

THE FORT PORTAL FOOD SYSTEMS LAB



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Blog Magazine





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About the Fort Portal Food Systems Lab

The Fort Portal Food Systems Lab is a research and innovation initiative aimed at improving nutrition in Fort Portal City and Kabarole District in Uganda by strengthening the diversity, sustainability, resilience and connectivity of food systems.

As early as 2015, when KRC, Hivos and IIED convened the Food Change Lab, KRC's engagement with Food Systems Approach methodically commenced. Through this approach, KRC works to achieve food security, improve nutrition and promote sustainable transformation of the food System.

Acknowledgements

KRC Uganda is coordinating the Food System Lab in Fort Portal City by working with a diversity of local and national stakeholders to address systemic challenges of a broken food system to promote sustainable food choices and policy implementation.

The Fort Portal Food System Lab is now in its *Fourth Phase* with partnership of HIVOS under the Health Food Africa Project funded by the European Union.

Special acknowledgement is also extended to the partnership of Broederlijk Delen and

Iles de Paix who support implementation of specific activities, including:

- Creation of community awareness on nutrition through food and cooking demonstrations and capacity building of Village Health Teams (Broederlijk Delen)
- Capacity strengthening of food system actors, especially, Nutrition Coordination Committees, Street Food Vendors, Coalition of the willing, women and youth and other local actors (Ile de Paix)

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Introduction

Tackling malnutrition and its consequences is a systemic challenge. As such, the Food System Lab's multi-stakeholder approach based on comparative contributions of all actors towards a shared goal. The main goal of the Food System Lab is to influence sustainable, resilient and equitable production and consumption of diverse, nutritious and safe food for all.

The Fort Portal Food Systems Lab in particular influences communities and local policy makers on production and consumption of diverse, nutritious and safe foods in order to contribute to the reduction of stunting and other forms of malnutrition in the Tooro sub region.

This magazine is a collection of articles written based on selected engagements of the Fort Portal Food Systems Lab actors since its inception.

Community perception of the burden of malnutrition and child stunting in the Tooro Sub Region

The burden of malnutrition

In 2016, the Toro Sub Region was put in the spotlight for its soaring burden of malnutrition and child stunting (UDHS, 2016). Anthropometric indicators for young children were collected to provide outcome measures of nutritional status. It was found that the region's stunting rate for children under the age of five stood absurdly at 40.6 percent, above the national average of 29 percent. Since 2016, stunting rates in Uganda have continued to decline, but at a slow pace, to a prevalence of 28.9 percent (Global Nutrition Report, 2020). However, these figures are still unacceptably high. According to UNICEF¹, malnutrition threatens to destroy a generation of children in Uganda.



Parents need to plan quality time to prepare nutritious food for families

¹ UNICEF, <https://www.unicef.org/uganda/what-we-do/nutrition>



Nutritious food is inexpensive and can be grown by households in their backyard on small spaces

KRC's evolving response to malnutrition

These shocking findings raised overwhelming concern for Kabarole Research and Resource Centre (KRC Uganda), the community, local government and development partners. KRC Uganda has since partnered with Kabarole District Local Government, Fort Portal Tourism City² and non-state actors, including HIVOS, Health Food Africa, Broederlijk Delen, Iles de paix and the Coalition of the Willing (CoW) to raise public awareness of the problem, aimed at stimulating proportionate response in fixing the underlying food systems challenges responsible for the burden of malnutrition and child stunting.

Community perceptions of malnutrition

Part of the Fort Portal Food Systems Lab work involves continuous engagement with food systems actors to situate the problem. Accordingly, KRC Uganda, alongside Kabarole District Nutrition Coordination Committee (DNCC) and Coalition of the Willing (CoW), a consumer advocacy group picked interest in understanding the community's perceptions on the possible risk factors to the high burden of malnutrition in the communities.

A knowledge exchange with communities was conducted using radio magazines, where people's views were gathered and recorded from the community conversations conducted in the Sub County of Rutete, Mugusu and Kasenda Town Councils. The study areas were selected based on the findings from the dietary diversity scores' study conducted using food diaries by KRC in 2017. The study had revealed that households in the selected areas scored dismally low in dietary diversity a key risk factor to malnutrition.

Conversations were held with community leaders, Village Health Teams, Community Health Workers and community members through experience sharing, presentations of evidence-based information, brain storming on ideas, including questions and answers (QAs). The conversations were conducted as guided by two key objectives, namely: (1) To obtain community views on the risks and causal factors of the high burden of malnutrition, and (2) To map out key stakeholders and define their roles in ensuring improvement in the nutrition situation of the communities. Following the community conversations, a nutrition themed radio magazine program was relayed on KRC FM Radio sponsored by Broederlijk Delen and HIVOS.

² Fort Portal Tourism City was formerly Fort Portal Municipality before it was elevated to city status in

Risk factors in the spotlight of the malnutrition burden

Arising out of the community conversations, a number of risk factors attributed to malnutrition were raised by the community, including the major ones enlisted below:

- ⦿ **Income poverty:** The low-income facet of poverty at household level was emphasized to be one of the leading causes of malnutrition in the region. Due to low incomes, there are households that are unable to afford more than a single meal every day and the end result is malnutrition.
- ⦿ **The time factor:** Women noted that children are getting malnourished due to lack of ample time by women to care for them. They noted that men have left the family responsibilities to women and so they are doing all things possible to sustain their households. This has left women with no option but to rather leave their homes early in the morning and return late in the night in search for money, thus leaving the children without care.
- ⦿ **Limited or no knowledge on healthy food and nutrition:** In the interactions with the community leaders and members, the knowledge gap on healthy diets was noted as a chief risk factor to all forms of malnutrition in the region. Other members noted that actually households produce diverse, safe, nutritious and healthy food in bulk but they sell it all to purchase unhealthy food such as junk foods, highly processed food and highly carbonated drinks. This results from knowledge gaps on healthy diets.
- ⦿ **Child neglect by parents or caretakers:** It was noted that the trend of child neglect by parents and or caretakers is on a rise. The participants revealed that actually young children are left home under the supervision of their fellow children as parents go out to look for money in the markets. In this way, the children end up having days without meals since there is no body to prepare or plan for nutritious meals suitable for the children and other household members.
- ⦿ In other instances, young mothers deliver children and hand them over to the elderly in villages to take care of them with little or no support towards children's nutrition needs. The elderly people tend to feed the children on any available food since they do not move or they are too weak to fend for the children.
- ⦿ **Poor food choices and preferences:** Food choices are undergoing constant change, from indigenous food to new varieties and highly processed foods. Many people prefer highly processed, fast food, carbonated drinks which are low in nutrients compared to locally processed indigenous foods that retain a higher nutrient content.
- ⦿ It was also noted that currently, children in many households have taken on the role of decision making on food choices and thus, there is need to ensure that children have an understanding of the healthy and nutritious food. Choice of unhealthy and innutritious food could contribute to malnutrition.
- ⦿ **Excessive selling of food:** It was noted that many households are actually producers of nutrient dense foods. Nonetheless, the biggest proportion of the food is sold off to meet other important needs like education and health.
- ⦿ **Poor breast feeding practices:** Poor breastfeeding practices are common amongst young mothers who lack the knowledge and experience. Poor breastfeeding is also common with working mothers who spend more time at their work stations leaving home their breastfeeding babies without alternative proper feeding options.
- ⦿ Some young mothers on the other hand have a poor mentality of breastfeeding as they think breastfeeding will make their

breasts floppy. All these deny children a right to breastfeeding and may result into malnutrition.

- ⦿ **Mind set and poor meal planning:** The mind is key in making food choices, it was noted that many people have a poor mindset about indigenous nutrient dense foods like yam, sweet potatoes, cassava, pumpkin, millet, soy, beans, indigenous vegetables among others as they are considered local food for the poor. This deprived mind set has left many to consume unhealthy food that is considered modern and for the rich. This has grossly left many children micro nutrient deficient or over weight (obese).
- ⦿ Meal planning on the other hand is linked to mind set and it has been noted that many households do not focus on healthy meal plans but rather consider consumption of unhealthy food due to the dietary paradigm shift.
- ⦿ **Diet monotony:** One scholar, [John A. Hannah](#), called it “*Dietary Danger*”. This was also highlighted as one of the major risk factors for malnutrition. It was noted that many families are dependent on the same type of food over and over especially matoke (banana) whose nutrient composition is majorly water and minute traces of proteins and carbohydrates.
- ⦿ **Poor cooking methods:** It was revealed that some households have healthy and diverse food but they do not know right cooking procedures. As a result, some foods such as vegetables are over cooked and thus end up losing their valuable nutrients. The other risk factor is that foods are cooked with excessive fat, burnt onions and other spices which might be hazardous to human health.
- ⦿ **Increasing teenage pregnancies:** Anecdotal data suggests that teenage pregnancies have been on the rise in the region. Leaders noted that young girls are giving birth to children with no or limited skills in child care. This has left many children at risk of malnutrition in due course as they receive limited care from their inexperienced and resource poor mothers.
- ⦿ **Population pressure:** During the sessions, population rise was discussed to be a major risk factor to malnutrition. It was noted that due to increased population at both household and community level, there has been limited land for cultivation of food in some areas. On the same matter, community noted that some households are highly populated and with limited resources to purchase nutritious food thus leaving them at increased risk of malnutrition.
- ⦿ **Rural-urban youth migration:** Following the increasing pace of urbanization of the region, many youths and energetic individuals have migrated to urban areas to look for jobs thus leaving the villages with limited man power for food production. This has certainly reduced on the food being produced to meet the increasing population food demands which may increase the risk of food insecurity.
- ⦿ **Poor sanitation and hygiene practices at household level:** It was clearly indicated that some households have very poor sanitation and hygienic practices that always result into diarrheal illnesses especially in children.
- ⦿ The illnesses are a great risk factor of malnutrition as it leads to loss of body nutrients, loss of children’s appetite for food. These could result into malnutrition in the long run.

Stakeholder mapping for an effective malnutrition response

In the second objective of the community debate on the burden of malnutrition in the Tooro Sub Region, a mapping of stakeholders was done to suggest the roles of each stakeholder in alleviating malnutrition. Five key stakeholders were enlisted, including; (1) parents/ caretakers, (2) Village Health Teams (VHTs)³ / community health workers, (3) community leaders (political, church and cultural leaders), (4) civil society organizations and (5) the private sector.

The following are the roles deserving of each of the stakeholders and affirmed by participants during the discussions.

(1) Parents/ Caretakers

- Create time and care for their children
- Make right dietary choices for their children
- Plan and prepare nutritious and safe food for their household members
- Ensure that they prioritize the health and nutrition status of their children
- Grow and or purchase nutritious food for their households
- Ensure optimal Infant and Young Child Feeding (IYCF) practices like breastfeeding and appropriate complementary feeding

³ **Village Health Teams (VHTs)** are community volunteer structures established by the Ministry of Health in Uganda to empower communities to take part in the decisions that affect their health; mobilize communities for health programs, and strengthen the delivery of health services at house-hold level.



Orugali Campaign educates communities on issues of dietary diversity food safety with lessons drawn from traditional diets and nutrition practices

(2) Village Health Teams (VHTs) / community health workers

- Conduct home visits and do nutrition and health surveillance at village level
- Make referrals of malnutrition to the health units
- Conduct health and nutrition education at the village level
- Timely report on the village health and nutrition situation

(3) Community leaders (political, church and cultural leaders)

- Regularly organize community health assemblies
- Enforce the health policies and regulations at community level
- Conduct home visits and guide the community on what to do to prevent malnutrition and ill health
- Participate in community sensitizations on nutrition, food security and health

(4) Civil society organizations

- Extend the health and nutrition sensitization sessions at village level.
- Participate in community health assemblies.
- Provide guidance to community members on health and nutrition practices.
- Train the community leaders and VHTs on community health and nutrition surveillance and community engagements.
- Support livelihood programs at community level to eradicate poverty and improve household incomes.
- Provide technical support to community leadership, VHTs and households on health, food production and nutrition matters.

Recommendations and action



Production of nutrient dense foods need to be demonstrated at community level to facilitate nutrition knowledge diffusion to the households

- ◉ Community sensitization on nutrition needs to be conducted at village level by the stakeholders (CSOs, private sector, government, VHTs, Community Health Workers)
- ◉ Development partners should facilitate food preparation and cooking demonstrations at village level to allow participation of the primary beneficiaries
- ◉ Community leaders and VHTs must conduct home visits to ensure enforcement of policies and ordinances on food production and other health requirements.
- ◉ Community awareness campaigns on nutrition and health must be prioritized by the organizations and community leaders during the village meetings
- ◉ Government and development partners should train VHTs, community leaders, and community health workers on food and nutrition security as well as prevention and management of malnutrition
- ◉ Promotion of indigenous food production at village level must be prioritized by leaders, CSOs and private sector
- ◉ Government, civil society and social enterprises should prioritize implementation of community livelihood programs to eradicate poverty. Government service delivery programs should be effectively monitored to ensure that they serve their intended objectives

Conclusion

There exists a huge information gap on nutrition in the communities, particularly on prevention, causes, effects and management of malnutrition as well as proper and health diets for eradication of malnutrition in the region. The community views on the risk factors to the burden of malnutrition need to be considered at the different levels of programming so as to create an enabling environment in which stakeholders collaborate efforts to improve the appalling nutrition situation in the region.

Resources

Global Nutrition Report, 2020. [Country Nutrition Profiles](#)

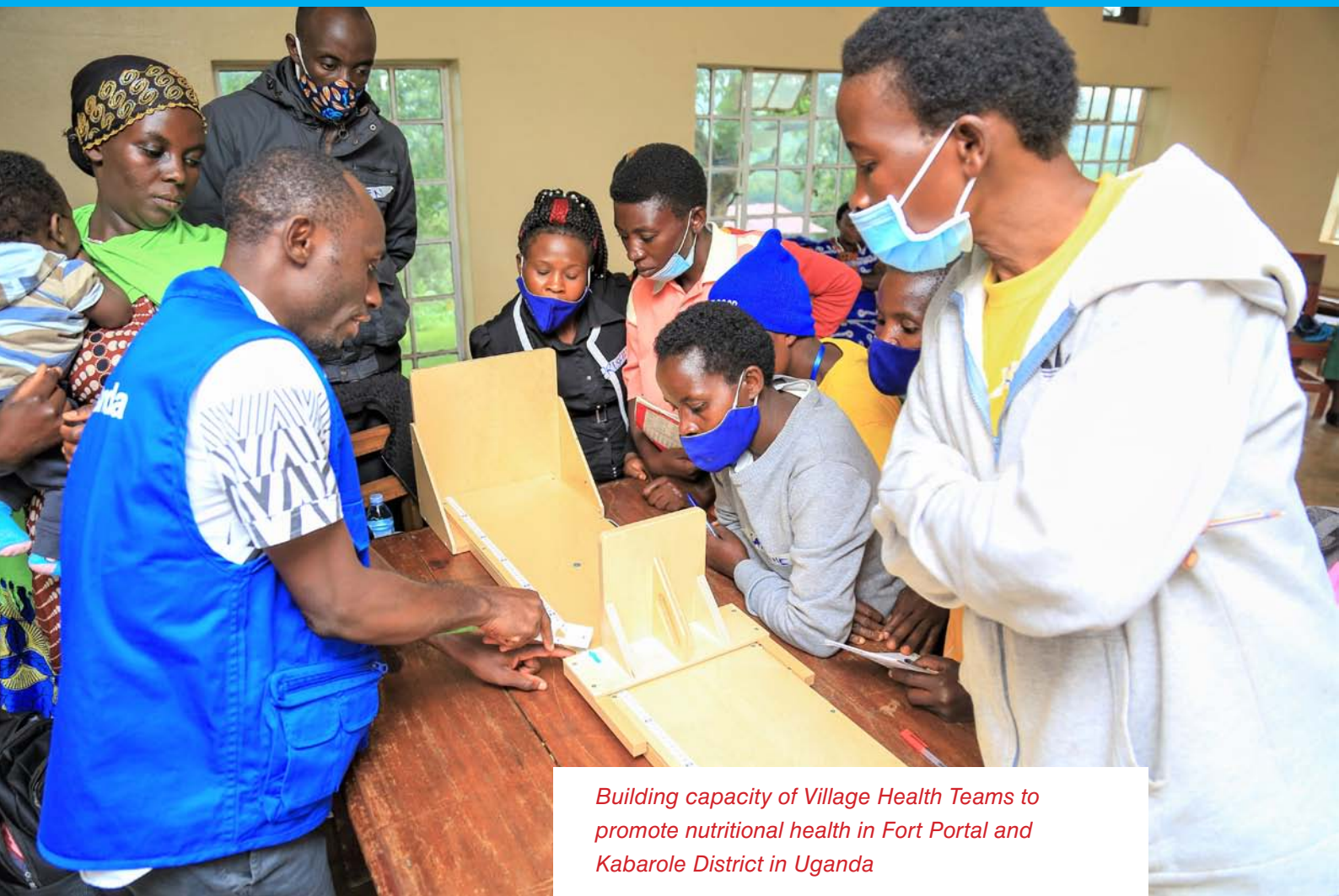
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BUILDING CAPACITY OF VILLAGE HEALTH TEAMS TO PROMOTE NUTRITIONAL HEALTH IN FORT PORTAL AND KABAROLE DISTRICT IN UGANDA



Building capacity of Village Health Teams to promote nutritional health in Fort Portal and Kabarole District in Uganda

Malnutrition is a public health issue affecting mostly vulnerable groups of people, including young children, lactating and pregnant women. The magnitude of problem requires that malnutrition is accorded a public health response. The Uganda Food and Nutrition Policy (2003) calls for a coordination of activities of all government institutions, Non-Governmental Organizations

and Community Based Organizations involved in food and nutrition programs in their areas of jurisdiction; to ensure that the community is adequately sensitized and mobilized for food and nutrition programs.

In the Fort Portal Food Systems Lab, KRC Uganda works with the Village Health Teams (VHTs) as frontline stakeholders in sensitizing

communities on nutrition. This role is in-line with their official mandate as established by the government. Uganda adopted the Village Health Teams (VHTs) strategy in 2001 as a bridge in health service delivery between community and health facilities. Amongst other roles, VHTs mobilize communities for health actions, promote health to prevent disease and keeps village records up to date.

To enhance this community collaboration for better nutrition outcomes, KRC Uganda conducted a study on community perceptions on the burden of malnutrition and child stunting in the Tooro Sub Region amongst different food systems stakeholders including farmers, Village Health Teams (VHTs), District Nutrition Coordination Committee and community members among others to understand the primary risk factors to the high burden of malnutrition as well as seek public opinion on the priority areas to curb malnutrition. From the study, it was noted that the knowledge gap on nutrition among community members was one of the foremost risk factors to the malnutrition burden. It was also recommended that the capacity of the Village Health Teams and community leaders be strengthened to support in community sensitization, nutrition active case finding, referral and follow-up of cases. As such, KRC prioritized building capacity of the Village Health Teams and community leaders through training sessions on food and nutrition to enhance their knowledge on nutrition in order for them to effectively carry out their roles. Overall, One seventy-six (176) VHTs and local leaders were trained in Karangura, Harugongo and Kichwamba Sub Counties in Kabarole District. They were also

re-oriented in their roles and responsibilities in community mobilization and sensitization.

At the local level, VHTs remain a poised structure, playing a pivotal role in promoting proper nutrition and healthy living. However, in order to perform their roles more efficiently to curb malnutrition, the capacity of VHTs and local leaders needs continuous strengthening in order to deal with emerging issues and also diffuse new knowledge in order to handle nutrition issues in an ever-changing context. VHTs and local leaders also need to be equipped to do their job. For instance, they need Information, Education and Communication (IEC) materials to aid them during health and nutrition education and some form of motivation. It should be noted that the VHTs structure plays a more voluntary role and many times lack facilitation to operate beyond their available means. The working conditions of VHTs are largely representative of the broader challenges of the public health system in Uganda; from poor staff motivation to lack of basic tools. Following the training, VHTs and Leaders committed to be ardent ambassadors of the nutrition message in their communities.

References

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WORKING WITH THE MEDIA TO KEEP THE FOOD SYSTEMS DISCUSSION ON THE AGENDA



Working with the media to keep the food systems discussion on the agenda

Across different fora, stakeholders in the Fort Portal Food Systems Lab have noted a glaring knowledge gap on what constitutes good nutrition among the population. By far, this is the greatest risk factor for the burden of malnutrition in the Tooro sub region. In addition, the Food System actors have observed the potent problem of food safety in the region. Anecdotal data from what is seen and studies done by KRC on food safety revealed blatant facts that pit the population on the risk of contracting food borne diseases.

Stakeholders in the food lab have continuously flagged the idea of creating mass awareness on issues of food systems, nutrition and food safety. Accordingly, KRC in partnership with Iles de Paix and HIVOS purposely undertook to engage the media in Tooro sub region through their journalists' associations by training them in food systems, nutrition and food safety. The training aimed at equipping them with evidence-based information that they can cascade to the community through their different media outlets. 30 journalists from the different local and national media were trained and introduced to the key elements of food systems, including the actors, food and nutrition, malnutrition and food safety.

Upon completion of the training, the media practitioners and KRC committed to the following:

- ◉ Ensure prioritization of food and nutrition messaging in the media
- ◉ To be at the forefront of food and nutrition advocacy, research, reporting and community awareness
- ◉ The media houses shall purposively create weekly slots to relay messages on food systems and nutrition
- ◉ To be more proactive in documenting and reporting food and nutrition related news and stories in the different media
- ◉ Food and nutrition researches shall be disseminated using the different media channels for popularization and information utilization
- ◉ KRC and development partners to continue availing research findings on food and nutrition to the media for dissemination
- ◉ KRC, development partners and media to collaborate in expanding community sensitization on different issues of food systems
- ◉ KRC and development partners to develop information materials to guide journalists in their engagements
- ◉ The media houses to prioritize hosting food systems and nutrition experts to relay information to the public
- ◉ KRC and development partners to continually build capacity of the journalists in new and emerging issues of food systems

Working with media and building their capacities is part and parcel of KRC's agenda setting strategy to bridge the knowledge gap on food systems. The idea is to harness the role of media influencing what people know about food systems and creating a sense of urgency about those issues.

GROWING CITIES, INCREASING FOOD SAFETY CHALLENGES: CASE OF FORT PORTAL TOURISM CITY

Consumption of contaminated food is a growing concern for urban food systems in Uganda. The capacity to manage urban waste for new and sprawling urban centres remains marginally low. The urgency to provide food to the growing urban population through informal food systems is faced with many challenges. Most often, street food vending, meat abattoirs, farmers' markets and small-scale food processors operate in unhygienic environments. In growing urban centres, sights of food prepared, served or sold in close proximity to heaps of refuse are common place. A case in point is Fort Portal City, as one of the newly created cities in Uganda. The city is gazetted a regional tourist hub, and facing increasing influx of new populations in hope of tapping into the vast economic and social opportunities. The City's hinterland and neighbouring districts are known for the good and conducive climate and fertile soils that support agriculture and massive production and exportation of food to the neighbouring cities, towns and countries.

As the city grows, it's also facing challenges of managing urban waste posing a risk to food contamination and other atrocious public health outcomes.

It's worth noting that access to diverse, nutritious and safe food is every person's human right. These rights are however being silently denied from the food consumers through a broken food system and unregulated food management practices.

Food safety is a key component in building a healthy and productive population. At all levels of the food system, there is need to administer optimal food safety handling procedures to enable maintenance of food safety.

Minimum standards of food sanitation and hygienic practices at different stages of food handling can save a great deal of human life and protect people from food borne illnesses that result from consumption of contaminated food.



Unhygienic food handling can be such a disturbing sight to any food consumer. The state of this abattoir that serves Fort Portal City should be a concern for everyone, more so, the Fort Portal City Authority



A food stall close to a heap of refuse in downtown Fort Portal Tourism City. There is need for City Authorities to provide descent and inclusive spaces for sale of food by vendors who may not afford high costs of renting business premises in the growing city

Kabarole Research and Resource Centre (KRC) in partnership with Kabarole District and Fort Portal Tourism City with funding from [HIVOS](#) and [Health Food Africa](#) conducted an inspection of the food markets and preparation points including farmers' markets, abattoirs, food kiosks, restaurants and hotels in Fort Portal Tourism City to understand the food safety situation at the different food handling points.

From the study, it was observed that the urban and transit populations are at increased risk of contracting food borne diseases and victims of food poisoning.

The findings revealed a high risk of food contamination as food was found to be prepared, served and sold in a state that makes it unsafe for human consumption. From the study, it was found out that:

- ⊙ In the urban food markets, placing food on unclean surfaces or directly on the ground is very common
- ⊙ There is widespread selling of food in dirty places and close to landfills

- ⊙ Food handlers do not cleanse their hands and equipment while handling food
- ⊙ Food handlers operate in unhygienic conditions such as poorly maintained sanitary places, animal breeding or feeding areas
- ⊙ Slaughtering animals is done in substandard abattoirs with poor drainage system and dirty surfaces

All the above practices increase the risk of food contamination that may result into food poisoning and food borne diseases. It's a call to all food handlers to adhere to appropriate food handling protocols to ensure maintenance of food safety for human consumption. There is also need for the city authorities to enforce adherence to food handling protocols. They should also ensure that appropriate measures are put in place to maintain sanitation and hygiene in the markets and any food handling points. To drive better and context specific advocacy outcomes, more research should be done on invisible food contaminants, including, metals, aflatoxins and indiscriminate use of dangerous food additives.

STRENGTHENING CAPACITY OF STREET FOOD VENDORS FOR GREATER PARTICIPATION IN URBAN FOOD SYSTEMS



FSL Partners' meeting during the fourth Food System Lab meeting

As early as 2014 when KRC began to work around the issue of urban Food Systems, Street Food Vending became a major entry point into the study of the working environment of street food vendors in Uganda. At the time, it became very clear that street food vendors were operating in a legally antagonistic environment, and against the 1935, Public Health Act. The old law outlaws the hawking of food on the street.

Nevertheless, times have changed and street food vendors now occupy significant space in informal urban food systems. Through continued advocacy on inclusive food systems and inclusive urban spaces for vulnerable groups, KRC has won partial gains in mobilizing, organizing and eventual recognition of street food vendors as indispensable actors in urban food systems.

This budding work has continued to this day. In our new engagement with Health Food Africa and Hivos in the Fort Portal Food System Lab,

KRC is building the capacity of the street food vendors to build strong and resilient street food businesses that can serve safe and nutritious food to the growing urban population and yet remain stable during socio-economic shocks like the outbreak of COVID-19 in March 2021.

From the urban perspective, the focus has been to prevent consumption of unsafe food in public eating places. There are many factors leading to the problem of unsafe food but poor hygiene and sanitation could be the main factors responsible for food contaminations.

Apparently, many sections of the urban poor and even the middle-income earners meet their food needs from street food prepared and served by vendors. However, a food safety study of food markets, public eating places and abattoirs in Fort-Portal City revealed appalling food handling working conditions in some of the places (KRC 2021). Another study entitled, "We are Hungry

“conducted by KRC in 2020 during the peak of COVID-19 also revealed that women street food vendors had their business completely run down during the lockdown.

Based on the above, KRC with funding from Iles de Paix and HIVOS conducted a training of 150 street food vendors from Fort Portal Tourism City in food safety. The training was meant to strengthen the capacity of the Street food vendors in areas of food hygiene to improve the food safety standards. Also, to strengthen their operational and finance management of their businesses, the vendors were trained in management and entrepreneurship.

At the closure of the training, the street food vendors and KRC agreed to the following commitments.

- ⊙ Vendors to be mobilized to participate in a bimonthly cleaning of markets and food spaces in the city
- ⊙ The vendors shall be mobilized to fundraise resources to purchase garbage collection buckets or dust bins at the different streets
- ⊙ The vendors shall adhere to the food safety protocols as stipulated by the city authorities
- ⊙ The vendors’ leaders together with health inspectors shall take lead in routine inspections of the vendors’ activities to ensure adherence to the food safety standards
- ⊙ KRC to continue sensitizing the vendors on food safety and support them to improve in areas that require attention.



- ⦿ The vendors to remobilize themselves to buy aprons for each of the members to ensure uniformity and hygiene on the street
- ⦿ The Vendors' SACCO to encourage all the vendors to join the Vendors association
- ⦿ KRC to continuously conduct assessments of the vendors to record progress in adopting to food safety standards in order to inform further programming
- ⦿ KRC together with other CSOs to continuously conduct re fresher trainings on food safety to vendors and restaurant owners

As a result of initial mobilization and organizing, the vendors reported that currently, they have a bigger advocacy platform than before and the Vendors' SACCO has enabled many of them to resume their businesses during the post COVID-19 times.

References

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LEVERAGING PARTNERSHIPS AND COLLECTIVE AGENCY TO IMPROVE FOOD SAFETY IN UGANDA

Food is inarguably a public good available to all people and this assertion is the foundation of the multistakeholder nature of food systems. The Fort Portal Food System Lab is leveraging on the multistakeholder approach through strategic partnerships to address the inherent bottlenecks to sufficient supply of healthy and safe foods to the population. Food safety problems occur at every step of food handling. So, in order to ensure that our food products are safe, it requires that all stakeholders in the food system, from the producer to consumer, work in harmony to design workable solutions.

Accordingly, from the inception of the Food Systems Lab project, KRC Uganda has worked to deepen partnerships in transforming food systems in the Fort Portal area. For instance, KRC Uganda uses Food Lab Stakeholder Workshops to converge ideas aimed at improving the food system. The recent FSL Workshop for example, emphasized the need to build effective partnerships as a solution to advancing collective agency in food systems transformation. Effective partnerships harness and benefit from the diversity of resources brought together by different partners to achieve a common goal. The following layers of stakeholders form a formidable partnership for the Fort Portal FSL.

The Fort Portal Food System Lab undertakes a multistakeholder approach through strategic partnerships to address inherent bottlenecks to sufficient supply of healthy and safe foods to the population.



FSL Partners' meeting during the fourth Food System Lab meeting.



Active participation of Local Government Leadership in the Fort Portal Food System Lab processes

Farmers

KRC trains farming households to take-up agro ecological farming methods aimed at promoting access and availability of safe food to the consumers. Through our farm extension model, KRC also trains farmers in safe postharvest practices to prevent food contamination. There is a growing movement of farmers who are setting up cottages industries to add value to crops and livestock products, and their capacities have been strengthened in value addition. In general, agro ecological methods provide primordial prevention of food safety challenges through reduced use of pesticides, synthetic fertilizers and antibiotics.

Food processors

KRC builds capacity of food processors in understanding and adherence to food safety protocols, food handling, food quality control and facilitates linkages for food safety certification for cottage food processors.

Food vendors

Street Food Vendors have been a special partner since KRC launched into the Food Lab discourse. KRC builds capacity of street food vendors in food handling, food hygiene and sanitation, and jointly conducts monitoring and inspections with urban authorities to ensure safety of street food.

Food ambassadors

Food ambassadors are influential leaders identified to influence behaviour change of their communities towards health diets. KRC empowers them with information on nutrition, food safety and healthy living. This information is then cascaded to their communities.

Coalition of the Willing (CoW)

CoW is a consumer advocacy group. KRC strengthens their capacity in areas of food systems governance and equips them with research evidence to support their advocacy

initiatives. In general, the Coalition of the Willing is supported to have a formidable consumer voice

Civil Society Organizations

Together with other civil society actors, KRC is engaged in joint advocacy, and resource mobilization. CSO partnership is essential for expanding outreach, leveraging on expertise, community mobilization and engagement.

Local government

In the FSL, KRC works with Kabarole District Local Government and the Fort Portal City Authority in local advocacy, joint planning, coordination, monitoring, supervision and enforcement.

Researchers and academia

KRC works with Mountains of the Moon University and National Agricultural Research Organization (NARO Rwebitaba), Dr. Clovis Kabaseke and Professor Moses Muhumuza on the subject of agroecology. KRC collaborates with researchers and academia for joint research, mapping, knowledge building and dissemination.

Media

Media partners spearhead the agenda setting aspect of the Fort Portal FSL. KRC has trained local and national media practitioners in understanding food systems and equipped with knowledge to continually relay that information on radio, television and in print.

Effectiveness of our partnerships

The success of our partnerships is reflected in the outcomes of the activities of the FSL. The FSL Workshops for instance serve as a convergence of minds, drawn from a range of food system stakeholders.

During the fourth FSL Workshop held on the 23rd February, 2022 gathered stakeholders who made the following deliberations on the state of food safety in Fort Portal City and its hinterland, Kabarole District.

- ⦿ It was noted that most of the food being produced currently has high levels of synthetic chemical compounds and heavy metals that are harmful to the health of the population. The actors related this to insufficient information available to the community on appropriate usage of chemicals in food production, processing and preservation. It was also observed that farmers and other actors in the food system have limited available safer options for improving food production, processing and preservation.
- ⦿ It was noted that regulations and inspection of food industries by government is ineffective and is a major risk factor to increasing food safety failures in the region. One area that lacks government oversight is the area of poor post-harvest handling practices.
- ⦿ There is poor sanitation and hygienic practices in public markets, street food vending places and public eating places within Fort Portal City and Kabarole District was highlighted as a major impediment to the development of a sustainable food systems, with direct consequences to consumer health and food tourism industry.
- ⦿ Food safety concerns were noted to have affected food export where some products like maize and eggs experienced a ban from in being exported in Kenya and Burundi, citing presence of heavy metals and aflatoxins.

Recommendations

In order to improve the food safety situation, the stakeholders thus resolved that there is urgent need for mass community sensitization on food safety and optimal food handling at all levels of the food systems. The Media was recommended to support in the mass community awareness campaigns so as to reach out this message. It was also resolved that a food safety ordinance be developed to provide a legal framework on issues of food safety in Fort Portal City and Kabarole District. A supportive resolution was made to the stakeholders to institute a food safety committee that will be responsible for the enforcement of the proposed food safety ordinance and related food safety protocols within the city and its hinterland. A deliberate assessment of the food safety standards in the markets, abattoirs, processing units and public eating places was proposed to enable thorough planning and actions to improve food safety. Lastly, the health inspectors and commercial officers were tasked to ensure routine inspection of the food points and liaise with Uganda Bureau of standards (UNBS) to enhance food processing regulations in the region.

The stakeholders stressed that for the above actions to be attainable and realistic, an enabling environment and collective agency to ensure partnership frameworks towards the food systems transformation.

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ENHANCING NUTRITION GOVERNANCE FOR BETTER NUTRITION OUTCOMES IN UGANDA. CASE STUDY OF KABAROLE DISTRICT AND FORT PORTAL TOURISM CITY



KRC facilitates the formation of the District and Sub County Nutrition Coordination Committees to enhance nutrition governance in the local governments

The Uganda Demographic and Health Survey (2016) revealed disturbing statistics of Toro region's child malnutrition situation. The study found out that the region hosts the highest stunting rates of children under the age of five in Uganda, at 40.6 percent. The other worrying findings were that 3.4 percent of the children were wasted and 45 percent were anaemic. Since then, public discourse and contention has been directed to the issue, with heightened awareness efforts to bring the concern to the public domain. Another demographic and health survey is due after a 5-year lapse, to determine the current situation. Recent estimates of child malnutrition indicate that almost one-third of children under five years in Uganda are stunted (USAID, 2021). In what is seen as an alarming contradiction, child stunting in the Toro sub region¹ is happening at the backdrop of plenty and diversity of nutritious food

available to majority of the population. The region is especially known to produce large amounts of food and being able to export much of it to neighboring towns, cities and countries across the East African Region (Hivos, IIED and KRC, 2016). The disproportions and contradictions can partly be attributed to failures in the governance of nutrition, especially the inadequacy to translate policy into concrete actions.

Nutrition governance in Uganda is guided by a number of policy and operational instruments, including inter alia, the National Nutrition Policy (2003) and the Uganda Nutrition Action Plan (UNAP). The Nutrition Secretariat in the Office of the Prime Minister (OPM) oversees the implementation of the UNAP to scale up nutrition to the lower Local Governments. As a result, a

¹ According to the Uganda Demographic and Health Survey (2016), the Tooro sub region comprises of the districts of Bundibugyo, Kabarole, Kasese, Ntoroko, Kyenjojo, Kamwenge and Kyegegwa

number of Districts have localized the UNAP and instituted District Nutrition Coordination Committees. However, due to resource constraints, lack of prioritization of nutrition matters, absence of a nutrition advocacy agenda, there has been less success in cascading nutrition coordination to the sub counties and parishes.

In 2019, KRC Uganda pioneered a facilitation engagement with Kabarole District Local Government to develop the District Nutrition Action Plan (DNAP) stipulating the key interventions towards eradication of malnutrition. Accordingly, a District Nutrition Coordination Committee (DNCC) was setup. Similarly, in order to have a more localized implementation of the nutrition interventions, all Sub Counties and Town Councils within Kabarole District have developed the Sub County/ Town council Nutrition Action Plans(S/TNAPs) stipulating nutrition interventions at community and household levels. Equally each of the Sub Counties and Town Councils have established Sub County/ Town Council Nutrition Coordination Committees(S/TNCCs).

The established Nutrition Coordination Committees (NCCS) at both District and Sub County/Town Councils are meant to provide technical oversight and leadership of the implementation of multisectoral nutrition interventions in the district and at the lower local governments. The committees thus plan, coordinate, mobilize resources, supervise and monitor interventions as well as advocate for nutrition interventions in their constituencies.

To operationalize the committees, there was a demand from the DNCC for capacity building of the Nutrition Coordination Committees so as to be able to perform their roles effectively and efficiently.

Accordingly, KRC-Uganda together with the Nutrition Secretariat under the Office of the Prime Minister (OPM) with funding from **HIVOS** under the **Health Food Africa (HFA)** program conducted a Nutrition Coordination Committee functionality assessment at District and Lower Local Government (LLGs) level. The assessment revealed that 87.5% of the NCCs were found to operate at **nascent level**, meaning that the key Nutrition Coordination Committee (NCC) attributes were not in place) while 12.5% had reached the **emergent level**, where the key NCC attributes were in place but were not systematically documented and there

In 2019, KRC Uganda pioneered a facilitation engagement with Kabarole District Local Government to develop the District Nutrition Action Plan (DNAP)

was no existing formal or ongoing monitoring or measurement protocol.

Based on the findings of the NCC functionality assessment, a two days' training of the NCC members was conducted by KRC-Uganda in partnership with Iles de Paix on general nutrition aspects and nutrition governance. In all, 40 coordination committee members were trained (10 from the District Nutrition Coordination Committee and 30 from the Sub County/Town Council Nutrition Coordination Committees). From the training, the following actions and commitments were agreed upon by the committee members:

- ⦿ Nutrition shall be integrated in all departmental programs at the District and Sub County/ Town Council. During the Technical Planning Committee (TPC) meetings, a report shall be provided on key nutrition activities conducted by the departments during the reporting period.
- ⦿ Nutrition interventions must be allocated a budget annually by the District, Sub Counties and Town Councils effective 2023/ 2024 financial year budget. All the members were urged to include the nutrition budget in the budget frameworks as the budgeting process is undertaken at all levels.
- ⦿ Nutrition Coordination Committee meetings shall be held quarterly at all Sub Counties/ Town Councils as well as District level. In situations where the members of the NCC are the same for TPC, the committee meetings can be consolidated. However, nutrition must be discussed as an independent agenda item. Later after the meeting, an extract of the nutrition discussion with its key issues and actions shall be extracted and filed on the nutrition specific file.
- ⦿ Nutrition education sessions shall be integrated in the Parents and Teachers Association (PTA) meetings at all schools in the district. The District Education Officer shall develop a circular to this effect for all schools to comply.
- ⦿ The Sub counties and Town councils shall leverage on the Parish Development Model (PDM) to extend nutrition services to the community. Nutrition education should be incorporated in the PDM sessions as soon as the implementation of the PDM kick starts.
- ⦿ All Sub Counties and Town Councils shall map the nutrition stakeholders within their area to ensure engagement of the partners in nutrition advocacy, resource mobilization for the implementation of the SNAP/TNAPs.
- ⦿ Community awareness on nutrition must be strengthened using the possible available channels such as radio talk shows, drama, puppet theater, community meetings/ gatherings among other public platforms
- ⦿ The Nutrition Coordination Committees shall mobilize resources for capacity building of all NCC members at all levels
- ⦿ The political wing of the district, sub counties and Town councils should be involved in nutrition programming for easy community mobilization for nutrition services
- ⦿ It was endorsed that more research be done on food and nutrition indicators and general nutrition in schools and communities to inform a wider understanding of the current issues affecting nutrition in the district. KRC was tasked to take lead in this research and be able to share the key findings.

- ⦿ Health workers in all health facilities within the district should be given a refresher training on general nutrition, nutrition screening and nutrition data reporting. The District Health Officer will take lead in the implementation of this action.
- ⦿ The NCCs shall immediately open up nutrition files that will be containing all the nutrition related content such as reports, meeting minutes, action plans and monitoring and evaluation frameworks and any other vital information.
- ⦿ All members of the NCCs at all level should be given appointment letters and a copy filed in the nutrition file for reference.
- ⦿ The NCC shall be submitting quarterly NCC reports to the DNCC which will consolidate the reports and send them to the Office Prime Minister.
- ⦿ A communication platform for all the NCC members should be created for easy communication among the members. The DNCC chairperson will take lead in creating one platform preferably WhatsApp or an emailing list with all the NCC members.
- ⦿ Monitoring, supervision and mentorship of nutrition related projects in the district must be expedited by the hosting NCCs at all levels.

The established nutrition governance structures coupled with the Nutrition Action Plans shall enhance optimal leadership and governance for the nutrition programs within the district

leveraging on the already existing nutrition programs and other leadership structures. The governance structures will also provide a conducive and an enabling environment for the implementation of the different nutrition interventions to prevent and or reduce the rates of malnutrition among the risky groups.

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