

SUSTAINABLY SCALING-UP THE FAMILY LIFE SCHOOLS APPROACH IN UGANDA: SOME PERSPECTIVES FROM IMPLEMENTERS



Family Life School in Ikumba, Kabale district.
Photo by Patrick Mayambala.

This Technical Note summarizes key findings from a learning exercise that examined the feasibility of sustainably scaling-up the USAID Uganda Community Connector Project's Family Life School approach, in an effort to provide lessons and ideas for adapting this model as a model for multisectoral interventions.

INTRODUCTION

The USAID Uganda Community Connector (CC) project is a USAID-funded Feed the Future's (FTF) initiative designed to reduce undernutrition among women and children and improve livelihoods of vulnerable communities in 15 districts in northern and southwestern Uganda through integrated nutrition, gender equity and agriculture activities. The design of the project reflects USAID's Collaboration, Learning and Adaptation (CLA) approach and is being implemented in three phases: pilot (phase I), scale up (phase II), and impact (phase III). Each phase has two project modules (PMs): a learning module and an implementation module. CLA emphasizes learning by doing, identifying and learning from mistakes, and integrating knowledge building throughout the process of implementation. CC has used the CLA approach to continuously engage local stakeholders, and to collect and use information/data to identify and address barriers in order to improve implementation, coverage, cost-effectiveness, and timeliness activities to improve the project's impact and sustainability. For more information on CLA in CC, please see Technical Note No. 1 of this series

BACKGROUND ON FAMILY LIFE SCHOOLS

Although the Uganda Nutrition Action Plan proposes the use of multi-sectoral approaches to address undernutrition in Uganda, the operational mechanism for this is not defined. To address this gap, District Nutrition Coordination Committees (DNCCs) of five districts in Uganda, UNICEF and CC developed the Family Life School (FLS) approach to disseminate multi-sectoral, evidence-based nutrition interventions, while integrating them with other project activities, such as savings and income generating activities (IGA). The content for the FLS approach as it is currently being implemented in the majority of CC districts is shown in Box 1. FLSs target parents, primarily mothers, during the first 1000 days of the child's life - from conception to the child's second birthday - to learn together and enhance peer support. FLSs are organized

For more information contact:

Robert Mwadime,
Chief of Party, Community Connector
FHI 360, Plot 15 Kitante Close
Kampala, Uganda
O: +256 772 517438
RMwadime@FHI360.org

David Wendt
Technical Advisor
O: 202.884.3953
dwendt@fhi360.org

The Community Connector Project is implemented on behalf of USAID/Uganda by FHI 360 as the prime and by seven subcontractors: Self Help Africa, Village Enterprise, BRAC Uganda, Communication for Development Foundation Uganda (CDFU), Grameen Foundation, Gulu University, and Mbarara University of Science and Technology.

BOX 1: FLS APPROACH

1. Mobilize pregnant and postpartum women and their partners to join a FLS by communications through community institutions and radio.
2. Hold community outreach events for health and nutrition services 3 times a year. Routinely screen children for acute malnutrition and refer for care if deemed to be moderately or severely malnourished
3. Hold classes for FLS members at least monthly, depending on stage in the 1000 days—on feeding, family planning, and safe drinking water, sanitation and hygiene (WASH). Hold demonstrations to teach members to prepare nutritionally rich foods, to construct facilities.
4. Create a nutrition learning site where FLS members are taught to grow nutrient rich fruits and vegetables for family use. FLS sites are used to multiply seeds/seedlings of papaya, tamarillo, amaranth, pumpkin, and avocado trees for distribution to members.
5. Encourage members to save money weekly or monthly to acquire productive assets and to engage in income generating activities (IGA).
6. Hold periodic meetings to discuss gender equity and family planning topics.

and classes are delivered by community volunteers engaged by the project (Community Knowledge Workers [CKWs]) or by community based organizations (CBOs) in partnership in coordination with personnel from health centers. Cohorts of parents are identified through community groups, places of worship, and health centers and are encouraged to register for the appropriate class within the 1000 days: pregnancy (Mama Class); baby aged between 0 and 6 months of age (Baby Class), or baby aged between 6 and 24 months of age (Family Class). FLSs also provide an opportunity where both the mother and her baby are continuously monitored and referrals are made for further management when at risk of malnutrition. Each class is held once a month for a duration of 6-8 months and learners move from one level to the next accordingly.

From program data CC estimated registration into the schools is about 29% of the eligible number of pregnant women and 41% of eligible women with children aged 0-24 months in the focus communities. As of June 30th 2015, there were 551 functional FLSs with 24,755 registered beneficiaries. About 19,700 women (79.6%) had participated in FLS classes (4,402 in Mama Class, 6,327 in Baby Class, and 8,970 in Family Class) at least once during the April-June quarter 2015: a 19% increase in numbers from the previous quarter. A number of partners within the CC consortium (Village Enterprise, Self Help Africa) have taken on the approach in its activities in other geographical areas, the two universities have introduced their students to it, and UNICEF has replicated the approach in five additional districts.

RESULTS

As part of CC's most recent learning module (Jan-Jun 2015), CC systematically collected perspectives of FLS implementers on the barriers to sustainable scale-up of this model. The learning exercise was conducted in all 15 focal districts where CC project operates. Barriers to scaling-up the FLS were identified through in-depth interviews, using semi-structured interview guides, with 37 participants, including CC staff (technical advisors for FLS, Community Connector officers [CCOs] and CKWs), community-based organization staff who implement FLS, health facility in-charges at facilities where FLS are implemented, and local government staff at sub county and district levels. QSR Nvivo was used to organize all qualitative data and prepare the data for analysis.

Participants were questioned about their experiences implementing FLS and the barriers to effectiveness and scale-up of the current FLS approach.

Facilitating factors to scaling-up FLS

To the questions of what they thought were the facilitating factors in implementing the FLS model, the majority of the

respondents indicated the following as facilitators or positive aspects about the approach:

- a. Since FLSs are being implemented close to where the beneficiary populations reside, they are a convenient venue for accessing helpful nutrition information.
- b. FLS promoted partnerships between CC staff (CCOs, CKWs) and Village Health Team (VHT) and local leaders that made mobilization of communities easier.
- c. The integrated nature of the FLS approach, i.e. working with existing group activities and providing holistic nutrition, health and livelihood information was appealing to most people.
- d. FLS is simple and easy to understand as it is practiced by fellow community members and with ample demonstrations. Respondents in the southwest, in particular, described how FLS participants have accepted the information and have gained nutritional knowledge through the program.
- e. Respondents cited results from FLS activities which were clearly apparent in their communities. Several respondents across both sites also described observing behavioral changes within communities, such as planting more nutritious foods in their gardens, preparing more nutritious meals for their families, more women practicing breastfeeding and children going for immunizations. When asked about how they monitor the effectiveness of the FLS program, most of the respondents discussed the obvious drop in prevalence of malnutrition among children and women in their community.

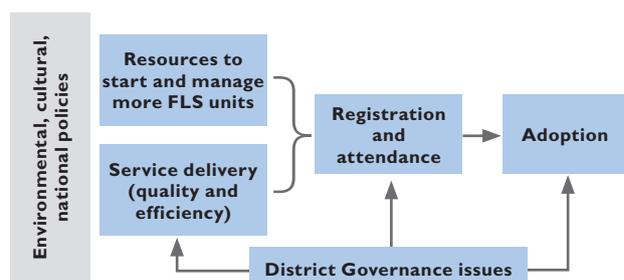
Barriers to scaling-up FLS

To identify the barriers to scaling-up the FLS approach, CC organized the results of the learning activity according to five emerging themes, based on the frequency with which participants discussed them (see Figure 1 for proposed relationships between the themes). In some cases there was difficulty distinguishing barriers between the categories because of interconnectedness.

I. Adoption and attendance

Several respondents indicated that low adoption of FLS recommendations would have impediments to scaling up the approach. Low adoption would affect a potential beneficiary's

FIGURE 1. RELATION BETWEEN THE PERCEIVED BARRIERS TO SCALING UP FLS



registration into the FLS program. Low adoption was also seen to likely effect attendance among registered beneficiaries. Some of the factors noted by respondents to associate with possible low registration or inconsistent attendance in FLS include: a) gender issues—men not being adequately engaged in FLS classes; some men were said to resist discussions on gender, and FLS was seen as a threat to relations in the family, alcohol use and some cultural practices; b) communities had not placed adequate value on FLS and other activities had higher opportunity costs; c) there are cultural practices that affect adoption of FLS recommendations e.g. abstinence from certain foods, early marriages, child spacing, and gender issues in land tenure and resource control; d) culture of demanding/expecting “handouts” as an incentive to attend the meeting—one responded indicated that some participants dropped out or did not consistently attend the meetings on learning there were no handouts through the program. A health worker thought this was primarily a result of the handouts which previous projects and politicians had given or promised.

II. Resources to start and manage FLS sites

Respondents felt more FLS sites were needed to improve access and participation of more potential beneficiaries; however, increasing the number of FLS sites was reported to have important challenges including: a) the costs to carry out FLS activities. FLS activities require trained human resources to manage the work, materials such as baby scales, micronutrient supplements, mama kits, child health cards, job aids, training manuals that will need to be translated into additional languages, food for demonstrations; money would also be needed for training of FLS implementers and money to pay for supervision. b) Health personnel felt more FLS sites in the facilities or communities would add to their existing workload. For instance, FLS requires periodic support by midwives to help with technical topics that community health workers did not feel qualified handling and during the periodic outreaches, yet the number of personnel in peripheral health units was inadequate to meet the need. High health staff turnover was also cited as an important barrier.

III. Operational challenges to delivery of FLS services

Another issue frequently discussed by respondents was the challenge of providing high-quality FLS services. For example, some health workers did not support the integration of health services with non-health services (e.g. promoting gender equity, savings) because integrated services are seen to increase workloads and touch on areas that are not their expertise as one midwife put it. Some health personnel—either because of the additional work outside their traditional job description or because of a “staff culture”—required additional compensation in order for them to provide the FLS services, and especially in visiting sites far from their units. Respondents also felt that more implementing partners needed to buy into the FLS interventions, while stating that the project should be cautious lest CBOs and health workers fail to take ownership of the

approach and simply demand additional facilitation and/or funding to participate in activities.

IV. Governance issues at district and programmatic levels

Respondents indicated that in order to fully scale-up FLS, local government or another donor would need to provide financial and/or material support for it. The following are barriers related to governance issues that were identified as barriers to scaling up or sustaining FLS: a) The interests of leaders and policy makers not being aligned to FLS affecting the allocation of additional resources and time to nutrition; most leaders were indicated as not finding time to conduct frequent field monitoring not having nutrition as an interest when allocating resources at district level. b) Poor communication and coordination between sector departments in planning, monitoring and budgeting for multisectoral nutrition interventions. c) Lack of projects, especially those led by international implementing partners, that were seriously engaging local leaders and politicians in the design and implementation of nutrition interventions. d) The culture of local leaders expecting money (“facilitation”) from projects and, and simultaneously not confronting the culture of dependence on handouts. As stated by a CCO in the north: “At local government, there is little support in terms of implementation because they always want “facilitation” to go to the field; so we can’t engage them. They may say they want to go with you to the field but when they learn you do not have any facilitation they will not go; when there is facilitation they go with us. They may not know what happens in the field because they have not experienced about it; it is really hard to picture how things look like”. e) Failure of local government personnel to continually be present in areas where poverty and undernutrition are most prevalent. This means that implementing partners would need to continue to provide leadership and allocate more resources (personnel and money) to scale-up FLS.

V. Environmental and seasonal considerations

A few respondents reported that environmental issues may be likely to affect scale-up. The issues that were cited included: a) Terrain, especially the mountainous southwest districts, along with lack of transport means for pregnant women and young children. In these areas respondents suggested that there be more community-based FLS sites for ease of access, although this would increase program costs. b) Seasonality, where it affected attendance or quality of services offered. For instance, attendance was lower during the busy agricultural seasons and festivities.

DISCUSSION

There were only a few local government personnel represented in the sample and the result might have been different had a wider range of respondents been involved. However, CC was able to derive key lessons on the potential challenges that can impede scaling up the FLS approach as a multidisciplinary model. The barriers are not specific to the CC target population, however the approaches to address the challenges proposed below may only be appropriate to that context (i.e. most vulnerable households).

TABLE 1. PROPOSED ADAPTATIONS TO FACILITATE SUSTAINABLE SCALE-UP OF FAMILY LIFE SCHOOLS

CHALLENGE	PROPOSED ADAPTATIONS
<p>1. There should be efforts to increase adoption and the demand for the FLS by stakeholders at all levels. The value that participants/target populations place on FLS as something that fills individual or family needs has a big effect on registration, attendance and adoption of the practices that are promoted. Similarly, health workers and leaders also must see value of FLS to their work, aspirations, and to the communities in order to commit their limited time and resources to it.</p> <p>Seeing value or ownership may contribute to addressing the widespread expectation, by people at all levels, of “incentives” or “handouts” or “higher facilitation” to engage in the FLS activities.</p>	<p>Conduct assessments with potential target population on their perspectives on FLS, its value/usefulness, adoption of FLS</p> <p>Have forums for stakeholders to have common understanding and agreement of the value that communities, health personnel, VHTs, and district and program leadership place on the FLS approach or its components. Discuss with in-charges, how FLS support activities can be made a mandate in the job descriptions of sub county SMS</p> <p>Engage communities in planning (e.g. where to put up a site, scheduling, defining the content, and how to engage men as beneficiaries to the activity) and monitoring of FLS activities in their villages.</p> <p>Village savings and loans associations and savings with a purpose and topics on IGA in the FLS seem to attract men. Topics on gender should not be just on “women’s empowerment” but more stress on roles and decisions that men and women can make together.</p>
<p>2. Poor use of local structures, networks and systems to implement FLS; do not create parallel structures. The current tendency is for the design and planning to be done mainly by programmers, with some involvement of district and sub-county government workers.</p>	<p>Use VHTs and production extension workers to support FLS at site level</p> <p>Find ways to work with elected politicians at parish level (counselors) to plan and supervise FLS activities. Cultural associations, religious institutions, schools and business community can be used to mobilize the communities.</p> <p>The project should see how to transition from use of CKWs—who are not VHTs—and work with local leaders on how best to incentivize VHTs and have them accountable.</p>
<p>3. There is need to match capabilities and expectations of the different partners to the tasks given to or responsibilities expected from them. Reliance on government resources for scale up of FLS services is expecting too much from them; most government departments have limited personnel at sub county levels, the personnel are not motivated to work in the remote areas.</p>	<p>Define and agree on the expectations of different stakeholders from the beginning of the process, through the DNCCs. Though the different stakeholders in the districts were involved in the design and implementation of FLS, there was no explicit discussion on the expected outcome of the scale-up agenda for the different stakeholders and a definite plan for monitoring the scale-up process was not made.</p>
<p>4. Lack of leadership, at community, delivery level, and district and program levels. The project has been providing leadership and funding of most activities calling coordination meetings, designing, planning and monitoring the FLS activities.</p>	<p>Engage local leaders in the scale-up process to increase awareness and the perceived value among communities for FLS. Allow local leaders to drive the process and encourage greater attendance at FLS sites to show their commitment to the task and show that the project is accountable to local leadership.</p> <p>Work with DNCCs, who are mandated to coordinate among stakeholder, to tailor the scale-up process to the needs of government and other stakeholders besides CC. Political leaders (e.g. at the sub-county level) should be engaged in settling conflicts and managing expectations during the process of scaling up FLS. Programmers should engage local leadership in building their capacity to own and design a scale-up model that meets the needs of the sub-counties and district.</p>

THE WAY FORWARD

- Undertake an assessment to better understand acceptability, uptake and value of current FLS model by participants and stakeholders.
- Consider the proposals for adaptations and decide which ones the project can be undertaken during the remaining period of the project, include it in the partner scopes of work and work plans for the FY2016 project year.
- Collect more information from local government leaders and local political representatives who were highly unrepresented in this learning exercise.
- Complete and present an assessment on costing the FLS scale-up process.