

Recommendations for Nutrition Interventions in Karamoja

Following the dissemination of the latest Nutrition assessment for Karamoja region and imminent suspension of the MCHN program, the Karamoja H, N and HA cluster held an emergency health and nutrition sector working group meeting on 3rd April 2008 as a follow up of the deliberations of the H, N and HA cluster coordination meeting for Moroto District held on 2nd April 2008.

IN Attendance were:

Dr Micheal Ebele Omeke	DHO Moroto
Dr Christopher Franz	TA/CUAMM Moroto
Dr James Lemukol	MS Matany Hospital
Dr Moses Ongom	NPO/HAC WHO Moroto
Mr Andrew Andama	Field Monitor/WFP Moroto
Mr Simon D Okiseng	SPA/WFP Moroto
Mr Charles Wilfred Ocheing	Nutrition Specialist/UNICEF Moroto

Below are the recommendations of this meeting to improve on the Nutrition interventions in the long and short term in region.

- ✚ More Advocacy and Lobbying for Partners to support the districts without TFCs [Nakapiripirit, Kotido and Abim]
 - UNICEF reported availability of funding to support partners to carry out nutrition interventions in the region: currently dialogue is being held with Merlin ,ACF and MED AIR
- ✚ Strengthening the capacity and operations of Matany hospital TFC through
 - Remodeling it to a community based therapeutic care approach using the integrated management of the Acute malnutrition[IMAM] guidelines of ministry of health
 - Enhancing the linkages with the community in Bokora HSD which it serves, through sensitization
 - Improve the capacity and linkage of the field health workers to carry out screening in the communities
 - Enhance linkage to the SFC/MCHN sites in the HSD with Matany hospital through a robust system of referral
 - Operationalise out patient therapeutic programme in all the SFC/MCHN sites
 - Strengthen supervision, monitoring and reporting in Bokora HSD[Matany hospital to the MCHN/SFC sites in the HSD]
 - Support the DHT/DHO supervise and coordinate the program
- ✚ Pilot the community based therapeutic care in one HSD in each of the districts without TFC using the IMAM guidelines as we wait for partners to come to these districts
 - One of the current MCHN sites based in an HC IV/hospital could act as the epicenter of the program vis-à-vis the stabilization center{SC}.besides it would carry out the OTP and SFP for its catchments area[sub county]
 - The current MCHN sites based in the HC IIIs in that HSD would then be linked to the HC IV, for referral of cases that need to be admitted in the SC. The HC IIIs would carry out the OTP and SFP
 - The VHTs in this HSD would be trained and used to carry out screening in the communities and HC IIs
 - Adequate community sensitization would be done as a first step in establishing the program
 - Logistic handling

- Storage of logistics would be at the HC IVs/hospitals using the current MCHN stores
 - WFP would deliver supplies to these HC IVS/Hospitals using the current six week cycle strategy being used for the MCHN program
 - The HC IVs/hospitals would then deliver supplies to the HC IIIs on a weekly basis
 - The current MCHN store keepers will be responsible for safe guarding storage
- Human resources
 - VHTs and Has or NAs to handle screening at the community and HC II respectively
 - The current staff handling MCHN program in the HF to continue with this program. In addition more NA would be trained to support them
 - CO and NO to handle the SC were an MO is not present through the task shifting strategy. If possible an APW to support then in the initial stages of the program
- Referral
 - Funding to support the a team using the HSD vehicle move to all the sites carrying out the program in the HSD on a regular basis
 - If possible a vehicle be provided and ear marked for this program which could be integrated into a wider out reach program[as contained in a CUAMM proposal submitted to UNICEF]
- Supervision, Monitoring and Reporting
 - An officer in the DHOs office to over see the program
 - The HSD be incharge of over all supervision within its catchment and conduct regular monitoring visits
 - Current tools used to report on food/logistics of the MCHN program could be adapted. In addition more tools could be developed to capture data on clients attended to if not adequately captured in the HMIS.
 - Reporting be done on a monthly basis following the HMIS time line
 - The H,N,HA cluster to carry out overall supervision of the program in the region
- Technical support
 - CUAMM have submitted a proposal to UNICEF for an integrated out reach program. Using the approach out lined in this document the TA CUAMM Moroto feels they could provide day to day technical support for the operationalization of this program.

Conclusion

As we discuss the strategies of improving nutrition interventions in the region its critical that we consider those approaches that will build on the local capacity and existing structures and systems as means to ensure sustainability and continuity.