UNAP-SUPA District Level Scaling-Up Discussion Workshop

Masindi District

June 25, 2015
Aims of the workshop

1. To review the Nutrition Stakeholder and Action Mapping results (by district) and understand how they can be used for planning.

2. To build the capacity of district level staff to use the stakeholder mapping data to inform district-level nutrition planning.
Expected Outcomes

1. Participants will understand and be able to interpret the UNAP SUPA data for use in the district nutrition planning process.

2. A priority list of nutrition actions to scale-up in the district over the next one year and how they will be scaled up.
## Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>8.30-9.00</td>
<td>Arrival and Registration</td>
</tr>
<tr>
<td>9.00-9.10</td>
<td>Welcome and Introduction (Schedule and workshop objectives)</td>
</tr>
<tr>
<td>9.10-9.20</td>
<td>1. Background and objectives of the UNAP SUPA stakeholder mapping and how links to ANI project</td>
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<tr>
<td>9.20-10.00</td>
<td>2. Presentation on the results of the UNAP SUPA stakeholder mapping</td>
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<tr>
<td>10.00-10.20</td>
<td>Q&amp;A session</td>
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<tr>
<td>10.20-10.40</td>
<td>Break</td>
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<tr>
<td>11.30-12.30</td>
<td>4. Plenary: Group presentations and discussion</td>
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<tr>
<td>12.30-1.00</td>
<td>5. Using the results for planning – Presentation on potential role of mapping results in planning</td>
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<tr>
<td>1.00-2.00</td>
<td>Lunch</td>
</tr>
<tr>
<td>2.00-3.00</td>
<td>6. Group Work II: Review of the district plans to prioritise the nutrition interventions for the district by sector groups.</td>
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<tr>
<td>3.00-4.00</td>
<td>7. Plenary: Group presentation and discussion</td>
</tr>
<tr>
<td>4.00-4.20</td>
<td>8. Presentation: Tracking Progress</td>
</tr>
<tr>
<td>4.20-4.30</td>
<td>9. Wrap up and Conclusion</td>
</tr>
<tr>
<td>4:30</td>
<td>Tea and Departure</td>
</tr>
</tbody>
</table>
Contents

- **Part One**: Introduction to the UNAP SUPA Stakeholder Mapping
- **Part Two**: Key Findings From the UNAP SUPA Pilot in the District
- **Part Three**: Review of the Mapping Results for the District
- **Part Four**: Using the Results for Planning
- **Part Five**: Review of the District Plan
- **Part Six**: Tracking and Evaluating Progress
Part One: Introduction to the UNAP SUPA Stakeholder Mapping
The Uganda Nutrition Action Plan (UNAP) 2011-2016 aims to:

Reduce the magnitude of malnutrition in Uganda and its impact on the individual, household, community and the nation at large by ensuring that the right target groups are being reached with the right nutrition actions (Core Nutrition Actions – CNAs)

To be able to determine the current situation and then plan to scale-up CNAs, UNAP Decision-makers need to know:

- **Who** is currently being reached
- **by** Whom
- **with** What actions

The UNAP Scale-Up Planning Approach (SUPA) tool – which is based on a REACH tool - can help us to understand about the current scope of CNAs and the potential for scale-up in Uganda
Why UNAP SUPA Stakeholder Mapping in Uganda?

Who does what, where?

How many beneficiaries are reached?

Via which delivery mechanisms?

Overall: Shows the current level of intervention activity and, by showing the gaps, the potential for scale-up of mapped CNAs, particularly at district level.
UNAP SUPA Stakeholder Mapping Aims

The Uganda Nutrition Action Plan (UNAP) Scaling Up Planning Approach (SUPA) stakeholder mapping aims to comprehensively review the nutrition landscape in the country to:

- Inform policy-makers and nutrition stakeholders about the make-up of the nutrition landscape
- Establish which CNAs to scale up in order to impact on key nutrition situation indicators as well as to determine:
  1. **Where** - to scale-up each action
  2. **Who** - which target groups to focus on
  3. **How** - which delivery channels to be used
- Monitor CNA scale-up, evaluate coverage, and inform decision-makers, for planning and advocacy purposes
What questions can we answer about scaling-up with UNAP SUPA that can inform planning?

What is the current nutrition situation? What indicators should be focused on?
- Status information on nutrition situation

What is being done and what CNAs should be scaled-up? Is stakeholder engagement aligned with CNAs?
- Status information on “who is doing what where” including geographic coverage
- Identification of action implementation gaps

What is the coverage of target beneficiaries and the scale-up need?
- Status information on service delivery to beneficiaries
- Identification of scale up need

What is the current utilization and potential of delivery mechanisms to support scale up?
- Status information on utilization of delivery mechanisms
- Estimate of scale-up potential of delivery mechanisms

Discussion of scale-up strategy among relevant stakeholders
- Specify current status/challenges/bottlenecks of each CNA
- Agree on CNAs to scale-up
- Assess options for scaling-up (responsible actor, delivery mechanism, etc.)
- Overall, this process allows the districts to make informed decisions on the CNAs to scale-up and how
What other information is available to support district planning for scaling up?

It was agreed to pilot UNAP SUPA in the six WHO-ANI project districts as the efforts are complementary:

- **UNAP SUPA Stakeholder Mapping**
  - Coverage of CNAs: which should be scaled-up
  - Which CNAs can be scaled-up to improve chosen indicators?

- **IYCF KAP and Food Based Dietary Pattern survey**
  - Key nutrition indicators: current nutrition situation
  - Which key indicators should be focused on in the district?

- **Landscape Analysis Country Assessment Tool (District Assessment)**
  - Commitment and capacity to scale-up
  - Where is capacity available / possible to scale-up?

Combined, results from ANI and UNAP SUPA exercises can be used to inform Nutrition Scale-up Planning Processes in Uganda!
## What has happened in Uganda so far and what are the next steps? (1)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>April – June 2014: REACH assisted Ugandan partners to adapt REACH tool to Uganda, resulting in UNAP Scaling Up Planning Approach (SUPA)</td>
</tr>
<tr>
<td>2</td>
<td>MoH/WHO/ANI Project agreed to pilot the UNAP SUPA in 6 districts, along with ANI Baseline Data Collection Exercise</td>
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<td>3</td>
<td>June 2014: REACH Facilitators, together with Multi-sectoral stakeholders, identified CNAs for Uganda</td>
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<tr>
<td>4</td>
<td>July 2014: With MoH/WHO and consultants, REACH carried out orientation and training for national- and district-level partners on UNAP-SUPA tool</td>
</tr>
<tr>
<td>5</td>
<td>July 2014: REACH populated UNAP SUPA’s Excel database with background data, including pop figures and Nutrition Situation Indicators</td>
</tr>
<tr>
<td>6</td>
<td>July-Sept 2014: In tandem with MoH/WHO ANI Project baseline data collection, REACH conducted interviews in 6 districts and at national level</td>
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</tbody>
</table>
What has happened in Uganda so far and what are the next steps? (2)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>7</td>
<td>October – November 2014: REACH cleaned and analysed data for 6 districts and related national-level data</td>
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<tr>
<td>8</td>
<td>December 2014: MoH/WHO &amp; REACH disseminated results and conducted training for district- and national-level decision-makers on UNAP SUPA tool</td>
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<tr>
<td>9</td>
<td>June 2015: Hold scaling-up discussions in each district, to determine which CNAs need to be scaled up, and adjust District Nutrition Action Plans</td>
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<tr>
<td>10</td>
<td>June 2015: Identify UNAP SUPA M&amp;E focal persons in each district</td>
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<tr>
<td>11</td>
<td>July 2015: Train M&amp;E focal persons in UNAP SUPA process; organise and conduct round 2 of data collection in six ANI Districts</td>
</tr>
<tr>
<td>12</td>
<td>July 2015: Establish UNAP SUPA database at district level</td>
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</table>
Part Two: Key findings that can be used to inform the planning process
### What is the current nutrition situation? What indicators should be focused on?

<table>
<thead>
<tr>
<th>Situation Indicators</th>
<th>Status National</th>
<th>Trend</th>
<th>Severity</th>
<th>Target 2016</th>
<th>Status Western</th>
<th>Status Masindi</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stunting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of stunting among children under 5 years old</td>
<td>33%</td>
<td>☥</td>
<td></td>
<td>32%</td>
<td>44%</td>
<td>22%*</td>
</tr>
<tr>
<td><strong>Underweight women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Prevalence of underweight among non-pregnant women 15-49 years old (with BMI &lt; 18.5 kg/m2)</td>
<td>12%</td>
<td>☥</td>
<td></td>
<td>8%</td>
<td>8%</td>
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</tr>
<tr>
<td><strong>Anaemia women</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of anaemia among women 15-49 years old</td>
<td>23%</td>
<td>☥</td>
<td></td>
<td>30%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td><strong>Low birth weight</strong></td>
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<tr>
<td>Percentage of newborns weighing &lt; 2.5 kg at birth</td>
<td>10%</td>
<td>☥</td>
<td></td>
<td>9%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td><strong>Underweight under 5 years</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of underweight among children under 5</td>
<td>14%</td>
<td>☥</td>
<td></td>
<td>10%</td>
<td>16%</td>
<td>7%*</td>
</tr>
<tr>
<td><strong>Wasting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of wasting among children under 5 years old</td>
<td>5%</td>
<td>☥</td>
<td></td>
<td>N/A</td>
<td>3%</td>
<td>2%*</td>
</tr>
<tr>
<td><strong>Exclusive Breastfeeding</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of infants exclusively breastfed to age 6 months</td>
<td>63%</td>
<td>☥</td>
<td></td>
<td>75%</td>
<td>??</td>
<td>73%*</td>
</tr>
<tr>
<td><strong>Anaemia under 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of anaemia among children under 5 years old</td>
<td>49%</td>
<td>☥</td>
<td></td>
<td>50%</td>
<td>39%</td>
<td>69%*</td>
</tr>
<tr>
<td><strong>Diarrhoea</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of diarrhoea among children 6-59 months</td>
<td>23%</td>
<td>☥</td>
<td></td>
<td>N/A</td>
<td>19%</td>
<td>39%*</td>
</tr>
<tr>
<td><strong>Food Security</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Percentage of households with poor or borderline food consumption</td>
<td>20%</td>
<td>☥</td>
<td></td>
<td>N/A</td>
<td>18%</td>
<td></td>
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</tbody>
</table>

**What situation indicators are most important to focus on in the district?**

What is the current nutrition situation? What indicators should be focused on?

Prevalence of anaemia among children under 5 years old

National Target 2016 – 50%; Eastern – 55%

Prevalence of underweight among non-pregnant women 15-49 years old (with BMI < 18.5 kg/m²):

National Target 2016 – 8%; Eastern – 20%

Percentage of households with poor or borderline food consumption:

National Target 2016 – 20%; Eastern – 24%
### What is being done and what CNAs should be scaled-up?

<table>
<thead>
<tr>
<th>Country Priority Actions</th>
<th>Target Groups</th>
<th>Total districts covered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IYCF</strong></td>
<td></td>
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<tr>
<td>Promote optimal breastfeeding practices (e.g. BFHI, BFCI)</td>
<td>Pregnant &amp; lactating women 15-49 years</td>
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<tr>
<td><strong>Micronutrients</strong></td>
<td>Fathers 15-49 years</td>
<td></td>
</tr>
<tr>
<td>Promote optimal complementary feeding practices</td>
<td>Mothers / caregivers 15-49 years</td>
<td></td>
</tr>
<tr>
<td><strong>SAM/MAM</strong></td>
<td>Fathers 15-49 years</td>
<td></td>
</tr>
<tr>
<td>Provide vitamin A supplements</td>
<td>Mothers 15-49 years</td>
<td></td>
</tr>
<tr>
<td>Provide iron / folic acid / iron supplements</td>
<td>Grandmothers</td>
<td></td>
</tr>
<tr>
<td>Provide therapeutic feeding for SAM</td>
<td></td>
<td></td>
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<tr>
<td>Provide supplementary feeding for MAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide insecticide treated bed nets</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disease prevention &amp; management</strong></td>
<td></td>
<td></td>
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<tr>
<td>Provide deworming tablets</td>
<td></td>
<td></td>
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<tr>
<td>Provide diarrhoea treatment with ORS / ORS-zinc</td>
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<tr>
<td>Provide PMTCT/EMTCT in line with Option B+ policy (incl. ARV, nutrition counseling)</td>
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<tr>
<td><strong>MN/CH</strong></td>
<td></td>
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<tr>
<td>Carry out growth monitoring</td>
<td></td>
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<tr>
<td><strong>Fam/Plan</strong></td>
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<tr>
<td>Provide family planning services</td>
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</tbody>
</table>

### Note: Three CNAs at national level not represented:

1. Produce fortified wheat flour
2. Produce fortified maize flour
3. Produce fortified vegetable oil
### What is being done and what CNAs should be scaled-up?

#### Country Priority Actions

<table>
<thead>
<tr>
<th>Food &amp; Agriculture</th>
<th>Target Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide materials for small-scale horticulture / crop diversification with a nutrition objective</td>
<td>Smallholder farmer households</td>
</tr>
<tr>
<td>Provide livestock, poultry or fish for small-scale animal husbandry or aquaculture with a nutrition objective</td>
<td>Smallholder farmer households</td>
</tr>
<tr>
<td>Provide materials / infrastructure for food processing, preservation and storage with a nutrition objective</td>
<td>Smallholder farmer households</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WASH</th>
<th>Target Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate construction of improved sanitation facilities</td>
<td>Primary schools, Households, Secondary schools</td>
</tr>
<tr>
<td>Provide materials for improved household water</td>
<td>Households</td>
</tr>
<tr>
<td>Facilitate construction of handwashing facilities</td>
<td>Primary schools, Secondary schools, Households</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Protection</th>
<th>Target Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry out / support Public Works Projects</td>
<td>N/A</td>
</tr>
<tr>
<td>Provide conditional food/cash transfers with a nutrition objective</td>
<td>Households with an income lower than, Pregnant &amp; lactating women 15-49 years</td>
</tr>
</tbody>
</table>

#### Total districts covered

<table>
<thead>
<tr>
<th>Districts</th>
<th>Hoima</th>
<th>Iganga</th>
<th>Kibaale</th>
<th>Luuka</th>
<th>Masindi</th>
<th>Namutumba</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td></td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
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<tr>
<td></td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>12</td>
<td>13</td>
<td>18</td>
<td>17</td>
<td>12</td>
<td>14</td>
<td>1</td>
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</tbody>
</table>

#### Total number of actions per district

<table>
<thead>
<tr>
<th>Districts</th>
<th>12</th>
<th>13</th>
<th>18</th>
<th>17</th>
<th>12</th>
<th>14</th>
</tr>
</thead>
</table>

### Are the right CNAs being focused on to impact on chosen indicators?
What is being done and what CNAs should be scaled-up?

What does the data tell us:

• Out of 20 CNAs, 12 are being implemented in the district. This is lower than many of the other districts and the same as Hoima.

• Eight CNAs are not being implemented at all in the district

• A further 5 CNAs are not reaching all target groups
Is stakeholder engagement aligned with CNAs?

**Focus:** which organisations are supporting what CNAs in the district. This is crucial information when thinking about scaling-up so the following can be considered:

1. What organisations are implementing each CNA *(field implementers)*? Can they do more? What organisations could also potentially implement?

2. Which organisations support each CNA *(catalysts)* – can they give more technical support or leverage more support from other organisations?

3. Who is funding the CNAs *(donors)* – can a case be made for them to contribute further funds *(advocacy)*? Who are other potential donors?
## Is stakeholder engagement aligned with CNAs?
### A Summary

<table>
<thead>
<tr>
<th>Country Priority Actions</th>
<th>FI</th>
<th>Cat</th>
<th>Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IYCF</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote optimal breastfeeding practices (e.g. BFHI, BFCI)</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Promote optimal complementary feeding practices</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Micronutrients</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide vitamin A supplements</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Provide iron/folic acid / iron supplements</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>SAM/MAM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide therapeutic feeding for SAM</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provide supplementary feeding for MAM</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Disease prevention &amp; management</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Provide insecticide treated bed nets</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Provide deworming tablets</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<td>Provide diarrhoea treatment with ORS / ORS-zinc</td>
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<td>1</td>
<td>1</td>
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<tr>
<td>Provide PMTCT/EMTCT in line with Option B+ policy (incl. ARV, nutrition counseling)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>MN Plan</strong></td>
<td></td>
<td></td>
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<tr>
<td>Carry out growth monitoring</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>Fam Plan</strong></td>
<td></td>
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<tr>
<td>Provide family planning services</td>
<td>3</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>
### Is stakeholder engagement aligned with CNAs?

#### A Summary

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<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Provide livestock, poultry or fish for small-scale animal husbandry or aquaculture with a nutrition objective</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Provide materials / infrastructure for food processing, preservation and storage with a nutrition objective</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitate construction of improved sanitation facilities</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Provide materials for improved household water treatment</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Facilitate construction of handwashing facilities</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out / support Public Works Projects</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provide conditional food/cash transfers with a nutrition objective</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Number of Organisations Supporting</strong></td>
<td>8</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>

*Lowest to highest number of organisations involved*
Is stakeholder engagement aligned with CNAs?
(organisations implementing / supporting / funding CNAs in the district)

What does the data tell us:

Field Implementers:
• There are 8 field implementers in the district with NGOs dominant along with some local government involvement in the agriculture and WASH sectors.

• The largest number of field implementers are involved in implementing IYCF related actions.

Catalysts:
• There are 4 catalysts, comprised mainly of NGOs

• The catalysts are supporting most of the actions implemented, but not all.

Donors:
• There are 10 donors, comprised of NGOs, trust and foundations.
What is the coverage of target beneficiaries and the scale-up need?

Results for coverage of target beneficiaries for each CNA by the identified situation indicators:

- Underweight women
- Anaemia women

Women of reproductive age

- Low birth weight
- Underweight children under 5
- Wasting children under 5
- Exclusive breastfeeding
- Anaemia children under 5
- Diarrhoea children 6-59 months

Infants & children under 5 years old

- Food security

All population groups with focus on above groups
Prevalence of underweight among non-pregnant women 15-49 years old (with BMI less than 18.5 kg/m²)

Findings:

- Masindi is implementing 3 out of the 5 CNAs for addressing underweight
- However, none of the CNAs have => 30% coverage.

### Actions

<table>
<thead>
<tr>
<th>Actions</th>
<th>Target Groups</th>
<th>Hoima</th>
<th>Kibaale</th>
<th>Masindi</th>
<th>Luuka</th>
<th>Iganga</th>
<th>Namutumba</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Supplementary feeding MAM</td>
<td>PLW 15-49 years with MAM</td>
<td>-</td>
<td>12%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2 Horticulture/crop diversification</td>
<td>Smallholder farmer households</td>
<td>40%</td>
<td>86%</td>
<td>4%</td>
<td>33%</td>
<td>3%</td>
<td>120%</td>
</tr>
<tr>
<td>3 Animal husbandry / aquaculture</td>
<td>Smallholder farmer households</td>
<td>11%</td>
<td>34%</td>
<td>1%</td>
<td>3%</td>
<td>7%</td>
<td>32%</td>
</tr>
<tr>
<td>4 Food processing / preservation</td>
<td>Smallholder farmer households</td>
<td>13%</td>
<td>3%</td>
<td>0%</td>
<td>4%</td>
<td>-</td>
<td>3%</td>
</tr>
<tr>
<td>5 Conditional food/cash transfers</td>
<td>HH income lower than $1.25/day</td>
<td>13%</td>
<td>20%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>PLW 15-49 years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>48%</td>
<td>-</td>
</tr>
</tbody>
</table>

Key: Number of CNAs =>30% beneficiary coverage

- 0 actions
- 1 action
- 2 actions
- 3 actions
- 4+ actions

Number of actions in district

Indicator Status: 8%
Indicator Trend: 🔺

Indicator Status: 20%
Indicator Trend: 🔻
Prevalence of anaemia among women 15-49 years old

Findings:

- Masindi is implementing 4 out of 5 possible CNAs with none of them having => 30% coverage.
- There was no data available on iron folic acid activities in the district.
Percentage of newborns weighing < 2.5 kg at birth

Findings:

- Two out of a possible 6 CNAs are being implemented in Masindi.
- Target beneficiary coverage is => 30% for family planning services

### Actions and Target Groups

<table>
<thead>
<tr>
<th>Actions</th>
<th>Target Groups</th>
<th>Hoima</th>
<th>Kibaale</th>
<th>Masindi</th>
<th>Luuka</th>
<th>Iganga</th>
<th>Namutumba</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 IFA</td>
<td>Pregnant women 15-49 years</td>
<td>-</td>
<td>-</td>
<td>16%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2 Supplementary feeding MAM</td>
<td>PLW 15-49 years with MAM</td>
<td>-</td>
<td>-</td>
<td>12%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3 Deworming</td>
<td>Pregnant women 15-49 years</td>
<td>-</td>
<td>-</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>4 Provide PMTCT/EMTCT</td>
<td>PLW 15-49 years with HIV/AIDS</td>
<td>11%</td>
<td>27%</td>
<td>-</td>
<td>8%</td>
<td>1%</td>
<td>135%</td>
</tr>
<tr>
<td>5 Family planning services</td>
<td>Men 15-49 years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6 Conditional food/cash transfers</td>
<td>HH income &lt;$1.25/day</td>
<td>13%</td>
<td>20%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>PLW 15-49 years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>48%</td>
</tr>
</tbody>
</table>

### Key:
- Number of CNAs => 30% beneficiary coverage
- 0 actions
- 1 action
- 2 actions
- 3 actions
- 4+ actions
- Number of actions in district

---

[Image of map showing distribution and status of actions in different regions.]
### Prevalence of underweight among children under 5 years old

**Findings:**

- **Masindi** is implementing 5 out of 8 CNAs and is reaching all of potential target groups.
- However none of the CNAs are reaching => 30% of the target population

#### Actions and Target Groups

<table>
<thead>
<tr>
<th>Actions</th>
<th>Target Groups</th>
<th>Hoima</th>
<th>Kibale</th>
<th>Masindi</th>
<th>Luuka</th>
<th>Iganga</th>
<th>Namutamba</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Breastfeeding practices</td>
<td>PLW 15-49 years</td>
<td>94%</td>
<td>170%</td>
<td>11%</td>
<td>2%</td>
<td>3%</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>Fathers 15-49 years</td>
<td>5%</td>
<td>51%</td>
<td>4%</td>
<td>0%</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Grandmothers</td>
<td>95%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2 Complementary feeding practices</td>
<td>Mothers / caregivers 15-49 years</td>
<td>136%</td>
<td>223%</td>
<td>20%</td>
<td>92%</td>
<td>84%</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>Fathers 15-49 years</td>
<td>11%</td>
<td>65%</td>
<td>5%</td>
<td>0%</td>
<td>6%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Grandmothers</td>
<td>-</td>
<td>64%</td>
<td>2%</td>
<td>0%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3 Supplementary feeding MAM</td>
<td>Children 6-59 months with MAM</td>
<td>-</td>
<td>90%</td>
<td>-</td>
<td>0%</td>
<td>2%</td>
<td>-</td>
</tr>
<tr>
<td>4 Growth monitoring</td>
<td>Children 0-59 months</td>
<td>36%</td>
<td>6%</td>
<td>94%</td>
<td>26%</td>
<td>95%</td>
<td>-</td>
</tr>
<tr>
<td>5 Horticulture/crop diversification</td>
<td>Smallholder farmer households</td>
<td>40%</td>
<td>86%</td>
<td>4%</td>
<td>33%</td>
<td>3%</td>
<td>120%</td>
</tr>
<tr>
<td>6 Animal husbandry/aquaculture</td>
<td>Smallholder farmer households</td>
<td>11%</td>
<td>34%</td>
<td>1%</td>
<td>3%</td>
<td>7%</td>
<td>32%</td>
</tr>
<tr>
<td>7 Food processing/preservation</td>
<td>Smallholder farmer households</td>
<td>13%</td>
<td>3%</td>
<td>0%</td>
<td>4%</td>
<td>-</td>
<td>3%</td>
</tr>
<tr>
<td>8 Conditional food/cash transfers</td>
<td>HH income lower than $1.25/day</td>
<td>13%</td>
<td>20%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5%</td>
</tr>
</tbody>
</table>
Prevalence of wasting among children under 5 years old

Findings:

- Neither of the potential actions are being implemented in Masindi.

Actions

<table>
<thead>
<tr>
<th>Number of actions in district</th>
<th>Key: Number of CNAs =&gt;30% beneficiary coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 actions</td>
<td>0 actions</td>
</tr>
<tr>
<td>1 action</td>
<td>1 action</td>
</tr>
<tr>
<td>2 actions</td>
<td>2 actions</td>
</tr>
<tr>
<td>3 actions</td>
<td>3 actions</td>
</tr>
<tr>
<td>4+ actions</td>
<td>4+ actions</td>
</tr>
</tbody>
</table>

Actions

<table>
<thead>
<tr>
<th>Actions</th>
<th>Target Groups</th>
<th>Hoima</th>
<th>Kibaale</th>
<th>Masindi</th>
<th>Luuka</th>
<th>Iganga</th>
<th>Namutumba</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Therapeutic feeding SAM</td>
<td>Children 0-59 months with SAM</td>
<td>-</td>
<td>-</td>
<td>20%</td>
<td>3%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2 Supplementary feeding MAM</td>
<td>Children 6-59 months with MAM</td>
<td>-</td>
<td>90%</td>
<td>0%</td>
<td>2%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Percentage of infants exclusively breastfed to age 6 months

Findings:

- All 3 target groups for breastfeeding counseling are being reached in Masindi but coverage is low for all of them.

### Actions and Target Groups

<table>
<thead>
<tr>
<th>Actions</th>
<th>Target Groups</th>
<th>Hoima</th>
<th>Kibaale</th>
<th>Masindi</th>
<th>Luuka</th>
<th>Iganga</th>
<th>Namutumba</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding practices</td>
<td>PLW 15-49 years</td>
<td>94%</td>
<td>170%</td>
<td>11%</td>
<td>2%</td>
<td>3%</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>Fathers 15-49 years</td>
<td>5%</td>
<td>51%</td>
<td>4%</td>
<td>0%</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Grandmothers</td>
<td>-</td>
<td>95%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>-</td>
</tr>
</tbody>
</table>

Key: Number of CNAs =>30% beneficiary coverage
- 0 actions
- 1 action
- 2 actions
- 3 actions
- 4+ actions

Number of actions in district

REACH
Prevalence of anaemia among children under 5 years old

Findings:

• In Masindi, 3 out of 4 CNAs are being implemented but coverage of the target populations is low.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Target Groups</th>
<th>Hoima</th>
<th>Kibaale</th>
<th>Masindi</th>
<th>Luuka</th>
<th>Iganga</th>
<th>Namutumba</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITBN</td>
<td>Children 0-59 months</td>
<td>-</td>
<td>9%</td>
<td>-</td>
<td>-</td>
<td>1%</td>
<td>70%</td>
</tr>
<tr>
<td>Deworming</td>
<td>Children 6-59 months</td>
<td>-</td>
<td>31%</td>
<td>0%</td>
<td>4%</td>
<td>5%</td>
<td>-</td>
</tr>
<tr>
<td>Horticulture/crop diversification</td>
<td>Smallholder farmer households</td>
<td>40%</td>
<td>86%</td>
<td>4%</td>
<td>33%</td>
<td>3%</td>
<td>120%</td>
</tr>
<tr>
<td>Animal husbandry/aquaculture</td>
<td>Smallholder farmer households</td>
<td>11%</td>
<td>34%</td>
<td>1%</td>
<td>3%</td>
<td>7%</td>
<td>32%</td>
</tr>
</tbody>
</table>
Prevalence of diarrhoea among children 6-59 months

Findings:

- Three out of 4 CNAs are being implemented in Masindi with providing materials for improved sanitation reaching =>30% of primary school students.
- However, coverage for ORS/ORS +Zinc and improved handwashing facilities are both low.

### Actions and Target Groups

<table>
<thead>
<tr>
<th>Actions</th>
<th>Target Groups</th>
<th>Hoima</th>
<th>Kibale</th>
<th>Masindi</th>
<th>Luuka</th>
<th>Iganga</th>
<th>Namutumba</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ORS / ORS-zinc</td>
<td>Children 0-59 months</td>
<td>60%</td>
<td>2%</td>
<td>0%</td>
<td>60%</td>
<td>95%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Children 5-9 years</td>
<td></td>
<td></td>
<td></td>
<td>60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 sanitation facilities</td>
<td>Primary school students</td>
<td>6%</td>
<td>22%</td>
<td>31%</td>
<td>17%</td>
<td>2%</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>Households</td>
<td></td>
<td></td>
<td></td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Secondary school students</td>
<td>13%</td>
<td>83%</td>
<td>9%</td>
<td>7%</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td>3 household water treatment</td>
<td>Households</td>
<td>1%</td>
<td>40%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>30%</td>
</tr>
<tr>
<td>4 handwashing facilities</td>
<td>Primary school students</td>
<td>-</td>
<td>-</td>
<td></td>
<td>42%</td>
<td>14%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Secondary school students</td>
<td></td>
<td>26%</td>
<td>-</td>
<td>-</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Households</td>
<td></td>
<td>-</td>
<td></td>
<td>0%</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>
Findings:

- Three out of 4 CNAs are being implemented in Masindi.
- However, they are all reaching a low percentage of the respective target groups.
Review: Are the 20 Core Nutrition Actions addressing stunting in the ANI Project districts in Uganda?

% Stunting among children\textsuperscript{1,2}

- **Scale up**
  - Masindi
  - Hoima
  - Kibaale

- **Investigate**
  - Namutumba

- **Monitor**
  - Iganga
  - Luuka

- **Maintain**

# of actions with at least 30\%\textsuperscript{3} of a key target population covered

---

1. Among children 6-59 months old
2. Data on the prevalence of stunting is only available at the regional level.
3. Determined based on country-specific situation
What is the **current utilization** and potential of delivery mechanisms to support scale up?

| Districts / Delivery Mechanisms | Hospitals / Clinics | Health centers | Health outreach workers | Agricultural extension workers | Farmer field schools | Agricultural business centers / Farmers cooperatives | Farmer groups / associations | National Agricultural Advisory Services (NAADS) | Pre-school facilities | Primary schools | Radio | Breastfeeding Week | Child Health Day | Community-based organizations | Local council (LOC) | Village Health Teams (VHT) | Community meetings / dialogues | Women / Mother groups | Traditional birth attendants | Community development officers | Community service outreach workers | Drug shops | Wholesalers | Private companies | Religious centers | NGOs |
|---------------------------------|-------------------|----------------|----------------------|-------------------------------|---------------------|-----------------------------------------------|----------------------------------------|------------------------------------------------|------------------------|----------------|------|------------------|---------------|-----------------------------|----------------|-----------------------------|---------------------|-----------------|-----------------|-------------------------|----------------|----------------|-----------------|
| Hoima                           | 4                 | 7              | 4                    | 3                              | 3                   | 1                                            | 3                                       | 2                                              | 0                      | 0                    | 0                | 0                | 0                | 0                | 0                | 1                | 0                | 0               | 0               | 0               | 0               | 1               |
| Iganga                          | 0                 | 8              | 6                    | 0                              | 1                   | 0                                            | 2                                       | 2                                              | 0                      | 0                    | 0                | 0                | 0                | 0                | 0                | 1                | 0                | 0               | 0               | 0               | 0               | 1               |
| Kibale                          | 5                 | 12             | 6                    | 3                              | 2                   | 3                                            | 2                                       | 2                                              | 1                      | 2                    | 1                | 0                | 0                | 0                | 0                | 0                | 0                | 0               | 0               | 0               | 2               | 2               |
| Luuka                           | 0                 | 11             | 3                    | 2                              | 2                   | 1                                            | 3                                       | 1                                              | 0                      | 0                    | 0                | 1                | 0                | 0                | 0                | 0                | 3                | 4               | 0               | 0               | 0               | 0               | 2               |
| Masindi                         | 0                 | 3              | 7                    | 3                              | 3                   | 0                                            | 0                                       | 2                                              | 0                      | 0                    | 0                | 0                | 0                | 1                | 2                | 2                | 0                | 0               | 0               | 0               | 0               | 0               | 2               | 4               | 6               |
| Namutumba                       | 5                 | 7              | 1                    | 2                              | 2                   | 3                                            | 3                                       | 2                                              | 0                      | 0                    | 0                | 0                | 0                | 0                | 3                | 5                | 5                | 3               | 5               | 0               | 1               | 1               | 1               | 1               | 0               | 0               | 2               | 6               | 7               |
| Average                         | 2.33              | 8.00           | 4.50                 | 2.00                          | 1.83                | 1.33                                         | 2.17                                    | 2.17                                           | 0.33                   | 0.17                 | 0.17             | 0.17             | 0.17             | 0.50            | 1.00            | 3.33            | 2.17            | 1.17            | 0.17            | 0.17            | 0.17            | 0.33            | 1.33            | 2.00            | 6.67            |

Most common delivery mechanisms in the district: Health Outreach Workers followed by NGOs

Least common used delivery mechanism in the district: Local Council

Number of delivery mechanisms utilised in the district: 12

**Key:**
- **Lowest to highest number of delivery mechanisms used**
What is the **current utilization and potential** of delivery mechanisms to support scale up?

<table>
<thead>
<tr>
<th>Country Priority Actions / Delivery Mechanisms</th>
<th>Health centers</th>
<th>Health outreach workers</th>
<th>Agricultural extension workers</th>
<th>Farmer field schools</th>
<th>National Agricultural Advisory Services (NAADS)</th>
<th>Radio</th>
<th>Local council (LOC)</th>
<th>Village Health Teams (VHT)</th>
<th>Community meetings / dialogues</th>
<th>Private companies</th>
<th>Religious centers</th>
<th>NGOs</th>
<th>Total number of delivery mechanisms per action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IYCF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Promote optimal breastfeeding practices (e.g. BFHI, BFCI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Promote optimal complementary feeding practices</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Micronutrients</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Provide vitamin A supplements</td>
<td></td>
<td></td>
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<tr>
<td>Provide iron/folic acid / iron supplements</td>
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<td><strong>SAM/ MAM</strong></td>
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<tr>
<td>Provide therapeutic feeding for SAM</td>
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<tr>
<td>Provide supplementary feeding for MAM</td>
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<tr>
<td><strong>Disease prevention &amp; management</strong></td>
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<tr>
<td>Provide insecticide treated bed nets</td>
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<tr>
<td>Provide deworming tablets</td>
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<tr>
<td>Provide diarrhoea treatment with ORS / ORS-zinc</td>
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<tr>
<td>Provide PMTCT/EMTCT in line with Option B+ policy (incl. ARV, nutrition counseling)</td>
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<tr>
<td>Carry out growth monitoring</td>
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<td><strong>Family planning</strong></td>
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<tr>
<td>Provide family planning services</td>
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</tbody>
</table>

**Synergies**

**Scale up**
What is the **current utilization and potential** of delivery mechanisms to support scale up?

**Country Priority Actions / Delivery Mechanisms**

<table>
<thead>
<tr>
<th>Food &amp; Agriculture</th>
<th>Public Health Centers</th>
<th>Health Outreach Workers</th>
<th>Agricultural Extension Workers</th>
<th>National Agricultural Advisory Services (NAADS)</th>
<th>Radio</th>
<th>Local Council (LOC)</th>
<th>Village Health Teams (VHT)</th>
<th>Community Meetings/Dialogues</th>
<th>Private Companies</th>
<th>Religious Centers</th>
<th>NGOs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide materials for small-scale horticulture / crop diversification with a nutrition objective</td>
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</tr>
<tr>
<td>Provide livestock, poultry or fish for small-scale animal husbandry or aquaculture with a nutrition objective</td>
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<tr>
<td>Provide materials / infrastructure for food processing, preservation and storage with a nutrition objective</td>
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<td>4</td>
</tr>
<tr>
<td>Facilitate construction of improved sanitation facilities</td>
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<tr>
<td>Facilitate construction of improved sanitation facilities</td>
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<td>3</td>
</tr>
<tr>
<td>Facilitate construction of handwashing facilities</td>
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<td></td>
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</tr>
<tr>
<td>Carry out / support Public Works Projects</td>
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</tr>
<tr>
<td>Provide conditional food/cash transfers with a nutrition objective</td>
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</tr>
</tbody>
</table>

**Frequency of each delivery mechanism per action**

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>7</th>
<th>3</th>
<th>3</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>2</th>
<th>2</th>
<th>2</th>
<th>4</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited use of channel (&lt;25%)</td>
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<tr>
<td>Substantial use of channel (25-50%)</td>
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<tr>
<td>Majority use of Channel (&gt;50%)</td>
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</tbody>
</table>

For the most commonly used delivery mechanisms for each action, how can capacity of commonly used delivery mechanisms be increased to support scale up?

For delivery mechanisms that are less commonly used, is there potential to strengthen scale up through these delivery mechanisms?

**Which Delivery Mechanisms could potentially be scaled up?**
What is the current utilization and potential of delivery mechanisms to support scale up?

The number of delivery mechanisms used per CNA varies greatly:
Maximum number of delivery mechanisms used: 6 for:
   – Promote optimal breastfeeding practices
   – Promote optimal complementary feeding practices

Minimum number of delivery mechanisms used: 1
   a. Provide vitamin A supplements
   b. Provide diarrhoea treatment with ORS/ORS+zinc

The number of CNAs using a particular delivery mechanism also show great variation:
• Health Outreach workers are used to implement a total of 7 different CNAs across nutrition and health sectors
• In contrast, agriculture-based delivery mechanisms focus almost exclusively on that sector
• Also, at the other end of the scale, local councils are used to deliver only one CAN – Facilitate construction of improved sanitation facilities
What is the current utilization and **potential** of delivery mechanisms to support scale up?

Number of delivery mechanisms identified but currently not utilized including:

<table>
<thead>
<tr>
<th>Category</th>
<th>Delivery Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health system</td>
<td>Midwives</td>
</tr>
<tr>
<td>Agriculture</td>
<td>Agriculture business centres/farmers cooperatives, farmer groups/associations</td>
</tr>
<tr>
<td>Schools</td>
<td>Pre schools, primary schools, secondary schools</td>
</tr>
<tr>
<td>Media</td>
<td>TV, newspapers, billboards</td>
</tr>
<tr>
<td>Mass campaigns</td>
<td>Breastfeeding week, Child Health Days</td>
</tr>
<tr>
<td>Community</td>
<td>Community based orgs, women/mother groups, traditional birth attendants, community leaders, community development officers, social service outreach workers</td>
</tr>
<tr>
<td>Private sector</td>
<td>Shops, pharmacies, drug stores, producers wholesalers</td>
</tr>
</tbody>
</table>

**Which could potentially be used to implement one or more CNAs?**
**What do we now know from UNAP SUPA?**

<table>
<thead>
<tr>
<th>Details on current nutrition situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status information on nutrition situation &amp; indicators</td>
</tr>
<tr>
<td>Trends and patterns of CNAs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identification of key stakeholders and geographical coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status information on “who is doing what where”</td>
</tr>
<tr>
<td>Identification CNA implementation gaps</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage of target beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status information on service delivery to beneficiaries</td>
</tr>
<tr>
<td>Identification of scale up need</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Utilization and potential of delivery mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status information on utilization of delivery mechanisms</td>
</tr>
<tr>
<td>Estimate of potential of delivery mechanisms</td>
</tr>
</tbody>
</table>

*To be looked at more in the planning sessions*
Any questions on the findings presented?
Part Three: Review of the Mapping Results for the District
Task: Please divide into groups and review the results, then report back to everyone.
Group Work Task: Please divide into groups and review the results, then report back to everyone.

Key questions to consider...

1. Are there any actions that are being implemented but there is no information provided?

2. Are there any organisations involved (Field implementers, catalysts, donors) that are not included in the results?

3. In terms of target population coverage – do the figures look about right, too high or too low?

4. Have all the delivery mechanisms being used been captured or not? If not, which have been missed out?
Question: What other information should be taken into account when planning to scale-up nutrition in the district?
What other information is available to use in the district?

- **IYCF KAP and Food Based Dietary Pattern survey**
  - Key nutrition indicators: current nutrition situation
    - Used in the nutrition situation dashboard
  - Which key indicators should be focused on in the district?

- **Landscape Analysis Country Assessment Tool (District Assessment)**
  - Commitment and capacity to scale-up
  - Where is capacity available / possible to scale-up?

- **District budget information**
  - Funding
  - What funds are available to support scale-up?
Need to take into account the nutrition situation when developing scale-up plans in the district

What are the main nutrition problems in the district? Who is most affected?

- Chronic malnutrition (stunting)?
- Acute malnutrition (wasting)?
- Micronutrient deficiencies? (e.g. Vit. A, iodine, zinc, deficiency, anaemia, other)
- Overnutrition (overweight & obesity)?

What are the main factors contributing to those nutrition problems in the area?

- Food insecurity
- Sub-optimal care practices
- Limited access to health services & poor health environment
- Basic causes (e.g. gender inequities, education, poverty, other)
Conceptual Framework, Triple A, Lifecycle approach
- causality of malnutrition
Conceptual Framework

- Inadequate Food Intake
- Frequent Illness
- Inadequate Care of Women and Children
- Poor access to health care, healthy environment
- Inadequate Livelihoods, Low Income
- Low Education Levels
- Inadequate Resources (esp. for women), No budget for nutrition
- Cultural practices, beliefs, lack of awareness
- Limited policies, legal instruments, lack of coordination
- Absence of leadership, commitment to nutrition
Triple-A Approach

- Assessment
- Analysis
- Action

Triple A Cycle
Lifecycle Approach
Part Four: Using the Results for Planning
Linking district level with national level planning is key to focus efforts.

How does district and national level planning work together in Uganda? Who owns the district level plan? Bottom-up or Top-down approach?

<table>
<thead>
<tr>
<th>National planning efforts</th>
<th>Sub-national planning efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Multi-sectoral Nutrition Plan</td>
<td>Provincial/Regional multi-sectoral, development plans</td>
</tr>
<tr>
<td>National sector plans related to nutrition</td>
<td>Department multi-sectoral development plans</td>
</tr>
<tr>
<td>National sub-sector plans related to nutrition</td>
<td>Community multi-sectoral development plans</td>
</tr>
</tbody>
</table>

Multi-sectoral plans

Sector or sub-sector plans
Key Persons in the District When Planning to Scale-up Nutrition and key sectors

- Health
- Food & Agriculture
- Nutrition
- WASH
- Gender
- Social Protection
- Finance
- M&E Focal Points
- District Heads
- District Nutrition Coordination Committees
- Implementing organisations / sectors
- Planners

Planning for Scaling Up Nutrition in a district
When talking about scaling up need to take into account the following areas

<table>
<thead>
<tr>
<th>Key Area:</th>
<th>Key Data / Information:</th>
<th>Source of Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity of the problem – key indicators</td>
<td>Situation Indicator Table</td>
<td>IYCF KAP and Food Based Dietary Pattern survey Baseline</td>
</tr>
<tr>
<td>Country / District priority actions</td>
<td>National &amp; District Plans</td>
<td>UNAP</td>
</tr>
<tr>
<td>Roles &amp; responsibilities</td>
<td>Who doing what and where</td>
<td>UNAP SUPA</td>
</tr>
<tr>
<td>Target Groups/Coverage (current vs target)</td>
<td>Target Beneficiary Coverage</td>
<td>UNAP SUPA</td>
</tr>
<tr>
<td>Capacity to scale-up</td>
<td>HR &amp; delivery mechanism potential</td>
<td>Landscape Analysis (District Assessment) UNAP SUPA</td>
</tr>
<tr>
<td>Cost</td>
<td>Budgets</td>
<td>District budget process / performance evaluation</td>
</tr>
<tr>
<td>Trends / Impact</td>
<td>Situation Indicator Table UNAP SUPA yearly data</td>
<td>IYCF KAP and Food Based Dietary Pattern survey Endline?</td>
</tr>
</tbody>
</table>

Key: Green = Information available from UNAP SUPA
Recap of the key questions to consider in the context of planning for UNAP SUPA data:

- **Severity of the problem**
  - What is the current nutrition situation? What indicators should be focused on?

- **Roles & responsibilities**
  - What is being done and what CNAs should be scaled-up?
  - Is stakeholder engagement aligned with CNAs?

- **Target Groups/Coverage (current vs target)**
  - What is the coverage of target beneficiaries and the scale-up need?

- **Capacity to scale-up**
  - What is the current utilization and potential of delivery mechanisms to support scale up?
### What is the current nutrition situation? What indicators should be focused on?

<table>
<thead>
<tr>
<th>Situation Indicators</th>
<th>Status National</th>
<th>Trend</th>
<th>Severity</th>
<th>Target 2016</th>
<th>Status Western</th>
<th>Status Masindi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>33%</td>
<td>↑</td>
<td></td>
<td>32%</td>
<td>44%</td>
<td>22%*</td>
</tr>
<tr>
<td>Prevalence of stunting among children under 5 years old</td>
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<tr>
<td>Underweight women</td>
<td>12%</td>
<td>↑</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Prevalence of underweight among non-pregnant women 15-49 years old (with BMI &lt; 18.5 kg/m2)</td>
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<tr>
<td>Anaemia women</td>
<td>23%</td>
<td>↑</td>
<td>30%</td>
<td>17%</td>
<td></td>
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<tr>
<td>Prevalence of anaemia among women 15-49 years old</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td>10%</td>
<td>↑</td>
<td>9%</td>
<td>8%</td>
<td></td>
<td></td>
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<tr>
<td>Percentage of newborns weighing &lt; 2.5 kg at birth</td>
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<tr>
<td>Underweight under 5 years</td>
<td>14%</td>
<td>↑</td>
<td>10%</td>
<td>16%</td>
<td>7%*</td>
<td></td>
</tr>
<tr>
<td>Prevalence of underweight among children under 5 years old</td>
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<tr>
<td>Wasting</td>
<td>5%</td>
<td>↑</td>
<td></td>
<td>N/A</td>
<td>3%</td>
<td>2%*</td>
</tr>
<tr>
<td>Prevalence of wasting among children under 5 years old</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Exclusive Breastfeeding</td>
<td>63%</td>
<td>↑</td>
<td>75%</td>
<td>???</td>
<td>73%*</td>
<td></td>
</tr>
<tr>
<td>Percentage of infants exclusively breastfed to age 6 months</td>
<td></td>
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</tr>
<tr>
<td>Anaemia under 5</td>
<td>49%</td>
<td>↑</td>
<td>50%</td>
<td>39%</td>
<td>69%*</td>
<td></td>
</tr>
<tr>
<td>Prevalence of anaemia among children under 5 years old</td>
<td></td>
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<tr>
<td>Diarrhoea</td>
<td>23%</td>
<td>↑</td>
<td></td>
<td>N/A</td>
<td>19%</td>
<td>39%*</td>
</tr>
<tr>
<td>Prevalence of diarrhoea among children 6-59 months</td>
<td></td>
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</tr>
<tr>
<td>Food Security</td>
<td>20%</td>
<td>↑</td>
<td></td>
<td>N/A</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Percentage of households with poor or borderline food consumption</td>
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</tbody>
</table>

**Sources:** DHS 2011, 2006, CFSVA 2013, 2009 & Baseline Survey of Dietary Intake and *Nutritional Status of Children 0-23 Months in Eastern and Western Districts of Uganda 2014

**Task 1:** Decide what situation indicator(s) to focus on based on the status of each indicator and set priorities at district level.
What is being done and what CNAs should be scaled-up?

Decisions made on what situation indicators to use determine which CNAs should be focused on.

For example: Anemia in women (Prevalence of anaemia among women 15-49 years old)

Related CNAs:
1. Provide iron folic acid / iron supplements
2. Provide insecticide treated bednets
3. Provide deworming tablets
4. Provide materials for small-scale horticulture / crop diversification with a nutrition objective
5. Provide livestock, poultry or fish for small-scale animal husbandry / aquaculture with a nutrition objective

Key questions:
Which of these CNAs are currently (not) being focused on?
Which ones should be focused on?

Task 2: Look at whether the right CNAs are being focused on in the district
## Is stakeholder engagement aligned with CNAs?

<table>
<thead>
<tr>
<th>Country Priority Actions</th>
<th>FI</th>
<th>Cat</th>
<th>Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IYCF</strong></td>
<td></td>
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</tr>
<tr>
<td>Promote optimal breastfeeding practices (e.g. BFHI, BFCI)</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Promote optimal complementary feeding practices</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Micronutrients</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide vitamin A supplements</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Provide iron/folic acid / iron supplements</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>SAM/MAM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide therapeutic feeding for SAM</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provide supplementary feeding for MAM</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Disease prevention &amp; management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide insecticide treated bed nets</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Provide deworming tablets</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Provide diarrhoea treatment with ORS / ORS-zinc</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Provide PMTCT/EMTCT in line with Option B+ policy (incl. ARV, nutrition counseling)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>MN/CH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out growth monitoring</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Family Planning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide family planning services</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Task 3:** Look at current stakeholder engagement focus and how it may need to change to match chosen priority CNAs
What is the coverage of target beneficiaries and the scale-up need?

<table>
<thead>
<tr>
<th>Actions</th>
<th>Target Groups</th>
<th>Hoima</th>
<th>Kibale</th>
<th>Masindi</th>
<th>Luuka</th>
<th>Iganga</th>
<th>Namutumba</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 IFA</td>
<td>Pregnant women 15-49 years</td>
<td>-</td>
<td>16%</td>
<td>-</td>
<td>2%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Adolescent girls 10-19 years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2 ITBN</td>
<td>PLW 15-49 years</td>
<td>-</td>
<td>31%</td>
<td>-</td>
<td>-</td>
<td>11%</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>Households</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>8%</td>
<td>-</td>
<td>115%</td>
</tr>
<tr>
<td>3 Deworming</td>
<td>Pregnant women 15-49 years</td>
<td>-</td>
<td>-</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>4 Horticulture/crop diversification</td>
<td>Smallholder farmer households</td>
<td>40%</td>
<td>86%</td>
<td>4%</td>
<td>33%</td>
<td>3%</td>
<td>120%</td>
</tr>
<tr>
<td>5 Animal husbandry/aquaculture</td>
<td>Smallholder farmer households</td>
<td>11%</td>
<td>34%</td>
<td>1%</td>
<td>3%</td>
<td>7%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Task 4: Look at the current coverage of target beneficiaries and set appropriate targets for next year
What is the current utilization and potential of delivery mechanisms to support scale up?

<table>
<thead>
<tr>
<th>Country Priority Actions / Delivery Mechanisms</th>
<th>Health centers</th>
<th>Health outreach workers</th>
<th>Agricultural extension workers</th>
<th>Farmer field schools</th>
<th>National Agricultural Advisory Services (NAAA)</th>
<th>Radio</th>
<th>Local council (LOC)</th>
<th>Village Health Teams (VHT)</th>
<th>Community meetings / dialogues</th>
<th>Private companies</th>
<th>Religious centers</th>
<th>NGOs</th>
<th>Total number of delivery mechanisms per action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote optimal breastfeeding practices (e.g. BFHI, BFCI)</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>50</td>
<td>50</td>
<td>6</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>50</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Promote optimal complementary feeding practices</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>6</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>50</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Provide vitamin A supplements</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>1</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>50</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Provide iron/folic acid / iron supplements</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>50</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provide therapeutic feeding for SAM</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>50</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provide supplementary feeding for MAM</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>50</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provide insecticide treated bed nets</td>
<td>50</td>
<td>50</td>
<td>2</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>2</td>
<td>0</td>
<td>50</td>
<td>50</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Provide deworming tablets</td>
<td>50</td>
<td>50</td>
<td>2</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>2</td>
<td>0</td>
<td>50</td>
<td>50</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Provide diarrhoea treatment with ORS / ORS-zinc</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Provide PMTCT/EMTCT in line with Option B+ policy (incl. ARV, nutrition counseling)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Carry out growth monitoring</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provide family planning services</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**Task 5:** look at current utilisation of delivery mechanisms for each relevant CNA for the anemia (women) indicator and discuss which could be utilised more or new mechanisms that could be used.
What else should be considered?

Human Capacity

Landscape Analysis Country Assessment Tool (District Assessment)

Where are the gaps in capacity?

Task 6: Look at available human resources available in the district to scale-up the chosen CNAs
What else should be considered?

- Cost / budgets
- Sources of funding
- Availability of funding
- Flexibility of funding
- Length of funding

**Task 7:** Look at whether there is a budget available for the CNAs that should be implemented and who is providing
Using the results for planning – key points

- Decisions made on what situation indicators to use determine which CNAs should be focused on.

- If CNAs are not focused, it is unlikely that any impact will be made on situation indicators.

- Stakeholders need to be aligned with the district planning process / focus.

- Set targets for scale-up need to be realistic / achievable.

- Delivery mechanisms need to be chosen carefully, taking into account available capacity.
Part Five: Review of the District Plans
Group Work

Task: Please divide into groups and review the district plans to prioritise the nutrition interventions for the district, then report back to everyone.
Group Work Task: Please divide into groups and review the district plans to prioritise the nutrition interventions for the district, then report back to everyone.

Task 1: Decide what situation indicator(s) to focus on based on the status of each indicator and set priorities at district level

Task 2: Look at whether the right CNAs are being focused on in the district

Task 3: Look at the focus of current stakeholder engagement and how it may need to change to match chosen priority CNAs

Task 4: Look at the current coverage of target beneficiaries and set appropriate targets for next year

Task 5: Look at current utilisation of delivery mechanisms for each relevant CNA for the chosen situation indicator and discuss which could be utilised more or new mechanisms that could be used

Task 6: Look at available human resources available in the district to scale-up the chosen CNAs

Task 7: Look at whether there is a budget available for the CNAs that should be implemented and who is providing
Setting targets for actions to be included in the plan of the district

**Task 1:** Prevalence of anaemia among women 15-49 years old in the district: _____

**Nutrition-related actions**

<table>
<thead>
<tr>
<th>Core Nutrition Actions</th>
<th>Target groups</th>
<th>Implementing orgs</th>
<th>% Pop. coverage (baseline)</th>
<th>% Pop. coverage (2016)</th>
<th>Delivery mech</th>
<th>HR</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Provide iron-folic acid / iron supplements</td>
<td>Pregnant women 15-49 years</td>
<td></td>
<td>0%</td>
<td>XX%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Provide iron-folic acid / iron supplements</td>
<td>Adolescent girls 10-19 years</td>
<td></td>
<td>0%</td>
<td>XX%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Provide insecticide treated bednets</td>
<td>Pregnant women 15-49 years</td>
<td></td>
<td>0%</td>
<td>XX%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Provide insecticide treated bednets</td>
<td>Households</td>
<td></td>
<td>0%</td>
<td>XX%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Provide deworming tablets</td>
<td>Pregnant women 15-49 years</td>
<td></td>
<td>0%</td>
<td>XX%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Promote small-scale horticulture / crop div</td>
<td>Households</td>
<td></td>
<td>40%</td>
<td>XX%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> Promote small-scale animal husbandry</td>
<td>Households</td>
<td></td>
<td>11%</td>
<td>XX%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Review

How does the exercise you just carried out compare with the earlier plan you put together as part of the ANI Project?

• Chosen Actions?
• Target groups?
• Coverage targets?
• Implementing organisations?
• Implementing method (delivery mechanisms)?
• Budget source?

What would you do differently next time when developing nutrition scale-up plans?
Part Six: Tracking and Evaluating Progress
Reviewing the implementation performance of the district

It is important to review the performance of the district each year before the next planning cycle starts so know what the current status of each action is and can then plan accordingly.

<table>
<thead>
<tr>
<th>Nutrition Action</th>
<th>Timeline</th>
<th>Budget</th>
<th>Expenditure</th>
<th>Implementation status</th>
<th>Coverage Target / actual</th>
<th>Notes (e.g. challenges, lessons learned)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td></td>
<td></td>
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</tbody>
</table>
Next steps for the UNAP SUPA stakeholder mapping

UNAP SUPA Stakeholder Mapping Round 2.

Projects start/finish and actors change frequently. Therefore it is important to update the available stakeholder information on a regular basis in line with the planning cycle.

**Timing:** July 2015

**Who will carry out data collection:** District M&E officers / planners / nutrition focal persons with support from REACH Team.

**Training:** Early July in Kampala

**Dates of data collection:** Mid – July 2015

**Pre-task:** Need to verify stakeholders currently working in the district
Collecting data on key situation indicators is important to be able to measure the impact of the nutrition-related CNAs that are being undertaken:

-ANI Project data gives good baseline information BUT will need a measure of progress over the next few years.

-For example: Endline data from the ANI Project

-If no district level data available, can use DHS “regional” level data – or maybe DHS will go to district level.
Thank You!