



BERNARD VAN LEER FOUNDATION

DRAFT UGANDA STRATEGY

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I. BACKGROUND

Uganda is a landlocked country, covering an area of approximately 241,550 square km, of which 41,743 square km is water and swamps. It has a population of 33.4 million people (2010 estimates) who live in 80 districts (soon to be 111, decision is pending at cabinet level) across 4 administrative regions: Central, Eastern, Northern and Western. The population is evenly spread across the four regions, each of which has roughly between 7 and 8 million people, with an average density of 135.7 people per square km. Compared with its East African regional neighbours (Kenya and Tanzania), Uganda is behind in most key measures:

Country	HDI Ranking	GDP in USD billions (2009 estimates)	GDP per capita USD (2008)	Population growth rate	Population density per sq km
Uganda	0.514 (157)	15.66	500	3.3%	135.7
Tanzania	0.530 (151)	22.2	495.9	2.9%	46.28
Kenya	0.541 (147)	30.2	788	2.6%	68.58

The country has the second youngest population in the world (after Niger). Approximately 49% children less than 15 years of age, and 32% (or 10.68 million) of the population are between 0 and 8. 55% of 0 to 8 year olds (5.87 million children) are under 4.

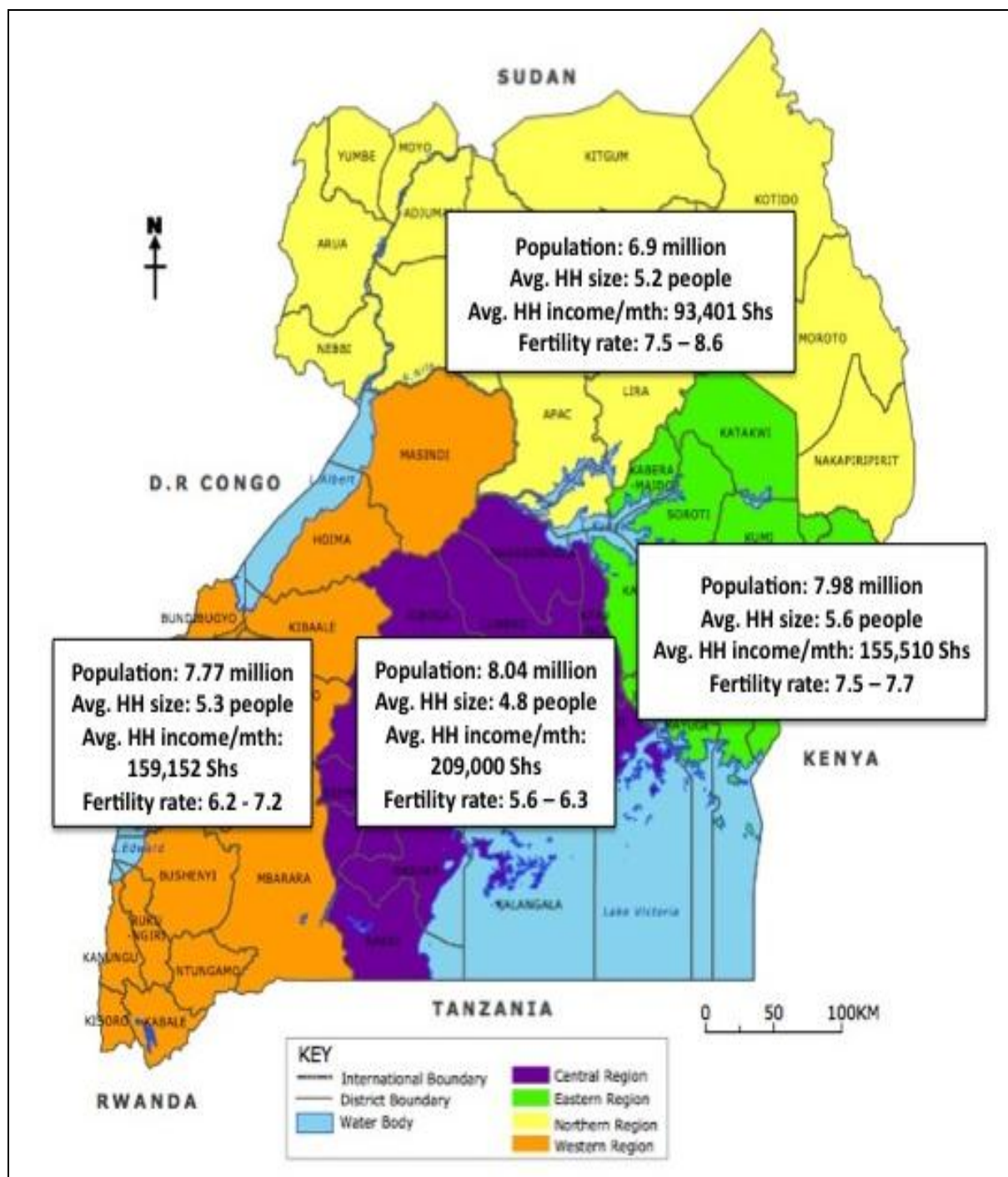
II. PROBLEMS FACING YOUNG CHILDREN

One in every two children under 15 years of age lives in poverty. 90% of these children live in rural areas where average monthly household income is half the level of urban areas¹. In young children's lives, this poverty is especially reflected in the rates of malnutrition and in infant and child mortality. Approximately 38% of children under five are stunted, 6% wasted, and 16% underweight. The rate of infant mortality is 76/1000, while child mortality is high at 135/1000 (2008).

When we look at poverty from a regional perspective, we observe that the ratio of average monthly household income to household size (as well as fertility rates) is lowest in the North followed by the East indicating some recognizable in-country inequalities as illustrated in the map below (figure 1.1). This is again reflected in the fact that malnutrition is highest in the north (especially the Karamoja region with a reported rate of 50%) where child mortality is as high as 174-200/1000.

¹ The Uganda National Household Survey 2005/2006 - Uganda Bureau of Statistics (UBOS)
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Figure 1.1: Population, household size, household income and fertility rate by region



The Uganda National Household Survey 2005/2006 Census, Household surveys, Demographic and Health Surveys

The physical environment where young children live. When we look at this aspect of young children's lives, problems of environmental health are what stand out in Uganda. It has been estimated that up to 75% of the disease burden is linked to poor personal hygiene and inadequate sanitation². This is reflected in statistics such as the following:

- 1/3 of all households have no access to safe water sources;
- 28.4% of people walk over 1km to water; average wait time is 28 minutes;
- The average number of people per room is 3.4;
- 74% of all dwellings have earth floors;
- Less than 10% of all household use improved stoves;
- 85.8% of the population use pit latrines and nearly 11% have no toilet;
- Less than 10% of children sleep under insecticide treated malaria nets.

The impact of these deficiencies in the physical environment is vast. More than 50,000 children less than 5 years of age die every year and 60% of those deaths are due to malaria, diarrhea and pneumonia. Diarrhea, pneumonia and infections such as meningitis and tetanus are the greatest killers of newborns³, with newborn deaths accounting for 30% of the infant mortality rate. When coupled with malnutrition (an issue that is exacerbated by high rates of child illness) these diseases account for 90% of all child morbidity.

Our own research, which included focus groups with children and caregivers,⁴ confirmed the problems around environmental health. While children in particular demonstrated strong knowledge and understanding of good hygiene, they still pointed to a prevalence of poor personal hygiene and sanitation practices and attitudes. Some of the most salient points they raised included the following:

- Adults not caring about overgrown (with bush) home compounds which could attract mosquitoes and especially small animals such as snakes;
- Bathing, washing clothes and watering animals in the same river or water source from where water for home use is drawn;
- Failure to boil water for drinking;
- Poor disposal of human waste - 69% of children interviewed had no (pit) latrines at home so they used nearby bushes and other places including river beds;

² Violence against young children, the physical environments in which young children live, early learning and stimulating play for young children: The voices of Young Ugandan children and adults' by Geoffrey Mugisha, 2010 (unpublished).

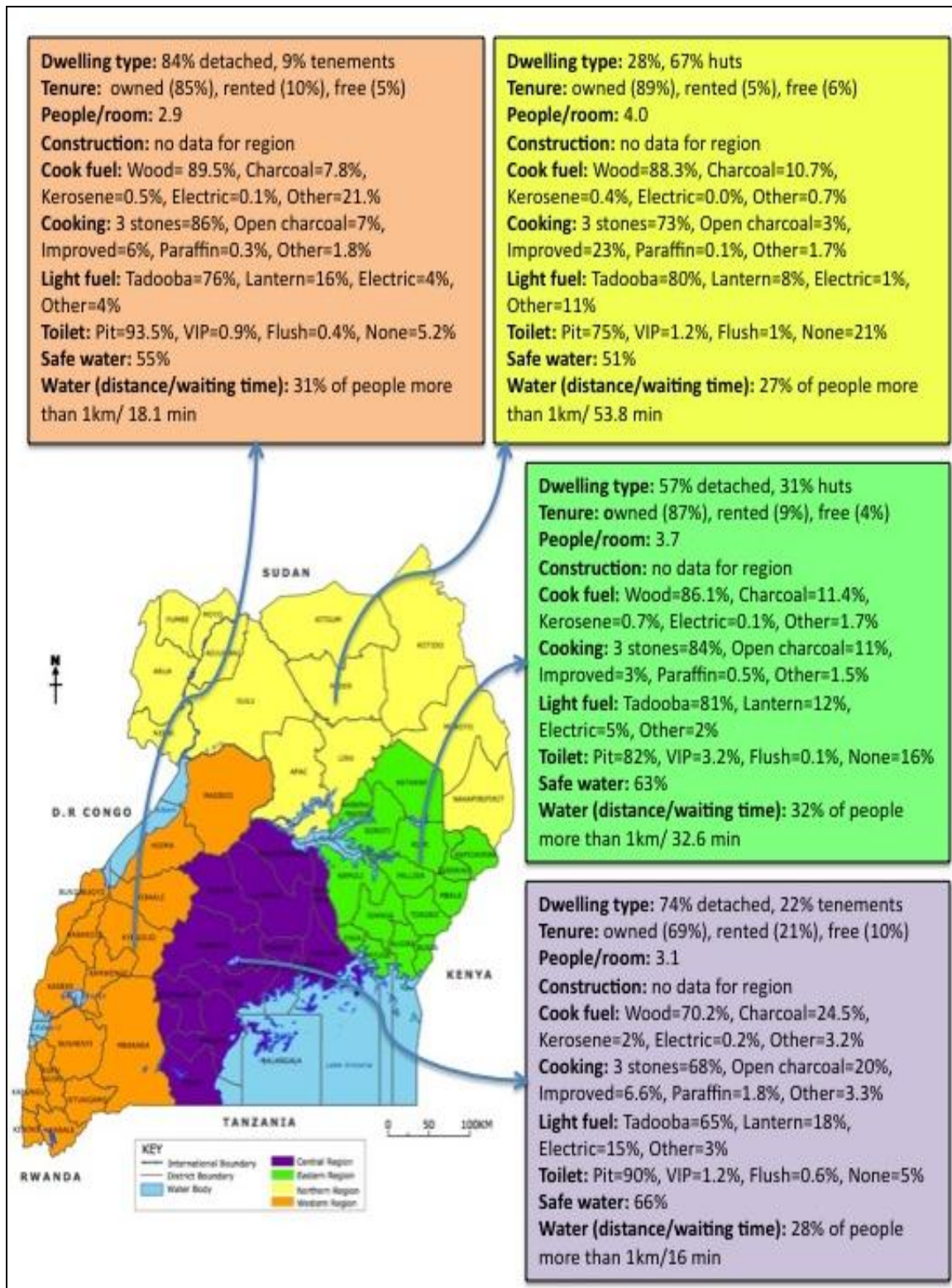
³ Situation Analysis of Newborn Health in Uganda, Ministry of Health, 2008.

⁴ Violence against young children, the physical environments in which young children live, early learning and stimulating play for young children: The voices of Young Ugandan children and adults' by Geoffrey Mugisha, 2010 (unpublished).

- The inadequacy of their houses – houses made of mud and wattle; sleeping in crowded rooms with their siblings, sometimes even with their parents, and on straw mats on earth floors without adequate cover from the cold. In some instances, children also shared rooms with the animals (especially goats);
- The lack of facilities to ensure appropriate hygiene. Children particularly mentioned the availability of water and soap which determined when they could/could not wash their hands and clothes even though they knew they needed to.

When we look at the physical environment indicators from a regional perspective we observe that the North followed by the East are the most disadvantaged (see Figure 1.2 below). These two regions are where the focus groups with children were conducted.

Figure 1.2: Physical environment indicators by region



Demographic Health Survey(DHS) 2006 Uganda Bureau of statistics

Violence in young children's lives. Violence in young children's lives is a widely prevalent problem in Uganda. A range of very specific forms of violence such as female genital mutilation, forced labor and child sacrifice have been identified, as has situations of violence in the school environment and in the community. Most of these affect relatively small numbers of children with the exception of the issue of insecurity and violence in the school. Insecurity is most relevant in the post-conflict north and in the northeast due to cattle rustling while violence in school is an issue everywhere, but less so for young children since 90% of children under 6 are not in any form of ECD service.

Violence in the family, however, is the manifestation that is the most prevalent for young children. Given that less than 10% of children under 6 are in some form of ECD service, the vast majority of young Ugandan children spend their time in or near their home. For this reason the home is the place where they are most likely to experience violence, either as witnesses or as targets – both of which have similar impacts on their development. The following statistics provide a sense of the magnitude of the problem:

- 70.1% of ever-married rural women aged 15 to 49 (compared to 54.7% of ever married urban women) have experienced physical, sexual or emotional abuse by their intimate partners. Rates for women with no children are 53% compared to 70% for women with three or more children;
- 70.2% of women 15 to 49 indicate men are justified in beating their wives. 60% of men 15 to 49 indicate men are justified in beating in a least one circumstance - signals of social acceptability;
- Various small-scale studies have confirmed physical violence directed at children (usually by parents or teachers) – prevalence rates ranged from 50% to over 90% with most studies closer to 90%;
- Other risk factors include early marriage and alcohol abuse. In Uganda, 46.3% of women 20 to 24 were married before 18⁵ and level of alcohol consumption is the highest of all WHO members (Luxembourg is second).

Our own research on children and parents' views (Mugisha 2010) highlighted children's concerns with various forms of violence. In particular,

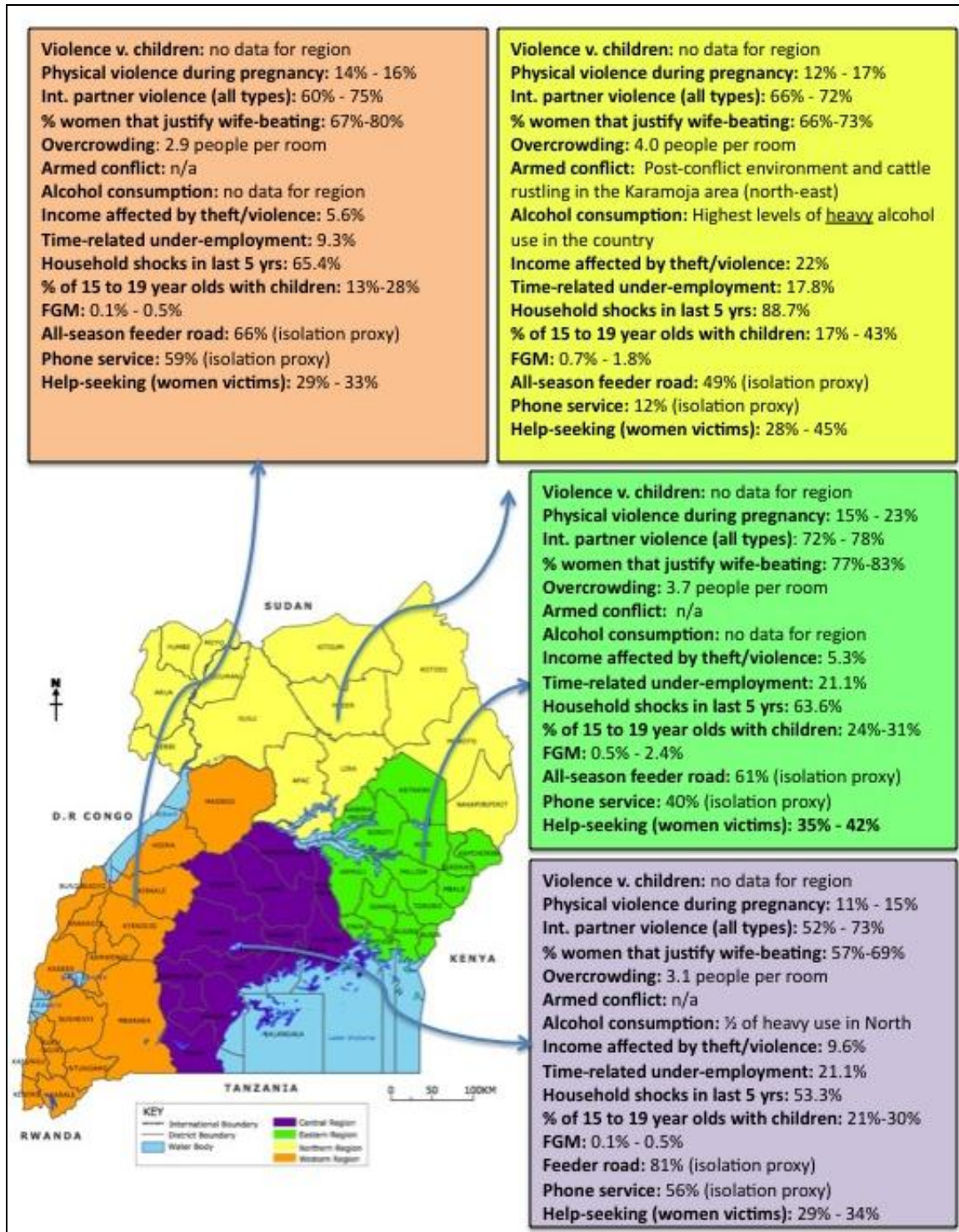
- 53% of young children 6 years expressed having experienced physical violence that included caning, slapping, pinching, kneeling or burning;
- 60% experienced emotional violence that included shouting, insults, denial of food and use of threatening language. For children between 7 and 8 years, the rates were significantly higher, with over 83% experiencing both physical and emotional violence;

⁵ Child Marriage facts and figures. The International Center for Research on Women (ICRW) www.bernardvanleer.nl

- Children also singled out emotional violence as one of the most devastating aspects of abuse expressing feelings of anger, frustration, a poor self-image and low self-confidence. Older children said they often then take out their frustrations on younger children because they 'can't beat their parents';
- Children also brought up the negative emotional impact of being witness to their parents (and other adults) fighting or disagreeing violently especially when fathers are drunk;
- Lastly, while acknowledging that they had a part to play to contribute to their families' wellbeing, children reported being forced to do heavy work that was inappropriate for their age so as to contribute to their families' survival.

An analysis of what is available data from a regional perspective shows that it is most acute in the East and the North (see figure 1.3 below).

Figure 1.3: Violence in young children's lives by region



The Uganda National Household Survey 2005/2006 Census, Household Surveys, Demographic and Health Surveys

Bringing quality early learning to scale. In the area of early learning, Uganda still struggles even at the primary school level, let alone pre-primary. As of 2006, the net attendance ratio in primary school was still only 80%. 58.8% of children were starting primary school on time and up to 50% of children starting grade 1 were dropping out before grade 6. However, primary school has substantially more attention than pre-primary and is supported by a universal primary education policy. In relation to pre-primary education, the thrust of the current government policy for early learning is through the establishment of pre-schools. Our analysis found that this policy is reaching very few children and will be very difficult to implement in its current form given resource constraints. The following statistics illustrate the reality of early learning for Ugandan children before primary school age.

- Only 175,000 children go to pre-school and most are private schools and in urban areas. Less than 10% of children are in some form of ECD service.
- The current pre-school policy also has such strict regulations such as standards for physical facilities including classroom and furniture sizes that it would not be possible for most poor communities to comply. The policy also requires parents to fully finance the services, with the government's role limited to providing oversight and supervisory support and curriculum development. This means the policy has the *de facto* effect of excluding the poor.
- The policy does not address 0 to 3 year olds, the age group that has the largest long-term benefit from ECD programmes and who require more holistic forms of early childhood development interventions than pre-school usually provides.
- Basic indicators for nutrition (caused, in part, by the disease burden described above) are critical across Uganda. 38% of children under five are stunted, 6% wasted, and 16% underweight. Without addressing this issue, early learning programmes will have only limited impact on early learning given the role of nutrition for young children's development. Research also tells us that early stimulation is key in maximising the impact of nutrition interventions, and critical in mitigating the impact of stunting and severe malnutrition. (World Bank, March 2009).⁶

Our own research (Mugisha 2010) showed that majority of young children learn from their parents, extended family and other community members. Parents and family members are actively involved in educating children about their culture, their gender roles, their history, about appropriate behaviour, as well as their role in ensuring their family's wellbeing.

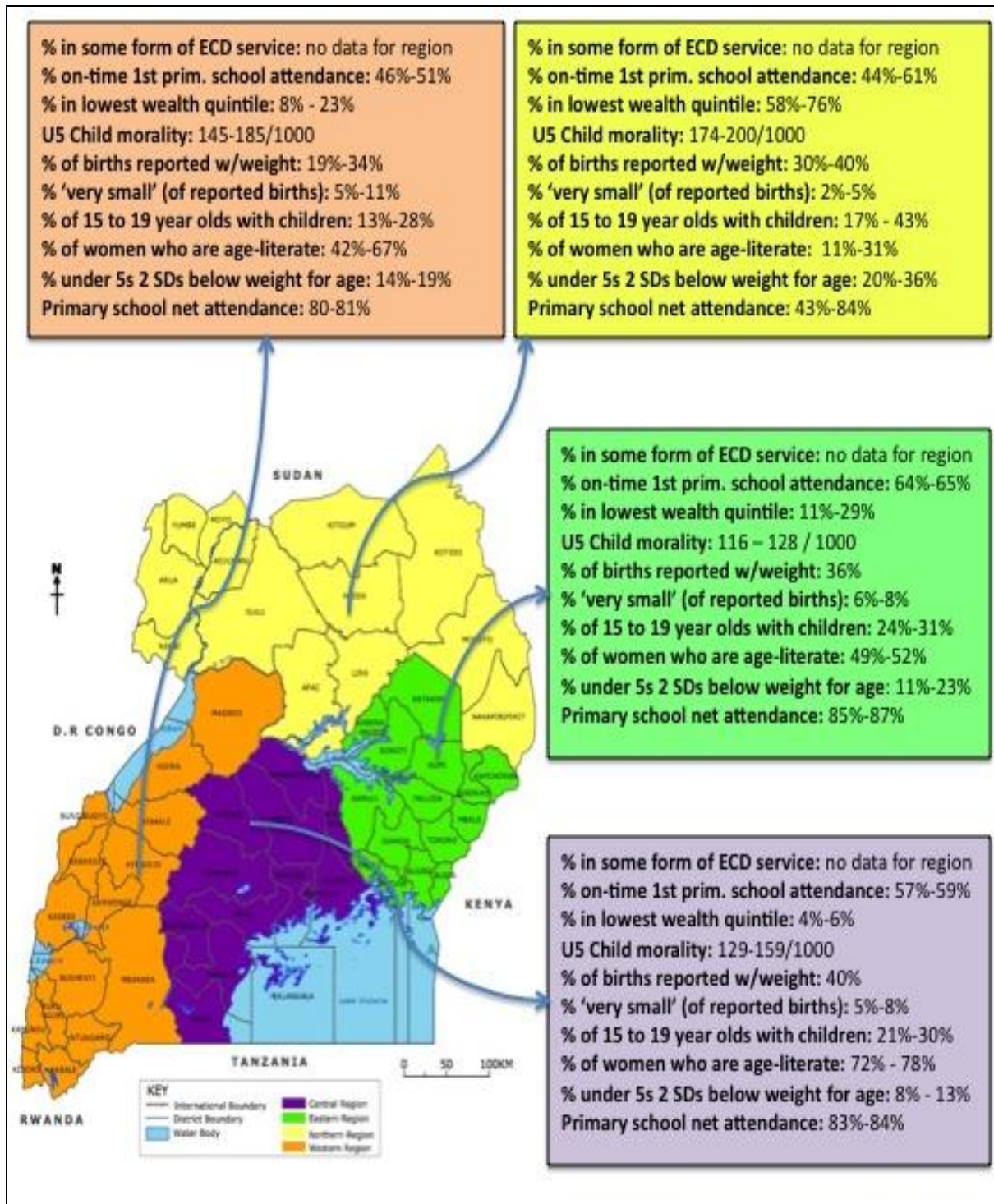
However, parents and other family members' (especially grandparents) involvement in educating their children is waning away as families struggle to survive. Many of the children interviewed lamented that their parents no longer have time for them, and they even discourage play because they consider it to be at the expense of other responsibilities and

⁶ Supplementing Nutrition in the Early Years: The role of Early Childhood Stimulation to maximise Nutritional inputs, Children & Youth Volume III, Number 1 March 2009, World Bank, Washington DC
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tasks intended for the wellbeing of the family. Parents, for their part, seemed to believe they have nothing to teach their children as the children are learning new things in school that they do not even know. Some parents expressed that their children need conventional toys and books to learn, and that locally made toys from scrap and old materials are not acceptable despite the fact that for many families, buying toys is impossible.

When we look at early learning and related indicators from a regional perspective we observe that the North, followed by the East and West regions, are the most disadvantaged in this problem area (see Figure 1.4 below).

Figure 1.4: Early learning and nutrition indicators by region



III. GOAL CHOICES AND RATIONALE

As we have seen, there are a multitude of problems under the three BvLF goals that face many young children in Uganda. In order to make a goal selection, we assessed each of the problems identified against some key criteria: the number of young children affected, whether the issue is under addressed and how critical the issue is in our ability to have a meaningful impact for children. Below are our goal choices and rationale.

Improving the physical environments in which young children live. Our analysis identified a range of issues: inadequate access to safe water; overcrowding in houses, lack of sanitation facilities including toilets, majority of houses are made of earth floors and mud walls, use of solid fuels for cooking, very limited use of treated mosquito nets to prevent malaria, and poor personal hygiene and sanitation practices. These issues are experienced by many children living in poverty in the different regions of the country.

Our goal choice: Reduced childhood mortality and morbidity among young rural children growing up in unhealthy physical environments

We selected the above goal because of the impact the physical environment has on young children's health and we elected to work in rural areas because this is where these problems are worst and where 90% of young children (4.8 million) live. When we speak about severity, these are issues of survival in the first instance. More than 30,000 children under 5 years of age die every year - about 82 per day due to malaria, diarrhea and pneumonia. Diarrhea, pneumonia and other infections such as meningitis and tetanus are also the greatest killer of newborns⁷, with newborn deaths accounting for up to 30% of the infant mortality rate.

We also chose this goal because it is a critical determinant of children's ability to learn and develop their full potential. We know from child development research that when children are constantly sick, they fail to feed adequately and they lose energy and interest to play and explore. Moreover, chronic malnutrition has enormous impacts on their brain development and cognitive functioning. In this sense, addressing this goal is necessary in order to pursue the early learning agenda.

In terms of what aspects of the physical environment we hope to improve, we chose to focus our efforts predominantly on access to clean water and sanitation, as well the hygiene practices that surround these issues. This is because these are the areas of the physical environment where we expect to see the largest health impacts. Water, in particular, can also provide a range of other benefits by increasing available time for caregivers and children who are often responsible for collecting water on a daily basis. We also noted that despite the fact that these issues are reflected in the Millennium Development Goals, there

⁷ Situation Analysis of Newborn Health in Uganda, Ministry of Health, 2008
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is still a gap in resources. Our own research (Namisi & Musoke 2010)⁸ found that the annual national government budget water and sanitation has changed little in the last 4 years from 3.7% in 2007/2008 to 3.6 % in 2010/2011. Consultations on the ground have found that most efforts ongoing efforts are focused on other determinants of health such as behavior change and less so on improving the physical environments themselves.

In making this analysis, we also considered a focus on housing where budgetary allocation is even worse (less than 1% of the annual budget) and which receives no attention in rural areas. However, when we discussed prioritization, issues related to water, sanitation and hygiene were seen as more critical in relation to their impact on children's lives. Water is also a collective good (compared to housing, which is private) allowing greater potential for community mobilization and the opportunity to impact more children with less money.

Lastly, we chose not to focus on mosquito nets for malaria because of the widespread attention for this issue⁹ and the fact that we believe that improvements in hygiene and sanitation in and around the home will, in fact, diminish the presence of mosquitos as it will decrease the amount of stagnant pools of water where they breed. In this sense, our choice will also compliment ongoing efforts.

Violence in young children's lives. Our analysis identified a range of forms of violence affecting children in Uganda (very little data looked at young children specifically). These included female genital mutilation, sexual abuse, neglect, forced labor, child trafficking and child sacrifice, domestic violence, school violence and community violence (particularly in the post-conflict areas of the north and northeastern region due to cattle rustling).

Our goal choice: Reduced violence in families with young children in rural areas

We chose this goal because it is the most prevalent form of violence experienced by young children in Uganda. We elected to work in rural areas because the rates of violence were higher and because that is where 90% of young children live.

In the first instance, available research showed that domestic violence is highly accepted in society. Over 70% of women and 60% of men 15-49 years (therefore likely to be having young children) were said to accept that a man could beat his wife and 70% of ever-married rural women (54% of urban) reported having experienced physical, sexual or emotional violence by their intimate partner. If we assume that rates of domestic violence affect ever-partnered women and young children at roughly the same rate, that there is an average of

⁸ Unpublished research study for BvLF 'Resource Allocation in Uganda: Where is the children's share?', Harriet Namisi and Andrew Musoke, 2010

⁹ Uganda is one of the 15 SSA countries targeted by the PMI (President's Malaria Initiative) of the USA, and will receive US\$35 million in 2010 (up from US\$21.6 million in 2009); this is excluding support for the same from other donors such as DfID.

one young child in each of these homes, then we can estimate that 7.42 million rural children under 8 have been affected indirectly by violence against their mother.

The prevalence of violence against children directly is likely to be similar in magnitude given what we have seen in the few smaller studies that exist. Our own research on children's and parents' views (Mugisha 2010) further confirmed our choice showing that over 53% of young children 6 years and under experienced physical violence that included caning, slapping, pinching, kneeling or burning, and over 60% experienced emotional violence that included shouting, insults, denial of food and use of threatening language. For children between 7 and 8 years, the rates were significantly higher, with over 83% experiencing both physical and emotional violence. The research also concluded that children singled out emotional violence "as one of the most devastating aspects of abuse, because not only does it make them to develop feelings of anger, frustration, a poor self-image and low self-confidence, but it also lasts longer".

Children also raised the negative emotional impact of being witness to their parents (and other adults) fighting or disagreeing violently especially when fathers are drunk and, while acknowledging that they had a part to play to contribute to their families' wellbeing, children reported being forced to do heavy work that was beyond their age so as to contribute to their families' survival.

During our decision-making process we also debated whether we should target specific forms of violence within the family context (e.g. female genital mutilation, exploitative labour, child sacrifice, child trafficking). However, we were advised by a number of expert organizations including UNICEF and Raising Voices (an expert NGO focusing on domestic violence and violence against children in the country) that amidst such a prevalent phenomenon and so few dedicated resources, such an approach could be counter-productive, as well as inefficient given many shared root causes. We also chose not to focus school violence because most young children are not in any form of service provision.

Bringing quality early learning to scale. Our analysis identified possibilities including a focus on primary education, as well as on pre-school and early learning programmes focused on children under three such as parent education and family support. We also noted that issues related to nutrition were fundamental to early learning in the Ugandan context given the high rates of malnutrition.

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

In the first instance, we decided not to focus on primary school because (despite continuing struggles) there is substantial progress in that area with a net attendance ratio of 80% as of 2008. Moreover, we know that the earlier years are especially critical in contexts of high malnutrition. Research tells us that nutrition is critical for children's learning and also that stimulation is key in maximising the impact of nutrition for young children. Therefore,

interventions that combine nutrition and early stimulation lay a strong foundation for children's capacity to learn and to develop to their full potential. According to the World Bank (2009)¹⁰, both nutrition and stimulation in the earlier years are especially critical in contexts of high malnutrition, *'Children who are stunted or otherwise malnourished will benefit from effective nutritional interventions, especially before the age of two, but they cannot catch up to well-nourished children in overall human development (including growth, cognitive, language, social and motor development) if they do not receive proper stimulation in the early years'*. (p.2) It is therefore important for us to focus on the youngest below school-age so that when children get to primary school, they have a strong foundation from which to start.

Within the pre-primary age group (0 to 6), we felt that it was important to support the full age range because 90% of children are in no form of ECD service. Choosing for pre-school (the thrust of the current government policy) is not the most effective investment because it is more resource intensive, has a pro-wealthy and pro-urban bias and is less effective at addressing key health issues such as malnutrition (38% of children under five are stunted, 6% wasted, and 16% underweight). Moreover, it leaves out children under 3 who have the most significant health and nutrition problems. Rather we believe that pushing for home visiting approaches that piggyback the health system will be the most cost-effective method to reach the most children and address both their nutrition and stimulation needs concurrently.

We did consider dropping this goal completely, but we kept it because we have evidence (World Bank, 2009) that incorporating early childhood stimulation maximizes the role of nutritional inputs. In this sense, it is complementary to the rest of our work and the efforts of others focused on basic health and nutrition in the county.

We continued to focus on rural areas because most early learning services are in urban area and because indicators for income poverty and malnutrition are highest in rural areas where 90% of young children (4.8 million) are living.

Lastly, given the very limited existing work in this area on the ground, we will not be pursuing this goal at significant scale at this stage.

V. GOALS, OUTCOMES AND STRATEGIES

The strategy involves working at the national, district, community and household levels simultaneously. The bulk of our investment will take place at the district level and below. The district entry-point was chosen because it is the highest office of government below the national level and determines the planning and use of resources at that level. This structure is representative, bringing together all local government, that is elected local council leaders and therefore opinion leaders from the village level up to the district itself. National

¹⁰ Supplementing Nutrition in the Early Years: The role of Early Childhood Stimulation to maximize Nutritional inputs, Children & Youth Volume III, Number 1 March 2009, World Bank, Washington DC

strategies will be used both to support the districts (in advocacy and communications for example) and to try to inspire individuals and organizations in other parts of the country to take up ideas developed through our investments. This remainder of this section explains the selection of districts, the theory of change models for each goal and the integrated strategy we plan to pursue.

District Focus

Our analysis showed that the most affected areas by issues around our goals are the Northern and Eastern regions. We will therefore focus on the two regions. However, even within the two regions, there are significant differences and the population is vast, approximately 14-15 million people. We will therefore focus our efforts at the district level beginning in 4 districts, two in the North and two in the East.

There are 62 districts in the two regions. Our selection of the 4 districts was based on the following criteria: marginalization in terms of infrastructure and services; high representation of marginalised population groups; size of population (therefore a high number of affected young children); and poverty level rating. The four chosen districts are Apac and Nakapiripirit in the North, and Soroti and Kumi in the East. With the Cabinet decision to increase the number of districts, the four districts have had other districts carved out of them, resulting especially in lower populations. However, since the new districts will take a while to have their own structures in place, we were advised by the district authorities to take into account that the new districts will be administered from the ‘mother’ districts for a while.

- **Apac** district is part post-conflict (some areas were affected by the Lord Resistance Army (LRA) war) and has population of approximately 516,000 people, with high levels of marginalization. The district has been consistently overlooked in the past as organisations and government moved to deal with the more conflict affected areas with which it shares borders.
- **Nakapiripirit** is home to one of the most marginalized groups, the Karimojong. It has a population of 176,700 – bigger than most Karamoja districts. It also has very high levels of poverty compared even to other districts in the region. For example, there is only 3% latrine/toilet coverage, and malnutrition is above the national average.
- **Soroti** district has a population of 516,000 people and was said to be the poorest district nationally in 2009. 53% of the population lives on less than USD 1 per day.
- **Kumi** district has a population of approximately 356,800 and an above national average population growth rate of 4.3%. It was said to be the poorest district in the eastern region in 2005¹¹ although Soroti (above) seems to have overtaken it in 2009.

¹¹ The New Vision on line, March 14, 2005
www.bernardvanleer.nl

Theory of change models

For each goal we developed theory of change models. This exercise was intended to help us identify the range of desired changes we could pursue to achieve our goal, reflected in the different boxes in each diagram. In each case, we identify those changes on which we would like to focus our efforts (in red). The green boxes represent the changes that would follow up to the yellow boxes, which imply concrete impact for children.

Our goal choice: Reduced childhood mortality and morbidity among young rural children growing up in negatively impacted health physical environments

This goal is designed to address family and community practices and attitudes as well as access to facilities that are needed for good hygiene. Our analysis has shown that both family and community practices and attitudes and the lack of basic services such as water and sanitation are at the root of the problem. It is therefore necessary to address both practices and access (supply) to basic services.

The model below reflects our priority outcomes (in red):

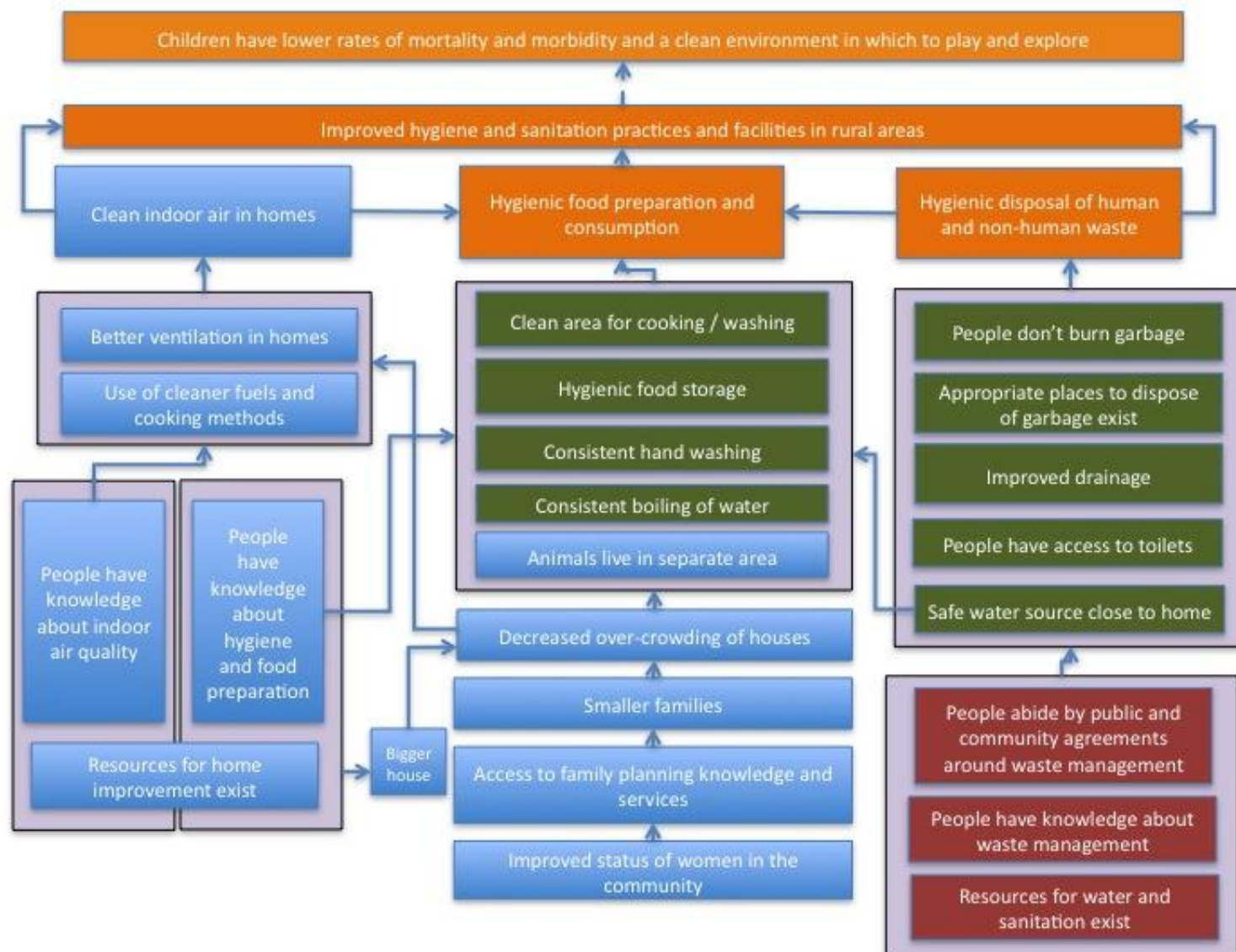
- **Improved access to water and sanitation facilities;**
- **Improved knowledge about waste management; and**
- **Improved adherence by individuals and families to community and public agreements on (human and garbage) waste management.**

These changes should lead to changes in hygiene and sanitation practices and facilities at family and community levels. This will have an important impact on children's mortality and morbidity, as well as their nutrition and learning. Finally, it will ensure that children have clean and healthy places to play.

With regard to improving facilities, we focus on clean water (nearby the home) and sanitation because they are central for all issues related to hygiene and health and affect the entire community, rather than just individual families. In addition, reducing time spent collecting water can free up time for women and children (who are typically responsible for these tasks) for other activities such as income-generation and play and recreation. It can also make children and women more secure in areas such as the Karamoja region where going to the nearby water sources implies risks of insecurity and violence.

The fact that these issues affect the entire community is also indicative of the powerful potential they have for mobilizing people as a collective.

Reduced childhood mortality and morbidity among young rural children growing up in unhealthy physical environments



Our goal choice: Reduced violence in families with young children in rural areas

This goal is about reducing violence in the spaces where the youngest children (those below school age) spend most of their time, within and around their homes. Our analysis and research shows that livelihood struggles are a key root cause of stress for parents and primary caregivers that lead them to be violent, as well as to abuse alcohol which leads to more violence against children directly and indirectly as children witness violence between intimate partners. It has also shown that widespread acceptance of violence against children and women (social norms) is another key root cause.

The model below reflects our priority outcomes (in red):

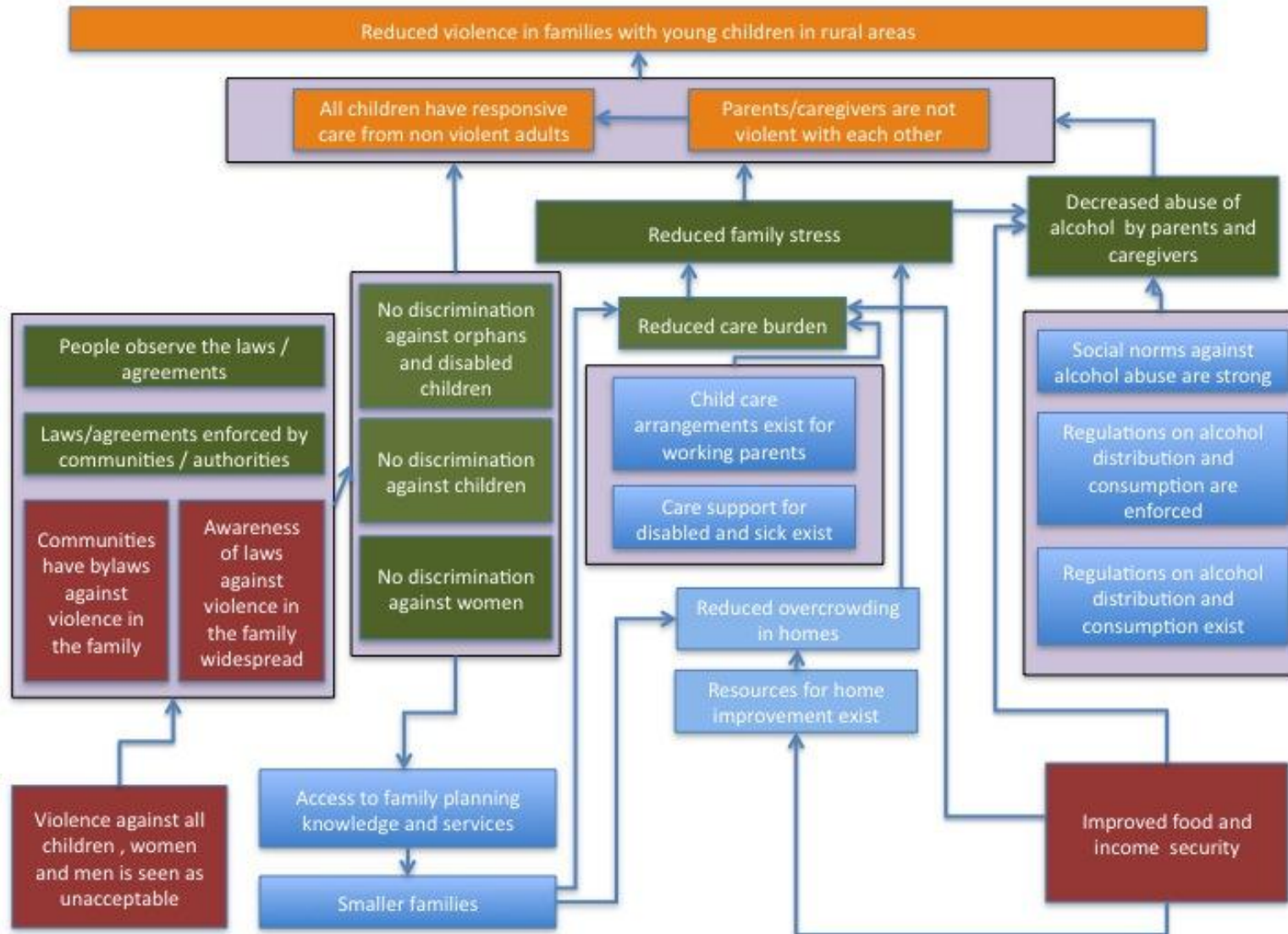
- **Improved food and income security;**
- **Widespread awareness and acceptance that violence against all children, women and men is unacceptable;**
- **Widespread awareness of state laws against violence in the family; and**
- **The establishment and enforcement of community by-laws against violence in the family.**

These changes should lead to reduced violence in families with young children. We also believe that our efforts to improve children's environmental health will contribute to achieving this goal. This is because the reduction in disease burden reduces family stress, as does the reduction in time for collecting water.

With respect to the legal aspects of these outcomes, experience from different contexts shows that just having laws in place is not in itself enough. Rather, there is need for changes in social norms to come from the local level. This is very important in the context of Uganda where public institutions are weak, especially in rural areas.

For these reasons, our theory of change requires both community by-laws and widespread awareness about existing national laws. Community agreements (when properly enforced) can help counter the fairly common practice where the families of the victim and the perpetrator come to some sort of understanding that enable the perpetrator to be let off with minimal penalty in order to maintain good interfamily relations and without any consideration for the plight of the victim.

Reduced violence in families with young children in rural areas



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

With 90% of young children 0-6 years old in no form of service outside their homes, this goal is about ensuring there are quality play and learning opportunities where young children spend most of their time. From our analysis, livelihood struggles by parents and caregivers that lead to stress and lack of time for their young children, together with the extremely inadequate funding by government for child care and early learning services are at the root of the problem.

The model below reflects our priority outcomes (in red):

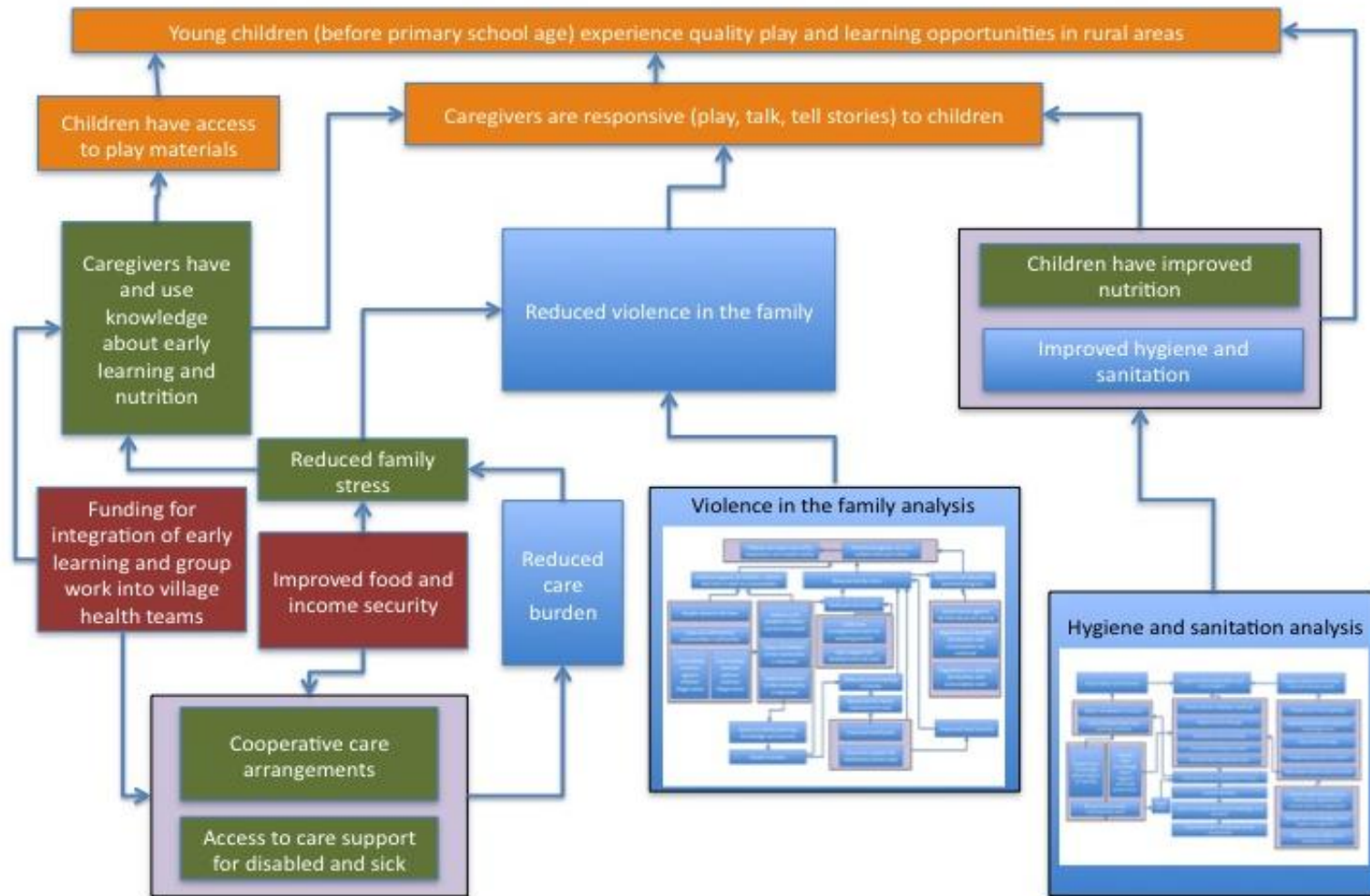
- **Improved food and income security**
- **Funding for the integration of early learning and group work into village health teams**

These changes should, according to our analysis, lead to more young children (0-6 years) spending their days in safe and stimulating environments. Our work on the other goals will also contribute here. Improving environmental health ensures children have safe and hygienic places to play and reducing violence in the family allows caregivers to be more responsive to their needs and makes children safer.

Food and income security is important in this goal area for reasons similar to in the goal on violence reduction. It reduces family stress making caregivers more responsive and allows caregivers more time to be with children. It is also critical because of the fact that it will help caregivers reduce rates of chronic malnutrition, which is a key condition for any stimulation and early learning to occur.

The availability of funding to integrate early learning and group work into village health teams is important because this is one of the few structures that reach caregivers across the country. However, the current national curriculum for training them does not include early learning, focusing only on health, nutrition and hygiene and mostly targeting infants. By securing funding to integrate early learning components (and some form of minimal compensation for health workers), we can expect to see changes in children's safer and more stimulating environments at minimal cost.

Young children (0-6 years) in rural areas spend their days in safe and stimulating environments near their homes



An integrated strategy

Since we will be targeting the same population groups and many of our strategies address more than one of the goals, we now present the strategy in an integrated fashion. Below is the list of goals and key outcomes. Each of the strategies responds to at least one (and in most cases more than one) of the goals and outcomes.

Reduced childhood mortality and morbidity among young rural children growing up in unhealthy physical environments

- Improved access to water and sanitation facilities;
- Improved knowledge about waste management; and
- Improved adherence by individuals and families to community and public agreements on (human and garbage) waste management.

Reduced violence in families with young children in rural areas

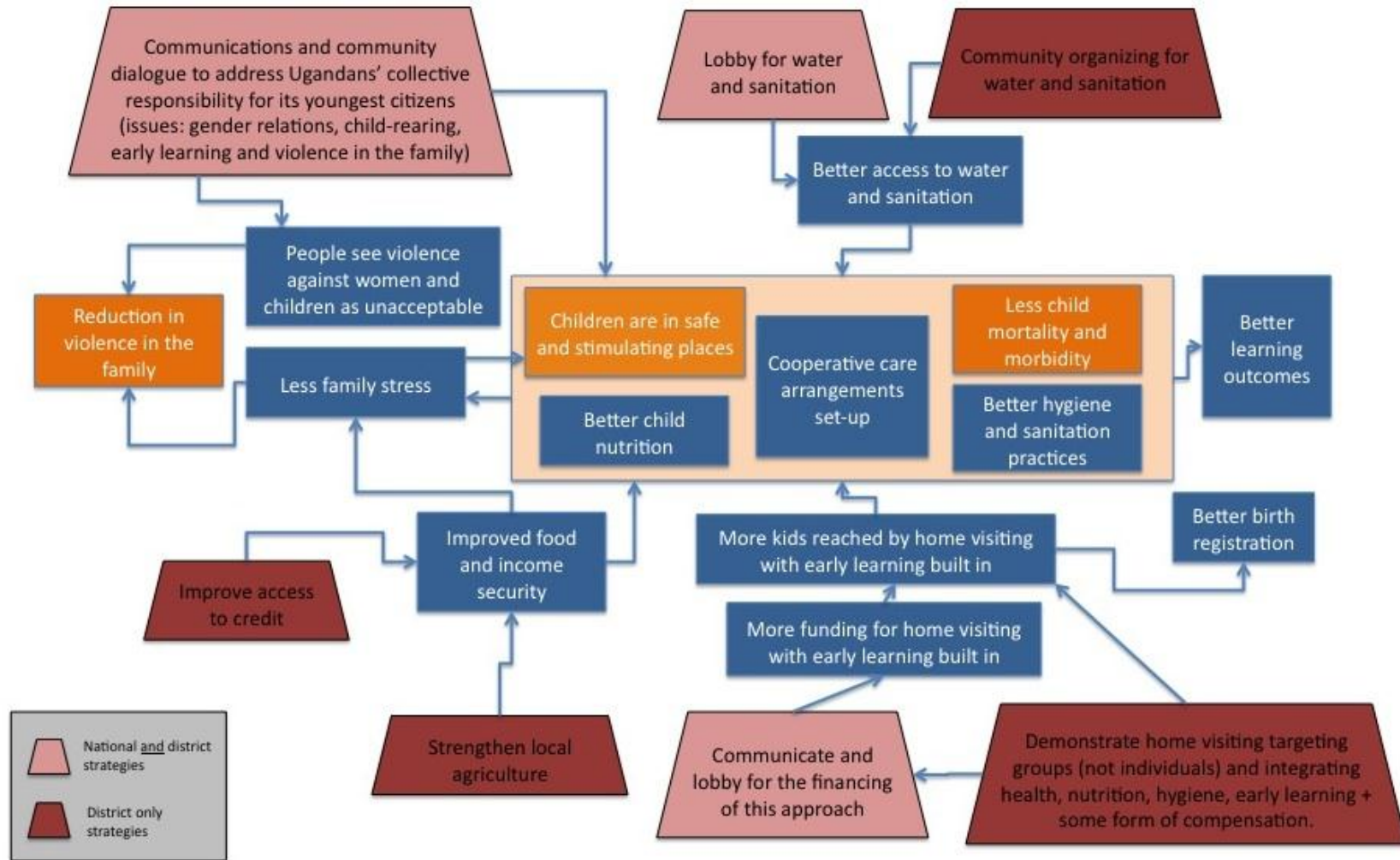
- Improved food and income security;
- Widespread awareness and acceptance that violence against all children, women and men is unacceptable;
- Widespread awareness of state laws against violence in the family; and
- The establishment and enforcement of community by-laws against violence in the family.

Young children (0-6 years) in rural areas spend their days in safe and stimulating environments near their homes

- Improved food and income security
- Funding for the integration of early learning and group work into village health teams

There are seven major strategies, three of which are intended to operate at the district and the national level and four of which are concentrated only in the focus districts. These strategies are outlined in the diagram below and then described in detail in the remainder of this section.

Integrated programme strategy for Uganda



1. Access to credit (district). Access to credit is an important strategy because it creates more stability in livelihoods and improves income and food security. This has an impact on children's nutrition, increases the time caregivers have to spend with children and reduces family stress – a key contributor to violence in the family. In addition, access to credit for groups is an excellent vehicle for mobilizing people (women in particular) and can be used as a platform to begin to address other issues that require a collective response such as water provision and social norms around violence in the family. There is significant expertise in the country that we can tap including the Uganda Women's Finance Trust, Equity Bank, Centenary Bank and Microcredit Development Trust. Some of these microfinance institutions are potential partners since they take on donor funds to provide credit services to the poor. UNDP is also working on microfinance in the northern region and we could partner with them to support microfinance organizations such as the Uganda Women's Finance Trust to expand credit to poor women. In areas where such institutions do not have a strong presence, we will support NGOs to provide microcredit to households. For example, Save the Children is working on strengthening livelihoods and since they have a presence in Nakapiripirit focusing on young children, and should be able to bring in their own resources, we could partner with them in the district. In Kumi district, ActionAid – an international organization is working on poverty issues but only in one of the 6 sub-counties but we could partner on strengthening agriculture or microcredit.

2. Strengthening agriculture (district). Since most rural Ugandans continue to live from subsistence agriculture (less so the case in the Karamoja), investing in this area is another route to improving food and income security and has similar potential to the improving access to credit. Some of the methods for approaching this include investing in local sources of water (e.g. rainwater harvesting, boreholes to enable families to grow their own food and sell their surplus for income and permaculture farming at household/group level as done by CPCD Brazil (a current BvLF grantee) using biodegradable material waste (instead of burning waste, and using artificial fertilizers and pesticides. The Uganda Rainwater Association (URWA) that operates mainly in the Eastern region is a potential partner in educating and training people on rainwater harvesting. However, we have yet to understand how they work. WaterAid is an international funder that has been working in the country since the 90s. It helped found UWASNET and is now involved in building local organisations' capacities to support communities to have access to clean water. WaterAid operates in the northern region although not in Nakapiripirit. Funders such as DFID have also funded rainwater harvesting in the past. Based on lessons from our work with Health Child, a current BvLF partner, we will need to work with the Ministry of Agriculture's extension workers to support communities to do sustainable farming and focus on indigenous food crops that are nutritious and are suitable for the climate and soil. The ministry of Agriculture's extension workers have responsibility to support household agriculture, and our expectation is that they will be part of the VHT (village health team) strategy developed at district level to work in partnership with the VHT as a government structure.

World Bank with its focus on infrastructure and economic growth is a potential funder for agriculture. In districts such as Nakapiripirit where water is an issue, we could approach World Bank to fund infrastructure such as small dams and household water tank provision for rainwater harvesting.

3. Community organizing for water and sanitation (district). Community organizing to improve sanitation is a strategy that we have seen work in Uganda in our support for the NGO Health Child. Since sanitation (as a public service) is not a national priority for rural areas and is unlikely to get public financing in the foreseeable future, the approach here is to work with local leadership to set and enforce community by-laws around issues such as having bathing and toilet facilities at household level.

The case of water is different. There are possibilities to successfully organize a constituency demand (given the fact that it is a public good and provisions do exist in government budgets) for improved water sources. In order to pursue this strategy, we will work with civil society organisations such as Uganda Debt Network (UDN), Deniva (Development Network of Indigenous Voluntary Association) and ACODE (Advocates Coalition for Development and Environment). These organizations help communities to access information about public expenditure and service provision and accompany them through the process of making demands for public services on their local governments. UDN is already working in Apac and Soroti and as they are expanding they could cover other districts with our support. DENIVA is targeting Nakapiripirit but also ACODE (which seems to be the strongest of these) is expanding into the districts and we could give our support for them to work in Kumi.

On changing practices on hygiene and sanitation at household level, the VHT will be key actors in giving key messages and helping households to explore practical and feasible ways of using resources at their disposal. Already there are concerted efforts to improve hygiene and sanitation through the government structures which the VHT is part of. For example, in Nakapiripirit, the district local council is already discussing what they call an ordinance (by-laws) on hygiene and sanitation at community and household level. The VHT will be crucial in making families aware of and ensuring adherence to those by-laws. In Kumi, the district leaders talked about the Local Government Management Service Delivery initiative of the government that promotes community demand driven service. A community can, however, only receive the services it demands if the group/community members have basic sanitation – dish racks, bathing facilities, toilet, at household level.

4. Lobby for water and sanitation (district and national). Recognizing that power in Uganda is centralized, we need a lobby strategy to compliment the community organizing strategy for water and sanitation. UWASNET is a well-known advocate through its various members (CBOs and NGOs) and a key player as a network for increased water provision. The network would be a key partner in national advocacy and lobbying since they have representation in any forum discussing water and work strategically in partnership with the

government, providing technical and information support to increase water provision in the country. They are also very well resourced, and have dynamic staff.

The principal donors for water include the governments of Germany, Australia, Italy, US, Norway and the EU who have provided an average of US\$16 million per year (for the last three years) but with a focus on the northern region and Kampala, Rakai and Kisoro. In addition, most of the funds go to international NGOs, not local organizations. What would be needed is to understand what has been the results of this level of funding in order to know how and on what to engage the donors on. We could partner with ACODE to trace this funding to results and cost at both household and community levels.

As spelt out in the previous section above, community organizing around budget and expenditure monitoring is the strategy for lobbying for increased water and sanitation investment at district level, and the process would involve having selected community representatives to track budgets and expenditure through the various local government levels up to the district level and report back to the community. UDN has successfully done this with communities on health services.

5. Demonstrate the effectiveness of integrating early learning into the home-visiting work of village health teams (district). Given the limited resources in the country, the best way to address early learning is to reach out to the families through the health system (a strategy suggested by UNICEF and WHO in our most recent ECM). The village health teams (there are 4 to 7 volunteers per village across the country) already conduct home visits. UNICEF is reviving this structure with funding from Gates. The standing curriculum is focused on newborns and addresses issues of health, nutrition and hygiene, but we will work in partnership with the Ministry of Health at the district level to integrate additional components around early stimulation and to promote an approach by the VHT that targets groups of caregivers rather than individuals.

We will also promote an approach that leverages indigenous knowledge of caregivers and, in doing so, does not seek to educate them, but rather to support them in caring for their young children. This adjusted model can provide information about hygiene and sanitation, nutrition and encourage stimulation and play for children. Our experiences with Health Child and the Kenya partners supported by Nascent RDO (that acted as a programme hub previously) show that building upon people's knowledge and practices can result in real change as people reflect and dialogue (with peers and across generations) on their own and their communities' life experiences, what they know, do and aspire for themselves and their children. We have also seen (in our experience in South Africa) how this approach (when targeted at groups) can stimulate the organization of support groups, help organize cooperative care in order to reduce family stress and make sure children are safe, and also create demand for increased government support (as people become increasingly aware of what the government should be doing for them).

Since the village health structure is just being revived now, we will need to gradually introduce these ideas in test sites and evaluate them against situations where the integration does not occur and in situations where there is no programme of this nature. We will also need to test and research methods to find compensation for the village health team members with the understanding that integrating them into the public service is not feasible. The Gates Foundation has been approached by UNICEF and is currently looking at how such a structure could be sustained. We will review their findings while we also test the viability of linking health workers to existing programmes promoting access to credit or agricultural support as a method of compensation that may be locally viable, as well as providing small incentives such as t-shirts (with key messages), bicycles, and having an annual event at sub-county or district level (and presided over by a key district personality) to honour/celebrate their efforts and service to their communities. We plan to approach corporations and private businesses (but being mindful of possible conflict of interest), and some embassies that have discretionary funding to sponsor such incentives.

The University of Makerere's Institute of Statistics and Applied Economics that does both quantitative and qualitative research would be a good partner for this, bringing with it professionalism and national, regional and global reputation.

6. Communications and lobby to promote investment integrating early learning into the home visiting work of village health teams (district and national). Once we have tested this approach, we will need to make a decision about whether it should be promoted more broadly in a way that can be sustained. This requires communications and lobby targeting both donors and the government depending on what aspect of the approach requires funding (e.g. training, recurrent costs, etc...). To the extent that donors are a target in the short to medium term, UNICEF, Gates, USAID and the World Bank could be strong allies if they believed in the idea. UNICEF and the World Bank country offices would need to be targeted and they need to be targeted from within their own organizations especially through their headquarters where key people are already converted on the approach. Within the country, the proposed strategic advisory group made up of individuals with clout and influence to open such doors would be important advocates. From the UNICEF Global meeting in Brussels, we know that Norway has strong interest in young children and especially in strengthening the role of families. As a first step, I would begin building a relationship, sharing and discussing our strategy with the embassy and subsequently work with the strategic advisory group when they are on board.

7. Communications and community dialogue (district and national). Overlaying the whole strategy will be a set of grants for communications activities at the national level with outreach activities to spark community dialogue in the focus districts. While the messaging needs to be researched in country, the overall idea is to address Ugandans' collective responsibility for its youngest citizens. It is intended predominantly to change social norms around issues such as gender relations, violence in the family, child-rearing and early learning. Another running theme will be the use of indigenous knowledge since we have

seen that people respond well to reference points that identify positive practices associated with their identity that have been lost.

In order to be successful, grants will need to target different groups of people with different mediums. The table below provides some examples:

Target group	Sample mediums
The general public	Radio (Uganda Broadcasting Corporation, community and FM radio), development theatre, community meetings, child-to-child campaigns, fathers and mothers discussion groups
Politicians, donors and power-brokers	Print and TV (New Vision, Uganda Broadcasting Corporation Television, Nation TV), parliamentary debates

These activities could include credible high profile personalities (e.g. actors, musicians) and work with organisations such as FIDA (Federation of Women Lawyers) and Oak Foundation (we could link this up to the broader fatherhood campaign we are looking into globally) to involve men as protectors of young children and to identify and nurture high profile male individuals to become champions for young children affected by violence. Raising Voices is already carrying out a media campaign on violence against children focused on starting a national dialogue on childhood and what it means. We have started discussions on how we could work with them to have messages focusing specifically on young children/early childhood. Besides the campaign, Raising Voices and specifically its Centre for Domestic Violence is an organization that we intend to work with on violence, especially on training VHT and CBOs to enable them work sensitively with families and communities.

At the village level, we will target the LC1, the local governing council to become an ally and lead in promoting collective responsibility for and disapproval of violence against young children and women. Community theatre and drama are common ways of raising awareness and starting dialogue in Uganda. We will support community based organizations already involved in community theatre/drama with training and material resources to start such conversations. Drama and other broadcasts will also be done through community radio and radio stations will be supported to facilitate follow up discussions among community members. The plan is to find an organization that can support community radios (as we have done with ABC Ulwazi in South Africa) to do the work rather than for us to be involved in direct relationships with different radio stations. As previously discussed with BvLF communications unit, it will be important to identify a communications organization that coordinate all the communications part of the strategy and ensure the different partners/players giving the same or similar messages to each target audience.

VI. RISK ANALYSIS

1. In Uganda, there is a prevalent practice of giving **allowances to stakeholders, staff and community members** when they attend meetings or to staff when they go to the field as per their job description and when it does not involve a night out of one's working station. Failure to pay such allowances can paralyse work, especially with government employees since this is a practice that is officially sanctioned with written stipulations of what those allowances should be for different categories of staff. This often means that a good portion of the funds goes to individuals involved at different levels of project implementation rather than to directly benefiting children, families and communities. While it is easy to negotiate with NGOs to avoid paying for such expenditures because we deal directly with key decision makers, it will be a challenge to do the same with government people because of the levels of bureaucracy and especially since it appears to be a sanctioned practice. It would also appear that most donors work with the practice. In my discussions with some district staff members, I understood that not paying is a risk but it could be negotiated. This is the first time we will be working directly with a government structure in Uganda, and it will be important that we make clear at the outset what we can or cannot do especially since we are supporting the government to fulfill its mandate using our limited resources. We will be negotiating such practices on the basis of sustainability and with a view to putting more resources into supporting the village health teams.
2. **Public financing for VHT:** There are 4-7 members/volunteers in each village health team, and with approximately 50,000 villages nationally, there are a total of between 200,000 to 350,000 volunteers. The public sector employees currently in the country are between 200,000 and 300,000, and with most ministerial budgets going to cover wages rather than capital expenditures, it is not feasible even in the longer term that the VHT could be absorbed into the public sector. In the 4 of our focus districts, the total VHT members will be between 7,200 and 12,612 or more people. Even a mere US\$10 per month would mean an annual recurrent expenditure of up to over US\$1 million per year in only 4 districts. While the VHT clearly provides an opportunity for reaching every child at household level, it is not feasible as a public service fully financed by the government given its implications on the national wage bill. The challenge is to find alternative ways of providing the team members with meaningful incentives and or stipends that can be sustained and even institutionalized. This strategy proposes targeting the VHT members for agricultural and microcredit support. There is a real challenge in finding sustainable ways of doing this.
3. **Uncertainty of income and food security interventions:** A core issue of the three goals and the outcomes we have identified is investment in income and food security. While there is research that shows this as an effective strategy for poverty alleviation, it is an area whose results are not always certain. For example, food security is dependent upon reliable climatic conditions and also community security (with reference to work in the northern region). There are also intra-household dynamics, especially gender relations, that determine who has say over what resources. In the context of our work, gender (and particularly the subordinate position of women) is an ongoing challenge.

While we have identified the need to work to decrease discrimination against women, it is important that we keep in mind that changes in gender dynamics are long term and in the medium term such issues might mediate against the change we would like to see.

4. **Policy advocacy:** key to achieving these is political will. While our strategies include efforts to build and sustain demand to influence political will, it is important to keep in mind that in the country's context the president holds most of the power. There is potential political risk in advocacy efforts that might be seen to be critical of the president. We need to find partner organisations that have the clout and following to be able to take such political risk.
5. **Violence and hygiene as a taboo issues:** Violence in the family and hygiene practices, two key issues that this strategy focuses on are very personal, touching on an individual's role as a partner/parent and their own sense of self-worth. In addition, the strategy focuses on historically marginalized regions and where external interventions are often implemented top down by people from outside. In order to address them sensitively, addressing these issues requires indigenous representation and voice. Without such representation it is possible interventions will fail, or worse, result in harm to those who should be benefiting. An essential part of the strategy therefore is a long-term view and investment in strengthening (or even establishing) the capacity of existing indigenous organizations and voices.
6. **Competing donor priorities in public funding:** a significant proportion of the Uganda national budget is funded by western donors. In 2010, up to 30% of the budget is donor funded. For the Ministry of Health, this involves over 50% of its budget. Donors have their own priorities and those priorities are not always in sync with national priorities. Our strategy assumes the ability to influence the flow of resources. It will therefore be important to make efforts to also influence donors to direct their funds to the issues we have selected but working within the national priorities. It is important that we do not add to the politics of donor funding by acting on our own. In order to influence the donors, it will be necessary to reach them where decisions for in-country funding are made – in their home territory. This will require efforts at the global level.

VII. Evaluation

The evaluation for the Uganda strategy is presented here in an integrated format since a variety of strategies will be pursuing multiple goals. The evaluation scheme is designed to i) measure change over time; ii) evaluate and improve our strategies during the course of the programmes and iii) assess whether in given contexts our mix of strategies is optimal.

Measuring change

In order to get a baseline and measure change over time, the strategy will require two separate baseline studies: the first more substantial study will aim to give us the baseline

data in each of the four districts, while the second will be capturing public attitudes and awareness of the issues around the three goals.

The district level baseline study will look across the three goals and their respective outcomes (as well as basic demographic data) in the four districts. It will involve a random sample of families/households in each of the four districts and will be conducted using a household survey and participatory learning/rural appraisal techniques, complimented by a desk review of publicly collected data that exists at the national and regional level.

The second study will be aimed at establishing the baseline level of public awareness, attitudes and basic knowledge about the three issues and about young children at the national level. This is important since one of the key strategies is to carry out a public awareness and advocacy campaign to initiate and maintain a national dialogue around the three goals and what early childhood means in the context of the country.

Below is a monitoring and evaluation matrix framework that spells out selected indicators for each goal and outcome, the methodology to be used and the geographical scope of data collection.

MONITORING AND EVALUATION

Goal/outcome	Indicator	Methodology	Geographical Scope
<p>Reduced child mortality and morbidity in the 4 focus districts</p>	<ol style="list-style-type: none"> 1. % decrease in of infant mortality 2. % decrease in under 5 mortality 3. % decrease of children suffering from waterborne childhood diseases (diarrhoea, malaria, pneumonia) 4. % decrease in children under 6 years old who are stunted 5. % decrease in children under 6 years old suffering from malnutrition 	<p>To set the baseline data, a participatory methodology will be used that will include a household survey and participatory learning/rural appraisal techniques aimed at engaging families and other stakeholders as key participants (rather than study subjects) in analyzing their children’s situation. The household survey will be done using a stratified random sample of families/households in the four focus districts, using closed and open ended questions. The participatory process will include mapping of community resources, household responsibilities, and of seasonal activities, as well as focus group discussions and key informant interviews to establish what informs norms and attitudes, to identify positive deviance and to interpret the household survey results. In addition, nutrition status assessment of individual children will be done. As well, there will be review of existing publicly available data to compliment the primary data.</p> <p>A survey of public opinion on some of the attitude questions at the national level will be done separately through polling.</p>	<p>Mainly the four districts, but existing public data will include both regional and national level</p>

<p>Outcomes:</p> <p>Improved access to water and sanitation facilities</p>	<ol style="list-style-type: none"> 1. % increase in households with access to safe water within half a km/less than 30 minutes waiting time 2. Increase in % of people with access to pit/VIP toilet facilities 3. Increased investment and budgets in water and basic services 	<ol style="list-style-type: none"> 1. Household survey of access to safe water and on knowledge about waste management 2. Participatory action research in which communities monitor the budgets themselves 3. Survey to see whether progress is being made - are there any actions being taken to address the issue at district levels. 	
<p>Improved knowledge about waste management/improved waste management</p>	<ol style="list-style-type: none"> 1. % of people using biodegradable waste to make compost, and burning the non-biodegradable waste 2. % of people who have appropriate knowledge of how to deal with the different types of household waste materials 3. % of people/households with designated appropriate spaces and facilities for disposing waste 		

Improved adherence households/people to community agreements/by-laws on waste management/basic sanitation	<ol style="list-style-type: none"> 1. % of households/people with bathing, dish racks, drinking water and food storage facilities as required by community agreements 	Household survey	Community level
Reduced violence in families with young children	<ol style="list-style-type: none"> 1. Decrease in % of young children experiencing physical abuse 2. Decrease in % of young children experiencing sexual abuse 3. Decrease in % of young children experiencing neglect 4. Decrease in % of women experiencing physical and emotional violence from their intimate partners 5. Increase in number of primary caregivers reporting to use non-violent forms of discipline 		
Improved food and income	<ol style="list-style-type: none"> 1. Increase in % of people/households having 	<ol style="list-style-type: none"> 1. Household survey of changes in income and feeding patterns & daily 	

<p>security</p>	<p>3 balanced meals per day on a regular basis</p> <p>2. Increase in % of people/households with food stock/regular income to meet family food requirements between planting seasons</p> <p>3. Number of primary caregivers reporting to spend more positive time with their young children because they have food/income security</p>	<p>frequency, business/asset records, together with reasons for that change.</p> <p>For attribution to reduced violence, it will be possible to assess different mixes of the strategies as described above that help to isolate other variables, except for the VHT support which will be applied district wide.</p> <p>2. Survey of household for food stocks in between planting seasons, and feeding patterns.</p>	
<p>Widespread awareness and acceptance that violence against children, women and men is unacceptable</p> <p>Enforcement of community and public laws against violence in the family</p>	<p>1. Increase in % of people who indicate that they are against any type of violence</p> <p>2. Increased number of child abuse cases reported</p> <p>3. Increase in number of partner abuse cases reported</p> <p>4. Increase in number of convictions of reported</p>	<p>National poll of attitudes against violence</p> <p>Assessment of records of reported cases</p> <p>Survey of court and community records of judgements of reported cases.</p>	<p>Nationally</p> <p>At district and community level</p>

	child and or partner abusers		
Young children spend their days in safe and stimulating environments around the home	<ol style="list-style-type: none"> 1. Number of young children spending their days under the supervision of an adult who provides them with play/learning materials and activities 2. Number of primary caregivers who have organised their homes to ensure safety and stimulation, including providing play materials for their young children 3. Number of caregivers who regularly and frequently talk, tell stories and sing to their infants and young children 4. Number of households that have organised 	<p>Household survey of caregiver practices and individual assessment of children's nutrition status and age-appropriate cognitive, social, emotional and motor skills</p> <p>Quality Survey of community group play spaces for young children</p>	The 4 districts

	<p>cooperative (group) care especially for the 3-6 year olds</p> <p>5. Number of young children with improved nutrition</p> <p>6. Number of young children with age-appropriate cognitive, social, emotional and motor skills</p>		
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Overall Learning Questions:

- a) What are effective ways of changing social norms around violence at family/community level in a context where families have limited access to information outside their own context?
- b) What influences how primary caregivers stimulate and provide for the nutrition of their young children? Is gender an issue?
- c) What is the impact of stunting on young children in Uganda?
- d) What is the impact of violence on young children and is gender an issue in this respect in Uganda?

Evaluating strategies

The programme proposes seven different strategies. However, not all the strategies will be used at the same time in all the districts. Home visiting by village health teams to address all the three goals will be applied district-wide in each of the four districts. This is because there is already in place a ready infrastructure that we can use of village health teams in each village that is supported and supervised by the structure of the ministry of health personnel from the sub-county health facility level up to the district level under the office of the district medical officer. Additionally and as important, using the infrastructure available we can begin to explore meaningfully the potential and implications for scaling up such an approach.

Lobbying, communications and public campaigns, and demonstrating the effectiveness of the village health team approach will also be applied in all the districts as well as at the national level to influence service provision/public investment, raise public awareness and initiate a dialogue around the issues and young children. For the other strategies - community organizing, strengthening agriculture, and facilitating access to credit will be applied in selected communities and in partnership with mainly NGOs, except for access to credit, in which case we want to work with microfinance institutions using loans/grants to extend their services to the districts of our focus.

We will need to evaluate these strategies to understand whether they are having an impact and what we may need to adjust. The different mix of strategies implied in the previous two paragraph means that we can evaluate different mixes/clusters of these strategies together. The table below provides an overview of how we propose to go about this.

Strategy	Trying to learn?	Approach / methodology
Improve access to credit	<ol style="list-style-type: none"> 1) What is the influence on family stress and therefore violence in the family? 2) What is the influence on nutrition? 3) Is it sustainable? 	<p>(1) Household survey of changes in income and feeding patterns & daily frequency, business/asset records, together with reasons for that change.</p> <p>For attribution to reduced violence, it will be possible to assess different mixes of the strategies as described above that help to isolate other variables, except for the VHT support which will be applied district wide.</p> <p>(2) Survey of household for food stocks in between planting seasons, and feeding patterns.</p>
Strengthen local agriculture		
Community organizing for water and sanitation	<ol style="list-style-type: none"> 1) Influence on access to water and sanitation facilities and practices? 2) Influence on budgets for these issues? 3) Influence on social cohesion? 	<p>(1) – (2) Participatory action research in which communities monitor the budgets themselves; as well as a survey to see whether progress is being made- are there any actions being taken to address the issue at district levels.</p>
Lobby for water and sanitation		

<p>Demonstrate the effectiveness of integrating early learning and group work into village health teams</p>	<p>1) What is the impact on children (health, learning, violence)? 2) Is it sustainable? 3) Influence on uptake and investment in this approach at both the district and national levels?</p>	<p>(1) Sample assessment of individual children for nutrition, and cognitive and socio-emotional skills (as in baseline). The different mixes of strategies described above give us an opportunity to hold for some variables/inputs, and to work with comparison groups but with all groups having the VHT support. Thus one group with all inputs; a second without one; a third without the other. 2) Sustainability – cost/benefit analysis with feasibility assessment of potential sources of funding (3) Assessment of district council, budget planning and relevant meetings to see whether the issue is being discussed; and whether follow up on decisions is taken</p>
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<p>Communications and community dialogue around topics such as gender relations, violence in the family, child-rearing and early learning</p>	<p>1) Influence on national public opinion? On the political agenda?</p> <p>2) Influence on changes in beliefs and practices at the community level (e.g. violence, early learning).</p>	<p>(1) At national level, polling on increased awareness and whether people are discussing the issues? Where they are getting their information from?</p> <p>2) At district/community level, survey to find out what is the source of information for people? Changes in their beliefs and practices? Reasons for those changes.</p>
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Evaluating the mix of strategies

An integral part of the evaluation strategy is a learning process that will work with the research and evaluation results to identify key information and messages for promoting and maintaining the public dialogue around the three goals; for bringing pressure to bear on government, policy makers, law enforcement agencies and for raising awareness. In addition, the learning process will be used for identifying and mentoring a pool of stakeholders (from different sectors e.g. media, law enforcement, etc.) who become advocates for young children. A potential forum for this is the Uganda Chapter of the Learning Network focused on Care and Protection of Children and focused on the northern region. We would however need to find a way of including the eastern region as well.

It is also necessary to have a small group of key people who are accountable as a group for the work nationally and act as strategic advisors for strategy development and advocacy. They would also be the public face for the focus of our work. The specific role of the group would be to advise on strategy informed by the learning process and other sources, be a public representation of an accountable body/organ for our work nationally, help 'open doors' or provide personal connections for lobbying and be key advocates for young children around our goals. The individuals making the group would need to be prominent personalities with strong and credible personal and professional reputations.

VIII. BUDGET FORECASTING

IX. SOURCES AND VETTING

ANNEX A: STAKEHOLDER MAP

Stakeholder(s)	Hyg	Vio	EL	Influence
National civil society				
Children and families	X	X	X	Ultimately the central constituency, the demand side, and the people most affected by all of our work.
Local leaders (local councils and parish development committees)	X	X	X	Aside from playing a government function, they bring together the leadership figures in any given community, especially at the local level.
Church leaders	X	X	X	Important opinion leaders in communities across Uganda.
Peer educators (HIV and AIDS)	X	X	X	Can convey important health messages.
Village health teams	X	X	X	Visit families and monitor children's health and nutrition. Can provide support and information to parents, identify problems of domestic violence.
Teachers	X	X	X	Important opinion leaders in communities across Uganda.
Adult Literacy Instructors	X	X	X	Can convey important health messages
Clan leaders	X	X	X	Important opinion leaders in certain communities in Uganda.
Raising voices		X		NGO focused on violence against women and violence against children.
CEDOVIP		X		The Center for Domestic Violence Prevention (CEDOVIP) is a local civil society organization committed to preventing domestic violence. It was co-founded by Raising Voices.
Uganda Child Rights Network	X	X	X	Uganda Child Rights NGO Network (UCRNN) is a coalition of child-focused organizations comprising of community based, national and international non-governmental organizations advocating for the rights of children in Uganda.
Health Child	X		X	Health Child is a small NGO registered by the Uganda government in 2005. It operates in the Eastern and central regions of Uganda, working with communities, local leadership, and public and private health facilities workers, to implement a range of activities both preventive and curative that augment the care environment for young children particularly in the area of health and child protection. Is a current partner of BvLF.
Uganda Debt Network	X		X	Network of 10 NGOs and 85 individuals advocating for pro-poor policies and full participation of poor people in influencing poverty focused policies, monitoring the utilization of public resources and ensuring that borrowed and national resources are prudently managed in open, accountable and transparent manner so as to benefit the Ugandan people.

DENIVA	X		X	DENIVA is a Ugandan Network of Non-Governmental and Community Based Organisations (NGOs/CBOs) providing a platform for collective action and a voice to voluntary local associations to strongly advocate for creation of more opportunities for people and CSO participation in the development of Uganda.
FIDA		X		Part of an International federation of Women Lawyers aiming to improve the legal standing of women in Uganda.
Y.E.A.H		X		Y.E.A.H is a national program built around a centerpiece radio serial drama Rock Point 256. RP 256 is produced and broadcast in 5 languages (English, Luganda, 4rs, Luo and Ateso) which represent each of the 5 major regions of Uganda where Y.E.A.H supports regional activities. It is focused on sexual and reproductive health for people 15 to 24 has programmes looking at masculinity and alcohol abuse.
Uganda National NGO Forum	X	X	X	The Uganda National NGO Forum (UNNGOF) is an independent and inclusive national platform for NGOs in Uganda engaged in networking and advocacy related to common issue in the NGO sector.
Uganda Law Society		X		Membership association of Lawyers. Includes a legal aid project with the following objectives: 1) To provide High Quality Legal Aid Services to Indigent men, women and Children; 2) To promote the respect for rights and the rule of Law in Uganda; 3) To lobby and advocate for legislation and policies to act in favour of the poor at national, district and lower levels; 4) To develop and strengthen management systems as well as general organizational development of LAP; 5) To strengthen the governance of LAP in order to ensure good strategic leadership and direction by the board of trustees of the Legal Aid Project; 6) To build mechanisms and aggressively mobilize resources to ensure financial sustainability of legal aid services in Uganda.
Uganda Network of Water and Sanitation	X			Established in February 2000 with assistance from the Government of Uganda, Development Partners and NGO's, UWASNET was formed to strengthen the contribution of the NGO's and CBO's to the performance and development of the sector. Currently, the Network has an active membership of 182 operating in various parts of the country, implementing water, sanitation and hygiene activities.
ANPPCAN		X		Regional NGO with Uganda chapter focused on prevention of child abuse and neglect. Has been a partner of BvLF.
Government				
President's Office	X	X	X	Heavily influential in setting the major political priorities, which lead allocations of the national budget.

Executive (the Cabinet)	X	X	X	Includes heads of all major sectors, also influential in setting major political priorities and the national budget.
Parliament	X	X	X	Must approve the national budget. Has legislative and oversight power. Members are directly accountable to their constituencies.
National Planning Authority	X	X	X	NPA's primary function is to produce comprehensive and integrated development plans for the country, elaborated in terms of the perspective Vision, long and medium-term plans. The NPA is also a National Think Tank facility, expected to effectively guide the entire nation in determination of National Strategic Priority Areas and corresponding national development programmes, as well as optimal allocation of national resources for ensuring sustainable poverty reduction, socio-economic transformation and development.
Ministry of Finance, Planning and Economic Development	X	X	X	The mandate includes Formulate policies that enhance stability and accelerate economic growth and development; Plan and design strategies for rapid economic growth and transformation; Mobilize domestic and external resources; Ensure efficient allocation and utilisation of public funds; Monitor and account for the utilisation of public resources.
Local Councils (L5 to L1)	X	X	X	Each district is organized into 5 levels of local government, termed as local councils (LC). The LCs comprise the political structure together with the sectoral ministries as follows: LC1 - the lowest at village level but which does not include central government sectoral ministries representation; LC2 – parish level (comprising up to 7 villages) that includes the central government ministries under the leadership of a chief administration officer answerable to the ministry of local government; LC3 – sub-county (comprising parishes) plus central government, organized as above; LC4 – county level (comprising sub-counties, in reality not functional but where functional, organized as above); LC5 – district council and highest level of local government (comprising sub counties/parishes) plus central government.
Local Government Finance Commission	X	X	X	The Local Government Finance Commission (LGFC) is an autonomous arm of government responsible for advising central and local governments on issues of fiscal decentralization. Functions include: i) Advise the President on all matters concerning the distribution of revenue between the Government and local governments and the allocation to each local government of moneys out of the Consolidated Fund; ii) Consider and recommend, in consultation with the National Planning Authority, to the President the amount to be allocated as equalisation and conditional grants and their allocation to each local government; iii) Consider and recommend to the President

				potential sources of revenue for local governments; iv) Advise the local governments on appropriate tax levels to be levied by local governments; v) Deal with disputes between local governments over financial matters and tender advice relating thereto to the parties involved, the Minister and the Minister responsible for Finance as may be necessary; vi) Monitor local governments' budgets to ensure that they don't significantly detract from priority programme areas; where budgets detract from PPA, the LGFC is to inform the council and the President through the Minister for appropriate action.
Ministry of Health	X		X	Important role in home visiting, health and community education and nutrition across Uganda.
Ministry of Education			X	Central role in defining pre-school policy, although services are the responsibility of local governments and parents.
Ministry of Gender, Labour and Social Development	X	X	X	Coordinates the national response for orphans and vulnerable children. Responsible for registering early childhood centers. Has a mandate for community development and social protection, as well as gender and women's affairs.
Ministry of Local Government	X	X	X	The mandate of the Ministry is to guide, harmonize, mentor and advocate for all local governments in support of the overall vision of Government to bring about socio-economic transformation of the country.
Ministry of Natural Resources, Water and Environment	X			Responsible for issues related to water and sanitation infrastructure as well as public education around these topics.
Ministry of Agriculture		X	X	Mandate for food security. Extension workers have national scope and are central to poverty alleviation strategy for the country.
Ministry of Justice and Constitutional Affairs		X		To promote and facilitate effective and efficient machinery capable of providing a legal framework for good governance and delivering legal advice and services to the Government, it's allied institutions and the general public. Critical for the drafting of legislation and regulation of lawyers in the country.
Ministry of Internal Affairs		X		Mandated to maintain peace and security and includes the police force.
Ugandan Bureau of Statistics	X	X	X	UBOS is the principal data collecting, processing, analyzing and disseminating agency responsible for coordinating and supervising the National Statistical System (used to be a department in Ministry of Finance). Critical for planning processes. They also represent a seal of approval for data which is to be used in the public domain.
International organizations and global/regional NGOs				

African Child Policy Forum	X	X	X	Based in Ethiopia, ACPF aims to specifically contribute to improved knowledge on children in Africa; monitor and report progress; identify policy options; provide a platform for dialogue; collaborate with governments, inter-governmental organisations and civil society in the development and implementation of effective pro-child policies and programmes and also promote a common voice for children in and out of Africa. It has 3 main programmes: the African Child Observatory; the African Child Law Programme and The Family and Child Programme (this last programme includes a sub-strand on violence).
Twaweza	X		X	Through unorthodox, strategic partnerships Twaweza aims to stimulate the development of an ecosystem through which citizens can exercise agency – gain information, monitor progress, speak out and make change happen – and in turn secure better public services. Works in water, education and health, as well as citizen agency more broadly.
GBV Prevention Network		X		Goals are to increasing regional exchange of resources and information and highlight to other activists, practitioners, donors, policy makers, and researchers that GBV prevention efforts are growing in strength throughout the region. Coordinated by Raising Voices.
INGOs and donors focused on Peace Reconstruction Development Programme (PRDP) in North		X	X	This has been supported by DFID, Germany, and Norway. Resources have gone to DED, NRC, Save the children, Norwegian Refugee Council, ACTED, Food for the Hungry and ACF. This is part of PRDP support and activities include Disarmament, Demobilization, and Reintegration, community based child protection and education. In FY 2009/10, the Northern Uganda component had 2.9% of the multilateral and bilateral support, totaling to US \$9.61m - an increment from US \$8.93m in FY 2008/09 and is projected at US \$7.48m in FY 2010/11.
INGOs and donors focused on Peace and Security (also in the North)				Assistance was obtained from Norway, USAID, Sweden and Italy to CARE, IOM, MercyCorps, Uganda Law Project, Italian Foundations and PILP as well as various CSOs which totalled to US \$5.11m and US \$0.36m in FY 2008/09 and 2009/10 respectively.
INGOs and donors focused on Agriculture	X	X	X	This sector has been supported by Australia, DANIDA, Belgium, Italy, USAID, DFID and EU, with direct funding to HORIZONT3000, NKG Coffee Alliance Trust, VSF Belgium, CESVI, ICCO, FAO, Italian Cooperation, NGO ACAV, FAO, Italian Foundations, ARD, Cornell University, Land O' Lakes and IFPRI. The support has reduced from US \$16.88m in FY2008/09 to US \$3.18m in FY 2010/11. ActionAid International is also key stakeholder implementing hunger, empowerment of women and relief interventions.

INGOs and donors focused on Education			X	Support from Australia, Ireland, Italy, Germany, Belgium, Netherlands, USAID and EU amounted to US \$53.76m, US \$32.48m, and US \$5.72m in FY 2008/09, 2009/10 and 2010/11 respectively.
INGOs and donors focused on Health	X			Assistance from donor community focused on HIV/AIDs (as well as TB and Malaria) emphasizing Eastern, South Western and Northern Regions. Included expanded Access Palliative Care, condom purchase, and HIV AIDs mainstreaming. Support was drawn from Australia, DFID, Norway, Sweden, DANIDA, PEPFAR, USAID and EU providing support to AMREF, UNICEF, WHO, MSH, PEPFAR, Global Fund, other CSOs like GOAL, TASO, URC, WVI, JCRC, JSI, Hospice Uganda, CARE, etc Amounted to US \$440.25m in FY 2008/09 and is projected to scale down to US \$12.35m in FY 2010/11. In FY 2009/10 US \$ 178.55m was disbursed
INGOs and donors focused on Water and Sanitation	X			Supported by Australia, Germany, Italy, Norway, Italy, USAID and EU providing support to the following organizations: IRC, HORIZONT3000, IRC, AMREF, UNICEF, GTZ, Danish Red Cross, Plan Norway, KFW, ARD. Amounts were US \$15.39, US \$18.23 and US \$16.44in FY 2008/09, 2009/10 and 2010/11 respectively. The support has been applied to improve Water Supply and Hygiene in Northern Uganda, Kampala, Rakai and Kisoro. Water Aid International, an INGO, is also a key player and helped found UWASNET.
INGOs and donors focused on Justice, Law and Order		X		International support from Australia, Germany, Italy, USAID, Norway and EU. This support goes to NGOs that include; DANIDA, ICTJ, Save the Children, African Leadership Institute, GTZ, HUGGO, Uganda Police Force, Gulu NGO Forum, Refugee Law Project, and the Norwegian Refugee Council. This has enhanced provision of services in areas of legal aid, peace building and human rights for Karamoja region, and northern Uganda. Support also to Police, Access to Justice and Beyond Juba and general support to JLOS. The support ranged from US \$8.07m to US \$8.04m between FY 2008/09 and 2010/11.
INGOs and donors focused on Social Development		X	X	The support has increased from US \$0.55m to US \$0.59m between FY 2008/09 and 2010/11. During FY 2009/10 US \$4.9m was dispersed to scale up Development Theatre, Social Protection, Child Protection, Food Security and Livelihoods, socio economic transformation, sport and play as well as Community Rehabilitation Programme in Acholi region (Northern Uganda). Donors supporting the sector included Australia, DFID, Ireland, Norway, and EU. Support was provided to Save the Children, Right to Play, Care Norway, Norwegian Refugee Council, ACORD UK.
World Bank	X		X	Major donor and highly influential for Uganda. Should be pushed to focus more on human development. Unlikely to

				engage in violence, but would be a big win if they could be persuaded to do so.
International Monetary Fund	X	X	X	Loans have a major influence on economic development and political choices in Uganda.
UN Agencies	X	X	X	All the major ones are present: UNICEF, WHO, WFP (food security), UN WOMEN, UN AIDS, etc... Can be good allies for technical support and advocacy.
Universities and research institutions				
Kyambogo University				One of Uganda's top universities. Research areas include disability, education for children with disability, psychosocial skills and education, ECD training for childcare workers, public procurement management.
Makerere University	X	X	X	One of Uganda's top universities. Research agenda includes Education for Development; Food, Nutrition and Value Addition; Sustainable Environment Development; Good Governance, Gender Equity, Health (infectious and lifestyle related diseases); Natural Resources Utilization and Conservation.
Nascent RDO	X	X	X	NGO conducting regional research on Children and Youth Issues Including Early Childhood Care and Development, Health, Education, Poverty, State-NGO relations in Social Development, Ageing, Rural/Urban livelihoods, Micro-credit, Community Development, Gender, Impact Evaluation.
Learning Network		X		Global learning network focused on Care and Protection of Children with a Uganda chapter. Focused on the North. Involves, Makerere, Johns Hopkins, Columbia University, Child Fund. Save the Children, UNICEF, USAID, Women's refugee Commission, Retrak, Ministry of Gender. Past topics have included poverty and household violence, measurement of sexual violence, HIV and domestic violence, community-based child protection, livelihoods programmes and child protection.
Center for Disease Control		X		US-based. Has recently done extensive epidemiological research on violence in Tanzania and Swaziland.
Corporate sector and philanthropic sector				
MTN Uganda	X		X	MTN Uganda is one of the companies with a well-grounded plan on Corporate Social Responsibility manifested through the MTN Foundation. The Foundation carries out charitable projects within the communities where MTN operates. Its mission is to improve the quality of life, through caring partnerships. According to the Public relations officer, they engage in activities with a philanthropic focus on (a) education including science & technology, (b) music, arts & culture, (c) health and HIV/AIDS, (d) environment, (e) community development and (f) low cost housing through a long-term strategic partnership with Habitat for Humanity. So far, MTN is currently championing the EFA campaign, low

				cost housing in partnership with an international Christian NGO – Habitat for Humanity and have built 230 houses in the last seven years. The MTN Foundation also supports health initiatives and partners with organisations like; Uganda Child Cancer Foundation, Hospice Africa Uganda, Malaria Consortium, the Red Cross for flood victims and the Red Cross, the proceeds from the MTN Kampala International Marathon.
Uganda Telecom	X			Uganda Telecom supports children through their leadership series that does not only provide intellectual discourse and debates, but is engaged in charity work too. It does support Lira babies home, SOS village, Sanyu babies home, Tooro babies' home and Health Alert Gulu.
Standard Charter	X		X	Standard Chartered has done a lot of impressive work in education by construction of a school in Gulu for the internally displaced persons worth over 100,000 USD; others are in health, nutrition and HIV/AIDs; water and sanitation at a total of 65,000 USD. The Nets for Life project have led to the distribution of mosquito nets worth 320 million shillings.
Microfinance institutions	X	X	X	For microcredit support to families and groups towards income security. Some of these are much focused e.g. Uganda Women's Finance Trust that provides credit to mostly women.
Oak Foundation		X		Based in Geneva and Ethiopia and have expressed interest in collaborative work. They are focused on child protection (particularly sex abuse) and have an interest in issues related to involving men in stopping sex abuse.
Private sector Foundation of Uganda			X	PSFU is Uganda's apex body for the private sector. It is made up of 81 business associations, corporate bodies and the major public sector agencies that support private sector growth. Since its founding in 1995, PSFU has served as a focal point for private sector advocacy as well as capacity building and continues to sustain a positive dialogue with Government on behalf of the private sector.
Alcohol Companies		X		Their product contributes to violence in the family.
Media				
Community Radio (language based)	X	X	X	One of the major ways people get information (in their language) in Uganda. Can disseminate information, be used for advocacy and can have an influence on social norms (e.g. through serial dramas, PSAs, etc...)
New Vision (print)	X	X	X	Uganda's leading Newspaper. Important for advocacy.
Uganda Broadcasting Corporation (Television &	X	X	X	Major TV station and nationwide radio. Important for advocacy and public education – TV for reaching politicians and policy makers, together with the middle class; and radio especially for reaching the rural poor.

/radio)				
Nation Television	X	X	X	Major TV station. Important for advocacy.