Key Findings

Total Beneficiaries in 2018:

- **104,117**: Individuals reached with lifesaving nutrition and health programs.
- **253,874**: People reached by WASH interventions.
- **10,838**: Individuals reached by our food security and livelihoods programs, including cash transfers.

**Budget**: $4.92 M  
**Staff**: 180  
**Donors**: Crystal Springs Foundation, EUTF, MAE, SIDA, WFP

Where We Operate

Mandate and Mission

Action Against Hunger has operated in Uganda since 1980. In 2018, the country saw an overall global acute malnutrition (GAM) prevalence of 3.6%. However, in the areas where Action Against Hunger operates, the refugee and host communities experience significantly higher rates of undernutrition. As seen in Yumbe, the GAM rate for the refugee and host community stands at 11.8% and 9.7% respectively. In Adjumani, the GAM rate for the refugee and host community is 11.8% and 5.7% correspondingly. Action Against Hunger aims to increase access to lifesaving malnutrition treatment while also providing long term solutions to hunger for all communities.

Strategic Objectives

**Objective 1**: To increase demand of acute malnutrition services

**Objective 2**: To prevent undernutrition and promote resilience of nutritionally vulnerable populations

**Objective 3**: To identify and anticipate nutritional risks through research on:  
- Preventing undernutrition  
- Treating undernutrition  
- Effectiveness of our response
Objective 1: To increase demand of acute malnutrition services

Increasing detection and early presentation

We are prioritizing interventions that identify children suffering from acute malnutrition earlier, resulting in those children getting treatment faster. Early detection of acute malnutrition can decrease mortality and morbidity of children with severe acute malnutrition (SAM) and reduce program costs.

We do this through....

| 110 | Active Care Groups |
| 31,275 | Caregivers trained on Family MUAC |

Increasing availability and accessibility of treatment

We are reinforcing the capacity of health care providers (including Community Health Workers) and local government partners to improve the effectiveness, cost-effectiveness and coverage of services for the management of acute malnutrition in order to reach more children who are in need of treatment.

We do this by...

| 383 | District health & nutrition staff trained and provided technical assistance to build capacity |
| 67,365 | Individuals received curative and preventative nutritional supplementation |

Objective 2: To prevent undernutrition and promote resilience of nutritionally vulnerable populations

Increase disaster and seasonal resilience for nutrition

Environmental shocks and high seasonal fluctuation impact undernutrition rates, so building resilience for nutrition is crucial. Action Against Hunger support the capacity of household and communities to minimize the impact of shocks and stresses on the GAM rate or to quickly return to the pre-disaster situation.

We do this by...

| 6,155 | Individuals received Cash and Voucher Assistance |
| 3,569 | Individuals trained on livelihood and economic support activities |

Protect the 1000-day window

The 1000-day window refers to the period between conception and the child’s 2nd birthday and is a crucial time for the healthy development of a child. We therefore promote a package of interventions that target this critical window. These interventions range from water and sanitation activities to promoting optimal infant and young child feeding practices to diversifying diets of pregnant and lactating women.

We do this by establishing...

| 123 | Improved water points built to reduce the prevalence of diarrhea in children <5 |
| 2,341 | Latrines built in households, schools, health centers and others |
**Optimize resources, knowledge and decision making for nutrition**

The multi-causal nature of acute malnutrition is due to three primary elements: access to food, care practice and environmental health. These elements interact in a dynamic relation linking household decision making, available resources (including livelihood or water/sanitation assets) and knowledge (including hygiene and infant care practices).

We do this through...

- **6,510** Hygiene kits distributed to households, health centers, and schools
- **2,404** Individuals trained on best WASH practices

**Research**

At Action Against Hunger Uganda, we recognize that research allows us to design programs that effectively and sustainably address undernutrition from its root causes. In 2019, our research priorities include improved targeting in cash interventions, the use of cash versus Super Cereal Plus in Maternal and Child Health Nutrition programs, and care groups effects on care seeking behaviors. We also currently support the ongoing research project on Modeling Early Risk Indicators to Anticipate Malnutrition (MERIAM). Through MERIAM, we will be able to precisely and accurately identify context-specific drivers of acute malnutrition.

**Our Niche: Care Groups**

Through its network, Action Against Hunger has deep knowledge and experience executing the Care Group approach drawing from direct implementation experience in Cambodia, Nigeria, Uganda, Haiti, and Madagascar. In Uganda, Action Against Hunger employs the ASPIRE methodology with groups of 10-15 volunteers who each support a mother/father neighbor group of 10-15 members on a monthly basis. The approach combines cascaded, peer education and peer support methods with comprehensive coverage. Our research shows that Care Groups are associated with positive health seeking behavior changes, increases in antenatal visit coverage and increases in facility utilization.

Both the development and the implementation of the approach has been an iterative process. Action Against Hunger adapts the approach and the curriculum to best address the nuances in a given context. We also take lessons learned from previous implementation and apply them to future programming to enhance the model and to respond to the evolving needs of communities. Currently, we are building out our program to better incorporate men. Prior assessments highlighted low engagement due to the curriculum being tailored to a female audience. We are now intentionally creating lessons, information, education & communication materials and spaces that will allow for both Ugandan men and women to fully participate in Care Group activities.