

RIGHT 2 GROW HOUSEHOLD SURVEY REPORT FOR MARACHA (YIVU SUB-COUNTY) AND ARUA (VURRA SUB-COUNTY)

ABSTRACT

The report captures evidence and data from households around key water, sanitation, hygiene and nutrition practices that can be used to identify key recommendations for households and government, advocacy areas under water, sanitation, nutrition and hygiene.

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1. EXECUTIVE SUMMARY

The report presents findings under the Right 2 Grow Uganda household survey conducted by Amani Initiative on behalf of the Movement for Community led Development across 6 villages within Arua (Vurra Sub-County) and Maracha (Yivu Sub-County) between 20th - 30th August, 2021. The survey targeted 120 households from 6 villages which included; Anya, Oli, Anya in Vurra Sub-County and Ewavu, Ambidro and Andruvu in Maracha District.

The Household assessment on the applicability of the Food, Nutrition and WASH practices at community level was conducted as a way to assist in the development of community-based capacity building manuals and trainings, assist in monitoring and evaluation of Households stunting issues, advocacy messages and lobbying in favour of sustainable development in Arua and Maracha Districts under the Right 2 Grow Project.

2. BACKGROUND

Although Uganda has experienced a substantial reduction in the prevalence of stunting from 45% in 2000 to 29% in 2016, undernutrition in all its forms continues to be a development challenge. The causes are multidimensional: poor feeding and childcare practices, poverty and shortage of nutritious and diversified foods, inadequate adaptation to climate change risks, poor sanitation and hygiene practices, as well as limited access to safe water. At the local and national levels, working in silos by government institutions, undermines adequate budgetary resources allocation and policy implementation for better nutrition governance.

The Hunger Project (THP), World Vision, Action Against Hunger, Save the Children, Centre for Economic Governance and Accountability (CEGAA) [South African based] and Max Foundation (Dutch based organization) teamed up into the Right2Grow consortium and secured funding from the Dutch Government under the power of voices funding stream to tackle reduction of undernutrition, especially stunting in under five years old children. In Uganda, the project is being implemented in 10 districts of Uganda with The Hunger Project - Uganda as the lead in the consortium comprising of World Vision Uganda, and Action Against Hunger Uganda, with technical support from CEGAA as strategic partners. The project works closely with National CSO partners like Civil Society Budget Advocacy Group, Food Rights Alliance, Nutrition Society of Uganda, Community Integrated Development Initiative and Movement for Community Led Development Uganda Chapter through which Amani Initiative is implementing the project in Arua and Maracha Districts.

The Right2Grow dream is for every child to reach their full potential; and no child under 5 is undernourished (aligned to SDG 2.2), ending all forms of malnutrition by 2030, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

The project aims at strengthening civil society to advocate for an enabling environment where Civil Society and Government jointly and effectively address undernutrition in a Gender-sensitive and inclusive way, building on evidence of Community-led, locally sourced solutions that involve

both Nutrition and Water Sanitation and Hygiene (WASH) to tackle stunting reduction for children under 5 in Uganda. After the 5 years (2021-2025), it's anticipated;

- 1) Project communities will demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners.
- 2) Representative and empowered civil society organizations (CSOs) will effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition.
- 3) National Government and decentralized entities will implement an integrated, multisectoral approach to undernutrition in policies, action plans and budget allocations.
- 4) Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.

The Movement for Community-led Development contribution towards Right 2 Grow will directly engage member organizations full of great intentions, expertise and knowledge to mobilise and sensitise communities on nutrition and WASH to enable them to contribute their own part of the solution while amplifying their voices. MCLD will ensure gender sensitive, community approaches build on meaningful community involvement and ownership. There will be mobilization and awareness creation targeting communities, local council leaders and CBOs on good food nutrition and WASH practices. The approaches to awareness creation will include use of media, IEC materials, campaigns, community led development approach, religious and cultural gatherings, champions and role models etc. targeting women of reproductive age, adolescent girls and boys, mothers, people with disabilities, families, community leaders including local councils and village health teams.

3. METHODOLOGY

3.1. Survey design

The survey employed quantitative survey approach and in particular used household survey questionnaires designed with input from the MCLD Uganda Chapter members in particular Wilmat Development Foundation. The method was purposively selected in order to help collect quantitative data needed to set appropriate score cards targets.

3.2. Desk reviews

For purposes of triangulation, identifying key deliverables and parameters for the survey, desk review was among the methods employed for the survey. It involved reviews of project information and important project documents, relevant past reports and important secondary data that were made available and others that were accessible online.

3.3. Sampling techniques

Simple probabilistic and non-probabilistic sampling techniques were used to calculate and select samples based on the number of households to be targeted across the 6 partner villages (3 in Maracha within Yivu Sub-County and 3 in Arua within Vurra Sub-County) which was 20 households per village which included; Anya, Oli, Anya in Vurra Sub-County and Ewavu, Ambidro and Andruvu in Maracha District.

3.4. Sample frame and sample size

The sampling frame for the survey included all the 120 households from the 6 target villages within Arua and Maracha Districts.

3.5. Selection of respondents

Both purposive and simple randomized sampling methods were used in the survey dictated by the nature of the category of the beneficiary considered. To fairly decide on the selection of respondents, the local leaders were asked to select the 20 households that would provide a clear representation of the village.

3.6. Data collection: Organization method and Tool

The data collection was carried out between 20th- 30th August, 2021 by a team of trained staff under Amani Initiative supervised and guided by the Monitoring, Evaluation and Learning Associate. The data was collected in the field using paper-based questionnaires and entered into google forms for analysis and cleaning. The Monitoring, Evaluation and Learning Associate carefully looked through each data entry submitted to the google forms and thereby editing any discrepancies that may have been detected. In this way, the team ensured all data were cleaned – readying the data for analysis.

3.7. Data analysis and reporting

The data were analysed using Excel Pivot Tables, an advanced data analysis tool within MS Excel. The analyzed data was crosschecked for consistency and presented in form of tables, graphs, charts and figures where appropriate. For ease of understanding, important sections and/or elements of the analyzed data were explained in brief narratives. The process information was triangulated with information gathered through desk reviews and project information. After all the above, a draft survey report was produced. The draft report was subjected to careful review by the M&E team and submitted to the Movement for Community-led Development Secretariat for final review and dissemination.

3.8. Ethical consideration

Ethical practices were carefully explained and discussed with data collection team during pre-data collection training. It involved proper introduction of data collector, explaining the purpose of the survey, how the information would be used, the participant's voluntary participation and freedom to exit/refuse participation at any stage without consequences. All this was done with the aim of obtaining informed consent of each participant before proceeding with data collection. During the field data collection, the survey team met local chiefs/leaders of each locality/village for introduction and to seek their consent for the survey. In every engagement and/or meeting with the local leaders and participants, the survey teams respected cultural norms and practices. As the survey used household questionnaires, the survey team ensured that household member interviewed selected a place where s/he was comfortable with, and family norms were respected.

Finally, at the end of the questions/discussion, the data collectors thanked the respondents for their time, willingness and effort to provide data for the survey.

3.9. Limitation

This survey did not happen without limitations. The following were both the expected and experienced limitations during the survey. Firstly, the language barrier: the survey questions were administered in English and yet localities/communities where the survey was carried out predominately speak Lugbara. Despite of the fact that the data collectors had knowledge of both English and Lugbara translation of some English terms in the survey tool into the local language could have been misrepresented. Therefore, it is likely that cross-translation errors could have compromised the quality of the data collected.

Secondly, in some instances, systematic random sampling was not consistently followed. This was due to the nature and pattern of the settlement in some of the villages and in some cases the need to undertake purpose sampling as dictated by the beneficiary category.

Thirdly, cultural perceptions on regarding men interviewing females alone and cultural perceptions regarding young enumerators interviewing older people questions of sexual nature. In both cases fear to ask sensitive questions may have affected the quality of the interview and data collected. Fourthly and finally, the risk of not answering all the survey questions due to unavoidable factors beyond the control of enumerators or the lack of clear understanding of the survey questions by the enumerators.

4. FINDINGS FROM THE SURVEY

4.1. BACKGROUND INFORMATION OF THE RESPONDENTS

4.1.1. Respondent's Location

Out of the 120 respondents, the majority were from Maracha district (51%) followed by Arua (49%). The respondents were based in two sub counties that is; Vurra sub county in Arua district and Yivu sub county in Maracha district. The parishes reached included; Anzu (19), Aroi (20), Ayavu (20), Ezuku (19), Loinya (21), Pakayo (20), and Vurra (01). The villages included; Ambidro (20), Anya (19), Andruvu (21), Ayivu (20), Ewayu (20), and Oli (20).

District	Frequency	Percentage (%)
Arua	59	49%
Maracha	61	51%
Total	120	100%

4.1.2. Gender of the respondents

More male respondents, 74 (62%) participated in the survey than female respondents, 46 (38%).

Gender	Frequency	Percentage (%)
Female	46	38%
Male	74	62%
Total	120	100%

4.1.3. Age of the Respondents

Majority (51%) of the respondents interviewed were between the ages of 45 years and above followed closely by those between 26 to 44 years.

Age	Frequency	Percentage (%)
18-25 years	4	3%
26-44 years	55	46%
45 years and above	61	51%
Total	120	100%

4.1.4. Education level of the Respondents

The highest level of formal education attained by the respondents was primary level (63%).

Education level	Frequency	Percentage
A'level	2	2%
O'level	24	20%
Others	9	8%
Primary	76	63%
Vocational/Certificate	9	8%
Grand Total	120	100%

4.2. SOCIO-DEMOGRAPHIC INFORMATION

4.2.1. Role of the respondent in the Household disaggregated by Gender

All male respondents (74) were heads of their households. On the other hand, out of the 46 female respondents, 31 (67%) were spouses, 12 (26%) while 3 (7%) identified as others.

Role	Female	Male	Total
Household head	12	74	86
Other	3	-	3
Spouse	31	-	31
Total	46	74	120

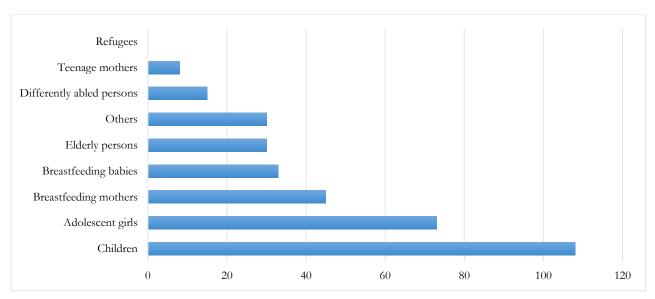
4.2.2. Marital status of the respondents

The biggest percentage of respondents (87%) reported that they were Married followed by huge margin Widows/Widowers at 6%.

Marital status	Frequency	Percentage (%)	
Divorced	5	4%	
Married	104	87%	
Others	1	1%	
Single	3	3%	
Widow/Widower	7	6%	
Total	120	100%	

4.2.3. Categories of the Household members

Most respondents (108) mentioned that they children were part of their households. This was followed by adolescent girls (73), Breastfeeding mothers (45), Breastfeeding babies (33), Elderly persons (30), Others (30), Differently abled persons (15), Teenage mothers (08) and Refugees (00).



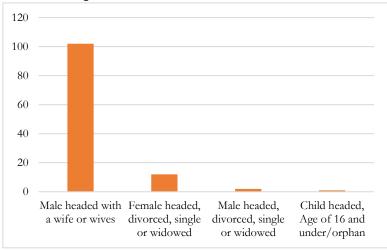
4.2.4. Differently Abled Person/children in the Household

19% of the respondents interviewed stated that they had differently abled persons/children in their households. 22 had only 1 differently abled person/children in their households while 1 respondent had 2. The types of disability included; deafness, blindness, lameness and mental disorders.

Presence of Differently Abled Person/children	Frequency	Percentage %
No	97	81%
Yes	23	19%
Total	120	100%

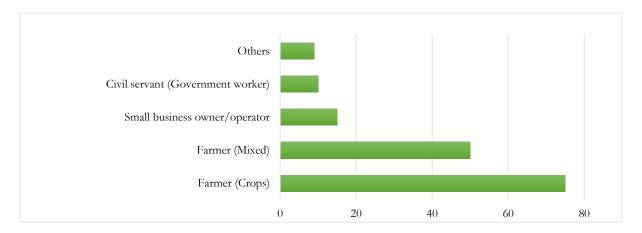
4.2.5. Status of household leadership

85% of the respondents stated that their households were "Male Headed with a Wife or Wives" followed by "Female headed, divorced, single widowed" 10%. at 2 respondents mentioned that their households were "Male headed, divorced, single widowed" while only household was Child headed, Age of 16 and under/orphan.



4.2.6. Occupation/Economic Activity of Household Head

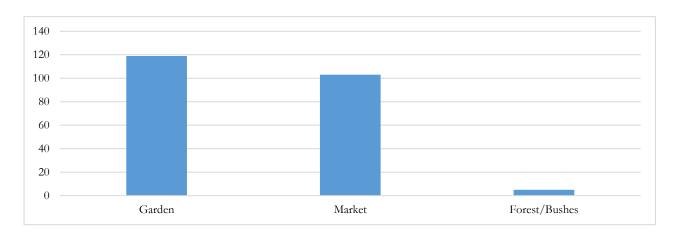
75 respondents identified as Farmers (Crops) followed by Farmers (Mixed), 50, Small business owner/operator, 15 and Civil servants, 10. 9 respondents fell under the category of others and listed their economic activities as; Builders, Carpenters, Drivers, Engineers, Teachers and Religious leaders.



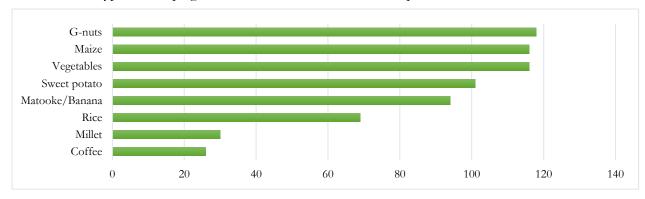
4.3. KNOWLEDGE ON FOOD, NUTRITION AND WASH PRACTICES

4.3.1. Sources of Food

Majority of the respondents got foodstuffs for their families from the garden followed from the market. Only 5 respondents collected their foodstuffs from forests/bushes.

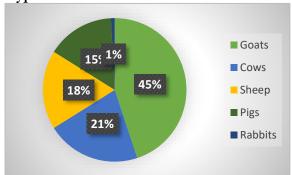


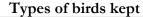
4.3.2. Types of crops grown, animals reared and birds kept.

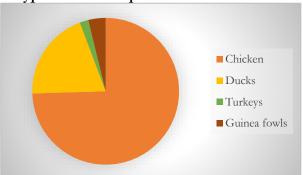


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Types of Animals reared







4.3.3. Ownership of Land used for agriculture land that is used for agriculture

113 out of the 120 respondents mentioned that their households own the land that is used for agriculture. The ownership of the land was categorized as in the table below;

Ownership	Frequency	Percentage (%)
Family Members collectively	29	24%
Household Head	81	68%
Household Head & Spouse (Jointly)	9	8%
Church land	1	1%
Total	120	100%

4.3.4. Decision making regarding growing of crops and rearing of animals

Decision maker	Frequency	Percentage (%)
Household head only	19	16%
Household head with some input from spouse	9	8%
Household head with spouse (Jointly)	90	75%
House hold members	1	1%
Widow and children	1	1%
Total	120	100%

Most respondents (75%) indicated that most decisions regarding growing of crops and rearing of animals are made jointly by the household head with their spouse.

4.3.5. Food storage facilities

73% of the households owned food storage facilities while 27% did not have. Those that owned the facilities, 61% had temporary stores while 12% had permanent stores. Others mentioned that they kept food in their houses.

Ownership of food storage facilities	Frequency	Percentage (%)
No	32	27%
Yes	88	73%
Grand Total	120	100%

4.3.6. Food types that household members feed on most

4.3.6.1. **Proteins**

Type of food	Frequency			
	Most likely (5	Likely (3 times	Not likely (1	Unlikely (0 times
	times a week)	a week)	time a week)	a week)
Beans	88	13	14	04
Fish	17	16	74	13
Eggs	16	14	51	36
Meat	01	01	44	57
Milk	07	02	04	95
Peas	00	01	18	83
Chicken	14	01	14	85
G-nuts	78	24	13	04

4.3.6.2. Fats

Type of food	Frequency			
	Most likely (5	Likely (3 times	Not likely (1	Unlikely (0
	times a week)	a week)	time a week)	times a week)
Avocado	37	24	41	18
Cheese	06	95	00	00
G-nuts	76	25	11	07
Fatty fish	14	03	33	65
Coconut	00	00	00	120
Whole eggs	00	02	31	68
Yoghurt	00	00	00	120

Just like proteins, G-nuts are the most common source of fats for most of the respondents' households' diets. All respondents do not incorporate food items such as coconuts and yoghurt in their diets.

4.3.6.3. Carbohydrates

Type of food	Frequency			
	Most likely (5 Likely (3 times Not likely (1 Unlikely		Unlikely (0	
	times a week)	a week)	time a week)	times a week)
Posho	18	17	24	50
Rice	12	14	53	41
Millet	02	11	22	82
Bread	08	16	23	61
Sweet potato	52	25	25	18

Sweet potatoes are the most common type of carbohydrates consumed by the households. Millet and Bread are the least consumed in this category.

4.3.6.4. Vitamins

Type of food	Frequency			
	Most likely (5	Likely (3 times	Not likely (1	Unlikely (0
	times a week)	a week)	time a week)	times a week)
Oranges	22	22	39	36
Mangoes	41	17	30	26
Jackfruits	03	32	58	26
Pawpaw	15	15	35	48
Spinach	00	00	01	120
Cabbage	03	24	79	09
Egg plant	04	26	59	26

Mangoes and Oranges are the most common type of vitamins for most households. Spinach and paw paws are the least popular food items in this category.

4.3.6.5. Minerals

Type of food	Frequency			
	Most likely (5	Most likely (5 Likely (3 times Not likely (1 Unlikely		Unlikely (0
	times a week)	a week)	time a week)	times a week)
Meat	18	01	44	55
Cereals	02	42	22	35
Fish	18	13	74	12
Milk dairy foods	03	00	05	96
Vegetables	57	29	32	02
Nuts	41	22	03	40

Most respondents depend on vegetables as their main source of minerals. Meat, nuts and cereals are the least consumed in this category.

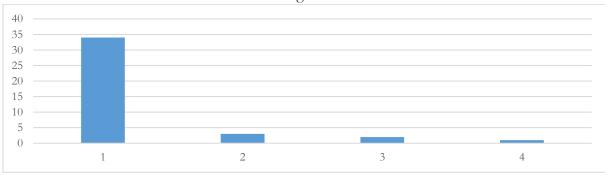
4.4. NUTRITION PRACTICES

4.4.1. Breastfeeding babies in Households

Presence of Breastfeeding babies	Frequency	Percentage (%)
No	73	61%
Yes	47	39%
Total	120	100%

61% of the respondents claimed to have breastfeeding babies in their households while 39% did not have.

4.4.1.1. Number of breastfeeding babies



Most households had only one breastfeeding baby.

4.4.2. Feeding habits in the household for people with disabilities

Feeding habits	Frequency
Interested	34
Not very interested	3
Others	6
Somehow interested	12
Grand Total	55

4.4.3. Cases of malnutrition in your Household

All respondents reported that they had no cases of malnutrition in their households.

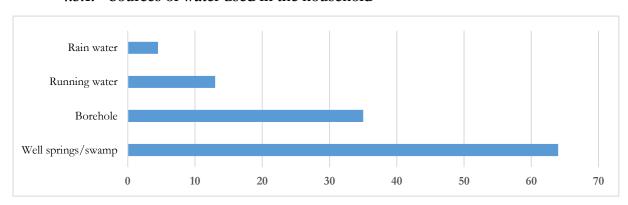
4.4.4. Household Feeding practices

Rate	Frequency	Percentage (%)
Not balanced	6	5%
Quite balanced	104	87%
Very balanced	8	7%
Blank	2	2%
Grand Total	120	100%

87% of the respondents stated that their household feeding practices were quite balanced

4.5. WASH PRACTICES

4.5.1. Sources of water used in the household



4.5.2. Type of drinking water is used in the household

Type of drinking water	Frequency	Percentage (%)
Boiled	05	4%
Filtered	17	14%
Treated (Chlorine)	06	5%
Allow it settle and drink	06	5%
Borehole	10	8%
Unboiled/Untreated	76	55%
Total	120	100%

Only 23% of the respondents mentioned they consume safe drinking water in the households (Boiled, Filtered and Treated).

4.5.3. Access to Water Sources

25% of the respondents found it very easy to access water sources while 38% found it somewhat easy and 37% found it very hard.

Ease of Access	Frequency	Percentage (%)
Somehow easy	45	38%
Very easy	30	25%
Very hard	45	37%
Total	120	100%

4.5.4.Ownership/Control of water sources

Ownership/Control	Frequency	Percentage (%)
Community	118	98%
Individual	2	2%
Total	120	100%

Most water sources (98%) were owned and controlled by the community.

4.5.5. Water Storage facilities

Water in most households is stored in jerrycans.

Storage facility	Frequency
Jerrycan	111
Tank	06
Total	117

Others

Storage facilities	Frequency
Basins	02
Bucket	01
Pots	63
Pans	1
Total	67

4.6. SANITATION AND HYGIENE PRACTICES

4.6.1. Access to a toilet or latrine

Only 1 respondent did not have a toilet/latrine in their household. They mentioned that they dispose their human waste at their neighbours'.

Access to a toilet or latrine	Frequency	Percentage (%)
No	1	1%
Yes	119	99%
Grand Total	120	100%

4.6.2. Type of toilet/latrine

Majority of the toilets/latrines owned were Ordinary. Only 1 respondent claimed to have a 1 VIP latrine.

Type of toilet/latrine	Frequency	Percentage (%)
Ordinary pit latrine	119	99%
VIP latrine	1	1%
Total	120	100%

4.6.3. Hand Washing Facilities

58% of the households owned hand washing facilities.

Ownership of hand washing facilities	Frequency	Percentage (%)
No	50	42%
Yes	70	58%
Total	120	100%

4.6.4. Availability of places where meals are prepared from in the Household

93% of the respondents stated that they had dedicated kitchens in their households.

Where household prepare meals from	Frequency	Percentage (%)
Dedicated Kitchen	112	93%
Open spaces	5	4%
(blank)	3	3%
Grand Total	120	100%

4.6.5. Household Waste disposal

76% of the households dispose off their waste through dumping it in the rubbish pit.

Ways of Household Waste disposal	Frequency	Percentage (%)
Burning	10	8%
Rubbish pit	91	76%
Dispose in the garden as manure	09	8%
In the yard	07	6%
Under trees	03	3%
Total	120	100%

4.6.6. Availability of a utensil stand

83% of the households had utensil stands.

Response	Frequency	Percentage (%)
No	20	17%
Yes	100	83%
Grand Total	120	100%

4.6.7. Availability of a bathing place

98.5% of the households had bathing places. However, 92% of the bathing places were temporary while 7% bathed in open spaces. Only 1% had a permanent bathing space.

Response	Frequency	Percentage (%)
No	3	2.5%
Yes	117	98.5%
Grand Total	120	100%

4.7. ACCESS TO SOCIO-ECONOMIC AND FINANCIAL SERVICES FOR INVESTING FOR INVESTING IN FOOD, NUTRITION AND WASH PRACTICES

4.7.1. Income Generating Activities

97 (81%) of the respondents were engaged in any income generating activities.

Is your Household engaged in any income generating activities?	Frequency
No	23
Yes	97
Total	120

67 (56%) were operate small business enterprises followed by farming as a business 41 (34%).

Type of income generating activity	Frequency
Farming as a business	41
Small business enterprises	67
Blank	12
Total	120

4.7.2. Training in Food Nutrition and WASH practices

Only 23 (19%) of the respondents had ever gotten any community training in Food Nutrition and WASH practices. The respondents who attained knowledge and skills used them to improve their Household Food, Nutrition and WASH practices in the following ways; Having a balanced diet; Washing hand after visiting the latrine; Having clean homes; Proper Food storage; Adopting good agronomic practices; Maintaining Food hygiene; Crop Production; and Improved sanitation among others.

Has any member of your Household ever got any community training in Food	
Nutrition and practices?	ncy
No	95
Yes	23
(blank)	02
Grand Total	120

4.7.3. Access to financial services

Most respondents stated that they used the finances acquired from these avenues to start new businesses (23), followed by constructing houses (16) and purchase land (3).

Type of financial services	Frequency
Commercial banks	4
Microfinance Bank	1
VSLA/SACCO	85
Keeping money in the box at home	02
None	28

Total 120

4.7.4. Ease of accessing health facilities

73 (61%) of the respondents found it very hard to access health facilities.

Ease	Frequency
Somehow easy	42
Very easy	5
Very hard	73
Grand Total	120

4.8. STUNTING ISSUES ON FOOD, NUTRITION AND WASH PRACTICES

4.8.1. Factors that hinder access to Food, Nutrition and WASH practices

4.8.1.1. At household level

Access to food at household level has been affected by high rates of rural urban migration which has contributed to inadequate labour. Most able youths have left the rural communities to the older persons who don't have the energy to till the available land for purpose of growing food stuffs. Most of the households are also poor hence cannot hire labour or machines to plough their land for food. Due to poverty levels, these households are also not in position to buy key food items from the market directly affecting their eating habits and nutrition.

Maracha and Arua districts are also faced with extreme weather conditions which of late is becoming unpredictable due to global warming yet most households don't know or don't have the ability to invest in irrigation methods. This has affected food growth.

There is also poor soil texture in some of the communities that does not enable favourable growth of some necessary food stuffs. Some households are also not aware of the type of their soil texture and what type of crops can be grown for maximum harvest.

Some of the households are ignorant of the different food items and nutrient content which makes it hard for them to determine or plan for a balanced diet.

There is limited access to facilities such as health centres and clean water sources as most are far from where the households leave.

4.8.1.2. At community level

There is lack of sufficient information on nutrition, water sanitation and hygiene amongst the community members as the result of the low levels of education, limited exposure and training opportunities.

Most members of the community grow the same variant of crops or rear same animals or birds hindering the opportunity of accessing a variety of foods stuffs amongst members of the community.

There is limited access to essential WASH services such as health facilities and clean water sources due to the long distance which is hindering the communities WASH outcomes.

4.9. COVID-19 IMPACT ON FOOD NUTRITION AND WASH

- a) Covid-19 contributed to loss of jobs and income generating projects amongst members leading low income levels as lockdown restricted movement to markets where people do business. This resulted into inability of most households buying some essential food stuffs as the limited incomes were prioritized for survival. The government food relief mainly targeted urban communities leaving out the rural communities.
- b) The lockdown, restriction and disruption of transport system also made access to WASH services such as health facilities impossible. Closure of village markets also made accessing other food stuffs difficult.
- c) On a positive there has been a drastic improvement in hand washing practices due to Covid-19. Food production has increased due to labour provided by the children as the result of school closure and restricted movements.

How households have coped with the Covid-19 effects?

- a) Most members of the community have continued to observe the standard Covid-19 prevention operating procedures such as hand washing, wearing masks and social distancing.
- b) Individuals whose jobs are still closed such as teachers have resorted to other income generating activities such as farming, and doing construction work for survival.

5. MODEL HOUSEHOLDS INDENTIFIED PER VILLAGE

To identify model homes for each village a household score card was developed as below with the scores against the household's (1) Food & Nutrition Practices, (2) WASH Practices, (3) Access to socio-economic and financial services for investing in Food, (4) Nutrition and WASH Practices Stunting issues on Food, (5) Nutrition and WASH Practices.

Needs U	rgent							Surpasses		
Remedia	ation		N	eeds Impro	vement		Meets	Expectat	ions	Expectations
0	1	2	3	4	5	6	7	8	9	10
0	-0.005	-0.01	-0.015	-0.02	-0.025	-0.03	-0.035	-0.04	-0.045	-0.05
(3)	<u>:</u>	:	:	<u>(i)</u>	<u>:</u>	<u>(i)</u>	:	\odot	\odot	\odot
Never/			Well				Well			
Does Not	Very		below	Below	Average/	Above	Above		Very	Yes / Always
Exist	poor	Poor	average	average	sometimes	average	average	Good	good	/Excellent

AVERAGE SCORE CARD (Arua District, Vurra Sub County, Anzu Parish, Anya Village)

Section	Assessment Area	Total	Average
SEC 2:	Food & Nutrition Practices	81.0	4.1
SEC 3:	WASH Practices	95.1	4.8
	Access to socio-economic and financial services for investing in Food,		
SEC 4:	Nutrition and WASH Practices	61.7	3.1
SEC 5:	Stunting issues on Food, Nutrition and WASH Practices	103.7	5.2
	Total Scores	341.5	17.1
	Average Total Score	85.4	4.3

AVEF	AVERAGE SCORE CARD (Arua District, Vurra Sub County, Ayavu Parish, Oli Village)								
Section	Assessment Area	Total	Average						
SEC 2:	Food & Nutrition Practices	154.2	7.7						
SEC 3:	WASH Practices	136.0	6.8						
	Access to socio-economic and financial services for investing in Food,								
SEC 4:	Nutrition and WASH Practices	109.0	5.5						
SEC 5:	Stunting issues on Food, Nutrition and WASH Practices	152.0	7.6						
	Total Scores	551.2	27.6						
	Average Total Score	137.8	6.9						

AV	AVERAGE SCORE CARD (Arua District, Vurra Sub County, Ezuku Parish, Ezuk- Ayivu Village)								
Section	Assessment Area	Total	Average						
SEC 2:	Food & Nutrition Practices 142.2 7.5								
SEC 3:	WASH Practices 116.8 6.1								
SEC 4:	Access to socio-economic and financial services for investing in Food, Nutrition and WASH Practices	109.0	5.7						
SEC 5:	Stunting issues on Food, Nutrition and WASH Practices	121.3	6.4						
SEC 3.	Total Scores	489.3	25.8						
	Average Total Score	122.3	6.4						

Maracha District, Yivu Sub-County nutrition and WASH scores

AVERAGE SCORE CARD (Maracha District, Yivu Sub County, Loinya Parish, Andruvu Village)

Section	Assessment Area	Total	Average
SEC 2:	Food & Nutrition Practices	99.2	5.0
SEC 3:	WASH Practices	118.3	5.9
	Access to socio-economic and financial services for investing in Food,		
SEC 4:	Nutrition and WASH Practices	79.5	4.0
SEC 5:	Stunting issues on Food, Nutrition and WASH Practices	97.7	4.9
	Total Scores	394.6	19.7
	Average Total Score	98.6	4.9

AVERAG	AVERAGE SCORE CARD (Maracha District, Yivu Sub County, Loinya Parish, Andruvu Village)							
Section	Assessment Area	Total	Average					
SEC 2:	Food & Nutrition Practices	145.2	7.3					
SEC 3:	WASH Practices	135.3	6.8					
SEC 4:	Access to socio-economic and financial services for investing in Food, Nutrition and WASH Practices	109.5	5.5					
SEC 5:	Stunting issues on Food, Nutrition and WASH Practices	137.3	6.9					
	Total Scores	527.3	26.4					
	Average Total Score	131.8	6.6					

AVERAGE SCORE CARD (Maracha District, Yivu Sub County, Pakayo Parish, Ewavu Village)

	, , , , , , , , , , , , , , , , , , , ,	,	0,
Section	Assessment Area	Total	Average
SEC 2:	Food & Nutrition Practices	93.3	4.7
SEC 3:	WASH Practices	117.6	5.9
	Access to socio-economic and financial services for investing in Food,		
SEC 4:	Nutrition and WASH Practices	70.3	3.5
SEC 5:	Stunting issues on Food, Nutrition and WASH Practices	103.3	5.2
	Total Scores	384.5	19.2
	Average Total Score	96.1	4.8

6. KEY RIGHT 2 GROW ADVOCACY RECOMMENDATIONS AND ISSUES TO BE CONSIDERED

- a) There should be deliberate efforts by households to have equal participation of both males and females on nutrition and WASH issues affecting the household as more than 62% of the participants were males.
- b) The highest level of formal education attained by the respondents was primary level (63%). Community member's engagement within the R2G advocacy messages should ensure that the language used is an inclusive as possible especially for people with low levels of education.
- c) Most respondents (108) mentioned that they have children as part of their households with 45 breastfeeding mothers and 73 with adolescent girls and 30 with elderly persons. These findings provide a basis of the need of R2G whose dream is for every child to reach their full potential; and no child under 5 is undernourished (aligned to SDG 2.2), ending all forms of malnutrition by 2030, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons. Key messages targeting children, breastfeeding mothers, adolescent girls and elderly persons on nutrition and WASH need to be designed and disseminated to the intended beneficiaries.
- d) 19% of the respondents interviewed stated that they had differently abled persons/children in their households. 22 had only 1 differently abled person/children in their households while 1 respondent had 2. The types of disability included; deafness, blindness, lameness and mental disorders. R2G interventions need to be adopted to target the 19% of the households to ensure that no one is left behind.
- e) 75 respondents identified as Farmers (Crops) followed by Farmers (Mixed), 50, with majority of the respondents getting foodstuffs for their families from their own gardens. 113 out of the 120 respondents mentioned that their households own the land that is used for agriculture. With this information we recommend that R2G together with the community strengthens community knowledge around what foods to plant in the gardens to achieve the best nutrition outcomes for members of the household.
- f) There should be deliberate efforts in promoting permanent food stores as 73% of the households owned food storage facilities had temporary stores which are not safe.
- g) Households should be encouraged to include food stuffs rich in vitamins or minerals at least 3 times as week as there is a general uptake of food rich in vitamins and minerals among most of the households.
- h) The local government and community need to invest in setting up clean water sources closer to the communities as 37% of the respondents found it very hard to access a safe water source.
- i) Despite of the fact that 99% of the respondents owned a toilet/latrine owned most of these are in poor condition which needs to be improved for the best WASH outcomes for the household.
- j) Only 23 (19%) of the respondents had ever got any community training in Food Nutrition and practices.
- k) There needs to be deliberate efforts in enabling communities' access to socio-economic and financial services for investing in Food, Nutrition and WASH Practices through programs focused on economic empowerment and mindset change towards investing in food, nutrition and WASH practices at household level.

Annex 1:- WASH & Nutrition model homes identified in Arua and Maracha Districts communities under the Right 2 Grow Project

Community:- Arua District, Vurra Sub-County

Village	Household		,				Why selected as a model home
	Head Name	Food & Nutrition Practices	WASH Practices	Access to socio- economic and financial services for investing in Food, Nutrition and WASH Practices	Stunting issues on Food, Nutrition and WASH Practices	Average Score Card	·
Oli	Arivaku Killion	8	8.1	5.8	8	7.5	The household's sanitation practices are on check like has a well-kept latrine with a hand washing facility with soap, a bathing place and a dedicated kitchen, has access to clean drinking water good handling at point of use like filtering the drinking water and personal hygiene condition was good
Oli	Ezaruku Charles	8.1	8.5	6.5	8	7.8	The household has access to clean drinking water and water for cooking and household's sanitation practice is good with clean water and soap available for washing hands both at entry to household and near the latrine and the food safety is also good with places for storing food and also, personal hygiene
Oli	Matua Wilson	8.3	8	6	8	7.5	The home has good mindset to adopt good nutrition and WASH Practice and also taking care of a person with disability as the house hold ha a member and also easily accesses clean drinking water and water for cooking and household's sanitation and Hygiene conditions are improved and availability of Food for members
Oli	Aleti Esau	8.5	8.3	7.8	7.7	8.04	The household has access to finances in the bank through the household head to support Nutrition and WASH practices and has access to safe cooking and drinking water and their sanitation and Hygiene practices Hand washing facilities are in place with soap and all the needed items are in place

Oli	Candia George	8.7	8.1	7.8	8	8.1	The home has food security and is able to sell excess farm produce to earn income to help address Nutrition and WASH issues at home and is able to easily access clean water for drinking and cooking and the homes sanitation and hygiene practices and condition is good with Food safety practices as the home has dedicated a room as store to keep food stuff discussions
Oli	Candia Charles	8	7.9	7.5	8	8	The home has a positive mindset of members to improve household's sanitation practice and hygiene conditions, but already has most of the needs addressed with handwashing facilities in places good hygiene of children and health with no malnutrition cases, has access to water for drinking and cooking available food for the family
Oli	Anduma Sunday	7.3	7.7	7.8	8	7.7	The household has kitchen, latrine, bathing place with privacy, water, market and health centre is accessible, and has storage facility, a nearby water source, rears chicken and goats, and has a garden for planting crops.
Ezuku Ayivu	Draleru Jane	7	6	5	6	4.6	This household has, utensil stand, a rubbish pit, a nearby well protected spring, a dedicated kitchen, can easily access the health centre and garden for growing vegetables.
Ezuku Ayivu	Onzima Alfred	8.8	9.3	7.3	8.3	8.4	a shelter and hand washing facility attached to it. Sanitation good, It has a shallow well in the compound, A designated place for washing clothes and pouring dirty water, Dedicated kitchen with a store attached to it, Garden with vegetables, cassava and banana plantation and fruits in the compound.
Ezuku Ayivu	Ariku Ronald	8.8	8.1	7	5	7.2	The household has a latrine, easily access water, land for farming, rubbish pit, drying line and utensil stands are all available on the compound, bathing shelter with privacy, they keep chicken and goats in their household.
Ezuku Ayivu	Asua William	7.1	6.5	8.5	5	6.8	- A well-built bathing shelter, compound is clean, keeps chicken and goats at home, has latrines, rubbish pit, can access the market and health center easily, garden for growing vegetables and other types of crops.

Ezuku Ayivu	Lekuru Joyce	7.7	5.5	6.3	7.3	6.7	Household has a dedicated Kitchen, clean latrine, and shelter with privacy, clean compound, garden with vegetable, fruits and crops. She also keeps chicken, pigs and goats
Anya	Clara Ngonia	6.2	6.1	4	5.7	5.5	Good sanitary facilities, garden planted with food crops and vegetables
Anya	Candiru Molly	5.8	7.8	1	6	5.2	Clean compound, available sanitary facilities positive mindset towards food nutrition and WASH
Anya	Jonh Mademaga	5.3	5	4	5.7	5	Household has good facilities like toilet, bathing shelter, drying rag, kitchen and clean compound
Anya	Obeti Fred	3.3	3.9	4	6.7	4.5	Has garden planted with food crops, keeps animals, produces crops for food and some for sell to earn income and sanitary facilities are available
Anya	Janet Oritia	5.2	5.9	5.3	5.7	5.5	Very clean compound with hand washing facilities, sanitary facilities available
Anya	Draru Margret	4	5.1	3.8	6	4.7	Clean environment, good hygiene, toilet hand washing facilities and bathing shelter

Community - Maracha District, Yivu Sub County

			Ног	sehold Score Card			
Village	Household Head Name	Food & Nutrition Practices	WASH Practices	Access to socio- economic and financial services for investing in Food, Nutrition and WASH Practices	Stunting issues on Food, Nutrition and WASH Practices	Average Score Card	Why selected as a model home
Ewavu	Draga Joel	3	7.375	2.25	5.7	5	The household has in place hand washing facilities, the toilet and baths centres are clean, has access to clean water through bore hole and drinking water is well filtered before use.
Ewavu	Juma Isaac Stanley	5.5	7.4	5	4	5.5	Home is organized and has better WASH facilities though need improvement around food security, and nutrition.
Awavu	Ocokoru Dina	7.8	8.625	5.5	5.7	7	Single mother with all sanitary facilities in place.
Ewavu	Asiku Saulo	3.1	6.9	2.5	5.3	4	Home is organized and has better WASH facilities though need improvement around food security, and nutrition.
Ewavu	Obale Gard	7.7	7.9	6.8	6.8	6.3	Hand washing facilities available with water and soap. The home also has a room as food store and garden is planted with variant of food crops
Ewavu	Asindu Nahori	6.3	6.5	3	6.3	6	Has a food store, has land and planted with crops, WASH facilities are available also rears animals hence food security is assured
Ambidro	Avako Florence	6.8	7.1	1.5	7.7	5.8	Household has sanitary facilities and has positive mindset towards food, nutrition and sanitation despite of the economic challenges that the household is currently having.
Ambidro	Bako Rikiata	8.2	7.4	7.3	6.3	7.3	The home has good mindset and sanitation facilities are available and clean

Ambidro	Opicia Mary	7.8	8.3	5	7	7.02	Household sanitation is good has kitchen, bath room, drying rack and toilet. Also has access to clean water
Ambidro	Elubo Paskal	8.7	8.8	7	7.7	8.02	Has land available and planted with food and Cash crops and also keeps animals and birds for food security sanitary facilities available home is kept clean
Ambidro	Driwaru Mary	7	6.3	7.3	6.7	6.8	Household has WASH facilities and home is organized
Ambidro	Onziru Alice	8	7.4	7.5	7.3	7.6	She has physical disability and heads the family since the husband is sick. The home is organized with WASH facilities, available and food security is assured because gardens are planted with food crops
Andruvu	Candiru Nelly	7	8	5	9	6.3	Sanitation and WASH facilities are available, has land planted with food crops and positive mindset towards food, sanitation and nutrition practices
Andruvu	Munduru Oliver	5.5	7.4	5	4	5.5	shelter, toilet and drying rags available
Adruvu	Driciru Florence	4.5	6.9	5.5	6	5.7	Household is, organized and feeding trend is balance and has sanitary facilities
Andruvu	Nyakuru Hellas	4.2	5.8	5	4.7	4.9	Positive mindset and considerate of nutrition WASH and sanitation. Gardens are planted with food crops and keeps some animals
Andruvu	Afema Gidion	4	6.3	3.8	5.3		Household has sanitary facilities, hand washing facility, food store and positive mind for change
Andruvu	Munduru Oliva	5.5	7.4	5	4	5.5	Clean home has bath room, drying rag, toilet and hand washing facility

Annex 1- Household Survey Tool
THE MOVEMENT FOR COMMUNITY-LED DEVELOPMENT UGANDA
CHAPTER

Right2Grow: Household Assessment on Nutrition and Water, Sanitation & Hygiene (WASH) In Arua and Maracha District, Northern Uganda.

PREAMBLE:

Do you consent?

YES

The Movement for Community led Development (MCLD) is a network of organizations committed to the success of the 2030 Sustainable Development Goals (SDGs) through enhancing the power and capacity of communities to take charge of their own development.

Together with Amani Initiative we are conducting a conducting a Household assessment on the applicability of the Food, Nutrition and WASH practices at community level as a way to assist in the development of community-based capacity building manuals and trainings, assist in monitoring and evaluation of Households stunting issues, advocacy messages and lobbying in favor of sustainable development in Arua and Maracha Districts under the Right 2 Grow Project.

We request you to take a moment to respond to the assessment which will take at least 15-30 minutes of your time. Your time and efforts in responding to this assessment is highly appreciated and any information provided herein will be treated and kept confidential.

NO

SECTION A: BACKGROUN	ND INFORMATION
a) Internal quality monitor	ring & supervisory information:
Questionnaire ID:	Date of interview:
Evaluator's Position:	Name:
b) Respondent's Particular	rs & Location:
Name: Contact:	
District:	Sub-County:
Parish:	······································

SECTION B: SOCIO-DEMOGRAPHIC INFORMATION OF THE RESPONDENT

(In this section, tick in the box)

a) What is your position/leadership role in the Household?
Household head Spouse
Other:
b) What is the Gender of the Respondent?
Male Female
c) What is the Age of the Respondent?
18 - 25 years $26 - 44$ years 45 and above
What is the marital status of the respondent?
Single Married Widow/Widower
Divorced Others (Specify):
e) What is the highest level of Formal Education attained by the respondent?
Primary level O' level A' level V pnal/Certificate
Others specify
f) How many people live in this household?
g) How would you categorize your Household members? (Tick All that apply)
Breastfeeding mothers Tee/young mothers B feeding babies
Differently abled persons Elderly persons Adolescent girls
Children Refugees Others (Specify)
h) Is there any Differently Ableu rerson/children in your rrousehold?
Yes No
Yes, how many?
iii) What type of disability?
h) What is the status of your Household Leadership?
Male headed with a wife or wives Male headed, divorced, single or widowed
Female headed, divorced, single or widowed Others
(Specify):
Child headed, Age of 16 and under/orphan
i) Occupation/Economic Activity of Household Head: (Tick all that apply)
Farmer (Crops) Small business owner/operator Farmer (Mixed)
Civil servant (Government worker) Others (Specify):
SECTION C: RESPONDENT'S KNOWLEDGE ON FOOD, NUTRITION AND
WASH PRACTICES
A) FOOD & NUTRITION PRACTICES:
a) Sources of Food (Where do you get your Household Foodstuffs?) (Tick all that apply)
Market Garden orests/Bushes thers:
b) What types of crops does your household normally grow? (Tick all that apply)
Matooke/Banana Sweet potato Maize
Rice Vegetables G-nuts
Coffee Millet Other
ify):

			c)	W	hat typ	es	of a	ıni	ma	ls and birds	do	oes	yo	ur i	househo	old	rea	ır?	(Ti	ck all that	apj	5 <i>ly</i>)			
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B) NUTRITION PRACTICES:
i) do you have any breast-feeding babies in your household?
Yes No
If YES, how many?
iv) What are the feeding habits in the household for people with disabilities?
Interested Not very interested
Somehow interested Others (Specify):
v) Are there cases of malnutrition in your Household?
Yes No
vi) If Yes, now many?:
vii) What could be the causes of malnourishment?
Poor eating Habits Difficulties in obtaining food
Low-income earnings Poor or loss of appetite
Physical/Mental health (Specify):
viii) Which malnutrition disease could be affecting your household (if answer for vi is
'Yes')
Kwashiorkor Rickets Marasmus
Anemia Others (Specify):
your household, how have you responded to the above-mentioned cases?
Hospitalized Home treatment
Herbalist Others (Specify):
x) How do you rate your household feeding practices?
Very balance Quite balanced alanced
C) WASH PRACTICES:
i) Sources of water used in the household
Rain water Borehole Piped water
Running water Wells Springs/swamp Others
(Specify):
ii) What type of drinking water is used in the household?
Treated (Chlorine) Filtered Boiled Other
(specify):
iii) DISTANCE: How is your household water easily accessed?
Very easy Somehow easy ard
iv) The Water source is owned and controlled by;
Community Individual Other
(Specify):
v) Storage water facilities in your household
Tank Jerrycan Other
(Specify):
D) SANITATION AND HYGIENE PRACTICES:
i) Does the household have access to a toilet or latrine?
Yes No
ii) If yes, what type of toilet/latrine does your household have?

Ordinary pit latrine VIP latrine Others (Specify):
iii) If No, where do your Household members dispose their Human Waste?
Neighbouring? Community toilets Other (Specify):
iv) Is there a hand washing facility in your household?
Yes No
v) Where does your household prepare meals from?
Open spaces Dedicated Kitchen Others
(Specify):
vi) How does your household dispose off its Household waste (Kasasiro)?
Burning Rubbish pit Others
(Specify):
vii) Does your household have a utensil stand?
Yes No
viii) Does your household have a bathing place?
Yes No
in What is the status of more hathing along?
ix) What is the status of your bathing place?
Temporary Open space Others
(Specify): SECTION D: ACCESS TO SOCIO-ECONOMIC AND FINANCIAL SERVICES FOR
INVESTING FOR INVESTING IN FOOD, NUTRITION AND WASH PRACTICES
a) Is your Household engaged in any income generating activities?
Yes No
b) If Yes, which kind of income generating activity?
Small business enterprises Farming as a business
Other (Specify):
c) Has any member of your Household ever got any community training in Food
Nutrition and practices?
_
Yes No
d) If Yes, how did the knowledge and skills attained improve your Household Food,
Nutrition and WASH practices?
e) How do your Household members access financial services?
VSLA/SACCO Commercial banks
Microfinance Bank Other
(specify):
f) How have your Household members benefited from the above selected choices?
Constructed a House Purchased Land
Started new business Other
(specify): ix) How is it for the members of your household to access health facilities?
ix) flow is it for the members of your household to access health facilities?

Very ea	sy So	omehow easy	V	ard	
PRACTICES	ers your Housel d level?	nold from acc	cessing Food,	NUTRITION Nutrition and Wa	ash practices?
ii) Community					
a) How has Co	ovid-19 pandemi	c affected yo	our household,	TION AND WAS Nutrition and W	ash practices?
	ou coped with t	he Covid-19	effects?		
SECTION H:	INTERVIEWE	ER'S EVALU	J ATION		

THANK YOU

Annex 3: - Household Survey photo gallery



Figure 1 Household survey in Maracha District





Figure 3 Family head showing their hand washing facility



Figure 2 Community water source in Vurra

Amani Initiative

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