

HOUSEHOLD MAPPING ON FOOD, NUTRITION AND WASH PRACTICES: MAYUGE DISTRICT, EASTERN UGANDA

September 2021

PREPARED BY
THE WILMAT
DEVELOPMENT
FOUNDATION



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Acronyms

CLD	<i>Community-Led Development</i>
CU5	<i>Children Under Five</i>
MCLD	<i>Movement for Community-Led Development</i>
R2G	<i>Right2Grow</i>
SDG	<i>Sustainable Development Goals</i>
WDF	<i>Wimat Development Foundation</i>

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Executive Summary

Nutrition is an essential and often overlooked component of food security - ensuring not just adequate amounts of food, but sufficient food of nutritious value for good health and growth. Despite decades of progress, **undernutrition** is still the main underlying cause of CU5 deaths. Besides weakening the immune system and increasing the risk of morbidity and mortality, Undernutrition has devastating **long-term effects**: diminished cognitive and physical development, poor health, and reduced productive capacity, resulting in a 10% reduction of lifetime earnings potential, and a 2-8% decrease of Gross Domestic Product.

Undernutrition is also linked to structural injustice. Children are 1.5-2 times more likely to be stunted (defined as low height/age) when living in rural areas, in the poorest economic quintiles and in regions where the status and/or education of women is lowest. This stems from the fact that such children tend to be disadvantaged in terms of access to health care, water, sanitation and hygiene (WASH), as well as nutritious food and health-related information. Globally, almost 200 million CU5 suffer from stunting, wasting (low weight/height), or both, and over 340 million from vitamin and mineral deficiencies. The world is off-track to meet most of the SDG targets linked to hunger, food security and nutrition. Reduction in stunting as target SDG 2 over the last 20 years is too slow, and the 2030 goal of 12% is unlikely to be met. Neither is the target to reduce wasting to 3% by 2030. Covid-19 exacerbates this situation.

This interim report describes the process, activities and findings from the household mapping of homes with good food, nutrition and WASH practices in Mayuge district as commissioned by the MCLD with an aim of achieving the R2G mission in which a clear selection criteria and assessment was adopted to ensure that the objective of this project is successfully achieved. This included household mapping criteria, household mapping questionnaire development, and scorecard development.

The preliminary findings in this report indicate that there is still a wide knowledge gap (ignorance), poverty, unemployment, low education levels, limited access to water sources in some areas, and limited access to health services. Traditional beliefs and Covid-19 both have effects on food, nutrition and WASH conceptualizations amongst all households in villages of Mayuge district which calls for a clear and inclusive approach to narrow this gap in order to achieve the aim of **“getting to zero undernutrition and zero people without access to basic water, sanitation and hygiene (WASH)”** in Uganda.

Jockas Matte
Executive Director | Wilmat Development Foundation



Acknowledgement

This work was commissioned by the MCLD organization to Wimat development Foundation under the Right2Grow program with the support from The Hunger Project Uganda (THP-U) and all the Movement For Community-Led Development (MCLD) Chapter members. The cooperation and inputs from the MCLD organization and several members under the R2G program as well as Wimat Development Foundation (WDF) staff and Volunteers were very crucial in the successful implementation of this assessment and thus the research team extends its sincere gratitude to the following organizations who played an important role in the successful implementation of this first activity.

We wish to appreciate all the efforts that were put in to have an inclusive report on Food, Nutrition and WASH practices of households in Mayuge villages that included Buvuna, Maina, Igunda, Lukone, and Nakabafu by the following individuals and organizations not leaving out the MCLD Chapter members, Hands of Hope, Pearl Entrepreneurs Academy, Local council leaders, District leaders, community and the police for the endless support towards this first activity.

We further extend our gratitude towards all WDF field staff in Mayuge district and all respondents who participated in this assessment. These include the Household heads that provided vital information regarding the Household's Food, Nutrition and WASH practices in Mayuge District.

Thank you all for the contributions made towards the successful achievement of the aim of the R2G project "getting to zero undernutrition and zero people without access to basic water, sanitation and hygiene (WASH)".

Disclaimer

The opinions expressed in this report are solely those of the people and Wimat Development Foundation made after an inclusive engagement of Households in the five selected villages of Mayuge district on Household mapping of model homes with Good Food, Nutrition and WASH practices. The views expressed herein do not in any way pre-judge any future decisions to be taken by stakeholders or policymakers in favour of grassroots development.

Organizational Summary

Founded in 2014, Wilmat Development Foundation-WDF is a Youth-led Non-Profit Organization acting for social cohesion and local development in Uganda and Africa at large. The vision is to realize enriched societies based on social equity for all. With several interrelated programs focused specifically on children, youths and women, we seek to contribute to the creation of resilient and self-reliant communities by placing people at the forefront of change. Through collective efforts situated in the three thematic areas; Advocacy, Livelihoods and Education, we work to empower marginalized people through mobilization and training to provide practical skills for sustainable livelihoods.

Our Mission

Empower Underprivileged Communities With Practical Skills For Sustainable Livelihoods.

Our Vision

To Build Resilient and Self-reliant Communities.

Our Strategic Objectives

- To promote Entrepreneurship Engagements of communities and allies globally.
- To increase agricultural productivity to enhance food security and incomes of rural women and youth.
- To enhance Child Protection through facilitating Advanced Childhood Effects trainings and CIVIC education.
- To empower Adolescent Girls and Young Women to engage in policy advocacy and good governance to establish favorable economic and health policies.
- To enhance access to appropriate knowledge and skills development for school going children and youth at all institutions of learning.
- To develop effective management capacity building through skills and knowledge development, information management and networking.

Where We Work

We are currently working in 3 regions of Uganda which include; -

- Central: Kampala, Wakiso And Luweero
- Eastern: Mayuge, Kamuli, Kayunga And Budaka
- Western: Kasese



WILMAT DEVELOPMENT FOUNDATION
Enriching Communities

Images from the Field



Chapter One: Introduction

1.1 Background

The Right 2 Grow project report as implemented by WDF under the commission of MCLD is an action aimed at getting to zero undernutrition and zero people without access to basic water, sanitation and hygiene (WASH) in Uganda. This activity was aimed at addressing the problem of Food Nutrition and WASH in Eastern Uganda, Mayuge in particular. Therefore, this chapter consists of the contextual analysis, survey justification, objectives of the assessment and the scope of the assessment.

1.2 Contextual Analysis

Undernutrition remains a significant public health threat that requires both WASH and nutrition interventions. Undernutrition is an underlying cause of 45% of child deaths globally, and the lives of nearly 7.4% of the world's children are at immediate risk due to severe wasting (low weight for height). Wasting is managed by specialized medical care combined with therapeutic feeding (Black et al., 2013). In less developed countries, 26% of children under 2 years old are stunted and will suffer permanent physical and cognitive effects. The 11 key nutritional interventions, taken up at levels over 90%, will only address 20% of this stunting (Black et al., 2013).

The effects of malnutrition are globally recognized as being devastating and far-reaching. Malnutrition is widespread across Uganda, 29% of children under the age of 5 years are stunted and 53% are anemic and unlikely to reach their full mental and physical potential. The burden varies by region and progress has been hampered by several factors including poverty; agriculture policies focused on staple foods; poor supply chain

and market infrastructure for nutritious, fresh foods; low school attainment and high youth unemployment; and unaffordability of nutritious food. Addressing malnutrition in a sustainable manner in Uganda must take a lifecycle approach with a special focus on children under 2 years of age, adolescent girls, and pregnant and lactating women. It must include a range of context-specific, targeted interventions that engage stakeholders across multiple sectors. (UNICEF National Summary Report - 2019). According to IIED Report 2020, Findings indicate that Covid-19 has forced and is forcing families to either reduce the number of meals they eat a day or to reduce the amount of food they buy or eat thus calling for strict measures to address ensure easy access to good Food, Nutrition and WASH services in Uganda.

Therefore, the increasing concerns over Food and WASH supply, as well as accessibility in this situation, calls for the need to get to zero undernutrition and zero people without access to WASH in Uganda.

1.3 Survey Justification

After an analysis of the root causes of our inability to get these numbers to zero by the Right2Grow, a world full of great intentions, expertise, and wealth is revealed, but it is one which does not live up to its promises. At the same time, we see strong women, men and children in affected communities who are prepared to voice their needs, and ready to contribute their to the solution. The Right2Grow project is bridging the gap between these powerful women, men and children and the often-powerless leaders, experts and technocrats.

The main aim of this assessment is household mapping of homes with good food, nutrition and WASH to act as model homes within the selected villages of Mayuge district. This assessment was a basis of what Wimat Development Foundation is using to justify the validity of Food, Nutrition and WASH practices in Mayuge district, Eastern Uganda.

1.4 Objectives of the Assessment

1.4.1 General objective

Household mapping of model homes with good Food, Nutrition and WASH practices from 5 villages of Mayuge district.

1.4.2 Specific objectives

1. Assess the household's capacity, knowledge and practices on Food, Nutrition and WASH practices.
2. Select model households with Good Food, Nutrition and WASH Practices in Mayuge district.
3. Assess the household's hinderances to access good food nutrition and WASH practices at the grassroot.
4. Assess the key factors that influence the community's Food, Nutrition and WASH practices.

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Therefore, the increasing concerns over Food and WASH supply, as well as accessibility in this situation, calls for the need to get to zero undernutrition and zero people without access to WASH in Uganda.

1.4.3 Scope of the Assessment

This assessment was made by Wimat Development Foundation as commissioned by the MCLD in Mayuge district, Eastern Uganda. The assessment was aimed at Household mapping of homes with good Food, Nutrition and WASH practices where 5 model houses had to be selected from every village and it involved 5 villages of Mayuge district to include; Buvuna, Maina, Bufulubi, Nakabafu and Lukone village in the month of August 2021.

CHAPTER 2: SELECTION CRITERIA AND ASSESSMENT

2.1 Introduction

This section presents the criteria followed while carrying out the proposed activities in favor of the Right2Grow project.

- **CLD member induction:**

The process of implementing the R2G project was rolled out during the Capacity Building Training that was held at Cardinal Nsubuga Training Centre, Nsambya and later induction training conducted by The Hunger Project – Uganda Team at Piato Restaurant, Kampala. This was sealed with signing of the Memorandum of Understanding between implementing MCLD chapter members after a series of review and satisfactory submission of the required documents as a way to ensure proper utilization of the R2G program in the selected model districts.

- **Staff Induction:**

Upon satisfactory selection and approval, the R2G project was introduced to the Foundation's staff and Volunteers during a 2 days induction on the way forward and what is expected of each team member. This was done as way to ensure proper planning and delivery of the approved activities in line with the funds received.

- **Village selection:**

To ensure timely and accessibility to the communities, 5 (Five) villages were selected during the induction to ease the process of implementation as a cluster in Mayuge district. The villages selected included: Igunda village, Maina Village, Nakabafu village, Lukone village, and Buvuna village all found in Mayuge district.

- **Household Mapping and Scorecard development:**

To ensure effective and efficiency, WDF staff championed this process of developing a guiding HH Mapping Tool and Scorecard as a way to ensure proper selection and collection of vivid information from household heads and ranking them as per the responses received at the end of the exercise. The Household mapping Tool and scorecard were consultatively developed, Assessed, Tested, Amended, Proven and later Execution to ensure quality data collection at the end of the mapping exercise. This process was collectively performed along with chapter members and internal M & E support teams at WDF with community champions at the grassroots.

- **Field staff and Local Leaders Induction:**

The development of the HH Mapping tool, was complemented by capacity building training of Field Staff on how to deliver the expected results and ensure quality of data collected without considering individual thoughts but rather those of the beneficiaries interviewed during the Household visits. This lasted for 2 (Two) days with 5 (Five) field staff and 5 (Five) Local Leaders as a way to understand the expected results of the Right2Grow program activities in the selected villages in Mayuge District.

- **District leaders**

As a way to ensure cooperation and smooth implementation of R2G Programs, the District Leadership especially the Community

Development Office was engaged and introduced to the program activities and projected results of the engagements in communities. Delivery of support documents and Introductory letters were submitted to various authorities to ensure success of the activities under the Right2Grow program.

- **Police:**

To ensure adherence to the set Social Operating Procedures (SOPs), by both the Government of Uganda, Ministry of Health and World Health Organization and other actors in fight to control the spread of Covid-19 virus in communities, the Police was engaged to ensure proper follow-up to the set guidelines. This also aimed at breaking barriers that may disrupt the operations of the Foundation in the district as the activities aim at involving grassroot people and households in the selected villages in Mayuge District.

- **Household leaders/ respondents:**

To ensure quality feedback and proper interpretation of the Household mapping questionnaire, the activity involved a total of 170 households with 166 acceptancy for feedback and 4 turn downs from the households visited during a 1 (one) week engagement by Field staffs, Volunteers with the guidance from the Local Council leadership.

- **Assessment:**

Upon completion of the Household Mapping exercise on Food Nutrition and WASH practices, the data collected was captured and recorded as raw data and later analyzed for evaluation on the performance of Households. This was later followed up by selected of the best 5 households per village making a total of 25 households with good food, nutrition and WASH practices at community level.

- **Report Writing and Publication:**

A comprehensive report was developed followed up with evidence-based data that has been carefully analyzed and assessed for the right end users. This will guide the follow-up activities and workshops as evidence information on the performance of households has already been collected for sharing, planning and sensitization of local communities in line with Food, Nutrition and WASH practices.

CHAPTER 3: PRESENTATION AND DISCUSSION OF RESULTS

3.1 INTRODUCTION

This chapter presents and provides an interpretation of findings from the Right To Grow activities carried out in the 5 piloted villages. It also a consent table for all the correspondents that took part in the study. It is divided into sections as seen below.

3.2 SOCIO-DEMOGRAPHIC INFORMATION

3.2.1 Consent to Participate in the Survey

To ensure transparency and acceptance of the Household survey and honest feedback, this section was added to ensure that respondents consent to the Survey with a Yes or No for the Field staff visits. The survey targeted 170 correspondents. While 166 accepted 4 of them rejected. We therefore had an acceptance of 98% and reject of 2%.

Table 1: Consent to the Survey

		Frequency	Percent
Consent	No	4	2.4
	Yes	166	97.6
	Total	170	100.0

Position of respondent

The vast majority of the correspondents were household spouses who were 90 in number giving us a percentage of 54.2%. The household heads were 74 with a percentage of 44.6% and others were 2 giving us a percentage of 1.2%.

3.2.2 Gender and Age of the Respondents

Most of the correspondents were female representing 62% and male were 63 representing 38% of the total correspondents. To ensure Gender equality, the HH mapping exercise involved both Gender, Male and Female. The eastern parts of Uganda particularly Mayuge district has majority of its population being the youth (18-35 years). It is also constituted of children and the elderly. The age was categorized into 3 groups and that is 18-25years who were 11 in number representing 6.6%, 26-44 who were 75 representing 45.2% and finally 45 and above who were 80 representing 48.2%.

More female respondents than males were recorded during the survey (Table 2). This depicts the Ugandan Population structure as reported by the Uganda National Bureau of Statistics (UBOS, 2019) Report. It is also constituted of children and the elderly.

Table 2: Gender and Age distribution

Age Category	Gender		Total
	Female	Male	
18 – 25 years	8	3	11
26 – 44 years	52	37	75
45 and above	43	23	80
Total	103	63	166

3.2.3 Marital status

The vast majority are married however, a greater number of the respondents (21) are widows/widowers and of these (14) are female headed families. The single, Divorces and child household members make up the least number of respondents as shown in table 3.

Table 3: Marital Status

Village	Marital Status					Total
	Child	Divorced	Married	Single	Widow/ Widower	
Buvuna	0	2	17	0	4	23
Igunda	1	2	21	0	7	31
Lukone	0	1	29	0	3	33
Maina	0	0	33	3	5	41
Nakabafu	0	1	32	3	2	38
Total	1	6	132	6	21	166

3.2.3 Education level

The literacy levels in Mayuge district are very low with most people (43%) being Primary school dropouts who attended very few classes due to poverty, teenage pregnancies and poor quality of education. Ordinary level graduates take up the second position with 36% while the Advanced Level graduates and vocational/certificate holders being the least among the communities. The details of the Education level attained by the respondents are presented in Table 4 below.

Table 4: Education Level

Education level	Baitambogwe (n=33)	Imanyiro (n=54)	Mayuge T/C (n=38)	Mpungwe (n=41)	Total (%)
Advanced level	1	1	1	1	3
None	3	4	5	4	16
Ordinary level	7	14	10	5	36
Primary level	9	14	7	13	43
Vocational/Certificate	1	0	1	2	3
Total					100%

3.2.4 Average Number of people in the Household

Majority live in extended families and with an average number of 8 people per Household.

Table 5: Average Household Number

Mean	8.7
Standard Error	0.54
Median	8

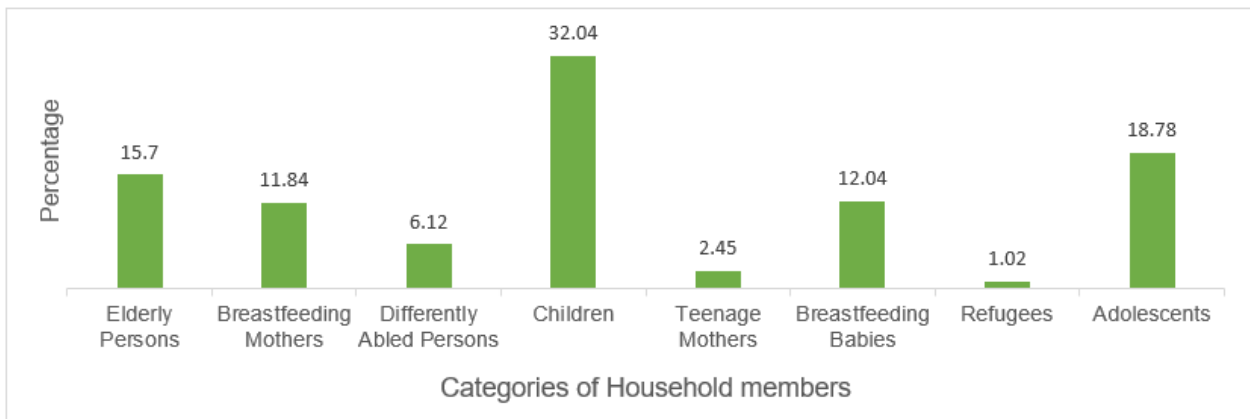


Figure 1 : Category of Household members

3.2.5 Category of Household members

Most Households (32%) had children as one of category of household members. Breastfeeding mothers constituted 11.8%, adolescents constituting 18.7% while the elderly making up 15.7%. Other categories of Household members are detailed in Figure 1 above.

3.2.6 Category of household head

Household heads who are male are the biggest population, however, female and child headed households are also prevalent within the communities. Refer to figure 2 for details.

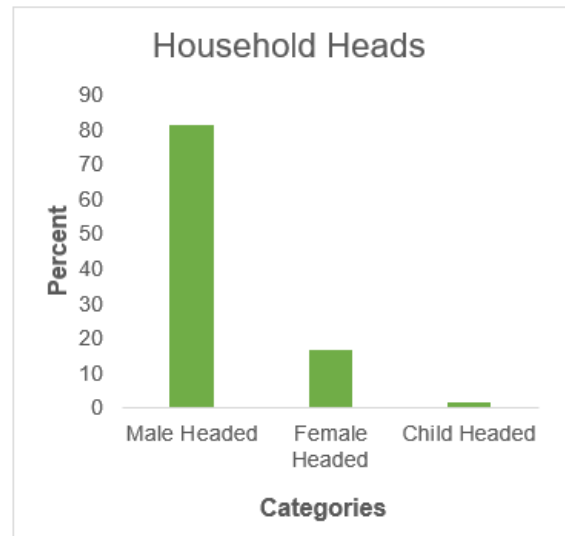


Figure 2: Category of household head

3.2.7 Differently Abled Persons

There are differently abled persons with their disabilities changing from one person to the other. The households with people with disabilities were 36 representing 21.7% while those without people with disabilities are 130 representing 78.3%.

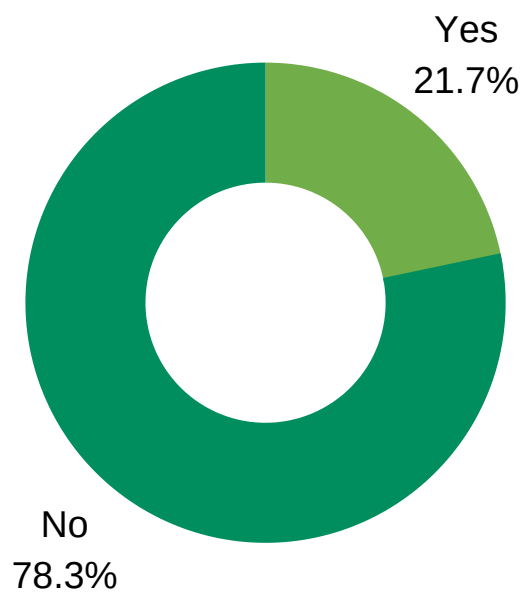


Figure 3: Differently Abled Persons

3.2.8 Occupation/ Economic activity

Most households have no income generating activities. The few that practice farming do it for purposes of subsistence.

The majority farmers and these, 45.2% carryout mixed farming (crops and animals for subsistence use) while the crop framers constituted 17.6%. The smallholder business owners make up to 22.3% whereas the civil servants (5.2%) are the least prevalent professionals within

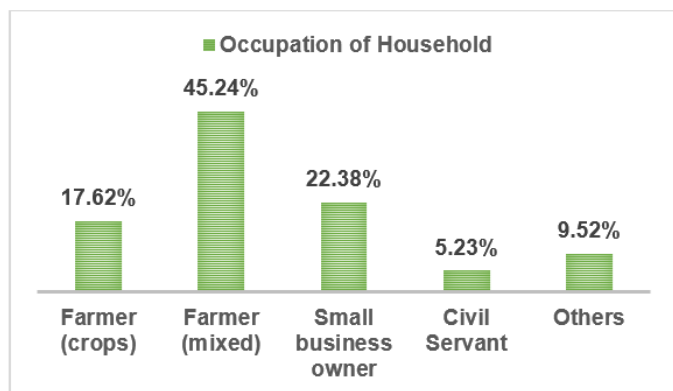


Figure 4: Economic Activities

3.3 FOOD & NUTRITION PRACTICES

3.3.1 Sources of food

The common sources of food are markets and gardens. The households that get their foods from markets were 49.6%, similar to those that obtain their food from Gardens while those that get some of their food (wild foods) from bushes and forests were only 0.6%.

Figure 5: Food Sources



3.3.2 Types of crops grown and consumed

These include but not limited to maize, millet, g-nuts, sweet potatoes, vegetables, cassava and matooke.

3.3.3 Land ownership at household level

Majority of household own land and it is mainly used for agriculture. Those that own land are 128 representing 77.1% and those that do not own land are 38 representing 22.9% by household heads who are the male gender. Some land is jointly owned. There is also land that is rented for farming.

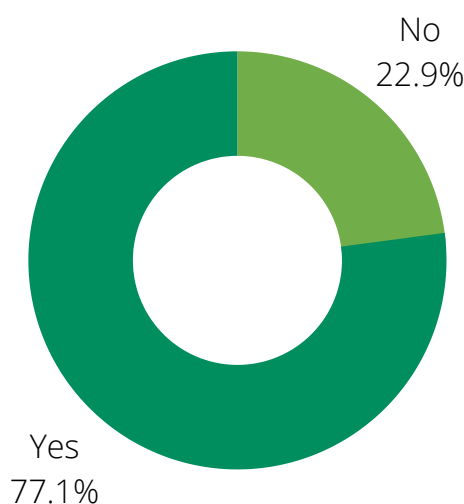


Figure 6: Land Ownership

3.3.4 Ownership of land used for growing crops and rearing animals

Most of the land (48.2%) is owned by household heads only, 17.5% of the correspondents that own land are household spouses, 10.8% are family members that own land and others are 23.5%.

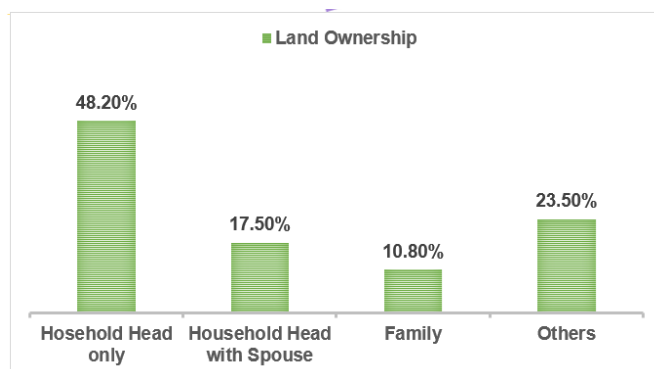


Figure 7: Ownership of land used for growing crops and rearing animals

3.3.5 Decision making regarding crop growing and animal rearing at household level

Decisions on what is planted and when relies in the hands of the household head with only a few households having a joint decision. In line with household decision making, the survey discovered that 67.5% of the decision are made by household heads jointly with their spouses. 24.1% of the decisions are made by household heads, 1.8 of the decisions are made by household heads with input from the family members and 6.6% of the decisions are made by others.

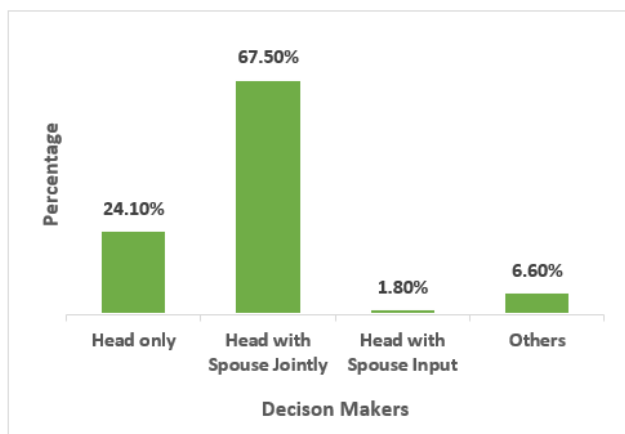


Figure 8: Decision making at Household level

3.3.6 Type of Food storage Facility

This was aimed at understanding the state of household storage facilities and how they preserve food stuffs after harvests. This informs us about household food security in eastern Uganda. According to USAID, the causes of food insecurity are multifaceted, often a result of poverty, landlessness, high fertility, natural disasters, high food prices, and lack of education. Gender inequality worsens food insecurity. Storage facilities in eastern Uganda storage facilities are either permanent or temporary. And these are owned by a privileged minority. Food security is a challenge that cannot be overlooked, with the changing seasons and no guarantee of enough harvest, lack of storage facilities in households' means starvation in the near future.

The survey discovered that 76.5% of the correspondents owned a storage facility while 23.5% didn't own one.

Of those that owned one, majority of Respondents (74.7%) had some form of food storage, however, households that own temporary storage facilities are 54.8% that are prone to food wastage through bad weather and vermin losses, those that own permanent facilities are 17%, 4.8% own traditional Granaries while 23.5% do not own any form of food storage facilities.

Table 6: Food storage structures

Food Storage Type	Frequency (N=127)	Percent (%)
Granary	6	4.7
Permanent Storage	22	17.0
Temporary Storage	70	54.8
No storage facility	30	23.5

3.4 DIETY AND NUTRITION TABLE

3.4.1 Protein Foods

With reference to the foods that Households feed on, there is relative knowledge about the sources of the proteins. The major source consumed by the communities across all the villages are beans. These are consumed as either sauce or supplements for breakfast and lunch meals.

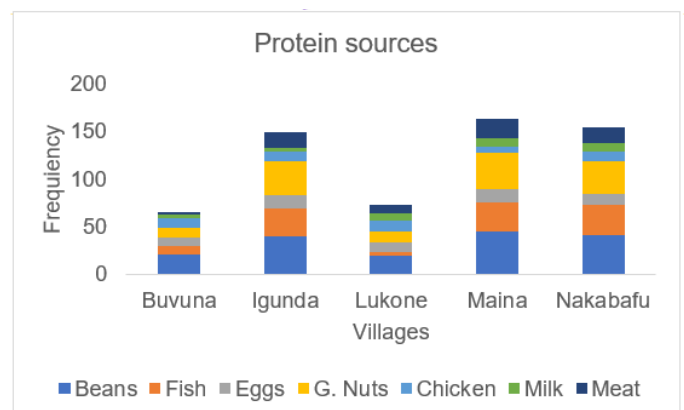


Figure 9: Protein sources within the communities.

3.4.2 Carbohydrate Foods

Among the Cereals, Posho (Maize) was reported as the most common food type that doubles also as a source of carbohydrates to the communities. These are readily available during harvesting seasons as they are locally cultivated by the communities.

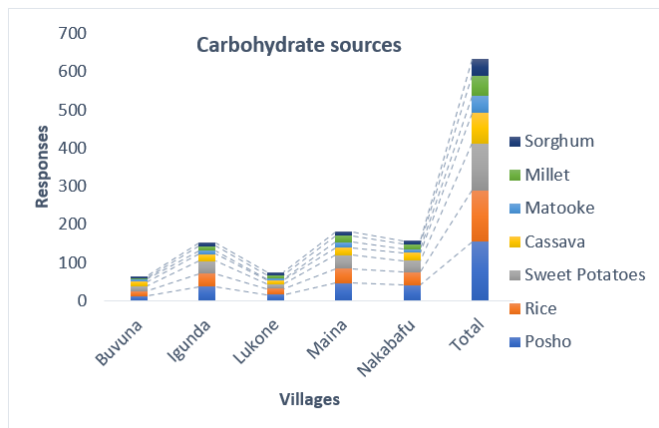


Figure 10: Carbohydrate sources

3.4.3 Vitamins

Among the vitamin foods consumed by the locals, below are common foods consumed by households in the sampled Mayuge District, Eastern Uganda.

For all the Villages, Mangoes and jack Fruits are the most common source of Vitamins consumed by the local communities. It should however be noted that the availability of many of these fruits is greatly affected by seasonality an implication that some periods of the year, their availability is not guaranteed hence the need for exploiting other sources.

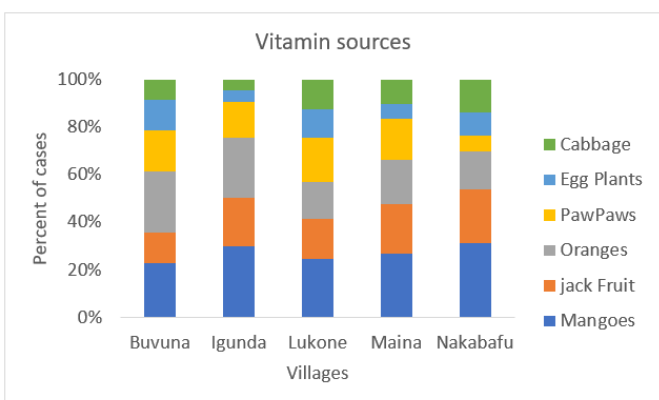
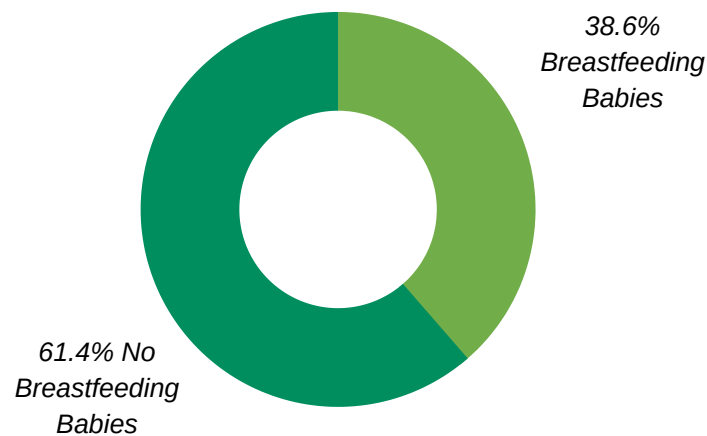


Figure 11: Vitamin Sources

Breastfeeding babies

Very few households have breastfeeding babies. According to the survey, 61.4% of the households don't have breastfeeding babies while 38.6% have breastfeeding babies.



3.4.4 Feeding habits for people with disabilities

Very poor feeding habits are existent amongst people with disabilities because they receive little attention from their caretakers but also the high poverty levels leave them with little or nothing at all to eat.

These habits as seen from the survey range from interested in feeding and these were only 36.7%, those who are not very interested in feeding for some reasons represented 33.3% and those that were somehow interested in feeding represented 30%.

FEEDING HABITS OF DIFFERENTLY ABLED PERSONS

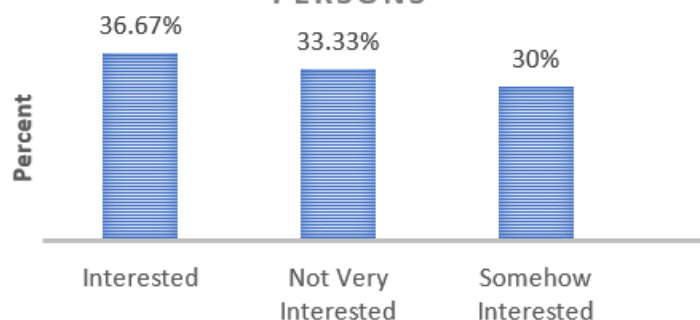


Figure 12: Feeding habits of differently abled persons

3.4.5 Awareness about Malnutrition in Households.

While the causes of malnutrition could be poverty which doesn't allow access to food but also only a few types of foods are grown. Other causes include but not limited to poor eating habits, physical and mental health, difficulties in obtaining food and poor/loss of appetite.

Although the most cost malnutrition cases are kwashiorkor, marasmus, severe acute malnutrition, rickets, anemia, and diarrhea diseases like pneumonia and sickle cells are contributing factors to the cases of malnutrition, many households in Mayuge have no knowledge on malnutrition

In the villages that we visited, people are not aware of malnutrition and from the survey the vast majority were not sure of whether they have ever had any cases of malnutrition in their households and these represented 92.2%. Those that were sure that they have ever had any cases of malnutrition represented 7.8% of the total correspondents.



Figure 13: Malnutrition Awareness

Malnutrition diseases in the household

The drivers of malnutrition include child bearing at an early age as shown by the USAID that 54 percent of adolescent girls had begun child bearing at the age of 19. High fertility levels which strain family resources. Clean water and sanitation, high disease burden especially diarrhea and malaria and poor infant and young child feeding. Most households are ignorant about malnutrition and its causes.

3.4.6 Rating Household Feeding Practices

The rate of household feeding practices is poor in most households. The rate was categorized into 3 and According to the survey results, 13.9% of diets were very balanced, 52.4% of the respondents' diets were quite balanced and 33.7% of the respondents' diets were not balanced.

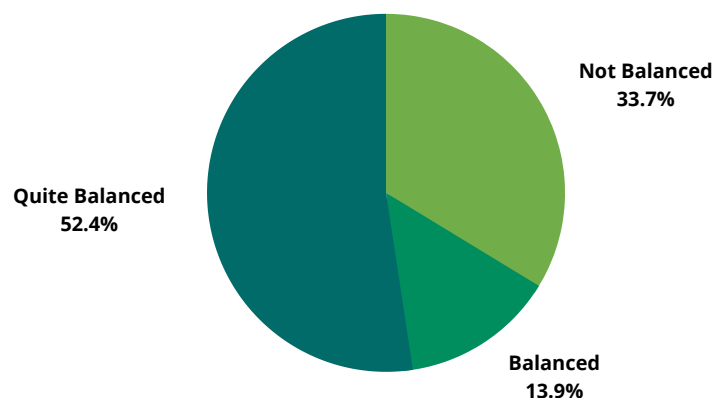


Figure 14: Rating Household Feeding Practices

3.5 WASH PRACTICES

3.5.1 Sources of water

The sources of water are wells, springs with very few having piped water. There are many sources of water which include rain water, borehole, running water wells springs/swamps and piped water. According to the survey, most respondents (41.3%) obtain their water from the available Boreholes, 33.3% of the correspondents get their water from rain, 2.2% from running water, 18.4% from wells and springs and 4.7% from piped water.

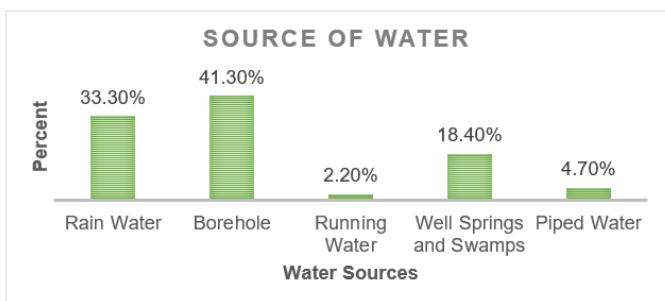


Figure 15: Water sources

3.5.2 State of Drinking water

It is alarming how majority drink water directly from the source for example wells. Very few drinks boiled water. The survey discovered that only 4.8% consume treated water, 6.6% consume filtered water, 17.4% consume boiled water and 71.1% drink directly from the water sources.

There are a number of water sources available to the communities to meet their perceived water needs ranging from mainly Rain water and Boreholes or shallow Underground Wells. It is alarming how majority of the communities (72.3%) drink water directly from the sources for example wells without any form of treatment. Very few drinks boiled water represented by 16.2% of the communities.

Table 7: Type of Drinking Water used within the communities

Type of Drinking Water	Frequency	Percent (%)
Boiled	27	16.2
Filtered	11	6.7
Treated (Chlorine)	8	4.8
Un-boiled	120	72.3

3.5.3 Access to water source and Ownership

People have to walk very long distances to and from the wells only to access water. This was categorized into very easy access and this was true for only 44% of the households 30.7% found it somehow easy to access water while 25.3% found it very hard to access water sources.

While Water sources are supposed to be communally owned and accessed by everyone, this is not necessarily true for Mayuge district. The survey discovered that 97% of the sources are communally owned and 3% are owned and controlled by individuals. This allows access to everyone.

Figure 16: Ease of Access to the Water Source

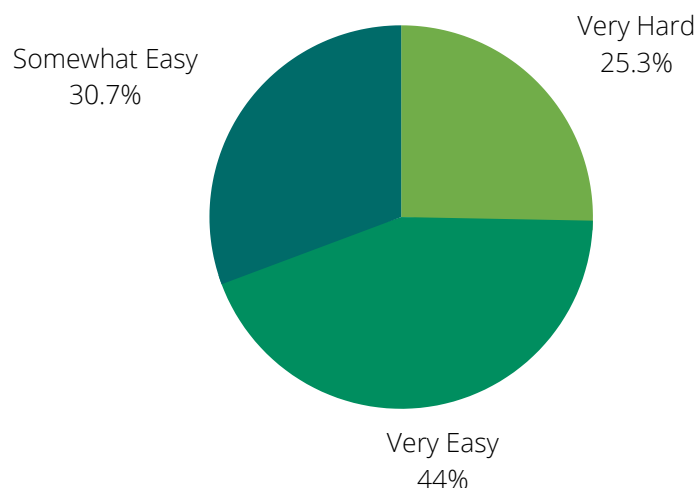
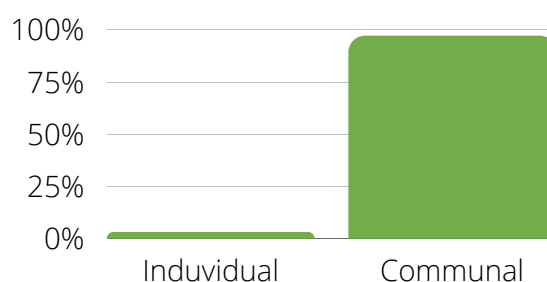


Figure 17: Water Source Ownership



3.5.4 Water storage facilities

Water is stored in pots and jerry cans. 6% of the correspondents store their water in tanks, 92.4% store their water in jerrycans while 1.6% accounts for people who store their water in pots, buckets and the like. Water is mostly stored in pots and jerry cans (Over 90%). Large storage tanks are rarely used by the communities to store water. This is greatly attributed to the cost and affordability barrier experienced by the communities.

Table 8: Water storage

Water storage	Frequency	Percent (%)
Buckets	1	1
Jerrycan	90	54
Jerry and Pots	62	37
Jerrycan and Tank	4	2
Pots	4	2
Tank	5	3

3.6 SANITATION AND HYGIENE PRACTICES

3.6.1 Access to a sanitation facility/toilet

Access to a toilet or latrine is still a challenge to the vast majority. While others share with the neighbor's, others use bushes to help themselves and this is a threat to health. The most dominant sanitation facility is ordinary pit latrines that are evenly distributed throughout the villages.

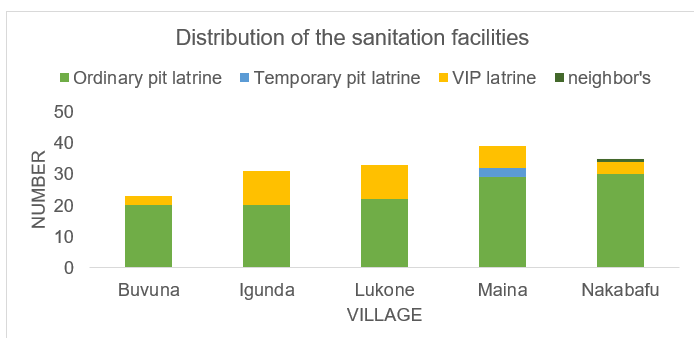


Figure 18: Access and distribution of the sanitation facilities

The most common type of latrine is the temporary one. On top of access the type of latrine was very crucial for this survey. It therefore discovered that 72% own ordinary pit latrines, 21,7% own VIP latrines while 5.4 use neighbors' toilets, public toilets and open disposal.

3.6.2 Presence of a hand washing facility

This is key to ensure hygiene and sanitation in the household. There are also standards operating procedures to follow during the COVID-19 pandemic. It was hence discovered that 71.7% have hand washing facilities while 28.3% don't have one.

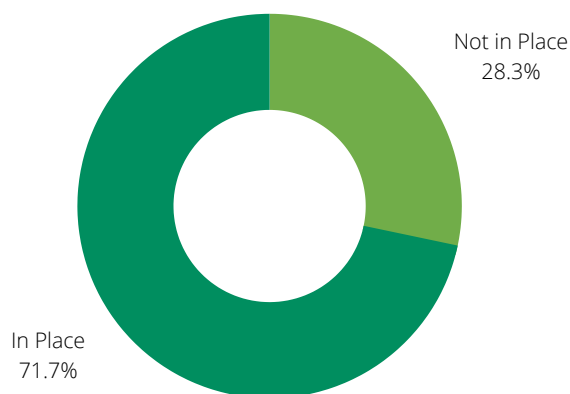


Figure 19: Availability of Hand Washing Facilities

3.6.3 Availability of Kitchens/ Meal Preparation Facilities

Quite a number of households have dedicated places for meal preparation. 76.5% of the households have dedicated kitchens for food preparation, 20.5% use open spaces while 3% use others which includes temporary spaces and inside the house.

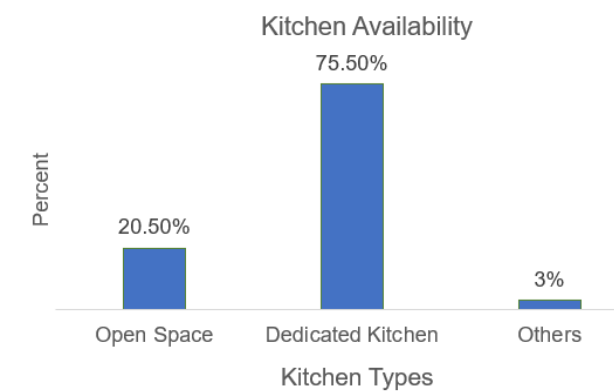


Figure 20: Availability of Kitchens

3.6.4 Household waste disposal

There are a number of ways in which the people of the Mayuge district dispose their house wastes. They include gardens, rubbish pits, burning among others. There are different avenues in which households dispose their wastes. They include burning which accounts for 23.5%, rubbish pits account for 60.2% and others which include gardens and open dumping which account for 16.3%.

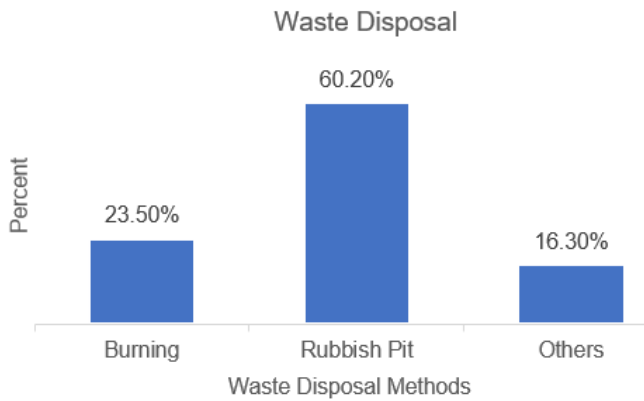


Figure 21: Waste Disposal

3.6.5 Presence of a utensil stand

Only a few households in Mayuge district own a utensil stand to allow them dry their utensils after washing them. 61.4% have a utensil stand while 38.6% do not have.

Figure 22: Availability Utensil Stand



3.6.6 Bathing place

In the five communities of Mayuge District, a bathing place is not considered a necessity this is evidenced by the majority of households using open space or the bush to bath. This could also be because of their financial

situation which cannot allow them to have the same. This is evident from the fact that 86.7% of the households own a bathing place while 13.3% do not own one.

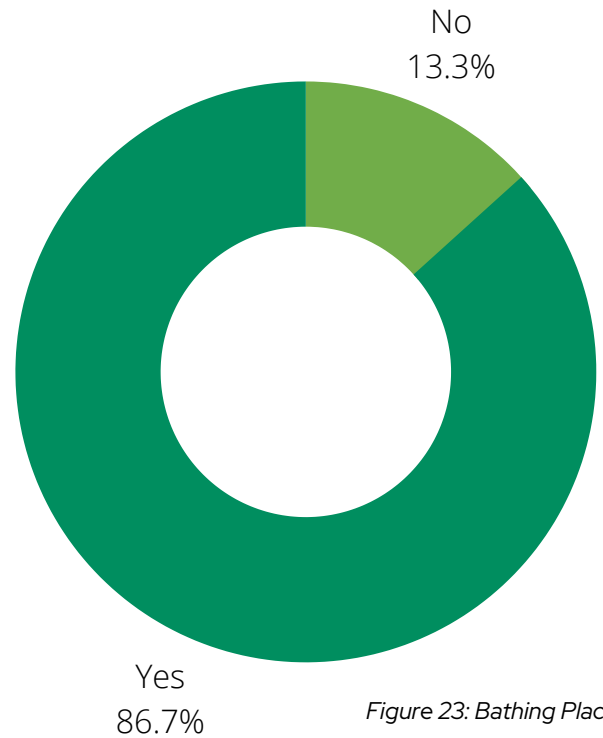


Figure 23: Bathing Places

Type of bathing place.

Most (54.8%) of the households own a permanent bathing place, 12% use open spaces for bathing and 53.1% own temporary bathrooms.

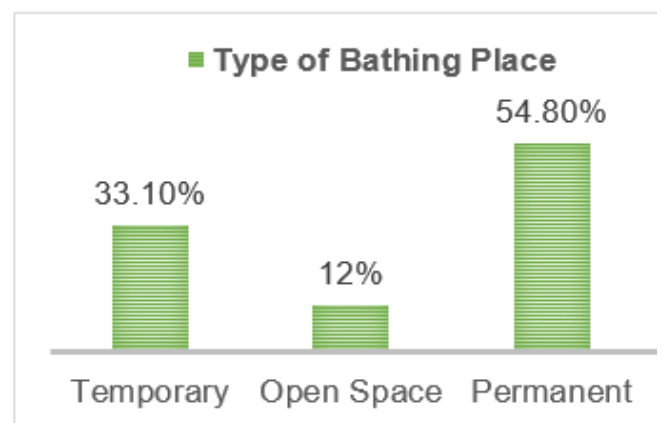


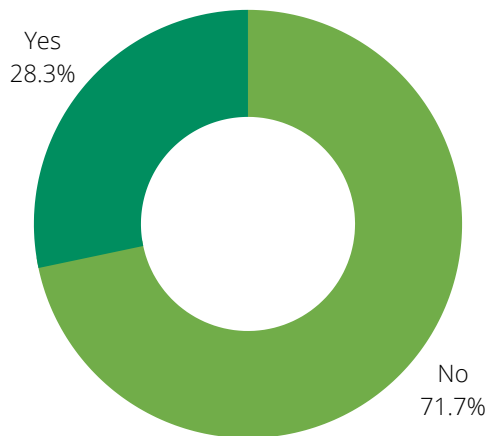
Figure 24: Types of Bathing Places Owned

3.7 ACCESS TO SOCIAL ECONOMIC AND FINANCIAL SERVICES FOR INVESTING IN FOOD, NUTRITION AND WASH PRACTICES

3.7.1 Community training in food nutrition and wash practices

Only a handful of households have ever received training on food and nutrition practices which were of a little help in changing the health and live hoods of these families. It is however noted with pleasure that lessons were learnt from these trainings however much they were of little help.

Figure 25: Training conducted in Food and Nutrition



In line with the above, 28.3% consent that they have ever received training in food nutrition and wash practices while the 71.7% being the majority have never.

3.7.2 Access to financial services

Only a few households have access to financial services which are key to good living and access to basic needs. This is mainly because only a handful of communities have income generating activities. The survey discovered that 50% access financial services through VSLA/SACCO, 4.8% from microfinance banks, 1.2% from commercial banks and 44% from other means.

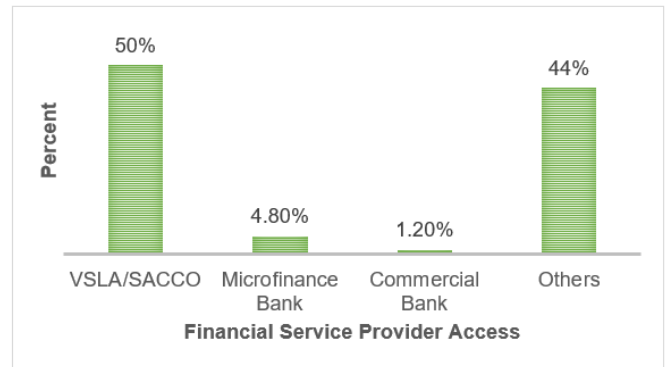


Figure 26: Access to Financial Services

Benefits from the above financial services

Various benefits have accrued from access to the above financial services and these include but not limited to those who constructed houses which account for 8.4%, those who purchased land accounting for 3.6% and those who started new businesses account for 16.9% and others which include paying school fees which accounted for 71.1%.

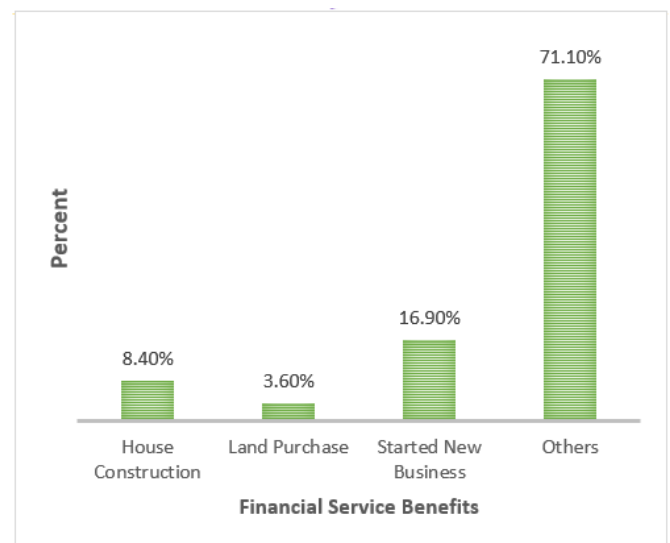


Figure 27: Benefits from Financial Services

3.7.3 Access to health services

While it is easy for a few households to access health services, it is luxury to the vast majority because of the long distances they have to walk to get to these health centers. Private health services are not a question because people cannot afford them.

According to the survey, only 20.5% found it very easy to access health services, 46.5% found it very easy to access health services and 33.1% found it very hard to access health facilities.

3.8 RESULTS FROM THE SCORE CARD

Out of the total numbers of respondents (166), only five (3%) Households had a score greater or equal to 50%, which is the average score. These are selected as the model households with the best performance pertaining the Food, Nutrition and WASH Practices within their respective Villages.

Table 9: General score by the respondents

Village	Above Average Score (Number)
Igunda	3
Nakabafu	1
Maina	1
Buvuna	0
Lukone	0
Total	5

CHAPTER 4: COMMUNITY VOICES ON STUNTING ISSUES

4.1 Communication from the Local Communities

"When I was appointed as the Chairperson of this village, the sanitation and hygiene in this village was not good as locals were defecating everywhere especially in plantations and roadsides. When it rains, all these could be washed to the nearby water sources. With the help of WDF and other Partners, collectively we have done a good job to teach our residents on proper hygiene and self-care."

Menya Nathan – LC 1 Chairperson, Igunda Village, Imanyiro Sub-county, Mayuge District.

"I am so grateful for this program of the Right2Grow that is being implemented by Wimat Development Foundation (WDF) in our district. Many households herein have limited access to toilets, and end up inconveniencing those who have as we are staying in town where the council is still reluctant to build a dedicated Public Toilet to serve the town dwellers who have no latrines at their places of residence as many are just tenants. My plea to donors and decision makers is to extent support towards such projects to ensure maintenance and provision on community based public toilets that can serve those who don't have them."

Monica Nakawuma, Counselor – Mayuge Town Council, Mayuge District

"Due to the COVID-19 pandemic, many people in my neighborhood have no access to a hand washing facilities. This need cannot be under looked as many people visit washrooms but later go away without washing their hands yet there are germs that cause intestinal complications that affect many people

unknowingly. There is still need for timely sensitization in my community in line with WASH practices as the time is not yet too late. Even with this support by various players, a lot more is needed for the many households to cope-up with the new trend of constant lockdowns and covid-19 control."

Bogere Vincent, Resident, Nakabafu Village, Mayuge Town council, Mayuge District.

"Malnutrition threatens to destroy a generation of children in Uganda as many people are not yet aware of such trends in their own households' occupants. According to UNICEF, more than one third of all young children 2.4 million are stunted. Yet these issues don't segregate whether poor or wealthy family, children are malnourished for similar reasons that we under-looked yet they are key in transforming lives. In the communities that we reached out to, many women tend to get pregnant when still young and end having low birth-weight babies, which predisposes children to malnutrition after birth. Repeated childhood infections such as diarrhoea and low breastfeeding rates also lead to wasting and stunting yet many household members in various communities are either too poor, or do not know how, to give their children a healthy diet."

Sharon Atuhairwe, Nutritionist, Wimat Development Foundation

"I am widow heading a family of 8 people, a mixed farmer and I own the land that was left in my care after my husband's death. It has not always been easy to take care of the household

due to the fact that my husband passed on and life has been challenging more so when having this child with a mental disability as well as in terms of taking care of the household's needs. Some of the challenges we face as the household while accessing good food, nutrition and WASH include; insufficient knowledge on Food, Nutrition and wash concept, low household income, my vulnerability as the household head (widow), no access to financial services and this situation has been exacerbated by the Covid-19 pandemic where the household is starving and has low access to food but I have been able to cope up with all these through farming. At the community level, we have been limited by the low access to water since we only have one borehole that is used by the entire village, low sensitization by the community leaders and the traditional beliefs and customs towards WASH practices for example; drinking water. The message I give to the community leaders and other government officials is to ensure that the village has safe sufficient supply of water and are aware of the key approaches in accessing good food, nutrition and WASH practices."

Ms. Kalikumadi Ruth a resident of Igunda village, Imanyiro Subcounty, Mayuge district.

CHAPTER 5: CHALLENGES AND RECOMMENDATIONS

5.1 CHALLENGES FACED

- It is evidently clear that Uganda's national approaches on nutrition and WASH have grown both in number and resources. There is a better understanding on what constitutes good practice and an increasing element of knowledge on how to better institutionally manage these national approaches and programs.
- However, the factors that are diminishing the relevance of having sustainable nutrition and WASH programs are numerous and significant. To this conclusion, WDF identifies seven cross-cutting issues:
- The increasing number of hybrid dynamism such as COVID-19, juxtaposed with the uneven and patchy coverage areas by the National and CSO nutrition and WASH systems, and weaknesses in current analytical methods, means that our real understanding of the burden of understanding these trends in many places is limited. There exists a current inability of systems and approaches to better address this knowledge deficit is of concern.
- Weaknesses in linking local contexts and National policies (and vice versa) are still prevalent in most areas of Mayuge. Whereas there is a better understanding of how such links can be made (i.e. through the institutional positioning), this understanding is not often put to use.

5.1.1 Household Level

- With the strict measurements put in place by government to curb the spread of the COVID-19 pandemic like travel restrictions, schools' closure, curfew among others. Families' incomes have greatly been affected as well as literacy levels.
- Poverty with low income levels and little or no access to financial services, good food, and nutrition and wash practices are a challenge to most families which affects their overall health. Unemployment and harsh business environments for startups mean there are limited opportunities for young women and men to get involved in.
- The other challenge was laziness. The high poverty levels have been abled by citizens' poor attitude towards work which grants them little or no access to basic needs for example food and health services. The desire to have white collar jobs and be job seekers has worsened the already alarming situation.
- Similarly, the prolonged drought has affected the agricultural productivity. Coupled with little or no food storage facilities, food insecurity is still a challenge in these communities.

5.1.2 Community Level

- The literacy levels and awareness in these communities is still a big challenge. Fueled by poverty, access to quality education is a luxury to many families in the eastern parts of Uganda. With schools closed due to COVID-19, we worry that the literacy levels will decrease further due to the pandemic. This has affected the food, nutrition and wash practices in the area.

- Access to water sources, this has affected hygiene and sanitation. While a few families have tapped water, most families have to walk long distances to get water sources like wells and springs which they share with animals. Most families also drink water directly from the wells and springs due to traditional beliefs.
- While the government has passed a number of initiatives aiming at creating jobs and improving household incomes of Ugandans for example presidential initiative on wealth and job creation (Emyooga) and parish model, it has been exceedingly difficult to implement them due to corruption making these funds inaccessible to the target groups.

5.1.3 Institutional Level

- Limited financial resource allocation to the budget affecting
- Late release of funds by the funders. This affected the smooth running of the project more especially in the first days.
- Question interpretation of the research questionnaire by the respondents, which affected the quality of the work collected.
- Time dedicated to learning was limited because the program was scheduled for a short period of time.

5.2 RECOMMENDATIONS

Following the assessments by WDF, towards Nutrition and WASH activities, Nutrition and WASH systems, mechanisms now need to strengthen themselves in two ways:

- First, conduct a knowledge audit: what is known, what is not known, and what can never be known.
- Consider the concept of 'hybrid Nutrition and WASH related dynamics', the need to ensure that analytical methods and the

response toolbox designed by WDF is adequate for dealing with not only local contexts, but also feed into sub national and National dynamics as well as policy adjustments on nutrition and WASH systems in Uganda.

- Consider whether National level multi-sectorial Nutrition and WASH programs focuses have to be supplemented with approaches to understand and respond to local-level inputs to support sustainable nutrition and WASH systems.
- Based on WDF report findings, Nutrition and WASH need much focus on strengths to increase access to safe drinking, improved sanitation/hygiene practices, access to nutritious foods and seek enhanced capacity in important areas of weakness.
- Second, there is need to determine what value-added nutrition and WASH programs can provide to inform decision makers. Does it involve giving a ground-truth narrative, evidence base advocacy, analyzing how soft power is used to determine related trends, and what dominant community narratives.
- Provide an analysis of the personal, institutional, and political dynamics behind decision-making as well as assist in the interpretation of mis- and disinformation in violent conflict situations.
- Assess how narratives are constructed to influence the crafting of responses to the contextual understanding of nutrition and WASH as well as monitor the impact of implemented programs at all levels.
- Critically, the relevance of both Nutrition and WASH programs hinges on their ability to identify and seize windows of opportunity for community flourishing. This fundamental blind spot and weakness must now be addressed.

CATEGORICAL RECOMMENDATIONS

5.2.1 Household Level

- There is need for urgent sensitization and awareness about the impact of covid-19 at community level.
- Backyard and Mixed farming as well as crop diversification for both commercial and subsistence purposes to provide balanced diet for households and sustainable income to fight poverty.
- Increase utilization of safe and nutrient dense plant, fisheries and animal source foods.

5.2.2 Community Leaders

- We highlight the relevance of keeping demonstration grounds to ensure continuity of initiatives and also to provide reference learning points for communities for example demonstration gardens.

5.2.3 District Leadership

- There is need to increase awareness on government initiatives on wealth and job creation in rural areas to ensure that benefit the targeted groups.
- Develop a functional nutrition and WASH database at the district level. This is vital track progress but also to identify gaps and address the accordingly.
- Establishment of communal water sources to increase access to clean and fresh water.

5.2.4 Local Council

- Close monitoring of communal water sources to ensure cleanliness and dependability of the same.

5.2.5 Partners

- Conduct resource mobilization events to accumulate enough funds that can efficiently run nutrition projects in affected communities.

5.2.6 Donors

- Increase funding for sustainable nutrition sensitive and specific projects but also their close supervision and monitoring to enable sustainable development and self-reliant communities.

5.2.7 Government Level

- There is need to promote access to nutrition sensitive services for example mobilizing communities on sustainable use of wash services and increase provision of adequate safe drinking water sources in communities and public places.
- There is need increase government budget to the health sector to aid help curb malnutrition in communities. To increase availability and access to quality health services. Increasing management and organization of health services.
- The need for implementation of a district-based, integrated package of quality food, nutrition, and WASH interventions in targeted districts with priorities set on scaling-up and strengthening implementation of the high impact evidence-based packages; strengthening community-level interventions to increase demand and uptake of health services.
- Conduct annual food security, nutrition assessment and nutrition governance assessments.

CHAPTER 6: Conclusions

- The main conclusion drawn is that despite significant progress since the 1990s, there are a number of deficits that are diminishing the overall localized contextual understanding of the relevance of Nutrition and WASH programs in Uganda.
- With regards to this survey, there is generally some level of understanding the food, Nutrition and wash Practices, however, the level of adoption and conceptualization of these is still constrained by a number of factors that can be improved through community empowerment programs such as training and poverty alleviation programs.
- Conclusively, this report has explored whether nutrition and WASH programs are still relatively important in ensuring societal tranquility by charting and exploring debates and challenges.



Contact

LEARN MORE ABOUT HOUSEHOLD MAPPING ON FOOD, NUTRITION AND WASH

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