Management Response

Evaluation of Nutrition programming in the Karamoja region from 2013 to 2015						
Rec. #	**Recommendation**	**Response**	**Actions to be taken**	**Action By**	**Implementation timeframe** *[Month, Year]*	**Status**
1	R1. The MoH and CO with support from the RB should develop a SFP more fully integrated with the Uganda health system to enhance its effectiveness through providing services at MoH health facilities and selected outreach clinics and CBSFP outposts in Karamoja. To accomplish this, WFP should map the current CBSFP outposts, health facilities and MoH outreach clinics, acute	Partially accepted.	1.1 **Partially accepted.** An agreement with MOH for transition of CBSFP and MCHN will take time to put in place. As yet, there is no indication from the government that they would be willing to contribute financially beyond what they are already doing, ie to provide the facilities and healthworkers. WFP agrees that it is important to advocate for stronger nutrition services, and will continue to do so. Phase-over, however, is not likely to be agreed with the government in the next few years. 1.2 **Accepted.** WFP and UNICEF are already working jointly to strengthen VHT capacity, and are planning to strengthen case management over the next few years. Specifically, SCOPE will provide a system to improve customer data quality, linkages between the components of SAM and MAM treatments, which will allow for better evaluation of IMAM outcomes. WFP will discuss with UNICEF and MOH auditing/reviewing the HMIS, with the objective of including the IMAM indicators in the HMIS.	WFP Uganda nutrition unit	mid-2017 to mid-2018	

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	malnutrition rates (district and sub-district) and district MAM/SAM program coverage so that the areas in most need can be identified and services expanded to reach them. This approach should be integrated with OTC/ITC and MCHN services and include: •1.1 An agreement with the MoH, DHO and Local Governments with an incentivized contribution from GoU increasing over time to cover costs initially supported by donors and including a Karamoja region MoH phase-over plan. • 1.2 Stronger collaboration		UNICEF and WFP will map and train all VHTs using a common package 1.3 **Accepted**. WFP already supports partners for outreach, and will continue to work with UNICEF, MOH and other partners to strengthen and integrate IMAM. 1.4 **Accepted**. WFP will review its beneficiary categories and transfer modalities in 2017/2018, and revise the design of the activity. 1.5 **Partially accepted**. WFP is part of the already established "surge" approach, which has been successfully tested in the past. Concern already provides surge for many health facilities, and during extreme lean seasons WFP supports partners to increase the number of health staff to respond to increased screening/admissions. 1.6 **Accepted**. WFP is implementing protective rations during this severe lean season, and the review of the implementation modalities will take place as part of 1.4 above. 1.7 **Accepted**. This is something WFP will take forward with UNICEF. The consultant will conduct an incidence study, which will provide inputs on admission criteria selection.			

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	with UNICEF to improve IMAM outcomes, including strengthening VHT capacity to screen and follow malnourished children, a common referral system with a built-in feedback mechanism, and the development of a common audit/review of the integrated nutrition program register. • 1.3 Use of pooled donor funds to cover the costs of transportation for Outreach Clinics and support partners to strengthen and integrate IMAM (SAM/MAM treatment). • 1.4 A narrowing of the beneficiary groups to young					

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	children and PLW coupled with designing new or linking with other interventions for acutely malnourished adults and the elderly that are more cost-effective. At the same time, selecting another specialized food product, such as, a ready-to-use SF, to treat PLW and strengthening follow-up and referral of malnourished PLW to MCHN programs. • 1.5 Piloting the "Surge" approach in integrated IMAM/SFP clinics in hotspots during the lean season to decrease waiting times and improve quality					

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	of service. • 1.6 Pending the results of an analysis in process, the PR should continue, however, with the piloting and evaluation of cash transfers. • 1.7 In collaboration with UNICEF, hire a consultant (MUAC/IMAM) to determine how to address the problem of current screening criteria missing children with MUACs above the threshold who are eligible because of their low WHZ scores.					
2	R2. The CO with leadership from the MoH and support from the RB should update the MCHN Program to	Partially accepted	**2.1 Accepted**. Based on the findings of the intervention/transfer modality review (see 1.4 above), WFP will design and pilot a cash transfer activity for MCHN and/or ECD centres in close collaboration with UNICEF.	WFP Uganda nutrition unit	mid-2017 to mid-2018	

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	enhance effectiveness and impact through the following: • 2.1 As planned, pilot a cash transfer for PLW in the MCHN program. As this expands and MCHN provision of SC is reduced, ensure through collaboration with UNICEF and the MoH that the barriers to improved coverage of iron/folate supplements during pregnancy are addressed. • 2.2 Under the leadership of the MoH support the updating of the MCHN guidelines; and as part of this process, develop targeting criteria for		**2.2 Accepted**. WFP will advocate for updating the guidelines, and will support the government when they decide to address this. **2.3 Not accepted**. No evidence to support Overfortification(toxicity) as a risk factor and screening for MNP eligibility is not feasible. **2.4 Partially accepted**. MCHN relies on health services like ANC and PNC to achieve its objectives. If the government is able to expand those services, certainly, WFP will expand MCHN. WFP will continue to advocate for this.			

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	implementation and thresholds related to ANC/PNC/YCC participation and facility delivery, and stunting and LBW rates that trigger phase-over to the MoH. • 2.3 The CO should collaborate with UNICEF to ensure that if areas are selected for micronutrient powder (MNP) distribution in Karamoja they do not overlap with MCHN sites where children are provided SC+ to avoid double fortification. • 2.4 With the MoH, pilot the integration of the MCHN program with Outreach Clinics to expand					

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	coverage and reach underserved areas. Consider adding a community-based MCHN approach and jointly piloting this with UNICEF.					
3	R3. The CO nutrition unit and the WFP Karamoja Area office should increase their nutrition staff and also build capacity of other staff in nutrition monitoring to improve MCHN and CBSFP effectiveness and impact through the following: • 3.1 At the Karamoja region level, a nutritionist with a strong background in program monitoring and quality is needed to train and supervise the nutrition	Accepted.	3.1 **Accepted**. Nutrition staff will be recruited for the Karamoja area office, pending the results of the organizational re-alignment that will be undertaken in 2017. 3.2 **Accepted**. The reporting lines will be determined pending the results of the organizational re-alignment that will be undertaken in 2017. 3.3 **Accepted**. Nutrition staff will be recruited for the Nutrition Unit in Uganda CO (Kampala office).	WFP Uganda nutrition unit	last half of 2017	

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	focal points in each district, the MoH regional nutritionist and CPs so that data quality is improved and maintained. • 3.2 The WFP Karamoja nutritionist should report to the head of the Area office with technical supervision from the CO Nutrition Unit; and in turn the Karamoja nutritionist should provide technical supervision and mentoring to the nutrition focal points and FMA and support the regional/district nutrition coordination structures and the MoH regional nutritionist. • 3.3 The CO nutrition unit					

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	needs to strengthen its capacity and numbers in order to devote more staff time to Karamoja nutrition program monitoring and WFP/MoH/CP staff training and mentoring to improve the quality of data and functioning of the MCHN and CBSF programs. u Timeframe: Start in 2016 as soon as possible and continue through 2017 u Responsibility: CO Nutrition/Program Unit and Karamoja Area Office					
4	R4. With the support of the MoH, the CO Nutrition and AME Units should improve the quality of MCHN and CBSFP reporting and	Partially Accepted	4.1 **Accepted**. Develop indicator dashboard to communicate more effectively on the results of the program. Real-time reporting through "SCOPE for nutrition" will reduce the reporting demands on the health staff of MoH, which is one of the main reasons for their excessive	WFP Uganda nutrition and AME units	last half of 2017	On-going

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	increase the program indicators tracked in order to enhance the data available to guide programming. This should be accomplished through the following: • 4.1 Streamline the MCHN monthly reporting form so that it is less duplicative of other MoH/HMIS reports. • 4.2 For both programs design and implement plans for improving the quality of data collected. CBSFP is further along in this regard, however, an actual plan along with training and support materials is needed for both programs. • 4.3 Add a relapse		workload. "SCOPE for nutrition" will also allow for timely information for decision-making and evidence-based program management. 4.2 **Accepted**. WFP Uganda is testing the adoption of "SCOPE for nutrition" for the collection and storage of high quality data (biodata, anthropometric data). This will allow analysis of data to assess nutrition program performance and enrolment information. It will also strengthen real-time reporting and linkages to the HMIS. 4.3 **Partially Accepted**. WFP will update the log frame and monitoring system with the inclusion of the coverage indicator. The other indicators are already collected and analysed by MoH.			

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	indicator (already included in ProMIS) and crude mortality and SAM prevalence data (collected in the FSNA) to the CBSFP log frame . For the MCHN log frame, coverage data for PLW should be added and the ANC/PNC and place of delivery data collected needs to be analysed and reported bi-annually and added to the log frame . u Timeframe: Start in 2016 and continue through 2017 u Responsibility: CO Nutrition and AME Units					
5	R5. In collaboration with the MoH, the CO logistics Unit and Karamoja Sub offices	Accepted	5.1 **Accepted**. WFP will hire a supply chain officer for Karamoja, whose responsibility will be to identify storage solutions at health centres and schools, and to monitor these and build capacity of health centre and CP	WFP Uganda supply chain unit	first half of 2018	

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	logisticians/warehouse store keepers should work together to improve Food Storage and Management. • The systematic delivery of reduced rations observed should be immediately investigated. A number of measures related to accountability should be implemented: signage with pictures of foods and ration sizes, food measurement tools and gloves, a beneficiary complaint mechanism and more frequent/rigorous monitoring of food distributions, including unannounced observation and regular review of		staff. WFP Uganda will set up a hotline as beneficiary complaint mechanism. **5.2 Accepted.** WFP Uganda will conduct a supply chain assessment of storage at health facilities with the goal of providing recommendations for improvement.			

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	registers. • Moving toward cash transfers and fewer commodities will decrease space needed to store food, however, an assessment is needed to determine how food accountability, management and storage can be improved. u Timeframe: Start immediately and continue through 2017 u Responsibility: CO Logistics Unit and Sub-office logisticians					
6	R6. The importance of improving of improving nutrition education and counselling (NEC) cannot be emphasized enough. The	Accepted	6.1 **Accepted**. In collaboration with UNICEF and other actors, the SBCC (Social Behaviour Change Communication) strategy for Karamoja is being reviewed to inform the development of a new SBCC that will include a nutrition curricula and training of CP and MoH staff.	WFP Uganda nutrition unit	last half of 2017	

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	CO Nutrition Unit and MoH staff with support from the RB should improve the quality of NEC in MCHN/CBSFP to enhance program impact through: • Collaboration with UNICEF and other nutrition partners, review the available nutrition curricula and materials (groups and individual counselling) and select, adapt and/or develop a nutrition and health nutrition education (group) and counselling (individual) curricula for MCHN and one for CBSFP. Visual aids and counselling tools to use during sessions should also be sought.		6.2 **Accepted**. In collaboration with UNICEF and other actors, the SBCC (Social Behaviour Change Communication) strategy for Karamoja is being reviewed to inform the development of a new SBCC that will include a nutrition curricula and training of CP and MoH staff. 6.3 **Accepted**. Successful targeting of husbands and fathers of MCHN and CBSFP beneficiaries is currently being analysed in the desk review of SBCC strategies in Karamoja to glean lessons learnt for adoption and scale-up in future WFP programs.			

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	• Train CP and MoH staff on the curricula; and presentation and counselling skills. • Strategize with CPs, MoH, community leaders, VHT and others involved in Karamoja nutrition programming to design approaches, building on the success of others to reach the husbands and fathers of MCHN and CBSFP beneficiaries. u Timeframe: Start in 2016 and continue through 2017 u Responsibility: CO Nutrition Unit and RB					
7	R7. The CO Nutrition Unit with support from the CO Gender Advisor and RB	Accepted	7.1 **Accepted**. Recruit gender advisor. WFP Uganda will commission a review of the gender approach in Karamoja to inform future programme design and develop a gender action plan	WFP Uganda programme team	first half of 2017	

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	should develop and integrate more of a gender focus in the nutrition programs with the objective of reaching more boys and men to enhance program effectiveness through: • More sensitization of men on gender issues, and in particular, promoting sharing of household chores and child feeding and communication of men's role in caring for their wives and children and ensuring their good health, including nutrition. • Given the higher level of undernutrition among young boys, an assessment to determine why their		7.2 **Accepted**. The issue of high undernutrition rates among young boys will be analysed as part of the incidence study and concurrently WFP will explore the underlying drivers of this phenomenon through the nutrition and gender analysis. If the results confirm the preliminary findings of the evaluation team, WFP Uganda will study mechanisms to increase participation of young boys in CBSFP.			

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	participation in CBSFP is lower than girls is warranted. Following this, the recommendations of the assessment should be implemented. u Timeframe: Start in 2017 and continue through 2018 u Responsibility: CO Nutrition Unit, Gender Advisor and RB					
8	R8. Considering the high levels of stunting and acute malnutrition, in addition to the MCHN program other preventive nutrition programs are called for. The CO should advocate for an integrated multi-sectoral nutrition approach and given its food security	Accepted	8.1 **Accepted**. As part of WFP Uganda's new Country Strategic Plan, nutrition sensitive approaches are being designed into all of WFP's activities across the country*. 8.2 **Accepted**. Nutrition stakeholder consultations and consensus-building will be carried out to link nutrition specific programs with nutrition sensitive programs through geographical and individual targeting 8.3 **Accepted**. "SCOPE for nutrition" will provide a central database for information sharing and effective systems of referral between nutrition specific and nutrition sensitive programs among all the different organizations working in Karamoja.	WFP Uganda nutrition unit	mid 2017 to mid 2018	

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	mandate and the fact that food insecurity is one of the main drivers of acute malnutrition in Karamoja, it should strengthen the overlap and referral of MCHN/CBSFP beneficiaries and food security/livelihoods programs through: • As currently underway with UNICEF, make WFP's public works programs nutrition "sensitive" and extend this beyond delivering nutrition messages to beneficiaries. Include an assessment of households with PLW and children under 2 to understand their needs and		**WFP's Karamoja public works program will conclude in June 2017 and there is no planned follow-up PW program.*			

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	to adapt the "work activities" offered to attract beneficiaries in ways that enhance child care and nutrition. Once this has been done, extend these same efforts to WFP's other Karamoja programs and ensure participation of WFP nutrition program beneficiaries in WFP's complementary programs. • Through coordination structures and other mechanisms engage with partners to strengthen the complementarity of WFP programs with others programs. • With nutrition coordination					

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	partners/structures, use WFP program data and that from other organizations (and/or link with other mapping activities) to develop effective systems of referral between MCHN, SFP and OTC/ITC and other programs, such as, sanitation and hygiene and literacy and other nutrition programs.					