



BERNARD VAN LEER FOUNDATION

UGANDA STRATEGY SUMMARY

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Overview

Each of the three strategic goals of the Bernard van Leer Foundation (BvLF) has a clear range of manifestations affecting young Ugandan children. The three goals in Uganda are:

1. Reduced mortality and morbidity among young rural children growing up in unhealthy physical environments.
2. Reduced violence in families with young children in rural areas.
3. Young children (0–6 years) in rural areas spend their days in safe and stimulating environments near their homes.

The BvLF Uganda programme involves working at the national, district, community and household levels simultaneously. All three goals are being pursued in an integrated fashion in four focus districts located in the north (Apac and Nakapiripirit) and east (Soroti and Kumi) of the country – the most marginalised regions. The district focus is then combined with complementary activities in the areas of communications and advocacy at the national level.

Given the integrated nature of the programme, there are many strategies that address more than one goal. The BvLF Uganda Strategy addresses the three goals in a way that recognises that much of young children's experience in Uganda is closely related to extreme poverty. It builds from support for families' food and income security, which reduces family stress, allows people to organise, helps alleviate hunger, and gives caregivers more time to be with their children. It then targets basic needs related to the physical environment (such as water and sanitation) through a community organising approach; this is combined with lobbying and advocacy to complement local efforts. Recognising, however, that it is not enough to make the necessary facilities available, the Strategy also addresses hygiene practices (along with other child-rearing issues) through support for village health teams, and capitalises on this existing structure to bring key early learning content directly to parents in the home, rather than through centres, since the latter would require untenable investment in infrastructure. Layered across all of this is a communication strategy which is designed to operate nationally while working through focused community outreach and dialogue in the selected districts; this approach aims to open a dialogue and influence social norms about taboo issues like violence and gender relations.

Each of the specified goals is explained below, followed by an overview of the outcomes and strategies that address them.

Goal 1: Reduced mortality and morbidity among young rural children growing up in unhealthy physical environments

Up to 75% of the disease burden in Uganda is linked to poor personal hygiene and inadequate sanitation. This is a major factor in Uganda's national mortality rate for children under 5, of 135 per

1000 live births – a figure which increases to 200 per 1000 in parts of the northern region. Diseases directly associated with poor environmental health, such as diarrhoea, pneumonia, meningitis and tetanus, are the greatest killers of newborns. The aspects of the physical environment we find most critical to improve include:

- access to safe water (one-third of all households have no access to safe water sources and 28.4% of people walk over 1 km to obtain water, where the average wait time is 28 minutes)
- sanitation (85.8% of the population use pit latrines and nearly 11% have no toilet)
- hygiene practices surrounding these issues.

We elected to focus on rural areas because that is where 90% of young children (9.6 million) are living.

In addition, we believe that addressing this goal will provide a strong foundation for our work in violence reduction and early learning, because we know that high child morbidity is an impediment to success in both areas.

Goal 2: Reduced violence in families with young children in rural areas

Violence in the family is the most prevalent form of violence experienced by young Ugandan children. This refers both to situations where they are witness to intimate partner violence within their homes and to circumstances where they are direct victims of violence. The effects on children are similar in both cases. We elected to work in rural areas because the rates of violence were higher and because that is where 90% of young children (9.6 million) live. With regard to intimate partner violence, over 70% of women and 60% of men, aged between 15 and 49 years, were said to accept that a man could beat his wife and 70% of rural women (54% of urban women) who had ever been married reported having experienced physical, sexual or emotional violence by their intimate partner. If we assume that young children and 'ever-partnered' women are affected at roughly the same rate (violence is more likely to occur in homes with younger children), then we can estimate that 6.7 million rural children under 8 have been witness to violence against their mother. Smaller studies, including those commissioned by the Foundation, suggest that the prevalence of violence against children is even greater in magnitude. The most common forms of violence against young children include caning, slapping, pinching, kneeling, burning, humiliation and denial of food.

Goal 3: Young children (0–6 years) in rural areas spend their days in safe and stimulating environments near their homes

Uganda is still struggling in primary education with an 80% net attendance ratio, and in pre-primary education, where 90% of children under 6 are not in any form of early learning-related service. The majority of those who are enrolled are wealthy, urban and in private schools. Despite the fact that the thrust of the current government policy is on centre-based pre-schools, we have elected not to

put our efforts there because it has a *de facto* effect of excluding the rural poor and children under 3, and because it does an inferior job of addressing learning and nutrition in an integrated fashion. This is important given that 38% of children under 5 are stunted, 6% wasted, and 16% underweight. We have therefore elected to focus our efforts on a home visiting approach that integrates early learning content into the work of village health teams who represent a cadre of more than 200,000 volunteers. Given the limited work on this issue on the ground, we have chosen not to pursue a major scale-up at this time, but rather a focus on selected districts where we are also addressing the other two goals.

Outcomes and strategies

The following is a list of outcomes for the Foundation's Uganda programme and the strategies planned for their achievement at various levels. These outcomes and strategies address all three goals in an integrated fashion.

Improved food and income security

Strategies to achieve this outcome include:

- 1 Access to credit for the rural poor (district level).** BvLF may partner with international NGOs who can bring in funds to complement our investment and are already working on these issues. We may also partner with the UNDP to support a local microfinance NGO and expand credit for poor rural women.
- 2 Strengthen agriculture (district level).** Invest in local sources of water. Rainwater harvesting and boreholes enable families to grow their own food and sell their surplus for income. We may bring in expertise from Brazilian grantees to teach permaculture farming using biodegradable waste material. Based on lessons from our work with a local NGO we also need to involve the Ministry of Agriculture's extension workers in order to be successful in this area.

Improved access to water and sanitation facilities

Strategies to achieve this outcome include:

- 3 Community organising for water and sanitation (district level).** Help communities access information about public expenditure and service provision, and accompany them through the process of making demands for public services from their local governments. There has been prior success in obtaining basic health services.
- 4 Lobby for water and sanitation (district and national levels).** Help communities lobby around water provision. Approach other donors who are major funders in this area who together have provided an average of US\$16 million per year over the last 3 years. These strategies would

complement work on community organising which gives local people a voice at higher levels of decision making where major resource allocation takes place.

Improved knowledge about waste management; improved adherence by individuals and families to community and public agreements on (human and garbage) waste management; increased funding for the integration of early learning and group work into village health teams

Strategies to achieve this set of outcomes include:

- 5 Demonstrate the effectiveness of integrating early learning into the home visiting work of village health teams (district level).** Revive the structure of village health teams, with the World Bank and other international donors, and integrate early learning content into their home visiting work. This would allow the village health teams to bring an integrated set of messages to groups of parents, concerning hygiene and sanitation practices, nutrition and health, and early stimulation. Test this in a sample of sites and conduct impact evaluations while also testing locally sustainable methods of compensation for village health workers, such as trading their services to the community for access to credit.
- 6 Communicate and lobby to promote investment in integrating early learning into the home visiting work of village health teams (district and national levels).** Once we have tested this approach, we need to make a decision about whether it should be promoted more broadly in a way that can be sustained. If results are positive, we can build a strategic advisory group consisting of major potential to further the agenda.

Widespread awareness and acceptance that violence against all children, women and men is unacceptable; widespread awareness of state laws against violence in the family; establishment and enforcement of community by-laws against violence in the family

Strategies to achieve this set out outcomes include:

- 7 Communications and community dialogue (district and national levels).** Overlaying the strategy is a set of grants for communications at the national level with outreach activities to spark community dialogue in focus districts. It is intended predominantly to change social norms surrounding issues such as gender relations, violence in the family, child rearing and early learning. The strategy draws heavily on the use of indigenous knowledge and a sense of collective responsibility for Uganda's youngest citizens. BvLF can co-fund conduct media campaigns to involve men and boys in the campaign against violence in the family, and work with local NGOs involved in community radio (like our grantee ABC Ulwazi in South Africa) and development theatre to organise town hall meetings, public service announcements and discussion groups for mother and fathers.

Evaluation

On a continuous basis, BvLF will conduct evaluations of many of our individual grants, clusters of grants intended to work in tandem, and our overall strategy. The following is an outline of how we will go about measuring change around goals and key outcomes.

At the goal level BvLF will track outcomes for the child and the family through a **household survey of a representative random sample of communities in the four focus districts**, complemented by public data where available. Every effort will be made to use available data wherever possible in order to minimise the burden on families of participating in surveys. This activity should cover variables including child nutrition, mortality and morbidity, access to water and sanitation facilities, hygiene and waste management practices, prevalence of intimate partner violence, prevalence of violence against children, social beliefs around violence and gender relations, awareness of state laws on violence in the family, food and income security, and play and learning patterns among children. It will be supplemented by **focus groups** to help interpret the results and a **limited public opinion survey** at the national level to gauge norms more broadly, both among the average citizen and among power brokers and politicians. Lastly, we will **track funding for village health teams and the integration of early learning into these teams**. This needs to be done in a way that distinguishes between funding which is oriented toward a sustainable system and funding which is short term and donor dependent.