



December 2021

Baseline Inception Report

Uganda

Consolidated report of the country baseline study, Theory of Change validation and results framework by Right2Grow partners.

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Preface

We proudly present this baseline inception report for Uganda which we conducted for the Power of Voices Strategic Partnership Right2Grow. The five-year Right2Grow programme strengthens Civil Society Organisations (CSOs) to amplify the voices of communities to improve access to WASH and nutrition services in Bangladesh, Burkina Faso, Ethiopia, Mali, South Sudan and Uganda, so that every child can reach its full potential.

“By strengthening civil society, we believe that local communities can get to zero under- nutrition and zero people without access to basic WASH.”

We would like to thank all international and national partners for their contributions to this report. It has been a challenging process in times of the global COVID-19 pandemic to coordinate the research and to collect, organise and analyse the data and jointly reflect on the results. This process was largely driven and owned by the country consortium, with support from a team of experts from our global partners. Importantly, the selection, hiring and general coordination of the external consultant was done nationally to ensure local ownership.

Reading guide

The baseline inception report of Right2Grow Uganda consists of the following sections:

1. Baseline study report

This is the baseline study conducted by an external national consultant who also is the author of this report. It analyses the data collected in Uganda on a selection of the basket indicators as provided by the Ministry of Foreign Affairs (SCS-indicators), complemented with several other indicators formulated by the Right2Grow consortium. It also includes the country's specific political and economic context information. Although the external consultant is the author of the report, the data collection for the baseline also involved Right2Grow partners, in some cases supported by local enumerators.

2. Capacity & learning assessment report

This assessment at country level was conducted by the Right2Grow global mutual capacity development & linking and learning teams aimed at identifying Capacity and Learning gaps within the partnership. Therefore, the report is the foundation for validation and prioritization dialogues with partners about their agendas for capacity strengthening, including technical skills and organizational development, and linking and learning in 2022 and beyond. These report and dialogues provide the capacity milestones for monitoring and evaluation at midterm and the end of the programme (SCS-indicator 5).

3. Theory of Change validation document

This is a reflection of a joint partnership assessment of the original country level Theory of Change in which the country consortium validated the different outcomes and pathways that are presented to lead to the envisioned impact of Right2Grow.

4. Results framework

This is the overview of the indicators of Right2Grow with the baseline values, and preliminary targets for the SCS-indicators. The establishment of baseline values and targets in this framework is based on the baseline study report combined with the results of validation and planning activities jointly conducted by all consortium partners. Please note that this framework only includes the basket indicators and global Right2Grow indicators, while a more elaborated country level framework with intermediate results and outputs has been developed for internal monitoring & evaluation purposes.

Validation of targets

It is important to note that the targets set in the results framework are preliminary. Although these targets are much clearer and more concrete than those of the first proposal, there is still need for further validation. First, there may be changes proposed by other stakeholders like CBOs and local government actors. Although the process of baseline reflection and target setting has been very inclusive – with all the international and national consortium partners – we could not engage all the external stakeholders yet. Second, in the first months of 2022 Right2Grow will consult the Dutch Embassy in country about the baseline results and targets. Although the overall TOC is in line with their – last - multi-annual strategic plan, realignment may be needed, and the embassy’s input to the targets will be valuable.

Overall buy-in of all stakeholders will be essential because future decisions on certain aspects of activity planning and consequently budget allocations will be based on these targets among other things. Changes in targets, if any, shall be shared with the Ministry for approval, with the submissions of the 2021 annual report by May 1st 2022.

About Right2Grow

In Uganda the Right2Grow consortium consists of the following partners:

- The Hunger Project (lead partner)
- CEGAA
- Civil Society Budget Advocacy Group
- Community Integrated Development Initiatives
- Nutrition Society of Uganda
- Food Rights Alliance
- The Movement for Community-led Development Uganda Chapter
- Action Against Hunger
- World Vision

More information:

- About Right2Grow in Uganda: www.right2grow.org/en/where-we-work/uganda/
- Country contact: Gerald Kato – Uganda consortium coordinator (gerald.kato@thp.org)
- Our global website: www.right2grow.org
- Global contact: Jouwert van Geene – global partnership facilitator (jouwert@right2grow.org)

Strengthening local voices

Right2Grow believes that sustainable progress can only be achieved by working with local communities, especially women and other marginalised groups. Therefore, we invest in communities, community-based organisations, and civil society organisations to collect their own data and stories on nutrition and WASH. We help them hold their nearest relevant government officials to account for what is needed, planned, and (often not) delivered. We help build those stories into strong evidence to convince national and international leaders and officials to make better choices. Visit www.right2grow.org for partner stories

Strengthening partnerships

Right2Grow strengthens partnerships between local communities and their governments to make a joint analysis of what is needed. They can then support local solutions for better nutrition and WASH. Additionally, Right2Grow links civil society organisations, the private sector, and all levels of government to bridge the gaps between them. Building on meaningful community involvement and ownership, we can scale up these solutions with an integrated and multisectoral approach. Visit www.right2grow.org for news and publications



BASELINE STUDY REPORT

RIGHT 2 GROW NUTRITION ADVOCACY PROGRAMME (2021– 2025)

The 5-year Right to Grow Nutrition Advocacy Programme (2021 – 2025) is aimed at addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children. The programme is implemented by The Hunger Project, World Vision, Action Against Hunger, Centre for Economic Governance and Accountability in Africa and other Local Partners in Uganda

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ACRONYMS AND ABBREVIATIONS

BDFA	:	Bugweri District Farmers Association
CA	:	Collective Action
CBM	:	Community-Based Monitoring
CDOs	:	Subcounty Community Development Officer
CGVs	:	Care Group Volunteers
DAO	:	The District Agriculture Officer
DAOs	:	District Agriculture Officers
DCDOs	:	District Community Development Officers
DEOs	:	District Education Officers
DHO	:	The District Health Officer
DNCC	:	Nutrition Coordination Committees
DPO	:	District Planning Officer
DPOs	:	District Planning Officers
DWOs	:	District Water officer
FGDs	:	Focus Group Discussions
HRRH	:	Hoima Regional Referral Hospital
HSSP	:	Health Sector Strategic Plan
ICSC	:	Implementation Coordination Steering Committee
IMAM	:	Integrated Management of Acute Malnutrition
IYCF	:	Infant and Young Child Feeding
IYCF	:	Infant and Young Child Feeding
KCSON	:	Kitara Civil Society Organizations' Network
KIIs	:	Key Informant Interviews
LGs	:	Local Governments.
LLGs	:	Lower Local Governments
MAAIF	:	Agriculture, Animal Industries and Fisheries
MoES	:	Ministry of Education and Sports
MOH	:	The Ministries of Health
MoPS	:	Ministry of Public Service
MSNTC	:	Multi-Sectoral Nutrition Technical Coordination Committee
MUAC	:	Mid-Upper Arm Circumference
MWE	:	Ministry of Water and Environment
NDP	:	National Development Plan
NFNC	:	National Food and Nutrition Council
NIECP-AP	:	National Integrated Early Childhood Development Policy and Action Plan
NMHCP	:	National Minimum Health Care Package
NWSC	:	The National Water and Sewerage Corporation
OPM	:	Office of the Prime Minister
PCC	:	Policy Coordination Committee
RMNCH-SP	:	Maternal, New-Born and Child Health Sharpened Plan for Uganda
SDGs	:	Sustainable Development Goal
UNAP	:	Uganda Nutrition Action Plan
VHTs	:	Village Health Teams
WASH	:	Water Sanitation and Hygiene
HSDP	:	Health Sector development plan

ACKNOWLEDGEMENTS

As Maarifa Consult, we are greatly indebted to a number of individuals and institutions for the assistance offered during the process of conducting this baseline survey.

Special thanks go to the entire Right to Grow Consortium team with whom we worked to connect and engage with the field, those that critiqued the report and gave valuable input to the drafts.

We acknowledge and appreciate the time afforded by all community participants in the face to face as well as FGD consultations. We are grateful to the key informants from the public and private entities and NGOs for their cooperation in sharing their information and experiences in working with the young people. Much appreciation goes to the community members as primary respondents, for their valuable contribution to the baseline and their honest discussions.

The lead consultants are grateful to the team of research assistants in collecting the primary data from the field. As a group that shared similar interests and concerns with the study participants, it was both a source of learning as well as a capacity building exercise for them as young people from the study area.

It is our sincere hope that the process and findings of this survey give Right to Grow Consortium team and its partners the requisite information and insights for planning better interventions in the community.

EXECUTIVE SUMMARY

The Baseline study for the 5-year Right to Grow Nutrition Advocacy Programme (2021 – 2025) for the project titled Right to Grow: addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children was commissioned by Action Against Hunger. The purpose of the baseline study is to establish a situational analysis to inform the implementation of the Right to Grow programme and to align the programmatic choice (interventions). The overall objective of the study was to collect baseline data on the current situation of the three Right to Grow programme domains (WASH, Food and Nutrition Security) that will serve as a benchmark and a tool for monitoring and evaluation against all programme indicators. The study was anchored on three core objectives, which include; a); To identify environment level (policies and services) and individual level (household, family knowledge and behaviour) challenges/barriers that inhibit vulnerable women and children from getting good nutrition and WASH practices. b); To ascertain the extent to which national government and decentralized entities adopt a multi-sectoral approach to undernutrition and WASH in policies, legislation plans, budgets, work plans and expenditure reports, and c); To assess the extent to which Donors and International development actors coordinate to address underlying determinants of undernutrition.

The study adopted a purely qualitative approach by primary data collection sources such as Focus Groups Discussions (FGDs), Key informant interviews (KIIs) pictorial evidence, and observation. In addition, secondary data were reviewed using a documentary analysis approach to synthesise primary study findings with secondary data. The baseline study districts included; Kabale, Bugweri, Buliisa, Kamwenge, Kikuube, and Adjumani districts, and were selected based on; (i) location-remote or rural, or having a population of low socioeconomic or poor financial status, and have the highest number of malnourished children 0–5-year-old, (ii) district partnership status with will be implementing the right to grow activities, and (iii) being a refugee host.

Overall, the majority of key informants from the national, local level and CSOs, especially those working in local government and CSOs, had limited knowledge on the multisector policies to improve food security, nutrition, Wash in Uganda. Most of them noted that some of the government policies are not to the lower levels. It was mentioned that existing policies and strategies, such as Uganda Vision 2040 (2010-2040), National Development Plan (NDP) III (2020/21-2024/2025), and Health Sector development plan (2015/16-2019/20), are more holistic and link with other sectors. Some participants also mentioned that National Development Plan (NDP) III (2020/21-2024/2025), was developed in collaboration with the various ministries to guide public actions to eradicate poverty. It was also discussed that the implementation of all policies is supposed to be countrywide but most of the nutrition policies implementation and interventions are mainly in food insecure and vulnerable areas for example refugee camps and settlements. Several policy gaps exist for example, NDP III, Health sector development plan, health policy, and RMNCH-SP are not nutrition-specific and so have very little or no influence in the reduction of malnutrition in Uganda. Policies like the NDP III unlike its predecessor NDP II lack nutrition-specific goals or objectives that directly influence the nutrition indicators thus have very little or no effect on malnutrition in Uganda.

Concerning the community's demand and interest in basic social services, it was discovered that there were variations in the state of food security and WASH services across the districts under study. This was occasioned by various contextual issues such as spatial patterns, living arrangements, land access, weather (prolonged droughts), inadequate seeds, limited sustainable livelihoods, limited food rations in the camps. Nevertheless, the state of food security was reported to be bad and worse in refugee host communities like Kikuube, Adjumani, and Kamwenge. Relatedly, the major barriers to access food in households were related to three core challenges-land access, weather, and distance. Correspondingly, these major barriers were exacerbated by poverty as other surveys have confirmed. The adoption of indigenous knowledge in solving food insecurity in households was found to be useful in crop management to increase agricultural productivity, vermin management, WASH management, post-harvest management, undernutrition management, and poverty management.

Despite the multiple attempts to engage stakeholders the level of participation isn't meaningful to the citizens because they aren't involved in priority setting for the WASH and nutrition interventions because of the intricacies of the public management models like Program-Based Budgeting whose priority is based on the performance of sectors other than community needs. Also, despite the plethora of structures that manage WASH interventions at the national and local governments, such structures are thin in the lower local governments like Subcounty, Parish, and villages. Besides, the community members aren't aware of their existence. This calls for engagements that are geared specifically in closing the knowledge gap, through more stakeholder interactions.

There are no networks formed specifically for the advocacy of WASH and nutrition interventions in the Baseline districts as per the knowledge of the respondents. The existence of loose coalitions of CSOs are always formed temporarily for other purposes and later disbanded. Examples of such networks and coalitions have been formed by CSOs whose core programming thematic areas are '*governance*,' '*human rights protection*' and '*transparency*' and their sole purpose has been to push back against the seemingly shrinking civic space in Uganda caused by various restrictions¹. Nevertheless, the existence of District NGO fora is a good springboard in the identification of like-minded CSOs that can form a new network for advocacy around WASH and nutrition in the respective districts. In terms of inclusion, there is the inclusion of women and youth in CSOs leadership though the involvement is more pronounced in women not youth CSOs were reported to be having equal levels of participation between women and youth.

Nutrition activities are mainly donor-driven with the government of Uganda (GoU) having limited contribution, therefore donors have some level of influence in developing policies and implementation of nutrition activities. There is increasing low priority given to nutrition activities within the Ministry of Health as reflected from the budgetary allocations. This makes it difficult for the ministry to adequately play its roles of; developing the strategy, policy and guidelines, setting standards, capacity building and development; monitoring and evaluation; and quality assurance among others.

This study recommends that there is a need for a budget increase for nutrition interventions. Development of a dynamic robust monitoring and evaluation system for increased transparency and accountability of policy implementation. Improve policy coherence concerning nutrition (including food price policies, subsidies, trade policies, and poverty alleviation policies). Improve good governance for nutrition, by reviewing and improving the national nutrition strategy and action plan, allocating adequate budgetary resources, and implementing nutrition surveillance. Continuous focus advocacy for nutrition sensitivity across the policy spectrum. Effective advocacy will help community members and political, technical, and traditional leadership appreciate and prioritise nutrition. Community-led programmes targeting interventions to promote diet diversity, backyard gardening, integrated farming, post-harvest food handling, school nutrition, water and sanitation, and child spacing are scaled up since these are equally important in enabling the achievement of nutrition targets. Since this study discovered the utilisation of local knowledge in addressing food security, and nutrition, and WASH challenges, such knowledge should be upheld and adapted in the scaled-up interventions rather than suffocating it. There is a need to strengthen the participation of CSOs in the multi-sectoral coordination and monitoring frameworks for effective nutrition to ensure full participation and accountability

¹http://www.civicus.org/images/Addressing_Civic_Space_Restrictions_in_Uganda_PolicyBrief_Feb2017rf.pdf

1. BACKGROUND AND CONTEXT

1.1 Background

Over the last 25 years, Uganda has achieved remarkable results in poverty reduction, although absolute poverty rates remain high². From 1992 to 2014, the percentage of Ugandan households living in poverty nearly halved³. However, this still leaves around a third of Ugandans living below the international extreme poverty line of US\$1.90 per day, and these people tend to be clustered in the northern and eastern regions of the country. The goal of NDP III is to increase Household Incomes and Improved Quality of Life of Ugandans by 2025. The government has vowed to prioritise nutrition, in light of mixed progress on key targets through NDP III. Malnutrition is a major development concern in Uganda, affecting all regions of the country and most segments of the population⁴. The current levels of malnutrition hinder Uganda's human, social, and economic development.

The country's performance on nutrition remains significantly low⁵. Nationally, chronic under-nutrition, measured by stunting, for children under five years stands at 28.9%% (Global Nutrition Report 2021)⁶. The same report indicated that 11% of children under the age of five in Uganda are underweight and 3.5% of the children under five are wasted⁷. Stunting is projected at 30% in rural areas and 23% in urban areas – with some regional variations across the country; Western 43.1%, Northern 32.2%, Central 29.1%, and, Eastern 28.5% according to UDHS 2011.

In terms of the WASH sector, the government of Uganda has made considerable progress in increasing access to water and sanitation services. However, Uganda still faces considerable challenges, particularly in providing services to rapidly expanding rural growth centres, small towns and peri-urban areas of cities. In terms of water coverage, since 2000 national coverage of at least basic services has increased from 30 to 38 per cent (JMP, 2017). However, these figures mask disparities in service quality between urban and rural areas. In urban areas, 48 per cent of households use piped water, but this number falls to 33 per cent in small towns (not shown) and 9 per cent in rural areas⁸. Furthermore, 57.9% has unimproved sanitation facilities (referring to using pit latrines without a slab or platform, hanging latrines or bucket latrines)⁹

Right2Grow Uganda has analysed the root causes of our inability to get these numbers to zero. Right to Grow see a world full of great intentions, expertise and wealth, but which does not live up to its promises. At the same time, Right to grow see strong women, men and children in affected communities ready to voice their needs, and ready to contribute their part of the solution. Right2Grow Uganda will bridge the gap between these powerful women, men and children, and the often-powerless leaders, experts and technocrats.

1.2 Programme Objectives

The Right to Grow is a 5-year programme funded by the Ministry of Foreign Affairs – The Netherlands with a global five-year strategy, which includes approaches to advocacy, learning, mutual capacity development and adaptive management. The ultimate goal of the programme is; every child can reach their full potential. To make such an impact, the programme concentrates on four objectives:

- (i) Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners;
- (ii) Representative and empowered civil society organisations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition;

² World bank Report (2017), World Bank

³ World bank Report (2017), World Bank

⁴ UNAP 2011-2016

⁵ FAO, IFAD, UNICEF, WFP and WHO. 2019. The State of Food Security and Nutrition in the World 2019.

Safeguarding against economic slowdowns and downturns. Rome, FAO. Licence: CC BY-NC-SA 3.0 IGO.

⁶ <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/uganda/>

⁷ Global Nutrition Report 2021: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/uganda/>

⁸ Ministry of Water and Environment Report (2018)

⁹ WHO/UNICEF JMP, report (2020)

- (iii) The national government and decentralised entities adopt and mainstream an integrated, multi-sectoral approach to undernutrition in policies, action plans and budget allocations
- (iv) Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.

1.3 Right to Grow Program Implementation Approach

In Uganda, the Programme will be implemented at National, District and community level by a consortium of four strategic partners and five national partners in 10 districts (comprising; Kamwenge, Buliisa, Kakumiro, Adjuman, Arua, Kikuube, Nwoya, Maracha, Bugweri and Kabale). The strategic global partners include; The Hunger Project Uganda (Country Lead partner in Uganda); Action Against Hunger (Leads the consortium MEAL component); World Vision Uganda (Focal leader on Lobby and Advocacy) and Centre for Economic Governance and Accountability in Africa (Technically advises the consortium on budget monitoring and expenditure tracking for nutrition and WASH). The national partners include; Food Rights Alliance (Responsible for Community mobilization and awareness of issues of food and nutrition security and facilitating CSOs National level advocacy efforts); Civil Society Budget Advocacy Group (In-charge CBOs and CSOs Capacity building in local government planning, budgeting, expenditure analysis and facilitating budget advocacy), Community Integrated Development Initiatives (Community mobilization and awareness on good food, nutrition and WASH practices and strengthening sub-national level engagements involving CSO, DNCCs and government), Nutrition Society of Uganda (Generating evidences on gaps in policy implementation through research), and The Movement for Community-Led Development Uganda Chapter (Community mobilization and awareness and supporting monitoring of nutrition, food, and WASH services delivery).

1.4 Purpose of the baseline survey

The purpose of the baseline study was to establish a situational analysis to inform the implementation of the Right to Grow programme and to align the programmatic choice (interventions) with the ToC. Results of the baseline will be used as the basis to measure change or achievements of the programme against the indicators of the programme results matrix, especially project goal and outcome indicators through an independent evaluation at mid-line and end-line of the project. The baseline data will also be useful in developing relevant practical tools and approaches for ongoing project monitoring, evaluation, accountability and learning for strategic decisions and management. The baseline will also serve the purpose of identifying key advocacy issues at the district and national level for engagement across the Right to Grow programme scope.

Specifically, the study was commissioned to collect baseline data on the current situation of the three Right to Grow programme domains (WASH, Food and Nutrition Security) that will serve as a benchmark and a tool for monitoring and evaluation against all programme indicators.

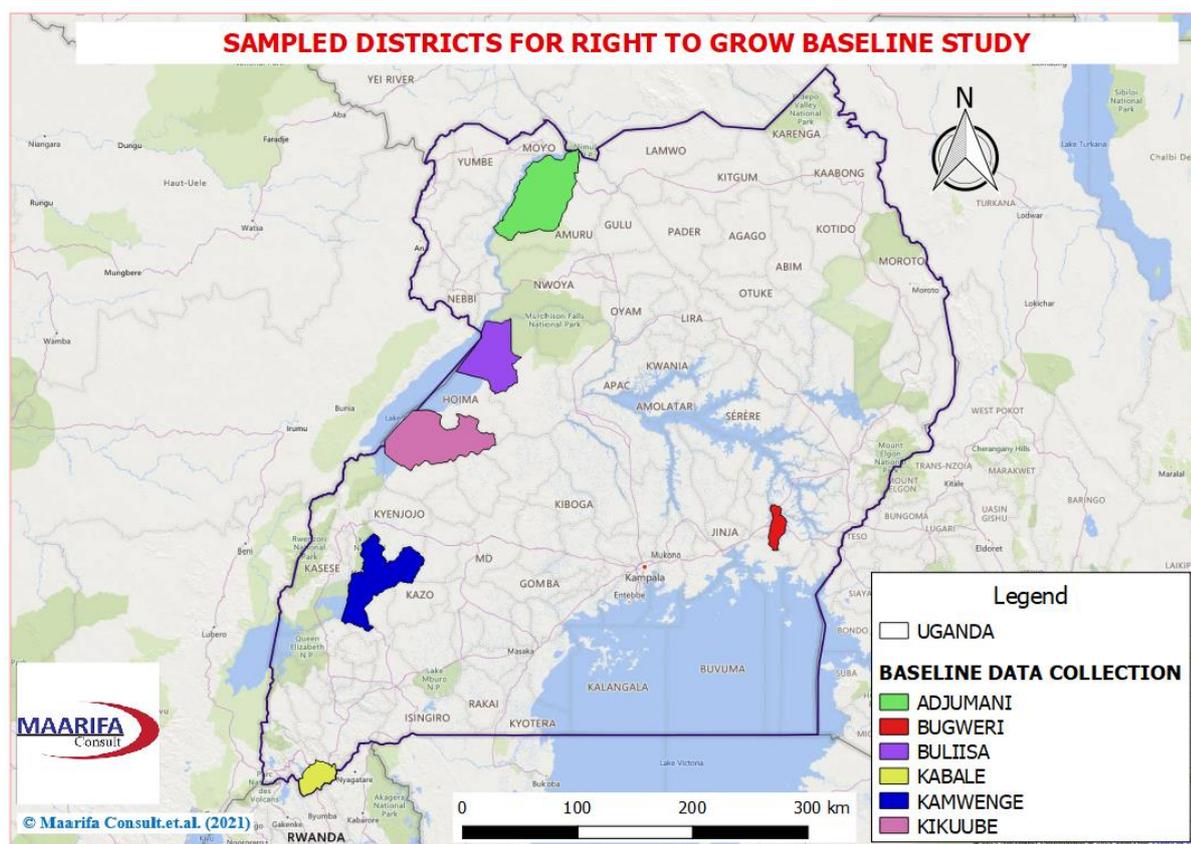
2. APPROACH & METHODOLOGY

2.1 Research Design

The baseline survey adopted a Cross Sectional Design, employing a mainly qualitative approach and in particular used Focus group discussions (FGDs), Key informant interviews and Observation methods. The cross-sectional design was chosen because it provides an opportunity for studying a wide range of respondents from different categories while taking a snapshot of the study population at a certain time, thus allowing for conclusions about phenomena across a wide population to be drawn. All this was done in a participatory manner.

2.2 Study Sites

The selection of districts and sub counties for this study followed qualitative approach using a non-probabilistic method. The survey was conducted in northern, western and mid-western regions. In total, 6 out of the 10 right to grow host districts were selected for inclusion in this study, which include; Kabale, Bugweri, Buliisa, Kakumiro, Kikuube, and Adjumani districts. The criteria used for districts to be selected for inclusion were; (i) that the district was located in a remote or rural area, have a population of low socioeconomic or poor financial status, and have the highest number of malnourished children 0–5-year-old, and (ii) that the district selected should be where a partner will be implementing right to grow activities, (iii) selected districts also had to meet the criteria of being a refugee host.



2.3 Study Population

The population included pregnant women, women/caregivers with children younger than 0–5 years, mothers/caregivers (and fathers) classified as being of low socioeconomic status in the study districts.

2.4 Sampling strategy

The sampling frame for the baseline survey included all potential beneficiaries from the six selected districts. Target participants for the focus group discussions (FGDs) were caregivers/women with malnourished children, peasant farmers, and local people affected by WASH related challenges residing in the selected sub counties. The inclusion criteria for participants in the various FGDs were pregnant women, women/caregivers with children younger than 0-5 years, mothers/caregivers (and fathers) classified as being of low socioeconomic status based in the community, and women/caregivers with disabled children less than 60 months (five years)

2.5 Data collection: Organization method and Tool

The data collection was carried out between 1st to 25th of October 2020. Data collectors supervised and guided by baseline survey team leaders – i.e. 4 supervisors, one in each district, collected all the required data. Prior to field data collection, all the field teams (data collectors) were trained for two days on the basics of baseline survey and were extensively exposed to the tools for this baseline survey. This was followed by field pretesting exercises to familiarize the data collectors with the eventual field work. In the field, the supervisors took full charge of the administration of the data collectors and the eventual product of data collection in the field. The supervisors guided and supported the Data collectors and were there to help resolve minor field difficulties. Although other methods (e.g. desk reviews, observations) may have been used in the survey, FGDs and **KIIs** were the key tools used for collecting primary data for this baseline survey. Soon after the fieldwork was completed, the research team transcribed, cleaned the data before data analysis was done.

For purposes of triangulation, identifying key deliverables and parameters for the baseline survey, desk review was among the methods employed for the survey. It involved reviews of project information and important project documents, relevant past reports and important secondary data that were made available and others that were accessible online. Among the documents reviewed include; Project proposal, M&E framework, Constitution of Uganda, Health sector policy, WASH policy, Uganda Nutrition Action Plan (UNAP) II (2020/2021–2024/2025), National Development Plan III (2020/2021–2024/2025), Health Sector Development Plan (2015/2016–2019/2020), Food and Nutrition Policy Draft (Revised 2019, Draft), Integrated Management of Acute Malnutrition Guidelines (2019), Policy Guidelines on Infant and Young Child Feeding (IYCF) (2007), National Nutrition Advocacy and Communication Strategy II (2020/2021–2024/2025), Maternal Infant and Young Child and Adolescent Nutrition Guidelines (202), among others

In addition, the baseline study used FGDs to collect data from caregivers/women with malnourished children, farmers group and WASH group. The evaluation team worked closely with partners organisation operating in the selected districts to mobilize participants who participated in the FGDs. The participants were encouraged by researchers to freely express themselves so as to gather in-depth data and also to capture views which were specific to their groups and gender. Specifically, data was collected on community understanding the nutrition and food rights, sources of information, existence of nutrition services, local best practices to solve nutrition and WASH problems, problems and barriers to nutrition, WASH and food security services, level of private sectors involvement, level of community engagement to demand for nutrition, food security and WASH services, quality of nutrition, WASH services provided by the government in the community, among others. In addition, they were asked about the level of community demand and investment in basic social services and adoption of good nutrition and WASH practices. In total, 18 FGDs were conducted with WASH, Farmers groups and women with children 0-5 years. A total of 161 participants were involved in FGDs.

Table 1: Number OF FGD participants

Category	No of FGDs conducted	No. of participants	Gender	
			Females	Males
WASH groups	6	52	27	25
Farmers group	6	56	34	22
Women with children (0-5) years	6	53	53	
Total	18	161	114	47

Lastly, the evaluation team used Key Informant Interviews (KIIs) to corroborate and substantiate information found in documents and other sources. An interview guide was prepared for each category of respondents

including District Water officer, District Planning officer, Principle Nutritionist, District Agriculture officer, Chief Administrative Officer, District Health Officer, Community Development officers at the district level, Policy makers (district councilors), Representatives from Government ministries such as ministry of Gender, labour and social development, ministry education and sports, and ministry of health, representatives from CSO such as Save the children, Self-help Africa among others. These were interviewed to get their perspectives, views and regarding opinions on Nutrition, WASH and food security challenges. Furthermore, the KIIs, Nutrition advocacy, adoption an integrated multi-sectoral approach to undernutrition in policies, action plans and budget allocations, development actors' coordination level, WASH and nutrition budget allocation, existing networks CSO level of effort in advocating for the nutrition rights, level of CSO involvement at national and local level in advocating for the rights solutions to address the nutrition, WASH and food security challenges among others. During these interviews, the researcher also established gathered information on existing institution and policy frameworks and gaps from the KIIs.

2.5 Data Preparation, Coding, and Analysis

The data collected through the FGDs and KIIs were transcribed verbatim and analyzed using Atlas.ti software, and also thematic analysis techniques, guided by the themes of interests identified a priori that largely aligned with themes based on study objectives and emerging themes as well as in available literature. Transcripts were first read to identify relevant information, with data manually coded using a mainly inductive approach and clustered into themes. While key issues, concepts, and themes were identified a priori, this did not prevent other themes from emerging as the transcripts were read and reread. Throughout the analytic process, the researchers moved back and forth between the entire data set, coding extracts and discussing and resolving any issues that arose, as well as checking field notes for clarification. Participant quotes are displayed throughout the results section of this paper to provide a narrative presentation of key findings.

Qualitative Data Analysis Steps With ATLAS.ti

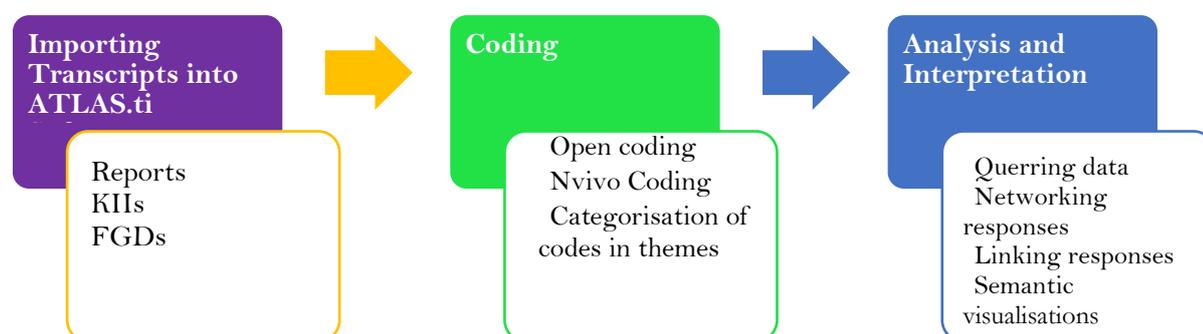


Figure 1: Steps followed in Analyzing Qualitative Data Using ATLAS.ti Software

2.6 Ethical considerations

Ethical practices were carefully explained and discussed with data collection team during pre- data collection training. In keeping with international research ethics for research with human subjects, the survey activity, involved proper introduction of data collector, explaining the purpose of the baseline survey, how the information would be used, the participant's voluntary participation and freedom to exit/refuse participation at any stage without consequences. All this was done with the aim of obtaining informed consent of each participant before proceeding with data collection. During the field data collection, the survey team sought consent from every respondent before an interview was done. In every engagement and/or meeting with the participants, the survey teams respected cultural norms and practices. As the survey used household questionnaires, the survey team ensured that household member interviewed selected a place where s/he was comfortable with, and family norms were respected. Also, Care was taken to guarantee the protection of respondents during the data collection processes. This included ensuring that interviews happened in places and on time appropriate for respondents. In addition, to protect the respondents and the research assistants from COVID-19, COVID-19 Standard Operating Procedures were adhered to during the entire fieldwork. This included ensuring that all Field Enumerators wore masks and used sanitizers, social distancing, and in

some cases, interviews were conducted online. Additionally, to ensure that respondents are protected, research team was trained on Action Against Hungers' policy on safeguarding of vulnerable adult during the pre-fieldwork researcher's training. Finally, at the end of the questions/discussion, the data collectors thanked the respondents for their time, willingness and effort to provide data for the baseline survey.

2.7 Limitation

This survey did not happen without limitations. The following were both the expected and experienced limitations during the baseline survey. Firstly, the language barrier: the FGDs were administered in local languages and yet localities/communities where the survey was carried out consist of various tribes especially in refugee communities. To a very small extent, this might have affected the comprehension of some questions. To overcome this limitation, the research team hired interpreters who speak the universal language spoken by most of the refugee FGD. Secondly, it was difficulty in getting respondents from government Ministries: It was difficult to access some respondents because of their busy schedules, while in some cases there was a lot of bureaucratic tendencies to seek appointments from some of the officials selected for KIIs. Therefore, it was difficult to get convenient time for the interviews. Some interviews were conducted on-line through telephone, and zoom. Overall, these challenges made the process a bit longer, and impacted on the number of interviews.

Thirdly and finally, some of the district officials were not willing to share information related to the budgets, however the research team managed to overcome this limitation by assuring them the importance of this information, and how it will be used to advocate for district budget increase.

3. BASELINE FINDINGS

3.0. Introduction

The baseline study for the Right to Grow Nutrition Advocacy Programme (2021–2025) findings presented in this section are described following the major study objectives that relate to nutrition, WASH environment level (policies and services), and individual level (household, family knowledge, and behaviour) challenges/barriers that inhibit vulnerable women and children from getting good nutrition and WASH practices. In addition, the extent to which national government and decentralized entities adopt a multi-sectoral approach to undernutrition and WASH in policies, legislation plans, budgets, work plans, and expenditure reports is also assessed, as well as how Donors and International development actors coordinate to address underlying determinants of undernutrition.

3.1 INSTITUTIONAL AND POLICY FRAMEWORK

3.1.1 Institutional framework, policy, legal framework, and documentation

Government policy and plans play a crucial role in the development and delivery of any local multisector programmes and are regarded as critical to enable households to achieve nutrition security and good health, and so prevent undernutrition¹⁰. The research team assessed current nutrition, wash enabling policies in Uganda through document review and Key informant interviews to understand and get a deeper understanding of the existing institutional and legal frameworks, and policy gaps.

3.1.2 Institution framework

This baseline study uses the term institutional arrangements for nutrition governance to refer to the set of governing bodies that oversee the coordination of multiple sectors and stakeholders to improve nutrition outcomes

3.1.3 Ministry Level

The Ministries of Health (MOH) and Agriculture, Animal Industries and Fisheries (MAAIF), which are the lead ministries in food security and nutrition issues¹¹, are mandated by the Constitution to set minimum standards, assure quality and develop relevant policies. The specific mandate of the MOH is to improve the quality of health services and to ensure equity in accessing essential health services with the overall goal of reducing morbidity and mortality¹². Nutrition is one of the priority components of the **National Minimum Health Care Package being implemented under the Health Sector Strategic Plan (HSSP)**. The mandate of MAAIF is to support, promote and guide the production of crops, livestock, and fish to ensure the improved quality and quantity of agricultural produce and products for domestic consumption, nutrition, food security, and exports. MAAIF and MOH are also promoting diet diversification as well as other food-based strategies for a healthy and productive population¹³. The issues relating to food security and nutrition are multi-sectoral, involving both public and private stakeholders. To coordinate the various stakeholders; Government established in 1987 the current **National Food and Nutrition Council (NFNC)** under the Office of the Prime Minister. This council is headed by the Commissioner (department of community health) in the Office of the Prime minister. The NFNC also has the function of advising the Government on the formulation of the UFPN, providing guidelines on the implementation of the policy, research, monitoring, and evaluation¹⁴. Right to grow can work alongside with the council to lobby for more funding and policies from government in relation to nutrition, WASH and food security.

¹⁰ Lilia Turcan and Tim Bene (2017): A review of policies for improving human nutrition in Uganda and the use of evidence for making policy

¹¹ Government of Uganda. (2011). *Uganda Nutrition Action Plan (2011-2016)*

¹² Ministry of Health. <https://www.health.go.ug/>

¹³ Ministry of Agriculture, Animal Industry and Fisheries. <https://www.agriculture.go.ug/>

¹⁴ MOH, MAAIF. (2003) *Uganda Food and Nutrition Policy (2003)*

The Ministry of Water and Environment is the lead ministry in implementing Water Sanitation and Hygiene (WASH) in Uganda and it deals with all the issues related under the Directorate of Water Development¹⁵. Alongside this ministry is the Ministry of Health which also facilitates the implementation of WASH to an extent because water sanitation, hygiene, and health all work together for the better life of Ugandans. The main mandate of the **Ministry of Water and Environment (MWE)** is setting national policies and standards, managing and regulating water resources, and determining priorities for water development and management. The mandate of the MWE regarding sanitation and hygiene activities is stipulated in the Memorandum of Understanding that was signed by MoH, MoES, and MWE. The role of MWE is limited to the development of public sanitary facilities and the promotion of good practices of hygiene and sanitation in small towns and rural growth centres⁵. Concerning water for production, MWE is the lead agency for water for production and development off-farm. MAAIF is the lead agency for water use and management for agricultural development on-farm. The MWE under the coordination of the Office of the Prime Minister is one of the ministries that was compliant with the multisectoral approach to reducing malnutrition in Uganda through introduction of a Nutrition focal person position within the ministry. This facilitated the inclusion of some nutrition specificity and sensitivity with in the reviewed and new policies with in the ministry mostly those related to WASH. **The National Water and Sewerage Corporation (NWSC)** is a parastatal under the Ministry of Water and Environment that operates and provides water and sewerage services for 23 large urban centres across the country. NWSC's activities are aimed at expanding service coverage, improving efficiency in service delivery, and increasing labour.

The **Office of The Prime Minister (OPM)** coordinates all of the nutrition, food security, and WASH activities in other ministries like gender labour and social development, finance, education and sports, and the others through the nutrition or WASH focal person in these different ministries¹⁶. At the Ministry level, the commissioners and assistant commissioners of Nutrition and food security and WASH coordinate all matters related to these topics. For nutrition and food security, the principal nutritionist oversees activities and matters for a particular region in Uganda. This is the same with the Principal Water Officer for WASH. The nutrition or WASH focal person helps in including and coordinating nutrition or WASH within different ministries. The Senior Agriculture/nutrition officer reports to the principal nutritionist on matters concerning regional nutrition in Uganda.

3.1.4 District Level

At the district level, nutrition and food security are under the health and production department and WASH under the natural resources department¹⁷. The Technical Support Units develop staff capacity for water provision, sanitation, and monitoring at the district level. The district mandate of WASH through the Technical Support Units is to enhance the awareness and practice of good WASH practices in the district¹⁸. For nutrition and food security, District Nutrition Coordination Committees are formed to facilitate the integration of nutrition and food security into other departments like education and others. The mandate of the district towards nutrition through the district nutrition coordination committee is to enhance awareness of and commitment to nutrition among local stakeholders including technical and political leaders, implementing partners (IPs), and community members¹⁹. At the district level, the Chief Administrative Officer oversees all district activities including nutrition, food security, and WASH. CAO is also the head of the district Nutrition and WASH committees. The District Health Officer (DHO) oversees all health-related activities and matters including nutrition, food security, and WASH in the district. The DHO is also part of the district nutrition and WASH committees. The District Water officer oversees matters particularly related to WASH. DWO is the secretary of the district WASH committee. The District Nutritionist oversees all nutrition-related matters and activities in the district. Reports to the District Health Officer and is the

¹⁵ Ministry of Water and Environment. <https://www.mwe.go.ug/>

¹⁶ Office of the Prime Minister. <https://opm.go.ug/>

¹⁷ Kabale District Local Government. <https://kabale.go.ug/>

¹⁸ Ministry of Water and Environment. (2018). *Rural Water Supply and Sanitation brief*

¹⁹ OPM. (2015). *Nutrition Advocacy and Communication Strategy for the Uganda Nutrition Action Plan (2015-2019)*

secretary of the district nutrition committee The District Planning Officer (DPO) is in charge of planning for all activities at the district level. DPO also is on the district nutrition and WASH committees. The District Agriculture Officer (DAO) oversees all agriculture-related matters or activities in the district which include food security and nutrition. The DAO is also part of the district nutrition and WASH committees. Finally, the District Education Officer (DEO) oversees all matters related to education in the district. The DEO is also part of the district nutrition and WASH committees⁷.

3.1.5 National Policy framework

The Constitution of the Republic of Uganda (1995)

The Constitution of the Republic of Uganda (1995), advocates for gender equality and has specific provisions to address discrimination against women. Article 21 states that “all persons are equal before the law; a person shall not be discriminated.” Article 32 provides for affirmative action and states “the state shall take affirmative action in favour of groups marginalized based on gender ...for purposes of redressing imbalances...” Article 33 recognizes equality between women and men. Specifically, it provides for gender balance and fair representation of marginalized groups; recognizes the role of women in society, accords equal citizenship rights, freedom from discrimination, and affirmative action in favour of women. It articulates specific rights of women including outlawing customs, traditions, and practices that undermine the welfare, dignity, and interests of women. Furthermore, principle 22 of the constitution of Uganda advocates for the promotion of food security and nutrition in the country respectively²⁰. The general social and economic objective of the constitution states that all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits. The specific social and economic objective in relation to clean and safe water is the State shall take all practical measures to promote a good water management system at all levels and those for food and nutrition are the State shall take appropriate steps to encourage people to grow and store adequate food, establish national food reserves and encourage and promote proper nutrition through mass education and other appropriate means in order to build a healthy State.

Uganda Vision 2040 (2010-2040)

In 2007, the Government of Uganda approved the Comprehensive National Development Planning Framework policy (CNDPF) which provides for the development of a 30-year Vision to be implemented through: three 10-year plans; six 5-year National Development Plans (NDPs); Sector Investment Plans (SIPs); Local Government Development Plans (LGDPs), Annual work plans and Budgets. Consequently, Cabinet approved the National Vision Statement, “A Transformed Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 years”. The National Planning Authority in consultation with other government institutions and other stakeholders has thus developed a Uganda Vision 2040 to operationalize this Vision statement

It states “A transformed Uganda society from a peasant to a modern and prosperous country within 30 years.” One of its targets is to reduce under 5 child stunting to 0% by 2040. This target is Nutrition specific and targets one of the indicators of nutritional status in the country²¹. Furthermore, the document states to achieve faster socio-economic transformation, Government will invest in better urban systems that enhance productivity, livelihoods and sustainability.

National Development Plan (NDP) III (2020/21-2024/2025)

The National Development Plan III (NDP III) is the third in a series of six NDPs that are anticipated to guide the nation in delivering the aspirations articulated in Uganda Vision 2040. This NDPIII (2020/21 – 2024/25) is anchored on the progress made, challenges encountered and lessons learnt from previous planning and implementation experiences of NDPI and NDPII. The goal of the NDP III is to increase Average Household

²⁰ Government of Uganda. (1995a). *Constitution of the Republic of Uganda*. <https://doi.org/10.1093/oxfordjournals.pa.a052713>

²¹ Government of Uganda. (2010). *Uganda Vision 2040*

Incomes and Improve the Quality of Life of Ugandans²². The WASH, nutrition, and food security come under strategic objective 4 which focuses on health.

Health Sector development plan (HSDP) (2015/16-2019/20)

The Health Sector Development Plan II (HSDP II) 2015/16 - 2019/20 is the second in a series of six 5-year Plans aimed at achieving Uganda Vision 2040 of a healthy and productive population that contributes to socioeconomic growth and national development. The goal of this plan was to accelerate movement towards Universal Health Coverage with essential health and related services needed for the promotion of a healthy and productive life. Objective two of this plan is to address key determinants of health which include safe water and nutrition²³. One of the targets of the HSDP was to reduce under five child stunting and underweight to 29% and 10% respectively by 2020. Right to grow can contribute towards this target by advocating for further reduced targets for under five child stunting and underweight for the next development plan and also passing this knowledge on to the different health workers at the lower levels in the country.

Uganda Nutrition Action Plan (UNAP) II (2020/21-2024/25)

In 2010, the Government approved the national Development plan (2010-2015) and subsequently sector development plan (2010-2025). To demonstrate commitment in the fight against malnutrition however, the government approved in 2011 the Uganda Nutrition Action Plan (UNAP) as the country's strategic framework for scaling up nutrition. The goal of the UNAP was to reduce malnutrition levels among women of reproductive age, infants, and young children during the period 2011- 2016 and beyond the period. In 2017, government undertook the development of the Nutrition Policy. This UNAP II will work as the implementation strategy for the National Nutrition policy. The plan has been developed taking into consideration of the achievements, challenges, opportunities, potentials and lessons learnt during the implementation period of UNAP I 2011-2017.

The main goal of the UNAP II is to end food insecurity and all forms of malnutrition in children less than 5 years of age, adolescent girls, pregnant and lactating women including older persons by 2030²⁴. The vision and mission of the UNAP II are a well-nourished, healthy, and productive population effectively participating in the socio-economic transformation of Uganda and to end hunger, achieve food security, and improve nutrition by 2030 respectively.

National Agriculture policy (2013)

The National Agriculture Policy (NAP) was formulated in line with the Constitution of the Republic of Uganda. Objective XI (ii) of the Constitution provides that the state shall “stimulate agricultural, industrial, technological and scientific development by adopting appropriate policies and enactment of enabling legislation.” Objective XXII (a) provides that the state shall “take appropriate steps to encourage people to grow and store adequate food.”

The goal was to promote food and nutrition security and improve household incomes through sustainable agricultural productivity, employment, and trade²⁵

Agriculture Sector Strategic Plan II (2015-2020)

The Agriculture Sector Strategic Plan (ASSP) is the flagship plan for investment and development of the agricultural sector, in line with the National Development Plan to be implemented through a multi-sector wide approach involving the Government of Uganda, Ministries, Departments and Agencies of Government, District Local Governments, Development Partners, Civil Society Organisations and the private sector. This Strategic Plan was developed following a comprehensive review of the Agriculture Sector Development Strategy and Investment Plan (DSIP) for the period 2010/11 to 2014/15 that was conducted in 2015.

²² National Planning Authority. (2020). *Third National Development Plan (NDPIII) (2020/21 – 2024/25)*

²³ MOH. (2015). *Health Sector development plan (2015/16-2019/20)*

²⁴ OPM. (2021). *Uganda Nutrition Action Plan II (2020/21-2024-25)*

²⁵ MAAIF. (2013). *National Agriculture Policy*

The main aim of this strategic plan was to transform the sector from subsistence farming to commercial agriculture and create employment, increase household incomes, and ensure household food security²⁶.

2nd National Health Policy (2010-2020)

The development of the second National Health Policy (NHP II) was informed by the National Development Plan (NDP) for the period 2010/11-2014/15, the 1995 Constitution of the Republic of Uganda and the new global dynamics. The NHP II was developed through a participatory process involving twelve Technical Working Groups whose membership was drawn from the Ministry of Health, relevant Government Ministries, Health Development Partners, the private sector, Civil Society Organisations (CSOs) and Local Governments. The goal of this policy was to attain a good standard of health for all people in Uganda to promote healthy and productive lives. The focus of the Policy is health promotion, disease prevention, early diagnosis, and treatment of diseases²⁷. This policy is nutrition and gender-sensitive thus promoting nutrition and gender equality through health promotion.

Reproductive, maternal, new-born and child health Sharpened plan for Uganda (RMNCH-SP) (renewed in 2016)

The vision of this plan was to end preventable maternal, newborn, child, and adolescent deaths and improve the health and quality of life of women, adolescents, and children in Uganda. This plan reduces mortality and morbidity by addressing the determinants which include nutrition and care practices, prevention of diseases²⁸.

Social Protection Policy (2015-2024)

The main goal is to reduce poverty and socio-economic inequalities for inclusive development by 2024. The second specific objective of the policy is to enhance care protection and support for vulnerable people; partially it is enhancing food security²⁹.

Health Research Policy (2012-2020)

This Health Research Policy is primarily intended to guide the Stakeholders and interested parties involved in health or health-related matters including all researchers intending to research in Uganda, political leaders, administrators, technocrats, policy and decision-makers, development partners, communities, and the general public and research participants and any special groups to undertake health research to generate knowledge and its application for the improvement of health care delivery and socioeconomic development for the people of Uganda³⁰.

National Integrated Early Childhood Development Policy and Action Plan (NIECP-AP; 2016)

Its goal states that all children in Uganda from conception to 8 years of age grow and develop to their full potential. Food security and nutrition are two of the three main sectoral priorities³¹.

Integrated Management of Acute Malnutrition (IMAM) guidelines

These guidelines provided the framework for ensuring appropriate preventive interventions, early identification, and treatment of the acutely malnourished. These guidelines are used daily in hospitals and health centers in the management and treatment of acute malnutrition in Uganda³².

Policy guidelines on Infant and Young Child Feeding (IYCF) (2007)

These policy guidelines aimed to protect, promote and support exclusive breastfeeding for the first six months and continued breastfeeding up to 2 years and beyond timely complementary feeding³³.

²⁶ MAAIF. (2015). *Agriculture Sector Strategic Plan II (2015-2020)*

²⁷ MOH. (2010). *Second National Health Policy (2010-2020)*

²⁸ MOH. (2016). *Reproductive, maternal, new-born and child health Sharpened plan for Uganda*

²⁹ Ministry of Gender, Labour and Social Development. (2015). *THE NATIONAL SOCIAL PROTECTION POLICY*

³⁰ Uganda National Health Research Organisation. (2012). *Health Research Policy (2012-2020)*

³¹ MOH. (2016). *National Integrated Early Childhood Development Policy and Action Plan*

³² MOH. (2016). *Integrated Management of Acute Malnutrition (IMAM) guidelines*

³³ MOH. (2007). *Policy guidelines on Infant and Young child Feeding (IYCF)*

Maternal, Infant, Young child and Adolescent Nutrition Action Plan (2020-2025)

The main goal of MIYCAN is to reduce all forms of malnutrition in children under the age of five, adolescents, and pregnant and lactating women in Uganda in line with national and global targets by 2025. It has five objectives all of which are nutrition-specific³⁴.

The National Development Plan II (2015/16-2019/20)

This National Development Plan (NDPII) is the second in a series of six five-year Plans aimed at achieving the Uganda Vision 2040. The National Development Plan (NDP), which is the overall national planning framework, identifies the importance of gender mainstreaming in all interventions including policy formulation and planning, which guides public actions to eradicate poverty. It has furthermore identified gender issues; negative attitudes, mindsets, cultural practices, and perception among seven key binding constraints to development that need to be addressed to be able to achieve sustainable and equitable development. The country, therefore, commits itself to achieving gender equality in its NDP³⁵.

3.1.6 WASH Policy Framework

The Ugandan Constitution (1995)

The Ugandan constitution defines clean and safe water as a fundamental right for all Ugandans. Furthermore, the constitution compels the government to take all practical measures to promote good water management at all levels of action. It also defines the principle of decentralization as the system for local governance in Uganda (Art. 176)³⁶.

The National Environment Act (1995)

This Act provides the legal framework for the sustainable management of environmental resources, including water. It further establishes the National Environment Management Authority as the coordinating, monitoring, and supervisory body for that purpose³⁷.

The National Water and Sewerage Corporation Act (1995)

This Act establishes the National Water and Sewerage Corporation (NWSC) as a corporation that shall operate and provide water and sewerage services in specific entrusted areas. The act assigns NWSC to:

- Manage water resources in the most beneficial way for the people of Uganda.
- Provide water supply services for domestic, stock, horticultural, industrial, commercial, recreational, and environmental uses.
- Provide sewerage systems in the areas appointed under the Water Act of 1995.
- Develop water and sewerage systems in urban centers (15,000 habitants) and large national institutions (hospitals, etc.) throughout the country³⁸.

The Water Act (1997)

This Act states that all water rights are vested in the Government. No water can be obstructed, dammed, diverted, polluted, or interfered with without a permit. It further defines the powers and functions of water authorities as the responsible entities for the provision of water supply services and gives the Minister of Water and Environment the authority to demarcate water supply areas and appoint water authorities to provide water supply services in these areas. It also gives general rights to the occupiers of that land to use water that naturally existing water sources for domestic use. However, the occupier must receive approval from the Ministry of Water and Environment to abstract water on his/her premises (Art. 7)³⁹. The Water act gives power to the Minister to determine tariffs, fees. The Minister of Finance reinstated the 18% Value Added Tax (VAT) on piped water in 2012/13. The introduction of this tax led to high costs of piped water and eroded

³⁴ MOH. (2020). *Maternal, Infant, Young child and Adolescent Nutrition Action Plan (2020-2025)*

³⁵ National Planning Authority. (2015). *The National Development Plan II (2015/16-2019/20)*

³⁶ Government of Uganda. (1995a). *Constitution of the Republic of Uganda*. <https://doi.org/10.1093/oxfordjournals.pa.a052713>

³⁷ Government of Uganda. (1995b). *National Environmental Act, Cap 153*

³⁸ NWSC. (1995). *National Water and Sewerage Corporation Act, Cap 317*

³⁹ Government of Uganda. (1997c). *The Water Act, Cap. 152*

accessibility and affordability of water for the majority of consumers. More people weren't able to access water, thereby reducing the water coverage in the country. The poor and low-income earners resorted to collecting water for drinking and other domestic use from un safe sources.

The Water and Sanitation Gender Strategy (Revised) (2018 - 2022).

The revised Water and Sanitation Gender Strategy (2018 - 2022), illustrates the Water and Environment Sector's dedication towards the promotion of Gender Equality and Women Empowerment in the Country⁴⁰. It also demonstrates the Sector's resolve to eliminate gender inequalities among men, women, boys, girls, and other vulnerable groups. This strategy builds on the past achievement of the 2nd Water and Sanitation Gender Strategy (2010, 2015) by proposing strategic actions that ensure water and sanitation stakeholders mainstream gender into policy formulation, capacity building, management, monitoring, and evaluation. The overall goal of the WSGS III is to empower men, women, boys, girls, and vulnerable groups through ensuring equity in access to and control of resources in the water and sanitation sub-sector, contributing to poverty reduction.

The Water and Environment Sector Development Plan (2015-2020) outlines the specific objectives for the water sector as part of the national development strategy aiming to "attain the lower-middle-income status by 2020 with an annual per capita income of USD 1,033" which is articulated in the Uganda Vision 2040⁴¹. This document reinforces the government's commitment to achieve the **Sustainable Development Goal** for Water (SDG 6) by increasing access to piped water and toilet facilities, as well as developing water treatment systems. The new development plan for 2020/21-2025 is still in development and thus Right to grow can advocate for the inclusion of WASH and nutrition into it by working with Ministry of Water and Environment.

Public Health Act 1935 CAP 281

Section 55, require local authorities to maintain cleanliness and prevent nuisance: and sates 'Every local authority shall take all lawful, necessary and reasonably practicable measures for maintaining its area at all times in clean and sanitary condition, and for preventing the occurrence in the area of, or for remedying or causing to be remedied, any nuisance or condition liable to be injurious or dangerous to health and to take proceedings at law against any person causing or responsible for the continuance of any such nuisance or condition'.

Section 57 of the Public Health Act mentions what constitutes nuisance such as any collections of water, sewage, rubbish, refuse, ordure, or other fluid or solid substances which permit or facilitate the breeding or multiplication of animal or vegetable parasites of men or domestic animals, or of insects or of other agents, which are known to carry such parasites or which may otherwise cause or facilitate the infection of men or domestic animals by such parasites; Also any cesspit, latrine, urinal, dung pit, or ash pit found to contain any of the immature stages of the mosquito. Section 60 states the penalty of 400 UGX to be paid by a person who causes the nuisance.

3.1.7 Policy Gaps

- a) Some policies like NDP III, Health sector development plan, health policy, and RMNCH-SP are not nutrition and WASH specific thus have very little or no influence in the reduction of malnutrition and improvement of WASH in Uganda. Policies like the NDP III unlike its predecessor NDP II lack nutrition and WASH specific goals or objectives that directly influence the nutrition and WASH indicators thus have very little or no effect on malnutrition and WASH situation in Uganda.
- b) Implementation of nutrition policies and interventions as a whole remains weak concentrating in most food insecure and vulnerable areas of the country only. Generally, implementation of all policies is supposed to be countrywide but most of the nutrition policies implementation and interventions are mainly in food insecure and vulnerable areas for example refugee camps and settlement, resettlement

⁴⁰ MWE. (2018). *The Water and Sanitation Gender Strategy III*

⁴¹ MWE. (2015). *The Water and Environment Sector Development Plan (2015-2020)*

areas of Bududa landslide victims, Areas around river Nyamwamba after it broke its banks, Areas in Kitgum, Gulu and Pader that were affected by the LRA war and many others.

- c) From the data gathered, key informants recognized that there are various policies in place to address the malnutrition and WASH challenges in Uganda, however, there exist some policy gaps which impede the multi-sector implementation in Uganda

“... we have a multisectoral nutrition plan in place, from top central level to the community (grassroots) level, which is good but still some policies don't address the actual challenges on the ground” (Government official).

- d) Coordination of Nutrition stakeholder interventions is lacking and is not in line with what is stated in the national frameworks for nutrition and other related policies. At the district level, government stakeholders from every nutrition-sensitive sector referred to the lack of clear government programs that support nutrition directly in a local policy environment. Key agricultural-related programs are focusing on wealth creation, value-addition, or increasing agricultural productivity without a nutrition lens (not "nutrition-sensitive or specific"). Nutrition is not on the 'list' of key priorities of most district health departments unlike HIV/AIDS, malaria, or sexual reproductive health.
- e) The tracking Systems for material, financial and human resources when implementing nutrition policies are not sufficient. Furthermore, financing for nutrition was not well accepted hence was never well established. Generally, the budget transparency for nutrition interventions across sectors during nutrition policy implementation was low due to high levels of aggregation of budgets making information on nutrition-sensitive and specific expenditure scarce and difficult to track
- f) Despite there being good nutrition policies that cover most of what needs to be done, there are gaps in skills and required competencies in the relevant departments of different ministries which impede the implementation of nutrition policies and targets for example in the ministry of finance implementing nutrition policies.
- g) Many nutrition policies and interventions have been implemented in Uganda by the government under OPM and Ministry of Health, implementing partners, and other stakeholders but there is no robust monitoring and evaluation system for increased transparency and accountability of most of the activities and interventions under the nutrition policies.
- h) In the agriculture sector, the previous Agriculture Development and Strategic Investment Plan (2010-2015) stipulated 23 multi-action programmes while the current Sector Strategic Plan refers to commodity-focused programmes. Although no nutrition-dedicated programme is in existence, nutrition is mentioned in programmes and sub-programmes on selected commodities and in the extension services and agricultural education platform, through which the production and consumption of the selected nutritious foods is intended.
- i) While various activities are undertaken at national and district levels to implement the nutrition policies, there are limited resources to deliver programmes on a national scale. It is important to gather evidence on the implementation of programmes to understand what models offer the best impact on nutritional outcomes so that Uganda can advocate and invest in cost-effective programmes to improve nutrition.
- j) For the Public health act, the penalty of 400 UGX as set is not deterrent enough to enforce compliancy with the established laws and policies to sanitation thus needs to be revised.
- k) The Water act does not state the price at water is to be sold to public thus water vendors are left to determine water prices and can make a profit of more than 100% at the cost of the community.

- l) The Water act does not contain any sanitation and hygiene specific objectives which would be of great importance.
- m) There is also need to put in place a national sanitation and hygiene specific policy to facilitate improved implementation of interventions and tracking of their indicators.

3.1.8 Conclusion on institution and policy framework

Overall, the majority of key informants from the national, local level and CSOs, especially those working in local government and CSOs, had limited knowledge on the multisector policies to improve food security, nutrition, and WASH in Uganda, this may be attributed to the fact that most of the sectors majorly focus on their sectorial work and policies rather than promoting other agendas like nutrition and WASH. Most of them noted that some of the government policies are not properly implemented at the lower levels. It was mentioned that existing policies and strategies, such as Uganda Vision 2040 (2010-2040), National Development Plan (NDP) III (2020/21-2024/2025), and Health Sector development plan (2015/16-2019/20), are more holistic and link with other sectors. Some participants also mentioned that National Development Plan (NDP) III (2020/21-2024/2025), was developed in collaboration with the various ministries to guide public actions to eradicate poverty. It was also discussed that the implementation of all policies is supposed to be countrywide but most of the nutrition policies implementation and interventions are mainly in food insecure and vulnerable areas for example refugee camps and settlements,

Although the effectiveness of these programmes at household levels has not yet been seen, for many stakeholders, improvement in existing policies gives the positive assurance that more emphasis has been placed on designing multisector collaborative programmes and projects. One participant noted that there was an

“...overall increasing level of awareness amongst the project participants via various training, publications and capacity enhancement programmes” CSO Official

However, others perceived that while there are signs of ongoing work by key ministries such as WASH and agriculture, changes at the household level remain to be seen, and these were considered to be the most important.

“...there have been improvements in the chronic undernutrition, however, it is still high, the children still suffer from chronic malnutrition in the villages... long way to go and we need more coordinated actions to achieve the national target” CSO Official

Table 2: Institutional and Policy Framework Pointers

Pointers	Score	Source
Existence Institution and Policy Framework	Yes	Secondary sources
Policies address nutrition and WASH Challenges?	To some extent	Secondary sources
Existence of policy gaps	Yes	Secondary sources
WASH, Nutrition & Food security Policies known to the CSOs and LG officials	Limited	Primary Data

3.2 COMMUNITIES DEMAND AND INTEREST IN BASIC SOCIAL SERVICES

3.2.1 Community knowledge, attitudes perceptions and Nutrition, and WASH rights.

3.2.2 Food rights

The current community knowledge, attitudes, and perceptions of Nutrition and WASH rights were assessed through FGDs with women farmers, mothers with under 5 children, among other participant groups. The participants exhibited knowledge about the right knowledge of food rights related to the ability to feed on nutritious food, the ability to have three meals a day, the ability to eat and store, and the ability to feed on a

variety of foods. This was substantiated across the Districts under study. One participant from Bugweri intimated that:

“[...I also understand food rights] ... as the ability to eat foods rich in nutrients. It also means eating food which gives energy and knowing how to prepare it” **FGD Participant, Food Security, Bugweri District**

In addition, they also defined food rights as the ability to grow a variety of food. Relatedly, they understood the right to food as having sufficient food that can sustain households regardless of the household members therein. The participant's responses on the right to food were punctuated by “the capacity to afford food”. This alludes to the financial ability to access food in sufficient quantities. This resonates with the international definitions of the right to food as a basic human right generally understood as the right to feed oneself in dignity, and the right to adequate food⁴².

3.2.3 WASH Rights

The study also revealed that participants had fairly right knowledge about water, sanitation, and hygiene components. This was attested by their ability to define WASH rights in terms of; the ability to access clean water, access to water and good health, access to handwashing points, access to a basic toilet (latrine), access to a rubbish pit, among others. Correspondingly, the participants were cognizant of the fact that growing up in a clean and safe environment is everyone's right that good hygiene practices are a precursor to a healthy life. In Kikuube District one participant defined the right to WASH services as;

“...Right to hand washing facility to use after using the latrine as a way of keeping self-hygiene but also ensuring that people you are sharing with have washed hands before and after eating anything” **FGD, WASH Groups, Kyangwali Kikuube Subcounty, Kikuube District.**

3.2.4 State of food security, nutrition, and WASH services

There were variations in the state of food security and WASH services across the districts under study. This was occasioned by various contextual issues such as spatial patterns, living arrangements, land access, climate change (prolonged droughts), inadequate seeds, limited sustainable livelihoods, limited food rations in the camps, among others. For example, participants in refugee settlements in Districts such as Adjumani, and Kikuube reported a bad state of food security, nutrition, and WASH services as compared to a district like Kabale. In Adjumani for example one participant noted;

“...[State of food security and nutrition]... It is bad because in the settlement of Maaji II, we are given 19,000/- UGX per month and this money cannot even last a week, therefore we do not have land so that we can have the opportunity to farm and add on what we are given. So, most of the people here are eating only once a day something that is not good for human health...and the children



Figure 2: A poorly maintained Spring Well in Namiganda Village, Bugweri District

⁴² FAO. 2005. Jacques Diouf in Foreword to the Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security, p. iv. Rome.

suffer more because food intake is extremely low, 7kgs maize flour given to us for a month is very little” FGD, Food Security, Farmers, Maaji II, Adjumani District

Similarly, in Kamwenge District, the state of food security and nutrition was also described to be bad. One FGD participant categorically stated that;

“We are not satisfied with the current state of our food security because we have no source of income to buy food for home consumption so only the rich can afford to have the food. the current state of food security is bad because we have no land in this community to plant our crops as most of the lands are wetlands and we were stopped from planting in the wetlands by our leaders so we have no land and food”. FGD, Food Security Groups, Kamwenge District

Correspondingly, in Buliisa District, the situation was considered to be generally bad. For example, wild animals like elephants, prolonged drought, and landlessness were majorly responsible for the situation. Contrastingly, although the food was said to be available in Kabale District, it isn't adequate to cater to the people's nutritional needs. This is was attributed to climate change that has altered the weather and made it unpredictable for farmers to plant in time.

3.2.5 Major barriers to food access in households

Land related barriers

Food insecurity is closely linked to inadequate food production arising from land challenges such as land shortage, land dispossession, land rents, limited access to irrigation infrastructure, farming acreage, infertile soils, limited access to farm inputs, markets, and technologies. All the above challenges were said to be undermining crop production hence triggering food insecurity in the communities. This is because land as a fixed factor of production is essential in sustainable livelihoods and its absence precipitates food insecurity. Land-related barriers were reported in all the baseline study districts such as Kabale, Kamwenge, Buliisa, Kikuube, and Bugweri. In an FGD conducted in Adjumani District, one farmer testified how land was responsible for food insecurity in her household when she detailed that;

“I got land to cultivate, but even before I could get or enjoy my hard work, the landowner ordered me to leave his land even after I had paid some money. Therefore, since the land was not mine, I had to leave and this led to food scarcity in the house” FGD, Food Security, Farmers, Maaji II, Adjumani District

Correspondingly, infertile soils, crop pests, limited information, and bad weather are exemplified by the response below;

“We have poor soils on which to cultivate, pests and diseases that destroy our crops, prolonged drought, we also don't have information about the ongoing programs from the government. FGD, Food Security Groups, Kiziranfumbi Subcounty, Kikuube District

Generally, findings indicate that refugees in Kikuube, Kamwenge, and Adjumani Baseline districts face issues of limited access to sufficient agricultural land, given the ongoing disputes related to land and resources. Formal agreements and written documentation authorising ownership or access to land are uncommon, raising fears of evictions and confiscation of crops. The lack of access to sufficient land limits agricultural subsistence and livelihoods, and in some cases instigates refugees to move as they seek fertile soil and other income opportunities. Households headed by women, and especially those headed by widows, face greater challenges to food security.

Distance (accessibility barriers)

Study participants reported distance as a barrier in accessing WASH and nutrition services in the communities. For example, in Iganga District women have to travel to Iganga Town to buy nutritious porridge and tinned milk which are hardly sold in the villages. Even in the presence of Health facilities, the limited capacity to cater for the malnourished people was revealed as priority is given children of 0-2 years yet there are other people like pregnant mothers, elderly and children from 3-13 years who are experiencing undernutrition. The concerns below exemplify the challenge caused by distance. In trying to access WASH

and nutrition services and facilities. Water is usually fetched in the morning and the evenings, although sometimes this occurs several times a day depending on the water needs at home. As a result of the large numbers of people being served, the queues at the borehole are often very long and these result in delays to access water which could last up to several hours. Community members also reported that the boreholes break down very frequently, and yet they do not have adequate technical knowledge on borehole repair and maintenance.

“Long distances to the water sources which has affected hygiene and sanitation in the area”. FGD, **WASH Gropus, Kyangwali Kikuube Subcounty, Kikuube District**

“Another problem is that WASH facilities (e.g boreholes) are located very far from our homes with long queues hence walking more distance and wasting more time while getting the water” FGD, **WASH, Bugweri District**

“Yes, we have, the health facility is located a long distance from our community hence accessibility becomes a challenge” FGD, **Women with Under 5 Children, Adjumani District**

Climate change related barriers.

The unpredictable weather conditions that come with lots of rain and dry spells that cause prolonged droughts were also blamed for the poor nutrition status in the communities. This was mostly reported in Buliisa, Adjumani, and Bugweri Districts. One farmer in Adjumani noted that;

“The weather has also been spoiling crops[...] because it changes, for example, last year 2020, there was a lot of rain and most of the plants did not yield, and I practically got almost nothing from the garden and even this year, the production from my work was not okay especially maize since it was affected by the prolonged drought, and diseases hence low production” FGD, **Food Security, Farmers, Maaji II, Adjumani District**

On the other hand, Inappropriate beliefs and practices, delayed delivery of seedlings, gender-based violence, and poverty were mentioned as barriers to food access. However, the major barriers cited in Bugweri, Kikuube, Bullisa, Kabale, and Adjumani, and Kamwenge included; climate change related barriers like bad weather that relates to prolonged droughts, long distances to WASH, and nutrition service providers like Health facilities. The belief that boiled water does not taste good, and a pregnant woman should not go to the latrine, among others is affecting WASH services. Distance is a barrier to access to nutrition services. For example, women with under 5 children have to move long distances to Rukunyu Hospital.

Gender barriers

There were several inequalities reported in different aspects of life; financial and social. Women were reported to receive unfair treatment by the men through domestic violence. Land ownership was a preserve of men in all communities because of the hereditary nature and this skews intrahousehold decision making in favour of men. Women did not inherit land and noted that they had no resources to buy their own land. They were thus often at the mercy of men who handled the most important factor of food production. Although some women accessed the land to produce the food, the control over the proceeds was largely vested in the hands of men and this explains why women largely complained about men selling off the agricultural produce without their consent because culture bestows on them (men) the rights to decide on behalf of their wives. Therefore, there is a likelihood of strained relations that breed domestic violence and separation. However, it was noted that women often play a greater role in ensuring nutrition, food safety and quality, and are also often responsible for processing and preparing food for their households. Women tend to spend a considerable part of their cash income on household food requirements unlike men, and perhaps this still lends credence to the fact when there is separation, the nutrition status of the family slumps.

“...most families which have access to food all the time are usually headed by single mothers, men always have a tendency of causing gender-based violence and they often sell off food being harvested”. FGD, **Food Security, Bugweri District**

“We have an issue of domestic violence in this area and gender inequality as men sell land whenever they need money without consulting us the women because they think there are heads of family so

it's hard for us to grow our crops since we have no land to cultivate and rights to fight for our lands". FGD, Food Security Groups, Kamwenge District

"We have faced a problem of Domestic violence in our community as men mistreat us for example, we have our hens but the men steal the chicken and sell them likewise for the beans and you can't talk about them as they can beat you" FGD, Women with Children Under 5, Kahunge Sucounty, Kamwenge District

"Once there is GBV within the community and in homes, separation comes in where a woman is barred from child upbringing, when she leaves, the man may not be able to take up the responsibility, [...] children get malnourished and he may not know where to get help from" Councillor, District Local Council, Adjumani District

These inequalities have negative effects on food security and nutrition. Women were denied the opportunity to make decisions regarding what foods to eat, sell and what to retain after harvest. In the economic sphere, although all participants confessed that most work is done by women, many acknowledged that control over the products from the gardens, the money from the products, fully lay in the hands of men. Men decided what to do with the money, and in some cases did not give anything to their partners. Figure 3 below explains the intricate relationship between gender-culture, intrahousehold decision making, GBV and undernutrition.

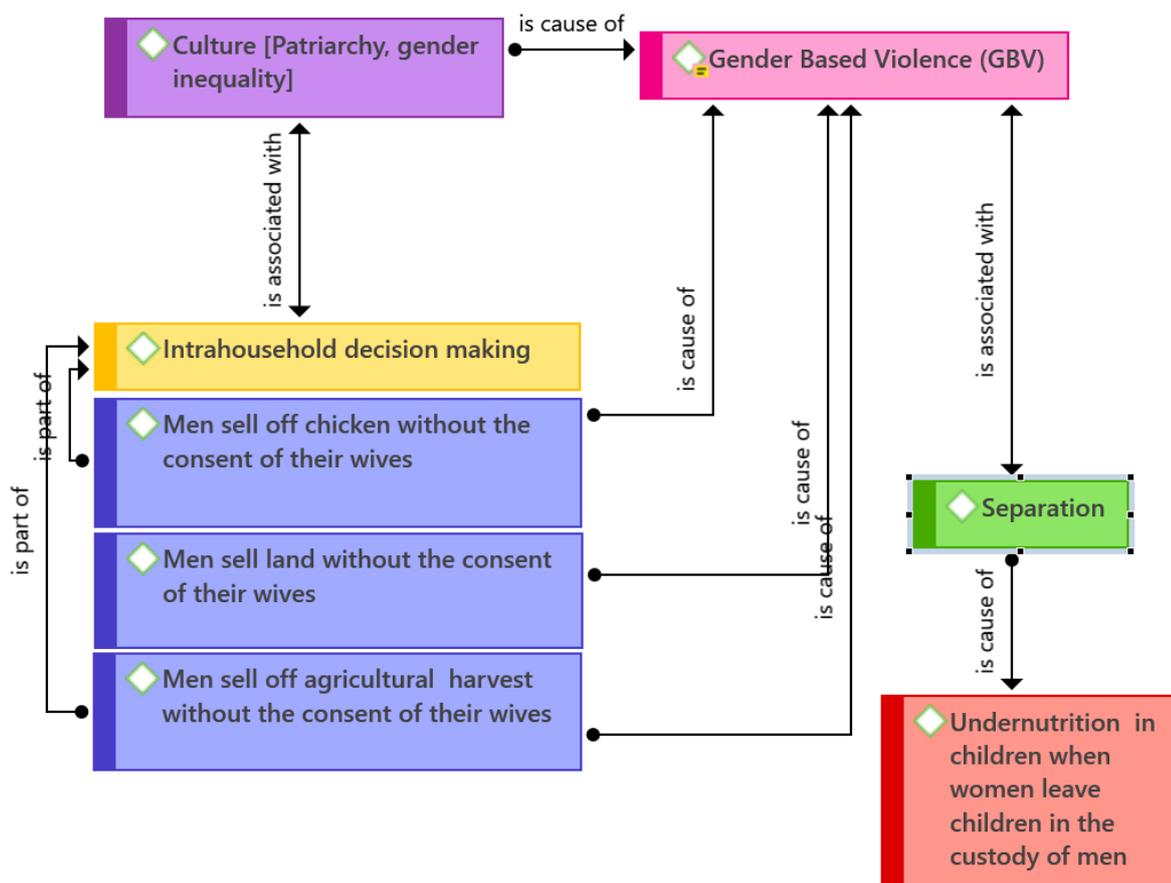


Figure 3: Gender related barriers to food security

A qualitative Bar Graph showing the core mentions of barriers to food security access in households



Figure 4: ATLAS.ti A qualitative Bar Graph showing the core mentions of barriers of food and WASH access in households

The barriers discussed and those shown in figure 4 are closely related to poverty. The impact of poverty on individuals can be envisaged through multiple manifestations and included poor nutritional status, food insecurity, vulnerability to disease, and reduced productivity levels. Additionally, people living in poverty are unable to access necessities including nutritious food, a hygienic environment, appropriate shelter, and adequate healthcare. Also, poverty is associated with gender-based violence, limited access to modern farming methods which ultimately impact the state of food security in communities.

A recent review of Uganda’s progress on Sustainable Development Goal 2 indicated that on average Ugandan’s were consuming 1860 Kcals per capita below a recommended 2200 kcal per capita, while food insecurity could be affecting 46% of the population. The food insecurity situation is largely driven by low incomes, poverty, low productivity, and crop failure linked to changing weather and climate change patterns. There is also a problem of un-regulated food export, declining land for food production resulting into reduced household stocks and rising food prices. Resurgence of crop and livestock pests and diseases also contributed to reduction in production⁴³⁴⁴⁴⁵⁴⁶

⁴³ GOU. (2017). Towards Zero Hunger. A Strategic Review of the Sustainable Development Goal 2 in Uganda: National Planning Authority, Kampala.
⁴⁴ FAO, IFAD, UNICEF, WFP and WHO. (2019). The State of Food Security and Nutrition in the World 2019. Safeguarding against economic slowdowns and downturns. Rome: FAO. State of Food Security and Nutrition in the World Report 2019.
⁴⁵ Uganda Bureau of Statistics - UBOS, & ICF. (2018). Uganda Demographic and Health Survey 2016. Kampala, Uganda: UBOS and ICF.
⁴⁶ CSO Position Paper on the Nutrition Budget FY2021/22

3.2.6 Utilization of local knowledge/indigenous solutions in addressing existing challenges

This study unearthed a wealth of Agricultural Indigenous Knowledge used in the baseline districts in addressing food insecurity, as well as the management of Water, Sanitation, and Hygiene. This knowledge was found to be useful crop management to increase agricultural productivity, vermin management, WASH management, post-harvest management, undernutrition management, and poverty management as shown in Figure 4 below. This implies that even in wake of modern farming methods being crusaded by the agriculturalists, people still employ local but ingenious solutions to the existing challenges, and barriers.

Agricultural productivity management

To increase agricultural productivity by controlling pests, and crop diseases, the farmers reported to have been using organic pest control gardening with red pepper. Relatedly, to increase yields, they use organic manure obtained from animal waste. Furthermore, deep ploughing (okukabala) is used, the purpose is to modify the soil water retention characteristics over the long term. Besides, the same technique was reported to have been used in the preparation of gardens for planting. Self-improvisation to enhance collective responsibility during community exercises was found to be a unique local solution. One participant noted that;

“When we are doing demonstrations, materials may not be enough to cater for everyone, so we task participants to carry their materials like saucepans, firewood, (mukene), cups which can be prepared and smashed until its ready for consumption” **CSO Official, Bugweri District**

Similarly, to increase crop yields, the local farmers in some Baseline districts like Kikuube reported being planting crops near water sources like swamps to be able to irrigate their crops by digging holes to extract water. However, some decried the level of harassment from the National Environmental Authority (NEMA), and the District Environmental Officers in the enforcement against wetland encroachment. Farmers organising themselves into groups is attributed to increased saving culture and funding to finance to boost livelihoods and food security. In Buliisa District one participant stated that;

“We formed groups among ourselves for example Bugana widows/HIV positive where we save and also apply to different projects to get some support”. **FGD, Farmers Group, Buliisa District**

Vermin management

In Buliisa District, the locals reported having been able to manage vermin like wild animals such as elephants that have proved to be menace by chasing them through blowing trumpets. During the exercise, there is collective action, when the people blow trumpets in unison after being alerted by one community member. This ingenious solution is said to be keeping the elephants at bay.

WASH Management and Collective Action (CA)

The formation of clusters of 6-12 households where each and making sure that each household has a pit latrine has reduced the prevalence of open defecation. So far, four villages have been declared open defecation-free in Biiso Subcounty, Buliisa District. Also, collective action is central in managing the activities of WASH interventions in the communities. They collectively clean, rehabilitate water sources and collectively monitor their utilisation. Evidence to the collective action is illustrated below;

“We always participate in community work in cleaning and clearing the areas around water sources especially water springs (ensulo). We used to do it ever after two months, but, currently if ceased due to increase in water level around the area which cannot allow these activities to run on smoothly” **FGD, WASH, Bugweri District**

The implications of these collective action efforts are related to information sharing, collective problem solving, stakeholder engagement, community collaboration, and coordination, representativeness, inclusion, and community ownership of the WASH interventions.

Post-harvest management

The building of wooden structures that act as stores have helped the local in Kabale District to store food and seeds for the next seasons, this is said to be mitigating the challenge of food insecurity because the solution provides food even during planting seasons. Also, to avoid post-harvest of agricultural produce, like grains

such as beans, maize, among others. The locals use red pepper and salt (the mixture is smeared on top of the sacks containing grains) to avoid pests in the store.

Undernutrition management

In managing undernutrition among the vulnerable populations, the women plant vegetables in small spaces like in compounds, verandahs, sacs, bottles as they were taught by several stakeholders. In Kikuube District the capacity building method called Care Group Volunteers (CGVs) initiated by a CSO [Community Integrated Development Initiatives, Kyangwali Subcounty] is helping community members to build WASH capacity and nutrition among themselves. When a group is graduates, they then train others hence knowledge expansion.

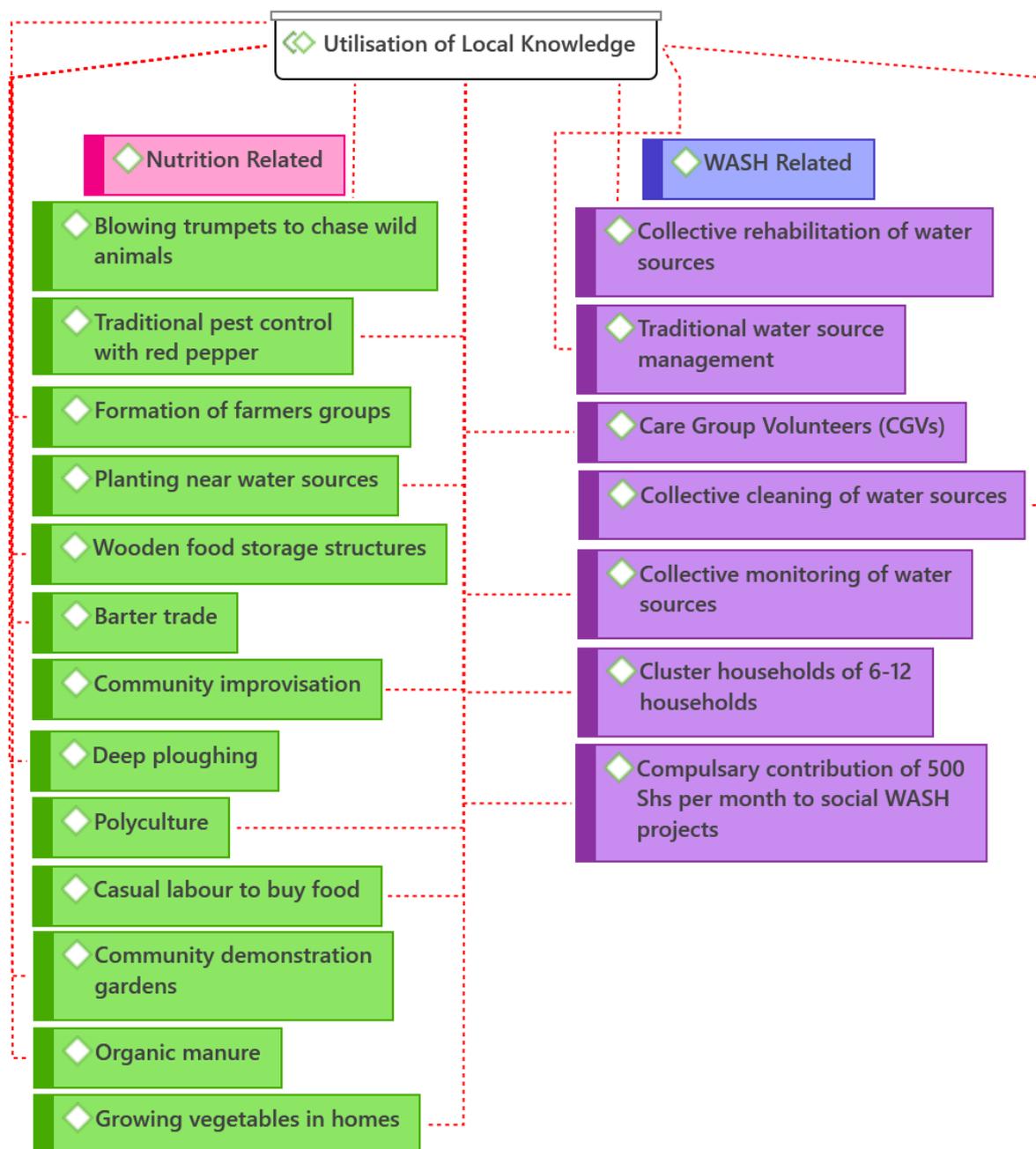


Figure 5: Utilization of local knowledge in addressing existing challenges/barriers

3.2.6 Level of meaningful participation of various stakeholders in addressing food security and nutrition issues

This section presents findings about the level of meaningful participation of various stakeholders in addressing food security and nutrition in local governments.

3.2.7 Role of Local Governments

Local government officials such as Chief Administrative Officers (CAOs), District Health Officer (DHOs), District Community Development officers (DCDOs), District Water officer (DWOs), District Planning Officers (DPOs), Principle Nutritionists, District Agriculture Officers (DAOs), Subcounty Community Development Officer (CDOs), District Education Officers (DEOs) and Subcounty Councilors, among others reported to be addressing food security, nutrition, and WASH in different ways through their respective departments as seen in the figure below:

Role of LGs in addressing food security and nutrition issues and WASH services

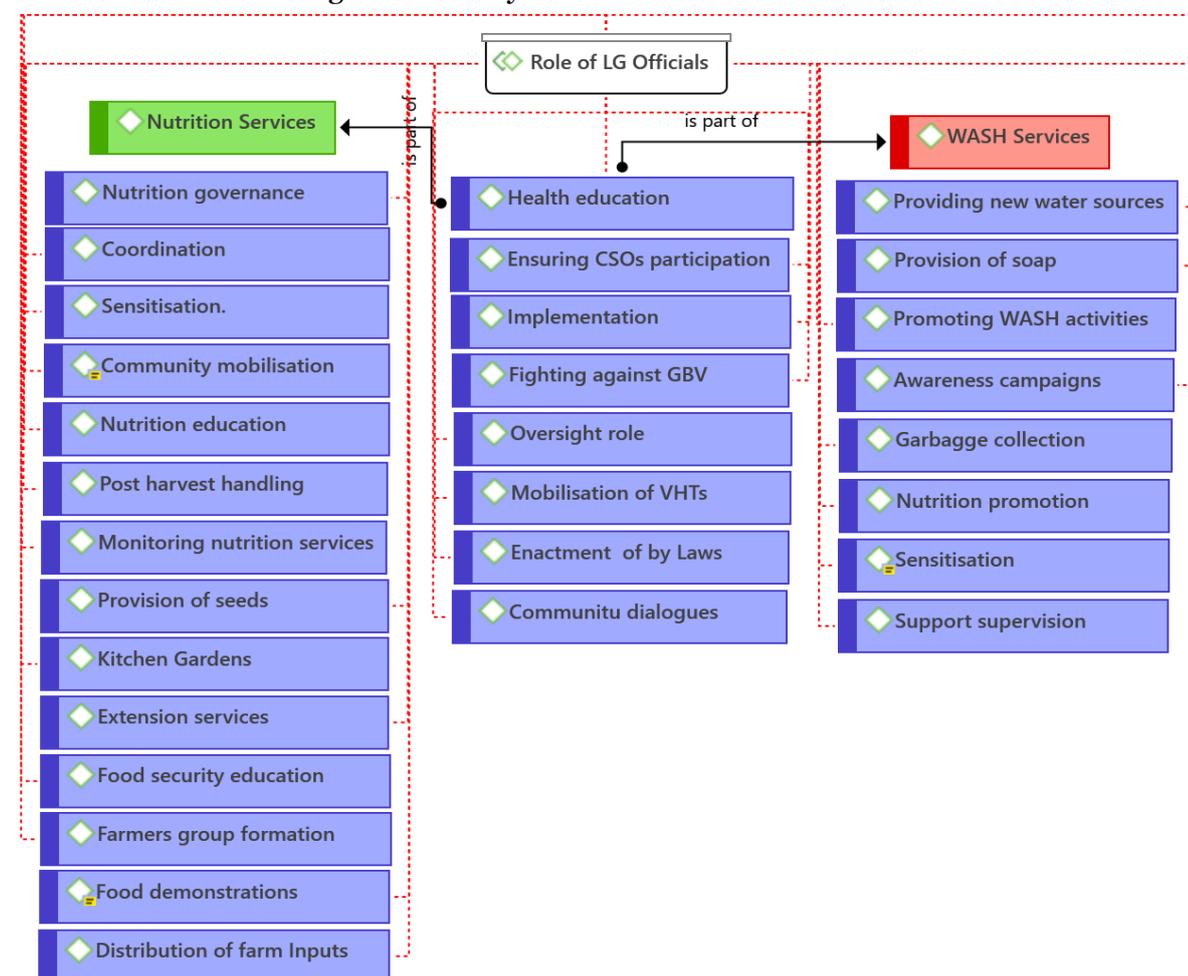


Figure 6: Role of LGs in addressing food security and nutrition issues

The study revealed that Local government officials perform three core roles that include but aren't limited to community sensitisation, community mobilisation, and coordination of nutrition and WASH services alongside performing other roles as indicated below;

- Advising the local governments on food and nutrition matters, at their respective levels;
- Collecting, analysing, and disseminating data on the status of food and nutrition in their respective LGs
- Spearheading the formation and operationalisation of food and nutrition committees at lower levels, schools, and health centres;

- d) Lobbying and ensuring that food and nutrition issues are incorporated in the District and Sub-County development plans; and
- e) Coordinating activities of all government institutions, NGOs, and CBOs involved in food and nutrition programmes in their areas of jurisdiction; and ensuring that the community is adequately sensitised and mobilised for food and nutrition programmes.

In terms of WASH services, the district officials reported having been engaged in sensitising the communities on the importance of safe and clean water, and the need for proper management of the water points like wells and boreholes. In addition, sensitisation in form of health education is aimed at preventing diseases related to poor sanitation and hygiene. Some LG officials state thus;

“We also have an officer CDO in charge who moves around with the water engineer to encourage people to keep jerry cans and boreholes clean” **Subcounty Official, Ibulanku Subcounty, Bugweri District**

“Our Department largely engages with activities that have preventive measures, that is preventing diseases safe water supply, sanitation and also hygiene interventions. It also focuses on rural communities to water supply so we are targeting rural areas to supply them with water” **District Officials Under WASH Sector, Kabale District**

However, in terms of service provision of WASH in the Districts, the statistics in terms of access aren't convincing. For example, Piped water infrastructure only serves 20% of the national population in Uganda, although access has increased in rural areas. Nationally, the majority of the population relies on improved groundwater point sources such as boreholes (31%), protected dug wells (16%) and protected springs (15%)⁴⁷. Since 2009, there has been a 60% increase in the usage of deep boreholes which were used by 12,333,000 users in 2019. Relatedly, While the majority of households (79%) have access to improved water sources, the UNICEF and WHO Joint Monitoring Program.

estimates that 58% use unsafe sources that are not free of faecal contamination⁴⁸.

Earlier studies indicated that 20% of Ugandan point water sources (protected springs, boreholes and shallow wells) are non-functional, primarily because of technical breakdowns (40% of cases), absence of yield (i.e., dry) (15% of cases), and water quality not meeting drinking water standards (10% of cases). Eighty-two percent of point sources rely on community-based management while 8% are managed by institutions and 7% by private operators. In rural areas, maintenance is often poor because of limited financial resources. Similarly, UNICEF

Box 1: Nutrition Promotion Campaign

“Under the Health and Nutrition Promotion Intervention, there are key components such as; *social behavior*, and *change communication* that majorly address the underlying causes of malnutrition, we deliberately do that for those clients who are not malnourished yet but are able to access services at the health facility. For example, pregnant mothers and those that have delivered and they are not malnourished as such but because they have children less than 5 years, so we offer them the key messages of nutrition so that they do not become malnourished with them. By doing so, we address the component of *breast feeding*. Similarly, we usually advise them on the frequency of breast feeding, and the initiation of breast feeding within the first hours after giving birth.

We also encourage exclusive breast feeding for the first six months and expect the mothers to completely give milk to babies without any other external food except no any other medication if sick. This comes with emphasis on maternal nutrition because we know the children depend entirely on breast milk, so the mothers themselves must feed well.

We encourage them to eat diversified foods that provide important nutrients, and it is against background that they really feed well in order to have a well-nourished body that would give them an opportunity to cultivate and have more food in stock because a sick body would not be able to produce calories. Therefore, our focus is on treatment and prevention, as well as a healthy body in a healthy mind”

Nutrition Focal Person, Adjumani District

⁴⁷ Ugandan Institutional Framework For Water Provision. Institutional Framework Brief, December 2019. Available at: https://www.aquaya.org/wp-content/uploads/2020_Ugandan-Institutional-Framework-for-Water-Provision_EN.pdf

⁴⁸ Ibid

reports that in Uganda 33% of children do not have access to clean water, 60% of the children live 30 minutes walking distance from a water source. Access to sanitation is still low in districts as 3/10 Ugandan households do not have a latrine, only 8% of mothers under five have soap and water readily available for hand washing, 10% of the Ugandans still practicing open defecation⁴⁹

3.2.8 Civil Society Organizations (CSOs)

As civil society actors are often occupied by taking on many of the food-related service and WASH delivery activities, and at times their role is always grossly underestimated. CSOs reached in this study involved a variety of actors, like those working under coalitions and networks, international agencies, Community Based Organizations (CBOs), and others. This study discovered that they are playing a critical role in the communities. The roles are thematized under three core categories such as ‘education’, ‘advocacy’, and ‘provision’ whose actions are aimed at improving food security, nutrition, and WASH services (See Figure 3). Ultimately, this improves the policy-making processes to strengthen the resilience of the food security and WASH systems.

Role of CSOs in addressing food security, and nutrition issues and WASH services

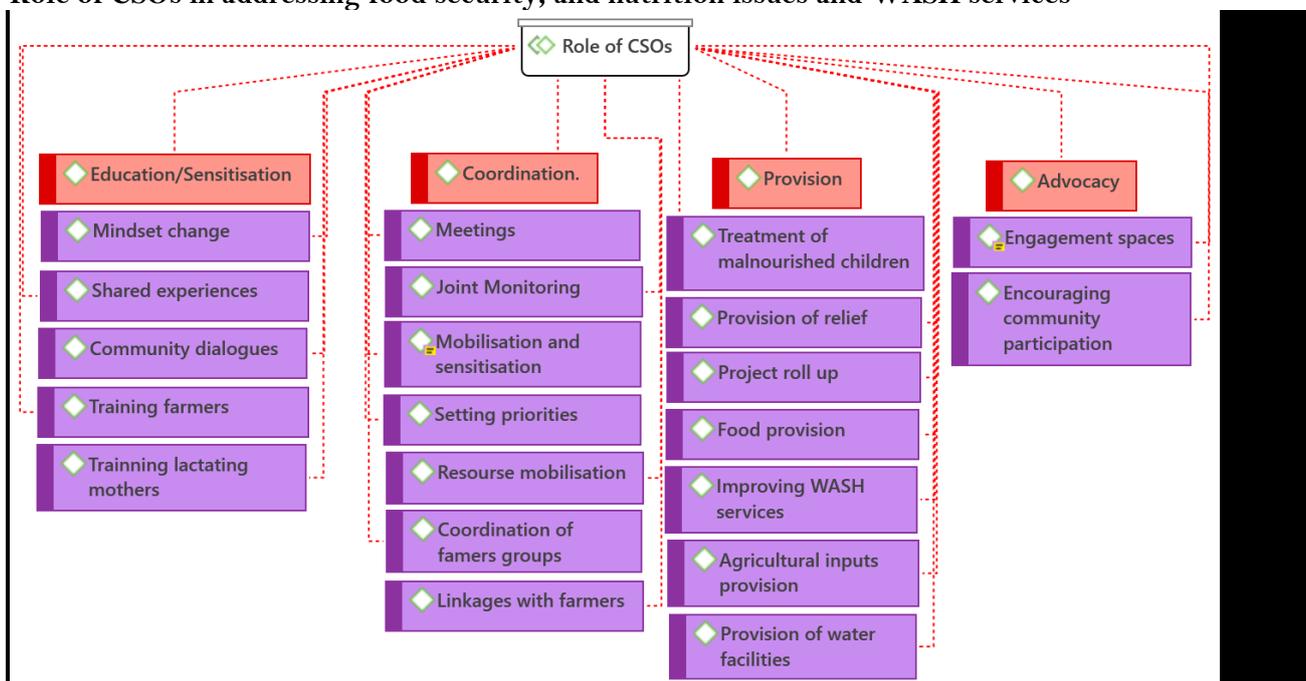


Figure 7: Role of CSOs in addressing food security and nutrition issues

Education

Civil society is performing food and agricultural-related education and capacity building in the baseline Districts. These table food security issues as part of other activities aimed at improving the socio-economic circumstances of people, households, communities, and vulnerable like lactating mothers, older women, widows, children, people with disabilities among others. This explains why CSOs play a central role in changing people’s mindsets about food taboos, beliefs, and practices, training farmers in the best and modern farming practices, through sharing experiences of successful farmers through demonstrations. In specific terms, one CSO reported having imparted knowledge of modern farming methods using small spaces, while another CSO trained mothers on how to detect undernutrition in their children using anthropometric measurements such as Mid-upper arm circumference (MUAC).

“We have done mobilizations and sensitizations in the communities where we have demonstrated to them about how they can use the little spaces they have to plant a variety of crops for example

⁴⁹ UNICEF UGANDA Annual Report 2019. Available at:

vegetables that are so much needed for a nutritious meal” **Project Coordinator, CBO, Adjumani District**

“Palm Corps training [...] led mothers on how to identify malnourished children using MUAC tapes” **FGD, Women with Under 5 Children, Adjumani District**

Similarly, CSOs have also built capacity of the District leadership on the necessities of planning, budgeting, implementation, and monitoring of WASH and nutrition projects.

Planning, and Coordination

Based on the profound understanding of the intricacies of ensuring food security and proper WASH services and the specific needs of the most vulnerable and marginalized in society, CSO actors reported having been able to contribute their valuable knowledge and resources to an inclusive policymaking process, improving the situation of food insecurity and holding government officials accountable for assuming and committing to their (food-related) responsibilities towards the citizens through organising community meetings, dialogues, with a purpose of setting WASH and nutrition priorities in the communities. Relatedly, CSOs were reported to have been at the forefront of farmer's group formation, and coordination to ensure collective voice and participation. Joint planning, implementation, and monitoring of WASH and nutrition interventions such as water points with other stakeholders like community leaders such as LCI Chairpersons, District officials among others were mentioned.

Provision

In situations where government institutions fail to achieve food security in the communities due to a multiplicity of challenges and distorted priorities like in the case of Uganda, non-state actors have become indispensable in filling the service provision gaps. This explains why CSOs have always buttressed government failures in ensuring food security by providing relief food, distributing seeds to farmers, treating malnourished children, providing agricultural inputs, and providing water facilities as this study found out. One FGD participant reported that;

“MTI [...] brought feeding programs like porridge for the lactating mothers and young children [...] ACF also brought us feeding programs by giving out maize flour and paste, all of which is aimed at improving the nutrition of the parents and children” **FGD, Women with Under 5 Children, Adjumani District**

Advocacy

Advocacy for better service delivery for WASH and nutrition interventions in the communities has been predominantly done by CSOs as opposed to advocacy done by the communities. Through creating and demanding for safe engagement space like advocacy activities like direct meetings with district leadership, radio talk shows, as well as encouraging community participation by the citizenry in demanding for better

Box 2: Examples of coordination initiatives by LG Officials

In Adjumani District, the Chief Executive Officer (CAO) coordinates government programmes at the District through delegation of many services to other departments. For example, food security and nutrition are delegated to the livelihood and production department.

In Bugweri District, the District Health Officer (DHO) coordinates with the Water Department in the implementation of CLTS (Community Led Total Sanitation) approach that is being funded by water sector to promote hygiene and sanitation. In each financial year, this approach targets two sub counties (maximum of 20 out of 134) villages selected depending on low latrine coverage) although this is being hampered by low funding.

In Kabale, District officials under WASH coordinate with actors in water supply and hygiene, health, line departments like education, environment production or partners like NGO's, CBO's working in WASH but also other parastatals like National Water and Sewerage Cooperation (NWSC), and other umbrella organizations to ensure the effective WASH services delivery in the communities. Similarly, The District Water and Sanitation Coordination Committee chaired by the CAO which is tasked with reporting on activities of WASH and convenes quarterly to assess progress. This committee also has 6 slots for NGO representatives to promote coordination and collaboration for WASH issues.

service delivery through various platforms like community-based monitoring mechanisms. A voice in Kamwenge District from the CSO fraternity noted that;

“We have advocated for WASH through doing community visits and sanitization of the community members on ensuring good WASH services. For example, in Mirembe village, Nyakahana villages, we have been educating them on maintaining and ensuring safe water, sanitation, and staying in a healthy environment for example we taught the community members to have tip taps were to wash their hands after visiting latrines. We have also advocated against gender-based violence (GBV) to teach that this will cause hunger and poverty in their households because a woman who is on the run cannot produce food in the home therefore there should be reconciliation which will bring peace in a family thus promoting food production and promote food security”. **CBO, Official, Kamwenge District**

However, it seems the advocacy initiatives aren't robust enough to create shifts in policy by Government by responding to nutrition WASH service delivery gaps. This explains why WASH and nutrition statistics are still appalling as discussed in section 3.2.7. Therefore, although CSOs have labored to perform key roles like mobilising communities and amplifying the voices of the marginalised groups. The actual advocacy efforts have been effective because sufficient progress towards decreased undernutrition hasn't been realised. For example; Prevalence of stunting among children under 5 years (0–59 months) decreased from 33% to 29% between 2011–2016, Prevalence of underweight among children under 5 years (0–59 months) decreased from 14% to 11% between 2011–2016 while, Prevalence of wasting among children under 5 years (0–59 months) only decreased from 5% in 2011 to 4% in 2016⁵⁰.

3.2.9 Private sector/Local Business people

The local business people or local entrepreneurs in the baseline districts were found to be playing a critical role in ensuring direct and indirect support for WASH and nutrition services in the communities. However, the participation varied from positive participation, no participation at all, and negative participation. Given the private sector engagement in facilitating human survival through trade. Its huge potential to act as drivers to sustainable livelihoods was revealed, through roles such as; 1) selling improved seed to farmers, 2); provision of nutrition foods like silverfish 3); provision of markets for the farmers produce, 4) construction and rehabilitation of water sources like Spring Wells and Boreholes, 5); storing food on behalf of the communities, and 6) provision of employment opportunities to the locals among others, as seen in the figure below;

⁵⁰ Uganda: Nutrition Profile. https://www.usaid.gov/sites/default/files/documents/tagged_Uganda-Nutrition-Profile.pdf

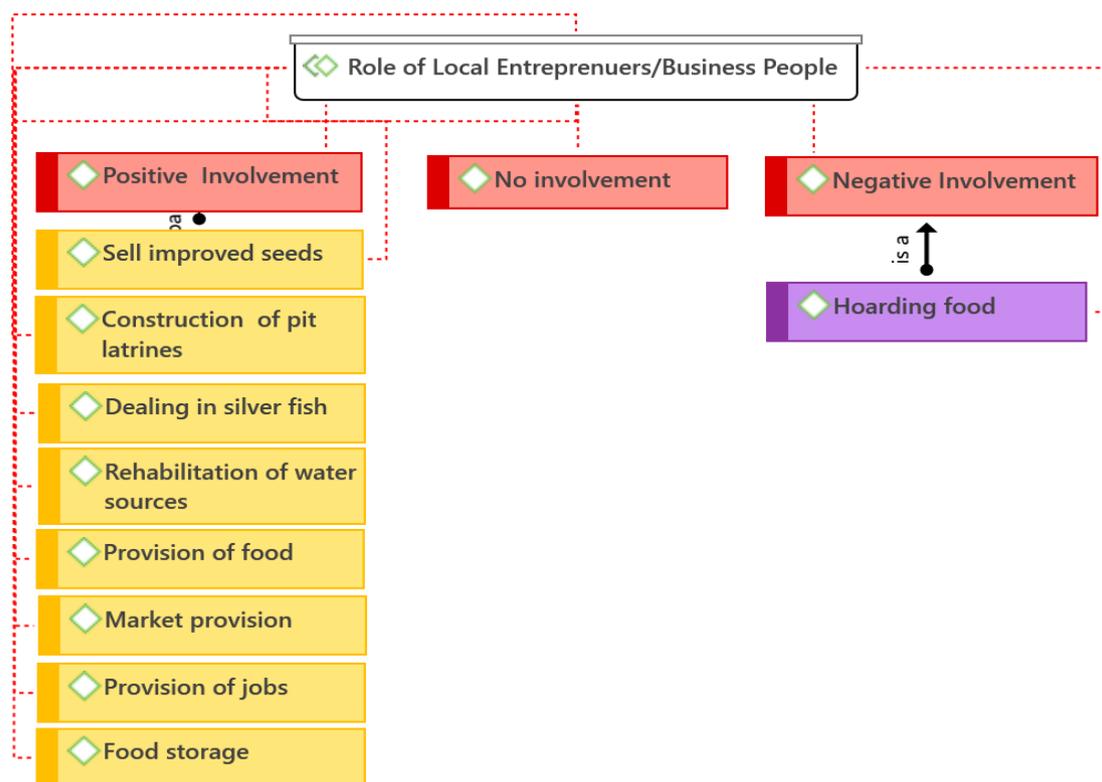


Figure 8 : Role of Local Entrepreneurs/Business People in providing nutrition and WASH services in this community

In terms of facilitating nutrition, the local businessmen stock bought from the farmers during the harvest time in the period of plenty. It was also reported that some setup granaries to store harvest meant to supply the communities in times of food scarcity. However, at times they buy off most of the agricultural produce, hoard it, and sell it expensively in times of scarcity to maximise profits, hence negatively contributing to food insecurity in the communities. One FGD participant revealed that;

“They have stores, so they usually keep enough food during harvest, and during the planting season, they provide us with seeds to plant” FGD, Food Security Groups, Kitumba Subcounty, Kabale District

Similar sentiments were shared in Kamwenge District in an FGD with food security groups. One of them affirmed that;

“The local entrepreneurs [...] set up granaries to store their harvest so they usually have food this helps us buy food from them during the planting season as we can't manage to keep food for long since when no money to put granaries and the food when store at home is always at risk of theft” FGD, Food Security Groups, Kamwenge District

In Adjumani and Bugweri Districts, the participants stated that local business people or local entrepreneurs were critical players in the provision of WASH and nutrition services. For example, in Adjumani it was reported that businessmen weren't much involved because of the poor business environment due to low incomes in the communities. Also, businessmen play an indirect role in ensuring food security by buying food varieties from distant places and selling them to the locals henceforth enhancing food access. In addition, they provide machinery to grind food items like maize to make posho accessible in the communities. By selling silverfish bought from distant places, partly solved the problem of undernutrition among children. One farmer intimated that;

“[...] they deal in silverfish which is nutritious for the body and we use it for making porridge for the children, after grinding and mixing it with maize flour and also bring in maize grains, beans, salt and sugar and other food items like sim-sim and millet which people buy and consume in case of shortages” FGD, Food Security, Farmers, Maaji II, Adjumani District

In terms of WASH services, some businessmen in Buliisa were reported to have rehabilitated public water sources like spring wells, and Boreholes. Relatedly, some were said to have constructed pit latrines that were shared with the community members.

Table 3: Summary: Communities Demand and Invest in Basic Social Services Pointers

Pointers	Score	Source
Level of private sector participation	Limited	Primary data
Level of perception, attitude, and knowledge of Nutrition and WASH rights	High	Primary data
Utilization of local knowledge to address existing challenges	High	Primary data
Communities formulate demands for improved (WASH & nutrition) services	No	Primary data
Good nutrition and/ WASH services successfully addressed by joint community and private sector initiatives	No	Primary data
Laws and policies blocked sustainable and inclusive development	None	Desk review
Laws and policies adopted and improved, for sustainable and inclusive development	None	Secondary sources
Public budgets allocated & implemented for nutrition and WASH services	Not clear	Desk review
Community report positive WASH and Nutrition practice changes	None	Primary data
Communities/Households with access to household sanitation facilities	Limited	Primary data
Involvement of private sector providing nutrition and WASH	minimal	Primary data
Communities access to affordable WASH or Nutrition related services	Limited	Primary data

3.3 CSO ADVOCACY FOR NUTRITION, WASH, AND FOOD SECURITY

3.3.1 Existence of Structures and networks

In Uganda, WASH, food security, and nutrition-related services are explicitly or implicitly managed by various LG structures as indicated by the Ministry of Public Service (MoPS) job descriptions and specifications for jobs In Local Governments (2011)⁵¹

Table 4: Table Existing WASH and Nutrition Structures in Local Governments (LGs) and Lower Local Governments (LLGs)

LEVEL	WASH STRUCTURE	Selected roles related to wash
District LGs	District Health Officer (DHO)	<ul style="list-style-type: none"> Coordinate with Water Department in implementation of WASH activities. To manage and coordinate the effective, efficient, and affordable delivery of quality of health services in the district Sensitization programs about primary health care in the communities
	Principal Health Educator	<ul style="list-style-type: none"> To develop and manage the implementation of IEC strategies for health education programmes in the District

⁵¹ Ministry of Public Service Job Descriptions and Specifications for Jobs in Local Governments. Available at: <https://psc.go.ug/sites/default/files/downloads/Local%20Government%20Job%20Description%20.pdf>

	District Councillors	<ul style="list-style-type: none"> Supervision of WASH related services in the communities
	Chief Finance Officer	<ul style="list-style-type: none"> Preparing and coordinating budgets and work plans for the District Local Government through the Budget Desk
	District Planner (Principal Planner)	<ul style="list-style-type: none"> Formulating, developing, and coordinating District development strategies, plans and budgets;
	Population Officer	<ul style="list-style-type: none"> Drawing population strategies and action plans for the District
	Senior Civil Engineer (Water)	<ul style="list-style-type: none"> Preparing work plans and budgets; and. preparing status reports on water engineering works
	Assistant Engineering Officer (Water)	<ul style="list-style-type: none"> To assist in supporting the provision of safe and clean water and adequate sanitation to the communities in the District.
	Borehole Maintenance Technician	<ul style="list-style-type: none"> To maintain boreholes in a functioning state.
	District Water Officer	<ul style="list-style-type: none"> To support the provision of safe and clean water and adequate sanitation in the Municipality.
	Assistant Water Officer	<ul style="list-style-type: none"> To provide technical support in the provision of clean and safe water as well as sanitary facilities in the Urban Council.
	District Production and Marketing Officer	<ul style="list-style-type: none"> Detection and control of the threat and occurrence of pests, vermin, and animal epidemics monitored.
	Medical Officer	<ul style="list-style-type: none"> To provide and maintain curative and preventive health care services per National Health Service standards
WASH Committees	District Water and Sanitation Coordination Committee	<ul style="list-style-type: none"> Quarterly reporting on activities of WASH happening in the district.
	Partners General Coordination Meeting	<ul style="list-style-type: none"> Brings together partners working in all areas for example Health, environment, livelihood, WASH, and we discuss issues related to WASH. All NGOs are invited and WASH represents what they are doing.
	Water and Sanitation Advocacy Meetings	<ul style="list-style-type: none"> Implementing partners are always called in the District meetings to share progress and prospects
	Collaboration with NAADS	<ul style="list-style-type: none"> Helping the farmers get more knowledge on the crops for example the growing of fruits and vegetables.
	Sanitation committees	<ul style="list-style-type: none"> Manage Sanitation status in the villages
Subcounty Level	Subcounty Chief (Senior Assistant Secretary)	<ul style="list-style-type: none"> Supervises Community Development Officer (CDO). Supervising and monitoring the implementation of socio-economic development projects.
	Community Development Officer (CDO)	<ul style="list-style-type: none"> Planning and budgeting for development programmes at the community level. supervising staff that are involved in uplifting the social and economic welfare of local communities
Parish	Parish Chief (PC)	<ul style="list-style-type: none"> Preparing work plans and budgets for the operations of the Parish

Village	Water User Committees	<ul style="list-style-type: none"> • Monitor the usage of water sources and maintenance on behalf of the communities.
	VHTs	<ul style="list-style-type: none"> • WASH education • Identification of households without WATSAN facilities
LEVEL	NUTRITION STRUCTURE	ROLES RELATED TO NUTRITION
District LGs	District Nutrition Focal person	<ul style="list-style-type: none"> • To guide food values and advise patients and the community on nutrition
	Principal Agricultural Officer	<ul style="list-style-type: none"> • Training and development programmes for both the farmers and staff undertaken. • Provision of agricultural information
	Senior Agricultural Officer	<ul style="list-style-type: none"> • To provide advisory services to farmers on new agricultural methods and technologies and to implement planned programmes
	Senior Agricultural Engineer	<ul style="list-style-type: none"> • Providing advice on agricultural technology transfer and adaptability in areas of soil and water conservation, agricultural engineering, water harvesting, and irrigation
	Entomologist	<ul style="list-style-type: none"> • Advisory services to farmers and extension workers on prevention of pests and diseases provided • Game vermin control facilitated • Communities' sensitised to participate in tsetse control
	District Community Development Officer (DDO)	<ul style="list-style-type: none"> • To coordinate all community-based services in the District and community participation in development programmes and projects
Nutrition committees	Farmers Groups	<ul style="list-style-type: none"> • Information sharing on best farming practices
	District Nutrition Committee	<ul style="list-style-type: none"> • Comprised of the key heads of departments to form a strong partnership
Subcounty	Agricultural Officer	<ul style="list-style-type: none"> • To train and impart skills to the farmers on modern, productive, and sustainable agriculture practices and technologies
	Senior Assistant Agricultural Officer	<ul style="list-style-type: none"> • To provide extension services and advice on appropriate technology for increased crop production.
	Assistant Agricultural Officer	<ul style="list-style-type: none"> • Farmer training and demonstrations in modern agronomic practices carried out • Crop pests and diseases are identified and farmers advised on control measures • Natural disasters monitored and reported
	Secretary for Health	<ul style="list-style-type: none"> • To manage and coordinate the effective, efficient, and affordable delivery of quality of health services in the District
	Inspector for Health	<ul style="list-style-type: none"> • To manage and coordinate the effective, efficient and affordable delivery of quality of health services in the District.
	Community Development Officer	<ul style="list-style-type: none"> • To facilitate and empower communities for community development.
Village	VHTs	<ul style="list-style-type: none"> • Nutrition education • Identification of undernutrition cases

Source: *Developed based on Primary data, and MoPs(2011)*

Although there is a plethora of WASH structures in LGs as shown in the table above, the community members aren't aware of their existence. Similarly, those that were aware of their existence, questioned their functionality based on the state of water facilities in their respective communities.

"Yes, we know that these committees exist but we do not know them. So, we don't know them even since they are not functioning" **FGD, WASH, Bugweri District**

Relatedly, in Buliisa District the community members from the FGDs weren't aware of the WASH structures but alluded to using the office of the CDO and NGOs in trying to address the issues of WASH.

"We do not have structures, that's why we reach out to CDO at the sub county and NGOs". **FGD, Farmers Group, Buliisa District**

This attests to the existing knowledge gap about WASH structures available in LGs as shown in the quotation below;

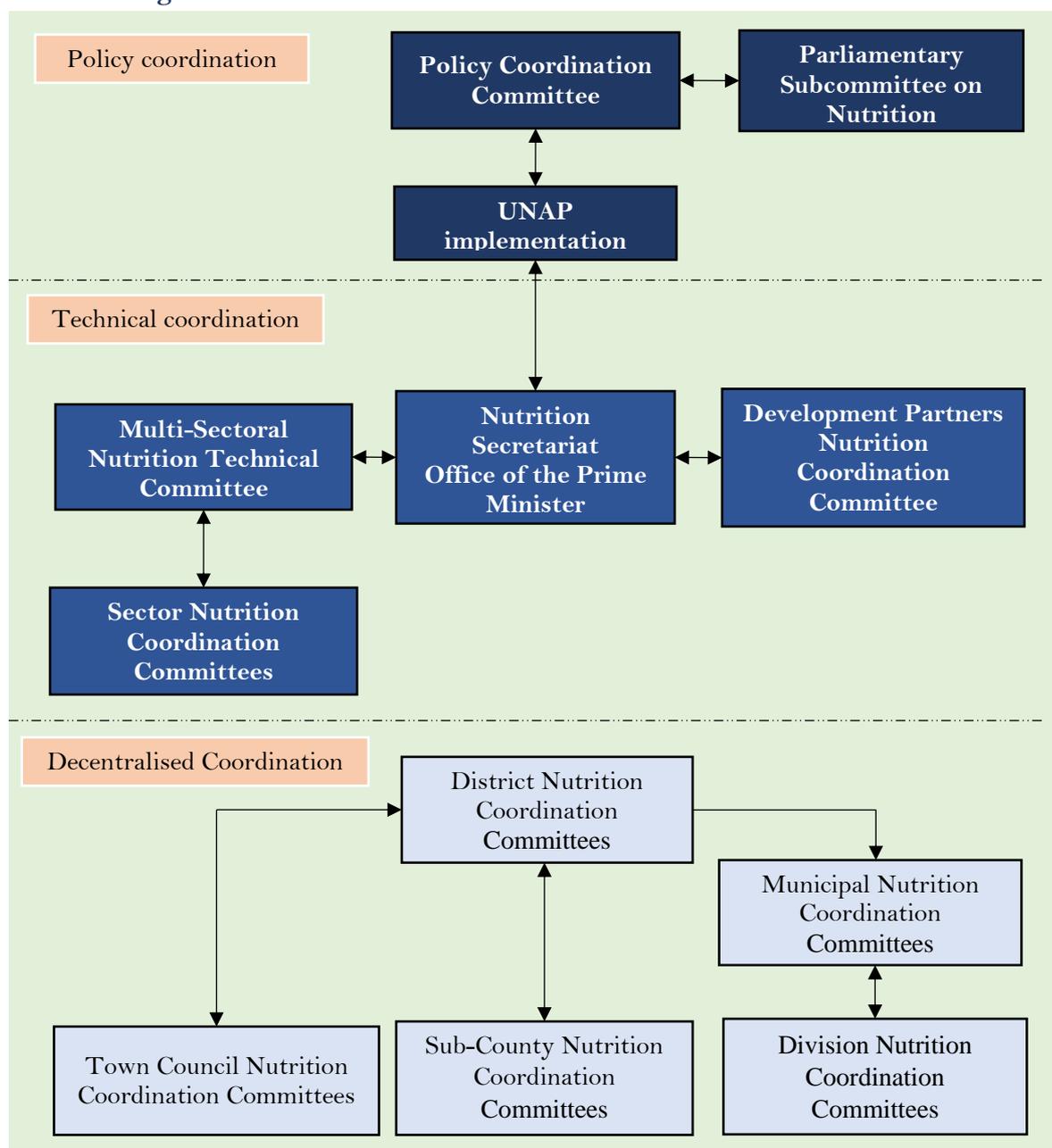
In the context of the multi-sectoral approach to fight against nutrition in all its forms⁵²

- There exists a National Nutrition Forum chaired by the Prime Minister; is an apex for nutrition programming comprised of all key national and local nutrition stakeholders. The forum meets annually to review the implementation of the nutrition policy and to provide policy advice and advocacy for nutrition.
- There exists the Policy Coordination Committee (PCC) for Nutrition as a sub-Cabinet committee composed of Cabinet Ministers and Chairpersons of Ministries, Departments, and Agencies implementing nutrition interventions that is chaired by the Prime Minister. The PCC is responsible for policy.
- The Implementation Coordination Steering Committee (ICSC) consists of Permanent Secretaries and Executive Directors of relevant MDAs and is chaired by the Permanent Secretary Office of the Prime Minister. This committee is responsible for technical oversight of policy implementation and technical direction.
- The Multi-Sectoral Nutrition Technical Coordination Committee (MSNTC) is chaired by Permanent Secretary Coordinates and is responsible for technical guidance for smooth implementation across ministries and sectors.
- At the sector level, nutrition coordination committees are chaired by respective Permanent Secretaries. These committees ensure joint planning and budgeting for nutrition activities within each sector, prepare quarterly monitoring reports for submission to the Multi-sectoral Nutrition technical committee within their area of responsibility.
- At decentralized level, District Nutrition Coordination committees are chaired by Chief Administrative Officer with members for technical planning committees from departments being members.
- Below the district, the coordination structure has lower local government coordination committees taking the same form of composition as for the district. Efforts are being put in place to scale up the structure to the parish and village level structures of Parish development committees and village councils.

⁵² <https://scalingupnutrition.org/wp-content/uploads/2019/11/JA-Uganda-2019.pdf>

3.3.3 The Uganda Multi-Sectoral Nutrition Coordination Framework

Source:
Multi-Sectoral



Nutrition Coordination Committee Orientation Participant Handbook (2017) page 17

Framework For Water Service Provision and Monitoring

In large urban centres, the National Water and Sewerage Corporation (NWSC) is responsible for piped water provision. Increasingly, NWSC is also extending piped water service in small urban centres. In addition to operating and managing infrastructure, the NWSC is in charge of operational monitoring to ensure that the water distributed meets national drinking water standards. In small urban centres, historically, local councils would appoint Water Supply and Sanitation Boards (WSSBs) who would then contract Private Operators to operate and maintain small piped systems and, in theory, monitor water quality. In recent years, the mandate of the Ministry of Water and Environment's (MWE) Umbrella Authorities (UAs) has changed. The UAs previously played a back-up support role, providing technical assistance with operation and maintenance and water quality monitoring to WSSBs, but now they directly manage and operate piped systems. The role of the UAs was changed through a process of gazetting where by the Minister of Water and Environment,

through the power and function outlined in the Water Act (1997), designated water supply areas and appointed the UAs as the water authorities in these areas⁵³.

In rural areas, water infrastructure (primarily hand pumps) operation and management typically relies on community-based systems. In theory, sub-county councils appoint a Water Supply and Sanitation Board (WSSB) to support Water User Committees in managing individual water points, but this is rarely the case in practice⁵⁴.

Independent surveillance of water quality is the responsibility of the four Water Management Zones (WMZ). These entities were established in 2006 as deconcentrated structures² of the Ministry for Water and Environment to strengthen catchment-based water management, enforce local government water laws and regulations and carry out monitoring and evaluation activities in their respective areas. WMZ responsibilities include monitoring drinking water systems as well as monitoring natural water resources, but do not include direct water provision⁵⁵. In Figure 9 below Red boxes indicate limited/poor functionality of management entity (e.g., few point sources have active WUCs and WSSBs are not always active)

Framework For WASH Service Provision and structure coordination

⁵³ ⁵³ Ugandan Institutional Framework For Water Provision. Institutional Framework Brief, December 2019. Available at: https://www.aquaya.org/wp-content/uploads/2020_Ugandan-Institutional-Framework-for-Water-Provision_EN.pdf

⁵⁴ Ibid

⁵⁵ Ibid

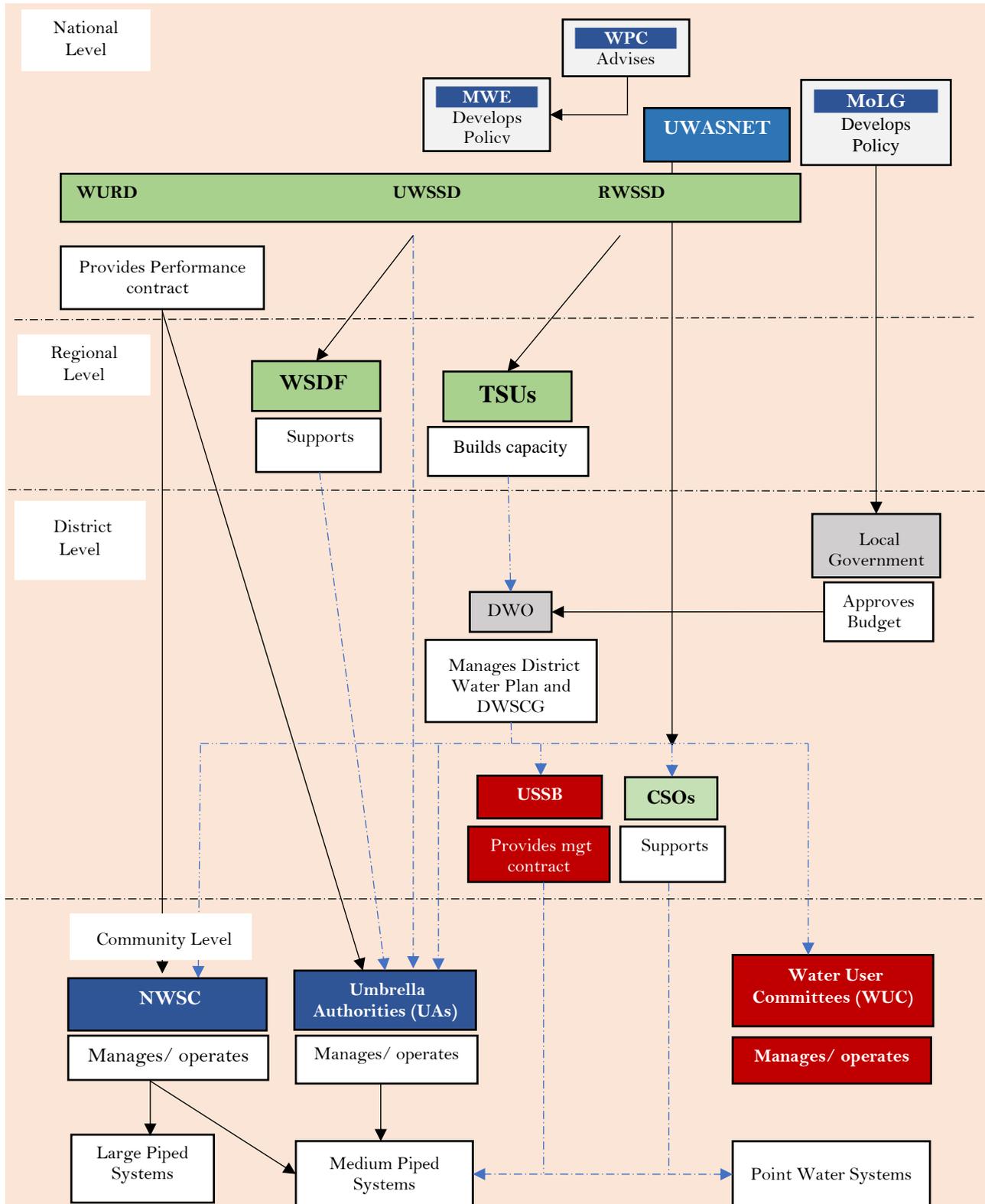


Figure 9: Framework for WASH Service Provision

Key

- DWO : District Water Office
- MoLG : Ministry of Local Government
- MWE : Ministry of Water and Environment

RWSSD	:	Rural Water Supply and Sanitation Department
TSU	:	Technical Support Units
UWASNET	:	Uganda Water and Sanitation Network
UWSSD	:	Urban Water Supply and Sanitation Department
WPC	:	The Water Policy Committee
WSDF	:	Water and Sanitation Development Facility
WUC	:	Water User Committees
WURD	:	The Water Utility and Regulation Department

3.3.4 Networks engaged in advocacy for WASH and nutrition

Table 5: Networks engaged in advocacy for WASH and nutrition

	District	Network		Other Existing Networks
		Yes	No	
1	Adjumani		No	Adjumani NGO Forum
2	Bugweri		No	Bugweri District Farmers Association (BDFA)
3	Buliisa		No	Kitara Civil Society Organizations' Network (KCSO)
4	Kabale		No	Kigezi Civil Society Forum
5	Kamwenge		No	Kamwenge NGO Forum
6	Kikuube		No	Kitara Civil Society Organizations' Network (KCSO)
7	National Level	Yes		The Uganda Nutrition Action Plan II (UNAP II) ⁵⁶ Ministry of Health Technical working Committee on Nutrition ⁵⁷ Maternal, Infant, Young Child and Adolescent Nutrition Thematic Working Group National Food & Nutrition Security Task Force

Source: Baseline Data

There are no networks formed specifically for the advocacy of WASH and nutrition interventions in the Baseline districts. The existence of loose coalitions of CSOs are always formed temporarily for other purposes and later disbanded. Examples of such networks and coalitions have been formed by CSOs whose core programming thematic areas are 'governance,' 'human rights protection' and 'transparency' and their sole purpose has been to push back against the ever-shrinking civic space in Uganda caused by various restrictions⁵⁸. Nevertheless, the existence of District NGO fora are a good springboard in the identification of like-minded CSOs that can form a new network for advocacy around WASH and nutrition in the respective districts.

3.3.5 Opportunities for networks

The formation of networks for WASH and nutrition advocacy presents opportunities in respect to the benefits that may accrue in ensuring better service delivery. This will arise out of their potential in facilitating the participation of the community members through participatory planning, budgeting, implementation, and monitoring of interventions. Besides, CSOs networks can easily lobby for funds through collective resource mobilisation. Therefore, they would advocate for the increase of financing for WASH and nutrition interventions in Uganda. Having an advocacy CSO network would boast financing from the central government and development partners. Relatedly, CSO's networks create trust from the communities, if they are seen working together to achieve a particular goal of a specific thematic programming area, other than the duplication of work. Correspondingly, they would easily share logistical, technical, human resources, work on joint proposals, among others.

Networks can easily exploit the existing safe spaces available in LG and LLGs, and Ministries through attending joint planning meetings, budget conferences for nutrition, and WASH interventions. Likewise,

⁵⁶ <https://www.agriculture.go.ug/government-rolls-out-unap-ii-to-improve-nutrition/>

⁵⁷ <https://www.fantaproject.org/sites/default/files/resources/Uganda-Oriented-for-LGs-participants-July2017.pdf>

⁵⁸ http://www.civicus.org/images/Addressing_Civic_Space_Restrictions_in_Uganda_PolicyBrief_Feb2017rf.pdf

unlike individual CSOs, networks or coalitions have robust accountability mechanisms aimed at realising the intended project outcomes and impact. To a greater extent they can hold the government accountable because of increased voice, participation, to effect state responsiveness to the people’s nutrition and WASH demands. They have a forum for them where they can ask for accountability from the government. Lastly, networks are strong in networking compared to government entities hence the likelihood of attracting international donors is high.

The Parish Development Model (PDM), Nutrition and WASH Provision

The Parish Development Model (PDM) is a development approach conceived under the third Development Plan (NDP III) and prescribed by the NRM Manifesto 2021-2026. To deepen the decentralisation process; improve household incomes; enable inclusive, sustainable, balanced and equitable socio-economic transformation; and increase accountability at local levels. The Model positions the PARISH as the epicenter of multi-sectoral community development, planning, implementation, supervision and accountability. Parish as the lowest reference unit for planning, budgeting and delivery of interventions to drive socio-economic transformation. The PDM has seven Pillars i.e. (1) Production, Storage, Processing and Marketing; (2) Infrastructure and Economic Services; (3) Financial Inclusion; (4) Social Services; (5) Mindset change; (6) Parish Based Management Information System (7) Governance and Administration as seen in the figure below;

The Parish Development Model⁵⁹

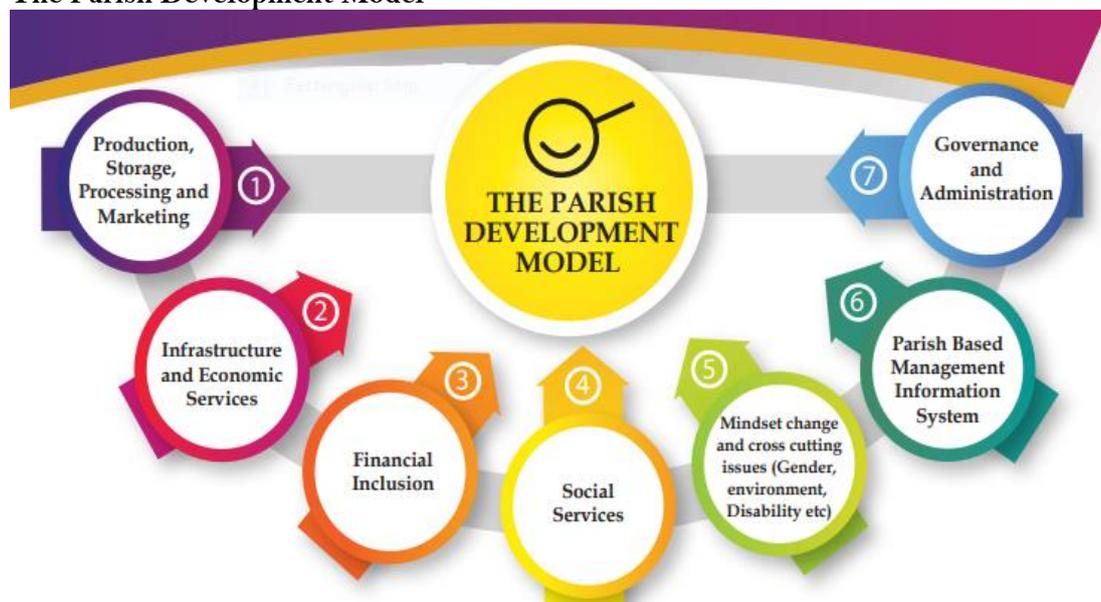


Figure 10: The Seven Pillars of the Parish Development Model (PDM) that can facilitate better WASH and Nutrition service delivery

Principles that underpin the Parish Development Model that can facilitate WASH and Nutrition interventions

- (i) **Organization:** Organising Ugandans that are currently operating in the subsistence economy to access quality inputs, tailored technical assistance, guaranteed markets, subsidized credit etc, through Associations, aimed at mitigating the diseconomies of scale (in savings, production, marketing and extension services), poor quality inputs/output, lack of reliable production advice, information (on) and connectivity to commodity and financial markets and post-harvest losses.
- (ii) **Market orientation:** The PDM shall encourage market-based approaches that strengthen the value chains, incentivise competition, efficiency, and innovation that will drive down the requirement for Government support over time.

⁵⁹ Parish Development Model (PDM) <https://mknewslink.com/wp-content/uploads/2021/08/TPDM.pdf>

- (iii) **Inclusion:** Local economic development in Uganda shall be inclusive and shall take a value chain approach ensuring that all value chain actors (including women, youth, smallholder farmers and other agri-MSMEs), can access appropriate services to support their needs. The PDM shall foster stable prices, availability of affordable finance, predictable markets, availability of processing or storage infrastructure, etc
- (iv) **Equity:** The PDM shall promote balanced growth across different regions and gender. Government shall support vulnerable or marginalised groups, persons with disabilities and those affected and infected with HIV/AIDS.
- (v) **Prioritisation:** Government will use the PDM to support flagship commodities in a particular ecological zone that links production, processing and marketing enterprises.
- (vi) **Ensure local Participation:** Ensuring that communities are part of the solutions to local problems in order to buttress the development process for poverty alleviation and improved quality of life.
- (vii) **Transparency and accountability.** PDM will foster Transparency and accountability and maintaining the highest standards of performance in governance, administration, business processes, financial and human resource management, as well as oversight, thereby providing the best value to the people at the grassroots.

Therefore, to make impact the Right 2 Grow will need to adopt and work within the parish development model structures, to ensure that

- (i) Communities demand and invest in basic social services and adopt good nutrition and WASH practices in the parishes, jointly addressing barriers with private sector partners;
- (ii) Representative and empowered civil society organisations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition;
- (iii) National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to undernutrition in policies, action plans and budget allocations;
- (iv) Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition within the parish. Besides, the principals of organisation, market orientation, inclusion, equity, prioritisation, ensuring local participation, transparency and accountability align with The Right 2 Grow Programme.

It is there incumbent upon the Right to Grow (R2G) to coordinate with the PDM Executive committee that is comprised of 1. Chairperson 2. Yice Chairperson 3. General Secretary 4. Secretary for Information, Communication and Education 5. Secretary for Security 6. Secretary for Finance 7. Secretary for Production and Environmental Affairs 8. Secretary for Youth 9. Secretary for Women 10. Secretary for Persons with Disabilities, and 11. Secretary for Council of Older Persons.

3.3.6 Sources of Nutrition information, and type of services provided

The various sources of nutrition and WASH services and the specific services provided in the selected districts include CSOs, Health facilities, sub-county offices, and schools. From the data collected, the following are some of the known service providers of these services in the community.

Table 6: Sources of Nutrition services

Nutrition			
Entity	Name	Services provided	District
CSOs	Compassion International	<ul style="list-style-type: none"> • Helps children and the vulnerable • Nutrition education • Information on the right type of seeds to plant, and when • Breast feeding information • Information about food scarcity, savings, and market 	<ul style="list-style-type: none"> • Kabale
	Action Against Hunger	<ul style="list-style-type: none"> • Provision of seeds and food 	<ul style="list-style-type: none"> • Kikuube

	Medical Teams International	<ul style="list-style-type: none"> • Provision of seeds • Provision of food for the malnourished children 	<ul style="list-style-type: none"> • Kikuube
	World Vision	<ul style="list-style-type: none"> • Provision of seeds (onions, tomatoes, eggplants, and Sukuma wiki) 	<ul style="list-style-type: none"> • Buliisa
	Hunger Project	<ul style="list-style-type: none"> • Sensitisation on better agricultural practices 	<ul style="list-style-type: none"> • Bugweri
Health facilities	Biiso Health Centre IV	<ul style="list-style-type: none"> • Provision of Peanut butter and milk 	<ul style="list-style-type: none"> • Bullisa
	Kaseragyeni Health Centre III	<ul style="list-style-type: none"> • Children checkups • Nutrition education • Breast feeding education 	<ul style="list-style-type: none"> • Kabale
	Kyangwali Health Centre IV	<ul style="list-style-type: none"> • Provision of 2 packets of nutritious food to malnourished children (0-2) years. 	<ul style="list-style-type: none"> • Kikuube
	Hoima Regional Referral Hospital (HRRH)	<ul style="list-style-type: none"> • Nutrition education • Breast feeding education 	<ul style="list-style-type: none"> • Kikuube
Subcounty	Biiso Subcounty	<ul style="list-style-type: none"> • Provision of seeds of beans, maize, cassava stems, mango tree suckers 	<ul style="list-style-type: none"> • Buliisa
	Village Health Teams (VHTs)	<ul style="list-style-type: none"> • Sensitisation on child feeding (balanced diet) • Checking on the health status of people in homes. • Provision of advice on child growth • Sensitisation on nutrition and children rights 	<ul style="list-style-type: none"> • Kabale
Schools	Kaseragyeni primary school	<ul style="list-style-type: none"> • Education about nutrition and good feeding. • Nutrition services like having a backyard garden where you can grow vegetables 	<ul style="list-style-type: none"> • Kabale • Kamwenge
Media	Radio	<ul style="list-style-type: none"> • Information on where to buy quality products such as (agricultural inputs, pesticides, and seeds). 	<ul style="list-style-type: none"> • Across
Peers	Mostly among women	<ul style="list-style-type: none"> • Sharing nutrition information • Clarifying nutrition biases, beliefs and attitudes, and practices. 	<ul style="list-style-type: none"> • Across

Source: Populated based on responses from FGDs, and KIIs.

Although nutrition services were found to be being provided by various stakeholders, multiple responses indicated that the services are limited most especially in health facilities. In addition, access to the services was limited by various barriers such as long distances to the facilities, ignorance about the existence of certain services, and poverty in the communities. One FGD participant in Bugweri District expressed concern when she stated that;

“Here in the village, we don’t have [nutrition services] ... we only get them from Iganga District which is far, the retailers here don’t deal in such commodities like porridge for the children since few people can afford buy them, so they deal in those highly consumable goods”. **FGD, Women with Under 5 Children, Bugweri**

In addition, the community leaders have effectively communicated about food shortages, caused by bad weather like deforestation caused by charcoal burning that indirectly affects agricultural productivity.

Relatedly, the need to stop planting crops in wetlands, how to manage natural disasters, how to increase soil fertility through the application of organic manure, among others are important pieces of information available in the communities.

Table 7 :Sources of WASH Services

WASH			
Entity	Name	Services provided	District
CSOs	Hunger Project	<ul style="list-style-type: none"> Provision of support towards maintenance of the water springs/well (Walumbe Ensulo). Sensitisation on the importance of clean water while cooking 	<ul style="list-style-type: none"> Bugweri
	Born Again Group	<ul style="list-style-type: none"> Drilled a borehole in Muwanga village 	<ul style="list-style-type: none"> Bugweri
	Water Umbrella Uganda	<ul style="list-style-type: none"> Management of tap water scheme that was constructed by World Vision (WV) 	<ul style="list-style-type: none"> Buliisa
	Alight	<ul style="list-style-type: none"> Provision of soap 	<ul style="list-style-type: none"> Kikuube
District	Buliisa District Local Government	<ul style="list-style-type: none"> Provision of boreholes and shallow wells. 	<ul style="list-style-type: none"> Buliisa
Health facilities	Rukunyu Hospital,	<ul style="list-style-type: none"> Sensitisation about food types Sensitisation about causes of undernutrition (Ebyosi) 	<ul style="list-style-type: none"> Kamwenge
Community leaders	Church and Political leaders	<ul style="list-style-type: none"> Advice from local leaders on sanitation and hygiene How to maintain good sanitation like slashing the compound Importance of good constructed pit latrines 	<ul style="list-style-type: none"> Kabale Buliisa
Private sector	Local Business man	<ul style="list-style-type: none"> Construction of a shallow well 	<ul style="list-style-type: none"> Buliisa
Media	Radio	<ul style="list-style-type: none"> Community sensitization meetings over radios from CVAs, VHTs, and CLTS (Community-Led Total Sanitation) Voice of Kigezi has programs on nutrition/feeding. 	<ul style="list-style-type: none"> Buliisa Kabale Bugweri

Source: Populated based on responses from FGDs, and KIIs.

Sources of WASH information as shown in the table above and the corresponding WASH services provided by selected stakeholders are testimony for the existence of WASH interventions in the baseline Districts.

3.3.7 Women and Youth women, involvement in CSO's leadership

There is inclusion in terms of women and youth involvement in CSOs leadership. Some CSOs were reported to be having equal levels of participation between women and youth. Women have been involved in nutrition projects as leaders because it is easier for them to convince their peers about the importance of proper nutrition, sanitation, and hygiene. For example, the Chairperson of Bugweri District Famers Association revealed that there has been greater improvement in people's participation in the 'One Acre Fund' that empowered people through the provision of seeds, loans among others. Equally, in Kabele District women's participation in leadership was reported to be impressive because CSOs found it easier to appoint them as leaders of WASH, food security, and nutrition intervention in their communities because of their perceived gender roles of cooking, cleaning, and fetching water in households. However, this was contradicted by Community Based Officer, FITS Uganda, Kabale District who stated that the current level of youth

participation in the CSO leadership is still very low because they still, hence the need for sensitisation about the importance of their active involvement in advocating for their rights for having safe and clean water. In addition, the low participation of youth in CSOs activities in Kikuube District was attributed to CSO’s limited appreciation of ‘Community-Led Organisational Development’ that focuses on inclusiveness through community participation, hence the need to strengthen, capacity building in organisational management which the network is aiming at.

Table 8: CSO Advocacy for Nutrition, Wash, And Food Security Pointers

Pointers	Rating	Source
Existing platforms/Safe spaces	Limited	Primary data
CSOs succeed in creating space for CSO demands	Limited	Primary data
Existence of Structures and networks	Limited	Primary/secondary sources
Strength of networks to address nutrition and Wash Challenges	Weak	Primary/secondary sources
Inclusiveness (women, & youth)	Weak	Primary data
Advocacy initiatives carried out by CSOs in WASH/nutrition	Yes, but weak	Primary data

3.4 CSO AND DONOR COORDINATION IN MULTI-SECTOR APPROACH

3.4.1 CSOs engagement

The key informants indicated that there is a wide range of stakeholders who have been included in rolling out a multi-sector approach to nutrition, and WASH services from the national to the district level. The level of engagement with the community is evident in sectors such as health, agriculture, education, WASH, and social protection. Nongovernmental stakeholders were noted as being engaged both at the national and local level, the most common being NGOs and UN agencies at the national level. At the community level, several CBOs have been engaged on the issue of basic social services, and adoption of good nutrition and WASH practices. The CBOs are working closely with women and youth in the community to address the nutrition, WASH, and food security issues. In turn, these engagement helps vulnerable women with nutritional issues to develop, build their confidence, negotiate decisions and influence critical issues within their communities or more widely. Local leaders are involved in community mobilization which allows CSOs to gain community buy-in. Sensitization activities have also been conducted by various CSOs through several formal workshops, in-person meetings, mass media products, and newsletters. In some cases, community members have been encouraged to join groups such as WASH, Nutrition, and food security groups and through these formations the community has been able to identify issues which affect them. However, the baseline survey found significantly less engagement from nongovernmental actors such as CBOs in some districts. The research team discovered that districts have CSO networks, and where these networks exist are weak. This has been blamed on limited resource such as finances, limited information sharing among the CSOs, and last but not least, lack of strong coordination mechanism coupled with limited knowledge capacity among the local CSOs.

3.4.2 Sectoral engagement

At the national level, there are a range of ministries mandated to spearhead the multi-sector approach which includes; Ministry of Gender, Labor and Social Development, the Ministry of Health, the Ministry of Agriculture, Animal Industry and Fisheries, Office of the Prime Minister, and Ministry of Local Government. These ministries are supposed to address these problems from multiple angles that involve various sectors of society involved in governance, namely government, civil society, the private sector, community structures, and individuals.

However, at the district level, the baseline team found that the sectors engaged in multisector activities and platforms are generally more limited. The core sectors included health; agriculture; water, sanitation, and hygiene (WASH); education—with health and agriculture being the most engaged and more pronounced by the district officials, CSOs, and the local people. It was discovered that some of the ministries that are engaged at a district level in multisector collaboration are not always clear.

Interviews with ministry officials, district officials, and CSO indicated that a lack of incentives such as financial resources for engagement in multisectoral nutrition, WASH, and food security efforts remains a barrier to multisector collaboration, particularly amongst nutrition-WASH sensitive sectors. It was further elaborated that competing for resource constraints are the most commonly identified reasons for this.

3.4.3 Community engagement

Community participation increases the coherence between interventions and their targets and facilitates change. Collaboration with local residents will harness local knowledge, skills and networks, which contribute to the appropriateness of collaborative interventions; traditional practices might be adapted⁶⁰. Engaging the local in community meetings with local government and CSO officials was discussed as the most common method to involve the community members. During these meetings the community can express their issues. However, the participants were concerned about the lack of feedback and action on issues discussed in the meetings while others complained lack of involvement in the decisions made by LG and CSO officials.

“...we have never been involved fully in meetings in the local government and we only give our demands through the VHTs when they come do their rounds but we have never been given the chance to demand because even if we demand through the LC1, we don't get feedback so we are not involved effectively to express our rights...FGD participant.

Another approach mentioned by the participants was ‘community work’, whereby community members have been called upon by local, and CSO leaders to participate in the maintenance and construction of these water facilities.

“...Another way we have been involved in this is that during the maintenance and construction of these water facilities, we collected stones, and also solicited food (posho) to enable smooth rehabilitation activities. We always participate in community work in cleaning and clearing the areas around water sources such that the community get clean water...FGD participant.

To a small extent, some of the community members have been involved in dialogue meetings where the community members are invited to discuss some nutrition, food security and issues affecting their communities.

“...we have been engaging the communities, service providers, and power holders in a dialogue meeting...” FGD participants

3.4.4 Coordination

The Multi-Sectoral approach to Nutrition and WASH is a coordinated approach of five key sectors; Local Government, Education, Health, Agriculture, Trade, Gender, and Water to address the issue of nutrition in a systematic manner through implementation of nutrition specific and nutrition sensitive interventions The multi-sectoral approach in nutrition in Uganda is coordinated by the Office of the Prime Minister (OPM).

National level coordination

At the national level, UNAPII secretariat and other government sectors have platforms for engaging with other members e.g. the civil society and academic institutions⁶¹. Because of the UNAPI gains, the government has decided to scale it up to UNAP II, (2020-2025) with the aim to provide the strategic direction for nutrition and food security at all levels in Uganda with the objective of ensuring adequate nutrition to all. This plan is a vehicle in ensuring that the country achieves all the SDG 2 targets relating to ending hunger, achieving food security, improving nutrition, and promoting sustainable agriculture.

⁶⁰ *Multisectoral approach for the prevention and control of vector-borne diseases. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.*

⁶¹ Nutrition Capacity development 2019

UNAP is supervised through different platforms and committees from the cabinet level down to the sub-county. There are seven key implementing ministries (Local Government, Education, Health, Agriculture, Trade, Gender, and Water) as well as Ministry of Finance, Planning and Economic Development, National Planning Authority, Development Partners, Civil Society Organizations (CSOs), private sector and academia.

Role of UNAP II

The secretariat has been instrumental in coordinating with development partners to build the capacity of coordination structures at the local government level by providing information on the nutrition, WASH and food security situation and the policy environment for addressing malnutrition in Uganda. It also covers the roles of and linkages between nutrition coordination committees (NCCs), technical planning committees (TPCs), and councils and provides guidance on monitoring and reporting to be conducted by NCCs on multi-sectoral nutrition interventions.

“...we have come from far. Look at where we are coming from. I think the government had made important stride to reach where we are. Now we are at UNAPII. The coordinating secretariat has played a big role in ensuring that multi sector approach succeed. We have built the capacity. At first there were some knowledge gaps, but now sectors are independent. The staff have been trained. The major role of UNAP is to coordinate with other ministries and also provide links...”

Ministry official

3.4.5 Challenges of UNAP

Despite all the improvements, key informants at the national level discussed poor coordination and collaboration as one of the existing gaps at national level. This challenge has been cited as one of several reasons why multi-sectoral nutrition efforts in Uganda have failed to gain momentum at various levels.

“...we have challenges in the way we coordinate our work with other ministries. Some of the ministries work independent while others pursue their own goals and this has impeded our work and that is why we are lagging behind in terms of achieving multi-sector interventions...”

Ministry Official

Additionally, other challenges to multi-sectoral coordination is a lack of knowledge about the multi-sectoral approach and how it should be collaborated with other stakeholders, inadequate funding and budgeting structures that dis-incentivize investment in nutrition by multiple sectors.

“...the ministry has not supported our department financially, to enable our team to do monitoring, supervision and evaluation. There has also been a problem of lacking information on the issues affecting the community and this affects us because we don't know which partner to work with...”

Ministry Official

The study revealed that there is insufficient information about multi sectoral approach at the district level which has impeded the effective understanding of national plans such as the UNAP, which are considered as local multisectoral leadership initiatives for delivering sustainable solutions in improving maternal and child nutrition.

“...most of us we have just come to know about the integration of multi sectoral approach. How can you implement such activities when there is no budget allocation? We are finding it to sell this thing of multi sectoral approach because every department here is having financial challenges...”

District Official

Other Challenges identified

- The weak multi coordination structures among the different stakeholders
- Limited funds. Nutrition action plan was developed but not funded

- There is no established monitoring and evaluation system that is specific to the implementation of UNAP to understand the progress on UNAP indicators requires the examination of existing data collected for other purposes
- Limited buy in at the local level for UNAP implementation due to limited sensitization

Coordination at the district level

The district Nutrition Coordination Committees were established (in each district) headed the DHO. The DNCC is the key vehicle at the district level for Coordination and strengthening of multi-sector engagement for improved nutrition. The DNCC provides a platform for multi-sectoral stakeholders to share information, and harmonize activities in the district. In project areas, the DNCC have tried to engage key actors from the health, family planning, agriculture, WASH and education sectors to improve service delivery and provide monitoring support for nutrition-sensitive and nutrition-specific interventions. Broader civil society engagement is ensuring active participation of major development agencies operating at the district level and, most importantly, the voice of the community was heard through the active participation of community members. Additionally, with the support of the DNCC, budget allocations for nutrition, WASH activities is also considered

At District level, the research team established that multisectoral Nutrition Action Plans exist and all the six out of all the districts have developed district nutrition advocacy plans. All districts visited had district there exist a Nutrition Coordination Committees (DNCCs) which have the mandate to coordinate multi-sectoral nutrition efforts at district and lower local government (LLG) level. However, little is known of UNAP II at the district and, it was also established that some of the DNCCs are weak and can't effectively deliver its mandate and the committees practice at community-level is still emerging with limited coordination information and success of such coordination bodies is limited according to the key informant interviews conducted with district official

Coordination challenges at the district

The baseline study discovered that there is vertical coordination (coordination between national, district, and community levels). All the district officials interviewed, indicated that some of the existing structures at the district level are isolated from the national level, because of communication disconnect, there has been a challenge of the feedback loop and this has been exacerbated by lower-level work planning and lack of budget flexibility at the local level.

“...although the DNCC is in place at the district level, it is not working with Sub-county structures. We work as if we are not part of the sector. Look, at the UNAP at the national level, it has not fully worked with DNCC at the district. You find that our DNCC here in the district is working alone and not reporting directly to UNAP. To me, this is a big challenge. We should harmonise this gap. We also have limited funds to implement our activities at the lower level. When it comes to planning, a few stakeholders are involved.” **District Nutrition Officer**

Other Coordination Challenges identified

- Insufficient, inadequate strategic communication and coordination present at the district level, departmental level, and civil society.
- Limited capacity of stakeholders in key areas identified for capacity-building include governance, leadership, advocacy and lobbying
- Lack of an integrated approach to planning for Nutrition, WASH and Food security at local government level.

3.4.6 Existence of platforms to address Nutrition, WASH, and Food security concerns

Fostering engagement and momentum for improved nutrition, WASH and food security interventions requires building good spaces or platforms where to address issues affecting society. Furthermore, it also requires firm support across the public and private sectors and the general public. The consensus from community members, shows there exist minimal meaningful platforms where women and youth can present issues of nutrition, food security, and WASH to the duty bearers.

Although very limited platforms exist to address issues of nutrition, WASH, and food security, in a few sub-counties where these platforms exist, community members have been able to express their concerns through community barazas, community meetings, debates, and conferences. Some of the issues presented include; limited water access and food insecurity in the community.

“...We have community barazas, community meetings, and debates where we bring in the health staff to teach mothers what they can provide to their children...” **CBO Representative**

Some of the CSO members in Bugweri, and Kabale have created platforms through existing groups such as SACCOS where community members belong to express their concerns regarding malnutrition, and Wash challenges in their community.

“...in our districts, we have created spaces through some of the supported women’s credit and savings groups to deliver nutrition messages to members...” **CSO Representative.**

It was also noted that districts without meaningful or established platforms to present their concerns regarding food security and nutrition have used the local district structures such as the office of the district nutrition officer. There was also a common voice within the local government officials that while there exist limited platforms and spaces where local communities can present views on nutrition and WASH, the district offices have invited various CSOs working within their communities to participate in the district budget formulation, where they have contributed their views favorably.

“...we understand that the community has not been fully given the platform. But we have always engaged the SCOs in the district budget conferences where we get their views and ideas that help us in the budget-making as far as nutrition is concerned...” **LG official in Kabaale**

“...as for the district, there is a focal person at the district in charge of nutrition who has been key in addressing the concerns of the civil society organizations. During the inception meetings, all stakeholders are always invited and involved in the planning processes of projects related to food security; nutrition, and WASH activities, and these stakeholders include officials from the district, the civil society organization representatives, officials from OPM and the local leaders...” **District Nutrition Focal Person**

“...districts which don’t have platforms, have expressed their concerns through the district focal in charge of nutrition, and WASH...” **CSO representative**

“...for example, we have advocated for the provision of tanks to harvest water during the rainy seasons, but also increasing conservation of the water catchment areas like swamps, rivers and other water bodies. This has been done both at the district and at the national level...” **KIIs**

Table 9: CSO And Donor Coordination in Multi-Sector Approach Pointers

Pointers	Score	Source
Existence of Platforms	Yes	Primary Data
Strength of these platforms	Weak	Primary Data

3.4.7 Level of Responsiveness

Most KII participants and a few FGD participants noted that there had been limited changes in the government responsiveness towards handling nutrition, WASH, and food security issues which were

connected with the perception that the engagement of a wide range of stakeholders helps the government to do its job better in this regard.

“...the Local Government is a little bit less informed, not aware and less sensitive to the challenges that women, children, and youth face in their community” ...FGD participant

The degree of responsiveness among the key stakeholders such as district officials, and CSO is minimal, although there is a positive attitude change towards the WASH and nutrition on issues affecting vulnerable women and children.

“...we have seen such changes but there are still many changes to happen.” ...FGD participant, Adjumani

Despite acknowledging issues affecting vulnerable women and children, women have not been fully organised, and have not been allowed to participate in meetings like; accountability fora, dialogues and consultations community and security zonal meetings, budget allocation meetings among others. A few of those who have been engaged have not prompted the government to respond to their needs regarding nutrition and WASH.

“...it is true we have not fully engaged women the district CSOs do represent us at the community level and they have done a lot of work on women empowerment. Sometimes the government responds to their needs...” KII with the district official

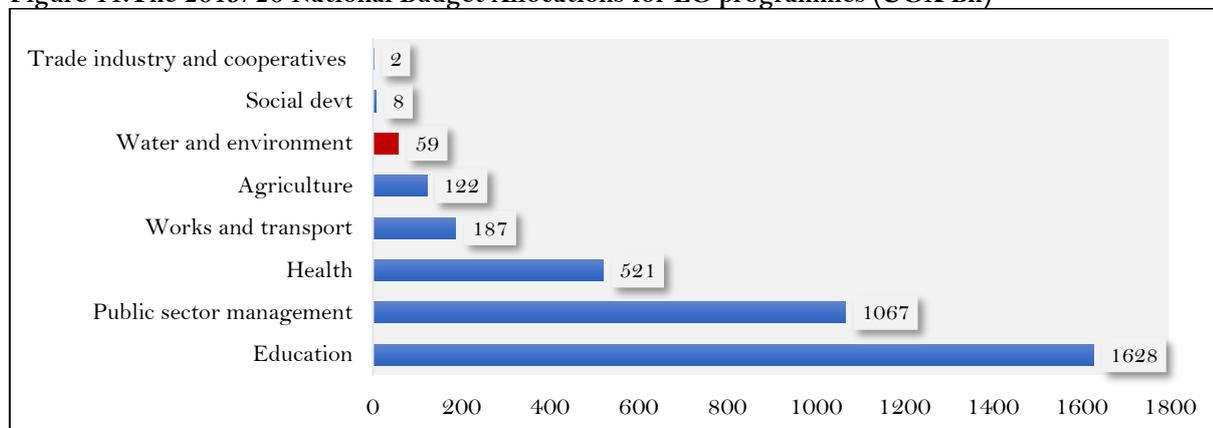
3.5 FINANCING OF THE MULTI-SECTOR INTERVENTIONS

This section presents findings about financing of the multi-sectoral interventions of WASH and nutrition required to achieve the targets of Local governments, National, and International.

3.5.1 National Budget allocation

The analysis of the proposed budget FY 2019/20, shows that UGX 3.6 trillion, which is 11 percent of the total national budget inclusive of domestic arrears and appropriation-in-aid was allocated to LG programmes. This clearly shows that a small component allocation of the national budget is allocated towards LGs programmes. The funds are provided through unconditional grants, conditional grants, equalization grants, projects and donor funding the education sector will take the highest amount at UGX 1.6 trillion, mainly to due to the large wage component for teachers’ salaries. The education sector will be followed by public sector management at UGX 1.1 trillion; health at UGX 521 billion; works and transport at UGX 187 billion; agriculture at UGX 122 billion; water and environment at UGX 59 billion; social development at UGX 8 billion; and trade industry and cooperatives at UGX 2 billion. It should be noted that 57 percent (UGX 2.032 trillion) of the budget allocated for LG programmes is for wages⁶².

Figure 11: The 2019/20 National Budget Allocations for LG programmes (UGX Bn)

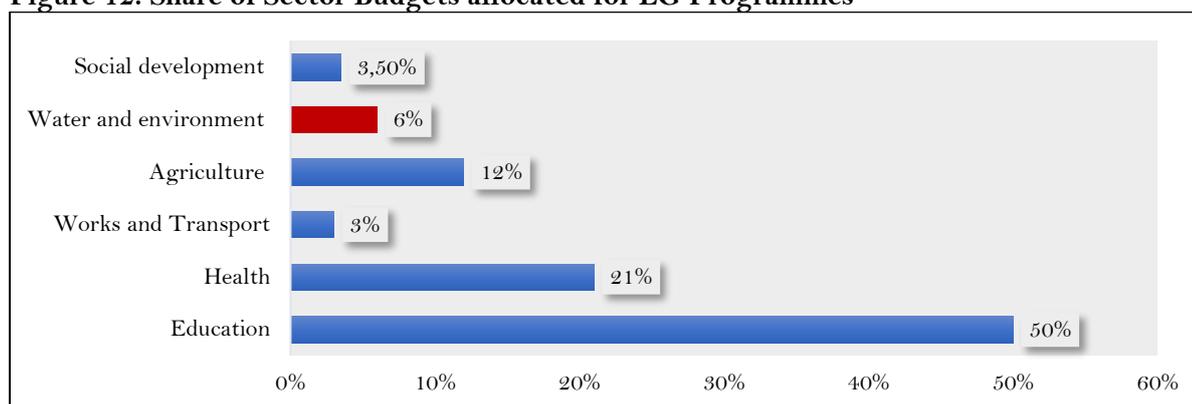


⁶² 2019 Financing Local Governments in Uganda. An analysis of Proposed National Budget FY 2019/20 and Proposals for Re-allocation

Source: Ggoobi, R., and Lukwago, D., *Financing Local Governments in Uganda: An analysis of Proposed National Budget FY 2019/20 and Proposals for Re-allocation*. Kampala: ACODE Policy Research Paper Series No. 92, 2019.

In terms of share of the total sector budget, education has the highest amount of the sector budget allocated to LG programmes standing at 50 percent followed by health at 21 percent, agriculture at 12 percent; water and environment at 6 percent; social development at 3.5 percent and works and transport sector at 3 percent (see figure 12). The education and health sectors' relatively large shares are mainly on account of their high wage bills.

Figure 12: Share of Sector Budgets allocated for LG Programmes



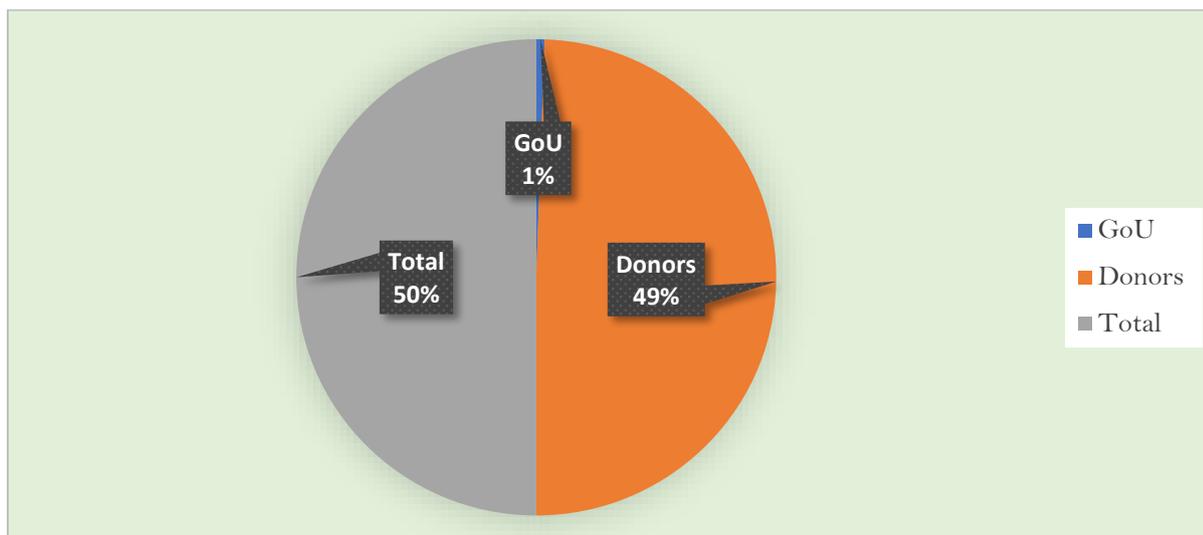
Source: Ggoobi, R., and Lukwago, D., *Financing Local Governments in Uganda: An analysis of Proposed National Budget FY 2019/20 and Proposals for Re-allocation*. Kampala: ACODE Policy Research Paper Series No. 92, 2019.

Nutrition activities are mainly donor-driven with the Government of Uganda (GoU) having very little contribution, therefore donors have a lot of influence in developing policies and implementation of nutrition activities, this perhaps explains why the multisectoral food security nutrition is funded to a tune of 49% by donors as opposed to 1% by the GoU. Besides, 63% of the funds available for nutrition in 2014–2015 were provided by nongovernment actors and were not included in the government budgets or managed through the treasury⁶³. This meagre fund by government perhaps is what made even Ministry officials doubt if there is financing by government at national level. One official stated that;

“I don’t think there is a direct allocation for nutrition and food security under the national budget”
Official, MoES

Figure 13: Support of the multisectoral food security and nutrition project

⁶³ <https://www.spring-nutrition.org/publications/briefs/funding-nutrition-building-healthier-future-uganda>

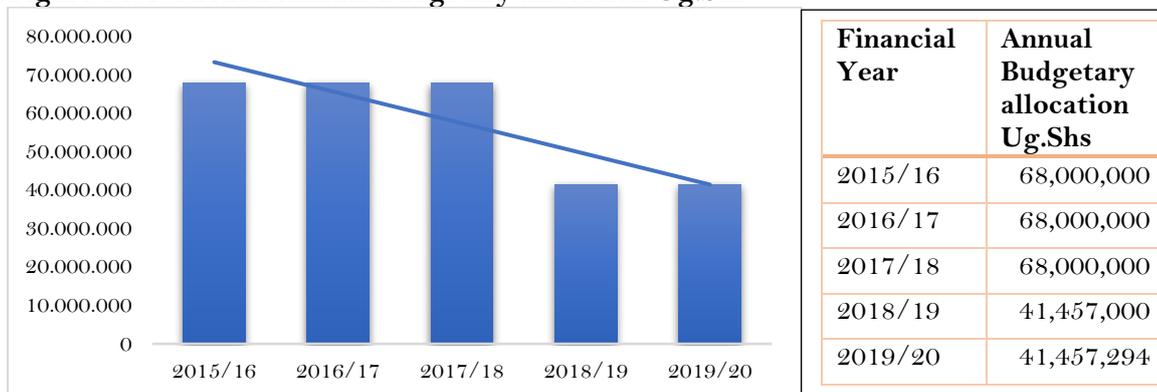


Source: Developed by authors based on *Distribution of agriculture sector budget proposed for re-allocation to LGs (UGX Bn) FY 2019/20*

This is at the backdrop when the Health sector accounted for 8.9% of the national budget (FY 2019/20) to cater for the direction, planning, and coordination of health care provision in Uganda⁶⁴, Water & Environment accounting for 3.0% of the budget share. This hinders the implementation of WASH and nutrition services in the decentralised local governments because the budgets continuously thin as it cascades down to the lowest LG units like Sub counties.

For FY2021/22 for the Ministry of Agriculture, Animal Industry and Fisheries budgetary allocations to the directorate is projected to decrease from UGX 4.936 billion in FY2020/21 to UGX 4.113 billion in FY2021/22. Such a decrease will negatively impact on the promotion of food and nutrition to household by agricultural extension workers who play a key part in ensuring food and nutrition security⁶⁵.

Figure 14: Nutrition Annual Budgetary allocation Ug.Shs



Source: MoH Planning Unit

The figure 11, presents the annual budgetary allocation for nutrition activities at the ministry of Health (MoH) between 2015/16 to 2019/20. The budgeted revenue for nutrition since financial year 2015/16 has been reducing. This corroborates with the primary data collected from the district officials who complained of limited funding. In addition, ministry reports also indicates that much of the funding to support nutrition activities is coming from the development partners.

⁶⁴<https://www.unicef.org/esa/sites/unicef.org/esa/files/2019-04/UNICEF-Uganda-2019-Health-Budget-Brief.pdf>

⁶⁵ CSO Position Paper on the Nutrition Budget FY2021/22

Looking at other sectors such as Agriculture, it has also been established that the budgetary allocation for government departments responsible for food security in Uganda has also been reducing over the years. Key stakeholders have advised the government to increase resource allocation to Agriculture sector in areas of agriculture extension and skills management as it is the heart and soul of a functional agricultural system⁶⁶.

3.5.2 Local Government allocation

The state of WASH and nutrition services financing in Local Government is very low as a percentage of the National Budget. This was attested by all the Key informants interviewed. In addition, they weren't aware of the exact proportion of the budget that was allocated for the WASH and nutrition services in LGs. Nevertheless, it was noted that WASH and nutrition interventions do not have a specific or standalone budget but are mainstreamed along with other interventions under the Production Department with sectors such as fisheries, entomology, animal husbandry and others. Besides, the budget allocated at the district level is not enough and isn't according to the costings done that are fed into the work plans at the district level to improve the WASH intervention. Therefore, multiple key informants decried the existence of low budgets to the LGs that ultimately impede service delivery for WASH and nutrition interventions for the key populations such as pregnant women, under 5 children, the older persons among others. Some voices that expressed concern stated that;

“As the district, we do not have a stand-alone budget for nutrition interventions but what happens is that it is mainstreamed along with other interventions and departments like the production sector. However, the overall budget for the district is 47 billion, and then for the production sector is allocated 12.3 billion and that is where nutrition falls. But it does not have a stand-alone budget. Health is given 12.6 but nutrition alone does not”. **LG Official, Kamwenge District**

“the resources at the district are not enough because the district runs on funding from the central government which has its set priorities, whereby 70% of what is supposed to go for infrastructure development so leaving a very small percentage to cater for the remaining services including food security and nutrition, we are however left with no option but to use the available little resources to provide the services to the communities with the help of some development partners like ACF and WFP”. **Ukusijoni Subcounty Official, Adjumani District**

LG Approved Budget Estimates for Water⁶⁷

District	2018/19	2019/20
Bulisa	551,423	377,476
Kabale	976,108	731,224
Kamwenge	639,609	1,231,970
kikuube	558,881	725,976
Adjumani	988,068	778,652

Similarly, spending on nutrition at the district level is constrained - Only about 6% to 7% of spending in districts was on nutrition activities since the vast majority of district funds are earmarked at the national level. Spending on nutrition at the district level is constrained - Only about 6% to 7% of spending in districts was on nutrition activities since the vast majority of district funds are earmarked at the national level⁶⁸.

3.5.3 Subcounty Level

At the sub-county level, the community development office does not have a specific budget for WASH but WASH Interventions are embedded within the community development budget which is only 5% of the community development budget which is allocated for WASH.

⁶⁶ Assessment report for Agriculture budget allocation 2020/21 Report: By Eastern and Southern Africa Small-scale Farmers' Forum (ESAFF) Uganda

⁶⁷ LG Approved Budget Estimates

⁶⁸ <https://www.spring-nutrition.org/publications/briefs/funding-nutrition-building-healthier-future-uganda>

3.5.4 Reasons for low budget allocation

1. Dependence on central government financing.

Dependence on central government financing was cited as one of the major reasons for the low budget allocation for the WASH and nutrition interventions. LGs run budgets which cater for what is perceived to be more critical such as infrastructure development, recurrent expenditure like salaries, and service provision. Besides, the districts run finances that come with predetermined priorities that can't be altered since the services must align with the National Development Plan III (NDP III).

2. Low priorities

Over the years, there has been a high disease burden like Malaria, HIV/AIDS among others, and the Ministry of Health has been focused on treatment (curative) rather than mitigating the factors causing them (prevention) hence causing low budget allocations for WASH and nutrition. Therefore, the largest health budget goes to the curative health department. In addition, Budget allocation is based on the assessment area approach and allocated depending on LG performance, the better the performance the higher the budget, and vice versa. Using the same criteria for budget allocation to new Districts such as Bugweri has resulted in low allocations as they are assessed as any other district created a long time ago. This explains why one Key informant noted that;

“We also still have a long way to convince the nation on the importance of nutrition in the development. For us in nutrition we know that if they tackle issues of nutrition, they will optimize everything, for example, health, productivity, efficiency in finance management” Official, MoES

The above sentiment was affirmed by many other respondents including the Assistant Commissioner for Nutrition Division, Ministry of Health who stated that.

“[Priorities]... Nutrition is not taken as a priority at that level where there is budget allocation” MoH Official.

3. Low revenue collection

The LG officials decried the low levels of resource mobilisation through taxation. The local taxes collected by the district are so low that they cannot do any significant work in the provision of WASH and nutrition services in the local governments. Similarly, the low budget allocation from the central government is also partly attributed to the low government revenue collections that can't support sufficiently support WASH and nutrition needs in the districts.

3.5.5 The rationale to increase WASH and Nutrition budget allocation

Undernutrition. Fundamental justifications for the urgent need to increase budget allocation at the National level and in Local Governments were based on the worse situation of food security and nutrition in the districts under study. Firstly, the prevalence of malnutrition in the district was reported to be high with very many children who are malnourished and need a special budget to cater for their needs. Secondly, other categories of vulnerable groups such as young mothers [teenage mothers], lactating mothers, older persons, and persons with disabilities need their nutrition needs catered for. This calls for the need for increased funding for food security and nutrition across the board because need specific interventions from the district and support with the right information on how best they can take care of their children.

“At least every month, we are admitting a malnourished case, therefore there is a need to increase funds to cater and manage these cases and also increase food supply. The Hospital is located far from the communities and by the time the patients are brought up here their conditions have worsened”. District Officer, Kamwenge District

“In Adjumani district, there is an increase in the number of people that need special attention in the area of food and nutrition, these include the severely disabled, the elderly the young children, the lactating mothers, and the young mothers, all these need specific interventions from the district which means a need for funding, for example, the disabled and elderly need to be supported with food items, as well as the lactating mothers with malnourished children whereas the young mothers

need to be supported with the right information on how best to take care of their children, LG Official, Adjumani District

The opinions above were concretized by the officials from at the Ministry level, one of whom categorized stated that;

“We have the needs, when it comes to the population that needs to be served, we need key messages to prevent them from malnutrition. When I look at the proportion of those malnourished who need our services, we do not always serve them”. **Official, MoH**

The need to increase the budget for WASH and nutrition interventions in the baseline districts is also premised on factors such as low household incomes, which has perpetuated landlessness that is associated with food insecurity and WASH challenges. Relatedly, the disease burden in the country can easily be linked to WASH. Therefore, if WASH is not properly addressed there will always be attempts to continue fighting preventable diseases.

Low water coverage. Evidence of low water coverage in the baseline districts was overwhelming for example in Kabale District people in the hilly areas can't access water and are their cry is always to have water tanks, gravity taps. The situation isn't any better in Adjumani, Bugweri, and Buliisa Districts. Besides, this explains why respondents reported being walking long distances to water sources as a key barrier in trying to access clean water.

“We have a report of 29 underserved local areas in Kamwenge that need to be addressed, we have our structures, the para-sectors that report issues that are in the WASH sector for example we can get that information from that water officer, but we have so many challenges that are not yet fully addressed. I think this can be used to guide budget allocation”. **District Official Officer, Kamwenge District**

3.5.6 Alignment of Budget allocation to National/International financing targets for Food Security and Nutrition

There were mixed responses of on whether budget allocations for nutrition and WASH activities are aligned to national and international financing targets. Nevertheless, the existence of international commitments in regards to nutrition and WASH where Uganda is a signatory is meant to facilitate effective programing of nutrition and WASH interventions, but, unfortunately, respondents [Key informants] alluded to the LG's inability to achieve the desired targets and goals due to low financing and lack of specificity for budget headings for WASH and nutrition interventions. Nevertheless, the following sentiments attest to the alignment in terms of National and International commitments.

“We normally focus on the National Development Plan (NDP) and Sustainable Development Goals (SDGs) such that we make sure that we end hunger and have zero poverty. We have aligned them to the National Development Plan where the district later aligns them to the national development. Therefore, as the District, we have to follow that line of government, National/International financing targets for food security and nutrition.” **District Official, Kamwenge District**

“They are aligned but they are not meeting the targets that's, they are aligned in terms of the specifics they are prioritizing but they are not aligned in terms of quantity (ratio wise). In otherward, nutrition is not accorded the priority in the national budget. **Official, MoES**

It should be noted that the aspiration of Agenda 2030 (SDG2, and 9), is to end hunger, achieve food security, improve nutrition and promote sustainable agriculture as well as promoting inclusive and sustainable industrialization and foster innovation. SDG 8 also seeks to promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all. Similarly, Agenda 2063 (Goal5) aspiration is to have modern agriculture for increased production and productivity. Relatedly, the EAC Vision 2050 seeks to promote value addition through agro-processing. The AfCFTA aims to create a single market

for goods and services facilitated by the movement of persons to deepen the economic integration of the African continent. The Uganda Vision 2040 emphasizes the establishment of economic lifeline industries including agro-based industries to drive agriculture productivity⁶⁹

3.5.7 Transparency and clarity in planning and budgeting for WASH and nutrition interventions

The lack of clarity in budget allocation for the WASH and nutrition interventions also affects sub-counties that were found to be receiving meager amounts. Budgets for nutrition and food security are explicitly unclear under the multisectoral approach because like LGs receive a small proportion of budget allocation which is later shared to all the Production Department sectors. Therefore, nutrition and food security are not yet fully individually supported. Nevertheless, some respondents opined that there is clarity in the budgets because of the participatory planning, budgeting, and implementation that LG officials do. The blame is also shifted on some officials who may not properly utilize the funds. Perhaps their opinions were guided by media reports and the Ministry of Finance Budget Monitoring Unit (BMAU) by the Ministry of Finance, Planning and Economic Development that reported that many institutions of Government had not fully used the released funds. For example, in the Karamoja region, less than 10% of funds received during the two quarters had been expended. The reasons for the delayed utilisation of funds in the Water and Environment Sector in the Local Governments was attributed to the slow procurement process that was limiting the implementation of planned hardware activities. Districts start the process late and for some new districts contracts committees are not yet in place. Some of the districts had spent less than 25% of released funds⁷⁰. Also, Land compensation issues affect water for production projects consequently leading to low absorption of funds. For example, Nyamiringa Valley Tank in Kiboga district works were halted due to land compensation issues after the contract had been signed⁷¹. This results into Local Governments returning un utilised funds to the national treasury because according to the Public Finance Management Act 2015 section 17 (2) stipulates that a local government that does not spend money that was appropriated to a particular vote for the financial year shall at the close of the financial year, return the money to the Consolidated Fund.

3.5.8 Budget implementation, monitoring, and transparency

In terms of budget implementation, and monitoring for the WASH and nutrition services, the study alluded to the existence of some level of transparency because; 1) there is joint monitoring and review of services provided, and this is done by both LG, the CSOs, and the development partners, 2); involvement of the Health facility management committees, 3) display of budget information at LG public notice boards to show the community what they are doing, 4); holding joint meetings to share information pertaining WASH and nutrition services with several stakeholders. Therefore, these various community-Based Monitoring (CBM) attest to a meaningful citizen's participation in ensuring quality WASH and nutrition services.

3.5.8 Stakeholders involved in Planning and budgeting for food security and nutrition in the local governments

Table 10: Stakeholders involved in Planning and budgeting for food security, nutrition, and WASH activities in LGs

Category	Entity	Role	Role
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⁶⁹ Third National Development Plan (NDPIII) 2020/21 – 2024/25. Available at <https://www.health.go.ug/cause/third-national-development-plan-ndpiii-2020-21-2024-25/>

⁷⁰ Low absorption of funds in public programmes during July –Dec 2012: What are the key reasons? Absorption of Fund Brief. Ministry of Finance Planning and Economic Development (MFPED). Available at: <https://www.finance.go.ug/sites/default/files/Publications/BMAU>

⁷¹ Ibid

CSOs	<ul style="list-style-type: none"> • One-Acre Fund • Strong Minds • Multipurpose • The Hunger Project Uganda 	<ul style="list-style-type: none"> • They address food security by training farmers in the district farmers • Distribution of food and planting materials • Participation in budget planning, and within the meetings some CSOs identify key areas e they can focus on and support. 	Bugweri
	<ul style="list-style-type: none"> • AVIS • Joint For Water • Water for People • World Vision • Oxfam • GIZ • Amaizi Malungi 	<ul style="list-style-type: none"> • Involvement in planning and budgeting for WASH. • Supporting sanitation and environment activities. • provides safe water to people in the villages • Community water supply, and hygiene • Supporting water services 	Kabale
	<ul style="list-style-type: none"> • World Vision • Baylor • UNICEF • World Food Programme (WFP) • ADRA 	<ul style="list-style-type: none"> • Involvement in the planning and budgeting for food security, and nutrition. 	Kamwenge
	<ul style="list-style-type: none"> • BIRUDO • KAWIDA • World Vision 	<ul style="list-style-type: none"> • Involvement in planning for the children's health 	Buliisa
Religious institutions	<ul style="list-style-type: none"> • Kigezi Diocese 	<ul style="list-style-type: none"> • Involvement in planning for the children's health 	Kabale District
MDAs	<ul style="list-style-type: none"> • Operation Wealth Creation (OWC) • Ministry of Water and Environment 	<ul style="list-style-type: none"> • 	

CSOs, religious institutions, and some MDAs like the Ministry of Water and Environment have participated in the quarterly nutrition coordination meetings in some Districts like Kabale, Buliisa, Kamwenge, Bugweri. The outcomes of their participation have been registered in the following areas.

- i. **Awareness campaigns.** The CSOs have been able to conduct awareness campaigns after their interaction with the other stakeholders in the district, sub-county, and national level. Through these meetings, knowledge has been harnessed and food security and nutrition has been at the forefront during the planning and budget allocation
- ii. **Financial support.** CSOS have been able to offer support in monetary terms. For example, in Adjumani District, United Nations Population Fund (UNFPA), and United Nations High Commissioner for Refugees (UNHCR) fund some specific interventions in the community but with their supervision.
- iii. **Community support.** The Lutheran World Federation (LWF) as a development partner has been critical in supporting the communities in Adjumani District in the livelihood sector by supporting women in the communities through the growth of foods nutritious.

3.5.9 Citizens involvement in priority settings for Nutrition budget allocations

The involvement of stakeholders in community projects is critical in ensuring successful implementation, ownership, and results. In this regard, this study sought to explore the level of citizens' involvement in priority setting for nutrition and WASH project budget allocation. It was revealed that although there are attempts to involve the community members in community monitoring of the interventions, citizen participatory priority setting, and budget allocation is unsatisfactory. However, some voices suggested that citizens are indirectly involved through expressing their concerns to the extension workers who input them into the budget. Nevertheless, this is to a lesser extent. An official from the Ministry of Gender Labour and Social Development (MoGLSD) noted that;

“[Citizens participation in priority setting for nutrition budget allocations]...no, because there is no mechanism of bringing them on board. The system is top-bottom planning so, the citizens just have to take what we have to offer them.” Official, MoGLSD

Although various stakeholders are involved in the quarterly nutrition coordination meetings at the districts, but the actual participation of the locals is still limited in this space. This is because Citizens are just represented by their leaders for example Local Council Leaders, Parish and Sub County but they are not directly involved in priority settings for Nutrition budget allocations. According to LG officials, limited citizens involvement is occasioned by the Program-Based Planning and Budgeting structure that allocates resources by program or functional area, in alignment with the national development plan where performance data informs decision making, either as a direct input in budget allocation or as contextual information for budget planning.

Table 11: Summary: Financing of The Multi-Sector Interventions

Pointers	Score	Source
Public budgets allocated	No	Primary data
Budget aligned to the nutrition, WASH, and food security needs	No	Primary and secondary sources
Clear budget lines	No	Primary and secondary sources
local citizens consulted/involved during the budgeting processes	No	Primary data
Budget implementation and execution monitored at the national level	Yes	Primary data
Level of current transparency in budgeting	Medium	Primary and secondary sources
Budget allocations for nutrition and WASH is aligned to national and international financing targets	Mixed reactions	Primary and secondary sources
Information available for Budgets and Expenditures on Nutrition, WASH and Food Security	Very limited	Document review

3.5.10 Recommendations

Identified Gaps/challenges	Recommendation
Limited financing	The inadequate allocation of resources makes it difficult for the government hospitals to adequately manage cases of severe malnutrition of patients that are admitted. Even where the interventions are implemented, there are no explicit budgets provided to cater for such. Much of the funding comes from development partners, and this poses challenges of standardization. Hence the need for budget increase for the nutrition interventions.
Objective driven implementation	The Ministry of Health and MAAIF should develop objective-driven and result-oriented implementation plans to enhance commitment for

	<p>effective operationalization of nutrition-sensitive and nutrition-specific policies. These implementation plans should be very realistic and doable within the Ugandan situation and financial conditions today. For example, the addition of an objective on reducing malnutrition among the vulnerable group of people is one of the ways to reduce poverty based on the role of malnutrition in the poverty cycle. In the implementation plan, based on available resources, nutrition education through modular trainings and follow up are recommended over food and cash handouts that will cost more and are not sustainable</p>
Robust M&E system	<p>Development of a dynamic robust monitoring and evaluation system for increased transparency and accountability of policy implementation. It should be dynamic to evolve with new techniques of monitoring and evaluation. Transparency accountability plays a major role in the success of an intervention or policy implementation as these give the real picture of how the process is going.</p>
Incoherence	<p>Improve policy coherence concerning nutrition (including food price policies, subsidies, trade policies, and poverty alleviation policies). This can be done through a review of existing policies and then revising the policy with the addition of objectives that are coherent to another policy thus the two policies cover a wide range of target groups. An example is how the Water and Sanitation Gender Strategy was revised based on a review of other policies.</p>
Poor Nutrition Governance	<p>Improve good governance for nutrition, by reviewing and improving the national nutrition strategy and action plan, allocating adequate budgetary resources, and implementing nutrition surveillance.</p>
Limited Advocacy	<p>Continuous focus advocacy for nutrition sensitivity across the policy spectrum. This can be done by undertaking a well-organized drive to sensitize all relevant sectors on how they can address or mainstream nutrition, food security, and WASH in their sectors through constant trainings, conferences, webinars, and other presentation platforms for different sectors pushing the nutrition, food security, and WASH agenda. This is done so that these sectors can include nutrition, food security, and WASH in their policies thus improving sensitivity across the policy spectrum.</p> <p>Effective advocacy will help community members and political, technical, and traditional leadership appreciate and prioritise nutrition. Stakeholders need advocacy skills to help them secure the approval of multisectoral nutrition action plans by councils and secure funding for planned activities. An important activity that can help stakeholders take on an advocacy role is holding a local government-level advocacy planning workshop to develop an advocacy plan and talking points for key audiences.</p>
Information access	<p>A robust information platform is desirable, aimed at identifying the implementation bottlenecks, linking this information to the relevant decision-makers and structures at various levels, and then facilitating solutions to the bottlenecks.</p>
Capacity development	<p>Although multi-sectoral nutrition coordination committees exist, effective planning and budgeting for nutrition programmes, coordination of the different related implementers in the district, and monitoring of the agreed plans and activities seem to be a challenge and need to be strengthened at the district level. The Chief Administrative Officer should be empowered to take lead in nutrition coordination of committees and ensuring that they are functional.</p>

No prioritization for nutrition	There is need to increase nutrition and WASH budgets and provide budget-specific headings for the interventions at the Ministerial level and In LGs. This calls for a nutrition expenditure review to better understand what resources are available, what is needed, and what are the gaps. There is increasing low priority given to nutrition activities within the Ministry of Health as reflected from the budgetary allocations. This makes it difficult for the ministry to adequately play its roles of; developing the strategy, policy and guidelines, setting standards, capacity building and development; monitoring and evaluation; and quality assurance among others.
Institutionalization	Institutionalize nutrition funding into the Ugandan budget to allow for more consistent and transparent funding from year to year by-including the new nutrition planning guide-lines in the budget-call circulars each year naming nutrition as a budget line, applying tracking codes across sectors, setting targets for the percentage of a sector's yearly budget that should go toward nutrition.
Empower Community led Programmes.	Community-led programmes targeting interventions to promote diet diversity, backyard gardening, integrated farming, post-harvest food handling, school nutrition, water and sanitation, and child spacing are scaled up since these are equally important in enabling the achievement of nutrition targets. In this regard, agriculture extension needs to be strongly supported as the entry point for scaling up nutrition investment.
Integrate indigenous knowledge	Since this study discovered the utilisation of local knowledge in addressing food security, and nutrition, and WASH challenges, such knowledge should be upheld and adapted in the scaled-up interventions rather than suffocating it. Therefore, it is justifiable to advocate for a marriage of convenience between the two knowledge systems for effective output and eventual sustainability.
Limited Participation	There is a need to strengthen the participation of CSOs in the multi-sectoral coordination and monitoring frameworks for effective nutrition to ensure full participation and accountability. This is informed by the loose coalition of CSOs networks at the District level that isn't bound by thematic and strategic goals. Therefore, the need for a nutrition and WASH strategic network of like-minded CSO actors is desired. In addition, the private sector should be made part of the interventions through Public-Private Partnerships (PPPs) to strengthen ownership, voice, and financing

ANNEXES

Annex 1: Final Data Collection Tools used KIIs Tool for CSOs

Hello, my name is _____ and I work with Maarifa Consult Ltd. We have been contracted by Action Against Hunger (AAH) to conduct a Baseline Survey for a project titled "RIGHT TO GROW". The project is aimed addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children in Kamwenge, Buliisa, Kakumiro, Adjumani, Arua, Kikuube, Nwoya, Maracha, Bugweri and Kabale. We are conducting this study to gather baseline data, which guide the implementation of this project and inform the development of realistic and achievable project targets during the implementation. We shall need close to one hour to complete this discussion, and your part is voluntary so you can choose not to answer some individual questions. However, we hope that you will participate in this study since your views regarding the project are important.

If you consent to participating in this study, please confirm by saying: Yes-to proceed with the interview and No-not to proceed with the interview.

Questionnaire identification	District
Name of the CSO	
Name of the respondent	
Position of the respondent	

Code	Questions
1.	As a CSO at district or at National level, have you participated in demanding/creating spaces for engagement and influence debates that influence quality delivery of nutrition and wash services?
2.	In what way have you demanded or created spaces for engagement debates that influence quality delivery of nutrition and wash services?
3.	Is there any network or platforms of CSOs at District or at National level engaged in advocacy for WASH, Nutrition and food security?
4.	If Yes, what are the existing network or platforms of CSOs at District or at National level engaged in advocacy for WASH, Nutrition and food security?
5.	If no, are you willing to embrace the CSOs networks for WASH, Nutrition and food security in the community? And what are the anticipated problems and opportunities of forming these networks?
6.	If yes, what kind of advocacy role are they playing in the development of WASH and nutrition conditions at the district and at National level?
7.	With evidence-based examples, which strategies/policies have the existing CSOs laid to demand and create positions regarding advocacy for WASH, Nutrition and food security?
8.	Have you (as CSOs) ever participated / involved in the planning and budgeting activities for food security, nutrition and WASH?
9.	Who should be involved in the community in advocacy campaign to address the issues of malnutrition and wash services??
10.	Which government entities should we target for these advocacy campaigns aimed at addressing quality delivery of nutrition and WASH services?
11.	How can we target these? What is the community perception? How can we involve the community?
12.	What are the main gender issues in nutrition in the community and at national level?
13.	Who are the main donors of WASH, nutrition and food security and what is the level of coordination between them?

14.	Are donors' strategies and funding schemes multi-sectoral, inclusive, and gender sensitive? Do they consider local evidence/ local voices?
15.	How is the current set-up to address the underlying determinants of undernutrition? What can be improved?
16.	What are the current financial commitments towards achieving WASH, food and Nutrition security related SDGs (SDG 2 and SDG 6)? Is there a room for scale- up
17.	What needs to be done to ensure effective participation of citizens and CSOs in the planning and budgeting for food security nutrition and WASH at local and national level?
18.	How can CSOs make use of the locally available knowledge for advocacy purposes?
19.	What is the current level of involvement of youth and women in the CSO leadership?
20.	What are the recommendations you would suggest to address malnutrition and promotion of good WASH practices targeting the most vulnerable women and children at the district and at national level?

END OF INTERVIEWS

Thank you for participating

KIIs Tool for CSO Network members

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Questionnaire identification	District
Name of the CSO	
Name of the respondent	
Position of the respondent	

Code	Questions
1.	As a CSO at district or at National level, have you participated in demanding/creating spaces for engagement and influence debates that influence quality delivery of nutrition and wash services?
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4.	If Yes, what are the existing network or platforms of CSOs at District or at National level engaged in advocacy for WASH, Nutrition and food security?
5.	If no, are you willing to embrace the CSOs networks for WASH, Nutrition and food security in the community? And what are the anticipated problems and opportunities of forming these networks?
6.	If yes, what kind of advocacy role are they playing in the development of WASH and nutrition conditions at the district and at National level?
7.	With evidence-based examples, which strategies/policies have the existing CSOs laid to demand and create positions regarding advocacy for WASH, Nutrition and food security?
8.	Have you (as CSOs) ever participated / involved in the planning and budgeting activities for food security, nutrition and WASH?
9.	Who should be involved in the community in advocacy campaign to address the issues of malnutrition and wash services??
10.	Which government entities should we target for these advocacy campaigns aimed at addressing quality delivery of nutrition and wash services??
11.	What are the main gender issues in nutrition in the community and at national level?
12.	How can we target these? What is the community perception? How can we involve the community?
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15.	How is the current set-up to address the underlying determinants of undernutrition? What can be improved?
16.	What are the current financial commitments towards achieving WASH, food and Nutrition security related SDGs (SDG 2 and SDG 6)? Is there a room for scale-up
17.	What needs to be done to ensure effective participation of citizens and CSOs in the planning and budgeting for food security nutrition and WASH at local and national level?

18	How can CSOs make use of the locally available knowledge for advocacy purposes?
19	What is the current level of involvement of youth and women in the CSO leadership?
20	What are the recommendations would you suggest to address malnutrition and promotion of good WASH practices targeting the most vulnerable women and children at the district and at national level?

END OF INTERVIEWS

Thank you for participating

KII tool For District Councillors

Hello, my name is _____ and I work with Maarifa Consult Ltd. We have been contracted by Action Against Hunger (AAH) to conduct a Baseline Survey for a project titled "RIGHT TO GROW". The project is aimed addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children in Kamwenge, Buliisa, Kakumiro, Adjumani, Arua, Kikuube, Nwoya, Maracha, Bugweri and Kabale. We are conducting this study to gather baseline data, which guide the implementation of this project and inform the development of realistic and achievable project targets during the implementation. We shall need close to one hour to complete this discussion, and your part is voluntary so you

can choose not to answer some individual questions. However, we hope that you will participate in this study since your views regarding the project are important. If you consent to participating in this study, please confirm by saying: Yes-to proceed with the interview and No-not to proceed with the interview.

Questionnaire identification	Response
Name of the respondent	
Position of the respondent	
Name of District	

1) As a district council what have you done to address malnutrition and adoption of good WASH practices in the district targeting the most vulnerable women and children? If yes, what have you done?
2) What specific roles do district councilors play in the addressing adoption of good nutrition and WASH practices, establish if they have performed their roles effectively.
3) Have you designed any bylaws at the district which have aimed at addressing malnutrition and adoption of good WASH practices
4) As a councilor, are you aware of any policy/by law in Uganda aimed at addressing malnutrition and adoption of good WASH practices with specific emphasis on undernutrition, targeting the most vulnerable women and children?
5) What bylaws exist at the district on malnutrition and WASH practices? Probe to establish the different laws and bylaws
6) What challenges have you faced in attempting to implement these policies/bylaws in your district?
7) Is there evidence of CSO participation at the district in the policy/by laws influencing and budget making processes for WASH, Nutrition and Food Security?
8) What Policy gaps do you think are still existing in addressing good nutrition and WASH practices with specific emphasis on undernutrition, targeting the most vulnerable women and children?
9) What can be done to address and bridge the policy gaps that exist in malnutrition in Uganda?
10) What do you feel are the main barriers in addressing malnutrition and good WASH practices targeting the most vulnerable women and children? List all the barriers mentioned.
11) What recommendations would you suggest to address malnutrition and WASH practices with specific emphasis on undernutrition, targeting the most vulnerable women and children

END OF INTERVIEW

THANK YOU

FGD with Community Members

Hello, my name is _____ and I work with Maarifa Consult Ltd. We have been contracted by Action Against Hunger (AAH) to conduct a Baseline Survey for a project titled "RIGHT TO GROW". The project is aimed addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children in Kamwenge, Buliisa, Kakumiro, Adjumani, Arua, Kikuube, Nwoya, Maracha, Bugweri and Kabale.

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If you consent to participating in this study, please confirm by saying: **Yes**-to proceed with the interview and **No**-not to proceed with the interview.

Questionnaire Number: ___|___|___| **Name of Interviewer:**_____

Cod e	Questions	
1.	As a community, do you understand the nutrition and WASH Rights? (the researcher should gauge the community's understanding)	Large extent Moderate extent Little/limited Don't know
2.	To those who knows, what is your understanding of nutrition and WASH rights?	Understand Averagely understand Not all
3.	In this community, where do you get your nutrition and WASH services?	
4.	What is your perception/ satisfaction about the quality of the nutrition and WASH services provided in this community?	
5.	How can nutrition and WASH services in your community be improved?	
6.	Have you applied any known local solutions/ best practices the community wants to share with us. Please explain in detail	
7.	Which WASH and nutrition services are available in this community?	
8.	Who provides these nutrition and WASH services?	
9.	What is the current state of nutrition and WASH? Is it in bad, or in good state?	
10.	Which ones do we want to improve? Mention and explain why we should improve them	
11.	Is there anyone working on these? Who? Which Private stakeholders	
12.	Have you faced any problem or barriers in getting nutrition and WASH services?	Yes, we face Many problems No, we haven't faced problem
13.	If yes, what are the problems/barriers?	
14.	How have you solved these problems/barriers?	
15.	Whom do the community members reach out to solve them? Is it Government or Private sectors? Please explain with examples	
16.	In there any information regarding undernutrition issues in this community?	No information Little information
17.	Those who are saying that there is some information in this community. How and where do caregivers find information regarding undernutrition issues?	
18.	Have you been involved in claiming your rights and access to WASH, nutrition, and primary health care services?	We have been fully involved Somehow/partially involved No involved at all
19.	Which people and organizations have been involving you?	
20.	How have you been involved in demanding your rights and access to WASH, nutrition, and primary health care services?	
21.	If you have been involved in demanding for your rights and access to WASH, nutrition, and primary health care services. What actions have	

	you formulated and demanded for improved WASH and nutrition services.	
22.	Have you been successful with your actions and demand? Explain how you have been successful	
23.	What role do women and other marginalized and disadvantaged people play for claiming rights and access WASH, nutrition, and primary health care services.	
24.	Who are the most vulnerable to undernutrition in this community?	
25.	Is there any involvement of local entrepreneurs in providing WASH and nutrition services at the local level?	Have been fully involved Somehow/partially involved Not involved at all
26.	What kind of involvement is there?	
27.	What products do they provide?	
28.	Is there any problem in getting services?	
29.	What is your suggestion to improve the services?	
30.	Are there existing structures and community communication channels at Sub County and district level (i.e. WASH and nutrition committees)?	
31.	If yes, do they function? What can be done to improve them?	

**END OF FGDS
THANK YOU**

KIIs tool for Donors

Hello, my name is _____ and I work with Maarifa Consult Ltd. We have been contracted by Action Against Hunger (AAH) to conduct a Baseline Survey for a project titled "RIGHT TO GROW". The project is aimed addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children in Kamwenge, Buliisa, Kakumiro, Adjumani, Arua, Kikuube, Nwoya, Maracha, Bugweri and Kabale.

We are conducting this study to gather baseline data, which guide the implementation of this project and inform the development of realistic and achievable project targets during the implementation. We shall need close to one hour to complete this discussion, and your part is voluntary so you can choose not to answer some individual questions. However, we hope that you will participate in this study since your views regarding the project are important.

If you consent to participating in this study, please confirm by saying: **Yes**-to proceed with the interview and **No**-not to proceed with the interview.

Questionnaire identification	District
Name of the Donor Organization	
Name of the respondent	
Position of the respondent	Manager Director

Section: General Information.

No.	Question	Possible response	Codes
10	Record the sex of respondent <i>Circle response</i>	Male Female	1 2

Code	Questions
------	-----------

1.	Who are the main donors of WASH, nutrition and food security and what is the level of coordination between them?
2.	Have you held meetings with right to grow about nutrition, WASH services and food security?
3.	Have you held any meetings with CSO about nutrition WASH services and food security ?
4.	Are donors' strategies and funding schemes multi-sectoral, inclusive, and gender sensitive? Do they consider local evidence/ local voices?
5.	How is the current set-up to address the underlying determinants of undernutrition?
6.	What are the current financial commitments towards achieving WASH, food and Nutrition security related SDGs (SDG 2 and SDG 6)? Is there a room for scale- up?
7.	What are the gaps in nutrition programming?
8.	What Can You Do As a Development Partner to Improve Nutrition?
9.	Which other Questions can e add here to ask the donors?
10.	Are there any strategies developed by the CSO's and CBO's to lobby donors?
11.	Have you developed strategies related to food, WASH services to prevent under nutrition?
12.	Do you have budgets reviewed and aligned to prevent undernutrition?

KIIs Tool for Local Government Officials

Hello, my name is _____ and I work with Maarifa Consult Ltd. We have been contracted by Action Against Hunger (AAH) to conduct a Baseline Survey for a project titled "RIGHT TO GROW". The project is aimed addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children in Kamwenge, Buliisa, Kakumiro, Adjumani, Arua, Kikuube, Nwoya, Maracha, Bugweri and Kabale. We are conducting this study to gather baseline data, which guide the implementation of this project and inform the development of realistic and achievable project targets during the implementation. We shall need close to one hour to complete this discussion, and your part is voluntary so you can choose not to answer some individual questions. However, we hope that you will participate in this study since your views regarding the project are important.

If you consent to participating in this study, please confirm by saying: **Yes**-to proceed with the interview and **No**-not to proceed with the interview.

Questionnaire identification	District
Name of the respondent	
Name of the district department/office	
Position of the respondent	<input type="radio"/> Chief Administrative Officer <input type="radio"/> District Health Officer <input type="radio"/> Community Development officers <input type="radio"/> District Water officer <input type="radio"/> District Planning officer <input type="radio"/> Principle Nutritionist <input type="radio"/> District Agriculture officer <input type="radio"/> District Community Development officer <input type="radio"/> District Councilor <input type="radio"/> District Education Officer

Section: General Information.

No.	Question	Possible response
10	Record the sex of respondent <i>Circle response</i>	Male Female

Code	Questions
1.	What is the budget allocation (as a percentage share of the sector budget) for WASH, Food Security and nutrition in the National Budget?

2.	Are these allocations aligned to Government National/International financing targets for WASH, Food Security and Nutrition?
3.	What kind of data-evidence is needed to increase budget allocation?)
4.	Is the budget allocated at the district level enough (This should be in relation with costings done and fed into the work plans at district level) to improve the WASH and nutrition intervention?
5.	If not, what are the reasons for the low budgetary allocations and what needs to be done to improve it?
6.	Is there evidence of CSO participation in the policy influencing and budget making processes for WASH, Nutrition and Food Security?
7.	If Yes, please specify some of the key spaces CSOs occupy at Local level and spaces they need to occupy to strengthen CSO engagement?
8.	When it comes to planning and budgeting for food security, nutrition and WASH, what is the level of involvement of other departments and sectors at local and national level?
9.	Are there any networks or platforms of CSOs at <u>District</u> engaged in advocacy for WASH, Nutrition and food security?
10.	If so, what kind of advocacy role are they playing in the development of WASH and nutrition conditions?
11.	If there is no such platform, are they interested in such a platform?
12.	What are the problems and opportunities in this case?
13.	What kind of support is needed?
14.	What are the available spaces for CSOs engagement for increased financing for WASH and Nutrition at <u>District</u> and National Level?
15.	Are CSOs and other stakeholders involved in the planning and budgeting for food security, nutrition and WASH?
16.	If yes, what kind of roles have they played?
17.	If yes, have their participation been meaningful and effective? Give a reason to your answer
18.	What needs to be done to ensure effective participation of citizens and CSOs in the planning and budgeting for food security nutrition and WASH at local level?
19.	What are the guiding legal and policy frameworks that support WASH and U5 Nutrition?
20.	Are these contributing positively or negatively to U5 nutrition?
21.	How can we contribute to improving them?
22.	What decision-making processes around WASH and nutrition policies and budget allocations look like?
23.	Is there a meaningful participation of communities, local CSOs/ CBOs? Give a reason to your answer
24.	Are marginalized and vulnerable groups represented and consulted?
25.	Are the available WASH and nutrition services transparent in terms of budget allocation information availability? Give a reason to your answer
26.	What is the current level of transparency?
27.	Can we improve? How best can transparency in the delivery of WASH and Nutrition interventions be improved?
28.	Are budgets for nutrition, WASH and food security explicitly clear under the multisectoral approach?
29.	Are Citizens involved in priority settings for WASH, and Nutrition budget allocations?
30.	How can citizen's participations be improved to ensure meaningful participations of communities, local CBOS/CSOs in priority settings for WASH and children under 5 years Nutrition.
31.	Is budget implementation and execution monitored at local government/community level?
32.	What is the level of transparency and accountability?
33.	Does WASH and food security translate into the desired service delivery and if not why?

KII Tool for Ministry Officials

Hello, my name is _____ and I work with Maarifa Consult Ltd. We have been contracted by Action Against Hunger (AAH) to conduct a Baseline Survey for a project titled "RIGHT TO GROW". The project is aimed addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children in Kamwenge, Buliisa, Kakumiro, Adjumani, Arua, Kikuube, Nwoya, Maracha, Bugweri and Kabale. We are conducting this study to gather baseline data, which guide the implementation of this project and inform the development of realistic and achievable project targets during the implementation. We shall need close to one hour to complete this discussion, and your part is voluntary so you can choose not to answer some individual questions. However, we hope that you will participate in this study since your views regarding the project are important.

If you consent to participating in this study, please confirm by saying: **Yes**-to proceed with the interview and **No**-not to proceed with the interview.

Questionnaire identification	
Name of the respondent	
Name of Ministry	
Name of the department/office	
Position of the respondent	

Section: General Information.

No.	Question	Possible response	Codes
10	Record the sex of respondent <i>Circle response</i>	Male Female	1 2

Code	Questions
	What is the budget allocation (as a percentage share of the sector budget) for WASH, Food Security and nutrition in the National Budget?
	Are these allocations aligned to Government National/International financing targets for WASH, Food Security and Nutrition?
	What kind of data-evidence is needed to increase budget allocation?)
	Is the budget allocated at the National level enough (This should be in relation with costings done and fed into the work plans at district level) to improve the WASH and nutrition intervention?
	If not, what are the reasons for the low budgetary allocations and what needs to be done to improve it?
	Is there evidence of CSO participation in the policy influencing and budget making processes for WASH, Nutrition and Food Security?
	If Yes, please specify some of the key spaces CSOs occupy at national level and spaces they need to occupy to strengthen CSO engagement?
	When it comes to planning and budgeting for food security, nutrition and WASH, what is the level of involvement of other departments and sectors at national level?
	Are there any networks or platforms of CSOs at <u>National</u> level engaged in advocacy for WASH, Nutrition and food security?
	If so, what kind of advocacy role are they playing in the development of WASH and nutrition conditions?
	If there is no such platform, are they interested in such a platform?
	What are the problems and opportunities in this case?
	What kind of support is needed?
	What are the available spaces for CSOs engagement for increased financing for WASH and Nutrition at National Level?
	Are CSOs and other stakeholders involved in the planning and budgeting for food security, nutrition and WASH?
	If yes, what kind of roles have they played?

	If yes, have their participation been meaningful and effective? Give a reason to your answer
	What needs to be done to ensure effective participation of citizens and CSOs in the planning and budgeting for food security nutrition and WASH at local and national level?
	What are the guiding legal and policy frameworks that support WASH and U5 Nutrition?
	Are these contributing positively or negatively to U5 nutrition?
	How can we contribute to improving them?
	What decision-making processes around WASH and nutrition policies and budget allocations look like?
	Is there a meaningful participation of communities, local CSOs/ CBOs? Give a reason to your answer
	Are marginalized and vulnerable groups represented and consulted?
	Are the available WASH and nutrition services transparent in terms of budget allocation information availability? Give a reason to your answer
	What is the current level of transparency?
	Can we improve? How best can transparency in the delivery of WASH and Nutrition interventions be improved?
	Are budgets for nutrition, WASH and food security explicitly clear under the multisectoral approach?
	Are Citizens involved in priority settings for WASH, and Nutrition budget allocations?
	How can citizen's participations be improved to ensure meaningful participations of communities, local CBOS/CSOs in priority settings for WASH and U5 Nutrition.
	Is budget implementation and execution monitored at national level?
	What is the level of transparency and accountability? Does the allocated Budget to nutrition?
	WASH and food security translate into the desired service delivery and if not why?

KII tool for Policy Makers Tool

Hello, my name is _____ and I work with Maarifa Consult Ltd. We have been contracted by Action Against Hunger (AAH) to conduct a Baseline Survey for a project titled "RIGHT TO GROW". The project is aimed addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children in Kamwenge, Buliisa, Kakumiro, Adjumani, Arua, Kikuube, Nwoya, Maracha, Bugweri and Kabale

We are conducting this study to gather baseline data, which guide the implementation of this project and inform the development of realistic and achievable project targets during the implementation. We shall need close to one hour to complete this discussion, and your part is voluntary so you can choose not to answer some individual questions. However, we hope that you will participate in this study since your views regarding the project are important.

If you consent to participating in this study, please confirm by saying: Yes-to proceed with the interview and No-not to proceed with the interview.

Questionnaire identification	Response
Name of the respondent	
Position of the respondent	<ul style="list-style-type: none"> ▪ Member of Parliament ▪ District Councilors
Name of the department	
1) What role (if any) do you play in the addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children. Establish if they have performed their roles effectively.	

- | |
|---|
| 2) Are you aware of any policy in Uganda aimed at addressing malnutrition and good WASH practices with specific emphasis on undernutrition, targeting the most vulnerable women and children |
| 3) What legislation/policy on malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children does exist? Probe to establish the different laws, legislation, policies, strategy |
| 4) Is there evidence of CSO participation in the policy influencing and budget making processes for WASH, Nutrition and Food Security? |
| 5) What Policy gaps do you think are still existing in addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children? |
| 6) What efforts has the parliament/Forum put in place to addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children? |
| 7) What can be done to address and bridge the policy gaps that exist in malnutrition in Uganda? |
| 8) What challenges have you faced in attempting to implement these policies in Uganda? |
| 9) What do you feel are the main barriers in addressing malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children? List all the barriers mentioned. Which of the above-mentioned list of barriers mentioned are more important (rank them in order) |
| 10) What recommendations would you suggest to address malnutrition with specific emphasis on undernutrition, targeting the most vulnerable women and children |

END OF THE INTERVIEW SESSION.

THANK YOU

END



Capacity & learning assessments Report

Uganda
September, 2021.

Acknowledgements

Global Mutual Capacity Development and Linking & Learning team would like to express their gratitude and thank all of you who supported and participated in capacity & learning data collection process in your country and globally. Your time and efforts in disseminating the questionnaires, following up with your country partners and colleagues, and providing your input are very much appreciated.

Thanks to all of you, we successfully completed capacity & learning assessments and collected:

- 180 responses on technical knowledge and learning questionnaire
- 82 responses on organizational development questionnaire

All this data will help us better understand the capacity & learning gaps and needs in the program countries as well as what are the expertise that we, as Right2Grow Consortium, can provide. Based on this data, we will jointly develop country-specific mutual capacity development and learning strategies so we can achieve Right2Grow program objectives.

Special thanks go to Remco Geervliet from Max Foundation for his support in setting up a dashboard for data analysis. We wouldn't make it without you!

Thank you all!

Jovana, Jan, Anat & Stephanie

How to read the results?

In this report we present the results of the analysis we conducted. The objectives of data analysis were the following:



- To understand what capacity & learning gaps and needs are at a) county level b) Global Consortium level
- To identify potential expertise providers who can address capacity needs within the Right2Grow Consortium
- To inform country prioritization workshops and support development of country specific Mutual Capacity Development & Learning strategies
- To provide a point of reference (baseline) for tracking progress in capacity strengthening and learning over time.

The report is based on the four key areas we collected data on, namely:

- A. Technical knowledge and skills in relation to four Right2Grow program outcomes
- B. Monitoring and Evaluation (M&E) knowledge and skills
- C. Linking & Learning
- D. Organizational development

For each of these areas, we present the overview of the responses received at the country level, including all country Consortium partners who participated. To help you make sense of the results, the report provides highlights of what has been identified as:

- Low and high training/ capacity development needs in your country
- Expertize that the country Consortium partners can provide
- Most emerging capacity strengths and training needs related to M&E
- Overview with five most emerging agreements and disagreements of the learning survey
- Common needs in organizational development that could be address by Right2Grow program

Data analysis

All the collected data was cleaned to ensure coherence of organisation names (e.g. World Vision, WV, World Vision- Ethiopia, W. Vision = World Vision). After that an analysis dashboard was designed to filter and review the results. The global MCD team used this dashboard and the qualitative answers provided to present to analyze the results and present them in this report. For the first part of the assessment, questionnaire on technical knowledge and skills, the team made the following additional calculations to present highlights of the results:

1. **Lowest capacity strengthening need:** This includes the sum of the survey responses, marked green in the graphs presented. These indicate low need for training/ capacity strengthening or the fact that the partners have rich expertise on a given topic.
2. **Highest capacity strengthening need:** This includes the sum of all survey responses, marked red in the graphs presented. These indicate moderate and high training/ capacity strengthening needs on a given topic.
3. **Average capacity strengthening need per knowledge area:** This is calculated as the sum of all moderate and high training need answers marked red in a graph for a given knowledge area (e.g. The basics of WASH and Nutrition), and then divided by the total number of answer options per knowledge area.
4. **Average capacity strengthening need per TOC Outcome:** This is calculated as the sum of all averages by knowledge areas under an Outcome, and then divided by the total number of knowledge areas for that Outcome.

Using these results

These results should be looked at as a starting point in development of country-specific capacity development and learning strategies. They should further guide discussions during the prioritization workshops (part of the 2022 detailed planning process) on identifying key priorities for capacity development and learning that need to be addressed in order to achieve Right2Grow program objectives and ensure sustainability beyond Right2Grow

Executive summary

This report highlights the key results of the Right2Grow Capacity & Learning assessment in South Sudan. Below a summary of the results of each assessment tool used:

Technical knowledge and skills in relation to four Right2Grow program outcomes

The table below provides an overview of highest and lowest training needs that emerged from each outcome area.

Outcomes	Knowledge area of highest training need	Knowledge area of lowest training need
Outcome 1 Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners	Working with community based private sector partners (66%)	KA4: Qualitative and participatory data collection (28%)
Outcome 2: Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition	Budget monitoring and expenditure tracking (56%)	Government engagement and lobbying (16%)
Outcome 3: National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to undernutrition in policies, action plans and budget allocations	Working with community-based organizations and research institutions to identify and promote evidence-based and innovative approaches to prevent undernutrition and poor WASH 59 %	Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition (39,5%)
Outcome 4: Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition	Lobbying donors for better funding of nutrition and WASH, and for multi-sectoral programming (41%)	Bringing local knowledge and experiences to the international arena (26,5%)

Looking on averages across the four key outcomes highest training needs are expressed regarding outcome 3 (48%), followed by outcome 1 (41%). Training need for outcome 2 is 36%, outcome 4 at 32%.

Monitoring and Evaluation (M&E) knowledge and skills

Highest MEAL capacity assessment needs that emerge from the assessment is outcome harvesting (67%). Bases on the assessment results at global and country level the following capacity development priorities were set for 2022 and 2023 onwards by the team in Uganda:

Capacity building priorities for 2022:

1. Tools for routine monitoring of indicators in the result framework + Data Collection Methods + Clear Indicator definition (at Country & Global level)

<ol style="list-style-type: none"> 2. Participatory monitoring and evaluation 3. Data cleaning & Analysis (both qualitative and Quantitative)
<p>Capacity building priorities for 2023:</p> <ol style="list-style-type: none"> 1. M&E Tools to Track CSO Lobby & Advocacy 2. Community & Stakeholder engagement in data validation 3. M&E Tools to measure social accountability

A first capacity development training about the use of M&E tools for advocacy and outcome harvesting is currently planned for December 2021.

Linking and learning

The Linking & Learning section of the questionnaire identified attitudes towards Linking & Learning at the individual level among Right2Grow staff, existing Linking & Learning spaces/platforms/practices across the partners of the Consortium and expectations of Linking & Learning in Right2Grow. The following overview summarizes assessment results from Uganda:

- Share resources around individual learning tools and resources within the Uganda Right2Grow team (this can be done with support from the global L&L team, and with dissemination by the focal point).
- Inquire further on the reasoning behind the “disagree” and “neutral” responses. Creating a learning culture relies on intangible mindsets and beliefs. It is therefore important to reflect on challenges and obstacles to promoting such an approach.
- Depending on the learning and linking priorities expressed by the Uganda team, it could be relevant to engage with those platforms to ensure the sustainability of linking and learning captured from Right2Grow beyond the duration of the project
- Provide input and suggestions as the global L&L team works towards creating support to implement an adaptive management approach (ex: feedback on TORs for a workshop consultant etc.).
- Conduct brainstorming sessions on how to engage and encourage Right2Grow staff outside of L&L to participate in linking & learning, and 2) reflect how to incorporate community knowledge in the Uganda learning agenda.

Organizational development

In general respondents are very positive about their organizational capacities, with organizations being most positive about their capabilities to learn and self-renew (95%) and achieve coherence 92%. Capabilities to deliver outcomes score the lowest (78%), followed by capabilities to act. Although several organizations see themselves as advocacy organizations with strong capabilities in that area others mention the need for general strengthening advocacy and communications. Another area to enhance capabilities to achieve outcomes includes enhancing staff capacities. To enhance capabilities to act respondents see diversifying their leadership to become more inclusive of women and youth as a key strategy.

A. Results of technical knowledge and skills assessment

In this questionnaire, we collected information about technical knowledge and skills needed to achieve four Right2Grow program outcomes. Here are the results.

1. Overview of the responses and positions per country Consortium partner:

Organization	count	R2G (estimated) staff
ACF / AAH	3	4
CEGAA	1	2
CIDI	2	4
CSBAG	1	5
FHF	1	?
FRA	2	6
MCLD	2	6
MYDL	1	?
NSU	1	4
The Hunger Project	2	10
UNFF	1	?
World Vision	2	17
TOTAL	12	58

2. Overview of the type of positions answering this questionnaire:

Position	Count
Activity facilitation / Community mobilization and coordination	1
Activity facilitation/coordination	1
Capacity strengthening and/or learning	2
Communication and/or Advocacy	3
Program management	7
Senior management	4
Technical expert in nutrition/ health/ water, sanitation and hygiene (WASH)/ food security or similar	1

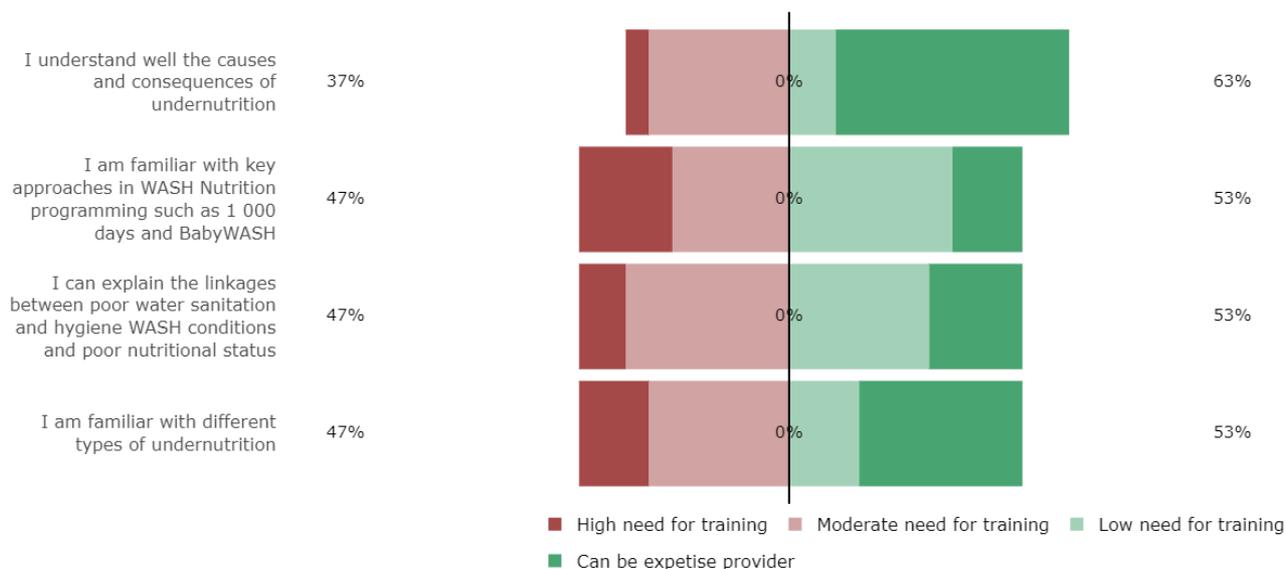
Response rate reflections for the Capacity-strengthening prioritization

The tables above indicate the response rate from Right2Grow partners in Uganda and their positions. From the envisioned staff working on the project 12 out of 58 (envisioned) staff members were received. It should be noted that the staff estimates were calculated in March 2021 and may not be accurate. All partners based in Uganda participated in the survey, with relative to staff size high participation from ACF and low participation from World Vision and the Hunger project. In terms of positions the majority of the respondents are program Managers, followed by senior management. During the prioritization workshops particular attention should be given to partners who provided limited responses to validate the results. Furthermore, specific attention might be needed to the capacity strengthening needs of activity and technical staff from which responses were low.

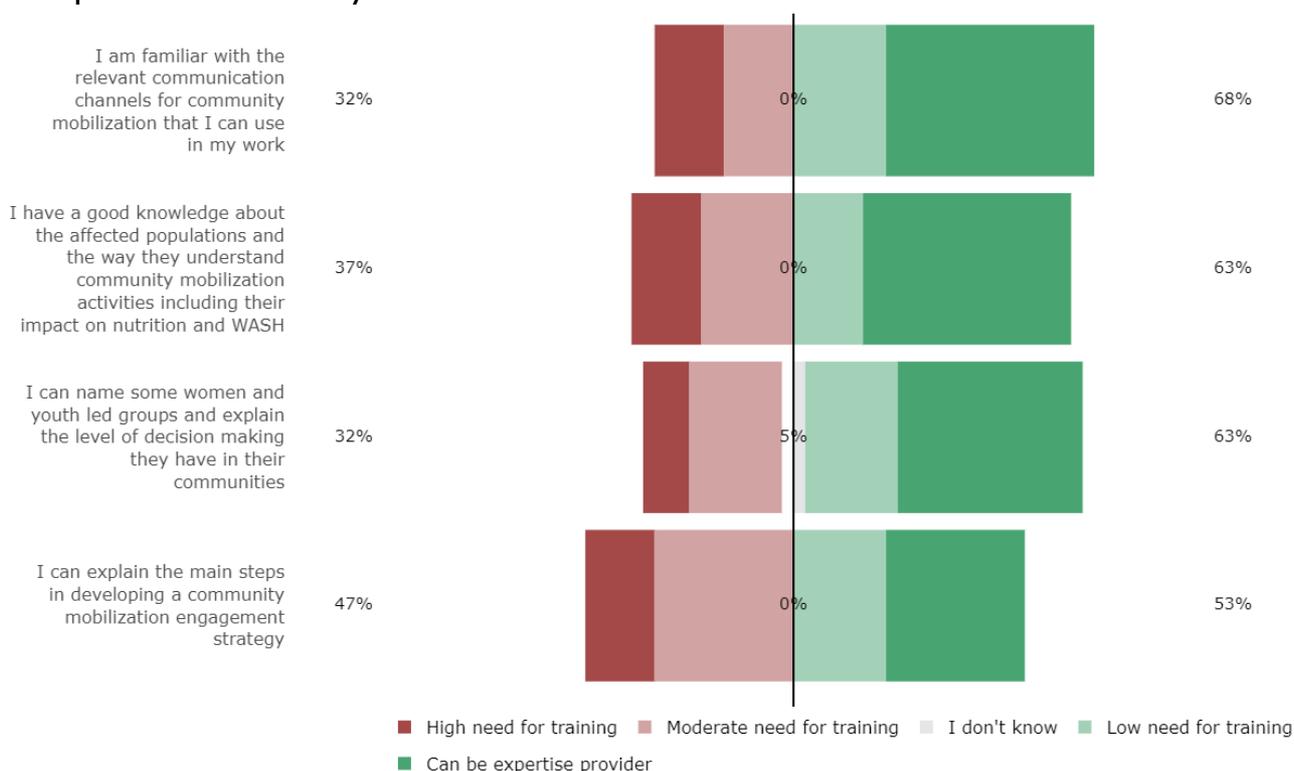
Results outcome 1: "Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners".

The following section provides an overview of the country responses of the six knowledge areas related to outcome 1 followed by a summary with highlights of capacity strengths and needs.

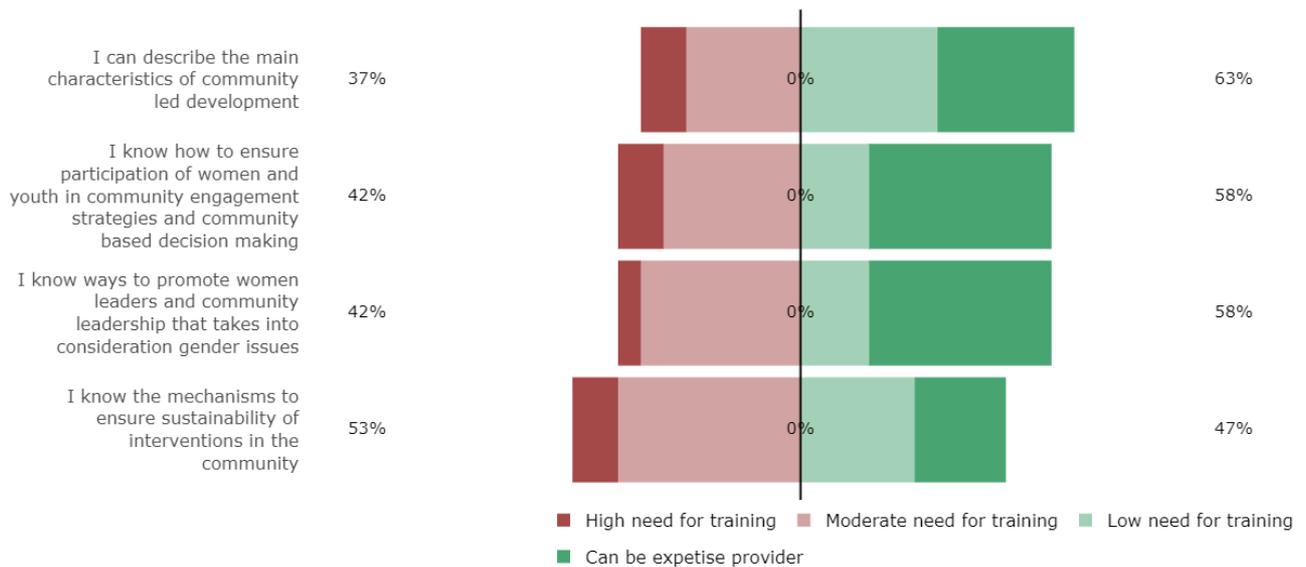
3.1 Knowledge area 1: The basics of WASH and Nutrition



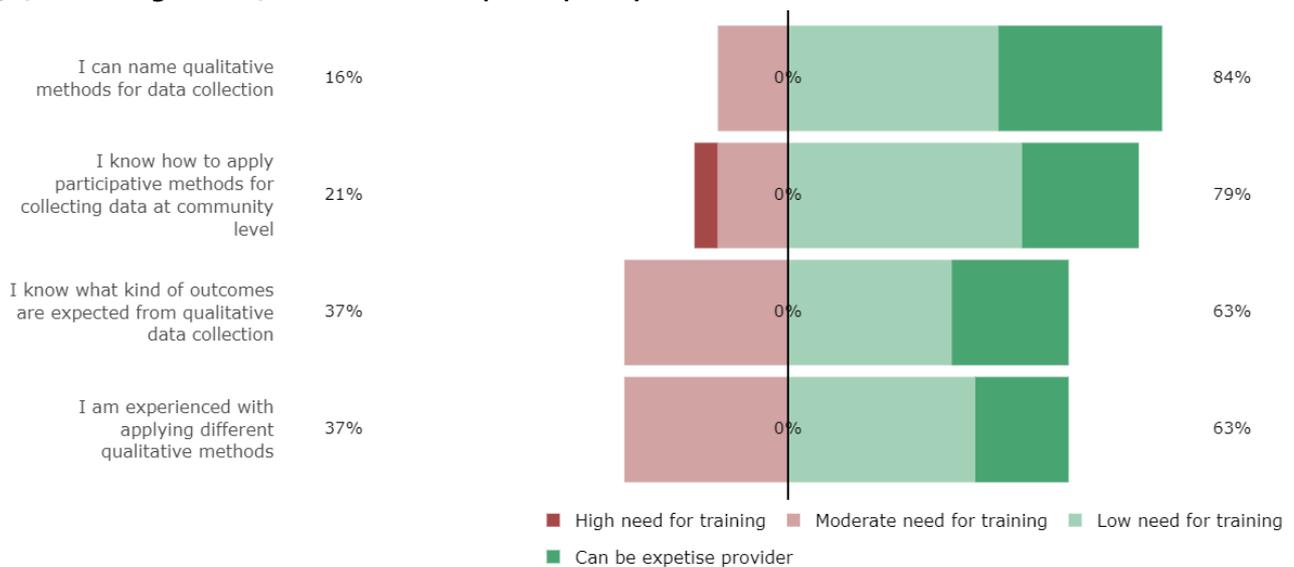
3.2 Knowledge area 2: Community mobilization and engagement, while ensuring meaningful participation of women and youth



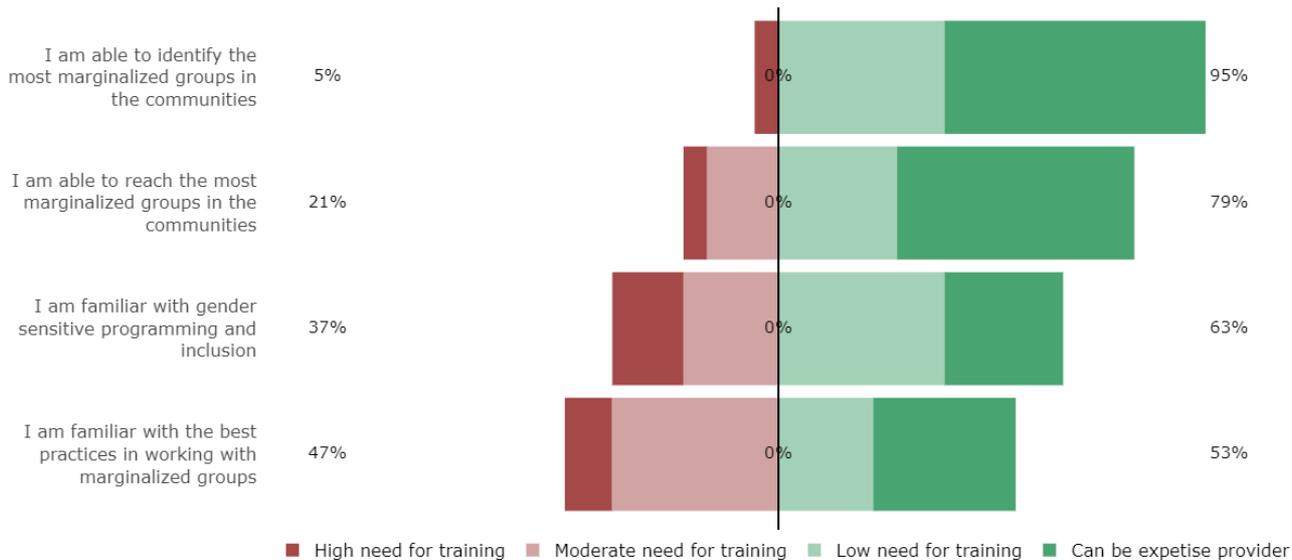
3.3 Knowledge area 3: Community-led development, that is inclusive and gender-sensitive



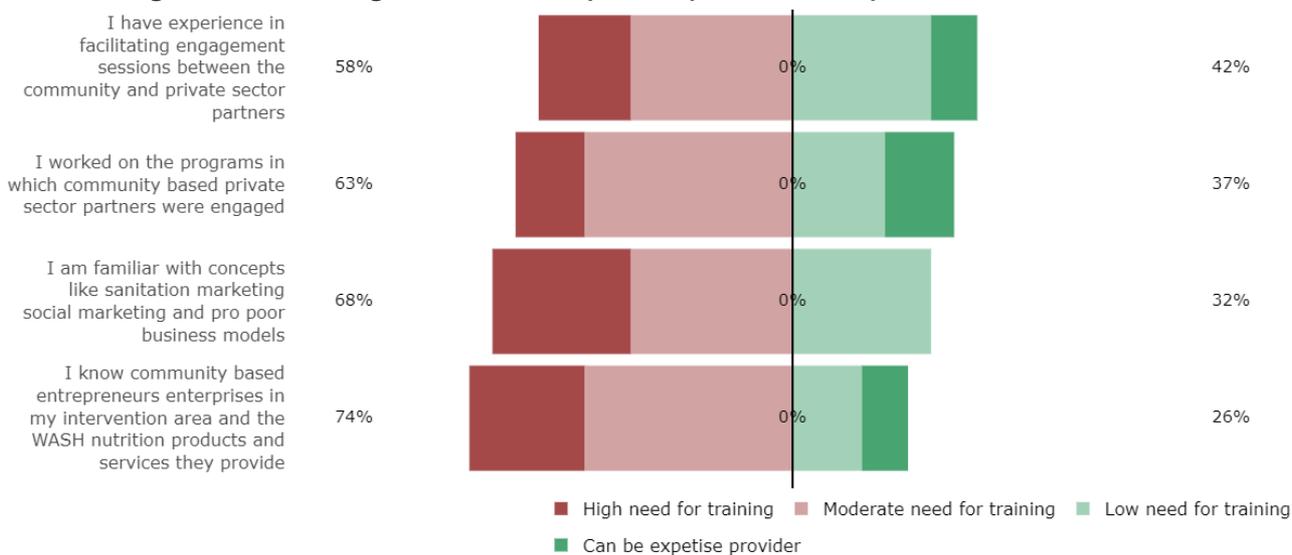
3.4 Knowledge area 4: Qualitative and participatory data collection



3.5 Knowledge area 5: Working with marginalized groups, women and women’s groups, youth



3.6 Knowledge area 6: Working with community based private sector partners



3.7 highlights of technical knowledge and skills assessment related to Outcome 1:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers in country (More than one respondent indicated expertise)

1. KA6: Working with community based private sector partners (66%)	Experience with facilitating private sector engagement (58%)	Knowing community based WASH / Nutrition entrepreneurs (74%)	No country experts
2. KA1: The basics of WASH and Nutrition (45%)	Causes and consequences of malnutrition (37%)	Key approaches such as 1000 days (47%)	ACF, FRA, THP, WV
3. KA3: Community-led development, that is inclusive and gender-sensitive (44%)	Main characteristic of community led development (37%)	Mechanisms to ensure community sustainability (53%)	CIDI, MCLD, THP
4. KA2: Community mobilization and engagement, while ensuring meaningful participation of women and youth (37%)	Relevant communication channels for community mobilization (32%)	Main steps in community mobilization (47%)	ACF, CIDI, MCLD, THP
5. KA5: Working with marginalized groups, women and women's groups, youth (28%)	Able to identify the most marginalized groups (5%)	Familiar with best practices to work with marginalized groups (47%)	ACF, CIDI, FRA, THP
6. KA4: Qualitative and participatory data collection (28%)	Familiar with qualitative data methods (16%)	Experience with qualitative methods (37%)	ACF, CIDI, THP

On average respondents indicate the highest training need related to working with community based private sector partners (66%) with 74% of the respondents unfamiliar with community-based WASH and nutrition entrepreneurs. Lowest training needs include both working with marginalized groups (28%). Just 5% expressed the need for training to identify the most marginalized groups, 47% expresses training needs to familiarize themselves with best practices. The lowest average score to all questions is familiarity with qualitative data collection, which may be the results of that many participants have a program management position. Qualitative answer detail the training needs a bit broader from private sector engagement to more general demand creation of WASH and Nutrition services from both government and private sector partners. The responses also show that several colleagues have practical work experience with this. Some respondents

stress the need for training about the linkage between WASH and nutrition in the open answers. The box below shows some examples of expressed expertise and needs the program can build on.

Examples of expertise expressed

In consultation with Water and hygiene Sanitation Committee (WASHCO) , we set up a nutrition sensitive demonstration garden to educate members of the community thereby, it generates revenue for the scheme maintenance. Another "water kiosk". Water Kiosk was a water supply plan built in a way that included a water kiosk unit, and committee members filled the store with hygiene, sanitary, and nutrition items contracted from private sectors

NSU team members have participated in supporting development of advocacy plans at Local government level and further supported these districts in lobbying for resources to finance district nutrition action plans 2. They have also participated in supporting community based development and utilisation of messages for demand nutrition services can be ably addressed jointly with private sector partners

Examples of training needs expressed

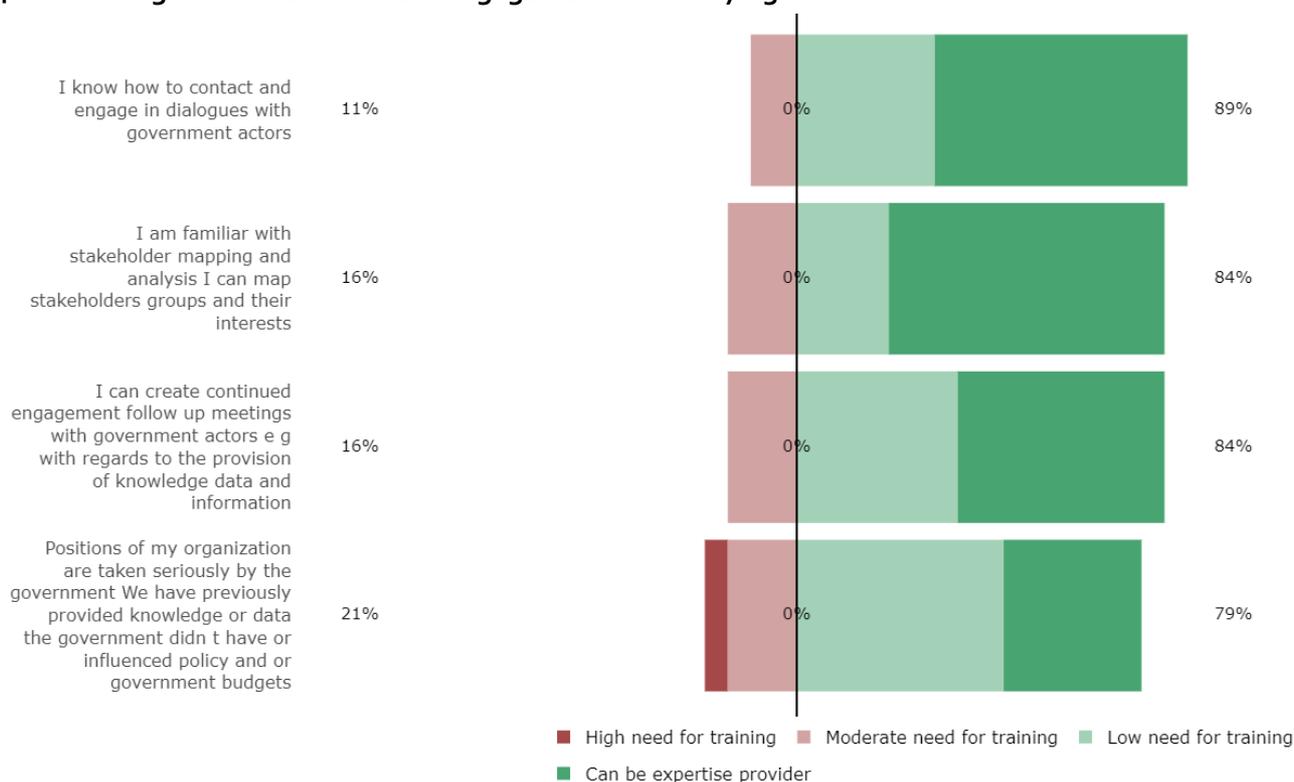
Need to strengthen on how to trigger Nutrition sensitive services demand and delivery for the poor
Capacity building on how to change community mind set toward investing in social services.
more effort is needed when it comes to private sector involvement and winning community involvement.

It also important to understand how the private sector is involved in such processes to what their contribution would be in terms of investment.

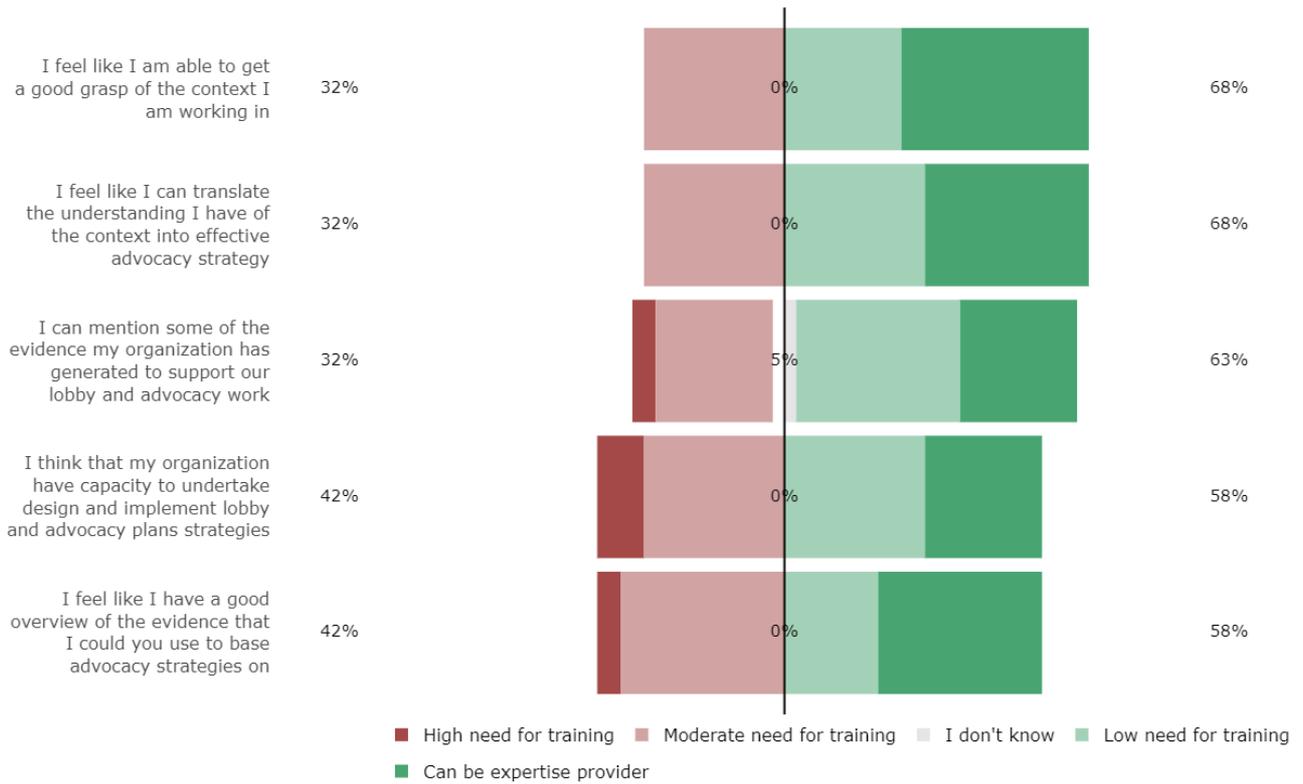
Results outcome 2: "Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition

The following section provides an overview of the country responses of the five knowledge areas related to outcome 2 followed by a summary with highlights of capacity strengths and training needs.

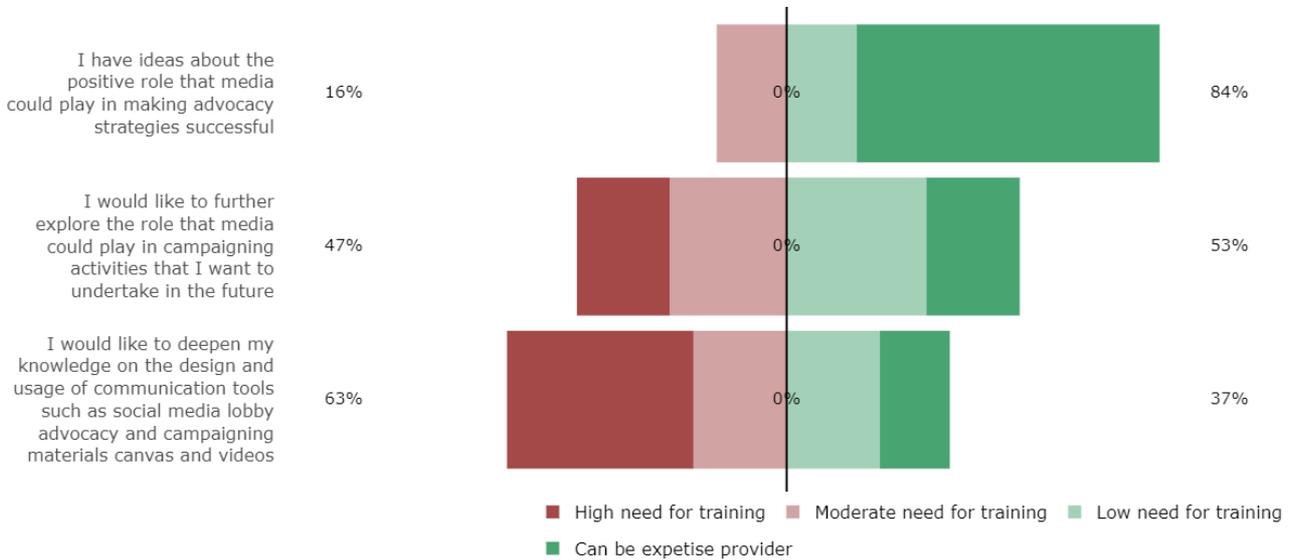
4.1 Knowledge area 1: Government engagement and lobbying



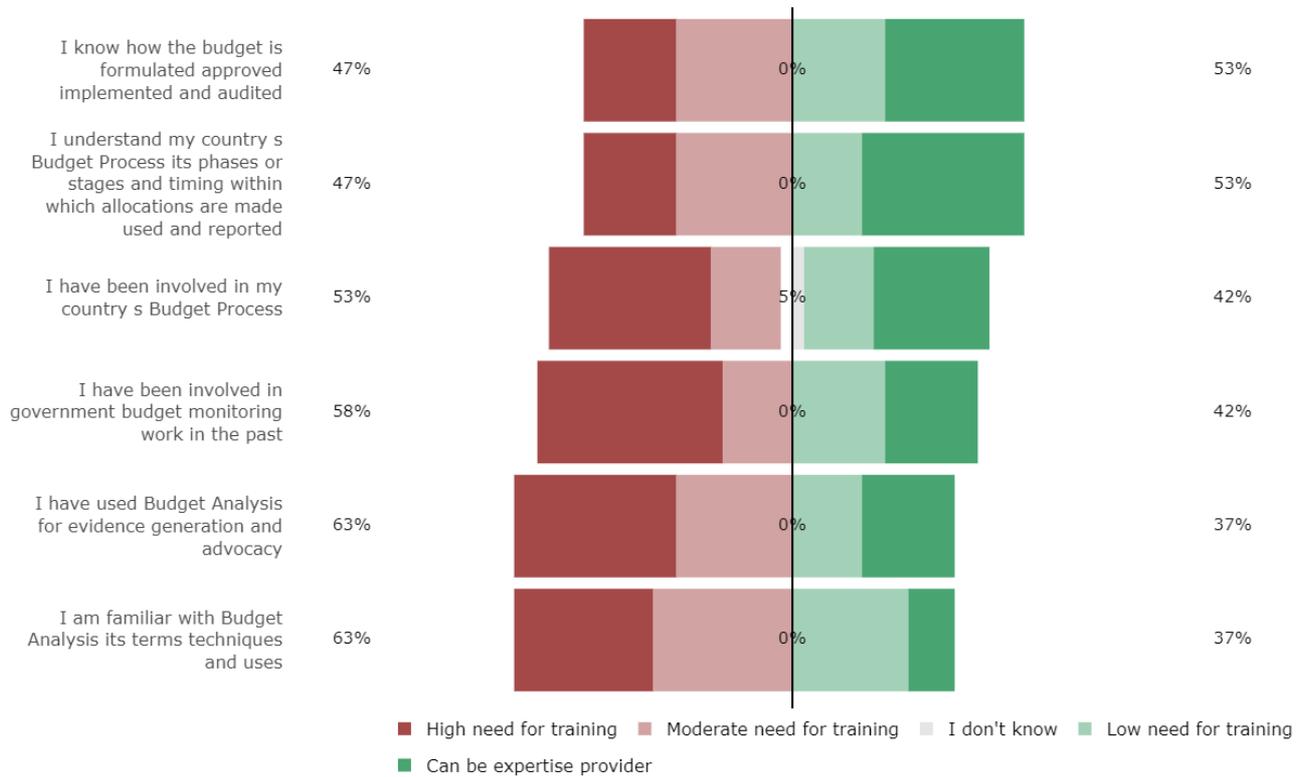
4.2 Knowledge area 2: Designing context-specific and evidence-based advocacy strategies



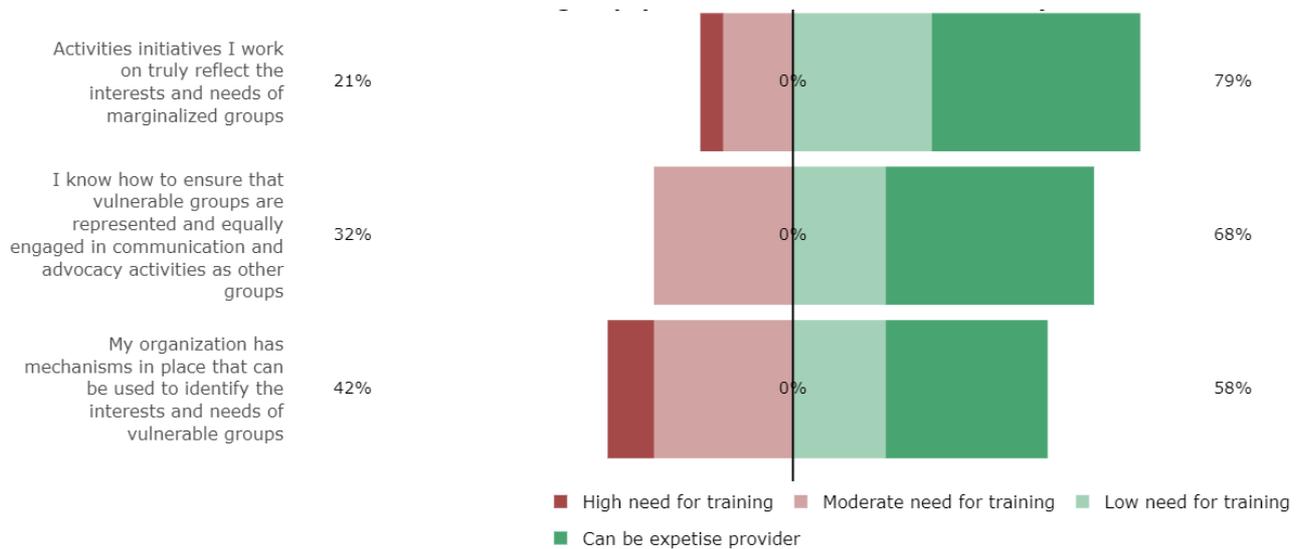
4.3 Knowledge area 3: Communication, campaigning and working with media



4.4 Knowledge area 4: Budget monitoring and expenditure tracking



4.5 Knowledge area 5: Identifying and including the interests of the most vulnerable (women and marginalized groups) in communication and advocacy



4.6 highlights of technical knowledge and skills assessment related to Outcome 2:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers in country (More than one respondent indicated expertise)
1. KA4: Budget monitoring and expenditure tracking (56%)	Understanding budget formulation and approval process (47%)	Use of budget analysis (63%)	CIDI, FRA
2. KA3: Communication, campaigning and working with media (42%)	Ideas about positive role of media (16%)	Deepen knowledge on use of communication tools (63 %)	CIDI, FRA, MCLF, THP
3. KA2: Designing context-specific and evidence-based advocacy strategies (32%)	Organisation is being taken serious by the government (21%)	Overview of research to use for advocacy (42%)	CIDI, WV
4. KA5: Identifying and including the interests of the most vulnerable (women and marginalized groups) in communication and advocacy (32%)	Activities reflect interests of marginalized groups (21%)	Mechanisms to identify interests of marginalized groups (42%)	ACF, CIDI, MCLD
5. KA1: Government engagement and lobbying (16%)	Knowing how to engage with government (11%)	Influence of our data on government policy (21%)	CIDI, FRA, THP, WV

On average the highest training need expressed related to outcome 2 is budget monitoring and expenditure tracking 56%. Communication and use of media is the second priority (42%). Highest subtopics for training are also related to these two knowledge areas and include deepening the use of communication tools (63%) and using budget analysis tools. Lowest training needs are expressed regarding government engagement (16%). In the qualitative answers several respondents indicate their experience with lobby and advocacy

work related to WASH and nutrition and experiences at sub-national, national and International level using different CSO and community engagement tools. Many participants mention that training on how to navigate the limited civic space could be help-full. Qualitative answers confirm the need for training regarding budget tracking.

Examples of expertise expressed

Having worked in areas with vulnerable and marginalised groups like the Batwa people has given knowledge and skills on how to include them in advocacy.

I have engaged in preparation and tabling of position papers before the parliamentary committees, I have engaged in analyzing of the ministerial Policy Statements of different sectors, I have engaged in budget conferences right from the sub county to the district level where i have managed to influence budget allocation of on certain items crucial in the health sector for example procurement of fridges for keeping vaccines in Luwero district

Examples of training needs expressed

Training on approaches and methodologies to mobilize use CSOs and use civic space to advocate for leadership and good governance to prevent under nutrition

Support on diplomacy especially when engaging with government structures.

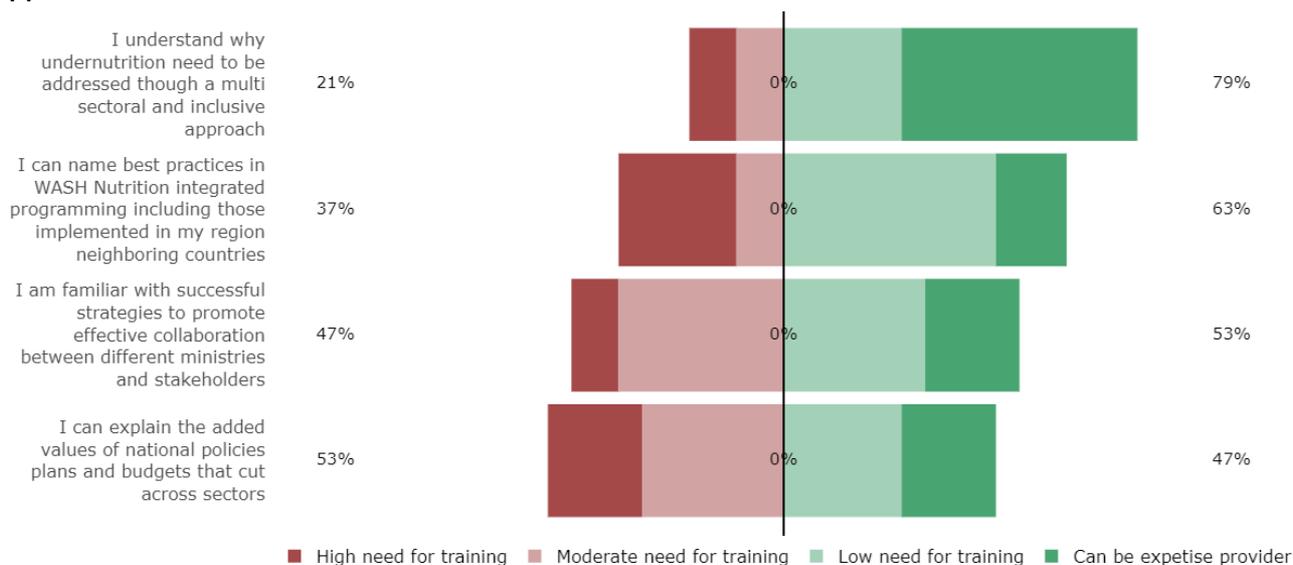
“Learning on the basic components of the nutrition and WASH and how budget monitoring and expenditure tracking is approached are paramount in our work to ensure that Civil society capacity is built to advocate for increased budget spending on nutrition and WASH for children. Learning on how budget monitoring and expenditure tracking is done can help us become trainers of CSOs and CBOs.”

Budget process and analysis.I need a training in this area so that it will help to do budget advocacy

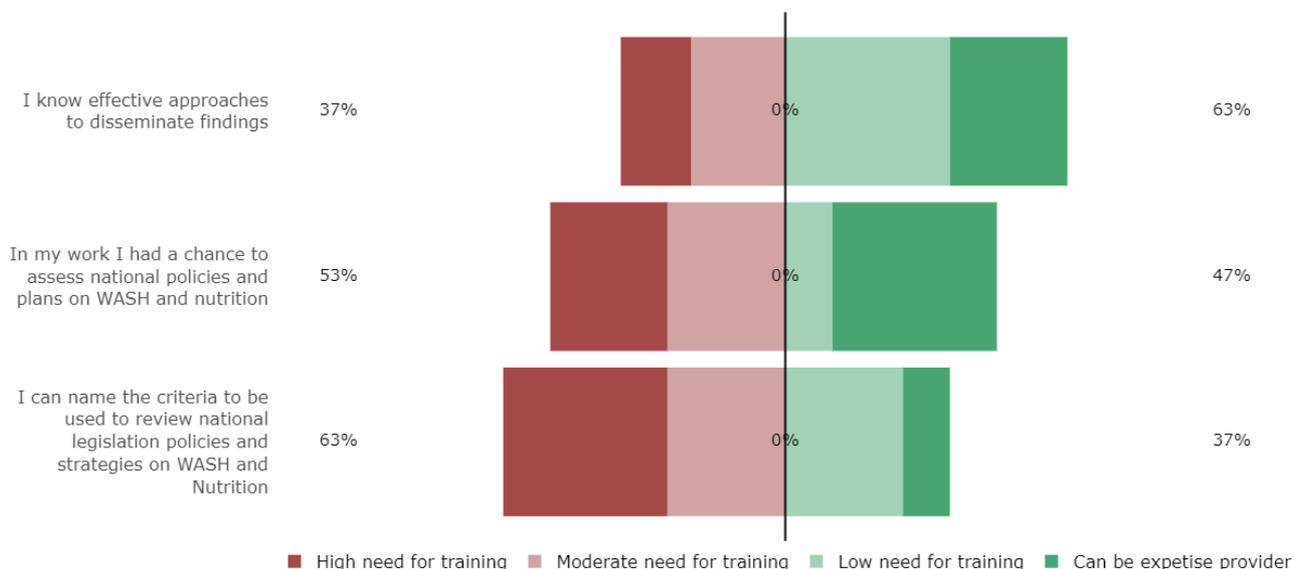
Results outcome 3: "National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to undernutrition in policies, action plans and budget allocations".

The following section provides an overview of the country responses of the four knowledge areas related to outcome 3 followed by a summary with highlights of capacity strengths and training needs.

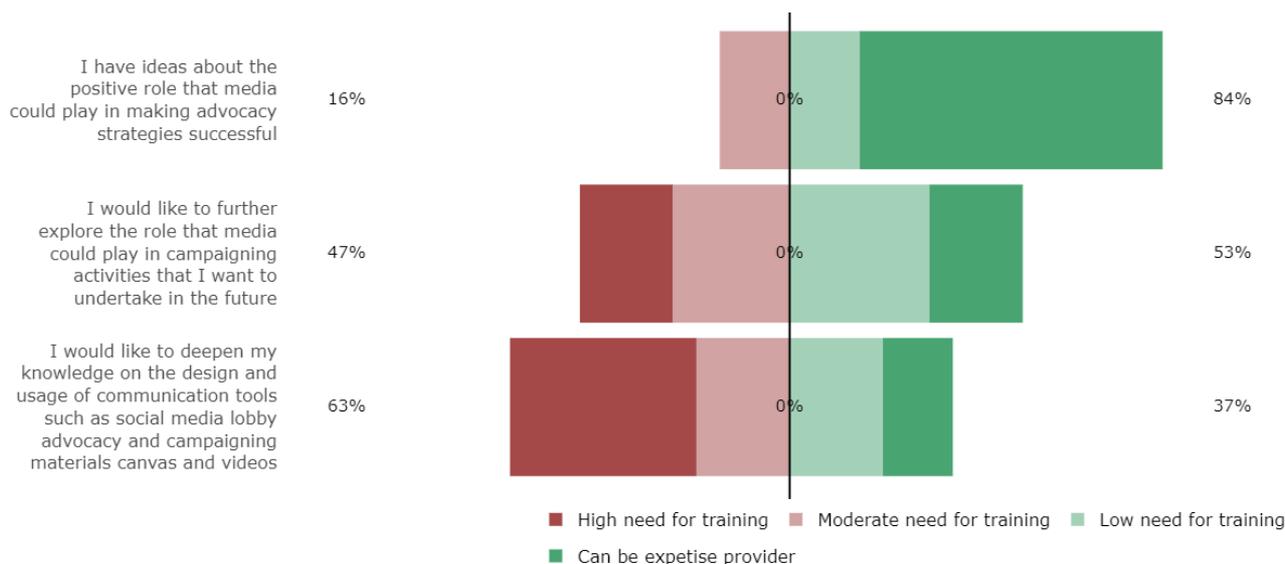
5.1 Knowledge area 1: Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition



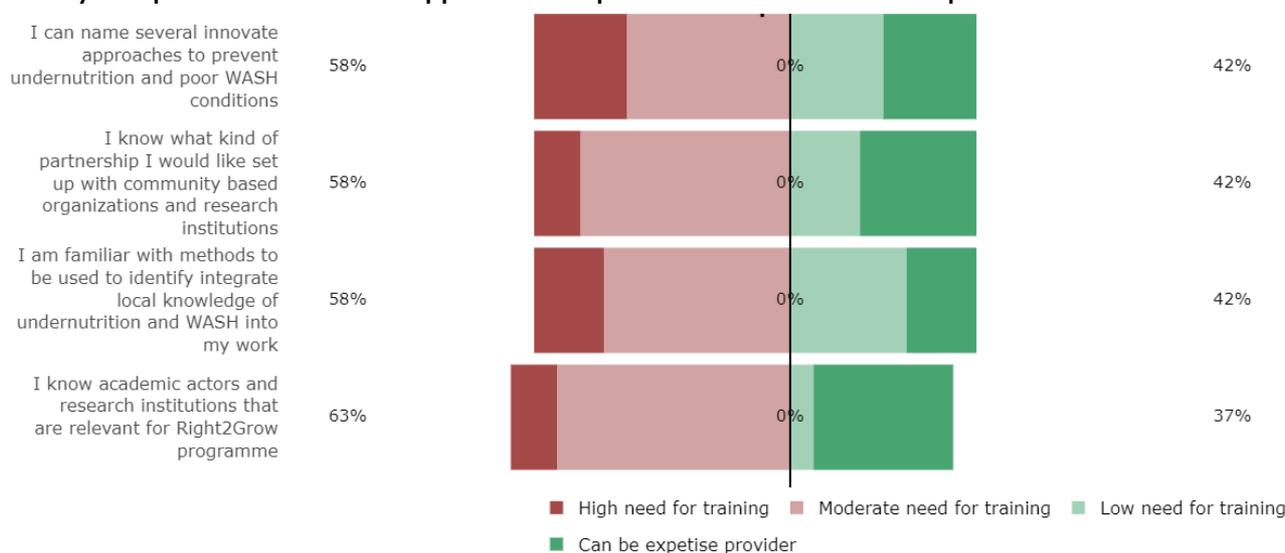
5.2 Knowledge area 2: Review of existing legislation



5.3 Knowledge area 3: Identifying policy implementation gaps and providing evidence-based recommendations



5.4 Knowledge area 4: Working with community-based organizations and research institutions to identify and promote innovative approaches to prevent undernutrition and poor WASH



5.5 highlights of technical knowledge and skills assessment related to Outcome 3:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers in country (More than one respondent indicated expertise)
1. KA4: Working with community-based organizations and research	Naming innovative WASH and nutrition approaches (58%)	Network of academic actors (63%)	CIDI, FRA

institutions to identify and promote innovative approaches to prevent undernutrition and poor WASH (59 %)			
2. KA2: Review of existing legislation (51%)	Effective approaches to disseminate findings (37%)	Criteria for national policy review (63%)	ACF, FRA
3. KA3: Identifying policy implementation gaps and providing evidence-based recommendations (42 %)	Ideas about positive role of media (16%)	Interest to deepen knowledge about communication tools for advocacy (63%)	CIDI
4. KA1: Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition (39,5%)	Understanding of need for multisectoral approach (21%)	Explain the added value of national policies and plans (53%)	CIDI, FRA, MCLD, WV

Highest training need expressed for outcome 3 is working with CBO's and research institutes (59%). However, for the highest training need (network of academic actors 63%) a significant proportion has indicated that they can be expert providers, so this might bring possibilities for mutual capacity strengthening among the Ugandan partner organizations. Other high needs for subtopics from the other knowledge areas include national policy review criteria (63%) and the Interest to Improve communication skills and tools for advocacy (63%). The area with the average lowest training need is Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition (39,5). Qualitative approaches seem to emphasize the challenges around knowledge area 3, identifying policy gaps and providing evidence-based organisations. Several respondents indicate that they have been involved in policy development and review processes including national nutrition plans, but that actual coordination and follow-up on sub-national documents is challenging and a possible subject for further training.

Expertise

The Uganda government Nutritional Action Plan (UNAP II), Nutrition action plan 2020 - 2025 if are supported by all can make us achieve outcome 3. UNCEF Nutrition Strategy 2020 to 2030 also support the avenue to achieve outcome 3.

1. Participation in development of Nutrition Action Plans for District Nutrition Coordination Committees (DNCCs)
2. Participation in development of protocols that would support these DNCCs effectively implement their work 3. Participation in Nutrition Advocacy and Resource Mobilisation training for these DNCCs

Needs:

How best can the different stakeholders coordinate their efforts towards zero under nutrition.

Post Budget Allocation Analysis; Advocacy conducted, a supplementary Budget Approved and now the Capacity to Monitor the Budget Recipient to ensure that the Supplementary Budget is used for its intended purpose.

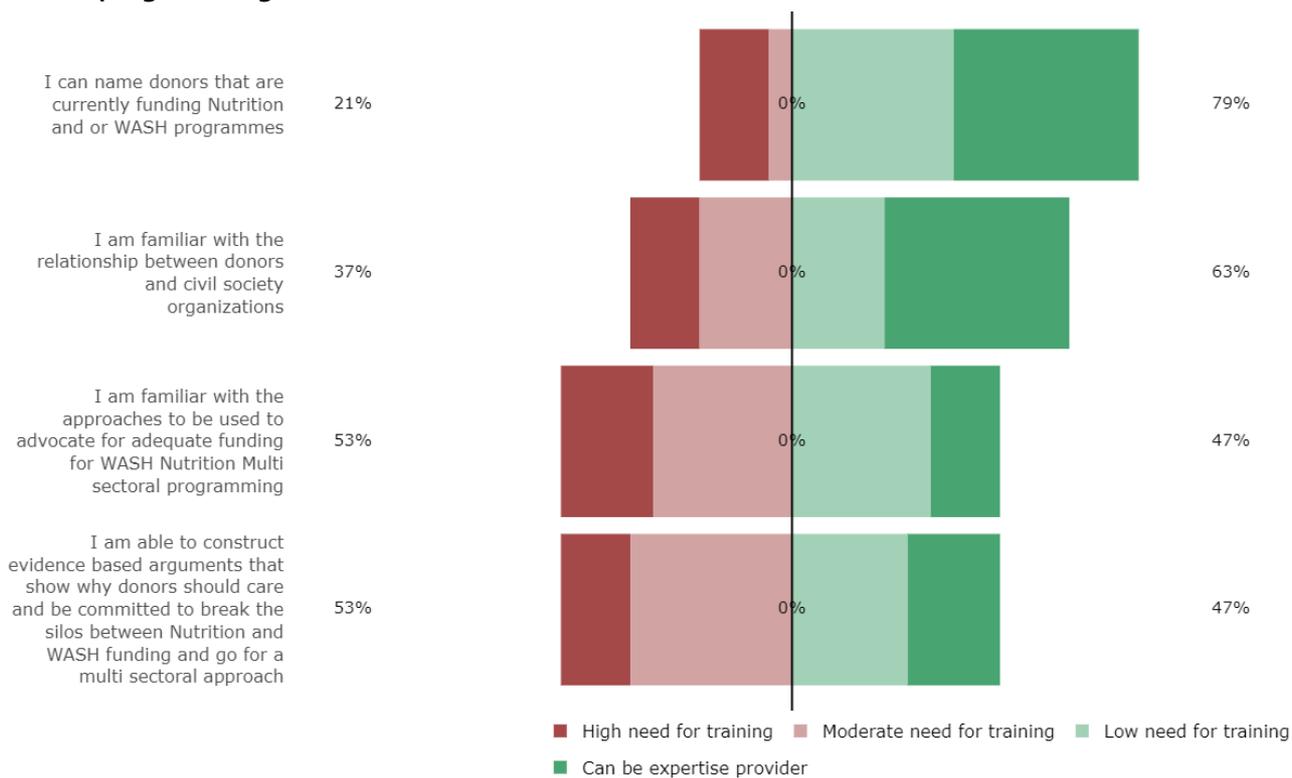
Effective coordination for follow up and support to ensure districts are implementing activities in their District Nutrition Action Plans

What can we do differently when government does not walk the talk of Nutrition and WASH funding at the lower government level?

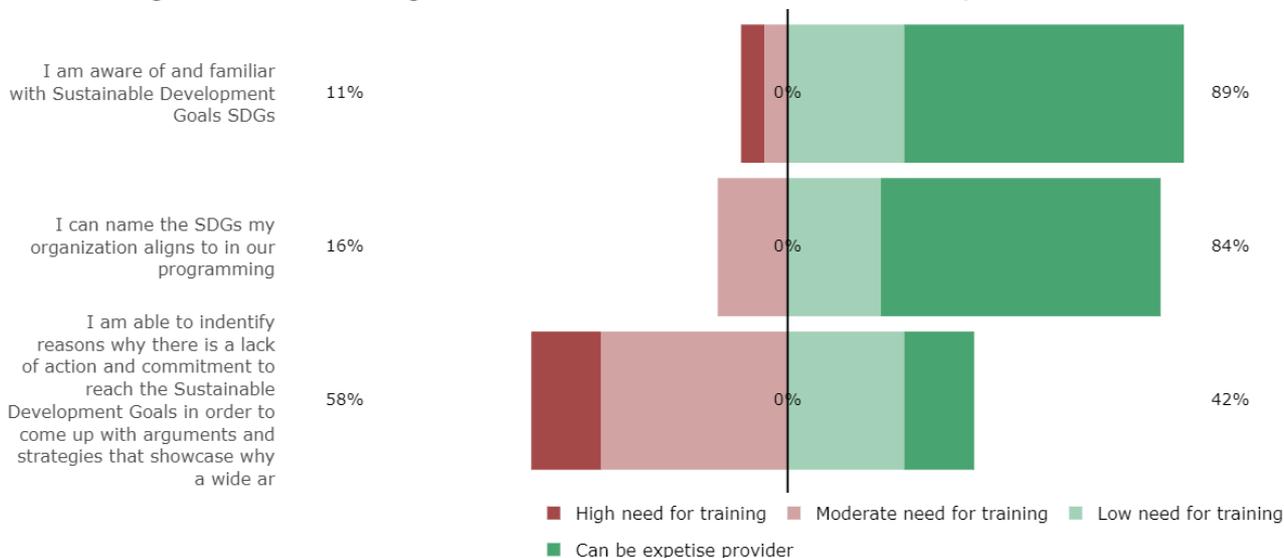
Results outcome 4: "Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition".

The following section provides an overview of the country responses of the three knowledge areas related to outcome 4 followed by a summary with highlights of capacity strengths and training needs.

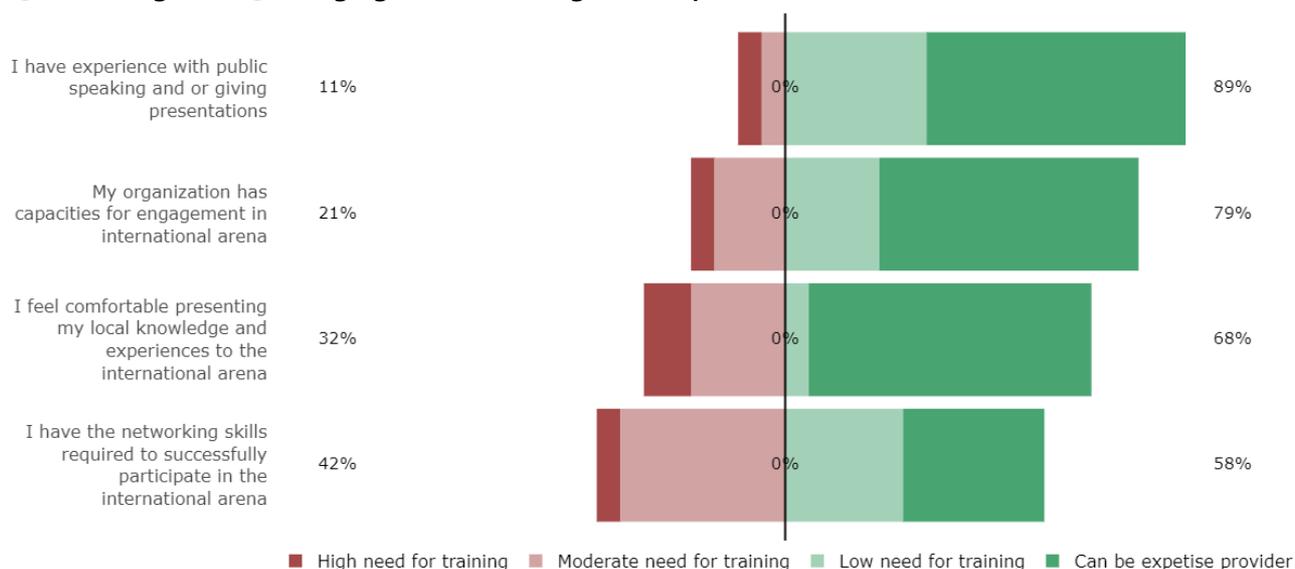
6.1 Knowledge area 1: Lobbying donors for better funding of nutrition and WASH, and for multi-sectoral programming



6.2 Knowledge area 2: Advocating for more action on the Sustainable Development Goals



6.3 Knowledge area 3: Bringing local knowledge and experiences to the international arena



6.4 highlights of technical knowledge and skills assessment related to Outcome 4:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers in country (More than one respondent indicated expertise)
1. KA1: Lobbying donors for better funding of nutrition and WASH, and for multi-sectoral programming (41%)	Knowing WASH and nutrition donors (21%)	Using evidence based arguments to convince donors for adequate funding (53%)	THP, WV
2. KA2: Advocating for more action on the Sustainable Development Goals (28%)	Familiar with SDG's (11%)	Identifying reasons for lack of action on SDG (58%)	AVF, CIDI, THP, WV
3. KA3: Bringing local knowledge and experiences to the	Experience in public speaking (11%)	Networking skills for successful international participation (42%)	ACF, CIDI, THP, WV

international arena (26,5%)			
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Highest training need regarding to outcome 4 is lobbying donors for better funding (41%) with particular need for training to advocate towards donors for adequate funding (53%). The expressed training needs for the other two knowledge areas are below 30% on average, though 58% of the participants would like to learn more about why there is limited commitment to the SDG's. Qualitative answers confirm the above. They show that while several respondent mention that they have extensive knowledge and network of international donors this knowledge and expertise could be broadened within the alliance and approaches more effective.

Expertise:

I have had the experience of lobbying donors to increase their funding for a particular intervention with evidence generated costing information. i.e using a costed strategic plan visa-via budget allocations

I have done highest level Advocacy Engagements on Nutrition with all the Departments of the African Union Commission, with AUDA-NEPAD, UN Agencies, actively participated in US Government Congressional and Senate Advocacy Meetings, with UK Parliamentary Group on Agriculture and with 9 AU Member States resulting to National Budgets Allocation to Nutrition Sensitive Agriculture.

Needs:

Basically need training on how to develop approaches to be used to advocate for adequate funding for WASH/Nutrition/Multi-sectoral programming.

How best the donor community can appreciate the under nutrition problem and WASH related concerns in Uganda so that efforts are put in curbing it.

Donors tend to reach the marginalised through a politically controlled system.

B. Results of Monitoring & Evaluation (M&E)

knowledge and skills assessment

This part of the questionnaire aimed to identify expertise and needs looking into the following areas relevant for MEAL work: Selection of the program target groups and stakeholders; Monitoring and Evaluation System and tools; Knowledge on qualitative methods for monitoring and evaluation; Data usage and management and Cross-Cutting Themes relevant to Monitoring and Evaluation (M&E).

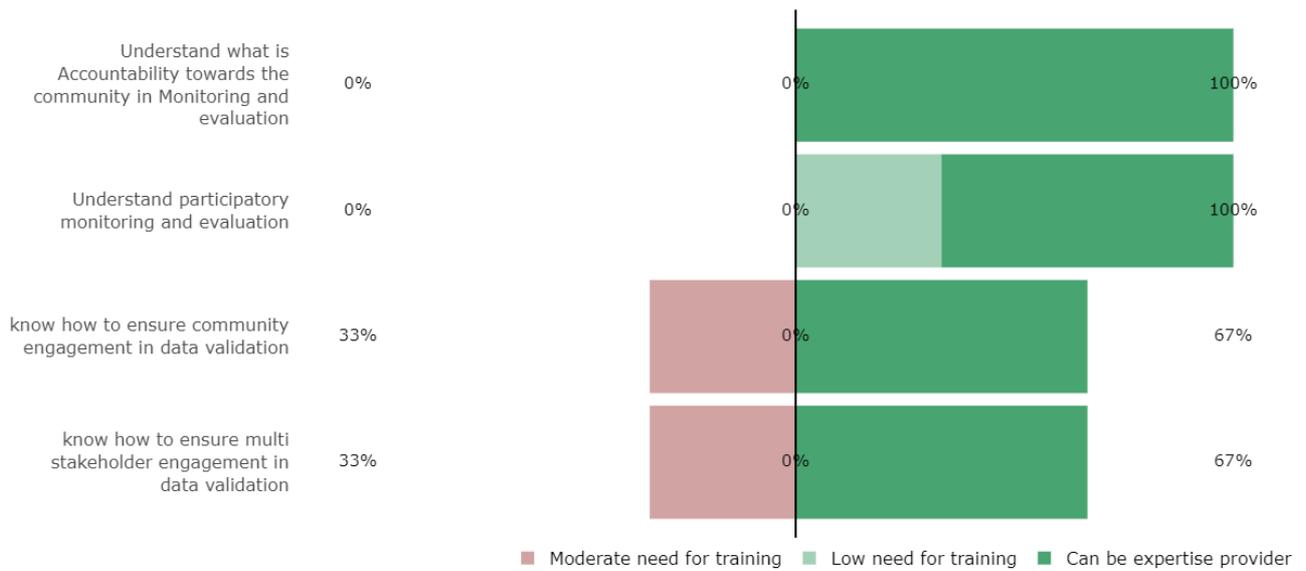
It also presents the preliminary results of the prioritization exercise conducted during the Global M&E capacity prioritization workshop in October 2021. All results, together with priorities identified, should be discussed and validated during 2022 strategic reflect and detailed planning process to take place by the end of the year.

1. Overview of the responses received per country Consortium partner:

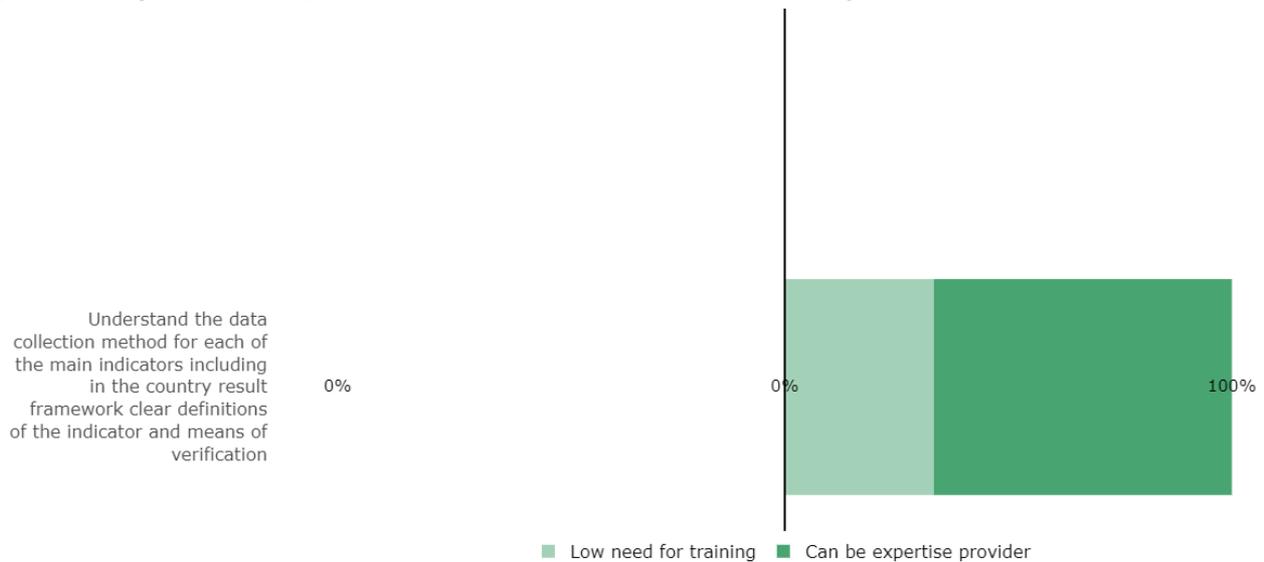
organization	count
ACF / AAH	1
CIDI	1
CSBAG	1

The results from the assesment in Uganda include just 3 from the 12 partner and may therefore not be representative for the needs of the consortium. Results should be validated and training topics prioritised In a workshop.

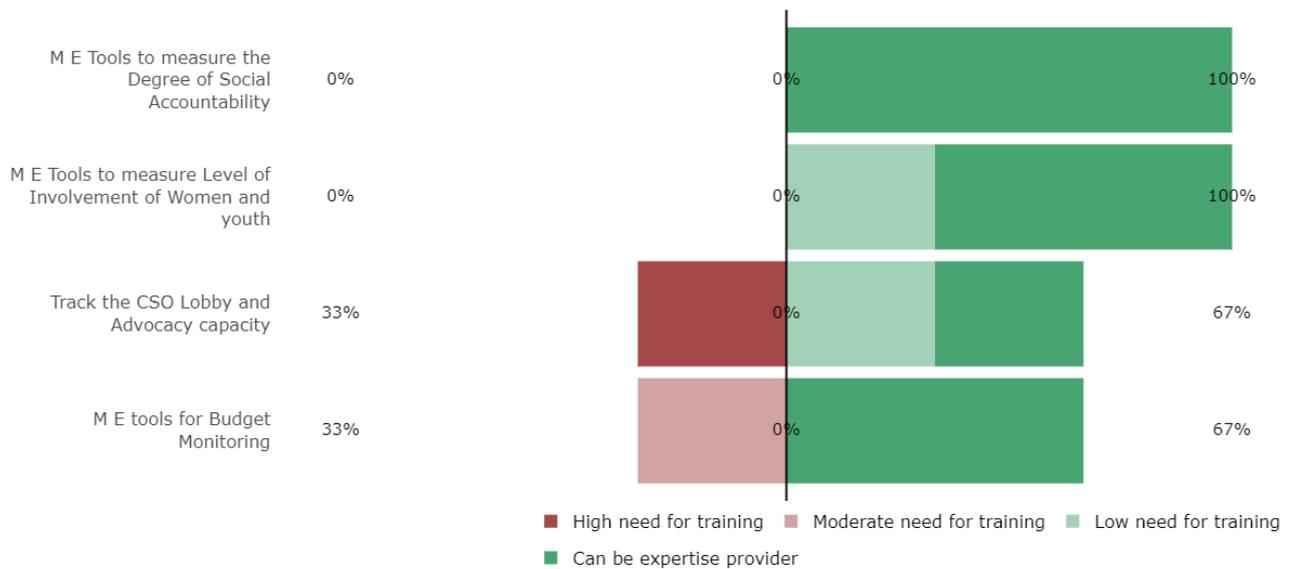
2. Identification of who the program target groups and stakeholders are and who are not



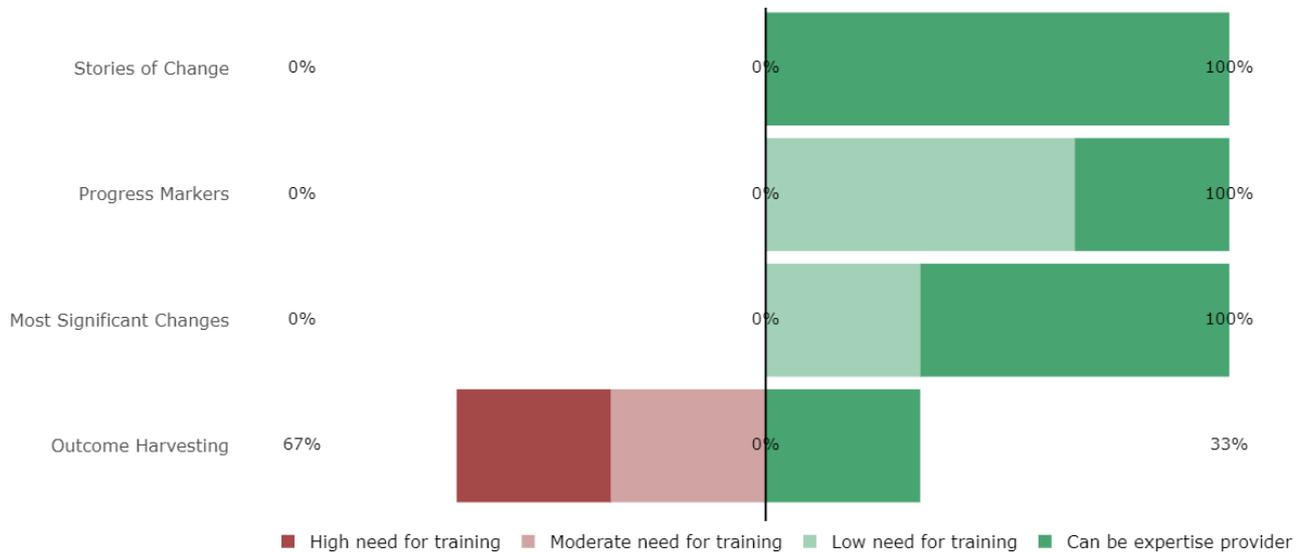
3. Knowledge about the procedures and tools for routine monitoring



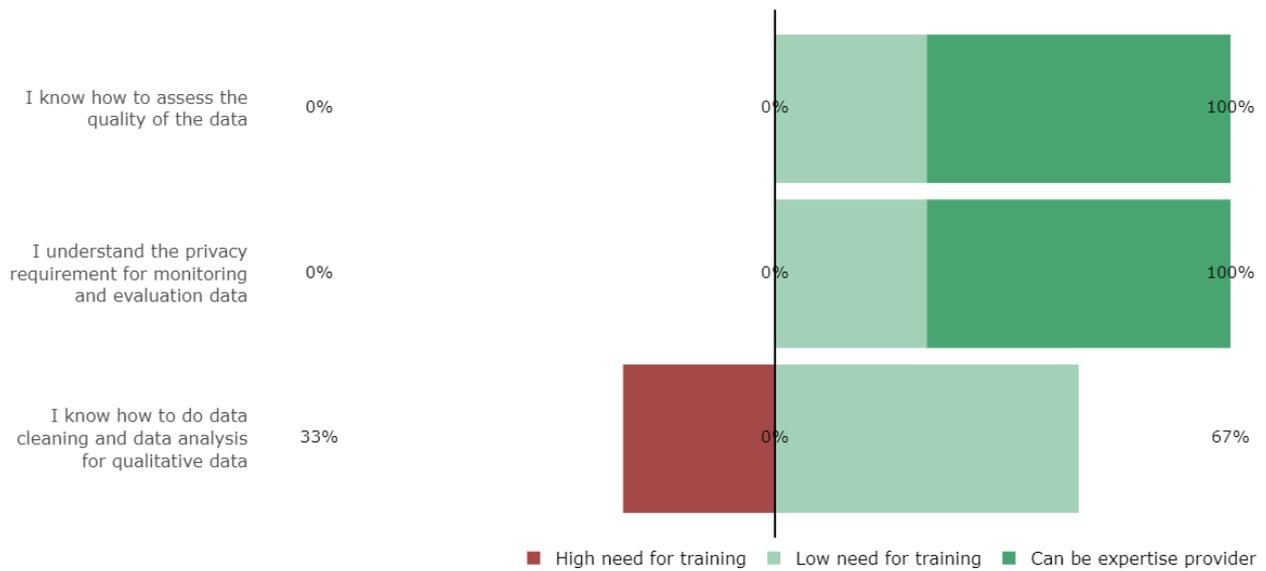
4. Understanding the relevant tools for monitoring and evaluation in different thematic areas



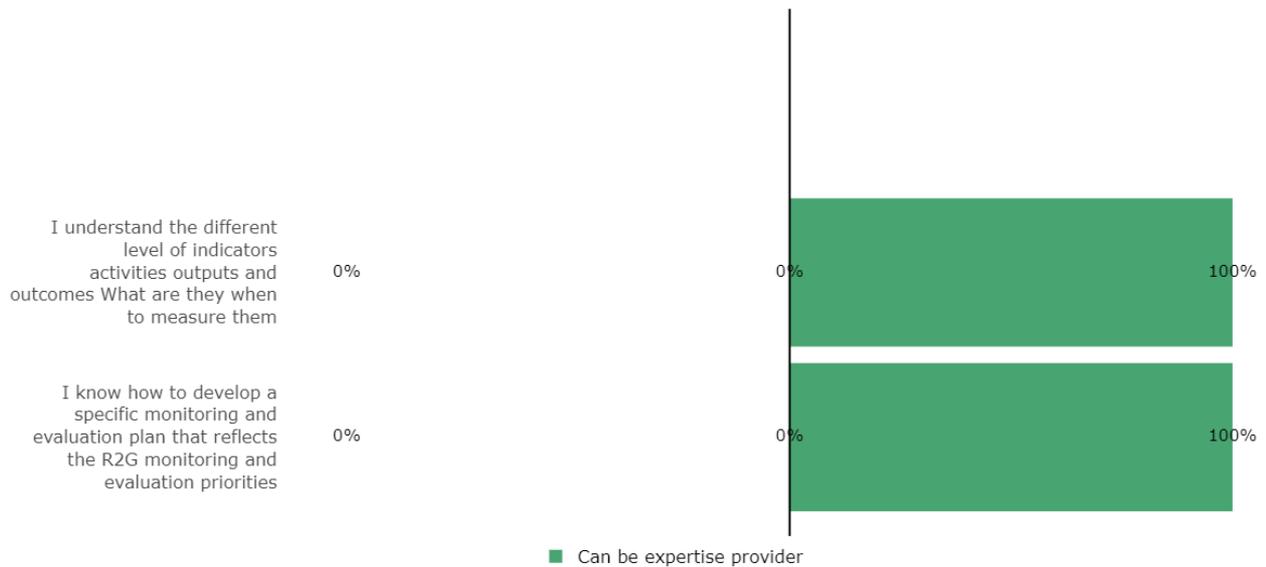
5. Knowledge on how to use qualitative methods for monitoring and evaluation



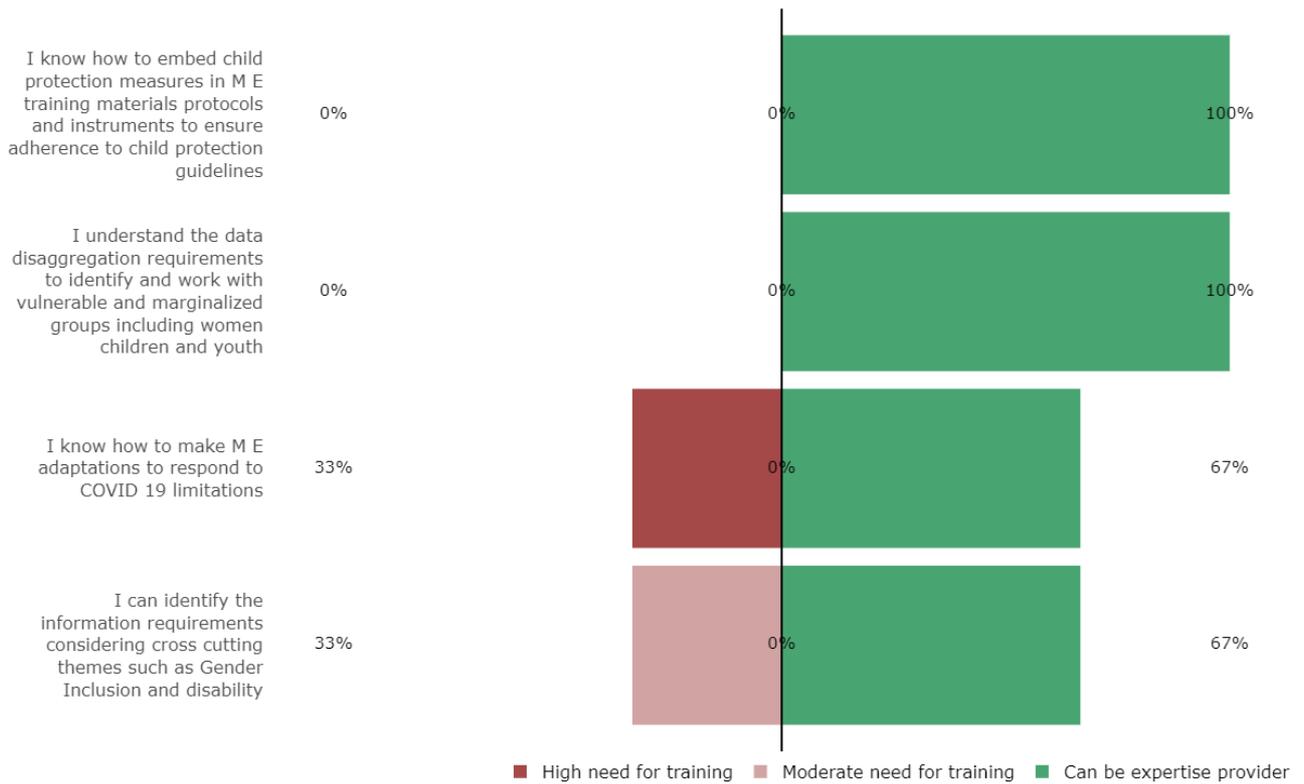
6. Data usage and management



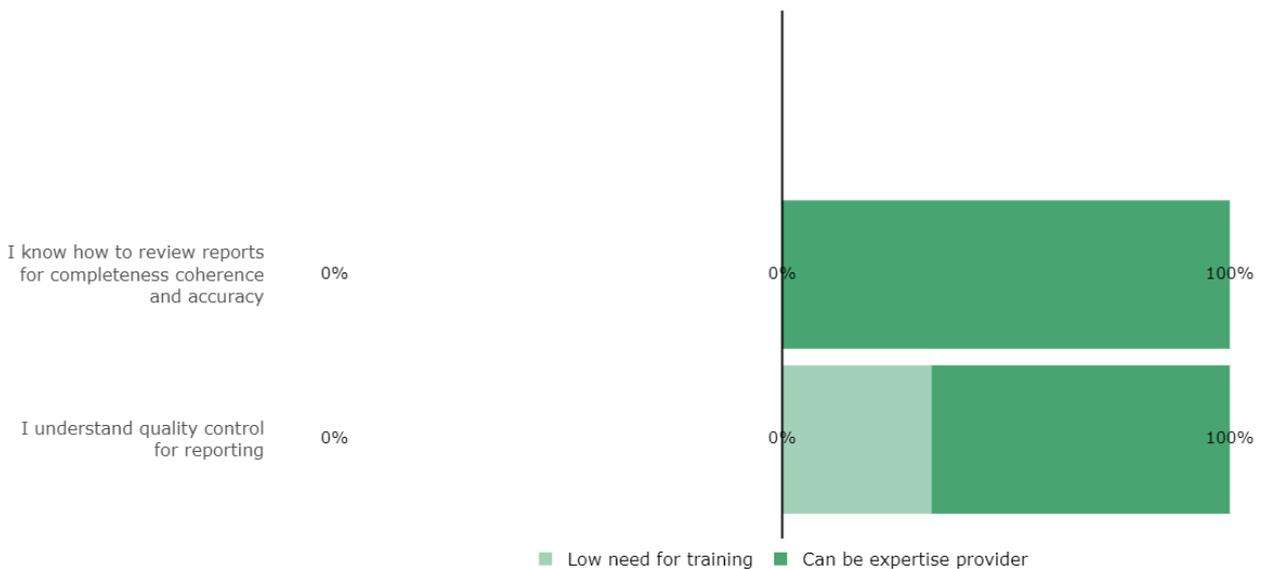
7. Monitoring and evaluation System and tools



8. Cross-cutting themes



9. Reporting



10. Here are what Uganda team considers the most relevant/ important for MEAL capacity development in Right2Grow:

The highest scoring MEAL capacity strengthening need that emerges from the assessment is outcome harvesting (67%). In reflection of the MEAL capacity assessment results a Global M&E Capacity building prioritization workshop was held in September 2021. The following has been put forward by the M&E technical experts from Uganda participating in the workshop.

Capacity building priorities for 2022:

- | |
|---|
| <ol style="list-style-type: none">4. Tools for routine monitoring of indicators in the result framework + Data Collection Methods + Clear Indicator definition (at Country & Global level)5. Participatory monitoring and evaluation6. Data cleaning & Analysis (both qualitative and Quantitative) |
|---|

<p>Capacity building priorities for 2023:</p>
--

- | |
|---|
| <ol style="list-style-type: none">4. M&E Tools to Track CSO Lobby & Advocacy5. Community & Stakeholder engagement in data validation6. M&E Tools to measure social accountability |
|---|

A first capacity development training about the use of M&E tools for advocacy and outcome harvesting is currently planned for December 2021.

C. Results of Linking & Learning assessment

The Linking & Learning section of the questionnaire identifies **attitudes towards Linking & Learning at the individual level** among Right2Grow staff, **existing Linking & Learning spaces/platforms/practices** across the Consortium and **expectations of Linking & Learning in Right2Grow**. The rich results from these questions will nourish and complement the country learning agendas and the global Linking & Learning strategy to ensure they are anchored in existing practices and interests and to foster a fruitful **Linking & Learning culture** amongst all Right2Grow partners.

1. Who are the respondents?

Organization	Number of respondents
ACF / AAH	4
CEGAA	1
CIDI	3
CSBAG	2
FHF	1
FRA	2
MCLD	2
MYDL	1
NSU	1
The Hunger Project	2
UNFF	1
World Vision	2
Total	22

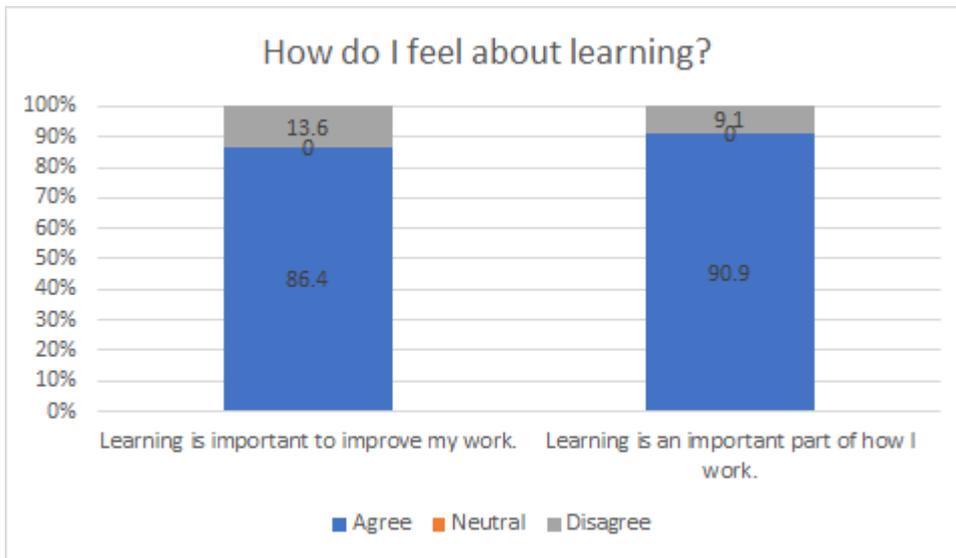
The response rate for the Linking & Learning (L&L) questionnaire was adequate: 21 Right2Grow Uganda staff responded. Local NGO partners were well represented: 59% of the respondents work for local NGOs. At least one person from every partner responded. It is important to keep in mind that the number of respondents for each partner organization may not represent the size of that organization. Nevertheless, this sample serves as a useful basis to assess the attitudes, practices and interests around Linking & Learning in Right2Grow Uganda. It's important to remember that each respondent answered the questionnaire on three levels, representing different interests and practices:

- The respondent's personal professional practices regarding learning: individual level
- The respondent's home organization's practices towards L&L: organizational level
- The respondent's personal expectations for L&L in Right2Grow: Right2Grow level

As a way of working, Linking & Learning encompasses all three levels: it seeks to create a learning culture across the Right2Grow consortium that engages not only partners but also every individual within each organization.

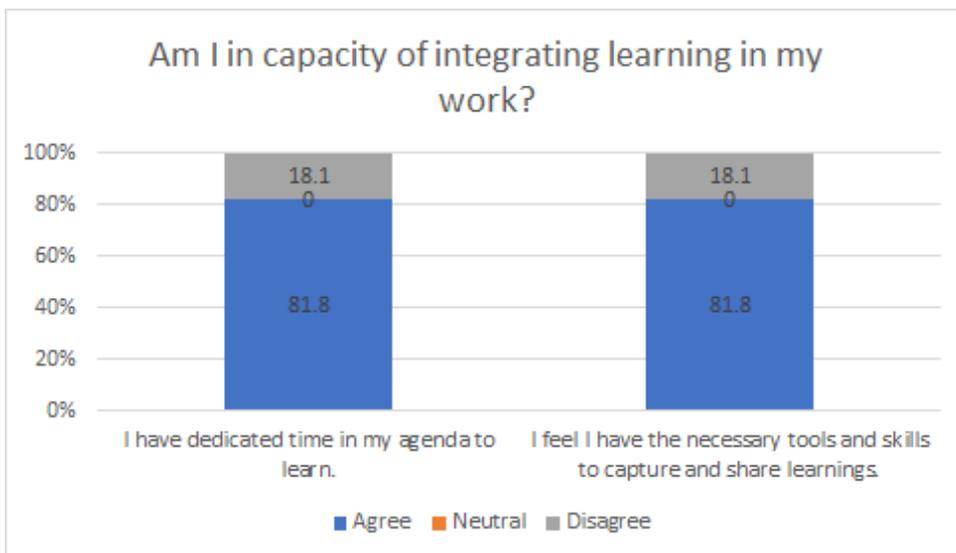
2. For me: What are the individuals' perceptions and practices towards learning?

- How do I feel about learning?



Respondents in majority answered that learning is important to them as professional individuals and that it is already part of how they work. These individual attitudes towards learning form a positive foundation for deepening a learning and sharing culture. It is important to highlight and reference this shared vision. It would be interesting as well to inquire the reasoning behind those that have answered “disagree” to the questions.

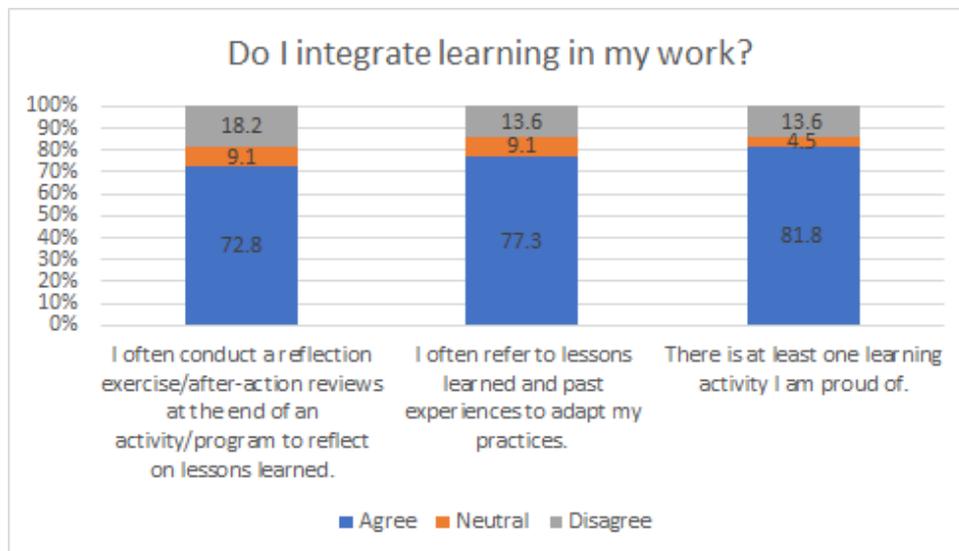
- Am I in capacity of integrating learning in my work?



Beyond a positive attitude towards learning, individual professionals also require the ability (time resources, tools and skills) to integrate learning in their day-to-day work. The majority of respondents have answered that they have dedicated time in their agenda to learn. While this is a positive result, it is also important to consider the variety of time that respondents might have. It could be interesting to share examples of individual organisational scheduling of how people make time for learning and for which kind of learning.

Regarding tools and skills to capture and share learnings, there is potential for improving individuals' capacities. There is potential to share tools and practices around learning activities across different roles within the Uganda Right2Grow team.

- **Do I integrate learning in my work?**



Results on the practical integration of learning at individual professional's work is positive. The majority of respondents have answered that reflection has a role and is integrated in their individual ways of working. This is a very good foundation to initiate joint reflection moments for adapting practices within Right2Grow Uganda. It will be important to take into consideration each partner's standard approach to reflection to ensure the methodology decided builds upon existing practices. Again, it is nonetheless important to also explore further the reasons behind the "disagree" and "neutral" responses.

- **Let's hear from everyone!**

Below are every respondent's answers to the question: "What learning activity are you most proud of?". Have a look at the variety and common trends of individuals' approaches to integrate learning in their work! These answers will serve as a central basis to nourish the brainstorming process to develop the global linking strategy.

Project review sessions
An empowered and skilled civil society is a strong change factor
Acknowledging that communities appreciate more what they initiate themselves.
Orientation of district leaders and DNCC members on undernutrition and WASH to trigger mindset
Directly engaging community members to share their experiences and views in guiding how best to design our programs.

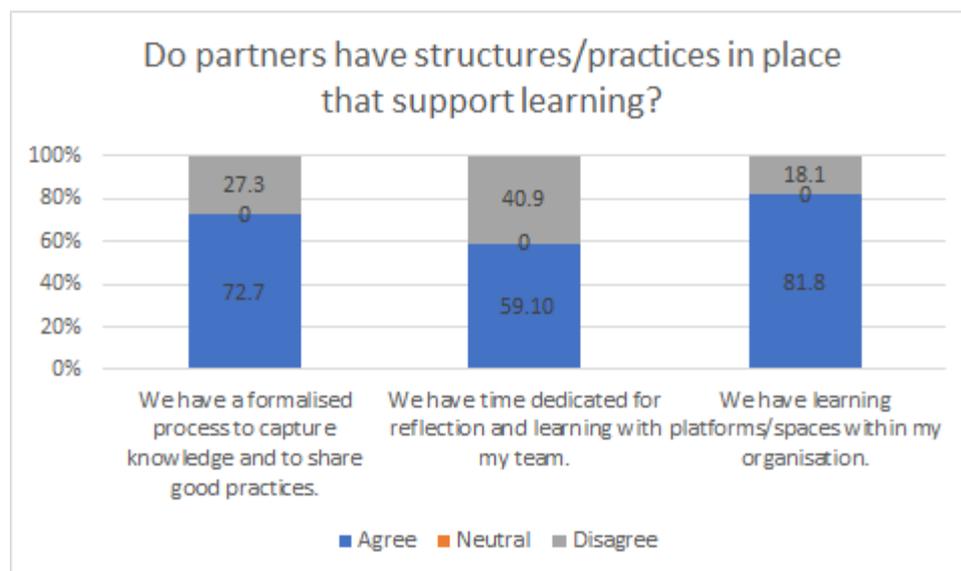
<p>Health facilities were taken through the quality improvement model for nutrition services and Model facilities were identified. Other facilities would visit on various days to learn from the model facility how services are provided routinely of from these the visiting facility staff would apply what they have learned to their own facilities improving their own nutrition indicators. Model facilities would be given money awards for the number of non model facilities they would support and mentor to improve and result based funding given to all facilities according to their performance.</p>
<p>After Action Review, post training assessment</p>
<p>Working</p>
<p>During the UNS annual general meetings that brings together the nutrition fraternity of Uganda, there are learnings that take place especially stemming from the fact that there are different technocrats in one place sharing their experiences.</p>
<p>Reading</p>
<p>I was the Advocacy and Policy Technical Focal Person for the Building Nutritious Food Basket Project and at our Learning and Sharing during the Project Partners Review Meeting; Advocacy and Policy was the only 100%+ Achievement and with Best Practice Lessons Learnt well documented.</p>
<p>The need for continuously make needs assessments to be able to understand the changing context which i have ably passed on to my organisation</p>
<p>I learnt that participatory monitoring and evaluation is key for the successful project implementation . It is good to involve stakeholders at every stage . Also learnt that given tasks , should be delivered at specified period of time .</p>
<p>The learning is that during the process of choosing venues like hotel for trainings and workshops it is good to consider its access to special categories of people like PWDs. This is because their participation will be hindered by certain obstacles.</p>
<p>Adapting approaches during multi-year development programmes based on evidence and experience of implementation.</p>
<p>Community led development</p>
<p>Conferences , webinars,</p>
<p>Online learning exposure through the Philanthropy University</p>

What do we do with all this? - Suggestions for action:

- Highlight and reference the positive results that illustrate a shared vision of a learning and sharing culture (perhaps during internal meetings/presentations for example, or via email to relevant staff).
- Share resources around individual learning tools and resources within the Uganda Right2Grow team (this can be done with support from the global L&L team, and with dissemination by the focal point).
- Use the open responses to individual learning activities both to inspire the Uganda learning agenda (suggestions of types of activities) and the brainstorming with all focal points around the global linking strategy at a later point.
- Inquire further on the reasoning behind the “disagree” and “neutral” responses. Creating a learning culture relies on intangible mindsets and beliefs. It is therefore important to reflect on challenges and obstacles to promoting such an approach.

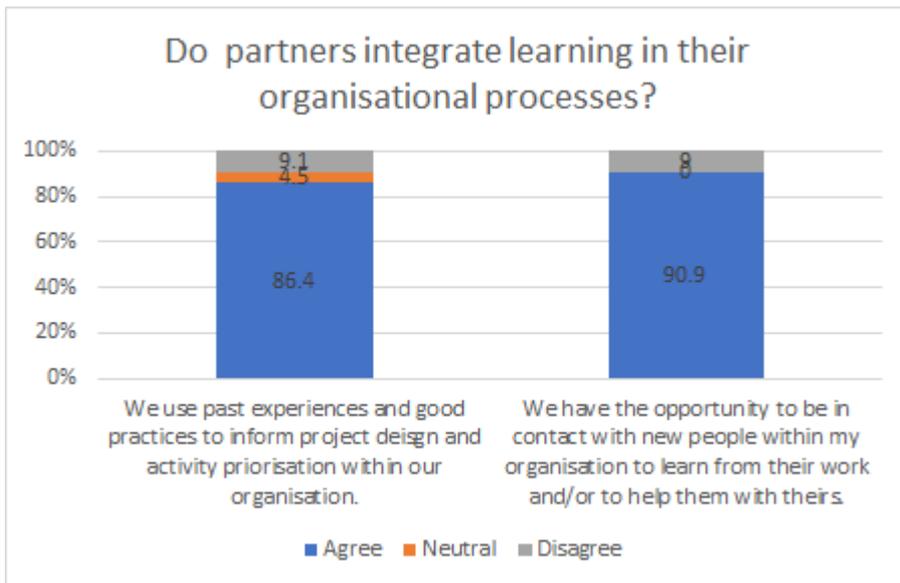
3. For my organization: What are our partners’ practices and integration of learning?

- Do partners have structures/practices in place that support learning?



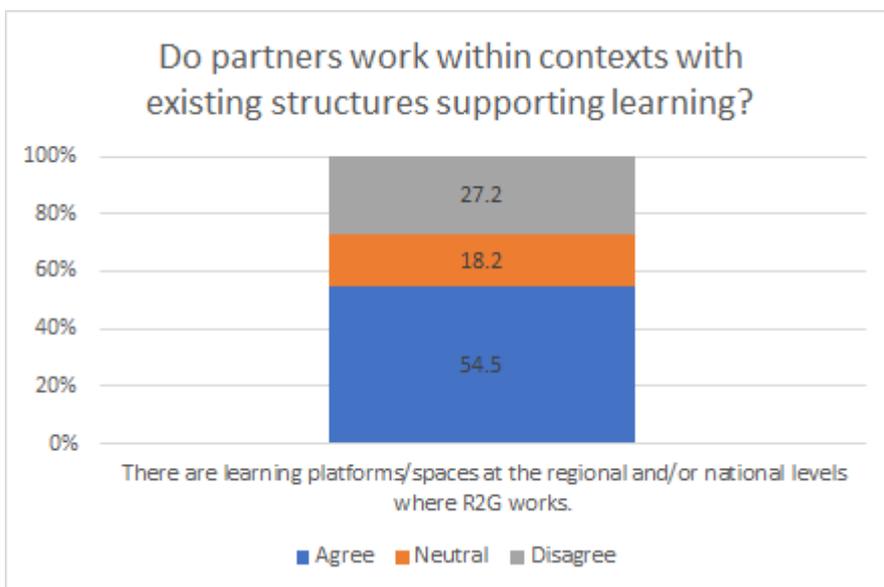
While for a majority of partners there are learning platforms/spaces and a formalized process to capture and share knowledge within their organizations, there is a gap when it comes to dedicated time for reflection and learning at the team level. It would be interesting to explore how to support partners in creating dedicated time for their staff to reflect and learn in teams. For example, partners who have such practices in place could share their good practices with other partners in Uganda.

- Do partners integrate learning in their organizational processes?



There is a high percentage of respondents reporting that a learning and linking mindset shapes their organizations' work. This can serve as a good foundation to use existing practices within organizations when brainstorming the global linking strategy: what can we learn from existing practices to shape Right2Grow's ways of working?

- **Do partners work within contexts with existing structures supporting learning?**



About half of respondents indicated that their organizations already engaged with external learning platforms. Depending on the learning and linking priorities expressed by the Uganda team, it could be relevant to engage with those platforms to ensure the sustainability of linking and learning captured from Right2Grow beyond the duration of the project. Moreover, it could be interesting for partners to mutually share their networks to strengthen aligned advocacy efforts.

- **Let's get mapping!**

Below are the open responses asking for the names and themes of the learning spaces/platforms that partners use both internally and externally. The responses have been broadly classified into internal partner platforms/practices and external ones. The left column can be used to inform learning and sharing practices both in Uganda and at the global level. The right column can be used as a record for the L&L Uganda team to use a reference when linking opportunities arise to engage with stakeholders beyond Right2Grow.

Learning spaces/platforms internal to partner organizations	Learning spaces/platforms external to partner organizations
Staff meetings, Programme review meetings	Platform: The UNS Annual General meetings and the themes are usually; How to work better, how to professionalise nutrition, Uganda's status on the SDGs, how to effectively participate in policy reform, how to better mobilise resources for the UNS for effective implementation of activities
Share point	Nutrition Implementing Partners Advocacy and Cordination Platform (Needs to be functionalised)
Monthly global meetings, monthly membership meetings, social media platforms and publications. All focused on community-led development practices and new engagements members are involved with.	CSO SDG reporting and review meetings
monthly meetings, global meetings, social media platforms and publications.	Community Voices, Civil Society Nutrition Group, Multi-Sectoral Technical Working Groups on WASH and Nutrition...etc
World Vision E-Campus.On this platform there are difference courses one can learn . Child protection course. Diversity and Inclusion.	
MCLD organizes monthly learning sessions where different CSO's share the approaches they are using in their work to facilitate learning best approaches from within the member organizations.	
The organizations holds reflection and learning seminars , feedback meetings, training for various models both physically using internal or external facilitators as well as the WV E-campus portal	

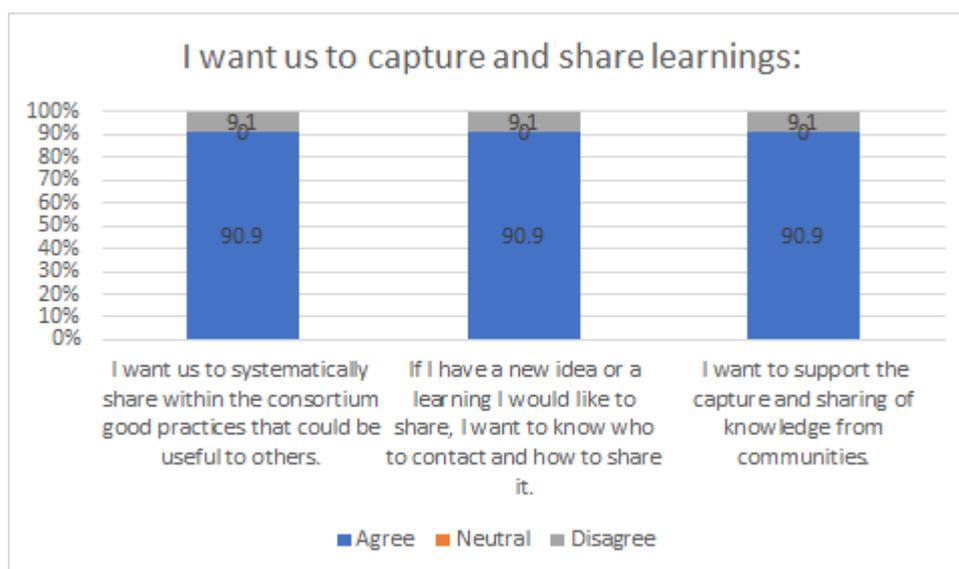
learning and reflection seminars, training sessions, exchange visits	
For the sake of ACF, we have No Hunger Forum. The themes discussed include; Accountability, Learning, Reporting, Evaluation etc.	
social media platforms, Meetings, conferences, informal meetings etc. Themes discussed are vast ranging from Health, WASH, Advocacy, resource mobilization, Agriculture	
Meetings, conferences, working groups, social media like facebook, twitter	
Webinars, network and coalition gatherings	
There are WASH, Food Security & Livelihoods, Nutrition and Advocacy and Communication Technical Working Groups with monthly Team Meetings and all discussions are centralised around our work with a multi-stakeholder approach.	
We have a reflection meetings for the advocacy department atleast once a quarter	
The R2G weekly updates and slide share	
Monthly and quietly reflections we do helps a lot to improve on the project implementation	
Online platforms , Monthly reflection Meetings , sharing documents , learning together	
The organisation periodically organises meetings which are used for learning and sharing, we also use organisation Annual reports and Annual review meetings for sharing learnings.	
Online meetings, Annual reports, Learnings off shelf store	
Webinars, intranet, internal learning platform, sectoral meetings	
Staff reflection meetings	

What do we do with all this? - Suggestions for action:

- Inquire further with partners on their formalized process to capturing and sharing knowledge and the type of learning spaces of platforms that they have within their organizations to inform the design of the global approach. The Uganda L&L focal point can use these results to inform their input on this topic. Consider a sharing of experiences among partners in Uganda around dedicating time for reflection and learning at the team level.
- Use existing organizational learning practices both to inform the Uganda learning agenda (types of learning activities for example) and the brainstorming of the global linking strategy.
- Keep a record of external learning platforms that partners know and work with for future years, so that L&L in Uganda can use it for linking opportunities that will arise. Consider a sharing space of external learning spaces in Uganda among partners, for potential linkages with advocacy.
- Inquire further on the reasoning behind the “disagree” and “neutral” responses.

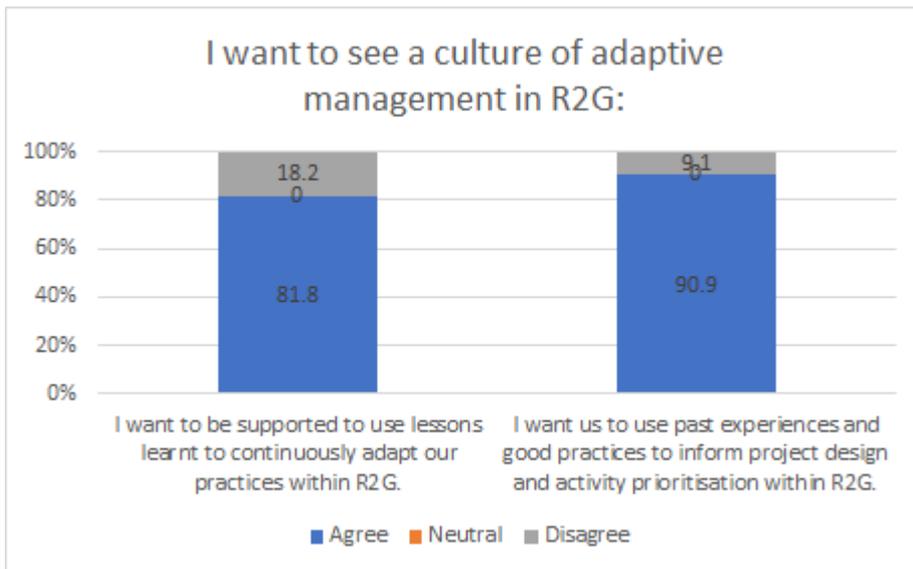
4. For Right2Grow: Where do we want to go, together, with L&L?

- **I want us to capture and share learnings.**



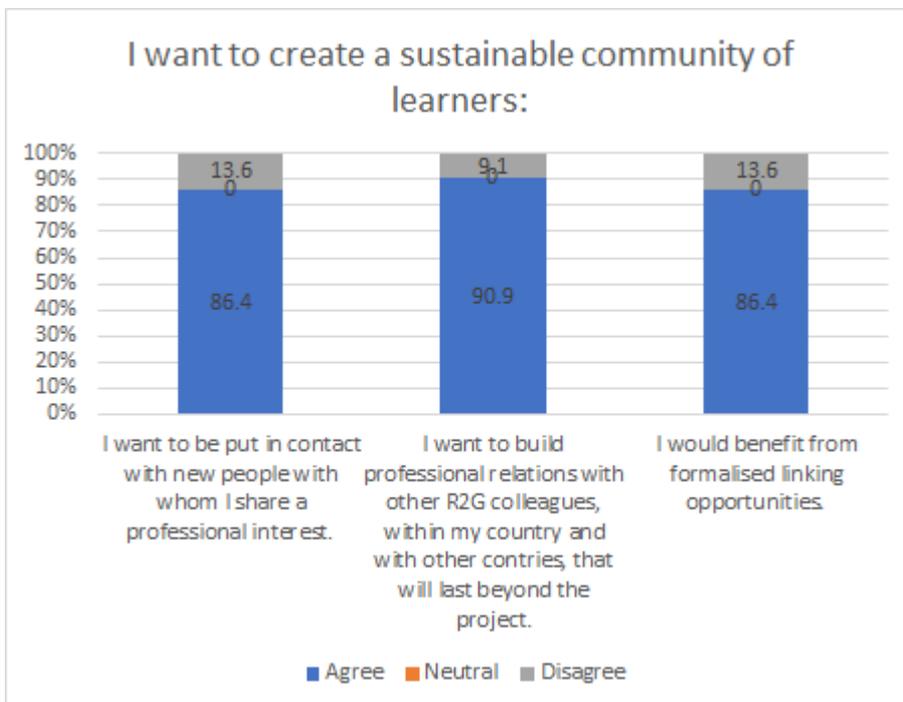
These are very positive results: almost all respondents indicated being in favor of an approach which systemizes the documenting, sharing and use of lessons learned in project implementation. A very large majority responded that they would like to be engaged in a dynamic process to share their own learning within the consortium. It is important to have linking and learning processes in Uganda and at the global level that encourages anyone from engaging with L&L, that the process to engage is clear to all, and that different teams and roles are represented in L&L decision-making at all levels. Finally, there is a clear commitment from partners to engage with and raise the visibility of knowledge from communities. It would, again, be interesting to reflect on the “disagree” responses.

- **I want to see a culture of adaptive management within Right2Grow.**



There is a strong desire to see a culture of adaptive management in Right2Grow. It will be important to base this approach on existing practices in partner organization, and to adapt it to the partnership context of Uganda. There is also a potential for cross-country learning from experiences on adaptive management. The global L&L team is also planning on supporting countries from a technical side on implementing adaptive management approaches. Again, it is important to question the reasoning behind the “disagree” responses.

- **I want us to create a sustainable community of learners.**



There is an apparent shared vision by Right2Grow Uganda's partners to create a culture of sharing within the consortium. This information will be useful when L&L focal points brainstorm a global linking strategy. A key aspect to consider will be how to identify topic areas in which staff members are interested in sharing

and linking. It is also important to engage with those that “disagree” by inquiring on their reasoning and the challenges they may be facing.

- [Let's envision our future together!](#)

Below are the responses to the open question: Which kind of linking opportunities would you like to see formalized in Right2Grow? These responses should form the foundation of to the brainstorming of the global linking strategy, which will involve all L&L focal points.

using constructed Platforms
Not sure
Meet and Greet, working in groups
Exchange visits among implementing partners and countries
Face to face engagements which could involve field visits amongst partner organizations
Links with government, CSOs and community structures
Monthly reflections
1. Coordination Platforms (that constitute of all implementing partners) 2. The Scaling Up Nutrition (SUN) Initiative's platform in Uganda (has not been functional)
Quarterly sharing and learning best practices among partners from different R2G countries of operation Monthly reflection at Country level
WASH, Food Security and Livelihoods, Nutrition, Budget Advocacy, Private Sector Engagement; National and Subnational Multi-stakeholder Engagements.
Linkages with the WASH component among the partners and consortium members
MEAL officers working together , sharing knowledge , refresher training for MEAL , MEAL participating in evaluation process
Opportunities on M&E capacity building trainings
Community led development learning opportunities
Monthly gatherings, virtual coffee breaks.
Emails, WhatsApp, Facebook, phone calls

What do we do with all this? - Suggestions for action:

- Use the results from the first graph to 1) brainstorm how to engage and encourage Right2Grow staff outside of L&L to participate in linking & learning, and 2) reflect how to incorporate community knowledge in the Uganda learning agenda.
- Provide input and suggestions as the global L&L team works towards creating support to implement an adaptive management approach (ex: feedback on TORs for a workshop consultant etc.).
- Use results from the third graph to reflect on how to best identify topics/areas that Right2Grow staff would be interested in linking on in Uganda and at the global level.
- Use the open responses on desired linking spaces within Right2Grow to inform the brainstorming on the development of the global linking strategy.
- Inquire further on the reasoning behind the “disagree” and “neutral” responses.

D. Results of organizational development assessment

The objective of this questionnaire was to gain a better understanding of the institutional strengths and development needs of the country Consortium partners so that we can jointly build an organizational development strategy. Ultimately, we want Right2Grow civil society partners to be strong enough financially, technically, and internally to exist long after our partnership concludes. Here are the results.

1. Overview of the responses received per country Consortium partner:

organization	count
ACF / AAH	2
CIDI	1
CSBAG	1
FHF	1
MCLD	1
MYDELINK	1
The Hunger Project	4
UNFFE	1
World Vision	1
Total	14

2. Overview of the type of positions answering this questionnaire:

position	count
I'm not working at senior or medior management level	1

Mid- manager e.g. Advocacy/ Nutrition/ WASH/ Community mobilization/ Communication program manager, adviser or similar	5
Senior manager e.g. Director, Deputy director, Head of department or similar	7

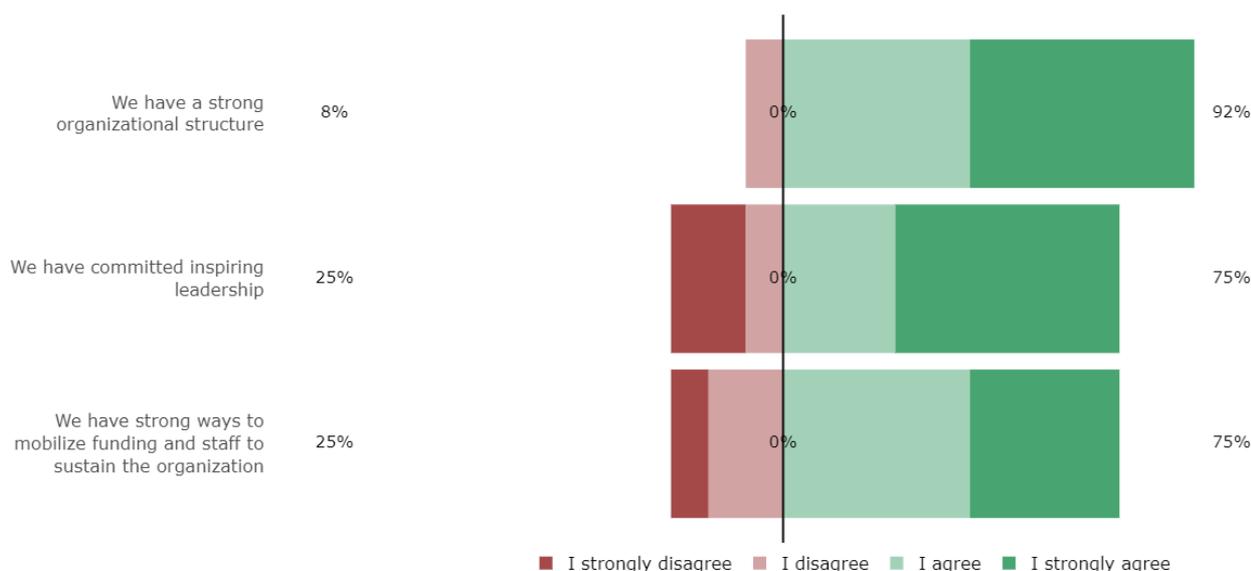
13 valid responses from mid or senior managers have been received from nine country partners. No responses were received from CEGAA, FRA and NSU so during validation and priority setting based on this analysis particular attention should be paid to their needs. ACF and THP provided more than one response to the questionnaire, so the analysis might overrepresent their responses compared to other partners.

3. Overview of the governance structure of the organizations:

organization	>50% men	>50% women	>50% youth
ACF / AAH	1	1	0
CIDI	1	0	0
CSBAG	0	1	0
FHF	1	0	0
MCLD	1	0	0
MYDELINK	0	0	1
The Hunger Project	0	3	0
UNFFE	1	0	0
World Vision	0	1	0

The R2G alliance in Uganda consists of 1 youth-led Organisation; MYDELINK and 3 organizations which have more than 50% women in their board and senior management. Four organizations are male/led. Conflicting responses are provided regarding the leadership of the ACF country office in Uganda.

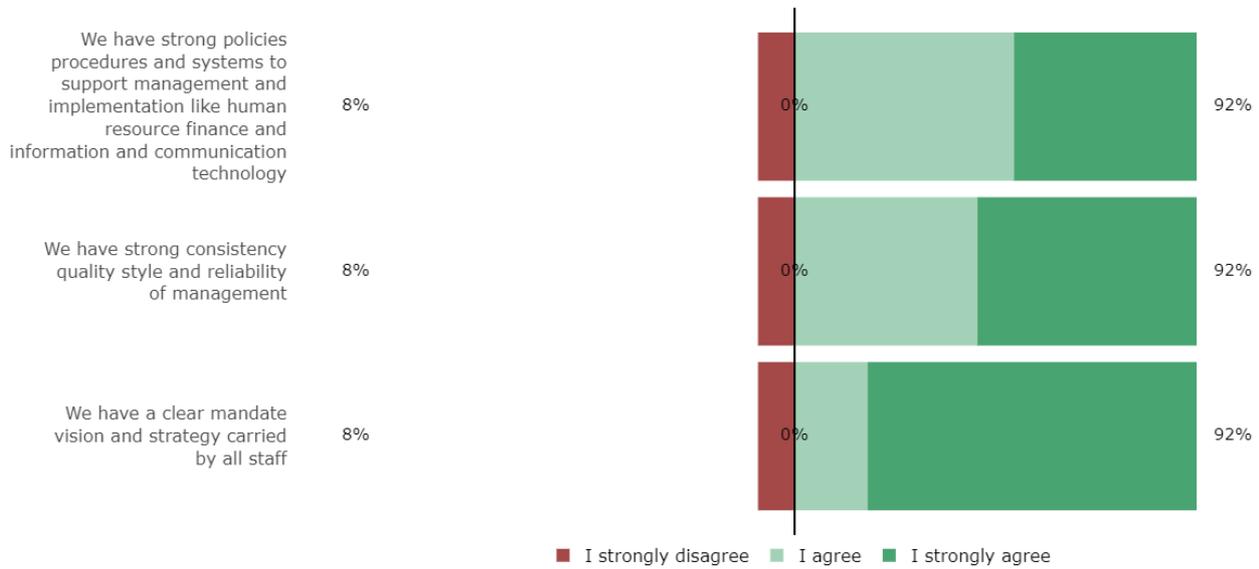
4. Capability to act



81 % of the respondents agree that their organization has the capability to act. 25% of the respondents disagree that their organization has strong leadership and fundraising strategies. qualitative answers confirm these responses with positive responses about the organizational structure, policies and

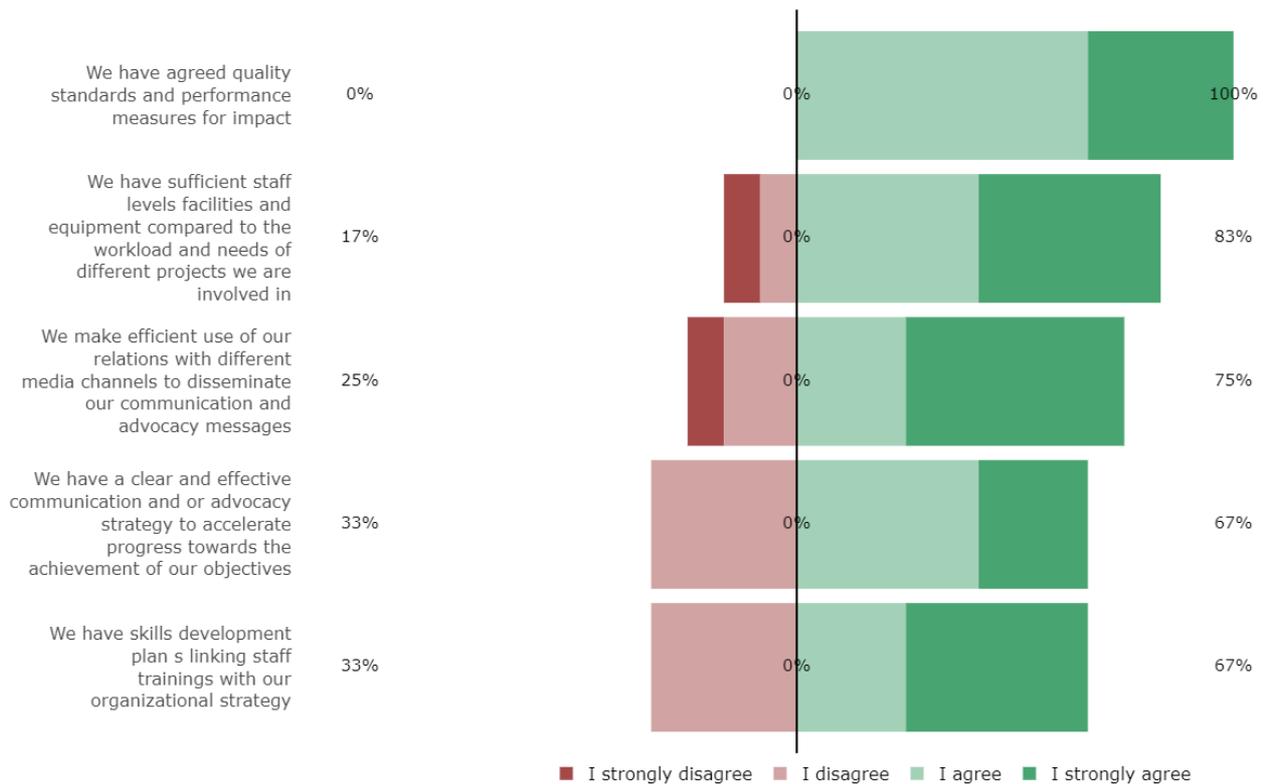
(fundraising) targets In place. Areas for improvement mentioned include ensuring that the leadership becomes more inclusive of women and youth in some organizations. One of the organizations also mention the need to grow fundraising skills beyond the management. The inability to meet in person due to covid-19 has had a negative impact on the capability to act according to one respondent.

5. Capability to achieve coherence



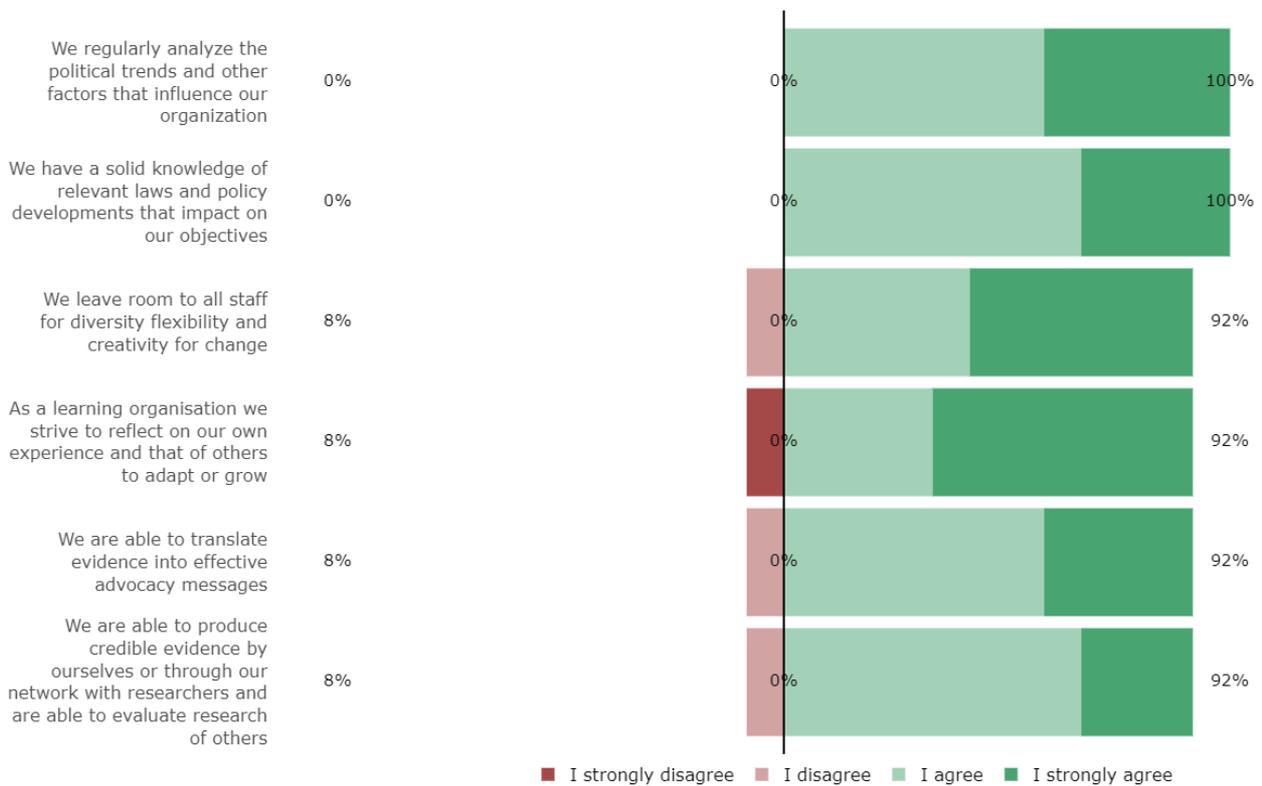
Except for one respondent (8%), 92% of the respondents agree that their organization has the capability to achieve coherence. Qualitative answers confirm that members feel they have a strong vision with good policies and procedures in place to achieve coherence. One organization mentions that they manage working towards a common goal with their small and geographically dispersed team. Challenge mentioned include unstable membership of a network organization, lack of guidance in policy implementation and ICT skills.

6. Capability to deliver development outcomes



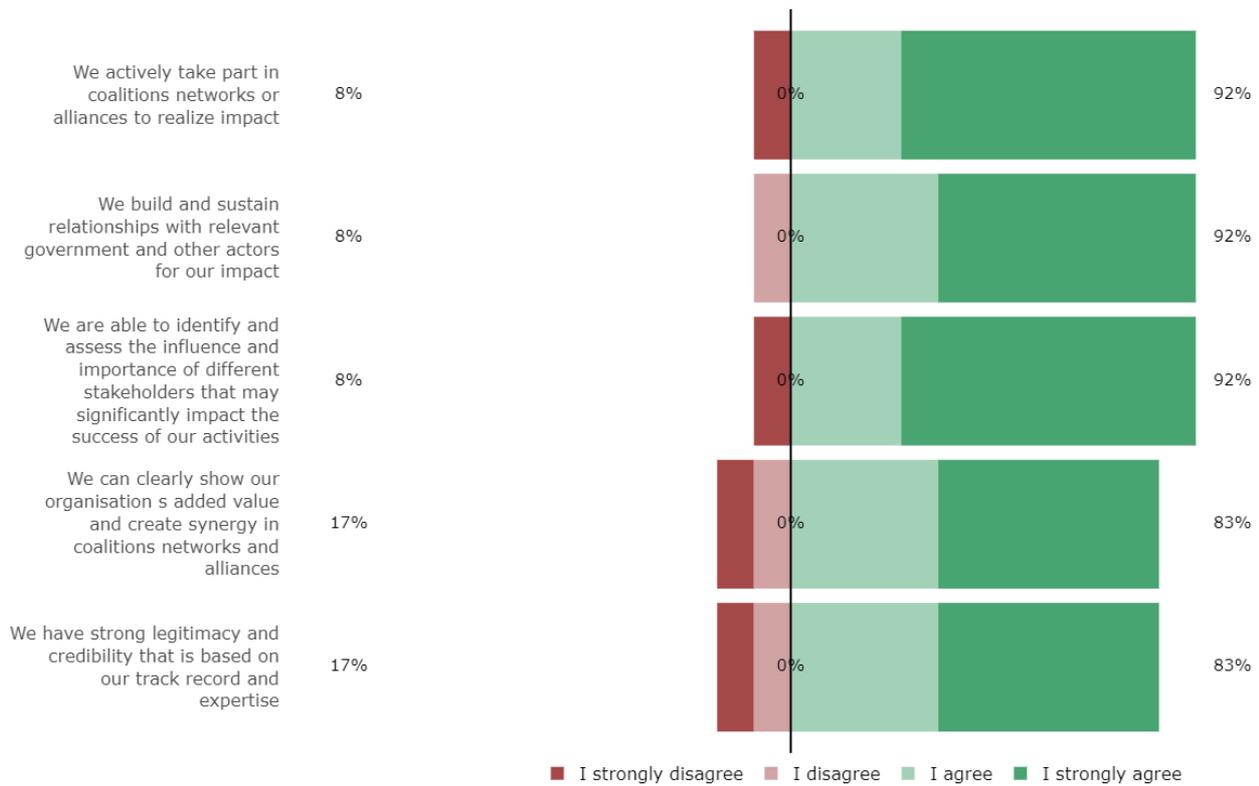
On average 78 % of the respondents agree their organization has the capacity to deliver outcomes. One organization explicitly mentions their community engagement strategies to deliver sustainable project outcomes. Communication and advocacy strategies as well as staff skills development plans come out as the highest needs for improvement (both 33%). These two areas for improvement also arise from the qualitative answers. Concerning advocacy on the one hand there are advocacy focused organizations part of the alliance with a strong capacities and on the other hand there are organizations which haven't focused much on advocacy yet. This could be a good opportunity for mutual capacity development in Uganda. One organization mentions the lack of ICT skills as a barrier for improving on advocacy and communication. The lack of staff training is often linked to staff turn-over and the lack of structural funding for staff development.

7. Capability to learn and self-renew



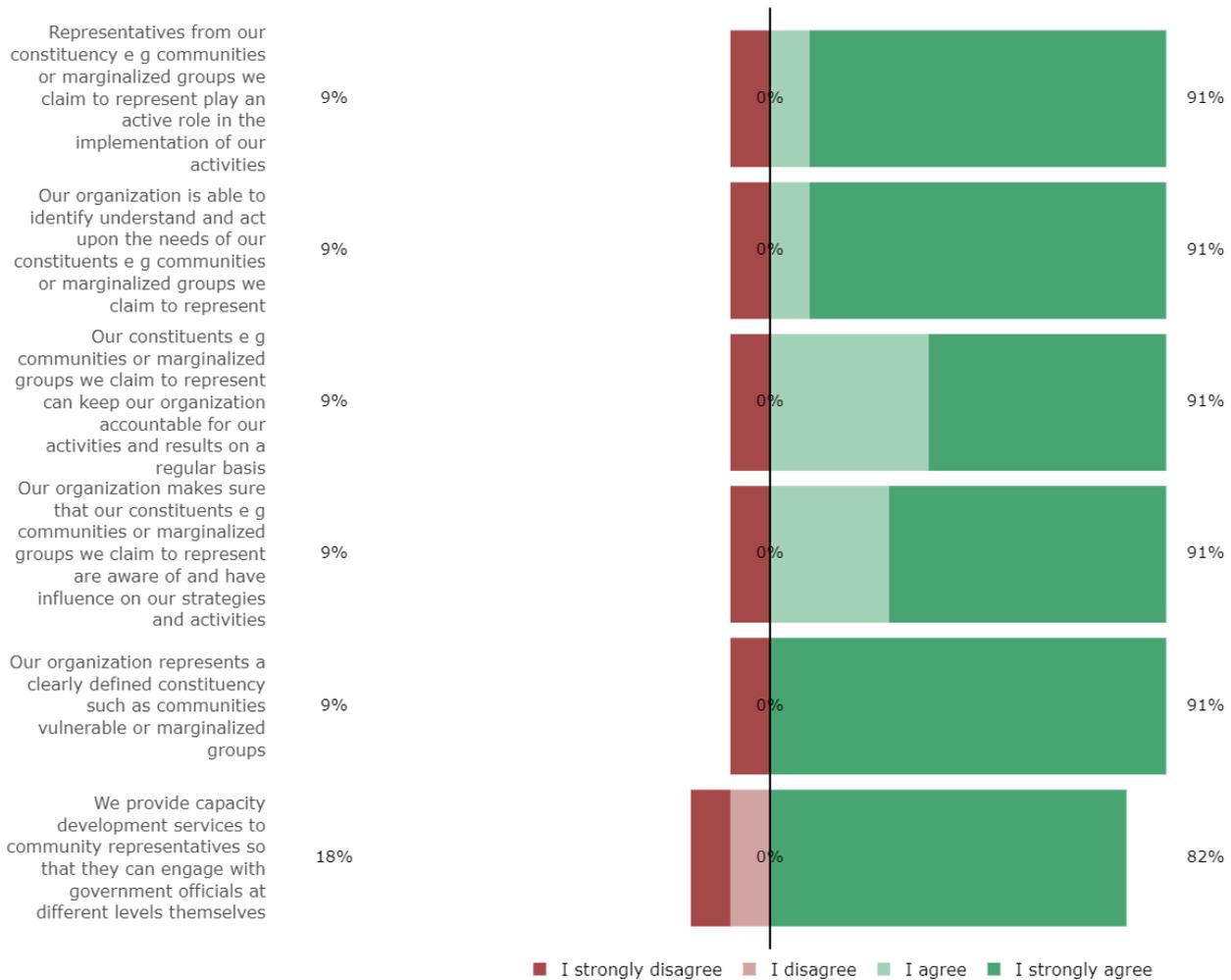
On average 95% of the responses confirm that organizations have the capability to learn and self-renew. qualitative answers mainly focus on areas for improvement regarding learning, which include strengthening advocacy capacities, high workloads which makes time for learning sometimes difficult, strengthening, and sustaining links with national and international research Institutions

8. Capability to relate to external stakeholders



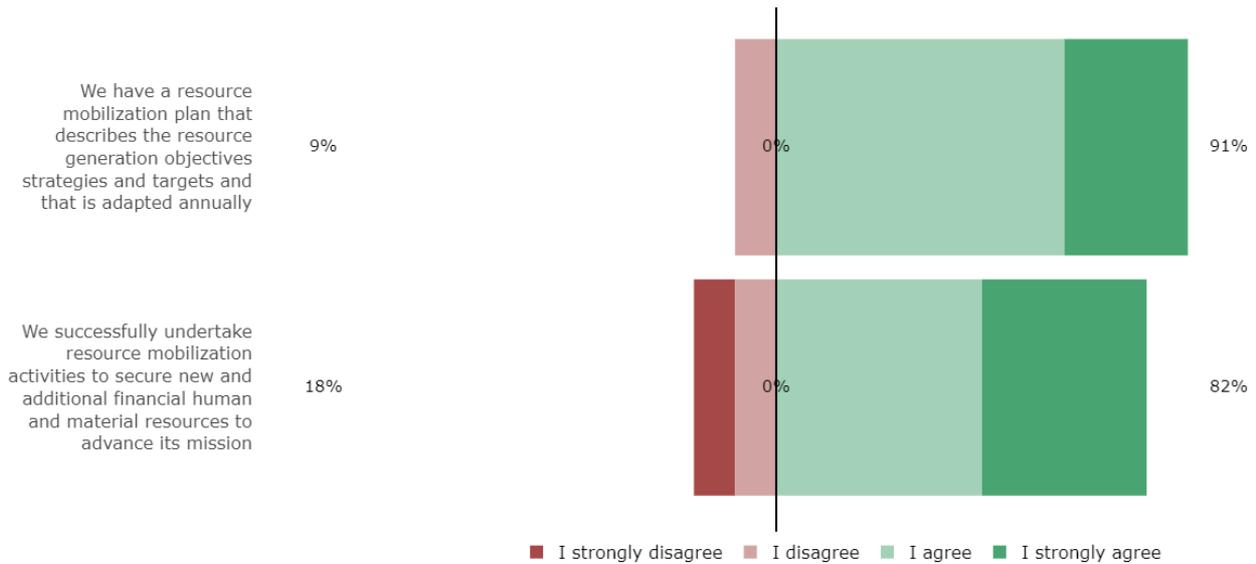
88% of the responses confirm the organizations capability to relate to external stakeholders. Highest areas for improvement include credibility based on track record and synergy In alliances. In qualitative answers partners confirm that they work through various networks and technical working groups and have experience in working within alliances. A suggestion made to improve legitimacy is doing more/better research.

9. Grassroots embeddedness and legitimacy



90% of the respondents agree that their organization is well embedded in grassroots and has legitimacy. Qualitative answers confirm that organizations use community-led approaches, such as consultative meetings to inform strategies, have community demonstration centers. One respondent mentions that they feel they do not claim to represent certain 'constituents'. The most important point for improvement that emerges from the survey is strengthening advocacy capacities of communities (18%).

10. Resource mobilization and sustainability



87% of the respondents agree that their organization has the capacity mobilize sustainable resources. A resource mobilization or fundraising plan is mentioned as an asset, that some partners indicate they would need support to develop or rework it, for some beyond the national level. Two respondents mention that they would like to expand their internal staff capacity to mobilize resources. Another area for improvement mentioned by one respondent is communication and reporting.

Conclusion

In general respondents are very positive about their organizational capacities, with organizations being most positive about their capabilities to learn and self-renew (95%) and achieve coherence 92%. Capabilities to deliver outcomes score the lowest (78%), followed by capabilities to act. Although several organizations see themselves as advocacy organizations with strong capabilities in that area others mention the need for general strengthening advocacy and communications. Another area to enhance capabilities to achieve outcomes includes enhancing staff capacities. To enhance capabilities to act respondents see diversifying their leadership to become more inclusive of women and youth as a key strategy.



Right2Grow Baseline Inception Report

Uganda Theory of Change validation

This validation is the outcome of a reflection on the Baseline Study Results and joint analysis by all country partners on the original Theory of Change.

1. Overall validity

Validity

The overall goal and the four outcomes as articulated in Theory of Change (TOC) are still relevant given that the pathways are confirmed by the baseline findings.

Right2Grow Uganda programme will hugely benefit from the current enabling policy environment instituted by government of Uganda and coordinated by the Office of the Prime Minister through the second Uganda Nutrition Action Plan (UNAPII) which was approved by Government on 22nd September 2020 as the country's strategic framework for scaling up Nutrition during the period 2020- 2025. Alongside the development of UNAPII, the Communication Strategy for UNAPII was developed and its attendant training packages (Nutrition Advocacy and Social Mobilization and Behavior Communication) were validated in December 2021. A Regulatory Impact Assessment (RIA) for the draft National Nutrition Policy was validated by Nutrition actors and all line Ministries in November 2021. R2G Programme and its ToC is well aligned to the 3 objectives of UNAPII, this will enhance delivery and access WASH, Nutrition and Food security services.

In 2021, the Office of the Prime Minister which had previously lacked capacity in coordination of Nutrition responses across the line Government Ministries, Departments and Agencies (MDAs), created a Nutrition Unit. By end of 2021, all MDAs had dedicated focal persons responsible for coordinating nutrition response interventions and were actively participating in nutrition multi-sectoral coordination meetings.

The major thrust of the programme in 2022 will be to strengthen the capacity of CSOs both at national and District level to lobby and advocate for increased financing for impactful nutrition specific and sensitive interventions within the framework of multi-sectoral response.

Much as the ToC listed Gender Equality and Inclusion as catalysing strategies to create sustainable impact, the country programme will pay more attention to adapting disability inclusion in its programming as well. This will further be strengthened by closely collaborating with "We Are Able" another strategic partnership funded by the Dutch Government under Power of Voices coordinated by ZOA Uganda. Preliminary meetings have already commenced both at national level and at District level with the strategic partnership. Gender Equality has also been prioritised as one of Uganda's Country Learning & Linking topic for 2022. R2G Uganda programme will ensure its integrated by all partners in their day-to-day programming.

Ultimate goal and impact

The ultimate goal of Right2Grow is that **every child is able to reach its full potential**. The long term impact (not measured by Right2Grow evaluation) is that **all children under five are well nourished**. The medium term impact is that **decision makers jointly and effectively address undernutrition in a multi-sectoral, gender-sensitive and inclusive way**.

The **key decision makers** identified for this impact are

- **Donors-** Dutch Embassy, USAID, WHO, WFP, UNICEF, German Gov't, SIDA, UNHCR, French Embassy, European Union and World bank were identified as strategic in financing nutrition response interventions.
- **Government**
 - At National level, Office of the Prime Minister as a coordinating entity for all nutrition interventions in Uganda, Ministry Finance, Planning and Economic Development, Ministry of Agriculture, Fisheries and Animal Husbandry, Ministry of Gender, Labour and Social Development, Ministry of Health, Ministry of Education, Ministry of Trade, Industries and Cooperatives, Ministry of Water and Environment, Parliament of Uganda and National Planning Authority.
- **District-**
 - **Technical wing** (Chief Administrative Officer, District Health Officer, District Education Officer, District Water Officer, Head of Production Department, Head of Community Based Services , District Planner, Biostatistician
 - **Political Wing** (District council- Secretary for health, Secretary for education, District speaker)
- **Sub- county -**
 - **Technical** (Senior Assistant Secretary, Sub county Development Officer, Agricultural Officer, Extension Officers
 - **Political** (Chairperson Local Council Three, Sub county Councillors, Council Speaker)
 - Village Health Team (VHT) Coordinators, Health Unit Management Committee (HuMCs) of health facilities in the programme operation areas, Health center In charges
- **Parish -** Parish Development committee members and parish chiefs
- **private sector**
 - Private sector for profit- Agro processors, input dealers, Financial institutions,
 - Private not for profit-CSOs, CBOs, INGOs.

2. Pathway 1 – Community mobilization

Validity

Outcome 1: Communities demand and invest in social services and adopt good, food, nutrition and WASH practices, jointly addressing barriers with private sector partners

Pathway 1 and Outcome 1 is confirmed by the baseline findings. For instance, the baseline findings clearly stress the key barriers to be addressed with the clear linkages for example the baseline:

- Identifies barriers like access to land, long distance to health facilities, access to information, etc. which are also clearly indicated in the project Proposal
- Identifies CSOs being key actors in decision making around WASH and Nutrition
- Involvement of private sector providing nutrition and WASH was being minimal
- Communities access to affordable WASH or Nutrition related services was limited

- Communities lacked capacity to formulate and demand for nutrition and WASH services
- Findings also highlighted gender-based violence as one of the contributing factors to under nutrition in communities.
- Revealed private sector actors at community level are neither organized nor usually convened.

To strengthen pathway one, the programme will adapt local level advocacy approaches (social accountability) using Citizen Voice and Action (CVA) and Vision Commitment and Action models. These models will enable generation of evidence on service delivery gaps to be used as critical information to lobby and advocate for improved service delivery in line with current government service standards. The programme will build capacity of grassroots based CBOs and other community structures to mobilize communities to demand and invest in social services and adopt good, food, nutrition and WASH practices. The baseline findings further revealed youth led and youth serving organizations have majorly remained in the SRHR sector. On top of working with the already mapped out CBOs/CSOs, the programme will be intentional in involving youth organizations in view of the huge young population in Uganda, building on SRHR platforms with youth engagement.

Adaptation and specification

- The programme will work closely and involve young people-led and serving organizations given the increased nutrition burden faced by young people. But also given the dynamism of youth in advocacy and lobby activities.
- The programme will also be intentional in disability inclusion and gender equality in all its programming both at sub-national level and at National level advocacy spaces.
- Provision of specification in re defining the output 1 to be gender and disability inclusive
- The programme will build on the contacts of private sectors that were listed during food systems dialogues in 2021 to target, involve and interest private sector players in investing in issues of nutrition.

3. Pathway 2 – Strengthening civil society organisations

Validity

Outcome 2 is: Empowered local and international CSOs effectively navigate the civic space to influence decisions on policy implementation, legislation and programming on food, nutrition and WASH.

Pathway 2 and Outcome 2 is clearly confirmed by the baseline findings. For instance, the findings show the key gaps upon which 2022 interventions have been tailored for example:

- Baseline confirms the need to strengthen WASH/Nutrition networks in a bid to address nutrition and Wash Challenges
- Advocacy initiatives carried out by CSOs in WASH/nutrition exist but weak
- Capacity strength of WASH/Nutrition structures is weak to influence decision making in the districts for budget re allocation for Nutrition and WASH.

Generally, the findings revealed that much as government of Uganda has instructed all District local Governments to create District Coordination Committees as platforms for nutrition coordination, the quality of involvement by CSOs is still limited. Key focus will be to strengthen the capacity of CSOs in Budget Monitoring and Expenditure Tracking (BMET) especially at District and sub county level. CSO partners at grassroot will be oriented on the Local Government and Planning cycle to ensure robust preparation and contributions in these strategic spaces. The programme will also support District without functional District Nutrition Coordination Committees (DNCCs) to make them functional and ensure they meet quarterly as provided for in their Terms of Reference.

Adaptation and specification

There is no need to change the pathway given that it's confirmed by the baseline findings. However, the programme will strengthen its operations at Parish level to contribute and align to the Parish Development Model which is now a vehicle of delivering National Development III. The programme will ensure active citizenry participation in the parish development committees a structure where space for non-state actors has been specifically created.

Therefore, it's important to build capacity of R2G partners to understand the new government planning and budgeting regime for effective advocacy of Government and decentralized units to adopt multi-sectoral approaches and integration of food, nutrition, and WASH outcomes in the policies, legislation plans and budgets

4. Pathway 3 – Engaging public authorities

Validity

Outcome 3 is: Government and decentralized entities adopt multi-sectoral approaches, integrate food, nutrition, and WASH outcomes in the policies, legislation plans and budgets.

Pathway 3 is clearly confirmed by the baseline findings. The findings show the key gaps that need to be addressed. We have used the findings to design key interventions to address the identified gaps.

The gaps identified by the baseline include:

- Insufficient, inadequate strategic communication and coordination present at the district level, departmental level, and civil society.
- Limited capacity of stakeholders in key areas identified for capacity-building include governance, leadership, advocacy and lobbying
- Lack of an integrated approach to planning for Nutrition, WASH and Food security at local government level.

Government shifted from sector-based budgeting to programme budgeting. The new planning and budgeting regime puts many sectors under one programme. For example, critical nutrition sensitive and specific ministries such as Educational, Health, and Gender labour and social development are now under

Human Capital Development programme. There is a risk to miss out direct budget lines/votes for nutrition interventions both at Ministry level and to inform District transfers.

Adaptation and specification

There is no need to change the pathway given that it's already confirmed by the baseline findings. to the R2G programme will align the programme interventions to the Parish Development Model which government has hugely invested in and directly benefits the community.

5. Pathway 4 – Mobilising international development actors

Validity

Outcome 4 is: Donors and International Development actors coordinate and collaborate along the humanitarian-development nexus, to address underlying determinants of undernutrition.

The baseline findings clearly show key donor and INGO challenges and the Uganda R2G country programme will base on these to tailor interventions that will address the identified gaps. Also, the findings show the key donors and INGOs that we will engage starting 2022. From country reflections, it was well recognized the drive and efforts being put by UNICEF to promote nutrition governance in Uganda. Various investments being made by other UN agencies and other bi-lateral and multi-lateral partners were equally observed. The complementarity value R2G Uganda partners bring through working with different development actors was noted and the potential of this value brings to this pathway. The opportunity presented by the Dutch Embassy and the commitment so far made by the embassy in supporting R2G in terms of convening these development actors will strategically be pursued. In the coming years, the programme will gather strategic information as evidence to lobby development actors to coordinate and collaborate along the humanitarian-development nexus, to address underlying determinants of undernutrition.

Adaptation and specification

No need to change the pathway given that it's already confirmed by the baseline findings.

6. Reflection

Priorities

All the pathways are important, interlinked and confirmed by the baseline. Also, from the reflection we noticed that the rest of the other outcomes (2, 3 & 4) rely on Outcome 1 (It's the foundation) - once well implemented, the rest of the other outcomes will be achieved.

Stakeholder engagement

The R2G partnership in Uganda will strengthen the capacity of CSOs both at national and sub-national level to lobby and advocate for increased financing for impactful nutrition specific and sensitive interventions within the framework of multi-sectoral response. Particular attention is given to the national and sub-national budget cycles. Capacity of grassroots based CBOs and other community structures to

mobilize communities to demand and invest in social services and adopt good, food, nutrition and WASH practices will also be pursued.

Partners will also work with the already mapped out CBOs/CSOs. The programme will be intentional in involving youth organizations in view of the huge young population in Uganda. In addition, the Country programme is building on the contacts of private sectors that were listed during food systems dialogues to target, involve and interest private sector players in investing in issues of nutrition.

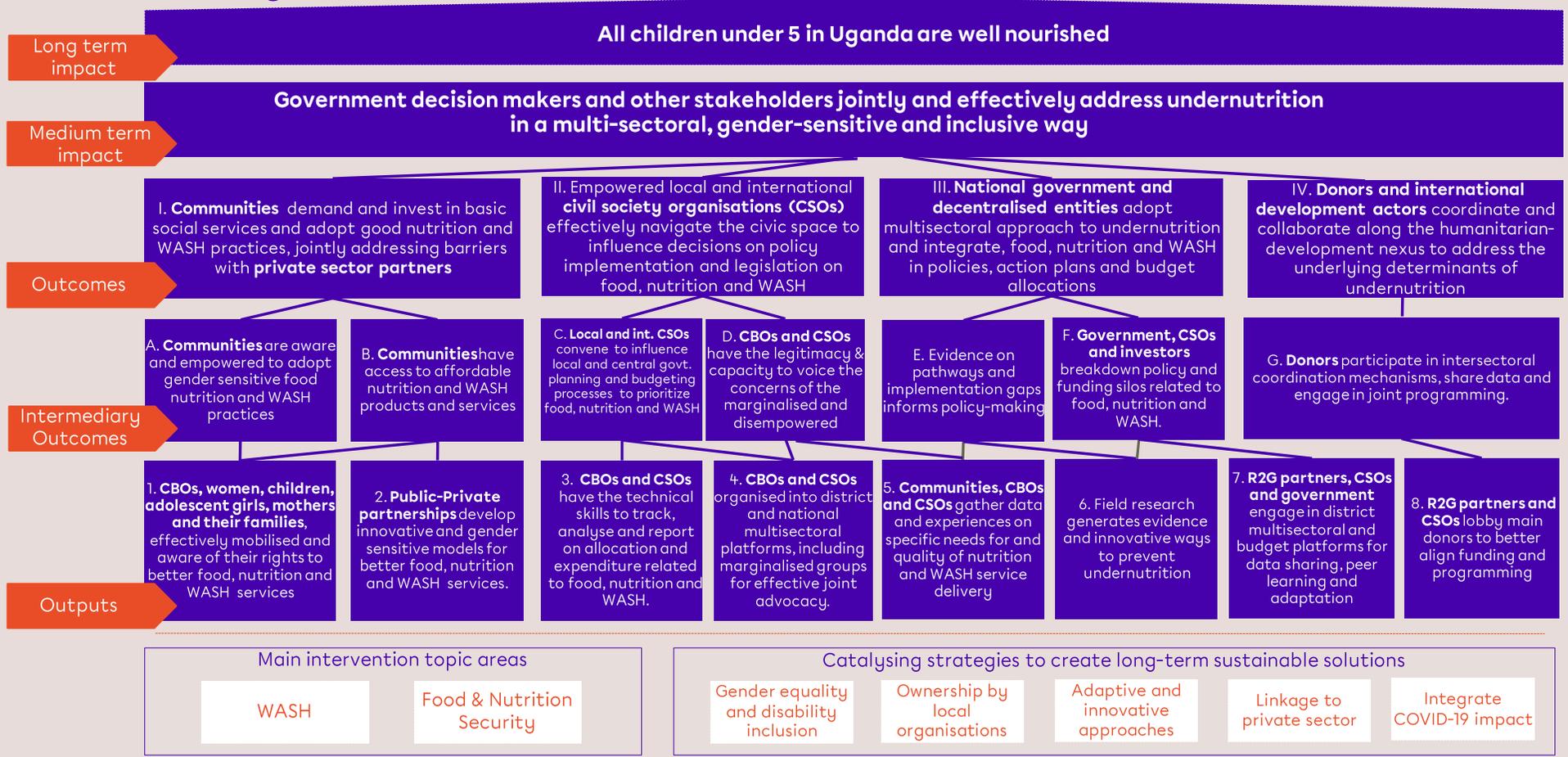
Right2Grow will also actively engage with the identified state actors at national and sub-national level, as they include the key decision makers to be influenced. At strategic level, the opportunity presented by the Dutch Embassy and the commitment so far made by the embassy in supporting R2G in terms of convening these development actors will also be pursued.

Future adaptation

There may be need for future adaptations which need more assessment or research that will follow.

- Right2Grow will conduct a scoping study on nutrition and WASH - To be spear headed by World Vision Uganda.
- Right2Grow will conduct field research to generate innovative ways to prevent undernutrition - To be spear headed by Nutrition Society of Uganda.

Annex 1: Theory of Change Visual



Results Framework: Uganda

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
Number of laws, policies that are better implemented for sustainable and inclusive development (SC1).	0	Government has put in place laws and policies to support high quality and inclusive development planning to consolidate gains and advance achievement SDGs. However, implementation of these laws remains a big challenge to achieve SGD. (additional baseline information below)	0	2	Uganda R2G Partners are targeting to work with government ministries and departments to better implement the - National Agriculture policy (2025); - Uganda Nutrition Action Plan (UNAP) II (2020/21-2024/25)
<p>Many nutrition policies and interventions have been implemented in Uganda by the government under OPM and Ministry of Health, implementing partners, and other stakeholders but there is no robust monitoring and evaluation system for increased transparency and accountability of most of the activities and interventions under the nutrition policies.</p> <p>The tracking Systems for material, financial and human resources when implementing nutrition policies are not sufficient. Furthermore, financing for nutrition was not well accepted hence was never well established. Generally, the budget transparency for nutrition interventions across sectors during nutrition policy implementation was low due to high levels of aggregation of budgets making information on nutrition-sensitive and specific expenditure scarce and difficult to track</p> <p>Despite there being good nutrition policies that cover most of what needs to be done, there are gaps in skills and required competencies in the relevant departments of different ministries which impede the implementation of nutrition policies and targets for example in the ministry of finance implementing nutrition policies.</p>					

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
# of policies blocked, adopted, improved for sustainable and inclusive development (SCS 2)	0	R2G did not contribute to improvement, adoption or blockage of policy during the baseline period. (additional baseline information below)	0	2	<p>1. Uganda R2G Partners are targeting to work with the Ministry of Health to develop the National sanitation and hygiene Policy. This policy will be further operationalized by developing the National Nutrition and hygiene Strategy. Once the Sanitation and Hygiene Policy is successfully developed, R2G Partners will focus on ensuring that the line ministry and partners have an integrated WASH + Nutrition policy.</p> <p>2. Also, R2G Uganda will work with the ministry of Gender, labor and social development to integrate nutrition and WASH specific goals/objects in NDP III to influence the nutrition and WASH indicators.</p>
<p>The majority of key informants from the national, local level and CSOs, had limited knowledge on the multisector policies to improve food security, nutrition, and WASH in Uganda, this may be attributed to the fact that most of the sectors majorly focus on their sectorial work and policies rather than promoting other agendas like nutrition and WASH.</p> <p>Some policies like NDP III, Health sector development plan, health policy, and RMNCH-SP are not nutrition and WASH specific thus have very little or no influence in the reduction of malnutrition and improvement of WASH in Uganda. Policies like the NDP III unlike its predecessor NDP II lack nutrition and WASH specific goals or objectives that directly influence the nutrition and WASH indicators thus have very little or no effect on malnutrition and WASH situation in Uganda.</p> <p>Implementation of nutrition policies and interventions as a whole remains weak concentrating in most food insecure and vulnerable areas of the country only. Generally, implementation of all policies is supposed to be countrywide but most of the nutrition policies implementation and interventions are mainly in food insecure and vulnerable areas for example refugee camps and settlement, resettlement areas of Bududa landslide victims, Areas around river Nyamwamba after it broke its banks, Areas in Kitgum, Gulu and Pader that were affected by the LRA war and many others.</p> <p>Coordination of Nutrition stakeholder interventions is lacking and is not in line with what is stated in the national frameworks for nutrition and other related policies. At the district level, government stakeholders from every nutrition-sensitive sector referred to the lack of clear government programs that support nutrition directly in a local policy environment. Key agricultural-related programs are focusing on wealth creation, value-addition, or increasing agricultural productivity without a nutrition lens (not "nutrition-sensitive or specific"). Nutrition is not on the 'list' of key priorities of most district health departments unlike HIV/AIDS, malaria, or sexual reproductive health.</p> <p>In the agriculture sector, the previous Agriculture Development and Strategic Investment Plan (2010-2015) stipulated 23 multi-action programmes while the current Sector Strategic Plan refers to commodity-focused programmes. Although no nutrition-dedicated programme is in existence, nutrition is mentioned in programmes and sub-programmes on selected commodities and in the extension services and agricultural education platform, through which the production and consumption of the selected nutritious foods is intended.</p>					

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
<p># of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage. (SCS 3)</p>	<p>5</p>	<p>In regard to networks, there are no networks formed specifically for the advocacy of WASH and nutrition interventions in the Baseline districts. The existence of loose coalitions of CSOs are always formed temporarily for other purposes and later disbanded. Examples of such networks and coalitions have been formed by CSOs whose core programming thematic areas are 'governance,' 'human rights protection' and 'transparency' and their sole purpose has been to push back against the ever-shrinking civic space in Uganda caused by various restrictions. Nevertheless, the existence of District NGO fora are a good springboard in the identification of like-minded CSOs that can form a new network for advocacy around WASH and nutrition in the respective districts.</p> <p>Even within the government budget-planning document, the local government authorities and CSOs were excluded from the process, leaving them with limited room for negotiation to participate in the budget planning process.</p> <p>R2G did not yet create space for CSO demands during the baseline period.</p> <p>(Additional information about existing spaces below)</p>	<p>TBD</p>	<p>TBD</p>	<p>Considering the findings of the baseline study, CSOs and CBOs need to be empowered to be able to voice the needs and concerns of the communities, negotiate their inclusion into the government planning documents and hold authorities accountable in their programming and financial planning.</p> <p>Once CSOs and CBOs are empowered, they will be able to Engage National nutrition forum, Policy Coordination Committee (PCC) for Nutrition, Multi-Sectoral Nutrition Technical Coordination Committee, and WASH & Nutrition committees at district level on advocacy related to WASH & Nutrition. The exact number of spaces will have to be established in consultation with these CSOs.</p>
<p>In the context of the multi-sectoral approach to fight against nutrition in all its forms. There exists a National Nutrition Forum chaired by the Prime Minister; is an apex for nutrition programming comprised of all key national and local nutrition stakeholders; The forum meets annually to review the implementation of the nutrition policy and to provide policy advice and advocacy for nutrition. There exists the Policy Coordination Committee (PCC) for Nutrition as a sub-Cabinet committee composed of Cabinet Ministers and Chairpersons of Ministries, Departments, and Agencies implementing nutrition interventions that is chaired by the Prime Minister. The PCC is responsible for policy; The Implementation Coordination Steering Committee (ICSC) consists of Permanent Secretaries and Executive Directors of relevant MDAs and is chaired by the Permanent Secretary Office of the Prime Minister. This committee is responsible for technical oversight of policy implementation and technical direction; The Multi-Sectoral Nutrition Technical Coordination Committee (MSNTC) is chaired by Permanent Secretary Coordinates and is responsible for technical guidance for smooth implementation across ministries and sectors; At the sector level, nutrition coordination committees are chaired by respective Permanent Secretaries. These committees ensure joint planning and budgeting for nutrition activities within each sector, prepare quarterly monitoring reports for submission to the Multi-sectoral Nutrition technical committee within their area of responsibility; At decentralized level, District Nutrition Coordination committees are chaired by Chief Administrative Officer with members for technical planning committees from departments being members; Below the district, the coordination structure has lower local government coordination committees taking the same form of composition as for the district. Efforts are being put in place to scale up the structure to the parish and village level structures of Parish development committees and village councils.</p>					

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
# of advocacy initiatives carried out by CSOs, for, by or with their membership/constituency (SCS 4)	0	<p>Advocacy for better service delivery for WASH and nutrition interventions in the communities has been predominantly done by CSOs as opposed to advocacy done by the communities. Through creating and demanding for safe engagement space like advocacy activities like direct meetings with district leadership, radio talk shows, as well as encouraging community participation by the citizenry in demanding for better service delivery through various platforms like community-based monitoring mechanisms.</p> <p>However, it seems the advocacy initiatives are not robust enough to create shifts in policy by Government by responding to nutrition WASH service delivery gaps. This explains why WASH and nutrition statistics are still appalling. Therefore, although CSOs have labored to perform key roles like mobilizing communities and amplifying the voices of the marginalized groups. The actual advocacy efforts have been ineffective because sufficient progress towards decreased undernutrition has not been realized.</p> <p>R2G did not contribute to advocacy initiative during the baseline period.</p>	60	240	<p>R2G Uganda partners are targeting to hold WASH and Nutrition gender responsive advocacy initiatives to address nutrition and WASH issues;</p> <p>Engage National nutrition forum, Policy Coordination Committee (PCC) for Nutrition, Multi-Sectoral Nutrition Technical Coordination Committee, and WASH & Nutrition committees at district level on advocacy related to WASH & Nutrition;</p> <p>Organize & Conduct District Level Multi-Stakeholder Dialogues on Nutrition/Food/WASH; Develop annual CSO budget position papers on Food security nutrition, and WASH; Produce annual Budget Guide and Fact sheets produced on Food security nutrition, and WASH financing annually (district Specific).</p> <p>2022: 60 advocacy initiatives (30 on WASH related issues, 30 on nutrition related issues) by 2025: 240 initiatives (of various kinds)</p>
# of CSOs with increased Lobby and Advocacy (L&A) capacities (SCS 5)	0	See capacity assessment report	9	9	R2G works with 4 international partners 5 national partners and we aim to enhance their capacities continuously, although we will only count this once to avoid double counting.

Global indicators					
Global Indicator (Right2Grow)	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
1.1 # of actions in which communities formulate demands for improved (WASH and nutrition) services	0	Three (3) types of actions were identified at baseline, but these actions were not funded by R2G. (additional baseline information below)	25 Actions (12 actions targeting WASH and 13 actions targeting Nutrition)	Not Applicable	R2G Uganda Partners are targeting to; Build capacity of mapped CSOs & CBOs on BMET and Advocacy to be able to demand for improved WASH & Nutrition services; Hold multi-stakeholder consultative meetings on Nutrition & WASH; Hold media engagements on WASH & Nutrition; Conduct national dialogue on WASH & Nutrition.
<p>CSOs reached in this study involved a variety of actors, like those working under coalitions and networks, international agencies, Community Based Organizations (CBOs), and others. This study discovered that they are playing a critical role in the communities. The roles are thermalized under three core categories such as 'education', 'advocacy', and 'planning and coordination' whose actions are aimed at improving food security, nutrition, and WASH services.</p> <p>Education; Civil society is performing food and agricultural-related education and capacity building in the baseline Districts. These table food security issues as part of other activities aimed at improving the socio-economic circumstances of people, households, communities, and vulnerable like lactating mothers, older women, widows, children, people with disabilities among others. This explains why CSOs play a central role in changing people's mindsets about food taboos, beliefs, and practices, training farmers in the best and modern farming practices, through sharing experiences of successful farmers through demonstrations. In specific terms, one CSO reported having imparted knowledge of modern farming methods using small spaces, while another CSO trained mothers on how to detect undernutrition in their children using anthropometric measurements such as Mid-upper arm circumference (MUAC).</p> <p>Planning, and Coordination; Holding government officials accountable for assuming and committing to their (food-related) responsibilities towards the citizens through organizing community meetings, dialogues, with a purpose of setting WASH and nutrition priorities in the communities. Relatedly, CSOs were reported to have been at the forefront of farmer's group formation, and coordination to ensure collective voice and participation. Joint planning, implementation, and monitoring of WASH and nutrition interventions such as water points with other stakeholders like community leaders such as LCI Chairpersons, District officials among others were mentioned.</p> <p>Advocacy; Advocacy for better service delivery for WASH and nutrition interventions in the communities has been predominantly done by CSOs as opposed to advocacy done by the communities. Through creating and demanding for safe engagement space like advocacy activities like direct meetings with district leadership, radio talk shows, as well as encouraging community participation by the citizenry in demanding for better service delivery through various platforms like community-based monitoring mechanisms. A voice in Kamwenge District from the CSO fraternity noted that;</p>					

Global indicator (Right2Grow)	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
1.2 Proportion of targeted barriers to good nutrition and/or WASH services successfully addressed by joint community and private sector initiatives	0	<p>Twenty Six (26) barriers were identified at baseline. However, not all these barriers are relevant to R2G objective.</p> <p>R2G Uganda has selected the most relevant barriers that affect WASH and Nutrition Services and have an impact on nutrition status of children U5.</p> <p>(additional baseline information below)</p>	10 barriers (38%). (5 WASH barriers and 5 Nutrition barriers)	TBD	R2G Uganda partners are targeting to build the capacity of community structures/members on good nutrition (cooking demonstrations) and WASH in a bid to change their attitude, beliefs and cultural practices; Work with district community development office, VHTs and other community structures in the targeted sub-Counties to provide prompt information to bridge the gap of information inaccessibility; Build capacity of water committees on advocacy to able to have one voice and advocate for quality WASH services.
<p>Focus group discussion with community members highlighted 26 barriers to good nutrition and WASH services. These include; attitude, beliefs and practices; delayed delivery of seedlings; distance (accessibility barriers); dysfunctional boreholes; failure to register; funding; GBV; Growth of cash crops; high expectations; Ignorance; inadequate health personnel; inconsistent community outreach; information inaccessibility; land related barriers; limited market; limited voice; low water coverage; natural disasters; negligence; political influence; poor farming methods; poor roads; poverty; vermin; water quality and weather barriers. Overall, we identified the following barrier categories:</p> <p>Land related barriers; Food insecurity is closely linked to inadequate food production arising from land challenges such as land shortage, land dispossession, land rents, limited access to irrigation infrastructure, farming acreage, infertile soils, limited access to farm inputs, markets, and technologies. All the above challenges were said to be undermining crop production hence triggering food insecurity in the communities. This is because land as a fixed factor of production is essential in sustainable livelihoods and its absence precipitates food insecurity. Land-related barriers were reported in all the baseline study districts such as Kabale, Kamwenge, Buliisa, Kikuube, and Bugweri.</p> <p>Distance (accessibility barriers); Study participants reported distance as a barrier in accessing WASH and nutrition services in the communities. Even in the presence of Health facilities, the limited capacity to cater for the malnourished people was revealed as priority is given children of 0-2 years yet there are other people like pregnant mothers, elderly and children from 3-13 years who are experiencing undernutrition.. Water is usually fetched in the morning and the evenings, although sometimes this occurs several times a day depending on the water needs at home. Because of the large numbers of people being served, the queues at the borehole are often very long and these result in delays to access water, which could last up to several hours. Community members also reported that the boreholes break down very frequently, and yet they do not have adequate technical knowledge on borehole repair and maintenance.</p> <p>Climate change related barriers; The unpredictable weather conditions that come with lots of rain and dry spells that cause prolonged droughts were also blamed for the poor nutrition status in the communities. This was mostly reported in Buliisa, Adjumani, and Bugweri Districts. One farmer in Adjumani noted that;</p> <p>gender barriers and inappropriate beliefs and practices: There were several inequalities reported in different aspects of life; financial and social. Women were reported to receive unfair treatment by the men through domestic violence. Land ownership was a preserve of men in all communities because of the hereditary nature and this skews intrahousehold decision making in favour of men. Women did not inherit land and noted that they had no resources to buy their own land. They were thus often at the mercy of men who handled the most important factor of food production. Although some women accessed the land to produce the food, the control over the proceeds was largely vested in the hands of men and this explains why women largely complained about men selling off the agricultural produce without their consent because culture and bestows on them (men) the rights to decide on behalf of their wives. Therefore, there is a likelihood of strained relations that breed domestic violence and separation. However, it was noted that women often play a greater role in ensuring nutrition, food safety and quality, and are often responsible for processing and preparing food for their households. Women tend to spend a considerable part of their cash income on household food requirements unlike women, and perhaps this still lends credence to the fact when there is separation, the nutrition status of the family slumps. The belief that boiled water does not taste good, and a pregnant woman should not go to the latrine, among others is also affecting WASH services. Distance is a barrier to access to nutrition services. For example, women with under 5 children have to move long distances to Rukunyu Hospital.</p>					

Global indicator (Right2Grow)	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
3.1 Degree of social accountability	0%	<p>The degree of social accountability is measured by the level of citizen engagement in relevant decision-making processes related to nutrition and WASH.</p> <ul style="list-style-type: none"> - Low level of engagement of citizens in social accountability to demand for better WASH and nutrition services. -Social accountability is limited to community platforms like community meetings, dialogues, and village committees with no high-level engagements at district level through planning meetings, setting priorities, budgeting etc - No direct participation by individuals - Participation in many of the mechanisms provided for under the law is on a representative basis, whereby members are elected to serve on the committee as representatives of their communities. - 75% of the citizens do not have a voice when it came to water-related matters. - 56% of the citizens do not participate in any social accountability Platform where they are likely to speak out and influence decisions. 	TBD	TBD	R2G Uganda partners target to build CSO & CBO capacity on Budget monitoring and expenditure tracking, advocacy & citizen's voice and action models to be able to hold relevant stakeholders accountable on WASH and Nutrition service delivery.

Global Indicator (Right2Grow)	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
3.3 % of public budgets allocated and implemented for nutrition and WASH services (increased funding)	0%	<p>There is no budget heading for nutrition in the national budget in Local governments as it's lumped up under the production department in LGs.</p> <ul style="list-style-type: none"> - Water & Environment accounts for 3.0% of the budget share - Budget allocations for MAAIF decreased from 4.936 to 4.113 Billion USH between FY2021/22 and FY2020/21. Hence negatively impacting on the promotion of food and nutrition <p>(additional baseline information below)</p>	1%	TBD	R2G Uganda partners are targeting to advocate to ensure increased funding for Nutrition and WASH. E.g. 2022, no further drop in the budget allocation for the Ministry of Water Resources and Irrigation, and Ministry of Agriculture as seen in the trend of the past few years.
<p>In terms of share of the total sector budget, education has the highest amount of the sector budget allocated to LG programmes standing at 50 percent followed by health at 21 percent, agriculture at 12 percent; water and environment at 6 percent; social development at 3.5 percent and works and transport sector at 3 percent. The education and health sectors' relatively large shares are mainly on account of their high wage bills.</p> <p>The budgeted revenue for nutrition since financial year 2016/17/18 has been consistent (UGX.68 Million). In the financial year 2019/20, nutrition and WASH budget drastically reduced from UGX. 68 Million To UGX. 41,457,000 (by UGX. 26,543,000). This corroborates with the primary data collected from the district officials who complained of limited funding. In addition, ministry reports also indicates that much of the funding to support nutrition activities is coming from the development partners.</p> <p>Nutrition activities are mainly donor-driven with the Government of Uganda having very little contribution, therefore donors have a lot of influence in developing policies and implementation of nutrition activities, this perhaps explains why the multisectoral food security and nutrition is funded to a tune of 49% by donors as opposed to 1% by the GoU. Besides, 63% of the funds available for nutrition in 2014-2015 were provided by non-government actors and were not included in the government budgets or managed through the treasury. This meagre fund by government perhaps is what made even Ministry officials doubt if there is financing by government at national level.</p> <p>Similarly, spending on nutrition at the district level is constrained - Only about 6% to 7% of spending in districts was on nutrition activities since the vast majority of district funds are earmarked at the national level. Spending on nutrition at the district level is constrained - Only about 6% to 7% of spending in districts was on nutrition activities since the vast majority of district funds are earmarked at the national level.</p> <p>At the sub-county level, the community development office does not have a specific budget for WASH but WASH Interventions are embedded within the community development budget, which is only 5% of the community development budget, which is allocated for WASH.</p>					