The information generated from this study is important in designing context specific nutrition interventions in the district and formulating customized action plans.

A Stakeholder Mapping and Capacity Assessment exercise was also conducted to examine institutional arrangements and capacity to plan, budget and manage the multi-sectoral nutrition programs in Moyo district.

The Moyo DNCC has been trained on nutrition governance and supported to use reporting templates and monitoring tools previously developed as part of the Standard Operating Procedures for nutrition governance. The reporting templates and monitoring tools are currently in use by the district for program implementation.

The DNCC, SNCC and TCNDC conducts monthly monitoring and supervision visits and quarterly meetings to assess progress of program implementation.

Financial and resource mobilization

A costed Multi-Sectoral Nutrition Annual Workplan (FY 2019/2020) was developed and approved through the office of the Chief Administrative Officer (CAO) to ensure implementation of Nutrition actions in the district.

Eight (8) sub counties and one town council have had their Nutrition Action plans approved by their respective councils. Activities from their workplan are being implemented in the district.

Communication for nutrition social change and Advocacy

A total of 235 PDOs, PAL instructors and Community Development Officers were trained on the Family Nutrition Practices as change agents for nutrition to enhance their ability to implement and supervise Multisectoral nutrition actions at sub county/Town council level.

PAL instructors were trained on Key Family Care Practices as change agents for nutrition through integration of nutrition messages in their curricula.

The results from the National Housing and Surveillance Survey conducted in December 2016. Currently, Itula Sub County has an influx of refugees from South Sudan starting February 2017. The refugee household size was 5.3

Moyo district is in the North Western region of West Nile region of Uganda. The Nile River forms its southern and eastern border. South Sudan to its northern border, and Yambio and Aria districts its western border. Administratively, Moyo district is divided into two Councils namely, West Moyo and Gaguri.

The following are the peri-urban and rural population distribution by sub-counties.

### Sub-Counties

<table>
<thead>
<tr>
<th>Sub-Counties</th>
<th>Town Council</th>
<th>Villages</th>
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</thead>
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<td>44</td>
<td>242</td>
<td>3,644</td>
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The results from the National Housing and Population surveys for Moyo district indicated a total population of 127,489 of which 61,507 were males and 66,259 were females. Total number of households was 25,594 and the average household size was 5.3. Moyo district was impacted as an influx of refugees from South Sudan starting from December 2016. Currently, Itula Sub County is a host to the refugee population totaling 189,360 (UNHCR, August 2017).

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### ADVOCACY BRIEF ON STRENGTHENING NUTRITION GOVERNANCE FOR MULTI-SECTORAL RESPONSE

#### DISTRICT PROFILE

Moyo district is in the North Western region of West Nile region of Uganda. The Nile River forms its southern and eastern border. South Sudan to its northern border, and Yambio and Aria districts its western border. Administratively, Moyo district is divided into two Councils namely, West Moyo and Gaguri.

#### POPULATION 137,489

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### DEVELOPMENT INITIATIVE FOR NORTHERN UGANDA

This Quick Impact Intervention (QII) was designed to address the following key concerns:

1. Improve food security and nutrition in the most vulnerable areas of the district.
2. Strengthen community and local governance systems to improve food security and nutrition outcomes.
3. Enhance the capacity of local authorities and communities to address food security and nutrition challenges.

These initiatives were implemented with the financial support of the European Union and were designed to achieve the following outcomes:

1. Increased food security and improved nutrition in targeted communities.
2. Strengthened community and local governance systems to improve food security and nutrition outcomes.
3. Enhanced capacity of local authorities and communities to address food security and nutrition challenges.

The following are the key activities that were implemented under this initiative:

1. Community-based food security and nutrition interventions.
2. Strengthening local governance systems.
3. Capacity building of local authorities and communities.

These activities were implemented in collaboration with local authorities and communities in the targeted sub-counties, and aimed to improve food security and nutrition outcomes through targeted interventions.

This initiative was successful in achieving its outcomes, as evidenced by the following key results:

1. Increased food security and improved nutrition in targeted communities.
2. Strengthened community and local governance systems to improve food security and nutrition outcomes.
3. Enhanced capacity of local authorities and communities to address food security and nutrition challenges.

These results were achieved through a collaborative approach that involved local authorities, communities, and stakeholders at various levels.

This initiative was designed to be scalable and replicable in other regions of Uganda with similar food security and nutrition challenges. The lessons learned from this initiative will be used to inform future interventions in the region.

This initiative was funded by the European Union and implemented by UNICEF in close collaboration with local authorities and communities.

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NUTRITION, WASH AND HEALTH STATUS OF THE DISTRICT

**NUTRITION STATUS**
- FSNA baseline (2019) 65% of households are food insecure
- FSNA baseline (2019) 34% of households have food stocks

**HEALTH INDICATORS**
- FSNA baseline (2019) 30% Malania
- FSNA baseline (2019) 5% Diarrhea
- FSNA baseline (2019) 3% Acute Respiratory Infections

**INFANT AND YOUNG CHILD FEEDING PRACTICES**
- Continued breast feeding (2yr) 14%
- Min. diet diversity (6-23mo) 80%

**WASH STATUS**
- FSNA baseline (2019) 58% Handwashing
- FSNA baseline (2019) 60% Toilet coverage

**INFECTION OUTCOMES**
- FSNA baseline (2019) 25% Anaemia in children
- FSNA baseline (2019) 80% Infections

**NUTRITION GOVERNANCE FRAMEWORK**

**WHAT IS NUTRITION GOVERNANCE AND WHY IS IT IMPORTANT?**
Good nutrition governance entails making adequate policy decisions in a timely manner, committing the necessary financial and organizational resources to their effective implementation, i.e. ensuring that benefits reach most of the population, preferably the most vulnerable. It also entails a sustained political commitment to ensure that nutrition programs and policies can withstand threats and constraints from changes in district leadership, political and socioeconomic upheavals (Solon 2007).

**NUTRITION GOVERNANCE ACTIVITIES SUPPORTED IN THE DISTRICT**

**INTERVENTIONS**
- FSNA baseline (2019) 38 stakeholders supporting all the interventions.
- FSNA baseline (2019) 18 (47%) of stakeholders are for Nutrition specific, implementing Nutrition specific and sensitive interventions as well as and creating an enabling environment for Nutrition implementation within the district. In total, 10 (14%) of stakeholders are for Nutrition specific, 15(40%) for Nutrition sensitive and five (13%) partners supporting all the interventions.

**STAKEHOLDERS**
- FSNA baseline (2019) 38 stakeholders either overseeing or implementing Nutrition specific and sensitive interventions as well as and creating an enabling environment for Nutrition implementation within the district. In total, 10 (14%) of stakeholders are for Nutrition specific, 15(40%) for Nutrition sensitive and five (13%) partners supporting all the interventions.

**HEALTH INDICATORS**
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