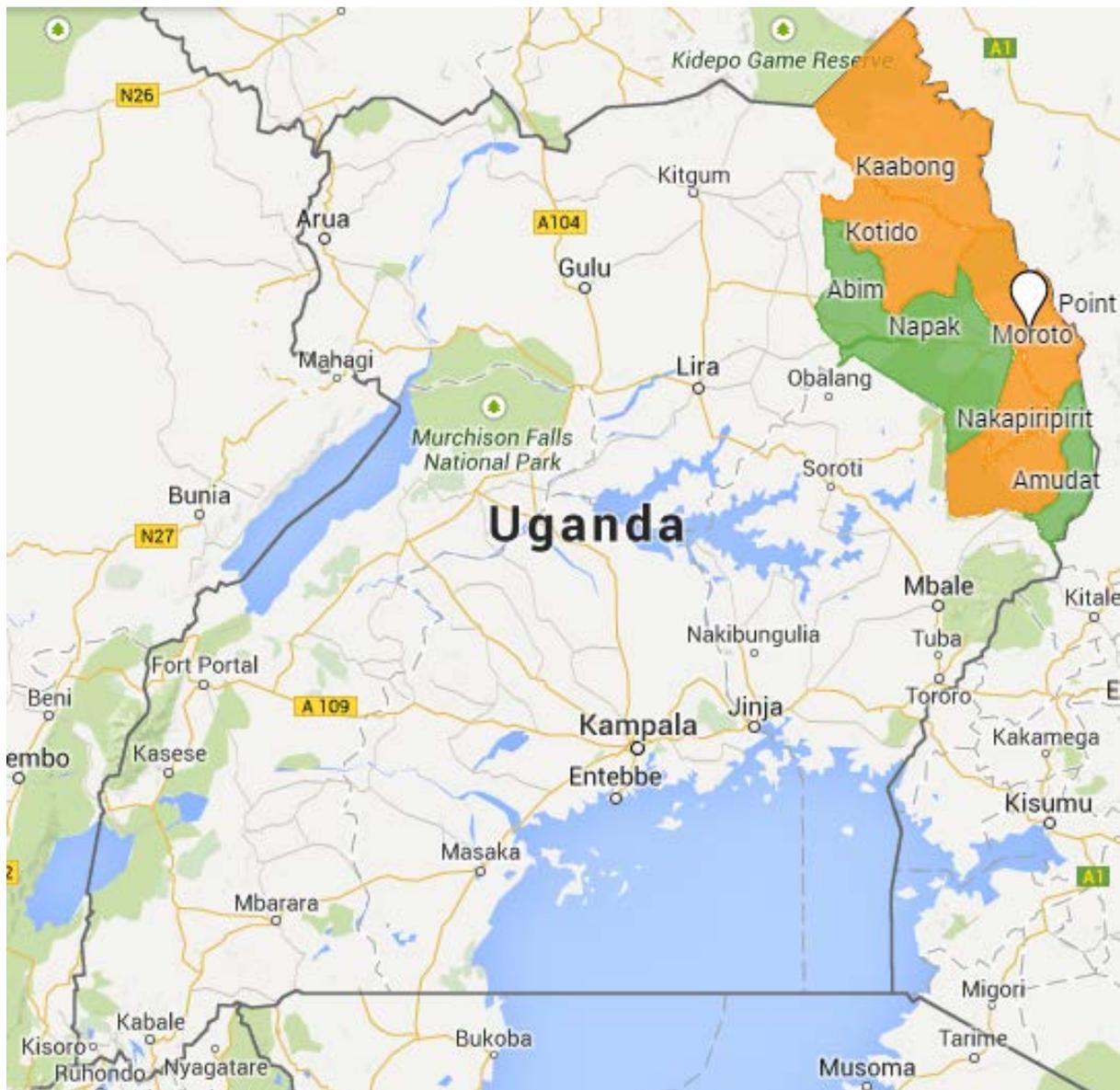
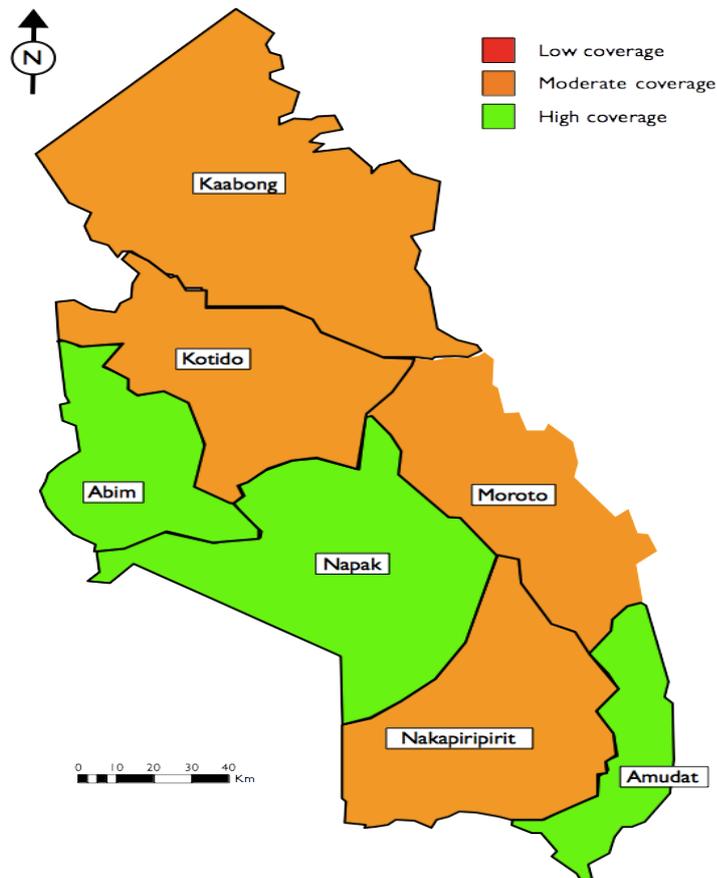


Figure 2: IMAM coverage classifications from the SLEAC assessment



(Weighted mean 49.7%, 95% CI 47.25-52.22%)

Figure 3: Barriers to coverage in the SAM programme

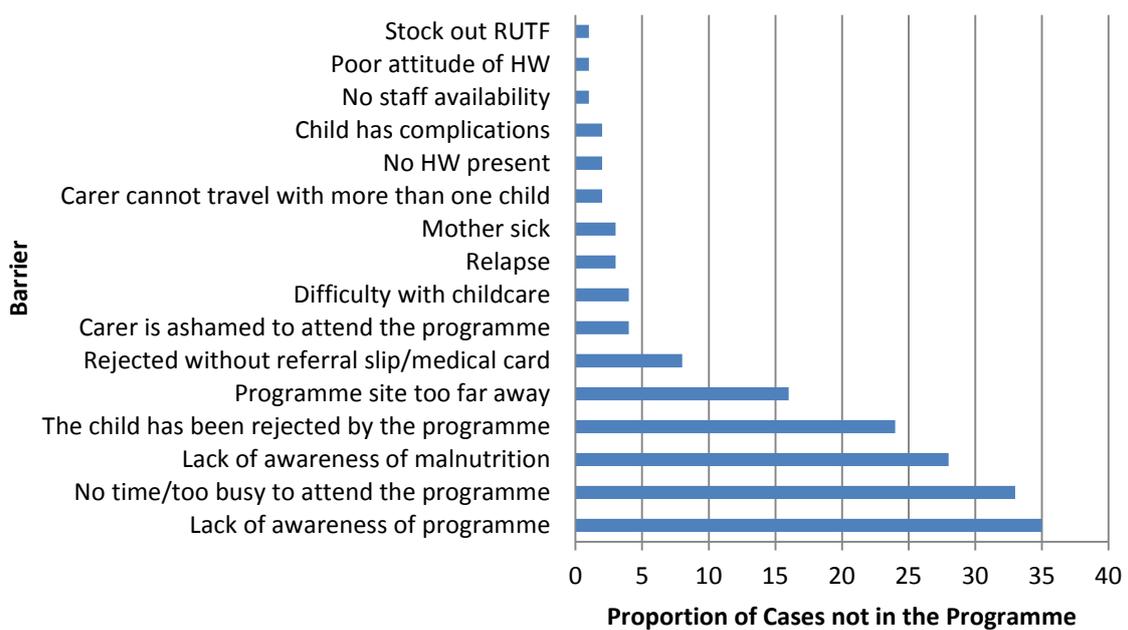
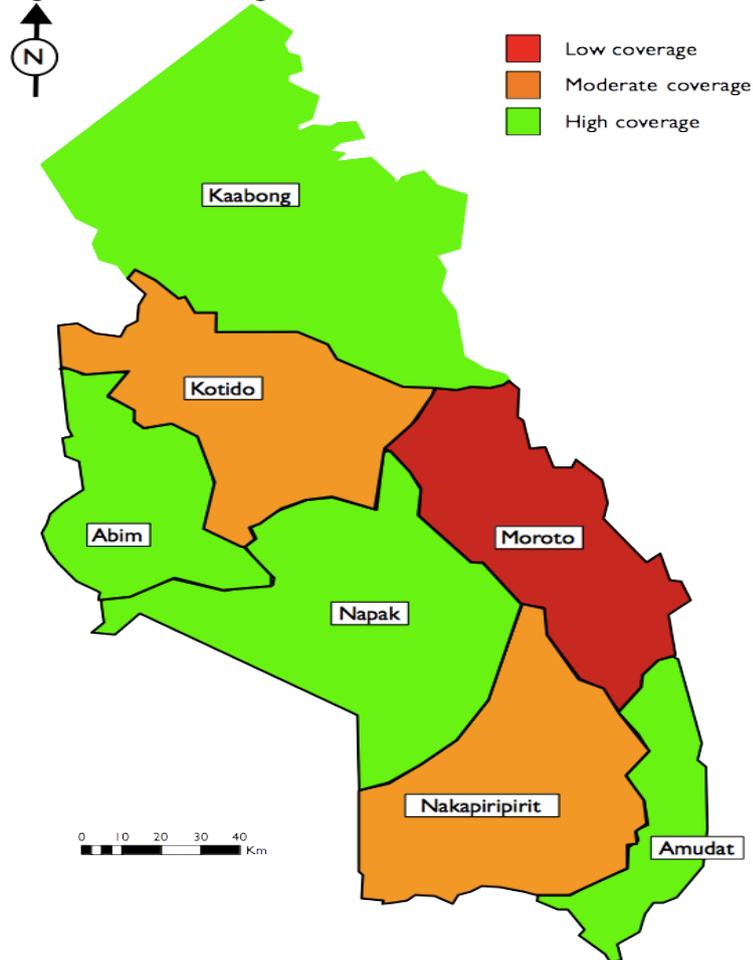
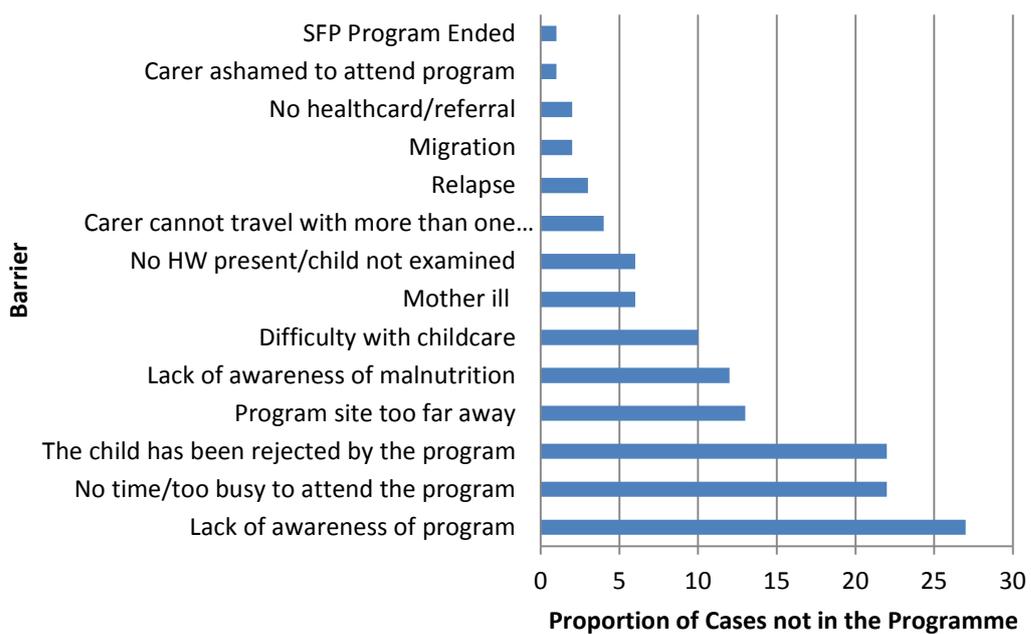


Figure 4: SFP coverage classifications from the SLEAC assessment



(Weighted mean 49.5%, 95% CI 47.85- 51.12%)

Figure 5: Barriers to coverage in the SFP programme



Presentation of SQUEAC:

As part of the capacity building dimension of the Moroto SQUEAC assessment, the SQUEAC team presented the methodology and main findings of the SQUEAC interactively through poster presentations, in 4 sections:

- 1) **Stage 1**- An explanation of the first stage of the SQUEAC, including the qualitative and quantitative analysis of data and an in depth investigation in to the factors that influence coverage, using triangulation by **source and method**.
- 2) **Stage 2**- Formation of the hypothesis, to confirm areas of high and low coverage. As a group, the SQUEAC team decided to test the hypothesis that ‘children were less likely to be in the programme the closer they were to the main town, as opportunity costs were likely to be higher in these villages’. The methodology and findings behind this process were explained in stage 2 of the presentation.
- 3) **Stage 3**- The process and rationale behind providing an overall estimation of coverage using Bayesian techniques. The group developed an understanding of the process of using mind maps, booster and barrier scoring, and the probability curve to estimate the **prior** belief of what the coverage is.
- 4) **Recommendations and Logical Framework**- Rather than solely conducting a SQUEAC, the SQUEAC trainees also considered, discussed and provided recommendations and a logical framework.



Recommendations:

Following the dissemination of the SQUEAC results, workshop attendees worked in groups to produce recommendations based on the presentations they had previously heard. The following recommendations have been merged.

Moroto Workshop:

Community Level:

- Promote ownership and participation of IMAM through integration of nutrition topics in community dialogues and with pre-existing peer groups, and through community mobilisation and sensitisation with VHTs, FSGs, MCGs, MAG, male and female elders, religious and political figures.
- Government should take charge of community based service providers, which includes the

capacity building and strengthened supervision of community resource persons. The government should also ensure that the community know about, and ensure that they have access to services as per their rights.

- Male involvement in nutrition interventions at the household level should be strengthened by using elders, LC1s and religious leaders.
- Integrated interventions at the community level should include the promotion of livelihood programmes such as the scaling up of kitchen demonstration gardens in homes and the community. Other suggestions include the introduction of the community score card for IMAM programme.
- Strengthen early detection through active case identification and referral at the community level through VHTs, MHGs and HWs.

Organisation Level:

- Capacity building and recruitment of new staff should be paired with continuous training and on the job mentorship for all HWs and VHTs on IMAM. M&E should be strengthened and emphasised at health facilities through refresher trainings, mentorship and support supervision with quarterly performance reviews. A streamlined, uniform IMAM system will support this, with a log framework at each health facility in place.
- Strengthen the integration and coordination of nutrition services into routine health activities and between partners at all levels of service delivery (community, health unit, implementing partners, DHTs). Integration includes a supported referral system with follow up of cases by HWs and VHTs.

Strategic Level:

- Adopt a multi-sectoral approach for nutrition and capacity build in other departments other than health through incorporation of budget lines into other sectors, strengthening advocacy and lobbying, coordination and policies for nutrition interventions, and through dissemination and publicising of nutrition policies and guidelines such as UNAP, IMAM and IYCF.
- Develop an MoH policy that every healthworker receives training on IMAM, with IEC materials on simplified and comprehensive IMAM guidelines and tracking tools translated into local languages and disseminated at all levels. Research should be integrated into IMAM programming to utilise data collected.
- Improve infrastructure, such as roads and health facilities in hard to reach areas.
- Enforcement of the citizen's charter.

Policy level:

- Make it policy to recruit and train more HWs and print and disseminate revised IMAM tools.

Kampala Workshop:

Community Level:

- Continue strengthening of community sensitisation and awareness of malnutrition through community mobilisation across key actors, such as VHTs, community leaders, religious leaders and traditional healers, whilst linking IMAM to community support groups and promoting ownership of IMAM at the community level.
- Strengthen VHT referral systems through holding regular VHT systems (quarterly) and addressing VHT functionality through incentives.
- Consider the need for an M&E focal person at the nutrition unit, with an emphasis on reporting and feedback.
- Implement BCC interventions identified from SQUEAC and consider with caution, mobile

clinics in hard to reach areas.

Organisational Level:

- Orientation on data management and data monitoring by nutrition service personnel.
- Establish a regional support supervision team with key focal points for SLEAC/SQUEAC at national and district level, who can aid the retraining of health workers or train untrained health workers.
- Agencies including MoH stakeholders to take recommendations into consideration and use SQUEAC results to design BCC.
- Conducting SQUEAC every two years
- Conduct research on effectiveness of approach
- Improve coordination between development partners and local government through the formation of a functional nutrition and health coordination committee that will hold regular sector working group meetings where SQUEAC reports are disseminated. Districts should advocate for resources to conduct SLEAC and SQUEAC assessments.
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Strategic Level:

- Build a cohort of SLEAC/SQUEAC trained MoH, agency and district staff, at both national and regional levels, ensuring coordination at leadership and technical levels. SLEAC/SQUEAC methodology should be integrated into the existing national nutritional technical team to promote leadership and ownership.
- Add a SLEAC/ SQUEAC toolkit to the MoH E-library whilst the creation of a national SQUEAC/SLEAC database should be linked to the national DH1S2.
- Mainstream and strengthen the implementation of nutrition activities into district and facility work plans with an operational DNCC, whilst overseeing and coordinating more effectively the activities of NGOs to avoid duplication and ensure accountability

Action Plan:

The discussions that produced the recommendations involved ideas sharing on actions to scale up SLEAC/SQUEAC methodology across Uganda. The following suggestions were made:

Activity

Identify an agency to work in collaboration with MoH and international partners to booster M&E activities and to strengthen capacity to implement methodology at all levels.

MoH to take the lead on the integration and costing of SQUEAC/SLEAC in to Monitoring and Evaluation of IMAM policies and budget, with the methodologies specifically adopted in malnutrition prone areas.

Develop an key reporting indicator for IMAM coverage and access at national and district level to be included in the National Action Plan and as part of a strategic result framework

Commitment and mobilisation of resources from partner agencies to implement, integrate and scale up SQUEAC/SLEAC methodology into programme design and the M&E toolbox

Conduct an annual SLEAC/S QUEAC

Annex 1: Agenda for Moroto workshop

TIME	ACTIVITY	PRESENTERS
09:00 -09:30 AM	Arrival and registration of participants	WFP
09:30 -09:45 AM	Self-Introduction	WFP
09:45 -10:00 AM	Opening remarks	WFP HOSO Kotido
10:00 – 10:30 AM	Overview Introduction to Coverage/SLEAC With preliminary findings.	Andrew ACF UK
10:30 – 11:00 AM	Break tea	All
11:00 – 11:30 AM	Introduction to Moroto SQUEAC	ACF UK
11:30 – 01:00 PM	Team Presentation	Teams
01:00 – 02:00 PM	Lunch break	All
02:00 – 02:30 PM	Presentation from MOH	MOH team
02:30 – 03:30 PM	Building strategic recommendation	Team
03:30 – 03:45 PM	Closure by MOH team	MOH
03:45 – 04: 30 PM	Evening tea	All
After 04:30 PM	Departure	

Annex 2: Agenda for Kampala dissemination

TIME	ACTIVITY	PRESENTER
09:00 -09:30 AM	Arrival and registration of participants	MOH
09:30 -09:45 AM	Introductions	MOH
09:45 -10:00 AM	Opening remarks	MOH
10:00 – 10:30 AM	Overview Introduction to Coverage/SLEAC With preliminary findings.	ACF UK
10:30 – 11:00 AM	Break tea	All
11:00 – 11:30 AM	Introduction to Moroto SQUEAC	ACF UK
11:30 – 01:00 PM	Discussions	All
01:00 – 02:00 PM	Lunch break	All
02:00 – 02:30 PM	Presentation from MOH	MOH
02:30 – 03:30 PM	Building strategic recommendation	Team
03:30 – 03:45 PM	Closure by MOH	MOH
03:45 – 04: 30 PM	Evening tea	All
After 04:30 PM	Departure	

Annex 3: Attendees of Moroto workshop 27th February 2015.

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Nanis Regina	DNFP	

Susan Awori		
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Annex 4: Attendees of Kampala workshop 3rd March 2015.

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