

A look into SPRING's community nutrition activities in Ntungamo, southwestern Uganda 2013-2015

KEY TALKING POINTS TO ACCOMPANY VIDEO

AWARENESS OF STUNTING / NUTRITION AS IMPORTANT AS HEALTH ACTIONS

1. Throughout the district there was a lack of awareness that stunting was prevalent.
2. Throughout the district there was a lack of awareness of the consequences of stunting for child development and for national advancement.
3. The district does not have a lack of food ("the breadbasket of Uganda"), yet there is a high percentage of stunting.
4. A District Nutrition Coordination Committee was formed and officials now recognize nutrition as important for health as long-recognized key health interventions, such as immunization.
5. District and community activities were in accord with the Uganda National Nutrition Action Plan.
6. Project partners emphasized a focus on the first 1,000 days.

USE OF VIDEO AT THE COMMUNITY LEVEL

7. Community members were involved in the development and production of videos to promote key behaviors.
8. The videos were used by the VHTs to facilitate dialogue at community level.
9. The videos were made with testimonies from local people and VHTs were trained to use the videos to disseminate messages and encourage participants to be comfortable discussing and sharing their thoughts.
10. The four messages promoted by the project were: 1) exclusive breastfeeding to 6 months of age, 2) feeding the sick child, 3) recuperative feeding after illness, and 4) timely seeking of medical care. (The project also promoted improved complementary feeding in support of district nutrition priorities.)
11. The project increased VHT capacity in nutrition as they do not receive as much training in nutrition as they do in health topics, and they have increased capacity in getting nutrition information to the communities.
12. The three video-viewing groups (Great Mothers, Wise Women and Fabulous Fathers) received similar and "harmonized" messages to promote nutrition, so that all would provide mutual support in implementing the recommended infant and young child feeding practices.
13. The names of the groups (Great Mothers, Wise Women and Fabulous Fathers) were powerful for affecting people and promoting change.
14. Including grandmothers in particular in project activities, with their own "space" to discuss recommended IYCF, increased grandmothers' support to their daughters and daughters-in-law.
15. Fathers were particularly involved and are motivated to ensure that the child eats well to be healthy and to seek timely medical care when a child is sick.
16. The project promoted simple recipes with locally available foods to improve complementary feeding, including vegetables high in micronutrients, along with plant and animal sources of protein.

TESTIMONIES FROM MOTHERS PRACTICING RECOMMENDED INFANT AND YOUNG CHILD FEEDING

17. Mothers gained knowledge which supported them in practicing exclusive breastfeeding to six months of age (e.g. immediate breastfeeding at birth, frequent feeding increases milk supply)
18. Mothers know that complementary foods should be introduced at 6 months of age with a mixture of foods from each food category.
19. Mothers now incorporate locally available foods such as avocado and amaranth into the porridge that is given for complementary feeding.
20. The project also promoted the importance of “extra patience and love” when feeding the sick child or the recovering child.

COMMUNITY ACTION GROUPS

21. Through the Community Action Cycle, Community Action Groups developed a collective response through an engaged process to come up with their own solutions using local resources.
22. Community Action Groups were motivated to plant backyard gardens so that vegetables and fruits could be incorporated into the typical diet for complementary feeding of children and women to fight malnutrition and anemia.
23. Community Action Groups promoted the construction of Tippy Taps and latrines.

RESULTS

24. People are coming for health services when the child is sick instead of treating children with local herbs, etc.
25. Sub-district Health Inspector found latrine coverage and handwashing practice had improved and the number of cases of diarrhea seen at health centers has been reduced.
26. Exclusive breastfeeding of children 0 to 6 months of age has increase when previously mixed feeding was usually practice.
27. Immediate initiation of breastfeeding at child birth has increased.
28. People’s pride in their accomplishments and sense of ownership of the program is visible and interviewees say they will sustain activities and progress!