# FINAL MIDTERM EVALUATION REPORT

# FOR THE MID-TERM EVALUATION OF THE DINU/ALENU PROJECT presented to Caritas Switzerland





By

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# **Intellectual property**

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Table of Contents	
Acknowledgement	i
Intellectual property	
List of tables	v
List of figures	
List of abbreviations and acronyms	vii
Executive Summary	viii
1.0 INTRODUCTION	1
1.1 Introduction	1
1.2 About the ALENU project	
1.3 Purpose and objectives of the ALENU Project	
1.4 About the MTE	
2.0 METHODOLOGY	
2.1 Scope and design of the study	_
2.2 Data collection tools and resources	3
2.3 Inclusion and exclusion criteria	3
2.6 Observation of COVID-19 SOPs	3
2.8 Data Analysis and presentation of the report	3
3.0 MAIN RESULTS	4
3.1 Introduction	1
3.2 RA 1: The Production Component	-
3.2.1 Context of the Production component	
3.2.2 Relevance of the production component	
3.2.3 Effectiveness of the production component	
3.2.4 Impact of the Production Component	
3.2.5 Efficiency of the Production Component	
3.2.6 Sustainability of the Production Component	
3.2.7 Lessons, challenges and recommendations	
3.3 RA 2: Marketing Component	
3.3.1 Context of the marketing component	
3.3.2 Relevance and appropriateness of the marketing component23	_
3.3.4 Effectiveness of the Marketing Component	
3.3.5 Impact of the Marketing Component28	
3.3.6 Efficiency of the marketing component32	-
3.3.7 Sustainability of the Marketing Component32	
3.3.8 Lessons, challenges and recommendations	
3.4 RA3: Health and Nutrition Component3	
3.4.1 Context of the Health and Nutrition component	
3.4.2 Relevance of the Health and Nutrition Component42	
3.4.3 Effectiveness of the Health Component	
3.4.5 Impact on health and health practices40	
3.4.6 Efficiency of the health component50	
3.4.7 Sustainability of the health component	
3.4.8 Lessons and recommendations	
4.0 APPENDICES	52

<b>4.</b> 1 Ap	ppendix b- Identification and Purpose of this study	52
4.2 Ar	opendix c- Giving of Consent	52
4.3.0	MTE Tools	52
5.3.1	Subsistence farmers and their households	
4.3.2	KII guide for Local Government officials	60
4.3.3	KII guide for VHTs	61
4.3.4	Cultural and religious leaders / Faith-Based Medical Bureau	62
4.3.5	Senior Teachers	63
4.3.6	KII guide for adolescents	64
4.3.7	Focus Group Discussion for HHs	-
4.3.8	Impact stories guide for farmers	-
4.3.9	Project staff	66

List of tables
Table 1: Type of commodities by gender4
Table 2: Services received from the project by the farmers5
Table 3: Access to agricultural extension specialists5
Table 4: Sufficiency of farm inputs received6
Table 5: Impact of inputs on-farm productivity8
Table 6: Access to demonstration gardens8
Table 7: Level of awareness of agricultural clinics and technical support9
Table 8: Development of a seasonal production plan10
Table 9: Effectiveness evaluation of the production component
Table 10: Incomes from the enterprises
Table 11: Impact of the technical support received from the project by the farmers . 16
Table 12: Evaluation of project contribution and effectiveness24
Table 13: Roles of a marketing committee and their impact27
Table 14: Impact of marketing committees27
Table 15: Other ways through which farmers access market information27
Table 16: Impact of visits to model farmers30
Table 17: Initiatives of improving quality of products30
Table 18: Farmers involved in postharvest processing32
Table 19: State of market linkages33
Table 20: Participation in community dialogues on family planning and GBV38
Table 21: How people got information about the dialogues on FP and GBV38
Table 22: Type and channels of health information received40
Table 23: Sources of health sensitization information
Table 24: Nutrition and Health specific interventions42
Table 25: Effectiveness of the Health Component activities43
Table 26: Contribution of the project under the health component45
Table 27: Impact of the health information on the beneficiaries and their HH47
Table 28: Constraint beneficiaries faced in trying to access services from this project
48
Table 29: Sample distribution for pregnant/Lactating mothers

List of figures	
Figure 1: Source of farm inputs	7
Figure 2: Farmer linkages with key suppliers of farm inputs	10
Figure 3: Experience with land conflicts	11
Figure 4: Reported practices that affect the environment	12
Figure 5: Agronomical practice changes adopted after technical support	17
Figure 6: Impact of BDS training	22
Figure 7: Impact of the marketing standards training on the farmers	29
Figure 8: Access to family planning training and promotion	37
Figure 9: Beneficiary access to health information	40
Figure 10: Language of health information	41
Figure 11: Family planning practices that have been adopted by HHs	47
Figure 12: Age distribution of mothers	49
Figure 13: Education level of education by the pregnant mothers	
Figure 14: Project impact on pregnant women	

# List of abbreviations and acronyms

AA Advance Africa

AFARD Agency for Accelerated Regional Development

ANC Antenatal Care

CAO Chief Administrative Officer

CEFORD Community Empowerment for Rural Development

COVID19 Corona Virus Disease

DCDO District Community Development Officer

DHO District Health Officer
DPO District Production Officer
FDP Family Development Plan

FG Farmer Group

FGDs Focus Group Discussions

GADCO Gulu Agricultural Development Company

GBV Gender-Based Violence GoU Government of Uganda

GWED-G Gulu Women Economic Development and Globalization

HF Health Facility
HH Household

IGA Income Generating Activity

IUD Intra-Uterine DeviceLG Local GovernmentMC Marketing CommitteesMTE Midterm Evaluation

NDPIII National Development Plan III

PLE Primary Leaving Examination Certificate

PLWHA People Living with HIV/Aids

PWD People with Disability

SPM Selection, Planning, and Management

TIMPs Technologies, Innovations and Management Practices

UNBS Uganda National Bureau of Standard's

VC Value Chains

VSLA Village Savings and Loan Association

WASH Water Health and Sanitation

### **Executive Summary**

#### **Context**

The purpose of this Midterm Evaluation was both summative and formative to assess the level at which the ALENU project intended results were achieved/met, to understand the effect of the project in comparison to the intervention outcomes and to generate actionable learning to inform adaptations to the methodology and future engagement in project design and implementation. As guided by the terms of reference, the focus of the evaluation hinged on the following criteria; *Relevance, Effectiveness, Efficiency, Impact, Sustainability Appropriateness and connectedness.* 

# Methodology

This evaluation was cross-sectional, descriptive and adopted mixed methods to generate deeper data about the project's activities and impact. It was conducted among 618 farmers, 17 pregnant mothers, 11 project staff, 41 LG, 115 Marketing Committees, 333 adolescents, 82 VSLAs, 82 Trainers, 82 Community Trainers, 49 Cultural Leaders. The data collection tools were developed based on the result areas and baseline indicators of the project and in close consultations with the technical and management team.

The rest of the executive summary presents results based on the evaluation criteria and is arranged according to the project components and result areas.

# **Evaluation of the Production Component**

Relevance of the production component

- The project is in tandem with Uganda's agricultural sector development agenda of improving farmer productivity since Agriculture is the backbone of Uganda's economy employing 70% of the population and contributing half of Uganda's export earnings and a quarter of the country's gross domestic product (World Bank 2019, NDP III).
- ALENU is linked to the NDP III since most Ugandans live in rural areas and practice
  farming, raising agricultural incomes which is critical to reducing poverty, boosting
  prosperity and creating jobs, especially for women and youth (World Bank, 2019) whilst
  addressing immediate needs about food security, nutrition and promoting farming as a
  business.

### Effectiveness of the production component

The production activities of ALENU have recorded effective direct contributions on several indicators. For the % of farmers adopting production of diversified food crops, the project has made a direct contribution of 19%, while for the % of farmers with increased acreage of diversified food crops the project has contributed directly by 7%. The project has also been effective in promoting apiculture and has attracted 3% of new farmers. The % of farmers adopting improved technologies at least 4 of the TIMPs has directly increased by 29% while the level of access to extension services has increased by 76% due to training and engagement of LGs and the creation and capacity building of agroecology champions. This has also anteceded the increase in % of targeted smallholder farmers adopting soil & water conservation measures by 10%.

The project has also been effective in increasing access to key inputs and output markets for women and men small-scale farmers where 30.5% of the farmers have directly benefited from access to quality agro-input markets, 56% have directly benefited from access & adoption to drought, pest & disease tolerant crop varieties of nutritious value.

A high level of effectiveness has also been observed in the training of FGs and other small

market operators along the value chain in community-saving and credit schemes with the % of smallholder farmers who are active users of informal and formal financial services directly increased by 99.3% through VSLAs. It was also established that ALENU has made a contribution of 13% towards supporting women to participate in shared Household financial decision making and is 100% effective in training farmers in business management. Economically, the project has directly supported 51.3% of the targeted HHs to start IGAs.

# Impact of the Production Component

- i. *Increase in HH incomes*. The project has specifically contributed to farmers' incomes from different commodities. The highest contribution was observed among onion farmers with a net contribution of 175%. This was followed by gnuts with a percentage contribution of 68%, Irish potatoes 65%, tomatoes 48%, apiculture 38%, beans 21% poultry 18% and soya beans 17%.
- ii. Impact of the technical support received from the project by the farmers: 77.9% of farmers started practising intercropping, 65.7% started mulching and 40.2% farmers started practising terracing. This in the end contributed to the project's intentions of increased production of diversified food and adoption of good agronomical practices that not only protect the soil and environment but also increase farm productivity.
- iii. *Impact of farm inputs:* 87.8% of the beneficiaries who received the inputs experienced an increase in the yields, 66.8% increased acreage, 52.2% and 47% of the beneficiaries improved on their harvest quality and reduced wastage of yields respectively.
- iv. *Impact of training in VSLA*: the training helped 99.3% of the beneficiaries to join FG VSLAs and this has increased savings and access to farming credit.

# Efficiency of the Production Component

The project has largely been efficient especially in the following areas:

- i. The engagement of DINU District Focal Point Persons, DPO, SC Agricultural Officers and SC Veterinary Assistants for implementation, monitoring and technical backstopping of the peer trainers and POs is an efficient approach because it has utilised their familiarity with the local communities and the understanding of their needs.
- ii. Working with peer trainers has reduced the project cost substantially. Due to peer trainers, there are only 10 agricultural extension staff (saving UGX 480 million in salaries alone).
- iii. Working with already established IPs reduced administrative costs e.g., rent at AFARD HeadQuarter.

# Sustainability of the Production Component

- i. According to the project plan, the trained peer trainers and LG staff will continue to provide technical training and backstopping to each of the 200 FGs in agroecology, poultry production and VSLA, financial literacy and Income Generating Activities.
- ii. The formation of VSLAs and training of FG members in VSLA methodology, IGA-SPM, and financial literacy has fostered a saving culture and generated savings of **UGX. 281,808,800**. Farmers can now access affordable loans because, at the time of the MTE, there was a loan amount of **UGX. 250,013,000**.
- iii. The participatory FG assessment has helped the farmers to develop their market potential of the FG's agro-commodities and build their capacity to continuously define the market share targets as well as highlight the FG's strengths and

- weaknesses and the type of technical support required to achieve its targets.
- iv. Training 125 apiary farmers from 5 FGs and providing them with additional training in IGAs of their choice including making soap, jelly, propolis, candle and garments has created more revenue streams hence creating more opportunities for business sustainability and bee product diversification.

#### Lessons

- i. The role of VSLA mentors, paravets and ecological champions has been useful in accelerating the positive outcomes of the production component.
- ii. Coordination and collaboration of stakeholders such as the DHO, VHTs, DAO and others are important because it promotes administrative buy-in and minimises duplication of services and support for the farmers. It also strengthens effectiveness since the action is driven by concerted efforts.

# Challenges experienced under the production component

- i. Disruptions in the implementation of activities because of COVID19 has affected FG activities and affected input market engagement leading to direct procurement and distribution of inputs.
- ii. Low turn up of members for VSLA meetings.
- iii. Limited resources to provide Irish potato groups with fungicides which are likely to affect yields due to disease infestation (early and late blight).
- iv. The low colonization rate of the beehives distributed has affected apiculture yields.
- v. Lack of commitment by some peer-trainers due to lack of motivation
- vi. Farmers keep changing phone numbers and it has affected communication.
- vii. The absence of secondary or post-primary institutions in the sub-counties of Athuma and Kango in Zombo district forced the project to work with upper primary classes for its SRHR interventions.
- viii. Weather variability and flooding of R. Nile affected production (from 2 to 1 production season, relocation of beneficiaries in Panyimur sub-county, disease especially blights and aphids for horticulture and Irish potato
  - ix. Input price hikes affected the ability to provide all anticipated inputs e.g., irrigation kits to horticulture FGs
  - x. The Parish development model has restrictions on Cooperative formation (1 parish = 1 Cooperative) and LGs have taken the preserve of Cooperative formation limiting CSO roles and engagement.

### Recommendations

- i. Strengthen the promotion of TIMPs adoption and support for communities through local leaders and champions to improve family relations in accepting family members to use the land for farming.
- ii. Provide more training about agroecological practices to facilitate uptake and adoption.
- iii. Pace up the inclusion of women in financial decision making, there is a need to promote gender justice through engaging with faith leaders and local leaders in mindset change towards supporting women to participate in family decision making.
- iv. There is more need to strengthen intra-farmer group cohesion because it was found that the level of teamwork is still weak and this will affect their access to markets but will also slow down the formation of cooperatives.

# The marketing component

# Relevance and appropriateness of the marketing component

- i. The intervention of supporting farmers with value addition, access to markets and training them about market standards is very relevant to the Agricultural sector development strategy of Uganda.
- ii. Training in postharvest handling is relevant for the farmers especially increased capacity to adopt farming as a business and complying with market standards and value addition.
- iii. Partnerships with different stakeholders from government, research and educational institutions as well as other private actors will foster sustainability and management of project lessons to cascade to other farmers.

#### Effectiveness of the Marketing Component

- i. The largest contribution of the project was observed under the smallholder farmers with knowledge on at least 3 innovative market information technologies at 100% level.
- ii. 90.1% of the smallholder farmers have started selling their products through collective marketing/bargaining. This success is attributable to the role of MCs and the usage of smartphones that were offered. This was followed by smallholder farmers who are adding value to their crop products at 40% attributable to the training and market standards and value addition training. Value addition is reported picking up due to training by BDOs, provision of value addition machines by the project (40% ALENU contribution).

Some activities were supposed to be executed but at the time of the MTE, these activities were not yet implemented. They include;

- Training on market standards was planned for but not yet conducted.
- The formation of producer Groups is not yet executed. However, this is not yet implemented and an assessment has been done and areas on support have been identified including leadership and governance, market orientation, land rights and awareness to strengthen the FGs into a strategic orientation and prepare them to graduate into a producer group or integrate into existing cooperatives.
- Collective marketing and bulking-This is currently being implemented and going forward and aspects around collection points, calculating market margins, understanding buyers in the market will be emphasised during training sessions and follow-ups.
- Joint district monitoring.

# Impact of the Marketing Component

- i. Marketing committees helped 92.8% of farmers with access to market information, 84.3%. This implies that the extension workers of the project reached the ground and created a big impact in achieving the objectives of the project.
- ii. As seen under the production component farmers under different commodities have been able to increase production and access to markets leading to an increase in revenue with the project contribution of 175% for onion farmers, 68% for gnuts, 65% for Irish potatoes, 48% for tomatoes, 38% for apiculture, 21% for beans, 18% for poultry and 17% for soyabeans.
- iii. Access to SC markets, training and learning visits has promoted 12 Sub-county

- markets which provide direct market to 197 farmers through support with transport and market dues.
- iv. Marketing standards training has enabled 70% of the farmers to increase sales, 66.3% improved the quality of their products, 57.5% started selling their products at better prices, 46.2% developed new marketing skills as 23.4% and 33.2% started accessing a larger network of farmers and easily accessed more market information respectively.
- v. Value-addition training enabled 48% to start branding their products and adding preservatives as a way of adding value.
- *vi*. Access to markets where 6 of the farmers said they had contracts with Cidanakazi and GADCO where they mostly sold their produce. While the number is small, it can grow if the quality and quantity keep improving.
- *vii*. Increase in the percentage of HH with income-generating activities (IGAs) from 25% to 76.8% which is a significant impact. The direct level of income has increased by 32% with an average direct contribution of UGX. 4,431,825.

# Efficiency of the marketing component

- Conducting a needs assessment before enrolling farmers for BDS helps to focus on the specific needs of the farmers and leads to efficiency.
- Other key success factors that are driving efficiency under marketing include;
  - Strategic partnerships with both Government (UNBS, Ngetta Zardi, District LGs) and private actors including among others Farm Gain Africa, Otis seeds, Beehouse, and research institutions.
  - Focusing skilling the farmers to make them perform better in the market through training and value addition on their products.
  - The willingness of the private actors involved to support and collaborate with the farmers.
  - In addition, there is improved mindset positive change of the farmers towards the practices and approaches they have been introduced to under the action as well as change in their behaviours.
  - Experiential learning and reflection among the consortium members.
  - There has been continued support from the DINU FPs who have engaged with DLGs in monitoring activities and giving feedbacks to partners on project progress.

# Sustainability of the Marketing Component

Feedback from AA indicates that a lot of linkages have been formed and created with the different public, private and market actors under the different activities. This will build sustainable relationships where farmers can continue to access market linkages

#### Lessons

- The involvement of government and private stakeholders in supporting farmers accelerates access to markets whilst meeting the accountability needs of the government and civil society.
- MCs are pivotal in the development of farmer market systems because they develop Farmer Group cohesion whilst helping them access important market information.

# Challenges encountered under the marketing component

The implementing partner reported the following challenges

i. Bureaucracy, unforeseen and lengthy procedures followed under certain activities like the training of farmers in market standards require the action to comply with UNBS requirements on those standards.

- ii. Farmers prefer quick sales compared to selling collectively which affects the target on collective marketing and threatens the opportunities for FG and Cooperative formation.
- iii. COVID-19 and restrictions on movements have created uncertainty on planning under the act.

#### Recommendations

- i. Strengthen linkages and partnerships with private actors to sustain the project.
- ii. Collaboration between peer structures created under the action and the Lower LG technical staff needs to be strengthened to facilitate sustainable backstopping of extension support and market linkages for the farmers.
- iii. Farmers have to be mentored to appreciate and own the project for purposes of continuity after the partners' withdraw from the project.
- iv. ALENU needs to draw a clear exit plan and hand over the successes to the DLG who will continue to monitor and supervise the equipment procured by the project. This is because the DLG and other Local Councils have the mandate to support agriculture and build sustainable market systems, especially with the new parish model.
- v. Digitalising agriculture and digital marketing to farmers, private actors and government staff will improve the monitoring function.
- vi. There is a need for fast-tracking Joint District Monitoring across the project areas to build cohesion among the beneficiaries.
- vii. Need to support "weak" commodities such as tomatoes. While the uptake is still low, tomatoes have a wide and competitive value chain such as tomato sauce and other products.

# **Health and Sanitation component**

# Relevance of the Health and Sanitation component

- i. Considering the nature of beneficiaries and activities of the project, the intervention is relevant to the nutrition and health needs of the target group because it addresses immediate needs about food security and nutrition.
- ii. Family planning promotion is in line with the Government of Uganda's efforts to promote women through health and justice.
- iii. Supporting adolescents with SRH education is key because, in Uganda, the teenage pregnancy rate is at 25% which is worrying.
- iv. The timing of the project when the COVID19 lockdown was affecting adolescents that were locked at home and exposed to sexual violence. There was a dire need to guide the young people.
- v. Health information was both in local and English languages hence catering for those who could not understand English.
- vi. Working with various social mindset influencers such as religious leaders, community leaders and local VHTs was appropriate because it fosters deeper community engagements. This is important because some areas of the health component such as family planning are affected by culture and religion.

# Effectiveness of the Health Component

#### Key areas of success:

- Health system strengthening through building the capacity of health structures (200 VHTs trained, Health workers on NFP, Good nutrition Practices and WASH)
- Facilitated extension of PHC services to hard to reach communities (36 integrated community health outreach posts supported)

- Promoted Infant and Young Child feeding practices to most vulnerable communities to proportionately reduce malnutrition (200 self-support IYCF groups created and supported to cascade recommended IYCF practices).
- Target community dialogue facilitated by LG officials enables close supervision by the LG officials.

Other areas of contribution identified from the MTE were;

- The proportion of infants breastfeeding within one hour of birth with a contribution of 92% followed by the proportion of children 6-23 months reached through growth promotion and monitoring with a direct contribution of 84%.
- Other key areas with a high level of contribution include the proportion of women of reproductive age (pregnant, breastfeeding & non-pregnant) counselled on optimal breastfeeding and complementary feeding practices at 71%, the proportion of children & women dewormed with a contribution of 76% and proportion of women, children & adolescents supplemented with micronutrients with a contribution of 70.05%. Areas with limited contribution include reduction in teenage pregnancies at only 15% and of HH practising recommended WASH practices at 40% level of contribution by the project.

# *Impact on health and health practices*

i. The project has been providing several services namely, family planning, immunisation, Vitamin B supplementation, nutrition and COVID testing. Of these services, the highest consumed was nutrition education taking 29% followed by family planning services representing 28%. This was followed by Immunisation (24%), Vitamin B supplements (18%) and COVID19 testing taking 2%. These services made an impact in different ways. For example;

"Health promotion has opened my eyes about the health of my baby and I have started eating in clean utensils, washing my hands before and after breastfeeding"

#### - Lactating mother from Omoro

"I have learned that nutrition involves eating on time not just having a balanced diet. My children have started eating early in the morning and at 7 PM because eating late affects their health"- **Lactating mother from Agago** 

"I have started taking care of my hygiene because I was told that it affects my baby when breastfeeding"- Lactating mother from Omoro

- ii. Other areas of impact on health;
  - o 59% of the HH started practising hand washing
  - o 48.7% started preparing balanced diet meals for their households
  - o 17.1% started going for antenatal check-ups and 34.6% embraced immunization activities hence improving their health-seeking behaviours
  - o 21.2% started following medical guidelines when on the treatment
  - o 20.8% adopted ABC to manage STDs
  - 37.7% started buying complementary food for a balanced diet.

Some HHs have adopted several family planning methods namely condom use, implant, injectables, moon beads, pills, safe days, IUD, vasectomy and withdrawal.

Additional evidence:

"Health promotion has opened my eyes about the health of my baby and I have eaten in clean utensils, washing my hands before and after breastfeeding"

- Lactating mother from Omoro, Wolo, Rogo, Palungura village

"I have learned that nutrition involves eating on time not just having a balanced diet. My children have started eating early in the morning and at 7 PM because eating late affects their health"

- Lactating mother from Agago

"The health component of the project has made a big impact on the health-seeling behaviours of communities. I can conform to you that cases of malaria have reduced and many people know their HIV status through voluntary testing"- VHT from Panyimur, Kivuje, Wangkado West

# Efficiency of the health component

- i. Close coordination with the key district LG departments (from inception) on project intervention SCs, parishes and villages of vulnerability.
- ii. Joint work planning with the SC health stakeholders through Monthly outreach planning with SC health facility staff.
- iii. Participation in LG planning meetings and District health coordination and review meetings.

#### Sustainability of the health component

- i. The engagement of Local Government leaders and local VHTs in a critical intervention that will increase local ownership for the project and will leverage the sustainability needs of ALENU.
- ii. Engagement of Health Facilities and building capacity of focal persons is a key precursor for sustainability since the activities of family planning, nutrition and are already institutionalised in the main services provided by the HFs.

# Lessons from the health component

- i. The role of VHTs in health promotion and service delivery has been proven effective and has a key role to play in increasing uptake in health-seeking behaviours.
- ii. Close coordination with the key district LG departments (from inception) on project intervention areas sub-counties, parishes and villages of vulnerability.
- iii. Joint work planning with the sub-county health stakeholders (Monthly outreach planning with sub-county health facility staff.
- iv. Participation in LG planning meetings and District health coordination and review meetings.

# Recommendations relating to the health component

- i. Increase effort in activities that are lagging namely, community dialogues on GBV and family planning, district and sub-county meetings, nutrition mass screening, mapping and referral of pregnant women conducted by VHTs.
- ii. When schools open, the focus on adolescents and senior teachers needs to be prioritised since it has largely been affected by the COVID19 lockdown. this will help to counter and rampant teenage pregnancies and rising levels of STDs in the region.
- iii. Support quarterly monitoring by technical and political stakeholders for sustainability and adoption of the action.

#### 1.0 INTRODUCTION

#### 1.1 Introduction

ABNEST Consultancy was contracted to conduct an MTE of the ALENU/DINU project in Northern Uganda and West Nile. The project follows a grant that Caritas Switzerland received to implement the Action for Livelihood Enhancement in Northern Uganda (ALENU); a project operating under the Development Initiative for Northern Uganda (DINU) for 40 months from January 2020 to April 2023 targeting 361,100 individuals (Subsistence farmers and their households; Local government officials, Village Health Team members, Cultural and religious leaders / Faith-Based Medical Bureau; Senior Teachers; Private sector and Public sector actors and local co-applicants) from 12 target sub-counties.

# 1.2 About the ALENU project

Accordingly, the project is implemented by a consortium consisting of four NGOs (Caritas Switzerland, Advance Afrika (AA), Agency for Accelerated Regional Development (AFARD), and Gulu Women Economic Development and Globalization (GWED-G)). We also learn that the project is supported by the Government of Uganda along with the European Union (EU) and supervised by the Office of the Prime Minister (OPM).

# 1.3 Purpose and objectives of the ALENU Project

The objectives of the ALENU is to consolidate stability in Northern Uganda, eradicate poverty and under-nutrition and strengthen the foundations for sustainable and inclusive socio-economic development.

The Strategic Objective is to increase food security, improve maternal and child nutrition, and enhance household incomes through supporting the diversification of food production and commercial agriculture and through improving household resilience (notably to climate change) and women empowerment in six districts of the West Nile and Acholi sub-regions namely; Agago, Amuru, Omoro, Nebbi, Pakwach and Zombo. The main livelihood enterprises of the project include Apiary, groundnuts, Moringa, poultry, vegetables/ fruits, Irish potatoes, and Soya beans.

#### 1.4 About the MTE

The overall objective of the mid-term evaluation was to ascertain results and to assess the relevance, effectiveness, efficiency, sustainability, and impact of the project interventions for learning and accountability to various stakeholders. The MTE evaluated the extent to which the ALENU project has achieved the key results namely; Increased production of diversified food; Increased market accessibility and improved nutritional status.

Specifically, the objectives of the ALENU project mid-term evaluation were:

- i. To assess to what extent project results reported are true, accurate, and reasonable
- ii. To review project implementation, design, and strategy concerning the overall project goal
- iii. To review project targets, and if there is a need for adjustment
- iv. To review the effectiveness and appropriateness of the Monitoring, Evaluation, Accountability and Learning (MEAL) plan and system in place
- v. To determine the state of the project regarding sustainability
- vi. To document particular success stories and lessons learned
- vii. To identify and document the project impact and positive outcomes so far registered.

#### 2.0 METHODOLOGY

# 2.1 Scope and design of the study

This MTE employed qualitative and quantitative methods and was conducted in close cooperation with the implementing partners and key stakeholders in the target districts of Agago, Amuru, Omoro, Nebbi, Pakwach, Zombo, the sub-counties of Wol, Lokole, Lakwana, Odek, Amuru, Lamogi, Pakwach, Panyimur, Atego, Erusi, Athuma and Kango, as well as other development partners directly or indirectly involved in the ALENU project namely AFARD, GWED-G and Advance Africa.

#### 2.2 Data collection tools and resources

Since this study used mixed methods, several tools were used to collect data namely;

- i. Questionnaires: Using KoBoCollect, different questionnaires were designed for different respondents namely farmers, pregnant women, adolescents, project staff, project partners, local and district leaders, religious leaders, VHTs and trainers.
- ii. Profiling of "Significant success stories"1.
- iii. Review project performance records such as revenue reports from the beneficiaries, baseline report, and other reports to establish how the project has progressed through the theory of change.

# 2.3 Inclusion and exclusion criteria

To be considered for inclusion, an individual needed to; give consent, be within the sample, and be available for the interview. For Exclusion individuals were under the following circumstances; failure to give consent, non-availability or not reachable for the interview and non-beneficiary and not part of the sample.

# 2.6 Observation of COVID-19 SOPs

This evaluation was conducted during the dangerous period of the pandemic. We observed SOPs by using electronic data collection tools that were contactless, all enumerators were facilitated with private transport (hiring of motorcycles) to avoid the risk of public transport and social distance was observed.

### 2.8 Data Analysis and presentation of the report

Data was analysed and presented using various forms namely tables, figures and boxes (vignettes). The results are presented according to the project components.

<sup>1</sup> A success story creates visibility, credibility and clarity around the value and application of change management. It also demonstrates success by showing the impact of effective change management.

### 3.0 MAIN RESULTS

# 3.1 Introduction

This section presents the full results of the MTE. The section is presented according to the results areas under three (3) components namely; Production, Marketing and Health & Nutrition.

# 3.2 RA 1: The Production Component

# 3.2.1 Context of the Production component

The ALENU project has a component of supporting farmers to increase farm productivity and the production of diversified food crops and animal products. This subsection presents the evaluation of the production component which was under AFARD as the thematic lead in all the 6 districts where it:

- a) promotes improved technologies by assessing production-related KAP needs, designing training materials (with 3rd parties HALF & africrops), supporting Farmer Groups to select competent peer trainers and coordinating their training.
- b) Overseeing the provision of extension services (together with local government extension staff
- c) Monitoring and mentoring adoption
- d) Building synergies between peer trainers and marketing committees for harmonious group functionality; and
- e) Liaising with other IPs to ensure effective implementation, reporting, and accounting.

Table 1: Type of commodities by gender

		Gender		Total
		Female	Male	
Commodities	Apiary	28	17	45
	Beans	64	30	94
	Gnuts	118	78	196
	Irish	3	2	5
	Onions	29	39	68
	Poultry	83	75	158
	Soyabeans	21	25	46
	Tomatos	2	4	6
Total		348	270	618

"The reason for having many farmers in the growing of Gnuts is because of the high demand at both HH level and commercial buyers"- **CEO**, **Advance Africa**.

The popularity of beans is attributable to their national importance and socio-economic versatility in the Ugandan communities. CASA (2020)2 reports that beans form part of the staple diet in Uganda, contributing to nutrition and food security because they are widely consumed as a substitute for more-expensive protein products and they are

<sup>2</sup> https://www.casaprogramme.com/wp-content/uploads/CASA-Uganda-BeansSector-analysis-report.pdf

important for the nutritionally challenged diets of the poor. Bean consumption per capita is higher in Uganda than in other EAC countries and this makes them a vital source of income for many families, contributing up to 9% of household income in some areas.

With Uganda being Africa's second-largest bean producer after Tanzania (1,008,410 tonnes produced on 670,737 ha in 2016), and production has experienced a growing trend driven by interregional markets, notably South Sudan, Kenya and the Democratic Republic of Congo, bean production will continue to attract farmers.

On the other hand, despite the distribution of enough seeds to the groups and setting up of training demonstration gardens which should have had a high adoption, the smallest number of farmers was observed among those growing tomatoes and were only in Nebbi district. This is not surprising because while tomatoes are grown all over the country, the key areas that grow tomatoes include Kabale District, Kasese District, Mbale District, Kapchorwa District, Mubende District, Masaka District and Wakiso District3. It could also mean that the region is not good for tomato growing at a commercial level. The project management may have to rethink tomatoes as a competitive enterprise compared to others and find ways of increasing uptake.

Table 2: Services received from the project by the farmers

	Frequency	Percent
Training	607	97.3
Tool kits	497	79.6
Seeds	609	97.6
Farm inputs	588	94.2
Others	Beehive, Dialogue, conflict resolution,	Health education, Health education, T-Shirts

It was noted from the findings that the majority of the farmers received all the services as provided by the project as 97.6%, 97.3%, 94.2%, and 79.6% of the beneficiaries received seeds, training, farm inputs and tool kits respectively. The voucher approach was not implemented because of COVID19 according to feedback from the consortium coordination office. Other services reported to have been provided by the project are beehives and poultry breeds.

Table 3: Access to agricultural extension specialists

		Freq	%
Usage of services of agricultural	No	234	37.6
extension specialists	Yes	388	62.4
	Distribution of farm inputs	240	38.5
	Supporting farmer group formation	209	33.5
	Linkage with private companies (HALF & Africrops)	91	14.6
Type of support received from agricultural extension workers	Market information	235	37.7
	Farm management skills	185	29.6
	Crop management training	175	28.0
	Post-harvest handling training	199	31.9
	Farm production management	106	17.0

<sup>3</sup> https://fortuneofafrica.com/ug/tomato-crop/

Feedback from AFARD indicates that ALENU trained peer trainers for all commodities who worked hand-in-hand with project extension staff and local government extension staff to provide hands-on extension services. The provision of agricultural extension services is also being provided by the peer trainers or agroecology champions and extension workers who were trained by the project to carry on this task. Their impact was observed in the adoption of agro-ecological practices by farmers, increase in production and uptake in marketing committees. It was found out that the majority of the farmers at 62.4% benefited from agricultural extension services compared to 16% of farmers that had access to extension services at the baseline stage. Comparatively, the project has made a contribution of increasing access to extension support by 46.4% in the form of market information, farmer group formation, training in crop management, post-harvest handling, linking farmers with private companies and equipping farmers with farm management skills among other many.

# General access to farm inputs

As the best practices, all supplies to beneficiaries are supposed to be districted in a safe, accountable and participatory manner.

Table 4	: Sufficiency	of farm	inputs	received
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		Sufficiency		Total
		No	Yes	
Commodities	Apiary	17	28	45
	Beans	33	61	94
	Gnuts	63	133	196
	Irish	0	5	5
	Onions	13	55	68
	Poultry	68	90	158
	Soya Beans	17	29	46
	Tomatos	0	6	6
Total	·	211	407	618

When asked if the quantities received were enough. According to feedback, there was a generally high level of sufficiency with 65.8% reporting that the inputs were sufficient. More specifically, 62% of the beekeeping farmers reported sufficiency, bean farmers reported 64.8%, gnuts had 67.8% reporting sufficiency, all the farmers for Irish potatoes reported that the inputs were sufficient. For the onion farmers, 80.8% reported that the inputs were sufficient, for poultry, sufficiency was at 60%, while soybeans had a sufficiency of 63% and tomatoes 100% reported that the inputs were sufficient. It is observed that commodities with fewer farmers received sufficient inputs compared to those with more farmers.

For the source of inputs, most of the farmers at 99% informed us that they received the

inputs directly from the project, 31% purchased their inputs, 11% received inputs from other NGOs whereas 9% and 8% of the farmers in the sample said they received inputs from the district sub-counties and private companies respectively as can be seen below. There are positive indicators of sustainability since some farmers have started buying inputs for themselves. It is also observed that there are other NGOs, private companies and the district supporting farmers with inputs and this implies that there is a dependable and sustainable ecosystem that supports farmers. Thus, the project needs to optimise the available alternative sources of inputs so that at closure, the farmers can continue with production not limited by input constraints.

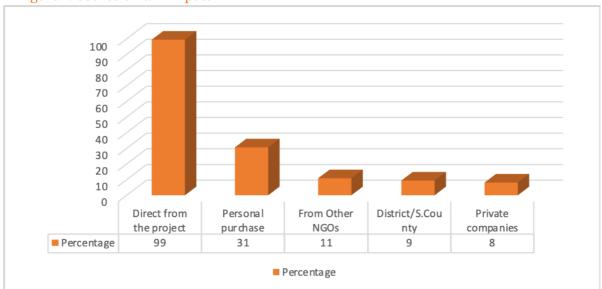


Figure 1: Source of farm inputs

The farm inputs were available but not to the extent of satisfying all the beneficiaries as quite a big number of beneficiaries received insufficient farm inputs. This is brought about by the high costs of some commodities such as Irish potatoes that were provided for group-based seed multiplication because of the high cost involved as compared to the voucher value. It was also reported by experts that seeds and other farm inputs were delivered late especially in Acholi. It would be better for the project to revise the mentioned areas to increase its impact.

For involvement in commodity selection, all groups selected their commodities and it was delivered to them. To keep within the production improvement objectives of the project and because most farmers did not know much about new technologies, the project team in liaison with the District Agricultural Officer took the responsibility of securing the recommended varieties for the farmers. This implies that the project is in control of quality and subsequently it leads to high quality and quantity yields. Page 7 of 82

Table 5: Impact of inputs on-farm productivity

		Frequency	Per cent
	Increased yield	548	87.8
Impact on productivity	Increased acreage	417	66.8
	Reduced wastage of yields	293	47.0
	Improved the harvest quality	326	52.2

On the other hand, it was found that 87.8% of the beneficiaries who received the inputs experienced an increase in the yields, 66.8% increased acreage, 52.2% and 47% of the beneficiaries improved on their harvest quality and reduced wastage of yields respectively. For example;

"I received training about how to manage the planting process and how to plant better nuts seeds. This has helped me to increase yield, reduce the wastage of yields and has also helped me to increase acreage. I was lucky to receive support from the project and the private company. For the remaining, I have been using my own money to buy seeds and to pay for labour

#### - Male farmer from Reckiceke village, Pailyec parish, Amuru, Amuru district

The support from the project extension staff and our marketing committee has been very important to my family. I have learned how to manage the quality of gnuts right from planting up to harvesting.

People like my gnuts and now I earn more than UGX.500,000 a month"

# - Female farmer from Reckiceke village, Pailyec parish, Amuru, Amuru district

To better serve the needs of the beneficiaries, consultations on the same need to be done to come up with informed decisions on what type of inputs to supply, when to supply and appropriate time to make follow-ups.

Table 6: Access to demonstration gardens

		Access to demo garden		Total
		Not accessed	Accessed	
Commodities	Beans	6	88	94
	Gnuts	17	179	196
	Irish	0	5	5
	Onions	8	60	68
	Soya_Beans	5	41	46
	Tomatos	0	6	6

Part of the services and support farmers have been receiving from the project include developing a seasonal Production and Marketing Plan per FG, setting up group demonstration gardens, providing farmer HHs with start-up agro-input kits and vouchers, and conducting farmer field school sessions. This was done to ensure the effective adoption of the conveyed good and climate-smart agricultural and livestock management practices. According to the results, 93.6% of the beans commodity farmers had access to the demonstration gardens while nuts had 91.3% access, 100% farmers

under tomatoes and Irish potatoes had access, onions had 88.2% access and soya beans had 89.1% access.

This implies that there is a high level of access to the demonstration gardens and there is also a productive farming ecosystem that helps the farmers to benefit from peer learning and benchmarking their farming practices.

According to feedback from the farmers during FGDs, it is observed that the demonstration gardens have had a positive impact. For example;

"I have been able to learn new farming practices especially on how to maximise the productivity of small gardens and how to do farming on a small piece of land"

# - Bean farmers' FGD in Agago district

"I have learnt how to plant in lines and ridges. I have also learnt how to take care of my plants in the garden till harvest time"- **Tomato farmer in Nebbi** 

"I learned how to plant economically (not wasting seeds) because it affects the profits after harvesting"-GNut farmer in Amuru

# Agricultural clinics and technical support

According to the project plan, there was a plan to facilitate 600 outreaches by local government extension staff to conduct seasonal agricultural clinics and technical backstopping. This area has been evaluated based on the level of awareness about the agricultural clinics and technical support. It also identifies the nature of support and how this has impacted the ability to plan as well as how this has impacted the adoption of good agronomical practices under different enterprises.

Table 7: Level of awareness of agricultural clinics and technical support

		Frequency	Percent
Are you aware of any	Not aware about agric. clinics	285	46.0
agricultural clinics in your community?	Aware about agric. clinics	335	54.0
Access to agric. clinics	Never accessed the clinics	137	42.3
Access to agric. chines	Accessed the clinics	187	57.7
Kind of support received	How to develop family development plans, advice and training of different agricultural practices, advised of best farming practices like mulching, digging of water channels among others, Agricultural inputs, Close supervision Training on crop production		

The project has been facilitating farmers with outreaches by local government extension staff, poultry paravets and agroecology champions to conduct seasonal agricultural clinics and technical backstopping. According to results, 54% of the farmers in the sample were aware that agricultural clinics were available and operational in their areas and the majority of them (57%) had received services from the clinics leaving only 42.3% of the farmers not benefitting from the clinics.

While 92.3% of the beneficiaries received technical support from the project, only 7.7% never received any technical support from the project. The support which was extended

to the majority of the farmers included advice and training on different agricultural practices of carrying out good farming practices like mulching, digging of water channels among others, received Agricultural inputs, and farm supervisions from the project implementation team as it was documented on paper hence making the project hit its target of facilitating access to key inputs.

Table 8: Development of a seasonal production plan

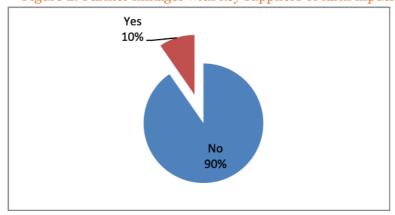
		Production plan		Total
		No production plan	Have a production plan	
Commodities	Apiary	9	36	45
	Beans	8	86	94
	Gnuts	57	139	196
	Irish	2	3	5
	Onions	8	60	68
	Poultry	32	126	158
	Soya Beans	0	46	46
	Tomatos	0	6	6
Total	•	116	502	618

According to the results, all farmers under tomatoes and soya beans commodities had production plans. On the other hand, farmers of apiary, beans, gnuts Irish, onions and poultry has some people without production plans as detailed in the table above. Beans had a high percentage of farmers with production plans representing 91.5% followed by onions (88.2%), apiculture 80%, poultry (79.7%) gnuts (70.9%) and Irish (60%). There is thus more need for the project to support farmers in the Irish potatoes commodity to engage in developing production plans.

# *Linkages with input suppliers*

It was noted that the biggest percentage (90%) of farmers had no direct links with their input suppliers as only 10% of the farmers usually communicated to their suppliers on which inputs would be supplied, the prices of the inputs among others. It was found out that majority of the farmers had no specific input suppliers as they got supplies from the project directly (see figure 1 above).

Figure 2: Farmer linkages with key suppliers of farm inputs



# Other cross-cutting issues under production

# Land conflict among the project beneficiaries

Land disputes inhibit the productivity of small-scale farms due to reduced cultivation, decreased investment, and loss of economic assets. It is also reported that one of the major problems facing rural households is conflict over land with relatives or neighbours. As in another sub-Saharan African country, the land is considered a very sensitive matter in Uganda. Land conflicts matter because evidence is emerging that land conflicts limit the investment that farmers make on their land. This means that land conflicts can keep a piece of land either unused or underused for several years. Such disputes, even if small-scale in nature, can therefore have a considerable impact on agricultural productivity. In this evaluation, we wanted to establish if there are cases of land conflict within the farming communities that are taking part in the project. As indicated in the next figure, the majority (80%) of the farmers have never experienced land conflicts while 20% of beneficiaries were involved in a land conflict. Farmers that had experienced land conflicts reported that the causes were mainly arising from border issues, clan conflicts, boundary disputes, drug abuse, encroachment and family fights over the inheritance.

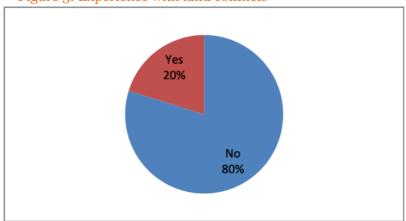


Figure 3: Experience with land conflicts

### Environmental protection

Sustainable agriculture requires farming in sustainable ways to meet society's present food needs, without compromising the ability of current or future generations to meet their needs. It is be based on an understanding of the ecosystem and practising good agronomical practices that safeguard the environment. According to results, the strongest practice that threatens the environment in the project region is poor farming practices taking 28% of the causes followed by over-farming which accounts for 25%. Another key cause reported was the collection of firewood (22%) as the main source of household energy, wildfires (20%) and refugee influx (5%). It was also found that 77.2%

of the sample had been trained in environmental protection and accessed promotional services offered by the project namely intercropping, terracing, mulching, line planting, ridge planting agroforestry farm manure, land identification integrated pests. Fruit seedlings were also provided as part of both food diversification and greening the villages.

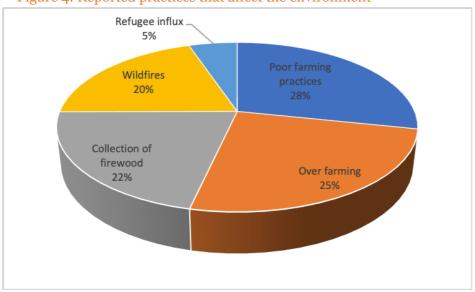


Figure 4: Reported practices that affect the environment

It was also found that most farmers have adopted practices that protect the environment namely;

- Tree planting through agroforestry
- Adopting good farming practices such as mulching, minimum tillage, controlled farming, intercropping, digging trenches where necessary
- Avoiding farming in wetlands.
- Ridge Planting
- Planting cover crops
- Wetland conservation
- Adopting good soil management practices
- Crop rotation
- Resilient design
- Sensitization to reduce bad farming practices
- Sensitization to stop bush burning

# 3.2.2 Relevance of the production component

This section focuses on how the project responded to the needs in policies, norms, households and individuals concerning agricultural production. The project is relevant

Page 12 of 82

with Uganda's agricultural sector development agenda of improving farmer productivity since Agriculture is the backbone of Uganda's economy employing 70% of the population, and contributing half of Uganda's export earnings and a quarter of the country's gross domestic product (World Bank 2019, NDP III). This intervention is thus relevant because it is linked to the NDP III since most Ugandans live in rural areas and practice farming, raising agricultural incomes which is critical to reducing poverty, boosting prosperity and creating jobs, especially for women and youth (World Bank, 2019).

Considering the nature of beneficiaries and activities of the project, the intervention is relevant to the socio-economic needs of the target group and the timing of the project was relevant because it addresses immediate needs about food security and livelihood whilst promoting farming as a business.

Below is evidence that further confirms the areas of relevance;

The production pillar has been engaged in the formation of farmer cooperatives which is in line with the parish development model in Uganda4.

• The project targeted the most vulnerable HHs (the poor and those most affected by limited economic privileges. For example;

"... the project had special conditions for encouraging women and people with disabilities to participate because they are highly vulnerable"

### - Consortium Coordinator

The selection of beneficiaries based on vulnerability indicators by the Ministry of Gender, Labour and Social Development gave priority to 60% of the beneficiaries as women which is in line with SDG5

The type of commodities (Enterprises) selected for the project was relevant. After all, they address food security as well as economic benefits because they have both elements of food crops and cash crops.

The project is relevant because it balanced diet and nutrition with the economic wellbeing of HHs by supporting farmers with the production of mixed production.

"Reaching the hard-to-reach villages like taking the services to the hard-to-reach area like training of VHTs, peer mentors in areas of hard to reach was relevant because the mainstream support from most actors does not consider people in remote locations"

- District Community Development Officer, Agago district.

The promotion of practices that protect the environment in farming is in line with SDG2, indicator 2.4.1 and Target 2.4

"By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality".

<sup>4</sup> https://parliamentwatch.ug/wp-content/uploads/2021/07/Ministerial-Stamen-on-the-Parish-Develop-Model-1.pdf?x51531 Page **13** of **82** 

# 3.2.3 Effectiveness of the production component

Table 9: Effectiveness evaluation of the production component

Results and Activities	Key Indicators	Baseline	Project Target	MTE	Project contrib ution
Result 1.1 - Increased production of diversified food	% of farmers adopting production of diversified food crops	59%	70%	78%	19%
Activity 1.1.1 – Facilitate the	% of farmers adopting production of diversified animal products	56%	70%	13%	-43%
adoption and production of	% of farmers with increased acreage of diversified food crops	Not captured	30%	7%	7 %
diverse food	% of farmers adopting apiculture	Not captured	50%	3%	3%
crops & animal	Average acreage of diversified food crops	2.4	3	Limited lar	nd access
products	% of farmers adopting improved technologies at least 4 of the TIMPs	Not captured	60%	29%	29%
	% of targeted smallholder farmers with access to extension services	16%	60%	92.2%	76.2%
	% of targeted smallholder farmers adopting soil & water conservation measures	19%	65%	29%	10%
Activity 1.1.2 – Facilitate access to key inputs	% of small scale farmers (women and men) accessing quality agro-input markets	Not captured	35%	30.5%5	30.5%
and output markets for women and	% of smallholder farmers with access & adoption to drought, pest & disease tolerant crop varieties of nutritious value	40%	60%	86%	56%
men small-scale farmers	% of small farmer holders adopting agro- ecological practices	18%	50%	29%	11%
Activity 1.1.3 - Train farmer groups and	% of smallholder farmers who are active users of informal and formal financial services	Not captured	95%	VSLA 99.3%	99.3%
other small market	% of women who participate in shared Household financial decision making	Not captured	40%	13%	13%
operators along the value chain in community-	No. of farmers trained in business management	600	5000	5000 (F: 3000, M: 2000)	5000 (100%)
saving and	No of VSLA supported to register	88	200	200	200
credit schemes	% of targeted HHs with income generating activities (IGAs)	25%	50%	76.8%	51.8%

The project has so far contributed 19% towards adopting the production of diversified food crops. Accordingly, this is good progress in PY1 majority planted the distributed seeds and contribution of agroecology champions, production officers and extension workers and with an improved level of adoption of technologies, the production will increase. The adoption of apiculture is still slow. One of the possible challenges could be on the perceived value but also because they have not yet been trained about different

<sup>5</sup> Access to agro input markets is based on farmers who buy on their own. This means that are accessing the markets directly

bee products, it could be the reason behind the low level of uptake.

There was also a decline of 43% for animal products caused by Newcastle disease outbreaks across the districts as reported by farmers. On the other hand, the low level of farmers with increased acreage of diversified food crops was affected by limited access to farming land. For conservation, there is a contribution of 10%. This has been largely driven by the adoption of climate-smart farming technologies.

For access to and adoption of drought, pest and disease tolerant crop varieties of nutritious value, the project had contributed 46% and the strongest reason is that the varieties of crops were easy to grow and most of the farmers who received the seedling planted them in immediately. For the adoption of agro-ecological practices, the project has contributed 11%. While there is progress, the farmers reported that they need more time and knowledge about the practices for easy adoption.

The adoption of VSLAs has been very successful with a 99.3% level of success. This has largely been supported by the creation of mentors, champions, farmer group formation and training as well as having incomes to save. This is an important step towards the financial inclusion and economic security of HHs. It was however noted that the inclusion of women in financial decision making has progressed slowly with only 13% contributed by the project towards adoption. This slow growth is largely affected by the culture where women do not have a strong voice in financial decision making in HHs. Another area where the project has recorded 100% of success is in the training of farmers in business management. The lead partner AFARD reported that all the targeted 5000 farmers were trained. This was through 691 training sessions that were conducted in VSLA, IGA-SPM and financial literacy in the 6 districts by the 200 VSLA mentors. It is also evident that the project has been able to achieve 100% of the target for the registration of VSLAs.

The mentors have also been supporting in training members in different areas of business namely VSLA principles and best practices, visioning and goals setting, leadership and elections, budgeting, social fund, agro-input, savings, loans and interests, constitution development and record keeping.

With the increased farmer capacity in different farming business areas on and off the farm, the project has made a direct contribution of 51.8% contribution towards incomegenerating activities (IGAs).

# 3.2.4 Impact of the Production Component

Increase in HH incomes

Table 10: Incomes from the enterprises

Commodities	Total Income	Value added (Based on Living Income study)	% of contribution
Beans	7,747,600	1,620,500	21
G-Nuts	9,578,408	6,475,500	68
Poultry	10,942,149	1,930,200	18
Soya Beans	7,353,075	1,270,500	17
Onions	5,064,001	8,877,500	175
Irish Potato	9,407,467	6,075,250	65
Apiary	9,452,675	3,577,500	38
Tomatos	6,800,000	3,290,400	48

With increased production where the project has helped farmers through improved seeds, GAPs and a positive attitude towards farming as a business, farmers have benefited by improving HH income. The project has specifically contributed to farmers' incomes from different commodities. The highest contribution was observed among onion farmers with a net contribution of 175%. This was followed by gnuts with a percentage contribution of 68%, Irish potatoes 65%, tomatoes 48%, apiculture 38%, beans 21% poultry 18% and soyabeans 17%. Onions have largely been grown in the Sebei region (Kapchorwa, Bukwo, Kween, Bulambuli, Sironko, Mbale), and south-west areas around Kabale, Kisoro, Kanungu, Rukungiri, Kasese, Rubirizi and Kabarole. Being new commodities in the region, the up has a big market with less competition. This has enabled the farmers to generate more income and it could be the explanation for the high percentage compared to the rest of the commodities.

In real economic terms, the absolute financial contribution was observed among onions (UGX. 8,877,500) followed by G-Nuts (UGX. 6,475,500) and Irish potatoes (UGX. 6,075,250). The least commodity is soya beans (UGX. 1,270,500). The project thus needs to support the commodities that are not performing well with more value addition, increased uptake and acreage. There is also a need for Marketing Committees to support all commodities and widen market horizons. This will increase the market base and subsequent volume of sales to attract income.

Table 11: Impact of the technical support received from the project by the farmers

		Frequency	Percent
The extent to which the support has been helpful	Just enough	185	31.6
	Not helpful at all	3	0.5
	Not so much	14	2.4
	To a very large extent	382	65.3
How the support changed	Increased food production	525	84.1
	Increased my knowledge about farming	547	87.7
individuals and	Reduced farm losses	304	48.7
household	Enabled farmers to specialize in commodities	171	27.4
Other areas of	Happiness among family members because of availability of food, enabled me to		

Majority of the beneficiaries (65.3%) who received support from the project found the support very largely helpful as 31.6% say that the support received was just enough. 2.4% and 0.5% representation of farmers revealed that the support extended never helped them so much whereas others found the support not helpful at all respectively.

87.7% of the farmers who received the support say they increased their knowledge about farming, 84.1% increased on food productivity as 48.7% and 27.4% of farmers reduced on-farm losses and got engaged in growing a specific commodity. The beneficiaries say that the support received also brought happiness among family members because of the availability of food, enabled them to diversify production, acquired improved knowledge on nutrition, and have learnt how to save. The project increased market accessibility through fostering linkages between smallholder farmers and market processors as planned as the majority reduced losses. It was also reported that after the support from the project, 77.9% of farmers started practising intercropping, 65.7% started mulching and 40.2% of farmers started practising terracing. This in the end contributed to the project's intentions of increased production of diversified food.

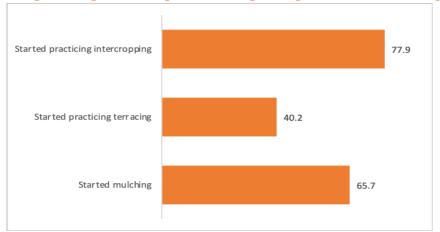


Figure 5: Agronomical practice changes adopted after technical support

A summary of impact indicators is presented below;

- iii. Impact of the technical support received from the project by the farmers: 77.9% of farmers started practising intercropping, 65.7% started mulching and 40.2% farmers started practising terracing. This in the end contributed to the project's intentions of increased production of diversified food and adoption of good agronomical practices that not only protect the soil and environment but also increase farm productivity.
- Impact of farm inputs: 87.8% of the beneficiaries who received the inputs iv. experienced an increase in the yields, 66.8% increased acreage, 52.2% and 47% of the beneficiaries improved on their harvest quality and reduced wastage of yields respectively.

v. *Impact of training in VSLA*: the training helped 99.3% of the beneficiaries to join FG VSLAs and this has increased savings and access to farming credit.

# Focus on Poultry farmers

Poultry in this project is a unique enterprise because it was the only livestock enterprise while the rest were in crop husbandry. The farmers under this enterprise have different challenges and needs for support. Thus, the project has been supporting them with paravet extensions services, supply of chicks and training.

The project has been supporting farmers with the development of trainer manuals on production, training peer-trainers and equipping trainers with tool kits. According to the project report (1/April – 30/June/2021), 101 Poultry Paravets and 42 Local Government extension staff were trained to represent 100% achievement of the target. According to the project plan, these trained peer trainers and LG staff will continue to provide technical training and backstopping to each of the 200 FGs in agroecology, poultry production and VSLA, financial literacy and IGAs.

According to the results, all the poultry farmers received chicks from the project and have been accessing training and extension support from paravets. This intervention has made a positive impact with 70% of the farmers reporting that they have been able to learn about the best practices of poultry keeping and this has reduced the deaths of young birds, improved the size and it has also helped them to use poultry feeds more effectively.

"The project poultry paravets helped me a lot. I have now improved the economic usage of feeds my birds are healthy, the death of birds has reduced"- Female farmer in Nyanza Village, Rogo parish, Wol, Agago District

"I have a bigger size of birds due to improved economic usage of feeds" – Male farmer in Lamola parish, Awali Wanglobo village, Odek, Omoro District

Some farmers are also reported to have benefited by using the poultry waste as manure for their gardens. For example,

"I use the waste of my birds to put in the vegetable garden and now we eat fresh vegetables and they grow very fast. The paravets were teaching us how to mix the manure in the soil. I have been teaching my children how to mix the waste as well so that they can help me when I am not around"- **Farmer in** 

Owile village, Rogo parish, Wol, Agago District

# 3.2.5 Efficiency of the Production Component

The project has largely been efficient especially in the following areas;

- i. The engagement of DINU District Focal Point Persons, District Production Officers, Sub County Agricultural Officers and Sub County Veterinary Assistants for implementation, monitoring and technical backstopping of the peer trainers and POs is an efficient approach because it has utilised their familiarity with the local communities and the understanding of their needs.
- ii. Working with peer trainers has reduced the project cost substantially. Compared

Page 18 of 82

to Danida funded NURI where for every 15 farmer groups there is an extension staff, overall, there would be for the 200 FG about 14 agricultural extension staff. Due to peer trainers, there are only 10 agricultural extension staff (saving worth UGX 480 million in salaries alone).

iii. Working with already established IPs reduced administrative costs e.g., rent at AFARD HQ

However, the areas of inefficiency were found out in the procurement of farm inputs where it has been found that because of COVID19, the prices went up and many suppliers had their supply chains grossly affected. Increase prices, for instance, affected other supplies such as irrigation kits because the money was spent on other inputs.

# 3.2.6 Sustainability of the Production Component

- i. According to the project plan, the trained peer trainers and LG staff will continue to provide technical training and backstopping to each of the 200 FGs in agroecology, poultry production and VSLA, financial literacy and Income Generating Activities.
- ii. The formation of VSLAs and training of Framer Group members in VSLA methodology, IGA-SPM, and financial literacy has fostered a saving culture among the farmers and this has created savings of up to UGX. 281,808,800. This will be useful because the farmers can now access affordable loans that they can use to finance their farming activities hence removing the barrier of limited access to agricultural credit for adopting farming as a business. It is already evident that farmers will borrow money from their VSLAs because, at the time of the MTE, there was a loan out of UGX. 250,013,000.
- iii. The participatory FG assessment has helped the farmers to develop their market potential of the FG's agro-commodities and build their capacity to continuously define the market share targets as well as highlight the FG's strengths and weaknesses and the type of technical support required to achieve its targets. This has helped to build internal FG sustainability because they are growth-oriented.
- iv. Training 125 apiary farmers from 5 FGs and providing them with additional training in income-generating activities of their choice including making soap, jelly, propolis, candle and garments is an intervention that will create more revenue streams hence creating more opportunities for business sustainability and bee product diversification. However, this activity is not yet implemented but being a planned activity, it is an indicator of sustainability planning.

# 3.2.7Lessons, challenges and recommendations

Lessons

• The role of VSLA mentors, paravets and ecological champions has been useful in accelerating the positive outcomes of the production component.

Page 19 of 82

 Coordination and collaboration of stakeholders such as the DHO, VHTs, DAO and others are important because it promotes administrative buy-in and minimises duplication of services and support for the farmers.

### Challenges experienced

- Disruptions in the implementation of activities because of the resurgence of COVID19 has affected FG activities.
- Low turn up of members for VSLA meetings.
- Limited resources to provide Irish potato groups with fungicides which are likely to affect yields due to disease infestation (early and late blight).
- The outbreak of diseases such as the Newcastle affected livestock productivity.
- The low colonization rate of the beehives distributed has affected apiculture yields. for example, the 1/April 30/June/2021 report indicates that only 472 out of 1,875 hives distributed this year have been colonized.
- Lack of commitment by some peer-trainers due to lack of motivation
- The absence of secondary or post-primary institutions in the sub-counties of Athuma and Kango in Zombo district forced the project to work with upper primary classes for its SRHR interventions.
- COVID19 affected input market engagement leading to direct procurement and distribution of inputs. This subsequently led to an increase in the cost of acquiring inputs.
- Weather variability and flooding of R. Nile affected production (from 2 to 1 production season, relocation of beneficiaries in Panyimur sub-county, disease especially blights and aphids for horticulture and Irish potato
- Input price hikes affected the ability to provide all anticipated inputs e.g., irrigation kits to horticulture FGs
- The Parish development model has restrictions on Cooperative formation (1 parish = 1 Cooperative) and these local governments have taken the preserve of Coop formation limiting CSO roles and engagement. This has affected the plan of the project.

#### **Recommendations**

- There is a need to strengthen the promotion of TIMPS adoption and support communities through local leaders and champions to improve family relations in accepting family members to use the land for farming.
- Provide more training about agroecological practices to facilitate uptake and adoption
- There is more need to strengthen intra-farmer group cohesion because it was found that the level of teamwork is still weak and this will affect their access to markets but will also slow down the formation of cooperatives.

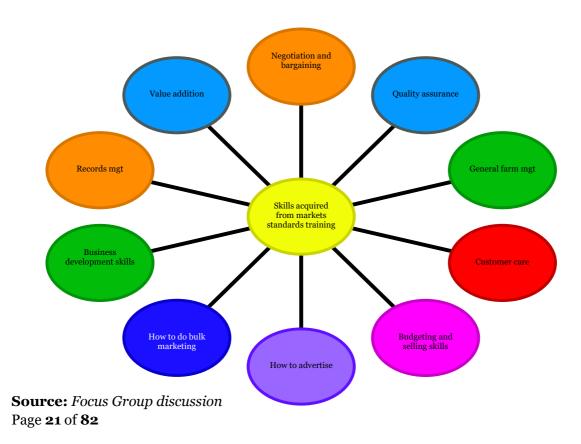
## 3.3 RA 2: Marketing Component

# 3.3.1 Context of the marketing component

This component of the project was mainly focused on increasing market access for the farmers under Result 2. The lead implementing partner for this specific component is Advance Afrika.

#### Access to markets and market information

The development of the agricultural value and supply chains only becomes sustainable when it is built on strong market systems. This implies that the farmers must have sustainable and reliable markets which are achievable if there is full access to reliable and valid market information on prices, availability of buyers, standards and quality of inputs. One of the core interventions of the ALENU project was to increase market accessibility through fostering linkages between smallholder farmers, agro-processors and market operators. According to the 1/April – 30/June/2021 report, 12 farmer markets training sessions were conducted reaching 540 farmers with 1 video documentary produced. This is expected to subsequently improve the practices of the FGs to meet the current market standards (which will improve the FG's competitiveness and market access). According to the evaluation feedback from farmers, all of them had access to training about marketing standards. The farmers reported that they have been able to acquire several skills as summarized below;



"They (project staff) taught us how to identify business ideas and how to calculate the start-up costs. I Can acquire a loan for Agriculture especially in hard times because I have been saving with my group"-

## Female Farmer from Amuru District

With the skills acquired from the training, the farmers have started writing business plans for their enterprises, started saving and others have started other businesses to supplement their farm incomes. This implies that there is a high potential for economic sustainability since outcomes such as investing in other non-farm businesses help to increase HH revenue streams and spread the risks.



Figure 6: Impact of BDS training

## Feedback from some farmers also indicated that;

"Before I attended training in marketing and record keeping, I did not know that selling in cups creates losses. After the training in record keeping, they told us to sell in kilos, not cups. Indeed, I now make more money because they were cheating me in cups" —

# Male Bean Farmer from CET Dyang, Zulume Parish, Athuma Sub-County, Zombo District

"After learning how to get market information especially prices, I have started making more profits because I do not just sell but I first look for the best price"

# -Female Gnut farmer from Awali village, Lamola parish, Odek Sub-County, Omoro district

According to feedback from Advance Africa, the project under Activity 1.2.1 has been fostering linkages between smallholder farmers, agro-processors and market operators.

Activity 1.2.1.1 has been driving the Formation of a pool of trainers to train farmers on market standards. Accordingly, the Action procured 26 market standards concerning codes of practice, specifications, and standards under the

partnership with the Uganda National Bureau of Standards (UNBS). The procured standards have been simplified, produced in local languages (Acholi, Alur and Jonam) and reproduced into IECs- brochures, posters and booklets which will later be used to conduct the training of farmers on market standards as well as for easy use by the farmers, market actors and project team.

The standards and quality control of the IEC were discussed with the guidance of technical staff from UNBS including actors from Applied Agribusiness Innovations, Chemiphar Uganda Ltd, Consumer Education Trust, East African Basic Foods Ltd, House of Dauda, Kyambogo University, Makerere University, School of Agricultural Sciences, Makerere University, School of Food Technology, Nutrition and Bio-Engineering, Ministry of Agriculture, Animal Industry & Fisheries, Department of Entomology, Ministry of Trade Industries and Cooperatives, Nakku Food Safety Consult Ltd, National Agricultural Advisory Services, National Agricultural Research Organisation, Ugachick Poultry Breeders Ltd, Uganda Fruits and Vegetable Exporters and Producers Association (UFVEPA), Uganda National Farmers Federation (UNFFE), Uganda Poultry Breeders Limited.

# 3.3.2 Relevance and appropriateness of the marketing component

- The intervention of supporting farmers with value addition, access to markets and training them about market standards is very relevant to the Agricultural sector development strategy of Uganda. This is because the government is currently focused on fostering value addition and promoting the competitiveness of Uganda's products within the East African region and the Africa Free Trade Area.
- With the increased desire to minimise postharvest losses, the project is very relevant for the farmers especially increased capacity to adopt farming as a business, learning how to comply with market standards and value addition.

## Partnerships/collaboration/integration

The project has engaged with different stakeholders from government, research and educational institutions as well as other private actors (Applied Agribusiness Innovations, Chemiphar Uganda Ltd, Consumer Education Trust, East African Basic Foods Ltd, House of Dauda, Kyambogo University, Makerere University, School of Agricultural Sciences, Makerere University, School of Food Technology, Nutrition and Bio-Engineering, Ministry of Agriculture, Animal Industry & Fisheries, Department of Entomology, Ministry of Trade Industries and Cooperatives, Nakku Food Safety Consult Ltd, National Agricultural Advisory Services, National Agricultural Research Organisation, Ugachick Poultry Breeders Ltd, Uganda Fruits and Vegetable Exporters and Producers Association (UFVEPA), Uganda National Farmers Federation (UNFFE), Uganda Poultry Breeders Limited). This is a strong precursor for sustainability and management of project lessons to cascade to other farmers.

# 3.3.4 Effectiveness of the Marketing Component

Table 12: Evaluation of project contribution and effectiveness

Results & Activities	Key Indicators	Baseline	Project Target	MTE	Project contribution
Activity 1.2.1  – Foster linkages	% of farmers linked to other VC actors (disaggregation by actors types and sex)	Not captured	75%	Not yet in	nplemented
between smallholder farmers, agro-	% of smallholder farmers with knowledge on at least 3 innovative market information technologies	6%	80%	100%	94%
processors and market	No. of value-addition activities facilitated	4	10	4	4
operators	No.of BDS supported/facilitated	7	200	Needs ass	essment conducted
Activity 1.2.4  - Assess and identify	% of smallholder farmers with access to viable agricultural markets	Not captured	60%	33%	33%
market opportunities and product	% of smallholder farmers who are adding value to their crop products	14%	50%	54%	40%
niches	% of smallholder farmers who have sold any of their produce through collective marketing/bargaining	5%	20%	95.1%%	90.1%
	No. of producer organisations formed.	184	200	0	Not yet implemented
	No of the Value chains defined and supported	0	6	4	Developing linkages

The largest contribution of the project was observed under the smallholder farmers with knowledge on at least 3 innovative market information technologies at 100% level. Another indicator that has recorded a high level of effectiveness is smallholder farmers who have sold any of their produce through collective marketing/bargaining at 95.1%. This success is attributable to the role of marketing committees and the usage of smartphones that were offered. This was followed by smallholder farmers who are adding value to their crop products at 40% attributable to the training and market standards training and translation in different local languages. For example, the action has successfully supported and trained 125(82F, 43M) FG members promoting apiary enterprise. The support focused on technical assistance to gain access to improved hive technologies and equipment for production and processing (KTB and Langstroth hives) and train them on venom harvesting, processing and packaging.

Value addition, the action has supported 4 value addition activities for selected Commodities including Processing – processing, Packaging, Storage and Standards / Quality control. Value addition is reported picking up due to training by BDOs, provision of value addition machines by the project (40% ALENU contribution). On the Page 24 of 82

other hand, the % of smallholder farmers who have sold any of their produce through collective marketing/bargaining was found at 95.1% with a project contribution of 90.1%.

Some activities were supposed to be executed but at the time of the MTE, these activities were not yet implemented. They include;

- Training on market standards was planned for but not yet conducted. However other processes like pretesting of the standards and approval process are still ongoing.
- The formation of producer Groups is not yet executed. However, this is not yet implemented and an assessment has been done and areas on support have been identified including leadership and governance, market orientation, land rights and awareness to strengthen the FGs into a strategic orientation and prepare them to graduate into a producer group or integrate into existing cooperatives.
- Collective marketing and bulking-This is currently being implemented and going forward and aspects around collection points, calculating market margins, understanding buyers in the market will be emphasised during training sessions and follow-ups.
- Joint district monitoring.

# Status of marketing committees

The formation of marketing committees was supported with training and equipping the Marketing Committee Members with IT devices to digitally collect and exchange market information. The purpose was to enable them to optimize the dissemination of relevant market information to farmers and the flow of information in general. Subsequently, this would support the sales and payment processes and the communication flow with Extension Officers and relevant buyers and input suppliers. The training for marketing committees was intended to impart knowledge on the collection, analysis, use and dissemination of agricultural market information, as well as on existing software applications that enable access to market information.

According to the 1/January - 31/March/2021 project report, 500 Marketing Committee members were identified and trained of whom 200 committee members were equipped with smartphones (IT devices) to digitally collect and exchange market information among FG members. The Marketing Committee members were equipped with smartphones, facilitated to the collection of market information including prices, the quantity of commodities, availability of the commodity from 43 main markets mapped within the 12 target Sub-Counties and neighbouring market sites in Northern Uganda. The information collected comprises prevailing market prices, quantity and type of available commodities and level of demand and supply which are uploaded on the

FarmGain app for analysis and dissemination to farmers and potential buyers.

It should be noted that access to market information and linkages does not necessarily translate to sales and access to supplies. However, feedback from the farmers indicates that access to information about markets has enabled them to negotiate for better prices, improve the handling of their harvests because of quality assurance and access other farmers for peer learning.

#### Feedback from AA indicates that;

From activity 1.2.1.3 the main interest was to form marketing committees, train and equip Marketing Committee Members with IT devices to digitally collect and exchange market information

Accordingly, a total of 996 (406f, 590m) MCs have been trained under the action on Market information. The MCs were taken through understanding market information, how to collect and exchange market information (using smartphones and existing software applications (FarmGain Market information application) for digitally collecting and exchanging market information. They were trained on how to collect commodity prices from both major and sub-county markets in their locality, as well as the use and dissemination of agricultural market information. The training was facilitated by consultants from Farm Gain Africa, specialists in market information.

The action procured and distributed 400IT devices to 400(93f, 307m) market committees. Out of those 386(86f, 300m), active MCs have consistently continued to pick data from 40 markets across the project districts. They have been facilitated with transport and internet data on prices, quantity, and availability of commodities. The MCs have continued to exchange and engage on the WhatsApp platform to share experiences, challenges and updates to BDSO as well as direct linkage to FarmGain. They have demonstrated a good understanding of their role by providing information to FG members, approaching and negotiating good prices with potential buyers.

Under the action, an MIS application has been designed and developed with the support of FarmGain. MCs can collect and upload data onto the FarmGain app. Through this innovation, monthly analytical reports demonstrating trends of the prices for the action commodities are now being extracted, this information is being disseminated by the MCs to FGs.

From the MTE findings, 97.6% of the farmers were aware of the roles played by the marketing committees as the minority of the members represented by 2.4% never knew the committees' roles. The majority (85.3%) of the Farmers knew the roles of the committees, 67.6% said the committees' roles are to collect market information, 55.1% said the committees are elected to mobilize farmers, other roles of the committee listed by the farmers included training members in farming practices, advocating for members of the farmer group services, negotiating prices of products on behalf of members, updating market information systems, fostering quality of the produce, securing market data on behalf of the farmer groups, supporting members with post-harvest handling services and information and extending Support to members with bulk marketing services among others.

Table 13: Roles of a marketing committee and their impact

	Mobilizing farmers
	Training members in farming practices
	Advocating for members for services
	Searching for markets
Role of Marketing	Collecting market information
committees to farmer	Negotiating for members
groups	Updating market information system
	Fostering quality
	Providing security for market data
	Supporting members with post-harvest handling
	Supporting members with bulk marketing

Table 14: Impact of marketing committees

Have increased access to markets	526	84.3
Facilitated access to market information	579	92.8
Training in quality assurance has improved the prices	258	41.3
Building farmer links and networks has increased access to farming role models and peer	193	30.9
advisory		1

#### Access to smartphones

All the marketing committees have smartphones. This has helped those without smartphones to access information through their marketing committees. On top of the project smartphones, it was established that 34% of the farmers had personal smartphones. For farmers without smartphones, the two most prevalent reasons were lack of affordability and lack of knowledge on how to use them. Thus, as part of technical backstopping, the project's field team can expand on the means of information sources like Radios, sub-county notice boards and the use of brochures.

Table 15: Other ways through which farmers access market information

Market information channels	Frequency	Percent
Through extension workers	256	41.0
Through marketing committee	593	95.0
Private companies	49	7.9
Direct from project staff	237	38.0 16.2
Other NGOs	101	16.2
Radio/TV	174	27.9
Other Sources	Fellow farmers, going to n	narket to ask about prices

Most farmers represented by 95% accessed market information through the marketing committee, 38% got the information from the project staff, 41% of the farmers accessed market information through extension workers, 27.9% accessed information from Radios/TVs as farmers who accessed market information through private companies and other NGOs are represented by 7.9% and 16.2% in the table above. Farmers also accessed market information from fellow farmers, physically visited marketplaces to get price-related information, and received information through health workers and using

## their cell phones.

# **3.3.5** Impact of the Marketing Component *Marketing committees*

When asked about how the marketing committee had helped farmers, 92.8% said they got access to market information through the committees, 84.3% easily accessed markets, whereas 41.3% and 30.9% trained in quality assurance, built farmer links and networks respectively. This implies that the extension workers of the project reached the ground and created a big impact in achieving the objectives of the project. As seen under the production component farmers under different commodities have been able to increase production and access to markets. This has led to an increase in revenue with the project contribution of 175% for onion farmers, 68% for gnuts, 65% for Irish potatoes, 48% for tomatoes, 38% for apiculture, 21% for beans, 18% for poultry and 17% for soyabeans.

## Access to sub-county markets, training and learning visits

This involved Organizing and promoting sub-county farmer markets. Feedback from AA indicates that the action has promoted 12 Sub-county markets which provide direct market to the beneficiaries and the action's commodities. A total of 197(M:90, F:107) beneficiaries were supported with transport and market dues to be able to access these markets.

Results from the MTE indicate that the project was engaged in organizing training and promoting sub-county farmer markets. The purpose was to better tap into local market opportunities and further promote the nutritional value of the products. The training involved farmers sharing their experiences. 65.4% of the sample had taken part in sub-county training while 34.6% had not participated in the training. According to feedback, the training has helped farmers in different ways. For example, 30% of the farmers increased their farmer networks, 27.2% of the farmers acquired more marketing knowledge, 38% got skills on how to increase their farm yields, learnt better farming practices, and accessed inputs from the sub-county that supported them in farming. However, the plan for sub-county markets was affected by the COVID19 lockdown which stopped markets.

## *Learning visits to model farmers and private sector actors*

The project has been facilitating exposure visits to lead farmers for the beneficiaries to understand and appreciate the best practices of model farms and private sector actors under activity 1.2.1.5.

This was intended to allow farmers to experience the benefits of good practices and models in practice, in areas such as post-harvesting, use of local cultures, processing and value creation, certification, branding, benefit-sharing (integrative business models) and governance. The visits were also expected to connect the Farmer Groups with relevant actors in their agricultural value chains and to improve the exchange with

them and enable fruitful partnerships to be formed.

According to AA, Two (2) exposure visits to Lango Sub-region were organized targeting 135(F: 24, M:111) beneficiaries who were linked to private actors in poultry farming and agro-processing. The participants included selected Lead farmers (from both year one and year two FGs), Sub-County extension officers and Project Officers. The objective of the visit was to foster linkages between smallholder farmers, agro-processors and market actors within the value chains. The visits aimed at production (agronomy) and markets (Value addition) of grains (soyabean and beans), tomatoes, onions and local poultry. Three actors specialized in production (agronomy), local poultry and grain processing were identified and visited, Ngetta Zonal Agriculture Research Institutes (ZARDI), Akolodong mixed farming-a private poultry farm and OTIS seeds respectively.

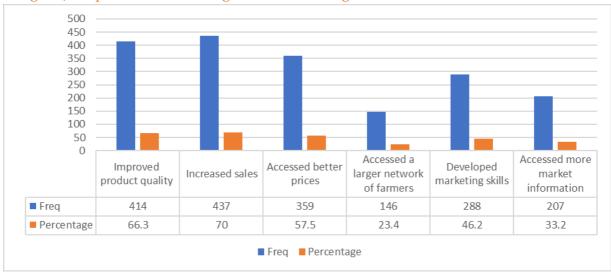


Figure 7: Impact of the marketing standards training on the farmers

Findings showed that 70% of the beneficiaries who attended the training increased sales, 66.3% improved the quality of their products, 57.5% started selling their products at better prices, 46.2% developed new marketing skills as 23.4% and 33.2% started accessing a larger network of farmers and easily accessed more market information respectively. The objectives under activity 1.2.4 which were focused on assessing and identifying market opportunities and product niches along the stages of the value chain and facilitating market exchanges and contractual agreement was a success were achieved.

## Impact of model farmers

Lead farmers have been exposed to network works that have been fostered with the private actors hence linking them directly to the actors. Secondly, during the visit, each of the project districts received items like PICS bags, brochures, information leaflets to continue aiding their learning and demonstrations after the visit. Thirdly, they learnt new experiences on how other regions do the managements of the selected enterprises like poultry, postharvest handling of soya, beans, tomatoes and onions which they can Page **29** of **82** 

use to increase their benefits in farming. And lastly, the activity increased visibility for the action in the Lango sub-region and among the actors which are good for the beneficiaries for future opportunities.

Table 16: Impact of visits to model farmers

		Frequency	Percent		
Farmers that participated in visiting	No	461	74.5		
model farmers	Yes	157	25.5		
	Accessed more knowledge on farming				
	Accountability for any outcome is impo	Accountability for any outcome is important in farming			
	Acquired many skills in agriculture such as using pesticides				
	Connection with customers, suppliers and other organizations				
Lessons learnt from model farmers	Advice from the model farmer about how to expand				
	Agricultural mechanization was something I learnt and liked				
	Agronomic practices such as spacing, postharvest handling				
	Application of fertilizer to enhance soil fertility				
	Being organized and farming practices				

25.5% of the farmers had participated in programs where farmers learnt from model farmers. It was further found out that majority of the farmer-beneficiaries had visited model farms while 25.5% of the farmers had never visited model farms. For the 25.5% of the farmers who had visited model farms, it was found that they acquired more knowledge on farming, learnt to carry out accountability for any outcomes, easily accessed adequate labour force and capital, linkages with customers, suppliers and other organisations, got farming advice from the model farmers, got Agronomic practices training, got advice on how to apply the fertilizers to enhance soil fertility and better farming practices to enhance better yields. More so, more model farmers should be sited out to increase their service accessibility.

It was also found that as a result of sub county visits and other model farmers, the beneficiaries have been able to access farming and marketing networks. This facilitates peer learning and helped to establish 24 links with potential buyers in the market through transacting and exchanging contacts for future transactions. As a result of the action, there has been increased awareness of the project through radio programs, engaging key stakeholders like market regulators, MCs and Local government technical personnel.

Table 17: Initiatives of improving quality of products

		Frequency	Percent
Are there initiatives to improve the quality of your	No	142	23
products	Yes	476	77
Have you been certified by UNBS	No	564	91.2
Have you been certified by ONBS	Yes	54	8.8
Do you have a contract with a private company	No	612	98.7
Do you have a contract with a private company	Yes	6	1.3
Company	Cidanakazi, G.	ADCO	

76.3% of the farmers interviewed had started processes of improving their product qualities while 23.4% had not yet started the process. While it is not mandatory to have all the commodities certified by UNBS, the IP has been working with UNBS to support farmers with certification especially those in value addition. It was found out that the majority of the farmers' products (91%) were not certified by UNBS while only 8.7% had finished the certification process. When asked about having a contract with any private company, the majority of the farmers (98.7%) said they had contracts with Cidanakazi and GADCO where they mostly sold their produce. This implies that the farmers have been able to access markets with private companies and this was the main purpose of developing strong market systems. The table above clearly shows how the project successfully achieved its work plan target of assessing and identifying market opportunities and product niches and facilitating market exchanges and contractual agreements. It also implies that project intervention is sustainable because the private companies have created the market for the farmers which reduces risks of loss whilst improving quality standards

It was established that only 6 farmers were engaged in formal contracts with private companies; the majority of whom were in poultry (3 farmers) and the rest of the enterprises had only one farmer except for gnuts and tomatoes that had no farmer engaged in a formal contract with a private company. Farmers said that through the contracts engaged in, they were able to get access to stable markets, access to better product prices, technical support, access to better farm inputs, increased sales and improved their farming skills.

Farmers reported the reasons for not engaging with private companies into formal contracts to include the following;

- i. Delays in payment
- ii. Poor prices
- iii. Poor communication
- iv. Lack of transparency and honesty about prices
- v. Conflict resulting from failure to pay

While there are challenges with formal contracts, the project needs to encourage farmers to appreciate them because they have more economic benefits than costs. Some of the benefits include technical backstopping, assurance of market, access to better farm inputs and the ability to use the contracts to access farming loans.

# State of value addition and market linkages among the farmers

Under activity 1.2.4, the focus was on the assessment and identification of market opportunities and product niches along the stages of the value chain. The activity also

involves the facilitation of market exchanges and contractual agreements.

## Feedback from AA indicates that;

Four commodities under the action have been supported in value addition activities as described below:

The action has successfully supported and trained 125(82F, 43M) FG members promoting apiary enterprise. The support focused on technical assistance to gain access to improved hive technologies and equipment for production and processing (KTB and Langstroth hives) and trained them on venom harvesting, processing and packaging.

Through AA, the action has supported 4 value addition activities for selected Commodities including;

- Processing (farmers received processing equipment such as manual shellers (32) and motorised groundnut shellers (2), Langstroth modern hives (120), Honey extractors (3), Honey processing tanks (5) and other accessories, Bee venom collectors and value-added items for soap, jelly, candles, propolis tincture and making protective wear.
- Packaging- supported farmers with airtight buckets. (625 airtight buckets to apiary farmers).
- Storage- farmers were given Purdue Improved Crop Storage (PICS) bags-2925 PICs bags to grains producing groups (Soya beans, beans and groundnuts).
- Standards / Quality control- each of the 200FGs received certified UNBS Hanson and Counter weighing scales (200 Hanson weigh scales and 200 counter weighing scales).

# *Impact of the value-addition activity on the farmers*

The majority of the farmers at 52% had no mechanisms created as almost half of the farmers interviewed (48%) had started branding their products, and adding preservatives among others as a way of adding value to their products. The move to add value to the products was a good one and well received by the farmers but it was found out that it was costly as a large number of farmers could not manage it.

To increase uptake in value addition and subsequently attract more sustainable private companies to support the farmers, there is a need to build more capacity across all the commodities and support them with equipment to facilitate value addition.

Table 18: Farmers involved in postharvest processing

		Frequency	Percent
Farmers involved in postharvest processing	Yes	432	70
	No	186	30
If yes how	Drying Winnowing and rebranding		
	I spread it in the store on the grou	ınd	
	Sorting, and selection		
	Adding preservatives		
	Proper drying		

According to feedback from AA, activity 1.2.1.2 of the log frame was used to provide FGs Page 32 of 82

with additional business development services (BDS). A participatory FG assessment was conducted on 100FGs formed in year one assessing the capacity of the groups after a full production cycle. The findings of the FG's needs were compiled and shared with potential BDS providers including suppliers, processors, buyers and financial institutions which were identified to offer tailor-made BDS and technical support. These needs have continued to inform areas of support and ongoing BDS to the FGs. In addition, an assessment on the capacity of FGs to undertake Potato Processing and Value Addition was conducted in Nebbi and Zombo districts. The assessment pointed out the training areas in post-harvest handling, processing, and food safety to support the FGs on as well value addition

Table 19: State of market linkages

		Frequency	Percent	
Is there market linkages	No	461	74.5	
with key customers?	Yes	157	25.5	
	After harvest phone calls are made to potential custor verify the quality they need	After harvest phone calls are made to potential customers then they respond to		
	Alerting the buyers when products are ready			
How the limber and work	Calling them to come and buy from home			
How the linkages work among the ALENU	Calling them to me inform them of the availability of the product and the price			
farmers	Coming to the homes saves transport			
latillets	Communication before harvest after identification of prices			
	Communication before harvesting			
	Connection through marketing committee			

The research findings showed that the majority of the farmers at 74.5% had no market linkages as a less number represented by 25.2% were linked with their customers. The linkages were done in ways that after harvest, phone calls were made to potential Customers to specify the quality and quantity of products they wanted and bargain the prices, agree on the transport mechanisms of the products and which party to meet the transportation costs among others.

#### *Impact of the marketing component*

- vi. The project has been supporting farmers with access to markets and market information in various ways namely; creation and development of FGs, marketing committees, model farmer visits, sub-county markets and training in marketing standards. this has impacted the farmers in the following ways;
  - Increased market accessibility through fostering linkages between smallholder farmers and market processors as planned as the majority reduced losses.
  - o Impact of the marketing standards training on the farmers: 70% of the beneficiaries who attended the training increased sales, 66.3% improved the quality of their products, 57.5% started selling their products at better prices, 46.2% developed new marketing skills as 23.4% and 33.2% started accessing farmer networks.

- Access to markets where 6 of the farmers said they had contracts with Cidanakazi and GADCO where they mostly sold their produce. While the number is small, it can grow if the quality and quantity keep improving.
- vii. Increase in the percentage of HH with income-generating activities (IGAs) from 25% to 76.8% which is a significant impact. Generally, the level of income has increased by 32% with an average direct contribution of UGX. 4,431,825 Focus group discussions with farmers revealed that the impact of COVID19 affected farmers, access to markets while others were unable to access supplies for farm inputs and this affected their productivity.

## 3.3.6 Efficiency of the marketing component

- Conducting a needs assessment before enrolling farmers for BDS was a relevant approach because it helps to focus on the specific needs of the farmers and leads to efficiency.
- Other key success factors include;
  - Strategic partnerships with both Government (UNBS, Ngetta Zardi, District LGs) and private actors including among others Farm Gain Africa, Otis seeds, Beehouse, and research institutions.
  - o The approach under R2 of market system development and Value chain approach focusing skilling the farmers to make them perform better in the market through training and value addition on their products.
  - o The willingness of the private actors involved to support and collaborate with the farmers for example GADCO has shown interest to support soya beans with value addition, Totco U Ltd is interesting in contract farming with the farmers, Bee House trained the apiary FGs on bee venom collection and willing to buy off from the farmers, Centenary bank approaching the Consortium to understand the project and how they can partner on the aspect of finances among others.
  - o In addition, there is improved mindset positive change of the farmers towards the practices and approaches they have been introduced to under the action as well as change in their behaviours. For example, in Amuru some of the FGs have started to engage constructively and brainstorm on ideas to improve how to sell collectively, Winyeber FG, Wanenanyim FG have all set minimum targets for bulking for each member at 1 bag of 50KGs starting December this year.
  - o Experiential learning and reflection among the consortium members.
  - There has been continued support from the DINU FPs who have engaged with DLGs in monitoring activities and giving feedbacks to partners on project progress.
  - The translation of IEC into local languages will improve the coverage of readership as well as ease of interpretation

Feedback from AA indicates that a lot of linkages have been formed and created with the different public, private and market actors under the different activities. This will build sustainable relationships where farmers can continue to access market linkages

# 3.3.8 Lessons, challenges and recommendations

Lessons

- The involvement of government and private stakeholders in supporting farmers accelerates access to markets as well as meeting the accountability needs of the government and civil society.
- The role of marketing committees in the development of farmer market systems is sensible because these committees play a key role in building Farmer Group cohesion whilst helping them access important market information.
- To transform farmers from subsistence mindsets, there is a need to develop their skills concerning standards and increase their knowledge in BDS and value addition.

## Challenges

The implementing partner reported the following challenges

- Bureaucracy, unforeseen and lengthy procedures followed under certain activities like the training of farmers in market standards require the action to comply with UNBS requirements on those standards.
- Farmers prefer quick sales compared to selling collectively which affect the target on collective marketing and threatens the opportunities for FG and Cooperative formation.
- COVID-19 and restrictions on movements have created uncertainty on planning under the act.

## **Recommendations**

- Strengthen linkages and partnerships with private actors to sustain the project. However, farmers need to ensure consistency in production quantities and quality or standards provided.
- Collaboration between peer structures created under the action and the Lower Local Government technical staff need to be strengthened in order to facilitate sustainable backstopping of extension support and market linkages for the farmers.
- Farmers have to be mentored to appreciate and own the project for purposes of continuity after the partners withdraw from the project. This will need to involve mindset change towards farming as a business.
- ALENU needs to draw a clear exit plan and hand over the successes to the DLG who will continue to monitor and supervise the equipment procured and given by the project. This is because the DLG and other Local Councils have the mandate

Page 35 of 82

- to support agriculture and build sustainable market systems, especially with the new parish development model.
- Need to foster mindset changes towards early adoption of agricultural technologies such as digitalising agriculture and digital marketing to farmers, private actors and government staff.
- There is a need for fastracking Joint District Monitoring across the project areas. This will build cohesion among the beneficiaries and also develop a critical mass of farmers with experience in market systems development for each of the commodities.
- Need to support "weak" commodities such as tomatoes. While the uptake is still
  low, tomatoes have a wide and competitive value chain such as tomato sauce and
  other products.

## 3.4 RA3: Health and Nutrition Component

# 3.4.1 Context of the Health and Nutrition component

This component was about developing and promoting community-based nutrition initiatives including micronutrient supplementation & deworming, promotion of maternal and young child feeding practices, hygiene and sanitation and child. Another key activity was to increase the use of effective family planning methods with the aim of decreasing the number of teenage pregnancies and increasing child spacing which address both nutrition and population growth issues.

The lead implementing partner for this component is GWED-G and was performing the following key roles.

- i. Providing technical assistance in improving the health and nutrition status of the farmer HHs in the action.
- ii. Coordinating with District, MoH and other Implementing Partners in leveraging improved maternal health outcomes of ALENU beneficiaries.
- iii. Building the capacity of health workers, VHTs, Project staff to better implement the objectives of the action.

The main activities under this component include Developing and promoting community-based nutrition initiatives including micronutrient supplementation & deworming, promotion of maternal and young child feeding practices, hygiene and sanitation and childcare under which other activities focus on empowering 48 cultural and religious leaders to conduct community sensitization with IEC materials to use in their platforms and to conduct community dialogues on key project thematic areas of family planning, nutrition, and WASH. According to project reports, all the 12 sub-counties have been provided with talking points (Information, Education and Communication materials- *IEC*) on natural family, nutrition, and WASH to conduct dialogues with 35,000 targeted community members from 5,000 target HHs. The purpose was to increase the use of effective family planning methods with the aim of decreasing the number of teenage pregnancies and increasing child spacing which addresses both nutrition and population growth issues.

This intervention was supported by training of VHTs on family planning and the provision of community-based family planning services.

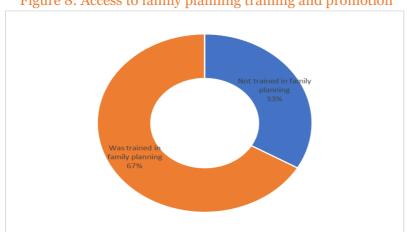


Figure 8: Access to family planning training and promotion

One of the partners (UCMB) has been supporting the project with family planning promotion and training adolescents and women in family planning. Accordingly, it was found out that 66.6% of the respondents had received training about family planning in the previous year while 33.4% had not received family planning training as some were above the age bracket for family planning Practices, others said they were not married as others said they were widowed.

Table 20: Participation in community dialogues on family planning and GBV

		Frequency	Percent	
Participation	Never participated	380	61.5	
rarticipation	Participated	238	38.5	
	Advice on managing family planning			
	Advised parents on how to handle and manage their children			
	Discussion about Alcoholism and Conflict management			
Activities in the	Family conflict management			
dialogues	Discussion about antenatal care Family planning			
ulalogues	GBV case identification, causes and effects of GBV			
	Causes of GBV and where to report if violated			
	Causes of GBV Effects of GBV Communication between couple	es		
	Child care Managing and gender inequality			
Reasons for non-	Never received information about the dialogue			
participation in	A few people were selected only women of child-bearing age were called for family planning			
dialogues	training			

The majority (61.5%) of the beneficiaries never participated in community dialogues on family planning and GBV in the previous year as a low number of respondents at 38.5% participated. The majority who never participated gave reasons for not taking part as they were not aware of the activity, others said that a few people were selected as only a few women who were in the age bracket required to attend the training. Activities in the dialogues/training included receiving advice on family planning management, acquired knowledge on how to handle and manage their children, skills on solving Family conflicts in case they arise, Guidance on Antenatal care practices, learnt Case identification and Ranking, beneficiaries were also guided on the Causes of and effects of GBV, directed on the channels to follow in cases of GBV victims and the beneficiaries were also educated on better child care practices and how to solve gender inequalities.

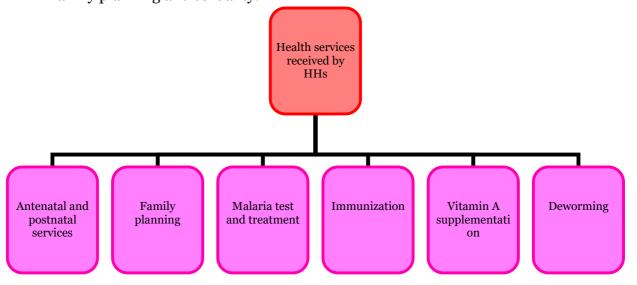
Table 21: How people got information about the dialogues on FP and GBV

Value	Frequency	Percentage
Through VHTs	586	94.8
Through home visits	340	55
Through farmer groups	253	41
Through radio/TV	147	23.8
Through phone calls	23	3.7
Though brochures	22	3.6
Through social media	8	1.3

The majority of the beneficiaries (94.8%) received information through VHTs, 55% through home visits, 41% through farmer groups, 23.8% through radio and TV programmes, 3.7% through phone calls, 3.6% through brochures and 1.3% through social media. It was also noted that beneficiaries received communication about community dialogues on family planning and Page 38 of 82

GBV dialogues from ALENU project staff, Health workers, Maristope Uganda and group leaders. The findings also revealed that 66% of the beneficiaries were okay with the languages in which the dialogues were conducted.

Increasing access to prevention and curative health services at community level. This is
yet another key activity that involved community dialogues, home visits, health
education on good nutrition, WASH, and family planning. It also involved the mapping
and referral of pregnant women and children for health services in both static and outreach points during integrated health services. Community dialogues were also
conducted, engaging adolescent girls and boys on themes such as teenage pregnancy,
family planning and sexuality.

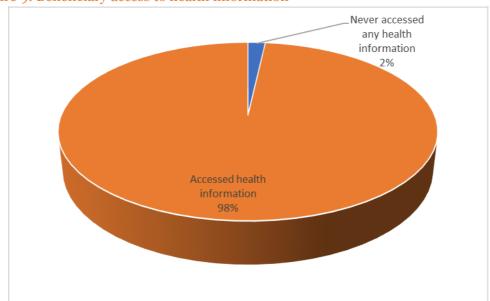


Under this subcomponent, the target beneficiaries were VHTs, children under 5, PLW, PLWHA (Persons living with HIV and AIDS) and the general community.

- Improving nutrition practices at HH level with a focus on the most vulnerable groups, PLW, and adolescents), (children o-59 months). This subcomponent focused largely on organizing mentorship and learning sessions on Exclusive Breast Feeding (EBF), complementary feeding, optimal infant and young child feeding practices for IYCF groups. The main beneficiaries under this target were vulnerable HHs with needs for Nutritional Assessment counselling, and cooking demonstrations as well as procurement of horticulture kits for 2,500 HHs. project reports indicate that this aspect of the project was not as successful as had been planned because of low attendance of PLWHA due to their preference to engaging in farm activities as well as due to COVID19 related restrictions on public gathering and movements.
- Organisation of HH hygiene and sanitation campaigns. This involved WASH assessment of the 5,000 targeted HHs by evaluating the WASH campaign conducted to 9055 people and the dissemination of results at district, sub-county, and community level in August 2021. Other campaigns aimed at home-based hygiene, group-level WASH sessions to minimize diarrheal diseases and the spread of COVID19 as well as

# improving WASH facilities.

Figure 9: Beneficiary access to health information



Results indicate that majority (98%) of the beneficiaries were accessing health information. The information was accessed through VHTs and was related to personal hygiene, personal health management, COVID19 prevention and nutrition. For pregnant adolescents and young mothers, the health information was also received from Uganda Catholic Medical Bureau and it was mainly about natural family planning practices. Those who had not received indicated that they were not aware of the sources and type of health information.

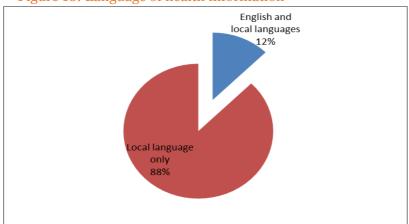
Table 22: Type and channels of health information received

		Frequency	Percent
	Family planning	443	71.0
	Nutrition	592	94.9
Type of health information	Reproductive health	305	48.9
Type of fleatth information	Child health	378	60.6
	Water and Sanitation	481	77.1
	First aid	83	13.3
	Through home visits by the project staff	347	55.6
	Through VHTs	592	94.9
	Though brochures	24	3.8
Media/channels of communication	Through radio/TV	151	24.2
	Through phone calls	22	3.5
	Through social media WhatsApp & Facebook	7	1.1
	Through farmer groups	257	41.2

When asked what the received information was about, 94.9% of the beneficiaries said they received nutrition information, 77.1% received sanitation-related information, 71% received family planning information whereas a few of beneficiaries received first aid information, reproductive health information as represented by 13.3% and 48.9% in the table above. Other information received was on child health as represented by 60.6%.

It was also found out that the majority (94.9%) of the beneficiaries accessed information through VHTs while 55.6% accessed information from project staff who conducted home visits, 41.2% accessed information through farmer groups whereas the minority beneficiaries accessed information through social media, phone calls and brochures as represented by 1.1%, 3.5%, and 3.8% respectively. This mode of communication using mixed methods was relevant and appropriate to the project beneficiaries since it provided alternative methods of accessing health information and it offers opportunities for wider access.

Figure 10: Language of health information



It was found out that most of the information represented by 88% passed on to the community was in local languages whereas 12% of the information was written in English and translated to the various local languages accordingly. There was effective communication as the intended users fully understood the information materials since it was in both local and English language.

Table 23: Sources of health sensitization information

		Frequency	Percent
Source of health information	Religious leaders	172	27.6
	Community leaders	318	51.0
	VHTs	546	87.5
	Other NGOs	149	23.9
	Others	Project officers and Hea	lth workers

The majority (87.5%) of the beneficiaries received sensitization from VHTs, 51% from community leaders, 27.6% from religious leaders and 23.9% from other leaders. Farmers/beneficiaries got more sensitization information from Project officers, Health workers, and Government health services. Indeed, the majority (99.5%) reported that the health information was beneficial as detailed in the table below.

• Support nutrition Governance activities. This included participation in meetings at district and sub-county levels aimed at engaging Health Teams, health partners and government stakeholders in information sharing and ensuring coordination. While the target of the project was 22 district meetings (DHT, DHMT, IP & another workgroup meeting) and 44 sub-county meetings, only 4 out of 22 district level meetings were held and none of the sub-county level meetings was held. The constraint to this was on movement restrictions but at the partner level, meetings were taking place.

According to MTE results, the nutrition sub-component's focus was on developing and promoting community-based nutrition initiatives including micronutrient supplementation & deworming, promotion of maternal and young child feeding practices, hygiene and sanitation and child care.

Table 24: Nutrition and Health specific interventions

		Frequency	Percent
Access to health support in	Not accessed	17	2.8
the last 2 years	Been accessing	601	97.2
	Received WASH items	533	85.4
	Receive health information materials and education.	277	44.4
	Training on nutrition	497	79.6
	Received nutrition supplements	205	32.9
Nature of health support	Treatment	117	18.8
	Training in family planning	303	48.6
	Access to family planning items	170	27.2
	Immunization	184	29.5
	Deworming	190	30.4

The majority (97.2%) of the sample were receiving health support from this project whereas only 2.8% of the respondents never received any health support from the project. For the nature of support, the majority (85.4%) of the beneficiaries received wash items, 79.6% received training on good nutrition, 48.6% received training in family planning, as others received health information and education (44.4%), received nutrition supplements (32.9%), treatment (18.8%), accessed family planning items (27.2%), immunization (29.5%) and deworming services (30.4%).

# 3.4.2 Relevance of the Health and Nutrition Component

The focus of evaluation under this aspect was to establish whether the project is doing the right things being done and whether the strategies answer the most urgent needs of the target beneficiaries under the Health Component.

- vii. Considering the nature of beneficiaries and activities of the project, the intervention is relevant to the nutrition and health needs of the target group because it addresses immediate needs about food security and nutrition.
- viii. The health intervention on family planning promotion is in line with the Government of Uganda's efforts to promote the women through health and justice. For example, the Ministry of health argues that family planning improves maternal and child health, facilitates educational advances, empowers women, reduces poverty, and is a foundational element to the economic development of a nation6. After all, according to the Population Reference Bureau (2020)7, more than one-quarter of married women in Uganda would like to delay or prevent pregnancy but are not using family planning.
  - ix. The project has also been very relevant because it has focused on one of the strongest impediments of the development of girls in education and health by supporting adolescents with sexual and reproductive health education. Reports indicate that the

<sup>6</sup> Ministry of Health, Uganda. 2014. Uganda Family Planning Costed Implementation Plan, 2015–2020. Kampala: Ministry of Health, Uganda.

 $<sup>7 \</sup>qquad \qquad \text{https://www.prb.org/resources/promote-national-development-by-releasing-domestic-resources-for-family-planning-in-uganda/}$ 

teenage pregnancy rate of 25% in Uganda is worrying. This is because young mothers risk poor maternal and child health, being isolated, attempting unsafe abortions, failure to continue with school, and poverty8.

Below is evidence that further confirms the areas of relevance;

- viii. The selection of beneficiaries based on vulnerability indicators by the Ministry of Gender, Labour and Social Development gave priority to 60% of the beneficiaries as women which is in line with SDG5, NDP III (Access to and utilization of health services)
  - ix. The project is relevant because it balanced diet and nutrition with the economic wellbeing of HHs by supporting farmers with the production of mixed production.

"Reaching the hard-to-reach villages like taking the services to the hard-to-reach area like training of VHTs, peer mentors in areas of hard to reach was relevant because the mainstream support from most actors does not consider people in remote locations"

- District Community Development Officer, Agago district.

- x. The timing of the project when the COVID19 lockdown was affecting adolescents that were locked at home and exposed to sexual violence. There was a dire need to guide the young people.
- xi. The project adopted a mode of communication that was based on mixed methods that were relevant and appropriate to the project beneficiaries since it provided alternative methods of accessing health information and it offers opportunities for a wider access
- xii. Health information was both in local and English languages hence catering for those who could not understand English
- xiii. Working with various social mindset influencers such as religious leaders, community leaders and local VHTs was appropriate because it fosters deeper community engagements. This is important because some areas of the health component such as family planning are affected by culture and religion.
- xiv. Community dialogues for out of school adolescent boys and girls on sexuality and family planning and provide health services. This involved promoting Social Behaviour Change for the prevention of teenage pregnancies through knowledge and adoption of good sexual and reproductive health practices.

# 3.4.3 Effectiveness of the Health Component

Under this evaluation area, the focus was on assessing whether the planned results are being achieved and the degree of success. The MTE also assessed whether the target groups have been well-chosen and systematically addressed. Part of the evaluation under this aspect includes the activities that would have been implemented but were not implemented and the reasons for the failure.

Table 25: Effectiveness of the Health Component activities

_			
Project action area	Target	Actual	Success

<sup>8</sup> Apolot, R.R., Tetui, M., Nyachwo, E.B. et al. Maternal health challenges experienced by adolescents; could community score cards address them? A case study of Kibuku District—Uganda. Int J Equity Health 19, 191 (2020). https://doi.org/10.1186/s12939-020-01267-4

		results	rate (%)	
Access to prevention and curative health services at community level				
Home visits conducted by VHTS	1,488	2,728	183	
Individuals reached through home visits by VHTs	10,413	11,263	108	
Dialogues held with adolescents	122	109	89	
Adolescents reached through community dialogues	3,642	1,900	52	
Dialogues held with PLW during IYCF sessions	34	43	126	
PLW reached through dialogues in IYCF groups	1,026	1,513	147	
Monthly mapping and referral of pregnant women conducted by VHTs	952	252	26	
Pregnant women mapped and referred by VHTs	952	944	99	
MAUC tape training sessions conducted by VHTs	200	156	78	
PLW reached through community dialogues conducted by VHTs	431	1,791	416	
Integrated health outreaches in 12 sub-counties	77	16	21	
People reached through nutrition mass screening	625	42	7	
Children 1-14 (reached with deworming and Vit A	4,454	4,265	96	
Cooking demonstrations conducted	60	13	22	
PLWHA & children 6-23 months referred to public HFs for further nutrition management	291	82	28	
Awareness raisings activities conducted to promote the use of local products	60	19	32	
Distribution of seeds and farm tools9				
Individual HH members reached through hygiene awareness campaigns	10,413	9,055	87	
Conducting community dialogues for out of school adolescents on sexuality & F	P and prot	viding heal	th services	
Out-of-school adolescents reached through the dialogues on sexuality and FP	1,519	409	27	
Adolescents provided with IHS (FP, MCH, malaria test and treat, HIV Testing	1,519	1,586	104	
Facilitating debating clubs and youth peer groups in public and private secondary schools				
Debating clubs were formed (Nebbi and Zombo)	12	4	33	
Adolescents were reached with SRH services in Pakwach and Panyimur	1,519	168	11	
HFs provided with moon beads	12	5	42	

While several successes have been recorded, some activities that were scheduled have not been implemented yet. They include Quarterly monitoring by District and LLG officials to project areas due to funding challenges. Strengthening the ambulance referrals system of the Districts has not been done due to no finances to facilitate fuel and SDA for health workers.

# Other areas of effectiveness assessment;

i. Conducting community dialogues on family planning and GBV through trained Government Health Workers, VHTs, and cultural leaders with couples in groups of 20-30 people. The focus of the dialogues was to cause behaviour change for increased demand and uptake of family planning methods and increased awareness on GBV prevention and gender roles within HHs. However, the last quarter report indicates that out of 146 planned community dialogues, only 1 (one) was conducted in Nebbi which is a very minimal level of achievement with a 0.7% level of effectiveness. This activity was constrained by COVID19 standard operating procedures of social distancing and restricted travel.

<sup>9</sup> hoes, watering cans, spray pumps, Eggplant seeds, Sukuma wiki seeds, black-eyed pea's seeds, African eggplants procured and distributed, Dodo (purple) seeds and okra seeds (pusa sawani).

- ii. Facilitating debating clubs and youth peer groups in public and private secondary schools to improve Sexual and Reproductive Health and Rights (SRHR) of adolescents (boys and girls) through peer clubs and debates. The activity reported some achievement although not optimal viz;
  - o 2 secondary schools identified in Nebbi (Erussi Senior Secondary School and Atego Seed Secondary School)
  - o 2 primary schools in Zombo (Ezoo and Mavura primary schools).

The reason for the poor performance was attributed to the closure of schools as a result of COVID19.

Table 26: Contribution of the project under the health component

Results and	Key Indicators	Baseline	Project	MTE	Project
Activities			Target		contribution
Activity 1.3.1 –	The proportion of women of Not captured		80%	0% 71%	71%
Developing and	reproductive age (pregnant,				
promoting	breastfeeding & non-pregnant)				
community-based	counselled on optimal breastfeeding				
nutrition initiatives	and complementary feeding				
including	practices.				
micronutrient	Proportion of children 6-23 months	Not captured	80%	84%	84%
supplementation &	reached through growth promotion				
deworming,	and monitoring				
promotion of	Proportion of infants breastfeeding	Not captured	70%	92%	92%
maternal and	within one hour of birth	•	,		
young child	% of HH practicing recommended	20%	50%	60%	40%
feeding practices,	WASH practices				
hygiene and	% of children & women dewormed	8%	80%	84%	76%
sanitation and	% of women, children & adolescents	7.95%	80%	78%	70.05%
child	supplemented with micronutrients.				
	% of women, children & adolescents	14%	60%	71%	57%
	receiving proper Maternal, Infant,				
	Young Child and Adolescent				
	Nutrition practices (exclusive				
	breastfeeding for 6 months, timely				
	& quality complementary feeding &				
	min. acceptable diverse diet.)				
Activity 1.3.2 -	% increase in the demand for	Not captured	40%	62.6%	62.6%
Increase the use of	family planning and SRH services	_			
effective FP	% reduction in teenage pregnancies	Not	15%	Not	15%
methods to		capture		captured	
decrease the # of	% increase in the use of Family	32%	50%	16.20%	
teenage	planning methods				
pregnancies and	Time of child spacing among	27 months	30 months		
increase child	beneficiaries				
spacing which	No. of family planning initiatives in	1400	2000		
address both	HCs and Communities				
nutrition and	% of beneficiaries reached with	Not captured	80%	65%	65%
population growth	information about natural FP	_ ^			
issues	method				

According to feedback from GWED-G the focal Implementing partner for the Health Component, the project has registered significant success in the following areas;

• Health system strengthening through building the capacity of health structures (200 VHTs trained, Health workers on NFP, Good nutrition Practices and WASH)

- Facilitated extension of PHC services to hard to reach communities (36 integrated community health outreach posts supported)
- Promoted Infant and Young Child feeding practices to most vulnerable communities to proportionately reduce malnutrition (200 self-support IYCF groups created and supported to cascade recommended IYCF practices.
- Target community dialogue facilitated by Local Government officials enables close supervision by the sub-county officials.

Other areas of contribution identified from the MTE were observed under the proportion of infants breastfeeding within one hour of birth with a contribution of 92% followed by the proportion of children 6-23 months reached through growth promotion and monitoring with a contribution of 84%.

Other key areas with a high level of contribution include the proportion of women of reproductive age (pregnant, breastfeeding & non-pregnant) counselled on optimal breastfeeding and complementary feeding practices at 71%, the proportion of children & women dewormed with a contribution of 76% and proportion of women, children & adolescents supplemented with micronutrients with a contribution of 70.05%. Areas with limited contribution include reduction in teenage pregnancies at only 15% and of HH practising recommended WASH practices at 40% level of contribution by the project.

According to the reports, the area of adolescents has recorded success but not as optimal compared to other areas. For example, in the table below, the success rate towards the attainment of project targets is made.

# 3.4.5 Impact on health and health practices

xv. The project has been providing several services namely, family planning, immunisation, Vitamin B supplementation, nutrition and COVID testing. Of these services, the highest consumed was nutrition education taking 29% followed by family planning services representing 28%. This was followed by Immunisation (24%), Vitamin B supplements (18%) and COVID19 testing taking 2% of the share. These services made an impact in different ways. For example;

"Health promotion has opened my eyes about the health of my baby and I have started eating in clean utensils, washing my hands before and after breastfeeding"

# - Lactating mother from Omoro

"I have learned that nutrition involves eating on time not just having a balanced diet. My children have started eating early in the morning and at 7 PM because eating late affects their health"-

#### **Lactating mother from Agago**

"I have started taking care of my hygiene because I was told that it affects my baby when breastfeeding"- Lactating mother from Omoro

## xvi. Other areas of impact on health;

- o 59% of the HH started practising hand washing
- 48.7% started preparing balanced diet meals for their households
- o 49.8% planted vegetable gardens
- o 17.1% started going for antenatal check-ups and 34.6% embraced immunization activities hence improving their health-seeking behaviours

- o 21.2% started following medical guidelines when on the treatment
- o 20.8% adopted ABC to manage STDs
- o 37.7% started buying complementary food for a balanced diet.

It was also established that some HHs have adopted several family planning methods as detailed below;

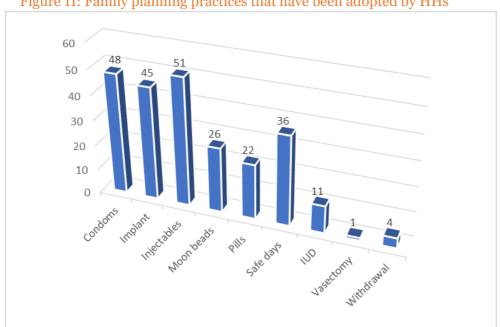


Figure 11: Family planning practices that have been adopted by HHs

Table 27: Impact of the health information on the beneficiaries and their HH

		Frequency	Percent		
	Adopted ABC to manage STDs	130	20.8		
	Took my children for immunization	216	34.6		
	Preparing a balanced diet for my family	304	48.7		
How has health information	Started buying complimentary food	235	37.7		
impacted your HH and individual	Started going for medical check-up	227	36.4		
health	Practised hand washing	368	59.0		
	Follow medical guidelines when on treatment	132	21.2		
	Started a kitchen garden	311	49.8		
	Started visiting for antenatal care	107	17.1		
Impact of health information	Started eating vegetables	514	82.4		
	Started mixing meals with different food	488	78.2		
	Started eating on time	432	69.2		
	Started serving food from clean utensils	337	54.0		
Other areas of impact	Dug pit latrine and rubbish pit				
	Install handwashing facilities				
	Promoted health of children				
	Selling value-added products				
	Started expanding vegetable gardens in the wetland	ls			
	Started family planning				
	Started growing the vegetables in large pieces of land for sale				
	Started hand washing				

According to feedback from the beneficiaries, health information has an impact on the HHs in several ways. It was found out that the majority of the respondents (59%) regularly started practising handwashing, 48.7% of the beneficiaries started preparing balanced diet meals for their households, 49.8% planted vegetable gardens, as the minority respondents as represented by 17.1% started going for antenatal check-ups, 21.2% started following medical guidelines when on the treatment, 34.6% embraced immunization activities, 20.8% adopted ABC to manage STDs, 37.7% started buying complementary food for a balanced diet. 82.4% of the beneficiaries who received health information started eating vegetables, 78.2% started having a balanced diet, 69.2% started eating on time whereas 54% started using clean utensils for serving food. These healthy practices contribute to the objective of improving nutrition and hygiene among HHs which is a positive impact. Other areas of the positive impact made by health information include good hygiene practices namely; digging latrine and rubbish pit, installing handwashing facilities, the practice of proper breastfeeding and feeding children highly nutritious foods, starting and or expanding vegetable gardens in the wetlands, started using family planning methods, and embraced the handwashing practice.

Table 28: Constraint beneficiaries faced in trying to access services from this project

Constraints	Frequency	Percent
Distance to the service centres	379	60.7
Lack of information about the services	234	37.5
Language barrier	18	2.9
Family conflict	118	18.9

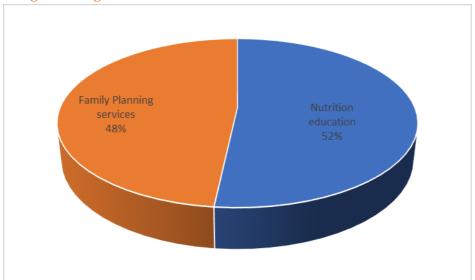
It was found out that the majority (60.7%) moved long distances to access the service centres, 37.5% lacked information about the services. There was a problem of the language barrier and family conflicts as represented by 5.3%, 2.9% and 18.9% respectively. For the remaining part of the project, there is a need to increase the accessibility of services. This can be through several strategies such as increased outreach to homes that are hard to reach. As seen that some extension workers lack facilitation especially transport and communication, the project management needs to revisit the level of effort on transport for staff. There is also a need to improve information dissemination and promotion of project activities to increase uptake at the grass-root level. This may require increasing the level of engagement with local leadership structures such LC I, local faith leaders and increased support for VHTs especially providing them with more promotional materials and increasing staffing for partners like UCMB.

Results from pregnant women and lactating mothers

Table 29: Sample distribution for pregnant/Lactating mothers

District	Sub Counties	Number of respondents	
Agago	Wol		2
	Lukole		1
Amuru	Amuru		1
	Lamogi		2
Nebbi	Atego		1
	Arussi		1
Omoro	Lakwana		1
	Odek		2
Pakwach	Pakwach		1
	Panyimur		1
Zombo	Athuma		1
	Kango		1

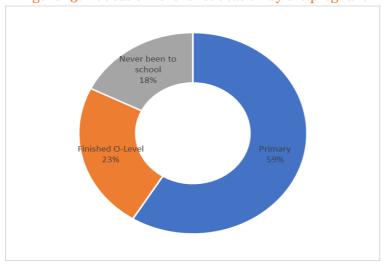
Figure 12: Age distribution of mothers



The majority of the mothers were aged between 15-35 representing 88% of the sample while the rest were above the age of 35. Of these (16) 94% were married while 4% was living as a widow. As indicated below, the majority of these mothers had attained primary level of education (59%) followed by those that had attained the Uganda Ordinary Certificate of Education-O-Level (23%). The smallest percentage of the women had never been to school (18%). It is observed in the results that most girls drop out at the PLE level. Evidence indicated that "the fate of the girl child after leaving primary school is culturally driven. For example, Amone, et.al (2013)10 found that after PLE, 44.4% of the girls get married while 22% go to do petty jobs like being housemaids.

This implies that the project intervention is relevant because it is targeting vulnerable women who have limited chances of accessing meaningful employment due to low levels of education.

Figure 13: Education level of education by the pregnant mothers



10 Charles Amone, Annet Julie Okwir and Dorcus Ako (2013) *Culture and girl-child education in Northern Uganda* Prime Research on Education (PRE) ISSN: 2251-1251, Vol. 3(6), pp. 570-578

Page 49 of 82

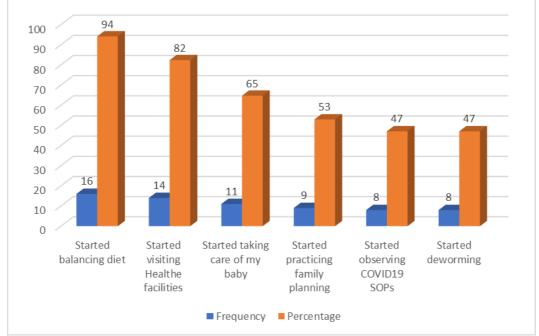


Figure 14: Project impact on pregnant women

Other areas of impact according to the evidence;

"Health promotion has opened my eyes about the health of my baby and I have eaten in clean utensils, washing my hands before and after breastfeeding"

- Lactating mother from Omoro, Wolo, Rogo, Palungura village

"I have learned that nutrition involves eating on time not just having a balanced diet. My children have started eating early in the morning and at 7 PM because eating late affects their health"

- Lactating mother from Agago

"I have started taking care of my hygiene because I was told that it affects my baby when breastfeeding"
- Lactating mother from Omoro, Lakwana, Lujorongole, Labuje village

"The health component of the project has made a big impact on the health-seeling behaviours of communities. I can conform to you that cases of malaria have reduced and many people know their HIV status through voluntary testing"- VHT from Panyimur, Kivuje, Wangkado West

# 3.4.6 Efficiency of the health component

During the assessment of whether the activities and planned interventions are things being done well and the analysis of facilitating conditions, it was found that the health component has benefited from the following key success factors;

- Close coordination with the key district LG departments (from inception) on project intervention areas sub-counties, parishes and villages of vulnerability.
- Joint work planning with the sub-county health stakeholders (Monthly outreach planning with sub-county health facility staff.
- The receptiveness of Communities based on effective sensitisation by HNOs.
- Participation in LG planning meetings and District health coordination and review meetings.

# 3.4.7 Sustainability of the health component

- iii. The engagement of Local Government leaders and local VHTs in a critical intervention that will increase local ownership for the project and will leverage the sustainability needs of ALENU.
- iv. Engagement of Health Facilities and building capacity of focal persons is a key precursor for sustainability since the activities of family planning, nutrition and are already institutionalised in the main services provided by the HFs.

# 3.4.8 Lessons and recommendations

Lessons

- v. The role of VHTs in health promotion and service delivery has been proven effective and has a key role to play in increasing uptake in health-seeking behaviours.
- vi. Close coordination with the key district LG departments (from inception) on project intervention areas sub-counties, parishes and villages of vulnerability.
- vii. Joint work planning with the sub-county health stakeholders (Monthly outreach planning with sub-county health facility staff.
- viii. Participation in LG planning meetings and District health coordination and review meetings.

#### **Recommendations**

- iv. Increase effort in activities that are lagging namely, community dialogues on GBV and family planning, district and sub-county meetings, nutrition mass screening, mapping and referral of pregnant women conducted by VHTs.
- v. When schools open, the focus on adolescents and senior teachers needs to be prioritised since it has largely been affected by the COVID19 lockdown. this will help to counter and rampant teenage pregnancies and rising levels of STDs in the region.
- vi. There is a need to increase funding to support quarterly monitoring by technical and political stakeholders for sustainability and adoption of the action.
- vii. Need for extra funds to support referral system to reduce home deliveries

#### 4.0 APPENDICES

#### 4.1 Appendix b- Identification and Purpose of this study

Participation in this study will require around 30 minutes of your time. The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life). Potential benefits from participation in this study include helping the project to establish strategies of improving the services you have been receiving and devise additional practicable recommendations. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses. All data will be stored in a secure location accessible only to Caritas Switzerland.

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind. If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact Caritas Switzerland, Head office

freely consent to parti	ent form a cipate. I ha			ne as a participant in this study. I tions.
Name of Participant	Sign	Date Name of Researcher	Sign	Date

#### 4.3.0 MTE Tools

#### 5.3.1 Subsistence farmers and their households

Participation in this study will require around 30 minutes of your time. The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life). Potential benefits from participation in this study include helping the project to establish strategies of improving the services you have been receiving and devise additional practicable recommendations. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses. All data will be stored in a secure location accessible only to Caritas Switzerland.

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind. If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact Caritas Switzerland, Head office

May I continue with the interview? 1. Yes, 2. No (End/close interview)

CHOVEVINEODMATION	
SURVEY INFORMATION  1. Date of data collection (Kobo Calendar)	
	1. Nebbi
3. District (Select One)	
	2. Pakwach
	3. Omoro
	4. Amuru
	5. Agago
	6. Zombo
4. Sub-County (Select One)	1. Wol
	2. Lukole
	3. Amuru
	4. Lamogi
	5. Atego
	6. Arussi
	7. Lakwana
	8. Odek
	9. Pakwach
	10. Panyimur
	11. Athuma
	12. Kango
5. Type of respondent (Select One)	1. Beneficiary
	2. Non-direct beneficiary
6. Gender of the respondent (Select One)	1. Male
	2. Female
7. Do you have any disability (Select One)	1. Yes
7. Do you have any abability (belock only)	2. No
8. Household size (How many people live in your HH?) (Select One)	1. 1
o. Household size (How many people live in your HH:) (beleet one)	2. 2
	3. 2-5
	4. More than 5
9. Type of beneficiary (Select One)	1. Farmer
9. Type of beneficiary (Select One)	2. Youth/adolescent
10. If farmer, Type of main enterprise (Select One)	_ , , ,
10. If farmer, Type of main enterprise (Select Offe)	
Monthal status (Colort Ours)	
11. Marital status (Select One)	1. Married
	2. Single
	3. Single father
	4. Single Mother
	5. Divorced
	6. Widowed
1071 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. Never married but with children
12. What is the highest education level you completed? (Select One)	1. No education
	2. Lower Primary (P1-P4)
	3. Upper primary (P5-P7)
	4. O'Level
	5. A' level
	6. Vocational
	7. Tertiary/University
	8. Adult literacy education
13. On average, how much do you earn a month? (Select One)	1. Below UGX. 50,000
	2. UGX. 50,000-150,000
	3. UGX. 150,000- 300,000
	4. UGX. 300,000-500,000
	5. Above UGX. 500,000
14. What is your main or major source of income? (Select One)	1. Student
	2. Private business-self employed
	3. Farming
	10:

	4. Salary job - Govt
	5. Salary job - Private sector
	6. Salary job - NGO sector
	7. Others (Specify)
15. What is/are the major ways of using the incomes mentioned above?	1. Medical
(Select One)	2. School fees
	3. Food
	4. Water
	5. Non-food Household items
	6. Other (Specify)
Result 1.1 Increased production of diversified food	ov control (epochy)
Activity 1.1.1 Facilitate adoption and production of diverse food crops and a	animal products
16. Are you a member of a farmer group? (Select One)	1. Yes
	2. No
17. If No, why?	
18. What services have you been receiving from this project? (Select	1. Training
many)	2. Tool kits
······································	3. Seeds
	4. Farm inputs
	5. Vouchers
	6. Other (specify)
19. Do you have a family development plan?	1. Yes
19. Do you have a failing development plan:	2. No
20. If no, why?	2. 110
	. V
21. If yes, did you receive support from the project to develop the family	1. Yes
development plan?	2. No
22. How many commodities do you have for farming?	1. None
	2. One
	3. More than two
23. Did you receive any support from the project to select the	1. Yes
commodity?	2. No
24. If yes, name the type of support	
25. Do you have a seasonal production plan?	1. Yes
	2. No
26. If no, why?	
27. If yes, did you receive any support from the project to develop a	1. Yes
seasonal production plan?	2. No
28. Name the type of support	
29. Do you have a seasonal marketing plan?	1. Yes
->, ,	2. No
30. If no, why?	
31. If yes, did you receive any support from the project to develop a	1. Yes
seasonal production plan?	2. No
32. Name the type of support	<u> </u>
9 11	1 Voc
33. Have you been accessing demonstration gardens in the previous two	1. Yes
years?	2. No
34. If no, why?	
35. If yes, how have the demonstration gardens impacted your farming?	**
36. Are you aware of any agricultural clinics in your community?	1. Yes
	2. No
37. If yes, have you accessed any agricultural clinics in your community	1. Yes
in the last year?	2. No
38. Have you been receiving technical support from the project?	1. Yes
	2. No
39. If yes, name the type of support	
40. To what extent has the support been helpful? (Select one)	To a very large extent
and the second s	2. Just enough
	=. Just chough

	3. Not so much
	4. Not helpful at all
41. How has the support changed you and your household? (Select	Increased food production
many)	2. Increased my knowledge about
	farming
	3. Reduced farm losses
	4. Enabled me to specialise in
	commodities
	5. Other (specify)
42. Did you face any challenges while accessing technical support from	1. Yes
the project?	2. No
43. If yes, name the challenges (Text)	
Activity 1.1.2: Facilitate access to key inputs market for women a	
44. Have you been receiving farming inputs from this project?	1. Yes
	2. No
45. If yes, what was the source of the inputs? (Select many)	1. Private companies
	2. Direct from the project
	3. From district/sub-county
	4. From Other NGOs
	5. Personal purchase
46. Do you have direct access to the input suppliers?	1. Yes
	2. No
47. Do you have a formal contract with your input suppliers?	1. Yes
	2. No
48. If no, why?	
49. Have you experienced any challenges with the contract?	1. Yes
	2. No
50. If yes, name the challenges	
51. Did you attend any agro-input fare in the last year?	3. Yes
	4. No
52. If no, why?	
53. If yes, how has the participation impacted you?	
Activity 1.1.3: Train farmer groups and other small market open	rators along with the VC in community
saving and credit schemes	. **
54. Are you a member of a farmer group?	1. Yes
If 1.0	2. No
55. If no, why?	
	. 37
56. Have you received training about VSLAs from this project?	1. Yes
56. Have you received training about VSLAs from this project?	1. Yes 2. No
56. Have you received training about VSLAs from this project?  57. If no, why?	2. No
56. Have you received training about VSLAs from this project?	2. No 1. Yes
56. Have you received training about VSLAs from this project?  57. If no, why?  58. Have you received any financial literacy training from this project?	2. No
<ul> <li>56. Have you received training about VSLAs from this project?</li> <li>57. If no, why?</li> <li>58. Have you received any financial literacy training from this project?</li> <li>59. Indicate how the training has changed you (Text)</li> </ul>	2. No  1. Yes 2. No
56. Have you received training about VSLAs from this project?  57. If no, why?  58. Have you received any financial literacy training from this project?	1. Yes 2. No 1. Yes
<ul> <li>56. Have you received training about VSLAs from this project?</li> <li>57. If no, why?</li> <li>58. Have you received any financial literacy training from this project?</li> <li>59. Indicate how the training has changed you (Text)</li> <li>60. Did you receive any VSLA kits from this project?</li> </ul>	2. No  1. Yes 2. No
<ul> <li>56. Have you received training about VSLAs from this project?</li> <li>57. If no, why?</li> <li>58. Have you received any financial literacy training from this project?</li> <li>59. Indicate how the training has changed you (Text)</li> <li>60. Did you receive any VSLA kits from this project?</li> <li>61. If yes, what was included in the kits?</li> </ul>	2. No  1. Yes 2. No  1. Yes 2. No
<ul> <li>56. Have you received training about VSLAs from this project?</li> <li>57. If no, why?</li> <li>58. Have you received any financial literacy training from this project?</li> <li>59. Indicate how the training has changed you (Text)</li> <li>60. Did you receive any VSLA kits from this project?</li> </ul>	No     Yes     No     Yes     No     Very useful
<ul> <li>56. Have you received training about VSLAs from this project?</li> <li>57. If no, why?</li> <li>58. Have you received any financial literacy training from this project?</li> <li>59. Indicate how the training has changed you (Text)</li> <li>60. Did you receive any VSLA kits from this project?</li> <li>61. If yes, what was included in the kits?</li> </ul>	<ol> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Very useful</li> <li>Just useful</li> </ol>
56. Have you received training about VSLAs from this project?  57. If no, why?  58. Have you received any financial literacy training from this project?  59. Indicate how the training has changed you (Text)  60. Did you receive any VSLA kits from this project?  61. If yes, what was included in the kits?  62. How useful were the kits?	<ol> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Very useful</li> <li>Just useful</li> <li>Not useful</li> </ol>
<ul> <li>56. Have you received training about VSLAs from this project?</li> <li>57. If no, why?</li> <li>58. Have you received any financial literacy training from this project?</li> <li>59. Indicate how the training has changed you (Text)</li> <li>60. Did you receive any VSLA kits from this project?</li> <li>61. If yes, what was included in the kits?</li> </ul>	<ol> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Very useful</li> <li>Just useful</li> <li>Not useful</li> <li>Yes</li> </ol>
56. Have you received training about VSLAs from this project?  57. If no, why? 58. Have you received any financial literacy training from this project?  59. Indicate how the training has changed you (Text) 60. Did you receive any VSLA kits from this project?  61. If yes, what was included in the kits? 62. How useful were the kits?	<ol> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Very useful</li> <li>Just useful</li> <li>Not useful</li> <li>Yes</li> <li>No</li> </ol>
56. Have you received training about VSLAs from this project?  57. If no, why?  58. Have you received any financial literacy training from this project?  59. Indicate how the training has changed you (Text)  60. Did you receive any VSLA kits from this project?  61. If yes, what was included in the kits?  62. How useful were the kits?	<ol> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Very useful</li> <li>Just useful</li> <li>Not useful</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ol>
<ul> <li>56. Have you received training about VSLAs from this project?</li> <li>57. If no, why?</li> <li>58. Have you received any financial literacy training from this project?</li> <li>59. Indicate how the training has changed you (Text)</li> <li>60. Did you receive any VSLA kits from this project?</li> <li>61. If yes, what was included in the kits?</li> <li>62. How useful were the kits?</li> <li>63. Did the VSLA kits address your needs?</li> <li>64. Did you find any challenges while accessing the VSLA kits</li> </ul>	<ol> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Very useful</li> <li>Just useful</li> <li>Not useful</li> <li>Yes</li> <li>No</li> </ol>
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<ul> <li>56. Have you received training about VSLAs from this project?</li> <li>57. If no, why?</li> <li>58. Have you received any financial literacy training from this project?</li> <li>59. Indicate how the training has changed you (Text)</li> <li>60. Did you receive any VSLA kits from this project?</li> <li>61. If yes, what was included in the kits?</li> <li>62. How useful were the kits?</li> <li>63. Did the VSLA kits address your needs?</li> <li>64. Did you find any challenges while accessing the VSLA kits</li> </ul>	<ol> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Very useful</li> <li>Just useful</li> <li>Not useful</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ol>
<ul> <li>56. Have you received training about VSLAs from this project?</li> <li>57. If no, why?</li> <li>58. Have you received any financial literacy training from this project?</li> <li>59. Indicate how the training has changed you (Text)</li> <li>60. Did you receive any VSLA kits from this project?</li> <li>61. If yes, what was included in the kits?</li> <li>62. How useful were the kits?</li> <li>63. Did the VSLA kits address your needs?</li> <li>64. Did you find any challenges while accessing the VSLA kits</li> <li>65. If yes, what were the challenges</li> </ul>	2. No  1. Yes 2. No  1. Yes 2. No  1. Very useful 2. Just useful 3. Not useful 1. Yes 2. No 1. Yes 2. No 2. No

	2. No
Result 1.2: Increased market accessibility	
Activity 1.2.1: Foster linkages between smallholder farmers, agr	
68. Were you selling any products from farming before the project	1. Yes
started?	2. No
69. If yes, what was the volume of sales per annum in UGX? (Numbers)	
70. How much income did you earn from selling your agricultural produce in the last season? (Numbers)	
71. What are the reasons for the change in the volume of sales? ( <i>Text</i> )	
72. Did you receive any training on market standards from the project?	1. Yes
/2. Did you receive any training on market standards from the project:	2. No
73. Were you asked about your training needs before the training?	1. Yes
73. Were you asked about your training needs before the training.	2. No
74. List the key skills that you acquired from the training	2. 110
75. How did the training impact you? ( <i>Select many</i> )	1. Improved the quality of my products
73. How did the training impact you. (betwee many)	2. Increased sales
	3. Accessed better prices
	4. Accessed a larger network of farmers
	5. Developed marketing skills
	6. Accessed more market information
	7. Other (specify)
76. Does your Farmer group have a marketing committee?	1. Yes
	2. No
77. If no, why?	
78. If yes, are you aware of the roles of the marketing committee?	1. Yes
	2. No
79. If yes, what are the roles of the marketing committee in your farmer	1. Mobilising farmers
group? (Select many)	2. Training members in farming practices
	3. Advocating for members for services
	4. Searching for markets
	5. Collecting market information
	<ul><li>6. Negotiating for members</li><li>7. Updating market information system</li></ul>
	7. Updating market information system 8. Fostering quality
	9. Providing security for market data
	10. Supporting members with post-harvest
	handling
	11. Supporting members with bulk
	marketing
	12. Other services (Specify)
8o. Do you have a smartphone	1. Yes
	2. No
81. If no, why?	
82. If yes, do you use it for your farming activities	1. Yes
	2. No
83. If no, why	
84. If yes, how do you use your smartphone in farming? (Select many)	Getting market information
	2. Using the internet to get farming skills
	3. Communicating with other farmers
	4. Communicating with suppliers of
	inputs
	5. Communicating with buyers
0- II 1	6. Other (specify)
85. How do you access market information? (Select many)	1. Through extension workers
	2. Through marketing committee
	3. Private companies
	4. Direct from project staff

	5. Other NGOs
	6. Radio/TV
	7. Other (Specify)
86. What challenges have you been facing while trying to access market	1. No smartphone
information? (Select many)	2. The remoteness of the location
	9
0= 11	4. Other (Specify)
87. Have you been participating in sub-county farmer markets for the	1. Yes
past two years?	2. No
88. If no, why?	
89. If yes, how has this impacted you? (Select many)	1. Increased income
	2. Accessed more farmer networks
	3. Accessed more knowledge about
	marketing
	4. Other (Specify)
90. Is there a programme for the farmers to learn from model farmers	1. Yes
and other actors?	2. No
91. If, yes have you visited any model farmers?	1. Yes
	2. No
92. If yes, what lessons have been learnt from the model farmers?	
93. Are there initiatives to improve the quality of your products?	1. Yes
93. The there initiatives to improve the quality of your products.	2. No
94. Have you been certified by UNBS?	1. Yes
94. Have you been certified by ONDS:	
on Milest shellowers have your been fasing with sub-country formers	2. No
95. What challenges have you been facing with sub-county farmer	
markets?	
Activity 1.2.2: Assess and identify market opportunities and p	
Activity 1.2.2: Assess and identify market opportunities and p	
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?	eements
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr	eements 1. Yes
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?	eements 1. Yes
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?	1. Yes 2. No
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company	1. Yes 2. No  1. Access to a stable market
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?	1. Access to a stable market 2. Access to better prices
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?	1. Access to a stable market 2. Access to better prices 3. Access to technical support
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?  99. What benefits have you got from the contract? (Select many)	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify)
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?  99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?  99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?  99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?  99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?  99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify)
Activity 1.2.2: Assess and identify market opportunities and provalue chain and facilitate market exchanges and contractual agrees. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract? (Select many)	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?  99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges 1. Yes
Activity 1.2.2: Assess and identify market opportunities and provalue chain and facilitate market exchanges and contractual agrees. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract? (Select many)	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract? (Select many)  101. Do you sell your products directly to final consumers	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges 1. Yes
Activity 1.2.2: Assess and identify market opportunities and provalue chain and facilitate market exchanges and contractual agrees. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract? (Select many)	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges 1. Yes 2. No 1. Yes
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why?  99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract? (Select many)  101. Do you sell your products directly to final consumers  102. Have you created mechanisms to add value to your product?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges 1. Yes 2. No 1. Yes
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract? (Select many)  101. Do you sell your products directly to final consumers  102. Have you created mechanisms to add value to your product?  103. If yes, mention some of the ways	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges 1. Yes 2. No 1. Yes
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract? (Select many)  101. Do you sell your products directly to final consumers  102. Have you created mechanisms to add value to your product?  103. If yes, mention some of the ways 104. Do you do any post-harvesting processing of your produce, if yes	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges 1. Yes 2. No 1. Yes
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract? (Select many)  101. Do you sell your products directly to final consumers  102. Have you created mechanisms to add value to your product?  103. If yes, mention some of the ways  104. Do you do any post-harvesting processing of your produce, if yes how?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges 1. Yes 2. No 1. Yes 2. No
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract? (Select many)  101. Do you sell your products directly to final consumers  102. Have you created mechanisms to add value to your product?  103. If yes, mention some of the ways 104. Do you do any post-harvesting processing of your produce, if yes	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges 1. Yes 2. No 1. Yes 2. No
Activity 1.2.2: Assess and identify market opportunities and p value chain and facilitate market exchanges and contractual agr 96. Do you have a contract with a private company?  97. If yes, name the company 98. If no, why? 99. What benefits have you got from the contract? (Select many)  100.  hat challenges have you faced with the company during the contract? (Select many)  101. Do you sell your products directly to final consumers  102. Have you created mechanisms to add value to your product?  103. If yes, mention some of the ways  104. Do you do any post-harvesting processing of your produce, if yes how?	1. Yes 2. No  1. Access to a stable market 2. Access to better prices 3. Access to technical support 4. Access to better farm inputs 5. Increased sales 6. Improved farming skills 7. Other (Specify) 1. Delays in payment 2. Poor prices 3. Poor communication 4. Lack of transparency and honesty about prices 5. Conflict 6. Other (Specify) 7. No challenges 1. Yes 2. No 1. Yes 2. No

107. Have you created linkages with key suppliers of farm input?	1. Yes 2. No
108. Do you use the services of agricultural extension specialists?	1. Yes
	2. No
109. If yes, indicate the type of support you have been receiving from	<ol> <li>Training in Good Agronomical</li> </ol>
extension worker (Select many)	Practices
	<ol><li>Farming advisory</li></ol>
	3. Distribution of farm inputs
	4. Supporting farmer group formation
	5. Linkage with private companies
	6. Market information
	7. Farm management skills
	8. Crop management training
	9. Post-harvest handling training
	10. Farm production management
	11. Other (Specify)
110. Did the gunnout from extension workers address all your needs?	1. Yes
110. Did the support from extension workers address all your needs?	
144 Indicate how extension assessed has an impact on your familia	2. No
111. Indicate how extension support has an impact on your farming	
112. Have you thought of changing farming practices?	
113. Have you participated in farmer dialogues Organized at the district	1. Yes
level?	2. No
114. If no, why?	
115. If yes, what are the key benefits that you have derived from these	
dialogues? (Text)	
Result 1.3: Nutrition-specific interventions	
ACTIVITY 1.2.1: Developing and promoting commitmity-had	sed initiatives incl. micro-nutrient
Activity 1.3.1: Developing and promoting community-bases supplementation & deworming promotion of maternal and y	
supplementation & deworming, promotion of maternal and y	
supplementation & deworming, promotion of maternal and y and sanitation and child care	oung child feeding practices, hygiene
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last	oung child feeding practices, hygiene  1. Yes
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	oung child feeding practices, hygiene  1. Yes 2. No
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last	1. Yes 2. No 1. Received WASH items
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	1. Yes 2. No 1. Received WASH items 2. Receive health information materials
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	<ol> <li>Yes</li> <li>No</li> <li>Received WASH items</li> <li>Receive health information materials and education</li> </ol>
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	<ol> <li>Yes</li> <li>No</li> <li>Received WASH items</li> <li>Receive health information materials and education</li> <li>Received direct health support</li> </ol>
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify)
<ul> <li>supplementation &amp; deworming, promotion of maternal and y and sanitation and child care</li> <li>116. Have been receiving any health support from this project in the last two years?</li> </ul>	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify)
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No 1. Family planning 2. Nutrition
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No 1. Family planning 2. Nutrition 3. Reproductive health
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No 1. Family planning 2. Nutrition 3. Reproductive health 4. Child health
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No 1. Family planning 2. Nutrition 3. Reproductive health 4. Child health 5. Sanitation
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?  120. If yes, what was the information about? (Select many)	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No 1. Family planning 2. Nutrition 3. Reproductive health 4. Child health 5. Sanitation 6. First aid
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No  1. Family planning 2. Nutrition 3. Reproductive health 4. Child health 5. Sanitation 6. First aid 1. Through home visits by the project
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?  120. If yes, what was the information about? (Select many)	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No  1. Family planning 2. Nutrition 3. Reproductive health 4. Child health 5. Sanitation 6. First aid 1. Through home visits by the project staff
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?  120. If yes, what was the information about? (Select many)	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No  1. Family planning 2. Nutrition 3. Reproductive health 4. Child health 5. Sanitation 6. First aid 1. Through home visits by the project staff 2. Through VHTs
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?  120. If yes, what was the information about? (Select many)	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No  1. Family planning 2. Nutrition 3. Reproductive health 4. Child health 5. Sanitation 6. First aid 1. Through home visits by the project staff 2. Through VHTs 3. Though brochures
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?  120. If yes, what was the information about? (Select many)	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No  1. Family planning 2. Nutrition 3. Reproductive health 4. Child health 5. Sanitation 6. First aid 1. Through home visits by the project staff 2. Through VHTs 3. Though brochures 4. Through radio/TV
supplementation & deworming, promotion of maternal and y and sanitation and child care  116. Have been receiving any health support from this project in the last two years?  117. If yes, what type of support was it? (Select many)  118. Have you been receiving health information from this project?  119. If no, why?  120. If yes, what was the information about? (Select many)	1. Yes 2. No 1. Received WASH items 2. Receive health information materials and education 3. Received direct health support 4. Training on nutrition 5. Training in family planning 6. Access to family planning items 7. Received nutrition supplements 8. Treatment 9. Other (specify) 1. Yes 2. No  1. Family planning 2. Nutrition 3. Reproductive health 4. Child health 5. Sanitation 6. First aid 1. Through home visits by the project staff 2. Through VHTs 3. Though brochures

	Facebook and others)
	7. Through farmer groups
	8. Other (Specify)
122. Language of the health information	It was in the local language
	2. Was in English and local languages
	3. Was only in English
123. Indicate how the information has impacted your Household and	Started practising family planning
individual health (Select many)	2. Improved feeding practises for the children
	3. Started going for medical check-up
	4. Practised handwashing
	5. Follow medical guidelines when on
	treatment
	6. Adopted ABC to manage STDs
	7. Other (Specify)
124. What challenges have you been facing while trying to access health	Lack of access to information sources
information	2. Language barrier
D'1	3. Other (specify)
125. Did you receive health sensitisation services in the last year?	1. Yes
( T	2. No
126. If yes, who provided the sensitisation? (Select many)	Religious leaders     Community leaders
	2. Community leaders
	3. VHTs
to Time has a substitution in the descent and the or	4. Other (Specify)
127. How has sensitisation impacted your health?	athodo with the sim of decreasing the
Activity 1.3.2: Increase the use of effective family planning menumber of teenage pregnancies and increasing child spacing population growth issues	
128. Did you receive any training about family planning in the last year?	1. Yes
120. Did you receive any training about family planning in the last year.	2. No
129. If no, why?	2. 110
130. If yes, which other family planning services did you receive from the	
project?	
131. How did the family planning services impact you?	
<ul><li>131. How did the family planning services impact you?</li><li>132. Did you ever participate in the couples' conference organised by the</li></ul>	1. Yes
<ul><li>131. How did the family planning services impact you?</li><li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li></ul>	1. Yes 2. No
<ul><li>131. How did the family planning services impact you?</li><li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li><li>133. If no, why?</li></ul>	
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> </ul>	2. No
<ul><li>131. How did the family planning services impact you?</li><li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li><li>133. If no, why?</li></ul>	No     Relationship management
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> </ul>	No     Relationship management     Family conflict management
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> </ul>	No     Relationship management     Family conflict management     How to manage differences
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> </ul>	<ol> <li>No</li> <li>Relationship management</li> <li>Family conflict management</li> <li>How to manage differences</li> <li>How to revitalise the relationship</li> <li>How to communicate between spouses</li> </ol>
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> </ul>	<ol> <li>No</li> <li>Relationship management</li> <li>Family conflict management</li> <li>How to manage differences</li> <li>How to revitalise the relationship</li> <li>How to communicate between spouses</li> <li>Understanding the roles in a</li> </ol>
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> </ul>	<ol> <li>No</li> <li>Relationship management</li> <li>Family conflict management</li> <li>How to manage differences</li> <li>How to revitalise the relationship</li> <li>How to communicate between spouses</li> <li>Understanding the roles in a relationship</li> </ol>
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> </ul>	<ol> <li>No</li> <li>Relationship management</li> <li>Family conflict management</li> <li>How to manage differences</li> <li>How to revitalise the relationship</li> <li>How to communicate between spouses</li> <li>Understanding the roles in a relationship</li> <li>How to love</li> </ol>
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship 5. How to communicate between spouses 6. Understanding the roles in a relationship 7. How to love 8. Family management
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> <li>135. What did you learn from the couples' conference? (Select many)</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship 5. How to communicate between spouses 6. Understanding the roles in a relationship 7. How to love 8. Family management 9. Other (specify)
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> <li>135. What did you learn from the couples' conference? (Select many)</li> <li>136. Did you participate in community dialogues on family planning and</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship 5. How to communicate between spouses 6. Understanding the roles in a relationship 7. How to love 8. Family management 9. Other (specify) 1. Yes
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> <li>135. What did you learn from the couples' conference? (Select many)</li> <li>136. Did you participate in community dialogues on family planning and GBV in the past year?</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship 5. How to communicate between spouses 6. Understanding the roles in a relationship 7. How to love 8. Family management 9. Other (specify)
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> <li>135. What did you learn from the couples' conference? (Select many)</li> <li>136. Did you participate in community dialogues on family planning and GBV in the past year?</li> <li>137. If no, why?</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship 5. How to communicate between spouses 6. Understanding the roles in a relationship 7. How to love 8. Family management 9. Other (specify) 1. Yes
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> <li>135. What did you learn from the couples' conference? (Select many)</li> <li>136. Did you participate in community dialogues on family planning and GBV in the past year?</li> <li>137. If no, why?</li> <li>138. If yes, what were the activities in the dialogues?</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship 5. How to communicate between spouses 6. Understanding the roles in a relationship 7. How to love 8. Family management 9. Other (specify) 1. Yes
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> <li>135. What did you learn from the couples' conference? (Select many)</li> <li>136. Did you participate in community dialogues on family planning and GBV in the past year?</li> <li>137. If no, why?</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship 5. How to communicate between spouses 6. Understanding the roles in a relationship 7. How to love 8. Family management 9. Other (specify) 1. Yes
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> <li>135. What did you learn from the couples' conference? (Select many)</li> <li>136. Did you participate in community dialogues on family planning and GBV in the past year?</li> <li>137. If no, why?</li> <li>138. If yes, what were the activities in the dialogues?</li> <li>139. How many times did you participate in community dialogues on family planning and GBV?</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship 5. How to communicate between spouses 6. Understanding the roles in a relationship 7. How to love 8. Family management 9. Other (specify) 1. Yes
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> <li>135. What did you learn from the couples' conference? (Select many)</li> <li>136. Did you participate in community dialogues on family planning and GBV in the past year?</li> <li>137. If no, why?</li> <li>138. If yes, what were the activities in the dialogues?</li> <li>139. How many times did you participate in community dialogues on family planning and GBV?</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship 5. How to communicate between spouses 6. Understanding the roles in a relationship 7. How to love 8. Family management 9. Other (specify) 1. Yes
<ul> <li>131. How did the family planning services impact you?</li> <li>132. Did you ever participate in the couples' conference organised by the project in the last two years?</li> <li>133. If no, why?</li> <li>134. If yes, what did you learn from them?</li> <li>135. What did you learn from the couples' conference? (Select many)</li> <li>136. Did you participate in community dialogues on family planning and GBV in the past year?</li> <li>137. If no, why?</li> <li>138. If yes, what were the activities in the dialogues?</li> <li>139. How many times did you participate in community dialogues on</li> </ul>	1. Relationship management 2. Family conflict management 3. How to manage differences 4. How to revitalise the relationship 5. How to communicate between spouses 6. Understanding the roles in a relationship 7. How to love 8. Family management 9. Other (specify) 1. Yes 2. No

	4 Through foith loodons
	4. Through faith leaders
	5. Through social media
	6. Through radio/TV
717 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. Other (Specify)
141. Where are the community dialogues on family planning and GBV in	1. Yes
a local language that you understand?	2. No
142. If no, did they have a translator	1. Yes
	2. No
143. How easy was the information in community dialogues on family	1. Very easy
planning and GBV to understand? (Select many)	2. Somehow easy
	3. Not easy
	4. Very difficult
144. What is the reason for your answer?	
145. Did you receive any family planning facilities	1. Yes
	2. No
146. If yes, what facilities did you receive?	
147. If yes, how sufficient were the family planning facilities	Very sufficient
17/. 11 100, non bumblent were the family planning facilities	2. Somehow sufficient
	3. Just sufficient
	4. Not sufficient
148. Did the family planning facilities that you received meet all your	1. Yes
family planning needs?	
· · · · · · · · · · · · · · · · · · ·	2. No
149. f no, why?	
150.	1. Yes
Have you been getting additional family panning facilities apart from	2. No
those from the project?	
151. If yes, name the source	Direct from Government
	2. NGOs
	3. Buying
	4. From family
152. Did you participate in community dialogues for out of school	1. Yes
adolescent boys and girls on sexuality and family planning organised	2. No
by this project?	2. 110
153. If no, why?	
154. If yes, how did community dialogues for out of school adolescent	
boys and girls on sexuality and family planning impact you?	
Cross-cutting issues	1 Voc
155. Did you face any constraints in accessing services from this project?	1. Yes
	2. No
156. If yes, indicate the constraints that you faced in trying to access the	1. Gender segregation
services? (Select many)	2. Complicated requirements
	3. Long distance
	4. Lack of project information
	5. Language barrier
	6. Family conflict
	7. Other (specify)
157. What lessons have you learned from this project? ( <i>Text</i> )	
158. How prepared are you to continue with the services that the project	
has been offering you when it closes? (Text)	
159. What specific recommendations do you make to the project to	
improve the services? ( <i>Text</i> )	
1 ()	1

# **4.3.2** KII guide for Local Government officials

- 1. District (Select one)
- 2. Position of the respondent (Select one)
  - a. District Health Officer

- b. DINU district Focal person
- c. District production officer
- d. District Agricultural officer
- e. District Veterinary officer
- f. District Commercial officer
- g. District Environmental officer
- h. LCV Chairperson
- i. District Community Development Officer
- j. Subcounty Chief
- k. Extension staff
- 3. Highest level of education
- 4. What type of support did you receive from this project?
- 5. Please list your main clients in this project (Select many)
  - a. Pregnant women
  - b. Adolescents
  - c. Children under
  - d. Persons living with HIV and AIDS
  - e. General community
  - f. Farmers
- 6. Indicate the key activities that you have been conducting in the project (Select many)
- 7. What are the specific areas of success that you have observed in this project in terms of health?
- 8. What challenges have you been facing in conducting your activities?
- 9. What are the areas of improvement in this project to improve the health of the communities?
- 10. How do you plan to continue supporting the clients after the project has closed?

## 4.3.3 KII guide for VHTs

- 11. District
- 12. Subcounty
- 13. Village
- 14. Gender
- 15. Education level
- 16. What type of support did you receive from this project?
- 17. Please list your main clients in this project (Select many)
  - a. Pregnant women
  - b. Adolescents
  - c. Children under
  - d. Persons living with HIV and AIDS
  - e. General community
- 18. Indicate the key activities that you have been conducting in the project (Select many)
  - a. Community dialogues
  - b. Home visits
  - c. Health education on good nutrition
  - d. WASH campaigns
  - e. Family planning promotion
  - f. Mapping and referral of pregnant women and children for health services
  - g. Antenatal services
  - h. Malaria test and treatment
  - i. Immunization
  - j. Distribution of vitamin A supplementation
  - k. Deworming
  - l. Sex education

- m. Organization of mentorship and learning sessions on Exclusive Breast Feeding (EBF)
- n. Training in complementary feeding
- o. Nutritional Assessment counselling for vulnerable HHs
- p. Cooking demonstrations
- q. Other (Specify)
- 19. What are the specific areas of success that you have observed in this project in terms of health?
- 20. What challenges have you been facing in conducting your activities?
- 21. What are the areas of improvement in this project to improve the health of the communities?
- 22. How do you plan to continue supporting the clients after the project has closed?
- 23. Have you been supporting your colleagues/friends with technical guidance?

#### 4.3.4 Cultural and religious leaders / Faith-Based Medical Bureau

- 1. District
- 2. Subcounty
- 3. Village
- 4. Gender
- 5. Type of respondent
  - a. Faith leader
  - b. Cultural Leader
  - c. Medical bureau
- 6. If Faith affiliation
  - a. Catholic
  - b. Protestant
  - c. Muslim
  - d. SDA
  - e. Orthodox
  - f. Pentecost
  - g. Other (Specify)
- 7. If medical bureau
  - a. Catholic
  - b. Protestant
  - c. Orthodox
  - d. Muslim
- 8. If cultural leader, name the cultural institution (*Text*)
- 9. What type of support did you receive from this project?
  - a. Capacity building
  - b. Medical supplies
  - c. Other (Specify)
- 10. Indicate the key activities that you have been conducting in the project (Select many)
  - a. Community dialogues
  - b. Home visits
  - c. Health education on good nutrition
  - d. WASH campaigns
  - e. Family planning promotion
  - f. Mapping and referral of pregnant women and children for health services
  - g. Antenatal services
  - h. Malaria test and treatment
  - i. Immunization
  - j. Distribution of vitamin A supplementation
  - k. Deworming
  - l. Sex education

- m. Organization of mentorship and learning sessions on Exclusive Breast Feeding (EBF)
- n. Training in complementary feeding
- o. Nutritional Assessment counselling for vulnerable HHs
- p. Cooking demonstrations
- q. Other (Specify)
- 11. Please list your main clients in this project (Select many)
  - a. Pregnant women
  - b. Adolescents
  - c. Children under
  - d. Persons living with HIV and AIDS
  - e. General community
- 12. What are the specific areas of success that you have observed in this project in terms of health?
- 13. What challenges have you been facing in conducting your activities?
- 14. What are the areas of improvement in this project to improve the health of the communities?
- 15. How do you plan to continue supporting the clients after the project has closed?
- 16. Have you been supporting your colleagues/friends with technical guidance?

# 4.3.5 Senior Teachers

- 1. District
- 2. Subcounty
- 3. Name of school
- 4. Gender of Senior teacher
  - a. Male
  - b. Female
- 5. Age of Senior teacher
  - a. 18-25
  - b. 26-35
  - c. Above 35
- 6. What type of support did you receive from this project?
  - a. Capacity building in adolescent health
  - b. Medical supplies
  - c. Other (Specify)
- 7. Indicate the key activities that you have been conducting in the project (Select many)
  - a. Community dialogues
  - b. Home visits
  - c. Health education on good nutrition
  - d. WASH campaigns
  - e. Family planning promotion
  - f. Promoting adolescent-friendly services at schools, and health centres
  - g. Distribution of vitamin A supplementation
  - h. Sex education
  - i. Organization of mentorship and learning sessions on Exclusive Breast Feeding (EBF)
  - j. Training in complementary feeding
  - k. Nutritional Assessment counselling for vulnerable HHs
  - l. Cooking demonstrations
  - m. Other (Specify)
- 8. How do you plan to continue giving these services when the project finally closes?
- 9. Please list your main clients in this project (Select many)
  - a. Pregnant women
  - b. Adolescents
  - c. Children under

- d. Persons living with HIV and AIDS
- e. General community
- 10. What are the specific areas of success that you have observed in this project in terms of health?
- 11. What challenges have you been facing in conducting your activities?
- 12. What are the areas of improvement in this project to improve the health of the communities?
- 13. How do you plan to continue supporting the clients after the project has closed?
- 14. Have you been supporting your colleagues/friends with technical guidance?
- 15. How has the management of your school reacted to the initiatives of this project?
  - a. Been very supportive
  - b. Not supported at all
  - c. No action
- 16. What is your comment about the reception of the health support services from the project by the community?

#### 4.3.6 KII guide for adolescents

- 1. District (Select one)
- 2. Subcounty
- 3. Parish
- 4. Village
- 5. Gender of respondent
- 6. Age of respondent
- 7. Do you have a child?
  - a. Yes
  - b. No
- 8. Marital status
  - a. Married
  - b. Single
  - c. Have a child but not married
  - d. Separated
- 9. Education status (Select one)
  - a. Never been to school
  - b. Still in school
  - c. Finished school
  - d. Dropped out of school
- 10. If in School, indicate the type of school
  - a. Private not faith-based
  - b. Public, not faith-based
  - c. Private faith-based
  - d. Public faith-based
- 11. Nature of School
  - a. Mixed
  - b. Single
- 12. Highest level of education (Select one)
  - a. No education at all
  - b. PLE
  - c. UCE
  - d. UACE
  - e. University
  - f. Other (Specify)
- 13. Did you participate in a debating club in the past 2 years?
  - a. Yes

- b. No
- 14. Did you participate in a peer club meeting in the past 2 years?
  - a. Yes
  - b. No
- 15. What services have you been receiving from this project? (Select many)
  - a. Community dialogues
  - b. Home visits
  - c. Health education on good nutrition
  - d. WASH campaigns
  - e. Family planning promotion
  - f. Mapping and referral of pregnant women and children for health services
  - g. Antenatal services
  - h. Malaria test and treatment
  - i. Immunization
  - j. Distribution of vitamin A supplementation
  - k. Deworming
  - l. Sex education
  - m. Organization of mentorship and learning sessions on Exclusive Breast Feeding (EBF)
  - n. Training in complementary feeding
  - o. Nutritional Assessment counselling for vulnerable HHs
  - p. Cooking demonstrations
  - q. Other (Specify)
- 16. How has this project impacted you? (Select many)
  - a. Learned how to prevent Sexually Transmitted diseases
  - *b*. Learned how to avoid early pregnancy
  - c. Learned how to take care of my health
  - *d*. Learned how to manage medication
  - e. Changed my attitude towards health practices
  - f. Learned how to manage my nutrition
  - q. Other (Specify)
- 17. What challenges have you been facing in accessing the services of the project?
- 18. What are the areas of improvement that you recommend to improve the services of the project?
- 19. Are there services that you expected and never received?
  - a. Yes
  - b. No
- 20. If yes, name them and give reasons as to why you think you needed them

#### 4.3.7 Focus Group Discussion for HHs

- 1. Date
- 2. District
- 3. Subcounty
- 4. Village
- 5. What benefits did you access from this project?
- 6. How has the project impacted you? (Probe for positive and negative impact)
- 7. What challenges did you face why trying to access the services of this project?
- 8. How do you plan to support your community healthy living?
- 9. What did you expect from the project but never received?
- 10. How prepared are you to continue with the benefits that the project has brought you?

#### 4.3.8 Impact stories guide for farmers

1. District

- 2. Name of farmer organization
- 3. Nature of enterprise
  - a. Livestock
  - b. Crop farming
- 4. What was the situation like before the project intervened?
- 5. What type of support did the project bring to your Farmer association?
- 6. What is the most profound impact that the project has made on farmers in this district?
- 7. How does your farmer association plan to extend the benefits to other farmers in the district?
- 8. How did the project impact your farmer group?

#### 4.3.9 Project staff

- 1. Date
- 2. Location
- 3. Position of respondent

#### **Efficiency**

- 4. How much was the initial project budget (in Euro)?
- 5. How much did the project cost at the end (in Euro)?
- 6. Was there any cost over-run? Yes No
- 7. If yes, what was the amount and percentage of the initial cost?
- 8. Did the project have internal financial control systems like accountability, approval procedures etc..)? Yes
- 9. Did the project employ staff on a short-term basis depending on the activities or all staff were full time?
  - a. Some were full time while others were on short-term contracts
  - b. All staff were full time

## Gender sensitivity and equal opportunities

- 10. What was the level of female staffing for the project (Show percentage)
- 11. Did the project have special conditions for encouraging women and people with disabilities to participate?
- 12. Was there a special focus by the project to support PWD and those in hard-to-reach areas? Yes No

## Effectiveness

- 13. Are there activities that the project had planned to do but were never implemented? Yes No
- 14. If yes, indicate the activities and the reason(s)
- 15. What were the main constraints that affected the project?
- 16. How did COVID-19 affect your project?
  - Yes No
- 17. If no, why?
- 18. If no, why?

#### **Sustainability**

- 19. Please indicate the activities that you conducted to provide for the sustainability of the project benefits
- 20. Please indicate the potential risks that are likely to threaten the sustainability of the project at the HH and individual levels
- 21. Please indicate the potential risks that are likely to threaten the sustainability of the project at the partner level
- 22. List the main lessons that you learned from this project
- 23. What are the key areas of improvement would you recommend? And why?