



# HORN AND EASTERN AFRICA REGIONAL REPORT 2019



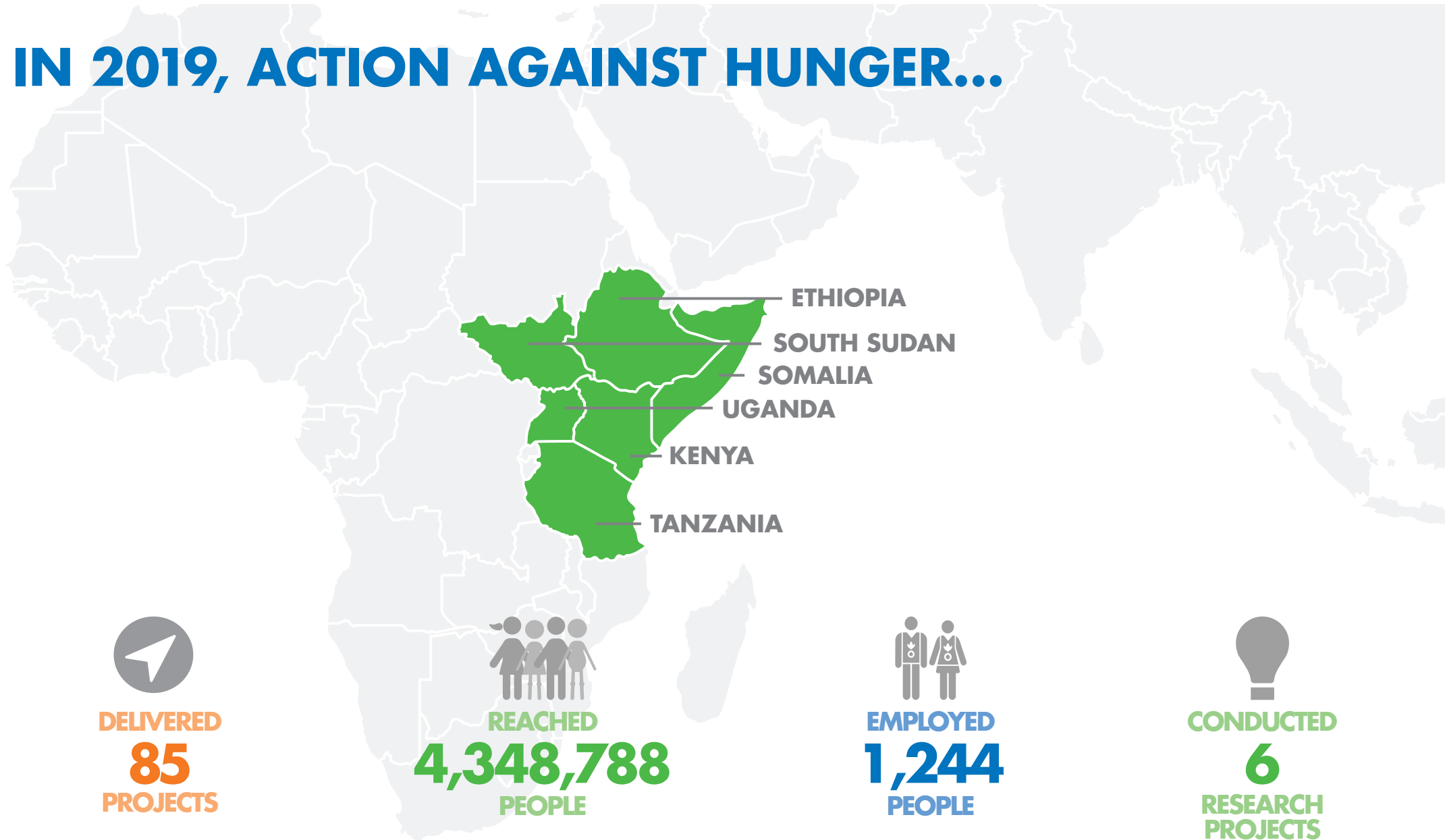




# CONTENTS

|  |           |
|--|-----------|
| <b>KEY STATISTICS</b>  | <b>2</b>  |
| <b>INTRODUCTION: HORN AND EASTERN AFRICA</b>   | <b>4</b>  |
| <b>ETHIOPIA</b>  | <b>6</b>  |
| <b>COUNTRY HIGHLIGHT: COMMUNAL GARDENING IN<br/>NGUENYYIEL CAMP, GAMBELLA</b>  | <b>8</b>  |
| <b>KENYA</b>   | <b>10</b> |
| <b>COUNTRY HIGHLIGHT: USE OF MATERNITY OPEN DAYS TO<br/>INCREASE AWARENESS AND DEMAND OF REPRODUCTIVE<br/>HEALTH SERVICES IN KAKAMEGA COUNTY</b> | <b>12</b> |
| <b>SOMALIA</b>   | <b>15</b> |
| <b>COUNTRY HIGHLIGHT: MAKING PROGRESS ON VOLUNTARY<br/>FAMILY PLANNING</b>   | <b>17</b> |
| <b>SOUTH SUDAN</b>   | <b>18</b> |
| <b>COUNTRY HIGHLIGHT: THE ROLE OF ACTION AGAINST HUNGER<br/>IN THE SUN NETWORK IN SOUTH SUDAN</b>  | <b>20</b> |
| <b>TANZANIA</b>  | <b>23</b> |
| <b>COUNTRY HIGHLIGHT: SCREENING IMPACT</b>   | <b>25</b> |
| <b>UGANDA</b>  | <b>27</b> |
| <b>COUNTRY HIGHLIGHT: SURVIVING MALNUTRITION:<br/>THE STORY OF BABY GLORIA SHUKURU</b>   | <b>28</b> |
| <b>CONTACTS</b>  | <b>30</b> |

# IN 2019, ACTION AGAINST HUNGER...



73%

3,177,502  
people  
reached

## NUTRITION &amp; HEALTH



2,086,239

people  
received  
nutrition  
treatment

64,521

people  
treated for  
severe acute  
malnutrition

1,091,263

people received  
reproductive, maternal,  
new-born and child  
health services

15%

648,372  
people  
reached

## WATER, SANITATION &amp; HYGIENE



139,978

hygiene kits  
distributed

205

water points  
improved

7,901

latrines built/  
rehabilitatedFOOD SECURITY  
& LIVELIHOODS

7%

304,741  
people  
reachedMENTAL HEALTH  
& CARE PRACTICES

3%

143,123  
people  
reachedDISASTER RISK  
MANAGEMENT

1%

37,525  
people  
reached

...IN THE HORN AND EASTERN AFRICA

# HORN AND EASTERN AFRICA

Hajir Maalim  
Regional Director

The Horn and Eastern Africa Regional Office (HEARO) oversees Action Against Hunger's operations in the region, providing strategic and operational support to our country programmes. HEARO's approach is based on leveraging new opportunities at regional level, as we strengthen capacity at the local level. This is in line with the new localisation and decentralisation agenda. The regional office supports six countries to deliver the global vision: Kenya, South Sudan, Somalia, Uganda, Tanzania and Ethiopia.

HEARO draws legitimacy and credibility from our operations in the field, from technical research as well as from the organisation's direct work with communities affected by nutrition insecurity and child undernutrition in emergency, recovery and development contexts. Through our advocacy work, we apply valuable technical expertise and field knowledge to inform evidence-based policies to tackle malnutrition.

At HEARO, we believe hunger is a predictable, preventable, and treatable illness. Ninety per cent of children who complete treatment are cured but only one in four is able to access care. Working across the six countries, we strive to make sure that every child gets the lifesaving treatment they need to recover and grow up strong.

The need for our work in the region remains very significant.

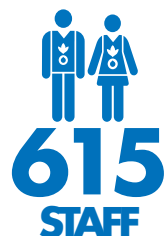
Approximately 50.5 million children under five years of age are wasted globally, including 13.8 million in Africa; and 4.8 million in East Africa. These children have and will need urgent attention. Despite being a preventable and treatable form of malnutrition, access to treatment for children with severe acute malnutrition is low (less than 20%) due to limited funding coupled with unavailability of therapeutic commodities. In order to have an impact, HEARO set to reach 400,000 children in 2019. We mobilised approximately USD 45 million, and launched the Band Together Campaign to mobilise governments and donors to prioritise resource allocation to respond to malnutrition. Band Together is a multi-year campaign that aims to ensure that global hunger gets the attention and funding it needs.

We are making progress, and the need to save lives remains our priority. In order to make a meaningful impact, prevention, through strengthening nutritional resilience of individuals, communities and systems against recurrent disasters, will be put at the core of our strategic approach. We have put in place internal capacity building to enhance our effectiveness, knowledge management and learning in the region. With the regional advocacy strategy in place, we will continue to build new partnerships and alliances that will provide collective voices and contribute towards better policies within the region.





# ETHIOPIA



Action Against Hunger has been operating in Ethiopia for 35 consecutive years, responding to emergencies, providing humanitarian aid and development assistance. Currently, our country office is working in five of the nine regions (Amhara, Oromia, Somali, Benesangul Gumuz and Gambella), with 600 field staff and 17 offices. Our technical sectors include Health and Nutrition, WaSH, Mental Health and Psychosocial Support (MHPSS), Food Security, Livelihoods, and Disaster Risk Management (DRM). Our programmes respond to both conflict-affected and climate-induced internally displaced persons, refugees as well as to chronically vulnerable populations through resilience building. In 2019, we also implemented three research and innovation projects in collaboration with Johns Hopkins and the London School of Hygiene and Tropical Medicine among others.

Over the last year, the mission has supported 465,000 health and nutrition beneficiaries through six primary hospitals, 92 health centres and 429 health posts across all areas of operations, 169,764 maternal and child health sessions 19,992 children under five treated for severe acute malnutrition, 143,000 mental health and care practices beneficiaries, 211,597 WaSH promotion beneficiaries and 138,171 Food Security and Livelihoods beneficiaries.

Looking into the future, our strategic objectives are to continue delivering high-quality programmes, retain our emergency response capacity and agility, build new partnerships with the local civil society, and expand into long-term resilience building programmes with a focus on Food Security, Nutrition and Health System strengthening.









# COUNTRY HIGHLIGHT

## COMMUNAL GARDENING IN NGUENYYIEL CAMP, GAMBELLA

Communal Gardening was first implemented in Nguenyyiel camp in Zone B and C. Since 2019, it has covered an estimated three hectares of land in Gambella. Communal gardening aims to reduce the high levels of anaemia in the Nguenyyiel refugee camp through the use of Toddler Care Groups (TCG), of children aged between 6 to 35 months. A total of 63 TCG have engaged 770 female households in communal gardening, who are mothers and caregivers to toddlers.

The main source of income for the refugee families is general food distribution, as despite land being available, refugees do not have the right to access land. As a result, members of the TCG expressed a shortage of land as well as of improved seeds to grow fresh vegetables, meaning their children are highly susceptible to becoming malnourished. However, after Action Against Hunger started providing capacity building training, a diverse range of vegetable seeds, and farm tools, through their communal gardening programme, food production has increased, with integration of the Refugee Community Centre (RCC) and the Administration for Refugee and Returnee Affairs (ARRA).

To prepare the land for communal gardening, mothers are working within their groups to dig, prepare seedbeds and level the farmland. There is a total of 13 plots of land, with four to five groups being allocated to each, depending on the size of land. At the very beginning, mothers were complaining that within the first week of the month, they were very tired of preparing the seedbeds and of levelling the land, the body condition also become decreased (because they have no experience to engage in a such activities which need high energy to dig this compacted soil). After the vegetable seed germination, the mothers were happy with the vegetables and greens in their plot of land. With close follow-up and technical support of our Food Security and Livelihoods team, mothers started weeding and thinning of seedlings in the plot (swiss chard, kale, cabbage, Okra and beetroot).

Alongside Action Against Hunger's work in supporting the TCGs with communal gardening to reduce anaemia and malnutrition in the Nguenyyiel camp, UNHCR is implementing a project with an integrated multi-sectoral approach to reduce anaemia and increase diet

diversification of refugee communities. It aims to improve the underlying causes of malnutrition within the vulnerable communities. To improve agricultural practice, UNHCR has provided vegetable seeds and farm tools, including watering cans, hoes, shovels and pick axes) as well as capacity building training for lead and proxy mothers and Food Security and Livelihoods incentive workers.

Generally, communal gardening activities are very crucial in developing sustainable livelihoods and skills of the targeted vulnerable refugees. With the technical support of the Food Security and Livelihoods team and refugee trained incentives, the families involved in communal gardening have gained access to fresh vegetables in their daily meals, and increased the immunity of targeted households. As well as this, results from focus group discussions and nutrition centre data shows a decrease in the admission rate of children to outpatient therapeutic programmes and stabilisation centres within the age range of 6 to 35 months during the communal gardening project period.





# KENYA



2,020,648  
IN 2019

Action Against Hunger has been operational in the arid and semi-arid lands of Kenya for over 15 years, implementing Health and Nutrition, WaSH, Food Security and Livelihoods programmes in Makueni, Mwingi, Mandera, Tana River and Garissa Counties, including refugee programmes in Dadaab Refugee Camps, West Pokot, Isiolo, Bungoma, Trans Nzoia and Busia Counties. The mission works to address the drivers of malnutrition, including poor care and feeding practices for young children.

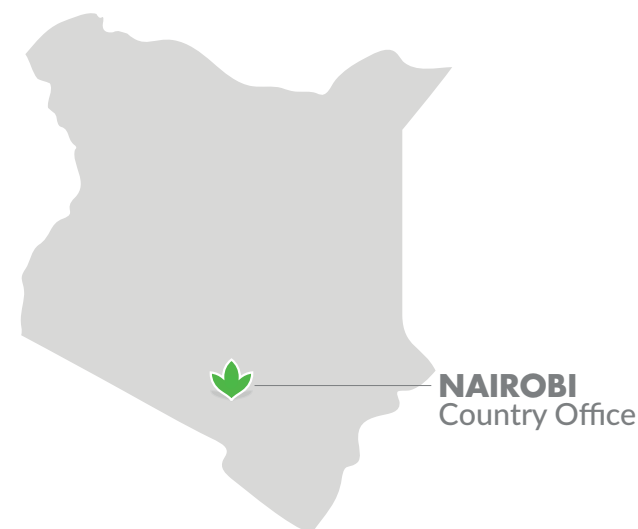
Working at community, county, and national levels, Action Against Hunger strengthens systems in place and increases access to lifesaving malnutrition treatment. These are funded by different donors including OFDA, GAC, WFP, UNICEF and the EU. Following the devolved functions of the government, Action Against Hunger has worked towards building the capacity of the county government to plan and institute quality interventions at

county level, working through existing structures.

Action Against Hunger is in the process of undertaking a CIFF-funded study on Integrated Community Case Management intended to help fill the gaps in healthcare access with trained community caregivers who can treat common ailments, serve as an access point into the existing healthcare system, and provide continuity of care to underserved areas especially for the malnourished beneficiaries. Action Against Hunger has been key in implementing emergency life-saving interventions during drought and floods emergencies. Currently, Action Against Hunger is implementing an OFDA-funded emergency response programme in West Pokot and Mandera County mainly focusing on Nutrition, Livelihoods and WaSH interventions.

Action Against Hunger played a leading role in responding to flood emergencies in Tana River County mid-2018. The Kenya mission envisages that in the

next five years, there will be a stronger focus on conducting research and learning through the HEARO-based innovation lab, a partnership with leading universities in Kenya and the Karolinska institute in Sweden. The mission will prioritise scaling up sexual and reproductive health and rights programming while the mission increases efforts to secure long term funding for WaSH and resilience.







# COUNTRY HIGHLIGHT

## USE OF MATERNITY OPEN DAYS TO INCREASE AWARENESS AND DEMAND OF REPRODUCTIVE HEALTH SERVICES IN KAKAMEGA COUNTY

Evidence shows that maternal and neo-natal deaths can be prevented if pregnant women attend at least four pre-natal care (ANC) visits, if they benefit from skilled delivery and if infants receive post-natal care within 48 hours after birth. However, health-seeking behaviour among rural women and their spouses in Kenya during and after pregnancy is low. Kakamega County decided to use maternity open days (MOD), rather than traditional community dialogue days, to sensitise community members on the importance of attending maternal and child health services, as community dialogue days showed low attendance and limited impact.

In February 2018, The System Enhancement for Transformative Health (SETH) project provided financial support to four sub-counties in Kakamega County to carry out maternity open days in four health facilities: Ileho, Kuvasali, and Elweswero health centres and Shibwe sub-county hospital. During maternity open days, community

members were invited to the health facility and given a tour of the maternity wing to witness the services offered. Discussions were organised between them and maternity personnel on the barriers to accessing reproductive services. Ignorance of the procedures associated with facility-based child birth creates fear among community members, leading to mistrust, fear of disrespect, abuse and myths, and misconceptions about maternity services. A total of 883 community members were reached through the events (136 males, 585 females and 162 children).

Data was collected from the DHIS 2 platform, and reviewed for a period of four consecutive quarters, starting with the last quarter before the intervention started (October 2017 to December 2018). The number of women who completed four ante-natal care visits and the number of women who delivered in a facility with help from a skilled personnel were considered. Data shows a very significant increase (by almost a factor five)

in the number of women who completed four ANC almost immediately after the first MOD was organised. The increase was sustained during the whole period investigated. Data also shows that the number of women who delivered in facilities was multiplied by more than two after the first MOD and continued to increase during the period investigated.

Maternity open days create a conducive forum where awareness can be created to both men and women on the importance and safety of attending maternity related services. By rebuilding the link between communities and facilities and openly discussing fears and misconceptions that prevail in communities, MODs address the barriers to women's demand of ante-natal care and skilled delivery. MODs may rebuild trust between communities and facilities but for this to be sustained, facilities should offer quality services and respectful treatment to clients seeking reproductive health.






## ENHANCEMENT TRANSFORMATIVE (SETH) PROJECT

### PROJECT GOAL

Contribute to the reduction of maternal and child mortality in Kenya through improved delivery of Maternal Health and Nutrition (MNCHN) services to the needs of women of reproductive age and children.

Lamu County  
 Mandera County  
 Marsabit County  
 Meru County  
 Narok County  
 Nandi County  
 Nakuru County  
 Nairobi County  
 Nyeri County  
 Paji County  
 Siaya County  
 Suba County  
 Taita Taveta County  
 Trans Nzoia County  
 Turkana County  
 Uasin Gishu County  
 West Pokot County  
 Wunduchi County  
 Yala County

**BENEFICIARIES 1,510,671**

|  |   |   |
|--|---|---|
|  |  |  |
| Men<br>726,266   | Girls<br>252,619  | Boys<br>252,619   |



**Helen Keller  
INTERNATIONAL**









# SOMALIA



Action Against Hunger has been operating in Somalia since 1992, with current bases in Mogadishu, Garowe, Eyl, Hudur, Elbarde, Wajid and Yeed/Rab-Dhuure. In 2019 alone, Action Against Hunger's programmes in Somalia reached 606,325 people, with 160 staff. Action Against Hunger screened and treated 98,125 children and pregnant and breastfeeding women for acute malnutrition, and provided information to 35,432 caregivers of malnourished children on infant and young child feeding. 165,112 children under five, pregnant women, and breastfeeding mothers benefitted from primary health care consultations to improve their health and wellbeing. Action Against Hunger's programmes in 2019 helped 213,522 vulnerable people access food and essential basic services during the severe drought through cash transfer programmes, transferring more than £2.44m to beneficiaries. Communities were also supported with WaSH programmes, including the distribution of 14,706 hygiene kits, mostly to women.

In 2019, Action Against Hunger expanded health services under the essential primary health services package. Some 34 public health facilities in 25 districts and across seven regions were supported to provide health consultations, immunisation, ante-natal care, skilled birth delivery, postnatal care and nutrition services. Basic emergency obstetric and newborn care was made available in three of those facilities.

We aim to continue to provide technical support, finances, resources and supplies beyond 2020. Action Against Hunger is one of the lead agencies of Community-based Management of Acute Malnutrition (CMAM) in Somalia, implementing CMAM programmes and providing capacity support and advice to other CMAM initiatives. It has three of the largest stability centres in Mogadishu, where referrals come from all outpatient therapeutic programmes in Mogadishu and beyond. Action Against Hunger is providing support and advice to the Somali health authorities to strengthen nutrition surveillance through capacity

support on routine data collection, surveys and sentinel surveillance.

Action Against Hunger is leading the two largest health consortia i.e Caafimaad Plus and SHINE in Somalia, and is equally part of the two biggest resilience consortia. The new country strategy (2021–2025) will be aligned with national development plan and with the priorities of International Strategic Plan 2021–2025. Action Against Hunger will continue to maintain, expand and forge new partnerships in 2020 and beyond to achieve greater results.





# COUNTRY HIGHLIGHT

## MAKING PROGRESS ON VOLUNTARY FAMILY PLANNING

In 2017, the federal government of Somalia revised its commitment to ensure access to quality reproductive health services, including family planning, in emergency and crisis settings from 50 per cent of facilities in 2017 to 80 per cent by 2020 (according to family planning 2020. Org.). The SHINE programme funded by UKAID supports family planning as part of their work on sexual and reproductive health and rights, and in turn support women's informed choice.

In the Banadir region, the family planning programme was introduced in 2019 with the intention to support all women and girls' full, free and informed choice to use family planning. Recently, nurses at the facilities have noted that mothers who have benefited from the programme have been referring other mothers in the neighbourhood to the centre. "I am aware that there are others mothers who are in need of such services but have no information on how and where to get it, so I make a point to inform my friends in the neighbourhood how to access the service and its efficiency", says Khadra, a

mother of six who recently benefited from the programme.

At the health facility level, midwives do not coerce pregnant and lactating mothers to attend the health facilities to use the family planning method. Rather, the programme is disseminated after a counselling session to the mother first, then with the spouse so they can decide together on the method that best fits their family.

On the other hand, at the community level, community health workers along with female community influencers play a key role in disseminating positive messages to women at household level on when and how often to get pregnant so they can plan their families, take up better economic opportunities and avoid a life defined by early, multiple and dangerous pregnancies.

Action Against Hunger is piloting the demand creation tested by Population Services International in the SHINE-supported health facilities. The communication strategy for

demand creation is more engaging than the previous behaviour change strategies. This strategy is focusing on the household level and gives room for the dissemination of private and sensitive information which could not be done before due to the nature of the communication. Competent teams with community background names like female community influencers are put in place to increase this service uptake in the near future. Additionally, Action Against Hunger, alongside the district health management teams is mobilising the communities to increase service uptake with the help of the community health committees at the district level.

**"I AM HOPEFUL THAT IN THE COMING MONTHS, MORE MOTHERS WILL ENROL FOR FAMILY PLANNING SESSIONS SINCE MOST OF THEM ARE INFORMED ABOUT THE BENEFITS," SAYS FATIMA, A NURSE AT HODAN HEALTH CENTRE.**

# SOUTH SUDAN

  
158,827

  
186,473

  
10,055

  
**240**  
STAFF

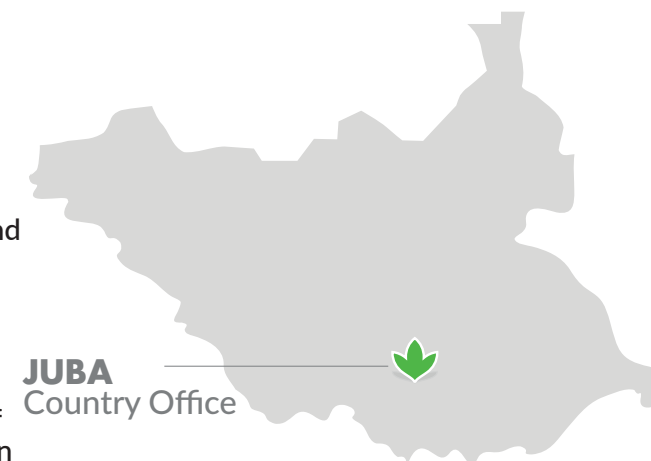
  
OPERATING  
SINCE  
**1985**
  
REACHED  
**355,355**  
IN 2019

Action Against Hunger has been operational in what is now South Sudan since 1985, delivering community-based programmes for treatment and prevention of malnutrition, and complementary WaSH and FSL packages to address malnutrition's underlying causes. The organisation is an active member of the strategic advisory group for the WaSH cluster, playing a fundamental role in developing policies and protocols to provide WaSH services and behavioural change, and pioneer the integration of WaSH and Nutrition. The mission's goal in South Sudan is to deliver sustainable reductions in the burden of undernutrition and respond to acute emergencies in South Sudan specifically in Aweil East, Gogrial West/East and Fangak, as well as throughout the country through deployments of emergency team in zones of crises.

The South Sudan country programme joined three other countries to launch a new research project to assess the incidence and risk factors for relapse after children's recovery from severe acute malnutrition, with funding from OFDA. The emergency programme added two new response teams, now six, and conducted seven SMART surveys across the country. A new stabilisation centre was established in the hard-to-reach area of Paguir to provide treatment to severely malnourished children, to treat common illnesses in the community and to provide prenatal care. We constructed dykes to protect flood-prone areas of Aweil East, and we built 71 kilometres of community access roads, linking people to schools, health centres, and markets. Chronically food insecure households accessed agricultural inputs and agronomic trainings for increased food production and access.

We finalised both Nutrition and WaSH safety audit tools, which will be employed by all Nutrition and WaSH partners in South Sudan to assess supported facilities for protection risks. We rehabilitated 68 water points, constructed four new ones, and built 22 latrines at nutrition centres and 4,079 in homes. Our teams distributed 11,572 dignity kits, including WaSH supplies as well as menstrual hygiene supplies to families of severely malnourished children and to pregnant women and breastfeeding mothers.

South Sudan reached 355,355 people in 2019, up from 300,666 the previous year, with an operating budget of 9,702,951 USD. We reached 10,055 people with our FSL activities, provided agricultural support to 7,215 farming families, distributed 1,713,030 Euros both in cash and vouchers, reached 186,474 with health and nutrition activities, admitted 70,627 in our CMAM with a 94 per cent cure rate, reached 158,827 with our WaSH activities and distributed 11,752 hygiene kits, including emergency kits and household water treatment kits. The focus for the next five years is to secure and implement high-quality and timely interventions of approximately 12 to 20 million Dollar grants per year. We plan to expand the service coverage area, especially in urban programming – IDP camps and host communities. We aim to transition from humanitarian to resilience/recovery, and finally to development-oriented programming.







# COUNTRY HIGHLIGHT

## THE ROLE OF ACTION AGAINST HUNGER IN THE SUN NETWORK IN SOUTH SUDAN

Nutrition programming in South Sudan is skewed towards treatment of acute malnutrition. Donors are unwilling to fund interventions to prevent malnutrition through programming because of the time required to achieve results. South Sudan officially joined the global Scaling Up Nutrition (SUN) Movement in 2013. Due to the armed conflict, the SUN Movement was not launched until 2016. Its steering committee at the time consisted of representatives from the WFP, UNICEF and the Ministry of Health (MoH). The SUN Movement provides a platform for the promotion of a multi-sector and multi-disciplinary approach to addressing undernutrition, not only focused on the community-based management of acute malnutrition (CMAM).

The SUN Jump Start Project aims to build a multi-sectoral nutrition coalition, while strengthening the capacity of existing Civil Society Alliance (CSA) members in nutrition advocacy, research, monitoring, reporting and accountability. The objective is to increase government and donor commitments and resources to scalable nutrition sensitive and specific strategies.

The Sun CSA Jump Start involves multiple

partners: Save the Children, who mobilise SUN CSA Members to work with Parliamentarians and Nutrition Champions; Action Against Hunger, who lead public mobilisation activities, particularly encouraging women and children to advocate for change at community level; Christian Aid, who develop the M&E Framework and enable cross agency learning among consortium partners and SUN CSA Members; CIDO, who lead in training of local and marginalised organisations with support from Action Against Hunger to promote gender inclusion in nutrition; CARE, who lead and coordinate activities, act as a fiscal agent and manage grant funds, facilitate cross learning among consortium members, as well as championing gender mainstreaming and conducting gender analysis.

As part of the mobilisation activities, Against Hunger and CIDO, a local partner in the Jump Start project, who have been engaged with several grassroots organisations in Juba and Nimule, organised a charity walk with grassroots organisations from Tong piny and Gudele in Juba state. The walk started at the hospital and ended at the University of Juba. The group members were sensitised about activities of the SUN

during a roundtable discussion and SUN training conducted by CIDO.

In addition, during the World Breastfeeding Week (WBW), Action Against Hunger, in conjunction with CIDO and the State Ministry of Health, organised a walk involving women grassroots organisations from Tong piny and Gudele in Juba. A total of 150 mothers were involved. The group members had been sensitised about activities of the SUN during the round table discussion conducted by CIDO. They were also offered a one-day sensitisation prior to the WBW on maternal, infant and young child nutrition, focussing on exclusive breastfeeding and complementary feeding. The highlight of the walk was a speech by the national minister of health, as well as a speech from the director of nutrition at the ministry of health.

The Against Hunger team in Aweil East also worked together with the state ministry of education in Aweil to organise an inter-school debate within six schools in Aweil to raise awareness on nutrition among the youth. The debate encouraged nutrition gardening in schools through agricultural clubs.





Give your child a healthy start



0-6 Months



At 6 months



unicef  
for every child









# TANZANIA



**6**  
STAFF



**OPERATING  
SINCE  
2015**



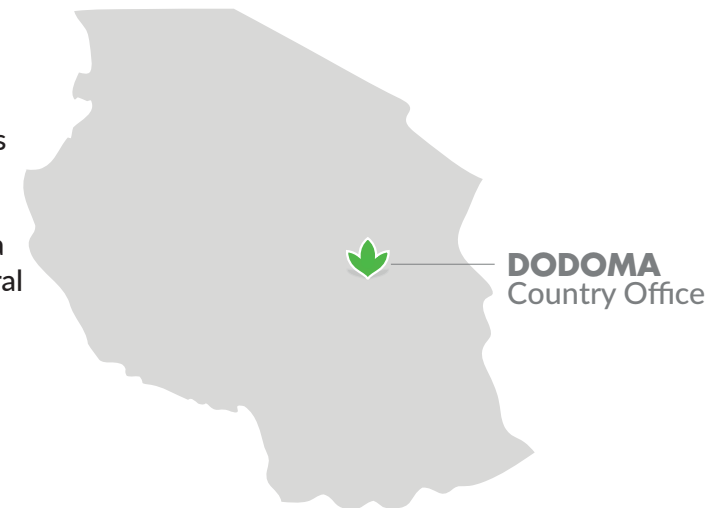
**REACHED  
217,129  
IN 2019**

Action Against Hunger was established in Tanzania in 2015, and initiated institutional and partnership support in the context of renewed development partners efforts to address the heavy prevalence and burden of child undernutrition. The Tanzania mission works towards improving the quality and coverage of the Integrated Management of Acute Malnutrition (IMAM) services as well as enhancing the capacity in nutrition information systems and nutrition governance at the regional level. Further assistance is on engagement in nutrition-sensitive interventions on Food Security and Livelihoods and WaSH.

The current areas of operation are Dodoma and Singida regions. In Dodoma, the focus is on management of acute malnutrition through an IMAM strengthening project that includes training of healthcare workers, increasing detection by community health workers and provision of basic supplies and equipment. Additionally, an integrated FSL and nutrition intervention that involves kitchen gardening and cooking

demonstrations. In the Singida region, the Lishelmara project involves social behaviour change communication and increasing uptake of maternal and child health services by young mothers and children under five years of age. In 2016, the organisation actively supported the government of Tanzania in developing the National Multisectoral Nutrition Action Plan (NMNAP) in collaboration with key stakeholders, including key line ministries (health, education, agriculture), UN agencies and NGOs.

In the next five years, Action Against Hunger Tanzania aims to become an impact driven organisation and be the technical assistance partner of choice to the government of Tanzania on nutrition systems strengthening, increase coverage for the much-needed lifesaving services, grow resources to stabilise operations, tackle underlying factors of undernutrition in the communities and increase country engagement through building partnerships with local organisations in order to sustainably strengthen local capacity.



**DODOMA**  
Country Office







# COUNTRY HIGHLIGHT

## SCREENING IMPACT

A quick and friendly way to conduct monthly screening sessions among under five children in Mpwapwa district has been identified. Community Health Workers (CHWs) have been key in coordinating monthly screening events as a preventive measure against childhood malnutrition, but also as a means to identify a child in need of care and treatment for malnutrition.

Before Action Against Hunger started interventions, screening campaigns were limited to national campaigns conducted bi-annually, in June and December. Thousands of children were not screened and, therefore, left with an unknown nutrition status. Children often arrived at health facilities already severely malnourished with many complications, which made the treatment process lengthy and difficult. The capacity of CHWs and health workers to screen and correctly identify a malnourished child was also limited, despite the availability of policies and guidelines on the whole cycle to prevent and treat acute malnutrition in children.

In collaboration with local authorities and other government arms, Action Against Hunger built the CHWs' capacity to screen and identify a child with malnutrition as part of its first intervention in the country. Together, the Action Against Hunger team in Tanzania and CHWs established a schedule to guide CHWs to undertake screening sessions in their catchment areas. Adoption of monthly screening increased the demand for health care seeking behaviour among care givers, and eventually raised the number of cases in need of care and treatment. On the other hand, it increased the awareness among caregivers of the preventive measures to take to protect a child from the dangers of malnutrition.

Hundreds of children were diagnosed with malnutrition and received treatment. Screening for malnutrition is now conducted alongside nutrition education for caregivers to enable them take preventive measures against malnutrition, as well as so that they can go to the health facility without delays. The screening increases the parents' responsibility on keeping their children safe and healthier.









# UGANDA



Action Against Hunger has been continuously operating in Uganda for 40 years delivering interventions in nutrition, WaSH and Food Security and Livelihoods. Currently, we work in the four districts Adjumani, Yumbe (Bidibidi and Lobule settlements), Kiryandongo and Kibuke (Kyangwali settlement).

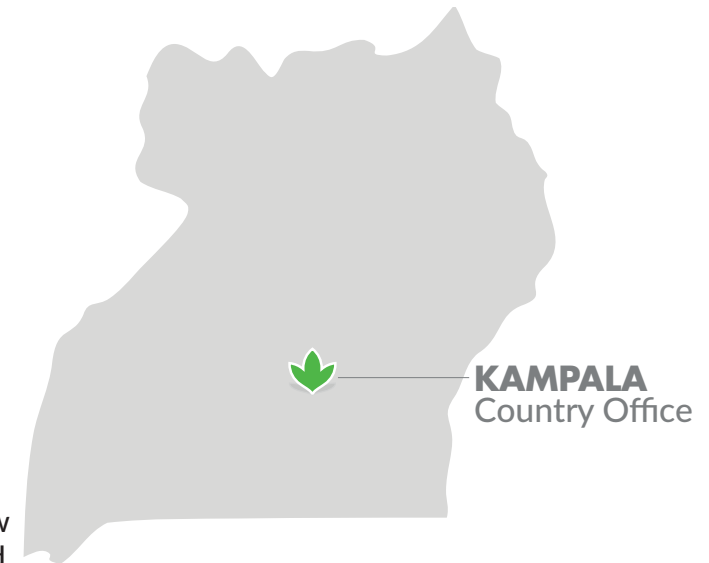
In an attempt to tailor Action Against Hunger's interventions to the needs of the target population in the Ugandan context, and in line with the Comprehensive refugees response framework led by the Office of Prime Minister, the mission was able to diversify its portfolio towards multi-year Livelihoods and Nutrition programmes. In particular, Action Against Hunger is gaining a strong position in the livelihoods and resilience sector through the introduction of the graduation model, which provides a set of interventions based on the vulnerabilities, skills, assets and financial status of our beneficiaries. This innovative approach is already

demonstrating tangible results, and generating interest among different partners in Uganda. It has been launched in 2018, and we continue to scale up the approach.

Likewise, Action Against Hunger is the main actor in the nutrition sector in Uganda, being the main WFP partner in the prevention and treatment of moderate acute malnutrition countrywide.

We also play a key role in the review of the maternal and child health and nutrition strategies at the national level through the success of the care group approach (a peer-based health promotion approach). Practice shows that care groups are associated with positive health seeking behaviour changes, increases in antenatal visit coverage and increases in facility utilisation.

The mission has invested in the use of digital tools and data-driven optimisation of Livelihoods programmes for



smallholder farmers in order to improve the agricultural production system to address food security, nutrition and climate change adaptation.

Action Against Hunger Uganda aims to become a leading partner in nutrition and gender-sensitive programming through the continuous promotion of innovative solutions, community-based approaches, and tighter collaboration with local partners, civil society organisations and the private sector.

# COUNTRY HIGHLIGHT

## SURVIVING MALNUTRITION: THE STORY OF BABY GLORIA SHUKURU

Harriet Neema, a single mother of four children, was forced to flee the Democratic Republic of Congo (DRC) at the onset of war in 2017. She fled to Uganda, and was settled in the Kyangwali refugee settlement with her family. While all this was happening, she continued to fend for her children despite the limited sources of livelihood. Meeting the food and basic needs of the family has always been challenging for Harriet. In February, she visited Maratatu D Health Centre II to seek treatment for her youngest child, Gloria, who was then six months. The clinician assessed the child, and diagnosed her with severe acute malnutrition. She looked exhausted and wasted with brown hair, but without oedema. The mother also reported that the child had experienced recurrent episodes of diarrhoea, had lost appetite,

and since Harriet was so busy, she had stopped breastfeeding Gloria. True to her name, Gloria Shukuru would be one of our fastest recoveries; Shukuru means thanks in Swahili.

Following that assessment and history, Gloria qualified to be among the 200 patients that would receive the integrated management of acute malnutrition kits that contains water treatment tablets, sanitary soap, water storage containers and a potty. Gloria's mother also benefited from counselling sessions on inclusive breastfeeding, hygiene and sanitation sessions and cooking demonstrations. The community nutrition teams made occasional follow-ups on Gloria to monitor her progress and support her quick recovery.

Harriet received three counselling sessions, after which she resumed breastfeeding. Gloria was one of our fastest recoveries without any relapses; she was completely cured by the second follow-up visit. Harriet reports that when she started washing her hands after cleaning and before feeding her child, and ensuring that the utensils were clean before using them, Gloria stopped having diarrhoea.

**THE COOKING LESSONS TAUGHT ME A LOT, AND I APPLIED MOST OF THE HYGIENE PRACTICES YOU TAUGHT ME. I HAVE ALSO BEEN ABLE TO SPREAD WHAT I HAVE LEARNT TO MY ENTIRE NEIGHBOURHOOD, SAID HARRIET.**





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**FOR FOOD.**  
**AGAINST**  
**HUNGER**  
**AND**  
**MALNUTRITION.**

**FOR CLEAN**  
**WATER.**  
**AGAINST KILLER**  
**DISEASES.**

**FOR CHILDREN**  
**THAT GROW**  
**UP STRONG.**  
**AGAINST LIVES**  
**CUT SHORT.**

**FOR CROPS**  
**THIS YEAR,**  
**AND NEXT.**  
**AGAINST**  
**DROUGHT**  
**AND DISASTER.**

**FOR CHANGING**  
**MINDS.**  
**AGAINST**  
**IGNORANCE**  
**AND**  
**INDIFFERENCE.**

**FOR FREEDOM**  
**FROM HUNGER.**  
**FOR EVERYONE.**  
**FOR GOOD.**

**FOR ACTION.**  
**AGAINST**  
**HUNGER.**

