



**JSI Research & Training Institute, Inc. (JSI) \* Helen Keller International (HKI) \* International Food Policy Research Institute (IFPRI) \* Save the Children (SC) \* The Manoff Group (TMG)**

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## **SPRING/Uganda Workplan**

**FY14**

**October 1, 2013-September 30, 2014**

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## LIST OF ACRONYMS

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
ASSIST	Applying Sciences to Strengthen and Improve Systems
CAC	community action cycle
CBO	community-based organization
CCG	Community Core Group
CDC	Centers for Disease Control and Prevention
CDFU	Communication for Development Foundation Uganda
CMT	Community Mobilization Team
DHO	District Health Officer
DHT	District Health Team
DNCC	District Nutrition Coordination Committee
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EHA	Essential Hygiene Action
FANTA	Food and Nutrition Technical Assistance
FY	fiscal year
GIS	geographic information system
HIV	human immunodeficiency virus
HMIS	health management information system
IFA	iron-folic acid
IMAM	Integrated Management of Acute Malnutrition
IP	implementing partner
ITC	inpatient therapeutic care
IYCF	infant and young child feeding
LSAT	Logistics System Assessment Tool
M&E	monitoring and evaluation
MNP	micronutrient powder
MoH	Ministry of Health
MoU	Memorandum of Understanding
MTCT	Mother-to-Child Transmission
MUAC	mid upper arm circumference
NACS	nutrition assessment, counseling and support
NDA	National Drug Authority
NGO	nongovernmental organization
NWGFF	National Working Group on Food Fortification
OPM	Office of the Prime Minister
OTP	outpatient therapeutic program
PAG	program assessment guide
PEPFAR	U.S. President's Emergency Plan for AIDS Relief

PHFS	Partnership for HIV-Free Survival
PIN	Production For Improved Nutrition
PIP	program impact pathway
PLHIV	people living with HIV
PMP	performance monitoring plan
PSFU	Private Sector Foundation Uganda
QA/QC	quality assurance/quality control
QI	quality improvement
RRH	Regional Referral Hospital
RUTF/RUTAFA	Ready-to-Use Therapeutic Food
SBCC	Social and Behaviour Change Communication
SCORE	Sustainable Comprehensive Responses for Vulnerable Children and their Families
SDS	Strengthening Decentralization for Sustainability
SNCC	Sub County Nutrition Coordination Committee
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
STAR-EC	Strengthening TB and AIDS Responses in East Central
STARSW	Strengthening TB and AIDS Responses in South West
SW	southwest
TASO	The AIDS Support Organization
TB	tuberculosis
ToR	terms of reference
ToT	training of trainers
TPC	technical planning committee
UNAP	Uganda Nutrition Action Plan
UNBS	Uganda National Bureau of Standards
USAID	United States Agency of International Development
USG	United States Government
VHT	Village Health Team
WASH	water, sanitation and hygiene
WFP	World Food Program
WHO	World Health Organization

## I. INTRODUCTION

SPRING/Uganda is about to complete its initial 18-month workplan that commenced on May 25, 2013 and ends on September 30, 2013. As a result of implementation of the work plan, a firm foundation was laid for rapid acceleration of progress towards the project objectives. The objectives are focused on addressing the challenge of childhood and maternal anemia, and childhood stunting, through strengthening systems using the first 1,000 days approach.

During this period, the delivery of nutrition services through the nutrition assessment, counselling and support (NACS) framework in all the nine former NuLife supported sites of (Kisoro Hospital, Itojo Hospital, Mbarara Regional Referral Hospital (RRH), Kabale RRH, Nyakibale Hospital, Kambuga Hospital, Kitagata Hospital, Ishaka Hospital and Ibanda Hospital) was re-established. In addition, the project initiated the integration of nutrition services as part of routine healthcare by all health centre (HC) IIIs and IVs in Kisoro and Ntungamo that are being supported by the USAID-funded Strengthening TB and AIDS Responses in South West (STAR-SW project) to provide antiretroviral (ART) services. The quality improvement (QI) approach is being strengthened to integrate nutrition assessment, counseling and support into routine health service delivery (see map). In the same districts, efforts to strengthen the health facility-community link in support of clients was initiated. Intensive planning with district and sub-county leaders for understanding and engaging communities in the prevention of malnutrition was conducted and has set the stage for accelerated implementation of community mobilization interventions starting in October.

At the national level, SPRING continued to participate in and contribute to national-level policy and strategy development and preparation of guidelines and job aids. SPRING supported the work of the Nutrition Assessment, Counseling and Support (NACS) Working Group, the National Working Group on Food Fortification, the Micronutrient Powders (MNP) Technical Working Group, and the PFHS Steering Committee. In addition, SPRING has, on request worked closely with the Nutrition Secretariat in the Office of the Prime Minister overseeing the implementation of the Uganda Nutrition Action Plan (UNAP) to scale up nutrition. SPRING continued to collaborate with other USG implementing partners, participating in U.S. Agency for International Development (USAID)-convened forums, workshops and meetings and liaising with UN agencies working on nutrition, including UNICEF, WFP and REACH.

In March 2013, SPRING/Uganda received additional funding to support the implementation of the Partnership for HIV-Free Survival (PHFS). PHFS is an initiative conceived by the World Health Organization (WHO) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) that aims to accelerate the adoption and implementation of the 2010 WHO guidelines. The six PHFS member countries are Kenya, Lesotho, Mozambique, South Africa, Tanzania, and Uganda. The overall objective for PHFS in Uganda is to contribute to the elimination of maternal to child transmission of HIV through targeted NACS interventions during the postpartum period for the first 1,000 days. In Uganda, six districts have been selected to participate in the initial phase PHFS: Kisoro, Ntungamo, Namutumba, Jinja, Tororo, and Manafwa. SPRING/Uganda is supporting implementation in Kisoro, Ntungamo and Namutumba, while The AIDS Support Organization (TASO), with CDC funding, is supporting Jinja, Manafwa and Tororo in Eastern Uganda. During FY13, SPRING/Uganda has worked closely with USAID, the MoH and other implementing partners (IPs) to develop a national work plan, performance indicators, terms of reference (ToR) for different partners and committees, identification of phase I facilities and implementation of interventions in these facilities. SPRING/Uganda is implementing PHFS activities in collaboration with the USAID-funded Strengthening TB and AIDS Responses in East Central

(STAR-EC) and STAR-SW projects, the health facility level partners in Namutumba and Kisoro and Ntungamo, respectively.

This proposed FY14 work plan covers the period of October 2013 through September 2014. The FY14 work plan represents two distinct streams of funding: Mission field support (approximately US\$3M for FY14) and PHFS (US\$1.8M for two years). Details of the geographic focus, goal and objectives, implementation strategies and key programmatic activities are provided in the following sections. For each key programmatic activity, the funding stream is defined.

## **II. GEOGRAPHIC FOCUS**

In FY14, SPRING/Uganda will continue to focus its efforts in ten districts, as well as continue activities at the national level. Mission field support funding will support preventive and treatment nutrition interventions in the SW as well as national-level fortification activities; and PHFS funding will support PHFS activities in the SW and EC.

Through mission field support funding, SPRING/Uganda will continue to work primarily in Kisoro and Ntungamo, with program activities centered on treating and preventing malnutrition at the facility and community levels. SPRING/Uganda will continue to have a strategic, but limited presence in Mbarara, Ibanda, Sheema, Bushenyi, Kanungu, Rukungiri and Kabale, with program activities centered on reviving, refocusing, and strengthening NACS programs within former NuLife sites. SPRING/Uganda will also continue to support national-level fortification activities.

Through PHFS funding, SPRING/Uganda will continue to support PHFS activities in Kisoro, Ntungamo, and Namutumba, with program activities centered on mother-to-child transmission (MTCT) through targeted NACS interventions during the postpartum period for the first 1,000 days. Eleven<sup>1</sup> health facilities are currently targeted (four in Kisoro, four in Ntungamo, and three in Namutumba), followed by scale-up in Q3 of FY14 to all the facilities where ART is provided in the three districts.

Figure 2 depicts the geographic location of field support and PHFS interventions in the SW and EC. Table 2 provides details on the health facilities targeted for FY14 implementation.

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<sup>1</sup> Although Nsinze HCIV in Namutumba was not selected by the PHFS Steering Committee as a phase I facility due to the district demand, SPRING/Uganda has been supporting the district and the health centre with implementation of NACS-related services.

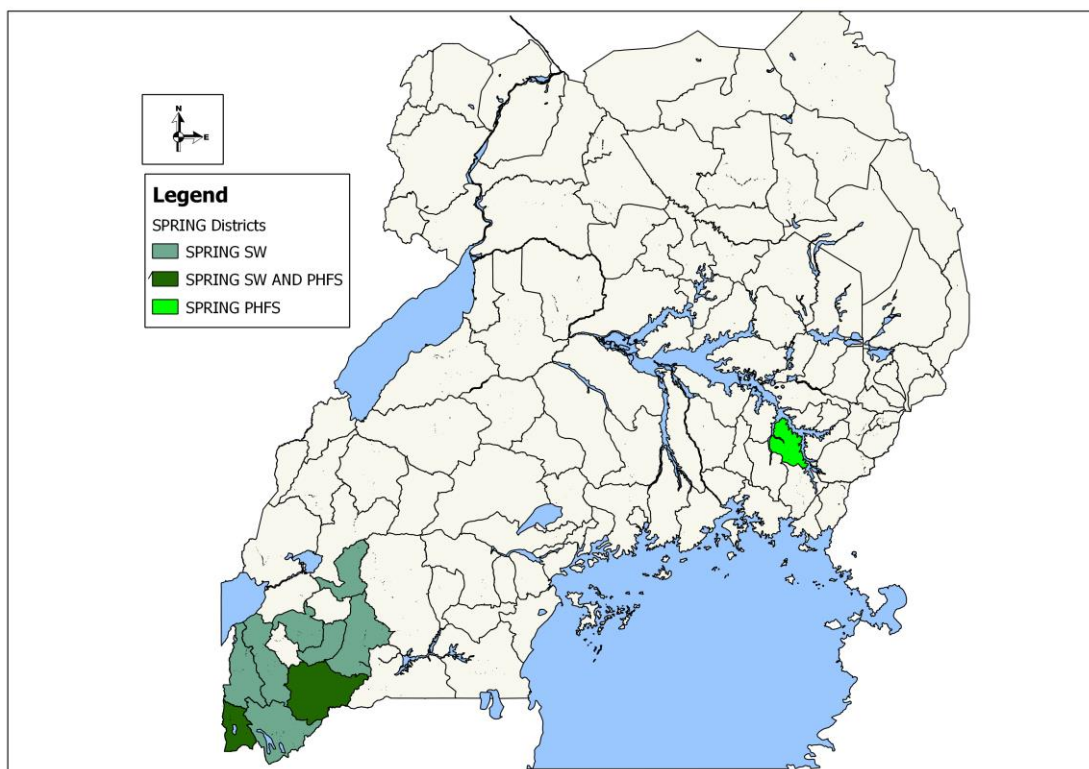


Figure 1. Map of Uganda showing SPRING/Uganda focus districts for Mission field support funding and PHFS

Table 2. SPRING/Uganda-supported health facilities

District	Health Facility Name	Type	County	Sub-county	PHFS Phase I
Ntungamo	Kitwe HC	IV	Ruhaama	Rukoni East	Yes
Ntungamo	Itojo Hospital	Hospital	Ruhama	Itojo	Yes
Ntungamo	Ntungamo HC	IV	Ntungamo Municipality	Central division	No
Ntungamo	Rubaare HC	IV	Rushenyi	Rubaare	Yes
Ntungamo	Rwashamaire HC	IV	Kajara	Nyabihoko	No
Ntungamo	Butaare HC	III	Ruhaama	Ntungamo	No
Ntungamo	Bwongyera HC	III	Kajara	Bwongyera	No
Ntungamo	Kayonza HC	III	Rushenyi	Kayonza	No
Ntungamo	Kitondo HC	III	Kajara	Ihunga	No
Ntungamo	Ngoma HC	III	Rushenyi	Ngoma	No
Ntungamo	Nyakyera HC	III	Ruhaama	Nyakyera	No
Ntungamo	Rugarama HC	III	Rushenyi	Rugarama	No
Ntungamo	Ruhaama HC	III	Ruhaama	Ruhaama	Yes
Ntungamo	Rukoni HC	III	Kajara	Kibatsi	No
Ntungamo	Rweikiro HC	III	Rushenyi	Rweikiro	No

<b>Ntungamo</b>	<b>St. Francisca Rushooka Hospital</b>	III	Rushenyi	Kayonza	No
<b>Ntungamo</b>	<b>St. Lucia Kagamba Hospital</b>	III	Kajara	Ihunga	No
<b>Kisoro</b>	<b>Mutolere Hospital</b>	Hospital	Bufumbira East	Nyakabande	No
<b>Kisoro</b>	<b>Kisoro Hospital</b>	Hospital	Bufumbira South	Town Council	Yes
<b>Kisoro</b>	<b>Busanza HC</b>	IV	Bufumbira North	Busanza	Yes
<b>Kisoro</b>	<b>Chahafi HC</b>	IV	Bufumbira East	Mulora	No
<b>Kisoro</b>	<b>Rubuguri HC</b>	IV	Bufumbira North	Kirundo	Yes
<b>Kisoro</b>	<b>Buhozi HC</b>	III	Bufumbira South	Nyarubuye	No
<b>Kisoro</b>	<b>Bukimbiri HC</b>	III	Bufumbira North	Nyundo	No
<b>Kisoro</b>	<b>Gasovu HC</b>	III	Bufumbira North	Nyabwishenya	No
<b>Kisoro</b>	<b>Kagano HC</b>	III	Bufumbira East	Kanaba	No
<b>Kisoro</b>	<b>Kagezi HC</b>	III	Bufumbira East	Kanaba	No
<b>Kisoro</b>	<b>Kinanira HC</b>	III	Bufumbira North	Busanza	No
<b>Kisoro</b>	<b>Muramba HC</b>	III	Bufumbira South	Muramba	Yes
<b>Kisoro</b>	<b>Nteko HC</b>	III	Bufumbira North	Nyabwishenya	No
<b>Kisoro</b>	<b>Nyabihuniko HC</b>	III	Bufumbira South	Chahi	No
<b>Kisoro</b>	<b>Nyakinama HC</b>	III	Bufumbira South	Nyakinama	No
<b>Kisoro</b>	<b>Nyarubuye HC</b>	III	Bufumbira South	Nyarubuye	No
<b>Kisoro</b>	<b>Nyarusiza HC</b>	III	Bufumbira South	Nyarusiza	No
<b>Kisoro</b>	<b>Rutaka HC</b>	III	Bufumbira North	Kirundo	No
<b>Kisoro</b>	<b>Gateriteri HC</b>	III	Bufumbira East	Nyakabande	No
<b>Kisoro</b>	<b>Iremera HC</b>	III	Bufumbira East	Nyakabande	No
<b>Ibanda</b>	<b>Ibanda Hospital</b>	Hospital	Ibanda	Ibanda Town Council	N/A
<b>Bushenyi</b>	<b>Ishaka Hospital</b>	Hospital	Ishaka	Ishaka	N/A
<b>Kabale</b>	<b>Kabale Regional Referral Hospital</b>	Hospital	Kabale Municipality	Central Division	N/A
<b>Sheema</b>	<b>Kitagata Hospital</b>	Hospital	Sheema South	Kitagata	N/A
<b>Mbarara</b>	<b>Mbarara Regional Referral Hospital</b>	Hospital	Mbarara Municipality	Central Division	N/A
<b>Rukungiri</b>	<b>Nyakibale Hospital</b>	Hospital	Nyakibale	Rukungiri Municipality	N/A
<b>Kanungu</b>	<b>Kambuga</b>	Hospital	Kinkiizi East	Kambuga Town Council	N/A
<b>Namutumba</b>	Namutumba HC	III	Namutumba	Namutumba	Yes
<b>Namutumba</b>	Magada HC	III	Namutumba	Magada	Yes
<b>Namutumba</b>	Ivukula HC	III	Namutumba	Ivukula	Yes

### **III. GOAL AND OBJECTIVES**

SPRING/Uganda's primary goals are reducing stunting levels in children aged 0-23 months and anemia in children 0-23 months and women of child-bearing age. The project has a secondary goal of reducing the proportion of children and adults with severe acute malnutrition in Southwestern Uganda. For PHFS, the project will contribute to the elimination of MTCT through targeted NACS interventions during the postpartum period for the first 1,000 days.

#### **Objectives**

SPRING/Uganda identified three key overarching objectives in FY13. However, given the additional mandate for PHFS in Ntungamo, Kisoro and Namutumba it was important to review the objectives. The following are the revised objectives of the project:

1. Integrate treatment and prevention nutrition services in selected district facilities in South western Uganda by building the capacity of district and facility managers, and health service providers to deliver high quality and comprehensive nutrition services for all clients, irrespective of their HIV status.
2. Support the development and implementation of a comprehensive package of high impact nutrition services at scale through capacity and systems strengthening engaging district, facility, sub county, community and household stakeholders in two selected districts (Ntungamo and Kisoro), engaging household, community, facility, and district stakeholders.
3. Support the strengthening and implementation of quality control services through capacity and systems strengthening of the Uganda National Bureau of Standards (UNBS), supporting the Ministry of Health in its coordination role, and engaging in the development of national guidelines for implementation and piloting of home fortification initiatives in model districts in the SW region.
4. Increase the proportion of HIV-positive mothers who adopt optimal maternal, infant and young child feeding (IYCF) practices in Ntungamo, Kisoro, and Namutumba to 90% by 2015 (PHFS-specific).
5. Scale-up effective package of cost-effective HIV-free child survival interventions in the four districts in a sustainable way (PHFS-specific).
6. Build the capacity of and scale-up nutrition interventions in the target districts using the QI approach (PHFS-specific).
7. Strengthen the health service delivery system to support mother-infant follow up and ARV adherence from early breast feeding period to 24 months in selected districts (PHFS-specific).
8. Evaluate the effectiveness of QI/NACS interventions and service delivery approaches on HIV-free child survival during the first 1000 days in the four selected districts (PHFS-specific).
9. Strengthen the health service delivery system to integrate NACS into PMTCT interventions in all selected districts (PHFS-specific).

### **IV. IMPLEMENTATION APPROACH**

In FYs 12 and 13, USAID requested SPRING/Uganda to engage in scaling up evidence-based nutrition interventions in Uganda that reduce undernutrition in the general population by leveraging and expanding existing nutrition treatment and prevention services for people living with HIV (PLHIV) in the SW region. SPRING/Uganda collaborated closely with government of Uganda through the Office of the Prime Minister (OPM), MoH, district political and technical leaders and committees as well as the

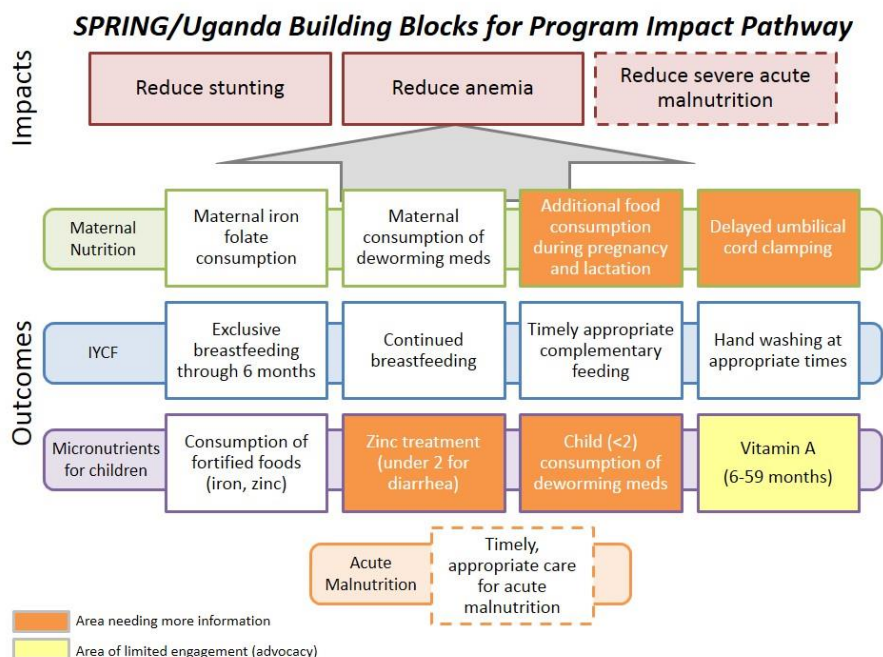


Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), and other USAID IPs (Community Connector and SCORE) working in the Southwest to implement high-impact nutrition interventions.

At facility level, the project supported strengthening the capacity of the systems in integration of nutrition services into routine health services using the NACS framework by training health workers, providing the necessary anthropometric equipment, data collection tools and continuous technical assistance. In this year, the project will continue with scaling up integration of nutrition into all the key health service delivery points at facility level and cover all the HC IIIs and IVs in Kisoro and Ntungamo districts. At community level, initiated activities focus on creating demand for improved infant and young child feeding and related practices impacting on undernutrition in the community (e.g., seeking health care, care during illness) and accessing treatment and preventive services in Kisoro and Ntungamo districts. The implementation of the preventive high-impact interventions identified in FYs 12 and 13 will be done in the initial 9 sub counties in Kisoro and Ntungamo and eventually scaled up to additional sub counties in the two districts.

The project's approach will build on the five fundamental principles identified in FY12-FY13: 1) **country-led**, meaning that activities are aligned with UNAP 2012-2016 and are designed for sustainability so as to see changes institutionalized; 2) **support and work through existing structures** of the local government and communities; 3) **build on proven strategies**, global evidence and best practices that reflect the recommendations from *The Lancet's* 2008 and 2013 series on nutrition; 4) **implemented at scale**, meaning the activities will be district-wide with the potential for regional and national scale up, to strengthen existing systems, both health facility and community; and 5) be **coordinated**, to maximize synergies, where appropriate, with other USG programs and partners.

Through a participatory approach with representatives from the government, district, development partners and other implementing partners, SPRING/Uganda identified a package of high impact interventions for the prevention of undernutrition in children 0-23 months and women of child bearing age. A program impact pathway that would be used to address the challenge of undernutrition was developed and adopted by the project (see Figure 1).



**Figure 2. SPRING/Uganda Program Impact Pathway**

SPRING/Uganda will build on the achievements of the past year of implementation to improve routine nutrition service delivery such as deworming, vitamin A and iron-folic acid (IFA) supplementation and improve involvement of community resources persons such as Village Health Team members (VHTs) in offering nutrition services to targeted stakeholders. The project will also extend integrated management of acute malnutrition (IMAM)/Outpatient Therapeutic Program (OTP) to all sites up to HC III facilities that offer ART; strengthen outreach prevention programs; and expand community-based nutrition services. The facility based interventions will emphasize the integration of nutrition services to all key health services that are targeted to mothers and children. There will be focus on supplies and logistics and other quality improvement issues such as documentation of nutrition services. This will ensure institutionalization of nutrition services at facility level. The community based interventions will be delivered according to the community mobilization structure, and social and behaviour change communication (SBCC) strategy that was developed in FYs 12 and 13.

Concurrent to these activities, SPRING/Uganda will support and implement national-level activities related to fortification and micronutrient, and will participate in and support activities that advance national level policy and guidance related to NACS. Specific to food fortification, the project will support the government in institutionalization of mandatory fortification by building the necessary systems for M&E. In addition, the project will continue to engage in the national micronutrient powders (MNP) work that has been going since 2012.

SPRING/Uganda will continue to implement the outlined interventions through established government structures from the national level to the villages. The project will coordinate and work with other existing IPs at all levels. At national level, the project will work with the UNAP Secretariat in the OPM, MoH, Ministry of Local Government, Ministries of Gender, Labour and Social Development, Ministry of Finance and Economic Development, and Ministry of Agriculture and Fisheries. The newly inaugurated

National Working Group on Food Fortification (NWGFF) and Private Sector Foundation Uganda (PSFU) will constitute the key platform for coordinating food fortification interventions in the country. SPRING/Uganda will continue working closely with PHFS Steering and Technical Committee under the MoH.

All the strategies will be based on the current state of recommendations as provided in the UNAP 2011-2016, Social Mobilization strategy, PHFS strategy and Mandatory Fortification regulation for Uganda. The project will work and coordinate with USAID, WHO, World Food Program (WFP), UNICEF and other development partners involved in nutrition related programming at national level. At the district level, SPRING/Uganda will work closely with SCORE, Healthy Child Uganda, STAR-SW, ASSIST and Strengthening Decentralization for Sustainability (SDS) in Ntungamo; Community Connector, ASSIST and STAR-SW in Kisoro, Kanungu, Kabale and Ibanda; and WHO, ASSIST and STAR-EC in Namutumba districts. Following the mapping of other NGOs and CBOs providing agriculture and livelihood interventions in Kisoro, Ntungamo and Namutumba districts, SPRING/Uganda will engage with relevant NGOs/CBOs at sub county and community levels for promotion of interventions for prevention of malnutrition. District Nutrition Coordination Committees (DNCCs) and Sub County Nutrition Coordination Committees (SNCCs) that were oriented in the past year by SPRING/Uganda will form the core team of stakeholders for implementation of the interventions at district and lower local governments. District health teams, and district and facility QI teams will also play an important role in improving quality of nutrition services offered targeted districts.

#### V. STRATEGIES FOR ACHIEVING RESULTS

Based on the experience attained in FY12/13, SPRING/Uganda will ensure that the program interventions are integrated, targeted, of high quality and implemented at scale in the targeted districts. This will be achieved by: 1) **scaling up** NACS for the identification and **treatment of acute malnutrition** in children under two, pregnant and lactating women, and PLHIV within all the targeted hospitals and health centres in SW and in Namutumba in East Central; 2) **integrating proven actions that prevent undernutrition, targeting the first 1,000 days - pregnant women and children under 2, as well as PLHIV**; 3) **fortifying foods at the national and household levels** by working closely with the MoH, the NWGFF, development partners (USAID IPs, UNICEF, WHO and WFP) and other IPs for guidance in selecting key activities around fortification and quality control. SPRING/Uganda will identify suitable NGOs/CBOs and community groups in addition to established DNCCs and SNCCs to work with for scaling up preventive services at community level in Kisoro and Ntungamo districts.

#### VI. PLANNED ACTIVITIES

The following activity plan directly contributes to the goals and objectives identified for SPRING/Uganda. The section goes into greater detail about planned activities and expected outputs in this proposed work plan. All the activities are organized according to the intermediate results that were approved by USAID as outlined in SPRING/Uganda PMP.

SPRING/Uganda will improve the utilization of key nutrition services at the facility and community levels by focusing on improving the quality of services, increasing the availability of services, increasing access to services and increasing demand for services both at the facility and community levels. The overall desired result is improved utilization of preventive and treatment maternal and child nutrition services at facility and community levels in Uganda.

Illustrative activities for each Intermediate Result and related outputs and outcomes are included below.

## **INTERMEDIATE RESULT 1: INCREASED DEMAND FOR NUTRITION PREVENTION AND TREATMENT SERVICES**

Increasing demand for undernutrition prevention and treatment services will be a major focus of the project in 2014. The SBCC and community mobilization strategy that was developed in FY12/13 will be used to create demand for information about and support for high impact nutrition practices at community level. The demand for preventive and treatment services will also be created by continuous improvement of the quality of nutrition services provided in the health facilities. The project will make use of high-quality SBCC materials that were developed as result of the first formative research conducted in May 2013 to reach targeted audience in Kisoro and Ntungamo districts. All the materials are consistent with the national guidelines.

SPRING/Uganda will undertake the second set of targeted formative research on specific issues, as outlined in the PIP, to expand and deepen the understanding of the determinants of key nutrition practices in Kisoro and Ntungamo districts. Proposed activities, media and materials will be vetted with national and district authorities and partner organizations, field tested and adjusted, as needed, using a continuous QI process. Related to this, SPRING/Uganda will explore the use of mHealth and other innovations in new media and communication approaches for community mobilization and SBCC. Partner networks which were mapped in Kisoro and Ntungamo districts will be capitalized on for the delivery of key nutrition messages as well as for promotion of the necessary skills for preparation of quality complementary foods for children 6-23 months. These activities will apply mainly for the SW program activities in Kisoro and Ntungamo, but some of the elements will be used for creating demand for nutrition services for PHFS and for following up clients enrolled in PHFS activities Kisoro, Ntungamo and Namutumba districts.

SPRING/Uganda will continue with the strong collaboration with the government through the relevant ministries and departments, as well as the USAID IPs (such as the newly awarded Communication for Health Communities Project) to promote preventive nutrition services and key essential hygiene actions (EHAs) messages in coordination with relevant community campaigns in Kisoro and Ntungamo districts. Finally, close coordination with the Community Connector, WASHplus, Communication for Healthy Communities and SCORE projects will ensure harmonization and consistency of tailored SBCC campaigns at the district and community levels.

Key outputs and outcomes include:

- Increased uptake of high impact nutrition practices at household and community levels
- Increased involvement of civil society in advocacy for nutrition services, including the nutrition coordination committees at district and sub county levels.
- Inclusion of nutrition into district and sub county development plans in Kisoro and Ntungamo districts.
- Allocation of budget for financial and human resource support in district and sub county plans.

Key programmatic activities

### **1. STRENGTHENING CAPACITY OF VHT AND OTHER COMMUNITY-LEVEL RESOURCES FOR SOCIAL AND BEHAVIOUR CHANGE**

The project is working to strengthen local groups and the government health structure starting at the community level to prevent undernutrition. A key mechanism to support the work of the VHTs will be to use videos as a tool for them to promote and support appropriate nutrition practices in the community. The project will work with private firms to develop video materials to use as job-aides linked to the community based approaches described below to promote high impact nutrition practices in women of child bearing age and other community members in Kisoro and Ntungamo districts. The materials will be developed in a number of phases: the first phase is focused on an initial set of key behaviours drawn from the first formative research conducted in selected sub counties of Ntungamo district May 2013. The second phase will build off of the lessons learned during the initial implementation of this video-assisted approach and incorporate additional behaviours and target audiences in the community. The process of developing the materials will entail working closely with the video-production team to shoot footage that includes both testimonials from great mothers and fathers and other members of the community and include those working within the health system supporting appropriate nutrition practices. After shooting the video in the community a process of editing, translation, pre-testing and finalization of the videos will follow. In addition to the videos, a set of modules that will guide the VHT community group sessions will be developed. Training of the VHTs and partner organizations in the implementation of the video-assisted “campaign” will occur once the materials have been pre-tested. This program will be initiated in two sub counties in Kisoro and Ntungamo districts. The process of development of the materials will involve the district and sub county nutrition coordination committees and other community representatives identified by the SBCC team. All these activities are to be undertaken in Kisoro and Ntungamo under Mission field support funding.

Alongside and closely linked to the video-production and training of VHTs will be a process for community mobilization and action related to promoting the prevention of childhood stunting and maternal and childhood anemia in Kisoro and Ntungamo districts. The CM-SBC approach will be implemented using existing district, sub county and community level structures in the two districts. In FY12/13, SPRING/Uganda developed a community mobilization strategy that is built around the existing structures within these two districts as means of enhancing sustainability of the interventions that are targeting prevention of undernutrition in children and women of child bearing age. During the first month of the FY14, the project will work with the leadership of Kisoro and Ntungamo districts to form community mobilization teams (CMTs) at sub county level; and Core Community Groups (CCGs) at parish and village levels in the first nine targeted sub counties. The sub counties were selected as they are the most vulnerable in Kisoro and Ntungamo districts, and include Itojo, Rukoni East, Ruhama, Kayonza and Bwongyera in Ntungamo district; and, Muramba, Chahi, Nyarusiza and Nyakinama in Kisoro district. The presence of SCORE and Community Connector projects implementing livelihood and food security interventions contributed to their selection. This was necessary in order to leverage resources between SPRING/Uganda and the other USAID implementing partners. Upon completion of the formation of these structures in the first nine sub counties, the SPRING/Uganda team will proceed to form the same structures in the next twelve (12) sub counties in the two districts. The same process will be followed until the entire districts of Kisoro and Ntungamo are fully covered (see table 3 for details of the roll out plan).

**Table 3. Plan for rolling out CM activities in Kisoro and Ntungamo districts**

District	Phase I		Phase II		Phase III	
	Sub County	County	Sub County	County	Sub County	County
Ntungamo	Itojo	Ruhama	Kibatsi	Kajara	Ihunga	Kajara
	Ruhama	Ruhama	Ngoma	Rushenyi	Nyabihoko	Kajara
	Rukoni East	Kajara	Rubare	Rushenyi	Rweikiniro	Rushenyi
	Kayonza	Rushenyi	Rugarama	Rushenyi	Nyakyera	Ruhama
	Bwongyera	Kajara	Rukoni West	Kajara	Ntungamo TC	Ntungamo Municipality
			Rwashamaire TC	Kajara	Central division	Ntungamo Municipality
			Rubare Town council	Kajara	Western division	Ntungamo municipality
Kisoro					Eastern division	Ntungamo Municipality
	Muramba	Bufumbira South	Nyarubuye	Bufumbira South	Bukimbiri	Bufumbira East
	Chahi	Bufumbira South	Busanza	Bufumbira North	Kanaba	Bufumbira East
	Nyarusiza	Bufumbira South	Kisoro Town Council	Bufumbira South	Murora	Bufumbira East
	Nyakinama	Bufumbira South	Nyabwishenya	Bufumbira North	Nyakabande	Bufumbira East
		Kirundo	Bufumbira North	Nyundo	Bufumbira North	

The SBCC team will utilize the community action cycle approach for engaging communities to adopt high impact nutrition practices. Existing community mobilization training and facilitation guides will be adapted to build teams' capacity to actively engage their communities in identification, planning, implementing and monitoring of interventions to prevent undernutrition. The CMTs will work with CCGs to build their capacity to facilitate community action cycles through exploration of the drivers of malnutrition and plan for community actions to respond to each of the most important drivers at parish and village levels. One of the main activities that will be central to the CM and CAC will be the community groups organized and supported by the VHTs through the new video-assisted SBC mechanism. SPRING/Uganda will support with the organization and facilitation of quarterly feedback meetings to share progress of the community engagement activities undertaken by CMTs and CCGs. SPRING/Uganda will develop monitoring tools for the SBC-CM activities in the two districts. As identified by the formative research, there is need for the communities to recognize the efforts of CMTs and CCGs in promoting high impact practices that prevent undernutrition in children and keep them healthier and happier which in term promotes social cohesion and wellness of their parents and communities at large. The project will work with the community leadership to plan the frequency and the modality of recognition of members of CMTs and CCGs. It should be noted as result of CAC, other additional SBCC materials may be developed as needed. This activity is purely under Mission field support funding.

## **2. ACTIVATION OF COMMUNITY-FACILITY REFERRALS**

Community resource persons (i.e., VHTs, peer educators, and home-based care providers) within each facility catchment area in the SW and in Namutumba were mapped out by the project in FYs 12 and 13. These resource persons are important for the provision of preventive and treatment nutrition services for children 0-23 months and women of child bearing age as well as PLHIV enrolled in the program. To enhance their capacity, the project will work with the districts and health facilities to train them in essential nutrition and hygiene actions, and follow up of clients as needed. An orientation package on these topics will be adapted to train community resource persons. SPRING/Uganda will also continue work on the development and adaptation of nutrition referral tools for community service providers to enable them to link clients to the necessary nutrition, economic strengthening and other livelihood support activities provided at facility and community levels. SPRING/Uganda will support the printing and dissemination of referral tools and counseling materials for community resource persons in the SW and in Namutumba. MUAC tapes will also be provided to all the trained resource persons for use in screening for acute malnutrition. In addition to the community resource persons, SNCC members in Kisoro and Ntungamo will also be oriented on screening and referral of acutely malnourished cases and providing basic counseling on maternal, infant and young child feeding. This activity will be implemented through Mission field support funding and PHFS for Namutumba, Kisoro and Ntungamo districts. The PHFS component will focus on pregnant and lactating HIV-positive women and their children in the three districts.

## **3. SENSITIZATION OF STAKEHOLDERS ON NUTRITION AND FOOD FORTIFICATION**

To create high demand for nutrition services and fortified food products, massive sensitization of stakeholders will be undertaken in FY14. The key stakeholders targeted include health workers who plan and implement nutrition services for children and mothers; district leaders and members of nutrition coordination committees; media houses who run news and adverts on various issues; members of NWGFF; and the private sector. Health workers will be oriented on the various available nutrition guidelines that they should be using consistently and correctly in order to provide targeted maternal and child nutrition services as required by the MoH. These include maternal nutrition guidelines, infant and young child feeding policy guidelines, IMAM guidelines, comprehensive micronutrient guidelines for Uganda and BFHI guidelines. On site based approach will be used with SPRING/Uganda and members of District Health Teams facilitating the orientation. This is anticipated to take one day in each facility.

On the other hand, SPRING/Uganda will engage with DNCC and SNCC in Southwestern Uganda through support to the national food fortification program to raise awareness of food fortification and support uptake of the program's products. In addition, SPRING/Uganda will orient radio stations in urban areas of the country on fortification to enable them to run appropriate public sensitization messages for the uptake of fortified food products. Through the fortification advisor, the project proposes to provide technical support to Private Sector Foundation Uganda (PSFU) to mobilize industries producing wheat, maize, and cooking oil to fortify food according to the set standards. Other support will be provided to MoH to organize monthly and quarterly coordination meetings of the NWGFF and its sub committees as agreed upon in FY12/13. Within the Southwestern region, the district teams of the project will sensitize shopkeepers and other community members on the availability of fortified products and the need for their regular use. Finally, the project will continue to support the government to hold bi-annual planning and coordination meetings with partners and other government agencies on food fortification at national level. These meetings are meant to share progress in implementation of fortification and to plan for better interventions for improvement in fortification and uptake of fortified products. Special consultative meetings will be organized to share findings from relevant food fortification related

monitoring assessments so that all the stakeholders understand the prevailing situation in fortification and in terms of uptake of the fortified products. These activities are funded through Mission field support funding.

#### **4. OPERATIONAL RESEARCH ON IMPROVED INTAKE, COMPLIANCE AND ADHERENCE TO IRON-FOLIC ACID BY PREGNANT WOMEN**

Promotion of intake, compliance and adherence to IFA supplements by pregnant women is one of the key high impact interventions that SPRING/Uganda is supporting in the SW. With less than one percent of pregnant women reporting taking the recommended 90 tablets of iron supplements in Southwestern Uganda in 2011, there are several challenges impeding intake of the supplements. SPRING/Uganda proposes to conduct operational research in the SW (Kisoro and Ntungamo) and possibly Namutumba to improve delivery strategies or behaviour change for IFA. The SPRING-led anemia stakeholders meeting planned in October 2013 will help define the direction for the operational research. In addition depending on the interest from the districts, a Program Assessment Guide (PAG) Workshop to assess the strengths and weaknesses of the district's maternal anemia program could be done in Namutumba, Kisoro or Ntungamo districts after the anemia stakeholders' workshop in October. The objectives of the PAG could be:

1. To systematically review program progress for maternal anemia, and the program components that contributed to that progress, examining the strength of the evidence, contextual factors, and specific practices that have influenced the progress made.
2. To summarize, clarify, and gain consensus on the nature, extent, and limitations of the evidence for the programmatic effectiveness of the maternal anemia program.
3. To provide district stakeholders with guidance in making informed, and transparent decisions concerning the selection, design, implementation, supervision, assessment and improvement of the maternal anemia strategy.

This activity will be implemented using Mission field support and SPRING Core funds.

#### **5. DEVELOPMENT AND SUPPORT OF NATIONAL SOCIAL MOBILIZATION STRATEGY**

Under the leadership of the OPM, SPRING/Uganda will collaborate with FANTA and UNICEF to develop a National Nutrition Advocacy and Social and Behaviour Change Communication Strategy for Uganda. SPRING/Uganda will develop the social mobilization sub-strategy; FANTA will develop the advocacy sub-strategy; and UNICEF will develop the SBCC sub-strategy. To the extent possible, the three partners will coordinate inputs, and will harmonize, under the leadership of the OPM, the three elements of the strategy into one cohesive document, including a costed implementation plan and an M&E framework. SPRING/Uganda will also support the development of a dissemination plan that clearly outlines roles and responsibilities among relative stakeholders at the national, regional, district and sub-country levels. This coordinated effort will contribute to the implementation of key activities outlined in UNAP 2011-2016 which are in line with the Scaling up Nutrition (SUN) movement in Uganda. The activity will be implemented through Mission field support funding and SPRING Core funds.

#### **INTERMEDIATE RESULT 2: INCREASED ACCESS AND AVAILABILITY OF TARGETED NUTRITION INTERVENTIONS FOR VULNERABLE GROUPS**

SPRING/Uganda will continue working within the districts of Kisoro and Ntungamo and communities with a wide range of stakeholders such as farmers, health workers, teachers, entrepreneurs and school children to roll out interventions outlined in the SBCC strategy. The project will also work with the



targeted seven hospitals in Mbarara, Ibanda, Bushenyi, Sheema, Kanungu, Rukungiri and Kabale to increase access and availability of high impact nutrition interventions for children 0-23 months, women of childbearing age, and PLHIV. SPRING/Uganda recognizes that increasing coverage and access to services is closely aligned with quality improvement; hence, some of the planned activities described in this section will contribute to the activities under Intermediate Result 3.

Key outcomes include:

- Integrated nutrition services at all relevant service delivery contact points.
- Strengthened referral mechanisms for treatment of undernutrition from communities to health facilities.
- Increased community mobilization for uptake of key nutrition interventions.
- Increased linkages with other support services, including economic strengthening and livelihoods programs.
- Increased coordination with relevant district technical and coordination teams.

The key programmatic activities to be implemented to achieve these outcomes are provided below:

#### **1. CREATING AN ENABLING ENVIRONMENT FOR IMPROVED NUTRITION SERVICE DELIVERY AND FOOD FORTIFICATION**

Nutrition advocacy interventions aim at creating a network of people who are focused on providing the necessary support and resources for better nutrition interventions from national to village level. Within the past year, the project has strengthened the enabling environment for getting more support for voicing the need for improved nutrition planning, implementation and evaluation at all levels. At national level, the program will focus on advocacy for more government, development partner and private sector support for uptake of food fortification of key food vehicles (i.e. cooking oil, maize flour, and wheat flour). This will be achieved by working through the MoH, Uganda National Bureau of Standards (UNBS), PSFU, Media alliances and other USAID IPs (such as Uganda Health Marketing Group and CDFU). SPRING/Uganda will engage in sensitization of parliamentary committee on nutrition on mandatory food fortification policy. This will be done through both the MoH and OPM as necessary. Finally, at the national level, SPRING/Uganda will take part in advocating for MoH and NMS to provide RUTF and other essential nutrition supplies listed in the essential drugs to all health facilities in SW and Namutumba.

At the district and lower local governments, the advocacy efforts will be geared towards promoting prioritization of key nutrition services that need to be planned for and have the budget allocated to them in the development plans. The advocacy will further target district, health facility leaders and health workers to prioritize nutrition service provision among other health services provided. Nutrition advocacy will be conducted at district level to encourage the local government to recruit nutritionists at district and hospital levels in targeted districts in SW. Currently only two of the nine targeted SW districts Sheema and Kabale, have nutritionists, yet there is provision for each district with a hospital to recruit a nutritionist. Additional efforts will focus on the management of the critical nutrition related supplies such as RUTF, iron-folic acid supplements and therapeutic milk as well.

The advocacy activities at this level will be organized in consultation with the district and sub county nutrition coordination committees, district leadership and other implementing partners engaged in nutrition related interventions in the targeted districts. This will create synergies, leverage resources and ensure consistency in messages employed. The nutrition coordination committees at district and sub

county levels will first be trained on nutrition advocacy and budgeting so they get the key skills and knowledge to influence other leaders and members to support nutrition efforts in the district. Under the advocacy, SPRING/Uganda will use district and sub county specific information to generate advocacy materials. Advocacy meetings will be organized at district, sub county, and facility levels as necessary. The project will also work with other implementing partners and regional nutritionists in Kabale and Mbarara to facilitate bi-annual advocacy meetings with district government representatives of the targeted districts in the SW. Additional participation in USAID- and MoH-organized nutrition stakeholders meetings at national and field levels will be ensured. Related to this, SPRING/Uganda will continue engaging selected media houses in field excursions to identify key nutrition challenges faced by districts, sub counties, mothers, children and other community members. These will be shared with the rest of the country through newspaper articles, radio and television shows as necessary. For coherence and consistency with national-level efforts, SPRING/Uganda will work with UNAP Secretariat in the Office of the Prime Minister and other partners involved in advocacy to plan and implement nutrition advocacy at district and lower local government levels.

To promote the use of the available nutrition services, SPRING/Uganda will support the targeted districts and health facilities to sensitize community members. A package for community members indicating the type of services available and where they can be obtained will be developed and shared with key stakeholders including DNCC, SNCC, and VHT members as well as local council chairpersons in Kisoro, Ntungamo, and Namutumba districts and the seven other hospitals in SW. The project will also work with health facility in-charges to orient VHTs and other community service providers on provision of essential nutrition supplies such as RUTF, IFA, vitamin A, albendazole, and fansidar to children and women.

One of the key strategies for passing nutrition messages to the community, district and sub county leaders is through designated celebrations. The project will continue working with the districts of Kisoro and Ntungamo as well as the central government at national level and other partners to organize and participate in commemorations of international, national and district-specific events such as World Breastfeeding Week, African Food and Nutrition Day, World TB Day, and World AIDS Day, among others. Key messages as per the SBCC strategy will be developed and shared in each of the commemoration days as appropriate. SPRING/Uganda will also provide technical and logistical support to the district and central government as necessary to support the execution of such celebrations.

The activities in this section will involve mainly Mission field support funding, but some funds for PHFS will be used for Namutumba, Kisoro and Ntungamo districts.

## **2. PROCUREMENT AND DISTRIBUTION OF ANTHROPOMETRIC EQUIPMENT**

SPRING/Uganda procured and distributed anthropometric equipment (weighing scales and MUAC tapes) to all the targeted health centres in Southwestern Uganda and Namutumba in FY12/13. The process will be continued this year with strong elements of orientation of health workers on how to use and maintain them appropriately to avoid unnecessary breakages. The activity will be funded by Mission field support funding and PHFS for Kisoro, Ntungamo and Namutumba districts.

## **3. INTEGRATION OF NUTRITION SERVICES INTO ONGOING COMMUNITY SERVICES IN KISORO, NTUNGAMO, AND NAMUTUMBA DISTRICTS**

Within the past year, SPRING/Uganda mapped several NGOs/CBOs and other groups involved in the provision of economic strengthening and other livelihood support activities in the districts of Kisoro, Ntungamo, and Namutumba with the aim of integrating nutrition into their services. The project is proposing to develop a package of high-impact nutrition practices that should be integrated into

ongoing agriculture, economic strengthening and other livelihood interventions implemented by NGOs/CBOs in selected sub counties in these districts. The NGOs/CBOs will be oriented on the high-impact nutrition practices so that they can encourage their members to adopt them as required. Quarterly review meetings with selected NGOs/CBOs will be conducted for refreshers.

SPRING/Uganda will continue working with health workers to provide them with technical support for implementation of nutrition services to targeted beneficiaries through ongoing community outreach activities. VHTs and other resource persons will be an integral part of these activities in all the three districts. The funding will be obtained from both Mission field support funding and PHFS funding in Kisoro, Ntungamo and Namutumba districts.

#### **4. DOCUMENTATION OF THE COMMUNITY MOBILIZATION STRATEGY IMPLEMENTED BY SPRING/UGANDA IN KISORO AND NTUNGAMO DISTRICTS**

SPRING/Uganda intends to use VHTs for influencing community members for adoption of high impact nutrition practices and behaviours for prevention of undernutrition in children and women of child bearing in Kisoro and Ntungamo districts. The SPRING/Uganda community mobilization program is based primarily on volunteers (VHTs); while the MoH and district leaders have a critically important role to play in distilling the messages, developing the way in which the program is to be structured and implementing, developing/adapting the training curriculum, conducting the training and refresher trainings, implementing supervision, and documenting baseline and periodic (endline) behaviours and behaviour change, that it is highly likely that the program is cost-effective. SPRING/Uganda is proposing undertaking a detailed, activity-based cost analysis that will serve as both a tool for more carefully delineating each element of the program, standardizing its structure and implementation and identifying all of the resources required to implement the program—including the uncompensated time of the VHTs. It is essential to quantify all of the resources required to ensure that their numbers and the magnitude of the management-related tasks associated with them is well understood and fully planned for. The activity will be implemented stepwise: the first step will entail a cross-sectional retrospective study. The next step will focus on transforming the activities defined in the activity-based cost study and the algorithms developed as part of it (identifying the specific personnel and required quantities and types of inputs to produce each activity) and will form the basis of a highly detailed and structured tool with which to manage the program on an ongoing basis; it would serve as the foundation for program planning and implementation as well as M&E. Not only will this be helpful in improving the program, it will also be an important tool for the government, districts, developmental partners and other NGOs in designing and implementation of cost effective and scalable programs that rely on groups of volunteers for promoting high impact nutrition practices and behaviours. The activity will be implemented through Mission field support funding.

#### **5. PILOTING OF USE OF HOME FORTIFICATION USING MNPS FOR CHILDREN 6-23 MONTHS IN NAMUTUMBA AND KATAKWI DISTRICTS**

Working with MoH, WFP and UNICEF, SPRING will continue with the operational research for piloting the use of home fortification with MNPs in children 6-23 months in Namutumba and Katakwi Districts. This is expected to be carried out for at least 12 months. SPRING, through the CDC, will engage in providing technical assistance for SBCC and M&E. The activity will be implemented through Mission field support and SPRING core funding.

#### **6. DOCUMENTATION OF EFFECT OF DNCC, SNCC AND OTHER NUTRITION INTERVENTIONS IN UGANDA**

Additional research being proposed is the documentation of the effect of DNCC and SNCC activities on nutrition programming and the impact of nutrition advocacy at the district and lower government levels in Kisoro, Ntungamo and Namutumba districts. In addition, in conjunction with SPRING/Washington, SPRING/Uganda will participate in the case study evaluation done through OPM at the national level and on one to two districts in FY14. The protocol for the study has already been developed and preliminary work started. The implementation of the study will be accelerated in FY14.

### **INTERMEDIATE RESULT 3: IMPROVED QUALITY OF NUTRITION SERVICES AT NATIONAL, FACILITY AND COMMUNITY LEVEL**

To improve the quality of prevention programs and treatment services at the facility and community level, SPRING/Uganda will continue to build the capacity of and provide support to DHTs, service providers at health facilities, VHTs, community development officers and community-based organizations in delivering nutrition services.

SPRING/Uganda will continue to build on the QI frameworks and processes that are currently being implemented with technical assistance from ASSIST and to strengthen indicators and measures related to nutrition service delivery and expected outcomes.

At the community level, SPRING/Uganda's efforts to improve quality will focus on strengthening existing systems, including the use of VHTs and other members of community mobilization groups for delivery of services and improving household nutrition practices. Quality improvement strategies will focus on effectively integrating treatment with preventive approaches, developing performance measures and monitoring the tasks of VHTs and other members of community mobilization groups affiliated with community- and faith-based organizations working in the targeted communities.

#### **Key outcomes include:**

- Improved quality of service delivery through utilization of the QI approach.
- Improved health care provider nutrition knowledge and skills in screening, management and prevention of undernutrition at facility and community levels.
- Strengthened supervisory capacity of DHTs and health facility in-charges.
- Strengthened capacity of the VHT (and other partner organizations) to effectively promote and support good nutrition practices.

#### **Programmatic activities include:**

##### **1. CAPACITY BUILDING OF SERVICE PROVIDERS ON NUTRITION SERVICE DELIVERY AND FOOD FORTIFICATION**

Based on findings from the assessment conducted in September-October 2012, SPRING/Uganda developed a plan for training and mentoring health workers. The plan will be updated in this year and expanded to include supervision of the health workers. The plan will include the type of training to be undertaken, targeted caliber and number of health service providers in each facility in the targeted districts in SW and Namutumba.

Over the past one year, SPRING/Uganda has worked with the MoH, national trainers, and implementing partners (such as ASSIST and FANTA) to train selected cadres of health workers on integration of NACS

into routine health service delivery in Kisoro, Ntungamo, Ibanda, Sheema, Kanungu, Kabale, Mbarara, Bushenyi , Ibanda, Rukungiri, and Namutumba districts. In FY14, the project will continue training other health workers in the targeted health facilities in Southwestern districts of Kisoro, Ntungamo, Mbarara, Ibanda, Bushenyi, Kanungu, Rukungiri and Kabale and in East Central in Namutumba district. SPRING/Uganda will facilitate the training of Kisoro, Ntungamo and Namutumba district NACS trainers. These trainers will work with District Health Officers of the three districts to train the health workers in the targeted health facilities. Consideration will be made to orient other members of Sub County and District Nutrition Coordination Committees and DHTs on NACS since evidence obtained in the first year confirmed the need to build their capacity too. Health workers, storekeepers and pharmacists/assistants in health facilities providing in-patient therapeutic care (ITC) will be trained in Integrated Management of Acute Malnutrition. The other trainings will focus on management of essential nutrition supplies at district and facility levels. The facility-in-charges, storekeepers, selected health workers and district health office representatives who deal with supplies will be targeted for the training. This is expected to improve availability, accessibility and proper use of essential nutrition supplies in the targeted districts. Other capacity-building activities related to improving the skills of health workers in delivering high-quality NACS include continuous nutrition education, mentorship, and coaching. These will be provided continuously by district and facility QI teams with support from SPRING and ASSIST.

SPRING/Uganda will support the district and sub county nutrition coordination committee members and other selected representatives of the local government in the districts of Kisoro, Namutumba and Ntungamo on advocacy and budgeting. This will be done through the Office of the Prime Minister so as to enhance the improvement in planning and budgeting for nutrition related services in district and sub county plans. Related to this, selected representatives of district, sub county and village members will be trained on community mobilization for prevention of malnutrition in Kisoro and Ntungamo districts.

Other trainings will focus on building the capacity of the Uganda National Bureau of Standards, the National Medical Stores, the Uganda Revenue Authority (URA), the Ministry of Agriculture, district level food inspectors, and food processing industries in quality control for food fortification, monitoring, and evaluation. These trainings will include how to implement qualitative and quantitative laboratory testing of samples of fortified foods to assess their nutrient content at the factory, retail, and households levels. In addition, factories' will be trained in establishing Good Manufacturing Practices (GMP) related to fortification, as well as in designing and implementing fortification program monitoring tools including: fortificant log books for tracking the purchases and utilization of fortificant and documentation systems for tracking the testing frequency and results of laboratory analyses of food samples. Table 4 provides a summary of all the key trainings and other capacity-building activities planned for FY14.

**Table 4. Summary of key trainings planned for FY14**

Type of Worker	Training Description	Comments
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District trainers in Kisoro, Ntungamo and Namutumba	Integration of NACS into routine health service delivery	
Health workers (and representatives of DNCC and SNCC) in Kisoro, Ntungamo, Namutumba and 7 hospitals in SW	NACS	
District teams (DHT, TPC, DNCC) in Kisoro and Ntungamo	Nutrition budgeting and advocacy	
District teams (DHT, TPC, DNCC) in Kisoro and Ntungamo	Nutrition logistics and NACS	
District and facility QI teams in Kisoro, Ntungamo and Namutumba	NACS and/or HIV care and support	
DHTs and health facility heads of departments in Kisoro, Ntungamo and Namutumba	To become supervisors to support integration of nutrition into ongoing supervision of health workers	
Health workers and district technical teams in Kisoro, Ntungamo and Namutumba districts	Nutrition supply chain management	
Health workers in Kisoro, Ntungamo and Namutumba and 7 hospitals in SW	IMAM	To be conducted in health facilities with ITC
Nutrition peers and other community-based service providers in Kisoro, Ntungamo and Namutumba and 7 hospitals in SW	NACS	
Nutrition peers and other community based service providers	Nutrition data collection, reporting and use for decision making	
Health workers and district QI teams in Kisoro, Ntungamo and Namutumba and 7 hospitals in SW	Learning sessions on nutrition integration into routine health service delivery at facility level	
Health workers at facility and community level in Kisoro, Ntungamo and Namutumba and 7 hospitals in SW	Continuous nutrition education	
DNCC and SNCC in Kisoro, Ntungamo and Namutumba a	Orientation on UNAP 2011-2016	Continuation from FY 12/13
Inspectors, lab technicians, and industries	Quality assurance and quality control for food fortification	Support UNBS to conduct the training
Industries fortifying food	Data collection on production, internal QA/QC, distribution of	Support MoH and UNBS to conduct the training

	fortified foods, procurement of premix, quantity and usage	
District teams of Kisoro and Ntungamo	Training on community mobilization	For Kisoro and Ntungamo districts
Community Core Group members in Kisoro and Ntungamo districts	Roles and responsibilities and other tasks according to community action plan	
Selected VHTs and community core groups in Kisoro and Ntungamo districts	Support and coach for regular monitoring and reporting	
District health inspectors in selected districts	Monitor compliance of food fortification at border points	Support UNBC to conduct the training

In addition to the structured training provided to the targeted service providers, coaching and mentorship will be scheduled and implemented. The targeted groups for coaching and mentorship include VHTs and other members for the community core groups for the implementation of community interventions for prevention of malnutrition and health workers, who will be trained on the planning, implementation, and monitoring of nutrition services using the NACS framework as well as on the use and maintenance of anthropometric equipment and other nutrition supplies such as RUTF, therapeutic milk, and IFA. SPRING/Uganda will continue working closely with ASSIST, STAR EC and STAR-SW in all QI activities targeting uptake of services for prevention of MTCT in phase I and II facilities in Kisoro, Ntungamo and Namutumba districts. The capacity building activities in Kisoro and Ntungamo districts will be co-funded by Mission field support and PHFS funding, while those of Namutumba will be entirely funded by PHFS. The capacity building activities for food fortification at national level and NACS in Mbarara, Ibanda, Kitagata, Ishaka, Kambuga, Nyakibale, and Kabale hospitals will be funded by Mission field support funding.

## **2. DISSEMINATION OF NUTRITION GUIDELINES, JOB AIDS, AND M&E TOOLS**

SPRING/Uganda will collect approved nutrition data collection tools (forms and registers) from MoH and print and disseminate these nutrition job aids to all targeted health facilities in SW and Namutumba districts. The activity will be partly funded by Mission field support and PHFS for Ntungamo, Namutumba and Kisoro districts. For the seven hospitals in SW, only Mission field support funds will be used.

## **3. NUTRITION LOGISTICS AND SUPPLIES IMPROVEMENTS AT DISTRICT AND FACILITY LEVELS**

Over FYs 12 and 13, SPRING/Uganda has recognized the need for functional nutrition logistics and supplies chain at facility and district levels. To this effect, the project is proposing to conduct essential nutrition supply chain assessment (including checking methods used to monitor supplies) in all supported facilities in Kisoro, Ntungamo, and Namutumba districts. In the first quarter of FY14, SPRING/Uganda will finalize the report from the LSAT workshop that was conducted to understand nutrition and anemia related supplies by SPRING in February 2013. As a follow-up to this workshop, a district-specific LSAT is proposed to be done in Kisoro and Ntungamo. Based on the findings from LSAT workshop, SPRING/Uganda, with support from SPRING/HQ, will work with the districts to implement priority actions for improved nutrition supply chain management. In FY14, SPRING/Uganda will continue working with PIN to scale RUTAFa for management of acute malnutrition through OTC in health centre

IIIs and IVs in Kisoro, Ntungamo and Namutumba districts. The activity will be funded by Mission field support funding.

#### **INTERMEDIATE RESULT 4: SOCIAL AND POLICY ENVIRONMENT**

To create suitable social and policy environment for nutrition at national, district and sub county level, SPRING/Uganda will engage in nutrition advocacy for resource allocation for nutrition, creation of awareness on nutrition-related policies and guidelines, and support in the review and development of nutrition-related policies and guidelines for Uganda.

##### **1. CREATING AWARENESS OF NUTRITION-RELATED POLICIES AND GUIDELINES**

Whereas there are several nutrition-related policies in the country, enforcing them has always been limited. Hence, SPRING/Uganda will work with the districts of Kisoro and Ntungamo to sensitize their leaders, DNCCs and SNCCs on these policies in order to promote their use. The activity will be partly funded by Mission field support and PHFS for Ntungamo and Kisoro districts

##### **2. REVIEW AND DEVELOPMENT OF NUTRITION-RELATED POLICIES AND GUIDELINES**

SPRING/Uganda will continue to participate in the revision and development of nutrition-related policies and guidelines at national level. This will involve provision of technical and logistical assistance to government in the review of nutrition policies (such as food and nutrition policy). SPRING/Uganda will continue engaging with MoH and other partners in the process of development of implementation guidelines for mandatory fortification. Finally, the project will also continue providing technical and logistical support for finalization of comprehensive guidelines on micronutrients. The activity will be funded by Mission field support.

##### **3. STRENGTHEN THE CAPACITY AND SUSTAINABILITY OF THE NATIONAL FORTIFICATION EFFORTS**

A common theme in many documents that have been written about fortification efforts in Uganda (over the past 5 years in particular) has been that capacity and budgetary constraints that have limited the effectiveness of the regulatory system (see, for example, A2Z 2009; Eboku 2012, Fiedler & Afidra 2010).

Based on the evidence generated from the above studies and on the draft sustainability plan for fortification that was developed by GAIN in 2012, SPRING proposed to develop a more comprehensive and long-term, program-based approach to fortification that can more effectively provide a better understanding of how well the fortification program is functioning, how well it is meeting its public health goals.

In order to do this, SPRING proposes the following activities:

- Undertaking a mapping of the public sector institutions and analyzing the costs of each participating public sector agency's fortification-related activities. This is an essential next-step in developing a sustainable programmatic approach for fortification. Such a study will include not only an analysis of the costs of the current program, but would also identify alternative scenarios in terms of program configurations, types and quantities of different activity levels and



resource requirements; examine different sets of food sample testing requirements (both those internal to the food plants and those external to them); and investigate the extent to which rapid test kits can be relied upon by government and by the private sector.

- Supporting the design of routine monitoring and reporting of industrial efforts in fortification. The July 2013 report “Industry Assessment for Mandatory Food Fortification” identified concerns of the food industry that reflect information gaps that currently exist and that must be addressed if the Uganda national fortification program is to be effective and if it is to be sustainable. Some of these information gaps can be addressed with a single, one-time study, but many of them require on-going monitoring, evaluation and surveillance (MES) systems, which routinely collect data and report out information that addresses the expressed concerns (and other indicators) on a regular basis. Most of these are concerns that will not go away and that require that effective MES systems be built and maintained. In FY14, SPRING will therefore work with the Government of Uganda through underlying ministries, parastatal bodies, food industries, research institutions and other CSOs to develop comprehensive on-going MES systems for collection of data and reporting food fortification related information.

To construct such an informative MES system, a public sector readiness assessment that will be done to complement the industrial assessment that was done in July 2013. Some of the information that will be collected includes list of all of the food industries and their locations, estimated amount of food product that would be expected to be monitored and maybe relate that to fortification testing tools (like iCHECK testing tools), quantification of all premix requirements by company based on company’s annual production of fortifiable foods, list of all certified premix providers, list of all customs stations (ports of entry/border crossings) and data from URA, MTIC, and MAAIF on imports for the last 3 years.

The process will also be guided by the approach developed by Project Healthy Children and now being jointly implemented by with the Government of Malawi. the final plan should indicate all industries involved in food fortification, border and market location sites at which samples of fortified foods will be taken, and develop a system for a detailed, data-driven, implementation system for reporting out the test results. These activities will be funded by Mission field support.

## **VII. STRATEGIC INFORMATION**

Strategic information remains very important element of SPRING/Uganda’s programming. During FY14, the program will finalize the M&E systems for data collection, reporting and utilization at national, regional, district, sub county, facility and community levels. The project Strategic Information team will work with the technical teams to review, pre-test and adapt various M&E tools for use within the overall M&E plan. An orientation/training workshop will be organized for SPRING/Uganda staff to enhance the understanding and application of M&E system for effective and efficient programming. During the past year SPRING/Uganda worked with the Ministry of Health to review and update nutrition indicators and data collection tools for inclusion in the national HMIS registers and forms. In FY14, SPRING/Uganda will support the Ministry of Health in printing, distribution of the tools and orientation of health workers on how to properly use them to collect NACS related services provided to clients.

To generate area-specific evidence for improvement of nutrition programming at the national, regional and district level, SPRING/Uganda will answer a series of operational research questions. The main research questions to be answered are: 1) what are the main bottlenecks to compliance with iron-folic acid supplementation guidelines among pregnant women? How can they be alleviated?; 2) How do

mothers of children 6-23 months perceive Home Fortification with MNP in Namutumba?; 3) how are District and Sub County Nutrition Coordination Committees in Kisoro, Ntungamo and Namutumba influencing nutrition programming and investment at district and sub county level in Kisoro and Ntungamo; 4) Can use of groups of VHTs as change agents for promoting high impact nutrition practices and behaviours through community mobilization in Kisoro and Ntungamo be a cost effective option?

The project will document stories related to changes occurring at national, district, sub county and community level as result of interventions implemented by SPRING. Each technical team (Nutrition, SBCC, and Fortification) will identify cases and document related stories on a quarterly basis. Working with technical teams, SI team will take the lead in writing quarterly reports for sharing with districts, SPRING/DC and USAID. Each technical lead will write monthly progress reports for sharing with the program leadership.

The SI team will conduct a follow-up annual household survey using an aggregated LQAS approach to continue M&E activities on behaviour and nutrition-sensitive factors. This round of survey will also serve as the first round of data collection on the nutrition status in children 0-23 months and women of child bearing age in Kisoro, Ntungamo, and Namutumba districts. SPRING/Uganda will work with STAR-EC and STAR-SW to planning and implement these annual community-based surveys by integrating nutrition indicators into the existing LQAS tools used by these projects. Annual surveys will also be carried out at health facility level to monitor progress in SPRING/Uganda's indicators. To complement the annual assessment and support ongoing implementation at facility-level, the SPRING SI team, with support from other SPRING/Uganda staff, will incorporate routine monitoring data collection into their regular facility visits. In addition to the annual surveys the SI team will also support the technical teams in monitoring activities of DNCC, SNCC and national food fortification technical working group. The team will in addition support the program with mapping of intervention areas and partner activities using geographic information systems (GIS) as deemed appropriate. To enhance coordination, the SPRING/Uganda SI team will meet regularly with district HMIS focal persons, M&E managers of implementing partners, and leadership of health facilities (including records officers). A meeting schedule will be drawn, discussed and shared with all the partners. All these activities are funded by Mission field support.

Key activities:

## **1. DEVELOP MONITORING AND EVALUATION SYSTEMS AND CARRY OUT ROUTINE MONITORING ACTIVITIES**

SPRING/Uganda successfully developed its M&E plan including PMP and PIRS in FYs 12 and 13. In this year, the project will finalize the development and operationalization of the M&E system that incorporates food fortification, nutrition and SBCC components. This is expected to be finalized within the first 3-4 months of the FY14. At national level, SPRING/Uganda will support the government in the revision and adaptation of M&E framework for food fortification. This will involve working together with MoH, UNBS, NDA, food industries and implementing partners to identify key issues that need monitoring and evaluation as per the food fortification standards and mandatory fortification regulation. SPRING/Uganda will work closely with its headquarters to identify the most qualified expertise to support with the process in order to increase the likelihood of sustaining fortification work in the country.

SPRING/Uganda through its M&E Analysts will conduct annual assessment of NACS and critical nutrition services at facility level to monitor integration of nutrition into on-going health services within different

contact points in all the targeted hospitals. Related to this is the monthly monitoring of the use and functionality of anthropometric equipment, as well as routine monitoring of use and availability of nutrition guidelines and job aids in targeted health facilities. The project will also conduct an annual household survey using aggregated LQAS to monitor uptake of high impact nutrition practices and behaviours at community level. The first household survey using aggregated LQAS was conducted in June 2013 but anthropometric indices were not covered. Hence, follow up anthropometric baseline assessment will be conducted in six SW and EC districts in December 2013. To improve the quality of the data collected and reported from health facilities, quarterly spot checks at selected health facilities will be conducted by the M&E Analysts. This will not duplicate the QI activities implemented by health workers but rather triangulate the reported data. Finally, the project will plan for regular follow up of DNCC and SNCC activities as outlined in action plans.

In line with the national fortification program, work will be done with UBOS to incorporate into the Uganda National Panel Survey (UNPS) modifications in the food list to ensure better capturing the nutritionally most important foods and better capturing of fortified foods to enable better population-based estimates of the fortification program's coverage and impact.

## **2. STREAMLINE KNOWLEDGE MANAGEMENT INTO ONGOING PROGRAM ACTIVITIES**

Experience obtained over the last 18 months of SPRING/Uganda activity implementation indicates the project has accumulated a great deal of data that must be documented and disseminated to various stakeholders. To achieve this, the project will orient its entire staff in the documentation of stories across different levels of the project. The staff will then work with the SI team to write and share stories on the progress in implementation of the project at national, district and community level in SW Uganda and Namutumba. An implementation plan for knowledge management related activities will be developed indicating specific activities conducted and when to do them. Related to knowledge management are coordination meetings with M&E managers of implementing partners, districts and health facilities to share progress and plan for improvements

## Appendix 1: SPRING/Uganda Gantt Chart

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.
<b><i>Improved utilization of preventive and treatment maternal and child nutrition services at facility and community levels in SW Uganda</i></b>												
<b><i>Intermediate Result 1: Increased demand for nutrition prevention and treatment services</i></b>												
Strengthening capacity of VHT and other Community-Level Resources for Social and Behaviour Change	X	X	X	X	X	X	X	X	X	X	X	X
Activation of community-facility referrals	X	X	X									
Sensitization of stakeholders on nutrition and food fortification	X	X	X	X	X	X	X	X	X	X	X	X
Operational research on improved intake, compliance and adherence to iron/folic acid by pregnant women			X	X	X	X	X	X	X	X	X	X
Development and support of national social mobilization strategy	X	X	X									
<b><i>Intermediate Result 2: Increased access and availability of targeted nutrition interventions for vulnerable groups</i></b>												
Creating an enabling environment for improved nutrition service delivery and food fortification		X	X	X	X	X	X	X	X	X	X	X
Procurement and distribution of anthropometric equipment	X	X										
Integration of nutrition services into on-going community services in Kisoro, Ntungamo and Namutumba districts					X							
Documentation of community mobilization strategy implemented by SPRING/Uganda in Kisoro and Ntungamo districts		X	X			X			X			X
Piloting of use of home fortification using MNPs for children 6-23 months in Namutumba and Katakwi districts	X	X	X	X	X	X	X	X	X	X	X	X
Documentation of effect of DNCC, SNCC and other nutrition interventions in Uganda	X	X	X			X			X			X
<b><i>Intermediate Result 3: Improved quality of nutrition services at national, facility and community level</i></b>												

Capacity building of service providers on nutrition service delivery and food fortification	X			X			X			X		
Dissemination of nutrition guidelines and job aids and M&E tools	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Logistics and Supplies improvements at district and facility levels							X					
<b>Intermediate Result 4: Social and Policy Environment</b>												
Creating awareness on nutrition related policies and guidelines		X		X		X		X		X		X
Review and development of nutrition related policies and guidelines	X				X							
Strengthen capacity and sustainability of the National Fortification efforts	X	X	X	X	X	X	X	X	X	X	X	X
<b>Strategic Information</b>												
Develop Monitoring and evaluation systems and carry out routine monitoring activities	X	X										
Streamline knowledge management into ongoing program activities	X			X			X			X		

## Appendix 2: Summary Budget

LINE ITEM	Uganda Field Support	PHFS	Total
<b>SALARIES</b>	727,131	364,993	1,092,124
<b>OVERHEAD</b>	124,079	41,197	165,276
<b>TRAVEL</b>	72,000	19,200	91,200
<b>EQUIPMENT, MATERIALS AND SUPPLIES (EMS)</b>	129,000	43,000	172,000
<b>OTHER DIRECT COSTS (ODCs)*</b>	916,086	314,219	1,230,305
<b>SUBCONTRACTS/SUBAWARDS</b>	640,400		640,400
<b>TOTAL DIRECT COSTS</b>	2,608,695	782,609	3,391,305
<b>Allocable Cost Factor (ACF)**</b>	391,304	117,391	508,695
<b>GRAND TOTAL</b>	<b>3,000,000</b>	<b>900,000</b>	<b>3,900,000</b>

## **Appendix 3: Operations and Management Overview & Organogram**

### STAFFING PLAN

SPRING/Uganda has recruited the majority of staff, including a strong technical team leading the design and implementation of planned activities. Due to the expansion of the project's scope of work and its increased technical and operations need, more staff recruitment is anticipated in this fiscal year. The attached organogram provides a summary of the staffing structure for SPRING/Uganda, including the filled and unfilled positions.

In addition to the locally-based staff, SPRING will also provide targeted short-term technical assistance from SPRING/Washington to support the team and implement activities.

### OFFICE PLAN

The SPRING/Uganda main office is located in Mbarara in the Southwest, close to the activity implementation. A small SPRING Liaison Office in JSI's office in Kampala is also operational. For meetings with national partners (governmental and nongovernmental), USAID, and other implementing partners, as well as for other strategic purposes, it was important to have the project presence in the capital. Finally, the project also has field-based offices in Kisoro, Ntungamo and Namutumba districts.

### **Management policies**

After launching the Human resources policy and procedures manual, the department embarked on developing the operations manual, which contains policies on transport, procurement, assets, finance and general administration. The first draft of the manual is ready and consultations are being conducted. The final operations manual is expected to be completed by mid- September 2013

### **Procurement activities**

The operations department plans to procure all goods, services, and works on time in a cost-effective manner. The operations department will complete the prequalification list of suppliers by mid-September 2013 to facilitate ease of procurement.

### **Travel and accommodation**

Given the numerous travel requirements, the operations department is in the process of establishing service-level agreements with reputable hotels in major cities to accommodate staff who travel on official duties to those cities. This will satisfy the principle of procurement as well as mitigating risk by reducing the amount of money that staff have to carry during official trips.

### **Transport**

The project currently has five vehicles and five drivers serving all the project staff. The department's objective is to have a well-managed fleet (Vehicle fully operational) so that we can respond to all transport needs.

The vehicles, in addition to being comprehensively insured, have been fitted with electronic tracking systems for security purposes and to allow for monitoring of location, activities, and fuel consumption.

Currently, SPRING is developing an information management system that will be able to produce vehicle performance information and reports for management use on a monthly basis.

SPRING/UGANDA ORGANOGRAM

