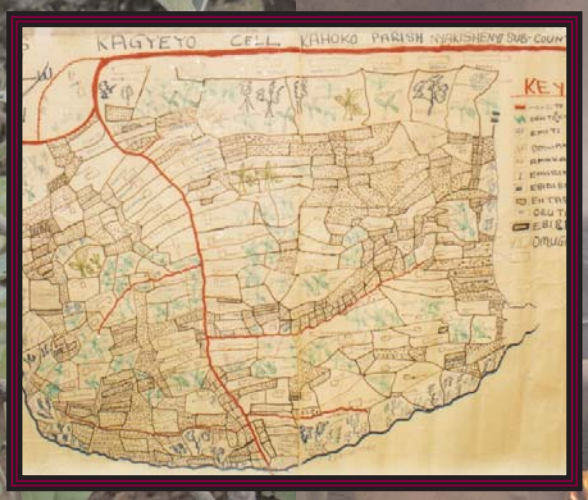
Africare
Office of Food for Development
Institutional Capacity Building (ICB) Program

Comparative Research/Analysis
Strengthened Village Level Risk Management
and
Capacity to Reduce Food Insecurity of Affected Populations
within
Africare's Title II Food Security Programs



Case Study:
Uganda Food Security
Initiative Project

May 25, 2006

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Uganda Food Security Initiative Project

May 25, 2006

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- Julius Tayebwa for transportation infrastructure;
- Enock Musinguzi for health and nutrition; and
- Florence Tushemerirwe for monitoring and evaluation issues related to the Food Security Community Capacity Index (FSCCI) and Months of Adequate Household Food Provisioning (MAHFP).

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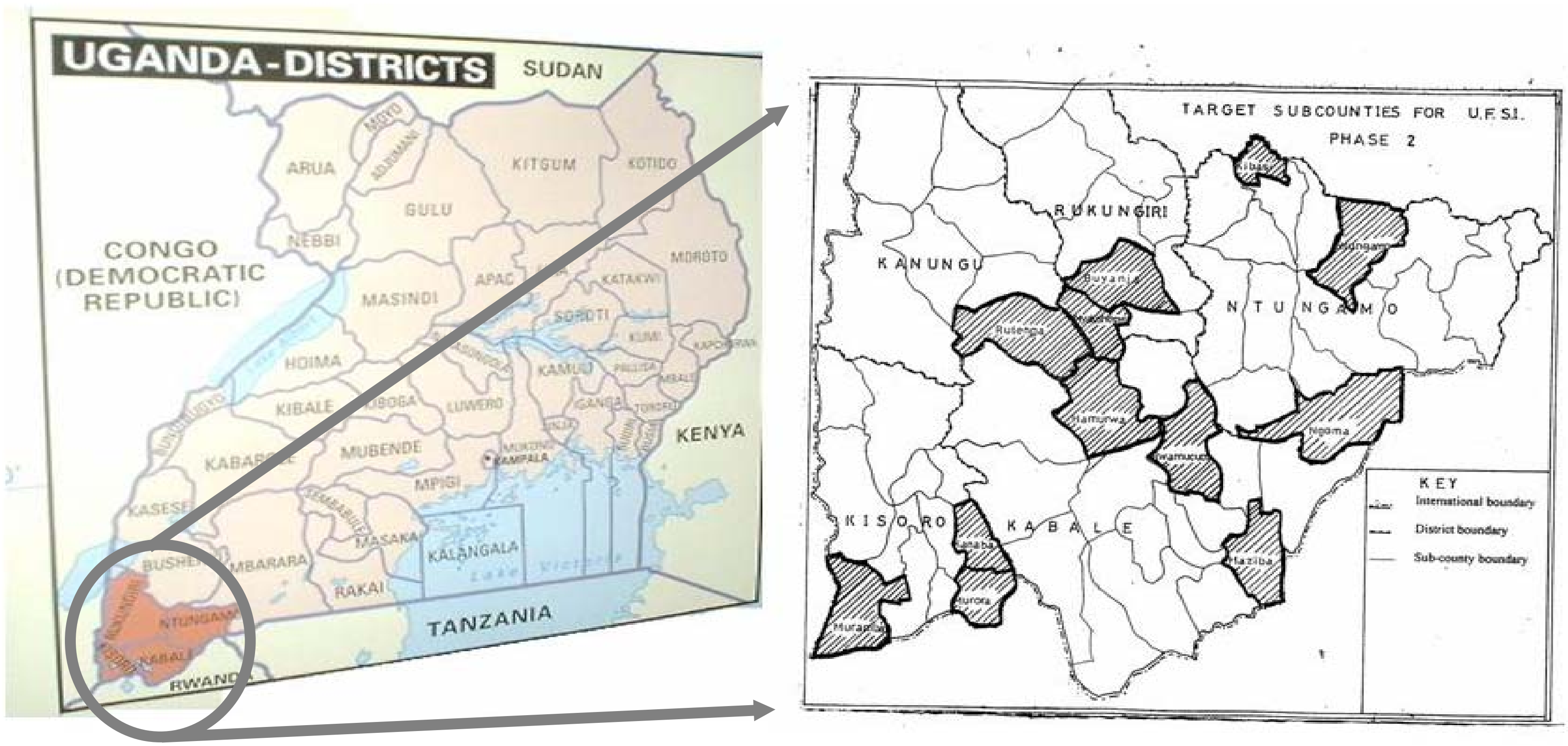
The team gratefully acknowledges its debt to Judy Bryson whose pioneering efforts in developing the Africare monitoring and evaluation systems are reflected in this and every Africare Title II program.



Uganda Food Security Initiative Project Study Sites

(Source: UFSI II 2006)

Table of Contents

List of Tables

List of Boxes

List of Acronyms

ACDI	Agricultural Cooperation Development International
AIDS	Acquired Immune Deficiency Syndrome
CHAI	Community HIV/AIDS Initiative
CIAT	International Centre for Tropical Agriculture
CIP	International Potato Center
DAP	Development Assistance Proposal
DRC	Democratic Republic of Congo
FANTA	Food and Nutrition Technical Assistance
FFP	Food for Peace
FFW	Food for work
FSC	Food Security Committee
FSCCI	Food Security Community Capacity Index
GoU	Government of Uganda
GMP	Growth Monitoring Promotion
GP	Growth Promoter
HA	Hectare
HH	Household
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IEC	Information, Education, and Communication
IPTT	Indicator Performance Tracking Table
KIHEFO	Kigezi Health Foundation
M&E	Monitoring and Evaluation
MAHFP	Months of Adequate Household Food Provisioning
MTCT	Mother-to-Child Transmission
MYAP	Multi-Year Assistance Program
MT	Metric Ton
NARO	National Agricultural Research Organization
NRM	Natural Resource Management
PRA	Participatory Rural Appraisal
SAARI	Serere Agricultural Research Institute
VOCA	Volunteers for Overseas Cooperative Assistance
UFSI	Uganda Food Security Initiative
USAID	United States Agency for International Development

1.0. Introduction

This report analyzes the effectiveness of Africare/Uganda's current monitoring and evaluation tools to measure household vulnerability and community capacity to identify and manage risk under Phase II of the Title II funded Uganda Food Security Initiative (UFSI II) program. This country case study is part of a more broad-based analysis of Africare Title II programs that have been in operation for at least five years to determine the level of impact each program has had on communities' ability to mange risk (including the impact of HIV/AIDS).

2.0. Background

2.1. The New USAID/FFP Strategy

One of the lessons learned from Title II programming during the 1990s was that the classic three-pronged approach of non-emergency programming (food availability, food access, and food utilization) that under-pinned most food security activities was most effective in areas where risks were low. The corollary to this lesson was that many of the target populations in Title II non-emergency program areas were, in fact, extremely susceptible to increased risks due to natural or man-made disasters or cyclical shocks (climatic or other) and that increasing the ability of a household and/or community to minimize risk became the over-arching activity of these programs. One policy recommendation (included in the current USAID/Food for Peace [FFP] policy paper) resulting from this lesson is that future programming should use a "Development Relief" approach at the design, implementation, and evaluation phases. The Development Relief approach recognizes that any Title II activity must anticipate the need to reduce household vulnerability to risk and the household's ability to manage both short-term and long-term risks and shocks.

Vulnerability is defined as "the ability to manage the risks one is exposed to." Lowered vulnerability can be achieved through (Haddad and Frankenberg 2003: 1):

(a) A reduction in exposure to risks or shocks that affect many (i.e., aggregate shocks such as drought) or those that affect the individual (i.e., idiosyncratic shocks such as the death of a household head);
(b) An increase in the ability to manage such risks or shocks; or
(c) Both a and b.

The current USAID strategy uses the words "shocks" and "risks" almost interchangeably—although the official "flow-chart" refers to shocks primarily in the context of "natural shocks" (Box 2.1). For the purposes of this case study, however, the Uganda team has made a distinction between "risks" and "shocks" as different points on a single continuum of risk.

Risk is more generally defined as an event or circumstance, either isolated or recurrent, that negatively affects the ability of individuals, households, communities, or governments/organizations to create or maintain successful livelihood systems.

A **shock** is a more specific type of risk that is not predictable and typically cuts across a wide swath of the population. Although a project can anticipate broad categories of shocks (plant diseases, earthquakes, floods, droughts, economic crises, refugee flows), the specific timing and nature of a "shock" cannot be predicted.

Shocks pose a particularly important threat to food security as they can often force households classified as having low-vulnerability into the high vulnerability category due to the "erosion of assets" and mortgaging of assets (e.g., children's education, soil fertility, wood stocks, livestock, and personal health) that occur as these households attempt to survive the shock. Of course, households that are classified as highly vulnerable at the start of a shock are also profoundly and negatively impacted by the shock, as they often have far fewer resources to use to survive the shock.

Based on these definitions, malnutrition, for example, can be a shock if it is sudden in nature (perhaps due to a sudden political crisis that drastically reduces food supplies to a population) or it can be a predictable and chronic risk (perhaps due to continual depletion of soil fertility over time, weak and/or non-conducive economic environment, and/or poor infrastructure and an inability to improve crop production).

Box 2.1 References to Shocks, Risks, and Vulnerability in the USAID/FFP Strategic Plan for 2006-2010

"All states are subject to shocks—occasional and recurrent. What distinguishes a food secure state from fragile, failing, or failed state is its ability to cope with these shocks…

High levels of chronic under-nutrition can also be an indicator of the vulnerability of countries, communities, and households to shocks….Chronic malnutrition reduces peoples ability to cope because it reduces their productivity while increasing their vulnerability to illnesses…

Risks, as the expanded USAID framework makes clear, come from many sources.

"Natural" Shocks: Climatic shocks, natural resource mining and degradation, yield volatility, asset depletion [e.g. soil erosion/depletion of nutrients], neglect of natural hazard mitigation

Economic Risks: Income fluctuation, collapsed terms of trade, savings depletion, employment insecurity, price volatility, high transaction costs, information asymmetry, inflation

Social and Health Risks: Epidemics, HIV/AIDS, widespread untended under-nutrition, risk perceptions, corruption, crime, social disintegration, predatory extraction by armed forces, conflict, ethnic and social discrimination

Political Risks: Poor governance (national and local), lack of legal recourse, inadequate representation, lack of accountability, inadequate provision of services and creation of public goods, adverse regulations, lack of recognition of human rights, political instability, ineffective institutions."

Source: USAID/FFP. Strategic Plan for 2006-2010. May 2005. Washington, DC: USAID/FFP. Pp. 20-22.

The term **livelihoods** can be broadly defined as the courses that ordinary people pursue to manage risk (including shocks) and vulnerability (Box 2.1). The new USAID/FFP strategy emphasizes that:

- The protection of, or support to, livelihoods in times of personal crisis or area-specific "shocks" enables individuals and households to rely on their own coping strategies (which are embedded in their livelihood systems) for survival and
- Enhancement of livelihoods systems as a mechanism that allows people to build resilience to hazards and minimize both their long-term and short-term exposure to risks over time reduces suffering and saves lives over time.

This shift in strategy has a number of implications for the design, implementation, and execution of the Title II programs on the ground.

- In terms of proposal development, it means expanding the basic food security problem analysis that is an integral part of any Title II program design so that it considers risk and different levels of household vulnerability, in addition to the detailed analysis of the more "classic" food security constraints (e.g., factors that constrain food availability, access, and utilization).
- In terms of project implementation, it means reorienting projects so that the vulnerability of food insecure households and communities is addressed more directly, focusing more on prevention and on helping countries, communities, and households cope or manage risk better.
- In terms of monitoring, evaluation, and reporting, it means that greater attention must be paid to assessing how projects strengthen the livelihood systems and coping strategies of the most vulnerable groups.

2.2. UFSI Phase I and Phase II

Phase I of the Uganda Food Security Initiative (FY97-FY01) was a "classic" Title II food security project, with integrated components focused on strengthening food availability, access, and utilization in 106 villages in southwest Uganda. Based on the project's achievements in agricultural production, natural resources management, farm-to-market road improvements, and household nutrition in Kabale district, the project was expanded during Phase II (FY02-FY06) to cover144 additional villages in Kabale and the adjacent districts of Kanungu, Kisoro, Rukungiri, and Ntungamo. Based on the recent UFSI II final quantitative household survey and external evaluation, the project is widely heralded as a great success with many valuable lessons learned concerning partnership and the critical importance of having an integrated approach to food security.[1]

Although risk management was not a specific focus of the project, there is a great deal of qualitative evidence that the project did decrease vulnerability and strengthen local communities' capacity to manage risk. For these reasons, the UFSI II project was considered an ideal setting for pilot testing some of the ways that Africare's existing M&E and design tools could be adapted to better take into consideration risk and vulnerability. The Uganda case study was expected to identify lessons learned, as well as

[1] Dick Sserunkuma. 2005. A Final Survey Report (DRAFT). UFSI II. Kampala: Africare/Uganda. Katrine Anderson, Richard J. Basalirwa, Hans J.W.B. Mwesigwa, John Okorio, and Dick Sserunkuma. 2006. Africare/Uganda. Uganda Food Security Initiative. Phase 2. Final Evaluation Report. February 2006. Washington: Africare.

tools that Africare could pilot test in other projects, including its new Title II food security project in north and northeastern Uganda (FY07-FY12).

3.0. Goals and Objectives of the Risk Management Study

The overarching goal of the Africare risk management study is to examine the impact of the Africare programs on household vulnerability and household ability to identify and manage risks and shocks. The study was completed in two parts. The first part included a review of documentation from the Africare's Title II programs that have been in operation for at least five years. The second part involved field visits to two of Africare's Title II projects, one in Upper Guinea and one in southwest Uganda. During each field visit, the consultant was charged with reviewing, with the field management team, the methodologies being used that either directly or indirectly reinforce and strengthen the community's ability to manage risks, foresee shocks, and reduce vulnerability. Africare's Title II projects in Upper Guinea and southwest Uganda were selected for the case studies by virtue of their longevity.

The case studies were completed with the following specific objectives.

1. Re-examine the utility of the existing monitoring and evaluation tools and data of the two projects (in particular, the MAHFP and the FSCCI, as well as the project's malnutrition indicators and growth monitoring system) for examining project impact on household vulnerability and ability to identify and manage risks (recurrent and often predictable) and shocks (non-recurrent and often unpredictable).
2. Identify what types of new data collection and analysis might be needed in order to make an accurate diagnosis of the local population's capacity to manage different sorts of risks and shocks, both before and after the projects intervened.
3. Analyze what role the two projects might have played—through their growth monitoring promotion or management of food aid—as early warning systems for emerging risks or shocks in the intervention zone and in coordinating any follow-up response that might have occurred because of these early warnings.
4. Based on these analyses, make recommendations to Africare/Washington, as well as to Africare/Uganda and Africare/Guinea, about how they could assist and be assisted in strengthening the auto-analysis and management of risk by the beneficiary communities of Title II projects.

4.0. Methodology and Organization of the Report

4.1. Methodology

To facilitate an initial qualitative analysis of the project's impact on household exposure to risk, risk management, and vulnerability to both recurrent and periodic risk and crises (shocks), the team pilot tested the following two new sets of M&E tools.

- "Technical" tables were tested that attempt to strengthen the project's existing data collection forms and analyses for NRM and agriculture by either: (a) cross referencing existing data to the food security categories (based on the MAHFP),

or (b) by adding the food security ranking as a data category on the existing health and nutrition, agriculture, NRM, and roads component data collection forms.

- New PRA forms used to structure two categories of focus group discussions were tested. One with food security committee leaders and a second with a representative group of male and female household heads from each of the three major food insecurity categories (categories I, II, and III based on their self-assessed level of food insecurity using the food security calendars or MAHFP). This resulted in a total of four focus groups per village in the pilot test (three with the representatives of the different vulnerability groups and one with village leaders).

The initial conception and testing of the tables and PRA forms was conducted in four steps over a ten day period from March 20-March 31, 2006 in southwest Uganda.

Step one: Initial distribution of sample PRA forms and technical tables. Based on an initial review of the Africare Title II literature, the consultant prepared an initial proposal for:

- Sample analyses that the project might be able to conduct with its existing monitoring and evaluation data and
- Various PRA tools that the project could use to strengthen its analysis of exposure to risk and risk management (i.e., vulnerability) during the annual PRAs that it conducts as part of the revision of community action plans.

These forms were distributed to both country programs (Uganda and Guinea) in late January before pilot testing with Africare's Title II program in Guinea began in February 2006.

Step two: Revision of the PRA forms and preparation of the technical tables and analyses. Preliminary planning for the risk management case study in Uganda started on March 20, 2006 in Kabale during which the project M&E officer (Florence Tushemerirwe), working with the consultant, familiarized staff with the global objectives of the exercise and its link to the new Title II food security strategy. This step included:

- A review of the forms used in the initial pilot test in Guinea with the project's capacity building supervisor to see how they could be used to assess risk management strategies in the UFSI II project context and
- Collaboration with the supervisors for health, agriculture, NRM, and roads to identify ways that their existing M&E tools could be strengthened, by minor modifications (or complementary analyses), to better examine risk. The output of this sub-step was the initial draft of sections five through seven of this report, jointly prepared by the consultant and the technical supervisor for agriculture (Joseph Mudiope), roads (Julius Tayebwa), and health and nutrition (Enock Musinguzi).

Step three: Two village field tests. This was followed by a one-day field test in two project villages (one Phase I village where the project is currently active and one where it is not) of: (a) the "core questionnaires" from Guinea that were adjusted to the field realities of southwest Uganda and (b) two of the project's existing health and nutrition data collection forms in order to cross-link the data with information on the participating

households' vulnerability category. The interviews were conducted by a team that included the consultant (Della McMillan), as well as the M&E officer (Florence Tushemrerwe), the health and nutrition specialist (Enock Musinguzi), the community mobilizer (Norah Twenda), and field assistants (John Kyooma, Elly Mugisah, and Naomi Natunkunda). The typed PRA forms are presented as a separate annex (Annex IV); a revised version of the technical tables is included in the technical sections of the report (sections five through seven).

Step four: Analysis and write-up. The final analysis and assessment of the tools was completed by the consultant with input from the UFSI II M&E and health and nutrition officers, the technical team, the project coordinator, and the Africare/Uganda administrative staff (the country representative and administrative officer).[2]

4.2. Organization of the Report

The report is organized into nine sections.

- Section two described the general background of the study including the new USAID/Food for Peace (FPP) strategy and the UFSI II project.
- Section three presented the specific goals and objectives of the Uganda case study and the broader risk management study within which this case study is taking place.
- This section (four) describes the study methodology.
- Sections five through seven summarize lessons learned and recommendations from the analysis of the UFSI II project's agricultural and natural resource management (NRM), roads, and health and nutrition sub-components, respectively.
- Sections eight and nine focus on lessons learned and recommendations from the project's use of Africare's two key indicators for capacity and vulnerability—the Food Security Community Capacity Index (FSCCI) and the Months of Adequate Household Food Provisioning (MAHFP).

5.0. UFSI Agriculture and NRM Interventions

5.1. Impact on Exposure to Risks and Risk Management

Using a standard form that was pilot tested in both Guinea and Uganda (Annex I, Form 1), the UFSI agriculture/NRM team identified the major risks (both those foreseen and those not foreseen in the proposal) and the extent to which their current strategies had reduced the local populations' exposure to these risks and increased their ability to manage these risks. Based on this analysis (a summary of which is described in Table 5.1), the team concluded that:

- UFSI II strategies had a major impact on reducing overall exposure to major recurrent risks that threaten agriculture (such as drought, disease and pests,

[2] In cases where it was important to reanalyze some of the project's existing data sets (such as the routinely collected data on growth monitoring and exclusive breastfeeding) the team restricted its analysis to the two villages where the new PRA forms were pilot tested.

erosion, insufficient access to improved seed, insufficient crop production and post-harvest handling technology, and price collapse) and that

- The exercise of thinking through the linkages between the project's food security development strategies and the various risks and shocks was very useful.

Three major and one minor "shock" (i.e., an occasional risk, the nature and timing of which could not be predicted by project staff; see Section 2.1 of this report) affected the project during the second phase (Table 5.2):

- The epidemic bean root rot episode in 2002,
- The banana bacteria wilt disease outbreak in 2004,
- A severe drought in 2005, and
- A relatively minor, but influential drought in 2004.

"UFSI II strategies had a major impact on reducing overall exposure to major recurrent risks that threaten agriculture (such as drought)." (Photo credit: F. Tushemerirew)

The first two shocks—which are disease related—were "managed" by applying Integrated Disease Management (IDM) approaches which reduced the impact of the diseases on yield. Probably the single most important factor that affected the project and households' ability to manage these shocks was the strong collaboration of the project during Phase I and II with NARO (the National Agricultural Research Organization) and NARO's strong agro-ecological focus. This strong-agro-ecological focus—which includes detailed recommendations for appropriate pest management, planting, marketing, and food processing strategies—enabled the project to anticipate many risks and cultivate the partnerships needed to manage them during the projects.

Table 5.1 Impact of UFSI II Project Strategies on and M&E Tracking of Major Identified Risks Associated with Agriculture and NRM in Southwest Uganda

Recurrent Agricultural and Risks to Natural Resources	Principal Project Strategies						Ability to Track Impact with Current M&E System (X=tracked, 0=not tracked)	
	Soil Fertilization	Integrated Pest Management (IPM) and Pest Management Awareness Building	Access to Improved Inputs (seed) and Technology	Anti-Erosion Measures and Agro-Forestry	Post-Harvest Storage	Market Access and Marketing	Zonal Level Impact	Evidence of Participation by Vulnerable Groups
Inter and intra seasonal variation in rainfall	X	X			X		X	0*
Disease and plan Pests		X					X	0*
Erosion				X			X	0*
Price collapse						X	X	0*
Poor seed quality			X				X	0*
Inadequate crop cultivation equipment			X		X		X	0*

Source: Synthesized from Annex I, Form 1.

*Anecdotal evidence; however, there is no quantitative data.

Table 5.2 Major Agriculture and NRM Shocks and Project and Community Management Strategies, UFSI II

Shocks	Proactive Management Strategies	Reactive Management Strategies	Factors that Contributed to or Detracted from Effective Management of Shocks
Epidemic bean root rot	Strong collaborative ties with NARO for on-farm technology trials	Project-facilitated linkages with NARO necessary to execute and integrate disease management approach that incorporated resistant varieties Farmers field schools among NARO	(+) Africare was able to cultivate strong and effective linkages with NARO that preceded the epidemic (+) NARO got money from other donors that enabled Africare to implement farmer field schools focused on management of this disease
Banana bacterial wilt disease	Demonstration trials and agricultural groups	-Intensive sensitization and awareness campaigns (videos and posters) -Establishing task forces from the village, parish to district level to control the disease -Project is still collaborating with NARO researchers to identify resistant germ plasma (post outbreak) to manage long-term risk of recurrence	(+)Strong linkages with NARO
Droughts	Introduced new short cycle varieties Promoted composting and trenches Improved post harvest storage Increased farmer income by promoting better marketing and road access to markets	----	(+) Strong research linkages with NARO and other partners like CIAT and CIP for agriculture and NRM that had enabled households to adopt more diversified technologies and income streams

NARO: National Agricultural Research Organization; CIAT: International Centre for Tropical Agriculture; CIP: International Potato Center

5.2. Extent to Which Current Agriculture and NRM M&E Tools Address and Track Vulnerability and Risk

Based on the risk and shock self-assessment exercise that was facilitated by the consultant at the project office (i.e., it was not field-based) (Tables 5.1 and 5.2 based on Annex I, Form 1), the UFSI II agricultural and NRM supervisors, concluded that:

- Their existing systems for tracking the participation in and impact of their activities (numbers of people that attend demonstration trainings, yield plots for major crops, farmer use of improved technologies) are sufficient to monitor the zonal level impact of the project, but that
- The current system of project tracking, monitoring, and impact indicators is less satisfactory in identifying the special needs, constraints, opportunities, and strategies for managing recurrent or periodic risk of the most vulnerable categories in the communities and in identifying the impacts of the project on these groups.

Specifically, the supervisors concluded that the current systems are inadequate in tracking the patterns of participation in or benefits from the UFSI II agricultural and NRM programs of:

- Households in category III based on the Months of Adequate Household Food Provisioning (MAHFP) indicator, as well as
- Households in four "special needs" groups: (1) households living with the affects of HIV/AIDS (including those that house people living with chronic diseases that may be HIV/AIDS-related [though sometimes not confirmed],[3] widows, AIDS orphans, and teenage-headed households); (2) widows who are household heads (even if not necessarily because of HIV/AIDS); (3) the elderly; and (4) the disabled.

Given the strong overlap between these four groups (all of whom are expected to have major labor constraints that cannot be solved by the project) they are all classified for the purposes of the risk management study as vulnerable households with "special needs." One key factor that distinguishes the "special needs" vulnerable households from the non-special needs households in category III is that their physical constraints often make it especially challenging for them to achieve the necessary increases in food security that they need to "rise" in food security categorization.

In the past, the Serere Agricultural Research Institute (SAARI)—which represents NARO in the semi-arid areas of eastern Uganda—has had to contend with high levels of civil unrest. This, in turn, made it difficult for researchers to supervise their demonstration and adaptive trials adequately. While this was not a risk to the achievement of Africare's seed development strategy in southwest Uganda, it is clearly a

[3] In a few UFSI II villages where various government and non-governmental agencies provide active support to households affected by HIV/AIDS, the infected individuals and their families are clearly identified. This is not the case in most villages.

risk that needs to be considered in the new project in eastern Uganda (Table 5.1).[4] Given the critical importance of collaborative on-farm trials in bringing households the types of higher yielding seeds and agronomic practices that they need to manage risks and reduce vulnerability, the agricultural and NRM supervisors identified the need for better systems for monitoring this capacity annually. This capacity is critical for all households including households in the most vulnerable category whose technology needs may be different from those of the more food secure households.

5.3. Recommendations

Based on this analysis, the team identified six broad ways of strengthening Africare's systems for managing risk and vulnerability and for tracking the project's impact on risk and vulnerability (Table 5.3).

Recommendation #1: Surveys. The first recommendation is to strengthen the identification and analysis of livelihood systems of the most vulnerable groups in baseline, mid-term, and final surveys. This information is critical to enabling the agricultural and NRM team to effectively identify the cropping, livestock, NRM, and post harvesting intervention packages that are best suited to these groups. Given the stringent sampling requirements for baseline, mid-term, and final surveys required by Food and Nutrition Technical Assistance (FANTA), the team does not recommend adding any additional categories to supplement the basic categories of most food secure, medium food secure, and least food secure. However, it is anticipated that any true random stratified sample will pick up households that are in these special needs groups as part of the normal sampling process. These surveys must, therefore, be conducted on a random stratified sample and must include questions that permit identification of the special social characteristics, production constraints, and opportunities of households that would fit into the special needs group.

Recommendation #2: PRAs. A more detailed analysis of the special needs, constraints, and opportunities of households that fit into the special needs groups, as well as of households in the least food secure category, should be conducted annually as part of the PRAs that are done in conjunction with the annual updating of the village action plans. During the risk management study, the team developed and pilot tested two PRA forms for assessing household livelihood and coping strategies for different vulnerability groups that could be revised for use in future projects in Uganda and elsewhere (Annex IV, Forms 4 and 5). The team feels that the first form could be used to describe the livelihood systems of the special needs group in a village. The second PRA form is designed to help the project assess and project beneficiaries "self-assess" their coping strategies in response to particular types of risks and shocks. If the two forms are used annually, they should provide a mechanism for the project beneficiaries to update their "self-assessment" of livelihood systems and coping strategies for the different vulnerable

[4] Peter Esele, Della E. McMillan, John H. Sanders, Eliud O. Omolo. 2001. Uganda: Progress in the 1990s with the Return of Stability. In, Agricultural Technology for the Semiarid African Horn. Volume 2: Country Studies. Pp. 20-23. Lincoln, Nebraska: INTSORMIL (Inter-Governmental Authority for Development) for IGAD (the Inter-governmental Authority for Development).

Table 5.3 Identified Needs, Recommendations, and Tools for Strengthening Title II Project M&E Systems for Agriculture and NRM based on UFSI II Lessons Learned

Recommendations	Sub-Recommendation	Period	Tool	Value Added
#1 **Surveys:** Better information on vulnerable groups in baseline, mid-term, and final survey analyses of agriculture	Include information about social and livelihood characteristics on the ag/NRM survey forms	Baseline, midterm, and final survey	Current survey forms	-Baseline: adapting programs to specific conditions of vulnerable HHs -Mid-term and final: assess impact of strategies on vulnerable groups
#2 **PRAs**: More detailed analysis of the livelihood systems and coping strategies of vulnerable groups	Conduct livelihood and coping strategy surveys of vulnerable groups	Annual PRA updates	Livelihood survey and coping strategy forms (Annex IV, Forms 4&5)	-Annual update on key indicators for vulnerable groups -Structured method for assessing impact on special needs groups
#3 **Demonstration trials:** Trials for technologies adapted to the constraints/opportunities of the most vulnerable groups	Encourage FSCs to help vulnerable households create farmer groups and trials of technologies adapted to their needs	Annually	Existing model for farmer groups and demonstrati on trials	Helps the project better target appropriate technologies to vulnerable groups
#4 **Monitor community capacity to design, execute and analyze technology trials:** Strengthen project's capacity to monitor farmer groups' capacity for participatory agricultural research and extension that addresses needs of all farmers and special needs of vulnerable groups	Create a five to six variable index modeled on the FSCCI (Box 5.1)	Annual	Index could follow FSCCI model	Track capacities necessary to execute and sustain management of recurrent and periodic agricultural risks and shocks by collaboration with national and international technical partners
#5 **Indicators and IPTT:** Better tracking of vulnerable groups' participation in and benefits from ag/NRM activities in the official project indicators and IPTT	Strengthen existing forms by recording the vulnerability category of the household	Annual (for monitoring indicators) Baseline, mid-term, & final for impact indicators (e.g., yield)	Add vulnerability category to current forms/indicators (Annex I, Forms 2-4* (see Table 5.4)	Helps the project better track the extent to which technologies are being adopted or rejected by vulnerable groups

FSC: Food Security Committee; FSCCI: Food Security Community Capacity Index
*Attached forms in Annex I are revisions of forms currently in use by UFSI II. They are a prototype, not an exhaustive list.

groups. This information is critical to the project's ability to adapt general strategies (such as seed selection, compost training, gardening programs, and disease and pest management) to the special needs of these groups.

Recommendation #3: Demonstration trials. Based on the information provided in the baseline survey and the PRAs, the UFSI II agriculture and NRM team recommended demonstration trials of new technologies. In the past, only one demonstration trial group (through one farmer group) was organized in each village. These households were considered the "Africare households" that participated in the Africare agricultural and NRM program. To date, however, the project has not monitored the vulnerability category of the thirty or so households that participate in these trials in each Africare village. One recommendation for the future is that the current system for monitoring these demonstration trials and their impact be strengthened by the addition of a column that identifies the vulnerability category of the participant (Annex I, Forms 2- 4). Given the special needs and constraints of the special needs groups and many of the most vulnerable households, the team anticipates the need for a separate set of demonstration trials for technologies that apply more directly to their situation. More than likely, these special needs groups will comprise a separate farmer group since the technologies being tested are unlikely to be the same as for the other farmers. Vulnerable farmers who build their capacity to the point that they are no longer in the least food secure category, will probably want to join the other group later in the project. This option should be anticipated from the start of the project in discussions with the food security committees that would oversee both trial groups.

"…farmer groups need to be able to design, execute, and assess collaborative demonstration trails." (Photo credit: UFSI II archive)

Recommendation #4: Monitor community capacity to design, execute, and analyze technology trials. For the agricultural risk management strategies identified above to be sustainable over time, farmer groups need to be able to design, execute, and assess collaborative demonstration trials. This collaboration is normally orchestrated by the project while it has Title II funding. Once funding ends, however, the farmer groups need to be able to continue this work with the most relevant partners (e.g., NARO, CIP, and CIAT). This capacity is likely to be even more important in the new project in north and northeastern Uganda given that insecurity associated with raids or civil disturbances may periodically disrupt extension workers' capacity to train

and monitor farmers during the trials. One recommendation for dealing with this problem is to create an index tool—modeled on the Africare FSCCI—that will track agricultural committees' capacity to design, implement, and evaluate trials to the standards demanded by the major technical partners, such as NARO and the international research centers that support them (see Box 5.1).

Box 5.1 Suggested Model for Developing a FSCCI-Participation Crop Research and Extension Tool based on UFSI II Lessons Learned

Based on the risk study analysis, the team recommends that a form be identified for monitoring the capacity to participate in crop research and extension from the start of each project.

A provisional scoring might be based on six variables that rank farmer groups' capacity and impact on a scale of zero to five (with five being the highest). The values of what constitutes a zero and what constitutes a five would be developed in collaboration with the principal technical partners (NARO, etc.) to ensure their understanding and ownership of the system. This in turn will increase their willingness to monitor the system once the project ends.

- Variable 1: Capacity to design trials
- Variable 2: Capacity to manage trials
- Variable 3: Capacity to increase village awareness of trials
- Variable 4: Capacity to "harvest" trial correctly
- Variable 5: Capacity to record information from the trail in format that researcher and/or project staff need in order to determine success/failure/suitability of the new technology
- Variable 6: Adoption rates

Recommendation #5: Indicators and IPTT. It is anticipated that recommendations above will help the project better identify and respond to the special needs and constraints of the most vulnerable groups. For this impact to be fully appreciated, however, certain indicators need to be expanded so that they measure the impact on vulnerable groups, as well as overall impact. The specific recommended adjustments to the official IPTT indicators are presented in Table 5.4. In most cases this information can be collected on the existing forms by simply adding the households' food security category (based on the MAHFP) or special vulnerability category (e.g., household affected by HIV/AIDS, widow headed [other], elderly or disabled).

"It is anticipated that the recommendations above will help the project identify and respond to the special needs and constraints of the most vulnerable groups." (Photo credit: UFSI II archive)

Table 5.4 Recommendations for Improvements to Current Indicators for Tracking Impact on Risk and Vulnerability in the New Africare Title II Project in Eastern Uganda

Current Indicator	Proposed Indicators
Impact Indicator 1.1: Avg. number of months of adequate HH food provisioning (MAHFP)	(Retain) Avg number of months of adequate HH food provisioning (MAHFP) (see Section 9, recommendations on the MAHFP) (Create variable to track information already gathered under MAHFP) % of HHs is the least food secure category (category III)
Impact Indicator 1.2: Capacity of communities and local government to plan and implement food security interventions (measured in terms of the 10 variables FSCCI)	(Reformulate to include variables 1-6 and 9-10) (see Section 8, recommendations on the FSCCI) Core capacity of communities and local governments to plan and implement food security interventions (indicators 1-8) FSCCI-Core (discussed later)
	(Reformulate to include only variables 7-8) (see Section 8, recommendations on the FSCCI) FSCCI-Risk
	(Create new indicator) FSCCI-Participatory Research and Extension (Box 5.1)
Impact Indicator 1.1.1: Avg. annual yield in (MT/HA) of potatoes, beans, potatoes, and bananas	(Revise crops for eastern Uganda): Average annual yield in MT/HA of Cassava (food crop) Sweet potato (food crop) Peanuts (food crop) Sunflower (cash crops) Upland rice (cash crop)
Monitoring Indicator 1.1.1: # of HHs adopting at least three improved agronomic practices	(Retain) # of HHs adopting at least 3 improved agronomic practices Stratify by -All households -Least food secure groups (category III)
Monitoring Indicator 1.2.1: % losses post-harvest Potatoes and beans	(Retain) % losses post-harvest cassava sweet potatoes Stratify by: -All households: -Least food secure groups (category III)

6.0. UFSI Road Interventions

6.1. Impact on Exposure to Risks and Risk Management

"UFSI study sites were not accessible by road and therefore extremely isolated prior to the start of the project." (Photo credit: UFSI II archive)

The UFSI study sites were not accessible by road and therefore extremely isolated prior to the start of the project. Based on Africare's detailed analysis of the critical linkage between the physical isolation of many southwest Uganda villages and food insecurity, USAID/FFP agreed to fund a sizable roads component as part of both Phase I and Phase II of the UFSI project. In the context of the time, this was somewhat revolutionary.

The poor physical access to project villages was associated with a number of risks that were highlighted in Phase I and Phase II of the UFSI project. Five broad categories of constraints that were examined in the final quantitative survey of UFSI II include (Annex II, Form 3): [5]

- The time and expense involved in accessing different places, as well as the insufficient input supply, marketing, and animal and human health services, all of which households need in order to decrease food insecurity and manage risks;
- The poor development of rural economic enterprises and infrequent circulation of vehicles and merchandise during planting and harvest season (both of which are needed to maintain successful livelihood systems);
- Low product sales and prices due to the distance and difficulty of accessing rural markets;
- Limited access to and high prices for new agricultural inputs (equipment, improved seed, and fertilizer); and
- The low value of land, which discourages investment.

[5] A community-level questionnaire was used to collect information on use and access to Africare constructed/rehabilitated roads, and the associated benefits and problems. Community road interviews were carried out at different spots along each Africare constructed/rehabilitated road (see Annex II, Form 3 of this report). On average, 10 people (LC1 administrators and residents, including men, women, and youth) in each LC1 participated in the community interviews. Depending on the number of communities (LC1s) along each road, a minimum of four to a maximum of nine community interviews were carried out for each road. A total number of 26 communities were randomly selected and interviewed for all of the four roads (i.e., one road per district with Rukungiri and Kanungu considered as one district). The interviews were conducted in September and October 2005 (Sserunkuma 2005 (Draft): 6-7).

The construction of roads to these isolated areas was intended to reduce households' exposure to certain risks (e.g., fluctuating prices, low yielding poor quality seed, and insufficient vaccination and health education services) and to strengthen the ability of communities to manage the after effects of risks and shocks (e.g., lower yields due to plant disease outbreaks, "spikes" in human diseases that are controlled but not eradicated, such as cholera and malaria). By improving project beneficiaries' access to towns and outside services, the roads development component was expected to help households diversify their livelihood strategies by developing a greater variety of income sources from crop, livestock, and non-agricultural production activities and to help them cope with risk in ways that were less destructive than their traditional coping devices, which often involved hiring family members out for wage labor to wealthier farmers, taking children out of school, or selling all their animal stock.

"Travel time to most major markets and sites dramatically decreased. The costs of travel, however, increased (due to farmers switching to motorized transport and gas price increases)." (Photo credit: M. Jacova)

One innovative feature of the final quantitative household survey of the UFSI II project was its inclusion of a social survey to assess the impact of the roads (Annex II, Form 3). The major conclusions of this study (Sserunkuma 2005: 46-75) and the final external evaluation team's review (Anderson, Basalirwa, Mwesigwa, Okorio, and Sserunkuma 2006: 66-85) with regard to roads were that the UFSI I and II road conditions and construction strategy had a major impact on the principle economic risks it was designed to address (Box 6.1 and Table 6.1). The two studies also concluded that the project had helped reduce the villages' exposure to the major risks (land slides, soil erosion, dust, destruction of vegetation) that threaten the sustainable maintenance of roads (Table 6.1). One of the major factors that affected the prospects for maintaining the roads in a sustainable manner is the project's incorporation of many examples of "best practice" in technical design. However, the incorporation of designs that assisted in sustainable maintenance of the roads is not sufficient to guarantee routinely and adequately maintained roads after the project ends. Therefore, despite the fact that maintenance risks were "partially managed" during the project, their long-term sustainability is now in question given:

- The weak capacity of the communities to manage roads and
- The fact that the roads policy of the government of Uganda does not support district maintenance of community roads.[6]

[6] Community roads are roads of limited capacity, about four meters wide, which connect between villages within the sub-county or with villages of different sub-counties. They are maintained by the communities. Feeder roads are roads that have a bigger capacity with a width of not less than six meters. They connect sub-county roads to the main district roads and are maintained by the districts. Maintenance of feeder roads

In addition to the anticipated risks, there are risks that were not considered in the design of the project. The introduction of vehicles has resulted in a new risk of injury or death to people and livestock due to traffic accidents. Insecurity has increased with the presence of increased traffic to the areas. A high rate of staff turnover has resulted in difficulty executing the original design for road construction and maintenance.

There is an implicit assumption that the associated increase in economic opportunity benefited the most vulnerable groups. One of the most immediate impacts of the new roads construction was to increase the price of buying, renting, and sharecropping land. Since the most food insecure groups are the most likely to rent and sharecrop land, they are the most likely to be negatively affected by these higher prices. To date, however, there has been little detailed analysis of how the relatively sudden increase in land prices—or the increased cost of corralling animals to keep them from being hit by cars—may have affected the most vulnerable households or how these new "risks" have or have not been counteracted by some of the other positive impacts of the roads (Table 6.2).

Box 6.1 Examples of the Impact of Roads on Reducing Project Beneficiaries' Exposure to Risks and Risk Management

Impact of the Mgahinga-Ntebeko Road*

- Travel time from Kisoro town to the park have been reduced by almost an hour and transport costs from Kisoro town to the park have been reduced from UG SHs 9,000-10,000 to UG Shs 5,000.
- Potato prices increased from UG Shs 8,500 to 15,000 per bag because of increased demand.
- Large trucks are able to access the potato growing areas of Muramba, which has given farmers more direct access to the market for their product.

Impact of road construction on distances and access to services in the 26 communities studied**

"Between 2003 and 2005 the average distance significantly reduced from the LC1s to the nearest all-weather Murram road (from 8.2 kilometers [km] to 1km), pick up truck service (from 136.1 minutes [min] to 65.3 min), input supply dealer (from 9.7 km to 2.6 km) and general treatment government health facility (from 6.7 km to 3.9 km). A significant reduction also occurred in travel time to the nearest all-weather Murram road (from 84.6 min to 20.1 min), pick-up truck service (from 149.5 min to 86.6 min), grain mill (from 142.5 min to 36.8 min), milk collection point (from 203.7 min to 99.5 min), general treatment government health facility (from 137.8 min to 60.9 min) and to the nearest government antenatal care and child delivery facility (from 190 min to 106.7 min). Similar changes occurred in travel time to all the above listed destinations and to the nearest *boda-boda* service (from 140.8 min to 791.1 min) and trading centre (from 48.3 min to 26.2 min) in the rainy season. However, the travel cost to various destinations (such as nearest tarmac road secondary schools and government antenatal care and child delivery service) significantly increased between 2003 and 2005, despite the reduction in travel distance or time. This is probably because of the introduction of motorized means of transport which use fuel, whose cost has increased significantly since 2003."

*Source: Anderson et al. 2006: 75.
**Source: Sserunkuma (Draft) 2005: 46.

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is the responsibility of the districts. The Ministry of Works, Housing, and Communications (MOWHCO), however, budgets some funds for maintaining feeder roads, which it gives to the districts for use. Community roads comprise about 46 percent of the total road network in Uganda but many are impassable for much of the year due to broken or blocked bridges and culverts. (Anderson, Basalirwa, Mwesigwa, Okorio, and Sserunkuma 2006: 66).

Table 6.1 Impacts of the Africare Roads Component in Africare and Non-Africare Villages on the Principal Risks Identified in the Final UFSI II Household Survey, 2005

Characteristics upon which Identified Roads were Expected to Have an Impact	Impact	Africare Villages (n=13*)		Non-Africare Villages (n=13)	
	Recorded Impact (Final Survey)	Managed and Tracked	Partially Managed and Tracked	Managed and Tracked	Partially Managed and Tracked
The time and expense involved in accessing different places as well as the basic input supply, marketing, animal and human health services that households need to decrease food insecurity and manage risks	-Travel time to most major markets and sites dramatically decreased (Box 6.1) -The costs of travel, however, increased (due to farmers switching to motorized transport and gas price increases (Box 6.1)	Africare assisted communities with capacity building for marketing and access to inputs and technology	Africare assisted communities with road construction and maintenance	0	Africare assisted communities with road construction and maintenance
The development of rural economic enterprises and circulating of vehicles and merchandise during planting and harvest seasons	Substantial increase in new housing construction, as well as commercial and residential properties, grain mills, new market spaces, dispensaries, and clinics			0	
Low product sales and prices due to the distance and difficulty of accessing rural markets	-Higher farm gate prices -More competitive wholesalers -New profitable crops			0	
Limited access to and high prices for new agricultural inputs (equipment, improved seed, fertilizer)	Price of agricultural inputs decreased			0	
Low value of land which discourages investment	-Major increase in the cost of land adjacent to the roads, as well as the cost of renting and sharecropping -Increased fencing and padlocking of plots of land and decreased emphasize on communal grazing	0	0	0	0
Introduction of maintenance risks (erosion, lack of cooperative labor for maintenance and repair)	Decreases efficiency of the road	Tree planting alongside road banks	Africare training and interventions	0	Africare training and interventions
Introduction of environmental and erosion problems related to the road	Decreases efficiency of the road	0	Africare training & interventions	0	Africare training and interventions

*Four villages in Ntungamo, six in Kanungu, three in Kistoro, none in RuKungiri and none in Kabale.
Source: Ssserunkuma (Draft) 2005: 46-58. 0=Not managed/tracked by the project

Table 6.2 Impact of UFSI II Project Strategies on and M&E Tracking of Major Identified Risks Associated with Roads Intervention in Southwest Uganda

Recurrent Risks	Principal Project Strategies							Ability to Track Impact with Current M&E System (X=tracked, 0=not tracked)	
	Culverts Off-Shoots	Tree Planting	Participatory Planning and Monitoring	Speed Bumps	Trenches	Road Designs that Incorporate Best Practice	Training	Zonal Level Impact	Evidence of Participation by Vulnerable Groups
Soil erosion	X	X	X		X	X	X	0	0
Dust		X						0	0
Destruction of vegetation						X		0	0
Livestock death due to traffic								0	0
Human injury or death due to traffic accidents				X				0	0
Household displacement			X					0	0
Increased insecurity along roads								0	0
Water runoff	X	X	X		X			0	0
Land slides		X	X		X	X	X	0	0
Community maintenance			X					0	0
Limited gov. budget for community roads								0	0
Limited understanding of wider social impact of roads on most vulnerable groups			surveys assess village-level impact only					0	0

There were several types of shocks that affected the roads intervention activities. The principal shocks that affect the new road construction in the UFSI II project areas were sudden inundations that accelerated erosion (Table 6.3). There was a major and sudden increase in rainfall in Kanungu in 2005, which precipitated land slides and erosion. Other shocks were economic. A spike in fuel prices after the project's design was complete made budgeting difficult and a substantial delay in the transfer of funds resulted in a long lag period between design of the roads (with community input) and the actual ability of the project to construct the roads. The project's strong collaboration with the districts and local communities during the design phase helped minimize the negative impact of these shocks on the road construction process.

High rates of staff turnover had a negative effect on the project's ability to manage the strategic partnerships (Table 6.3). While this is true for almost any project component, it is especially true for roads due to the critical importance of developing solid collaboration with many local government structures and communities that are outside the official project intervention zone (i.e., government structures with whom the project did not have signed protocols for collaboration on the official UFSI II project). This solid collaboration was one of the critical "pro-active" strategies of the project that enabled them to manage various delays in funding when they occurred. The constant rezoning in administrative districts is a short-term risk that comes with decentralization in any newly developing country. The principal impact that this has on roads maintenance is that it requires the project to renegotiate its ties for road maintenance each time a new administrative unit is created.

Table 6.3 Major Roads Component Shocks and Project and Community Management Strategies, UFSI II

Shocks	Proactive Management Strategies	Reactive Management Strategies	Factors that Contributed to (+) or Detracted from (-) Effective Management of Shocks
Floods in Kanungu (2004)	On-site training of local people during construction	Local people were trained in managing land slides Installed more culverts Encourage districts and villages to plant trees and bushes along the road that would stabilize soil (with non-UFSI funds)	(+) Strong involvement of the local communities in the initial design and construction of the roads and their perception of the road's importance
Fuel spikes	Strong collaboration with the district and village authorities in initial design	Adjusted the budget Districts contributed more materials and support than anticipated	(+) Flexibility of the team
Delays in the transfer of project funds		Met with district and village authorities and explained delay and then moved forward once the money was available	(+) Solid involvement of the districts in the initial design and construction of the other roads and planning for the delayed roles (-) Staff turnover (-) Rezoning administrative districts

6.2. Extent to Which Current Roads Component M&E Tools Address and Track Vulnerability and Risk

Based on the risk and shock self-assessment exercise that was facilitated by the consultant at the project office (i.e., it was not field based), the UFSI II roads specialist concluded that:

- The current indicators for tracking the economic impact of the project's road component are very good (Table 6.5), but
- They are less satisfactory in:
  - Collecting standardized data on the economic indicators (due to the lack of standardized forms), [7]
  - In tracking the local communities' (both Africare and non-Africare) capacity to manage the roads or the major maintenance risks (see Table 6.2 above), and
  - In assessing the impacts of the roads on vulnerable groups.

6.3. Recommendations

Based on this analysis, the team identified three broad ways of strengthening the project systems for managing risk and vulnerability and tracking the project's impact on risk and vulnerability (Table 6.4).

Recommendation #1: Community road maintenance capacity index. One recommendation for future projects is to strengthen public awareness of road maintenance in villages along the major roadways. Although UFSI II did provide a certain amount of on-site training, it was not systematic. Similarly, there was no system for helping communities identify the type of training they would need nor to monitor whether or not this level of training was maintained. Based on the FSCCI model, the team recommends that future projects in Uganda and elsewhere consider creating, at the start of the project, a participatory self-assessment tool that would help communities and districts better conceptualize what types of capacity they need to maintain the roads over time (Box 6.2).

"…strengthen public awareness of road maintenance in villages…identify the type of training they would need…" (Photo credits: M. Jacova and J. Tayebwa)

[7] The data used to calculate these indicators during UFSI II was collected in the extension workers and/or construction agents' notebooks and reported back to the project in written reports.

Table 6.4 Recommendation and Tools for Strengthening Title II Project M&E Systems for Road Component based on Lessons Learned from the UFSI II Project

Recommendation	Sub-Recommendation	Period	Tool	Value Added
#1 Community road maintenance capacity index: Track community capacity to maintain roads	Work with district officials to create a community capacity index that will measure communities capacity for road maintenance	Prior to and during construction and over the life of project	Use FSCCI as a model to develop a road maintenance capacity index (Box 6.2)	Helps Africare & district govts better identify the types of training and capacity building and leadership (from politicians and others) that will be need to sustain rural roads
#2 Quantitative surveys: Strengthen the capacity of projects to assess the impact of roads at the zonal level and on vulnerable groups	2.a. Track impact of roads in quantitative baseline and final surveys 2.b. Future survey analyses should distinguish between impacts in Africare and non-Africare villages 2.c. Future analyses should examine impact of roads on vulnerable groups	Baseline, midterm, and final surveys	-Annex II, Form 3, UFSI final survey form (for the roads) -Annex IV, PRA Forms 4 and 5 or some other livelihood and coping strategy form to assess the more specific impact of the roads on vulnerable groups	Helps Africare demonstrate the impact of roads on vulnerability and risk
#3 Staff capacity building: Reduce staff turnover by targeted staff development on FFW and public works projects (including roads)	3.a. Monitor the number of UFSI staff who have done TDY (temporary duty) assignments in other Africare countries that build their professional capacity 3.b. Develop a comprehensive bibliography for UFSI I and II	Annual	-Create a simple tool for monitoring staff exchange visits -Ensure that UFSI bibliography is up-to-date and encourage exchange of bibliographies with other Africare countries, especially with regard to roads construction an FFW (design, execution, and monitoring)	Helps UFSI incorporate best practice from other Africare programs into its development of FFW in eastern and northern Uganda Helps build the professional capacity of staff
#4 Indicators and IPTT: Develop standard data collection forms for all indicators in the IPTT	Develop forms that monitor the indicators	Annual	Annex II, Forms 1-2 for the IPTT	Creates standard model that other Africare projects and partners can review and adopt in future projects

FFW: Food for Work; UFSI: Uganda Food Security Initiative; TDY: temporary duty

*The attached forms are revisions of forms currently in use by UFSI II. They are included as a prototype not that future programs consider some sort of PRA livelihood and copying strategy PRA exercise into future mid-term and final surveys.

Box 6.2 Suggested Model for Developing a Capacity Index that would Measure Community Capacity to Maintain Roads based on Lessons Learned from UFSI II

Based on this analysis, the team recommends that a form be identified for monitoring the capacity of communities to maintain roads from the start of the project.

A provisional scoring might be based on four variables that rank farmer groups' capacity and impact on a scale of zero to five (with five being the highest). The criteria of what constitutes a zero and what constitutes a five would be developed in collaboration with the district authorities charged with supervising community roads maintenance to ensure their understanding and ownership of the system.

Suggested variables that would be ranked based on indicators ranked from zero (lowest) to five (highest):

- Variable 1: Community organization to manage roads;
- Variable 2: Community willingness to devote resources to road maintenance;
- Variable 3: Community has the necessary technical skills;
- Variable 4: Level of maintenance of the roads associated with the village.

Recommendation #2: Quantitative survey. The final quantitative survey of the UFSI II project included an innovative social assessment survey. This survey permitted the project to examine its impact on prices, as well as market access and other economic variables. While many of the recorded impacts (higher farm gate prices and easier access to markets and health services) are likely to strengthen the livelihood and coping strategies of the most vulnerable groups, other impacts (like higher prices for purchasing and renting land) might actually make them more vulnerable. To address this issue, the team recommends:

Sub-recommendation 2.a: That Africare/Uganda and other Africare Title II programs consider using the social impact survey developed for the final quantitative UFSI II survey to assess the economic social impact of the roads in both Africare and non-Africare villages.

Sub-recommendation 2.b: That future quantitative impact surveys (like the UFSI II final household survey) distinguish between households in Africare villages (i.e., villages that received the full food security package) and non-Africare villages that only received the roads;

Sub-recommendation 2.c: That future surveys (baseline and final) be expanded to include a more specific analysis of the impact of roads on the livelihood strategies of households in the most vulnerable groups. The mechanism for identifying these groups should be food security calendars. The mechanism for examining the livelihood surveys could be a modified version of the livelihood PRAs that were pilot tested with focus groups during the risks management study (Annex IV) or some modified version of the food security calendar matrix as described in section nine of this report. Whatever format is selected, it is important to be consistent (i.e., to ensure that a similar format is used to assess impact during the baseline survey and prior to both the mid-term and final evaluations).

Recommendation #3: Africare staff capacity building. High rates of staff turnover always hinder project execution. This is especially true for the road construction component given the critical importance of solid, visible leadership in negotiating with district road

construction offices and communities. During the next phase, Africare should consider identifying categories of capacity that would benefit from exchanges with projects in other countries.

Sub-recommendation 3.a. One area where there is a need for immediate capacity building is in the design, execution, and monitoring of Food for Work projects in connection with road building.

Sub-recommendation 3.b. The project also urgently needs an up to date bibliography of all technical documents and reports.

Recommendation #4: Indicators and IPTT. Although the official (i.e., in the IPTT) indicators for the UFSI II roads component are satisfactory for tracking the project's zonal level impact and government investment in follow-on management, the project never developed a standard format for data collection forms. This lack of standardized forms and instructions for collection and analysis of this data is a problem given the high rates of staff turnover that characterized this subcomponent during UFSI I and II. In addition, the lack of standardized forms makes it difficult to share sample M&E techniques for roads with partners coming on board under the new project in northern and eastern Uganda. The team recommends retaining all the current indicators, but developing more standardized mechanisms for collecting and analyzing the data that feeds into these indicators (Table 6.5). Two forms were developed to do this during the risk management study (Annex II, Forms 1 and 2).

Table 6.5 Recommendations for Improvement to Current Indicators for Tracking Impact on Risk and Vulnerability in the New Africare Title II Project in Eastern Uganda

Current Indicator	Proposed Reformulation or New Indicator
Impact Indicator 3.1: # of new business services along upgrade roads by type	(Retain but create and maintain standardized forms for collecting the data needed to calculate the indicator)
Impact Indicator 3.2: Average # of daily trips of autos and trucks on upgraded roads (in planting season; in harvest season)	Same as above
Monitoring Indicator 3.1: # of km of motorable roads rehabilitated to GOU standards.	Same as above
Monitoring Indicator 3.2: # of km of roads maintained by local government communities	Same as above

7.0. UFSI Nutrition and Health Interventions

7.1. Impact on Exposure to Risks and Risk Management

Using a standard form that was pilot tested in both Guinea and Uganda (Annex III, Form 4), the UFSI health and nutrition supervisor identified the major risks (both those foreseen and those not foreseen in the proposal) and the extent to which their current strategies had reduced the local populations' exposure to these risks.

Based on this analysis (a summary of which is described in Table 5.1), the UFSI health and nutrition supervisor concluded that:

- The global health and nutrition strategies have successfully reduced the communities' exposure to the major health and nutrition risks in the villages where they intervened (Table 7.1) and
- That given the qualitative evidence for: (a) strong community support for the community-based growth monitoring system[8] set up by Africare (even in villages where the project was no longer active), (b) the demonstrated flexibility of this system to responding to new emerging risks (Table 7.2), **and** (c) the strong decentralized system of rural health services in Uganda, the prospects for sustaining these achievements are very good.

"…the growth monitoring system continues to be active in the Phase I villages where Africare is no longer heavily involved." (Photo credit: UFSI II archive)

The same core community capacity developed by the active project-sponsored growth monitoring and Information, Education, and Communication (IEC) programs helped the project manage the principle health and nutrition shocks that occurred during the past five years (Table 7.3). These include:

- The nutritional consequences of the drought in Phase I and II villages, specifically the reduction in vegetable production and consumption, and
- A sudden epidemic of mange-mites disease in the rabbit population, which was important because rabbits had become a more source of protein and had helped reduce malnutrition.

There is also some qualitative evidence that the food security committees in six villages played a major role in providing food and shelter prior to other types of assistance brought in by other donors to assist refugees from the Democratic Republic of Congo (DRC) and Rwanda in March 2005 (Table 7.3).

The site visits to two villages during the risk management study however, illustrate that overall the project's health and nutrition achievements are highly susceptible to risks and shocks—probably more than the agriculture and NRM interventions though no formal comparison was made (Table 7.3). Currently, southwest Uganda is enjoying a period of

[8] Even though the health promoters (the persons primarily responsible for conducting village-level growth monitoring) are not paid, the growth monitoring system continues to be active even in the Phase I villages where Africare is no longer heavily involved. This augers well for the sustainability of this intervention activity. There is a great deal of prestige associated with growth promoter positions from the community and the district health workers. The growth monitoring system is credited with the successful reduction of many key nutrition and health risks, according to key indicators, at the zonal level.

Table 7.1 Impact of UFSI II Project Strategies on and M&E Tracking of Major Identified Risks Associated with Health and Nutrition in Southwest Uganda

Recurrent Health and Nutrition Risks	Principal Project Strategies for Health/Nutrition and HIV/AIDS						Ability to Track Impact in Current M&E System (X=Tracked; 0=Not Tracked)_	
	IEC	Training of Growth Promoters and Health Workers	GMP	Nutritional Counseling by GPs	Construction of Improved Water Systems	Complementary Partner/ Strategies	Zonal Level	M& E Evidence Vulnerable Groups
1. Dirty drinking water/burden on women of getting water	X	X		X	X	X	X	0*
2. Poor sanitation/hygiene	X	X	X			X	X	0*
3. Negative cultural taboos	X	X	X	X				0*
4. Inadequate community based maternal and child health services	X	X	X	X		X		0*
5. Major diseases (malaria, diarrhea, HIV/AIDS)	X	X	X			X		0*
6. High maternal fertility rates and teenage pregnancies	X					X		0*
7. Inadequate knowledge on micronutrient foods	X	X	X	X		X		0*
8. Inadequate knowledge in basic nutrition and sanitation practices	X	X	X	X		X		0*
9. Lack of cooking fuel wood								0*
10. Lack of motivation of some growth promoters							X	X/0**
11. High levels of malnutrition	X	X	X	X			X	0*

IEC=Information, Education and Communication; GMP= growth monitoring promotion; GP=growth promoters

*Qualitative evidence that vulnerable groups are actually participating at higher levels than less food insecure groups, but cannot be tracked with current data.

**Some qualitative evidence that many of the most motivated GPs were from the most food insecure group at the start of the project.

Source: Synthesized from Annex III, Form 3.

Table 7.2 Core Messages that Growth Monitoring Promoters and Nutrition Extension Workers were Trained to Promote under UFSI Project

Original Messages	New Messages Added in Response to Emerging Risks (2005)
-Malnutrition and its causes -Signs and symptoms of malnutrition -Breast feeding and its advantages -Complementary feeding -Feeding the sick -Food groups, nutrients and their roles in the body -Immunization, de-worming and vitamin A supplementation -Growth monitoring promotion -Preparing balanced diets -Family planning as a health and nutrition strategy	-Nutritional needs and management of persons living with HIV/AIDS -Strategies to fight and prevent malaria

political peace; however, given its past, the potential impact of political turmoil on the country's decentralized health system is a potential risk that must always be considered. Uganda is currently at the forefront of battling its staggering HIV/AIDS epidemic, a great deal of this support is donor based. As such, any political turmoil or disagreements that reduced donor assistance could bring a sudden resurgence of the disease.

7.2. Extent to Which Current Health and Nutrition M&E and Growth Monitoring Systems Address and Track Vulnerability and Risk

7.2.1. Women from Vulnerable Groups

Even though the original design of the health component of the project did not target vulnerable groups, the two community based growth promoters that were interviewed during the risk management study reported that, based on their personal experience that:

- Women from the most food insecure groups participated much more actively than women from other groups because they perceive themselves as "at risk" and
- Women from vulnerable groups appear to quit breast feeding before other women. The growth promoters attributed this behavior to the women not having enough milk, which they in turn attributed to inadequate dietary intake and heavy workloads during lactation.

Based on these two observations about the differential health behaviors and patterns of participation of the most vulnerable groups in health activities, the Africare health specialist revised and pilot tested the two key forms used to track participation in growth monitoring and exclusive breastfeeding. The results of this pilot test in two villages seem to support the growth promoters observations that (Tables 7.4 and 7.5): (a) women from vulnerable households are participating in the growth monitoring promotion and (b) that women from the most food insecure households practice exclusive breastfeeding less stringently than those from the more food secure categories.

Table 7.3 Major Health and Nutrition (Actual or Potential) Shocks and Project and Community Management Strategies, UFSI II

Shocks	Proactive Management Strategies	Reactive Management Strategies	Factors that Contributed/ Contributing to Effective Management of Shocks
Actual shocks 2002-2005			
Drought's impact on vegetable production which decreased	Strong agricultural programs	Introduce seeds for drought resistant vegetables	(+) Strong partnership with NARO (Kawanda)
Epidemic of mange-mites disease (in rabbits)	Strong development of the FSC's and a tradition of training farmer organizations	Africare retrained all the rabbit multipliers in the villages	(+) Strong tradition of farmer organizations (+) Strong collaboration with Mbarara stock farm
Refugees influx in border areas (DRS and Rwanda)	Core community capacity development in the six villages that are adjacent to the affected area	-FSC agreed to share part of community food reserves -Some beneficiary HHs shared their shelter w/ refugees	(+) Strong core capacity of the FSCs (+) District local government provides food to refugees prior to their transfer to designated refugee camps
Compromised sanitation and hygiene in areas that receive refugees	Core community capacity development in six village adjacent to affected area	Africare encouraged refugees to use mobile toilet to prevent spread of diarrheal diseases	(+) Local government through DDHS provided mobile toilets, tents, and medicine to prevent/fight disease outbreaks
High levels of HIV/AIDS Infection and the associated increase in other diseases	Strong collaboration with the district level Ministry of Health offices in the design and execution of growth monitoring and other programs as well as more specialized types of staff training	Africare encouraged villages to collaborate with government and non-governmental agencies working on HIV/AIDS	(+) Strong national government and NGO actors in HIV/AIDS in southwest Uganda (-) UFSI II HIV/AIDS activities focused on IEC
Potential shocks (future)			
Potential in-flow of refugees	Strengthen and monitor (through the FSCCI) community organizational capacity to manage risk in village near the border		
Potential upsurge of an epidemic disease that is currently managed	-Strengthen and monitor local capacity of FSC's to support growth monitoring activities and the GPs -Building strong linkages with the district level health authorities for Integrated Management of Childhood Illnesses (IMCI) interventions		
Political instability (which could make staffing rural health offices difficult)	-Strengthen and monitor local capacity of FSC's to support growth monitoring activities and the GPs -Strengthen existing community health teams		
Potential increase in HIV/AIDS levels of infection in areas near borders and the rapidly developing population centers of southwest Uganda	-Train local GPs to raise public awareness about HIV/AIDS prevention -Facilitate communities developing action plans that address HIV/AIDS in their communities and monitor their execution of these plans through the FSCCI		

NARO: National Agricultural Research Organization; FSC: Food Security Committee; DDHS: District Directorate for Health Services

Table 7.4 Case Study of the Linkage between Title II Facilitated Growth Monitoring and Promotion (GMP) and Early Warning and Response Systems in Southwest Uganda: Kiziba B Villages

Year	Number of Children Weighed in Africare Growth Monitoring[9]	% Children Classified as Malnourished (in yellow* and red** zone)	# of Children Weighed in Ministry of Health GMP	% of Children Classified as Malnourished (in yellow and red zone)	Early Warnings to Government Authorities and Project from GMP	Government and Project Response to the Early Warning from GMP
2001	68	41	325	46	Large number of children with dysentery	Africare accelerated its already existing efforts to promote hand washing
2002	83	37	293	43		
2003	62	39	297	45	Sudden increase in the number of children with malaria	Government recruited community based medicine distributors to distribute HOMAPACK
2004	55	28	250	35		
2005	59	25	190	30		
2006	44	20	197	27		

*Yellow zone = Moderate malnourishment
**Red zone = Severe malnourishment
Source: Enock Musinguzi, Nutrition Supervisor, UFSI II, March 28-April 7, 2006, field interviews.

7.2.2. Women and Children in Specific Agro-Ecological Zones

Although the project's record in managing nutrition and health risks at the zonal level has been strong, there appears to have been some important differences between how well these risks are managed by agro-ecological sub-zone (Table 7.6). For example, villages in mountainous areas along international borders are especially vulnerable to nutrition and health problems brought about by the presence of displaced persons and traders from adjacent countries with lower rates of vaccination. The same pattern of population mobility makes these populations especially vulnerable to HIV/AIDS. Some villages in non-border mountain areas have greater problems digging latrines because of the hardness of the volcanic rock, which puts them at risk for sanitation-related diseases

[9] Over the years, the number of children registered both in Africare's and Government GMP activities has been reducing, due to the fact that Family Planning has been one of the key messages that Africare and the Health workers in the Area has been advocating for. The observed reduction in the registered number of children for GMP activities over the years is not indicative of less vigilance in participation but rather reflective of the reducing number of children produced per household. However, the number of malnourished children has considerably reduced in the project target communities as evidenced in the table above.

Table 7.5 Results of Pilot Test of Modified Growth Monitoring and Exclusive Breastfeeding Data Collection Form in Nyakibande and Kiziba B Villages

Vulnerability Group	% of Mothers who Reported Exclusive Breastfeeding		% of Children Weighed During the Last Two Months from Households with Different Levels of Food Insecurity			
	Nyakibande	Kiziba B	% Children Weighed	% Reporting Weight Gain	% Reporting Weight Loss	% without Weight Loss or Gain (constant)
Most food secure (category I)	54.5	60	10	100	0	0
Medium food secure (category II)	9.1	10	20	98	2	0
Least food secure (category III)	9.1	0	70	80	15	5

(Table 7.6). Finally, given the critical importance of access to government health infrastructure for executing nutrition and health programs and sustaining them, some villages in mountainous areas with little access to roads are still more vulnerable than those that are more easily accessible. In contrast to the importance placed on agro-ecological zonal differentiation for the NRM component, there was less focus on "agro-ecological sub-zone specific" risks for health—either in the proposal or in monitoring activities.

7.2.3. Households Affected by HIV/AIDS

The fact that a high percentage of the principal risks associated with HIV/AIDS still remain untracked in the project villages (Table 7.7) relates to the fact that the project did not include a sub-component focused on HIV/AIDS from the start. Although Africare/Uganda has establish a number of strong partnerships with other projects focused on HIV/AIDS[10]—these projects were not active in the UFSI II project villages, but were implemented under Africare/Uganda's health (CIMCI) program.

[10] None of these projects affected the UFSI II project villages. These projects include: (a) $206,428 Title II Life Initiative funded by USAID through ACDI/VOCA, targeting 2,159 beneficiaries in Ntungamo district; (b) the $120,000 NRM-HIV/AIDS Initiative funded by USAID through ECOTRUST in two sub-counties in Ntungamo district; (c) the $48,000 HIV/AIDS Awareness and Prevention Initiative funded by the Phi Delta Kappa Sorority targeting 606 community care givers in Ntungamo district; (d) the $12,500 HIV/AIDS Volunteer Service Corps Initiative funded by general contributions to Africare in three sub-counties in Ntungamo district; and (e) the $138,648 HIV/AIDS Awareness and Prevention Initiative in partnership with the World Space Foundation also funded by Africare general contributions in 10 broadcast centers, targeting 155,071 people in Ntungamo district (Source: Africare Project Summaries and Anderson Saito, Bagoora, Gervais, Mwesigwa, and Sserunkuma 2004: 81).

Table 7.6 Nutrition and Health Risks Faced by Africare Communities in Different Sub-Zones of the UFSI II Intervention Area

Sub-Zone Demarcations	Distinguishing Characteristics	Risk Encountered					
		Water Access (cleanliness)	Access to Government Infrastructure/Services	Practices/Food Taboos	Prolonged Dry Spell	Sanitation Practices	Others
Mountainous areas	Non-Border	Long distances traveled to reach water points hence little water available for adequate sanitation	Challenging terrain makes provisions for maternal and child health and nutrition services very difficult		Due to very low water table, crop harvests are affected more, leading to food insecurity	Latrine construction difficult, which puts people at risk of sanitation-related diseases	Mountainous areas are prone to iodine deficiencies which is manifested in the people who live and primarily consume plants grown in such soils
	Border	Insufficient because of cross-border refugee influx	Due to security problems, health and other service providers do not want to be posted to theses areas				
Plain/low-lying areas	Cattle- keepers	Water source points contaminated by floods and communities at risk of diarrhea and cholera outbreaks	Usually live in isolated and inaccessible places which make them more vulnerable and health-risks	Food taboos exclude some community members from animal protein sources such as white ants, grasshoppers, chicken, and fish	Dry spell results in low milk production and puts these communities at risk of food insecurity	Many pastoral communities do not construct pit latrines which exposes them to many health risks	In case of sudden shocks, such people migrate to new locations and therefore do not continuously benefit from the project interventions
	Cultivators		More business establishments and trading centers which make poor members of such communities, such as women, more vulnerable to HIV/AIDS infection				Digging is labor-intensive, mothers spend most of the time in gardens, children not given adequate care and feeding and are at risk of malnourishment
Mid-terrain (Gentle slopes and valleys) areas	Cultivators			Road access could lead to overselling of food, putting communities at risk of food insecurity for some months			
	Cattle- keepers			Easy access leads to overselling of milk and milk products, putting such communities at risk for food insecurity			

Source: Enoch Musinguzi, March 22, 2006; based on quantitative impressions to be verified in the field.

Table 7.7 Managed and Unmanaged Risks in the UFSI Project—HIV/AIDS Activities under UFSI II and Other Complementary Africare Projects for the Entire Project Area

Major Risks and Factors that Contribute to Vulnerability of Households Affected by HIV/AIDS ***	UFSI II Initiatives	Tracked (X), Untracked (0) or Partially Tracked (X/0) by UFSI II in Africare Villages	Tracked (X), Untracked (0) or Partially Tracked (X/0) by non-Africare Partners in Africare Villages
Increase awareness of how to prevent spread and stigma of HIV/AIDS and increase use of testing services	Public awareness	X	X
Difficult access of rural women to testi services	0	0	X/0**
Orphan headed households (headed by teenagers)	0	0	X/0**
MTCT threat (promote exclusive breastfeeding)	Public awareness	0	X/0**
Diminished labor capacity of families due to illness	Public awareness	X/0*	X/0**
Community based Growth Promoters trained by Africare, government health workers, government and Africare extension workers inadequately trained and presenting erroneous information about MTCT and preventative methods	Some training but no standards established or monitored	X/0*	0
Special nutrition needs of persons living HIV/AIDS	2005 manual on nutrition	X/0*	X/0**

MTCT: Mother-to-child transmission; CHAI: Community HIV/AIDS Initiative; KIHEFO: Kigezi Health Foundation
*Indirectly tracked as part of other initiatives but, based on mid-term and final evaluation of project, only partially tracked by project.
**Directly or indirectly managed and tracked by specialized health services within Ministry of Health, CHAI or KIHEFO. CHAI and KIHEFO are distributing food and looking after people affected by and infected with HIV/AIDS in some villages only.
***Principal risks identified in the first draft and final version the UFSI II Mid-term Evaluation (See:Saito,Bagoora, Gervais, Mwesigwa, and Sserunkuma 2004: 65-83 especially 81-82).

To address the growing threat of HIV/AIDS world wide, Africare introduced two new variables in the FSCCI index in 2004.

- The first variable (capacity to identify and manage risks) focused on measuring community capacity to identify and respond to general risks.
- The second variable (capacity to identify and manage risks related to HIV/AIDS) focused on measure community capacity to identify the specific risks related to HIV/AIDS and to develop community action plans to address these risks.

To date, the average "scores" of communities for these two variables have not been very high (see Section 8.2.1 in this report).[11] This reflects the fact that the project has only recently begun working intensively with growth promoters to encourage care and nutritional management of persons affected by HIV/AIDS.

[11] 7.99 out of 40 possible points for the two new variables in 2004; and 8.99 out of 20 possible points for the two variables in 2005

There is qualitative evidence (from the field interviews during the risk management case study research and from interviews with Africare staff familiar with the few villages that did score very high on these indicators) that some villages have developed focused action plans to address the special needs of households affected by HIV/AIDS. These special action plans appear to be most developed in villages:

- Where the rates of HIV/AIDS were especially high and
- Where the villages received complementary support (because of these high rates) from the two area projects most active in HIV/AIDS: Community HIV/AIDS Initiative (CHAI) and Kigezi Health Foundation (KIHEFO).

7.3. Recommendations

Six major recommendations are made for strengthening the Africare/Uganda M&E systems and Africare M&E systems in general (Table 7.8).

Recommendation #1: Quantitative household surveys. Future quantitative household surveys (at baseline and the end of a project) need to include information that identifies the vulnerability classification of the sampled households (based on MAHFP) and their special needs (if it is possible to identify special needs from discussions with community leaders).[12]

"…monitoring forms for key health behaviors promoted by the project need to include a column that identifies classification of the household…" (Photo credit: D. Gazarwa)

"Women from vulnerable groups appear to quit breast feeding before other women." (Photo credit: UFSI II archive)

Recommendation #2: Routine monitoring of project-supported nutrition and health interventions. The project's monitoring forms for key health behaviors promoted by the project (such as participation in growth monitoring and breastfeeding) need to include a column that identifies the vulnerability classification of the household of the child being weighed or the mother being interviewed about breast feeding. The proposed modifications were pilot tested during the risk management field interviews (see Annex III, Forms 1 and 2) and analyzed (Table 7.4 and 7.5).

[12] HIV/AIDS-affected households were quite open in declaring their status in one case study village (Kaziba B), since it entitled them to a wide variety of support from government and NGO programs that were active in the village.

Recommendation #3: HIV/AIDS. Many villages have extended the annual planning process used to develop their village action plans to include development of sub-plans for HIV/AIDS-affected households. One strength of the villages that have been most active in developing HIV/AIDS plans and monitoring the progress towards these plans has been their active collaboration with existing government services and programs in the area. These activities have complemented Africare's existing efforts to promote public awareness about HIV/AIDS prevention and nutrition for those affected by HIV/AIDS. The development of these HIV/AIDS sub-plans should be adopted by all villages. Future projects need to track the number of villages that have developed and are actively monitoring the execution of these collaborative action plans to promote HIV/AIDS awareness as well as support to households affected by HIV/AIDS annually. A suggested format for accomplishing this as part of the routine updating of the annual PRAs is discussed in section 8.

Recommendation #4: Health risk by sub-zones. Future programs could improve the health component by identifying agro-ecological/economic factors that are likely to affect risks and risk management. If zones are noted in the header of household forms it would also be easy to analyze what, if any, affect sub-zonal differences have during baseline, mid-term, and final surveys.

Recommendation #5: GMP as an early warning system. Based on the active continuation of the growth monitoring promotion in Phase I villages where the project is no longer active (Box 7.1) and the low turnover rates in the number of growth promoters, the prospects for sustaining the community-based system for growth monitoring is high. The case study, however, highlighted the need for strengthening linkages with parish-level health structures as part of the sustainability plan (Box 7.1). The case study suggests that the Africare growth monitoring system and the parallel ministry of health growth monitoring system (which is conducted in collaboration with immunization services) has provided some very useful "early warning" data to district health planners that has helped. It appears, however, that many growth promoters discontinue their collaborative reporting and analysis once Africare is no longer brokering this exchange, even though they continue to conduct the GMP activities. For the full potential of the GMP to be realized, however, the current and future projects need to strengthen their collaboration with the local ministry of health structures in the analysis and reporting of this data.

Recommendation #6: Indicators and IPTT. Based on the successful experience of the project in tracking its achievements with the current UFSI II indicators, the team recommends that future projects consider using the same indicators, but that they also track the impact on vulnerable groups as well as the overall community by stratifying these indicators by vulnerability classification (Table 7.9).

Table 7.8 Identified Needs, Recommendations, and Tools for Strengthening Title II Project M&E Systems for Health and Nutrition based on Lessons Learned from UFSI II Project

Identified Need	Sub-Recommendation	Period	Tool	Value Added
#1 **Quantitative surveys:** Better information on how vulnerability affects critical health behaviors and how project activities affect vulnerability	Identify households by food security category or special needs category in header of the survey forms	Baseline, mid-term, and final surveys	Existing survey forms	Provides mechanism to monitor project impact on vulnerable groups & their participation in & benefit from nutrition & health activities
#2 **Routine monitoring of health and nutrition interventions**: Better capacity to analyze participation of vulnerable members of communities in project health and nutrition activities	Strengthen existing monitoring forms by adding vulnerability category for each household	Monthly, quarterly, and annually	Modified version of existing tools (Annex III, Form 1 and 2)	Strengthens the capacity of supervisors and GPs to know if the health and nutrition interventions are targeting vulnerable groups
#3 **HIV/AIDS:** Strengthen the existing UFSI model for monitoring communities' development of action plans for HIV/AIDS and monitoring these through the FSCCI	-Encouraging FSC's to link with established government and non-government partners -Develop a monitoring indicator that tracks community HIV/AIDS action plans that complements FSCCI-risk	Annually	FSCCI-Risk (see Section 8 of this report)	More accurate information on the extent to which communities are collaborating with other government and non-governmental resources as well as the Project on HIV/AIDS Assistance
#4 **Health risk sub-zones:** Better information on the factors that differentiate the health risks of one project intervention sub-zone zone from another	Develop an appropriate form during design and revise during PRA and baseline	Design, baseline, mid-term, & final surveys	See Table 7.4 in this section Survey forms	Analyze the patterns of health behaviors and impacts by zone during mid-term and final evaluations
#5 **GMP as early warning system:** Strengthen the role of the community based GMP systems as early warning systems	More sharing of information of GMP information on current and potential risks with government health and relief officials	Quarterly	Annex III, Tools 1 and 2	Increases prospects for developing sustainable GMP and early warning systems if they are dual purpose
#6 **Indicators and IPTT:** Better information on indicator measurements for vulnerable groups, as well as overall averages	Calculate overall household averages as well as averages for vulnerability groups	Annual	Existing indicators stratified by vulnerability group (Table 7.9*)	Show impact of health interventions on vulnerable groups

GP: community-based growth promoter; UFSI: Uganda Food Security Initiative; FSCCI: Food Security Community Capacity Index; PRA: Participatory Rural Appraisal; GMP: growth monitoring promotion; IPTT: Indicator Performance Tracking Table

*Annex III, Forms 1 & 2 show ways that existing forms to collect information for current indicators can be modified to show vulnerability classification of child or mother's household as well as other types of information needed to monitor this indicator.

Box 7.1 Example of Sustainability of the Growth Monitoring Promotion in the Project Phase I Village of Nyakibande (Kitumba Sub-County)

Nyakibande village is one of the Uganda Food Security Initiative (UFSI) villages that Africare took on in 2001. The village was incorporated in the project using an integrated approach. The village did well because the community members welcomed the UFSI approach of bringing them together to identify and find solutions for their common problems. The village members were particularly encouraged by the UFSI interventions because of the synergy that existed between the various components: agriculture, natural resources management, roads, marketing, and nutrition and health.

All interventions reinforced each other and there was no duplication of activities across the components. This greatly enhanced the communities' participation in the interventions. After they were trained to conserve water and soils, they were taught how to use those soils for crop and livestock production. They were then taught how to use their locally grown foods to improve their nutrition and health status and finally they were taught marketing strategies for selling the surplus food commodities in light of the newly constructed roads.

Another key element of the growth monitoring promotion (GMP) intervention was the recruitment of volunteer, community-based child growth promoters. Community members more easily adopt interventions if people from their own community are involved. These growth promoters would be given 20 hours of training per year. This formal training was enough to keep growth promoter turn-over very low, which ensures the sustainability of the growth monitoring system.

These strategies, in combination with the involvement of local leadership and communities in the planning and implementation processes, resulted in significant results by the time the project phased out in 2003. Growth promoters shared the monthly weighing results with the Ministry of Health through the area health center III and the regional hospital authorities used the results for planning purposes and trouble shooting epidemics that were cropping up. Clinical officers and nurses used the GMP data to identify areas that needed immediate attention in terms of maternal and child nutrition education, immunization, and malaria out breaks. Clearly, the growth monitoring data was being used as a successful early warning system.

This kind of approach ensures sustainability of project-initiated activities. A recent visit, three years after Africare pulled out of the village, found that monthly child growth monitoring promotion activities were still taking place and that the growth promoter was the original project-trained growth promoter!

Source: Enock Musinguzi, UFSI II health and nutrition supervisor, March 31, 2006.

Table 7.9 Recommendations for Strengthening the Current Indicators to Better Track Project Impact on Risk and Vulnerability in the New Title II Project in Eastern Uganda

Current Indicator	Proposed Reformulation and New Indicators
Impact Indicator 2.2: Reduction in % underweight	(Retain) Reduction in % underweight Stratify by: -All Households -Least food secure group (category III) based on the MAHFP
Impact Indicator 2.3: Average dietary diversity scores at HH level Men Women Children	(Retain) Average dietary diversity scores at HH level Stratify by: -All Households -Least food secure group (category III) based on the MAHFP
Monitoring Indicator 2.1: # of children registered in GM program of UFSI	(Retain) # of children registered in GM program of UFSI Stratify by: -All Households -Least food secure group (category III) based on the MAHFP
Monitoring Indicator 2.2: % of mothers exclusively breastfeeding children up to six months	(Retain) % mothers exclusively breastfeeding children up to six months Stratify by: -All Households -Least food secure group (category III) based on the MAHFP
Monitoring Indicator 2.3: % of HHs adopting adequate sanitation practices according to UFSI index	Monitoring Indicator 2.3: % of HHs adopting adequate sanitation practices according to UFSI index Stratify by: -All Households -Least food secure group (category III) based on the MAHFP
	(Optional-New*) % of FSC that have developed and are actively executing action plans for HIV/AIDS

*This information also feeds into the calculation of the FSCCI-Risk but focuses on this one specific activity—the execution of the community based action plans.

8.0. Food Security Community Capacity Index (FSCCI)

Over the five-year period of the Institutional Support Assistance (ISA) grant from USAID/DCHA/FFP (FY99-FY03), Africare's Office of Food for Development (OFFD) and the country staff of Africare's ongoing food security programs worked with a variety of indicators of community capacity and grouped them under broader variables (e.g., transparency of management and capacity to analyze and plan). The Food Security Community Capacity Index (FSCCI) was the product of that process and has provided Africare with a standardized way of measuring community capacity and, therefore, assessing the impact of community capacity building activities. During FY04 and FY01, the FSCCI was updated to incorporate two additional variables (community's ability to manage risk and to address HIV/AIDS).

One important sub-objective of the Uganda country case study is to examine the level to which the FSCCI, and the Months of Adequate Household Food Provisioning (MAHFP) discussed in section nine, have improved community risk management capacity. The study is also expected to produce a series of recommendations for how Africare Uganda and other Title II Cooperating Sponsors (CSs) could better use the FSCCI and MAHFP to increase the capacity of communities to manage risk.

8.1. History of the Structure, Guidance, and Analysis of Results for the FSCCI

8.1.1. Evolution of the FSCCI Tool, Use, and Guidance

When Phase I of the UFSI project was designed, the original instruction for the Food Security Community Capacity Index (FSCCI) was still being pilot tested. This is why, even though the fourth objective of UFSI I was capacity building, the FSCCI was not used to track project impact during Phase I.[13]

The tool was included in the tracking table for the UFSI II project Development Assistance Proposal (DAP), along with a sample guidance that was based on an earlier format of the FSCCI (Table 8.1). This version of the FSCCI guidance had not yet benefited from Africare's investment in harmonizing the guidance under the Title II funded Institutional Support Assistance (ISA) grant (FY99-FY03). However, the FSCCI was measured during the baseline survey (2002) based on the revised guidance. The FY02 baseline survey used an eight-variable version of the FSCCI (with 135 maximum points), which was based on and expanded from a preliminary seven-variable version that was described in the first edition of the Africare Field Manual on the Design, Implementation, Monitoring and Evaluation of Food Security Activities (Africare 1999: 8.11-8.14).[14]

[13] SO4: To strengthen the organization and capacity of Kabale farmers institutions and associations and the support that they receive from GoU (Government of Uganda) agencies and local NGOs in the organization, implementation, and monitoring of food security activities.

[14] The first harmonized version of the FSCCI was developed during the Africare Mozambique workshop in 2004.

Table 8.1 Evolution of the Format, Variables, Total Possible Scores, Guidance, Trainings, and Procedures for Results Analysis in UFSI I and II

Year	Format	Variables	Total Possible Score	Instructions/ Guidance	Trainings of Staff, Extension Staff and Civil Administrators	Procedures for Results Analysis
UFSI Phase I						
1997-2001	FSCCI not monitored	n/a	n/a	n/a	n/a	n/a
UFSI Phase II						
2002-2003	Format 1: Original draft in the DAP	8	135 points	Guidance that was attached to DAP (earlier non-standardized version)	-M&E staff trained -All technical staff (supervisors and field staff) trained -M&E officer facilitated the actual annual PRAs (3 villages at a time) -Local government officials participated	-Draft analysis in the village -Forms collected and analyzed in the Africare Kabale office
2004	Format 2: Original Mozambique draft of the guidance	10 (2 variables for risk added)	150 points (adjusted to 100)	Guidance that was developed at Mozambique workshop		
2005 (survey)	Format 3: Revised February 2004 guidance	10	150 points (adjusted to 100)	Standardized guidance that was distributed by Africare/FFP office February 2005		

Source: Florence Tushemerirwe, M&E supervisor and M&E reports.

One of the first tasks of the new M&E officer who took post in July 2003 was to conduct the Participatory Rural Appraisals (PRAs) that the project uses to develop community action plans.[15] The same PRA process identifies some of the key institutional and technical areas that communities needed to develop in order to execute the action plans.[16] These PRAs included an annual update of both the FSCCI and MAHFP.

Based on recommendations at the first regional M&E workshop in Mozambique (in April 2004), the UFSI project revised the FSCCI tool again. Operationally, this involved increasing the number of variables from eight to 10. Definitions of the different indicator variables were revised as well, to suit the community conditions. Especially innovative, UFSI II was one of the first Africare Title II programs to introduce the new "risk

[15] The baseline survey findings (FY02) indicated that most households (92.9%) had members that belonged to groups or associations—mainly burial groups, followed by savings and credit association, and the women's groups. Very few of these groups were officially constituted and recognized by the district and sub-county administrations in the ways that would allow them to benefit fully from the projected decentralization of crop research and extension services in the country.

[16] Since 2003, the UFSI II project has also conducted "on site" trainings of all staff in the execution of the tool. To ensure quality control and staff understanding, this process was facilitated by the M&E officer and community mobilization specialist. All technical staff participated in the training sessions. From the beginning, various representatives of the local councils and even sub-county level administrators were invited to participate in the training sessions.

management" and "HIV/AIDS risk management" variables that were proposed at the workshop. This revised guidance was used during the 2004 PRAs (Table 8.1).

In 2005, UFSI II revised its FSCCI guidance and the format to conform to Africare/Food for Development (FFD) recommendations distributed in February 2005 (Table 8.1). However, this shift was less radical than the previous shift because it did not change the number of variables (still 10) and the total possible points (150 points adjusted to a 100 point base).

The evolution of the tool over the lifetime of the project has had three very important implications for analysis:

- First, to strengthen comparability between the old FSCCI tool (eight variables and 135 possible points) and the new 2004 FSCCI tool proposed in Mozambique (10 variables and 150 possible points adjusted to 100-point base) the values for all FSCCI versions were converted to percentages (Table 8.2); and
- Second, many variables were not followed through all the years, which means that certain variables have been "tracked" since 2002, while others, such as the risk and HIV/AIDS management variables, had only been tracked since 2004. (Table 8.1).

Table 8.2 Evolution of Total FSCCI Scores Using Different Formats Adjusted to a Percentage of Total Points Possible

FSCCI Total and Component Scores	Baseline*	2001	2002	2003	2004	2005	2006
Total FSCCI score (base on 100) reported in IPTT)	20/100 possible points			43% possible points	50% possible points	59% possible points	target: 80%

Source: Project CSR4 Reports and Florence Tushemerirwe, M&E supervisor

Four types of training were organized to support the PRA assessment and planning exercises that were used to measure the FSCCI and the MAHFP. These included:

- Formal trainings of project technical staff (one day in 2004 and in conjunction with the quarterly planning workshops to orient new and update old staff members on the tool);
- On-site training of local government leadership at sub-county level during the actual PRA exercises;
- Formal class-based (half-day) training in August 2005 for enumerators and consultants associated with the final quantitative household survey (who were also charged with co-coordinating with the M&E officer the food security calendars and FSCCI exercise associated with the final survey); and
- On-site training of the beneficiary communities (FSC participation was mandatory), including the local government leadership at the sub-county level.

All training was strictly supervised by the Africare M&E officer to ensure a harmonized approach and comparability between years.

8.1.2. Autonomous Use of FSCCI in Africare Villages

In Phase I villages where the project is no longer active: The UFSI II DAP foresaw Africare maintaining its health activities in the original project villages (106 villages) for the duration of the second phase. Unfortunately, a series of budget problems forced the project to restrict its support to the health programs in the Phase I villages after the second year of the second phase. One of these "carryover" villages—a Phase I village that remained a project village for two years of Phase II—was used to pilot test the risk management forms.[17] Even though this village is considered to have been "phased out," an Africare health and nutrition specialist visits it about once a month to encourage the growth promoter and to collect the growth monitoring and breastfeeding information recorded by the promoter. This information is then reported in the health and nutrition specialist's quarterly reports.

This pilot test showed that even though Africare is no longer mandating or continuing to support the use of the FSCCI in the village, the village was conducting the FSCCI and MAHFP surveys on their own as part of their annual planning process. Villagers even reported integrating this information into their reporting and discussions with other projects. One of the best indications of "ownership" was that the village had even shifted the time frame for the analysis—conducting the analysis in January (which coincided with their planning process) rather than September (which coincided with the Africare planning process).

In Phase II villages where the project is currently active: The second village where the forms were pilot tested is an active project village in all components (agriculture, health, natural resource management) since FY02. In this village, the village leaders were able to express very clearly what they perceived as the strengths, weaknesses, opportunities, and risks of the FSCCI. Overall, they were extremely positive about the tool (Box 8.1). When asked whether or not the community planned to continue using the tool once Africare's activities in the village ended, the local council chairman and the Africare-trained community growth promoter (GP) responded, "Yes." Indeed, they reported that the sub-county council chairman—who had participated in several on-site trainings in the tool—had requested that all the villages in his jurisdiction continue using the Africare FSCCI tool even after the project ended. One of the best indications of successful ownership of the tool is that it has been introduced as a capacity building and planning tool in all 16 villages of the parish, even though only nine of the 16 villages were Africare target villages (Box 8.1).

[17] From FY01 to FY02 Africare supported backyard gardens, nutrition education, small animal rearing (pigs, rabbits), sanitation education sessions, home sanitation visits, and practical cooking demonstrations as well a Growth Monitoring Promotion (GMP), support for inoculations, prenatal counseling, vitamin distribution (to mothers)and growth promoter basic training and retraining. Since FY03, Africare's activities in the village have focused only on routine visits to encourage the Africare trained growth promoter and assistant growth promoter in their public awareness building and growth promotion activities.

Box 8.1 Evidence of Successful Autonomous Use of the FSCCI for Core Community Capacity Building

"I head 16 villages. All 16 are using the FSCCI as a planning tool. Only nine of the 16 villages I am responsible for, however, are Africare villages. Currently, there is community collective action in the whole parish; most communities have their own bylaws that conform to government rules and communities are able to identify solutions to their problems without waiting for local government officials to intervene. Also, sub-county programs target organized groups/farmer organizations for implementation in this parish. All communities are organized in groups that have strong leadership committees. Africare's approaches to community work have made the sub-county work easier to implement."

Chairman, Local Council II (LC II), Tumwesigire Gabriel, Kiziba B Village.

8.1.3. Factors that Contributed to or Detracted from the Utility of the FSCCI

A variety of factors account for the high levels of autonomous use of the tool by the local communities (Table 8.3). Especially important are:

- The high level of involvement of civil authorities at the village, parish, and district levels; and
- The consistent use of the tool in PRAs with direct involvement of the Africare M&E officer.

"A variety of factors account for the high levels of autonomous use of the tool by the local communities." (Photo credit: UFSI II archive)

These two factors seem to have encouraged adoption (and retention) despite repeated changes in the format of the tool and the tool's relative complexity (relative to the much simpler Months of Adequate Household Food Provisioning).

8.2. Extent to Which Current FSCCI Tool Addresses and Tracks Vulnerability and Risk

8.2.1. Based on Current Use of the Tool

To date, the Phase II project villages' have scored very low in their self-assessment of the variables measuring general risk management and risk management related to HIV/AIDS:

- An average of 7.99 out of 40 possible points for the two new variables in 2004 and
- An average of 8.99 out of 40possible points for the two variables in 2005.

Table 8.3 Key Factors that Contributed to or Detracted from the Utility of the FSCCI Analysis and the Autonomous Use of the Tool in Villages

Factors	Impact (+=positive; -= negative)
Involvement of civil authorities at the village, parish, and district levels	(+)Validated the exercise in eyes of local communities, which built community trust for Africare's interventions (communities were able to describe the process).
Involvement of senior level Africare staff	(+)Validated the exercise and increased their understanding of the tool and its link to their technical program. (+) The staff used the tool to give beneficiaries feedback on their performance and encouragement for better results.
Direct supervision/facilitation by the M&E officer in the grouped (three-village) analyses (see next factor)	(+)Helped standardize responses, identify bottle necks in explaining indicators, and train staff. (+) Ensured quality control, reliable data was collected and analyzed for the CSR4s.
Grouping villages into threes for conducting analyses	(+)Helped validate the tool as a "district-wide" capacity building tool and created a certain degree of competitiveness between FSCs in adjacent villages. (+) Communities from adjacent villages were able to learn from each other, there was room for experience sharing and commitment to help each other.
Addition of risk management and HIV/AIDS management variables in 2004	(+)Villages with high rates of HIV/AIDS had already identified the disease as a problem hindering development and incorporated care and prevention interventions into their action plans. For these villages, the addition of these two variables helped to strengthen community commitment to addressing the challenge. (+)For villages that did not have HIV/AIDS care and prevention activities in their action plans, the addition of the variables (which were explained by the M&E officer and extension staff) helped stimulate reflection and some initial attempts to strengthen risk management after September 2004. Also, FSCs committed to mobilizing beneficiaries to participate in voluntary counseling and testing and to participate in church teachings on HIV/AIDS. (-) No activities were identified to target risk and vulnerability, thus there were very low scores for this variable in 2004 and 2005.
Shifts in guidance	(-) Complicated the analysis by making it difficult to compare results between years. (+) Got beneficiaries thinking about the risk variables and devised ways to diversify their activities.
Delayed translation of the tool into the local languages	(-) The project is loosing timing for pre-testing the translated tool and will have little time to make adjustments based on that pre-testing before the project LOA.

CSR4: Cooperating Sponsor Results Report and Resource Request; FSC: Food Security Committee; LOA: Life of Activity

Based on the team's knowledge of the village programs, this is an accurate perception of the overall situation. Although a few villages have developed sub-plans focused on HIV/AIDS within their village action plans (36 out of 144 villages in 2004 and 42 out of 144 in 2005) this is the exception rather than the rule. This is an issue that the project is emphasizing during its preparation for phase out.

8.2.2. Other Possible Types of Analysis with Existing Data Sets

During the risk management study, the team identified a number of relatively simple risk analyses that could be carried out using the project's existing data sets. These include a table that analyzes the percentage of villages that are classified as "strong," "average," or "weak" in terms of their core capacity (variables 1-6 and 9-10) of on the FSCCI (see Table 8.4). This information helps the village identify which food security committees are more likely to need capacity building in order to sustain their activities once the project phases out. This analysis would be greatly helped by routine reporting of the average "scores" on the ten variables that are measured during the FSCCI for communities that are "strong," "average," and "weak" in terms of their overall capacity based on the total FSCCI score (Table 8.5).

Table 8.4 Percentage of Villages with Different Levels of Community Organizational and Management Capacity based on their FSCCI Rankings (FY05)

Capacity Level (FSCCI)	Districts where UFSI II Intervenes			
	Rukungiri/ Kanungu (n=36)	Ntungamo (n=36)	Kisoro (n=36)	Kabale (n=36)
Strong community capacity (>70% possible points)	17	8	8	25
Average community capacity (51-70%)	67	58	42	58
Weak community capacity (< or = 50%)	16	34	50	17

Source: Final Quantitative Household Survey Data, UFSI II Project, December 2005.

8.3. Recommendations

Based on the risk management study, the team identified three priority areas where the current tool could be strengthened to help better build community capacity to identify and manage risk (Table 8.6). These include:

- The need for better targeting of villages with weak core community capacity and weak capacity to manage risk as part of the routine M&E and planning system and project reporting system;
- The need to better track community level progress in risk management based on the two variables in the IPTT for risk management (variables seven and eight); and
- The need for better tracking of the food security committee's collaboration with various non-Africare actors (both governmental and private voluntary organizations) active in HIV/AIDS prevention and support to persons living with HIV/AIDS.

Table 8.5 Sample Format for Analyzing the Average Score for Component Variables for Villages with Strong, Average, and Weak Community Capacity based on the Current Africare Guidance for the FSCCI

Level of Core FSCCI Capacity (Variables 1-10)	Variables Used to Calculate the UFSI II FSCCI (2005 Guidance)									
	FSCCI-Variables that Measure Core Capacity						FSCCI Variables that Measure Risk Management		FSCCI Variables that Measure Core Capacity	
	1. Community Organization	2. Participation	3. Transparency of Management	4. Good Internal Functioning of the Community or Organization	5. Capacity to Analyze and Plan	6. Capacity to Take Action	7. Ability to Analyze and Manage Risk and Vulnerability	8. Capacity to Manage Risks Associated with HIV/AIDS	9. Communication and Exchanges with Outsiders	10. Individual Capacity
Strong community capacity (>70 of possible points)										
Average community capacity (51-70%)										
Weak community capacity (< or = 50%)										

Recommendation # 1: Improve targeting of vulnerable villages.

Sub-recommendation 1.a. The first sub-recommendation is to analyze the community self-assessment data according to variable instead of aggregating all variables together. This type of disaggregated analysis (see Table 8.4) would enable the project to identify villages that are weak in terms of specific types of capacity or their lack of risk management or HIV/AIDS action plans.

Sub-recommendation 1.b. Secondly, in order to better target vulnerable populations, more accurate qualitative and quantitative information is needed on the community and household level strategies for dealing with risk in communities with different levels of core community capacity (see section 9 of this report). This would enable the project to better understand what types of "best practices" are used that could be scaled up to a larger sample of beneficiary villages.

Sub-recommendation 1.c. A third sub-recommendation is to identify the "average" number of households classified as least food secure that are found in villages identified as "strong," "average," and "weak" in terms of the core community capacity in order to highlight the link between core capacity development and reduced vulnerability (Table 8.7). When this link is not apparent, as it was not in the Guinea case study (see data from Guinea case study in Table 8.7), it typically highlights other factors—such as the physical inaccessibility of a village—that need to be considered. The team strongly recommends that the consortium executing the next phase of Title II programming in Uganda consider this type of correlation of data.

Recommendation #2: Indicators and the IPTT. Overall, the current FSCCI indicator in the IPTT is considered highly satisfactory (Table 8.8). It is recommended, however, that future projects consider the "value added" of tracking the two variables focused on general risk management and management of HIV/AIDS separately (variables nine and 10 in the 2004 UFSI FSCCI guidance and seven and eight in the 2005 UFSI FSCCI guidance [Table 8.5]).

Recommendation #3: HIV/AIDS action plans. Given the presence of many strong governmental and private voluntary programs focused on HIV/AIDS—and the critical role of these programs in sustaining these activities once the project ends—the team recommends that future programs emulate the successful record of the UFSI II villages that collaborate with the LG (local government) health specialist (through the district directorates of health) and local HIV/AIDS specialists (through the district HIV/AIDS focus office) within the target districts in the development of sub-county three-year development plans focused on HIV/AIDS. The three indicators that are used to measure the FSCCI/HIV/AIDS variable in the current FSCCI guidance (Knowledge level on HIV/AIDS, HIV/AIDS behavior practices of the community, Existence of community level services for HIV/AIDS affected households) should also be adjusted to better monitor the development and execution of these collaborative action plans.

Table 8.6 Identified Needs and Recommendations

Recommendations	Period	Sub-Recommendations	Tool	Value Added
Improved targeting of vulnerable villages: Better target villages with weak core community capacity and weak capacity to manage risk	Annual PRAs	Professionally analyze community performance data according to variable, instead of aggregating all variables together	Table 8.4	Identify key project components that need strengthening
		Examine the linkage between FSCCI results (in terms of % of villages with strong, average, and weak capacity) and household-level risk management strategies too find out which types of villages address risks and shocks better and how, so that projects can scale up the best practices from these villages	Section 9, Table 9.7	Understand the link between capacity and risk management
		Correlate average percentage of HHs classified as least food secure (most vulnerable) with village-level capacity category	Table 8.6	Better target vulnerable villages
Indicators and the IPTT: Track baseline measures and progress for risk management separately from the core FSCCI capacity in annual reporting	Baseline, mid-term, and final surveys (for impact indicators)	If possible, separate reporting of the risk and vulnerability variables from the main FSCCI indicator in the IPTT	Table 8.7	Better shows project's impact on risk management
HIV/AIDS action plans: Strengthen and track FSC collaboration with area actors for HIV/AIDS	Annual	Strengthen project collaboration with local council officials (governmental) and non-governmental authorities intervening in HIV/AIDS through the development of sub-county three-year development plans focused on HIV/AIDS	Existing training and implementation model	Should strengthen measurable capacities on the two risk variables in the FSCCI

Table 8.7 Suggested Format for Cross-Tabulating the FSCCI and MAHFP for Consideration by NGO's Executing the Next Phase of Title II Programming in Uganda Based on Africare/Guinea's Title II Program

Level of Capacity in Africare/Guinea Title II Projects	Category of Districts in Africare/Guinea Title II Project	n (villages)	Average MAHFP (Months)	Vulnerability Levels in Africare/Guinea Title II Project				
				Most Food Secure		Medium Food Secure	Least Food Secure	
				%	MAHFP Average (months)	MAHFP Average (months)	%	MAHFP Average (months)
Strong community capacity (FSCCI>70% of possible points)	Original	30	6.41	27	9.53	6.47	36	4.1
	New	13	6.41	29	8.9	6.46	37	4.23
	Extreme poverty	1	4.22	14	9	4	48	3
	Average poverty	1	3.8	10	10	4	40	2
Average capacity (FSCCI 50 - 70%)	Original	0						
	New	7	5.94	26	8.86	6	45	4.29
	Extreme poverty	3	4.75	27	5.33	4	51	3.33
	Average poverty	12	4.9	18	8.67	5.92	55	3.17
Weak capacity (FSCCI<50%)	Original	0						
	New	0						
	Extreme poverty	5	5.24	32	8	4.8	62	2.8
	Average poverty	0						
Total	Original	30	6.41	27	9.53	6.47	36	4.1
	New	20	6.25	28	8.9	6.3	40	4.25
	Extreme poverty	9	4.76	28	7.22	4.44	57	3
	Average poverty	13	4.82	17	8.77	5.77	54	3.08

Table 8.8 Recommendations for Strengthening Current FSCCI Indicator to Better Track Project Impact on Risk and Vulnerability in the New Africare Title II Project in Eastern Uganda

Current Indicator	Proposed Reformulation
Impact Indicator 1.2: Capacity of communities and local government to plan and implement food security interventions (measured in terms of scores on FSCCI)	FSCCI-Core: Core capacity of communities and local government to plan and implement food security interventions (variables 1-6 and 9-10 on the 2005 FSCCI guidance used by UFSI)
	FSCCI-Risk: Capacity of communities and the targeted local governments at sub-county level to plan and manage risks (variables 7 and 8 in the 2005 FSCCI guidance used by UFSI II)

9.0. Months of Adequate Household Food Provisioning (MAHFP)

The Months of Adequate Household Food Provisioning (MAHFP) is the second core indicator that was developed under the ISA. It was designed to measure changes in food availability and access on a community level, and included community-managed identification of different types of households, defined by categories of "food security." The percentage of the households classified in the different categories (most food secure, medium food secure, least food secure) is then tracked over time based on the average number of months of food insecurity. One unique feature of the tool is that it provides both:

- A method for assessing the impact of a project on food access (by calculating the average number of months of household food security), as well as
- A method for assessing the impact of a project on vulnerability (by tracking the percentage of households in the least food secure category over time).

Africare's early introduction of the MAHFP as a core indicator for Phase II of the UFSI project provides an excellent opportunity to study ways that the current guidance and use of the tool could be strengthened.

9.1. History of the Structure, Guidance, and Analysis of Results for the MAHFP

9.1.1. Evolution of the MAHFP Tool, Use, and Guidance

In the baseline and final quantitative household surveys for UFSI II: Both the baseline (2002) and the final household surveys (2005) included questions about the number of months of adequate household food provisioning. The baseline survey team asked households to "self-assess" their months of adequate household food provisioning based on pre-assigned categories (Box 9.1). Neither this data nor the team's ultimate analysis of this data coincided with the categories of months that were used in later years. Since all of the households were in areas where the project hadn't intervened before, the team didn't distinguish between "Africare" and "non-Africare" households.

In contrast, the final survey data provided a continuous variable in that it asked each household to report the specific number of months they experienced food shortages. The final survey targeted Africare and non-Africare households (Table 6, final survey), which allowed Africare to report average months of food shortages for both groups. The draft survey report did not, however, use this information to determine the percentage of households classified in the different food insecurity categories used in the PRAs.

Although the data to calculate the MAHFP was collected during the baseline and final household surveys, it was not reported in the official UFSI II IPTT. Instead, the M&E separate PRA exercise—which was conducted parallel to the quantitative household survey in 2002—was used to measure the official baseline figures for the MAHFP. Even though the project did not include a separate indicator reporting the percentage of households classified in category III, each CSR4 included a fairly detailed discussion of how these households were evolving.

Box 9.1 Questions Used to Calculate the MAHFP Indicator from the UFSI II Baseline (2002) and Final (2005) Quantitative Household Surveys

Baseline (2002)
2.1. Last year, how many months did your household fail to feed to satisfaction?

1. 0 months	4. 5-6 months
2. 1-2 months	5. 6-8 months
3. 3-4 months	6. > 8 months

Final (2005)
2.1. Did you have food shortages last year (2004) 1=Yes 2=No (skip to 2.5)
2.2. For how many months? _____ months

Source: Africare/Uganda. 2002. Baseline Survey Report. UFSI-Phase II. September 18, 2002. Kampala: Africare. Page 65. Dick Sserunkuuma. 2005. A Final Survey Report (DRAFT). UFSI II. Kampala: Africare/Uganda. Appendix I, Page 7.

In the PRA self-assessment exercises for UFSI II: The process for conducting the PRAs was clearly explained in the project M&E plan, which was submitted to USAID/FFP along with the project Detailed Implementation Monitoring and Evaluation Plan (DIP) in July 2002 (Box 9.2). Although the PRAs have been used consistently with a relatively standardized methodology, the exact cut-offs that separated the groups (I-III) varied slightly between years depending upon the communities perception of the most relevant categories (see Table 9.2).

Box 9.2 DIP and M&E Explanation of the Methods for Calculating the MAHFP Indicator

"The Months of Adequate Household Food Provisioning shall be established using participatory rural appraisal (PRA) exercises. The representative communities will identify the number of months that households have adequate food to eat until they satisfy their hunger,* months when they have to restrict their consumption into two meals a day, months when consumption is very restricted, and those which are severely restricted. The exercise further maps the different patterns of food adequacy between households that are most food secure, those that are medium food secure, and those that are least food secure and determines the proportion of the household that falls in each category. Placing all the households in the community into these categories is done by the participants. A weighed average of # of Months of Adequate Household (HH) Food Provisioning shall then be calculated: summation (#HHs in each category multiplied by the # of Months of Adequate HH Food Provisioning) divided by total (HHs) considered. Food consumed is from all sources: produced, purchased, donated, and others. This data will be reported upon at baseline, mid-term, and at final evaluation."

*This was usually explained in terms of how many meals a family could access during a day. Eating fewer than the desired number of times (two times, for example, rather than three) was considered "not satisfying their hunger."

Source: Africare/Uganda. 2002. UFSI Phase II Detailed Implementation, Monitoring and Evaluation Plan. July 31, 2002. Kampala: Africare/Uganda.

The UFSI II team used the following four step process to collect and analyze the MAHFP data from PRAs.

- *Step one: Data collection.* Basic data was collected and organized groups of three villages throughout the whole target region (which produced a total of 48 food security calendar PRAs per year, representing a total of 144 villages).
- *Step two: Community level data summary and feedback.* Before leaving the community, the PRA team (Africare technical staff, M&E officer, local government staff at sub-county level, and the community members[18]) summarize the data collected and facilitate the group's development of a community action plan that would respond to the needs of the different groups.
- *Step three: Data analysis for the entire project intervention area***.** The M&E officer then calculated a weighted average of # of Months of Adequate HH Food Provisioning (MAHFP) for the entire project intervention area using the formula: MAHFP=summation (# of HHs in each of the three categories multiplied by the # of Months of Adequate Household Food Provisioning) divided by the total (HHs) considered (Box 9.2).
- *Step four: PRA report.* Once the data analysis was complete, the M&E officer prepared a final PRA field report on the entire exercise. Based on the village level analyses, the M&E officer:
    - Prepared a brief written summary of this matrix information which was included in each of the CSR4 reports; and
    - Ensured that this information was used in the quarterly planning process in order to focus project activities on the strategies needed to address problems of the most food insecure groups.
- *Step five: IPTT reporting.* The average figure calculated for the whole target region in step three was reported in the UFSI II IPTT that was included in the project's annual report to USAID (the Cooperating Sponsor Results Report and Resource Request or CSR4).

When the first phase of the UFSI project was designed, Africare had not yet released its first edition of the Field Manual on the Design, Implementation, Monitoring and Evaluation of Food Security Activities, which would include detailed guidance for the food security calendars. By 2000, when the new project was designed, Africare was encouraging all of its new programs to use the version of the tool that was presented in the first edition of this manual.[19] This guidance was used during the baseline PRAs (2002), which were done to establish the initial MAHFP in the target communities (Table 9.2). The same version of the guidance was used during the 2002 baseline survey and the succeeding annual PRAs in 2003 and 2004 (Table 9.2).

[18] An average of 30-80 people per group attend the PRA meetings. Although the participation of the FSC members is mandatory, other community members are invited to participate as well. Support for their participation is included in the project training line item.

[19] January 1999 edition of the manual, Module 7, pages 7.45 -7.47.

Table 9.1 Comparison of the MAHFP Figures based on the PRA and Quantitative Surveys for UFSI II

MAHFP (months)	Reported in the IPTT	MAHFP (months)	Category III. Least Food Secure (%)	Category II. Medium Food Secure (%)	Category I. Most Food Secure (%)
2002—baseline (quantitative HH survey)	NO	Average months could not be calculated nature of questions in household survey (Box 9.1)	15.88% (5-6 months hunger) +7.44% (6-8 months hunger) +10.79% (>8 months hunger) = **34.11%***	**33%** (3-4 months hunger)*	13.65% (1-2 months hunger+ 19.23% (0 months hungry)= **32.88%***
2002 PRA in conjunction with baseline survey		4.0[a]			
2003 PRA	Yes[c]	4.34	33.3% (3-5 MAHFP)	30.8% (6-8 MAHFP)	20.9% (12 MAHFP)
2004 PRA	Yes[c]	4.5	46%	32%	22%
2005 (quantitative HH survey based on the questions in Box 9.1)	NO	4.08 all 3.81 Africare HH 4.34 non Africare HH#	---[b]	---[b]	---[b]
2005 PRA that was carried out at the same time as the baseline survey	Yes[c]	6.2 for Africare HH	17% (3-6 MAHFP)	57% (6-10 MAHFP)	17% (10-12 MAHFP)

HH: Household; IPTT: Indicator Performance Tracking Table; MAHFP: Months of Adequate Household Food Provisioning; PRA: Participatory Rural Appraisal (food security calendar)

Sources: Africare/Uganda. 2002. Baseline Survey Report. UFSI-Phase II. September 18, 2002. Kampala: Africare. Dick Sserunkuuma. 2005. A Final Survey Report (DRAFT). UFSI II. Kampala: Africare/Uganda. 2003-2005 CSR4s of the project.

*The baseline household survey used categorical data to calculate the average number of months of food security (Box 9.1). These figures are regrouped here in order to approximate the categories of months that were used to define categories I, II, and III in later years.

[a] *This figure was not reported in the baseline household survey report. The figure was calculated based on baseline PRAs that were conducted in conjunction with the household survey. The raw data exists in the M&E officer's archives. A formal report, however, was not located at the time of the risk management study.*

[b] *These figures could probably be calculated from the final household survey questionnaire data set (see Box 9.1), but were not in the draft report. To facilitate comparison, it would be useful if the analysis grouped households into the same groups (in terms of MAHFP) as the food security calendar PRAs.*

[c] *Data reported in the annual CSR4 reports to USAID/FFP based on the analysis of the raw data from the food security calendars.*

Africare released its revised guidelines for the food security calendars in February 2005. These instructions were used to guide the PRAs that were organized in conjunction with the final household survey (Table 9.2). Although the core instructions changed (based on input from two regional M&E workshops in 2004 [Mozambique and Burkina Faso] and feedback from the field), the basic methodology and form did not.

9.1.2. Autonomous Use of MAHFP in Africare Villages

In Phase I villages where the project is no longer active: During the risk management study, the team visited one village where the project had been phased out since the start of FY04. The case study substantiated the qualitative perceptions of the staff still visiting these villages that:

- Many villages are still self-administering (with no supervision from Africare) the food security calendars as an input into the participatory planning process that Africare taught them during the three years in the project and
- The concept of "vulnerable groups" as determined by the MAHFP has been "internalized."

Table 9.2 Evolution of Format, Variables, Total Possible Points, Guidance, Trainings, and Procedures for Results Analysis of MAHFP in Phase I and II of UFSI Project

Year	Formats for Collecting Data and Link to the IPTT for Different Groups		Instructions Guidance	Groups Trained in the Methodology			
	Quantitative HH Surveys	PRA & IPTT		Staff	Gov	Consultants and Enumerators	Beneficiary
1997-2001	Not collected						
2002 Baseline quantitative survey	Only % in different groups MAHFP (Box 9.1) but not analyzed report	All HH	Guidance not relevant; quantitative survey	X		X	X
2002	PRAs conducted in conjunction with the baseline HH survey	All HH	1999 edition of the Africare food security manual	X	X	X	X
2003	x	All HH	Same as above	X	X	X	X
2004		All HH	Same as above	X	X	X	X
2005 Final quantitative survey	Collected and analyzed in quantitative HH survey for : Africare HH non Africare HH All HH	All HH	Guidance not relevant; quantitative survey	X		X	X
2005	PRAs conducted in conjunction with the final HH Survey		2005 revised guidance	X	X	X	X

IPTT: Indicator Performance Tracking Table; PRA: Participatory Rural Appraisal; FSC: Food Security Committees (village level); AF HH: Africare households; S: Staff; Gov: Local government; Con: Consultants and Enumerators; Bene: Beneficiaries; Non AF HH: Non Africare households; All: households in the village
Source: Florence Tushemerirwe, M&E supervisor and M&E reports.

Some of our best qualitative data about the level of internalization and ownership of the tool is that when the beneficiaries were asked to organize focus groups based on the MAHFP the day before the field visits, they were able to do so with no difficulty. Indeed, when the team arrived in the village the next day, they were presented with a detailed list of the names of all households in the village in each vulnerability group based on the MAHFP. Two years after the project, the FSC continues to keep records of the food security calendar exercise and its results in their notebooks and official archive. The chief difference was that the date of the exercise had been moved from September to January in order to coincide with the first rainy season rather than the Africare reporting cycle. The farmers confidence in shifting the date is in and of itself an important sign of local ownership.

When the growth promoter in one village where Africare was no longer active (see Box 7.2, section 7 above) was asked to discuss and classify the women that were participating in her program, she was able to quickly categorize them into groups and to link this categorization (based on the MAHFP) to particular health behaviors. Specifically, she observed that:

- Women from the most food insecure categories participated more actively in growth monitoring than those who were more food secure, because they felt "at risk" and
- Women in the least food secure category tended to stop exclusive breastfeeding more quickly than others, due to insufficient food.

In Phase II villages where the project is currently active: A similar pattern of beneficiaries' being able to identify and discuss the situation of the most vulnerable households based on the MAHFP was observed in the case study village where Africare was still active. When asked about his perception of the tool's utility, the LC1 (local council one) chairman responded: "It has helped us to think about how to bring ourselves up." He was especially proud of the fact that although eight of the 29 households in the village were classified in the most food insecure group in the first PRA (in 2002) there were no households in that category in 2005. When queried about the households caring for sick persons (many with HIV/AIDS victims who openly reported their status), the FSC leaders required that the emergency rations stocked by the FSC in their "store," combined with the special rations that the Community HIV/AIDS Initiative (CHAI) program was giving to households affected by HIV/AIDS, had kept these households above the "least food secure" category.

9.1.3. Factors that Contributed to or Detracted from the Utility of the MAHFP

Many factors that contributed to the successful ownership of the MAHFP as an analytical tool by the local communities were the same as those that contributed to the successful adoption of the FSCCI. The following factors were especially important.

- The tool is very simple, which facilitates the beneficiaries' comprehension of the tool and how to use it.
- There was a direct link between the tool and the identification of strategies to address food security challenges in the food security matrix through concrete

actions (e.g., encouraging non-group households to join the group, formulating bylaws to curb alcoholism, addressing gender issues in the household, and ensuring that group members attend group-sponsored training).
- The tool was executed in a highly participatory manner.
- The guidance and the tool were consistent and didn't change much over the project life cycle.
- The project invested extensively in training beneficiaries, local government representatives, and staff.

The villagers in one village cited the project's extensive investment in training local government officials as one of the most important factors that increases the chances that communities will continue using the tool after Africare withdraws. Although the government health workers were not usually invited to these training sessions, this occurred in one of the case study villages[20] and was immediately visible in the extent to which the health worker could link the concept to her work. In the second case study village where the health workers had not been trained,[21] the linkage was not clear.

Table 9.3 Key Factors that Contributed to or Detracted from the Utility of the MAHFP Analysis and the Autonomous Use of the Tool in the Villages

Factors	Impact (+=positive; -= negative)
Simplicity of the tool and its link to planning Participatory process Clear guidance and simplicity of the tool and the fact that the basic method never changed over five years	(+) Helped the staff and FSC better understand the tool (+) Contributed to ownership of the tool across technical sectors (i.e., by health workers as well as for agriculture/NRM interventions) (+) Contributed to the role of the tool as an early warning system (-) The fact that the tool is not available in local languages restricts the extent to which many beneficiaries can read and understand it
Involvement of civil authorities at the village, parish, and sub-county level in the PRAs	(+) Validated the exercise in the eyes of local communities (+) Replication of the method has been done in other non-targeted villages (+) When health officials were involved, it helped them to link their activities to the activities in the agricultural sector
Involvement of senior level Africare staff	(+) Validated the exercise and increased their understanding of the tool and its link to their technical program
Direct supervision by the M&E officer in the grouped (3 villages/group) analyses	(+) Helped standardize responses, identify bottle necks in explaining indicators, and train staff (+) Ensured quality control and comparability between years and villages
M&E plan design to group villages for the PRAs	(+) Helped validate the tool as a "region-wide" capacity building tool and created a certain degree of competitiveness between FSCs in adjacent villages
Partner program members not always trained in the tool	(-) Villagers cited this as a missed opportunity for developing a "common language" for programs such as direct food distribution to HIV/AIDS affected households which improves their number of months of adequate household food provisioning

[20] In this village the Africare growth promoter (GP) was also the nurse responsible for the government health center.

[21] The health officer, who had been posted to the center for two years, arrived after Africare discontinued its full slate of activities in the village. The nurse who had been at the station for 10 years had not participated in any of the PRA food security calendars and was unfamiliar with the concept.

9.2. Extent to Which Current MAHFP Tool Addresses and Tracks Vulnerability and Risk

9.2.1. Based on Current Use of the Tool

To date, the UFSI II project has used of the MAHFP indicator to track the aggregate impact of the project on the food security levels in the project intervention zone in the official Indicator Performance Tracking Table (IPTT) and as a community-level self-assessment tool.

9.2.2. Other Possible Types of Risk Analysis with Existing Data Sets

During the risk management study, the team identified a number of relatively simple analyses that could strengthen the project's capacity to target and monitor risk and vulnerability with the current MAHFP tools.

Although the percentage of households in the least food secure (i.e., most vulnerable) category is determined in the annual PRAs for specific villages and summarized (for the zone), this data has not been tracked officially—either in the IPTT or official reports. Africare/Uganda could strengthen its ability to track the impact of the project on vulnerability (i.e., on reducing the percentage of households classified as least food secure [e.g., category III based on the MAHFP]) by adding this indicator to the IPTT, as it is in most of the other Africare Title II programs.

One strength of the UFSI II food security calendar PRA process is the creative way it has reworked the concept of the food security calendar "interview matrix." In the original and revised guidance, Africare recommends that (Gervais, Bryson, and Schoonmaker Freudenberger 2003: 7.46):

> Having completed the calendar [i.e., the food security calendar] (Table 9.4), it is now useful to go back and interview the diagram, using the categories established in the calendar.

The Africare guidance recommends that this sort of "interviewing" of the calendar (ibid: 7.46):

> …will provide a matrix of information (Table 9.5) about the consumption patterns of different groups in the community at different times of the year….finding out about how many times a day they (adults and children) would eat, what their diet is like during that period, what types of food management strategies they might use. Other issues that can be discussed using the calendar as a point of departure [emphasis added] ***are strategies people use to avoid hunger, or to deal with its consequences once they find themselves in the hungry period.***

Most projects simply characterize the eating patterns and coping strategies that households employ during the three different time periods (period of abundance, period of transition, hungry period) in the food security calendar matrix, which is how they are portrayed in the most recent Africare guidance. One unique feature of the UFSI II method

Table 9.4 Example of a Food Security Calendar from the Africare Title II Guidance

Food Security Category	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Category I. Most food secure	θ	θ	θ	θ	θ	θ	θ	θ	θ	θ	T	T
Category II. Medium food secure	θ	θ	θ	θ	θ	θ	T	T	□	□	□	□
Category III. Least food secure	θ	θ	θ	θ	T	T	T	T	□	□ □	□ □	□

θ Period of Abundance: "We eat until we have satisfied our hunger"
T Period of Transition (the ration is reduced)
□ Hungry Period (Two dots indicates period of exceptional difficulty)
Source: Africare 2005b, Figure 1

Table 9.5 Example of an Interview Matrix to Accompany Food Security Calendar Representing Typical Composition of Meals by Food Security Status and Season

Food Security Category	Period of Abundance	Period of Transition	Hungry Period
Category I (Most food secure)	Eat porridge every morning plus 2 meals. Sorghum or millet paste with complementary sauces, meat or fish most days, often consume local beer.	Eat 2 meals, but no longer consume porridge and reduce consumption of meat and fish; ration may be slightly reduced in last months before harvest.	N/A (Same as transition period)
Category II (Medium food secure)	Eat porridge (millet flour with tamarind fruit) during morning in cold months plus 2 meals based on sorghum or millet paste with bean or hibiscus leaves.	Adult consumption reduced to 1 meal per day; ration diminishes. Usually no beans. Children continue to eat at least twice a day.	One meal a day and ration is reduced considerably further (to about 1/4 what consumed during abundant period). Wild leaves may be used for sauce if nothing else available.
Category III (Least food secure)	No porridge; 2 sorghum and millet paste based meals a day; quantities and preparation similar to group II.	Ration diminishes to appx ½ what it was during period of abundance, meals reduced to 1/day for adults; children continue to eat at least twice.	May go for several days with no significant cereal consumption. Often eat only thin soup of sorghum or millet flour with wild leaves.

Source: Africare. 2005. How to Measure The Months of Adequate Household Food Provisioning (MAHFP) in Food Security Interventions. Updated and Revised. February 2005. Washington: Africare. Pp. 2-3.

was its emphasis on using the food security matrix (Table 9.5) as a tool for a strategizing with the population about how to reduce the food insecurity of the least food secure group and on ensuring that this information feeds into the quarterly planning process in order to focus project activities on strategies needed to address problems of the most food insecure groups. To date, however, the project has not developed a formal mechanism (such as an indicator) for monitoring any progress made by households in the least food secure category as a result of these project activities.

9.3. Recommendations

The team identified three broad areas where current systems for tracking the MAHFP indicator could be strengthened (Table 9.6). These include:

- Placing greater emphasis on the concept of risk and risk management and vulnerability in the guidance for the MAHFP[22] and translating this guidance into local languages;
- Creating a more structured mechanism for monitoring the evolution of the beneficiaries' risk coping strategies over the project life cycle; and
- Strengthening the systems for tracking the project impact on the percentage of households classified as extremely food insecure according to the MAHFP indicator and incorporating this into the project IPTT.

Recommendation #1: Guidance. Strengthen Africare's guidance and training on how to consider risk as part of the food security calendar PRA process

Sub-recommendation 1.a. Although risk management is discussed in the current Africare MAHFP guidance (Africare 2005), this discussion is limited. One of the most immediate recommended actions is to expand this discussion in the current guidance.

Sub-recommendation 1.b. This theme could then be incorporated into the on-site training of government officials and beneficiaries and into the formal training programs for technical staff and consultants during the baseline PRAs at the new site (no additional PRAs are planned in the project villages in southwest Uganda).

Sub-recommendation 1.c. The revised guidance should then be translated into the local languages. While this is a top priority for the new project, the translated guidance would assist with current project phase out and sustainability in southwest Uganda.

Recommendation #2: Monitor shifts in livelihood and coping strategies over time. Given the new project's emphasis on improving household livelihood systems' capacity to manage risks, the project M&E systems need to have better ways of tracking the project impact on these coping strategies and livelihood systems. Two options for achieving this were discussed during the Uganda case study.

- Option one involves integrating the types of livelihood and coping strategy forms that were pilot tested in both Guinea and Uganda (Annex IV, Forms 4 and 5) into focus group discussions with representatives of each food security category identified by the MAHFP.
- Option two—which was identified by the Uganda team, but never pilot tested—involves revising the current MAHFP guidance so that the food security matrix itself becomes a mechanism for analyzing risk. A suggested framework for this

[22] The current guidance mentions risk during the final section's discussion about preparing a food security action plan (Africare 2005b: 4):

> "When the calendar is complete the picture of the usually bad circumstances found in the areas where Africare intervenes naturally brings up the question, 'What can be done to improve the situation?' A preliminary discussion can take place concerning the times of the year and the groups that will need to be involved in any intervention. It is important to introduce a discussion of **risks and vulnerability** at this point in the exercise. There may already be resources available to resolve part of the problems."

type of revision is presented in Tables 9.8 and 9.9 of this chapter[23] (see Africare 2005b: 3-6 for the original guidance). It would include actualizing two sub-recommendations:

Sub-recommendation 2.a. Based on the food security calendar matrices, identify major risks and strategies for addressing these risks for each vulnerability category and

Sub-recommendation 2.b. Code the responses to the revised matrix for each vulnerability group so that a comparison of the risk management strategies can be made between vulnerability groups in the villages classified as strong, average and weak in terms of community capacity (measured by the FSCCI).

Recommendation #3: Indicators and the IPTT. As a quantitative indicator in an IPTT, the MAHFP provides a measure of the aggregate impact of the food security interventions of a project based on:

- Questions that are included in the baseline, mid-term (when executed), and final quantitative household surveys that USAID requires of all of its Title II food security programs or
- The Participatory Rural Appraisal (PRA) exercise known as the food security calendar.

As a self-assessment tool (through a process known as a food security calendar) the MAHFP provides a mechanism for communities to "self-assess" their food and nutrition status as part of the PRA exercises, during which local communities then develop strategies for improving their aggregate food security. Some Africare programs (such as Africare/Uganda) use the figures generated from the PRAs for their IPTTs. Other Africare programs (such as Africare/Guinea, Africare/Burkina and Africare/Niger) use the information from the quantitative household surveys in the IPTTs, but compare this information to the PRAs.

"The MAHFP provides a mechanism for communities to self-assess their food and nutrition as part of the PRA exercise during which local communities then develop strategies for improving their aggregate food security." (Photo credit: E. Musinguzi)

[23] The original guidance for the matrix is found in Figure 2 of the Africare 2005 guidance for the MAHFP.

Table 9.6 Identified Needs and Recommendations

Recommendations	Sub-Recommendations	Period	Tool	Value Added
#1 Guidance: Strengthen guidance and training on how to consider risk as part of the food security calendar PRA process	1.a.Revise food security calendar guidance so that the communities focus more on risk and risk management and target the most vulnerable groups in community	Annual PRAs	Table 9.3 (existing tool for food security interview matrix)	Increases community capacity to identify and manage risk in annual action plans Facilitates local comprehension of food security calendar guidance, risk management, and the need to target interventions to vulnerable groups
	1.b.Strengthen the on-site training of government officials and beneficiaries and formal training programs for technical staff and consultants on risk, risk management, and targeting of the most vulnerable groups in community	Annual PRAs	Introduce the concept of risk and risk management into on-site and formal training curricula developed by the project during UFSI II	
	1.c.Translate the food security calendar and matrix guidance (which is the February 2005 official guidance) into local languages	Annual PRAs	Revised guidance including risk and vulnerability	
#2 Monitor shifts in livelihood and coping strategies over time: Create a structured mechanism for monitoring beneficiaries' strategies for dealing with different risks over project life cycle	Option 1: Introduce the PRA forms that were pilot tested into the MAHFP exercise. Option 2: 2.a. Based on the food security calendar matrices, identify major risks and strategies for addressing these risks for each vulnerability category 2.b. Code the responses to the revised matrix 9.7 for each vulnerability group so that comparison of risk management strategies can be made between vulnerability groups in villages classified as strong, average, and weak in terms of community capacity (measured by the FSCCI)	Annual PRAs	Option 1: Annex IV PRA forms Option 2: Tables 9.6 and 9.7	Facilitates communities' self-analysis of strategies to manage risks identified in the PRA
#3 Indicators IPTT: Strengthen use of the MAHFP to track the project's impact on vulnerability between years in official reporting	3.a.Add the % of households in least food secure category to the official IPTT	Annual PRAs		Facilitates comparative analysis between years
	3.b.Standardize the MAHFP categories during the baseline (categories I, II III) and use the same categories in all surveys and PRAs			
	3.c.Ensure that all quantitative household surveys collect quantitative data on MAHFP and calculate % of HHs in different categories of food insecurity	Annual PRAs		Quantitative cross check may be easier to calculate for different NGO partners in next phase
	3.d. Prepare a short annual report on PRA figures reported in IPTT each year	Annual PRAs		Better standardization

Both types of data were gathered during UFSI II, but there was little attempt to compare or contrast the similarities and differences between the two types of data collection techniques or data sets. It was also difficult to document how exactly the reported figures were calculated in certain years since the PRA reports were not easy to relocate.

Four sub-recommendations for strengthening the utility of the current use of the MAHFP as an impact indicator in the official tracking table (the IPTT) used to report to USAID are proposed.

Sub-recommendation 3.a. Although Africare/Uganda already tracks the percentage of households in the most food insecure (vulnerable) category as part of the text of its annual reporting process, this information was not reported in a separate indicator in the IPTT as it has been for most other Africare Title II programs (Table 9.7).[24] A simple sub-recommendation for strengthening the project's capacity to track project impact on vulnerability is to add this information to the official IPTT (Table 9.7).

Sub-recommendation 3.b. The project should also standardize the categories being used to report the information during the first year (i.e., use the same number of months of MAHFP to identify each category). In the absence of some sort of up-front standardization during the baseline, it is hard to compare data between years.

Sub-recommendation 3.c. All future quantitative surveys should include the questions on MAHFP needed to calculate the MAHFP quantitatively as a "cross-check" of the figures generated by the food security calendar PRA.

Sub-recommendation 3.d. Given the critical importance of monitoring the impact of project activities on risk over time, future projects should also ensure that a short official report summarizes the results of the annual PRAs and is deposited in the official project documentation, both in the field and at headquarters. This report is critical to ensuring that the project can document how the impact indicators (MAHFP [months] and % of households in the least food secure category) were calculated over time.

These recommendations require a number of relatively minor changes in the way the project currently collects and analyzes the food security calendars in connection with its PRAs and quantitative baseline and final surveys (see sub-recommendations 2.1, 2.2 and 3.3—indicated with an asterisk in—Box 9.3).

[24] See Bryson, Judy. 2005. Comparative Research/Analysis-Moths of Adequate Household Food Provisioning in Africare's Title II Food Security Programs. Washington, DC: Africare.

Table 9.7 Recommendations for Strengthening Current Indicators to Better Track Project Impact on Risk and Vulnerability in the New Africare Title II Projects

Current Indicator	Proposed Reformulation or New Indicators
MAHFP	MAHFP (keep the same)
	Percentage of households in the least food secure category (category III) (new indicator)
	Monitoring indicator: Percentage of villages that have integrated strategies to develop the risk management capacity of the most vulnerable HHs identified in the food security calendars into their community action plans (new indicator)

Table 9.8 UFSI II Method for Analyzing Coping Strategies of Beneficiary Households during Periods of Abundance, Transition, and Hunger

Food Insecurity Categories (based on the MAHFP)	Periods of Abundance	Period of Transition	Hungry Periods
Category I (Most food secure)			
Category II (Medium food secure)			
Category III (Least food secure)			

Table 9.9 Sample Framework that could be Used for Monitoring Coping Strategies of Households in Response to Different Types of Risk

Food Insecurity Categories (based on MAHFP)	Risk 1	Risk 2	Risk 3	Risk 4	Risk 5	Risk 6	Risk 7	Risk 8	Risk 9	Risk 10
Category I (Most food secure)										
Category II (Medium food secure)										
Category III (Least food secure)										

Box 9.3 Five Step Process that Africare/Uganda Uses to Collect, Analyze, and Report on Food Security Calendars with Recommendations from the Risks Study (Marked by *) for Strengthening Their Consideration of Risk and Vulnerability to Risk

Step 1: *Data collection.* Classification of the beneficiary population through the food security calendars facilitated by the community LCI leadership and food security committees for groups composed of three villages throughout the entire target region (48 food security calendar PRAs per year, a total of 144 villages).

Step 2: *Community level data summary and feedback.* Before leaving the community, the PRA team (Africare technical staff, M&E officer, local government staff at sub-county level, and the community members[25]) summarizes the data collected and the interviews completed for the food security calendar using the interview matrix and helps the communities outline their community action plans.

**Sub-step 2.1:* *Vulnerability.* Identify food security strategies to address the needs of each vulnerability group (using the matrix form [Table 9.5]);

**Sub-step 2.2:* *Risk Management.* Identify risk management strategies appropriate for the needs of each vulnerability group (using the matrix form [Table 9.5])

Step 3: *Data analysis.*

Sub-step 3.1: *MAHFP All households.* A weighted average of "# of months of HH food provisioning=summation (# of HHs in each category multiplied by the # of months of adequate household food provisioning) divided by total (HHs) considered should be calculated.

Sub-step 3.2: *MAHFP Vulnerable groups.* A weighted average of "# months of HH food provisioning=summation (# of HHs in each category multiplied by the # of months of adequate household food provisioning) divided by total (HHs) should be calculated for each food security category (I-III) as well as the percentage of households classified in each group.

**Sub-step 3.3:* *Cross reference vulnerable groups to risk management strategies.* Identify strategies by each category of food security that are used to address risks during project implementation and monitor any changes in these that occur during the annual PRAs.

Step 4: *PRA report.* Once the data analysis is complete, the M&E officer prepares a final PRA field report on the entire exercise that includes a brief written summary of this matrix information, which was included in each of the CSR4 reports and feeds into the quarterly planning process, in order to focus project activities on the strategies needed to address the problems of the most food insecure groups.

Step 5: *Report average figure calculated for the whole target region in step three in the IPTT.*

Sub-step 5.1: *MAHFP (months).* Calculate and report the average number of month of adequate household food provisioning for each vulnerable group, as well as the overall average for all groups.

Sub-step 5.2: *Percentage of households in the least food secure category (based on the MAHFP).* Calculate the percentage of households in each vulnerability group.

[25] An average of 30-80 people attend. Although the participation of the FSC members is mandatory, other community members are invited to participate as well. Support for their participation is included in the project training line item.

Annex I
Agriculture and Natural Resource Management
Forms One through Four

FORM 1 FOR THE NRM COMPONENT

Annex I, Form 1. Managed and Unmanaged Risk Factors for NRM and Project Implementation and Sustainability Strategies
Project _____ Region _____

Risk category (please circle): Health/Nutrition: Agriculture; NRM; HIV/Aids; other (indicate)

Extension agents/staff participating in the process:

	Broad categories of activities implemented to address risk category			
Type of risk	**Project strategy /activities**	**Project strategy /activities**	**Project strategy /activities**	**Risks only partially managed/unmanaged**
1. Drought/ Erratic whether	Promote small scale irrigation schemes to supplement inadequate rainfall	Planting drought resistant crop varieties	Promote staggered planting of crops to reduce/spread the risk	Prolonged drought leads to the drying of water sources hence making it difficult to even carry out small scale irrigation.
2. Invasion of the landscape by the introduced new agro forestry tree species	Promote only those trees species that have been screened and approved by the National Agricultural Research system.	Train farmers in the proper management of tree species that have a possibility of being invasive.		This has been well managed
3. Wild fires that destroy vegetation and trees	Sensitize communities about the dangers of bush burning	Equip farmers to develop and implement byelaws against bush burning in collaboration with local government. Facilitate the formation of committees to enforce these byelaws.	Establish fire lines around wood lots/tree plantations during the dry season	Some fires originate from areas surrounding the target communities.

4. Seasonal flooding	Develop capacity of farmers to plan and implement NRM interventions	Train communities to construct water conservation structures (trenches, check dams and ditches) that control water run off.	Promotion of agro forestry	Although these strategies have controlled flooding, it's very difficult to control when there is abnormally excessive rain fall.
5.Land slides	Train farmers to repair the aging terrace raisers	Planting of trees that stabilize terrace risers to prevent them from collapsing	-	Areas with very steep slopes and lose soils make it difficult to control land slides.
6. Soil erosion	Construction and stabilization of water conservation structures such as trenches and check dams	Construct roof water harvesting structures like tanks which reduces the amount of water run off	Promotion of agro forestry	The steep nature of the terrain make it difficult to effectively control soils
7. Negative attitudes about the long term nature of NRM interventions by small scale land holders	Sensitizing communities on the importance of conserving community natural resources	Integrating NRM interventions with activities that provide short term economic benefits to farmers	Promote NRM technologies that enhance the productivity of land	It takes a long time to change cultural beliefs and yet the life of the project is limited.

Annex I, Form 2. Project Tracking of Individual Household Data for Farmers Who Participate in Community Demonstration Gardens (modification of an existing form) (one form per trial per group; one group may have several forms to complete)

District: _____ S/County: _____ Parish: _____

Group Name and Number: _____ Crop Type: _____ Season:_____

HH #	Household Name	Vulnerability Category (I, II, III) (MAHFP)	Shared Seed kg	Own Seed kg	Total Planted (plowing) (weight of seed)	Total Harvested kg	Amount sold kg	Cash from produce sold (shs)	Stored kg

Annex I, Form 3. Project Tracking of Farmer Group Adoption of Recommended Technologies (one form per group only) (Technologies to be monitored should be identified during the baseline surveys and baseline PRAS. They will be different for farmer groups targeting technologies appropriate to vulnerable groups)

District: _____ S/County: _____ Parish: _____

Group Name and Number: _____ Vulnerable Group/Regular Group (circle)

Crop Type: _____ Season:_____

HH #	Household Name	Vulnerability Category (I, II, III) (MAHFP)	TBD	TBD	TBD	TBD	TBDt	TBD	TBD	TBD	TBD	TBD

Annex I, Form 4. Individual Yield Data.
District: _____ S/County: _____ Parish: _____

Group Name and Number: _____ Vulnerable Group/Regular Group (circle)
Crop Type: _____ Season:_____

Crop	Toto Area Planted	Plant Spacing	Time taken to maturity	Sample size	No. of samples taken	Total Yield	Marketable Yield	Observations
1								
2								
3								
4.								
5.								
6.								

Annex II
Roads Component
Forms One through Three

Form 1	**Businesses, Settlement and Social Services Survey Summary Form**	Construction stages of the road (pre-construction during construction, post construction)	Villages adjacent to access roads constructed under Title II UFSI	**Objective**: To provide a structured mechanism for monitoring the impact of Title II program-supported road construction on the development of markets, social and economic services—one of the key macro-level factors affecting risk management. This form sets the stage for more detailed analysis of the livelihood impacts of roads through the PRAs and surveys. The total figure is tracked in the UFSI II IPTT. **Instructions:** **Step 1:**Road name is taken by using the names of the starting and ending points (e.g. if a road starts from Kabale and ends at Ntungamo, the name of the road will be Kabale – Ntungamo road. **Step 2:**The counts can be done at the three stages of construction of our interest: ▪ Pre-construction – before any construction work has been done ▪ During construction – this is a stage when the entire road section has been graded (opened) but other road improvements not yet done ▪ Post construction - after al the construction works have been completed and the road is motorable all year round. This helps in checking whether there is an increase in the settlement, business activity or social services on a given road. **Step 3:** The officer carrying out the actual count should always tally the items for each category and fill in the final figures at the end of the count. **Step 4:** Description of the housing structures: • Huts – describes structures that are grass, papyrus and tarpaulin thatched houses, usually with weak walls made out of the same materials. • Semi permanent – describes houses with walls made from say un-burnt bricks or burnt brick but whereon cement was used in construction. • Permanent - describes structures with walls made from burnt bricks and cement. NOTE: Some of these structures may not be clear cut and will be classified according to the supervisors' description. **Step 5:**The settlement, business activity and social services surveys are the basis for the social economic considerations for funding of road construction activities. They also help in the assessment of the impact of road construction on the communities/areas where the road passes. Hence careful observation and recording of every item should be made. No attempt to over count, increase or decrease the number of items should be made.

Form 2	**Average Daily Traffic (ADT) Summary Form**	Construction stages of the raod (pre-construction during construction, post construction)		**Objective:** To provide a structured mechanism formonitoring the actual use of the roads created under Title II program supported road construction—one of the key macro-level factors affecting risk management. **Instructions:** **Step 1.**Road name is taken by using the names of the starting and ending points (e.g. if a road starts from Kabale and ends at Ntungamo, the name of the road will be Kabale – Ntungamo road. **Step 2.**The traffic counts can be done at the three stages of construction of our interest: ▪ Pre-construction – before any construction work has been done ▪ During construction – this is a stage when the entire road section has been graded (opened) but other road improvements not yet done ▪ Post construction - after al the construction works have been completed and the road is motorable all year round. This helps in checking whether there is a change in the numbers of traffic on a given road **Step 3:** The road traffic survey should be done for a minimum of seven (7) consecutive days for periods not less than 12 hours daily starting at 6am to 6pm or 7am to 7pm, whichever the supervisor determines is more reflective of the traffic situation on the road. **Step 4**: The officer carrying out the actual count should always tally the traffic for each category and fill in the final figures at the end of the daily count. **Step 5:** At any given traffic count survey session, the count should be done by two people, one each at the start and end of the road section, who should begin and finish the activity at the at the same time. **Step 6:** A count is made of the number of traffic passing a given point. The more the number of times it passes, the more the count. **Step 7:** Traffic surveys are the basis for design of road pavement and road structures design. Hence careful observation and recording of traffic should be made. No attempt to over count, increase or decrease the number of traffic on the road should be made.
Form 3	**UFSI II Impact Assessment Questionnaire 2005: Roads Component**	Mid-term and Final Survey	Communities affected by Title II supported roads	**Objective: To provide a structured mechanism for assessing the wider social impacts of roads created under Titel II program supported road construction—one of th e key macro-level factors affecting risk management.** **Steps: Instructions to form are attached to form.**

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Form 1. Businesses, Settlement and Social Services Survey Summary Form

Project Name:…….…….

Location:……..……

Classification and Nature of Businesses, Settlement and Social Services	Count				
	Road Name and length	Road Name and length	Road Name and length	Road Name and length	Total Count
Settlement(Housing)					
Huts					
Semi permanent houses					
Permanent Houses					
Businesses					
Retail shops					
Bars					
Restaurants					
Brick laying					
Stone quarrying					
Grinding machines					
Markets					
Social Services					
Schools					
Churches					
Health Centres					
Others (specify)					

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Form 2. Average Daily Traffic (ADT) Summary Form

Project Name:…….…….

Location:……..……

Traffic Classification	Average Daily Traffic (ADT)					
	Road Name and length	Road Name and length	Road Name and length	Road Name and length	Total Average Daily Traffic	Mean Average Daily Traffic
Bicycles						
Motor cycles						
Saloon cars						
Omni buses/vans						
4wd's						
Buses						
Trucks						
Others(specify)						

Form 3

UFSI II IMPACT ASSESSMENT QUESTIONNAIRE 2005 : ROADS COMPONENT[26]

DATE OF INTERVIEW: _____ **NAMES OF THE ENUMERATORS**

DISTRICT: _____ **1.**_____

COUNTY: _____ **2.**_____

SUB-COUNTY: _____ **NAME OF THE SUPERVISOR:**

PARISH: _____ _____

Village/LC1: _____ **VERIFIED BY:**

_____

NAME OF THE ROAD: _____

YEAR OF UPTAKE: _____
(If applicable)

COMMENTS

Enumerators:

_____

_____

Supervisor: _____

_____

_____

[26] Source: Sserunkuuma, Dick. 2005 (Draft). : The Impact of Africare's Uganda Food Security Initiative (UFSI II Program. A Final Survey Report. December 23, 2005. Kampala: Africare. Appendix II.

A: GENERAL INFORMATION

Numbers of Households (If possible, obtain the following information from LC1 office.)

G1 Total number of households in this LC1? **G1**_____

G2 Total number of **female-headed** households in this LC1? **G2**_____

G3 Total number of **landless** households in this LC1? **G3**_____

G4 Total number of **child-headed** households in this LC1? **G4**_____

G5 The **average household size** in this LC1? **G5**_____

G6 Total number of people in this LC1? **G6**_____

A: ROADS & TRANSPORT MEANS

Transport means used by the community to get to different places, distance and the costs involved.

Nearest Place	Distance (Kms)			Dry Season									Rainy Season								
				2003			2005						2003			2005					
	2003	2005	Reasons for change in distance code	Transport means (most common)	Travel time (minutes)	Transport cost (Ushs)	Transport means (most common)	Travel time (minutes)	Transport cost (Ushs)	Reasons for change codes T10			Transport means (most common)	Travel time (minutes)	Transport cost (Ushs)	Transport means (most common)	Travel time (minutes)	Transport cost (Ushs)	Reasons for change code T11		
	T1	T 2	T3	T4	T5	T6	T7	T8	T9	MEANS	TIME	COST	T11	T12	T13	T14	T15	T16	MEANS	TIME	COST
1. Tarmac Road																					
2. All weather Murram Road																					
3. Bus service																					
4. Pickup truck service																					
5. Boda-boda service																					
6. Nearest trading centre																					
7. Nearest rural market																					
8. Input supply dealer																					
9. Grain mill																					
10. Coffee processing plant																					
11. Milk collection point/cooling plant																					
12. Other Agric. Produce processing plant (specify)_____																					
13. Primary school – Public																					

Nearest Place	Distance (Kms)			Dry Season									Rainy Season								
				2003			2005						2003			2005					
	2003	2005	Reasons for change in distance code	Transport means (most common)	Travel time (minutes)	Transport cost (Ushs)	Transport means (most common)	Travel time (minutes)	Transport cost (Ushs)	Reasons for change codes T10			Transport means (most common)	Travel time (minutes)	Transport cost (Ushs)	Transport means (most common)	Travel time (minutes)	Transport cost (Ushs)	Reasons for change code T11		
	T1	T 2	T3	T4	T5	T6	T7	T8	T9	MEANS	TIME	COST	T11	T12	T13	T14	T15	T16	MEANS	TIME	COST
14. Primary school –Private																					
15. Secondary school – Public																					
16. Secondary school – Private																					
17. District Farm Institute																					
18. Agricultural Research Institute																					
19. Community Center																					
20. Government Health Facility (General)																					
21. Private Health Facility (General)																					
22. Government Health Facility (Antenatal Care & Child Delivery)																					
23. Private Health Facility (Antenatal Care & Child Delivery)																					
24. Pharmacy/drug shop																					
25. Primary drinking water source for humans (specify source)_____																					
26. Primary drinking water source for animals (specify source)_____																					
27. Major Fuel wood source (specify source) _____																					

Transport Means Codes: 1. Bicycle 2. Cars 3. Trucks 4. Tractor 5. Motorcycle 6. Canoe 7. Animal 8.Walking 9. Stretcher 10. Others

Reasons for change codes: 1=No change 2=Road improvements 3=Road deteriorated 4= New facilities became available 5= Closest facility closed 6= Other (Specify)

T18. Do members of this village participate in the community road maintenance exercises on the Africare constructed/rehabilitated road? 1. Yes 2. No

T19. If no, why not? 1. Too busy 2. Road has no use for us 3. Physically unable 4. Not our responsibility 5. Others (specify)

T20. If yes, how do they usually participate? List three ways, starting with the most common way in which members participate
1. _____ Code: _____ 2: _____ Code:_____ 3._____ Code:_____

1. Paying some money 2. Being physically there 3. Sending the children 4. Sending laborers 5. Cash for work 6. Others (Specify)

T21. Who makes decisions on maintenance of the Africare constructed/rehabilitated road in your village? *(for example routine maintenance, rehabilitation, opening the road, tree planting, etc)*

Type of Decision	**Decision Maker**
_____Code: _____	_____ Code:_____
_____Code: _____	_____Code:_____
_____Code:_____	_____Code: _____

T22. Are there skilled/experienced workers in roads maintenance in this village? 1. Yes 2. No

T23. What benefits have you got from the Africare road? (***List all responses***)

1. _____ Code: _____
2._____ Code:_____
3. _____ Code: _____
4. _____ Code: _____
5. _____ Code:_____
6. _____ Code: _____

T24. Are there any environmental problems *(such as landslides, flooding, soil erosion, silting of water sources, dust, etc)* resulting from the Africare constructed road? 1. Yes 2. No

T25. If Yes, what environmental problems does this village have as a result of the Africare constructed/rehabilitated road? (***List all responses***)

1. _____ Code: _____

2._____ Code:_____

3. _____ Code: _____

4. _____ Code: _____

5. _____ Code:_____

T26. Efforts to address the environmental problems

Problem (List All)	Code	Have there been any efforts to address the problem? 1=Yes, 2=No	If No, Who do you think is responsible for addressing this problem?	Code	If Yes, Who addressed the problem?	Code	Was problem solved? 1=Yes, 2=No	If No, Why not	Code	Suggestions for addressing the problem?	Code
		E1	**E2**		**E3**		**E4**	**E5**			

T27. Are there any other problems resulting from the Africare constructed/rehabilitated road? 1. Yes 2. No

T28. If Yes, what other problems does this village have as a result of the Africare constructed/rehabilitated road? (***List all responses***)

1. _____ Code: _____
2._____ Code:_____
3. _____ Code: _____
4. _____ Code: _____
5. _____ Code:_____

C: IMPACT OF AFRICARE CONSTRUCTED/REHABILITATED ROAD

I1. List all the types of businesses you see along the Africare constructed/rehabilitated road (***Enumerator to observe all developments along the road then ask for any others not observed***)

1. _____ Code: _____
2._____ Code:_____
3. _____ Code: _____
4. _____ Code: _____
5. _____ Code:_____
6. _____ Code: _____
7. _____ Code: _____
8._____ Code:_____
9. _____ Code: _____
10. _____ Code: _____

I2. On average, how many vehicles do you see using the Africare constructed/rehabilitated road per day? _____

I3 On Average, how many daily trips do these vehicles make along the Africare constructed/rehabilitated road? _____

I4. On average, how many vehicles did you see in this village per day before the Africare constructed/rehabilitated road was constructed? _____

I5. What merchandise did the vehicles seen in this village carry during the planting and harvest seasons before the Africare constructed/rehabilitated road was constructed and what do they carry these days when the Africare constructed/rehabilitated road is in place?

Merchandise carried in Planting season. (List up to five, starting with the most common)						**Merchandise carried in Harvesting season (List up to five, starting with the most common)**					
Before Africare road	code	Current Situation	Code	Reasons for change	Code	Before Africare road	code	Current Situation	Code	Reasons for change	Code

D: PRODUCE SALES AND PRICES.

Commonly sold crop and livestock products (Up to a maximum of 6 products)

Panel A: 2005			**Typical Rainy/Planting Season**					**Typical Dry/Harvesting Season**					
Product	Code	Prop of HHs in LC1 selling	Most common place where people sell this product	Code	Distance to this selling point (Kms)	Average price (shs/Unit)	Unit	Prop of HHs in LC1 selling	Most common place where people sell this product	Code	Distance to this selling point (Kms)	Average price (shs/Unit)	Unit
S1		**S2**	**S3**		**S4**	**S5**		**S6**	**S7**		**S8**	**S9**	
Panel B: 2003			**Typical Rainy/Planting Season**					**Typical Dry/Harvesting Season**					
Product	Code	Prop of HHs in LC1 selling	Most common place where people sell this product	Code	Distance to this selling point (Kms)	Average price (shs/Unit)	Unit	Prop of HHs in LC1 selling	Most common place where people sell this product	Code	Distance to this selling point (Kms)	Average price (shs/Unit)	Unit
S10		**S11**	**S12**		**S13**	**S14**		**S15**	**S16**		**S17**	**S18**	
Reasons for change (if changed) between 2003 and 2005													

Where sold codes: 1=Farm gate, 2=Roadside near the farm, 3=Weekly/Periodic Markets, 4=Town/trading centre, 5=Other (***Specify***)

Reasons for change codes: 1=No change 2=Road improvements 3= Road deteriorated 4= New facilities became available 5= Closest facility closed 6= Other (Specify)

Livestock Prices for all livestock types (including poultry) in the village

Livestock type	Code	2003						2005									
		Prop. of hhs in LC1 with livestock type	Most common place to buy/ sell livestock	Code	Distance to this selling point (Km)	Average Price (shs/ Unit)	Unit	Prop. of hhs in LC1 with livestock type	Most common place to buy livestock	Code	Distance to this selling point (Km)	Average Price (shs/ Unit)	Unit	Reasons for change code Between 2003 and 2005 **L10**			
L1		**L2**	**L3**		**L4**	**L5**		**L6**	**L7**		**L8**	**L9**		Prop. Of hhs With livestock	Place to buy	Distance	Price
	1																
	2																
	3																
	4																
	5																
	6																
	7																
	8																
	9																
	10																
	11																
	12																
Other (specify)																	

Reasons for change: INSERT CODES

E. AGRICULTURAL INPUT PURCHASES AND PRICES

Commonly purchased crop and livestock inputs

Input type	Code	2003						2005									
		Prop. of hhs in LC1 using	Most common place to buy input	Code	Distance to this selling point (kms)	Average Price (shs/ Unit)	Unit	Prop. of hhs in LC1 using	Most common place to buy input	Code	Distance to this selling point (kms)	Average Price (shs/ Unit)	Unit	Reasons for change code Between 2003 and 2005 **IN10**			
IN1		**IN2**	**IN3**		**IN4**	**IN5**		**IN6**	**IN7**		**IN8**	**IN9**		Prop. Of hhs using	Place to buy	Distance	Price
Improved seeds (specify most commo crop)_____	1																
Inorganic fertilizer (specify most common)_____	2																
Insecticide (specify most common) _____	3																
Fungicide (specify most common) _____	4																
Herbicide (specify most common) _____	5																
Purchased livestock feed/fodder	6																
Livestock medicine (specify most common)_____	7																
Livestock vaccines (specify most common)_____	8																
Improved livestock breeds (specify most common livestock)_____	9																
Other (specify)																	

F: LAND RENTAL AND SALES

LS1. What is the average land size (in acres) per household in this LC1? LS1 _____ Acres

LS2. What proportion of households rented-in land from others via a fixed rent in 2003 and 2005? LS2_____2003

LS3_____2005

LS4: Reasons for change in proportion of households renting in land between 2003 and 2005

1. _____ Code: _____

2._____ Code:_____

3. _____ Code: _____

LS5. How much was the rent in Shs per acre in 2003 and 2005 for:

LS6_____for good quality land in 2003? **LS7**_____for average quality land in 2003?

LS8_____for good quality land in 2005? **LS9**_____for average quality land in 2005?

LS10: Reasons for change in land rental rates between 2003 and 2005

1. _____ Code: _____

2._____ Code:_____

3. _____ Code: _____

LS11. What proportion of households purchased land from others in 2003 and 2005?

LS11_____2003

LS12_____2005

LS13: Reasons for change in proportion of households purchasing land between 2003 and 2005

1. _____Code: _____

2._____Code:_____

3. _____Code: _____

LS14. How much was the purchase price in Shs per acre in 2005 and 2003 for:

LS15_____for good quality land in 2003? **LS16**_____for average quality land in 2003?

LS17_____for good quality land in 2005? **LS18**_____for average quality land in 2005?

LS19: Reasons for change in land prices between 2003 and 2005

1. _____Code: _____

2._____ Code:_____

3. _____Code: _____

Annex III
Health and Nutrition
Forms One through Three

Form	Name	Period	Target Audience	Instructions
Form 1	**UFSI II Health/Nutrition: Breast Feeding Data Summary Collection Form**	Monthly in connection with sessions and growth monitoring	Growth promoters and village-based nutrition extension agents charged with supervising training sessions and growth monitoring	**Purpose:** To create a structured mechanism for collecting monthly information on breastfeeding practices and the vulnerability category of the household the child is living in Instructions: -Interview each mother separately; -Make sure that the child in question fits within the age range (<6 months) -Ask mothers to list everything the child has had during the last 24 hours and then backward establish if the baby has so far been given only breastmilk; -Place a mark in the yes/no column; -Continue until you have information on at least ten children in a village; -Add up the total number of "yes" and "no" responses; -Divide the total number of "yes" responses by the total number of "yes" and "no" responses; Multiply the figure by 100 to get the percentage of mothers reporting exclusive breastfeeding in the village; -Ask each caregiver/mother whether monthly growth monitoring gives any early warning signs as far as the health and monitoring of the child is concerned. If possible note what actions were taken because of this.
Form 2.	**UFSI II Health/Nutrition: Quarterly Growth Monitoring and Promotion Summary Form**	Pilot test based on: a) identification of vulnerability category of children weighed previous month b) identification of vulnerability category of children during an on-going growth monitoring program		**Purpose: To create a structured mechanism for pilot testing the addition of vulnerability categories to the routine data collection as part of the growth monitoring program** **Instruction (pilot test):** Please review the previous month's growth monitoring records and see if it is possible to add information on the "vulnerability" category of the child's household. To facilitate your response, the information from the official project growth monitoring records (in the bound notebooks) are noted on the form for easy reference. This pilot test will help us better understand how easy it is for this calculation to be made.

Form	Name	Period	Target Audience	Instructions
Table 7.3 in text	**UFSI II Health/Nutrition sample form for identifying major health risks, constraints, and opportunities for managing health risk by zone**	Before and after project (broad zonal picture)	District level project health specialists	**Purpose:** To highlight the fact that health and nutrition risks and risk management strategies are affected by the agro-ecological factors in specific zones. **Instructions:** Please review our "draft" analysis of these risks and factors that affect risk management and correct them. The characteristics noted are initial impressions only.
Form 3	**Managed and Unmanaged Risks and Project Implementation and Sustainability Strategies (form completed)**	Prior to mid-term and final evaluations	Extension agents and administrators Some projects may wish to introduce it as a PRA tool with villages as well	**Purpose:** To examine the link between the major identified risks (those currently being managed as well as those likely to occur in the future) which strategies are likely to be sustainable beyond the project based on the current and project prospects of collaboration with regional partners. **Instructions:** The form can be used in different ways depending on the project's needs. Priority may be given to cross referencing global strategies (the project's agricultural extension program) for example or to specific initiatives within that larger strategy (animal traction for example). Each project should determine which categories of risk are being analyzed. One form for HIV/AIDS should be completed for each projet intervention region.

Form 1. UFSI II Health/Nutrition: Breast Feeding Data Summary Collection Form[27]

(indicates new information added to existing quarterly reporting*)

Sub-county: _____ Village: _____

Month:_____ Date: _____

Name of Interviewer: _____

#	Name of HH head*	HH Vulnerability Category*[28]	Name of Child	Age (months)	Exclusive breastfeeding		Age at which liquid solids were first given	Reason if liquids and/or solids were given at less than 6 months
					Yes	No		

[27] To complement pre-existing reporting which was informal as part of quarterly reports to supervisor.

[28] Category I: Most Food secure category; Category II: Medium Food Secure; III Slightly food secure and least food secure

Form 2. UFSI II Health/Nutrition: Quarterly Growth Monitoring and Promotion Summary Form (*(* indicates new information added to existing GMP reporting)*)

Sub-county: _____ **Village:** _____

Month: _____ **Date:** _____

Name of Interviewer: _____

#	Name of HH head*	HH Vulnerability Category*[29]	Name of child as written in the GMP registry[30]	Weight gain		No weight gain		Weight loss		Yellow to green		comments
				#	%	#	%	#	%	#	%	

[29] Category I: Most Food Secure Category; Category II: Medium Food Secure; III Slightly food secure and least food secure.
[30] Original copy is in bound register.

Form 3. Managed and Unmanaged Risk Factors for Health and Nutrition and Project Implementation and Sustainability Strategies
Project : _____ Region : _____

Risk Category (please circle): Health/Nutrition; Agriculture; NRM; HIV/AIDS; Other (indicate)

One Bar across right corner of box means that written sustainability strategy exists for this risk.
Two bars across right hand corner of box means that all partners are in agreement with sustainability strategy and it is likely to be sustained

Extension agents/staff participating in the process : _____

	Broad categories of activities implemented to address risk category				**Risks only partially managed/unmanaged**
Type of Risk	**Project strategy/ activities**	**Project strategy/ activities**	**Project strategy/set of activities**	**Project strategy/activities**	
1. Inadequate/lack of access to portable/drinking water	Train community-based masons in water tank/jar construction and repair Construct communal water tanks/jars for water-stressed areas	Protect open, community water points Train communities and local leaders/policy makers on the importance of safe water usage	Facilitate formation of water management committees Facilitated introduction of community self-help revolving funds for individual household water jar construction and repair		Rugged terrain make the few safe water points established somehow inaccessible Scattered household settings render communal safe water provision less effective High population growth rates outstrip the available natural resources
2. Poor sanitation and hygiene	Collaborate with local government and communities in formulation and implementation of community-initiated sanitation bye-laws	Developed and promote UFSI sanitation index Trained communities on appropriate sanitation and health	Sanitation awareness building		High water table and rocky soils make Latrine construction a big challenge in some communities. This is especially so in female-headed poor households
3.Negative cultural beliefs /food taboos	Sensitized communities and created awareness on the need to drop	Trained communities in basic nutrition	Involve community and local government right from the start		Cultural beliefs take long to change and some of them have as such not yet

	Broad categories of activities implemented to address risk category				Risks only partially managed/unmanaged
Type of Risk	**Project strategy/ activities**	**Project strategy/ activities**	**Project strategy/set of activities**	**Project strategy/activities**	
	some of the cultural beliefs which bring about negative nutrition outcomes	which has increased their knowledge, skills and led to attitudinal changes Reinforce community-based training with nutrition messages radio broadcasts			changed
4. Inadequate community-based maternal and child health services	Train traditional birth attendants in basic nutrition and health practices for maternal and child survival Public awareness on seeking immediate health services	Train pregnant mothers on the importance of antenatal clinics	Collaborate with MoH to provide community-based health and nutrition services		Health centre coverage is still low Available health facilities lack adequate supplies and properly qualified staff
5. Diseases e.g Malaria, Diarrhea, HIV/AIDS	Collaborate with MoH to provide services that are not provided by UFSI	Sensitize communities on disease prevention and management	Train volunteer growth promoters in identifying sick children for referral Mobilize communities to use mosquito nets impregnated with insecticides	Train communities in care and nutritional management of HIV/AIDS Mobilize communities to take part in national immunization, de-worming and Vitamin A supplementation exercises	Tropical conditions favorable for many disease conditions High disease incidents still keep the malnutrition levels high
6. Drought	Train communities in communal food store construction	Introduced drought resistant plant varieties Encourage communal saving	Diversify cropping system	Promote tree growing especially fruit trees	Changing regional weather pattern High Population density detrimental to vegetation cover

	Broad categories of activities implemented to address risk category				Risks only partially managed/unmanaged
Type of Risk	**Project strategy/ activities**	**Project strategy/ activities**	**Project strategy/set of activities**	**Project strategy/activities**	
		to help buy food for the most vulnerable households			
7 .High Maternal fertility rates and teenage pregnancies	Promote child spacing and use of contraceptives as a health and nutrition strategy Sensitize communities on dangers of teenage pregnancies to maternal and child health and nutrition status	Public awareness campaigns targeting both men and women Reinforce community-based training with nutrition messages radio broadcasts	Promote exclusive breast feeding as a form of child spacing		Men do not fully cooperate with their spouses to observe family planning
8. Inadequate knowledge on micronutrient foods	Promote backyard vegetable gardening Promote small livestock	Promote use of fortified foods Promote production and consumption of vitamin A rich orange-fleshed sweet potatoes	Establish community- based plant and livestock multiplication sites Promote diet diversification Reinforce community-based face-to-face training with weekly interactive phone-in radio nutrition talk shows and spot messages broadcasts		Poverty an underlying factor
9. Inadequate/lack of knowledge in basic nutrition and sanitation practices	Train communities in basic nutrition through community-based education forums Use radio programs to sensitive communities	Build communities' capacity to prepare balanced diets Train communities, women leaders, traditional birth attendants and local leaders/policy makers in basic nutrition	Facilitate community-led practical cooking demonstration Advocate for nutrition planning among the district political and technical leaders		Rugged terrain make the few safe water points established somehow inaccessible Scattered household settings render communal safe water provision less effective High population growth rates outstrip the available natural resources

	Broad categories of activities implemented to address risk category				Risks only partially managed/unmanaged
Type of Risk	**Project strategy/ activities**	**Project strategy/ activities**	**Project strategy/set of activities**	**Project strategy/activities**	
10. Lack of cooking fuel wood	Train communities in construction and repair of efficient, energy-saving lorrena stoves	Promote individual and communal wood lot planting	Collaborate with local authorities and communities to formulate tree preservation bye-laws		Region has high population density and faced with land shortages which, make woodlot establishment difficult
11. Lack of motivation by community-based growth promoters	Routine visits by UFSI staff to morale-boost and retrain the growth promoters	Mobilize community members to support growth promoters in community activities	Involve community and local government right from the start		Incentives that have financial implications not given as they are not in the DAP
12. High levels of malnutrition	Public awareness campaigns Train health workers and nutrition extension staff in rehabilitation of malnourished children and prevention of future malnutrition cases	Train community-based child growth promoters in maternal and child nutrition counseling	Collaborate with MoH to provide community-based health and nutrition services like growth monitoring		Inaccessible sections of the project area make health and other social services provision difficult Mountainous terrain 'force' mothers to introduce food before six months Some men do not actively support child care and reproductive health in their homes Low status and poverty of rural women who are the custodians of nutrition in the home

Annex IV
Pilot Tests of the PRA and Technical Forms in Two Villages
Forms One through Five

Village: **Region:**

Project active in village from _____ to _____ Still active?

Form 1. History of major crises experienced by the population (village leaders)

List all the crises (e.g. drought, flooding) affecting the community as far back as the leaders/informants can remember. Probe for causes of each crisis and mark if only certain sub-sections of the community were affected by the crisis. List global strategies the community used to cope with/survive each of these crises.

Crisis (Year)	Causes and Populations Affected	Global Coping Strategies

Village: **Region:**

Project active in village from _____ to _____ Still active?

Form 2. Case studies of household mobility between food insecurity categories (village leaders)

Estimate number of households that moved up or down the food security scale for each pattern. Give example of one household for each mobility pattern (provide name and a brief description) and list all the factors that affected the change, whether positive or negative.
Food Security Categories: Category I = Most food secure (8 to 12 MAHFP)
Category II = Medium food secure (5 to 8 MAHFP)
Category III = Least food secure (less than 5 MAHFP)

Mobility pattern	No of HHs	Sample HH	Factors that contributed to change
From CIII to CII			
From CII to CI			
From CIII to CI			
From CI to CII, CII to CIII or CI to CIII			

Village: **Region:**

Project active in village from _____ to _____ Still active?

Form 3. FSC use of Food Security Calendar/MAHFP and FSCCI

Interview village leaders associated with the Food Security Committee (past or its current equivalent) about how they are currently using the food security calendar (MAHFP) and FSCCI to assist with village planning. If possible interview a series of villages in which the project is no longer active as well as villages in which they are still active.

A. Villages in which Africare is still active

Food Security Community Capacity Index (FSCCI)	
How are you currently using the FSCCI?	
Can your village organize the FSCII on your own? Have you ever done so?	
If the extension agent wasn't present, how would you conduct the FSCCI analysis? What would you do with the information when you are done?	
Once Africare leaves your village, do you think you will continue using the tool?	
What factors have contributed to or detracted from you ability to use the tool?	
What recommendations could you make for making the tool more effective or useful to other villages?	
Food Security Calendar (MAHFP)	
How are you currently using the MAHFP?	
Can your village organize the MAHFP on your own? Have you ever done so?	
If the extension agent wasn't present, how would you conduct the MAHF analysis?	
What would you do with the data when you are done?	
Once Africare leaves your village do you think you will continue using the tool?	
What factors have contributed to or detracted from your ability to use the tool? To continue using the tool?	
What recommendations could you make for making the tool more effective or useful to other villages?	

Village: **Region:**

Project active in village from _____ to _____ Still active?

B. For villages in which Africare is no longer active

Food Security Community Capacity Index (FSCCI)	
Are you currently using the FSCCI? If so, how? How have your patterns of use changed since Africare left the village?	
Does your village organize the FSCCI on your own? Is this useful—if so why? If not, why not?	
What do you do with the data from the analysis when you are done?	
What factors have contributed to or detracted from your ability to use the tool? To continue using the tool?	
What recommendations could you make for making the tool more effective or useful to other villages?	
Food Security Calendar (MAHFP)	
Are you currently using the MAHFP? If so, how? How have your patterns of use changed since Africare left the village?	
Does your village organize the MAHFP on your own? Is this useful—if so why? If not, why not?	
What do you do with the data from the analysis when you are done?	
What factors have contributed to or detracted from your ability to use the tool? To continue using the tool?	
What recommendations could you make for making the tool more effective or useful to other villages?	

Village: **Region:** **Food Security Category (circle) I II III**

Number of persons in focus group: ____Male ____ Female

Form 4. Household Livelihood Strategies BEFORE and AFTER the project (one per vulnerability/ focus group)

Establish together with the Food Security Committee what proportion of the population in the committee falls under each food security category (in percentages.) Collect information on livelihood strategies from a focus group that includes several representatives from each of the food security categories (based on the MAHFP) in the village. A similar format could be used sample household per each food security category (Category I, II and II) present in the community. When no baseline data exists, the interview can attempt to profile the "typical" household both "before" the project started and "today." If baseline data exists, only one time frame is needed.

Summary form should include all three food security groups. The actual interview form should "block out" the columns not being used in a particular focus group to avoid confusion.

	Most food secure (%)		Medium food secure (%)		Least food secure (%)	
	Before	**Today**	**Before**	**Today**	**Before**	**Today**
Land assets for a typical HH in this category						
How many strips of land do you have?[31]						
% of the strips that are bad						
Strips rented from others						
Strips sharecropped from others						
Food supplies/ availability for a typical HH in this category						
What crops do you plant?						
Number of months of household food provisioning *In a good year*						

[31] Estimate size of strips by comparing with a baseball playground=1 acre

Village: **Region:** **Food Security Category (circle) I II III**

Number of persons in focus group: ____Male ____ Female

	Most food secure (%)		Medium food secure (%)		Least food secure (%)	
	Before	**Today**	**Before**	**Today**	**Before**	**Today**
In a bad year						
Crop production assets for a typical HH in this category (Y/N)						
Improved seed						
Compost pits						
Backyard gardening						
Trenches						
Agroforestry/ nitrogen fixing trees						
Other						
Livestock production assets for a typical HH in this category (indicate number)						
Cattle						
Goats						
Sheep						
Poultry						
Rabbits						
HH members work as herders for others? (Yes/No)						
Improved animal housing (Y/N, what kind)						
Use of paravet/vet services (vaccination) (Y/N)						
Use of de-worming (Y/N)						
Improved feed/minerals (Y/N)						
Other						
Management of forest/ NRM assets of a typical HH in this category (Y/N)						

Village: **Region:** **Food Security Category (circle) I II III**

Number of persons in focus group: ____Male ____ Female

	Most food secure (%)		Medium food secure (%)		Least food secure (%)	
	Before	**Today**	**Before**	**Today**	**Before**	**Today**
Beekeeping						
Sale of wood, fruits						
Tree planning to control erosion						
Tree planting for income						
Wood conserving stove						
Other						
Wage labor patterns (how important, where) of a typical HH in this category						
Credit (how important/what kind, formal informal) of a typical HH in this category						
Patterns of participation in trade of a typical HH in this category						
Small scale in village\trade in area markets\temporary stalls or permanent stores along the road						

Village: **Region:** **Food Security Category (circle) I II III**

Number of persons in focus group: ____Male ____ Female

	Most food secure (%)		Medium food secure (%)		Least food secure (%)	
	Before	**Today**	**Before**	**Today**	**Before**	**Today**
Transport for cash (boda boda)						
Individual assets (socio-economic characteristics) of a typical HH in this category						
% female headed households for all HH in this group						
No. residents (in a typical HH in this category)						
No residents economically active (in a typical HH in this group)						
% HH with someone in the family sick a good part of the previous year						
Average no. orphans per household (based on calculating the number of orphans associated with people in this group divided by no HH in group)						
% children eligible to go to school						
Average level participation HH in this group in growth monitoring programs/use/attendance at district health services (below average, average, strong relative to HH in other categories in the village)						
% HH in this category with access to clean drinking water (below average, average, strong relative to HH in other categories in the village)						

Village: **Region:** **Food Security Category (circle) I II III**

Number of persons in focus group: ____Male ____ Female

	Most food secure (%)		Medium food secure (%)		Least food secure (%)	
	Before	**Today**	**Before**	**Today**	**Before**	**Today**
Typical mode transportation of HH in this category (car, bicycle, motorcycle, foot)						
Improved latrines Y/N						
Traditional latrines Y/N						
Housing quality Housing quality (number) of a typical HH Mud and wattle/Brick? Tin /Grass thatched?						
Other factors that distinguish these groups from one another						

Form 5. Household Coping Strategies (one per vulnerability/ focus group)

Type of risk	Coping strategies BEFORE	Coping strategies TODAY	Coping strategies for the future

Annex V
Food Security Community Capacity Index and Months of Adequate Household Food Provisioning
Forms One through Three

Study Guides for Tracking Use of MAHFP and FSCCI in the M&E Systems of the Case Study Countries

Instructions: McMillan to attempt to complete questions based on the literature provided in preparation for field visits.

Form 1. Current Use of the MAHFP to Monitor Food Insecurity and Vulnerability in the Project Intervention Area (SOW Question 1.a.)

Africare Title II Program: **Uganda Food Security Program, Phase II – UFSI II**

Person Responding: **Florence Tushemerirwe, M & E Officer, March 29, 2006**

1. a. When did the program start using the MAHFP? In what form (ask for a copy of the original guidance)

   Use of the MAHFP started in 2002 during the baseline survey. The Form/instructions used are in the Africare Field Manual on the design, implementation, monitoring and evaluation of Food Security Activities – January 1999 publication. Please refer to Module 7, pages 7.45 -7.47. The same form was used in 2003 and 2004. Hard copy of the original guidance is attached (Annex i)

1. b. Has your program ever described/documented your experience using the MAHFP using different forms (i.e. as the Chad program did for the first Africare Title II training program on M&E)? If so, could you please attach a copy of this.

   Annual PRA results reports exist, for using the form in 1 (a) above. The revised forms were used during the End-Term Survey (2005). Experiences can be compiled to compare the different instructions and how these are understood by communities.

2. Has there been an attempt to harmonize the methodology with the other Africare programs? If so, when did this start? Please attach a copy of the current guidance on MAHFP that you use with your field staff.

   Harmonizing the MAHFP tool was done by Africare/Washington; a copy was received in February 2005, which UFSI II is currently using in the field (Annex ii).

3. When did the program introduce the MAHFP into its IPTT and in what form:

In 2002, in form of Food Security Calendars during the Baseline Survey.

2.a. When did they introduce the "average" MAHFP into the IPTT (FY)?
In FY 2002

Village: Region: Food Security Category (circle) I II III

Number of persons in focus group: ____Male ____ Female

2.b. When did they start tracking the percentage of households in the most vulnerable category (FY)?

In FY 2002

2.c. Is this tracked annually or only at baseline-mid-term and final?
2.c.1. average months MAHFP? - **Annually**
2.c.2.percentage of households in different categories ranked by MAHFP? – **Annually**

2.d. Has the project ever tried to correlate the reported MAHFP with other socio-economic characteristics of the household?
No

2.e. Has the project ever used the MAFFP to create a profile of the different vulnerability groups? (i.e. as a basis for livelihood analysis, analysis of the use/participation in ag programs, analysis of health status or use of health infrastructure) (see Annex II for an illustration of how the ZFSI Project in Burkina did this). **No**

2.f. Has the project compared the classification of "vulnerability" groups based on the MAHFP with other systems such as the Cornell FANTA questionnaire methodology? Please attach any chapters from any baseline or final surveys that compare the two methodologies? If possible, please attach any documents that the FANTA/Cornell project has published based on your project that discuss the use of this methodology to identify food insecure (e.g. vulnerable) groups? **No**

4. What documentation and types of TA and training have been most useful to the program in "institutionalizing" the use of the MAHFP in the program? What was the focus of this training? What was the outcome?

The Food Security Manual and the Revised format of the MAHFP tool. The Mozambique w/shop on Africare's M & E tools and their use was good training that was replicated in the field for all the staff to understand the new variables incorporated in the tool and how to track them in the field. As a result of the training, project staff could better track information on all the variables in the tool.

5. Familiarity/Use of other Tools for identifying vulnerable groups and the impact of risk on these groups:
   5.a. Could you please list any other "tools" that you are aware of that measure community and household vulnerability and risk in the program area and/or country where you work and name the institutions that support

Village: Region: Food Security Category (circle) I II III

Number of persons in focus group: ____Male ____ Female

these (no special research for this; please just list what you and your immediate colleagues know)? **None**

5.b. Has your program ever used any of these other tools to complement the MAHFP? If so, could you please attach a copy of this report and/or indicate where I might take a look at it. **N/A**

6. One major goal of the Africare ICB is to better understand what modifications might be needed to strengthen the "autonomous" use of the FSCCI and MAHFP tools by the communities themselves within ongoing Title II programs. Could you please describe:
6.a. To what extent the local communities you work with are using the MAHFP in general and in connection with your efforts to strengthen community capacity to anticipate and respond to short-term and longer-term crises?

On an annual basis, target communities review their village action plans and link it to their Food Security Calendar (MAHFP tool) for the year. Also, during the same exercise, plans are put in place to reduce the number of months that the communities do not have enough food (periods of food scarcity), instead of waiting for the crises.

6.b. Based on your experience, how the current format of the MAHFP tool might be modified to facilitate its use by local communities?

- **Translate the tool instructions in the local languages – Country offices responsible for this step**
- **Facilitate trainings for local government Authorities for them to learn and spearhead the administration of the MAHFP tool**
- **Modify instructions for the communities to focus on the households in the most vulnerable category (least food secure) and take it upon themselves to find solutions to the underlying problems of food insecurity in the category.**
- **Train communities to use the results of MAHFP as early warning systems to mitigate against the crises**

Village: Region: Food Security Category (circle) I II III

Number of persons in focus group: ____Male ____ Female

Form 2. Current Use of the FSCCI to Monitor Food Insecurity and Vulnerability in the Project Intervention Area (Sow Question 1.b.)

Africare Title II Program: **Uganda Food Security Program, Phase II – UFSI II**

Person Responding: **Florence Tushemerirwe, M & E Officer, March 29, 2006**

1. a. When did the program start using the FSCCI? Which forms were used in which years?

   In the year 2002, the format used is attached in annex iii.

1 .b. Has your program ever described/documented your experience using the FSCCI using different forms (i.e. as Burkina FASO ZFSI Phase II did during its recent baseline)? If so, could you please attach a copy of this.

Annual PRA results reports exist, for using the form in annex iii above. The form was modified in 2004 (annex IV) and 2005 (annex V).

2. Has there been an attempt to harmonize your program's methodology for the FSCCI with the one used by the other Africare Title II Programs? If so, when did this start? Please attach a copy of the current guidance on MAHFP that you use with your field staff.

   Harmonizing the FSCCI tool was done by Africare/Washington; a copy was received in February 2005, which UFSI II is currently using in the field (Annex V).

3. When did your program introduce the FSCCI into its IPTT and in what form?

   In 2002, in the original form (annex III).

   3.a. In which FY was the FSCCI introduced into the official IPTT of your project?

   FY 2002

   3. b. When did you start tracking community capacity to manage risk as part of the FSCCI?

   FY 2002

4. c. Is your current methodology for tracking the FSCCI and community capacity to manage risk (as part of the FSCCI) follow the methodology distributed by Africare in 2005 exactly? If not an exact replica, does it take inspiration from this

Village: Region: Food Security Category (circle) I II III

Number of persons in focus group: ____Male ____ Female

system? Why did you choose to do yours differently? Could you please attach a copy of the current guidance that you use with your programs to this?

Africare Uganda's methodology follows the Africare distributed format that was Drafted in Mozambique in April 2004. A copy is attached in annex (V)

5. Has your program used the FSCCI to conduct any baseline, midterm, final or routine analyses of community capacity to manage risk? If so, could you please indicate where this analysis is written up. If it is not in your standard report to HQ (i.e. CSR4's) could you please send these reports as separate attachments?

The program used this form in 2005 during the End-term Survey but the analysis was not by variable, the FSCCI tool instructions of compiling total scores per community for analysis was followed. FY 05 Analysis is attached in an excel file.

6. Familiarity with/use of other tools to assess community capacity to manage risk:

5.a. Has anyone in your program ever heard of the institutional development framework that was developed to analyze institutional capacity in USAID-funded national NGO partners? **No**

5.b. Has your program used the IDF or any other tool besides the FSCCI to manage community and household level capacity to manage risk? If so, have you ever compared the utility of the different assessment tools? **No**

6. One major goal of the Africare ICB is to better understand what modifications might be needed to strengthen the "autonomous" use of the FSCCI and MAHFP tools by the communities themselves within ongoing Title II programs. Could you please describe:

6.a. To what extent the local communities you work with are using the FSCCI both in general and in connection with your programs that are designed to build community capacity to manage risk?

Communities use the FSCCI tool while reviewing their work plans, on an annual basis, with facilitation from the project staff and the Local Government staff (sometimes). As a sustainability strategy, the project has planned to translate the FSCCI tool for them to use it autonomously.

6.b. Based on your experience, how the current format of the FSCCI tool might be modified to facilitate its use by local communities to build community capacity to manage risk and reduce food security vulnerability?

- **Professionally analyze community performance data according to variable, instead of aggregating all variables together, to mainstream**

Village: Region: Food Security Category (circle) I II III

Number of persons in focus group: ____Male ____ Female

risk and vulnerability. Merge the FSCCI results for Risk and vulnerability with categories in the MAHFP to find out which category addresses risks and shocks better for projects to scale up the best practices from these categories. Also, this will act as an early warning system to better plan for suitable trainings for the different Food Security Categories.

- **If possible, separate the Risk and Vulnerability variables from the main FSCCI tool for projects to develop activities/mitigation measures to the identified risks and shocks.**
- **Administer the separate document (refer above) to the communities as part of PRAs to establish baseline MAHFP and track the results on an annual basis to show trends in communities as far as risk and vulnerability is concerned.**

Village: Region: Food Security Category (circle) I II III

Number of persons in focus group: ____Male ____ Female

Form 3. Use of Growth Monitoring to address risk management by community members and to identify imminent shocks due to changes in food availability (SOW Question 1.c.)

1.When did your program introduce growth monitoring as part of Title II programming in the current area where you intervene? **In 2000**.

2.Did growth monitoring exist in the project area before the start of Title II funding (under this or previous grant)? **Yes, it was done by the Directorates of Health services, at the Parish Health Centers.**

2.a. Had it been part of earlier Africare interventions in the area?

Yes, in Kabale District in UFSI I, but UFSI II targets different Sub-counties in Kabale. No, for Kanungu, Kisoro, Ntungamo and Rukungiri Districts.

2.b. Had it been introduced by other NGO programs? **No**

2.c. Did the government have a region-wide growth monitoring program before the project started? How did Africare's growth monitoring efforts affect these government monitoring efforts?

Yes, the government had and still has a region-wide growth monitoring Program, even when the program had started. Africare's growth monitoring efforts complimented the government efforts by:

- **Identifying households with growth faltering children and referring the children to the Hospital for better care and treatment**
- **The project practical cooking demonstrations that doubled as nutrition and sanitation education sessions helped mothers and caregivers to look after children better a fact that was proved with the growth monitoring program monthly results. In the project target communities, the percentage of children stunted went down from 36% at baseline (2002) to 30% (End-term survey - 2005) at the end of FY 05.**
- **The percentage of underweight children to went down from 27.8% at baseline to 22% (End-term [final] Survey 2005). Due to these results, the government spends less resources at the health centers in the project target communities, because children are healthier and the parents are more productive – they spend less resources on disease treatment.**
- **Results of the project growth monitoring program are used for planning purposes for the region.**

Village: Region: Food Security Category (circle) I II III

Number of persons in focus group: ____Male ____ Female

2. We would like to provide some sort of table that gives an overview of how many children are routinely being monitored by Africare growth monitoring programs in the report. Please feel free to make the table more elaborate and/or to include any additional data that you think would make it more useful.

Note: The annexes to this annex that cite specific versions of the FSCCI and MAHFP for Africare/Uganda UFSI II are on file with Africare/Washington and Africare/Kampala are available upon request.

Annex VI
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